

# NATIONAL DRUG CONTROL STRATEGY

## FY 2025 BUDGET SUMMARY

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





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# OVERVIEW

*“While we have been able to take historic action over the past three years, and make significant progress, we must not abandon the approach that is necessary to save American lives. This unprecedented epidemic calls for funding levels to match the challenges we face today. We need Congress to act with a sense of urgency in order to continue making progress. Congress can – and must – come together to provide this essential funding to crack down on fentanyl trafficking and expand access to lifesaving treatment. The American people deserve no less. Lives are on the line.”*

*Dr. Rahul Gupta*

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

Now is the time to double down on our progress thus far, accelerate our efforts, and ensure this year is the most impactful and consequential. The three major pillars of this effort, which are all critically important to reducing drug use and saving American lives, are:

- Expanding Opioid Overdose Reversal Efforts
- Disrupting the Illicit Drug Supply Chain
- Providing Robust Support for Prevention, Harm Reduction, Treatment, and Recovery

In support of the President’s plan to beat the opioid epidemic as part of his Unity Agenda and to the *National Drug Control Strategy (Strategy)*, the fiscal year (FY) 2025 Budget requests \$44.5 billion for National Drug Control Program agencies (NDCPA), a \$890.7 million increase over the FY 2024 continuing resolution (CR) level of funding. Key FY 2025 budget priorities supporting these drug control policies are:

- **Expand Evidence-Based Harm Reduction.** Evidence-based harm reduction interventions, such as opioid overdose reversal medications like naloxone, are vital to the Administration’s work in reducing overdose deaths. In support of the Unity Agenda, the FY 2025 Drug Control Budget requests \$459.0 million, an increase of \$12.0 million over the FY 2024 CR level, for harm reduction. The FY 2025 Request includes \$10.0 million for the Substance use And Mental Health Services Administration (SAMHSA)<sup>1</sup> to support a new Community Harm Reduction and Engagement Initiative that implements harm reduction approaches, such as distribution of naloxone and fentanyl test strips to those at high risk for overdose, their family members, and first responders is a key component in addressing the overdose crisis. SAMHSA’s budget seeks to build off this program with a new Community Harm Reduction and Engagement Initiative that bridges harm reduction and low-threshold treatment of opioid use disorder (OUD).

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<sup>1</sup> The 2025 Budget proposes to rename the Substance Abuse and Mental Health Services Administration to the Substance use And Mental Health Services Administration.



- **Expand Access to Treatment for Substance Use Disorder and Invest in Overdose Prevention.** FY 2025 Budget requests \$21.8 billion for treatment. The Administration has made historic advances in expanding access to treatment for OUD, including signing into law a bipartisan provision to expand the number of medical providers who can initiate treatment for OUD from 129,000 to nearly 2 million. The Budget increases funding for the State Opioid Response (SOR) grant program, which has provided treatment services to over 1.2 million people and enabled states to reverse more than 550,000 overdoses with over 10 million purchased overdose reversal medication kits. The Budget also invests \$713 million toward OUD prevention and treatment programs for veterans, as well as funding for a new technical assistance (TA) center to strengthen health providers' understanding and treatment of women's mental health and substance use.
- **Increase Access to Treatment in Carceral Settings.** It is estimated that in 2021, between 19,700 and 27,000 individuals released from carceral settings died from an opioid overdose. The consistent provision of Medications for Opioid Use Disorder (MOUD) while incarcerated and then immediately upon release, could prevent upwards of 11,600 to 15,900 of these overdose deaths per year based on mathematical modeling. The Bureau of Prisons' (BOP) FY 2025 drug control budget is \$4.1 billion. As part of the BOP's support for implementing the First Step Act, the funding supports further expansion of MOUD for treating individuals in BOP's custody with an OUD. Currently, nearly 4,000 patients are receiving treatment for OUDs at BOP facilities and they estimate as much as ten percent of the current population may benefit from these services in the future.
- **Provide Robust Support for Prevention and Recovery Services.** Inherent in reducing overdoses is preventing substance use before it occurs and supporting recovery, especially through recovery-ready workplaces. The Administration is supporting a wide range of efforts in these areas. The FY 2025 Request includes \$2.9 billion, a net increase of \$85.2 million over the FY 2024 CR level, for drug prevention. Of this increase, \$73.2 million supports expanded primary prevention efforts, including a \$40.0 million increase for the Administration for Children and Families' (ACF) Promoting Safe and Stable Families – Regional Partnership Grants (RPG) program and a \$14.0 million increase the Department of Education's (ED) prevention efforts. For recovery services, the FY 2025 Request totals \$1.8 billion, an increase of \$123.2 million over the FY 2024 CR level. This total includes an FY 2025 Request of \$1.0 billion, an increase of \$117.4 million for the Department of Housing and Urban Development's (HUD) Continuum of Care (CoC): Homeless Assistance Grants.
- **Combat Narcotics Trafficking Networks.** The Budget provides \$3.3 billion to the Drug Enforcement Administration (DEA) to combat drug trafficking, including \$1.2 billion to combat opioid trafficking, save lives, and make communities safer. The Budget invests an additional \$18 million in Domestic Counter-Fentanyl Threat Targeting Teams at DEA to enhance America's efforts against the transnational criminal networks pushing deadly illicit fentanyl in America's communities. These interdisciplinary teams of special agents, intelligence analysts, and data experts will map criminal organizations and build cases that lead to the dismantlement of entire drug trafficking networks and the deprivation of hundreds of millions of dollars to the Sinaloa and Jalisco cartels. In addition, the Budget provides \$494 million in grants supporting efforts to address substance use, including \$190 million for the



Comprehensive Opioid, Stimulant, and Substance Use Program, \$95 million to support Drug Courts, and \$51 million for anti-drug task forces.

- **Reiterate the Administration’s Request for Immediate Funding to Counter Fentanyl at the Border.** The FY 2025 Request includes \$1.0 billion, an increase of \$93.6 million, for international drug control and \$6.5 billion for drug interdiction. In addition, the FY 2025 Budget reiterates the need for the Administration’s October 2023 supplemental request. The supplemental request includes investments to build longer-term capacity to counter fentanyl, totaling \$1.2 billion for the Departments of Homeland Security (DHS) and Justice (DOJ). This amount includes \$239.0 million to hire 1,000 additional U.S. Customs and Border Protection (CBP) Officers to stop fentanyl and other contraband from entering the United States, \$100.0 million for Homeland Security Investigations (HSI) to investigate and disrupt transnational criminal organizations (TCO) and drug traffickers, and \$849.0 million for cutting-edge detection technology at ports of entry (POE).
- **Disrupt the International Synthetic Drug Trade.** The FY 2025 Request includes \$169 million for the Department of State to counter fentanyl and other synthetic drug production and trafficking. These resources would counter the worldwide flow of fentanyl and other synthetics that endanger public safety and health, and contribute to tens of thousands of drug-overdose deaths in the United States annually.
- **Launch the Violent Crime Reduction and Prevention Fund.** The Budget builds upon President Biden’s Safer America Plan<sup>2</sup> by investing an additional \$247.1 million in FY 2025, a total of \$1.2 billion of drug funding over five years to launch a new Violent Crime Reduction and Prevention Fund. The initiative will provide federal, state, local, Tribal, and territorial law enforcement the dedicated, seasoned, and full support they need to focus on violent crime, including hiring new federal law enforcement agents, prosecutors, and forensic specialists to address violent crime, expand federal operations to combat illicit fentanyl and apprehend dangerous fugitives. The fund will also support the hiring of 4,700 detectives at the state and local level to solve homicides, non-fatal shootings, and other violent crimes to drive down the high rate of unsolved violent crimes and the lengthy delays that undermine public trust and public safety. For FY 2025, this initiative includes \$120.5 million for the DOJ’s Community Oriented Policing Services (COPS) Program to hire additional detectives and personnel, \$39.5 million to hire additional Federal Bureau of Investigation (FBI) agents, and \$39.4 million to hire additional U.S. Attorneys. The initiative also proposes \$10.5 million in funding to expand the DEA’s Operation Overdrive, which uses a data-driven, intelligence-led approach to identify and dismantle violent drug trafficking networks, to 50 more cities that are experiencing high rates of gun violence and fentanyl overdoses for 45-day operations.

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

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<sup>2</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/01/fact-sheet-president-bidens-safer-america-plan-2/>



# FY 2025 National Drug Control Agency Requests

The table below provides detail on federal drug control funding by agency (Table 1). For the first time, agency drug control resources are displayed to show the amount of discretionary and mandatory drug control funding each agency receives (Table 2).

**Table 1: Federal Drug Control Spending by Agency**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

Department/Agency	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>AmeriCorps</b>	<b>\$40.5</b>	<b>\$40.3</b>	<b>\$40.3</b>
<b>Appalachian Regional Commission</b>	13.1	13.0	12.9
<b>Department of Agriculture:</b>			
Office of Rural Development	11.4	11.4	11.4
U.S. Forest Service	13.0	13.5	13.5
<b>Total USDA</b>	<b>24.4</b>	<b>24.9</b>	<b>24.9</b>
<b>Court Services and Offender Supervision Agency for D.C.</b>	<b>69.1</b>	<b>70.8</b>	<b>73.1</b>
<b>Department of Defense</b>			
Defense Health Program	100.3	77.0	79.9
Defense Security Cooperation Agency	68.7	61.7	90.6
Drug Interdiction and Counterdrug Activities	1,031.6	1,031.6	941.5
<b>Total DOD</b>	<b>1,200.6</b>	<b>1,170.3</b>	<b>1,112.0</b>
<b>Department of Education</b>	<b>103.7</b>	<b>71.8</b>	<b>85.8</b>
<b>Federal Judiciary</b>	<b>1,271.0</b>	<b>1,285.4</b>	<b>1,389.2</b>
<b>Department of Health and Human Services</b>			
Administration for Children and Families	20.0	20.0	60.0
Centers for Disease Control and Prevention	528.6	528.6	529.1
Centers for Medicare and Medicaid Services <sup>1</sup>	13,130.0	11,900.0	11,990.0
Food and Drug Administration	79.5	79.5	79.5
Health Resources and Services Administration	847.0	1,547.0	1,547.0
Indian Health Service	144.7	144.2	154.8
National Institute on Alcohol Effects and Alcohol-Associated Disorders <sup>2</sup>	75.6	75.4	75.9
National Institute on Drugs and Addiction <sup>2</sup>	1,663.4	1,662.7	1,668.3
Substance use And Mental Health Services Administration	4,500.8	4,500.8	4,529.5
<b>Total HHS</b>	<b>20,989.6</b>	<b>20,458.3</b>	<b>20,634.1</b>
<b>Department of Homeland Security</b>			
Customs and Border Protection	4,005.6	4,005.6	3,824.0
Federal Emergency Management Agency	13.5	13.5	13.5
Federal Law Enforcement Training Center	56.0	56.0	58.5
Immigration and Customs Enforcement	674.1	674.1	721.7
Science and Technology Directorate	4.0	4.0	6.7
U.S. Coast Guard	2,180.2	2,180.2	1,954.7
<b>Total DHS</b>	<b>6,933.4</b>	<b>6,933.4</b>	<b>6,579.1</b>
<b>Department of Housing and Urban Development</b>			
Office of Community Planning and Development	<b>954.1</b>	<b>954.1</b>	<b>1,071.5</b>





Department/Agency	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Department of the Interior</b>			
Bureau of Indian Affairs	14.9	14.9	14.9
Bureau of Land Management	5.1	5.1	5.1
National Park Service	3.4	3.4	3.4
<b>Total DOI</b>	<b>23.4</b>	<b>23.4</b>	<b>23.4</b>
<b>Department of Justice</b>			
Assets Forfeiture Fund	242.3	231.8	231.8
Bureau of Alcohol, Tobacco, Firearms, and Explosives <sup>3</sup>	43.9	43.9	75.4
Bureau of Prisons	4,090.5	4,009.6	4,054.8
Criminal Division	48.1	48.1	48.0
Drug Enforcement Administration <sup>3</sup>	3,144.6	3,149.4	3,339.2
Federal Bureau of Investigation <sup>3</sup>	215.9	175.0	228.4
Office of Justice Programs <sup>3</sup>	649.6	724.5	843.4
Organized Crime Drug Enforcement Task Force Program	550.5	550.5	550.5
U.S. Attorneys <sup>3</sup>	101.5	100.2	139.7
United States Marshals Service <sup>3</sup>	1,086.4	1,115.5	1,409.6
<b>Total DOJ</b>	<b>10,173.3</b>	<b>10,148.6</b>	<b>10,920.8</b>
<b>Department of Labor</b>			
Employee Benefits Security Administration	0.0	0.0	1.4
Employment and Training Administration	23.0	24.8	24.8
Office of Disability Employment Policy	0.8	0.0	0.0
Office of Inspector General	1.8	1.8	1.8
Office of Workers' Compensation Programs	5.1	5.4	5.5
<b>Total DOL</b>	<b>30.7</b>	<b>32.0</b>	<b>33.5</b>
<b>Office of National Drug Control Policy</b>			
High Intensity Drug Trafficking Areas	302.0	302.0	290.2
Salaries and Expenses	32.0	32.0	30.3
Other Federal Drug Control Programs	137.1	137.1	149.1
<b>Total ONDCP</b>	<b>471.1</b>	<b>471.1</b>	<b>469.6</b>
<b>Department of State:</b>			
Bureau of International Narcotics and Law Enforcement Affairs	285.7	285.7	348.1
United States Agency for International Development	65.5	65.5	59.0
<b>Total DOS</b>	<b>351.3</b>	<b>351.3</b>	<b>407.1</b>
<b>Department of Transportation</b>			
Federal Aviation Administration	24.4	24.4	31.9
National Highway Traffic Safety Administration	17.8	18.1	17.6
<b>Total DOT</b>	<b>42.2</b>	<b>42.5</b>	<b>49.5</b>
<b>Department of the Treasury</b>			
Financial Crimes Enforcement Network	2.1	2.3	2.3
Internal Revenue Service	85.2	60.3	60.3
Office of Foreign Assets Control	0.9	1.1	1.1
<b>Total, Treasury</b>	<b>88.2</b>	<b>63.6</b>	<b>63.7</b>
<b>Department of Veterans Affairs</b>			
Veterans Health Administration	1,345.8	1,375.5	1,430.4
<b>United States Postal Inspection Service</b>	<b>71.7</b>	<b>71.7</b>	<b>71.7</b>
<b>Total Federal Drug Budget<sup>4</sup></b>	<b>\$44,196.8</b>	<b>\$43,601.8</b>	<b>\$44,492.5</b>

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

<sup>2</sup> FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-22) and do not include HIV/AIDS transfers.

<sup>3</sup> FY 2025 Request level includes mandatory funding from the Violent Crime Reduction and Prevention Fund.

<sup>4</sup> Totals may not add due to rounding.



Immediately below are descriptions of some of the programs and activities, by Department, that support the President’s drug control policy priorities. Following that information, detailed data on overall spending is provided, with tables focusing on prevention, treatment, domestic law enforcement, interdiction, and international efforts. Following that functional breakdown is a summary table providing historical trends in spending. Table 2 displays mandatory and discretionary drug control funding reported by national control drug program agencies.



## Table 2: Mandatory and Discretionary Drug Control Funding

FY 2023 - FY 2025  
(Budget Authority in millions)

Department/Agency	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Department of Health and Human Services<sup>1,2</sup></b>	<b>\$20,989.6</b>	<b>\$20,458.3</b>	<b>\$20,634.1</b>
<i>Discretionary</i>	7,440.6	7,439.3	7,485.1
<i>Mandatory</i>	13,549.0	13,019.0	13,149.0
<b>Department of Justice<sup>3</sup></b>	<b>10,173.3</b>	<b>10,148.6</b>	<b>10,920.8</b>
<i>Discretionary</i>	9,930.9	9,916.8	10,441.9
<i>Mandatory</i>	242.3	231.8	478.9
<b>Department of Labor</b>	<b>30.7</b>	<b>32.0</b>	<b>33.5</b>
<i>Discretionary</i>	25.6	26.6	28.0
<i>Mandatory</i>	5.1	5.4	5.5
<b>Department of the Treasury</b>	<b>88.2</b>	<b>63.6</b>	<b>63.7</b>
<i>Discretionary</i>	84.6	63.6	63.7
<i>Mandatory</i>	3.6	0.0	0.0
<b>Department of Transportation</b>	<b>42.2</b>	<b>42.5</b>	<b>49.5</b>
<i>Discretionary</i>	26.1	24.4	31.9
<i>Mandatory</i>	16.1	18.1	17.6
<b>Department of Veterans Affairs<sup>4</sup></b>	<b>1,345.8</b>	<b>1,375.5</b>	<b>1,430.4</b>
<i>Discretionary</i>	1,345.8	1,375.5	1,430.4
<i>Mandatory</i>	0.0	0.0	0.0
<b>Federal Judiciary</b>	<b>1,271.0</b>	<b>1,285.4</b>	<b>1,389.2</b>
<i>Discretionary</i>	1,189.7	1,201.8	1,300.9
<i>Mandatory</i>	81.2	83.7	88.3
<b>United States Postal Inspection Service</b>	<b>71.7</b>	<b>71.7</b>	<b>71.7</b>
<i>Mandatory</i>	71.7	71.7	71.7
<b>Other National Drug Control Program Agencies</b>	<b>10,184.5</b>	<b>10,124.3</b>	<b>9,899.7</b>
<i>Discretionary</i>	10,184.5	10,124.3	9,899.7
<b>Total Federal Drug Budget<sup>5</sup></b>	<b>\$44,196.8</b>	<b>\$43,601.8</b>	<b>\$44,492.5</b>
<b>Total Discretionary Funding</b>	<b>\$30,227.8</b>	<b>\$30,172.3</b>	<b>\$30,681.6</b>
<b>Total Mandatory Funding</b>	<b>\$13,969.0</b>	<b>\$13,429.6</b>	<b>\$13,810.9</b>

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

<sup>2</sup> FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-22) and do not include HIV/AIDS transfers.

<sup>3</sup> FY 2025 Request level includes mandatory funding from the Violent Crime Reduction and Prevention Fund.

<sup>4</sup> VA's methodology for reporting drug control funding is based on the use of diagnosis codes. The VA Decision Support System (DSS) is the designated Managerial Cost Accounting (MCA) System. DSS is an expenditure-based cost accounting system that assigns all costs (direct and indirect) for personnel services, supplies, maintenance, and overhead costs to each service and the patients treated at that service, for care provided in VA facilities. Therefore, the VA is not currently able to use its methodology for reporting drug control funding to identify the amount of discretionary and mandatory funding in the drug control funding levels.

<sup>5</sup> Totals may not add due to rounding.



# FY 2025 Budget by National Drug Control Program Agency

The drug control funding requests of NDCPAs are summarized below:

## **AmeriCorps**

- In FY 2025, AmeriCorps anticipates spending approximately \$40.3 million via federal grant and program dollars awarded to AmeriCorps State and National, AmeriCorps VISTA, and AmeriCorps Seniors projects in which some or all of their national service participants are explicitly focused on opioid or substance misuse activities.

## **Appalachian Regional Commission**

- The Appalachian Regional Commission (ARC) is requesting \$12.9 million in FY 2025 for recovery efforts. This funding will be used to continue to implement Investments Supporting Partnerships In Recovery Ecosystems (INSPIRE) to address Appalachia’s substance use disorder (SUD) crisis by creating or expanding a recovery ecosystem leading to workforce entry or re-entry. This request will enable ARC to continue to address the barriers to economic prosperity caused by the impacts of the drug crisis on the region’s workforce.

## **Department of Agriculture**

- The FY 2025 request for the Department of Agriculture (USDA) totals \$24.9 million in resources for prevention, treatment, and domestic law enforcement efforts.
  - Rural Development (RD) is requesting \$11.4 million for the efforts, including infrastructure projects (such as telemedicine networks and brick-and-mortar treatment facilities), that will help meet the needs of people with SUD in rural communities. RD continues to prioritize projects that focus on creating more and better markets, advancing racial justice, place-based equity, and opportunity, and addressing climate change and environmental justice. The metrics used to assess project alignment with the key priorities have some overlap with communities that also experience higher rates of mortality due to substance use and alcohol use disorder.
  - The FY 2025 USDA request also includes \$13.5 million for the U.S. Forest Service (USFS) to continue efforts to keep the national forests free of dangerous drug operations. USFS works to identify, investigate, disrupt, and dismantle drug trafficking organizations (DTO) responsible for large-scale illicit marijuana grow operations on National Forest System lands.



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

- For FY 2025, Court Services and Offender Supervision Agency of the District of Columbia (CSOSA) requests \$73.1 million for drug control activities, an increase of \$2.3 million over the FY 2024 CR level. The FY 2025 request includes funding to enhance public safety and reduce recidivism.

### **Department of Defense**

- For FY 2025, the Department of Defense (DoD) is requesting \$1.1 billion for its efforts. This funding includes support for security cooperation efforts with partner nations (PN), counterdrug operations, detection and monitoring (D&M) efforts in support of drug interdiction operations, and funding for the Defense Health Program (DHP).
  - DHP is requesting \$79.9 million in FY 2025. DHP continues to cover the range of treatment, recovery, and education of their beneficiary population as it relates to SUD. Additionally, DHP continues to invest in research and development with specific projects related to drug misuse and advanced development research efforts with pain management.
  - The Defense Security Cooperation Agency (DSCA) is requesting \$90.6 million in FY 2025. The George C. Marshall European Center for Security Studies is requesting \$2.4 million to support Countering Transnational Organized Crime (CTOC) programming focused on the national security threats posed by transnational criminal activities and efforts to reach the Department's goals to reduce illicit drug availability, neutralize threat networks, and strengthen partners. DSCA also requests \$88.2 million to support foreign partners by providing Counter-Illicit Drug Trafficking, CTOC (to potentially include maritime and border operations) training and equipment to national-level security forces of foreign countries for purposes of building capacity of PNs. This support may include the provision and sustainment of defense articles, training, defense services, supplies, and small-scale construction supporting security cooperation programs.
  - The DoD FY 2025 request includes \$941.5 million for Drug Interdiction and Counterdrug Activities (including Operational Tempo (OPTEMPO) funding to counter illicit drug trafficking activities and illicit financial flows, as well as to detect and monitor the maritime and aerial transit of illegal drugs into the United States.

### **Department of Education**

The Department of Education's FY 2025 request of \$85.8 million, an increase of \$14.0 million over the FY 2024 CR level, incorporates a number of new activities to replace the School Climate Transformation Grants, expiring in FY 2023, which had constituted the majority of the funding reported for the drug control budget. The FY 2025 request includes:

- \$72.0 million for mental health programs under School Safety National Activities to help address trauma and stress encountered by students in public schools, and its impact on student mental health and outcomes, particularly for students from low-income backgrounds and living in communities of concentrated poverty which can have a negative impact on the educational opportunities and supports students receive.



- \$5.7 million for other School Safety National Activities that indirectly support the drug control budget.
- \$8.1 million for the 21st Century Community Learning Centers (CCLC) program which provides out-of-schooltime programming and may include drug and violence prevention programs and counseling activities.

### **Federal Judiciary**

- The Federal Judiciary (Judiciary) is one of three branches of the Federal Government and has the responsibility to provide fair and impartial justice as conferred by the Constitution and Congress. Judiciary's drug-related resources represent an estimate of the Judiciary's resources associated with adjudication of federal laws, representation for indigent individuals accused under these laws, and the supervision of offenders and defendants. For FY 2025, Judiciary's drug control budget request totals \$1.4 billion, an increase of \$103.8 million over the FY 2024 CR level.

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

- The FY 2025 request for the Department of Health and Human Services (HHS) includes \$20.6 billion, an increase of \$175.8 million over the FY 2024 CR level, for prevention, treatment, harm reduction, recovery and interdiction efforts.
- HHS continues to be a major provider of substance use prevention, harm reduction, treatment, and recovery support services, as well as support to bolster infrastructure and capacity building for substance use and co-occurring mental health disorders.
  - In FY 2025, ACF is requesting \$60.0 million in mandatory drug control funding, an increase of \$40.0 million over the FY 2024 CR level. This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental SUD. Adult SUDs, including opioid-use disorder, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of SUD, including opioid addiction, and child welfare involvement.
  - In FY 2025, the Centers for Disease Control and Prevention (CDC) is requesting \$529.1 million in drug control funding. The FY 2025 Budget requests an increase of \$0.5 million for prevention activities above the FY 2024 CR level. This request outlines activities in five pillars that capitalize on CDC's scientific expertise: 1) monitoring, analyzing, and communicating trends; 2) building state, local, and Tribal capacity; 3) supporting providers, health systems, payors, and employers; 4) partnering with public safety and community organizations; and 5) raising public awareness and reducing stigma. Activities within each of these pillars support multiple *Strategy* priorities.
  - In FY 2025, the Centers for Medicare & Medicaid Services (CMS) is estimated to spend \$12.0 billion for drug control efforts. This estimate reflects Medicaid and Medicare populations and inflation to account for the Medicare Advantage plans population (excluding Part D) benefit outlays for SUD treatment. Overall, year-to-year projected growth in SUD spending is a function of estimated overall growth in CMS spending.



- In FY 2025, the Food and Drug Administration (FDA) budget includes \$79.5 million in drug control funding. The FY 2025 Budget for drug-related activities includes \$23.5 million for the Center for Drug Evaluation and Research. It also includes \$1.5 million for opioid-related activities for the Center for Devices and Radiological Health. \$54.5 million of FDA’s total is allocated to the Office of Regulatory Affairs to further develop and advance strategies to confront the overdose epidemic which includes supporting the development and regulatory assessment of new and generic intranasal naloxone sprays, establish staff with specially trained field-based scientists, satellite laboratories at selected points of entry, including the international mail facilities (IMF).
- In FY 2025, Health Resources and Services Administration (HRSA) is requesting \$1.5 billion in drug control funding, no change from the FY 2024 CR level. HRSA will continue to invest in initiatives and support evidence-based strategies that address the specific SUD issues and behavioral health services needs in underserved communities. The investments will enable HRSA-funded community health centers, workforce loan repayment programs and rural communities to expand access to integrated SUD and mental health services.
- In FY 2025, the Indian Health Service (IHS) requests \$154.8 million for its drug control activities, an increase of \$10.5 million over the FY 2024 CR level. IHS emphasizes the partnership between federal agencies and their state, local, Tribal, and international counterparts and reduce drug-induced mortality. IHS is also working with federal partners to implement ONDCP’s efforts to address the current overdose epidemic, and reduce the number of Americans dying from dangerous drugs.
- The FY 2025 request includes \$1.7 billion for the National Institute on Drugs and Addiction (NIDA), and \$75.9 million for the National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA). NIDA’s efforts consist of Neuroscience and Behavioral Research; Epidemiology, Services and Prevention Research; Therapeutics and Medical Consequences; the NIDA Clinical Trials Network; Translational Initiatives and Program Innovations; HEAL Initiative® programs; Intramural Research Program; and Research Management and Support. NIAAA supports a broad range of basic, translational, and clinical research to improve the understanding of the impact of alcohol exposure on adolescent health and to improve interventions for alcohol-related problems among youth in community and healthcare settings.
- In FY 2025, SAMHSA is requesting \$4.5 billion in drug control funding. This is a \$28.7 million increase over the FY 2024 CR level, with increases in the SOR Grant program and Programs of Regional and National Significance. This request directs resources to activities that have demonstrated improved health outcomes and that increase service capacity.





## Department of Homeland Security

- For FY 2025, DHS is requesting \$6.6 billion for its counternarcotics (CN) efforts.
  - CBP's FY 2025 request of \$3.8 billion is for drug-related resources associated with border security and trade facilitation at the POEs, which provides continued support for frontline CBP Officers (CBPO). CBP's request also includes funds to hire an additional 350 Border Patrol Agents, and 150 CBPOs. Additional funding comprises resources dedicated to opioid detection and increased frontline personnel. Funding also includes \$30.0 million to fund the acquisition and missionization of one Land Interdiction Multi-Role Enforcement Aircraft, which is the optimal manned sensor-equipped aircraft for surveillance operations in regions such as the Northern and Southern Borders, as well as maritime environments where water, terrain, weather, and distance pose significant obstacles to border security operations between POEs and in the littorals. CBP's request also includes \$14.8 million for the UH-60 MLH, and CBP will continue its HH-60L to UH-60L conversions, utilizing these funds toward conversion of 13 aircraft.
  - In FY 2025, the Federal Emergency Management Agency (FEMA) requests \$13.5 million in drug control funding for the Operation Stonegarden grant (OPSG) program. OPSG funds will help secure the United States borders along routes of ingress from international borders. Funds will support a broad spectrum of border security activities performed by state, local and Tribal law enforcement agencies through increased material, manpower readiness, and the number of personnel to better secure the Nation's borders.
  - The Federal Law Enforcement Training Center's (FLETC) FY 2025 request includes \$58.5 million in drug control funding to support training programs that equip law enforcement officers and agents with the basic skills to support drug investigations.
  - Immigration and Customs Enforcement (ICE) is requesting \$721.7 million in FY 2025, an increase of \$47.6 million over the FY 2024 CR level, for CN efforts, to include fostering and strengthening enforcement efforts within the Border Enforcement Task Forces (BEST). ICE HSI has expanded the BEST program to 94 locations throughout the United States consisting of over 120 investigative teams.
  - For FY 2025, the Science & Technology Directorate (S&T) request is \$6.7 million for research and development on technologies that assist components to detect and combat opioid and fentanyl trafficking.
  - The U.S. Coast Guard's (USCG) FY 2025 request includes \$2.0 billion for drug control activities to provide continued support USCG's counterdrug operations.





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

- In FY 2025, HUD requests \$1.1 billion, an increase of \$117.4 million over the FY 2024 CR level, for drug control activities. Of the total, \$1.0 billion is requested for CoC homeless assistance grants, which is a program designed to assist individuals (including unaccompanied youth) and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing, with the goal of long-term stability, including providing appropriate services like substance use treatment and recovery assistance. Additionally, \$30.0 million is requested for a pilot recovery housing program to provide states and the District of Columbia funding for stable, temporary housing for individuals in recovery from a SUD.

### **Department of the Interior**

- The FY 2025 request for the Department of the Interior includes \$23.4 million in resources for domestic law enforcement, interdiction, and prevention efforts.
  - The Bureau of Indian Affairs (BIA) FY 2025 request includes \$14.9 million in drug control funding. BIA counterdrug efforts prioritize the overdose epidemic on Tribal Lands through focused drug enforcement efforts, intelligence analysis and sharing, as well as victim and witness support programs. In addition, BIA supports substance use prevention through a School Resource Officer program that provides instruction in drug awareness and gang resistance using nationally recognized and adopted curricula for students.
  - The Bureau of Land Management's (BLM) FY 2025 request of \$5.1 million in drug control funding supports the identification, investigation, and eradication of marijuana cultivation on public lands; and rehabilitation related to environmental damage associated with smuggling activities and cultivation sites.
  - In FY 2025, the National Park Service (NPS) is requesting \$3.4 million in drug control funding to ensure that all pertinent federal laws and regulations are enforced within park units. This includes funding for national parks located along international borders to address problems such as drug trafficking with continued cooperation with CBP and other federal, state, and local agencies.

### **Department of Justice**

- The FY 2025 request for the DOJ includes over \$10.9 billion, an increase of \$772.2 million over the FY 2024 CR level, for domestic law enforcement, international, prevention, harm reduction, treatment, and recovery efforts to address drug control challenges, including the opioid overdose epidemic.
  - In FY 2025, the Asset Forfeiture Program (AFP) is requesting \$231.8 million in drug control funding for participating agencies to carry out drug-related activities and provide a stable source of resources to cover operating expenses. The use of both criminal and civil asset forfeiture is an essential component in combating criminal actors and organizations—terrorist financiers, cybercriminals, human traffickers, and transnational drug cartels.
  - The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is requesting \$75.4 million for drug control funding in FY 2025, an increase of \$31.5 million over the FY 2024



CR level, to combat violent crime associated with arms trafficking. Internationally, ATF works with other agencies to prevent firearms from reaching the hands of drug traffickers, participants in organized crime, and terrorist organizations. ATF also participates in multi-agency efforts such as High Intensity Drug Trafficking Areas (HIDTA), High Intensity Financial Crime Areas, and the Organized Crime Drug Enforcement Task Forces (OCDETF).

- BOP's FY 2025 drug control funding request is \$4.1 billion, an increase of \$45.2 million over the FY 2024 CR level. As part of the BOP's support for implementing the First Step Act, the funding supports further expansion of MOUD for treating individuals in the Bureau's custody with an OUD. BOP is in the process of certifying every BOP institution as an Opioid Treatment Program (OTP), which allows the provision of all OUD medications to be offered in-house, reducing the need for outside community resources.
- The FY 2025 request for the Criminal Division (CRM) is \$48.0 million for combatting drug trafficking including investigating and prosecuting national and international drug trafficking groups. CRM, together with federal and state law enforcement partners, also works to identify and prosecute health care fraud and opioid abuse schemes.
- DEA's FY 2025 request includes over \$3.3 billion, an increase of \$189.8 million over the FY 2024 CR level, in support of the DEA's mission to enforce the controlled substances laws and regulations of the United States. DEA's request provides resources to address the opioid and fentanyl threat including cartels and TCOs involved in the production of fentanyl and other dangerous drugs. DEA is also working to expand access to effective treatment, including MOUD, by expanding registrant access to MOUD and registering all BOP correctional facilities as narcotic treatment programs in conjunction with SAMHSA.
- FBI is requesting \$228.4 million, an increase of \$53.4 million over the FY 2024 CR level, for drug control funding in FY 2025 to support a comprehensive, multi-pronged criminal enterprise strategy to target fentanyl and opioid trafficking on Darknet and Clearnet, enhance intelligence activities and money laundering, and support investigations that focus on identifying, targeting, disrupting, degrading, and dismantling TCOs.
- For FY 2025, the Office of Justice Programs (OJP) requests \$843.4 million in drug control funding, an increase of \$118.9 million over the FY 2024 CR level, to support a range of programs that support state, local, territorial, and Tribal governments, and communities to address the opioid epidemic. Programs include the Comprehensive Opioid, Stimulant, and Substance Abuse Program; Drug Courts; Veterans Treatment Courts; the Residential Substance Abuse Treatment (RSAT) program, Forensic Support for Opioid and Synthetic Drug Investigations program; and programs for youth. OJP grants provide flexibility to state, local, and Tribal jurisdictions to address substance use under all of its drug-related programs depending on local needs.
- OCDETF's FY 2025 request of \$550.5 million in drug-related funding supports efforts to reduce the availability of illicit narcotics throughout the United States, targets high-level transnational, national, and regional criminal organizations and networks, and ensures that all cases include a financial component to enable the identification and destruction of the



financial systems supporting drug organizations. In response to the serious threat posed by trafficking and use of opioids generally and fentanyl specifically, OCDETF established a National Heroin Initiative. Under this initiative, OCDETF field components can use the funds for the development of investigations.

- The U.S. Attorneys Offices' (USAO) FY 2025 request includes \$139.7 million, an increase of \$39.5 million over the FY 2024 CR level, to support drug-related investigations and prosecutions. A core mission of each USAO is to prosecute high level producers, suppliers, and traffickers for violations of federal drug laws to disrupt both international and domestic DTOs and to deter continued illicit drug distribution and use in the United States. These investigations and prosecutions also target the use of the internet for drug sales and money laundering.
- The U.S. Marshals Service (USMS) FY 2025 request includes \$1.4 billion for drug enforcement efforts, an increase of \$294.1 million over the FY 2024 CR level, that center on capturing fugitives, protecting witnesses, and detention of drug-related defendants remanded to the custody of the Attorney General who have a connection with drug trafficking and money laundering organizations. Due to a renewed focus on controlled substances and a nationwide opioid crisis, USMS has experienced an increase in its drug-related workload. For example, USMS provides critical protective services to witnesses who testify in direct support of DOJ prosecutorial efforts against organized crime and international DTOs. In partnership with OCDETF, USMS assists state and local partner agencies in apprehending numerous drug-related and organized crime felons who are eventually prosecuted at the state and federal levels.

### **Department of Labor**

- The FY 2025 request for the Department of Labor (DOL) includes \$33.5 million in resources for domestic law enforcement, prevention, and treatment efforts.
  - In FY 2025, the Employee Benefits Security Administration (EBSA) requests \$1.4 million, an increase of \$1.4 million over the FY 2024 CR level, to address mental health and SUD parity enforcement efforts and bolster audits of plans and issuers' comparative analyses of their non-quantitative treatment limitations.
  - In FY 2025, the Employment and Training Administration (ETA) requests \$24.8 million for drug control activities in the Job Corps and Training and Employment Services. The overall request consists of \$6.0 million for Job Corps to address the student population's academic difficulties, health-related problems, and involvement with the juvenile justice system, and an estimated \$18.8 million for Training and Employment Services to fund the projected demand of temporary employment opportunities and other workforce services associated with Disaster Recovery Dislocated Worker Grants.
  - In FY 2025, the DOL Office of Inspector General (OIG) requests \$1.8 million to support the OIG's oversight of Office of Workers' Compensation Programs' (OWCP) management of pharmaceutical costs and compounded drug medications in the Federal Employees' Compensation Act program, including reviewing OWCP's management of the use of opioids.



- In FY 2025, the Office of Workers' Compensation Programs (OWCP) is requesting \$5.5 million, an increase of \$0.1 million over the FY 2024 CR level, in drug control funding for Federal Programs for Workers' Compensation for drug control activities that improve safety and quality of care as it relates to prescription drugs.

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

- For FY 2025, the ONDCP is requesting \$469.6 million. This request includes \$30.3 million for the Salaries and Expenses account; \$290.2 million for the HIDTA account; and \$149.1 million for the Other Federal Drug Control Programs account, as detailed below:
  - Drug Free Communities (DFC) - \$109.0 million
  - Anti-Doping Activities - \$14.0 million
  - Drug Court Training and Technical Assistance - \$3.0 million
  - Model Acts Program - \$1.3 million
  - World Anti-Doping Agency (WADA) Dues - \$3.8 million
  - Section 103 of P.L. 114-198 - \$5.2 million
  - Policy Research - \$1.3 million
  - Performance Audits and Evaluations - \$0.5 million
  - Evolving and Emerging Drug Threats - \$11.0 million

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

- For FY 2025, the Department of State and U.S. Agency for International Development (USAID) are requesting \$407.1 million in resources for international efforts.
  - The request includes a total of \$348.1 million, an increase of \$62.4 million over the FY 2024 CR level, in International Narcotics and Law Enforcement (INL) funding for drug control efforts that directly deter the flow of illegal drugs to the United States, and support drug demand reduction efforts in foreign countries.
  - USAID request totals \$59.0 million for Developmental Assistance and Economic Support Funds that support international drug control efforts.



### **Department of Transportation**

- The FY 2025 request for the Department of Transportation (DOT) includes \$49.5 million, an increase of \$7.0 million increase over the FY 2024 CR level, for domestic law enforcement, prevention, and treatment efforts.
  - In FY 2025, the Federal Aviation Administration (FAA) requests \$31.9 million in drug control funding related to Aviation Safety/Aerospace Medicine and Security and Hazardous Materials Safety.
  - In FY 2025, the National Highway Traffic Safety Administration (NHTSA) requests \$17.6 million in drug control funding related to Drug-Impaired Driving, Highway Safety Research, Emergency Medical Services data, and other prevention efforts.

### **Department of the Treasury**

- The FY 2025 request for the Department of the Treasury includes \$63.7 million in resources to combat money laundering, conduct the financial investigations and prosecutions of major narcotics traffickers, enforce sanctions based on United States foreign policy and national security goals focusing on internationally-based networks responsible for the manufacturing and distribution of fentanyl and other illicit drugs.
  - In FY 2025, the Financial Crimes Enforcement Network (FinCEN) requests \$2.3 million in drug control funding to safeguard the financial system from illicit use, combat money laundering, its related crimes including terrorism, and promote national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence. Additionally, through the FinCEN Exchange and support for the Department of the Treasury's Counter-Fentanyl Strike Force, FinCEN is working to combat illicit financial networks that enable fentanyl trafficking.
  - The Internal Revenue Service (IRS) requests \$60.3 million in FY 2025 for Criminal Investigation to conduct the financial investigation (and prosecution) of major narcotics traffickers and money launderers, and secure the seizure and forfeiture of their profits. In addition, to fully marshal the Department of the Treasury's resources and expertise, IRS Criminal Investigation and the Office of Terrorism and Financial Intelligence are jointly leading the Department of Treasury's Counter-Fentanyl Strike Force.
  - In FY 2025, the Office of Foreign Assets Control (OFAC) budget request includes \$1.1 million in drug control funding to administer and enforce sanctions based on United States foreign policy and national security goals against targeted international narcotics traffickers.

### **United States Postal Inspection Service**

- As a non-appropriated agency, the United States Postal Inspection Service (USPIS) in FY2025 is not requesting any funding externally for drug control activities. However, USPIS anticipates an estimated spending of \$71.7 million for drug control activities. In order to defend the Nation's mail system from illegal or dangerous use, USPIS investigates and dismantles DTOs and interdicts illicit drugs trafficked by the mail throughout the country. This is also done through partnering with other federal, state, local, and international law



enforcement to forcefully combat the distribution of illegal contraband through the United States mail and international postal system.

**Department of Veterans Affairs**

- In FY 2025, the Department of Veterans Affairs' (VA) Veterans Health Administration (VHA) request includes \$1.4 billion, an increase of \$54.9 million over the FY 2024 CR level, for drug control activities. The proposed FY 2025 budget supports VHA efforts to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUD and mental illness, those who are vulnerable to SUD, and those who are in continuing care to sustain recovery.



## FY 2025 Budget by Drug Control Function

The consolidated National Drug Control Budget details agency resources by function. Functions categorize the activities of agencies into common drug control areas. NDCPAs are requesting a total of \$44.5 billion in drug control funding, an increase of \$890.7 million over the FY 2024 CR level. The largest increases in funding are requested to support domestic law enforcement (+\$771.6 million), treatment (+\$315.2 million) and international efforts (+\$93.6 million). Overall, the request devotes 55.5 percent of drug control resources to demand reduction programs and activities. Table 3 details funding by function.

**Table 3: Federal Drug Control Funding by Function**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

	FY 2023 Final	FY 2024 CR	FY 2025 Request	FY24 - FY25 Change Dollars	FY24 - FY25 Change Percent
<b>Function</b>					
Treatment	\$22,043.5	\$21,516.4	\$21,831.6	+ \$315.2	+1.5%
<i>Percent</i>	<i>49.9%</i>	<i>49.3%</i>	<i>49.1%</i>		
Prevention	\$2,773.4	\$2,789.6	\$2,874.8	+ 85.2	+3.1%
<i>Percent</i>	<i>6.3%</i>	<i>6.4%</i>	<i>6.5%</i>		
Domestic Law Enforcement	\$11,521.3	\$11,444.2	\$12,215.9	+ 771.6	+6.7%
<i>Percent</i>	<i>26.1%</i>	<i>26.2%</i>	<i>27.5%</i>		
Interdiction <sup>1</sup>	\$6,913.0	\$6,913.0	\$6,538.0	- 375.0	-5.4%
<i>Percent</i>	<i>15.6%</i>	<i>15.9%</i>	<i>14.7%</i>		
International	\$945.7	\$938.6	\$1,032.3	+ 93.6	10.0%
<i>Percent</i>	<i>2.1%</i>	<i>2.2%</i>	<i>2.3%</i>		
<b>Total</b>	<b>\$44,196.8</b>	<b>\$43,601.8</b>	<b>\$44,492.5</b>	<b>+ \$890.7</b>	<b>+2.0%</b>
<b>Demand / Supply</b>					
Demand Reduction	\$24,816.9	\$24,306.0	\$24,706.4	+ \$400.4	+1.6%
<i>Percent</i>	<i>56.2%</i>	<i>55.7%</i>	<i>55.5%</i>		
Supply Reduction <sup>1</sup>	\$19,379.9	\$19,295.9	\$19,786.2	+ 490.3	+2.5%
<i>Percent</i>	<i>43.8%</i>	<i>44.3%</i>	<i>44.5%</i>		
<b>Total</b>	<b>\$44,196.8</b>	<b>\$43,601.8</b>	<b>\$44,492.5</b>	<b>+ \$890.7</b>	<b>+2.0%</b>

<sup>1</sup> The FY 2025 Budget reiterates the need for the Administration's October 2023 supplemental request. This includes \$1.2 billion for the Departments of Homeland Security and Justice to stop fentanyl and other contraband from entering the United States.



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

## **Treatment**

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

- screening and evaluation to identify illicit drug use or the misuse of alcohol or prescription drugs;
- interventions such as pharmacotherapy, behavioral therapy, and individual and group counseling, on an inpatient or outpatient basis;
- medical monitoring;
- medical referral;
- pre- and post-arrest criminal justice interventions such as diversion programs, drug courts, and the provision of evidence-based treatment to individuals with SUDs who are arrested or under some form of criminal justice supervision, including medications for OUD treatment; and,
- all other service programs intended to ease the health-related consequences of SUDs.

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





**Table 4: Drug Control Treatment Funding**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

	FY 2023	FY 2024	FY 2025	FY24 - FY25 Change	
	Final	CR	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$24.3</b>	<b>\$24.2</b>	<b>\$24.2</b>	---	---
<b>Appalachian Regional Commission</b>	<b>13.1</b>	<b>13.0</b>	<b>12.9</b>	<b>- 0.1</b>	<b>-0.7%</b>
<b>Court Services and Offender Supervision Agency</b>	<b>41.9</b>	<b>43.8</b>	<b>46.6</b>	<b>+ 2.8</b>	<b>+6.4%</b>
<b>Department of Agriculture</b>	<b>11.4</b>	<b>11.4</b>	<b>11.4</b>	---	---
<i>Office of Rural Development</i>	<i>11.4</i>	<i>11.4</i>	<i>11.4</i>	---	---
<b>Department of Defense</b>	<b>96.3</b>	<b>77.0</b>	<b>79.9</b>	<b>+ 2.9</b>	<b>+3.8%</b>
<i>Defense Health Program</i>	<i>96.3</i>	<i>77.0</i>	<i>79.9</i>	<i>+ 2.9</i>	<i>+3.8%</i>
<b>Department of Health and Human Services</b>	<b>18,764.1</b>	<b>18,181.8</b>	<b>18,292.5</b>	<b>+ 110.7</b>	<b>+0.6%</b>
<i>Centers of Medicare and Medicaid Services</i>	<i>13,130.0</i>	<i>11,900.0</i>	<i>11,990.0</i>	<i>+ 90.0</i>	<i>+0.8%</i>
<i>Food and Drug Administration</i>	<i>12.5</i>	<i>12.5</i>	<i>12.5</i>	---	---
<i>Health Resources and Services Administration</i>	<i>705.8</i>	<i>1,354.4</i>	<i>1,348.4</i>	<i>- 6.0</i>	<i>-0.4%</i>
<i>Indian Health Service</i>	<i>107.3</i>	<i>106.9</i>	<i>116.0</i>	<i>+ 9.1</i>	<i>+8.5%</i>
<i>Nat. Inst. on Alc. Effects and Alc.-Assoc'd Disorders</i>	<i>10.9</i>	<i>10.9</i>	<i>11.0</i>	<i>+ 0.1</i>	<i>+0.6%</i>
<i>National Institute on Drugs and Addiction</i>	<i>1,047.9</i>	<i>1,047.5</i>	<i>1,044.7</i>	<i>- 2.8</i>	<i>-0.3%</i>
<i>Substance use And Mental Health Services Admin.</i>	<i>3,749.6</i>	<i>3,749.6</i>	<i>3,769.9</i>	<i>+ 20.3</i>	<i>+0.5%</i>
<b>Department of Housing and Urban Development</b>	<b>954.1</b>	<b>954.1</b>	<b>1,071.5</b>	<b>+ 117.4</b>	<b>+12.3%</b>
<b>Department of Justice</b>	<b>605.5</b>	<b>647.6</b>	<b>658.3</b>	<b>+ 10.7</b>	<b>+1.7%</b>
<i>Bureau of Prisons</i>	<i>245.7</i>	<i>245.7</i>	<i>257.7</i>	<i>+ 12.0</i>	<i>+4.9%</i>
<i>Office of Justice Programs</i>	<i>359.8</i>	<i>401.9</i>	<i>400.6</i>	<i>- 1.3</i>	<i>-0.3%</i>
<b>Department of Labor</b>	<b>19.6</b>	<b>18.8</b>	<b>20.2</b>	<b>+ 1.4</b>	<b>+7.4%</b>
<i>Employee Benefits Security Administration</i>	<i>0.0</i>	<i>0.0</i>	<i>1.4</i>	<i>+ 1.4</i>	---
<i>Employment and Training Administration</i>	<i>18.8</i>	<i>18.8</i>	<i>18.8</i>	---	---
<i>Office of Disability Employment Policy</i>	<i>0.8</i>	<i>0.0</i>	<i>0.0</i>	---	---
<b>Department of Veterans Affairs</b>	<b>1,345.8</b>	<b>1,375.5</b>	<b>1,430.4</b>	<b>+ 54.9</b>	<b>+4.0%</b>
<b>Federal Judiciary</b>	<b>157.1</b>	<b>158.8</b>	<b>169.0</b>	<b>+ 10.2</b>	<b>+6.4%</b>
<b>Office of National Drug Control Policy</b>	<b>10.4</b>	<b>10.4</b>	<b>14.6</b>	<b>+ 4.2</b>	<b>+41.0%</b>
<b>Total, Treatment</b>	<b>\$22,043.5</b>	<b>\$21,516.4</b>	<b>\$21,831.6</b>	<b>+ \$315.2</b>	<b>+1.5%</b>

## Prevention

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

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



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

**Table 5: Drug Control Prevention Funding**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

	FY 2023 Final	FY 2024 CR	FY 2025 Request	FY24 - FY25 Dollars	Change Percent
<b>AmeriCorps</b>	<b>\$16.1</b>	<b>\$16.0</b>	<b>\$16.0</b>	---	---
<b>Court Services and Offender Supervision Agency</b>	<b>27.1</b>	<b>26.9</b>	<b>26.4</b>	<b>- 0.5</b>	<b>-1.8%</b>
<b>Department of Defense</b>	<b>134.1</b>	<b>130.1</b>	<b>135.6</b>	<b>+ 5.5</b>	<b>+4.2%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	<i>130.1</i>	<i>130.1</i>	<i>135.6</i>	<i>+ 5.5</i>	<i>+4.2%</i>
<i>Defense Health Program</i>	<i>4.0</i>	---	---	<i>+ 0.0</i>	---
<b>Department of Education</b>	<b>103.7</b>	<b>71.8</b>	<b>85.8</b>	<b>+ 14.0</b>	<b>+19.4%</b>
<b>Department of Health and Human Services</b>	<b>2,171.0</b>	<b>2,222.0</b>	<b>2,287.1</b>	<b>+ 65.1</b>	<b>+2.9%</b>
<i>Administration for Children and Families</i>	<i>20.0</i>	<i>20.0</i>	<i>60.0</i>	<i>+ 40.0</i>	<i>+200.0%</i>
<i>Centers for Disease Control and Prevention</i>	<i>528.6</i>	<i>528.6</i>	<i>529.1</i>	<i>+ 0.5</i>	<i>+0.1%</i>
<i>Food and Drug Administration</i>	<i>12.5</i>	<i>12.5</i>	<i>12.5</i>	<i>+ 0.0</i>	---
<i>Health Resources and Services Administration</i>	<i>141.2</i>	<i>192.6</i>	<i>198.6</i>	<i>+ 6.0</i>	<i>+3.1%</i>
<i>Indian Health Service</i>	<i>37.3</i>	<i>37.3</i>	<i>38.8</i>	<i>+ 1.5</i>	<i>+4.0%</i>
<i>Nat. Inst. on Alc. Effects and Alc.-Assoc'd Disorde</i>	<i>64.7</i>	<i>64.5</i>	<i>64.9</i>	<i>+ 0.4</i>	<i>+0.6%</i>
<i>National Institute on Drugs and Addiction</i>	<i>615.4</i>	<i>615.2</i>	<i>623.6</i>	<i>+ 8.4</i>	<i>+1.4%</i>
<i>Substance use And Mental Health Services Admin.</i>	<i>751.2</i>	<i>751.2</i>	<i>759.6</i>	<i>+ 8.3</i>	<i>+1.1%</i>
<b>Department of Justice</b>	<b>121.6</b>	<b>122.9</b>	<b>123.4</b>	<b>+ 0.4</b>	<b>+0.3%</b>
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	<i>0.1</i>	<i>0.1</i>	<i>0.1</i>	<i>+ 0.0</i>	---
<i>Bureau of Prisons</i>	<i>0.3</i>	<i>0.3</i>	<i>0.3</i>	<i>+ 0.0</i>	<i>+5.0%</i>
<i>Drug Enforcement Administration</i>	<i>9.0</i>	<i>9.0</i>	<i>9.7</i>	<i>+ 0.7</i>	<i>+7.5%</i>
<i>Federal Bureau of Investigation</i>	<i>0.1</i>	<i>0.1</i>	<i>0.1</i>	<i>+ 0.0</i>	---
<i>Office of Justice Programs</i>	<i>112.2</i>	<i>113.5</i>	<i>113.2</i>	<i>- 0.3</i>	<i>-0.2%</i>
<i>United States Marshals Service</i>	<i>0.0</i>	<i>0.0</i>	<i>0.0</i>	<i>+ 0.0</i>	---
<b>Department of Labor</b>	<b>9.3</b>	<b>11.4</b>	<b>11.5</b>	<b>+ 0.1</b>	<b>+1.0%</b>
<i>Employment and Training Administration</i>	<i>4.2</i>	<i>6.0</i>	<i>6.0</i>	<i>+ 0.0</i>	---
<i>Office of Workers' Compensation Programs</i>	<i>5.1</i>	<i>5.4</i>	<i>5.5</i>	<i>+ 0.1</i>	<i>+2.2%</i>
<b>Department of the Interior</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	---	---
<i>Bureau of Indian Affairs</i>	<i>1.0</i>	<i>1.0</i>	<i>1.0</i>	---	---
<b>Department of Transportation</b>	<b>35.5</b>	<b>35.9</b>	<b>41.7</b>	<b>+ 5.8</b>	<b>+16.1%</b>
<i>Federal Aviation Administration</i>	<i>17.8</i>	<i>17.8</i>	<i>24.1</i>	<i>+ 6.3</i>	<i>+35.4%</i>
<i>National Highway Traffic Safety Administration</i>	<i>17.8</i>	<i>18.1</i>	<i>17.6</i>	<i>- 0.5</i>	<i>-2.8%</i>
<b>Office of National Drug Control Policy</b>	<b>154.0</b>	<b>151.7</b>	<b>146.4</b>	<b>- 5.3</b>	<b>-3.5%</b>
<b>Total, Prevention</b>	<b>\$2,773.4</b>	<b>\$2,789.6</b>	<b>\$2,874.8</b>	<b>+ \$85.2</b>	<b>+3.1%</b>



## **Domestic Law Enforcement**

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

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

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



**Table 6: Drug Control Domestic Law Enforcement Funding**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

	FY 2023 Final	Enacted CR	FY 2025 Request	FY24 - FY25 Dollars	Change Percent
<b>AmeriCorps</b>	<b>\$0.1</b>	<b>\$0.1</b>	<b>\$0.1</b>	---	---
<b>Department of Agriculture</b>	<b>13.0</b>	<b>13.5</b>	<b>13.5</b>	---	---
<i>U.S. Forest Service</i>	13.0	13.5	13.5	---	---
<b>Department of Defense</b>	<b>231.7</b>	<b>231.7</b>	<b>112.2</b>	<b>- 119.5</b>	<b>-51.6%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	231.7	231.7	112.2	- 119.5	-51.6%
<b>Department of Homeland Security</b>	<b>731.0</b>	<b>731.0</b>	<b>780.9</b>	<b>+ 49.9</b>	<b>+6.8%</b>
<i>Federal Emergency Management Agency</i>	13.5	13.5	13.5	---	---
<i>Federal Law Enforcement Training Center</i>	55.4	55.4	57.9	+ 2.5	+4.4%
<i>Immigration and Customs Enforcement</i>	662.1	662.1	709.5	+ 47.4	+7.2%
<b>Department of Justice</b>	<b>8,968.7</b>	<b>8,900.6</b>	<b>9,653.1</b>	<b>+ 752.5</b>	<b>+8.5%</b>
<i>Asset Forfeiture Fund</i>	242.3	231.8	231.8	---	---
<i>Bureau of Alcohol, Tobacco, and Firearms</i>	43.8	43.8	75.3	+ 31.5	+71.9%
<i>Bureau of Prisons</i>	3,844.5	3,763.6	3,796.8	+ 33.2	+0.9%
<i>Criminal Division</i>	48.1	48.1	48.0	- 0.1	-0.3%
<i>Drug Enforcement Administration</i>	2,659.5	2,664.3	2,845.0	+ 180.7	+6.8%
<i>Federal Bureau of Investigation</i>	215.9	175.0	228.3	+ 53.3	+30.5%
<i>Office of Justice Programs</i>	177.6	209.1	329.6	+ 120.5	+57.6%
<i>Organized Crime Drug Enf. Task Force Program</i>	550.5	550.5	550.5	---	---
<i>U.S. Attorneys</i>	101.5	100.2	139.7	+ 39.4	+39.3%
<i>U.S. Marshals Service</i>	1,085.0	1,114.2	1,408.1	+ 293.9	+26.4%
<b>Department of the Interior</b>	<b>22.0</b>	<b>22.0</b>	<b>22.0</b>	---	---
<i>Bureau of Indian Affairs</i>	13.9	13.9	13.9	---	---
<i>Bureau of Land Management</i>	4.7	4.7	4.7	---	---
<i>National Park Service</i>	3.4	3.4	3.4	---	---
<b>Department of Labor</b>	<b>1.8</b>	<b>1.8</b>	<b>1.8</b>	---	---
<i>Office of the Inspector General</i>	1.8	1.8	1.8	---	---
<b>Department of the Treasury</b>	<b>88.2</b>	<b>63.6</b>	<b>63.7</b>	<b>+ 0.1</b>	<b>+0.1%</b>
<i>Financial Crimes Enforcement Network</i>	2.1	2.3	2.3	---	---
<i>Internal Revenue Service</i>	85.2	60.3	60.3	---	---
<i>Office of Foreign Assets Control</i>	0.9	1.1	1.1	+ 0.1	+8.5%
<b>Department of Transportation</b>	<b>4.1</b>	<b>4.1</b>	<b>5.1</b>	<b>+ 1.0</b>	<b>+24.6%</b>
<i>Federal Aviation Administration</i>	4.1	4.1	5.1	+ 1.0	+24.6%
<b>Federal Judiciary</b>	<b>1,113.9</b>	<b>1,126.7</b>	<b>1,220.2</b>	<b>+ 93.6</b>	<b>+8.3%</b>
<b>Office of National Drug Control Policy</b>	<b>275.2</b>	<b>277.5</b>	<b>271.6</b>	<b>- 5.9</b>	<b>-2.1%</b>
<b>United States Postal Inspection Service</b>	<b>71.7</b>	<b>71.7</b>	<b>71.7</b>	---	---
<b>Total, Domestic Law Enforcement</b>	<b>\$11,521.3</b>	<b>\$11,444.2</b>	<b>\$12,215.9</b>	<b>+ \$771.6</b>	<b>+6.7%</b>



## Interdiction

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

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

Interdiction funding levels are reported in Table 7. Funding for efforts under this function is aggregated under Supply Reduction.

**Table 7: Drug Control Interdiction Funding<sup>1</sup>**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

	FY 2023	FY 2024	FY 2025	FY24 - FY25 Change	
	Final	CR	Request	Dollars	Percent
<b>Department of Defense</b>	<b>\$638.5</b>	<b>\$638.5</b>	<b>\$664.0</b>	<b>+ \$25.5</b>	<b>+4.0%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	638.5	638.5	664.0	+ 25.5	+4.0%
<b>Department of Health and Human Services</b>	<b>\$54.5</b>	<b>\$54.5</b>	<b>\$54.5</b>	---	---
<i>Food and Drug Administration</i>	54.5	54.5	54.5	---	---
<b>Department of Homeland Security</b>	<b>6,189.8</b>	<b>6,189.8</b>	<b>5,785.4</b>	<b>- 404.4</b>	<b>-6.5%</b>
<i>Customs and Border Protection</i>	4,005.6	4,005.6	3,824.0	- 181.6	-4.5%
<i>Science and Technology Directorate</i>	4.0	4.0	6.7	+ 2.7	+68.7%
<i>United States Coast Guard</i>	2,180.2	2,180.2	1,954.7	- 225.5	-10.3%
<b>Department of the Interior</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	---	---
<i>Bureau of Land Management</i>	0.4	0.4	0.4	---	---
<b>Department of Transportation</b>	<b>2.6</b>	<b>2.6</b>	<b>2.8</b>	<b>+ 0.2</b>	<b>+7.8%</b>
<i>Federal Aviation Administration</i>	2.6	2.6	2.8	+ 0.2	+7.8%
<b>Office of National Drug Control Policy</b>	<b>27.3</b>	<b>27.3</b>	<b>31.0</b>	<b>+ 3.7</b>	<b>+13.4%</b>
<b>Total, Interdiction</b>	<b>\$6,913.0</b>	<b>\$6,913.0</b>	<b>\$6,538.0</b>	<b>- \$375.0</b>	<b>-5.4%</b>

<sup>1</sup> The FY 2025 Budget reiterates the need for the Administration’s October 2023 supplemental request. This includes \$1.2 billion for the Departments of Homeland Security and Justice to stop fentanyl and other contraband from entering the United States. Detail may not add due to rounding.



## **International**

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

- drug law enforcement efforts outside the United States;
- source country programs to assist international partners in managing the consequences of drug production; trafficking; consumption in their own societies, including the training and equipping of security forces; raise awareness of science-based practices and programs aimed at prevent, treat and enable recovery from SUDs; and support of economic development programs to reduce the production or trafficking of illicit drugs and build resilient societies;
- assessment and monitoring of international drug production programs and policies;
- coordination and promotion of compliance with international treaties relating to the eradication of illegal drugs;
- coordination and promotion of compliance with international treaties relating to the production and transportation of illegal drugs;
- promotion of involvement of other nations in international law enforcement programs and policies to reduce supply of drugs; and,
- all other overseas drug law enforcement efforts to disrupt the flow of illicit drugs into the United States.
- International funding levels are reported in Table 8. Funding for efforts under this function is aggregated under Supply Reduction.

**Table 8: Drug Control International Funding**  
 FY 2023 - FY 2025  
 (Budget Authority in millions)

	FY 2023 Final	FY 2024 CR	FY 2025 Request	FY24 - FY25 Change	
				Dollars	Percent
<b>Department of Defense</b>	<b>\$100.0</b>	<b>\$93.0</b>	<b>\$120.3</b>	<b>+ \$27.3</b>	<b>+29.3%</b>
<i>Defense Security Cooperation Agency</i>	68.7	61.7	90.6	+ 28.9	+46.9%
<i>Drug Interdiction and Counterdrug Activities</i>	31.3	31.3	29.7	- 1.6	-5.2%
<b>Department of Homeland Security</b>	<b>12.6</b>	<b>12.6</b>	<b>12.8</b>	<b>+ 0.2</b>	<b>+1.5%</b>
<i>Federal Law Enforcement Training Center</i>	0.6	0.6	0.6	+ 0.0	+4.5%
<i>Immigration and Customs Enforcement</i>	12.0	12.0	12.2	+ 0.2	+1.4%
<b>Department of Justice</b>	<b>477.5</b>	<b>477.5</b>	<b>486.1</b>	<b>+ 8.6</b>	<b>+1.8%</b>
<i>Drug Enforcement Administration</i>	476.1	476.1	484.6	+ 8.5	+1.8%
<i>U.S. Marshals Service</i>	1.4	1.4	1.5	+ 0.1	+9.7%
<b>Department of State</b>	<b>351.3</b>	<b>351.3</b>	<b>407.1</b>	<b>+ 55.8</b>	<b>+15.9%</b>
<i>Bureau of Intl Narcotics and Law Enf Affairs</i>	285.7	285.7	348.1	+ 62.3	+21.8%
<i>United States Agency for Intl Development</i>	65.5	65.5	59.0	- 6.5	-9.9%
<b>Office of National Drug Control Policy</b>	<b>4.3</b>	<b>4.3</b>	<b>6.1</b>	<b>+ 1.8</b>	<b>+40.9%</b>
<b>Total, International</b>	<b>\$945.7</b>	<b>\$938.6</b>	<b>\$1,032.3</b>	<b>+ \$93.6</b>	<b>+10.0%</b>



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

**Table 9: Historical Drug Control Funding**  
 FY 2016 - FY 2025  
 (Budget Authority in Millions)

	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Demand Reduction</b>										
Treatment	\$9,845.1	\$12,168.7	\$14,547.9	\$15,439.6	\$16,459.5	\$18,527.4	\$20,343.6	\$22,043.5	\$21,516.4	\$21,831.6
Prevention	1,486.4	1,572.2	2,263.8	2,135.9	2,177.2	2,259.8	2,590.2	2,773.4	2,789.6	2,874.8
<b>Total, Demand Reduction</b>	<b>11,331.5</b>	<b>13,740.9</b>	<b>16,811.7</b>	<b>17,575.6</b>	<b>18,636.6</b>	<b>20,787.1</b>	<b>22,933.7</b>	<b>24,816.9</b>	<b>24,306.0</b>	<b>24,706.4</b>
<b>Supply Reduction</b>										
Domestic Law Enforcement	9,282.8	8,982.3	9,443.8	9,641.4	10,240.9	10,766.4	10,725.6	11,521.3	11,444.2	12,215.9
Interdiction <sup>1</sup>	4,734.7	4,595.9	5,565.9	8,308.3	9,545.8	5,613.4	6,367.3	6,913.0	6,913.0	6,538.0
International	1,524.9	1,494.2	1,465.1	1,283.0	1,263.6	1,256.5	918.4	945.7	938.6	1,032.3
<b>Total, Supply Reduction</b>	<b>15,542.5</b>	<b>15,072.4</b>	<b>16,474.8</b>	<b>19,232.7</b>	<b>21,050.3</b>	<b>17,636.3</b>	<b>18,011.2</b>	<b>19,379.9</b>	<b>19,295.9</b>	<b>19,786.2</b>
<b>Total, Drug Control Funding</b>	<b>\$26,874.0</b>	<b>\$28,813.3</b>	<b>\$33,286.5</b>	<b>\$36,808.3</b>	<b>\$39,686.9</b>	<b>\$38,423.4</b>	<b>\$40,945.0</b>	<b>\$44,196.8</b>	<b>\$43,601.8</b>	<b>\$44,492.5</b>

<sup>1</sup> The FY 2025 Budget reiterates the need for the Administration’s October 2023 supplemental request. This includes \$1.2 billion for the Departments of Homeland Security and Justice to stop fentanyl and other contraband from entering the United States.

<sup>2</sup> Detail may not add due to rounding.



# **AGENCY BUDGET SUMMARIES**





**AMERICORPS**





# AMERICORPS

## Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$16.098	\$16.002	\$16.002
Treatment	6.489	6.456	6.456
Recovery	17.772	17.747	17.747
State & Local Assistance	0.108	0.102	0.102
<b>Total Drug Resources by Function</b>	<b>\$40.467</b>	<b>\$40.307</b>	<b>\$40.307</b>
<b>Drug Resources by Decision Unit</b>			
AmeriCorps State & National	\$20.523	\$20.523	\$20.523
AmeriCorps Seniors (Seniors Corps)	0.241	0.241	0.241
AmeriCorps VISTA	3.007	2.847	2.847
Public Health AmeriCorps <sup>1</sup>	16.696	16.696	16.696
<b>Total Drug Resources by Decision Unit</b>	<b>\$40.467</b>	<b>\$40.307</b>	<b>\$40.307</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.3	\$1.3	\$1.3
Drug Resources Percentage	3.1%	3.1%	3.1%

<sup>1</sup> Funding for Public Health AmeriCorps was rescinded pursuant to the Fiscal Responsibility Act (FRA). The FRA rescinded unobligated ARP funding specified in the bill language. AmeriCorps intends to fund these activities from AmeriCorps' State and National Funds if alternative funding sources are not identified.

## Program Summary

### MISSION

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



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

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

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

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

## METHODOLOGY

AmeriCorps tracks data on opioids and substance use programming by reviewing funding priority selections, grant program objectives, and national service activities. The funding reported here represents federal grant and program dollars associated with projects in which some or all of their national service participants are explicitly focused on opioid or substance use activities. Amounts do not include Segal AmeriCorps Education Awards for AmeriCorps members who complete a term of national service, or the matching funds and in-kind donations made by corporations, foundations, and other local entities to support national service programs.



### ***AmeriCorps State & National***

For AmeriCorps State and National, funding includes projects for which some or all AmeriCorps members are explicitly focused on opioid or substance use activities. Dollar figures include full federal funding for projects focused on opioids and substance use activities and pro-rated federal funding amounts for projects in which a subset of members are focused on drug activities.

The ASN FY 2023 opioid investment includes the total federal dollars awarded to the following AmeriCorps State and National grantees in FY 2023:

- Awarded grantees or subgrantees for which AmeriCorps reviewers marked the opioid funding priority area in FY 2020 or FY 2021 and who continue to carry out opioid programming in FY 2023. This includes competitive grantees/subgrantees and several formula subgrantees who were originally reviewed for competitive consideration.
- Awarded formula subgrantees (other than those originally reviewed for competitive consideration) who self-selected the priority area “Healthy Futures - a program model that reduces and/or prevents prescription drug and opioid abuse” on their grant applications in FY 2020 or FY 2021 (which they were instructed to do if this priority was a significant part of the proposed program) and had designated an opioid intervention as their primary service activity.

The report counts partial federal dollars awarded to the following ASN Grantees in FY 2023:

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

### ***AmeriCorps VISTA***

For AmeriCorps VISTA, investment was estimated from FY 2023 full-year and summer service terms focused partially or entirely on opioid-related activities. Terms were included in the investment if their associated VISTA Assignment Descriptions contain opioid key words in their title, site name, project goals and objectives, and/or activity description. Because AmeriCorps did not do the full manual review this year, it used the percentage distribution of the investment by function from FY 2020 to estimate the distribution of investment by function for FY 2023.

FY 2024 and FY 2025 projections for AmeriCorps VISTA are reduced based on an anticipated reduction of the Summer Associate program in those fiscal years.

### ***AmeriCorps Seniors***

For AmeriCorps Seniors, FY 2023 project performance measures were queried to identify those that have volunteer activities explicitly focused on opioid/drug intervention. The full AmeriCorps investment is reported for projects fully focused on opioids/drug intervention activities, and pro-



rated investments are reported for projects with a partial focus on opioid/drug intervention. In each case, the investment is calculated in two steps. First, the percent of each project's unduplicated Volunteer Service Years (VSYs) or volunteers associated with performance measures that contain the "opioid/drug intervention" service activity was determined. Next, that value is multiplied against the project's total awarded federal funding to get the portion of the investment associated with opioid/drug intervention activities. VSYs are used for the AmeriCorps Seniors Foster Grandparent and Senior Companion programs. Volunteers are used for the AmeriCorps Seniors RSVP program.

Because AmeriCorps did not complete a full manual review of applications and performance measures for AmeriCorps Seniors in FY 2023, the breakout of AmeriCorps Seniors' FY 2023 investment by function was calculated using the percentage distribution from the most recent manual review (FY 2021).

### ***Public Health AmeriCorps (PHA)***

Public Health AmeriCorps funds grantees through AmeriCorps State and National. Since PHA did not have an opioid funding priority in FY 2023, the primary means of identifying PHA projects conducting opioid-related activities was to query those that selected "opioid/drug intervention" as a service activity for one or more workplans. From there, the investment was calculated by multiplying the target MSYs for workplans with the opioid service activity by the project's cost per budgeted MSY.

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

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

## **BUDGET SUMMARY**

In FY 2025, AmeriCorps requests \$40.3 million for drug control activities, no change from the FY 2024 CR level. AmeriCorps does not make a funding request that is specific to opioid and substance use prevention. Rather, the "FY 2024 CR" and "FY 2025 Request" columns in the Resource Summary table are projections of how much AmeriCorps anticipates investing based on the FY 2023 investment.

The agency has statutory priority funding areas that include: education, disaster services, environmental stewardship, veterans and military families, economic opportunity and healthy futures. AmeriCorps funds projects that contribute to the *Strategy* out of the healthy futures portfolio each year. AmeriCorps anti-drug activities are carried out under four main programs:



### **AmeriCorps State and National**

**FY 2025 Request: \$20.5 million**

**(No change from the FY 2024 CR level)**

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 Native American Tribes – use their AmeriCorps funding to recruit, place, train, and supervise AmeriCorps members. AmeriCorps members may receive a modest living allowance, and upon successful completion of their service, members earn a Segal AmeriCorps Education Award to pay for higher education expenses or repay qualified student loans. Since FY 2017, ASN has invested significant resources in reducing and/or preventing prescription drug and opioid misuse and has funded a number of program models working to address this crisis.

### **AmeriCorps VISTA**

**FY 2025 Request: \$2.8 million**

**(No change from the FY 2024 CR level)**

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

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

**FY 2025 Request: \$0.2 million**

**(No change from the FY 2024 CR level)**

AmeriCorps Seniors 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 ACS volunteers are focusing on this issue in myriad ways.

### **Public Health AmeriCorps**

**FY 2025 Request: \$16.7 million**

**(No change from the FY 2024 CR level)**

Through a collaboration between CDC and AmeriCorps, Public Health AmeriCorps 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 coaches.

Funding for PHA was rescinded pursuant to the FRA of 2023. The FRA rescinded unobligated ARP funding specified in the bill language. AmeriCorps intends to fund these activities from AmeriCorps' State and National Funds if alternative funding sources are not identified.

## EQUITY

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

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



# APPALACHIAN REGIONAL COMMISSION







# APPALACHIAN REGIONAL COMMISSION

## Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Recovery	\$13.073	\$13.000	\$12.907
<b>Total Drug Resources by Function</b>	<b>\$13.073</b>	<b>\$13.000</b>	<b>\$12.907</b>
<b>Drug Resources by Decision Unit</b>			
INSPIRE Initiative	\$13.073	\$13.000	\$12.907
<b>Total Drug Resources by Decision Unit</b>	<b>\$13.073</b>	<b>\$13.000</b>	<b>\$12.907</b>

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

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

## Program Summary

### MISSION

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

### METHODOLOGY

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

The INSPIRE initiative funding levels are evaluated and allocated based on the needs and capacity of Appalachia, this includes overdose and workforce data specific to the region, coupled with application feedback as described in each applicant’s application to ARC for SUD recovery to work funding.



## **BUDGET SUMMARY**

In FY 2025, ARC requests \$12.9 million for drug control activities, a decrease of \$0.1 million from the FY 2024 CR level.

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

**FY 2025 Request: \$12.9 million**

**(\$0.1 million below the FY 2024 CR level)**

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

## **EQUITY**

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



# DEPARTMENT OF AGRICULTURE





# DEPARTMENT OF AGRICULTURE

## United States Forest Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$12.000	\$12.480	\$12.480
Prosecution	0.200	0.208	0.208
State, Local and Tribal Law Enforcement Assistance	0.600	0.624	0.624
Research and Development: Domestic Law Enforcement	0.200	0.208	0.208
<b>Total Drug Resources by Function</b>	<b>\$13.000</b>	<b>\$13.520</b>	<b>\$13.520</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement Agency Support	\$13.000	\$13.520	\$13.520
<b>Total Drug Resources by Decision Unit</b>	<b>\$13.000</b>	<b>\$13.520</b>	<b>\$13.520</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	56	56	56
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.1	\$6.1	\$6.5
Drug Resources Percentage	0.2%	0.2%	0.2%

### Program Summary

#### MISSION

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

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



## METHODOLOGY

LEI receives FY discretionary funding from two budget line items. Program funding comes from the budget line item titled “Law Enforcement Operations” within the National Forest System treasury symbol. All base salaries for law enforcement officers, criminal investigators, special agents, and law enforcement support staff are funded by the National Forest System’s Salaries and Expenses (NFSE) account. LEI allocations for drug enforcement activities for out-years are estimated based on an analysis of the total program of work. The analysis is derived from the percentage of the work LEI staff perform on drug-related activities as a portion of total work on all law enforcement duties and responsibilities related to the mission of the USFS. The resulting drug-related percentage is then used as the proxy to calculate the amount of drug-related funding as a portion of total LEI funding and serves as the LEI drug control funding level. For future year budget allocation projections, this percentage is used as a rolling average of the five previous FYs 2019 through 2023 of actual data.

## BUDGET SUMMARY

In FY 2025, USFS requests \$13.5 million for drug control activities, no change from the FY 2024 CR level.

### **Law Enforcement Agency Support**

**FY 2025 Request: \$13.5 million**

**(No change from the FY 2024 CR level)**

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

#### ***Investigations***

***FY 2025 Request: \$12.5 million***

***(No change from the FY 2024 CR level)***

LEI participates in the DOJ’s OCDETF investigations through assigned personnel, who predominately focus their efforts on drug crimes. LEI participates in OCDETF cases when the investigation originates with LEI or impacts National Forest System lands; however, LEI has limited resources to initiate investigative tools and technologies related to OCDETF cases. Instead, these actions are typically funded by other agencies that operate within a task force; most notably DEA. In cases where LEI is not officially a part of a local task force with DEA partnership, potential OCDETF cases may not be recognized due to the lack of investigative funds.

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

Data included in the Law Enforcement Investigations Reporting System (LEIRS), formerly known as the Law Enforcement Investigation Management Attainment Reporting System, or LEIMARS, is the best source of statistical data currently available to USFS. Data derived from LEIRS, along



with field reporting (i.e., data tracked locally for reclamation accomplishments not input into LEIRS), is utilized to assess and distribute law enforcement resources. Annually, working groups are collaborating with contractor Tyler Technologies with a LEIRS test site prior to field implementation and use. A portion of this funding will support testing within LEIRS and streamlining digital activity entries by personnel; currently, case management updates are near completion.

LEI also continues to work with federal partners to reduce cross-border smuggling activities on National Forest System lands contiguous with Canada and Mexico to ensure the safety and security of visitors and employees. LEI's collaboration with USDA's Animal Plant and Health Inspection Service, the Environmental Protection Agency, and DOJ USAOs has increased seizures of banned chemicals entering the United States.

### ***Prosecution***

***FY 2025 Request: \$0.2 million***

***(No change from the FY 2024 CR level)***

In FY 2023, 15 percent of assigned drug cases were referred for adjudication resulted in negative consequences for defendants. Funding will support substantial work required for the development of cases for adoption and prosecution, travel to foster collaboration efforts resulting in higher quality cases, and the purchase of technologies used for evidence collection and service plan expenditures. These collective efforts contribute to more successful prosecutions.

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

***FY 2025 Request: \$0.6 million***

***(No change from the FY 2024 CR level)***

USFS will use requested funding to continue partnering with many other federal, state, and local agencies to identify, investigate, disrupt, prosecute, and ultimately dismantle DTOs involved in marijuana cultivation and other controlled substance activities on or with a nexus to National Forest System lands and other public lands. The ability to utilize state and local cooperators to combat marijuana cultivation has been limited as these resources have been focused on addressing regulatory concerns related to "legal" growing activities on private lands. The reduction of these resources negatively impacts LEI's ability to detect and interdict marijuana growing operations on National Forest System lands. However, if states increase enforcement on private lands, marijuana production on public lands may increase.

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

***FY 2025 Request: \$0.2 million***

***(No change from the FY 204 CR level)***

Requested funding will be used for clean-up, reclamation, and hazardous material mitigation at marijuana cultivation sites, as well as for research activities related to measuring the significant impacts of these hazards on the National Forests, including impacts to native wildlife and watersheds. The use of banned and restricted chemicals associated with trespass cultivation on National Forest System lands is an ecological and human safety threat. The environmental degradation stemming from this activity has been ongoing for over a decade but was not widely recognized or understood within the natural resource discipline until recently.

The documented ecological degradation and threats associated with cultivation activities are significant. They include contamination of waterways and habitat at cultivation sites, the loss of



federally threatened and endangered wildlife, and the endangerment of agency staff, indigenous users, and the public.

Data derived from lab testing and the use of monitoring equipment can be costly. LEI has demonstrated that removing a cultivation site's hazardous and non-hazardous material is critical to the disruption and halting of both natural resource and human health threats and the re-establishment of future sites and associated impacts.

Funding is expected to perform site monitoring and environmental assessments of marijuana grow sites which is used for evidentiary purposes as well as employee health and safety. In addition, funding will be used for integrating imagery and other technologies to detect marijuana and reclamation needs in addition to historical visual overflights by personnel.

## **EQUITY**

LEI supports participating in the implementation of Executive Orders (E.O.) issued by the Biden Administration including E.O. 13985 and E.O. 14035 (E.O. on Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce). Current Forest Service law enforcement policies contain multiple directives related to equity and standards of conduct. There are additional directives related to racial profiling, which prohibits LEI personnel from using race, ethnicity, or national origin as a criterion for conducting traffic stops, checkpoints, roadblock stops, and other law enforcement investigative procedures. Additionally, all LEI officers are required to perform their duties in a non-discriminatory manner in compliance with DOJ guidance. LEI will continue to pursue opportunities to promote the objectives of the E.O. as consistent with its mission to further national security objectives.



# DEPARTMENT OF AGRICULTURE

## Office of Rural Development

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Treatment	\$11.400	\$11.400	\$11.400
<b>Total Drug Resources by Function</b>	<b>\$11.400</b>	<b>\$11.400</b>	<b>\$11.400</b>
<b>Drug Resources by Decision Unit</b>			
Distance Learning and Telemedicine Program	\$11.400	\$11.400	\$11.400
<b>Total Drug Resources by Decision Unit</b>	<b>\$11.400</b>	<b>\$11.400</b>	<b>\$11.400</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$50.0	\$45.1	\$46.5
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

Note: In addition to the funds identified here, other funds may be available for treatment related projects through multiple other USDA Rural Development programs. The 2018 Farm Bill (FB) authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine (DLT) program to support SUD treatment services. The 2018 FB also authorized the Secretary to prioritize SUD treatment projects under the USDA Rural Development Community Facilities program.

### Program Summary

#### MISSION

RD is committed to helping improve the economy and quality of life in rural America. They help rural Americans in many ways, including:

- Offering loans, grants, and loan guarantees to help create jobs and support economic development and essential services such as housing, health care, first responder services and equipment, and water, electric and communications infrastructure.
- Promoting economic development by supporting loans to businesses through banks, credit unions and community-managed lending pools.
- Offering TA and information to help agricultural producers and cooperatives get started and improve the effectiveness of their operations.
- Providing TA to help communities undertake community empowerment programs, including by helping rural residents buy or rent safe, affordable housing and make health and safety repairs to their homes.
- The RD Mission area FY 2025 budget request aligns with treatment functions, as RD Mission area programs provide funding for health-related operations.





## METHODOLOGY

Section 6101(a)(1)(A) of the Agriculture Improvement Act of 2018 (“2018 Farm Bill”, P.L. 115-334) requires the Secretary to use at least 20 percent of the funding provided for the DLT program to support SUD treatment services, unless there are not sufficient qualified applicants to reach the 20 percent requirement. In addition, section 6101(a)(1)(B) of the 2018 Farm Bill (FB) authorized prioritizing the selection of projects for Community Facilities (CF) direct 177 loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid misuse and to support people in recovery. However, the FB prioritization authority does not extend to the Community Facilities Technical Assistance and Training (CF TAT) Grant Program.

Under the CF TAT Grant Program, successful applicants can provide TA and training to identify and plan for community facility needs in their area and to identify public and private resources to finance those identified community needs. A community facility need identified under the CF TAT grant program could relate to substance use prevention, treatment, and recovery, but the grant program itself would fund the TA and training to identify that need and resources to support meeting the need, not the actual substance use project. The Notice of Funding Availability/Notice of Solicitation of Applications may provide priority points for administration priorities.

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

## BUDGET SUMMARY

In FY 2025, RD requests \$11.4 million for drug control activities, no change from the FY 2024 CR level.

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

**FY 2025 Budget Request: \$11.4 million**

**(No change from the FY 2024 CR level)**

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

For the FY 2025 budget request, RD includes the FB requirement of setting aside 20 percent of the funding made available to the DLT grants for the SUD treatment projects. Funds are provided to help strengthen local capacity to address SUD/opioid treatment. RD opioid epidemic related funding is only for the supporting DLT grants and RD has no authority to provide treatment or engage on prevention activities under the DLT program. RD has



historically provided the tools rural communities can use to support the prevention and treatment of SUD/Opioids through past support of the Rural Community Toolbox.

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

## EQUITY

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

- **The Equity Project:** The Equity Project is a framework that will help RD implement long-term measures to increase investments in vulnerable and underserved communities.
- **Rural Partners Network:** Rural Partners Network is an effort to support underserved communities by better connecting communities to federal resources and strengthening their efforts to be effective development actors.
- **Priority Points Framework:** RD has created a framework for giving funding priority to projects that address some of the top challenges in rural America.
- **Internal Equity Work:** RD is taking steps to advance equity within the mission area through climate assessments, workshops for senior leadership, and training for RD staff.
- **RD Modernization Project:** The RD Modernization effort aims to make the case for why investment in staffing, IT modernization, and more program flexibility is critical for RD to meet its commitment to Rural America.
- **Strengthen Tribal Trust Responsibility:** USDA maintains a trust responsibility to administer programs flexibly for the benefit of Tribal nations and citizens.
- **Regulatory Review:** RD is actively reviewing ongoing regulatory actions as well as future rulemakings to determine how processes and procedures may advance equity.



**COURT SERVICES AND OFFENDER  
SUPERVISION AGENCY FOR THE DISTRICT OF  
COLUMBIA**





# COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA

## Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$27.110	\$26.920	\$26.440
Treatment: Recovery	41.940	43.840	46.630
<b>Total Drug Resources by Function</b>	<b>\$69.050</b>	<b>\$70.760</b>	<b>\$73.070</b>
<b>Drug Resources by Decision Unit</b>			
Community Supervision Program	\$41.650	\$43.840	\$46.510
Pretrial Services Agency	27.400	26.920	26.560
<b>Total Drug Resources by Decision Unit</b>	<b>\$69.050</b>	<b>\$70.760</b>	<b>\$73.070</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	295	317	293
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.3	\$0.3	\$0.3
Drug Resources Percentage	24.1%	24.7%	23.5%

## Program Summary

### MISSION

The mission of CSOSA is to effectively monitor and 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. The CSOSA appropriation is comprised of two component programs: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

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



considerable needs, and face many challenges to successfully completing supervision. Individuals who fail to successfully complete supervision and/or recidivate place an enormous burden on their families, the community, and the entire criminal justice system. PSA is an independent entity within CSOSA whose mission is to promote pretrial justice and enhance community safety. PSA assists judges in both the Superior Court of the District of Columbia (D.C. Superior Court) and the United States District Court for the District of Columbia (U.S. District Court) by conducting a risk assessment for every arrested person who is presented in court, identifying detention eligibility and formulating release recommendations, as appropriate. PSA's recommendations are based upon the arrestee's criminal history, substance use and/or mental health information, and select demographic information. For defendants placed on conditional release pending trial, PSA provides supervision and treatment services intended to reasonably assure that defendants return to court and do not engage in criminal activity pending their trial and/or sentencing.

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

In March 2020, in response to the Coronavirus pandemic (hereafter referred to as COVID-19), CSOSA altered operations by decreasing its onsite presence in its facilities to limit close physical contact between individuals, consistent with guidance from CDC to slow the spread of the virus. In coordination with the courts, PSA suspended defendant drug testing, treatment needs assessments and treatment services, all of which require close in-person contact. CSP temporarily suspended offender drug testing and significantly reduced treatment interventions. CSP transitioned to providing treatment services via tele-health. By reimagining assessment and supervision services, PSA assured continuity of operations, despite myriad challenges and dynamic circumstances. PSA introduced a risk-based triage system to schedule defendants for in-person contact, transitioned to telephonic diagnostic interviews, and implemented virtual support of courtroom operations to achieve its mission. In addition, PSA deployed technology to shift traditionally in-person defendant engagement activities into the virtual sphere. Examples include institution of virtual supervision meetings between defendants and Pretrial Services Officers (PSOs); virtual behavioral health services, including SUD assessments, mental health screenings, and treatment groups. As PSA progresses in its post-pandemic operating posture, CSOSA is leveraging the lessons learned from the pandemic to continue informing its decisions regarding the delivery of supervision and treatment services.

In response to the President's priorities to address drug addiction and opioid misuse, PSA began the universal screening of all defendant specimens for fentanyl in May 2021. This represented a considerable step by PSA to address the misuse of fentanyl, a nation-wide problem that also exists



within 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 misuse problem, 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 (RADC)], which is a scientifically based instrument to improve the efficiency and effectiveness of pretrial supervision. Use of this instrument will enhance its ability to provide a comprehensive summary to the US 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 (RBS) operating model is planned for FY 2024. PSA’s Office of Administrative Services (OAS) and Office of Planning, Policy and Analysis (OPPA) 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.

## **METHODOLOGY**

The methodologies used by PSA and CSP to determine Drug Budget resources remain unchanged from those used for the FY 2024 ONDCP Drug Budget. CSP uses a cost allocation methodology to determine Drug Prevention (Testing) and Treatment activity resources, including both direct (e.g., direct staff, direct contracts) and indirect (e.g., rent, management) cost items supporting CSP Drug Prevention and Treatment activities. The resources for these activities are derived from CSP’s Strategic Plan framework reported in CSOSA’s performance budgets. PSA has three offices responsible for its drug control mission:

1. The *Office of Pre-Release and Testing (OPRT), Drug Testing Services Team* collects urine and oral fluid specimens from defendants during the diagnostic process, as well as upon assignment to PSA supervision. The team also collects specimens from respondents and juveniles with matters pending in DC Superior Court Family Division; and
2. The *Office of Forensic Toxicology Services (OFTS)*, performs forensic drug testing on urine and oral fluid specimens collected from pretrial defendants, offenders supervised by CSP, and certain juveniles and respondents with cases in DC Superior Court Family Division; and
3. The *Office of Post Release and Supervision (OPRS), Treatment Unit* provides and coordinates SUD<sup>3</sup> interventions and treatment services.

The major cost elements for the drug testing program include labor expenses, recurring expenses for reagents and other laboratory supplies and materials, lease expenses, and the purchase and

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



maintenance of lab instruments and equipment. Other overhead and agency administrative expenses are not included. PSA provides drug testing services for other federal and non-federal agencies on a limited reimbursable basis. Revenues from other agencies are netted against gross costs. The major cost elements for the Treatment Program include direct labor expenses and contracted drug treatment services.

## **BUDGET SUMMARY**

In FY 2025, CSOSA requests \$73.1 million for drug control activities, an increase of \$2.3 million above the FY 2024 CR level.

### **Community Supervision Program**

**FY 2025 Request: \$46.5 million**

**(\$2.7 million above the FY 2024 CR level)**

In FY 2023, approximately 79 percent of persons beginning CSP supervision self-reported a history of illicit substance use. Of the FY 2023 drug tested population, 48.0 percent tested positive for illicit drugs (excluding alcohol) at least one time. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment.

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

In FY 2023, CSP offender urine and oral fluid drug sample collection operations took place at two field sites, as well as at CSOSA's residential facility, the Reentry and Sanctions Center (RSC). Collections took place Mondays–Fridays and on Saturdays throughout summer 2023 as part of CSP's participation in DC summer crime initiatives. CSP collected an average of 6,152 samples from 2,512 unique offenders each month of FY 2023. FY 2023 collection activity increased above FY 2022 when 4,054 samples were obtained from 1,909 offenders each month.

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

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





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

In FY 2023, CSP made 925 SUD treatment placements with contract vendors for detoxification, residential and outpatient services. CSP also made 392 placements with contract vendors for transitional supportive housing (to include re-entrant housing). In addition, CSOSA's RSC at Karrick Hall provides high-risk individuals with an intensive assessment, reentry, and treatment readiness counseling program in a 24/7 residential setting. RSC programming was temporarily halted by the Agency in March 2020 due to COVID-19 yet re-opened with limited operations in April 2022. In FY 2023, the RSC processed 823 admissions of 678 persons (including both CSP offenders and PSA defendants). In September 2023, approximately 25-35 offenders resided at the RSC each day. During FY 2023, 46 percent of RSC discharges occurred at program completion, and, of those, 60 percent successfully completed the RSC program.

The RSC program is suitable for previously incarcerated men and women with histories of criminal behavior, SUD and/or behavioral health issues who have little social support. These individuals are particularly vulnerable to both criminal and drug relapse and many are not eligible for placement in other CSP or D.C. Government provided programs. For FY 2024, CSP plans to continue the adjustment of the RSC from a treatment readiness program to a treatment program with additional cognitive behavioral interventions.

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

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

CSP considers the combination of drug test results, assessed risk level, and the releasing authority's imposed special conditions when determining appropriate treatment interventions. However, since CSP does not have resources to treat everyone with an illicit SUD, resources are currently focused on those assessed and supervised at the highest risk levels. Specifically, the FY 2025 Budget continues to support CSP offender treatment, transitional housing and support resources contained in the FY 2023 Enacted Budget.





### **Pretrial Services Agency**

**FY 2025 Request: \$26.6 million**

**(\$0.4 million less than the FY 2024 CR level)**

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

OFTS performs forensic drug testing on urine and oral fluid specimens collected from pretrial defendants, offenders supervised by the CSP, and certain juveniles and respondents with cases in DC Superior Court Family Division.

Urine specimens are screened for up to 26 illicit substances: marijuana, phencyclidine (PCP), opiates (codeine/morphine), methadone, cocaine, heroin, amphetamines (methamphetamine/amphetamine), fentanyl, and synthetic cannabinoids (16 analytes) Additionally, specimens are tested for ethyl glucuronide (EtG) to confirm alcohol use and for creatinine levels to determine specimen validity. Oral fluid specimens are screened for up to nine substances: marijuana, PCP, opiates, methadone, cocaine, alcohol, amphetamines, methamphetamine and oxycodone. OFTS uses gas chromatography and mass spectrometry (GC-MS) to confirm drug test results and is in the process of introducing liquid chromatography with tandem mass spectrometry (LC-MS-MS) to enhance PSA's ability to test for emergent opioids and synthetic compounds. Toxicologists conduct levels analyses to determine whether detected drugs signify new or residual use and provide timely and accurate results for pretrial and other judicial decision-making.

OFTS also conducts forensic research, as needed, that leads directly to practical enhancements in drug testing, improves strategies in surveillance monitoring, reveals trends in emerging new drug use, develops bi-directional partnerships with the scientific and social research community, and introduces new technologies that improve efficiency and provide critical evidence to support future decision-making.

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, opioids, methamphetamines and fentanyl) among the supervised population. Testing results serve as an indicator for measuring the success of PSA's SUD treatment programs. PSA's OFTS, which is certified by HHS' Clinical Laboratory Improvement Amendments (CLIA) 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.



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 detoxification, 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.

## **EQUITY**

### **Community Supervision Program**

E.O. 13985 formally recognizes that “[t]he Federal Government’s goal in advancing equity is to provide everyone with the opportunity to reach their full potential.” The E.O. requires federal agencies “to redress inequities in their policies and programs that serve as barriers to equal opportunity.” The E.O. presents a further opportunity to assess how the Agency may better serve particularly vulnerable segments of supervised offender population.

CSP focused its equity assessment on a vulnerable subgroup of the justice-involved community. CSP sought to assess whether offenders who identify as transgender women or as other members of the lesbian, gay, bi-sexual, transgender, queer, gender non-conforming, and non-binary (LGBTQ+) community have equitable access to, and full benefit of, CSP’s supervision services. The goals of this initiative are to ensure the fair treatment of transgender women and other members of the LGBTQ+ community by increasing the number of supervisees who feel comfortable self-identifying as transgender women and/or LGBTQ+ community members and by building relationships through increased engagement with organizations that serve the LGBTQ+ community. Removing a barrier with a negative impact on a subgroup can inure to the benefit of the whole group.

CSP will (1) provide staff training on working with supervisees who self-identify as members of the LGBTQ+ community; (2) explore methods to update its electronic case management system and relevant forms to allow LGBTQ+ supervisees who want to self-identify the opportunity to do so; and (3) implement a campaign to solicit feedback from former LGBTQ+ supervisees about their supervision experiences.



To date, CSP has offered former supervisees, particularly former supervisees who identify as LGBTQ+ the opportunity to participate in interviews about their supervision experiences since November 2021. CSP has used its website and various social media platforms including Facebook, LinkedIn, and X to publicize this opportunity to former supervisees. CSP has also shared this opportunity with groups that serve the LGBTQ+ community.

In addition, CSP has focused on building and strengthening relationships with agencies and organizations that serve members of the LGBTQ+ community to learn and share best practices for fostering an environment that allows transgender women and other LGBTQ+ community members to feel comfortable identifying and seeking support for those aspects of their supervision experiences that may be unique to this aspect of their identities. For example, on April 22, 2022, CSP hosted a townhall for LGBTQ+ community stakeholders and other members of the public to (1) share the initiatives CSP has undertaken to ensure the fair treatment of the members of the LGBTQ+ community and (2) learn about the supervision experiences of members of the LGBTQ+ community, in particular. In October 2022, CSP hosted another townhall during which the Agency (1) discussed its intake process and (2) offered LGBTQ+ organizations and other members of the public the opportunity to share their insights on that process as well as on the supervision experiences of members of the LGBTQ+ community. CSP also focused on training its employees, especially community supervision officers (CSOs) who are directly responsible for supervising supervisees, about issues that may be unique to members of the LGBTQ+ community. These efforts have resulted in more than 200 employees receiving this important training, including every member of CSP's academy for incoming CSOs since June 2022

### **Pretrial Services Agency**

PSA programs, benefits, and services are court-ordered and not available to the general public. PSA serves a population of defendants where the majority are historically a part of underserved communities. The Agency strives to advance equity through clear and explicit policies against discrimination and bias with continuous self-assessment of staff, processes, and tools. In response to E.O. 13985, PSA established an Equity Assessment Team.

Revalidating the tool PSA uses to assess defendant risk is of high priority to the Agency. During 2023, PSA contracted for an independent revalidation of the tool it uses to assess defendant risk. The tool is being re-validated to ensure its predictive validity and evaluated to ensure it is not biased with respect to race. The previous independent assessment in 2018 concluded that where minimal bias is present in respect to race, it is evenly distributed across all racial groups. PSA will continue to periodically re-validate its risk-assessment instrument to ensure it continues to maintain predictive validity.

### **Reducing administrative burden**

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



individualized approach allows the Agency to direct resources to those posing the greatest risk to public safety.

**Engaging stakeholders**

PSA's FY 2022–2026 Strategic Plan reflects a continued commitment to the fair administration of justice and incorporates the collective vision of internal and external stakeholders, as well as defendants, regarding PSA's way forward.

**Reviewing procurement activity**

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



# DEPARTMENT OF DEFENSE





# DEPARTMENT OF DEFENSE

## Office of the Secretary of Defense

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Intelligence	\$228.265	\$228.265	\$228.897
Interdiction (Includes OPTEMPO)	410.200	410.200	435.096
International	31.349	31.349	29.709
Prevention	130.060	130.060	135.567
State and Local Assistance	231.690	231.690	112.210
<b>Total Drug Resources by Function</b>	<b>\$1,031.564</b>	<b>\$1,031.564</b>	<b>\$941.479</b>
<b>Drug Resources by Decision Unit</b>			
Drug Interdiction and Counterdrug Activities	\$970.764	\$970.764	\$901.479
Military Service-Funded Operations Tempo (OPTEMPO)	60.800	60.800	40.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,031.564</b>	<b>\$1,031.564</b>	<b>\$941.479</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,394	1,365	1,497
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$816.7	\$842.0	\$859.7
Drug Resources Percentage	0.1%	0.1%	0.1%

### Program Summary

#### MISSION

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

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



Guard support to state drug law enforcement operations and to DoD, as required.

- Develop strategy, policy, plans, and programs pertaining to DoD Counter Threat Finance (CTF) activities, goals and requirements.

## **METHODOLOGY**

The DoD Drug Interdiction and Counterdrug Activities are programmed and budgeted for specific projects, activities and requirements driven by the Combatant Commands' (COCOM) and Interagency's mission. Thereafter, transferred during the FY of execution to the most appropriate Military Service or Defense Agency for implementation. OPTEMPO estimates are computed by the Services to support CD efforts, by either aircraft hours or ship days, and are reported by the Services to DASD CNSP.

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

## **BUDGET SUMMARY**

In FY 2025, DASD CNSP (includes OPTEMPO) requests \$941.5 million for drug control activities, a decrease of \$90.1 million from the FY 2024 CR level.

### **Drug Interdiction and CD Activities Decision Unit (includes OPTEMPO)**

**FY 2025 Request: \$941.5 million**

**(\$90.1 million below the FY 2024 CR level)**

The FY 2025 request for the Drug Interdiction and CD Activities Decision Unit supports five National Drug Control Program Functions: Intelligence, Interdiction, International, Prevention, and State and Local Assistance.

#### ***Intelligence***

***FY 2025 Request: \$228.9 million***

***(\$0.6 million above the FY 2024 CR level)***

DoD support of the intelligence drug control function includes funding for classified and sensitive unclassified intelligence and related technology programs to collect, process, analyze, and disseminate strategic, operational, and tactical intelligence and information required for combatant command and interagency CD and related CTOC operations and activities. The interdiction intelligence functions of Joint Interagency Task Force–South (JIATF-S) and Joint Interagency Task Force–West (JIATF-W) also support this drug control function. The FY 2024-25 net decrease of \$0.6 million from the FY 2024 CR level results from program decrease.

DoD CD Enterprise-Wide Intelligence Programs: In 2023, the Narcotics and Transnational Crime Support Center (NTC) significantly increased its support to high priority law enforcement cases from 33 in 2022 to 59 in 2023 for a 79% increase year over year. Also, NTC 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% and in 2023, 59 of 76 realizing 78% 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 4 in FY22 to 14 in FY23, HSI HOMECORT designated cases from 1 in FY22 to 8 in FY23 and DHS Significant Case Review (SCR) investigations from 0 in FY22 to 10 in FY23. These numbers clearly demonstrate NTC's ability to focus on Interagency Priority Cases and provide meaningful support to its interagency law enforcement partners however future productivity rate gains may be curtailed by staffing limitations.

### ***Interdiction***

***FY 2025 Request: \$435.1 million (Includes OPTEMPO)***

***(\$24.9 million above the FY 2024 CR level)***

Pursuant to Title 10, U.S.C §124, DoD support of the interdiction drug control function including funding for programs to detect and monitor the aerial and maritime transit of illegal drugs toward the United States in support of United States and PN law enforcement interdiction operations. Funding for this function supports logistics and base operations support for maritime patrol, reconnaissance, and aerial tanker aircraft, to include operations from multiple forward operating locations. Funding also supports contracted operations and maintenance in support of DoD owned maritime patrol aircraft (MPA); multi-mission support vessel operations; and multi-site Relocatable Over-The-Horizon Radar (ROTHR) system operations and support for command-and-control centers, including the operations functions of JIATF-S. The FY 2024-25 program increase of \$24.8 million from the FY 2024 CR level is from: \$12.8 million of project codes re-aligned from one of six Line of Effort (LOE) categories: LOE 3, Intelligence and Information Sharing, and \$12.0 million for price and inflation.

### ***International***

***FY 2025 Request: \$29.7 million***

***(\$1.6 million below the FY 2024 CR level)***

Most DoD activities that support the International Drug Control Function are executed under Title 10, U.S.C, Chapter 15 § 284. Funding for this function supports CD and CD-related CTOC efforts within the six geographic COCOM's Areas of Responsibility to detect, interdict, disrupt, or curtail activities related to substances, material, weapons or resources used to finance, support, secure, cultivate, process or transport illegal drugs. Activities include transportation support, CN D&M, and intelligence analysis in support of United States and international law enforcement agencies designed to complement DoD security cooperation efforts. The FY 2024-25 net decrease of \$1.6 million below the FY 2024 CR level is from price and inflation.

### ***Prevention***

***FY 2025 Request: \$135.6 million***

***(\$5.5 million above the FY 2024 CR level)***

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





DoD DDR efforts support the Prevention Drug Control Function and finance programs to detect and deter the misuse of illicit and prescription drugs among military and civilian personnel. Funding supports drug testing specimen collection, drug testing laboratories, and associated analysis costs and finances military service, National Guard, and defense agency outreach, prevention, and education programs. These funds support a minimum of 100 percent random drug testing for active-duty military, National Guard and Reserve personnel; drug testing for all DoD civilian employee applicants and civilians in testing designated positions once every two years; and drug misuse prevention and education activities for military and civilian personnel and their dependents. The FY 2024-25 net increase of \$5.5 million from the FY 2024 CR level is to compensate for inflation price change.

### ***State and Local Assistance***

***FY 2025 Request: \$112.2 million***

***(\$119.5 million below the FY 2024 CR level)***

DoD programs executed under the state and local assistance drug control function support federal, state, and local drug law enforcement agency requests at the state and community level in efforts to reduce drug-related crime. Under Title 32 U.S.C, § 112, this activity funds National Guard support for domestic law enforcement under the Governors' State Plans and CD Schools programs. The FY 2024-25 net decrease of \$119.5 million is from annual Congressional program increase for National Guard State Plans and Schools.

### **EQUITY**

DASD CNSP, with the oversight of the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict, and with direction from the Under Secretary of Defense for Policy, provide policy guidance and oversight, resource allocation, and program assessment functions for the Department's CD, CTOC and CTF activities. The Department of Defense FY 2025 Budget includes funding to support DoD's Diversity, Equity, and Inclusion mission "Enhancing the readiness of the DOD workforce and ensure the nation's security through leveraging the pillars of diversity, equity inclusion and accessibility, and optimizing the diverse talent in support of the Joint Warfighter."



# DEPARTMENT OF DEFENSE

## Defense Security Cooperation Agency

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
International	\$68.684	\$61.667	\$90.576
<b>Total Drug Resources by Function</b>	<b>\$68.684</b>	<b>\$61.667</b>	<b>\$90.576</b>
<b>Drug Resources by Decision Unit</b>			
Building Partner Capacity	\$67.029 <sup>1</sup>	\$59.241	\$88.150 <sup>2</sup>
Regional Center CTOC	1.655	2.426	2.426 <sup>3</sup>
<b>Total Drug Resources by Decision Unit</b>	<b>\$68.684</b>	<b>\$61.667</b>	<b>\$90.576</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$11.5 <sup>4</sup>	\$1.1 <sup>5</sup>	\$1.9 <sup>6</sup>
Drug Resources Percentage	0.6%	5.4%	4.7%

<sup>1</sup> FY 2023 Enacted not yet final, ISCP funded with 2-year appropriation, which expires for new obligations on 30 Sep 2024.

<sup>2</sup> Figures listed are from the FY 2025 Resource Allocation Plan (RAP).

<sup>3</sup> At the time of submission, GCMC FY 2025 program plan has not yet been approved by Department of Defense Regional Center Oversight and Advocacy Board.

<sup>4</sup> FY 2023 Enacted Budget included a Congressional PLUS-UP for USAI.

<sup>5</sup> FY 2024 Budget based on the current 2-year DSCA Continuing Resolution Authority as of 8 Mar 2024.

<sup>6</sup> FY 2025 Budget Request based on the Budget Estimate Submission 2025 (POM25).

### Program Summary

#### MISSION

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

The threat to the United States’ national security posed by illicit drugs extends beyond traditional challenges and directly impacts public health, safety, and security. Many of the nation's adversaries, including nation-states, non-state actors, and violent extremist organizations (VEO), depend on proceeds generated from drug trafficking and other illicit activities to fund their operations. Some state and non-state adversaries influence, oversee, or directly control criminal enterprises. The tasks of identifying and targeting drug trafficking and other illicit threat networks are complex and require close coordination among United States and international military, intelligence, law enforcement, and government partners. DoD is directing operational and fiscal



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

## **METHODOLOGY**

The DSCA reports on two Decision Units: the George C. Marshall European Center for Security Studies (GCMC) and the International Security Cooperation Programs (ISCP) account. The GCMC and ISCP account are both resourced with the Operations and Maintenance (O&M), Defense Wide appropriation. Of note, the ISCP account receives appropriated funds that have a 2-year period of availability. The DSCA Comptroller Office utilizes reports from the Defense Agencies Initiative (DAI), the official agency accounting system of record, to track funding activity for CN and CTOC programs. This information is captured for the FY and reported annually in October. Programs identified as CN and CTOC are identified and reported to ONDCP.

The GCMC program estimates are developed during the annual program plan for the following year. CN and CTOC programs funded with the ISCP account are developed and prioritized on the annual Resource Allocation Plan. Program approval is coordinated through the Office of the Secretary of Defense (OSD) and submitted to the congressional defense committees during the President's budget submission. Applicable programs supporting countries within the USNORTHCOM and USSOUTHCOM areas of responsibility are captured and reported to the ONDCP. Deviations from planned estimates could be caused by changes in participation, savings, or re-prioritization by OSD or Congress. For FY 2025, the Resources Allocation Plan signed by the Under Secretary of Defense for Policy will determine DSCA funding levels.

## **BUDGET SUMMARY**

In FY 2025, DSCA requests \$90.6 million for drug control activities, an increase of \$28.9 million from the FY 2024 CR level.

### **Building Partnership Capacity (BPC)**

**FY 2024 Request: \$88.2 million**

**(\$29.0 million above the FY 2024 CR level)**

DSCA supports foreign partners by providing Counter-Illicit Drug Trafficking (CIDT), CTOC (to potentially include maritime and border operations) training and equipment to national-level security forces of foreign countries for purposes of building capacity of PNs. This support may include the provision and sustainment of defense articles, training, defense services, supplies, and small-scale construction supporting security cooperation programs. Figures listed are based on the FY 2025 Resource Allocation Plan (RAP). These building partner capacity efforts increase the ability of PNs to disrupt the flow of illicit drugs, thus contributing to efforts to reduce overdose deaths in the United States.

In the Andean region of South America, DSCA supports building partner capacity efforts focused on Colombia's ability to degrade threats, in the land, air, and maritime domains through increased capability to conduct joint rotary wing aviation, maritime and riverine interdiction, and special operations in support of CT, CIDT, C-TCO, and border security operations. Support includes advanced pilot and maintenance training on helicopters, the procurement of boats to enhance ship-to-shore and ship-to-riverine capability, and other tactical and maintenance training. DSCA also



supports efforts for the military forces of Ecuador and Peru to integrate expanded Domain Awareness capacity to enhance regional information sharing, tactical data fusion, and standardization of sustainment operations. Collectively, these capabilities increase Ecuador's and Peru's abilities to illuminate and counter malign and illegal activities, including illicit trafficking.

In Central America, DSCA supports Belize, Guatemala, El Salvador, Honduras, Costa Rica, and Panama to develop effective sea, air, and land detection, monitoring, and interception capabilities through the acquisition of equipment, training, and institutional capacity building efforts that help to produce a sustainable defense infrastructure with the ability to sustain United States security cooperation investments. As of March 2024, there were no funded FY25 CIDT programs in the Caribbean.

### **Regional Center CTOC**

**FY 2025 Request: \$2.4 million**

**(No change from the FY 2024 CR level)**

The George C. Marshall European Center for Security Studies is one of the six DoD regional security centers. The CTOC Program typically conducts one resident course (24 days), one International Forum and one Pan-American Forum annually. These events address the transnational challenges of organized crime, including illicit drug trafficking, and best practices and potential mitigating solutions to address these threats. The most recent resident course hosted 92 participants from 40 countries to include 12 western hemisphere countries. Andean Ridge and Central American transit country participants addressed the production and flow of illicit drugs towards the United States and its deleterious impact. In accordance with the *Strategy* to “Reduce the Supply of Illicit Substances through International Engagement”; The GCMC CTOC Program focuses on three of the four principal lines of effort:

- Strengthen foreign partnerships to address drug production and trafficking as a common and shared responsibility.
- Obstruct and disrupt financial activities of TCOs that manufacture illicit drugs and traffic them into the United States, including by countering corruption.
- Leverage the influence of multilateral organizations and other bilateral relationships to tackle shared challenges related to synthetic drugs.

While GCMC CTOC events focus on supply reduction, these events also address interagency, whole-of-government and whole-of-society measures to reduce consumption and addiction.

### **EQUITY**

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



# DEPARTMENT OF DEFENSE

## Defense Health Program

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Treatment: Recovery <sup>1</sup>	\$75.674	\$72.473	\$75.225
Treatment: Other than recovery <sup>1</sup>	3.582	2.401	2.494
Research and Development: Prevention <sup>2</sup>	4.000	0.000	0.000
Research and Development: Treatment <sup>2</sup>	17.084	2.156	2.230
<b>Total Drug Resources by Function</b>	<b>\$100.340</b>	<b>\$77.030</b>	<b>\$79.949</b>
<b>Drug Resources by Decision Unit</b>			
DHP Treatment and Research and Development	\$100.340	\$77.030	\$79.949
<b>Total Drug Resources by Decision Unit</b>	<b>\$100.340</b>	<b>\$77.030</b>	<b>\$79.949</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>3</sup>	\$39.2	\$39.0	\$40.3
Drug Resources Percentage	0.3%	0.2%	0.2%

<sup>1</sup>Treatment and Pharmaceuticals FY24 and FY25 have been forecasted based on FY23 actual expenses, which are a subset of the overall DHP Operation and Maintenance (O&M) budget.

<sup>2</sup> Research and Development Funds are multi-year appropriations and in FY23 there were Congressional Special Interest adds.

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

### Program Summary

#### MISSION

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



## METHODOLOGY

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

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

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

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

## BUDGET SUMMARY

In FY 2025, DHP requests an estimated \$79.9 million for drug control activities, an increase of \$2.9 million from the FY 2024 CR level.

### **Defense Health Program**

**FY 2025 Request: \$79.9 million  
(\$2.9 million above the FY 2024 CR level)**

The change between FY 2024 and FY 2025 is due to expected price change. DHP does not know at this time if it will have one-time Congressional added funding, such as *Pain Management Research*, for FY 2024.



**Treatment: Recovery**

*FY 2025 Request: \$75.2 million*

*(\$2.7 million above the FY 2024 CR level)*

The change between FY 2024 and FY 2025 is due to expected price change. The funding will continue to support the DHP mission of providing purchased care and direct care for encounters related to SUD recovery.

**Treatment: Other than recovery**

*FY 2025 Request: \$2.5 million*

*(\$0.1 million above the FY 2024 CR level)*

The change between FY 2024 and FY 2025 is due to expected price change. The funding will continue to support the DHP mission of providing pharmaceuticals in support of SUD treatment.

**Research and Development: Treatment**

*FY 2025 Request: \$2.2 million*

*(\$0.1 million above the FY 2024 CR level)*

The change between FY 2024 and FY 2025 is due to expected price change. The request supports the continuance of research at the Pain Center of Excellence, which is examining the relationship between acute and chronic pain and focuses on finding, implementing, and evaluating the most effective methods of relieving the acute pain caused by combat trauma and its impact on rehabilitation and recovery. The center also supports knowledge translation activities that are aimed at integrating research findings into military medicine clinical practice and policy.

**EQUITY**

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





# DEPARTMENT OF EDUCATION







# DEPARTMENT OF EDUCATION

## Office of Elementary and Secondary Education

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$103.700	\$71.826	\$85.784
<b>Total Drug Resources by Function</b>	<b>\$103.700</b>	<b>\$71.826</b>	<b>\$85.784</b>
<b>Drug Resources by Decision Unit</b>			
School Safety National Activities	\$95.639	\$63.765	\$77.723
Mental Health Grants	51.163	58.072	72.030
School Climate Transformation Grants	39.137	0.000	0.000
Other Activities	5.339	5.693	5.693
21 <sup>st</sup> Century Community Learning Centers	8.061	8.061	8.061
<b>Total Drug Resources by Decision Unit</b>	<b>\$103.700</b>	<b>\$71.826</b>	<b>\$85.784</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$79.6	\$79.6	\$82.4
Drug Resources Percentage	0.1%	0.1%	0.1%

Note: The Bipartisan Safer Communities Act of 2022 authorized \$200 million a year over 5 years (FY 2022 – FY 2026) for mental health programs for the US Department of Education. The amounts (in millions) under the methodology for scoring grant funds under the mental health programs would be the following: FY 2023 \$90.448; FY 2024 \$88.725; FY 2025 \$88.725. Those amounts are not included in the table. The total agency budget reflects discretionary funds only, less rescissions.

### Program Summary

#### MISSION

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

#### METHODOLOGY

As of FY 2024, the Department is using a new methodology for accounting for drug control activities due to the end of the School Climate Transformation Grants (which had been included in the national drug control budget previously). The new methodology for activities to be included in the national drug control budget includes a portion of the funding for mental health programs funded under School Safety National Activities (SSNA) as well as a portion of the funds under the 21st CLCC program.



## **School Safety National Activities**

The School-Based Mental Health Services (SBMH) program and the Mental Health Services Professional Demonstration Grants program (MHSPD), funded under the School Safety National Activities program, support the recruitment, hiring, and retention of school-based mental health professionals, as well as increasing the supply of such professionals (respectively), at the K-12 level. The Department anticipates that funding for school-based mental health services would support ONDCP's mission by helping address the high prevalence of co-occurring mental health and SUDs. The new methodology includes 45.5 percent of the funds for mental health programs under SSNA for the National Drug Control Budget. The methodology is based on a review of the National Survey on Drug Use and Health (NSDUH) data provided by the SAMSHA to determine a five-year average percentage of youth aged 12-17 with a past year major depressive episode and co-occurring use of illicit drugs or alcohol.

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

Funds under the 21st CCLC program support centers that provide additional student learning and enrichment opportunities through before- and after- school programs and summer school programs aimed at improving student academic outcomes. Program funds may be used for a broad range of activities, including drug and violence prevention activities. The new methodology includes 0.6 percent of the funds for the 21<sup>st</sup> CCLC program for the National Drug Control Budget. The new methodology is based on a review of 21st CCLC annual performance report data for the 2020-2021 school year (the most recent available) to examine how much time grantees devoted to drug prevention activities.

## **BUDGET SUMMARY**

In FY 2025, the Department of Education requests \$85.8 million for drug control activities for the Office of Elementary and Secondary Education, an increase of \$14.0 million from the FY 2024 CR level.

## **School Safety National Activities**

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

***FY 2025 Request: \$72.0 million  
(\$14.0 million above the FY 2024 CR level)***

The FY 2025 request would provide \$158.3 million for both School-Based Mental Health grants and Mental Health Services Professional Demonstration grants under SSNA, of which \$72.0 million would support the national drug control budget. The request would make a significant investment to continue and expand activities to support the recruitment, hiring, and retention of school-based mental health professionals, as well as increasing the supply of such professionals at the K-12 level in recognition of the trauma, stress, and mental health needs encountered by students in public schools. This is particularly important for underserved students who are less likely to have access to the mental health support they need to ensure their academic success. The COVID-19 pandemic caused nationwide disruption at all levels of the education system, familial loss, significant economic dislocation, and related stress that has taken an unprecedented toll on the mental health and well-being of students, families, and educators. The Department anticipates



that a portion of the services provided by mental health professionals under these programs would be related to drug use and misuse by students and/or family members due to the prevalence of co-occurring mental health and SUDs.

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

***FY 2024 Request: \$5.7 million***

***(No change from the FY 2024 CR level)***

The FY 2025 request also includes \$5.7 million for other School Safety National Activities, nearly all of which is for the National Center on Safe Supportive Learning Environments. The Center provides TA to state educational agencies (SEAs), local educational agencies (LEAs), and institutes of higher education (IHEs) to help improve conditions for learning in schools and classrooms and to provide safe and healthy environments to prevent substance use; support student academic success; and prevent violence at the elementary, secondary, and postsecondary levels. Among other things, the Center will continue to help SEAs, LEAs, schools, and IHEs respond effectively to the Nation’s opioid epidemic. For example, it has developed and provided opioid misuse prevention resources—such as publications and webinars—that are available to all schools and postsecondary institutions.

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

**FY 2024 Request: \$8.1 million**

**(No change from the FY 2024 CR level)**

The FY 2025 request for 21st Center Community Learning Centers would provide \$1.3 billion for the program, of which approximately \$8.1 million would support the national drug control budget. Funds under the 21st CCLC program support centers that provide additional student learning and enrichment opportunities through before- and after-school programs and summer school programs aimed at improving student academic outcomes. Program funds may be used for a broad range of activities, including drug and violence prevention activities.

## **EQUITY**

The Department of Education’s 2022 Agency Equity Plan (related to E.O. 13985) was critical in key accomplishments relevant to the Department of Education drug control activities, namely funding 264 grants to increase the supply of school-based mental health professionals under the SBMH and MHSPD grant programs leading to an estimated increase of 14,000 mental health professionals. In FY 2023, nearly 50 percent of the MHSPD grants included a partnership with MSIs, HBCUs, or Tribal Colleges. In a letter to state educational agencies, the Department encouraged states to prioritize funding for districts with high rates of poverty and one of the following 1) a high student-to-mental health professional ratio; 2) high rates of chronic absenteeism, exclusionary discipline, and/or referrals to the juvenile justice system, bullying/harassment, community and school violence, or substance misuse; or 3) students who recently experienced a natural disaster or traumatic event.

The Department of Education’s 2023 Agency Equity Plan Update (related to E.O. 14091) builds on the accomplishments of the 2022 Agency Equity Plan by including two key strategies relevant to Department of Education drug control activities: increasing mental health resources with an emphasis on underserved communities and addressing inequities faced by justice-impacted individuals by expanding access to postsecondary learning opportunities that improve outcomes for communities and reduce recidivism rates.



To increase mental health resources, the Department is working to partner with CMS to provide TA to SEAs and LEAs to increase access to Medicaid reimbursement for school-based mental health services; provide resources to address the effect of sexual harassment and violence on mental health; and advance resources and efforts to strategically share information with K-12 stakeholders about 988, the Nation's new suicide and crisis care line.

Given that many justice-impacted individuals may be at an increased risk for substance use, the Department's actions to expand opportunities and reduce recidivism for that population can support the *Strategy*. One action of this strategy includes plans for the Department to launch a new Second Chance Fellows Program by supporting an individual who was formerly incarcerated to work within the Office of Career, Technical, and Adult Education. Additionally, the Department will improve TA so that learners who are impacted by the juvenile justice system, as well as incarcerated learners, have increased opportunities to pursue adult education, career and technical education, Registered Apprenticeship programs, and two- and four-year degree programs that are offered in correctional facilities. Finally, the Department plans to provide outreach and TA regarding Prison Education Programs (PEPs) and Pell Grants.



# FEDERAL JUDICIARY





# FEDERAL JUDICIARY

## Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR <sup>2</sup>	FY 2025 Request
<b>Drug Resources by Function</b>			
Corrections	\$625.156	\$631.898	\$672.590
Prosecution	481.940	487.821	540.308
Research and Development	6.835	6.964	7.341
Treatment	157.066	158.751	168.964
<b>Total Drug Resources by Function<sup>1</sup></b>	<b>\$1,270.997</b>	<b>\$1,285.434</b>	<b>\$1,389.203</b>
<b>Drug Resources by Decision Unit</b>			
Administrative Office of the U.S. Courts	\$2.772	\$2.772	\$2.934
Court Security	39.008	39.855	41.909
Defender Services	168.687	172.156	206.183
Federal Judicial Center	1.370	1.369	1.418
Fees of Jurors and Commissioners	12.468	11.221	10.605
Salaries and Expenses	1040.200	1,051.439	1,119.168
U.S. Sentencing Commission	6.492	6.622	6.986
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,270.997</b>	<b>\$1,285.434</b>	<b>\$1,389.203</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.3	\$8.8	\$9.5
Drug Resources Percentage	14.1%	14.7%	14.6%

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

<sup>2</sup> FY 2024 reflects estimated drug resources based on the Judiciary's FY 2024 assumed appropriations.

## Program Summary

### MISSION

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



## METHODOLOGY

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

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

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

## BUDGET SUMMARY

For FY 2025, the drug control budget request totals \$1,389.2 million, an increase of \$103.8 million above the FY 2024 estimated level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request generally reflects increases to maintain current services.

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

**FY 2025 Request: \$2.9 million**

**(\$0.2 million above the FY 2024 CR level)**

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



### **Court Security**

**FY 2024 Request: \$41.9 million**  
**(\$2.1 million above the FY 2024 CR level)**

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

### **Defender Services**

**FY 2025 Request: \$206.2 million**  
**(\$34.0 million above the FY 2024 CR level)**

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

### **Federal Judicial Center**

**FY 2025 Request: \$1.4 million**  
**(\$49,000 above the FY 2024 CR level)**

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

### **Fees of Jurors and Commissioners**

**FY 2025 Request: \$10.6 million**  
**(\$0.6 million above the FY 2024 CR level)**

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

### **Salaries and Expenses**

**FY 2025 Request: \$1,119.2 million**  
**(\$67.7 million above the FY 2024 CR level)**

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

### **United States Sentencing Commission**

**FY 2025 Request: \$7.0 million**  
**(\$0.4 million above the FY 2024 CR level)**

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





## EQUITY

As an equal branch of government, the Federal Judiciary preserves and enhances its core values as the courts meet changing national and local needs. These core values include the promotion of equal justice and the development of a talented, exemplary, and diverse workforce. This requires fairness and impartiality in the administration of justice; accessibility of court processes; and the treatment of all with dignity and respect, regardless of race, color, sex, gender, gender identity, pregnancy, sexual orientation, religion, national origin, age, or disability.

**Probation and Pretrial Services:** Probation and pretrial services staff are working on improving diversity, equity, and inclusion within their community in several different ways. They are analyzing data for any evidence of bias and disparity in field-level activities, focusing on areas such as pretrial release and detention recommendations, supervision activities, and related areas so that these issues can be appropriately addressed. They are also reviewing and developing new training curricula that highlight the value of diversity, equity, and inclusion and examining how federal probation and pretrial services are described and “branded,” given that perceptions can influence recruitment and employee engagement.

**Defender Services Program:** The Defender Services Fellowship Program provides a pathway for law school graduates and newer attorneys to gain experience in non-capital and capital trial representation in order to become qualified to join federal defender organizations, federal capital trial teams, or to work as Criminal Justice Act (CJA) panel attorneys. The inaugural cohort of 14 fellows joined federal defender organizations around the country in 2022, and the second cohort of fellows will begin their two-year terms by the end of 2024. The Defender Services Program continues to support federal defender organizations and CJA panels in promoting the judiciary’s core values of equal justice and the development of a talented workforce.



**DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Administration for Children and Families

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$20.000	\$20.000	\$60.000
<b>Total Drug Resources by Function</b>	<b>\$20.000</b>	<b>\$20.000</b>	<b>\$60.000</b>
<b>Drug Resources by Decision Unit</b>			
Promoting Safe and Stable Families – Regional Partnership Grants Discretionary Program	\$0.000	\$0.000	\$0.000
Promoting Safe and Stable Families – Regional Partnership Grants Mandatory Program	20.000	20.000	60.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$20.000</b>	<b>\$20.000</b>	<b>\$60.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$71.2	\$71.2	\$88.2
Drug Resources Percentage	<0.1%	<0.1%	<0.1%

### Program Summary

#### MISSION

ACF is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. The mission of ACF is to foster health and well-being by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services. The Promoting Safe and Stable Families (PSSF) appropriation provides funding for the PSSF program, the Personal Responsibility Education Program (PREP), and Title V Sexual Risk Avoidance Education (SRAE) (originally authorized as Abstinence Education). The appropriation for the PSSF program includes both mandatory and discretionary budget authority.

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



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

## **METHODOLOGY**

On the mandatory side of PSSF there are \$20 million in funds reserved for the RPG program to provide services and activities to benefit children and families affected by a parent's or caretaker's SUD, including opioid addiction, who come to the attention of or are at risk for becoming involved with the child welfare system. The FY 2020 appropriations included an additional \$10 million for the RPG program, which funded 24-month supplemental extensions of RPG projects funded in FY 2018. The purpose of this supplemental funding was to enhance the specific, well-defined program services and activities underway with a particular emphasis on activities for continuous data-informed partnerships, to institutionalize program strategies and evaluation activities, and to plan for the sustainability of the project.

The FY 2021, FY 2022, and FY 2023 appropriations included \$20 million for the RPG program with no discretionary funding. For FY 2025, ACF has proposed a reauthorization along with an increase of \$40 million in mandatory funding to adequately address the intersection of substance-use disorders and child welfare involvement and to remove the funding ceiling for the grant planning phase.

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

## **BUDGET SUMMARY**

The FY 2025 request for the RPG program on the mandatory side is \$60 million, a \$40 million increase from the FY 2024 CR level.



**Promoting Safe and Stable Families – Regional Partnership  
Grants Mandatory Program**  
FY 2025 Request: \$60.0 million  
(\$40.0 million above the FY 2024 CR level)

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

**EQUITY**

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

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



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$459.579	\$459.579	\$460.079
Harm Reduction	69.000	69.000	69.000
<b>Total Drug Resources by Function</b>	<b>\$528.579</b>	<b>\$528.579</b>	<b>\$529.079</b>
<b>Drug Resources by Decision Unit</b>			
Opioid Abuse and Overdose Prevention and Surveillance	\$505.579	\$505.579	\$506.079
Infectious Diseases and the Opioid Epidemic <sup>1</sup>	23.000	23.000	23.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$528.579</b>	<b>\$528.579</b>	<b>\$529.079</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only) <sup>2</sup>	201	201	202
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>3,4</sup>	\$9.2	\$9.2	\$9.7
Drug Resources Percentage	5.8%	5.8%	5.5%

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

<sup>2</sup> Includes vacancies.

<sup>3</sup> Excludes ATSDR and mandatory programs; includes funding from the Prevention and Public Health Fund and PHS Evaluation Transfers.

<sup>4</sup> FY 2023 Final Level is comparably adjusted to reflect \$21.9 million within CDC's total for HHS Protect. The FY 2023 Joint Explanatory Statement provided \$21.9 million from the Public Health and Social Services Emergency Fund (PHSSEF) for HHS Protect, to support activities implemented by CDC. The FY 2025 Budget proposes directly appropriating funding to CDC for HHS Protect/Response Ready Enterprise Data Integration platform (RREDI).

### Program Summary

#### MISSION

CDC serves as the nation's public health agency and exercises expertise in developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States. CDC supports the *Strategy* through its surveillance activities and by advancing data-driven prevention strategies to address drug use and overdose. CDC works to prevent overdose and other substance use-related harms under its five strategic priorities:



- Monitoring, analyzing, and communicating trends
- Building state, local, Tribal, and territorial capacity
- Supporting providers, health systems, payers, and employers
- Partnering with public safety and community organizations
- Raising public awareness and reducing stigma

Foundational to CDC’s work are the six guiding principles of promoting health equity, addressing underlying factors, partnering broadly, taking evidence-based action, advancing science, and driving innovation. CDC uses data to tailor prevention activities that address drug overdoses as well as other negative health effects of the epidemic. For example, in response to the rise in deaths attributable to illicit opioids, stimulants, and other emerging substance threats, CDC is improving the timeliness and comprehensiveness of drug overdose data. CDC is also strengthening partnerships with public safety and scaling up public health and harm reduction strategies, including syringe services programs (SSPs), to expand access to evidence-based treatment to assist in sustaining long-term recovery and reduce substance use-related harms, such as the rising rates of infectious diseases such as hepatitis C and HIV, as well as stigma. Across the agency, CDC has dedicated efforts to reach disproportionately affected populations (e.g., people from racial and ethnic minority groups and rural communities) with a focus on advancing racial equity and ensuring all communities have an equitable opportunity to prevent overdose and substance use-related harms in addition to fighting the overdose crisis.

## **METHODOLOGY**

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

## **BUDGET SUMMARY**

CDC’s FY 2025 request of \$529.1 million for CDC’s total drug resources is \$0.5 million above the FY 2024 CR level, which reflects funding by decision units - Opioid Overdose Prevention and Surveillance and Infectious Diseases and the Opioid Epidemic. Activities within these decision units support multiple initiatives included in the *Strategy*.

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

**FY 2025 Request: \$506.1 million**  
**(\$500 million above the FY 2024 CR level)**

To effectively advance activities within each of the five strategic priorities, timely, high-quality data are necessary for public health officials and decision makers. Data can help policymakers and the public understand the extent of the problem, how various populations are being affected, focus resources, and evaluate the effectiveness of prevention and response efforts. CDC plays a critical role in improving data collection by helping states improve their surveillance systems to better monitor the overdose crisis and optimize evidence-based prevention efforts. CDC helps build state, local, and territorial capacity to prevent overdose through its Overdose Data to Action (OD2A) program. OD2A supports states, localities, and territories to advance understanding of the drug overdose epidemic and to scale up surveillance and prevention strategies. This overarching





support is made up of two distinct cooperative agreements: Overdose Data to Action in States (OD2A-S), which supports state health departments and Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (LOCAL), which supports local and territorial health departments, to help ensure broad resources and support to respond to the evolving overdose crisis at all levels of government. Both programs support 5-year cooperative agreements to expand and strengthen overdose surveillance and prevention efforts to reduce fatal and nonfatal overdoses involving opioids and/or stimulants and polysubstance use. 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.

CDC-supported surveillance improvements have helped public health experts adapt to the rapidly changing crisis, such as identifying communities at risk and implementing tailored strategies to link individuals to evidence-based harm reduction, care, and treatment. Data have also equipped communities with the necessary information to help save lives in cases of nonfatal overdose and emerging substances. For example, Indiana increased awareness of overdose related events across the state by adding alert systems that support stakeholders, the media, and public health partners to discuss, promote, and inform overdose prevention and response efforts in local communities.

CDC's State Unintentional Drug Overdose Reporting System (SUDORS), a module of the National Violent Death Reporting System, allows states to collect data on all unintentional or undetermined intent drug overdose deaths in one place. As a result, states can spot trends and understand factors leading up to overdose deaths. Data collected by SUDORS include valuable contextual information from death scene investigations, detailed information on toxicology and drugs contributing to death, the route of administration, decedent demographics, and other risk factors associated with fatal overdose. States are providing mortality data for SUDORS 6-12 months after the death occurs (beginning in year 2 of the Notice of Funding Opportunity (NOFO)). This is a critical data system that allows communities to spot trends and understand contextual and environmental factors leading up to overdose deaths, with the end goal of preventing overdose and related harms while expanding access to treatment and long-term recovery. For example, Nevada linked statewide SUDORS fatal overdose data with available Prescription Drug Monitoring Program (PDMP) data. The data linkage project identified missed opportunities for prescribers to intervene prior to an overdose.

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 emergency department (ED) visits at the local, state, and regional level. The DOSE System includes two complementary types of data that are collected and analyzed separately: near real-time ED syndromic data captured by health departments to gather aggregate data on ED visits involving suspected all drug, all opioid, heroin, and all stimulant overdoses, and quarterly discharge data from final ED and billing records. Aggregate data include demographic characteristics of those who overdosed, such as sex, age, and county of patient residence. The OD2A-S timeline for syndromic surveillance reporting is monthly, with a one-month lag, either by uploading data using a secure server or allowing DOSE staff access to their data in CDC's National Syndromic Surveillance Program's (NSSP) BioSense





platform.<sup>4</sup> The number of jurisdictions included in the calculations of monthly and annual percent change estimates in rates will vary over time. Comparisons between jurisdictions should not be made because of variations in data quality, completeness, and reporting across jurisdictions. In 2023, CDC enhanced DOSE to include more states (i.e., from 32 states + DC to 47 states + D.C.), additional drug indicators (suspected all drug, all opioid, heroin, fentanyl, benzodiazepine, all stimulant, methamphetamine, and cocaine) and asked health departments to share available data more quickly. Both syndromic and discharge data are readily accessible and updated each month with a one-month lag (syndromic) and quarterly (discharge) in interactive dashboards<sup>5</sup> that can be used to improve coordination and strategic planning for intervention and response efforts. As a complement to DOSE, CDC has also enhanced the data collected in EDs to include overdose-related EMS transports using biospatial data, urine drug tests from Quest and Millennium Health, and comprehensive toxicology testing of left-over urine samples from individuals following an acute overdose to uncover emerging substances. This, along with other initiatives within CDC's response to drug overdose prevention, interventions to prevent infectious diseases associated with injecting drug use, and support of primary prevention strategies aimed at youth support the *Strategy*.

CDC supports providers and healthcare systems with resources to support and increase safe and effective pain care, maximize the use of PDMPs, and advance insurer and health systems interventions at the federal, state, and local level. Pain, particularly chronic pain, can lead to impaired physical functioning, poor mental health, and a reduced quality of life. CDC provides patient resources, clinician guidance, continuing medical education, and other health professional training to advance better pain care, supported by the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain. CDC continues to leverage the Guideline to help healthcare systems integrate best practices and associated quality improvement (QI) measures into their clinical practice, including managing long-term opioid therapy. The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain also describes evidence about long-standing health disparities that exist in the treatment of pain, such as geographic disparities and disparities in treatment due to access and affordability. It also highlights the importance of attention to health inequities related to race and ethnicity, as a guiding principle for implementation. The 2022 Clinical Practice Guideline considers and incorporates these important issues into and throughout the Guideline to support clinicians in their efforts to provide safe and effective pain care for all patients.

CDC collaborates with multiple public health and public safety organizations to strengthen and improve efforts to reduce drug overdoses. These partnerships allow for effective implementation of programs and help advance promising strategies that address the overdose epidemic. CDC also works with public safety and harm reduction organizations that serve people from racial and ethnic minority groups to develop, disseminate, and evaluate educational and communications materials to reduce adverse health outcomes related to OUD. These tools use a trauma-informed, recovery-oriented approach to address the social determinants of health and incorporate real-world “how to” steps to implement the recommendations. CDC's partnership with the OJP's Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Use Program (BJA COSSUP)

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<sup>4</sup> <https://www.cdc.gov/nssp/index.html>

<sup>5</sup> <https://www.cdc.gov/drugoverdose/nonfatal/dashboard/index.html>



provides financial and TA to states, local government, and Indian Tribal governments to develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioids, stimulants, and other drugs. 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 ORS is a national program that helps communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions. For example, CDC funds the North Carolina Harm Reduction Coalition (NCHRC) to continue, and expand upon, its jail-based overdose prevention education and naloxone distribution project. This ORS pilot project has led to the creation of a standardized overdose education training toolkit, recruiting and training for outreach specialists, overdose education and naloxone distribution in two NC county jails, and the development of a jail staff training focused on reducing stigma and increasing referrals.

To raise awareness about the risks of overdose, CDC provides individuals and their employers resources and information they need to make informed choices. CDC's four evidence-based campaigns, known together as Stop Overdose, are meant to prevent and reduce drug overdose in young adults ages 18 to 34. The campaigns address the risks of polysubstance use, the dangers of fentanyl, the life-saving power of naloxone, and stigma around treatment and recovery for SUD.

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

**FY 2025 Request: \$23.0 million**

**(No change from the FY 2024 CR level)**

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

CDC's work to eliminate infectious diseases associated with drug use is built upon three key strategic priorities. First, CDC is strengthening the SSP infrastructure nationwide and further integrating SSPs into the United States' public health system. SSPs are harm reduction programs where syringes and other sterile equipment are distributed to prevent disease transmission and collected for safe disposal. These programs are often implemented with other medical and social services vital to improve the health of people who use drugs. With FY23 funds, CDC invested nearly \$8.9 million to strengthen 75 SSPs across 31 jurisdictions through the Strengthening Syringe Services Programs cooperative agreement. These efforts build on investments from supplemental funding from FY 2018-2021, in which nine jurisdictions tested almost 50,000 people in high-risk settings for hepatitis B or hepatitis C infections and linked 90 percent (almost 5,000) of people with infections to care and treatment.

Second, CDC is working to decrease stigma experienced by people who use drugs to increase access to services that save lives and improve health. Stigma prevents people from seeking help for SUDs (including stigma experienced in healthcare settings). CDC reduces stigma by addressing misinformation, endorsing non-stigmatizing language, and promoting awareness of stigma's impact including among populations disproportionately affected by substance use and overdose. In FY 2023, CDC invested approximately \$4.9 million to support evidence-based services that reduce morbidity and mortality of infectious diseases associated with drug use, and



reduce associated stigma, in high-impact settings such as hospital emergency departments and correctional settings, as well as SSPs.

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

## EQUITY

CDC's FY 2025 budget request funds programs that address longstanding health disparities among racial and ethnic minority groups and other disproportionately affected communities around the country. CDC is committed to reducing health disparities, achieving health equity, and fostering a diverse public health workforce, including persons with lived experience, to ensure all people can achieve lifelong health and wellbeing. CDC partners with and provides funding to community-based and national organizations to implement effective prevention programs, fosters collaborations with providers and clients, supports local school districts in establishing effective health and wellness strategies, and conducts scientific studies to provide better diagnostics and behavioral tools for prevention. CDC collaborates with SAMHSA and other federal partners to better communicate information about overdoses in Tribal communities back to Tribal leadership. CDC's Linkage to Care among Transgender Women project aims to conduct HIV and hepatitis B and C testing to estimate prevalence and incidence rates within this population; this is the first time CDC will be able to estimate hepatitis B and C zero-prevalence and incidence rates within this at-risk group.

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

The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain describes evidence about long-standing health disparities that exist in the treatment of pain, such as geographic disparities and disparities in treatment due to access and affordability. It also highlights the importance of attention to health inequities related to race and ethnicity, as a guiding principle for implementation. The 2022 Clinical Practice Guideline considers and incorporates these important issues into and throughout the Guideline to support clinicians in their efforts to provide safe and effective pain care for all patients.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Medicare & Medicaid Services

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Treatment	\$13,130.000	\$11,900.000	\$11,990.000
<b>Total Drug Resources by Function</b>	<b>\$13,130.000</b>	<b>\$11,900.000</b>	<b>\$11,990.000</b>
<b>Drug Resources by Decision Unit</b>			
Medicaid Treatment	\$9,960.000	\$8,510.000	\$8,410.000
Medicare Treatment	3,170.000	3,390.000	3,580.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$13,130.000</b>	<b>\$11,900.000</b>	<b>\$11,990.000</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$1.6	\$1.6	\$1.7
Drug Resources Percentage	0.8%	0.7%	0.7%

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

### Program Summary

#### MISSION

CMS is strengthening and modernizing the nation’s health care system to provide access to high quality care and improved health at lower cost. Through its coverage of SUD treatment services in Medicare and Medicaid, CMS helps support the goals of ONDCP by providing SUD treatment to eligible beneficiaries.

#### METHODOLOGY

##### Medicaid

The projections provided in the above table were based on data from the Medicaid Analytic eXtract (MAX) for FY 2007 through 2013, based on expenditures for claims with SUDs as a primary diagnosis. Managed care expenditures were estimated based on the ratio of SUD expenditures to all expenditures for fee-for-service by eligibility group. The estimates were trended forward to FY 2022 using the growth rate of expenditures by state and eligibility category from the form CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, MAX data, and estimates are consistent with the FY 2025 President’s Budget. The



annual growth rates were adjusted by comparing the rate of SUD expenditure growth from FY 2007 through 2013 to all service expenditure growth and adjusting the growth rate proportionately.

## Medicare

The projections of Medicare spending for the treatment of SUDs are based on the FY 2025 President's Budget baseline. These projections reflect estimated Part A and Part B spending into FY 2025 and are based on an analysis of historical fee-for-service claims through 2022, using the primary diagnosis code<sup>6</sup> included on the claims. The historical trend is then used to make projections into the future. These projections are very similar to those for the FY 2024 President's Budget and vary only due to changes in the baseline.

Within this methodology, an adjustment was made to reflect spending for beneficiaries who are enrolled in Medicare Advantage (MA) plans, since their actual claims are not available. It was assumed that the proportion of costs related to SUD treatment was similar for beneficiaries enrolled in MA plans as for those enrolled in fee-for-service Medicare. These estimates do not include spending under Medicare Part D because there is not a straightforward way to get this information. There is no diagnosis code associated with prescription drug claims, and drugs used to treat SUDs are often also used to treat other conditions.

## BUDGET SUMMARY

The total FY 2025 drug control outlay estimate for CMS is \$11,990.0 million. This estimate reflects Medicaid and Medicare populations and an upward adjustment to account for the MA plans population (excluding Part D) benefit outlays for SUD treatment. Overall, year-to-year projected growth in SUD spending is a function of estimated overall growth in Medicare and Medicaid spending.

## Medicaid

**FY 2025 Request: \$8,410.0 million**  
**(\$100 million below the FY 2024 CR level)**

The decrease in Medicaid substance use spending from FY 2024 to FY 2025 stems from the decrease in projected Medicaid enrollment, impacted by the end of the continuous enrollment condition during the COVID-19 Public Health Emergency. Medicaid is a means-based health care entitlement program financed by the States and the Federal Government. Mandatory Medicaid benefits include SUD services for detoxification and treatment for SUD needs identified as part of early and periodic Medicaid is a means-based health care entitlement program financed by the States and the Federal Government. Mandatory Medicaid benefits include SUD services for detoxification and treatment for SUD needs identified as part of early and periodic screening, and diagnostic and treatment services for individuals under 21 years of age. States may provide additional Medicaid SUD treatment services as optional benefits. The *Substance Use-Disorder – Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and*

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<sup>6</sup> Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for SUD treatment include a subset of the 291, 292, 303, 304, and 305 categories of codes; ICD-9 codes 7903, E9352, and E9401; and *Other Chronic and Potentially Disabling Conditions for Alcohol and Drug Use Disorders*, excluding V65.42 and V79.1. The applicable ICD-10 codes for substance abuse include a subset of the F10, F11, F12, F13, F14, F15, F16, F17, F18, and F19, G62, I42, K29, K70, O35, O99, P04, P96, Q86, R78, T40, T50, and T51 ICD-10 category of codes.



*Communities Act* also requires states to cover medication-assisted treatment (MAT) from FY 2020 - FY 2025.

## **Medicare**

**FY 2025 Request: \$3,580.0 million**

**(\$190.0 million above the FY 2024 CR level)**

The increase in Medicare SUD spending from FY 2024 to FY 2025 is due to normal program growth, reflecting the impact of changes in enrollment and utilization of health care services. This growth is consistent with the increase in the overall Medicare baseline projections.

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

## **EQUITY**

CMS is committed to advancing health equity by addressing the health disparities that underlie the nation's health system, including disparities in accessibility of SUD and related treatment and quality of those services. The CMS Framework for Health Equity includes behavioral health as an area of focus, and provides a strong foundation for advancing health equity, expanding coverage, and improving health outcomes. CMS continues work in this area of designing, implementing, and operationalizing policies and programs that support improving health outcomes for all the individuals served by its programs and provide the care and support that its enrollees need to thrive. This includes strengthening its infrastructure for assessment, creating synergies across the health care system to drive structural change, and identifying and working together to eliminate barriers to CMS-supported benefits, services, and coverage, including for people living with and at risk of developing behavioral health conditions such as SUD.





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Food and Drug Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Research and Development: Treatment & Prevention (CDER)	\$23.500	\$23.500	\$23.500
Harm Reduction (non-add)	10.000	10.000	10.000
Research and Development: Treatment & Prevention (CDRH)	1.500	1.500	1.500
Interdiction (ORA)	54.500	54.500	54.500
<b>Total Drug Resources by Function</b>	<b>\$79.500</b>	<b>\$79.500</b>	<b>\$79.500</b>
<b>Drug Resources by Decision Unit</b>			
Center for Drug Evaluation and Research	\$23.500	\$23.500	\$23.500
Center for Devices and Radiological Health	1.500	1.500	1.500
Office of Regulatory Affairs	54.500	54.500	54.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$79.500</b>	<b>\$79.500</b>	<b>\$79.500</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	196	196	196
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.6	\$3.6	\$3.8
Drug Resources Percentage	2.2%	2.2%	2.1%

### Program Summary

#### MISSION

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

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



FDA also recognizes the risk of prescription opioids and other controlled substances as well as the benefits of these drugs for patients who need them, including those with debilitating chronic conditions. It will take carefully developed, coordinated, and sustained action by multiple stakeholders to reduce the incidence of drug misuse, addiction, overdose, and death, while preserving appropriate access to these drugs for patients who need them. Doing its part to ensure the safe use of prescription opioids and other controlled substances and ameliorate the overdose crisis is among FDA's highest priorities. FDA is engaging in many ongoing activities aimed at furthering these goals.

In alignment with HHS's Overdose Prevention Strategy, FDA has identified four specific priorities under the Overdose Prevention Framework to focus its actions to address the crisis:

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

## **METHODOLOGY**

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

## **BUDGET SUMMARY**

The FY 2025 Budget includes \$79.5 million, no change from the FY 2024 CR level, for drug control program activities at FDA.

### **Center for Drug Evaluation and Research (CDER)**

**FY 2025 Request: \$23.5 million**

**(No change from the FY 2024 CR level)**

The FY 2025 Budget for drug-related activities includes \$23.5 million for CDER to further develop and advance strategies to confront the opioid crisis. CDER is committed to supporting research that addresses questions that are critical to its work on the overdose crisis. In particular, the FY 2019 appropriation provided CDER with base funding for regulatory science, enforcement, and innovation activities, to combat the opioid epidemic. CDER utilizes the \$23.5 million in opioids base funding to further develop and implement evidence-based actions to address FDA's priority areas.

Some of CDER's recent research initiatives include:

- Advancing the development of multiple evidence-based clinical practice guidelines on management of acute dental pain, management of post-operative pain in obstetric patients who have undergone surgery, management of post-operative pain in patients who have





undergone laparoscopic abdominal surgeries, management of acute low back pain, and safe tapering of benzodiazepines; the first four guidelines are part of SUPPORT Act Sec. 3002 implementation

- Researching chronic pain therapies to inform the ongoing discussion about the appropriate use of opioid analgesics in chronic pain management
- Studying how comparative feedback to providers would impact the number of leftover opioid pills to help inform and improve safety of opioid prescribing practices for acute pain
- Enhancing FDA's opioids systems model, a United States population-level systems dynamics model used to improve understanding of and reaction to the opioid crisis to help FDA and other stakeholders identify high-impact opioid-related interventions, assess potential unanticipated consequences of potential policies, and identify needs for further research
- Exploring distribution of naloxone in the United States and the potential impacts of a change in the prescription-only status of naloxone
- Examining considerations for buprenorphine maintenance and care, including real-world experiences and scientific evidence for buprenorphine initiation strategies as well as medication dosing and management during continued treatment across care settings
- Exploring the impact of different packaging components of packaged opioids on opioid use as experienced by patients, prescribers, and pharmacists
- Assessing trends in opioid analgesic use in patients with and without cancer to understand the impact of opioid-reduction efforts on cancer patients
- Supporting development and regulatory assessment of new and generic intranasal naloxone sprays by generating new testing and evaluation models
- Exploring the evolving context surrounding fatal overdoses to inform product development and public health interventions to manage overdose
- Conducting preliminary assessment of kratom safety, pharmacokinetics, and pharmacodynamics characteristics
- Modernizing sample testing to ensure quality for opioids and other high-risk products in the pharmaceutical supply chain and enhance detection of adulterated drug products
- Examining falsified, counterfeit, and unapproved medication use in general population and enriched population of individuals seeking treatment for SUDs.
- Exploring concrete strategies for drug development and clinical research that support the mitigation and reduction of risks associated with human exposure to xylazine
- Examining the diagnosis and treatments of adults with ADHD, including challenges and opportunities for drug development and strategies for assessing the risks and benefits of ADHD medication treatment in adult populations

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



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

**FY 2025 Request: \$1.5 million**

**(No change from the 2024 CR level)**

The FY 2025 Budget for opioid-related activities includes \$1.5 million for CDRH to continue supporting the use of digital health medical devices to help address OUD. CDRH is using funds appropriated in FY 2023 to hire two subject matter experts in OUD to establish a streamlined framework for FDA market authorization based on evolving science and technology, leveraging real-world data to support evaluation of OUD digital health technology, and incentivizing the development of new safe, effective, high-quality digital risk assessments and, diagnostics.

To support these efforts, CDRH used prior year funding to hold two connected public workshops with the National Institutes of Health (NIH) “Diagnostic and Monitoring Medical Devices for Opioid Use” and “Risk Prediction Devices of Opioid Use and Opioid Use Disorder – Opportunities and Challenges.” The workshops allowed people living with OUD to share their experiences and begin suggesting opportunities or features of digital health technologies to support their recovery. A contractor completed a literature review and focus groups are being used to inform the quantitative patient preference study for people living with OUD. This work will continue through FY 2024. CDRH used prior year funding to collaborate with the Research Triangle Center for Excellence in Regulatory Science to assess whether digital health technologies can be used to assess whether a person is relapsing.

In addition, CDRH is continuing to encourage the development of new and innovative medical devices to broaden the number of options and increase the effectiveness of OUD treatment during FY 2024, including:

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

Going forward, CDRH will build upon these efforts by using the funds to:

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



## **Office of Regulatory Affairs (ORA) – Field Activities**

**FY 2025 Request: \$54.5 million**

**(No change from the 2024 CR level)**

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

In 2022, FDA was able to fully staff the IMFs with investigators and reviewed more than 100,000 products at the IMFs. This doubled the number of products reviewed in FY 2020. As the IT systems continue to improve at the IMFs, in cooperation with the USPS and the General Services Administration (GSA), efficiency of parcel processing will continue to increase.

A record volume of FDA regulated commodities are being introduced for import inspection at the southern border. With additional funding provided in the FY 2022 budget request, ORA will bolster coverage at critical POEs, including enhancing IT infrastructure and tools as well as enhancing staff presence. In FY 2018, with the implementation of FDASIA 708, ORA destroyed approximately 6 percent of refused drug products. After the SUPPORT Act was signed into law, FDA raised the overall destruction rate to 48 percent in FY 2019. As additional APIs have been added to the 801(u) list FDA has continued to increase the destruction rate which reached nearly 83 percent in FY2023. Improvements at IMFs will continue, as ORA implements new authorities included in the SUPPORT Act.

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

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

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



illegal pharmaceutical drugs, including illicit opioids, that are shipped to the United States. OCI works to identify the source and destination of these drugs and in collaboration with other federal agencies, such as CBP and the USPIS. OCI also conducts joint enforcement activities with its global law enforcement partners.

Section 3022 of the SUPPORT Act also amended section 306 of the FD&C Act to give FDA new authority to debar persons from importing drugs into the United States if they have been convicted of a felony for conduct related to the importation of any drug or controlled substance. Since 2019, FDA has finalized 29 final orders of debarment for drug importers, 25 of those were based on federal felony conviction.

ORA continues to increase analytic capability and capacity at the IMFs. Based on benchmarking with federal partners and discussions with OCC, ORA identified specially trained field-based scientists using an established set of analytical tools to be the most scientifically reliable and efficient approach to rapid identification of illicit FDA-regulated products, such as unapproved and counterfeit pharmaceuticals, including opioids, and adulterated supplements. FDA continues to partner with CBP/LSS in the Chicago IMF satellite laboratory and resumed operations there in June 2021. Since resuming operations, approximately 500 samples have been analyzed at the satellite laboratory and over 350 of these have been found to contain at least one API. Two scientists were hired, trained and now permanently staff the CHI IMF satellite laboratory as of March 2022. Efforts to establish full operations at the Miami IMF satellite laboratory are progressing with facility modifications. Two permanent staff will be hired for this location. CBP/LSS has agreed to share lab space with ORA/ORS within the JFK IMF until the FDA space has been completed. Lab space to conduct operations within the Secaucus IMF is moving forward. A Satellite Laboratory organizational chart has been established, a Branch has been established at the Forensic Chemistry Center, and a branch director has been hired. Laboratories to support the satellite lab effort including an opioid focused laboratory space are nearing completion at the FCC. The cadre trained to staff IMF satellite laboratory operations has been expanded to 20 personnel. Discussions about space near the LAX IMF and other IMF and courier hub locations continues.

## EQUITY

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



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Health Resources and Services Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
<b>Prevention</b>	<b>\$141.200</b>	<b>\$192.600</b>	<b>\$198.600</b>
Health Center Program	53.200	123.200	123.200
Rural Communities Opioid Response Program	88.000	69.400	75.400
<b>Treatment</b>	<b>\$705.800</b>	<b>\$1,354.400</b>	<b>\$1,348.400</b>
Health Center Program	478.800	1,108.800	1,108.800
National Health Service Corps SUD Workforce Program	105.000	105.000	105.000
Addiction Medicine Fellowship Program	25.000	25.000	25.000
SUD Treatment and Recovery Loan Repayment	40.000	40.000	40.000
Rural Communities Opioid Response Program	57.000	75.600	69.600
<b>Total Drug Resources by Function</b>	<b>\$847.000</b>	<b>\$1,547.000</b>	<b>\$1,547.000</b>
<b>Drug Resources by Decision Unit</b>			
Health Center Program	\$532.200	\$1,232.000	\$1,232.000
National Health Service Corps SUD Workforce Program	105.000	105.000	105.000
Addiction Medicine Fellowship Program	25.000	25.000	25.000
SUD Treatment and Recovery Loan Repayment	40.000	40.000	40.000
Rural Communities Opioid Response Program	145.000	145.000	145.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$847.000</b>	<b>\$1,547.000</b>	<b>\$1,547.000</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$14.3	\$16.1	\$16.3
Drug Resources Percentage	5.9%	9.6%	9.5%

### Program Summary

#### MISSION

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



## **METHODOLOGY**

### **Health Center Program**

The FY 2025 President's Budget maintains the proposed FY 2024 SUD/MH funding for health centers. The FY 2025 President's Budget includes \$700 million targeted supplemental SUD/MH funding for health centers. This funding continues awards issued in prior FYs that support SUD/mental health (MH) service expansion for the Health Center Program. The SUD/MH funding initiated in prior FYs and incorporated in annual health center continuation awards is scored as drug control funding.

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

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

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

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

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

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

### **Rural Communities Opioid Response Program (RCORP)**

The FY 2025 prevention-treatment split reflects the President's Budget, which is level with the FY 2024 CR level. The FY 2024 prevention-treatment split reflects the CR, which is level with the FY 2023 enacted level. The prevention-treatment split for FY 2023 reflects the enacted budget level. The allocation of funds for RCORP is through competitive grants and cooperative agreements. The entirety of these programs is scored as drug control funding.





## **BUDGET SUMMARY**

The drug control budget for HRSA is \$1.5 billion at the FY 2025 President's Budget request, no change from the FY 2024 CR level.

### **Health Center Program**

**FY 2025 Request: \$1.2 billion**

**(No change from FY 2024 CR level)**

The FY 2025 President's Budget includes \$700 million targeted supplemental SUD/MH funding for health centers. This funding continues awards issued in prior FYs that support SUD/MH service expansion for the Health Center Program. The SUD/MH funding initiated in prior FYs and incorporated in annual health center continuation awards is scored as drug control funding.

In FY 2025, the Health Center Program plans to support over 1,400 grantees and provide primary health care services to 37.4 million patients at the President's Budget Level. HRSA will require the provision of mental health and SUD services including provision of MAT in all HRSA-funded health centers.

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

**FY 2025 Request: \$105.0 million**

**(No change from FY 2024 CR level)**

Funding has been appropriated to the NHSC for the express purpose of expanding and improving access to quality SUD treatment in rural and underserved areas nationwide. This funding is dedicated to expanding 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 Treatment Facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment assistance to reduce their educational financial debt in exchange for service at SUD treatment facilities. In FY 2025, HRSA will make approximately 1,150 new awards to clinicians who are combating SUD in rural and underserved communities.

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

**FY 2025 Request: \$25.0 million**

**(No change from FY 2024 CR level)**

The AMF Program seeks to increase the number of board-certified addiction medicine and addiction psychiatry specialist physicians trained in providing interprofessional behavioral health services, including 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 and addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors. In FY 2025, funding will support a new competition for the AMF Program.



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

**FY 2025 Request: \$40.0 million**

**(No change from FY 2024 CR level)**

The STAR LRP provides for the repayment of educational loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health or Health Professional Shortage Area (HPSA) or a county where the mean drug overdose death rate exceeds the national average. The STAR LRP complements the NHSC SUD Workforce LRP, as the STAR LRP is able to award loan repayment to more provider types and at a broader range of site types than those that are eligible for the NHSC SUD Workforce LRP. In FY 2025, HRSA will make approximately 295 new awards to eligible providers.

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

**FY 2025 Request: \$145.0 million**

**(No change from FY 24 CR level)**

The RCORP initiative aims to reduce the morbidity and mortality associated with SUD, including OUD, in high need rural communities by establishing, expanding, and sustaining prevention, treatment, and recovery services at the county, state, and/or regional levels. This program has invested over \$650 million in grants and TA to rural communities serving more than 1,900 counties across 47 states and two territories. The most recent full-year of performance measurement data collection shows that a cohort of FY 2022 RCORP grantees provided direct SUD/OUD prevention, treatment, and recovery services to more than 2.1 million rural residents, and ensured that 112,373 rural residents received medication assisted treatment (MAT) services.

In FY 2025, HRSA will support the following continuing grant and cooperative agreement programs through RCORP:

- **RCORP-Overdose Response** will provide funding to rural communities to meet their immediate needs related to the overdose crisis. HRSA will support new awards in FY 2025.
- **RCORP-Impact** provides funding to rural organizations improve access to integrated and coordinated OUD prevention, treatment, harm reduction, and recovery services, to reduce morbidity and mortality from OUD and promote long-term, sustained recovery. In FY 2025, HRSA will support the continuation of grants awarded in FY 2024.
- **RCORP-Psychostimulant Support** provides support to rural communities to strengthen prevention, treatment, and recovery services for individuals who misuse psychostimulants. HRSA will support new awards in FY 2025.
- **RCORP-Neonatal Abstinence Syndrome** provides support to reduce the incidence and impact of neonatal abstinence syndrome in rural communities by improving systems of care, family supports, and social determinants of health. In FY 2025, HRSA will support the continuation of grants awarded in FY 2023.
- **RCORP-Child and Adolescent Behavioral Health** strengthens and expands behavioral health care services across the prevention, treatment, and recovery continuum for rural children and adolescents aged 5-17 years. In FY 2025, HRSA will support the continuation of grants awarded in FY 2023.





- **RCORP-Behavioral Health Care Support** provides support to rural communities to respond to new and ongoing behavioral health needs of rural residents at risk for, or diagnosed with, SUD/ODU and/or co-occurring disorders. The program focuses on building the infrastructural capacity of rural communities to deliver behavioral health, including SUD/ODU, services across the continuum; enhancing care coordination to provide effective care; and addressing social determinants of health to promote health equity. In FY 2025, HRSA will support the continuation of grants awarded in FY 2022.
- **RCORP-Medication Assisted Treatment Access** provides support to establish new MAT access points and increase the capacity for sustainable MAT service provision in rural areas that do not currently have access to MAT for SUD/ODU. In FY 2025, HRSA will support the continuation of grants awarded in FY 2023.
- **RCORP-Rural Centers of Excellence on Substance Use Disorders** support the dissemination of best practices related to the treatment for and prevention of SUDs within rural communities, with a focus on the current opioid crisis. In FY 2025, HRSA will support the continuation of these cooperative agreements.
- **RCORP-Technical Assistance and Evaluation** provide TA and evaluation support encompassing the entire RCORP initiative. HRSA will support the continuation of funding for each of the initiative-wide TA and evaluation cooperative agreements in FY 2025.

HRSA will continue to solicit feedback from rural stakeholders and engage and partner with other Federal agencies to promote a coordinated approach to combatting this devastating epidemic and ensure HRSA's efforts are aligned with the HHS Overdose Prevention Strategy and other Administration priorities.

## **EQUITY**

### **Health Center Program**

The health center model of care uniquely positions health centers to address health disparities and advance health equity. As community-based and patient-directed organizations, health centers ensure access to affordable, quality, and cost-effective primary health care to the nation's underserved and most socially vulnerable populations. Nearly 1,400 HRSA-funded health centers operate nearly 15,000, providing comprehensive primary and preventive care on a sliding fee scale to over 30 million patients annually. Approximately 90% of health center patients are individuals or families living at or below 200% of the Federal Poverty Guidelines and approximately 63% of health center patients are racial/ethnic minorities. Health centers also serve over 1 million agricultural workers, about 1.3 million individuals experiencing homelessness, and approximately 5.7 million individuals living in or near public housing. In addition to ensuring access to primary and preventive care, health centers' model of care includes the provision of non-clinical enabling services, including translation, transportation, outreach and education, care coordination, and eligibility assistance, that recognize and help to address the social and environmental barriers to health and to health care experienced by their patients.



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

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

### **Addiction Medicine Fellowship Program**

The AMF Program aims to address equity by improving underserved communities' access to evidence-based substance use prevention and treatment services. The Program does so by connecting skilled addiction treatment professionals to areas of greatest need. Awardees collaborate and establish relationships with underserved, community-based settings. Within these settings, the addiction medicine/addiction psychiatry fellows complete clinical rotations in which they provide substance use screening, diagnosis, and treatment services with the goal of increasing their practice knowledge and skills as well as their ability to provide culturally competent care. Fellows may also complete a clinical rotation at a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women where they develop skills and knowledge specific to the needs of these populations.

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

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

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

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



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Indian Health Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function<sup>1</sup></b>			
Treatment - ASA	\$103.476	\$103.476	\$112.542
Treatment - Urban	3.871	3.445	3.445
Prevention	37.316	37.316	38.797
<b>Total Drug Resources by Function</b>	<b>\$144.663</b>	<b>\$144.237</b>	<b>\$154.784</b>
<b>Drug Resources by Decision Unit</b>			
Alcohol and Substance Abuse <sup>1</sup>	\$140.792	\$140.792	\$151.339
Urban Indian Health Program	3.871	3.445	3.445
<b>Total Drug Resources by Decision Unit</b>	<b>\$144.663</b>	<b>\$144.237</b>	<b>\$154.784</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	171	171	171
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$7.0	\$7.0	\$8.0
Drug Resources Percentage	2.1%	2.1%	1.9%

### Program Summary

#### MISSION

IHS, an agency within HHS, is responsible for providing Federal health services to American Indian and Alaska Native (AI/AN) people. IHS supports alcohol and SUD prevention and treatment services as part of this mission.

#### METHODOLOGY

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



## **BUDGET SUMMARY**

In FY 2025, IHS requests \$154.8 million, which is an increase of \$10.5 million above the FY 2024 CR level.

### **Alcohol and Substance Abuse**

**FY 2025 Request: \$151.3 million**  
**(\$10.5 million above FY 2024 CR level)**

In FY 2025, the IHS budget request for its drug control activities support the *Strategy*, which emphasizes the partnership between federal agencies and their state, local, Tribal, and international counterparts and reduce drug-induced mortality. IHS is also working with federal partners to implement efforts to address the current crisis. The *Strategy* offers a valuable opportunity for IHS to advance its mission by strengthening existing programs to control and reduce substance use and eliminate its deleterious effects on the health and safety of AI/AN patients and communities.

The IHS Alcohol and Substance Abuse program serves AI/ANs impacted by SUDs through IHS, Tribal, and Urban Indian operated treatment and prevention programs and Youth Regional Treatment Centers (YRTCs).

The IHS established a multi-disciplinary workgroup to form the IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE). The HOPE Committee is comprised of a multidisciplinary membership to include clinical representation from family medicine, pharmacy, behavioral health, nursing, pediatrics, rehabilitation therapy, epidemiology, and injury prevention. The HOPE Committee work plan supports the HHS Opioid Overdose Prevention Strategy with a specific focus on: 1) better pain management; 2) improving access to culturally relevant prevention, treatment, and recovery support services; 3) increasing availability of harm reduction services; and, 4) improved public health data reporting and surveillance.

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

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

**FY 2025 Request: \$3.4 million**  
**(No change from the FY 2024 CR level)**

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



Urban Indian people who live in urban centers present a unique morbidity and mortality profile. Urban Indian populations suffer disproportionately higher mortality from certain causes in sharp contrast to mainstream society. These unique challenges require a targeted response. Existing UIOs see their efforts in health education, health promotion, and disease prevention as essential to impacting the behavioral contributors to poor health<sup>7</sup>.

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

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

## EQUITY

### **Alcohol and Substance Abuse**

IHS actively engages in promoting equity by providing healthcare services to the underserved, vulnerable, and marginalized AI/AN population. The IHS Alcohol and Substance Abuse Branch expands and supports efforts to increase availability, access, and implementation of evidence-based, culturally-informed treatment and recovery services for SUDs, particularly in rural, urban, and underserved Tribal communities. In FY 2025 IHS will conduct an agency-wide readiness assessment in the implementation of TIC practices. In addition, many of the IHS Division of Behavioral Health SUD programs and initiatives include “Increasing Access to Care and Treatment” and “Increasing Access to Medication-assisted Treatment/Medications for Opioid Use Disorder.”

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<sup>7</sup> Indian Health Service, Report to Congress: New Needs Assessment of the Urban Indian Health Program and the Communities it Serves at 10 (Mar. 31, 2016)  
[https://www.ihs.gov/urban/includes/themes/newihsthem/display\\_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf](https://www.ihs.gov/urban/includes/themes/newihsthem/display_objects/documents/ReportToCongressUrbanNeedsAssessment.pdf)



## **Urban Indian Health Program**

The IHS provides funding to UIOs, which contributes to advancing health equity by providing access to high-quality, culturally appropriate health care and addressing key social determinants of health. The UIOs identify gaps between the unmet health needs of Urban Indians and the resources available to meet those needs at the local level. The UIOs provide access to a variety of basic health and social services for Urban Indian populations and are an important and necessary part of the system of health care for AI/AN people in the United States. At the community level, each health center adapts to meet its community's shifting needs, with a special focus on physical, mental, and spiritual wellness. The UIOs engage in outreach efforts to build awareness, increase knowledge, and encourage active engagement in UIO services.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

### Resource Summary<sup>1</sup>

	Budget Authority		
	FY 2023 Final <sup>2</sup>	FY 2024 CR <sup>3</sup>	FY 2025 Request
<b>Drug Resources by Function</b>			
Research and Development: Prevention	\$492.167	\$492.009	\$498.300
Research and Development: Harm Reduction	\$187.960	\$187.730	\$190.253
Research and Development: Treatment	\$954.055	\$954.100	\$951.442
Research and Development: Recovery	\$104.792	\$104.301	\$104.246
<b>Total, Drug Resources by Function</b>	<b>\$1,738.974</b>	<b>\$1,738.140</b>	<b>\$1,744.241</b>
<b>Drug Resources by Decision Unit</b>			
<b>National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)<sup>4</sup></b>			
Research and Development: Prevention	\$64.682	\$64.542	\$64.930
Research and Development: Treatment	\$10.927	\$10.903	\$10.968
<b>Total, NIAAA</b>	<b>\$75.609</b>	<b>\$75.445</b>	<b>\$75.898</b>
<b>National Institute on Drugs and Addiction (NIDA)<sup>4</sup></b>			
Research and Development: Prevention	\$427.485	\$427.467	\$433.370
Research and Development: Harm Reduction	\$187.960	\$187.730	\$190.253
Research and Development: Treatment	\$943.128	\$943.197	\$940.474
Research and Development: Recovery	\$104.792	\$104.301	\$104.246
<b>Total, NIDA</b>	<b>\$1,663.365</b>	<b>\$1,662.695</b>	<b>\$1,668.343</b>
<b>Total, Drug Resources by Decision Unit</b>	<b>\$1,738.974</b>	<b>\$1,738.140</b>	<b>\$1,744.241</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	419	445	470
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Discretionary Budget (in Billions) <sup>5</sup>	\$46.125	\$45.447	\$46.390
Drug Resources Percentage	3.8%	3.8%	3.8%

<sup>1</sup> Detail in this document may not sum to the subtotals and totals due to rounding.

<sup>2</sup> FY 2023 funding levels include HIV/AIDS transfers.

<sup>3</sup> FY 2024 funding levels cited in this document are based on the Continuing Resolution in effect at the time of budget preparation (Public Law 118-35) and do not include HIV/AIDS transfers.

<sup>4</sup> The FY 2025 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.

<sup>5</sup> Excludes funding for Advanced Research Projects Agency for Health.





## Program Summary

### MISSION

NIDA and NIAAA, 2 of the 27 Institutes and Centers of the National Institutes of Health (NIH), support research in pursuit of the objectives of the *Strategy*.<sup>8</sup>

NIDA is the lead federal agency supporting scientific research on drug use and addiction, with the mission to apply that knowledge to improve individual and public health. NIDA supports and conducts basic and clinical research on drug use (including nicotine), addiction, overdose, and the neurobiological, behavioral, and social factors that influence drug use patterns and outcomes. NIDA also works to ensure the effective translation, implementation, and dissemination of scientific research findings to improve the prevention and treatment of SUD and overdose, enhance public awareness of addiction as a brain disorder, and reduce stigma toward people with SUD.

In 2022, more than 110,000 Americans died from drug overdoses, driven in large part by synthetic opioids, stimulants, and combination drug use. While these are sobering developments, NIDA-funded research has led to life-saving treatments for SUD. For example, NIDA supported development of the first naloxone nasal spray, approved by FDA in 2015 as an effective medication to reverse opioid overdose. More recent NIDA investments helped lead to a nasal spray formulation of nalmefene, a longer-lasting opioid overdose medication, which received FDA approval in 2023. NIDA's research also has helped establish the safety and efficacy of medications that target the body's opioid signaling pathways to treat OUD.

NIDA continues to lead research advances toward additional, wider-reaching therapies for OUD and other types of SUD, and toward primary prevention of harmful substance use. The Institute is also increasing its research investments in harm reduction approaches such as community naloxone distribution, SSPs, and drug checking tools; and in recovery services such as residential and school-based programs. Importantly, NIDA also funds a variety of training and career development programs to support an addiction science workforce cross-trained in state-of-the-art disciplines such as data science and artificial intelligence (AI). NIDA also supports a growing number of research programs to leverage AI for understanding addiction, such as programs to characterize how neuronal ensembles encode the rewarding effects of addictive substances and to help identify potential targets for new SUD medications.

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

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<sup>8</sup> The FY 2025 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction and to rename the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.





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

## **METHODOLOGY**

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

## **BUDGET SUMMARY**

The FY 2025 Request for drug-related activities at NIH is \$1,744.2 million (\$1,668.3 million for NIDA and \$75.9 million for NIAAA), \$6.1 million above the FY 2024 CR level.

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

**FY 2025 Request: \$1,668.3 million**  
**(\$5.6 million above the FY 2024 CR level)**

According to provisional data through March 2023, more than 110,000 Americans are dying from drug overdoses each year. While there are effective treatments that could have prevented many of these deaths, delivering these treatments remains a challenge. Of the 46 million people who had SUD in 2021, only about 6 percent received any treatment.<sup>9</sup> Another challenge is that existing treatments do not work for all people or all types of SUD; in particular, there is a need for effective medications to reduce stimulant use, which plays an increasing role in overdose deaths. Overall, these data speak to the persistent need to improve and disseminate evidence-based treatments for

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<sup>9</sup> [www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases](https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases)



SUD and overdose, and to prevent SUD and harmful substance use from occurring in the first place. To that end, in the coming years, NIDA will strengthen its research investments in prevention, treatment, harm reduction, and recovery services related to substance use, in alignment with the priorities of the Office of National Drug Control Policy and with additional funding made available through the NIH Helping to End Addiction Long-term<sup>®</sup> (HEAL) Initiative.

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

In the treatment area, it is critical to improve the reach of existing evidence-based treatments for SUD, such as MOUD including methadone, buprenorphine, and naltrexone. While MOUD can reduce opioid craving, use, and risk of overdose, they are vastly under-prescribed, especially among people of color.<sup>11</sup> NIDA-funded research has helped identify barriers to MOUD—such as lack of integration between primary care and specialized addiction services—and is investigating approaches to overcome them and improve MOUD access. At the same time, saving lives from overdose will also require novel medications. MOUD may be less effective in treating addiction to fentanyl (which is 100 times stronger than morphine)<sup>12</sup> and there are no effective medications to reduce stimulant use, which is now implicated in 50 times as many fentanyl-related deaths as it was in 2010.<sup>13</sup> For this reason, NIDA continues to support development of novel treatments, including long-acting drug formulations, neuromodulation therapies, immunotherapies, and sequestrants designed to stop drugs from entering the brain. Since September 2019, NIDA-supported research has led to more than 50 Investigational New Drug applications and 2 Investigational Device Exemptions submitted to the FDA for evaluation in clinical trials.

NIDA also prioritizes research in harm reduction, which aims to reduce the risk of overdose and other drug-related harms—including transmission of HIV and hepatitis C virus, and risk of infections that can damage the heart. Harm reduction approaches such as syringe service programs and community naloxone distribution have been shown to reduce morbidity and mortality from substance use; drug checking tools can help people detect adulterants in drugs and take safety precautions.<sup>14</sup> Yet, because most harm reduction studies have focused on urban areas hit hard by

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<sup>10</sup> [pubmed.ncbi.nlm.nih.gov/29690790/](https://pubmed.ncbi.nlm.nih.gov/29690790/)

<sup>11</sup> [pubmed.ncbi.nlm.nih.gov/31066881/](https://pubmed.ncbi.nlm.nih.gov/31066881/); [cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm](https://cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm)

<sup>12</sup> [pubmed.ncbi.nlm.nih.gov/36055727/](https://pubmed.ncbi.nlm.nih.gov/36055727/)

<sup>13</sup> [pubmed.ncbi.nlm.nih.gov/37705148/](https://pubmed.ncbi.nlm.nih.gov/37705148/)

<sup>14</sup> [pubmed.ncbi.nlm.nih.gov/34686281/](https://pubmed.ncbi.nlm.nih.gov/34686281/); [pubmed.ncbi.nlm.nih.gov/28061909/](https://pubmed.ncbi.nlm.nih.gov/28061909/); [pubmed.ncbi.nlm.nih.gov/35255392/](https://pubmed.ncbi.nlm.nih.gov/35255392/)



the opioid crisis, there is a need to investigate these approaches in rural areas and to target unique harms from stimulants. With HEAL Initiative funding in FY 2022, NIDA launched a new research network that focuses on testing new harm reduction strategies, evaluating new ways to deliver existing strategies, and reaching underserved populations. In addition to opioids, the network is examining harm reduction strategies related to other drugs, including stimulants and xylazine—an increasingly common adulterant in fentanyl that the Administration has designated as an emerging drug threat. The network is also funding an observational study of overdose prevention centers, which allow people to consume pre-obtained drugs under the supervision of staff who are trained in addiction and overdose treatment.

Because drug combinations play an increasing role in overdose deaths, NIDA is leading several research efforts to better understand drivers for polysubstance use and to develop multi-pronged effective interventions for it. For example, a HEAL-funded program supports research to define polysubstance use patterns and outcomes, and to improve their prevention and treatment. One project is examining how changes in housing status and other factors affect patterns of combined fentanyl and stimulant use among people experiencing homelessness. Clinical trials funded through the program will investigate interventions for co-use of opioids and stimulants. For example, two trials will focus on contingency management (CM), which typically provides small financial incentives for abstinence or treatment attendance and is the only intervention proven to reduce stimulant use. The trials will examine whether smartphone-based CM can be integrated into MOUD treatment programs to reduce polysubstance use and improve MOUD adherence.

Finally, given that addiction is a chronic relapsing disorder, NIDA is prioritizing research to identify best practices in addiction recovery and relapse prevention. There are a variety of recovery service models—including peer-based mutual aid groups, recovery housing, and youth programs—but there is little evidence regarding which kind of program works best for different people. Moreover, many such programs focus on short-term medical treatments and may lack support for participants to receive long-term MOUD.<sup>15</sup> In 2020, NIDA established a recovery research networks program to develop tools, resources, and training to grow this area of research. With additional support from the HEAL Initiative<sup>®</sup>, this program has expanded and is testing new and existing recovery models through clinical trials.

NIDA's research efforts are organized into the following programmatic areas: Neuroscience and Behavior; Epidemiology, Services and Prevention Research; Therapeutics and Medical Consequences; the NIDA Clinical Trials Network; Translational Initiatives and Program Innovations; HEAL Initiative<sup>®</sup> programs; Intramural Research Program (IRP); and Research Management and Support (RMS). Dollars budgeted to the HEAL Initiative<sup>®</sup> for the purpose of opioid research are used to supplement base funding for opioid and pain research that are included within other NIDA program areas. Funding for the HEAL Initiative<sup>®</sup> in NIDA will remain equal to the FY 2024 CR level.

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<sup>15</sup> [pubmed.ncbi.nlm.nih.gov/34700201](https://pubmed.ncbi.nlm.nih.gov/34700201)



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

***FY 2025 Request: \$532.2 million***

***(\$44,059 below the FY 2024 CR level)***

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

A recent study exemplifies DNB support for research on the genetics of addiction. In that study, researchers combed through genomic data from over 1 million people, including ABCD study participants, and found nearly 20 gene variants associated with SUD, regardless of the substance involved. The researchers then developed a genetic risk score that was able to discern between healthy individuals and people with an SUD diagnosis, with the highest accuracy for those who had polySUD.<sup>16</sup> Although genetic approaches like this cannot fully predict who will develop SUD, they could someday aid in SUD risk assessment, lead to more personalized interventions, and inform potential targets for new SUD therapeutics.

Because people who use drugs are at higher risk for HIV infection, DNB also supports fundamental research on HIV. With funding through a data science program, one recent study investigated how HIV manages to persist in some people despite antiretroviral therapy, and found that HIV-infected cells sometimes multiply and continue producing the virus, acting as a viral reservoir.<sup>17</sup> With funding through the NIDA Avante-Garde program, another study identified genes that are down-regulated during HIV-related brain inflammation, suggesting a potential early step in HIV-associated neurocognitive disorder, which affects up to half of people with HIV.<sup>18</sup> Both of these programs were renewed in FY 2023.

DNB also supports research focused on the intersection of SUD and sleep disorders, which have a strong bidirectional association. Substance use can lead to sleep disturbances, and sleep disturbances can increase the risk of drug withdrawal, craving, and relapse. In fact, a recent DNB-funded study found that SUD and sleep disturbances are linked at a molecular level; compared to healthy individuals, people with OUD had unique daily rhythmic patterns of gene activity in the brain, specifically in brain regions involved in addiction.<sup>19</sup> In FY 2023, DNB announced new funding to explore the mechanisms that link sleep, circadian rhythms, and SUDs.

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<sup>16</sup> [pubmed.ncbi.nlm.nih.gov/37250466](https://pubmed.ncbi.nlm.nih.gov/37250466)

<sup>17</sup> [pubmed.ncbi.nlm.nih.gov/35320704](https://pubmed.ncbi.nlm.nih.gov/35320704)

<sup>18</sup> [pubmed.ncbi.nlm.nih.gov/36525955](https://pubmed.ncbi.nlm.nih.gov/36525955)

<sup>19</sup> [pubmed.ncbi.nlm.nih.gov/35347109](https://pubmed.ncbi.nlm.nih.gov/35347109)



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

***FY 2025 Request: \$391.1 million***

***(\$32,380 below the FY 2024 CR level)***

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

DESPR's research is shedding light on e-cigarette use among youth and its relation to smoking and other substance use. For example, many studies suggest that e-cigarette use, or vaping, in adolescence is a gateway to smoking later. New PATH data suggest that vaping also entrenches smoking among teens who have already tried it.<sup>20</sup> Meanwhile, MTF has found that compared to teens who do not use nicotine, odds of cannabis use are higher among those who vape nicotine—about 40 times higher among those who both vape and smoke nicotine.<sup>21</sup> Even accounting for smoking and cannabis use, youth who use e-cigarettes are more likely to experience wheezing, bronchitis, and shortness of breath.<sup>22</sup> These findings highlight the need for interventions to address the health risks of vaping during youth.

DESPR also supports the ABCD study, which is advancing knowledge about the impacts of social determinants of health on brain development. In one analysis, researchers found that Black children ages 9-10 faced greater adversity than white children—including lower parental education and income, living in disadvantaged neighborhoods, and more exposure to trauma such as vehicle accidents and assault—and that this adversity was associated with differences in brain structure. When the differences in adversity were controlled statistically, the brain differences largely evaporated.<sup>23</sup> Another analysis found that compared to children from high-income families, those from low-income families were likely to have structural brain differences as well as symptoms of anxiety and depression. More importantly, those disparities narrowed significantly among children living in states with robust antipoverty programs.<sup>24</sup> These studies provide real-world evidence that intervening on social determinants of health can help ensure healthy brain development.

DESPR also supports implementation science to identify and address gaps in translating evidence-based interventions into practice. For instance, a study of national Medicare data found that adults who received buprenorphine (BUP) following an overdose had a 62 percent lower risk of fatal overdose over the next year. However, fewer than 1 in 20 patients received it, and most recipients waited more than 30 days.<sup>25</sup> DESPR is funding research on innovative solutions to this challenge, such as collaborative care models that bring together BUP providers and pharmacists. A pilot trial

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<sup>20</sup> [pubmed.ncbi.nlm.nih.gov/37072167](https://pubmed.ncbi.nlm.nih.gov/37072167)

<sup>21</sup> [pubmed.ncbi.nlm.nih.gov/37198725](https://pubmed.ncbi.nlm.nih.gov/37198725)

<sup>22</sup> [pubmed.ncbi.nlm.nih.gov/37582630](https://pubmed.ncbi.nlm.nih.gov/37582630)

<sup>23</sup> [pubmed.ncbi.nlm.nih.gov/36722118](https://pubmed.ncbi.nlm.nih.gov/36722118)

<sup>24</sup> [pubmed.ncbi.nlm.nih.gov/37130880](https://pubmed.ncbi.nlm.nih.gov/37130880)

<sup>25</sup> [pubmed.ncbi.nlm.nih.gov/36906496](https://pubmed.ncbi.nlm.nih.gov/36906496)



in which the pharmacist handled BUP management including adjustments for withdrawal, in consultation with the provider, found that this model significantly boosts retention in treatment compared to usual provider-based care.<sup>26</sup>

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

***FY 2025 Request: \$109.8 million***

***(\$9,095 below the FY 2024 CR level)***

NIDA's Division of Therapeutics and Medical Consequences (DTMC) supports research to evaluate the safety and efficacy of pharmacotherapies, behavioral interventions, and medical devices to prevent and treat SUDs and drug overdose. This work spans all phases of medical product development including synthesis and preclinical evaluation of potential therapeutics, clinical trial design and execution, and preparing regulatory submissions.

DTMC supports research on a diverse array of pharmacotherapies, including repurposing of drugs used for other conditions and developing new compounds with novel molecular targets. For example, diabetes drugs like semaglutide, which are based on the hormone glucagon-like peptide-1 (GLP-1), may hold potential for treating SUD. GLP-1 analogs help control food cravings, and anecdotal reports from people taking these drugs for diabetes or weight loss suggest they might help reduce drug cravings, too. NIDA is supporting preclinical studies of GLP-1 analogs for alcohol and opioid addiction and a small clinical trial for smoking cessation. While stimulants generally work by increasing dopamine signals in the brain, methamphetamine and cocaine use disorder (MtUD and CcUD) also involve changes in glutamate signaling. A phase I clinical trial is underway to investigate treating CcUD with a small-molecule inhibitor of the glutamate receptor mGluR5.

DTMC also supports research on therapies involving psychedelic and dissociative drugs. For example, a large randomized controlled trial is investigating whether psilocybin in combination with psychotherapy can improve smoking cessation. Other trials are investigating ketamine-assisted therapy for CcUD and MtUD, and as a bridge to start MOUD.

Another focus of DTMC's portfolio is neuromodulation, which involves stimulating the brain to reset the circuitry underlying brain disorders. Deep brain stimulation—which involves inserting electrodes into the brain and is FDA-approved for treating Parkinson's disease and epilepsy—is in clinical trials for refractory OUD. DTMC also supports research on non-invasive neuromodulation therapies, including low-intensity focused ultrasound and transcranial magnetic stimulation (TMS). TMS is FDA-approved as an adjunct therapy for smoking cessation, in part due to NIDA-funded research, and is now being investigated for other SUDs.

DTMC has a growing portfolio of research to address OUD and other co-occurring mental health disorders. For example, 40-60 percent of people with OUD suffer from chronic pain and depression, which can increase their risk of opioid misuse. To improve health outcomes for these patients, researchers are evaluating an approach in which primary providers and behavioral health specialists provide collaborative care. In FY 2023, DTMC announced new funding to develop pharmacotherapies, behavioral therapies, and devices for co-occurring OUD and mental illness.

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<sup>26</sup> [pubmed.ncbi.nlm.nih.gov/36630629](https://pubmed.ncbi.nlm.nih.gov/36630629)





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

***FY 2025 Request: \$35.7 million***

***(\$2,955 below the FY 2024 CR level)***

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

Because adolescence is a critical time for susceptibility to SUD and responsiveness to interventions, the CTN prioritizes development and testing of screening tools tailored to this age range. A recent study tested three brief SUD screening tools in a large, diverse adolescent population and found that they performed well compared to an in-depth diagnostic interview.<sup>27</sup> Through the ongoing Subthreshold OUD Prevention (STOP) trial, the CTN seeks to determine if screening and intervention for low-severity OUD in primary care can reduce OUD progression and overdose risk.

The CTN is also testing strategies to identify OUD patients and start MOUD treatment in emergency departments (EDs)—at the frontline of the overdose epidemic. In one approach, the CTN designated champions to educate ED and community clinicians on BUP treatment and how to overcome stigma and other barriers to its use. Implementing this approach for six months led to higher rates of standard oral BUP initiation in the ED and referral to ongoing OUD treatment in the community, and was feasible even in rural and low-resource EDs.<sup>28</sup> The CTN is now conducting a similar implementation trial, called ED-INNOVATION, to compare initiation with oral BUP vs. a longer-lasting injectable form, which could help keep patients stable while providers address any barriers to referral.

The CTN also recently leveraged the ED-INNOVATION trial to address concerns about precipitated withdrawal—debilitating withdrawal symptoms that can occur within hours of receiving BUP. For patients who use potent opioids such as fentanyl, some clinicians prescribe BUP at lower doses to avoid precipitated withdrawal, but that practice may not adequately curb opioid craving and subsequent relapse. An interim analysis of trial data found that while most patients had used fentanyl, only one percent experienced precipitated withdrawal after BUP initiation, similar to rates seen for patients using less potent opioids.<sup>29</sup>

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<sup>27</sup> [pubmed.ncbi.nlm.nih.gov/37213103](https://pubmed.ncbi.nlm.nih.gov/37213103)

<sup>28</sup> [pubmed.ncbi.nlm.nih.gov/37017967](https://pubmed.ncbi.nlm.nih.gov/37017967); [pubmed.ncbi.nlm.nih.gov/37140493](https://pubmed.ncbi.nlm.nih.gov/37140493)

<sup>29</sup> [pubmed.ncbi.nlm.nih.gov/36995717](https://pubmed.ncbi.nlm.nih.gov/36995717)



The CTN is developing and evaluating potential treatments for MtUD and CcUD, for which there are no FDA-approved therapies. A recent CTN trial found that a combination of injectable naltrexone and oral bupropion, a commonly prescribed medication for depression and nicotine cessation, was effective in helping people with MtUD reduce their use. A secondary analysis focused on men who have sex with men—who are at higher risk for MtUD and harmful outcomes, including HIV infection—and found they had higher response rates to this treatment than heterosexual men.<sup>30</sup> Two other CTN trials will examine whether patients with MtUD or CcUD and opioid co-use will benefit from injectable naltrexone and monthly injectable BUP.

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

***FY 2025 Request: \$43.2 million***

***(\$3,580 below the FY 2024 CR level)***

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

In FY 2023, OTIPI issued a Primary Care Challenge competition to propose models for how primary care providers can more effectively identify people at risk for substance use and deliver interventions to reduce this risk. Three winning projects were selected. One project will focus on recently incarcerated adults, who are at high risk for drug use and overdose, with community health workers leading patient outreach, substance use screening, and linkages to preventive care. Another project will screen teens with a mental health diagnosis for substance use risk, and the third will use AI to identify high-risk pre-teens based on their electronic health records.

OTIPI supports medical device development, including devices to treat neonatal opioid withdrawal syndrome (NOWS), which can affect infants exposed to opioids in the womb. For example, an SBIR project has developed a vibrating crib mattress to soothe infants with NOWS. In a large trial, infants who slept on this mattress needed less medication to manage withdrawal symptoms and left the hospital three days earlier on average than infants who received only usual care.<sup>31</sup> Another SBIR project focuses on treating NOWS by retooling an FDA-approved technology for opioid withdrawal in adults, called transcutaneous auricular neurostimulation. This technology uses an earpiece to painlessly stimulate nerves near the ears, transmitting signals that are believed to cause release of the brain's own endogenous opioids and help control withdrawal. A safety trial found that this technology was well-tolerated by infants with NOWS, and efficacy trials are planned.<sup>32</sup>

OTIPI also supports development of SUD treatment modalities that are powered by AI. One example is Woebot, a conversational smartphone app originally designed to help people struggling with depression. SBIR-funded researchers have modified Woebot to help people with SUD track their mood and drug cravings, and to provide coaching in behavior change. In a pilot study, after using Woebot-SUD for eight weeks, participants reported increased ability to resist craving and

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<sup>30</sup> [pubmed.ncbi.nlm.nih.gov/33497547/](https://pubmed.ncbi.nlm.nih.gov/33497547/); [pubmed.ncbi.nlm.nih.gov/37478502/](https://pubmed.ncbi.nlm.nih.gov/37478502/)

<sup>31</sup> [pubmed.ncbi.nlm.nih.gov/37184872/](https://pubmed.ncbi.nlm.nih.gov/37184872/)

<sup>32</sup> [pubmed.ncbi.nlm.nih.gov/33762918/](https://pubmed.ncbi.nlm.nih.gov/33762918/)





had improved scores on SUD screening tests.<sup>33</sup> Results from a larger trial are expected soon. Other researchers are working on a wrist-worn device for MOUD patients that would record biometric data, including mobility and skin temperature; use AI to read those data for signs of opioid withdrawal or relapse; and alert providers so that they can adjust treatment.

OTIPI is also supporting the development of tools to remove barriers to methadone treatment for OUD, which is available only from federally regulated OTPs. Continuing flexibilities implemented during the COVID-19 pandemic allow OTPs to dispense up to 28 days of take-home methadone for stable patients, but clinicians have significant discretion—and difficult decisions—regarding take-home doses for less stable patients. In a pilot study, an OTP in Washington enabled patients to submit video confirmation that they were using their take-home methadone as prescribed. Compared to regular OTP clients, pilot participants had more days of observed dosing and were more often approved for increased take-home doses.<sup>34</sup> Other researchers are developing a wearable biosensor to remotely monitor patients' adherence to their take-home methadone, and a new OTIPI-led program calls for further research on low-cost point-of-need approaches to lower barriers to SUD care.

### ***NIH HEAL Initiative®***

***FY 2025 Request: \$355.3 million<sup>35</sup>***

***(No change from the FY 2024 CR level)***

The HEAL Initiative, which is co-led by NIDA and the National Institute of Neurological Disorders and Stroke (NINDS), aims to accelerate scientific solutions to the opioid crisis. One of its major focus areas has been research on how to implement effective prevention and treatment interventions for OUD and overdose across healthcare and non-healthcare settings. The HEALing Communities Study (HCS), led by NIDA in collaboration with SAMHSA, is testing the impact of integrating evidence-based interventions for OUD and overdose in 67 communities spanning 4 states. HCS communities have deployed over 1,000 evidence-based strategies to expand access to MOUD, implement overdose education and naloxone distribution, and reduce high risk prescribing. Lessons learned from the HCS have been captured in two practice guides to help providers, public health agencies, and others assemble community coalitions and implement effective approaches to reduce overdose deaths.

The Justice Community Opioid Innovation Network (JCOIN) is studying approaches to improve evidence-based treatment for people with OUD in criminal-legal settings. JCOIN has found that MOUD access during incarceration not only saves lives but is also associated with 32 percent lower recidivism after release.<sup>36</sup> JCOIN recently disseminated a first-of-its-kind MOUD Budget Impact tool to help jail and prison administrators estimate the cost of providing MOUD services.<sup>37</sup> NIDA plans to extend JCOIN through at least FY 2030, with a focus on research to scale up MOUD and other evidence-based interventions across justice settings and where they intersect with community-based treatment.

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<sup>33</sup> [pubmed.ncbi.nlm.nih.gov/33755028](https://pubmed.ncbi.nlm.nih.gov/33755028)

<sup>34</sup> [pubmed.ncbi.nlm.nih.gov/36215911](https://pubmed.ncbi.nlm.nih.gov/36215911)

<sup>35</sup> Includes funding for RMS to support the HEAL Initiative.

<sup>36</sup> [pubmed.ncbi.nlm.nih.gov/35063323](https://pubmed.ncbi.nlm.nih.gov/35063323)

<sup>37</sup> [pubmed.ncbi.nlm.nih.gov/36880906](https://pubmed.ncbi.nlm.nih.gov/36880906); [www.jcoinctc.org/resources/budget-impact-tool](https://www.jcoinctc.org/resources/budget-impact-tool)



The HEAL Harm Reduction Research Network is developing and testing strategies to prevent overdose, transmission of HIV and hepatitis C virus, and other harms associated with drug use. Current projects are studying delivery of harm reduction services during emergency care, and via mobile vans and smartphones for hard-to-reach patients. The network is also examining the impact of state and local harm reduction policies. In the first study of its kind in the United States, the network is examining outcomes associated with overdose prevention centers that are operating in New York and Rhode Island.

With HEAL funding, NIDA’s Recovery Research Networks are working to build an evidence base for effective recovery support services. While such services have strong foundations in the lived experiences of people with SUD, most have not been formally evaluated. These networks are engaging recovery service providers and people with lived experience in research to examine what types of recovery services work best for different people and to help link recovery services with established standards of care including MOUD.

A new HEAL program funded in FY 2023—Research to Foster an OUD Treatment System Patients Can Count On—is supporting four projects in which researchers are working with providers, patients, payors, and public health agencies to develop quality measures to improve patient outcomes in OTPs and other settings.

### ***Intramural Research Program***

***FY 2025 Request: \$120.9 million***

***(\$2.4 million above the FY 2024 CR level)***

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

IRP researchers who study how opioids affect brain and respiratory functions were able to pivot quickly to study the additive effects of xylazine. In preclinical studies, they found that fentanyl exposure causes respiratory suppression, which produces a rapid, robust decrease in oxygen flow to the brain, followed by a gradual rebound. Adding xylazine to fentanyl eliminated this rebound, prolonging the brain’s oxygen deficit—which could contribute to the increasing involvement of xylazine in opioid overdose deaths.<sup>38</sup>

The IRP Designer Drug Research Unit focuses on emerging synthetic drugs with addiction potential, including stimulants called synthetic cathinones. Like other stimulants, cathinones increase dopamine levels at synapses, sometimes by blocking the activity of transporters that clean up excess dopamine. Illicit synthetic cathinones, also called “bath salts,” can be extremely potent, with longer lasting effects than cocaine. IRP researchers found that this is due to unusually long-lasting inhibition of dopamine transporters.<sup>39</sup> These researchers are also investigating cathinone

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<sup>38</sup> [pubmed.ncbi.nlm.nih.gov/37340247](https://pubmed.ncbi.nlm.nih.gov/37340247)

<sup>39</sup> [pubmed.ncbi.nlm.nih.gov/36730201](https://pubmed.ncbi.nlm.nih.gov/36730201)



derivatives that act preferentially on serotonin transporters as an alternative to selective serotonin reuptake inhibitors (like Prozac) for depression and anxiety.<sup>40</sup>

IRP researchers also are examining the neurobiological basis for opioid withdrawal symptoms, which contribute to relapse risk. One recent study investigated brain pathways responsible for increased pain sensitivity (or hyperalgesia) during opioid withdrawal. Through a combination of brain imaging and chemogenetics—the use of designer drugs and receptors to control neuronal activity—researchers identified a cell type in the mouse brainstem that contributes to hyperalgesia (see cover image).<sup>41</sup> Future neuromodulation therapies or other approaches could target those cells to reduce hyperalgesia and relapse risk.

Other IRP researchers are studying the addiction potential of S-ketamine. While S-ketamine is FDA-approved for treating severe depression, it has addiction potential that is thought to occur through opioid signaling. IRP researchers with expertise in functional brain imaging partnered with other NIH researchers to investigate this idea. They found that in rats, S-ketamine acts on opioid receptors to stimulate activity in the nucleus accumbens—a brain region associated with addiction—and that self-administration of S-ketamine leads to opioid tolerance.<sup>42</sup> Those findings have implications for monitoring the safety of S-ketamine therapy—both its current use for depression and emergent uses for opioid and stimulant addiction.

### ***Research Management and Support***

***FY 2025 Request: \$80.1 million<sup>43</sup>***

***(\$3.4 million above the FY 2024 CR level)***

NIDA Research Management and Support (RMS) activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Staff supported by NIDA’s RMS budget also coordinate training and career development programs to sustain a talented, diverse workforce of addiction scientists. Other RMS functions include strategic planning, coordination, dissemination of latest research findings and funding opportunities, program evaluation, regulatory compliance, international coordination, and liaison with other federal agencies, Congress, and the public. NIDA RMS funding also supports evidence-based education and outreach about substance use and addiction to inform public health policy, and to provide the public with timely, accessible, trustworthy information about drug research in English and Spanish.

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

**FY 2025 Request: \$75.9 million**

**(\$0.5 million above the FY 2024 CR level)**

Although the rate of underage drinking in the United States has declined over the past several decades, alcohol remains the most widely used substance among youth. Binge drinking<sup>44</sup> and high

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<sup>40</sup> [pubmed.ncbi.nlm.nih.gov/36352123](https://pubmed.ncbi.nlm.nih.gov/36352123)

<sup>41</sup> [pubmed.ncbi.nlm.nih.gov/35728954](https://pubmed.ncbi.nlm.nih.gov/35728954)

<sup>42</sup> [pubmed.ncbi.nlm.nih.gov/36841701](https://pubmed.ncbi.nlm.nih.gov/36841701)

<sup>43</sup> Excludes funding for RMS to support the HEAL Initiative.

<sup>44</sup> NIAAA defines binge drinking as a pattern of drinking that increases an individual’s blood alcohol concentration to 0.08 percent or higher. This typically occurs after 4 drinks for women and 5 drinks for men – in about 2 hours. Research suggests that fewer drinks in the same timeframe result in the same blood alcohol concentration in youth.



intensity drinking<sup>45</sup> among young people remain significant concerns. These drinking patterns are particularly troubling as they increase risks for poor academic performance, alcohol-related blackouts, injuries, overdoses, sexual assault, unsafe sexual behavior, AUD, and other detrimental consequences. NIAAA supports a broad range of basic, translational, and clinical research to improve its understanding of the impact of alcohol exposure on adolescent health and to improve interventions for alcohol-related problems among youth in community and healthcare settings. NIAAA also disseminates information about evidence-based interventions through the development of resources for the public.

Basic research is key to informing the development of innovative prevention and treatment strategies for underage drinking. A key initiative within NIAAA's adolescent brain research portfolio is the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), a multi-site longitudinal study to identify brain characteristics in humans that may predict alcohol misuse or occur because of adolescent alcohol exposure. Established in 2012, NCANDA investigators are now following the initial adolescent cohort into young adulthood and examining the sex-specific relationships between brain maturation, alcohol misuse, mental health, and sleep. Data from NCANDA, for example, has demonstrated that adolescent binge drinking is associated with accelerated decline of gray matter volume in the brain, with the most significant effects observed in the frontal regions that are important for executive functioning, such as performing complex tasks and decision-making. Using NCANDA data, a recent study showed that alcohol use in adolescence was negatively associated with the volumes of subcortical (deep) regions of the brain, including structures that are important in movement, learning, memory, emotion, and motivation and reward. Both males and females showed a negative association between alcohol use and volume of the hippocampus. However, in females, alcohol use was negatively associated with the volumes of two additional regions (caudate and thalamus). These findings suggest a potential vulnerability to alcohol use in females based on brain structure and morphometry.<sup>46</sup>

Another major program within NIAAA's portfolio on adolescent brain research is the Neurobiology of Adolescent Drinking in Adulthood (NADIA) consortium to examine, using animal models, the mechanisms by which adolescent drinking leads to changes in brain structure and function that persist into adulthood. NADIA researchers recently tested the effects of chronic adolescent alcohol exposure on pain-related behavior and brain function. They found that chronic adolescent alcohol exposure caused an abnormally heightened sensitivity to pain during adolescence and into adulthood, even after abstinence, in males but not females. In addition, chronic adolescent alcohol exposure resulted in alterations in a pain-related brain neurocircuit in adult males, but not adult females. This study suggests that there are sex-dependent effects of chronic adolescent alcohol exposure on pain-related behaviors and neurocircuitry that persist into adulthood.<sup>47</sup> These results are important given previous research demonstrating that alcohol consumption and coping with pain are linked, and that chronic alcohol misuse increases pain sensitivity and makes pain worse over the long-term.

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<sup>45</sup> NIAAA defines high intensity drinking two or more times the gender-specific binge drinking thresholds.

<sup>46</sup> [www.sciencedirect.com/science/article/pii/S1878929323000993?via%3Dihub](http://www.sciencedirect.com/science/article/pii/S1878929323000993?via%3Dihub)

<sup>47</sup> [pubmed.ncbi.nlm.nih.gov/37717844/](http://pubmed.ncbi.nlm.nih.gov/37717844/)



Prevention of underage drinking has long been one of NIAAA's top priorities. NIAAA's portfolio in this area includes studies to develop, evaluate, and implement evidence-based prevention programs for youth. These programs include individual-, family-, school-, community-, and environmental-level interventions for underage individuals. NIAAA also supports research to better understand trends in alcohol use among youth to improve interventions based on that knowledge. For example, researchers recently found that students who begin high-intensity drinking, defined as 10 or more drinks on a single occasion, by grade 11 instead of later on are more likely to have a higher average weekly alcohol consumption, a higher frequency of high-intensity drinking, and an increased risk for AUD at age 20 years.<sup>48</sup> These findings emphasize the importance of prevention strategies that specifically prevent or delay high-intensity drinking among young people. For college settings, NIAAA provides the College Alcohol Intervention Matrix (CollegeAIM), an online resource that rates over 60 evidence-based alcohol interventions in terms of effectiveness, cost, and other factors, allowing school officials to select among the many potential interventions to address harmful and underage student drinking.

NIAAA also supports research to address alcohol misuse among young adults outside of college settings. In an ongoing clinical study, NIAAA-funded researchers are testing the efficacy of two intervention approaches for non-college emerging adults that report heavy drinking.<sup>49</sup> One approach is a combined multi-session brief alcohol intervention (BAI) 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). The researchers are also testing a second intervention, Relaxation Training (RT), 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.

Prevention interventions tailored for underserved youth is another important area within NIAAA's prevention research portfolio. For example, NIAAA-funded researchers conducted a pilot study of the Chukka Auchaffi' Natana: the Weaving Healthy Families (WHF) Program, a culturally-informed, family-based program designed to promote parenting practices, family resilience, and wellness, and as a result, prevent substance misuse among Native American families.<sup>50</sup> The researchers found that participation in the WHF program was associated with improvements in parenting quality, family resilience, community resilience that have been shown to serve as primary factors against substance misuse.

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

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<sup>48</sup> [pubmed.ncbi.nlm.nih.gov/36716022/](https://pubmed.ncbi.nlm.nih.gov/36716022/)

<sup>49</sup> [reporter.nih.gov/search/VqssJkar4k68M5kN23V5Mw/project-details/10157726](https://reporter.nih.gov/search/VqssJkar4k68M5kN23V5Mw/project-details/10157726)

<sup>50</sup> [pubmed.ncbi.nlm.nih.gov/36710265/](https://pubmed.ncbi.nlm.nih.gov/36710265/)



care settings (including among racially and ethnically diverse youth), and among youth with chronic health conditions.

## **EQUITY**

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

NIDA’s Racial Equity Initiative (REI) aligns with NIH’s UNITE Initiative by promoting racial equity in NIDA’s workplace, workforce, and research portfolio. In FY 2022, the REI released a suite of nine funding opportunities that are supporting research and research training efforts focused on increasing equity in the addiction science community, addressing racial-ethnic health disparities in substance use and addiction outcomes, and understanding how structural racism affects the risk of substance use and SUD. With HEAL funding and in close partnership with other NIH Institutes, Centers, and Offices, NIDA and NINDS are also supporting a new program focused on AI, AN, and Native Hawaiian health called the Native Collective Research Effort to Enhance Wellness (N CREW). N CREW researchers will work in partnership with Tribes and Native American-serving organizations to identify community-based priorities related to overdose, substance use, mental health, and pain in Native communities; collaborate in research toward culturally grounded interventions; and build local capacity as needed for this research. The initiative has the potential to slow the rate of overdose deaths in American Indian and Alaska Native communities, which is higher than for any other racial-ethnic group.<sup>51</sup>

NIAAA supports a range of efforts aimed at reducing health disparities and promoting health equity. One area of interest is the social determinants of health that influence the initiation of underage alcohol use. Underserved populations bear a greater burden of alcohol misuse and its adverse effects. Current studies are exploring factors that drive alcohol misuse—including sleep quality, adverse childhood experiences, and family or peer stress—among underserved adolescent populations. Understanding the social and environmental factors that influence alcohol misuse can inform targeted prevention approaches. NIAAA also supports the development of culturally adapted interventions to reduce underage drinking.

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<sup>51</sup> [www.cdc.gov/nchs/products/databriefs/db457.htm](http://www.cdc.gov/nchs/products/databriefs/db457.htm)





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Substance use And Mental Health Services Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$640.146	\$640.146	\$638.530
Harm Reduction	111.091	111.091	121.048
Treatment	3,508.926	3,508.926	3,529.658
Recovery	240.675	240.675	240.271
<b>Total Drug Resources by Function</b>	<b>\$4,500.838</b>	<b>\$4,500.838</b>	<b>\$4,529.507</b>
<b>Drug Resources by Decision Unit</b>			
State Opioid Response Grants <sup>1</sup>	\$1,575.000	\$1,575.000	\$1,595.000
Substance Use Prevention, Treatment, and Recovery Services Block Grant <sup>2</sup>	2,008.079	2,008.079	2,008.079
Programs of Regional and National Significance	809.098	809.098	825.848
Health Surveillance and Program Support <sup>3</sup>	108.661	108.661	100.580
<b>Total Drug Resources by Decision Unit</b>	<b>\$4,500.838</b>	<b>\$4,500.838</b>	<b>\$4,529.507</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only) <sup>4</sup>	402	404	376
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$7.5	\$7.5	\$8.1
Drug Resources Percentage	59.9%	59.9%	55.6%

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

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

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

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

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

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

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





## **Program Summary**

### **MISSION**

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

### **METHODOLOGY**

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

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

Harm Reduction includes 100 percent of the Community Harm Reduction and Engagement Initiative; 100 percent of First Responders- Comprehensive Addiction and Recovery Act (FR-CARA) Training; 100 percent of Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths; 100 percent of Screening, Brief Intervention, and Referral to Treatment; 1 percent of SOR grants; 1 percent of the SUPTRS BG funds; and a proportionate share of HSPS funding.

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

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

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

### **BUDGET SUMMARY**

In FY 2025, SAMHSA requests \$4.5 billion, an increase of \$28.7 million above the FY 2024 CR level. The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has five major drug-related portfolios, and attendant



decision units: Substance Use Prevention Services, Substance Use Services, Health Surveillance and Program Support, Harm Reduction, and Recovery.

### **State Opioid Response Grants**

**FY 2025 Request: \$1.6 billion**

**(\$20.0 million above the FY 2024 CR level)**

SAMHSA established the SOR Grants program in FY 2018. This program aims to address the opioid crisis by increasing access to treatment that includes the three FDA-approved medications for the treatment of OUD, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding is awarded through grants to states and territories via formula. The program includes a \$60 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to allow the use of SOR grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. The budget request will continue to enhance states' ability to address stimulants, as well as other issues related to the overdose epidemic that was compounded by COVID-19. A primary strategy to reduce overdose deaths in the SOR program, that will also continue in FY 2025, is education on, and purchase and distribution of naloxone and other opioid overdose reversal medications, proven medications that reverse opioid-related overdoses to save lives. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2025 to work with states on implementation and further refinement of naloxone and other opioid overdose reversal medication distribution and saturation.

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

**FY 2025 Request: \$2 billion**

**(No change from the FY 2024 CR level)**

The goal of the SUBG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, harm reduction, and recovery support services necessary to improve individual outcomes and reduce the impact of substance misuse on America's communities. SUBG grantees plan, implement, and evaluate SUD prevention, treatment, and recovery support services based on the specific needs of their state systems and populations. The SUBG program enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and supports encompassing prevention, treatment, and recovery support services for all individuals who need them. Funding will aid in having a positive effect on the health and quality of life of individuals with SUD as demonstrated by positive client outcomes in the treatment domains of the National Outcomes Measures (NOMs); improve state prevention and treatment systems' infrastructure and capacity resulting in an increase in services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of state data management systems; aid states in leveraging requirements, resources, and federal guidance to sustain and improve state systems further emphasizing the importance of the SUBG in the development of the same; and contribute to the development and maintenance of successful state collaborations with other agencies and stakeholders concerned with preventing and treating SUD. It is imperative that the addiction crisis response evolves from an acute short-term individual-focused treatment response to a broader community recovery response. Addiction is a chronic illness, and recovery often is a life-long process where external community and social



determinants of health play a vital role in its sustainability. In FY 2025, SAMHSA plans to continue serving as a source of safety-net funding, including providing assistance to states in addressing and evaluating activities to prevent, reduce harm, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by SUDs and related conditions.

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

**FY 2025 Request: \$825.8 million**

**(16.8 million above the FY 2024 CR level)**

#### ***Strategic Prevention Framework***

***FY 2025 President's Budget Request: \$135.5 million***

***(No change from the FY 2024 CR level)***

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

#### **Strategic Prevention Framework for Prescription Drugs**

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

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

***FY 2025 Request: \$5.1 million***

***(No change from the FY 2024 CR level)***

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

The budget request will allow SAMHSA to continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs and all legislative requirements remain in place at the FY 2025 target level. This includes review of Federal Drug-Free Workplace plans from those federal agencies that perform federal employee testing, random testing of those designated testing positions of national security, public health, and public safety, and testing for illegal drug use and



the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories

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

***FY 2025 Request: \$14.5 million***

***(No change from the FY 2024 CR level)***

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 109 - 422) was the nation's first comprehensive legislation on underage drinking. One of the primary components of the STOP Act is the community-based coalition enhancement grant program, which provides up to \$50,000 per year over four years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The STOP Act was reauthorized in the 21<sup>st</sup> Century Cures Act. In FY 2025, SAMHSA will continue to support the 2022–2023 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening, a referral management system; the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and the beginning of a multi-year evaluation of the student assistance- and school health and wellness-focused training with formative, outcome, and long-term impact evaluation methodologies that can be adopted by schools and districts. At the FY 2025 Target level, all legislative requirements remain in place.

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

***FY 2025 Request: \$23.7 million***

***(No change from the FY 2024 CR level)***

SAMHSA's Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of SUD and suicide among AI/AN populations. Starting in FY 2014, this program supports Tribal entities with the highest rates of suicide by providing effective and promising strategies that address SUD, trauma, and suicide and by promoting the mental health of AI/AN young people. In FY 2016, SAMHSA expanded activities through the braided TBHG/Native Connections program across SAMHSA's Center for Substance Use and Prevention Services (CSUPS) and the Center of Mental Health Services (CMHS) to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance misuse, and promote mental health and resiliency among youth in Tribal communities. At the FY 2025 Target level, SAMHSA's CSUPS and CMHS will continue to support this braided program to promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

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

***FY 2025 Request: \$9.5 million***

***(No change from the FY 2024 CR level)***

In 2019, Center for the Application of Prevention Technologies (CAPT) changed how it delivered services and began providing science-based training and TA through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective Substance Use Prevention Services interventions and provide training and TA services to the Substance Use Prevention Services field. The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of Substance Use Prevention Services efforts; providing intensive TA and learning resources to prevention professionals to improve their understanding of



prevention science, epidemiological data, and implementation of evidence-based and promising practices; and developing tools and resources to engage the next generation of prevention professionals. The FY 2025 budget request will allow SAMHSA to continue to provide direct TA to states, communities, Tribe, or territories, to strengthen grantee programs. This funding will support the HHS priority of advancing the goal of ending the opioid crisis and supporting evidence-based prevention efforts to reduce youth substance use.

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

***FY 2025 Budget Request: \$4.1 million***

***(No change from the FY 2024 CR level)***

The Science and Service Program Coordination program funds the provision of TA and training to states, tribes, communities, and grantees around Substance Use Prevention Services. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI). The FY 2025 budget request will continue to support SAMHSA's Substance Use Prevention Services efforts and include a focus on preventing underage drinking and providing TA and training to American Indians/Alaska Native communities.

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

***FY 2025 Request: \$44.5 million***

***(No change from the FY 2024 CR level)***

The FY 2025 budget request includes resources for Minority AIDS and Minority Fellowship Programs. The funding will support activities that build a strong foundation for delivering and sustaining high-quality and accessible substance misuse and HIV prevention service among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. The funding will also help to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology; and substance use/addiction counseling.

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

***FY 2025 Request: \$10.0 million***

***(No change from the FY 2024 CR level)***

Harm reduction is a proactive and evidence-based public health approach to reduce the negative individual and public health impacts of alcohol and other substance use/use disorder. With millions of Americans meeting diagnostic criteria for a SUD and not receiving treatment, harm reduction approaches engage individuals in lifesaving care that meets people where they are. SAMHSA is proposing the Community Harm Reduction and Engagement Initiative (\$10 million) to establish this new harm reduction program, which also supports overdose prevention.

SAMHSA's Center for Substance Use Services Community Harm Reduction and Engagement Initiative aims to reach 181,000 individuals with harm reduction and low-threshold treatment services through three approaches: 1) Harm Reduction Resources for Community-Based Organizations (CBO), 2) Community Harm Reduction and Engagement Expansion Grants, 3) Harm Reduction Technical Assistance Center. SAMHSA will support a TA center to provide TA to States, Tribes, and communities interested in establishing or strengthening their harm reduction services.





### *Harm Reduction Resources for Community-Based Organizations*

*FY 2025 Request: \$3.0 million*

*(No change from the FY 2024 CR level)*

Provide awards reaching at least 41 small CBO that are already serving populations needing these services but without other federal resources to support harm reduction services. These organizations will receive TA and capacity-building support, as well as resources to expand their services. These efforts will enable organizations to expand their reach to an additional 21,000 individuals.

### *Community Harm Reduction and Engagement Expansion Grants*

*FY 2025 Request: \$5.0 million*

*(No change from the FY 2024 CR level)*

Grants will be provided to approximately 41 harm reduction service organizations serving who have the capacity to expand their services to an additional 60,000 individuals.

### *Harm Reduction TA Center*

*FY 2025 Request: \$2.0 million*

*(No change from the FY 2024 CR level)*

TA will be made available to States, Tribes and communities interested in establishing or strengthening their harm reduction services. It is estimated this TA will reach a minimum of 75 organizations, who will in turn be able to reach 100,000 individuals.

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

***FY 2025 Request: \$16.0 million***

***(No change from the FY 2024 CR level)***

Opioid overdose is a significant contributor to accidental deaths among those who use or misuse illicit and prescription opioids (including synthetics), such as fentanyl. SAMHSA's Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program seeks to help states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other opioid overdose reversal medications, support education on these strategies, provide materials to assemble and disseminate overdose kits. The FY 2025 funding request will continue to help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other opioid overdose reversal medication, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

### ***First Responder Training***

***FY 2025 Request: \$56.0 million***

***(No change from the FY 2024 CR level)***

First Responder Training supports efforts to help first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees train and provide resources to first responders and members of other key community sectors at the state, Tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, TA,



and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. The FR-CARA program provides funding to state, Tribal and local governments to train and equip first responders to administer naloxone. The FY 2025 budget request will continue to fund new and continuation grants.

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

***FY 2025 President's Budget Request: \$122.4 million***

***(No change from the FY 2024 CR level)***

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

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

***FY 2025 Request: \$ 37.1 million***

***(No change from the FY 2024 CR level)***

In FY 2023, SAMHSA funded 31 new grants and 51 continuation GBHI grants. During this year, the program achieved positive client outcomes for NOMs, improved mental health outcomes, and reduced drug use outcomes. Strategies utilized by the program included the following: (1) Engaging and connecting the population of focus to behavioral health treatment, public health-focused harm reduction services, case management, and recovery support services; (2) Assisting with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and (3) Providing case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions. Challenges, though, continue as potential clients live in congregate settings (e.g., shelters) that periodically may be closed to external organizations. For enrolled clients, the program utilizes a combination of in-person and virtual service provision to maintain contact with clients and provide services.

### ***Pregnant and Postpartum Women***

***FY 2025 Request: \$43.9 million***

***(\$5.0 million above the FY 2024 CR level)***

The Pregnant and Postpartum Women supports grants for residential treatment and the Pregnant and Postpartum Women Pilot, authorized in the Comprehensive Addiction and Recovery Act (CARA), helps state substance use agencies address the CoC, including services provided to women in nonresidential-based settings and promote a coordinated, effective, and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery. The PPW program provides services not covered under most public and private insurance. SAMHSA plans to award two new and ten continuation PPW-pilot grants, as well as ten new and 48 continuation PPW-residential treatment grants to provide an array of services and supports to pregnant women and their families.





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

***FY 2025 Request: \$94.0 million***

***(No change from the FY 2024 CR level)***

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

The criminal justice system is a major source of referrals to SUD treatment, with probation or parole referrals representing the largest proportion of criminal justice system referrals to treatment. Most probation or parole referrals to treatment are men between the ages of 18 and 44. The most commonly used substances reported by these individuals are alcohol, marijuana, and methamphetamine.

### ***Drug Court Activities***

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

### ***Ex-Offender Re-Entry Program***

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

### ***Emergency Department Alternatives to Opioids***

***FY 2025 Request: \$8.0 million***

***(No change from the FY 2024 CR level)***

The program is authorized by section 7091 of the SUPPORT Act to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, the program seeks to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions.



### ***Improving Access to Overdose Treatment***

***FY 2025 Budget Request: \$1.5 million***

***(No change from the FY 2024 CR level)***

As part of SAMHSA's response to the increase in the number of opioid-related overdose deaths, the Opioid Overdose Prevention Toolkit was developed to help reduce the number of opioid-related overdose deaths and adverse events. SAMHSA's Improving Access to Overdose Treatment (ODTx) grant program utilizes this toolkit and other resources to help grantees train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of known or suspected opioid overdose. In addition, the ODTx program addresses the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD (including prescription opioids as well as illicit drugs such as heroin). The FY 2025 funding request will continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD.

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

***FY 2025 Request: \$153.1 million***

***(No change from the FY 2024 CR level)***

The budget request includes resources for several Treatment Capacity programs including: Screening, Brief Intervention and Referral to Treatment; Children and Families; Addiction Technology Transfer Centers; Comprehensive Opioid Recovery Centers; Minority AIDS; and Minority Fellowship Program. The budget request in FY 2025 will continue enhance overall drug treatment quality by incentivizing treatment and service providers to achieve specific performance targets. Examples of grant awards could include supplements for treatment and service providers who are able to connect higher proportions of detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods.

### ***Recovery Community Services Program***

***FY 2025 Request: \$4.4 million***

***(No change from the FY 2024 CR level)***

As public education increases, there is broader acknowledgement of SUD as a treatable condition that can be successfully managed over the course of a lifetime with the appropriate resources. The Recovery Community Services Program (RCSP) was designed to assist recovery communities to strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from SUDs across the nation. The FY 2025 budget request at \$4.4 million will allow SAMHSA to continue the efforts of building SUD recovery networks throughout the nation and the collaboration among peer-run organizations. This investment will allow all 50 states, D.C., and Puerto Rico to have an opportunity to build on their recovery infrastructure through Recovery Community Organizations (RCOs). RCOs, local non-profit organizations governed by people with lived experience, are the bedrock of local recovery communities. Additionally, this investment will further ONDCP's priority of increasing the number of peer-led recovery community organizations by 25 percent by 2025.



### ***Building Communities of Recovery***

***FY 2025 Request: \$16.0 million***

***(No change from the FY 2024 CR level)***

The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol misuse. Programs are designed to be overseen by individuals in recovery from SUDs who reflect the community served. These grants are intended to support the development, enhancement, expansion, and delivery of Recovery Support Services (RSS) as well as promotion of, and education about recovery. Programs are designed to be overseen by people in recovery from SUDs who reflect the community served. Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including primary care, other recovery networks, child welfare system, criminal justice system, housing services and employment systems. The FY 2025 Budget request supports ONDCP's priority to expand recovery service by increasing the number of peer-led recovery community organizations and certified recovery residences by 25% in 2025.

### ***Peer Support Technical Assistance Center***

***FY 2025 Request: \$2.0 million***

***(No change from the FY 2024 CR level)***

The program is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, or the Center. The Center provides training and TA and support to RCOs, and peer support networks. The TA is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations and peer support networks. The FY 2025 budget request will provide resources for the existing grantee to maintain this program.

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

***FY 2025 Request: \$12.0 million***

***(No change from the FY 2024 CR level)***

The program is authorized by section 7081 of the SUPPORT for Patients and Communities Act, is to support the implementation of evidence-based programs for care and treatment of individuals after a drug overdose, as appropriate, which may include utilizing recovery coaches, establishing policies and procedures that address the provision overdose reversal medication and FDA-approved medications to treat SUDs, and establishing integrated models of care for individuals who have experienced a non-fatal drug overdose. SAMHSA is directed, in consultation with the Secretary of Labor, to award competitive grants to entities to carry out evidence-based programs to support individuals in SUD treatment and recovery to live independently and participate in the workforce. The FY 2025 budget request at \$12 million will fund up to 51 new grants and will serve an additional 3,485 clients and support the administration's recovery-ready workplace efforts and ONDCP's drug policy priority of advancing recovery-ready workplaces and expanding the addiction workforce. This program's continuation will provide necessary career services for those in recovery from SUD through partnerships with local employers, community stakeholders local and state workforce development boards, local and state governments, and Indian Tribes or Tribal organizations.



## **Health Surveillance and Program Support**

**FY 2025 President's Budget Request: \$100.6 million**

**(\$8.1 million below the FY 2024 CR level)**

With the Health Surveillance and Program Support (HSPS), SAMHSA is maintaining multiple United States behavioral health data collection systems and surveys, supports public awareness, and funds a range of business operations and processes within HSPS.

### ***Program Support***

***FY 2025 Request: \$46.3 million***

***(\$4.7 million below the FY 2024 CR level)***

At this funding level, SAMHSA will also ensure the agency can efficiently and effectively respond to the evolving and growing opioid crisis, as well as provide the significant resources, TA, and leadership within the mental health and behavioral health public health sphere. This level of funding will also continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges activities.

### ***Health Surveillance***

***FY 2025 Request: \$27.8 million***

***(\$2.8 million below the FY 2024 CR level)***

The budget request will fund the modernization of the Behavioral Health Treatment Locator to feature appointment capability to reduce barriers for individuals and families to access treatment. CBHSQ is also planning to implement a Spanish version of the Locator, which has been selected by the HHS Secretary's Health Disparities Council Policy Lab as a special project. Also, within BHSIS, CBHSQ is planning to implement a National Substance Use and Mental Health Services Survey supplement to gather additional information on racial and ethnic minority-based treatment facilities. Additional funding would also allow the Treatment Episode Data Set (TEDS) to provide increased technical support to the States to overcome the challenges and difficulties of data reporting.

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

***FY 2025 Request: \$6.6 million***

***(No change from the FY 2024 CR level)***

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. To support the mission, SAMHSA's Office of Communications (OC) staff ensure that the vital information, publications, and training materials produced through SAMHSA's centers and offices are available to the healthcare workforce, people in treatment and recovery, people in crisis or in areas affected by disasters, SAMHSA grantees, and the public. Several channels are used to communicate this information, including online, print, radio, and television media; social media platforms; the SAMHSA.gov website; the SAMHSA Store, the subscription-based e-blast system; and inquiries received through the National Helpline. In addition, the OC staff manage SAMHSA events to interact with stakeholders, media organizations, and the public and assist in the development and execution of materials, products, and campaigns.

The OC media team evaluate and act upon media inquiries; develop rollout plans; issue press releases, news bulletins, and media advisories; and provide in-house media support to SAMHSA centers and offices. The team build relationships with representatives of the media; identify and



seek corrections to inaccuracies about SAMHSA in media products, when necessary; work to add SAMHSA’s life-saving resources to journalistic and entertainment products; support broad HHS and administration communications priorities; and collaborate with departmental operating divisions. The media team also collaborate with SAMHSA staff when a disaster occurs to quickly disseminate press releases and social media featuring SAMHSA’s Disaster Distress Helpline and links to relevant SAMHSA resources.

The OC digital team manage SAMHSA’s social media presence on Facebook, X, LinkedIn, Instagram, and YouTube. Social media messaging is incorporated in all communications plans and is employed daily to communicate messages about SAMHSA news and resources. The staff monitor social media conversations, create content, participate in Twitter chats and Facebook Live sessions, and post blogs on SAMHSA.gov. The digital team also manage the SAMHSA.gov website, which provides enterprise-wide content and related public-facing websites, and support Section 508 activities.

The following contract services are managed within the OC and provide various levels of support to enable the sharing of vital information to the public. Examples of this work include content development and amplification of critical resources like the 988 Suicide and Crisis Lifeline, Disaster Distress Helpline, and [findtreatment.gov](http://findtreatment.gov); materials development and dissemination for national observances like Mental Health Awareness and Recovery Month, Prevention Week, and others; support for messaging around the Administration’s behavioral health strategies and program funding; building and maintaining the new [findsupport.gov](http://findsupport.gov) resource and continuous revitalizing SAMHSA.gov webpages; and developing educational campaigns and resources to support people in recovery from mental health conditions and SUD.

**Public Awareness and Support Activities:** Enables the agency to develop and disseminate a variety of national informational campaigns, public service announcements (PSAs), and other materials for a broad range of platforms. Topics, audiences, and formats range but all phases from creative concepts to storyboards as well as focus group testing are included. As an example, the OC has issued, with the assistance of this contract, information, graphics and resources for National Mental Health Awareness and National Recovery Month as well as the continued promotion of the 988 Suicide and Crisis Lifeline.

**Materials Development and Editorial Services:** Provides communication support services for media outreach, publications, digital products, speechwriting, graphics, copyediting, and meeting/event logistics. As an example, through this contract OC is supporting the Office of Recovery in developing reports and outreach materials for their programs and events.

**Web Management and Support:** Supports SAMHSA’s website, list serve and subscriber database system, and mobile applications. For its online publication library (aka SAMHSA Store), the OC has entered into an interagency agreement with the Government Publishing Office (GPO) to manage a customer-oriented fulfillment and distribution center, including a warehouse to store SAMHSA publications. This contract also keeps the website current in terms of United States web standards, improved search engines, new dashboards, and a modernized homepage.





**Contact Center:** Supports the National Helpline (1-800-662-HELP) and the 1-877-SAMHSA-7 information line. The National Helpline provides free, confidential treatment referral and information services in English and Spanish for individuals and families facing mental illness and/or SUD via phone or text (HELP4U). It is operational 365 days-a-year, 24/7. The 1-877-SAMHSA-7 line is the single point of entry for SAMHSA’s information services and is operated Monday through Friday, 8:00 am to 8:00 pm (except for federal holidays).

***Performance and Quality Information Systems***

***FY 2025 President’s Budget Request: \$5.6 million***

***(\$0.6 million below the FY 2024 CR level)***

Performance and Quality Information Systems provides funding to support SAMHSA’s Performance Accountability and Reporting System (SPARS) related activities, as well as provide support for the National Registry of Evidence-based Programs and Practices. SPARS provides a common data and reporting system for all SAMHSA discretionary grantees and allows programmatic TA on use of the data to enhance grantee performance monitoring and improve quality of service delivery. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention, and treatment, respectively.

***Drug Abuse Warning Network (DAWN)***

***FY 2025 Request: \$13.0 million***

***(No change from the FY 2024 CR level)***

Authorized by the 21st Century Cures Act, DAWN provides necessary information such as patient demographic details and substances used to respond effectively to the opioid and addiction crises in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. DAWN is allocated fully to SUD. The FY 2025 budget request at \$13.0 million will maintain all activities associated with DAWN. SAMHSA would also begin expanding the natural language processing and machine learning for data abstraction. CBHSQ is also planning to begin gender data abstraction.

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

***FY 2025 Request: \$0.8 million***

***(No change from the FY 2024 CR level)***

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

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

***FY 2025 Request: \$0.5 million***

***(No change from the FY 2024 CR level)***

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



## EQUITY

The Office of Behavioral Health Equity (OBHE) coordinates SAMHSA's efforts to reduce mental and/or SUDs across a spectrum of under resourced populations by advancing equity. The SAMHSA Office of Behavioral Health Equity (OBHE) was established in accordance with Section 10334(b) of the Patient Protection and Affordable Care Act of 2010. OBHE advances behavioral health equity by reducing disparities in racial, ethnic, LGBTQIA+, and other under-resourced communities across the country by improving access to quality services and supports that enables all to thrive, participate, and contribute to healthier communities. OBHE is organized around five key public-facing strategic domains on policy, data, quality practice and workforce development, communication, and TA.

OBHE also has one internal facing strategy area focused on infrastructure. For the next three years, OBHE's efforts are focused on the promotion of behavioral health equity for a targeted population: under resourced racial and ethnic minority, LGBTQIA+, Mixed race, and poor rural white residents.

OBHE currently funds a new contract that includes funding for The National Network to Eliminate Disparities in Behavioral Health (NNED) and NNEDLearn. OBHE Flagship Initiatives include the Disparity Impact Statement (DIS), Elevate Community Based Organizations (CBOs), The NNED, and multiple population-specific Centers of Excellence: the LGBT, Asian American Native Hawaiian and Pacific Islander, the Hispanic/Latino, the African American Centers of Excellence. Additionally, OBHE conducts a monthly SAMHSA-wide Equity Cross-Cutting workgroup that addresses topics embedding equity in SAMHSA grants and operations, identifying funding streams to support equity efforts in States and communities, addressing equity in the development of the behavioral health workforce and relevant career pathways, Diversity Equity and Inclusion (DEI) that also includes SAMHSA's key Offices and Centers. OBHE also works closely with the Agency for Healthcare Research and Quality's (AHRQ) to co-produce racial/ethnic/LGBTQ data snapshots. OBHE also serves on President Biden's Equity driven E.O. workgroups (E.O. 13985, 13995, 14021, and others) and other trans-HHS workgroups such as NIH's Social Determinates of Health as well as serve on National Academies of Science, Engineering, and Medicine Forum on Mental Health and SUDs, the Disparities Council and the Equitable Data Work Group.

### **Disparity Impact Statement 2.0 Initiative**

SAMHSA's Disparity Impact Statement 2.0 Initiative ensure the agency's grants address health disparities among populations underserved by the behavioral health system using a data-informed quality improvement approach to reach all Americans in need of behavioral health services- no matter their race, ethnicity, social-economic status, or sexual orientation. This Initiative will involve analyzing how the current DIS is implemented across the agency, the capacity of SAMHSA to expand the DIS across a greater segment of its investments and programs, and the necessary changes needed to update the current DIS components and framework. This Initiative will also provide guidance to SAMHSA to facilitate the development of clear guidance for grantees on the purpose and expectations for targeting and addressing behavioral health disparities in their communities, provide clear instruction on how to submit an appropriate DIS to SAMHSA, and determine the most effective method to report, monitor and evaluate DIS impact to ensure effectiveness. The DIS will also identify racial, ethnic, LGBTQIA+, mixed-race, and poor rural





white residents' behavioral health gaps that could be filled by SAMHSA's future Notice of Funding Opportunities (NOFO).

#### Elevate CBOs Initiative

Elevate CBOs is an overarching policy-driven initiative at SAMHSA's Office of Behavioral Health Equity to build capacity, increase the visibility, and highlight the unique role of CBOs serving under-resourced communities in behavioral health. CBOs play an important role when serving their respective communities. CBOs work at the local level as trusted, familiar entities to provide behavioral health services in their respective communities. OBHE provides capacity -building trainings and TA on such topics as funding, workforce development, partnerships with state leadership, using and managing data, and providing culturally-driven, quality critical services to the community.

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

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

Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence

The Center of Excellence on Asian American, Native Hawaiian, and Pacific Islander

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

#### African American Behavioral Health Center of Excellence

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



and diverse population. The new Center of Excellence will take a highly collaborative public health approach toward cultural and practical transformation of: behavioral health systems; intervention, treatment, and recovery support practices; the professional and non-professional workforce; and the systems of education, training, and TA that prepare the field for its work.

The Center of Excellence on LGBTQI+ Behavioral Health Equity

The Center of Excellence on LGBTQI+ Behavioral Health Equity provides behavioral health practitioners with vital information on supporting the population of people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities, and expressions. Through training, coaching, and TA SAMHSA is implementing change strategies within mental health and SUD treatment systems to address disparities affecting LGBTQI+ people across all stages of life. This Center for Excellence is led by SAMHSA's OBHE, the National SOGIE Center at Innovations Institute, University of Connecticut School of Social Work and is a partnership with Affirmative Research, Judge Baker Children's Center, Harvard Medical School, and The Institute for Innovation and Implementation, University of Maryland School of Social Work. The work of this Center relies on:

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



# DEPARTMENT OF HOMELAND SECURITY





# DEPARTMENT OF HOMELAND SECURITY

## Customs and Border Protection

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Intelligence	\$603.092	\$603.092	\$624.912
Interdiction	3,402.498	3,402.498	3,199.066
<b>Total Drug Resources by Function</b>	<b>\$4,005.590</b>	<b>\$4,005.590</b>	<b>\$3,823.978</b>
<b>Drug Resources by Decision Unit</b>			
Operations and Support	\$3,763.908	\$3,763.908	\$3,734.450
Border Security Operations	1,113.714	1,113.714	855.367
Trade and Travel Operations	1,747.743	1,747.743	1,925.078
Integrated Operations	850.607	850.607	899.184
Mission Support	51.844	51.844	54.821
Procurement, Construction, and Improvements	241.682	241.682	89.528
Border Security Operations	105.139	105.139	19.110
Trade and Travel Operations	59.634	59.634	0.000
Integrated Operations	76.909	76.909	70.418
<b>Total Drug Resources by Decision Unit</b>	<b>\$4,005.590</b>	<b>\$4,005.590</b>	<b>\$3,823.978</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	12,106	12,106	12,665
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$20.9	\$20.9	\$19.8
Drug Resources Percentage	19.2%	19.2%	19.3%

### Program Summary

#### MISSION

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



## **METHODOLOGY**

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

### **Office of Field Operations**

OFO is the law enforcement component within CBP responsible for carrying out CBP's complex and demanding border security mission at all United States POEs. OFO manages the lawful access to the Nation and economy by securing and expediting international trade and travel. OFO operates 328 POEs and 16 Preclearance locations, 47 User Fee Facilities, and 19 Express Consignment Carrier (ECC) Facilities. POEs welcome travelers and facilitate the flow of goods essential to the economy 24 hours a day, 7 days a week. OFO estimates that for FY 2022, the last year with the most complete data, there will be 3,316 CBP officer positions related to drug control efforts on enforcement teams. These enforcement teams work closely with the Passenger Enforcement Rover Team and Passenger Analytical Unit teams to coordinate all enforcement activities. CBP estimates that 69 percent of the enforcement teams' time is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities.

### **U.S. Border Patrol**

USBP is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2000 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. The FY 2025 Budget requests for support of 350 additional hires to the 19,855 Border Patrol agents (funded by Operations and Support (O&S) – Border Security operations – USBP), assigned to the mission of detecting and apprehending illegal entrants between POEs. These illegal entrants include aliens and drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated POEs due to their undocumented status, thus preventing their illegal entry. It has been determined that 15 percent of the total agent time nationwide is related to drug activities, which equates to 3,530 Border Patrol Agent full-time equivalent (FTE). Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence and 96.5 percent to drug interdiction. These activities include staffing a total of 35 permanent and 189 tactical checkpoints (34 permanent and 111 tactical on southern border and 1 permanent and 78 tactical on northern border) with 865 Canine Teams deployed in 20 sectors and Special Operations Group (SOG), trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.



In addition to staffing and canine units, USBP manages several programs focused on the acquisition and deployment of technology and tactical infrastructure to secure the southern and northern borders of the United States. Some examples of technology programs include the Remote Video Surveillance System program, the Integrated Fixed Towers program, and the Tactical Communications Modernization program. The Tactical Infrastructure program is responsible for the deployment and maintenance of infrastructure, including roads, fencing, lighting, gates, etc. These technology and infrastructure programs increase situational awareness and assist law enforcement personnel in identifying and resolving illegal activity. CBP estimates that 15 percent of the funding for these programs – both Procurement, Construction, and Improvements (PC&I) and O&S funding – supports drug interdiction activities.

CBP is the lead agency within the DHS for the development, deployment, operations, and maintenance of border technology, tactical infrastructure, and border systems to secure America's borders. USBP also applies its 15 percent ratio of counter narcotics activity to all border technology, tactical infrastructure, and border wall system funding. In FY 2025, CBP requested \$127.3 million of Procurement, Construction, and Improvement (PC&I) funding for the Border Security Technology.

### **Office of Training Development**

OTD calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed, and subject matter experts determine course hours delivered related to drug enforcement activities under interdiction and intelligence efforts for this tasking. If specific courses offered through the NTP contain drug enforcement-related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours). Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers, agents, and intelligence analysts. Office of training development's day-to-day operational resources (to include pay and general operating budgets) are attributed to drug enforcement activities at the same rate as the percentage of NTP course delivery costs attributable to drug enforcement activities for both interdiction and intelligence efforts, which are initially projected at 12.26 percent for interdiction and 0.25 percent for intelligence during FY 2025. These percentages vary during the year of execution depending upon the actual course delivery funding obligation rates.

### **Office of Information and Technology**

OIT's budget supports the drug enforcement mission through the acquisition, support, and maintenance of technology and through mission-critical targeting application systems. OIT estimates that 10 percent each of Automated Targeting Systems and TECS software applications, as well as 10 percent of data center operations costs are in support of the drug mission. One of OIT's core values is to build an inclusive culture and work environment by raising employee awareness on the importance of diversity and demonstrate OIT's commitment to an EEO workplace through multi-media messages and events.





## **Air and Marine Operations**

Using flight hours spent performing drug-related activities, AMO has determined that 82 percent of the budget resources that support AMO are considered drug-related. Of the total flight hours flown by AMO, 20 percent were related to intelligence and 80 percent were related to interdiction in FY 2023.

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

## **Office of Intelligence**

OI directly supports the counter narcotics mission through the deployment of personnel and resources dedicated directly to the drug enforcement mission. OI directly impacts the counter narcotics mission through program management, training, and source payments of the agency's confidential human source program, serving as the only geospatial analytic element within DHS and conducting analysis to support ongoing investigations, change detection to drive law enforcement operations as well as strategic analysis and collections management to identify and illuminate previously unknown actors and threats. Overall, OI has a total of 69 full time intelligence research specialists dedicated to working on counter narcotics efforts.

Since the beginning of FY 2023, the CBP CHS program has been responsible for the seizure of over 32,000 kilograms of narcotics with an estimated wholesale value of nearly \$467 million dollars.

In FY 2023, the CHS program was responsible for approximately 16 percent of all narcotics seizures despite its personnel only accounting for 0.5 percent of CBP's law enforcement cadre. In addition to seizures, the CHS program is responsible for the production of more than 1,150 information and intelligence reports in FY 2023, accounting for between 25 and 30 percent of all IIR production since 2016. OI has been responsible for CHS payments, approximately \$2 million per year, due to programmatic sensitivities CBP is unable to provide exact amounts related to narcotics seizures. In an effort to facilitate CHS operations and programmatic auditing, OI spends approximately \$100,000 per year on travel to facilitate these mandatory program audits and direct support to law enforcement partners.

OI has 25 full time dedicated geospatial intelligence analysts supporting unmanned aerial surveillance of counter narcotics missions, totaling more than 12,044 hours FY2023. Direct analytic support of these missions resulted in the seizure of more than 11,652 kilograms of cocaine, 25,624 pounds of marijuana, 43 pounds of fentanyl, 45 pounds of methamphetamine, and 5 pounds of heroin seizures worth as much as \$510 million, as well as the apprehension of 13 high value targets or members of the FBI's most wanted cartel leaders list. OI geospatial analysts also conducted more than 6,000 hours of POLECAM exploitation supporting counter narcotics operations that resulted in the seizures of more than 250 kilograms of cocaine and 36 kilograms of fentanyl, seizures with a potential street value of more than \$11 million.





OI has a total of 40 full time all source analysts in the Regional Intelligence Centers, analysts that provide daily intelligence support to narcotics investigations and operations to CBP, DHS, DEA and SLTT partners locally. These analysts provide direct case support as well as production of hundreds of serialized intelligence reports that are disseminated to the intelligence community. OI has also dedicated 8 full time employees focused on counter narcotics at the strategic level, these analysts produce the only strategic analysis on narcotics within Customs and Border Protection and are also responsible for developing collection requirements and conducting coordination across the United States' Intelligence Community.

## **BUDGET SUMMARY**

In FY 2025, CBP requests \$3,824.0 million for drug control activities, a decrease of \$181.6 million below the FY 2024 CR level.

### **Operations and Support**

**FY 2025 Request: \$3,734.5 million**  
**(\$29.5 million below the FY 2024 CR level)**

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

### ***Border Security Operations***

**FY 2025 Request: \$855.4 million**  
**(\$258.3 million below the FY 2024 CR level)**

The President's Budget provides funding for border security between the POEs. USBP has primary responsibility for drug interdiction between the land POEs. In pursuit of drugs, Border Patrol agents engage in surveillance activities supported by computer-monitored electronic ground sensors. Traffic check operations are also conducted along major routes of travel to restrict access to the interior by drug and alien smugglers. Transportation centers are placed under surveillance for the same reason.

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

USBP also participates in numerous interagency drug task force operations with other federal, state, and local law enforcement agencies through Operation Alliance along the southern border.



USBP is an active participant in the Southwest Border HIDTA in Texas, New Mexico, Arizona, and California. To further assist the USBP in this endeavor, all Border Patrol Agents receive DEA Title 21 cross-designated authority as part of their basic training. The recent rise in fentanyl has also affected operational requirements due to the need to purchase large amounts of technology to detect the presence of fentanyl and equipment to protect USBP agents.

### ***Trade and Travel Operations***

***FY 2025 Request: \$ 1,925.1 million***

***(\$177.3 million above the FY 2024 CR level)***

The FY 2025 request is \$177.3 million above the FY 2024 CR level for drug-related resources associated with border security and trade facilitation at the POEs, which provide continued support for front-line CBP Officers. Additional funding is for increased personnel costs for an additional 196 CBP Officers as well as baseline pay increases for CBP Officers.

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

The OFO National Targeting Center (NTC) recognizes the value of establishing and enhancing collaboration with key stakeholders, both here at home and abroad to combat opioids. Because the opioid epidemic is a global problem, NTC partners with foreign governments to identify and exchange opioid related data with its partners to enhance intelligence products, targeting initiatives, and inter-agency operations. NTC has been aggressively targeting the illegal importation of fentanyl and other opioids transiting or destined to the United States.

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

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

An important element of CBP's layered security strategy is obtaining advance information to help identify shipments that are potentially high-risk for containing contraband. This information is automatically fed into CBP's Automated Targeting System, an intranet-based enforcement and decision support system that compares cargo and conveyance information against intelligence and other enforcement data. CBP uses the same drug-interdiction methodology to seize fentanyl as it uses to detect other illicit drugs; however, the detection of fentanyl remains challenging because of



the small quantities routinely being smuggled. Currently, officers use Fourier Transform Infrared Spectrometers and Raman spectrometers to test suspect substances and obtain presumptive results.

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

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

CBP is working to develop an electronic tool to assist IMF staff in managing the international mail. CBP continues to work with the OIT on the development of an International Mail Dashboard to assist in the tracking of CBP targeting activity at each IMF. This will allow CBP to compare and confirm presentment rates provided by USPS to assess the performance of the mail pilots.

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

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

***Northern Border Efforts:*** The Northern border counter-smuggling approach focuses on bi-national, federal, state, local, and Tribal law enforcement partnerships, information sharing



agreements, joint integrated operations, and community outreach to maximize efforts and resources. This approach has proven successful along the Northern border.

### ***Integrated Operations***

***FY 2025 Request: \$899.2 million***

***(\$48.6 million above the FY 2024 CR level)***

AMO is the lead operational component within CBP responsible for air and maritime border security. AMO's mission areas include air, maritime, and land law enforcement; domain awareness; extended border and foreign operations; and contingency and national security operations. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms, and aliens across the borders and in the Source, Transit, and Arrival Zones. In FY 2023, AMO P-3 aircraft flew 5,131 hours in drug control efforts, which represent 86 percent of all AMO P-3 hours. These hours were in support of Joint Interagency Task Force-South (JIATF-S) in the Source and Transit zones. AMO P-3's participated in the interdiction of 145,273 pounds of cocaine in the Source and Transit zones. This equates to 28 pounds of cocaine for every counternarcotic hour flown.

OI directly supports the counter narcotics mission through the deployment of personnel and resources dedicated directly to the drug enforcement mission. OI directly impacts the counter narcotics mission through program management, training, and source payments of the agency's confidential human source program, serving as the only geospatial analytic element within the DHS and conducting analysis to support ongoing investigations, change detection to drive law enforcement operations as well as strategic analysis and collections management to identify and illuminate previously unknown actors and threats.

### ***Mission Support***

***FY 2025 Request: \$54.8 million***

***(\$3.0 million above the FY 2024 CR level)***

The FY 2025 Request of \$54.8 million for Mission Support funds training courses that contain any items related to drug enforcement policy and operational direction, and technical expertise to CBP mission operations. This account also supports critical information technology support to CBP frontline personnel and contract support for acquisition management. It additionally provides for support contracts to assist in the development, deployment, operation, and maintenance of border technology.

### **Procurement, Construction, and Improvements**

**FY 2024 Request: \$89.5 million**

**(\$152.2 million below the FY 2024 CR level)**

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



### ***Border Security Operations***

***FY 2025 Request: \$19.1 million***

***(\$86.0 million below the FY 2024 CR level)***

The request includes \$19.1 million for Border Security Operations aligned to prevent terrorist and terrorist weapons, undocumented migrants, smugglers, narcotics, and contraband from moving across the southern, northern, and coastal borders of the United States.

### ***Trade and Travel Operations***

***FY 2025 Request: \$0.0 million***

***(\$59.6 million below the FY 2024 CR level)***

The FY 2025 Request is \$59.6 million below the FY 2024 CR level for drug-related resources associated with NII Technology acquisition. The use of NII systems is critical in detecting and disrupting evolving tactics utilized by TCOs to smuggle narcotics such as fentanyl across the border. CBP currently employs NII systems at and between its POEs and is working aggressively to employ a new pre-primary scanning concept of operation and field additional advanced technology systems to increase scanning rates thereby increase the probability of interdiction in the land and mail operational environments.

CBP recognizes increased scanning will result in a substantial increase of images that require analysis and adjudication. To address this area, CBP requires anomaly detection algorithm capabilities to enable users to identify current and emerging threats effectively and efficiently. CBP is actively working to establish anomaly detection algorithm models for narcotic detection.

### ***Integrated Operations***

***FY 2025 Request: \$70.4 million***

***(\$6.5 million below the FY 2024 CR level)***

The PC&I Integrated Operations account funds the procurement of new AMO platforms. CBP Air and Marine aviation assets include: Sensor-equipped Multi-Role Enforcement Aircraft, long-range trackers and Maritime Patrol Aircraft; high performance helicopters; and single/multi-engine support aircraft. CBP AMO's range of maritime assets includes interceptor, safe-boat, and utility-type vessels.

## **EQUITY**

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

CBP's Privacy and Diversity Office (PDO) completed the CBP Diversity, Equity, Inclusion, and Accessibility Strategic Plan for FYs 2022-2026, which is consistent with the goals of the Government-wide DEIA Strategic Plan that was issued in November 2021. The Plan was signed by Acting Commissioner, Troy A. Miller, on February 27, 2023. In support of implementation of



the Plan, PDO led three working groups to develop an implementation plan which will be reviewed and updated annually in alignment with the Government-wide DEIA Strategic Plan.

### **FY 2023 Focus on Diversity**

- **CBP Career Expo:** CBP held its fourth and final career expo of FY 2023 in September focusing on "Diverse Opportunities for Diverse Talent." The expo engaged 2,289 attendees and 1,678 leads applied.
- **New Digital Media Capabilities:** NRD is continuing to post all frontline job opportunities announcements (JOA) on HBCU Connect, Professional Diversity Network, Equal Opportunity Publications, and Hispanic/Latino Professional Association.
- **National Recruiter Course:** NRD increased the number of courses held in FY 2023 by 80% and trained 200 recruiters.
- **Women in Law Enforcement:** Directly contributed to the 30x30 goal through attendance and engagement of in person women focused recruitment events such as WIFLE, WAI, NAWLEE, the DHS Joint Hiring Event, webinars, and the training of 53 women recruiters in FY 2023. These efforts assisted CBP to onboard 566 new female hires this FY, representing 21% of women law enforcement hires, compared to 437 new female hires, representing 19% of law enforcement hires in FY 2022.

### **FY 2024 Focus on Diversity**

- **CBP Diversity, Equity, Inclusion and Accessibility:** In FY 2024, CBP plans to increase participation in external diversity events by participating in at least 10 national female-focused events, providing at least six Veterans Focused Webinars to Transitioning Service Members, and conducting quarterly training for hiring managers on non-competitive hiring authorities, including those for Veterans and Persons with Disabilities.
- **DHS Strategic Recruitment Diversity Initiative:** CBP will create five new videos, featuring employees of diverse backgrounds in diverse locations, to support recruitment, hiring, and retention.
- **CBP's Virtual Diversity Career Expos:** CBP will host four Virtual Career Expos in FY 2024 to build on the success of the three held in FY 2023. The first was held on January 24th, 2024, with a focus on diversity in law enforcement. CBP has also added smaller scale virtual career events to the National Recruiter Course agenda with a focus on law enforcement recruitment. This will add 12 additional Virtual Career Expos for FY 2024 for a total of 16 in all.





# DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final <sup>1</sup>	FY 2024 CR <sup>2</sup>	FY 2025 Request
<b>Drug Resources by Function</b>			
State and Local Assistance	\$13.500	\$13.500	\$13.500
<b>Total Drug Resources by Function</b>	<b>\$13.500</b>	<b>\$13.500</b>	<b>\$13.500</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$13.500	\$13.500	\$13.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$13.500</b>	<b>\$13.500</b>	<b>\$13.500</b>

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

<sup>1</sup>This dollar value is based on an estimate from CBP that about 15 percent of OPSG funds will benefit drug enforcement. The total amount allocated under OPSG was \$90.0 million.

<sup>2</sup>This dollar value is based on an estimate from CBP that about 15 percent of OPSG funds will benefit drug enforcement. The total amount for FY24 OPSG is \$90.0 million.

<sup>3</sup>Amount does not include Budget Control Act dollars for major disasters under the Disaster Relief Fund.

<sup>4</sup>The Drug Resources Percentage is based on the CBP estimate that about 15 percent of OPSG will benefit drug enforcement, not actual data.

### Program Summary

#### MISSION

FEMA’s mission is helping people before, during and after disasters. FEMA leads and supports the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation to protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other man-made incidents.

#### METHODOLOGY

OPSG grants are awarded by FEMA in coordination with CBP. OPSG contributes to efforts to secure the United States borders along routes of ingress from international borders. OPSG supports a broad spectrum of border security activities performed by state, local, and Tribal law enforcement agencies through increased material, manpower readiness, and the number of “boots on the ground” to better secure the Nation’s borders. The funds awarded are used in intelligence informed operations, which may also assist with counterdrug efforts. CBP estimates that no more than 15 percent of total OPSG funding and activity supports counter drug activities.





## **BUDGET SUMMARY**

In FY 2025, FEMA requests \$13.5 million for drug control activities, no change from the FY 2024 CR level.

### **Operation Stonegarden (OPSG)**

**FY 2025 Request: \$13.5 million**

**(No change from the FY 2024 CR level)**

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

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

## **EQUITY**

The 2022-2026 FEMA Strategic Plan identifies Instilling Equity as a Foundation of Emergency Management as one of three goals to position FEMA to address the increasing range and complexity of disasters, support the diversity of the communities it serves, and complement the nation's growing expectations of the emergency management community. Specifically, Goal 1.3 is to achieve equitable outcomes for those FEMA serves through a people-first approach to remove barriers to access and directing resources to eliminating disparities in grant program outcomes. FEMA will continue its efforts to integrate equity as a foundation of its culture through transformational change within its workforce, across its programs, and throughout the emergency management community.



# DEPARTMENT OF HOMELAND SECURITY

## Federal Law Enforcement Training Centers

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$53.762	\$53.762	\$56.145
State & Local Assistance	1.680	1.680	1.755
International	0.560	0.560	0.585
<b>Total Drug Resources by Function</b>	<b>\$56.002</b>	<b>\$56.002</b>	<b>\$58.485</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$56.002	\$56.002	\$58.485
<b>Total Drug Resources by Decision Unit</b>	<b>\$56.002</b>	<b>\$56.002</b>	<b>\$58.485</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	190	190	190
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.4	\$0.4	\$0.4
Drug Resources Percentage	13.8%	13.8%	16.1%

### Program Summary

#### MISSION

FLETC is an interagency law enforcement training institution that serves a leadership role as the federal government's principal provider of world-class, interagency law enforcement training to approximately 127 Federal Partner Organizations, as well as training and TA to state, local, Tribal, territorial, and international law enforcement entities. FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills related to investigation. FLETC supports the *Strategy* by providing drug investigations training for law enforcement agents and officers.

#### METHODOLOGY

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



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

The percentage of the Salaries and Expenses appropriation that supports drug enforcement activities is 16.1 percent. The percentage of FLETC's total budget authority in support of drug enforcement activities fluctuates.

## **BUDGET SUMMARY**

In FY 2025, FLETC requests \$58.5 million for drug control activities, an increase of \$2.5 million above the FY 2024 CR level.

### **Operations and Support**

**FY 2025 Request: \$58.5 million**

**(\$2.5 million above the proposed FY 2024 CR level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly used illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The FY 2025 request reflects an increase in the total drug resources due to inflationary increases in FLETC's overall budget.

## **EQUITY**

Equity is an element identified in the DHS Diversity, Equity, Inclusion, and Accessibility (DEIA) Strategic Plan. FLETC plans to improve equity and reduce barriers by collecting data pertaining to relevant areas (e.g., pay/hiring/promotion) to support the need for equity in those areas.

Additionally, FLETC plans to conduct an employee survey to collect qualitative and quantitative data that can be used to benchmark current status of DEIA initiatives. FLETC's DEIA strategy is led by the FLETC Strategic Recruitment, Diversity, and Inclusion Council, which is working to identify diversity challenges to propose actions for implementation to mitigate unconscious bias in hiring, promoting, and workforce engagement.



# DEPARTMENT OF HOMELAND SECURITY

## Immigration and Customs Enforcement

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Intelligence	\$30.079	\$30.079	\$31.489
Investigations	631.986	631.986	678.003
International	12.036	12.036	12.205
<b>Total Drug Resources by Function</b>	<b>\$674.101</b>	<b>\$674.101</b>	<b>\$721.697</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$674.101	\$674.101	\$721.697
<i>Intelligence</i>	30.079	30.079	31.489
<i>Investigations: Domestic</i>	631.986	631.986	678.003
<i>Investigations: International</i>	12.036	12.036	12.205
<b>Total Drug Resources by Decision Unit</b>	<b>\$674.101</b>	<b>\$674.101</b>	<b>\$721.697</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,615	2,615	2,684
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.4	\$8.4	\$7.9
Drug Resources Percentage	8.0%	8.0%	9.2%

### Program Summary

#### MISSION

ICE/HSI, a multi-mission law enforcement agency, utilizes comprehensive border enforcement strategies to identify, disrupt and dismantle significant TCOs through the management of key border enforcement, narcotics, and contraband smuggling programs. HSI achieves these objectives by leveraging Title 19 and Title 21 authorities, maintaining cadre of Title 21, cross-designated Special Agents<sup>52</sup> and a Task Force Officer program consisting of more than 4,000 federal, state, and local law enforcement partners from more than 500 agencies.

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<sup>52</sup> Interagency Cooperation Agreement Between DEA and ICE Regarding Investigative Functions Related to the Controlled Substances Act, 2009. This agreement provides that DEA will authorize cross-designated ICE agents to investigate violations of Title 21, United States Code. The authority of the Attorney General to cross-designate Federal Law Enforcement Officer to enforce Title 21 has been delegated to the DEA Administrator by Reorganization Plan No. 2 of 1973, Executive Order 11727, dated July 6, 1973, and 28 C.F.R. 0.100 and 0.101.



HSI is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. HSI supports the *Strategy* initiatives, and by supporting the overall HSI mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of DHS action items are disruption of domestic drug trafficking and production; strengthening of international partnerships; and reduction in the availability of foreign-produced drugs in the United States. Increased hours incurred on drug-related cases directly lead to increased detection, disruption and dismantlement of drug smuggling organizations.

## **METHODOLOGY**

HSI's approved drug methodology is based on investigative case hours recorded in the HSI Investigative Case Management System (ICM). HSI agents record the hours they work, categorized by the type of investigation in ICM. Following the close of the FY, a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, showing all investigative case hours logged. CN activity percentages are determined separately for each HSI program responsible for CN enforcement. The percentages for Domestic Investigations, International Investigations, and Intelligence programs are determined by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours logged by each program. In FY 2023, 31.55 percent of case hours were drug-related for HSI Domestic Investigations, 7.80 percent for HSI International Investigations, and 32.60 percent for Intelligence. The HSI drug budget is projected by applying these ratios to the annual appropriations request for each HSI program executing CN activities.

HSI utilizes the SCR process to report on its impact on the mission. SCRs encompass the diverse categories investigated by HSI Special Agents, including illicit trade, travel, and finance (non-drug-related); illicit trade, travel, and finance (drug related); counter-proliferation; national security; transnational gangs; transnational crimes against children; labor exploitation; and cybercrime. SCRs demonstrate how HSI investigations have disrupted and dismantled significant investigations of TCOs. HSI coordinated with ONDCP and established new performance metrics in FY 2021 to better indicate the success of CN enforcement across all investigative areas.

The primary measure that is derived from the SCR process for CN is the "Number of significant drug-related, illicit trade, travel and finance investigations that result in a disruption or dismantlement of a criminal organization." Drug-related illicit trade, travel, and finance investigations include the earning, laundering, moving of more than \$5 million per year through repeated exploitation of global movement systems; HSI-led international drug smuggling/trafficking investigations involving significant scope; HSI-led international chemical or illicit drug manufacturing equipment investigations; HSI-led international drug smuggling/trafficking investigations involving overdoses that result in death(s) in the United States; and HSI-led or co-sponsored OCDEF investigations.



## **BUDGET SUMMARY**

In FY 2025, ICE requests \$721.7 million for drug control activities, an increase of \$47.6 million above the FY 2024 CR level.

### **Operations and Support**

**FY 2025 Request: \$721.7 million**

**(\$47.6 million above the FY 2024 CR level)**

The Operations and Support account contributes to the HSI mission of bringing a unified and coordinated focus to the enforcement of federal immigration and customs laws. Salary and Expense resources are used to address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, TCOs, and disruption of criminal trade and money laundering associated with illicit drugs. HSI investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the goals and objectives of the *Strategy* to disrupt, dismantle, and destroy the pathways used by TCOs to transport drugs and the proceeds of drug trafficking across the borders.

### ***Intelligence***

***FY 2025 Request: \$31.5 million***

***(\$1.4 million above the FY 2024 CR level)***

HSI Intelligence provides criminal analysis to identify and illuminate criminals, their networks, and their modus operandi, thus supporting HSI's criminal investigations and criminal investigative priorities. Consequently, the most efficient enabler of HSI investigations targeting complex transnational organized crime networks is intelligence support provided by HSI Criminal Analysts. An investigation supported by an HSI Criminal Analyst is twice as likely to achieve an arrest. In FY 2023, HSI's criminal analysis directly facilitated over 12,200 arrests and provided support to the HSI seizure of approximately \$640 million in currency and assets. HSI Intelligence produces and shares its criminal analysis with law enforcement partners to support efforts to disrupt the flow of illicit drugs. HSI Intelligence collects and analyzes information and data from multiple sources, develops the information to enable investigative and enforcement actions and inform decision makers, and disseminates criminal analysis to the appropriate partners to coordinate and de-conflict intelligence and investigative actions.

### ***Domestic Investigations***

***FY 2025 Request: \$678.0 million***

***(\$46.0 million above the FY 2024 CR level)***

HSI is the largest investigative component of DHS with over 7,100 Special Agents. HSI Domestic Operations is led by 30 Special Agents in Charge (SAC) managing 237 domestic field offices. Border-related crime and the violence often associated with it pose a significant risk to the public safety and national security of the United States. Therefore, HSI continues to focus enforcement efforts to disrupt cross-border criminal activity relative to contraband smuggling, human smuggling, money laundering, weapons trafficking, and other crimes, as well as the dismantlement of the TCOs responsible for these illicit activities. In response to TCO activities, HSI has assigned more than 1,600 Special Agents and 200 Criminal Analysts to Southwest Border Offices.

In FY 2025, HSI will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). Implemented in FY 2006 and reinforced by the Border



Enforcement Security Taskforce Act of 2012, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. BEST units incorporate personnel from ICE (HSI & ERO), CBP, USPIS, DEA, ATF, FBI, USCG, Investigative Services, and USAO, along with other key federal, state, local, and foreign law enforcement agencies. In FY 2022, the BEST Act was amended to provide statutory authority for HSI to reimburse the salaries of state, local and Tribal officers assigned to BEST. Additionally, the BESTs have been designated by DHS as a response element to three “whole of government” initiatives to counter southbound firearms trafficking including DHS’ Operation Without a Trace (WaT) targeting the command, control, finance, and logistics networks used by the Siñaloa and Jalisco New Generation drug cartels to procure and smuggle weapons from the United States to Mexico. To date, HSI has expanded the BEST program to 94 locations throughout the United States consisting of over 120 investigative groups. BEST now leverages more than 2,000 federal, state, local, Tribal, and foreign law enforcement agents and officers representing over 200 law enforcement agencies and National Guard units.

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

In further support of interagency collaboration, HSI will continue active participation in the DEA SOD, OFC and IOC2, which are interagency coordination and intelligence centers consisting of representatives from multiple foreign and domestic federal law enforcement agencies that include DEA, FBI, and the Internal Revenue Service.

During field investigations, these centers allow HSI to target the command and control of communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level. Additionally, HSI will continue participation at the NTC in collaboration with CBP, to enhance the shared border security mission. HSI's collaborative presence at the NTC supports the entire border security continuum from CBP interdictions to HSI investigations, culminating in the joint exploitation of intelligence. These centers also allow HSI to deconflict and coordinate information as well as investigative efforts among law enforcement agencies, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

As TCOs continue to explore methods to conceal illicit smuggling at the land border POEs by blending into the legitimate mass cross-border traffic, TCOs also seek to exploit the IMFs and ECCs that handle and sort through large volumes of mail and parcels entering and crossing the United States to conceal their illicit activities. Law enforcement faces the challenge to find adequate resources to target, identify, interdict, and investigate every prospective 10-gram parcel of fentanyl, which is approximately the size of two and a half packets of sugar. HSI, to prevent the opioid trafficking through the IMFs and ECCs, relies on advance data, targets supply chain networks, coordinates with domestic and international partners, and through the BEST platform provides field training to include officer safety and smuggling trends.





HSI will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center (BCSC), which targets bulk cash smuggling and the use of alternate value platforms to transfer illicit value both domestically and internationally. Bulk cash smuggling is a preferred method of operation for TCOs to smuggle funds into or out of the United States. The BCSC is focused on disrupting facilitation pipelines used to move currency and other forms of value derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption. HSI has refined its ability to target money laundering and financial violations through the BCSC which supports long-term, multi-jurisdictional bulk cash investigations.

HSI continues to target DTOs by developing intelligence to identify drug smuggling schemes, trends, and violators through operational programs managed by the HSI Narcotics and Contraband Smuggling Unit; strengthening the international development and expansion of the NTC – Investigations (NTC-I) National Initiative for Illicit Trade Enforcement (NIITE) to exploit criminal organizations via information technology; prioritizing investigative focus on border violators and the TCOs they support; prioritizing drug-related investigations to those involving HSI-led international drug smuggling/trafficking investigations involving significant scope; HSI-led international chemical or illicit drug manufacturing equipment investigations; HSI-led international drug smuggling/trafficking investigations involving overdoses that result in death(s) in the United States; and HSI-led or co-sponsored OCDETF investigations and prioritizing drug-related investigations to criminals earning, laundering, or moving more than \$5 million per year through repeated exploitation or evasion of global movement systems.

On December 9, 2022, HSI issued the *Strategy for Combating Illicit Opioids*, which aligns with the strategic framework of the *Strategy* and includes four primary goals:

- Goal 1: Reduce the International Supply of Illicit Opioids.
- Goal 2: Reduce the Domestic Supply of Illicit Opioids.
- Goal 3: Attack the enablers of illicit opioid trafficking: illicit finance, cybercrime, and weapons smuggling.
- Goal 4: Conduct outreach with private industry, the public, and law enforcement domestically and abroad.

Since the implementation of the *Strategy for Combating Illicit Opioids*, HSI has and will continue to work with DHS and other federal, state, local and non-governmental partners to disrupt the supply of illicit opioids across the drug supply chain. HSI will continue to drive operations, initiatives, and actions across the government as an integrated approach to dismantle TCOs fueling the opioid epidemic in the United States. Additionally, in August 2023, HSI's counter-fentanyl operations transitioned from southwest border and international surge efforts to a nationwide counter-opioid initiative known as Operation Opioid Response & Investigation of Networks (ORION). Operation ORION aligns with the goals and strategies set forth in the *Strategy for Combating Illicit Opioids*, allowing HSI to continue to leverage its vast administrative, civil, and criminal law enforcement authorities to attack fentanyl distribution.

Additionally, the HSI Financial Crimes Unit (FCU), in conjunction with the NTC-I Trade Transparency Unit (TTU) continues to provide the analytic infrastructure supporting financial and



trade investigations. The FCU and NTC-I/TTU identifies and analyzes complex trade-based money laundering systems. NTC-I/TTU's unique ability to analyze domestic trade and financial data, in addition to the trade and financial data of foreign cooperating partners, enables HSI to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. There is a total of 19 operational HSI TTUs in existence globally, with the TTU in Bogota, Colombia, as an example, having been established in 2004.

The Colombian TTU is comprised of Colombian law enforcement professionals assigned under the Finance Ministry within the National Tax and Customs Administration developed to support Colombian efforts to combat trade-based money laundering. Like all TTUs, representatives from the TTU in Colombia use trade and financial data to develop criminal targets involved in trade-based money laundering.

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

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

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

HSI has also applied the intelligence-based methodology developed under "Operation Hydra" to the identification of pill presses, encapsulating machines and their related dies, molds and parts being imported to the United States and Mexico in furtherance of illicit synthetic opioid manufacturing. HSI employs this methodology under "Operation Chain Breaker" and has achieved significant seizures of such items both in the United States and Mexico. Under "Operation Chain Breaker," HSI investigations have identified several individuals and businesses based in Mexico and China that are involved in illicit opioid manufacturing and have worked to



apply federal criminal charges and sanctions under the Office of Foreign Asset Control.

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

### ***International Investigations***

***FY 2025 Request: \$12.2 million***

***(\$0.2 million above the FY 2024 CR level)***

HSI is responsible for enhancing national security by conducting and coordinating international investigations involving TCOs and serving as ICE’s liaison to foreign law enforcement counterparts overseas. HSI coordinates with DEA on its overseas narcotics investigations.

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

HSI supports the *Strategy* by attacking the supply chains of DTOs and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the United States is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across the Nation’s borders. HSI agents assigned to overseas offices work with host country law enforcement to assist HSI domestic agents with enforcing a wide range of criminal statutes, including Title 18 and Title 19 of the U.S. Code to investigate transnational crimes. These statutes address general smuggling issues as well as customs violations. HSI also conducts Title 21 investigations, which target transnational criminal activity involving the importation, distribution, manufacture, and possession of illegal narcotics.

On September 27, 2011, HSI officially established the Transnational Criminal Investigative Unit (TCIU) Program. HSI TCIUs comprise foreign law enforcement officials, customs officers, immigration officers, and prosecutors who undergo a strict vetting process to ensure that shared information and operational activities are not compromised.

HSI TCIUs facilitate information exchange and rapid bilateral investigation of weapons trafficking and counter-proliferation, money laundering and bulk cash smuggling, human smuggling and trafficking, narcotics trafficking, intellectual property rights violations, customs fraud, child exploitation, cyber-crime, and many of the other 400 violations of law within HSI’s investigative purview. There are over 560 foreign law enforcement officers among these twelve TCIUs, and two International Task Force units, across 14 countries. For reference, in FY 2023, HSI TCIUs



were responsible for the seizure of \$5.4 million in currency (USD equivalent), the seizure of over 161,148 pounds of cocaine and 71,056 pounds of drug precursors, as well as the criminal arrests of over 2,198 individuals.

HSI oversees the Biometric Identification Transnational Migration Alert Program (BITMAP), a host-country-led initiative in which HSI trains and equips foreign counterparts to conduct tactically targeted collection of biometric and biographic data on suspect individuals via mobile biometric collection devices. BITMAP aims to strengthen law enforcement investigations, border security and counterterrorism efforts in the United States and in PNs by providing foreign law enforcement with biometric/biographic collection capability. Through the program, HSI seeks to mitigate criminal and cross border illicit activity in the United States and in foreign PNs. BITMAP's focus is to provide specialized technical equipment and advisory support to HSI foreign law enforcement counterparts for the collection of biometric and biographic data from third-country nationals in support of criminal investigations. Foreign law enforcement partners share their BITMAP information with HSI in a joint effort to identify transnational criminals, "Known or Suspected Terrorists" (KST), gang members and other persons of interest. Information shared through BITMAP may provide United States border security, consular, and law enforcement agencies with the information necessary to prevent known criminal and terrorist threats from entering the United States. The strategic vision of the BITMAP program is to develop a high-impact global network of foreign law enforcement partners whose biometric collection and investigative missions are mutually beneficial and inextricably intertwined with HSI's goal of protecting the homeland. HSI currently conducts dedicated BITMAP operations in 19 countries.

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

Additionally, HSI plays a critical role in developing its foreign partners abilities to detect and intercept illicit drugs in their domestic mail and express consignment systems. For example, following successful significant seizures of methamphetamine in foreign mail centers bound for Europe from other regions of the world, HSI and its law enforcement partners in Spain investigated and dismantled a clandestine laboratory used to process methamphetamine within the Iberian Peninsula. HSI offices in Mexico, Colombia, Ecuador, and Peru are actively working through multinational task forces, as well as providing capacity building to those law enforcement partners, and outreach and training with private sector entities in those nations to identify and interdict narcotics prior to their entering the United States. HSI cooperates with European law enforcement agencies in joint investigations at post, package and airport facilities to identify and intercept narcotics shipments being sent via mail and parcel post to the United States after their purchase from darknet marketplaces. In South Africa, HSI continues to work with postal authorities to identify and investigate internet pharmacies who illicitly ship controlled medications, including opioids, to the United States. In India, HSI is conducting several on-going prescription drug investigations in concert with the Government of India and these cases include shipments of



precursors that may be illegal in the United States, India, or both, as well as multiple investigations which involve counterfeit pharmaceuticals. For example, HSI New Delhi has also conducted airport interdiction training for Indian Customs officers aimed at identifying and seizing illegal precursor chemicals and illicit pharmaceuticals being smuggled within cargo shipments.

HSI's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. HSI tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. In FY 2023, HSI seized \$149.1 million from currency and assets derived from drug operations. The seizure of currency and assets reduces the financial incentives for criminal activity.

### *Opioids*

In April 2019, the People's Republic of China announced its intent to control all fentanyl-related substances, adopting the legal definition in DEA's rule, with some minor additions, and adding it to the Supplementary List of Non-Medical Narcotic Drugs and Psychotropic Drugs. As a result, HSI has observed a dramatic decrease in fentanyl seizures, shipped directly from overseas, at the ECCs and IMFs; while conversely, there has been a steady increase in seizures of fentanyl smuggled along the Southwest land border.

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

HSI's strategy concerning the fentanyl/opioid threat encompasses several campaigns which restrict the flow of fentanyl and precursors into the country. Precursors are often purchased from traditional chemical producing nations through proxy companies and via enterprises which then have shipments diverted from their legitimate supply chains. HSI, NTC-I assists HSI Domestic and International offices by targeting illicit precursor movements within commercial modalities of transportation to include air and maritime cargo modalities. NTC-I employs multiple data streams and the subject matter expertise of CBP officers to illuminate anomalous shipments indicative of possible illicit chemical precursor movements. In some instances, NTC-I has been able to assist with the detection and seizure of containerized shipments of precursor chemicals being sent directly from China to Mexico by facilitating the inspection and copying of document shipments between the Shipper and Consignee as they transit the United States. HSI's unique and far-reaching authorities to enforce and regulate the movement of carriers, persons, and commodities between the United States and other nations enables HSI to play a key role, in conjunction with state and local law enforcement partners, across the country to combat large-scale fentanyl trafficking organizations.

HSI BESTs have been the largest platform used to carry out HSI's comprehensive, multi-layered strategy to combat TCOs involved in the smuggling of poly shipments of drugs. This strategy





facilitates the immediate application of investigative techniques on seized parcels, which aids in establishing probable cause needed to effect enforcement actions on individuals associated with fentanyl laden parcels. Consequentially, these seizures and arrests disrupt the movement of illicit opioids and opioid precursors transiting through the mail and express consignment shipments, and aid in the dismantling of distribution networks.

Recognizing that transactions conducted on the Dark Web often involve the utilization of cryptocurrency, in FY 2017, to combat the fentanyl crisis and related financial crimes, the HSI Financial Crimes Unit and the Cyber Crimes Unit instituted the CyberFinancial Program (CFP). The CFP is a concerted effort in cryptocurrency and Dark Web training and outreach for HSI internal investigators and analysts as well as federal, state, local, and international law enforcement partners to strengthen the global awareness and knowledge needed to combat the emerging threat. In FY 2023, CFP conducted 23 virtual Introduction to Virtual Currency Investigations courses to 2,713 participants from across the globe, consisting of approximately 2,508 Law Enforcement Officers and analysts, and 205 non-government officials. In addition, CFP in conjunction with Cyber Crimes Center (C3), participated in Virtual Currency and Darknet Investigations courses to an audience of approximately 400 foreign Law Enforcement Officers. The CFP contributed to the initiation of 418 HSI led investigations, 257 criminal arrests, and the seizure of \$148 million in United States Currency related to virtual assets.

## **EQUITY**

HSI has utilized a variety of hiring mechanisms for Criminal Investigators (Special Agents) and Criminal Analysts (Intelligence Research Specialists) that fosters equity and inclusion. HSI has continued to post vacancies to fill both entry-level and senior-level Criminal Investigator and Criminal Analyst positions from across the spectrum of veterans, federal agencies, state and local law enforcement, and the general public, as well as non-federal hires and task force officers allowing for access across many classes of applicants.

In FY 2022 HSI filled several positions through female only and law enforcement targeted applicant pools and filled the last of the FY 2019 and 2020 positions specifically related to opioid and fentanyl investigations in challenging and rural locations. HSI has made progress in hiring Intelligence Research specialists from all categories of hires from targeting federal experts to recruiting from the general public via announcements in FY 2023 to reach all available eligible applicant pools including veterans.

In FY 2022, utilizing the authority granted from Office of Personnel Management (OPM), HSI female hires increased the percentage of female hiring from 18 to 43 percent of new hires, in keeping with the Secretary's priority. HSI received renewal of the Bona Fide Occupational Qualifier authority to recruit and hire female only entry level GS/GL 5/7/9 criminal investigator (1811) positions through September 30, 2026, and hosted a recruiting event August 21 through 25, 2023. HSI continues to pursue direct hire authority through DHS and OPM and expand the applicant pools and address hiring for mission needs that will allow wider access for those that are not typically reached through traditional recruitment.

In FY 2023, HSI filled positions specifically utilizing financial incentives to target for specific hard to fill locations, along the southwest and northern border, and Spanish speakers for San Juan to attract a more diverse group of candidates beyond the local area. These efforts will ultimately



increase the cadre of agents who will perform the HSI law enforcement mission and ultimately drug control investigations. HSI has also focused on providing small business and minority owned contractors the opportunity to bid on various contracts when applicable.





# DEPARTMENT OF HOMELAND SECURITY

## Science and Technology Directorate

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Research and Development	\$4.000	\$4.000	\$6.746
<b>Total Drug Resources by Function</b>	<b>\$4.000</b>	<b>\$4.000</b>	<b>\$6.746</b>
<b>Drug Resources by Decision Unit</b>			
Research and Development: Interdiction	\$4.000	\$4.000	\$6.746
Forensics and Criminal Investigations Program	\$0.000	\$0.000	\$6.746
Opioid/Fentanyl Detection Program	\$4.000	\$4.000	\$0.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$4.000</b>	<b>\$4.000</b>	<b>\$6.746</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.9	\$0.9	\$0.8
Drug Resources Percentage	0.4%	0.2%	0.8%

### Program Summary

#### MISSION

The scope and diversity of DHS’ missions requires the S&T Directorate to address a wide range of programs including DHS Components’ near-term needs for new operational capabilities and improved operational effectiveness, efficiency, and safety for the Homeland Security Enterprise (HSE). S&T has responsibilities related to understanding and creating solutions for explosives, border security, cyber security, biological and chemical threats, and conducting the research and development test and evaluation (RDT&E) required to meet other Homeland Security needs. S&T performs research and development (R&D) related to drug control in support of CBP and ICE.

#### METHODOLOGY

S&T’s methodology is based on RDT&E projects that directly support drug control efforts. Since the projects directly support drug interdiction, it was determined that the entirety of project resources is used for calculating S&T’s drug control efforts.



## **BUDGET SUMMARY**

In FY 2025, S&T requests \$6.7 million for drug control activities, an increase of \$2.7 million from the FY 2024 CR level.

### **Research and Development: Combating Fentanyl**

**FY 2025 Request: \$6.746 million**

**(\$2.746 million above the FY 2024 CR level)**

The FY 2025 S&T President's Budget request is \$6.7 million for drug control activities, an increase of \$2.746 million from the FY 2024 CR level. There are challenges that limit DHS's ability to detect and interdict synthetic opioids, like fentanyl, that cross United States land, sea, and air borders, including through international mail. The top challenges that DHS faces include the physical detection and interdiction of opioids due to the ability of synthetic opioids to be smuggled in very small or dilute quantities and low number of available automated detection systems; as well as the discovery and disruption of TCOs/DTOs, criminal networks, and individuals who support illicit manufacturing and smuggling. DHS Components and law enforcement partners have identified critical needs for advanced technologies to aid in their missions to target, investigate, and dismantle illicit opioid and other narcotic smuggling into the United States.

In coordination with DHS operational components, S&T will develop capabilities to fuse data and apply advanced analytics to support interdiction and investigation missions. S&T will develop analytics to exploit available data (e.g., advanced electronic data, dark web commerce, law enforcement/ investigative holdings, sensors) and fuse sensor information with other investigative holdings to discover and target supply chain networks and automate information sharing and collaborative efforts. Under the existing program, hardware and associated analytics for those technologies were developed and transitioned in prior FYs, to include technologies and/or knowledge products to CBP. The program is anticipated to continue through FY 2025. This program will prioritize development of capabilities to support continuity of the entirety of the DHS and HSE counterdrug missions, regardless of changes in trafficking behaviors.

This resourcing will enhance the ability of frontline operators to better identify, investigate, and interdict fentanyl, its chemical precursors, and the pill presses used to manufacture fentanyl. It will also support the disruption of illicit fentanyl producers' ability to move raw materials, manufacturing machinery, and finished fentanyl by developing greater visibility and exerting greater control over the illicit exploitation of commercial air and maritime shipping, including mail and express consignment.

This resourcing also supports outreach and engagement activities that further advances S&T's counter fentanyl efforts and operations. Addressing the fentanyl supply chain is a herculean task that requires S&T and the HSE to expand existing relationships and establish new partnerships to disrupt the production and flow of illicit drug trade. Coordinating with its HSE partners, S&T's proposed outreach activities will strengthen law enforcement activities, aid in establishing new international agreements on customs and shipping procedures and increase insight into the commercial chemical industry and supply chain companies. Additionally, developing scientific and technical cooperative networks will enable law enforcement partners in the United States to have access to the most up-to-date capabilities, techniques, and standards.



This resourcing will also enhance the ability of frontline operators to better identify, investigate, and interdict fentanyl, its chemical precursors, and the pill presses used to manufacture fentanyl. Non-contact detection capabilities allow officers to interrogate surfaces and unknown samples for the presence of potent synthetic opioids, such as fentanyl and its analogues, without physically interacting with it. This request will focus on adapting traditional non-contact detection modalities, like vapor detection and spectroscopy-based approaches, for difficult operational environments. This capability enables advanced screening operations at DHS operational facilities, such as POEs and IMFs.

### **EQUITY**

S&T has no equity efforts related to its drug control budget. S&T conducts research and development on technologies that can improve DHS Component's capabilities.



# DEPARTMENT OF HOMELAND SECURITY

## United States Coast Guard

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Interdiction	\$2,178.993	\$2,178.993	\$1,953.837
Research and Development	1.174	1.174	0.827
<b>Total Drug Resources by Function</b>	<b>\$2,180.167</b>	<b>\$2,180.167</b>	<b>\$1,954.664</b>
<b>Drug Resources by Decision Unit</b>			
Operations & Support	\$1,572.771	\$1,572.771	\$1,539.589
Procurement, Construction, & Improvements	606.222	606.222	414.248
Research and Development	1.174	1.174	0.827
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,180.167</b>	<b>\$2,180.167</b>	<b>\$1,954.664</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	7,892	7,892	7,159
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$13.9	\$13.9	\$13.8
Drug Resources Percentage	15.7%	15.7%	14.2%

### Program Summary

#### MISSION

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

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

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



- (2) Strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and
- (3) Support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

## METHODOLOGY

USCG does not have a specific appropriation for drug interdiction activities. All USCG operations, capital improvements and acquisitions, and research and development activities targeted toward drug interdiction are funded out of the associated appropriations specified herein. Reflecting the multi-mission nature of USCG units, the accounting system is keyed to operating and support facilities, rather than to specific missions. Consistent with that approach, personnel and other costs are administered and tracked along operational and support capability lines requiring detailed cost accounting techniques. USCG uses a Mission Cost Model methodology to compute its drug mission allocation. The Mission Cost Model allocates funding across USCG missions in the Performance-Based Budget presentation. The Mission Cost Model allocates all direct and support costs to mission-performing units (e.g., National Security Cutter [NSC] or Long-Range Surveillance [LRS] aircraft). Established baselines of operational activity are used to further allocate those costs to the various missions.

### **Operations & Support (O&S)**

O&S funds are used to operate assets and facilities; maintain capital equipment; improve management effectiveness; and recruit, train, and sustain all active-duty military and civilian personnel. Budget presentations for current and future years use the most recent O&S asset cost data and systematically allocate costs in the following manner:

- **Direct Costs:** Applied directly to the operating assets that perform missions.
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on allocation criteria).
- **Overhead Costs:** Applied to assets based on proportion of labor dollars spent where cost variability cannot be specifically linked to operating assets. This is a standard industry approach to overhead allocation.

Once all O&S costs are fully loaded on mission-performing assets, those costs are further allocated to USCG missions (Drug Enforcement, Search and Rescue, etc.) using actual or baseline projections for operational employment hours.

### **Procurement, Construction & Improvements (PC&I)**

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed PC&I projects based on the typical employment of assets germane to the project. For example, if a new asset is being proposed for commissioning through a PC&I project, costs would be applied to missions using the operational profile of a comparable existing asset. USCG uses a zero-based budget approach in developing its request for PC&I funding. Program changes in the PC&I account may vary significantly from year-to-year depending on the specific platforms and construction projects supported. PC&I funding finances the acquisition of new capital assets, construction of new facilities, and physical improvements to existing facilities and assets. The



funds cover USCG-owned and operated vessels, aircraft, shore facilities, and other equipment, such as computer systems.

### **Research & Development (R&D)**

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

## **BUDGET SUMMARY**

In FY 2025, USCG requests \$1.9 billion for drug control activities, a decrease of \$225.5 million from the FY 2024 CR level.

### **Operations and Support**

**FY 2025 Request: \$1,539.6 million**

**(\$33.2 million below the FY 2024 CR level)**

In the FY 2025 budget provides O&S funding for the sustainment of operations and readiness investments from the FY 2024 budget, including military pay and allowances, new asset follow on costs, and depot level maintenance for aging assets. These assets contribute significantly to the drug interdiction mission.

In FY 2025, USCG will maintain an interdiction presence, based on the availability of assets, to deny smugglers access to maritime routes and deter trafficking activity. In coordination with Joint Interagency Task Force Southeast (JIATF-S), USCG will provide the capability to interdict drugs in the transit zone and collaborate with interagency and foreign partners to target priority TCO leaders and their networks. USCG will coordinate with international partners to strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs. USCG exercises over 40 bilateral and multilateral counter drug agreements across the Caribbean, Latin America, and the Eastern Pacific, where the USCG conducts joint operations and training geared towards enhancing local government counter drug capabilities.

Additionally, USCG will support interagency and international efforts to address drug smuggling through increased cooperation and coordination across the interagency on operations and intelligence sharing through multiple task forces, including JIATF-S with DHS, DoD, DOJ, the United States Intelligence Community, and eleven PNs; Joint Task Force East and the Joint Homeland Operations Center with DHS components; and Regional Coordinating Mechanisms with DHS and local partners.

### **Procurement, Construction, and Improvements**

**FY 2025 Request: \$414.2 million**

**(\$192.0 million below the FY 2024 CR level)**

The FY 2025 budget requests funding for the continued replacement and refurbishment of legacy assets. Recapitalization is crucial to preserving surface, air, and shore asset capability and remains a critical investment for the Nation. FY 2025 investments will provide USCG with assets that will be in service for decades as well as expand the In-Service Vessel Sustainment program that is vital to extending the service life of cutters and boats, including the 270' medium endurance cutters and the 418' national security cutters. These upgrades provide legacy assets with modern capabilities,



repair wear and tear on major systems, and deliver reliable return on investment. These assets will enhance USCG's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve its economic resources and vitality, and protect the environment.

The FY 2025 budget provides funding to acquire new assets and also funds the critical logistics and Command, Control, Communications, Computers, Cyber, Intelligence, Surveillance, and Reconnaissance (C5ISR) investments needed to support them. Specifically, the FY 2025 budget:

- Supports small-unmanned aerial systems (sUAS), which provide NSCs a key D&M capability in support of counter-drug operations.
- Supports funding for the 270-foot Medium Endurance Cutter (MEC) Service Life Extension, enabling legacy assets to continue to conduct drug interdiction operations.
- Continues to support the Offshore Patrol Cutter (OPC) acquisition as part of the recapitalization of the USCG fleet by funding construction of the seventh OPC, and funding long lead-time parts for the eighth OPC. The OPC will bridge the capabilities of the NSC and Fast Response Cutter (FRC), and will replace the USCG's rapidly aging MEC fleet.
- Supports program management and acquisition of Over The Horizon (OTH) and Long Range Interceptor (LRI) cutter boats for the NSCs and OPCs, extending the interdiction reach of deployed assets.
- Continues supporting the medium-range surveillance and transport aircraft's ability to provide additional D&M support in the Western Hemisphere Drug Transit Zone.

### **Research and Development**

**FY 2025 Request: \$0.8 million**

**(\$0.3 million below the FY 2024 CR level)**

R&D funding allows USCG to sustain critical missions for DHS. FY 2025 requested R&D funding supports all 11 statutorily mandated USCG mission programs. These mission programs, in turn, directly support USCG's role as the principal federal agency for ensuring maritime safety, security, and stewardship.

FY 2025 resources will continue to support the development of technologies, such as opioid detection technology, unmanned aircraft, unmanned surface vessels, and unmanned subsurface vessels that give operational commanders a wider range of options to detect and/or stop fleeing vessels. Additional efforts in the FY 2025 budget request with impacts to the counterdrug mission include enhanced Maritime Domain Awareness technology and an operational performance improvements modeling project to enhance the effectiveness of tactical force packages.

### **EQUITY**

USCG continues to provide consistent and systematic fair, just, and impartial treatment of all individuals, recognizing and appreciating the talents and skills of employees from all backgrounds and communities. USCG's FY 2025 budget requests funding necessary to recruit and retain a diverse and inclusive workforce reflective of the Nation it serves.





**DEPARTMENT OF HOUSING AND URBAN  
DEVELOPMENT**





# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Office of Community Planning and Development

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Recovery	\$954.072	\$954.072	\$1,071.520
<b>Total Drug Resources by Function</b>	<b>\$954.072</b>	<b>\$954.072</b>	<b>\$1,071.520</b>
<b>Drug Resources by Decision Unit</b>			
Homeless Assistance Grants Continuum of Care Program	\$924.072	\$924.072	\$1,041.520
Recovery Housing Program	30.000	30.000	30.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$954.072</b>	<b>\$954.072</b>	<b>\$1,071.520</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$72.1	\$72.1	\$72.8
Drug Resources Percentage	1.3%	1.3%	1.5%

### Program Summary

#### MISSION

The *Strategy* calls for federal support for reducing barriers to recovery from SUDs. Lack of housing creates a sense of hopelessness for those using substances and presents a barrier to maintaining recovery. It specifically calls for programs to prevent homelessness as a step toward recovery from SUDs. Stable and affordable housing is often identified as the most difficult barrier for individuals released from prison or jail to overcome. Also, the *Strategy* identifies supportive environments and drug-free homes as necessary elements for recovery. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes.

#### METHODOLOGY

The Office of Special Needs Assistance Programs in HUD does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in communities, including individuals with chronic mental health or substance use issues, persons living with HIV/AIDS, and formerly incarcerated individuals. Recipients of resources provided by the Office of Special Needs Assistance Programs report to HUD annually how many people they intend to serve through the CoC Program funding. The most recent CoC Competition data (from FY 2022) shows that 27.7 percent of clients served will receive substance use treatment.



Section 8071 (Pilot Program to Help Individuals in Recovery from a Substance Use Disorder become Stably Housed) of the SUPPORT Act allows states and the District of Columbia to provide stable, temporary housing for individuals in recovery from a SUD. The Recovery Housing Program (RHP) allocates, via formula, funds to grantees whose age-adjusted rate of drug overdose deaths based on data from CDC was above the national average. The pilot program was authorized for FY 2019-FY 2023, though it was not funded in 2019. The Consolidated Appropriations Act, 2023 (P.L. 117-328) provided \$30 million for such purposes.

## **BUDGET SUMMARY**

In FY 2025, HUD requests \$1.1 billion for drug control activities, an increase of \$117.4 million above the FY 2024 CR level.

### **Homeless Assistance Grants Continuum of Care Program**

**FY 2025 Request: \$1,041.5 million**

**(\$117.4 million above the FY 2024 CR level)**

HUD's Homeless Assistance Grants fund the Continuum of Care (CoC) Program. Nonprofit organizations, states, local governments, and instrumentalities of state or local governments apply for funding through the CoC competitive process to provide homeless services. The CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

### **Recovery Housing Program**

**FY 2025 Request: \$30.0 million**

**(No change from the FY 2024 CR level)**

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

## **EQUITY**

People of color are overrepresented among the homeless population compared to the United States' population. Black or African American people accounted for 37 percent of all people experiencing homelessness, but are 13 percent of the total United States population. Recognizing homelessness programs and systems have a significant and direct responsibility to ensure they are not, themselves, having a disparate impact on people based on their race and ethnicity, HUD is incorporating a race equity lens in its homeless response, using the CoC Program Competition and the delivery of TA to homeless service grantees to center equity in strategic planning and project implementation at the local level. HUD integrated equity into its competitive process to ensure that communities working towards equity in their system are more competitive and to encourage other communities to make it a part of their system.

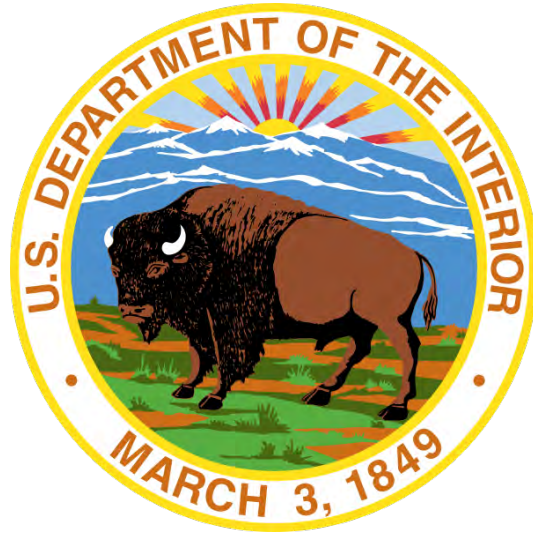
RHP provides grantees a tool to advance equity for underserved populations in need of recovery housing. Residents in low-income and rural areas have disproportionate access to recovery



housing relative to other communities. Grantees can use RHP funding to address gaps in their jurisdictions by targeting those underserved communities that lack sufficient access to recovery housing services.



# DEPARTMENT OF THE INTERIOR





# DEPARTMENT OF THE INTERIOR

## Bureau of Indian Affairs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	13.419	13.419	13.419
Prevention	1.000	1.000	1.000
<b>Total Drug Resources by Function</b>	<b>\$14.919</b>	<b>\$14.919</b>	<b>\$14.919</b>
<b>Drug Resources by Decision Unit</b>			
Drug Initiative	\$14.919	\$14.919	\$14.919
<b>Total Drug Resources by Decision Unit</b>	<b>\$14.919</b>	<b>\$14.919</b>	<b>\$14.919</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	78	78	78
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.4	\$2.6	\$2.9
Drug Resources Percentage	0.6%	0.6%	0.5%

### Program Summary

#### MISSION

BIA’s mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of AI, Indian tribes, and AN. BIA’s Office of Justice Services (OJS) directly operates or funds law enforcement, Tribal courts, and detention facilities on federal Indian lands. The mission of the OJS is to uphold Tribal sovereignty and customs and provide for the safety of Indian communities affected by illegal drug activity or SUD.

#### METHODOLOGY

The Drug Initiative represents an integral component of the BIA Law Enforcement budget activity, which is comprised of eight functional areas related to public safety. Within this Law Enforcement sub activity, funding is provided for initiatives involving drug enforcement.

#### BUDGET SUMMARY

In FY 2025, BIA requests \$14.9 million for drug control, no change from the FY 2024 CR level.



## **BIA Drug Initiative**

**FY 2025 Request: \$14.9 million**

**(No change from the FY 2024 CR level)**

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

### ***Intelligence***

**FY 2025 Request: \$0.5 million**

**(No change from the FY 2024 CR level)**

The FY 2025 Budget request provides \$500,000 to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

### ***Investigations***

**FY 2025 Request: \$13.4 million**

**(No change from the FY 2024 CR level)**

In FY 2025, \$11.9 million in requested funding will support drug enforcement efforts to significantly reduce the availability of illicit drugs in the United States by disrupting their sale, and stopping their flow into the country through the mail and express courier environments, and across the borders. Requested resources will enable BIA Drug Enforcement Officers (DEOs) to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by DEOs will include eradicating illegal marijuana cultivations, conducting criminal investigations, surveilling criminals, infiltrating drug trafficking networks, and confiscating illegal drug supplies as part of coordinated efforts to disrupt and dismantle the illicit drug production and distribution infrastructure.

With level funding in FY 2025, BIA DEOs will continue supporting highly technical investigations, such as court ordered Title III wire intercepts, OCDETF cases, Racketeer Influenced and Corrupt Organization (RICO) cases, HIDTA cases, synthetic marijuana cases, and multi-jurisdictional cases. While conducting these activities, DEOs will focus on establishing and maintaining cooperative relationships with other federal, state, local, and Tribal law enforcement organizations to ensure BIA is leveraging the full capabilities of multi-jurisdictional task force programs.

The Victim/Witness Services (VWS) program (\$1 million) provides needed support to cooperative witnesses and victims of violent and drug crimes. The protection of witnesses and victims is essential during drug investigations, and VWS can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, VWS staff provides guidance to tribes in developing their own VWS programs. VWS also includes assessments of existing victim/witness programs for potential expansion to all BIA law enforcement districts.

Approximately \$500,000 of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts as well. Through the academy, BIA provides advanced training courses with content specific to drug enforcement to law enforcement officers that assist in drug investigations





throughout the nation. Also, students that graduate from Basic Police and/or Criminal Investigator Training have completed an introduction to drug awareness and investigations component. The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

***Prevention***

***FY 2025 Request: \$1.0 million***

***(No change from the FY 2024 CR level)***

In FY 2025, \$1.0 million is requested to continue support for the School Resource Officer (SRO) program. The SRO program has proven to be an important part of the OJS drug initiative allowing interaction of officers and students in the students' environment. SROs provide instruction in drug awareness and gang resistance using nationally recognized and adopted curricula to educate students on the negative aspects of illegal drug use and gang activity. The SROs play a key role in providing a visual deterrent and identifying potential threats of school violence.

**EQUITY**

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



# DEPARTMENT OF THE INTERIOR

## Bureau of Land Management

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
<b>Total Drug Resources by Function</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources by Decision Unit</b>			
Resource Protection and Law Enforcement	\$5.100	\$5.100	\$5.100
<b>Total Drug Resources by Decision Unit</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	20	20	20
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.5	\$1.5	\$1.6
Drug Resources Percentage	0.3%	0.3%	0.3%

### Program Summary

#### MISSION

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

#### METHODOLOGY

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



## **BUDGET SUMMARY**

In FY 2025, BLM requests \$5.1 million for drug control activities, no change from the FY 2024 CR level. The budget directs resources to the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

### **Resource Protection and Law Enforcement**

**FY 2025 Request: \$5.1 million**

**(No change from the FY 2024 CR level)**

The Resource Protection and Law Enforcement subactivity includes costs associated with the protection of public lands from criminal and other unlawful activity through the prevention, detection, apprehension, and prosecution of violators. Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include:

#### ***Interdiction***

**FY 2025 Request: \$0.4 million**

**(No change from the FY 2024 CR level)**

BLM will partner with USBP and state and local agencies in Arizona, New Mexico, and California to conduct interagency law enforcement operations designed to interdict the flow of illegal drugs across public lands along the Southwest Border. These operations not only directly combat drug smuggling activities, but they have the secondary effect of deterring environmental damage caused by the passage of smugglers through protected habitats.

#### ***Investigations***

**FY 2025 Request: \$4.1 million**

**(No change from the FY 2024 CR level)**

BLM law enforcement cooperates with regional HIDTAs, OCDETFs, and other partner agencies in the long-term and complex investigation of DTOs with a nexus to public lands. BLM law enforcement officers are among the only federal representatives on many task forces in rural areas and combat all forms of drug trafficking on public lands, to include the illegal cultivation of marijuana. Strategies include:

- (1) directing significant funding to address large scale marijuana cultivation activities by DTOs on BLM-managed public lands in California;
- (2) directing funding to public lands in Idaho, Oregon, Nevada, Utah, and other States as needed to combat the expansion of marijuana cultivation activities into those areas; and
- (3) directing funding to public lands in Arizona 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 DTO leadership.
- Utilizing federal, state, and local partners to conduct multi-agency investigation and eradication efforts targeting illegal activities at all levels of DTOs.



- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication, and investigative efforts.

### ***State and Local Assistance***

***FY 2025 Request: \$0.6 million***

***(No change from the FY 2024 CR level)***

Since 1983, the BLM has partnered with the State of California, DEA, and other federal, state, and local partners in the Eradication and Prevention of Illicit Cannabis (formerly known as the Campaign Against Marijuana Planting). BLM will provide funding and personnel to support state-wide efforts in California to combat illicit marijuana cultivation and trafficking, disrupting DTOs revenue streams and contributing to the collection of law enforcement intelligence supporting international investigative efforts.

Associated activities include:

- Establishing interagency agreements, partnerships, and service contracts with state and local law enforcement agencies to support counter-drug efforts on public lands.
- Partnering with non-law enforcement personnel/entities to rehabilitate cultivation and drug smuggling-related environmental damage in an effort to deter re-use of those areas.

### **EQUITY**

The BLM Office of Law Enforcement & Security (OLES) developed a Diversity Action Plan (DAP) for equity and inclusion, which includes a continued leadership commitment from the Director. The DAP includes efforts in recruitment and retention to attract and retain a diverse workforce. One example of these efforts includes requiring an agency designated Diversity and Inclusion Change Agent on all OLES hiring panels. Additionally, all OLES leadership will continue to look for opportunities for training to improve equity and reduce barriers amongst the programs.



# DEPARTMENT OF THE INTERIOR

## National Park Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$3.392	\$3.392	\$3.392
<b>Total Drug Resources by Function</b>	<b>\$3.392</b>	<b>\$3.392</b>	<b>\$3.392</b>
<b>Drug Resources by Decision Unit</b>			
National Park Protection Subactivity	\$3.392	\$3.392	\$3.392
<b>Total Drug Resources by Decision Unit</b>	<b>\$3.392</b>	<b>\$3.392</b>	<b>\$3.392</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	28	28	28
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.5	\$3.5	\$3.6
Drug Resources Percentage	0.1%	0.1%	0.1%

### Program Summary

#### MISSION

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

#### METHODOLOGY

NPS does not have a specific appropriation for drug control. However, the bureau's appropriation in the Visitor and Resource Protection functional area includes approximately \$3.39 million for drug enforcement. The primary focus of these funds is the identification, investigation, and eradication of marijuana cultivation on public lands and costs for the rehabilitation of lands. The NPS cost management system verifies the location and actual use of funding that is directed to this function. NPS utilizes these data, combined with annual financial/spending plans, to estimate the level of drug control funding.



## **BUDGET SUMMARY**

In FY 2025, NPS requests \$3.4 million for drug control activities, no change from the FY 2024 CR level.

### **National Park Protection**

**FY 2025 Request: \$3.4 million**

**(No change from the FY 2024 CR level)**

NPS Park Protection supports the NPS mission by contributing to the protection and preservation of natural and cultural resources and ensuring visitors can safely enjoy and experience the national parks. Park Protection plays a key role in serving the public interest through modern, professional law enforcement; physical security; emergency services, risk management and public health; fire and aviation management; and wilderness protection. These efforts include the preparation, response, and support of recovery efforts from public health emergencies, natural disasters, and other impactful events.

### ***Investigations***

***FY 2025 Request: \$3.4 million***

***(No change from the FY 2024 CR level)***

In FY 2025, NPS requests \$3.4 million for drug control activities, which is unchanged from the FY 2024 CR level. The budget directs resources to the identification, investigation, disruption, and dismantling of illicit 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. Rangers are trained and patrol for signs of activity and have been largely successful in deterring illegal grows but continue to detect attempts and occasionally find previous growing sites that have gone undetected. NPS is leveraging emerging technologies to detect illicit marijuana cultivation sites in order to increase detection rates, save limited funds, and mitigate risks to law enforcement officers by using remote camera systems and sensors to monitor for suspicious activity. Funding for other advanced systems like UAS is limited. NPS is an active participant on the Public Lands Drug Control Committee. The *Strategy* directs NPS to protect individuals and the environment at home from criminal exploitation by those associated with drug production and trafficking. NPS is addressing the criminal destruction of protected natural resources due to domestic marijuana grows on public lands by focusing resources in this area. Sites are located, cleaned, and dismantled as they are located.

## **EQUITY**

NPS drug policy enforcement is consistent with E.O. 13985 and other E.O.s that endorse DEIA in all federal activities. NPS policing practices are systematically fair and impartial in the treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment. The pursuit of criminal justice is based on evidence of a crime regardless of the community, identity, race, ethnicity, background, ability, culture, and belief of the suspected perpetrator. In addition, NPS pursues a proactive inclusive policy in park protection officer hiring and employment practices enabling NPS to recruit, hire, develop, promote, and retain the talents and skills of employees of all backgrounds including those from disadvantaged communities.



# DEPARTMENT OF JUSTICE







# DEPARTMENT OF JUSTICE

## Asset Forfeiture Program

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$156.846	\$145.935	\$145.935
State and Local Assistance	85.459	85.848	85.848
<b>Total Drug Resources by Function</b>	<b>\$242.305</b>	<b>\$231.783</b>	<b>\$231.783</b>
<b>Drug Resources by Decision Unit</b>			
Asset Forfeiture	\$242.305	\$231.783	\$231.783
<b>Total Drug Resources by Decision Unit</b>	<b>\$242.305</b>	<b>\$231.783</b>	<b>\$231.783</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.6	\$1.8	\$1.8
Drug Resources Percentage	15.1%	12.9%	12.9%

### Program Summary

#### MISSION

The mission of the Department’s AFP is:

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

The Assets Forfeiture Fund (AFF) is a special fund established in the Treasury to receive the proceeds of forfeitures pursuant to any law enforced or administered by DOJ, as defined in 28 U.S.C. 524(c), as well as the federal share of forfeitures under state, local, and foreign law, and the proceeds of investments of AFF balances. The AFF provides stable source of resources to cover the costs of an effective AFP, including the costs of seizing, evaluating, inventorying, maintaining, protecting, advertising, forfeiting, and disposing of property seized for forfeiture. Prior to the creation of the AFF in 1985, the costs of these activities had to be diverted from agency operational funds. The more effective an agency was in seizing property, the greater the drain on



its appropriated funds. AFF has supported the increase of forfeited criminal assets through coordinated investigative efforts and effective asset management.

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

## **METHODOLOGY**

While AFP's mission does not specifically address the *Strategy*, the AFF supports two drug-related agencies (DEA and OCDETF). All AFF-funded drug investigative monies for the DEA and OCDETF are allocated in the following Program Operations Expenses: Investigative Costs Leading to Seizure, Awards Based on Forfeiture, Contracts to Identify Assets, Special Contract Services, Joint Law Enforcement Operations, and Case-Related Expenses.

Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a federal law enforcement agency participating in the [AFF]." This joint law enforcement funding benefits federal, state, and local law enforcement efforts. DOJ supports state and local assistance through the allocation of AFP monies commonly referred to as Joint Law Enforcement Operations (JLEO) Program Operations Expenses.

## **BUDGET SUMMARY**

In FY 2025, AFP estimates \$231.8 million for drug control activities, which is equal to the FY 2024 CR level.

### **Asset Forfeiture Program**

**FY 2025 Request: \$231.8 million**

**(No change from the FY 2024 CR level)**

AFF funds are allocated to the DEA and OCDETF to carry out their drug-related activities, providing a stable source of resources to cover operating expenses including Case-Related, Contracts to Identify Assets, Awards Based on Forfeiture, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure. The request for DEA and OCDETF investigative activities is \$231.8 million, which is equal to the FY 2024 CR level. Additionally, DEA and OCDETF state and local assistance funding is approximately \$85.8 million, which is equal to the FY 2024 CR level.



The FY 2025 request will support the following:

- **Case-Related Expenses:** These are expenses associated with the prosecution of a forfeiture case or execution of a forfeiture judgment, such as court and deposition reporting, courtroom exhibit services, and expert witness costs.
- **Special Contract Services:** AFP uses contract personnel to manage data entry, data analysis, word processing, file control, file review, quality control, case file preparation, and other process support functions for asset forfeiture cases. Without this contract support, it would be impossible to maintain the automated databases, process equitable sharing requests and maintain forfeiture case files.
- **Investigative Costs Leading to Seizure:** Investigative costs are those incurred in the identification, location, and seizure of property subject to forfeiture. These include payments to reimburse any federal agency participating in AFP for investigative costs leading to seizures.
- **Contracts to Identify Assets:** Investigative agencies use these funds for subscription services to nationwide public record data systems and for the acquisition of specialized assistance, such as to reconstruct seized financial records.
- **Awards for Information Leading to Forfeiture:** Section 114 of Public Law 104-208, dated September 30, 1996, amended the Justice Fund statute to treat payments of awards based on the amount of the forfeiture the same as other costs of forfeiture.
- **Joint Federal/State and Local Law Enforcement Operations:** Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a federal law enforcement agency participating in the [AFF]." Such cooperative efforts significantly benefit federal, state, and local law enforcement efforts.

## EQUITY

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



# DEPARTMENT OF JUSTICE

## Bureau of Alcohol, Tobacco, Firearms, and Explosives

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$43.815	\$43.815	\$74.338
Harm Reduction	0.100	0.100	0.100
<b>Total Drug Resources by Function</b>	<b>\$43.915</b>	<b>\$43.915</b>	<b>\$75.438</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement	43.915	43.915	43.915
Violent Crime Reduction and Prevention	-	-	31.523
<b>Total Drug Resources by Decision Unit</b>	<b>\$43.915</b>	<b>\$43.915</b>	<b>\$75.438</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	173	173	173
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.7	\$1.7	\$1.7
Drug Resources Percentage	2.6%	2.6%	3.6%

### Program Summary

#### MISSION

Established as an independent Bureau in 1972, ATF is responsible for the enforcement and administration of federal laws and regulations involving firearms and explosives, and for the enforcement of federal criminal statutes relating to arson. Therefore, its mission is to protect the public from crimes involving firearms, explosives, arson, and the diversion of alcohol and tobacco products; regulates lawful commerce in firearms and explosives; and provides worldwide support to law enforcement, public safety, and industry partners.

The link between gun violence and illegal drugs is well-established. Consequently, the ATF's primary mission -- combatting armed criminals and those who supply them with firearms -- is an important component of the *Strategy*. Firearms are a primary tool used by drug traffickers and DTOs to commit acts of violence and intimidation; therefore, ATF's firearms investigations frequently involve those criminals and organizations. ATF works closely with law enforcement partners to identify, investigate, and prosecute firearm traffickers, straw purchasers, and gun thieves who supply firearms to drug traffickers and DTOs.



## METHODOLOGY

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

To quantify how ATF supports the *Strategy*, the total number of cases involving a drug or narcotics charge identified in the ATF's case management system are divided by the total number of actual cases to arrive at a ratio of criminal investigations with a drug or narcotics nexus. Cases with drug attributes include charges filed under 18 USC 922(g)(3); 18 USC 924(c); 18 USC 922(d)(3); narcotics violations (federal/state); 21 USC 844(a); 21 USC 846 and several other provisions related to narcotics crimes to derive the drug nexus ratio. Further, ATF factors in drug charges as a percentage of all charges in drug-related cases. Since many cases involve criminal possession and use of firearms, illegal firearms trafficking, and gang-related violent crime, many offenders and gang members arrested are often in possession of illegal drugs or narcotics. While not ATF's primary mission, the seizure of these drugs/narcotics and the filing of criminal charges under the drug statutes do support the *Strategy*.

## BUDGET SUMMARY

In FY 2025, ATF requests \$75.4 million for drug control activities, an increase of \$31.5 million above the FY 2024 CR level.

### **Law Enforcement Operations**

**FY 2025 Request: \$43.9 million**

**(No change from the FY 2024 CR level)**

In America, much of the violence associated with drug trafficking is committed at the retail level, thus ATF investigations of firearms thefts, straw purchasers, and firearms trafficking incidentally expand those investigations to include armed drug traffickers and often involve relatively small amounts of illegal drugs. One of the techniques ATF utilizes to develop evidence in investigations involving armed drug trafficking is the controlled purchases of drugs by undercover agents and confidential informants. These purchases often provide the probable cause needed to obtain search and arrest warrants that allow ATF to recover firearms used by criminals to protect drug supplies, intimidate competitors, customers, and witnesses, and commit direct acts of violence, including murder. Although ATF also endeavors to make undercover purchases of firearms in drug-related investigations, drug traffickers and DTOs are often reluctant to part with firearms because they are an essential tool of the trade.

Furthermore, ATF supports the drug control policy in other less visible ways. For instance, ATF has primary responsibility for investigating unlawful drug users who possess firearms, or who attempt to purchase firearms from federal firearm licensees, and for retrieving firearms from unlawful drug users when firearms are transferred to them prior to a denial by the background check system.

Finally, under ATF's jurisdiction to investigate the criminal misuse of explosives, ATF also investigates cases when drug traffickers turn to extremes and 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 United States border into Mexico.

### ***Investigations***

***FY 2025 Request: \$43.8 million***

***(No change from the FY 2024 CR level)***

ATF will be working collaboratively with federal, state, and local partners and will identify and expand the best use of crime gun intelligence to address the “market” or “source” areas for illegally trafficked firearms into these areas. ATF will be embedded with local homicide units and expand the availability of its National Integrated Ballistic Information Network Correlation Center, which will be utilized to match ballistics from crime scenes to other ballistic evidence nationwide. ATF will also leverage the National Tracing Center to provide actionable intelligence and leads for investigators by tracing recovered crime guns. These investigations have a nexus with armed drug dealers, armed DTOs, and felons illegally in possession of firearms, drugs and narcotics.

Specifically, the FY 2025 Budget:

- Supports DOJ’s violent crime enforcement priorities.
- Supports additional special agents, intelligence specialists and attorneys to support ATF’s firearms enforcement activities and illegal firearms trafficking investigations.

### ***Harm Reduction***

***FY 2025 Request: \$0.1 million***

***(No change from the FY 2024 CR level)***

In FY 2025, \$0.1 million is requested for harm reduction activities associated with procurement of Naloxone for ATF’s Enforcement Groups and ATF Medics for use in exposure to fentanyl or other emergency/overdose situations.

### **Violent Crime Reduction and Prevention Fund**

**FY 2025 Request: \$31.5 million**

**(\$31.5 million above the FY 2024 CR level)**

The proposed resources for ATF will contribute to implementation of the Bipartisan Safer Communities Act and to reducing gun violence by arresting and prosecuting illegal firearm traffickers and preventing guns from falling into dangerous hands and in closing legal loopholes that allowed illegal firearms traffickers to evade justice.

### **EQUITY**

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



# DEPARTMENT OF JUSTICE

## Bureau of Prisons

### Resource Summary

	Budget Authority (in Millions)		
	FY2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Corrections	\$3,844.499	\$3,763.623	\$3,796.813
Treatment	245.696	245.696	257.666
Harm Reduction	0.300	0.300	0.315
<b>Total Drug Resources by Function</b>	<b>\$4,090.495</b>	<b>\$4,009.619</b>	<b>\$4,054.794</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$3,959.101	\$3,959.101	\$3,939.259
Inmate Care & Programs (non-add)	1,586.491	1,586.491	1,666.427
Security/Management and Administration (non-add)	1,998.012	1,998.012	1,915.256
Contract Confinement (non-add)	374.598	374.598	357.576
Buildings and Facilities	\$131.394	\$50.518	\$115.535
New Construction (non-add)	\$1.810	1.810	0.888
Modernization and Repair (non-add)	129.584	48.708	114.647
<b>Total Drug Resources by Decision Unit</b>	<b>\$4,090.495</b>	<b>\$4,009.619</b>	<b>\$4,054.794</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	18,007	17,564	17,842
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.7	\$8.5	\$8.8
Drug Resources Percentage	47.0%	47.2%	46.1%

### Program Summary

#### MISSION

The mission of BOP is to protect society by confining those in its care in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist those in its care in becoming law-abiding citizens. BOP's mission statement has two parts: the first part addresses the obligation to help protect public safety through the secure and safe confinement of those in its care; the second part addresses the obligation to help those in its care prepare to return to their communities and to remain crime free. Post-release success is as important to public safety as is those in its care's secure incarceration.

Preparing those in its care for eventual release to the community has been one of BOP's key objectives. BOP's suite of drug treatment program facilitates the successful reintegration of those





in its care into society, consistent with community expectations and standards. Treatment programs assist those in its care in identifying, confronting, and altering the attitudes, values, and thinking patterns that led to criminal behavior and substance use.

## **METHODOLOGY**

The costs related to incarcerating individuals for drug-related offenses, as well as those costs for drug treatment programs, are scored as part of the drug control budget. Drug treatment efforts are funded through a distinct program in Inmate Care and Programs and Contract Confinement Decision units. Corrections costs are based on the percentage of individuals currently incarcerated or projected to be incarcerated for drug convictions.

## **BUDGET SUMMARY**

In FY 2025, the BOP requests \$4.1 billion for drug control activities, an increase of \$45.2 million from the FY 2024 CR level.

BOP continues to develop and deliver evidence-based treatments for individuals with SUDs. BOP's strategy includes early identification through a psychology screening, drug education, non-residential drug treatment, intensive residential drug treatment, medication-assisted treatment, and community transition treatment. The request maintains the current drug treatment programs that support substance use treatment to all eligible individuals in its care. BOP provides all three FDA-approved medications (i.e., methadone, buprenorphine, naltrexone) for individuals with OUD.

### **Salaries and Expenses**

**FY 2025 Request: \$3,939.3 million**  
**(\$19.8 million below the FY 2024 CR level)**

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

### ***Inmate Care and Programs***

***FY 2025 Request: \$1,666.4 million***  
***(\$79.9 million above the FY 2024 CR level)***

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

- **Drug Program Screening and Assessment:** Upon entry into a BOP facility, an individual's records are assessed to determine if there is a history of substance use, a judicial recommendation for substance use treatment, a violation due to substance use, or if the instant offense is related to substance use. If so, the individual is required to participate in the Drug Education course and is referred to other substance use treatment programs (i.e., Non-Residential Drug Abuse Program, Residential Drug Abuse Program, MOUD) as appropriate.
- **Drug Education:** Participants in the Drug Education course receive factual information on the relationship between substance use and crime as well as the psychological, biological, and social impact substance use has on a person. Participants are encouraged to consider



their substance use treatment needs and volunteer for the appropriate treatment programs. In FY 2023, 27,267 individuals participated in Drug Education.

- Nonresidential Drug Abuse Treatment (NRDAP): NRDAP was designed to provide maximum flexibility to meet those in its care's treatment needs. Individuals who have relatively mild substance use problems and do not require intensive substance use treatment benefit from the shorter duration of NRDAP. Individuals who have moderate to severe SUDs but little time remaining on their sentences are prioritized for NRDAP participation. Finally, individuals who have completed the unit-based component of the Residential Drug Abuse Program participate in the follow-up component of NRDAP for one year or until they transfer to community placement. In FY 2023, 21,421 individuals participated in NRDAP.
- Residential Drug Abuse Program (RDAP): The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate residential substance use treatment for 100 percent of individuals who have a diagnosis for SUD and who volunteer for treatment. More than half of the BOP's facilities operate a Residential Drug Abuse Program (RDAP). Participants live in a unit dedicated to RDAP, away from the general population. The RDAP is based on Cognitive Behavioral Therapy (CBT), wrapped into a modified therapeutic community model of treatment. Both CBT and therapeutic communities have proven to be effective treatment models with incarcerated populations. Individuals who successfully complete RDAP may be eligible for early release pursuant to Title 18 U.S.C. § 3621(e)(2). In FY 2023, 12,429 individuals participated in Residential Drug Treatment Program.

In FY 2021, the Bureau contracted with researchers to conduct an evaluation of its suite of substance use treatment programs (i.e., Drug Education, NRDAP, RDAP, and MAT). Existing retrospective data has been provided to researchers and data analyses are ongoing. Researchers have visited a number of DAP sites to conduct semi-structured focus groups with employees and program participants to understand the process and challenges and add context to quantitative data. The study will address a core set of research questions for each program:

- Do enrolled program participants have better program-related outcomes than do comparable non-participants?
- Do program completers have better outcomes both during incarceration and following release than do program non-completers?
- What pre-program variables are associated with program placement, completion, and outcomes?
- Nonresidential Follow-up Treatment: If an individual in its care has time to serve in the institution after completing the RDAP, he or she must participate in follow-up treatment in the institution. Follow-up treatment ensures the individual remains engaged in the recovery process and is held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts 12 months or until the individual is transferred to a Residential Reentry Center (RRC).



- **Medications for Opioid Use Disorder:** In May 2014, the Bureau approved a field trial involving the use of an injectable, long-lasting form of the medication naltrexone (Vivitrol) at three Bureau facilities. The field trial began in September 2014, and continued through FY 2016. A phased approach to a national expansion of medications for inmates with OUD began in November 2018, to include the use of all three FDA-approved medications for OUD. Currently, all three FDA-approved medications are available at all Bureau institutions and community placements. In FY 2023, 7,100 individuals received MOUD. As of March 2024, that number has risen to 10,516 and is expected to continue rising as FBOP expands capacity to evaluate and treat those in its care with OUD.
- **Female Integrated Treatment (FIT) Program.** The Female Integrated Treatment (FIT) Program is a holistic residential treatment program designed to be responsive to the gender-specific needs of women. It uses an integrated treatment model to address trauma related disorders, mental illness, and SUDs integrated with vocational programming. As a FIT participant, one may also complete the requirements of RDAP and earn early release incentives. FIT Programs are located at Federal Satellite Low Danbury, and Federal Correctional Institution, Tallahassee. A Spanish FIT Program was implemented at Federal Medical Center Carswell in FY 2023.
- **Challenge Program:** Located in 13 United States Penitentiaries (USPs), the Challenge Program is a residential program developed specifically for high security individuals in its care with mental health or SUDs. The treatment protocol includes treatment activities geared to this high-risk population, including a component focusing on violence prevention. Challenge Program participants are not eligible for early release pursuant to Title 18 U.S.C. § 3621(e)(2); however, if an individual successfully completes the Challenge Program, his security point level may drop sufficiently to enable him to transfer to a medium security institution.

### ***Security/Management and Administration***

***FY 2025 Request: \$1,915.3 million***

***(\$82.8 million below the FY 2024 CR level)***

Security/Management and Administration covers costs associated with the maintenance of facilities and institution security, including motor pool operations, powerhouse operations, as well as costs associated with general administration and oversight functions and provides funding for the central office, six regional offices, and staff training centers.

### ***Contract Confinement***

***FY 2025 Request: \$357.6 million***

***(\$17.0 million below the FY 2024 CR level)***

Contract Confinement covers costs associated with BOP individuals in contract care, costs associated with management, and oversight of contract confinement functions (and for the National Institute of Corrections). Contract Confinement also supports the following treatment programs:

- **Community Treatment Services (CTS):** CTS provides a nationwide comprehensive network of 160 contracted community-based treatment providers, screens over 2,500 individuals in its care for treatment referrals monthly and provides clinical oversight to



over 4,000 individuals in treatment every day. This network of professionals consists of licensed individuals (e.g., certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, certified peer support specialists, etc.) and specialized agencies resulting in a variety of behavioral health treatment services available throughout the country. In addition to providing substance use treatment to RDAP participants, BOP expanded community-based treatment services to include treatment for all individuals in community placements with SUDs, mental illness, and sexual offense histories, including oversight for the final phase of the RDAP, Sex Offender Treatment Program (SOTP), and medications for OUD. Moreover, crisis intervention counseling, (e.g., situational anxiety, suicidality, depression, grief/loss, and adjustment issues) is also available to those placed in RRCs, on home confinement, and on Federal Location Monitoring (FLM).

- Consistent with the standard of care in the community, CTS offers Peer Recovery Support services to those in the community with increased reentry needs or upon request. These contracted services are provided by certified peer support specialists who are available to participants and their family members 24-hours a day.
- CTS recognizes the transition from the institution to the community is stressful for those transitioning to community placements as well as for the family members. CTS also offers family therapy for individuals in community placements and their family members as a means to facilitate successful reentry and prevent substance use relapse. In addition to extensive clinical oversight of progress in treatment, CTS staff provide contract oversight for all community-based treatment providers.

### **Buildings and Facilities**

**FY 2025 Request: \$115.5 million**

**(\$65.0 million above the FY 2024 CR level)**

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

#### ***New Construction***

***FY 2025 Request: \$0.9 million***

***(\$0.9 million below the FY 2024 CR level)***

New Construction includes the costs associated with land payments of the Federal Transfer Center in Oklahoma City, salaries and administrative costs of architects, project managers, site selection, and other staff necessary to carry out the program objective. It also includes the costs associated with land and building acquisition and new prison construction when needed.

#### ***Modernization and Repair***

***FY 2025 Request: \$114.6 million***

***(\$65.9 million above the FY 2024 CR level)***

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs.



BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost. BOP remains committed to acting as a sound steward of valuable taxpayer dollars and will continue to seek cost avoidance and find efficiencies while successfully executing its mission responsibilities.

### **EQUITY**

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



# DEPARTMENT OF JUSTICE

## Criminal Division

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prosecution	\$48.135	\$48.135	\$48.001
<b>Total Drug Resources by Function</b>	<b>\$48.135</b>	<b>\$48.135</b>	<b>\$48.001</b>
<b>Drug Resources by Decision Unit</b>			
Enforcing Federal Criminal Laws	\$48.135	\$48.135	\$48.001
<b>Total Drug Resources by Decision Unit</b>	<b>\$48.135</b>	<b>\$48.135</b>	<b>\$48.001</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	167	167	159
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	19.2%	19.2%	18.3%

### Program Summary

#### MISSION

CRM develops, enforces, and supervises the application of all federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 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 agencies and USAOs. In executing its mission, CRM dedicates specific resources in support of the *Strategy* that focus on disrupting domestic drug trafficking and production, and strengthening international partnerships.

#### METHODOLOGY

The drug budget represents the level of efforts each Section or Office within CRM estimates spending on drug-related activities. That estimate, a percentage, is then applied to the pro-rata base funding figure for each Section or Office to determine CRM's total base funding for drug-related activities.

#### BUDGET SUMMARY

In FY 2025, CRM requests \$48.0 million for drug control activities, a decrease of \$0.1 million from the FY 2024 CR level.



## **Enforcing Federal Criminal Laws**

**FY 2025 Request: \$48.0 million**

**(\$0.1 million below the FY 2024 CR level)**

Many of CRM's Sections and Offices contribute to the drug-related activities. The most noteworthy and directly impacted is CRM's Narcotic and Dangerous Drug Section (NDDS). The NDDS supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups, as well as by providing sound legal, strategic, and policy guidance in support of that goal. NDDS provides expert guidance on CN 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 and narcoterrorist groups. In prosecuting the high-level command and control elements of sophisticated international criminal organizations and narcoterrorists (i.e., the kingpins and CPOTs), 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.

Additionally, CRM approves and oversees the use of the most sophisticated investigative tools in the federal arsenal. Examples of these tools include Title III wiretaps, electronic evidence-gathering authorities, correspondent banking subpoenas, and the Witness Security Program. In the international arena, CRM manages the DOJ's relations with foreign counterparts and coordinates all prisoner transfers, extraditions, and mutual legal assistance requests. A successful outcome of an investigation or prosecution often hinges on these key components that could make or break the case.

## **EQUITY**

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





# DEPARTMENT OF JUSTICE

## Drug Enforcement Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Intelligence	\$199.897	\$200.083	\$210.771
International	450.126	450.126	458.120
Investigations	2,472.909	2,477.488	2,647.828
Prevention	8.808	8.837	9.502
State and Local Assistance	12.695	12.695	12.824
Harm Reduction	0.168	0.168	0.178
<b>Total Drug Resources by Function</b>	<b>\$3,144.603</b>	<b>\$3,149.397</b>	<b>\$3,339.223</b>
<b>Drug Resources by Decision Unit</b>			
Domestic Enforcement	\$2,074.300	\$2,074.300	\$2,179.598
International Enforcement	476.121	476.121	484.578
State and Local Assistance	12.695	12.695	12.824
Diversion Control Fee Account	581.487	586.281	651.723
Violent Crime Reduction and Prevention Fund	0.000	0.000	10.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$3,144.603</b>	<b>\$3,149.397</b>	<b>\$3,339.223</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	8,300	8,161	8,414
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.1	\$3.1	\$3.3
Drug Resources Percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The mission of DEA is to enforce the controlled substances laws and regulations of the United States; bring to justice those organizations and principal members of organizations involved in the growing, manufacturing, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

#### METHODOLOGY

All DEA appropriations are scored as part of the National Drug Control Budget.



## **BUDGET SUMMARY**

In FY 2025, DEA requests \$3.3 billion for drug control activities, an increase of \$189.8 million above the FY 2024 CR level.

### **Salaries & Expenses**

**FY 2025 Request: \$2,677.0 million**

**(\$113.9 million above the FY 2024 CR level)**

DEA's S&E resources are divided into three decision units to achieve the maximum impact against the full spectrum of drug trafficking activities: Domestic Enforcement, International Enforcement, and State and Local Assistance.

DEA prioritizes its resources to address current, emerging, and evolving drug threats domestically and abroad by dismantling the criminal drug networks that threaten the safety and health of communities. DEA's current primary focus is defeating the Sinaloa and Jalisco Cartels. These organizations are synthesizing fentanyl, methamphetamine, and other deadly substances in clandestine laboratories in Mexico, using precursor chemicals largely sourced from manufacturers in China. These substances are flooding into American communities by local DTOs and are killing Americans.

### ***Domestic Enforcement***

***FY 2025 Request: \$2,179.6 million***

***(\$105.3 million above the FY 2024 CR level)***

DEA is also transforming its ability to leverage data to identify and target threats; organize operational decisions; inform investigations; priorities; and determine how to leave a positive impact on local communities. Operation Overdrive, a data-driven initiative, DEA focuses its law enforcement resources on the communities where criminal drug networks are causing the most harm. Phase One of Operation Overdrive took place in 34 locations across the United States, and Phase Two took place in 57 locations. Phase Three will take place in 32 locations through early FY 2024. Through Operation Overdrive, DEA and its state, local, Tribal, and federal law enforcement partners have made over 1,800 arrests, seized over 1,400 firearms, and seized over 13 million potentially deadly doses of fentanyl.

DTOs have grown and become increasingly globalized. Today, vast criminal networks stretching around the world are involved in sophisticated drug trafficking rings. To meet this threat head on, DEA is developing targeting teams to map these criminal organizations and help build cases that lead to the dismantlement of the entire networks. These teams are key to DEA's efforts to combat the Sinaloa and Jalisco Cartels; Mexican and Chinese precursor chemical traffickers; money laundering organizations; and other emerging threats. These counter-network teams leverage the inter-agency relationships and data sharing occurring at SOD while mapping cartels' illicit finance networks, tracking billions of dollars across the globe and identifying the wholesalers, money launderers and facilitators who are that last mile, pushing fentanyl into communities in the United States.

The cartels are continuously developing new substances and distributing them in American communities in new forms. DEA, through its One Pill Can Kill campaign, is raising awareness about fake deadly fentanyl-laced pills that are designed to look like legitimate pharmaceuticals.



DEA seized more fentanyl in 2023 than in any other year since the agency was established over 50 years ago. DEA seized more than 77 million fentanyl pills and nearly 12,000 pounds of fentanyl powder. These seizures represent over 380 million potentially deadly doses of fentanyl.

Almost all drug transactions have moved from street corners to smart phones, often conducted using cryptocurrency and encryption. To defeat modern, tech-savvy drug traffickers, DEA is dramatically transforming how it approaches the digital space through developing a best-in-class cyber division staffed with intelligence analysts, computer scientists, digital forensic examiners, program managers, and cryptocurrency experts to collaborate on cutting-edge investigations.

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

Task forces are a valuable resource and greatly enhance DEA's ability to carry out its mission. Through the fourth quarter of FY 2023, the DEA led approximately 600 state and local task forces. These task forces consisted of an onboard strength of approximately 2,800 Special Agents and 3,000 TFOs, all are deputized with Title 21 authority and dedicated full-time to investigate major TCOs and address local trafficking issues.

DEA's intelligence program comprises several sections responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions, and provides policymakers with drug trend information upon which tactical and strategic decisions are based. The DEA is represented in the United States Intelligence Community (IC) through the Office of National Security Intelligence, which facilitates information sharing with other members of the IC. DEA routinely shares approximately 5,000 reports with the IC annually. DEA's El Paso Intelligence Center (EPIC) provides tactical, operational, and strategic intelligence support to all EPIC users (federal, state, local, Tribal, and international) within the Western Hemisphere with a focus on the Southwest Border. EPIC provides 24/7 real-time tactical information to state and local law enforcement partners in all 50 States and houses employees from 11 domestic and foreign law enforcement agencies.

DEA's FY 2025 program increases principally support Department of Justice Strategic Goal 2: Keep Our Country Safe and Strategic Goal 3: Protect Civil Rights. Requested resources will allow DEA to efficiently execute its top operational priorities to defeat drug cartels responsible for bringing fentanyl and other dangerous drugs into communities throughout the United States.

- Counter Fentanyl Threat Targeting Teams: \$18.3 million and 72 positions (40 Special Agents) to establish Counter Fentanyl Threat Targeting Teams in eight DEA domestic field divisions to map illicit finance and organized crime networks, prioritizing those trafficking in fentanyl.



- Body Worn Cameras: \$15.7 million and 69 positions (five Attorneys) to establish an agency-wide Body Worn Camera (BWC) program.

### ***International Enforcement***

*FY 2025 Request: \$484.6 million*

*(\$8.5 million above the FY 2024 level)*

DEA has the primary responsibility of enforcing the controlled substances laws and regulations of the United States. Fentanyl, methamphetamine, heroin, cocaine, and other illicit substances are produced in source countries and smuggled into the United States. Additionally, most of the chemicals used to produce fentanyl, methamphetamine, and other synthetic drugs are manufactured overseas in countries such as China, and transported to drug producing countries, like Mexico. For that reason, reducing the illicit drug availability in the United States requires a focused international counter narcotics approach. However, DEA cannot unilaterally investigate and arrest high-level drug traffickers operating overseas; therefore, host nation collaboration is vital. As such, DEA personnel deployed to foreign offices exchange valuable intelligence and conduct complex bilateral operations with host nation counterparts. DEA personnel also engage and assist their host nation counterparts during the development of new foreign legislation, treaties, and agreements designed to combat drug trafficking, money laundering, and the diversion of precursor chemicals. DEA deploys its resources to the highest priority overseas locations to maximize the impact on the global narcotics trade. DEA's global footprint is organized into eight DEA foreign regions which include 92 offices in 69 countries.

The United States is battling an unprecedented drug overdose epidemic that claimed more than 110,000 American lives from January 2022 to January 2023. The majority of these deaths are attributable to synthetic drugs—like fentanyl and methamphetamine—that are being primarily produced by the two Mexican drug cartels: the Sinaloa and Jalisco Cartels. DEA's ultimate objective is to defeat these two criminal organizations through bilateral investigations with host nation counterparts and multi-agency coordination.

To disrupt the flow of drugs, money, and precursor chemicals into the United States, DEA foreign-based personnel work with foreign counterparts to attack all key components in the supply chain, to include precursor chemical manufacturers, chemical brokers, logistics providers, chemists, smugglers, distributors, and money launderers, as each component plays a crucial role in ensuring the finished product reaches consumers and continues to do so.

Most countries where illicit drugs are sourced and manufactured are developing nations that lack necessary resources, skills, training, equipment, and overall capacity to adequately address the drug trafficking threat posed to and from these locales. DEA's International Training Program, with funding from INL and DoD, serves as a model for a variety of international law enforcement training efforts. DEA's International Training Program offers both in-country and regional training programs conducted by four mobile training teams. In-country programs are conducted for participants from a specific country, whereas, regional training is offered for participants from a number of countries sharing common drug trafficking issues. DEA continually develops new curricula and modifies courses in response to various factors to include evolving international narcotics trafficking routes, new technologies, and requests from host nation governments.



DEA's Sensitive Investigative Unit (SIU) program began in 1996 with approximately 600 host nation participants in Bolivia, Colombia, Mexico, and Peru. The SIU program is one of DEA's most effective tools to provide host nation counterparts with vetting, training, expertise, and capacity in the effort to disrupt and dismantle DTOs that threaten the United States. This program allows DEA to effectively identify, investigate, arrest, and extradite members of the criminal networks and cartels that traffic fentanyl, methamphetamine, heroin, cocaine, and other illicit drugs into the United States. Today, DEA manages 14 SIUs with over 900 onboard host nation law enforcement officials. For nearly 30 years, the program has successfully vetted, trained, and mentored foreign law enforcement units capable of conducting investigations, developing networks of confidential sources, and gathering intelligence. The benefits of the SIU program are long-lasting as SIU graduates continue in their careers to hold positions of influence within their respective police forces and governments.

DEA's FY 2025 request reflects mandatory increases of existing costs, including Department of State charges and Government Services Administration rent.

### ***State & Local Assistance***

***FY 2025 Request: \$12.8 million  
(\$0.1 million above the FY 2024 CR level)***

DEA has the responsibility to respond to the clandestine laboratory training requirements and hazardous waste cleanup needs of the United States law enforcement community. DEA supports state and local law enforcement with methamphetamine-related assistance and training, which allows state and local agencies to better address the methamphetamine threat in their communities and reduce the impact of methamphetamine on the quality of life for Americans. By providing training in the techniques of clandestine laboratory drug enforcement and hazardous waste cleanup, DEA is able to expand drug enforcement across the United States in a cost-effective manner. DEA also provides First Responder/Awareness training and a train-the-trainer program that benefits state and local law enforcement personnel in responding to the opioid epidemic and in the administration of the life-saving drug Naloxone.

### **Diversion Control Fee Account**

**FY 2025 Request: \$651.7 million  
(\$65.4 million above the FY 2024 CR level)**

The Diversion Control Division's (DC) mission is to prevent, detect and investigate the diversion of pharmaceutical controlled substances and listed chemicals from legitimate channels while ensuring an adequate and uninterrupted supply of pharmaceutical controlled substances and chemicals to meet medical, commercial, and scientific needs. The DC Program actively monitors more than 2 million individuals and companies that are registered with DEA to handle controlled substances or listed chemicals through a system of scheduling, quotas, recordkeeping, reporting, and security requirements.

The DC's mission also includes providing registrant outreach initiatives, such as hosting nationwide conferences to DEA registrants, and training on applicable laws and regulations pertaining to pharmaceutical controlled substances. In May 2023, the DCP held the 2023 DEA Supply Chain Conference. A three-day hybrid conference with Importers, Exporters, Manufacturers, Distributors and Pharmacists attending, which had an attendance of over 800. In addition, DC hosted three live, one-hour webinars for Dentists with a combined total of 5,018



attendees. These webinars were recorded and posted on the American Dental Association (ADA's) website and have, to date, trained an additional 5,603 dentists.

The National Prescription Drug Take Back Initiative (NTBI) aims to provide a safe and easy means of disposing of unused or expired medications, while also educating the public about prescription drug misuse. To date, DEA, working with its law enforcement partners, has removed nearly 18 million pounds of unused medication from circulation. Although NTBI events have been a huge success for DEA, the need for these events has decreased over time due to increased registered reverse distributors (disposers).

The FY 2025 request includes current services funding, including pay raises, change in compensable days, and Government Services Administration rent. The FY 2025 request also supports an increase in personnel resources to identify, target, disrupt, and dismantle the individuals and organizations responsible for the illicit manufacture and distribution of pharmaceutical controlled substances in violation of the Controlled Substances Act.

### **Violent Crime Reduction and Prevention Fund**

**FY 2025 Request: \$10.5 million**

**(\$10.5 million above the FY 2024 CR level)**

Under the Violent Crime Reduction and Prevention Fund (VCRPF) the Department requests additional support to expand DEA's Operation Overdrive program into more communities. Operation Overdrive is designed to target violent fugitives and drug dealers. In addition to the VCRPF, DEA also has an Operation Overdrive discretionary request which includes \$563.3 million to combat drug trafficking and prevent overdose deaths, including \$18.3 million in funding for 40 DEA agent positions, and resources for DEA to investigate the transnational organized crime networks most responsible for the surge of fentanyl in the United States. In addition, requested funding of \$23.2 million for laboratory analysis for DEA will enhance its ability to trace fentanyl back to its manufacturer, and expand data system improvements to Operation Overdrive and bolster criminal drug network targeting efforts.

### **EQUITY**

DEA supports the Department of Justice's Equity Action Plan. DEA is committed to recruiting, retaining, and promoting a workforce that reflects the diversity of the United States and its people. DEA's personnel are expected to uphold the values of fairness, justice, and equality to include fostering an inclusive work environment where individual differences are understood, respected, and valued. In support of diversity, equity, inclusion, and accessibility for its workforce, DEA has:

- Established DEA's first Diversity, Equity, Inclusion and Disability (DEIA) Strategic Plan aligned to the E.O.s on DEIA, race and gender equity, as well as the OPM DEIA Maturity Model.
- Promoted EEO principles, knowledge and competencies to engage in the EEO process among DEA supervisors and executives.
- Revamped the DEIA Advisory Committee Charter to elevate the performance of DEA's diversity program on the OPM diversity maturity model.
- Established recruitment and retention goals where inequities were observed based on a 5-year diversity study.



- Standardized methodology to measure and report DEIA inequities, specifically disparate treatment and adverse impact in employment actions.
- Established language for a mandatory EEO element in supervisory performance standards, bringing DEA into full compliance with the regulatory requirements of a model EEO program in FY 2023, likely the first agency to achieve such status.





# DEPARTMENT OF JUSTICE

## Federal Bureau of Investigation

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$204.350	\$162.845	\$215.342
Intelligence	11.534	12.116	12.960
Harm Reduction	0.050	0.0500	0.050
<b>Total Drug Resources by Function</b>	<b>\$215.934</b>	<b>\$175.011</b>	<b>\$228.352</b>
<b>Drug Resources by Decision Unit</b>			
Intelligence	\$11.534	\$12.116	\$12.960
Criminal Enterprises/Federal Crimes	204.400	162.895	175.905
Violent Crime Reduction and Prevention Fund	\$0.000	\$0.000	\$39.487
<b>Total Drug Resources by Decision Unit</b>	<b>\$215.934</b>	<b>\$175.011</b>	<b>\$228.352</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	957	936	939
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$10.7	\$10.7	\$11.2
Drug Resources Percentage	2.0%	1.6%	2.0%

### Program Summary

#### MISSION

As part of its mission, FBI employs a multidisciplinary approach to address the drug crisis in America. FBI is utilizing the full spectrum of its most sophisticated investigative techniques against the illicit narcotic threat.

#### METHODOLOGY

FBI's resources that are scored to the *Strategy* include three priority initiatives within the Criminal Program: Transnational Organized Crime - Western Hemisphere (TOC-W), Joint Criminal Opioid Darknet Enforcement (JCODE), and the Prescription Drug Initiative (PDI). The estimated budgetary resources for each priority initiative are calculated based on a percentage of resources from the FBI's Transnational Organized Crime - Eastern Hemisphere (TOC-E), TOC-W, and Healthcare Fraud (HCF) programs. Non-personnel funding is determined by programmatic requirements and was calculated by evaluating both the allocated resources to these three initiatives, as well as the proportion of the criminal program's investigative and intelligence efforts dedicated to drug control. Estimated budgetary resources for the three programs are multiplied by the percentage of the total programmatic resources that are scored to the *Strategy*. The applied



percentages are determined by the number of open cases, within the TOC-E, TOC-W, and HCF programs that are drug related. Personnel resources are calculated based on the FBI's actual personnel time utilization, often referred to as Time Utilization and Record Keeping (TURK). Full-Time Equivalents (FTE) are used to quantify employment as a function of hours worked during a FY and the data comes from payroll processed at the National Finance Center. The payroll FTE was reported by program and subprogram for Field Offices using an activity-based costing methodology incorporating both HR data and TURK data. The resources reported as "Intelligence" represent the resources that are scored to the Intelligence decision unit which include FBI intelligence activities focused on strategic, tactical, and network analysis; training, outreach, and collaboration; and tool development. The "Investigative" resources represent budgetary resources that are scored to the Criminal Enterprises and Federal Crimes decision unit.

## **BUDGET SUMMARY**

In FY 2025, FBI requests \$228.4 million for drug control activities, an increase of \$53.3 million above the FY 2024 CR level.

### **Intelligence**

**FY 2025 Request: \$13.0 million**  
**(\$0.8 million above the FY 2024 CR level)**

In FY 2025, FBI's intelligence activities will remain focused on strategic, tactical, and network analysis; training, outreach, and collaboration; and tool development. Strategic analysis will inform policy makers, law enforcement, and the IC on emerging trends and threats while guiding the prioritization of investigative resources. For example, a JCODE mapping initiative will identify hotspots in the United States of individuals purchasing and selling drugs on the Darknet; enabling JCODE to target these areas for additional resources, training, and outreach. The initiative will also provide the FBI with a baseline of United States-based Darknet related activity, which can be tracked over time. Tactical intelligence will amplify existing, as well as new investigations. Network analysis will identify potential targets and disrupt DTOs and their money laundering efforts.

FBI intelligence will enhance collaboration with foreign partners, to include dedicating additional intelligence resources to triage and analyze large datasets seized during law enforcement operations for operational targeting and strategic intelligence value. Training and outreach will educate international, federal, state, and local law enforcement partners on TCOs use of sophisticated technologies, including Darknet, social media, encrypted platforms, and applications, and dedicated encrypted devices. FBI intelligence will also continue to engage with operational counterparts on tool development for proactive targeting and prioritization. Additionally, FBI will amplify their network within the intelligence community to share knowledge and tools.

### **Criminal Enterprises/Federal Crimes**

**FY 2025 Request: \$175.9 million**  
**(\$13.0 million above the FY 2024 CR level)**

The Department's FY 2025 Budget request includes \$175.9 million for Criminal Enterprise/Federal Crimes, an increase of \$13.0 million above the FY 2024 CR level to support a comprehensive, multi-pronged criminal enterprise strategy to target fentanyl and opioid trafficking on Darknet and Clearnet, enhance intelligence activities and money laundering, and support investigations that focus on identifying, targeting, disrupting, degrading, and dismantling TCOs.



### ***Investigations***

***FY 2025 Request: \$175.9 million***

***(\$13.0 million above the FY 2024 CR level)***

FBI has established strategic initiatives to focus on the largest TCOs to identify, target, disrupt, degrade, and dismantle those organizations. To accomplish the mission, FBI utilizes resources to develop technological advances to overcome encrypted communication devices and applications leading to a better ability to identify those involved and their distribution networks. The JCODE Team is responsible for a coordinated government effort to detect, disrupt, and dismantle the most prolific criminal enterprises which are reliant on the Internet or advanced technology to facilitate the trafficking of illicit narcotics. The JCODE mission is accomplished by increasing technical and intelligence collection capabilities across law enforcement and intelligence communities, exploiting technical infrastructure, directing strategic offensive campaigns, infiltrating criminal enterprises, and educating buyers on the dangers of Darknet marketplaces. Success is achieved via the creation of uncertainty across markets, fewer opportunities for buyers to purchase illicit drugs, fear of law enforcement attention and reduced opportunities for overdose deaths due to disruptions of Darknet DTOs. FBI's PDI is designed to address the fraudulent dispensing and distribution of prescription drugs by healthcare professionals who knowingly prescribe opioids for personal gain, without a legitimate medical need. Fraudulent dispensing and distribution directly contribute to the opioid epidemic. The objective of the PDI is to identify and target criminal enterprises, including healthcare professionals, engaged in prescription drug schemes; identify and prosecute organizations with improper corporate policies related to prescription drugs; and identify and prosecute organizations with improper provider drug prescribing and dispensing practices.

### ***Harm Reduction***

***FY 2025 Request: \$0.1 million***

***(No change from the FY 2024 CR level)***

FBI purchases Naloxone through the Medical Operations and Readiness Unit. This effort is under Harm Reduction and aggregated under Prevention.

### **Violent Crime Reduction and Prevention Fund**

**FY 2025 Request: \$39.5 million**

**(\$39.5 million above the FY 2024 CR level)**

The Department's request includes an additional \$1.2 billion to support the VCRPF, which will support violent crime enforcement efforts for multiple DOJ agencies including FBI. The funding also will enable FBI to hire additional agents and allow FBI to address the most urgent, mission-critical counterintelligence needs and to restore positions integral to achieving the Bureau's dual national security and law enforcement mission.

### **EQUITY**

FBI supports the DOJ's Equity Action Plan. FBI's mission is to develop and execute diversity and inclusion strategies to support a high performing, diverse, and inclusive workforce, and foster a culture that integrates diversity and inclusion across the enterprise.



# DEPARTMENT OF JUSTICE

## Office of Justice Programs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
State and Local Assistance	\$177.556	\$209.147	\$329.635
Treatment	192.048	210.175	209.591
Harm Reduction	77.321	78.612	78.072
Recovery	167.765	191.687	191.018
Prevention	34.863	34.863	35.127
<b>Total Drug Resources by Function</b>	<b>\$649.553</b>	<b>\$724.484</b>	<b>\$843.443</b>
<b>Drug Resources by Decision Unit</b>			
Regional Information Sharing System Program	\$15.400	\$16.280	\$14.800
Drug Court Program	95.000	95.000	95.000
Justice and Mental Health Collaboration	6.750	9.900	9.900
Residential Substance Abuse Treatment Program	45.000	45.000	45.000
Harold Rogers' Prescription Drug Monitoring Program	35.000	35.000	35.000
Second Chance Act	38.136	75.576	75.576
Project Hope Opportunity Probation with Enforcement (HOPE)	5.000	2.900	2.900
Edward Byrne Memorial Justice Assistance Grant Program	54.125	86.601	88.240
Veterans Treatment Courts Program	35.000	35.000	33.000
Comprehensive Opioid, Stimulant, and Substance Use Program	190.000	190.000	190.000
Tribal Set Aside: CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	28.042	31.127	31.127
Tribal Set Aside: CTAS Purpose Area 9: Tribal Youth Program	5.100	5.100	5.400
COPS Anti-Heroin Task Forces	35.000	35.000	35.000
COPS Anti-Methamphetamine Task Forces	16.000	16.000	16.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	17.000
Opioid-Affected Youth Initiative	12.500	12.500	12.500
Mentoring for Youth Affected by the Opioid Crisis	16.500	16.500	16.500
Violent Crime Reduction and Prevention Fund	0.000	0.000	120.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$649.553</b>	<b>\$724.484</b>	<b>\$843.443</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	49	49	49
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.0	\$3.0	\$3.1
Drug Resources Percentage	21.7%	24.1%	27.0%



## Program Summary

### 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.

### METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *Strategy* that focus on combating drug-related crime and breaking the cycle of substance use through prevention, harm reduction, treatment, and recovery. In January 2024, OJP and ONDCP established a fully revised drug budget methodology to bring OJP's methodology in line with recent changes to ONDCP policies. Therefore, the 2023 Enacted funding shown above will reflect the older drug budget methodology (established in January 2018) to match the methodology used in drug budget reporting for these years. The FY 2024 CR level and FY 2025 President's Budget funding levels shown above fully reflect the new methodology, including revised funding percentages adopted during the FY 2024 budget cycle and the revised drug control budget function allocations adopted during the FY 2025 budget cycle.

### BUDGET SUMMARY

In FY 2025, OJP requests \$843.4 million for drug control activities, an increase of \$119.0 million above the FY 2024 CR level.

#### **Regional Information Sharing System Program**

**FY 2025 Request: \$14.8 million**

**(\$1.5 million below the FY 2024 CR level)**

The Regional Information Sharing System (RISS) program is a national criminal intelligence system operated by and for state and local law enforcement agencies. Six regional intelligence centers operate in all 50 States, the District of Columbia, and United States territories, with some member agencies in Canada, Australia, and the United Kingdom. These regional centers facilitate information sharing and communications to support member agency investigative and prosecution efforts by providing state-of-the-art investigative support and training, analytical services, specialized equipment, secure information-sharing technology, and secure encrypted e-mail and communications capabilities to more than 9,900 federal, state, county, and municipal law enforcement nationwide.

#### **Drug Court Grant Program**

**FY 2025 Request: \$95.0 million**

**(No change from the FY 2024 CR level)**

The Drug Court program provides grants and training and TA to state, local, and Tribal governments to support the development, expansion, and enhancement of adult and juvenile substance use treatment courts. This program also supports evaluations of the effectiveness of substance use treatment courts and treatment court strategies. These programs have proven to be a solid investment of federal dollars with a 25-year track record of success in integrating evidence-based SUD treatment, mandatory random drug testing, equitable sanctions and incentives, and



transitional services in judicially supervised court settings to reduce recidivism, substance use and misuse, and prevent overdoses.

### **Justice and Mental Health Collaboration Program**

**FY 2025 Request: \$9.9 million**

**(No change from the FY 2024 CR level)**

The Justice and Mental Health Collaboration program provides grants, training, and technical and strategic planning assistance to help state, local, and Tribal governments develop multi-faceted strategies to promote a system-wide response to the needs of people with mental health (MHDs) or co-occurring mental health and SUDs (MHSUDs) who come in contact with the criminal justice system. These strategies typically bring together criminal justice, social services, public health agencies, as well as community organizations.

### **Residential Substance Abuse Treatment Program**

**FY 2025 Request: \$45.0 million**

**(No change from the FY 2024 CR level)**

The Residential Substance Abuse Treatment (RSAT) program was established to help state governments develop, implement, and improve residential SUD treatment programs within state correctional facilities, as well as within local correctional and detention facilities, in which persons are incarcerated for a period of time sufficient to permit SUD treatment. RSAT funding may also be used to establish and maintain community-based aftercare services for individuals subject to post-release supervision. The program's goal is to improve public safety and reduce criminal recidivism by helping individuals successfully reintegrate into society and remain drug-free after release.

### **Harold Rogers Prescription Drug Monitoring Program**

**FY 2025 Request: \$35.0 million**

**(No change from the FY 2024 CR level)**

The purpose of the Harold Rogers Prescription Drug Monitoring Program (PDMP) is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. The program aims to assist state and local governments in establishing or enhancing PDMP systems. Objectives of the program include building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between States, and assessing the efficiency and effectiveness of the programs funded under this initiative.

### **Second Chance Act Program**

**FY 2025 Request: \$75.6 million**

**(No change from the FY 2024 CR level)**

The Second Chance Act Program builds on OJP's past reentry initiatives by supporting adult and youth reentry programs that improve public safety by reducing criminal recidivism and assist individuals in successfully reintegrating into society following their release from correctional institutions. This program awards grants to help state, local, and Tribal adult and juvenile corrections and public safety agencies, as well as nonprofit service providers, to implement and improve reentry services, including housing, education and employment assistance, mentoring programs, treatment, and recovery support for substance use and mental health disorders, and





family support services. These services contribute to successful reintegration into the community, which will reduce recidivism rates and increase success post-release.

### **Project Hope Opportunity Probation with Enforcement**

**FY 2025 Request: \$2.9 million**

**(No change from the FY 2024 CR level)**

This program assists state, local, and Tribal governments in developing and implementing community supervision programs based on approaches that emphasize the use of "swift, certain, and fair" (SCF) sanctions (including the Hawaii HOPE model) for violating conditions of probation or post-release supervision. By enhance community supervision programs that make use of the SCF sanctions principles, this program seeks to reduce help reduce recidivism and reduce the unnecessary use of incarceration to address criminal offenses related to substance use and misuse.

### **Edward Byrne Memorial Justice Assistance Grant (JAG) Program**

**FY 2024 Request: \$88.2 million**

**(\$1.6 million above the FY 2024 CR level)**

The Edward Byrne Justice Assistance Grants (JAG) are the primary source of flexible federal criminal justice funding for state, local, and Tribal jurisdictions. This funding supports all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention, courts, corrections, treatment, and justice information sharing initiatives. Projects funded by JAG awards address crime through direct services to individuals and communities and improve the effectiveness and efficiency of state, local, and Tribal criminal justice systems.

### **Veterans Treatment Courts Program**

**FY 2025 Request: \$33.0 million**

**(\$2.0 million below the FY 2024 CR level)**

This program provides grants, training, and TA to state, local, and Tribal governments to support the creation and development of Veterans Treatment Courts (VTC). The program also supports the development of the veteran's treatment court model and knowledge about its effectiveness and how state, local and Tribal VTCs can coordinate resources with the Veterans Justice Officers out of the VA. The goal of the VTC program is to provide drug court and criminal justice professionals with the resources needed to implement, enhance, and sustain evidence-based treatment court programs and systems for veterans with SUDs, and in some cases co-occurring mental health needs including PTSD resulting from their service.

### **Comprehensive Opioid, Stimulant, and Substance Use Program**

**FY 2025 Request: \$190.0 million**

**(No change from the FY 2024 CR level)**

The COSSUP program, previously known as the Comprehensive Opioid Abuse Program (COAP), provides grants, training, and TA to support state, local, and Tribal governments in effectively responding to the overdose epidemic, opioids, stimulants, and other substance use challenges. Grant programs are designed to strengthen law enforcement and community responses to the overdose epidemic and substance use crisis, as well as to provide support for diversion and alternatives to incarceration programs for individuals responsible for low-level, non-violent offenses.





### **Coordinated Tribal Assistance Solicitation Purpose Area 3: Justice Systems and Alcohol and Substance Abuse**

**FY 2025 Request: \$31.1 million**

**(No change from the FY 2024 CR level)**

DOJ's Coordinated Tribal Assistance Solicitation (CTAS) allows federally recognized Indian tribes and Native Alaskan communities to seek funding from most DOJ Tribal justice assistance grant programs through a single application. Grantees may choose to request funding in one of seven broad purpose areas. CTAS Purpose Area 3 focuses on helping tribes respond to the threats posed by SUD and strengthen and enhance their courts and justice systems. This purpose area supports all the activities previously funded by the OJP's Tribal Courts and Indian Alcohol and Substance Abuse programs. The funding request shown for this purpose area is estimated based on overall funding levels included in the FY 2024 President's Budget.

### **Coordinated Tribal Assistance Solicitation Purpose Area 9: Tribal Youth Program**

**FY 2025 Request: \$5.4 million**

**(\$0.3 million above the FY 2024 CR level)**

CTAS Purpose Area 9 focuses on supporting and enhancing Tribal efforts to prevent and respond to juvenile delinquency (including responding to youth alcohol and substance use or misuse) and improving Tribal juvenile justice systems. This purpose area supports all the activities previously funded under the OJP's Tribal Youth Program. The funding request shown for this purpose area is estimated based on overall funding levels included in the FY 2024 President's Budget.

### **Office of Community Oriented Policing Services (COPS Office) Anti-Heroin Task Force Program**

**FY 2025 Request: \$35.0 million**

**(No change from the FY 2024 CR level)**

The COPS Anti-Heroin Task Force Program provides grants to law enforcement agencies in states with high rates of primary treatment admissions for heroin and other opioids. These grants may be used for the purpose of locating or investigating illicit activities through statewide collaboration relating to the distribution of heroin, fentanyl, or carfentanil or to the unlawful distribution of prescription opioids.

### **Community Oriented Policing Services (COPS Office) Anti-Methamphetamine Task Force Program**

**FY 2025 Request: \$16.0 million**

**(No change from the FY 2024 CR level)**

The COPS Anti-Methamphetamine Task Force Program assists state law enforcement agencies in addressing the persistent threats related to methamphetamine production, distribution, and misuse. This program helps state law enforcement agencies, in collaboration with other service providers and stakeholders, to establish or enhance comprehensive methamphetamine reduction efforts; expand the use of community policing strategies to address production, distribution, and use of illicit drugs; and improve collaboration in support of prevention, investigation, intervention, and treatment efforts.



### **Forensic Support for Opioid and Synthetic Drug Investigations**

**FY 2025 Request: \$17.0 million**

**(No change from the FY 2024 CR level)**

This Forensic Support for Opioid and Synthetic Drug Investigations program, funded as a carve-out under the Paul Coverdell Forensic Science Improvement Grants program, provides grants and training and TA to assist medical examiners' and coroners' offices analyze evidence associated with investigations related to opioid and synthetic drug use and distribution.

### **Opioid-Affected Youth Initiative**

**FY 2025 Request: \$12.5 million**

**(No change from the FY 2024 CR level)**

The Opioid-Affected Youth Initiative, funded as a carve-out under the Delinquency Prevention Program, provides funding and training and TA to help communities develop evidence-based programs and strategies that identify, respond to, treat, and support children, youth, and families impacted by the opioids and other SUDs. By promoting coordinated intervention and prevention responses to youth and families affected by substance use, this program seeks to improve youth and community safety and reduce the number of youths involved in the foster care system.

### **Mentoring for Youth Affected by the Opioid Crisis**

**FY 2025 Request: \$16.5 million**

**(No change from the FY 2024 CR level)**

The Mentoring for Youth Affected by the Opioid Crisis program provides grant funding to support evidence-based mentoring programs designed to help youth impacted by opioids and other SUDs to avoid negative outcomes (such as delinquency, dropping out of school, or substance use).

### **Violent Crime Reduction and Prevention Fund**

**FY 2025 Request: \$120.5 million**

**(\$120.5 million above the FY 2024 CR level)**

Funding has been included for the VCRPF initiative, which will serve to further bolster crime-fighting efforts throughout the Nation. This request would provide \$120.5 million in the first year and a total of \$602.5 million over five years for a new COPS program. This program would provide grants to police departments to hire 4,700 detectives over five years to solve homicides, non-fatal shootings, and other violent crimes to drive down the high rate of unsolved violent crimes and the lengthy delays that undermine public trust and public safety.

## **EQUITY**

OJP supports the DOJ's Equity Action Plan. OJP also is committed to advancing work that promotes civil rights and equity, increases access to justice, supports crime victims and individuals impacted by the justice system, strengthens community safety and protects the public from crime and evolving threats, and builds trust between law enforcement and the community. OJP grant programs present a significant opportunity to further equity across a broad spectrum of services and programs, and in a way that is inclusive of historically underserved and marginalized populations and implemented in a non-discriminatory manner. OJP will review program authorities and solicitations and identify opportunities to add or expand equity considerations in application materials, priority and review criteria, data requests, and/or performance measures. Such equity considerations could include identifying disparities in access to federally funded services and benefits, particularly by historically underserved and marginalized populations, and



proposing strategies to reach or serve those populations, addressing barriers to services, and evaluating uses of funds against demographic data. Equity considerations will be tailored to address the particular objectives of each program and the needs of the communities being served by those programs.



# DEPARTMENT OF JUSTICE

## Organized Crime Drug Enforcement Task Forces

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$386.269	\$386.269	\$382.226
Prosecution	164.189	164.189	168.232
<b>Total Drug Resources by Function</b>	<b>\$550.458</b>	<b>\$550.458</b>	<b>\$550.458</b>
<b>Drug Resources by Decision Unit</b>			
Interagency Crime and Drug Enforcement	\$550.458	\$550.458	\$550.458
<b>Total Drug Resources by Decision Unit</b>	<b>\$550.458</b>	<b>\$550.458</b>	<b>\$550.458</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,456	2,235	2,119
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.6	\$0.6	\$0.6
Drug Resources Percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The Interagency Crime and Drug Enforcement appropriation funds the OCDETF Program. The mission of OCDETF is to reduce the supply of illegal drugs in the United States and diminish the violence associated with the drug trade by dismantling and disrupting the most significant criminal organizations that traffic drugs and the financial infrastructure that supports them. OCDETF attacks the highest levels of organized crime, namely the transnational, national, and regional criminal organizations most responsible for the illegal drug supply in the United States and the diversion of licit drugs. Additionally, in support of the Attorney General’s Organized Crime Council, OCDETF similarly facilitates the disruption and dismantlement of Priority TOC organizations engaged in polycrime activities that most impact the Nation’s security.

#### METHODOLOGY

All OCDETF resources are scored as a part of the National Drug Control Budget.

#### BUDGET SUMMARY

In FY 2025, OCDETF requests \$550.5 million for drug control activities, no change from the FY 2024 CR level. The FY 2025 OCDETF request does not include enhancements.



## **Interagency Crime and Drug Enforcement**

**FY 2025 Request: \$550.5 million**

**(No change from the FY 2024 CR level)**

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the United States illicit drug supply. OCDETF Regional Coordination Groups also target and identify Regional Priority Organization Targets (RPOT), the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

### ***Investigations***

**FY 2025 Request: \$382.2 million**

**(\$4.0 million below the FY 2024 CR level)**

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the United States illicit drug supply. OCDETF Regional Coordination Groups also target and identify RPOTs, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

### ***Bureau of Alcohol, Tobacco, Firearms, and Explosives***

**FY 2025 Request: \$14.0 million**

**(\$0.1 million below the FY 2024 CR level)**

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, ATF jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent DTOs. The FY 2025 request will continue to support ATF investigative activities as a member of the OCDETF Program.

### ***Drug Enforcement Administration***

**FY 2025 Request: \$195.0 million**

**(\$2.1 million below the FY 2024 CR level)**

As DEA is the only federal agency that has drug enforcement as its sole mission, it has the highest level of OCDETF narcotic investigative activity. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with state and local authorities have made the DEA an essential partner. The FY 2025 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

### ***Federal Bureau of Investigation***

**FY 2025 Request: \$133.9 million**

**(\$1.4 million below the FY 2024 CR level)**

FBI brings to OCDETF its expertise in the investigation of TOC and white collar/financial crimes. FBI also has developed valuable relationships with foreign and state and local law enforcement.



FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. FBI contributes to the OCDETF Program and to the goal of targeting major DTOs and their financial infrastructure. The FY 2025 request will continue to support the personnel and operational costs for FBI's participation in the OCDETF Program.

***U.S. Marshals Service***

***FY 2025 Request: \$13.8 million***

***(\$0.1 million below the FY 2024 CR level)***

USMS is the agency responsible for the apprehension of OCDETF fugitives. Fugitives are typically repeat offenders who flee apprehension only to continue their criminal enterprise elsewhere. Their arrest by USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2025 request will continue to support the personnel and operational costs for USMS' participation in the OCDETF Program.

***OCDETF Fusion Center***

***FY 2025 Request: \$20.5 million***

***(\$0.2 million below the FY 2024 CR level)***

The FY 2025 request will support operations at the OCDETF Fusion Center, a comprehensive data center containing all drug and related financial intelligence information from the eleven OCDETF-member investigative agencies, the Financial Crimes Enforcement Network (FinCEN), and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and RPOTs. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency SOD to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks. In addition, the OFC creates strategic intelligence products to enhance the threat analysis and support the national strategic efforts against transnational organized crime.

***International Organized Crime Intelligence and Operations Center***

***FY 2025 Request: \$5.0 million***

***(\$0.1 million below the FY 2024 CR level)***

The mission of the International Organized Crime Intelligence and Operations Center (IOC-2), in partnership with the OCDETF Fusion Center and DEA SOD, is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United States. The IOC-2 leverages the existing tools of the OCDETF Fusion Center and SOD while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation.

***Prosecution***

***FY 2025 Request: \$168.2 million***

***(\$4.1 million above the FY 2024 CR level)***

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for U.S. Attorneys) and DOJ CRM.



### ***Criminal Division***

***FY 2025 Request: \$2.1 million***

***(\$0.1 million above the FY 2024 CR level)***

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/ Money Laundering and Asset Recovery Section attorneys support Mexican Cartel prosecutions. The FY 2025 request will continue to support the personnel and operational costs for CRM's participation in the OCDETF Program.

### ***Threat Response Unit***

***FY 2025 Request: \$1.6 million***

***(\$0.1 million above the FY 2024 CR level)***

The request will fund the OCDETF Executive Office attorneys detailed to the CRM's Office of Enforcement Operations to enhance its support of OCDETF Southwest Border-related wiretap applications and requests for approval to employ sensitive investigative techniques, and to CRM's Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

### ***United States Attorneys' Offices***

***FY 2025 Request: \$164.5 million***

***(\$3.9 million above the FY 2024 CR level)***

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled. The FY 2025 request will continue to support the personnel and operational costs for AUSA's participation in the OCDETF Program.

## **EQUITY**

OCDETF supports DOJ's Equity Action Plan. OCDETF recognizes the importance of promoting equity, diversity, inclusion and accessibility to produce a fair and impartial work environment for its employees. OCDETF is firm in its view that such an environment furthers its core mission by ensuring that the most meritorious candidates are able to contribute their respective expertise and experience toward protecting the American public from the threats posed by TCOs. OCDETF will continue to align its hiring and administrative processes with the goals set forth in E.O. 13985.





# DEPARTMENT OF JUSTICE

## United States Attorneys

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prosecution	\$101.482	\$100.234	\$139.662
<b>Total Drug Resources by Function</b>	<b>\$101.482</b>	<b>\$100.234</b>	<b>\$139.662</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$101.482	\$100.234	\$100.234
Violent Crime Reduction and Prevention Fund	0	0	39.428
<b>Total Drug Resources by Decision Unit</b>	<b>\$101.482</b>	<b>\$100.234</b>	<b>\$139.662</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	535	497	497
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.6	\$2.6	\$2.8
Drug Resources Percentage	3.9%	3.9%	5.0%

### Program Summary

#### MISSION

The Nation’s 94 USAOs play a critical role in reducing the supply of illicit controlled substances, one of the key priorities identified in the *Strategy*. A core mission of each USAO is to prosecute high level producers, suppliers, and traffickers for violations of federal drug laws to disrupt international and domestic DTOs, deter continued illicit drug distribution and use in the United States, and to prevent drug traffickers from obtaining the profits from their unlawful activities.

USAOs work with federal, state, and local law enforcement partners to conduct thorough and comprehensive investigations and prosecutions of criminal organizations that target all aspects of the drug supply network. For example, the USAOs target those who obtain precursor chemicals to manufacture synthetic drugs, those who operate clandestine laboratories, drug smuggling operations that transport dangerous controlled substances into the United States, domestic distribution networks moving drugs from the border to the streets throughout the Nation, local drug traffickers who use violence to further their illegal ends and are responsible for deadly overdoses, and the networks of individuals who profit from and launder the proceeds of drug trafficking. To counter this threat, the USAOs have increased their efforts to prosecute synthetic opioids, particular cases involving fentanyl and fentanyl analogues. USAOs have been particularly focused on the insidious danger posed by fake pills that contain fentanyl, which have proven to be exceptionally deadly. Each USAO has an Opioid Coordinator tasked with coordinating these efforts. Such efforts have included traditional drug trafficking prosecutions, as well as



prosecutions of cases involving drug distributions resulting in death and prosecutions of health care providers who unlawfully distribute opioids. The USAOs also have pursued creative strategies to address other aspects of the opioid epidemic by spearheading community education efforts, identifying defendants who would benefit from a diversion or drug treatment program, and exploring harm reduction strategies.

## **METHODOLOGY**

USAOs do not have a specific appropriation for drug control activities. USAO drug budget estimates are derived by calculating the costs of attorney and non-attorney positions dedicated to non-OCDETF drug prosecutions. This data is captured at the end of the FY by the USA-5 reporting system.

## **BUDGET SUMMARY**

In FY 2025, USAO requests \$100.2 million for drug control activities, no change from the FY 2024 CR level.

### **Salaries and Expenses**

**FY 2025 Request: \$100.2 million**

**(No change from the FY 2024 CR level)**

USAOs work with federal, state, and local law enforcement to disrupt domestic and international narcotics production and drug trafficking. The funding requested will be used to support the personnel and expenses necessary to prosecute violations of federal drug statutes, as well as the associated money laundering and other offenses associated with drug trafficking.

In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose deaths. USAOs also have pursued cases involving overdose deaths caused by both illicit and pharmaceutical opioids. While criminal enforcement is the mainstay of USAOs' anti-drug efforts, it is only part of a broader strategy that also includes education, prevention, and treatment efforts.

### **Violent Crime Reduction and Prevention Fund**

**FY 2025 Request: \$39.4 million**

**(\$39.4 million above the FY 2024 CR level)**

Under the VCRPF, the Department requests additional support for the USAs to implement violent crime reduction strategies essential to keeping the American people safe. These resources will support 120 additional attorneys to prosecute violent crime for USAs, enabling the USAOs to target priority violent street gangs and drug traffickers, accept more high priority firearms cases for federal prosecution, and shut down pipelines feeding illegally trafficked firearms around the country. In addition, the USAs will implement holistic approaches to reduce violent crime and strengthen community and partner relations.

## **EQUITY**

The USAOs support the DOJ Equity Action Plan. The USAOs represent and defend the government in its many roles, as employer, regulator, law enforcer, medical care provider, revenue collector, contractor, procurer, property owner, judicial and correctional systems managers, and administrator of federal benefits. USAOs fully supports the fair and impartial administration of



justice and will work with other federal law enforcement and state and local investigative agencies to provide access to training, career development, and other opportunities as part Department's core values.



# DEPARTMENT OF JUSTICE

## United States Marshals Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Corrections	\$689.744	\$718.903	\$977.231
International	1.359	1.359	1.491
Investigations	134.569	134.569	153.286
Prosecution	260.695	260.695	277.597
Harm Reduction	0.006	0.006	0.006
<b>Total Drug Resources by Function</b>	<b>\$1,086.373</b>	<b>\$1,115.532</b>	<b>\$1,409.611</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$396.623	\$396.623	\$426.695
Fugitive Apprehension (non-add)	135.928	135.928	149.098
Judicial and Courthouse Security (non-add)	175.877	175.877	189.759
Prisoner Security and Transportation (non-add)	84.818	84.818	87.838
Federal Prisoner Detention	689.744	718.903	977.231
Tactical Operations	0.006	0.006	0.006
Violent Crime Reduction and Prevention Fund	0.000	0.000	5.679
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,086.373</b>	<b>\$1,115.532</b>	<b>\$1,409.611</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,210	1,199	1,232
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.8	\$3.8	\$4.0
Drug Resources Percentage	28.6%	29.4%	35.2%

### Program Summary

#### MISSION

The USMS mission statement is “To protect, defend, and enforce the American justice system.” USMS is the enforcement arm of the federal courts, and works in concert with other federal agencies, including DEA; FBI; BOP; ICE; ATF; IRS; and USCG. USMS also works in cooperation with DOJ’s CRM, Tax Division, and the 94 USAOs, the Superior Court for the District of Columbia, and state and local law enforcement.

USMS drug interdiction efforts center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations, as well as to those primarily responsible for the Nation’s illegal drug supply. In order to contribute to the Administration’s mandate to reduce the illegal drug supply, USMS focuses its investigative and fugitive apprehension resources on



coordinated, nationwide investigations targeting the entire infrastructure of major drug trafficking. USMS also directly contributes to the Administration’s supply reduction efforts by maintaining the security of all in-custody prisoners with serious drug-related charges.

## **METHODOLOGY**

USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, USMS uses drug-related workload data to develop drug control ratios for three decision units and the Average Daily Population (ADP) for drug offenses to determine the drug prisoner population cost for detention services decision unit. A fourth decision unit, Tactical Operations, was added to the USMS drug budget. Tactical Operations reports the projected annual cost for Naloxone as part of the Operation Medical Support Unit (OMSU) routine medication issuance. The total actual or projected cost is applied to the “Harm Reduction” drug resources under Tactical Operations.

Three decision units – Fugitive Apprehension, Judicial and Courthouse Security, and Prisoner Security and Transportation – are calculated using drug-related workload ratios applied to the Salaries and Expenses (S&E) appropriation. For the Fugitive Apprehension decision unit, USMS uses drug-related workload ratios based on the number of all warrants cleared, including felony offense classifications for federal, state, and local warrants such as narcotics possession, manufacturing, and distribution. To calculate the drug-related workload percentage for this decision unit, USMS divides the number of drug-related warrants cleared by the total number of warrants cleared. For the Judicial and Courthouse Security and Prisoner Security and Transportation decision units, USMS uses drug-related workload ratios based only on in-custody, drug-related, primary federal offenses, such as various narcotics possession, manufacturing, and distribution charges. “Primary offense” refers to the crime with which the accused is charged that usually carries the most severe sentence. To calculate the drug-related workload percentage for these two decision units, USMS divides the number of drug-related offenses in custody by the total number of offenses in custody. The previously discussed drug workload ratios by decision unit are then applied to the total S&E to develop the drug-related obligations.

Detention services obligations are funded through the Federal Prisoner Detention (FPD) appropriation. USMS is responsible for federal detention services relating to the housing and care of federal detainees remanded to USMS custody, including detainees booked for drug offenses. The FPD Appropriation funds the housing, transportation, medical care, and medical guard services for the detainees. FPD resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to the BOP. The FPD appropriation does not include specific resources dedicated to the housing and care of the drug prisoner population. Therefore, the methodology used to determine the cost associated with the drug prisoner population for the Detention Services decision unit multiplies the average daily population for drug offenses by the per diem rate (housing cost per day), which is then multiplied by the number of days in the year.

## **BUDGET SUMMARY**

In FY 2025, the USMS requests \$1.4 billion for drug control activities, an increase of \$294.1 million above the FY 2024 CR level. To calculate drug resources, USMS uses drug-related



workload to develop drug control ratios for three of S&E's decision units, actual and projected cost for Naloxone for the Tactical Operations decision unit, and ADP for drug offenses to determine the drug prisoner population cost for the Detention Services decision unit.

### **Salaries and Expenses**

**FY 2025 Request: \$426.7 million**

**(\$30.0 million above the FY 2024 CR level)**

The FY 2025 request for S&E is \$426.7 million, an increase of \$30.0 million above the FY 2024 CR level. USMS' request supports the Administration's goals of reducing violent crime.

### ***Fugitive Apprehension***

***FY 2024 Request: \$149.1 million***

***(\$13.2 million above the FY 2024 CR level)***

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. USMS is authorized to locate and apprehend federal, state, and local fugitives both within and outside of the United States under 28 U.S.C.

566(e)(1)(B). USMS has a long history of providing assistance and expertise to other law enforcement agencies in support of fugitive investigations. The broad scope and responsibilities of USMS concerning the location and apprehension of federal, state, local, and foreign fugitives is detailed in a series of federal laws, rules, regulations, DOJ policies, Office of Legal Counsel opinions, and memoranda of understanding with other federal law enforcement agencies.

### ***Judicial and Courthouse Security***

***FY 2025 Request: \$189.8 million***

***(\$13.9 million above the FY CR level)***

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a federal courthouse facility), to include security maintenance for prisoners in custody during court proceedings. Deputy U.S. Marshals are assigned to 94 federal judicial districts (93 federal districts and the Superior Court for the District of Columbia) to protect the federal judicial system, which handles a variety of cases, including drug trafficking. USMS determines the level of security required for high-threat situations by assessing the threat level, developing security plans based on risk and threat levels, and assigning the commensurate security resources required to maintain a safe environment.

### ***Prisoner Security and Transportation***

***FY 2025 Request: \$87.8 million***

***(\$3.0 million above the FY 2024 CR level)***

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house federal detainees. As each prisoner is placed into USMS custody, a Deputy U.S. Marshal is required to process that prisoner. Processing consists of interviewing the prisoner to gather personal, arrest, prosecution, and medical information; fingerprinting and photographing the prisoner; preparing an inventory of any received prisoner property; and entering/placing the data and records into automated tracking systems. The cellblock is the secured area for holding prisoners in the courthouse before and after appearance in a court proceeding. Deputy U.S. Marshals follow strict



safety protocols in the cellblocks to ensure the safety of the USMS employees and members of the judicial process.

### **Tactical Operations**

**FY 2025 Request: \$0.01 million**

**(No change from the FY 2024 CR level)**

Tactical Operations includes special operations and emergency management response. The USMS' Special Operations Group (SOG) supports the Department and other government agencies with a highly trained, rapidly deployable corps of law enforcement officers specializing in tactical response. The SOG oversees the Operational Medical Support Unit (OMSU), which is composed of both SOG medics and collateral duty Deputy U.S. Marshals. The OMSU manages, trains, and equips Deputies who possess a current Emergency Medical Technicians (EMT) or EMT-Paramedic certification. The OMSU issues naloxone kits to its medically trained Deputy/Medic workforce as part of its routine medication issuance.

### **Violent Crime Reduction and Prevention Fund**

**FY 2025 Request: \$5.7 million**

**(\$5.7 million above the FY 2024 CR level)**

The USMS engages in critical operations to prevent violent crime and enforce the rule of law. Under the VCRPF, the Department requests additional support for USMS to expand Operation North Star to capture more violent crime fugitives

## **EQUITY**

The USMS supports DOJ's Equity Action Plan. The USMS recognizes the various barriers to equity. Historically, women have occupied positions in federal law enforcement at rates lower than expected based on their participation in the civilian labor force. USMS equity initiatives, including USMS' targeted recruitment efforts, are designed to attract and engage strong applicants from diverse backgrounds, including women, and/or retain talented USMS employees. Moreover, USMS' current strategies to address gender equity and equality are inextricably intertwined with work the USMS does concerning racial equity. Both gender and racial equity are part of USMS' overall focus on diversity as a core organizational value. The diversity training, career development opportunities, and strategic recruitment efforts are all intended to assist USMS in attracting and retaining the most qualified and talented individuals from all segments of society.





# DEPARTMENT OF LABOR





# DEPARTMENT OF LABOR

## Employee Benefits Security Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final <sup>1</sup>	FY 2024 CR <sup>1</sup>	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$0.000	\$0.000	\$1.400
<b>Total Drug Resources by Function</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$1.400</b>
<b>Drug Resources by Decision Unit</b>			
Enforcement and Participant Assistance	\$0.000	\$0.000	\$1.400
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$1.400</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	-	-	0.7%

<sup>1</sup>In FY 2023 and FY 2024, the drug resources are authorized by an FY 2021 supplemental appropriation and funded via carryover amounts. In FY 2023, the actual obligations were \$5.5 million. In FY 2024, the planned obligations are \$1.4 million.

### Program Summary

#### MISSION

EBSA’s mission is to ensure the security of the retirement, health and other workplace-related benefits of America’s workers and their families. Although EBSA is a small agency, currently employing approximately 850 people, it is responsible for protecting more than 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 \$12.7 trillion.

Employment-based benefit plans are vital to the financial security and physical well-being of millions of workers, retirees, and their families. EBSA’s work supports the Secretary’s policy priorities to Invest and Value the Nation’s Care Economy and Support a Lifetime of Worker Empowerment by protecting the public interest in retirement, health, and other benefits, and increasing confidence that promised benefits will be available when needed. EBSA carries out its mission in a complex and evolving economic and regulatory environment, in support of the Secretary’s vision to Advance Equity, Build the Team, and Unleash Agencies’ Full Power.



## METHODOLOGY

The base, annual appropriation or budget requests of EBSA do not contain resources for ONDCP-related initiatives. In FY 2024, EBSA was apportioned \$25.8 million in carryover funding to address mental health and SUD parity enforcement efforts and bolster audits of plans and issuers' comparative analyses of their non-quantitative treatment limitations (NQTLs), pursuant to the FY 2021 Consolidated Appropriations Act (CAA) P.L. 116-260. In support of building a recovery ready nation, EBSA plans to continue similar efforts (where possible) to obligate approximately \$5.5 million of overall CAA enforcement resources for NQTL provisions and SUD in FY 2023.

## BUDGET SUMMARY

In FY 2025, EBSA requests \$1.4 million for drug control activities, an increase of \$1.4 million from the FY 2024 CR level.

### **Enforcement and Participant Assistance**

#### **Surprise Medical Billing Initiative**

**FY 2025 Request: \$1.4 million**

**(\$1.4 million above the FY2024 CR level)**

In FY 2025, EBSA intends to continue enforcement and administration of surprise medical billing and transparency provisions of P.L. 116-260 to the extent carryover amounts are available. Any additional resources that support ONDCP initiatives will be predicated on amounts approved during the FY 2025 budget process.

Specifically, EBSA, along with HHS and the Department of the Treasury, requested \$500.0 million to be available until expended to continue activities being carried out under the No Surprises Act. In FY 2025, EBSA will receive approximately \$6.4 million from this fund, or a quarter of the estimated amount in FY 2024. EBSA will use approximately \$1.4 million to carry out activities related to non-qualified treatment limitations provisions and SUD in FY 2025. The NSA funding will expire at the end of the 2024 calendar year.

Because of the expected loss of supplemental funding under the CAA at the end of CY 2024, EBSA expects to dramatically reduce the scope of its hiring efforts over the course of FY 2024. At the start of FY 2024, EBSA had roughly 880 FTE onboard, covered by base appropriations and the supplemental CAA/NSA funding. With the lapse in critical NSA funding starting in Q2 of FY 2025 and beyond, the agency will depend on attrition over FY 2024 to lose the approximately 117 FTEs that were covered by this supplemental funding. Without any other budgetary recourse, this will result in a net loss of approximately 120 FTEs to EBSA as compared to previous years. This reduction in workforce will have a direct impact on drug control activities that EBSA will carry out in FY 2025.

## EQUITY

EBSA helps build a recovery-ready nation and eliminates barriers to increase opportunities, combat poverty, and boost economic mobility in the most disadvantaged communities. By significantly increasing its Mental Health Parity and Addiction Equity Act (MHPAEA) enforcement efforts, especially with respect to NQTLs, EBSA ensures that health plan participants and beneficiaries seeking help for mental health and substance use issues do not face more barriers than those applying for medical and surgical benefits.



EBSA protects vulnerable workers through informative compliance assistance, consumer outreach, and public education. Specifically, EBSA educates more employers on health benefit provisions and on how to reach underserved populations, including non-English speaking populations. It also teaches the public more about the Agency and its mission to protect workers, especially in vulnerable communities.

Currently, EBSA's Benefits Advisors conduct at least 130 participant assistance events to underserved communities including 55 events in non-English to support LEP individuals. They also conduct 75 compliance assistance events to support the underserved communities. EBSA has also established the Benefits Advisor Underserved Community Outreach Committee, which is comprised of Benefits Advisors from around the country and is aimed at increasing EBSA's presence in underserved and LEP communities. At the National Office, EBSA has translated 11 of its top participant assistance publications into a total of 13 languages in order to educate vulnerable workers in their native languages.

Some of EBSA's existing enforcement initiatives include the agency's high priority project to enforce MHPAEA and the Protecting Benefit Distribution project, which covers the Terminated Vested Participant Program (TVPP), abandoned plans, and financially distressed sponsors. By their nature, these programs focus on underserved individuals and communities, including vulnerable elderly populations and people with mental health conditions and SUDs.



# DEPARTMENT OF LABOR

## Employment and Training Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$4.200	\$6.000	\$6.000
Recovery	\$18.822	\$18.822	\$18.822
<b>Total Drug Resources by Function</b>	<b>\$23.022</b>	<b>\$24.822</b>	<b>\$24.822</b>
<b>Drug Resources by Decision Unit</b>			
Job Corps - Operations	\$4.200	\$6.000	\$6.000
Training and Employment Services – Dislocated Worker Employment and Training Activities	\$18.822	\$18.822	\$18.822
<b>Total Drug Resources by Decision Unit</b>	<b>\$23.022</b>	<b>\$24.822</b>	<b>\$24.822</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$10.5	\$10.5	\$10.6
Drug Resources Percentage	0.2%	0.2%	0.2%

### Program Summary

#### MISSION

The mission of ETA is to contribute to the more efficient functioning of the United States labor market by providing high-quality job training, employment, labor market information, and income maintenance services primarily through state and local workforce development systems.

The Job Corps program is administered by DOL’s ETA. Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic and career technical training program for opportunity youth, ages 16-24. There are currently 121 Job Corps centers nationwide in 50 states, Puerto Rico, and D.C. providing services to approximately 30,000 opportunity youth each year to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program (TEAP), which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants. Job Corps promotes a drug-free environment so that students can learn in a healthy environment. The Jobs Corps program operates on a program year (PY) basis – as opposed to a Fiscal Year (FY) basis. Funds



appropriated for Program Year 2023 are available for obligation from July 1, 2023 through June 30, 2024.

National Dislocated Worker Grants (DWGs), formerly known as National Emergency Grants, are discretionary grants awarded by the Secretary of Labor under Section 170 of the Workforce Innovation and Opportunity Act (WIOA). This funding is intended to temporarily expand capacity to serve dislocated workers, including military service members, and meet the increased demand for WIOA employment and training services, with a purpose to reemploy laid-off workers and enhance their employability and earnings. Disaster DWGs provide funding to create temporary employment opportunities to assist with recovery efforts when an area is declared eligible for public assistance by a federal agency with authority or jurisdiction over federal response to the emergency or disaster. HHS's declaration of OUD as a national health emergency permits the DOL to award Disaster Recovery Dislocated Worker grants to address the workforce impacts of opioid addiction and other SUDs. This appropriation may be used for these grants until HHS's health emergency declaration expires.

## **METHODOLOGY**

The Office of Job Corps' (OJC) expenditures for the TEAP program are for health specialists to prepare Job Corps program participants for employment, including education on the implications of alcohol, drug, and tobacco use; substance misuse and prevention awareness activities; development of programs to prevent alcohol, drug and tobacco use and misuse among the student population; development and coordination of community resources to educate students on substance misuse; and identification of and provision of counseling services to students with substance misuse problems and arrangement of appropriate treatment. In addition, the budget includes the full cost of drug testing each individual student upon entry.

For DWGs, the National Reserve operates on a PY, and funds appropriated to this account in FY 2023 are available for federal obligation from July 1, 2023 through September 30, 2024. The total amount of money that will be utilized for the opioid crisis DWGs will depend on the number of states that provide qualified applications and the availability of funds. Because Program Year 2023 is still in progress, the Department cannot provide an accurate estimate of how much money will be awarded with the FY 2023 appropriation. As of December 31, 2023, the Department has awarded \$5.6 million in PY 2023 opioid-related DWGs. This included funding from both ETA's FY 2022 and FY 2023 appropriations. In total, Congress appropriated \$325.9 million that can be used for the National Dislocated Worker Grants and other authorized purposes in PY 2023. FY 2024 estimate and FY 2025 request amounts are projected based on demand from FY 2023.

## **BUDGET SUMMARY**

In FY 2025, ETA requests \$24.8 million for drug control activities, no change from the FY 2024 CR level.

### **Job Corps**

**FY 2024 Request: \$6.0 million**

**(No change from the FY 2024 CR level)**

In FY 2025, Job Corps requests \$6.0 million for drug control activities, no change from the FY 2024 CR level.



### ***Operations Trainee Employee Assistance Program Drug Initiative***

***FY 2025 Request: \$5.3 million***

***(No change from the FY 2024 CR level)***

In FY 2025, \$5.3 million in requested funding will support training to both students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol misuse on employability.

For all new students that test positive for drug use upon entrance, Job Corps uses TEAP to help them understand and prevent drug-related issues. The TEAP program includes components for drug prevention and drug education activities. Each Job Corps center employs TEAP specialists to facilitate the program with an overall goal to ensure students are prepared to enter the workforce drug-free and able to secure and maintain gainful employment. TEAP specialists employ a multitude of empirically-based tools to ensure students are drug free and remain as such, thus fostering a stronger, healthier, and drug-free society. TEAP programming focuses on prevention, treatment, and recovery. Activities include drug testing, screening for level of risk for misusing substances, group and individual intervention services, and educational programming that focuses on prevention. Referrals for substance use treatment are provided when students require specialized substance use therapy or inpatient treatment.

### ***Operations Drug Testing Support Drug Initiative***

***FY 2025 Request: \$0.8 million***

***(No change from the FY 2024 CR level)***

In FY 2025, \$0.8 million in requested funding will support testing of all Job Corps students on campus. Job Corps has a Zero Tolerance Policy for drug possession, use, and distribution. Students who violate this policy will be separated.

### **Dislocated Worker Employment and Training Activities**

#### **Disaster Recovery Dislocated Worker Grants**

**FY 2025 Request: \$18.8 million**

**(No change from the FY 2024 CR level)**

In FY 2025, TES requests \$18.8 million for drug control activities, the same as the FY 2024 CR level. The Department's FY 2025 budget does not outline a specific amount for the opioid crisis DWGs. The availability of resources for these grants is subject to continuation of the HHS's health emergency declaration and will be affected by other DWG needs, such as grants provided to states in response to natural disasters.

In Program Year 2018, the Department provided guidance for how states can apply for Disaster Recovery DWGs to respond to the opioid crisis. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees may also use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in mental health treatment, SUD treatment, and pain management. Successful opioid Disaster Recovery DWG projects will accomplish the following: facilitate community partnerships that are central to dealing with this complex health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure timely delivery of appropriate, necessary career, training, and support activities; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.





Since the guidance was issued, the Department has considered and awarded opioid crisis Disaster Recovery DWGs to applicants who met the Department's criteria and will continue to do so in future program years until HHS's health emergency declaration expires. The funds that can be used for this purpose are appropriated to the Dislocated Worker National Reserve budget activity within ETA's Training and Employment Services.

Both sets of grants enable eligible applicants to serve or retrain workers in communities impacted by the health and economic effects of widespread opioid use, SUD, and overdose. Recipients could use the funds toward worker upskilling and reskilling needed to increase availability of SUD treatment services, pain management and therapy services, and mental health treatment. These grants required comprehensive partnerships across the spectrum of health, justice, and community organizations, among others, to align and coordinate the form and delivery of employment and related services that best meet the needs of impacted individuals and offer the best opportunities for reemployment.

### EQUITY

Job Corps is committed to advancing equity within the program. Through its strategic planning efforts and review of its policies, Job Corps will assess various facets of the program (including the recruitment and admission of applicants, the availability of trades, residential living activities, the curriculum, etc.) and the impact those targeted efforts have on student outcomes.

ETA is committed to advancing equity within the NHE Disaster Recovery DWG program and SUPPORT Act Grants. Through guidance, performance measurement, funding opportunities and TA, ETA encourages grantees to prioritize good jobs in their program design and implementation of opioid grants. Among the key attributes of a good job is the core value of DEIA, ensuring that individuals from underserved populations (i.e., those adversely affected by persistent poverty, discrimination, or inequality) do not face systemic barriers to advancement and that workers receive any necessary disability accommodation without difficulties or additional barriers.



# DEPARTMENT OF LABOR

## Office of Disability Employment Policy

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Recovery	\$0.800	\$0.000	\$0.000
<b>Total Drug Resources by Function</b>	<b>\$0.800</b>	<b>\$0.000</b>	<b>\$0.000</b>
<b>Drug Resources by Decision Unit</b>			
Office of Disability Employment Policy (ASPIRE)	\$0.800	\$0.000	\$0.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.800</b>	<b>\$0.000</b>	<b>\$0.000</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	<\$0.1	<\$0.1	<\$0.1
Drug Resources Percentage	2.0%	0%	0%

### Program Summary

#### MISSION

ODEP’s mission is to develop and influence policies and practices to increase employment opportunities for people with disabilities. This mission is in response to stark inequities between the employment and earnings of people with disabilities in comparison to people without disabilities. One ODEP pilot 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 SUDs. Ensuring that the employment needs of this population are met is an important consideration and component of this project. In addition, there is a growing research base to support the validity of Individual Placement and Support (IPS) Supported Employment, the primary intervention strategy and focus of ASPIRE activities, as an evidence-based practice for individuals with SUDs. The ASPIRE pilot is ending in FY 2024.

#### METHODOLOGY

The drug resources cost estimates are based on the total estimated spending for the competitive contract. The contractor selected states to receive supports from ASPIRE in FY 2024. To qualify for selection in FY 2024, state applicants had to include a representative from at least one key state or local mental health stakeholder organization, and one state-level substance/addiction treatment agency/entity representative, or one behavioral health representative. Including these



representatives assists with reducing potential barriers and ensuring more consistent strategies across the state. The targeted population for the new ASPIRE contract includes individuals with mental health conditions as well as those with co-occurring SUD. The FY 2024 work on ASPIRE is funded through a contract awarded in FY 2023. The pilot project will end in summer of 2024.

## **BUDGET SUMMARY**

In FY 2025, ODEP requests \$0.0 million for drug control activities, no change from the FY 2024 CR level.

### **Office of Disability Employment Policy**

#### **Advancing State Policy Integration for Recovery and Employment**

**FY 2025 Request: \$0.0 million**

**(No change from the FY 2024 CR level)**

In FY 2024, ODEP's ASPIRE project will conclude. No new resources are requested.

## **EQUITY**

ODEP's ASPIRE project works with participating states to develop state equity plans to ensure that the projects are conducting outreach to and serving underserved communities. As part of this work, ASPIRE states received training to develop their own equity plans. In January 2022, ASPIRE released an issue brief titled "Measuring Access to IPS and Employment Outcomes for Historically Underserved Groups" which provides information on expanding data collection related to race/ethnicity within IPS programs.

In FY 2024, ASPIRE is expanding its equity efforts by working with states to implement a standardized template for tracking data on the racial and ethnic demographics of people in IPS programs. The ASPIRE project will conclude in FY 2024, and ODEP will leverage learnings from the initiative to develop recommendations to further policy alignment for employment of individuals with mental health disabilities.



# DEPARTMENT OF LABOR

## Office of Inspector General

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$1.800	\$1.800	\$1.800
<b>Total Drug Resources by Function</b>	<b>\$1.800</b>	<b>\$1.800</b>	<b>\$1.800</b>
<b>Drug Resources by Decision Unit</b>			
Program and Trust Funds	\$1.800	\$1.800	\$1.800
<b>Total Drug Resources by Decision Unit</b>	<b>\$1.800</b>	<b>\$1.800</b>	<b>\$1.800</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	9	9	9
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	1.9%	1.6%	1.7%

### Program Summary

#### MISSION

The OIG at DOL conducts audits to review the effectiveness, efficiency, economy, and integrity of all DOL programs and operations, including those performed by its contractors and grantees. OIG has dedicated significant investigative resources over the years to improve the FECA program because of its significant cost to taxpayers and impact on injured federal workers and their dependents. In particular, the FECA program, along with other federal government healthcare programs, has experienced a significant increase in the costs and misuse of compounded drug medications. Because of the high-dollar reimbursement for these drugs, compounded drug medication claims are highly susceptible to abuse and fraud. In addition, OIG continues to initiate criminal investigations relating to fraudulent activity involving opioids in the FECA program.

#### METHODOLOGY

OIG will continue work with the OWCP to identify and investigate the most egregious health care providers who attempt to defraud the OWCP program and, in particular, those relating to the fraudulent activity involving opioids in the FECA program.

OIG will also continue working with OWCP and other OIGs facing similar problems with compounded drug medications and opioids in an effort to identify best practices and programmatic changes that reduce susceptibility to fraud. In addition, OIG’s focus on using data analytics will



increase the ability of OIG to identify new and changing trends in criminal activity more quickly and end fraud sooner, thus saving taxpayer funds.

Based on this information, OIG estimates the need for 9 FTE which corresponds to \$1.8 million in salaries and expenses.

## **BUDGET SUMMARY**

In FY 2025, OIG requests \$1.8 million for drug control activities; no change from the FY 2024 CR level.

### **Program and Trust Funds**

#### **Fighting Fraud Involving Opioids and Compounded Medications in the FECA Program**

**FY 2025 Request: \$1.8 million**

**(No change from the FY 2024 CR level)**

#### Audit Oversight

Prior OIG audit work has consistently identified serious control weaknesses related to pharmaceuticals in the FECA program, particularly with regards to opioids and compounded medications. For example, in 2017, OIG reported that OWCP had not effectively managed the use and cost of compounded medications, which had rapidly escalated from approximately \$2 million in FY 2011 to \$263 million in FY 2016. In a 2019 report entitled “OWCP Must Continue Strengthening Management of FECA Pharmaceuticals, Including Opioids”, the OIG stated that OWCP’s policy on opioids was too permissive, and OWCP had not developed sufficient controls to manage opioid addiction. Most recently, in 2023 OIG reported that OWCP’s ineffective monitoring of its bill pay vendor resulted in claimants receiving over 1,300 prescriptions for fentanyl—an extremely potent synthetic opioid—from FY 2015 to FY 2020, after issuing a policy that restricted its use.

As a result of OIG audit oversight, OWCP instituted controls to address risks associated with compounded medications and opioids, such as requiring letters of medical necessity before approving certain prescriptions. OWCP also ramped up its data analytics capabilities to allow the identification of claimants at risk of addiction or in need of treatment. According to data provided by OWCP, it significantly decreased spending on compounded medications from almost \$256 million in FY 2016 to less than \$176,000 in FY 2020 and reduced opioid spending from over \$86 million in FY 2016 to approximately \$29 million in FY 2020.

Most notably, in response to a recommendation from the 2017 OIG report, OWCP awarded a five-year contract in February 2021 for a Pharmacy Benefit Manager to help manage the pharmaceutical program and control costs in the FECA program. OWCP is implementing opioid and compounded medication policies through the Pharmacy Benefit Manager, which is expected to add additional safety checks, reduce complexity, and increase transparency for prescribers and claimants with opioid prescriptions. OIG is planning to assess the new internal controls implemented as a part of the OWCP Pharmacy Benefit Manager contract to ensure it is achieving its intended results and helping to reduce the risk of opioid dependency and fraud in the program.



## Investigations

OIG is the only agency within DOL authorized to conduct criminal investigations relating to the FECA program. In performing work in this area, the OIG focuses its limited resources on medical provider fraud. OWCP has received additional resources to identify and reduce fraud within the FECA program. OWCP's criminal fraud referrals has contributed significantly to OIG's investigative work in the FECA program including:

- In January 2022, a Houston clinic owner was sentenced to 24 months incarceration for her role in an illegal kickback and money laundering scheme involving the FECA program.
- In March 2022, a Philadelphia Psychiatrist agreed to pay \$3 million to resolve allegations of false workers' compensation claims.
- In February 2023, a Louisiana doctor was sentenced to four years in federal prison and ordered to pay \$800,000 to victims for his role in a workers compensation fraud conspiracy.
- In April 2023, nine defendants were sentenced in a \$126 million compounding fraud scheme. The defendants included a pharmacy owner who was sentenced to 20 years in federal prison for his role in the years-long, multi-state scheme to defraud the DOL's Office of Workers' Compensation Programs (OWCP) and TRICARE.

OIG anticipates continued increases in criminal fraud referrals in the area of opioid fraud and abuse from OWCP's Branch of Program Integrity, Fraud Prevention and Prescription Management.

The FY 2025 funding will provide the minimally necessary resources the OIG needs to continue collaborating with OWCP and other OIGs to monitor data and proactively identify changes in the trends of opioid prescriptions under the FECA program. Further, OIG will seek to identify additional best practices and effect programmatic changes that reduce susceptibility to fraud, waste, and abuse.

## EQUITY

OIG's efforts to address provider fraud that involves the unlawful prescription of opioids advances the goals of the President's June 25, 2021 E.O. on Diversity, Equity, Inclusion, and Accessibility in the federal Workforce, in that it reduces fraud in the program thereby ensuring that the program remains accessible to federal employees regardless of race, ethnicity, gender, and/or sexual orientation.



# DEPARTMENT OF LABOR

## Office of Workers' Compensation Programs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$5.119	\$5.360	\$5.479
<b>Total Drug Resources by Function</b>	<b>\$5.119</b>	<b>\$5.360</b>	<b>\$5.479</b>
<b>Drug Resources by Decision Unit</b>			
Federal Programs for Workers' Compensation	\$5.119	\$5.360	\$5.479
<b>Total Drug Resources by Decision Unit</b>	<b>\$5.119</b>	<b>\$5.360</b>	<b>\$5.479</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	26	26	26
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	9.5%	9.4%	6.5%

### Program Summary

#### MISSION

The Special Benefits program is administered by DOL's OWCP. The Special Benefits fund comprises two accounts representing obligations for benefits under the Federal Employees' Compensation Act (FECA), as amended, with extensions, and the Longshore and Harbor Workers' Compensation Act (LHWCA), as amended, with extensions. The requested funding provides resources necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits made to eligible claimants or their survivors as mandated by each of the Acts. Under extensions of FECA, the program pays benefits to certain groups, such as War Hazards Compensation Act claimants, non-federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers.

Spending authority is also provided for FECA program administration out of annual "Fair Share" collections. Fair Share assessments are mandated under Section 8147(c) of the FECA for 23 non-appropriated agencies, including USPS, with each paying a pro rata share of OWCP's cost to administer FECA claims filed by their employees.

Section 10(h) of the amended LHWCA authorized annual adjustments in compensation to beneficiaries in cases of permanent total disability or death occurring on or prior to October 27, 1972, with the federal Government paying half the costs of the annual increase for compensation of those cases. A direct appropriation provides the necessary resources to meet the required annual increase in benefits for the federal share of the costs for compensation and related benefits for the





pre-1972 cases. Private insurance companies and/or employers pay the remaining 50 percent of the compensation.

## **METHODOLOGY**

In the FY 2022 ONDCP Detailed Accounting Report, OWCP reported that, beginning with the FY 2025 budget cycle, a new detailed ONDCP-related funding level method will be used. For the FY 2025 Budget Request, OWCP is using FY 2023 activities/costs to calculate the approximate funding directed towards improving the safety and quality of care as it relates to prescription drugs. This includes the cost of estimated time spent by federal personnel from the Program Integrity, Prescription Management, and Fraud Prevention Branch; the Information Technology Branch; and OWCP's Division of Administrative Operations. This also includes contract costs of estimated time spent on medical/pharmaceutical data analysis and the cost of procured datasets. The new method tracks FY 2025 costs by OWCP federal FTE that are associated with drug control activities and by contracts that are associated with the OWCP's drug control activities.

## **BUDGET SUMMARY**

In FY 2025, OWCP Special Benefits program requests \$5.5 million for drug control activities, an increase of \$0.1 million from the FY 2024 CR level.

### **Federal Programs for Workers' Compensation OWCP Drug Control Activities**

**FY 2025 Request: \$5.5 million**

**(\$0.1 million above the FY 2024 CR level)**

In FY 2025, the Special Benefits program estimates using \$5.479 million for drug control activities that improve safety and quality of care as it relates to prescription drugs.

The Program Integrity, Prescription Management, and Fraud Prevention Branch continues to improve the safety and quality of care through controls on prescription drugs, while reducing costs and referring suspicious providers to the DOL OIG. However, as new drugs enter the market and questionable prescribing and billing practices evolve to circumvent controls, the FECA program will need new controls to address the changing environment. The program will engage in ongoing program integrity efforts using data analytics, payment audits, and improper payment reporting to inform evidence-based decision-making, which supports initiatives by the Secretary to reduce improper payments.

The FECA Program fully implemented a Pharmacy Benefit Management (PBM) services contract in early FY 2022 to improve the safety, quality, and cost-effectiveness of prescription drugs provided to claimants under the FECA. The FECA Program implemented this cost-saving service for all federal Departments/Agencies, as the FECA is the exclusive remedy for federal employees seeking disability, medical, and/or survivor benefits for workplace injuries. This initiative, combined with its Program Integrity, Prescription Management and Fraud Prevention activities, enables the FECA Program to approve medically appropriate use of opioid medications and provide beneficiaries assistance in transitioning to alternative treatments where appropriate. The OWCP ensures parity between access to coverage for mental and substance use disorders (SUDs) and access to injury-related treatment for all FECA beneficiaries.



## EQUITY

OWCP is committed to finding ways to make a thoughtful and intentional focus on equity a routine part of how the agency does business. Equity analyses should be included in every OWCP business process. Achieving this goal will take time, effort, self-awareness, and persistent attention.

The development of meaningful metrics and effective programs requires careful attention to incentive structures, impediments to achieving desired goals, and possible unintended consequences. That process has begun; as OWCP drives towards supporting the Department's Agency Priority Goal of advancing equity and supporting underserved communities, it plans to focus initially on three core areas: external outreach, program accessibility and inclusion, and equitable administration and operations.



# OFFICE OF NATIONAL DRUG CONTROL POLICY





# OFFICE OF NATIONAL DRUG CONTROL POLICY

## High Intensity Drug Trafficking Areas

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Intelligence	\$74.738	\$74.738	\$72.008
Interdiction	22.996	22.996	22.156
Investigations	181.123	183.444	177.378
Prevention	5.732	3.411	3.411
Prosecution	6.403	6.403	5.539
Research and Development	7.300	7.300	6.000
Treatment	3.708	3.708	3.708
<b>Total Drug Resources by Function</b>	<b>302.000</b>	<b>302.000</b>	<b>290.200</b>
<b>Drug Resources by Decision Unit</b>			
HIDTA	302.000	302.000	290.200
<b>Total Drug Resources by Decision Unit</b>	<b>302.000</b>	<b>302.000</b>	<b>290.200</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total ONDCP HIDTA Budget (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	100%	100%	100%

### Program Summary

#### MISSION

The HIDTA Program was established by the Anti-Drug Abuse Act of 1988 to provide assistance to federal, state, local, and Tribal law enforcement entities operating those areas most adversely affected by drug trafficking. The mission of the program is to reduce drug trafficking and production in the United States by a) facilitating cooperation among federal, state, local, territorial, and Tribal law enforcement agencies to share information and implement coordinated enforcement activities, b) enhancing law enforcement intelligence sharing among federal, state, local, territorial, and Tribal law enforcement agencies, c) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations, and d) supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.



## METHODOLOGY

All HIDTA resources are scored as a part of the National Drug Control Budget.

## BUDGET SUMMARY

In FY 2025, ONDCP requests \$290.2 million for the HIDTA Program, a decrease of \$11.8 million below the FY 2024 CR level.

### **HIDTA**

**FY 2025 Request: \$290.2 million**  
**(\$11.8 million below the FY 2024 CR level)**

For FY 2025 request level for HIDTA is \$290.2 million, a decrease of \$11.8 million from the FY 2024 CR level. The request includes up to \$4.0 million for auditing services and associated activities. The allocation is needed to enhance oversight and accountability by enabling it to make periodic and strategic investments in targeted areas. These areas include, but are not limited to: cybersecurity and data protection and privacy, compliance with statutory regulations (e.g., the National Defense Authorization Act and federal privacy laws), and technological solutions to performance management and financial compliance and oversight. The request also includes \$2.0 million to fund the Grants Management System.

The HIDTA accomplishments are detailed below:

- ORS was launched in 2015 with an initial investment of \$2.5 million in HIDTA discretionary funds to address the heroin and opioid epidemic by coordinating the efforts of regional HIDTA programs across 15 states. Its vision was to support drug intelligence officers (DIOs) and public health analysts to facilitate public safety and public health collaboration across geographic boundaries. In 2021, ONDCP incorporated into the HIDTA baseline funding plan support for compensation and travel costs for 60 full time DIO positions allocated across the 33 regional HDTAs. The HIDTA baseline plan also supported two public safety advisory positions, administered through the National HIDTA Assistance Center, which coordinate the efforts of the DIOs and serve as central liaisons with their public health counterparts. Finally, the baseline plan provided funding for annual meetings and training. As a complement to HIDTA funding, CDC provides funding to support full time analyst positions in all 33 regional HDTAs. Full implementation of a national public health and public safety approach for the ORS in each HIDTA region supports ONDCP and CDC's shared mission of reducing fatal and nonfatal overdoses by developing and sharing information about heroin, fentanyl, methamphetamine, and other drugs across agencies and by offering evidence-based intervention strategies. Furthermore, this allocation addresses directives from the Appropriations Committees to support HDTAs in states with high levels of SUD. This allocation also responded to statutory language that permitted ONDCP to implement a drug overdose response strategy in HIDTA Regions on a nationwide basis.
- ORS has an ambitious goal – to leverage its strategic partnerships to target the organizations and individuals trafficking deadly drugs, such as fentanyl and methamphetamine, so that overdoses decrease and lives are saved. ORS is achieving this goal by creating a human network spanning the law enforcement and public health communities to share actionable information. The HIDTA-funded DIOs, for example, are charged with transmitting felony



arrest notifications (FANs), that is sharing information about individuals charged with felony drug offenses to a law enforcement agency where the individual permanently resides. With this information, law enforcement agencies can open new investigations or support existing investigations into specific individuals or larger DTOs. The FAN program helps DIOs build trust with law enforcement agencies around their state, which are then leveraged to implement evidence-based overdose prevention and response strategies.

- In 2023, HIDTA initiatives identified 9,169 DTOs and MLOs operating in their areas of responsibility (AOR) and reported disrupting or dismantling 3,038 DTOs/MLOs. Nearly 55 percent of the disrupted or dismantled DTOs/MLOs were determined to be part of multi-state or international operations. In the process, HIDTA initiatives removed \$17.3 billion (wholesale value) of drugs from the market and seized \$641.9million in cash from drug traffickers.
- In the course of drug seizure operations in 2023 HIDTA task forces seized a total of 40,225 firearms. As a result, HIDTA and ATF have aligned efforts to establish Crime Gun Intelligence Centers to address drug-related violence. These centers greatly enhance intelligence sharing related to firearms, gun tracing, and violent drug trafficking offenders. To ensure continued success with these efforts, ATF, is co-located with HIDTA initiatives to gather and consolidate intelligence on illegal firearm use and trafficking and makes that information available to law enforcement agencies within HIDTA Regions.
- HIDTA includes law enforcement representation at different levels of federal, state, local, and Tribal governments. Drug enforcement efforts should target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within the United States, and should not disproportionately focus on specific racial or ethnic groups. ONDCP believes it is critical to approach the HIDTA Program with an equity lens, and is assessing current practices to strengthen the current understanding of barriers and opportunities.
- The HIDTA Program reaches many underserved communities, including persons with SUD. HIDTA's ORS is a cross-agency, interdisciplinary collaboration to reduce overdoses and save lives. Through ORS, public health analysts support promising interventions like post-overdose outreach programs. Such programs follow up, either in person or telephonically, with people who have experienced a non-fatal overdose, to offer them the lifesaving drug, naloxone, and treatment referrals among other services. Public health analysts also support efforts to inform communities about the risks associated with drug use, focus on addressing trauma, and reach young people in high schools and colleges. Analysts often provide information about drug use and overdose trends in their jurisdiction, to inform the development of interventions for underserved and at-risk populations.
- At the regional level, HIDTAs engage with underserved communities, including Tribal members and law enforcement. The HIDTA Program serves as a resource for much-needed services including substance use prevention activities, training, equipment, prosecutorial support, and law enforcement deconfliction.



## EQUITY

ONDCP has worked to make a substantive revision to the HIDTA grant award letter to require grantees to complete safe and healthy workplace trainings as outlined in the HIDTA Program Policy and Budget Guidance (PPBG).

ONDCP developed Critical Conversation training programming to provide an engaging conversation that helps individuals of the HIDTA Program identify ways to create positive, inclusive and safe work environments with respect to team differences across profession, work styles, race/ethnicity, gender, generational and lived experiences. As part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, instruction that develops a cohesive multidisciplinary team and helps participants see the need for a cultural shift in the workplace environment from stress to one of support. Four of the six ORS training at the Regional Meetings are complete, and included the Critical Conversation training.





# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Other Federal Drug Control Programs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$114.200	\$114.200	\$116.950
Research and Development	19.920	19.920	20.893
Treatment	3.000	3.000	5.750
Interdiction	---	---	2.750
Investigations	---	---	2.750
<b>Total Drug Resources by Function</b>	<b>\$137.120</b>	<b>\$137.120</b>	<b>\$149.093</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Free Communities	\$109.000	\$109.000	\$109.000
Anti-Doping Activities	15.250	15.250	14.000
World Anti-Doping Agency Dues	3.420	3.420	3.843
Model Acts Program	1.250	1.250	1.250
Section 103 of Public Law 114-198	5.200	5.200	5.200
Drug Court Training and Technical Assistance	3.000	3.000	3.000
Policy Research	---	---	1.300
Evolving and Emerging Drug Threats	---	---	11.000
Performance Audits and Evaluations	---	---	0.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$137.120</b>	<b>\$137.120</b>	<b>\$149.093</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total ONDCP OFDCP (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	100%	100%	100%

### Program Summary

#### MISSION

This account is for other drug control activities authorized by the Office of National Drug Control Policy Reauthorization Act of 1998, as amended through Public Law 115-271. The funds appropriated support high-priority drug control programs and may be transferred to drug control agencies.



## METHODOLOGY

All ONDCP Other Federal Drug Control Programs resources are scored as a part of the National Drug Control Budget.

## BUDGET SUMMARY

In FY 2025, ONDCP requests \$149.1 million for Other Federal Drug Control Programs, an increase of \$12.0 million above the FY 2024 CR level.

### **Other Federal Drug Control Programs**

**FY 2025 Request: \$149.0 million**

**(\$12.0 million above the FY 2024 CR level)**

The request includes funding for the programs detailed below.

#### ***Drug Free Communities (DFC)***

***FY 2025 Request: \$109.0 million***

***(No change from the FY 2024 CR level)***

The DFC Support Program provides small grants (no more than \$125,000 per year for an initial 5-year period) to established local community drug free coalitions. The grants are awarded competitively to community coalitions that organize multiple sectors of a community to focus on local needs as a means for reducing and/or preventing youth substance use. The FY 2025 request level for DFC is \$109.0 million and 2 FTE. ONDCP is requesting up to \$12,780,000 (or approximately 12 percent) for administrative costs associated with the program.

The following are the most current provisional evaluation summary findings from the DFC National Cross-Site Evaluation End-of-Year 2023 Report:

To summarize Middle School findings:

- prevalence of alcohol use by middle school youth declined by 28.8 percent;
- prevalence of tobacco use by middle school youth declined by 35.2 percent;
- prevalence of marijuana use by middle school youth declined by 19.6 percent; and
- prevalence of (illicit) prescription drug use by middle school youth declined by 20.7 percent from the first to the most recent data reports across all DFC coalitions ever funded.

To summarize High School findings:

- prevalence of alcohol use by high school youth declined by 25.1 percent;
- prevalence of tobacco use by high school youth declined by 33.1 percent;
- prevalence of marijuana use by high school youth declined by 14.5 percent; and
- prevalence of (illicit) prescription drug use by high school youth declined by 37.0 percent from the first to the most recent data reports across all DFC coalitions ever funded.



### ***Anti-Doping Activities***

***FY 2025 Request: \$14.0 million***

***(\$1.3 million below the FY 2024 CR level)***

This funding continues the effort to educate American athletes on the dangers of drug use, to support anti-doping drug testing, and to take additional measures to reduce prohibited drug use in elite sports competitions, including the Olympics.

### ***World Anti-Doping Agency (WADA) Dues***

***FY 2025 Request: \$3.8 million***

***(\$0.4 million above the FY 2024 CR level)***

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

### ***Model Acts Program***

***FY 2025 Request: \$1.3 million***

***(No change from the FY 2024 CR level)***

This funding provides resources to: (1) advise states on establishing laws and policies to address illicit drug use issues; and (2) revise such model state drug laws and draft supplementary model state laws to take into consideration changes in illicit drug use issues in the state involved.

### ***Sec. 103 of Public Law 114-198***

***FY 2025 Request: \$5.2 million***

***(No change from the FY 2024 CR level)***

This funding provides grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises and emerging drug use issues within the area served by the eligible entity.

### ***Drug Court Training and Technical Assistance***

***FY 2025 Request: \$3.0 million***

***(No change from the FY 2024 CR level)***

This program furthers the development and sustainability of drug courts in the United States through the review and dissemination of science-based methods to overcome barriers to drug court sustainability, provide up-to-date guidance and training to practitioners and inter-disciplinary drug court teams to increase drug court participant retention and completion rates, and provide a state-by-state examination of drug courts.

### ***Performance Audits and Evaluations***

***FY 2025 Request: \$0.5 million***

***(\$0.5 million above the FY 2024 CR level)***

Funding will be used to support performance audits and evaluations to examine the efficiency and effectiveness of federal efforts, and provide an avenue for corrective action if the goals/objectives of the *Performance Review System* and the *Assessment* are not being met.



### ***Policy Research***

*Total FY 2025 Request: \$1.3 million*

*(\$1.3 million above the FY 2024 CR level)*

Funds will be used to conduct short-turnaround contract research projects to address specific issues concerning policy and in support of the *Strategy*.

### ***Evolving and Emerging Threats***

*Total FY 2025 Request: \$11.0 million*

*(\$11.0 million above the FY 2024 CR level)*

By enacting the SUPPORT Act, Congress codified its intention for the federal government to closely monitor evolving and emerging drug threats and to act early in the development of a national trend to prevent such threats from reaching levels seen during the opioid crisis. The SUPPORT Act emerging threats provisions authorize the Director to work with the interagency to identify funding requirements that respond to emerging threats outside of the normal budget development cycles. The funding requested by ONDCP will allow the Administration to provide targeted funding to address designated emerging drug threats as the Administration develops plans to address those threats.

## **EQUITY**

- DFC Coalitions continue to address equity in myriad ways. Preliminary survey reports demonstrate that across the 700 plus DFC Coalition Grant recipients, they have implemented programing in the following areas: 65% racial equity; 67% Socioeconomic equity; 57% Sex/Gender equity including Equity around LGBTQIA+; 57% Geographic equity. They also report translating materials into other languages to increase access to information in their communities. The following direct language comes from DFC Coalitions' submitted progress reports.
  - By strategically appointing board membership based on different demographics, DFC is seeing more community participation from those groups.
  - This past year, DFC designed and implemented a Spanish-speaking parent program for local schools and adult English as a Second Language programs; delivered bilingual prevention workshops for middle and high school students; launched a summer employment program for low-income youth; recruited local media and community organization coalition members that serve the Latinx community; and engaged Latinx youth from a low-income housing community that experiences a high level of violence, crime and drug use.
- In collaboration with the DFC Program's federal partner, the CDC's Drug-Free Communities Branch is launching a health equity initiative with a new DFC LGBTQIA+ Community of Practice.
  - The DFC LGBTQIA+ Community of Practice is a group of individuals who come together to learn about how to create a safe and supportive community environment where LGBTQIA+ youth feel valued and connected to people who care. The current members include four DFC Project Officers, and five DFC coalition members who represent the West, Central, and East regions. Members meet and interact online



regularly to collaborate, solve problems, and build knowledge to promote substance use prevention among LGBTQIA+ youth.

- Young people who are lesbian, gay, bisexual, transgender, and queer/questioning, intersex, asexual and others (LGBTQIA+) are a vital part of every community, inhabit all walks of life, and make contributions to every racial, ethnic, socioeconomic, and geographic group. LGBTQIA+ youth often report isolation, harassment at school, and a lack of safe spaces. They are more likely than their non-LGBTQIA+ peers to experience poor health, attempt suicide, misuse alcohol, and use substances.



# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Salaries and Expenses

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Interdiction	\$4.30	\$4.300	\$6.060
International	4.300	4.300	6.060
Investigations	2.795	2.795	3.939
Prevention*	14.137	14.137	5.151
State and Local Assistance	2.795	2.795	3.939
Treatment	3.655	3.655	5.151
<b>Total Drug Resources by Function</b>	<b>\$31.982</b>	<b>\$31.982</b>	<b>\$30.300</b>
<b>Drug Resources by Decision Unit</b>			
Operations	\$31.982	\$31.982	\$30.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$31.982</b>	<b>\$31.982</b>	<b>\$30.300</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	72	72	72
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	100%	100%	100%

\*FY 2023 Enacted and FY 2024 Annualized CR Salaries and Expenses funding includes \$21,500,000 for Operations and \$10,482,000 for Congressionally Directed Spending as allocated in the Explanatory Statement of the Consolidated Appropriations Act of 2023.

### Program Summary

#### MISSION

ONDCP, established by the Anti-Drug Abuse Act of 1988, and reauthorized by the SUPPORT Act, is charged with developing policies, objectives, and priorities for the National Drug Control Program. ONDCP advises the President on national and international drug control policies and programs and works to ensure the effective coordination of drug control programs within the Federal Government and with various other governmental, non-profit, and private entities. ONDCP works to reduce drug trafficking, use and their consequences by leading and coordinating the development, implementation, and assessment of United States drug policy.



## METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.

## BUDGET SUMMARY

In FY 2025, ONDCP requests \$30.3 million, an increase of \$8.8 million above the FY 2024 CR level.

### **Operations**

**FY 2025 Request: \$30.3 million**

**(\$8.8 million above the FY 2024 CR level)**

The FY 2025 request for ONDCP S&E Operations is \$30.3 million and supports a level of 72 FTE. This request is \$8.8 million (40.9%) above the FY 2024 annualized CR level of \$21.5 million due to one-time costs associated with headquarters lease replacement.

Of the total request, \$8.8 million (to remain available until expended) is for costs associated with the relocation and replication of space to house ONDCP, including furniture, fixtures, and equipment. This consists of approximately \$6.7 million for real property costs associated with the lease recompetes to include real property costs construction of new space, Sensitive Compartmented Information Facility (SCIF) construction in the new space and the GSA fee. The remainder of the request consists of approximately \$2.1 million for personal property and move costs, to include furniture, fixtures and equipment setup.

## EQUITY

ONDCP has continued to pursue efforts and strategic change as directed under E.O. 13985. The Office of the General Counsel (OGC) has served as resource to keep agency components accountable to the goals established in the Agency Equity Action plans. Below are some accomplishments from FY 2022-2023.

- ONDCP participated in the National Science and Technology Council’s Subcommittee on Equitable Data and hosted a monthly Equitable Drug Data IWG to work on establishing a research agenda for equitable drug data. The Federal Recovery Research Agenda IWG is currently incorporating lived experiences for persons in recovery, with a focus on lived experiences of historically disadvantaged communities.
- ONDCP ensures that the Agency engages in ongoing outreach to Tribal Nations and actively engages people with lived experience in the development of drug policy to ensure that ONDCP meets the healthcare needs of citizens where they are at.
- ONDCP released a model law for states to help expand deflection/diversion programs to remove individuals from the criminal justice system for non-violent offenses that are connected to their drug use.
- ONDCP entered into a contract with the National Academies of Science, Engineering, and Medicine to hold a two-day workshop - “Harm Reduction Services for People Who Use Drugs: Exploring Data Collection, Evidence Gaps, and Research Needs”. One of the goals of the upcoming workshop was to identify best practices to identify and engage people who





use drugs (PWUD) who are not currently accessing treatment or the harm reduction services. The assessment will focus on the larger community, as well diversity and inclusion, in the delivery of harm reduction practices.

- ONDCP’s funding guidance includes guidance to NDCPAs emphasizing the *Strategy*’s support for equity. The analysis of agency summer and fall budgets include the review of how agencies support equity priorities. The *National Drug Control Strategy: Budget Summary* also includes a section in each chapter describing how the agency supports equity as part of its drug control efforts.



# DEPARTMENT OF STATE





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## Bureau of International Narcotics and Law Enforcement Affairs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final <sup>1</sup>	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
International	\$285.712	\$285.712	\$348.050
<b>Total Drug Resources by Function</b>	<b>\$285.712</b>	<b>\$285.712</b>	<b>\$348.050</b>
<b>Drug Resources by Decision Unit</b>			
International Narcotics Control and Law Enforcement	\$285.712	\$285.712	\$348.050
<b>Total Drug Resources by Decision Unit</b>	<b>\$285.712</b>	<b>\$285.712</b>	<b>\$348.050</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	129	134	134
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>2</sup>	\$42.4	\$45.6	\$42.8
Drug Resources Percentage	0.7%	0.6%	0.8%

<sup>1</sup> Complete FY 2023 Levels, presented in the FY 2025 President’s Budget as “FY 2023 Estimate”, which include the \$2.0 billion in enacted emergency funding that was shifted from the base, are unavailable for comparison.

<sup>2</sup> Total Agency Budget is the entire foreign assistance budget (both State and USAID).

### Program Summary

#### MISSION

INL is responsible for the Department’s international drug control efforts. INL’s mission is to keep Americans safe by countering crime, illegal drugs, and instability abroad and helps partner countries address these threats by providing assistance to develop and strengthen their CN, law enforcement, and justice institutions. INL’s efforts are directed at reducing the impact of crime and preventing illicit trafficking of drugs, such as fentanyl and its analogues, synthetic opioids, cocaine, methamphetamine, and heroin from reaching United States shores.

INL publishes the United States government’s *International Narcotics Control Strategy Report* and develops, implements, and monitors foreign assistance programs that advance United States CN priorities. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, and synthetic illegal drugs. INL TA and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering activities. Training and assistance also support reducing drug use through prevention, treatment, and recovery-oriented programs as well as projects that are designed to strengthen drug-free community coalitions that target illegal drugs, promote antidrug



networks, promote alternatives to incarceration focused on treatment, improve treatment systems, and engage in empirically based outcome evaluations. INL's aviation program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.

Programs funded by INL are also directed at sustainably improving foreign partners' capabilities in law enforcement and intelligence gathering; increasing drug interdictions; enhancing law enforcement capacity to conduct effective investigations, prosecutions, and convictions of major narcotics criminals; and breaking up major DTOs. These activities enable foreign governments to serve as stronger partners with United States law enforcement and criminal justice agencies in investigating and prosecuting transnational crime. INL is responsible for foreign policy formulation and coordination to advance diplomatic initiatives in CN and transnational crime in the international arena.

## **METHODOLOGY**

The Department of State—through INL—supports CN activities through foreign assistance appropriated for the International Narcotics Control and Law Enforcement (INCLE) foreign assistance account. The Department allocates all foreign assistance funding according to the Foreign Assistance Standardized Program Structure. INCLE resources are allocated to achieve the Peace and Security program category and the Democracy, Human Rights, and Governance program category. Within the Peace and Security program category, INCLE resources support Citizen Security and Law Enforcement, CN, Trafficking in Persons, and Transnational Threats and Crime program areas. All funding allocated under the CN program area is counted as drug funding.

The FY 2025 INCLE budget totals for country, regional, and global programs in this document only include program funds. All program development and support (PD&S) funds, which reflect the necessary costs of administering and conducting proper oversight of INL's programming, including CN programming, are centralized in the INL PD&S operating unit.

## **BUDGET SUMMARY**

In FY 2025, INL requests \$348.1 million for drug control activities, an increase of \$62.4 million compared to the FY 2024 CR level.

### **International Narcotics Control and Law Enforcement**

**FY 2025 Request: \$348.1 million**  
**(\$62.4 million above the FY 2024 CR level)**

In the FY 2025 request, the Department requested a total of \$348.1 million in INCLE program funds for CN program assistance (\$288.3 million) and related PD&S (\$59.8 million), an increase of \$62.4 million from the FY 2024 CR level of \$285.7 million in program funds (\$225.9 million) and related PD&S (\$56.6 million). In support of the President's National Security Strategy, which outlines how the United States will leverage all elements of national power to outcompete strategic competitors, tackle shared challenges, and shape international standards and norms. The FY 2025 INCLE request concentrates resources where they offer the most value and impact to these priorities. INCLE resources for CN will focus on programs that assist countries to directly deter the flow of illegal drugs.



A major component of the Department’s CN strategy is combatting synthetic drugs. To address the rise of synthetic opioids such as fentanyl, which is becoming the leading cause of overdose deaths in the United States, INL CN and law enforcement programming aims to improve the capacity of country-level laws, institutions, and criminal justice officials and to mitigate the transnational movement, marketing, and monetization of synthetics and other drugs. INL programming will focus on strengthening capacity to detect, interdict, and share information on synthetic drug threats; building capacity to target online synthetic drug sales; shrinking the drug market by reducing global drug demand; and developing and enhancing partnerships with governments, industry, and international organizations.

To combat the threat of fentanyl, new psychoactive substances, methamphetamine, and other synthetic drugs, the Department plans to leverage all its tools—foreign assistance, including capacity building and TA, and international engagement—to develop the national and international architecture required to address 21st century threats and increase the barriers of access to this illegal trade. INL’s overarching objective in this area is to save American lives by decreasing the volume of deadly drugs trafficked into the United States.

### **Country and Regional Programs**

The FY 2025 requests for INCLE funding for country and regional programs are provided below, in alphabetical order by region.

#### **Africa**

##### **Liberia**

The FY 2025 request for Liberia is \$0.9 million in program funds. The requested funds will support assistance to strengthen the ability of the Liberian Drug Enforcement Agency (LDEA) to interdict and disrupt drug trafficking. Funds will be used to develop and implement CN training that strengthen LDEA officer investigative skills and will assist the LDEA to develop the management structures to run an efficient and effective agency. Funds will also be used to strengthen the capacity of the LDEA to process complex drug trafficking cases, including long-term investigations targeting TCOs and distributors of narcotics, in support of national and regional CN efforts.

##### **Nigeria**

The FY 2025 request for Nigeria is \$0.3 million in program funds. The FY 2025 request for CN will support a CN advisor who will liaise with and assist the Nigerian Drug Law Enforcement Agency (NDLEA) and Nigerian Customs to strengthen their capabilities to investigate, interdict, and disrupt drug trafficking through TA, mentoring, and provision of training. This includes developing and implementing CN training that strengthens NDLEA and Customs officer investigative skills and assisting the NDLEA and Customs to develop the management structures to run an efficient and effective agency. The advisor will also facilitate and support Nigerian participation in regional CN efforts and provide TA, guidance, and input for CN policy-related matters for INL and the United States embassy as needed.



## **East Asia and the Pacific**

### **Indonesia**

The FY 2025 request for Indonesia is \$1.0 million in program funds. The Indonesian government faces challenges in combating illicit narcotics trafficking due to extensive and porous maritime borders and numerous ports. The FY 2025 request will support the provision of specialized technical training and equipment to CN officers to increase their ability to investigate drug trafficking cases and combat narcotics and precursors trafficking. United States assistance will also increase the Government of Indonesia's capacity to reduce demand and rehabilitate drug users.

### **Laos**

The FY 2025 request for Laos is \$0.5 million in program funds. Laos is the world's fourth largest producer of opium poppy and one of the largest producers of amphetamine-type stimulants. The number of Lao citizens addicted to drugs is also increasing dramatically. INL will support Lao efforts to reduce drug demand by strengthening drug prevention, treatment, recovery services, and evidence-based policy development. Activities may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and TA to expand treatment capacity, integrate treatment into the public health system, and provide community-based treatment resources. INL will also support alternative development programs in northern Laos. Based on the success of efforts to transition opium farmers to coffee growing, INL is looking to expand this project into a new province at the request of the government.

### **Philippines**

The FY 2025 request for the Philippines is \$0.9 million in program funds. United States assistance supports Philippine efforts to reduce drug demand by supporting comprehensive capacity building interventions in developing the drug demand reduction workforce, professionalizing drug prevention and treatment services, and supporting evidence-based policy development. Assistance may include programs that provide training and professionalization of the treatment workforce across all sectors, provide mentorship and TA to expand treatment capacity, provide community-based rehabilitation resources, strengthen drug prevention education within primary and secondary schools, and support community anti-drug coalitions. Funds may also support CN projects focused specifically on transnational interdiction, such as units focused on drug trafficking across international borders.

### **Vietnam**

The FY 2025 request for Vietnam is \$1.5 million in program funds. INCLE assistance will support the provision of specialized training, TA, and equipment to Vietnam's CN officers to increase their ability to investigate drug-trafficking cases and combat drug and precursor trafficking. United States assistance will also support the Government of Vietnam's efforts to reduce drug demand by strengthening drug prevention, treatment, and recovery services, as well as evidence-based policy development.



## **Near East**

### **State Near Eastern Affairs (NEA) Regional**

The FY 2025 request for State NEA Regional is \$2.0 million in program funds. The Middle East region is faced with a myriad of issues requiring agile solutions and programming to address threats most critical to United States national security priorities. To that end, funds under State NEA Regional will help address emerging priorities and threats to the region from synthetic drug trafficking and production, to bolster regional partners' capacity to lead on some of the most pressing challenges in the region. INCLE funds may support workshops and engagements between United States stakeholders and Middle East and North African countries to tackle illicit synthetic drugs and enabling crimes; support collaboration initiatives that arise from regional workshops and engagements including joint trainings with regional partners and joint trainings with United States law enforcement professionals; and improve and expand information sharing networks.

## **South and Central Asia**

### **Afghanistan**

The FY 2025 request for Afghanistan is \$3.0 million in program funds. Despite a significant reduction in opium cultivation in 2022, Afghanistan consistently remains one of the world's leading sources of illicit opium. Narcotics-derived revenue increases corruption, finances transnational crime and terrorism, and undercuts the licit economy. Afghanistan also has one of the highest rates of narcotics usage in the world, deepening its public health crisis. Following the United States drawdown in Afghanistan, INL will continue limited non-humanitarian assistance programming in Afghanistan, including CN programs. The FY 2025 request includes funds for activities that support treatment and prevention efforts to combat substance use, including services for Afghans in rural areas and for women and children and support to assist rural farmers to grow licit alternatives to poppy.

### **Kazakhstan**

The FY 2025 request for Kazakhstan is \$0.4 million in program funds. Kazakhstan is a transit country for virtually all opiates on the Northern Route and is also experiencing a major increase in synthetic drug use internally. Funds will support the development of DEA-implemented training programs on the detection of synthetic drug trafficking and dismantling of laboratories. Funds will also assist the Government of Kazakhstan to develop a drug intelligence "fusion center" with participation of several Kazakhstani law enforcement agencies. Kazakhstan has also experienced a significant increase in synthetic drug seizures and clandestine lab identification; United States assistance will support the Government of Kazakhstan's efforts to identify, investigate, and prosecute these emerging crimes.

### **Pakistan**

The FY 2025 request for Pakistan is \$3.0 million in program funds. Pakistan continues to face challenges in countering illicit narcotics flows transiting along the Afghan-Pakistan border. Funds will continue to develop the capability of Pakistan's CN law enforcement agencies, such as the Anti-Narcotics Force and Customs, to disrupt narcotics trafficking. Funds will also be used in targeted efforts to address the emerging trade of illicit synthetics in the region. The request will support interdiction efforts by providing training, mentorship, equipment, and targeted material





support in coordination with DEA. Programming will also bolster law enforcement agencies' presence along Pakistan's porous border and maritime channels to prevent Afghan-sourced opiates from entering global markets. Geographically, assistance will be targeted toward Khyber Pakhtunkhwa and Balochistan to combat trafficking along the Afghanistan-Pakistan border; assistance will also contribute to building maritime security capacities on the Makran Coast to disrupt the Southern Route narcotics flow.

### **Tajikistan**

The FY 2025 request for Tajikistan is \$0.7 million in program funds. Tajikistan is located along a major drug trafficking route for opiates and other drugs transiting from Afghanistan to Russia and Eastern Europe. INL's CN drug interdiction program enhances the government's capacity to combat narcotics trafficking. United States CN programming includes close collaboration with the Tajikistan Drug Control Agency (DCA) and supports training assistance for the DCA via its training academy. Drug interdiction and drug demand reduction programming will enhance the Tajik government's capacity to combat the trafficking of opiates and methamphetamine drugs from Afghanistan flowing through Central Asia to Europe, Russia, and beyond.

### **Uzbekistan**

The FY 2025 request for Uzbekistan is \$0.2 million in program funds. Uzbekistan experiences cross-border opiate trafficking from Afghanistan and Tajikistan and faces an emerging threat from synthetic drugs, both transnational and domestic. Assistance will address the area of improving law enforcement capabilities to identify, investigate, and prosecute synthetic drug crimes. Funding will also support CN training and the reestablishment of cooperation between the DEA and the Government of Uzbekistan's CN authorities.

### **Central Asia Regional**

The FY 2025 request for Central Asia Regional is \$2.0 million in program funds. Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Some profits from drug trafficking fund terrorist organizations in the broader region, and some regional DTOs maintain links to these extremist groups. United States assistance seeks to disrupt the illicit narcotics economy through law enforcement cooperation aimed at deterring, disrupting, and dismantling DTOs. Law enforcement reporting indicates an increase in natural and synthetic narcotics trafficking from Afghanistan since the Taliban takeover as well as an increase in domestically produced synthetic drugs. The region also shares extensive borders with China, Russia, and Iran. Regional border security and CN programs will continue to support cooperation, coordination, and intelligence-sharing among drug enforcement, border security, and customs services through regional initiatives, including the Central Asia Regional Information and Coordination Center, the Container Control Program, the Central Asia and South Caucasus Network, and the Border Liaison Office program for Central Asia. Programs may fund regional activities to address maritime capacities to interdict illicit trafficking in the Caspian Sea region.



## **Western Hemisphere**

### **Colombia**

The FY 2025 request for Colombia is \$61.2 million in CN program funds. While this level maintains robust support for a range of CN interventions, the decrease in the FY 2025 request relative to the FY 2024 request is partly associated with continued adjustments to the scale of forced eradication and the continuing maturation of aviation programs.

The United States, working closely with Colombian partners, continues to implement a holistic CN strategy to support stability and prosperity in Colombia, promote its continued strong partnership with the United States in the region and globally, and advance the promise of the 2016 peace accord. The holistic strategy focuses on several components: (1) integrated supply reduction; (2) comprehensive rural security, justice, and development; and (3) environmental protection. Over the long term, integrated implementation of these pillars is intended to decrease the availability of cocaine in the United States and Colombia, curb drug-related violence that continues to threaten Colombian communities, and reduce the number of cocaine-related overdose deaths in the United States.

To stem the growing strength of illegal armed groups and consolidate state control over the entire national territory, the United States and Colombian governments will continue to work together to: dismantle these armed groups; combat cocaine trafficking; provide security and other government services to all Colombians, particularly in rural areas; and foster licit economic opportunities. With CN funds, INL will support and complement Colombia's holistic national CN strategy by pursuing an integrated strategy that includes eradication, laboratory destruction, interdiction, and other law enforcement operations against TCOs, particularly in strategic rural areas where nearly all narcotics production and trafficking occur. INL programming complements USAID economic and rural development programs that seek to provide licit economic opportunities to Colombians. By bringing these interventions in targeted high coca producing and notoriously dangerous areas, the United States government can more comprehensively dismantle the financial and organizational infrastructure supporting local and regional cocaine economies. Funding will support more rapid and sustainable progress in ensuring Colombia succeeds and remains a reliable partner of the United States in the region. The integrated approach will assist the Colombian government to maintain momentum on its strategy to significantly and sustainably reduce cocaine availability in both countries.

INL's CN assistance will assist the Colombian government by:

- Maintaining a fleet of United States- and Colombian-titled aircraft for CN and law enforcement missions, including rural security, and ramping up the use of unarmed drones to support a variety of CN and law enforcement missions.
- Tailoring coordinated eradication and interdiction operations appropriate to local conditions and strengthening Colombian interagency collaboration on interdiction missions.
- Continuing rigorous interdiction operations, including precursors, high-value targets, lab destruction, and anti-money laundering.



## **Mexico**

The FY 2025 request for Mexico includes \$14.0 million in CN program funds. CN programming will strengthen Mexico's capacity to reduce the manufacturing and trafficking of fentanyl, methamphetamine, and other illicit drugs, and prevent the diversion of their precursor chemicals. Citizen security and law enforcement programming will also strengthen Mexico's capacity to safeguard public security, disrupt TCOs that manufacture and traffic fentanyl, and secure borders through integrated technology and processes to enable efficient trade and travel and improve security, particularly against the movement of illicit synthetic drugs and weapons. Programming to combat transnational crime will improve capacity to conduct and partner with United States law enforcement on intelligence-led investigations of transnational criminal networks to disrupt illicit markets and remove financial incentives for fentanyl trafficking and other transborder crime. Rule of law programming will include efforts to improve the capability of federal and state justice sector officials to conduct effective investigations, use forensic evidence at trial, and prosecute of high-impact crime and impose criminal penalties with a focus on combating corruption, dismantling TCOs that manufacture and traffic fentanyl, and disrupting migrant smuggling.

INL's CN funding for Mexico will support:

- International forensic chemist exchanges on synthetic drug synthesis.
- Fentanyl awareness trainings for law enforcement and regulatory agencies.
- Donation of detection canines and protective equipment to facilitate safe fentanyl interdiction.
- Capacity building on investigation and destruction of clandestine drug laboratories.

INL funding supports capacity building for security forces, customs, and other law enforcement, investigative, and health officials to interdict illicit drugs and their precursor chemicals. INL-funded programs also support efforts to prevent, treat, and reduce substance use in Mexico by strengthening capacity to track and analyze data and trends on drug use; implement evidence-based prevention and treatment policies; and advance drug treatment court models. INL funding also supports the United States-Mexico Bicentennial Framework for Security, Public Health, and Safe Communities. The framework is informed by the drug policy priorities of the Administration, which address two drivers of the synthetic drug threat: untreated addiction and the drug trafficking profits that fuel it.

## **Peru**

The FY 2025 request for Peru is \$34.4 million in CN program funds. Peru is the second largest producer of cocaine in the world and Peruvian cocaine is shipped to the United States, Mexico, Europe, and Asia. Supporting Peru in curbing the production of illicit narcotics is essential to United States national interests. The United States government will continue to support a three-pronged CN strategy that balances eradication, interdiction, and alternative development in Peru. INL's strategic objective in Peru is to curb the flow of drugs and other illicit goods to the United States and disrupt the TCOs that profit. Transnational criminal networks threaten United States, Peruvian, and regional security. Further, these efforts have broader ramifications: stemming the production of narcotics prevents the illegal deforestation of protected lands and can pave the way for licit livelihoods through alternative development.



Most of the overall FY 2025 INCLE request for Peru will remain focused on CN, particularly in response to continuing high cocaine production in recent years, including an estimated increase of nearly 100 percent in coca cultivation between 2018 and 2023. FY 2025 INCLE funds will be used to provide operational support for Peru’s labor-intensive manual eradication program, including the personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations. The FY 2025 request also supports Peru’s aviation costs, which are a critical enabler of eradication and interdiction programming. CN aviation assistance includes training for Peruvian National Police pilots, aircrews, and support personnel needed to operate and maintain a fleet of United States government-owned Huey-II helicopters and fixed-wing aircraft. Funds will also support the drawdown and retirement of the aging Huey-II helicopter fleet over the next several years and, assuming full approval and Congressional ratification of the helicopter nationalization agreement by Peru, the transition to UH-60 Black Hawks, which will support the same mission set.

INL funds for Peru are essential to reduce transnational criminal activity by enhancing the capacity of Peruvian customs, police, immigration, and other agencies to interdict and deter the smuggling of narcotics, illegally mined gold and timber, precursor chemicals, and bulk currency. Assistance in this area will explore cost-effective ways to eradicate and interdict trafficking of cocaine, drugs, and other contraband, including through equipment and training support to fluvial and mobile land-based units. A small amount of funding is focused on demand reduction, with targeted programming to prevent and reduce drug use among vulnerable populations.

#### **State Central America Regional – Central America Regional Security Initiative (CARSI)**

The FY 2025 request for CARSI is \$22.8 million in narcotics program funds. INL programming supports the Administration’s Root Causes Strategy, which aims to address security and governance in the region. Resources for CN activities will support Central American countries in the continuation of successful efforts to disrupt the trafficking of narcotics.

Programming addresses the security-related drivers of irregular migration from Central America to the United States and combats drug trafficking; TOC; gangs; violence, including gender-based violence; governance and corruption issues contributing to instability and criminal activities; and human smuggling. The FY 2025 request will support targeted training and advisors from the DEA, FBI, DHS/HSI, USCG, other United States government agencies, and INL subject matter experts to build the intelligence and interdiction capacities of partner country vetted units and specialized task forces to detect, deter, and disrupt the trafficking of narcotics before they can enter the United States. These units and task forces are comprised of the most highly qualified members of the law enforcement and justice sectors, who conduct specialized investigations in areas such as CN, gangs, bulk cash smuggling, human trafficking and smuggling, extortion, corruption, and money laundering. To reduce narcotics usage and narcotics-related crime, assistance will support training, crime prevention, alternative sentencing, school resource officers, and targeted drug demand reduction programs to address growing drug use throughout Central America, particularly among gang members and at-risk youth.

INL programming will continue to strengthen the capabilities of Central American coast guards, border patrols, and police units as well as support specialized maritime and mobile interdiction units, bolstering coordination regionally. Efforts include training riverine and coastal police units and specialized naval and police interdiction services, providing spare parts and boat maintenance,



retrofitting seized boats, and providing equipment and logistics support to sea- and land-based interdiction forces. Programming also provides maritime and land interdiction advisors to strengthen CARSI partner country capacity for operations and ensure sustainability through self-maintenance.

### **State Western Hemisphere Affairs (WHA) Regional – Caribbean Basin Security Initiative (CBSI)**

The FY 2025 request for CBSI is \$6.8 million in CN program funds. CBSI is a key engagement tool to enhance citizen security and rule of law capacity and cooperation in the Caribbean. INL’s main strategic objectives through CBSI are to prevent trafficking and crime in the region from impacting the United States and to build regional cooperation to address shared threats. The Caribbean is a region of geo-strategic importance to the United States as it represents a “third United States border” and is a prominent trafficking vector for approximately 10-15 percent of cocaine destined for the United States. Limited resources, institutional capacities, and underdeveloped criminal justice systems compound the impacts of financial and cyber-enabled crimes, corruption, and gang violence. The request will support CBSI programming to modernize and build the capacity of PN law enforcement and justice sectors to counter crime, violence, and corruption, and to promote regional cooperation and information sharing among CBSI PNs and the United States to address trafficking and other security threats in the region. Regional maritime security cooperation will remain a key focus. The significant loss of income, tax revenue, and jobs make Caribbean government institutions and citizens increasingly vulnerable to illicit trafficking and associated crime and corruption.

The FY 2025 request for counterdrug activities in the Caribbean includes funds to disrupt illicit narcotics trafficking through the provision of training, equipment, and subject matter expertise, including on maritime and land-based interdiction, vetted units, and investigations. Resources will continue to be prioritized for activities in the Caribbean countries with the highest drug flows. INL programs will address United States national security concerns by promoting regional cooperation on the shared threat of TOC and drug trafficking. CN assistance will continue to build bilateral and regional capabilities to detect and disrupt TOC and criminal narcotics trafficking. Maritime security programs work with partner security and criminal justice entities to improve interdiction, investigation, prosecution capabilities; enhance maritime domain awareness and operational readiness; and strengthen port security through bilateral and regional engagement, and capacity building.

### **State Western Hemisphere Affairs (WHA) Regional – Western Hemisphere Regional Security Cooperation (WHRSC)**

The FY 2025 request for WHRSC is \$5.0 million in CN program funds. WHRSC funds strengthen partnerships, inform, and assess approaches, and expand regional efforts in the Western Hemisphere to address shared challenges. Programs to address the root causes of insecurity are centered around four strategic pillars: assessing the landscape and developing regional approaches to transnational issues; fostering regional integration to address transnational crime and enhance regional information collection and sharing; supporting monitoring and evaluation efforts to measure the effectiveness of programmatic interventions; and combating emerging threats across the region. Assistance will focus on expanding programs in the region to combat the proliferation of illicit drugs through detection, information sharing, interdiction, investigation, prosecution, and destruction. Programs will foster regional cooperation by building partner governments’ capacity to conduct joint CN operations, investigations, and prosecutions. WHRSC funding will also





enable the establishment and expansion of regional programs to prevent the production and trafficking of illicit synthetic drugs and precursor chemicals through trainings, informational exchanges, and TA.

### **Centrally Managed INL Programs**

#### **Drug Demand Reduction (DDR)**

The FY 2025 request for DDR is \$29.8 million in program funds. With FY 2025 funds, INL will support DDR programming that has been validated through outcome evaluations. INL's DDR programming aims to reduce drug use and drug related crime, violence, and gang activity while strengthening security. DDR programs improve the effectiveness of drug use prevention, treatment, and recovery support and promote greater acceptance of United States-supported CN policy approaches. Training and other aspects of the program are designed to professionalize the workforce and disseminate scientifically grounded methodologies to include the promotion of treatment for persons with SUDs involved with the criminal justice system through alternative to incarceration systems. The program utilizes an innovative model that holistically raises the performance of the government, university, and civil society prevention, treatment, and recovery support workforce. Training, networking, mentoring, and a universal examination and credentialing system further instill international evidence-based standards promoted by the United States.

Programming has supported the development of specialized training materials, which have subsequently been adopted by United States universities to benefit United States populations; examples include curricula on opioid addiction and overdose reversal, intravenous heroin use, cocaine use (especially crack addiction among juveniles), methamphetamines, adolescent drug use, drug use within criminal gangs, recovery systems, and substance use affecting women, children, and the LGBTQI+ population. INL supports the Global Centre for Credentialing and Certification to promote the efficient credentialing of the international addictions workforce; recent efforts focus on remote proctoring and on credentialing of all treatment and prevention workers across the health and criminal justice systems.

INL also supports drug-free communities coalition programs primarily in Latin America, Asia, and Africa. Coalitions connect multiple sectors of the community (businesses, parents, media, law enforcement, schools, and government) to collaborate and develop plans, policies, and strategies to achieve reductions in the rates of drug use and crime at the community level. INL is also working to promote quality assurance for drug treatment centers to ensure the promotion of the international standards for treatment developed by the United Nations.

#### **Drug Supply Reduction (DSR)**

The FY 2025 request for DSR is \$55.0 million in program funds. Funds will support global and regional programs to combat and reduce illicit supplies of drugs, particularly synthetic drugs such as fentanyl and methamphetamine, and their precursor chemicals that are fueling the deadly drug crisis in the United States. The funds will support Administration priorities to reduce drug supply and stop drug overdose deaths. Programs will build the capacity of foreign partners to detect and interdict illicit drugs and their precursor chemicals as well as to share information on emerging drug threats; accelerate the imposition of treaty-mandated international drug and chemical controls on dangerous substances; support multilateral and partner-nation efforts to disrupt global illicit



drug and precursor chemical supply chains; and build capacity to disrupt sales of illicit drugs over the Internet and better detect and interdict illicit supplies of drugs distributed through the global mail and ECCs. Funding will also support the development of programming designed to build partner capacity to target investigations into the use of virtual currencies in illegal synthetic drug sales and support ongoing United States interagency efforts to synchronize global anti-money laundering responses with those targeting the illicit financing methods fueling online drug trafficking. Funds will also support projects to identify industry leaders in responsible management practices to prevent the manufacture, sale, and movement of synthetic drugs and share best practices globally.

### **Global Crime and Drugs Policy (GCDP)**

The FY 2025 CN request for GCDP is \$3.1 million in program funds. INL has mobilized large multilateral forums to react quickly to the opioid crisis in the United States, including the threat posed by illicit fentanyl and its analogues, and broader proliferation of new psychoactive substances. The international framework for cross-border law enforcement cooperation to prevent, investigate, prosecute, and dismantle drug trafficking and transnational crime groups are codified under the three UN drug treaties, the UN Convention against Transnational Organized Crime, and the UN Convention against Corruption, all of which are based on United States law and practice. INL's GCDP funding for the UN Office on Drugs and Crime (UNODC) and the Organization of American States (OAS) will provide unique support for international treaty-based and policy-making institutions that are critical to ensuring foreign governments carry out their legal obligations and policy commitments.

The FY 2025 request for counterdrug programs will continue assistance to UNODC and the OAS Inter-American Drug Abuse Control Commission. Broadly, UNODC and the OAS deliver TA programming that protects United States citizens by enabling greater operational cooperation between international law enforcement agencies and strengthens foreign government capacity to dismantle drug trafficking and transnational crime groups and seize their assets. OAS programming promotes information exchange on trafficking routes, drug sample identification, and monitoring the impact of international controls and cooperation to reduce illegal drug supplies in the Western Hemisphere, a critical effort in addressing the United States opioid challenge. Programs through UNODC and the OAS also enhance international cooperation among states to help eliminate safe havens for TCOs and enable greater burden-sharing through contributions from a wider array of donors.

Activities under this line item are limited to global and regional programs that enable UNODC and the OAS to operate a network of field offices and central Secretariat services; ensure internal accountability and oversight; and deliver technical guidance, research, and analysis on treaty and policy obligations in the field of drug control and TOC. Support to UNODC and the OAS under this line item benefits all other INCLE line items that leverage these institutions to deliver United States foreign assistance at the country, regional, and global levels.

### **Interregional Aviation Support (IAS)**

The FY 2025 request for IAS is \$39.9 million in program funds. With FY 2025 funds, INL will continue to provide the centralized core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL's aviation activities in Peru, Panama, Costa Rica, and temporary locations. This base of support is essential for managing and sustaining logistical





systems and the Air Wing management structure, which are critical for successful air operations in support of INL's CN mission. Centrally administered oversight provided through IAS includes: setting, implementing, and monitoring uniform safety and training standards consistent with aviation industry practices; a logistics support system for acquiring, storing, and shipping critical aviation parts and components worldwide; fleet-wide maintenance management; administration of aviation support contracts; and maintaining technical expertise and capability to employ unmanned aircraft systems in support of CN and law enforcement operations as required.

### **PD&S**

The FY 2025 request for PD&S supporting INL's CN programming is \$59.8 million. PD&S funds support the entirety of INL's administrative requirements for bilateral, regional, and centrally managed operating units worldwide. The overall FY 2025 request for INL's PD&S is \$219.8 million. The \$59.8 million level of PD&S for CN is proportionate to the amount of CN program funds across the INCLE account (approximately 27 percent). INL's PD&S funding supports the domestic and overseas administrative and operational costs incurred to carry out policy implementation and oversight, program design, development, monitoring and evaluation, and review of INL programs implemented in fulfilling its mission. These resources provide operational and administrative support for and oversight of INCLE drug control activities.

### **EQUITY**

In observance of E.O. 13985 issued in January 2021, the Department's Office of Foreign Assistance (F) is in the process of deploying the Racial Equity Key Issue on Advancing Racial Equity and Support to Underserved Communities. INL recognizes the importance of promoting equity and inclusion, including for members of marginalized communities, which supports and reinforces this drug control mission. To support this effort, INL issued a front channel cable to all embassies that receive INL funding to emphasize the bureau's commitment to recognizing bias and discrimination and countering bias-motivated violence within host country counterparts and in the communities they serve as well as providing tools and resources to help INL overseas sections integrate these priorities into their programs.



# DEPARTMENT OF STATE

## United States Agency for International Development

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final <sup>1</sup>	FY 2024 CR <sup>2</sup>	FY 2025 Request
<b>Drug Resources by Function</b>			
International	\$65.540	\$65.540	\$59.034
<b>Total Drug Resources by Function</b>	<b>\$65.540</b>	<b>\$65.540</b>	<b>\$59.034</b>
<b>Drug Resources by Decision Unit</b>			
Development Assistance	\$14.131	\$14.131	\$22.500
Economic Support Fund	51.409	51.409	36.534
<b>Total Drug Resources by Decision Unit</b>	<b>\$65.540</b>	<b>\$65.540</b>	<b>\$59.034</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	16	18	18
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>3</sup>	\$27.9	\$27.9	\$28.3
Drug Resources Percentage	0.2%	0.2%	0.2%

<sup>1</sup> The FY 2023 Estimate is based on FY 2023 Initial Actuals. Complete FY 2023 Levels, as presented in the FY 2025 President's Budget which include the \$2.0 billion in enacted emergency funding that was shifted from the base, are unavailable for comparison.

<sup>2</sup> The FY 2024 level is an estimate based on FY 2023 levels that does not reflect decisions on funding priorities. Final allocations are not yet available for the enacted FY 2024 appropriations.

<sup>3</sup> Total Agency Budget is the USAID fully and partially managed foreign assistance accounts, including DA, ESF, among others.

### Program Summary

#### MISSION

USAID is the agency responsible for implementing most of the economic and development foreign assistance provided by the United States Government. It receives overall foreign policy guidance from the Secretary of State. USAID advances United States foreign policy objectives by supporting economic growth, environmental conservation, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's Alternative Development programs support United States counter-narcotics objectives by helping countries develop economically viable, sustainable alternatives to narcotics production. Specifically, USAID implements alternative livelihood programs that focus on licit livelihoods, improving commercial agricultural production and market linkages in drug production-prone areas and offering farmers incentives to discontinue planting coca, poppy, and other illicit crops.

USAID also works to facilitate private sector investment, improve access to digital and financial services, improve basic public services, improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and



grow a viable agribusiness industry. These efforts help to catalyze economic growth and job creation in post-eradication zones while also providing support to incentivize and facilitate participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key United States partner countries.

## **METHODOLOGY**

For programs related to counter-narcotics, USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. In preparing the annual foreign assistance budget request, the USAID and the Department of State allocate all funding according to the Foreign Assistance Standardized Program Structure, which contains a Program Area for counter-narcotics. All USAID-managed counter-narcotics programming is for alternative development and alternative livelihoods programs, which support economic development that is not reliant on the cultivation, production, and sale of illicit drugs.

## **BUDGET SUMMARY**

The FY 2025 Request for USAID’s drug control efforts is \$59.0 million, a decrease of \$6.5 million below the FY 2024 CR level of \$65.5 million.

### **Economic Support Fund (ESF) and Development Assistance (DA) – Andean Region**

#### **Colombia**

The FY 2025 Request of \$44.5 million for counter-narcotics is \$7.0 million below the FY 2024 CR level of \$51.5 million. Colombia is the world’s leading cocaine producer; nearly all cocaine seized in the United States originates in Colombia. Coca cultivation and cocaine production remain high. ONDCP’s 2023 report on illicit cultivation in Colombia indicates a 13% increase over last year to 230,000 hectares. The United States and Colombia share responsibility for addressing this high level of coca. United States assistance requests aligned with the Interim National Security Strategic Guidance will focus on dismantling criminal groups, reducing coca cultivation, advancing state presence through rural security and rural development, and increasing environmental protections.

The FY 2025 Request for Colombia will continue to target the flow of illicit drugs to the United States by supporting the transition to peace. Countering illegal drugs in Colombia is a difficult challenge since, although the overall amount of cocaine seized in Colombia during the last few reporting periods increased, the increase in the overall cocaine production outpaced these gains.

Assistance will continue to fund programs to improve the conditions necessary for inclusive, licit, rural economic growth—an important counterpart to the INL counter-narcotics programs. USAID and INL are committed to strengthening coordinated, sequenced programming as part of a whole-of-government approach to deepen state presence, improve citizen security, strengthen environmental resilience, and enable rural development. USAID is also working closely with the full range of interagency colleagues to define and advance a broader set of metrics to encourage focus on the root causes of coca cultivation. The United States and Colombia recommitted to this approach at the March 2023 High Level Dialogue meetings in Washington.



Geographically, USAID programming will concentrate on post-conflict areas and advance implementation of the peace accord that was ratified in 2016. This so-called “peace geography” is the source of an estimated 94% of the country’s coca, making peace accord implementation key to sustained anti-narcotics gains. Assistance will strengthen legal economies in rural, conflict-affected areas by increasing the access to markets of licit producers and the value of licit products.

Funding will support Government of Colombia initiatives to better integrate security and alternative livelihood programs to further reduce drug production and combat other illegal activities such as gold mining and land grabbing; consolidate security; strengthen rural economic development and promote licit and sustainable economic alternatives (e.g., entrepreneurship, creative/circular economies, tourism, etc.); increase access to financial services; promote access to tangible assets such as local internet connectivity; ensure more equitable and secure land tenure; protect natural resources; slow deforestation; increase public and private investment in key regions, boost confidence and create trust in institutions; and improve economic infrastructure in target regions. These efforts will support the peace implementation priorities and the recently launched National Drug Policy 2023 - 2033: a combined strategy of inclusive economic growth promotion for communities that substitute coca crops with licit activities, while focusing on strategic actions to weaken the criminal structures behind the narco-trafficking activity.

## **Peru**

The FY 2025 Request level of \$14.5 million for counter-narcotics is \$.5 million above the 2024 CR level of \$14.0 million. The FY 2025 Request for Peru will support the Peruvian-led strategy of eradication, interdiction, and alternative development. According to the Government of Peru (GOP), coca cultivation in Peru increased significantly in 2022 to 95,008 hectares (from 80,681 hectares in 2021), reaching its highest level since 1995. The Government of Peru’s report on illicit coca production in 2023 should be published in mid-2024. The pandemic, a sharp economic recession, and political instability have severely hindered Peru’s counterdrug response since 2020. Political turmoil—including five presidents, more than ten interior ministers, and multiple changes to the police chiefs and government officials—limited progress on counter-narcotics priorities.

There was very little eradication in 2020 and 2021 due to COVID-19 and political instability; in both years, Peru achieved less than a quarter of its eradication goals. In 2022 and 2023, Peru exceeded the goals established at the beginning of each year, eradicating 21,600 and 22,600 hectares respectively. Peru’s eradication goal for 2024 is 18,500 hectares; there is a supplemental plan to eradicate an additional 6,500 hectares if funding can be secured. 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 Peru’s central jungle through a three-pronged approach focusing on interdiction, eradication, and alternative development.

In coca-producing regions, USAID’s alternative development programs complement the GOP’s efforts to help farmers acquire the assets, skills, and basic services needed to become part of the licit economy (e.g., new crops, improved roads, farming knowledge, improved local governance, access to Internet and financial services). USAID is also gathering ideas on how to promote licit livelihoods in more isolated areas, including the buffer zones of natural protected areas and indigenous territories, where violence against environmental defenders and deforestation have increased significantly in recent years along with coca cultivation.



There is a clear connection between illicit coca cultivation and environmental and other crimes (illegal mining, illegal logging, and trafficking in persons). 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 (USAID's direct, government-to-government funding of Peru's counter-narcotics agency will end in 2024). In time, USAID links assisted farmers with higher value markets by helping them secure the volume and quality demanded by buyers and credit to invest in their farms.

## EQUITY

Inequity is a national security challenge with global consequences. The enterprise-wide implementation of E.O. 13985 is a historic shift for the Department of State, as it requires advancing racial equity and support for underserved communities across all dimensions of United States foreign policy and the broader foreign affairs mission. Principally, this means embedding E.O. 13985 into its externally-facing efforts.

On behalf of Secretary Blinken, the Deputy Secretary of State for Management and Resources, Brian P. McKeon, has led its implementation of E.O. 13985. On March 29, 2021, Deputy Secretary McKeon established its Agency Equity Team, which serves as an enterprise-wide effort to implement E.O. 13985 in its foreign affairs mission. Its Agency Equity Team has over 80 colleagues from across its institution, which includes civil service and foreign service employees, political appointees, and contracted employees. The Agency Equity Team's objective is to identify how it can advance racial equity and support for underserved communities through United States foreign policy and assistance, public engagements and exchanges, grants, procurement, contracts, and consular services.

Its Equity Action Plan provides a roadmap for the United States Department of State to generate better-informed policies, programs, and processes to address barriers to equity worldwide and achieve its foreign policy goals. This includes sustained engagement with individuals from marginalized racial and ethnics groups and other underserved communities domestically and overseas.

USAID is strongly committed to expanding Diversity, Equity, Inclusion, Accessibility. The Agency is making changes to its internal functions and addressing issues in its work place and culture, as well as expanding its relationships with external partners, such as HBCUs and other MSIs. USAID promotes inclusion of traditionally marginalized groups in many of its development programs in the region. For example, in Colombia, USAID strengthens and defends Afro-Colombian and Indigenous Peoples' human rights and territories, promote inclusive economic and environmental projects, support cultural heritage, and combat racism and discrimination to ensure that all Colombians can take part in the country's journey toward peaceful prosperity. And in Peru, USAID is working with indigenous communities and women to protect precious natural resources, particularly tropical forests. USAID is also seeking to build a workforce and broader international development community that is more representative of the areas it serves by expanding its successful Afro and Indigenous fellowships including in Colombia and Peru.



# DEPARTMENT OF TRANSPORTATION





# DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$17.760	\$17.760	\$24.050
Intelligence - Interdiction	2.550	2.550	2.750
Investigations	1.535	1.535	2.340
State & Local Assistance	2.550	2.550	2.750
<b>Total Drug Resources by Function</b>	<b>\$24.395</b>	<b>\$24.395</b>	<b>\$31.890</b>
<b>Drug Resources by Decision Unit</b>			
Aviation Safety/Aerospace Medicine	\$19.295	\$19.295	\$26.390
Security and Hazardous Material Safety	5.100	5.100	5.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$24.395</b>	<b>\$24.395</b>	<b>\$31.890</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	119	119	126
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$24.0	\$24.0	\$26.8
Drug Resources Percentage	0.1%	0.1%	0.1%

### Program Summary

#### MISSION

The mission of the FAA is to provide the safest, most efficient aerospace system in the world. The Office of Aerospace Medicine supports drug-related activities within the FAA and in the aviation industry through its mission to reduce drug use and its consequences throughout the national aerospace. Security and Hazardous Materials Safety (ASH) Law Enforcement Assistance Program (LEAP) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all federal, state, and local law enforcement agencies engaged in drug interdiction efforts.

#### METHODOLOGY

There are no single identifiable line items within the Office of Aerospace Medicine or Security and Hazardous Materials Safety appropriations that fund drug control efforts. All Office of Aerospace Medicine operations, capital improvements and acquisitions, and program training activities are funded out of the associated appropriations as part of operation costs. The drug-scored Security and Hazardous Materials Safety funding is an estimate of support provided to law enforcement





agencies to assist in the interdiction of dangerous drugs and narcotics coming into the United States.

## **BUDGET SUMMARY**

### **Aviation Safety/Aerospace Medicine**

**FY 2025 Request: \$26.4 million**

**(\$7.1 million above FY 2024 CR level)**

Three decision units within Aviation Safety's Office of Aerospace Medicine include functions that rely on drug resources - two supporting aviation industry drug abatement and one responsible for drug testing among FAA employees:

- The Drug Abatement Division ensures the aviation industry implements and maintains drug and alcohol testing programs in accordance with 14 CFR part 120 and 49 CFR part 40 (\$15.88 million).
- The Drug Abatement Division includes (1) the Compliance and Enforcement Centers, which are responsible for surveillance of about 7,000 aviation entities throughout the country and routinely conduct enforcement inspections of the industry's drug and alcohol testing programs to ensure compliance with 14 CFR part 120 and 49 CFR part 40 and (2) the Special Investigations Branch, which investigates all industry complaints and allegation about rule violations, and all individual or employee-related drug or alcohol violations (e.g., refusals to submit to testing, positive drug test results, alcohol violations, return-to-duty violations), including, but not limited to violations by 14 CFR part 67 medical certificate holders (\$2.34 million).
- The Internal Substance Abuse Program unit randomly tests FAA employees in safety and security-critical positions (\$8.17 million).

### ***Drug Abatement Division***

***FY 2025 Request: \$15.9 million***

***(\$3.4 million above FY 2024 CR level)***

The Drug Abatement Division is responsible for the development, implementation, administration, and compliance monitoring of the aviation industry drug and alcohol testing programs as set forth in DOT and FAA regulations, 49 CFR part 40 and 14 CFR part 120. The regulations require the following individuals and employers to implement drug and alcohol testing programs: (1) all part 119 certificate holders authorized to operate under parts 121 and 135, (2) air tour operators (as defined in § 91.147), (3) air traffic control facilities not operated by FAA or under contract to the United States Military, (4) all individuals who perform a safety-sensitive function, (5) all part 145 certificate holders who perform safety-sensitive functions and elect to implement a drug and alcohol testing program, and (6) all contractors who elect to implement a drug and alcohol testing program.

When implementing a testing program, an employer must ensure that all individuals performing safety-sensitive functions directly or by contract (including subcontract at any tier) are subject to testing. The safety-sensitive duties include flight crewmember duties, flight attendant duties, flight instruction duties, aircraft maintenance or preventive maintenance duties, air traffic control duties, aviation screening duties, ground security coordinator duties, and aircraft dispatcher duties, and operations control specialist duties. In FY 2025, funding will support the Drug Abatement Division's responsibility to ensure the industry's compliance with the drug and alcohol testing



regulations. The Division will conduct inspections of employer programs, as well as investigations of airmen and employee violations. The funding is required to ensure that compliance efforts continue through conducting inspections and/or investigations of employees and employers and analyzing statistical testing reports submitted by the aviation industry employers.

In FY 2025, a substantial budget increase is expected due to the addition of six new FTEs as well as essential non-pay cost increases for employee travel used to monitor industry drug testing programs. Additional funding is also requested to improve the Division's case management system, particularly through the implementation of more risk-based scheduling. The funding increase is needed to sustain compliance and enforcement efforts, facilitating coverage and comprehensive inspections and investigations of employees and employers in the aviation industry.

The Marijuana Opportunity Reinvestment and Expungement Act, or the MORE Act, is an indicator of how much public and political opinion has changed regarding the acceptance of marijuana. The MORE ACT bill decriminalizes marijuana, specifically, targeting the removal of marijuana from the list of scheduled substances under the Controlled Substances Act, and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. The bill also makes other changes, including replacing statutory references to marijuana and marihuana with "cannabis." Marijuana continues to be a federally banned substance and has no bearing on the regulated drug testing program, but there are safety implications that will make the Division's compliance and enforcement efforts increasingly challenging now and in the coming years. These changes will also contribute to increasing the Division's workload and payroll expenses.

### ***Internal Substance Abuse Program***

***FY 2025 Request: \$8.2 million  
(\$2.9 million above FY 24 CR level)***

Funding in FY 2025 will also support the FAA Internal Substance Abuse Program's requirement to randomly test FAA employees in positions characterized as "Testing Designated Positions," safety/security-critical for drug and/or alcohol use. The program consists of the following tests: pre-employment, random, reasonable suspicion, post-accident, return-to-duty, follow-up, and voluntary. There are two contractors who provide services on a per-sample basis (Forensic Drug and Alcohol Testing and ALERE Laboratory). The five categories of drugs the agency tests for are amphetamines, cannabinoids (marijuana), cocaine, opioids, and Phencyclidine, more commonly known as PCP. The funding is required to ensure compliance with drug testing mandated by E.O. 12564 dated September 15, 1986, and implemented by the DOT Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

The FY 2025 requested level reflects an increase in the FAA's Working Capital Fund Substance Abuse Awareness and Testing line item. These costs have increased with the DOT award of new contracts for collection (up 84 percent over the previous contract) and laboratory work (up 67 percent). New hire pre-employment drug testing costs have also increased by approximately 73 percent, and follow-up testing costs have increased by 41 percent for rehabilitation programs. In addition, last minute cancelation/rescheduling fees for follow-up tests have increased from \$63 to \$300, or 376 percent, and FAA has increased the number of negative dilute recollection tests by 37 percent.



Industry and internal FAA employee testing programs do not exercise discretion in determining who is tested. Testing is conducted either randomly or based on specific circumstances identified above (pre-employment, post-accident, etc.). Neither the FAA nor DOT currently collects demographic information related to drug and alcohol testing. The agency will review its data collection and the use of demographic information as a way to protect the equity of drug testing programs.

### **Security and Hazardous Materials Safety**

**FY 2025 Request: \$5.5 million  
(\$0.4 million above FY 2024 CR level)**

ASH's LEAP division was initially structured to devote 100 percent of its staff time to ONDCP-related work. Since then, responding to incidents caused by Unmanned Aircraft Systems (UAS) and Laser pointers affecting the safety of the NAS has been added to the Division's responsibilities, thereby reducing the direct support available for CN efforts. To address the additional workload from UAS and Laser incidents, ASH will continue to seek opportunities for positions and/or efficiencies through FY 2024 and FY 2025 to support LEAP activities, including prioritizing ONDCP initiatives and related investigations.

In FY 2025, ASH will continue to support DEA, CBP, ICE, and other law enforcement agencies in their efforts to interdict narcotics smuggling within the United States and collaborating with foreign entities as appropriate.

ASH supports the Administration's initiatives in the *Strategy*, and will continue to provide assistance to federal, state, and local law enforcement agencies in their efforts to reduce the supply of illicit substances by providing investigative support, information, and training on aviation operations, registered aircraft, and certificated airmen.

Collaborating with law enforcement is beneficial for both FAA and the agencies the FAA supports, as well as the United States Government's efforts at large. FAA's awareness of investigations and information will enable and support the initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. Harnessing FAA's continuing partnerships, LEAP will be able to identify and act against individuals involved in criminal activities that affect the safety and security of the national airspace. Additionally, the FAA will be informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements and will be able to take regulatory actions against them, including suspension or revocation of airmen and/or aircraft certificates or civil penalties.

The FAA LEAP special agents will continue to conduct regulatory investigations into airmen who were convicted of drug-related offenses and are in violation of certain U.S.C. Statutes and Federal Aviation Regulations as a result of information received from individual states, the District of Columbia, and three territories.

FY 2025 funding will also support continued training to federal, state, and local law enforcement agencies by LEAP special agents. This training will provide insight, familiarity, and knowledge of aircraft operations, the aviation environment, and pertinent aviation laws and regulations. This training is geared to assist in the interdiction of general aviation users involved in narcotics smuggling and other related criminal activity.



## **EQUITY**

### **Aviation Safety/Aerospace Medicine**

To achieve diversity, inclusion, gender equity while reducing bias, the FAA employs a random selection process based on a unique numeric identifier (employee number, Social Security number, etc.) when selecting individuals subject to testing. The purpose is to increase the generalizability of the results. By drawing a random sample from a larger population, the goal is that the sample will be representative of the larger group and less likely to be subject to bias and systemic or unintended errors. Test results from the prior year are utilized to determine the appropriate sample size for the following year.

### **Security and Hazardous Materials Safety**

ASH fosters an inclusive work environment throughout FAA that promotes opportunities for all, including traditionally underrepresented groups such as Hispanics, Women, and People with Disabilities (PWD) / People with Targeted Disabilities (PWTD) through consideration of direct hiring authorities and flexibilities when applicable. To help promote equity in ASH, managers and employees are required to attend annual Diversity, Equity, Inclusion, and Accessibility training, choosing from courses such as Harmony & Respect, Reasonable Accommodations, Preventing Bullying, Equity, Hiring PWD / PWTD, and Transgender. FAA has examined the content of its training materials to ensure culturally relevant practices are maintained. LEAP outreach and training is done at the request of law enforcement agencies, and as such, the FAA does not choose or influence any specific demographic, nor does it collect demographic information.



# DEPARTMENT OF TRANSPORTATION

## National Highway Traffic Safety Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Prevention	\$17.813	\$18.100	\$17.600
<b>Total Drug Resources by Function</b>	<b>\$17.813</b>	<b>\$18.100</b>	<b>\$17.600</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Impaired Driving Program	\$3.624	\$2.000	\$2.900
Highway Safety Research	2.937	2.900	1.500
Emergency Medical Services	0.500	0.500	0.500
Communications and Consumer Information	10.752	12.700	12.700
<b>Total Drug Resources by Decision Unit</b>	<b>\$17.813</b>	<b>\$18.100</b>	<b>\$17.600</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3	3	3
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.7	\$1.5	\$1.6
Drug Resources Percentage	1.0%	1.2%	1.1%

### Program Summary

#### MISSION

The mission of NHTSA is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes (including crashes related to impairment by alcohol and other drugs) through education, research, safety standards, and law enforcement. NHTSA Research and Program Development (NPD) formulates, implements, and assesses behavioral traffic safety programs. Among its responsibilities, NPD researches the relationship between drug use and driving and provides programmatic support for drug-impaired driving prevention, equitable traffic law enforcement, and emergency medical services. The Office of Communications and Consumer Information is responsible for providing accurate and timely vehicle and traffic safety information to consumers, media, and partner organizations.

#### METHODOLOGY

NHTSA funds drug-impaired driving research and programs out of its core research and demonstration budget authorized under 23 USC 403. Additional funding is provided out of NHTSA's High-Visibility Enforcement program authorized under 23 U.S.C. 404. NHTSA follows a budget strategy planning process to develop projects each FY, and implements standard



procedures and controls. Projects by Decision Unit and Function that address drug-control activities are identified and tracked in accordance with ONDCP Circulars. NHTSA uses DOT's financial management system, Delphi, to account for all program expenditures, including funds dedicated to drug-impaired driving initiatives.

## **BUDGET SUMMARY**

In FY 2025, NHTSA is requesting \$17.6 million for drug control activities to maintain behavioral safety research, develop appropriate impaired driving countermeasures, and strengthen EMS initiatives to combat the nation's opioid epidemic.

### **Drug-Impaired Driving Program**

**FY 2025 Request: \$2.9 million**

**(\$0.9 million more than the FY 2024 budget)**

NHTSA provides support to stakeholders at the national, state, and local levels to implement effective drug-impaired driving countermeasures. In FY 2025, funds will support:

- Training and education for the criminal justice community on the fair and equitable identification, arrest, prosecution, adjudication, and treatment of drug-impaired drivers.
- TA to jurisdictions using NHTSA's Drug-Impaired Driving Criminal Justice Evaluation Tool<sup>53</sup> to self-assess and strengthen their programs.
- DWI Courts incorporating screening and assessment, SUD treatment and telehealth services to reduce recidivism in high-risk DWI offenders, including those in rural and underserved communities.
- Training and support for community supervision providers and DWI Court personnel who work in post-conviction programs (probation, parole, and community-based corrections) to assist in reducing recidivism.
- Access to Standardized Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement (ARIDE), and Drug Recognition Expert (DRE) training.
- Strategies to improve law enforcement agencies' DRE programs and DRE performance.
- Data collection via the national database of evaluations performed by DREs, and state registries of officers certified in SFST, ARIDE, and DRE.
- The annual Impaired Driving and Traffic Safety Conference hosted by the International Association of Chiefs of Police.<sup>54</sup>
- Regional toxicology liaisons and state toxicology stakeholders meetings to improve understanding of the scope and prevalence of drug-impaired driving problems and improve testing for drugs other than alcohol.
- Work with leading experts to identify performance standards for oral fluid devices.
- Youth programs and opportunities to engage with colleges and universities to identify and implement impaired driving interventions on their campuses.
- Work with law enforcement and other stakeholders on the establishment and strengthening of e-warrant and law enforcement phlebotomy programs to obtain important blood evidence in a timely and cost-efficient manner.

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<sup>53</sup> <https://www.nhtsa.gov/DUIDTool>

<sup>54</sup> [www.theiacp.org/IDTSconference](http://www.theiacp.org/IDTSconference)



- Creation, implementation, and assessment of impaired driving programs in Tribal communities.
- Statewide traffic safety program assessments related to impaired driving, SFST, and Drug Evaluation and Classification.<sup>2</sup>

### **Highway Safety Research**

**FY 2025 Request: \$1.5 million**

**(\$1.4 million less than the FY 2024 budget)**

NHTSA conducts research to understand the prevalence of drug use among road users and how to identify drug-impaired driving. In FY 2025, NHTSA plans to use funds from the Highway Safety Research budget to:

- Support a toxicology consultant to (a) aid in understanding, studying, and addressing issues related to chemical testing and the impairing effects of drugs and (b) network with colleagues in the forensic toxicology, criminology, and medical communities to encourage more interest and activity on traffic safety.
- Identify new ways to improve the drug-related data in the Fatality Analysis Reporting System and evaluate a state-level process improvement.
- Explore the development and evaluation of reliable and valid protocols for operating “green labs” to educate law enforcement officers on the signs and symptoms of cannabis impairment and how they relate to driving performance.
- Examine the feasibility of developing a Sentinel Surveillance System for impaired driving that will show a broad level of prevalence of drugs other than alcohol among motor vehicle crash trauma patients.

### **Emergency Medical Services**

**FY 2025 Request: \$0.5 million**

**(No change from the FY 2024 budget)**

NHTSA is the federal government’s lead agency on EMS. FY 2025 funding will support:

- The National EMS Information System (NEMSIS) Technical Assistance Center to help local, state, Tribal, Territorial, and federal agencies submit data to the National EMS Database, and to assess EMS response and patient care.
- Near-real time reporting of EMS responses to traffic crashes, including initial patient condition, indicators of alcohol- and drug-impairment (e.g., administration of the overdose antidote, naloxone) and patient outcomes.
- The linkage of EMS records with hospital records, Prescription Drug Monitoring Programs (to detect prescription opioid misuse), and other health information sources.
- Collaboration with EMS stakeholders to increase the quality of NEMSIS Version 3.0 data. (NEMSIS includes 92% of all 911 activations in the nation. The 2021 Public-Release Research Dataset includes 48,982,990 EMS activations submitted by 13,949 EMS agencies servicing 53 states and territories.)





## **Communications and Consumer Information**

**FY 2025 Request: \$12.7 million**

**(No change from the FY 2024 budget)**

In FY 2025, NHTSA will distribute diverse and culturally competent communications and media materials to increase public awareness of the dangers of driving after drug use and deter impaired driving.

- NHTSA’s current campaign messages are:
  - If You Feel Different, You Drive Different;
  - Drive High, Get a DUI; and
  - There’s more than one way to drive under the influence.
- The latter warns that legally obtained prescriptions and over-the-counter medications can impair driving.

Materials are posted at [TrafficSafetyMarketing.gov](https://www.trafficsafetymarketing.gov)<sup>55</sup>, and the NHTSA Communications Calendar<sup>56</sup> illustrates the timing of these campaigns.

## **EQUITY**

All discretionary grants will incorporate racial equity criteria consistent with E.O.s.

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<sup>55</sup> <https://www.trafficsafetymarketing.gov/get-materials/drug-impaired-driving>

<sup>56</sup> <https://www.trafficsafetymarketing.gov/calendars>



# DEPARTMENT OF THE TREASURY





# DEPARTMENT OF THE TREASURY

## Financial Crimes Enforcement Network

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$2.120	\$2.300	\$2.300
<b>Total Drug Resources by Function</b>	<b>\$2.120</b>	<b>\$2.300</b>	<b>\$2.300</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$2.120	\$2.300	\$2.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$2.120</b>	<b>\$2.300</b>	<b>\$2.300</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	14	14	14
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	1.1%	1.0%	1.1%

### Program Summary

#### MISSION

FinCEN’s mission is to safeguard the financial system from illicit use, combat money laundering, and promote national security through the collection, analysis, and dissemination of financial intelligence and strategic use of financial authorities. FinCEN carries out its regulatory functions primarily under the authorities set forth in the Bank Secrecy Act (BSA). The bureau receives and maintains financial transactions data; analyzes and disseminates data for law enforcement purposes; and builds global cooperation with counterpart organizations in other countries and with international bodies.

While detecting financial crimes identified is FinCEN’s central mission, matters relating to drug trafficking activities, money laundering, etc. are uncovered in the course of carrying out the bureau’s financial crimes mission. This information can be useful to investigations of TCOs, including those that engage in narcotics trafficking.

#### METHODOLOGY

FinCEN estimates the number of FTEs working on drug-related matters as a total equivalent to 14 FTEs in FY 2024. The FTE estimate was based on staff working on TCOs with a demonstrated drug nexus, including opioids. The funding level was estimated using the salary and benefit costs for GS 13-5 personnel.



## **BUDGET SUMMARY**

In FY 2025, FinCEN requests \$2.3 million for drug control activities, no change from the FY 2024 CR level.

### **Salaries and Expenses**

**FY 2025 Request: \$2.3 million**

**(No change from the FY 2024 CR level)**

FinCEN works to safeguard the financial system from illicit use, combat money laundering, and promote national security through the strategic use of financial authorities and the collection, analysis, and dissemination of financial intelligence. FinCEN is seeking to strengthen its efforts to address drug-related financial crimes including money laundering, cybercrime, and use of cryptocurrency. FinCEN is also committed to working with federal, state, and local law enforcement, federal and state regulators, foreign Financial Intelligence Units, and industry.

FinCEN will engage in the following activities to address the *Strategy*:

- Continue to provide analytic support to law enforcement partners to include DEA's SOD and DOJ's JCODE team to undermine the illicit finance networks that make drug trafficking possible and profitable.
- Provide a detailee to support a National Counterterrorism Center (NCTC) sprint team focused on disrupting the fentanyl supply chain.
- Continue to investigate and bring enforcement actions against financial institutions that violate their BSA regulatory obligations with respect to implementing anti-money laundering programs or filing reports of suspicious transactions. Such investigations and actions may disrupt or prevent the formation of illicit finance networks, including those used by traffickers.
- Continue to convene FinCEN Exchanges to support public-private efforts to combat fentanyl trafficking and providing analytic support to interagency operations in this area.
- FinCEN is actively exploring options with law enforcement partners for developing additional advanced analytics that leverage AI, which could be employed to combat illicit finance including TCO-related activity.
- With existing resources, FinCEN will continue to support law enforcement efforts to combat narcotics trafficking in a variety of areas. Those efforts include convening FinCEN Exchanges to support public-private efforts to combat fentanyl trafficking and providing analytic support to interagency operations in this area.
- With additional staffing resources, FinCEN could devote additional staffing to these projects, as well as other efforts to support law enforcement in combatting fentanyl and other narcotics trafficking. FinCEN anticipates no funding or staffing increases for FY24 and FY25. FinCEN continues to request staffing increases for Anti-Money Laundering Act / Corporate Transparency Act (AMLA/CTA) implementation.
- FinCEN will continue to work to implement the AML Act of 2020. These efforts encompass a variety of workstreams and collaboration with other regulators and law enforcement partners.
- With respect to BSA data, FinCEN maintains a database of reports and records filed with FinCEN pursuant to the BSA. FinCEN will continue to make this database available to law



enforcement and national security partners for use in investigations, consistent with the agencies' mandates and the BSA. FinCEN will also continue to provide technical support for use of the database, as well as analytical support and intelligence products, to support law enforcement investigations.

- FinCEN is in the process of updating memoranda of understanding to ensure that it continues to share BSA information with the interagency community as appropriate while protecting this sensitive information and ensuring effective reporting and recordkeeping regarding authorized uses.
- Continue to receive and maintain financial transactions data; analyze and disseminate data for law enforcement purposes; and build global cooperation with counterpart organizations in other countries and with international bodies.
- FinCEN is seeking to strengthen its efforts to address drug-related financial crimes including money laundering, cybercrime, and use of cryptocurrency. FinCEN is also committed to working with federal, state, and local law enforcement, federal and state regulators, foreign Financial Intelligence Units, and industry.
- FinCEN's Intelligence Division will continue to work with HIDTA through an analyst who is co-located at DEA's Denver facility.
- FinCEN is developing metrics to quantitatively assess the value of BSA data in supporting law enforcement investigations and initiatives and engaging with law enforcement to enhance on a systemic basis the reporting by those agencies on the quality and content of their uses of BSA data.
- Continue to make its data available to law enforcement partners for use in their investigations to enhance supply reduction efficiency.
- Continue to utilize its public private partnership mechanisms such as the FinCEN Exchange program to bring together financial institutions and law enforcement representatives to have focused and timely discussions on specific threats.
- Continue to support information exchange with its domestic law enforcement partners through the 314(a) program.
- Continue to provide on-going, substantive training and outreach to its law enforcement partners on myriad issues of national security importance in an effort to increase their awareness and enhance their traditional methods of utilizing the BSA to investigate illicit finance related to drug trafficking.
- Use the Egmont Group of Financial Intelligence Units to exchange information with international partners to assist domestic and international partners in further building out cross-border supply networks.
- Continue to provide advanced analytic support for utilization of BSA in the development of complex money laundering networks for law enforcement and interagency partners, to include members of the Intelligence Community.

## EQUITY

FinCEN's Diversity, Inclusion and Equality program director is working with colleagues across Treasury and other federal entities to implement new programs that prioritize minority recruiting, diversity and inclusion, which will recognize and redress inequities in and proactively advance equities through data collection efforts, programs and processes.



# DEPARTMENT OF THE TREASURY

## Internal Revenue Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$85.156	\$60.257	\$60.257
<b>Total Drug Resources by Function</b>	<b>\$85.156</b>	<b>\$60.257</b>	<b>\$60.257</b>
<b>Drug Resources by Decision Unit</b>			
Criminal Investigation	\$85.156	\$60.257	\$60.257
<b>Total Drug Resources by Decision Unit</b>	<b>\$85.156</b>	<b>\$60.257</b>	<b>\$60.257</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	295	295	295
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$12.3	\$12.3	\$12.3
Drug Resources Percentage	0.7%	0.5%	0.5%

### Program Summary

#### MISSION

The mission of IRS-Criminal Investigation (IRSCI) is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law. IRSCI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: Legal Income Source, Illegal Income Source and Narcotics Programs. IRSCI focuses its counter-narcotics resources on investigating individuals and TOC groups involved in illegal drug trafficking, cyber-crime, and financial fraud schemes designed to legitimize illicit proceeds. IRSCI focuses on the financial aspects of crime, to reduce or eliminate the financial incentives of narcotics trafficking and money laundering by utilizing 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 TCOs operating in the shadows, in support to disrupt the Illicit Fentanyl Supply Chain (SIP).

IRSCI contribute to multi-jurisdictional task forces and other law enforcement efforts to disrupt and dismantle transnational drug trafficking and money laundering organizations, using the United States financial system. IRSCI participates, supports, and leads multi-agency task forces dedicated to the mission of disrupting TCO's operating internationally which support the narcotics trade including OCDETF, HIDTA task forces, and the Suspicious Activity Report – Review Teams



(SARRT). IRSCI continues to follow previously laid out strategies and contribute in a significant way by implementing programs recommended by the *Strategy* and the National Strategy Combatting Terrorist and other Illicit Financing; and plays a key role in multiple initiatives that are part of the highly visible National Southwest Border Counternarcotics Strategy.

Nationally, IRSCI continues to support multi-agency task forces including OCDETF, Strike Force Initiatives, HIDTA task forces, DEA's SOD, IOC2, the OCDETF Fusion Center, NTC, and the FBI JCODE task force. In addition, IRSCI continues the collaboration and partnership with the DoD on its CTF Program. IRSCI investigates an array of financial crimes that pertain to CTF. IRSCI assists in the financial aspects of terrorism investigations, particularly the abuse of non-profit organizations to finance terrorist organizations and activities. IRSCI also focuses on legal-source (tax refund fraud) and illegal-source financial crime (e.g., telemarketing scams, money laundering), both of which tighten the overall financial sector in support of CTF.

The Southwest Border Region is responsible for the largest and most active OCDETF investigations encompassing 11 judicial districts and 6 OCDETF Strike Forces which IRSCI participates. IRSCI also has one full-time GS-14 OCDETF Coordinator dedicated to the Southwest Region Coordination Group (SWRCG) who carefully reviews OCDETF, CPOT, and RPOT proposals. Furthermore, IRSCI staffs a GS-14 Desk Officer assigned to the OCDETF Fusion Center Southwest Border Unit.

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, showing an increased emphasis to combat the money laundering activities in that region. Furthermore, this illustrates the direct correlation between IRSCI's involvement and the prosecution of financial charges, primarily due to management discussions and agreements with the United States Attorney's Office's in the various judicial districts across the country.

Furthermore, IRSCI leads SARRT and/or Financial Crimes Task Forces (FCTF) in all judicial districts throughout the nation. The goals of the SARRTs and FCTFs are to identify, disrupt and/or dismantle criminal organizations actively utilizing the United States' financial institutions (banks, money service businesses, etc.) to facilitate the movement of illicit proceeds (internationally and domestically) from all illegal sources including narcotics trafficking.

## **METHODOLOGY**

The Narcotics Program's drug control funding is calculated by the share of FTE staff performing counter-narcotics efforts against the IRSCI budget, excluding reimbursables and Earned Income Tax Credit (EITC) funds.





## **BUDGET SUMMARY**

In FY 2025, IRSCI requests \$60.3 million for drug control activities, no change from the FY 2024 CR level.

### **Criminal Investigations**

**FY 2025 Request: \$60.3 million**

**(No change from the FY 2024 CR level)**

IRSCI's drug control budget proposed earmark for FY 2025 is \$60.3 million and 295 FTE. This proposed earmark is the same funding level in prior years.

IRSCI's drug control budget proposed earmark for FY 2025 is \$60.3 million and 295 FTE. This proposed earmark is the same funding level in prior years. Through July 2023, IRSCI has spent approximately \$20 million on Opioid and \$7.2 million on methamphetamine case related activities. IRSCI plays an important role in law enforcement. The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act (Title 18) are particularly useful in financial investigations of significant narcotics trafficking organizations and the facilitators that support the organization. These provisions of law are substantial weapons in the prosecution, seizure, and forfeiture of illicit funds and profits generated from these activities and crucial to the disruption and dismantling of criminal networks.

IRSCI continues to be a participating member of the OCDETF Program. By primarily focusing on sophisticated multi-jurisdictional criminal networks that meet OCDETF designation standards, IRSCI makes a significant contribution to numerous priority target investigations while maximizing the use of its resources. IRSCI contributes to the overall narcotics mission by contributing approximately 10-12 percent of Direct Investigative Time (DIT) to narcotics money laundering, and an additional 18-20 percent of DIT to non-tax financial crimes related to TOC. Furthermore, IRSCI leads SARRT and/or FCTF in all judicial districts throughout the nation. Though the goals of the SARRTs are to disrupt and/or dismantle all forms of criminal organizations illicit financial activity, there is significant overlap into the money laundering organizations of drug traffickers and third-party money launders.

The above Resource Summary reflects the IRS's Enforcement Appropriation Earmark of "not less than" \$60.3 million is sufficient resources and 295 FTE for working narcotic cases (direct investigative time). In addition to the direct investigative time, IRSCI's office of Narcotics & National Security maintains a full headquarters staff to manage the narcotics program and includes the following positions:



Position	Grade	Title
Special Agent	GS-15	Assistant Director – Executive Office of OCDETF
Special Agent	GS-14	Unit Chief – OCDETF Fusion Center
Special Agent	GS-14	Desk Officer – OCDETF Fusion Center
Investigative Analyst	GS-12	Case Support Unit – OCDETF Fusion Center
Special Agent	GS-14	DEA – Special Operations Division
Special Agent	GS-14	International Organized Crime Intelligence Operations Center (IOC2)
Special Agent	GS-14	National Targeting Center (NTC)
Special Agent	GS-14	Joint Criminal Opioid Darknet Enforcement (JCODE)
Special Agent (9)	GS-14	Regional OCDETF Coordinators

The IRSCI currently contracts analysts to support joint IRSCI operations at the NTC and recently procured a contract to hire 5 additional contract analysts to support joint IRSCI operations at the following locations: OCDETF Fusion Center, IOC-2, DEA SOD, and JCODE. IRSCI also has 17 attachés in 12 embassies around the world, who actively assist IRSCI criminal investigators coordinate with international partners. Five of the 17 attachés are specifically dedicated to assist in cyber related international investigations. Finally, IRSCI participates in many of the strategic working groups not previously mentioned including DOJ’s Money Laundering and Asset Recovery Section (MLARS), Treasury’s TFFC, the Transnational Organized Crime – Strategic Division, Five Eyes Law Enforcement Group (FELEG) - MLWG, Organization for Economic Cooperation and Development (OECD), the Financial Action Task Force (FATF), and the Joint Chiefs of Global Tax Enforcement. All of these overlap IRSCI’s narcotics and TOC strategy, and provide investigative support, targeting information, mutual legal assistance, and bilateral investigations.

IRSCI continues to host numerous anti-money laundering (AML) conferences and continues outreach efforts in compliance presentations for local, regional, and national partners both from the public and private sectors. IRSCI continues to be a leader and advocate for financial investigations in outreach and training by:

- promoting fraud awareness by highlighting case examples that originated from reports filed by financial institutions at the Financial Crimes Enforcement Network (FinCEN);
- educating the attendees on the law enforcement perspective associated with FinCEN filing requirements; and
- increasing collaboration between IRSCI and its AML counterparts.

Moreover, IRSCI continues to play a key role in the training and continuing education of federal, state, and local partners on the latest trends and methods associated with financial investigations through membership and participation in the HIDTA offices across the country. IRSCI continues to work with partners on strengthening the prosecution, seizure and ultimate forfeiture of illicit funds associated with narcotics trafficking. IRSCI also supports training and education of international partners, via participation with the Association for Economic Cooperation and Develop, and the State Department’s International Law Enforcement Academies located in Budapest, Hungary and Gaborone, Botswana.



IRSCI has continued building out its cyber capabilities. IRSCI Cyber Crimes Units (CCUs), located in the D.C. and Los Angeles Field Offices, continue to produce significant results in the dismantling of criminal enterprises operating within the digital landscape. These special teams are directly targeting actors utilizing the internet, dark web, and virtual currencies as a vehicle to conduct and profit from the sale of illicit narcotics. While the CCUs continue to initiate multiple OCDETF investigations on dark net vendors, IRSCI has initiated a program to expand its cyber capabilities. This initiative is dedicated to Cyber-OCDETF investigations. IRSCI continues to expand its cyber capabilities and will consider the use of artificial intelligence and machine learning to help identify corrupt financial networks, within established guidelines and federal law. IRSCI plans to train and support a new generation of special agents to pursue narcotics investigations where the criminal activity is conducted virtually via the internet and paid for in cryptocurrency.

## EQUITY

IRSCI is committed to the agency's policy of not tolerating discrimination by employees, volunteers or anyone who works with taxpayers, because of race, color, national origin, reprisal, disability, age, sex, sexual orientation, or parental status, while also ensuring that diversity and inclusion are integrated into these policies to support the IRS's mission. In addition, IRSCI exercises fair and equitable hiring practices. IRSCI's Equity, Diversity & Inclusion Office recognizes the importance of including all segments of its employee population and external customers in the Special Emphasis Program (SEP). To ensure that the special emphasis program is inclusive, numerous special observances, holidays, historical events, and other notable occasions have been added to IRSCI's 2023 SEP Calendar for employees to attend.



# DEPARTMENT OF THE TREASURY

## Office of Foreign Assets Control

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 Enacted	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations and Intelligence	\$0.911	\$1.054	\$1.144
<b>Total Drug Resources by Function</b>	<b>\$0.911</b>	<b>\$1.054</b>	<b>\$1.144</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$0.911	\$1.054	\$1.144
<b>Total Drug Resources by Decision Unit</b>	<b>\$0.911</b>	<b>\$1.054</b>	<b>\$1.144</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	6	6	6
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	<0.1%	0.4%	0.5%

### Program Summary

#### MISSION

OFAC is a component of the Office of Terrorism and Financial Intelligence (TFI) within the Department of the Treasury. OFAC administers and enforces economic and trade sanctions based on United States foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States.

OFAC’s authorities regarding drug related sanctions derive from three major sources: (1) E.O. 13581 (“Blocking Property of Transnational Criminal Organizations”), (2) the Kingpin Act (21 U.S.C §§ 1901-1908 and 8 U.S.C. §1182) which provides authority for the application of sanctions to significant foreign narcotics traffickers and their organizations operating worldwide, and (3) E.O. 14059 (“Imposing Sanctions on Foreign Persons Involved in the Global Illicit Drug Trade”). OFAC’s sanctions authorities are considered essential as part of a multi-pronged approach to target the drug trade. OFAC often works in collaboration with other federal partners, including its sister agency, FinCEN.

#### METHODOLOGY

OFAC assessed the number of FTEs working on drug-related matters as 6 FTEs. OFAC uses the specific 6 FTE labor estimates instead of straight-lining 6 GS13-5 employees as the six OFAC



employees are of differing grade and step levels. Pay raise and inflation estimates are included. The resulting resource estimate is \$1.1 million in FY 2025.

## **BUDGET SUMMARY**

In FY 2025, OFAC requests \$1.1 million for drug control activities, a \$0.1 million increase over the FY 2024 request.

### **Salaries and Expenses**

**FY 2025 Request: \$1.1 million**  
**(\$0.1 million above the FY 2024 CR level)**

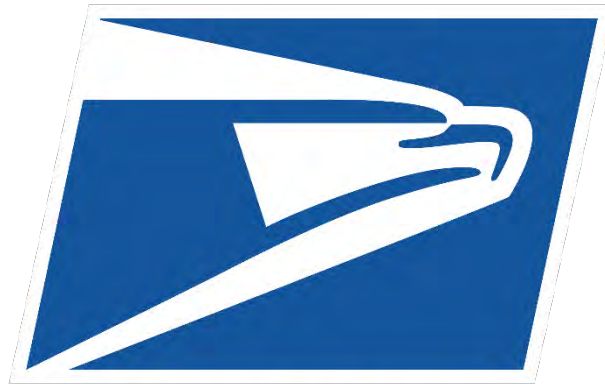
The highest priority targets for OFAC are foreign criminal organizations trafficking fentanyl, methamphetamine, and other dangerous drugs to the United States. Among these are Mexican poly-DTOs CJNG and the Sinaloa Cartel, as well as Chinese organizations focused on fentanyl, other synthetic opioids, and their precursor chemicals.

## **EQUITY**

TFI, including OFAC, supports Treasury's equity efforts and the Department's Coordinated Strategy to Advance Racial Equity at Treasury. Efforts include prioritizing minority recruiting, diversity, and inclusion.



**UNITED STATES POSTAL SERVICE**



***UNITED STATES***  
***POSTAL SERVICE***



# UNITED STATES POSTAL SERVICE

## United States Postal Inspection Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function</b>			
Investigations	\$71.677	\$71.677	\$71.677
<b>Total Drug Resources by Function</b>	<b>\$71.677</b>	<b>\$71.677</b>	<b>\$71.677</b>
<b>Drug Resources by Decision Unit</b>			
CI2 Personnel Expenses	\$59.385	\$59.385	\$59.385
Asset Forfeiture Fund Expenditures	4.177	4.177	4.177
CI2 Nonpersonnel Expenses	0.568	0.568	0.568
CI2 Operating Expenses	5.093	5.093	5.093
CI2 Capital Expenses	2.454	2.454	2.454
<b>Total Drug Resources by Decision Unit</b>	<b>\$71.677</b>	<b>\$71.677</b>	<b>\$71.677</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	206	206	206
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.6	\$0.6	\$0.6
Drug Resources Percentage	12%	12%	12%

### Program Summary

#### MISSION

As the law enforcement arm of 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. Postal Inspectors lead the effort to eliminate opioids and other illicit drugs from the mail by interdicting and investigating mail-related crime and working closely with other law enforcement agencies to share intelligence, coordinate cases, and conduct joint enforcement operations.

USPIS has developed five strategic goals that form the *Combating Illicit Drugs in the Mail* Strategy. These goals enable it to define a future centered on key factors for sustained success, and they serve as a guidepost for USPIS decisions along the way:

1. Advance efforts to increase employee safety, awareness, and engagement.
2. Bolster and expand partnerships with key stakeholders.
3. Expand and enhance intelligence and analytics capabilities.
4. Identify and invest in new tools and technologies.
5. Enhance law enforcement capacity, capabilities, and readiness.





USPIS aggressively investigates, arrests, and dismantles drug trafficking networks and utilizes intelligence to effectively target and seize dangerous drugs nationwide.

## **METHODOLOGY**

USPIS enforces over 200 federal laws that defend the nation's mail system from illegal or dangerous use. Postal Inspectors have a large variety of investigative responsibilities such as fraud, identity theft, mail security, burglaries and robberies, and dangerous mail investigations, as well as illicit drug trafficking through the mail.

USPIS' Contraband Interdiction & Investigations (CI2) Program protects postal employees, the American public, and the United States Mail from dangerous and illegal contraband, specifically, illicit drugs and firearms. CI2 is responsible for investigating, arresting, and dismantling drug trafficking networks that utilize and exploit the USPS and United States Mail. CI2 uses intelligence to effectively target and seize dangerous drugs mailed nationwide. Through relationships with domestic and international law enforcement partners, CI2 works to forcefully address the distribution of illegal contraband through the United States Mail and the international postal system.

USPIS estimates the total number of work hours related to counterdrug efforts based on an assessment of total hours within the last FY. The estimated funding is level based on the amount of work hours, CI2 operating expenses, CI2 capital expenses, Asset Forfeiture Fund expenditures, and CI2 non-personnel expenses.

## **BUDGET SUMMARY**

USPIS is funded by USPS, which in turn relies on the sale of products and services to fund its regular operations, not tax dollars received through the Congressional appropriations process. The budget and complement of USPIS is set by the Postmaster General in consultation with the Postal Service Board of Governors. USPIS continually evaluates the deployment of its resources to effectively and efficiently fulfill its mission.

In FY 2025, USPIS projects \$71.7 million for drug control activities, no change from the FY 2023 4 CR level. USPIS used spending amounts from FY 2023 to establish a baseline for future budget costs related to drug investigations. As a non-appropriated agency within the federal government, USPIS bases its performance budget as an estimate compared to previous FYs. This funding has been consistent the last several years. A breakdown of categories are as follows:

### **CI2 Personnel Expenses – Salaries and Expenses (in form of Work Hours)**

**FY 2025: \$59.4 million**

**(No change from FY 2024 CR level)**

Postal Inspectors assigned to the Contraband Interdiction and Investigations Program aggressively work to investigate and dismantle DTOs and to interdict illicit drugs trafficked by the mail throughout the country. This is also done through partnering with other federal, state, local, and international law enforcement to forcefully address the distribution of illegal contraband through the United States Mail and the international postal system.



### **Asset Forfeiture Fund Expenditures**

**FY 2025: \$4.2 million**

**(No change from FY 2024 CR level)**

Asset Forfeiture Fund Expenditures are legally seized assets by administrative, civil, or criminal proceedings, used to fund law enforcement related equipment and investigative and interdiction operations to effectively combat illicit drugs trafficked through the mail.

### **CI2 Non-Personnel Expenses**

**FY 2025: \$0.6 million**

**(No change from FY 2024 CR level)**

The CI2 funds other items within Operating Expenses. These include items that fund day to day program operations including supplies & services, travel, training, etc.

### **CI2 Operating Expenses**

**FY 2025: \$5.1 million**

**(No change from FY 2024 CR level)**

This account funds day-to-day work and includes supplies, training, travel, etc., as well as CI2 Headquarters Salaries and Benefits.

### **CI2 Capital Expenses**

**FY 2025: \$2.5 million**

**(No change from FY 2024 CR level)**

CI2 funds equipment over \$10,000. This includes tangible items over \$10,000 with a depreciation value (i.e., drug field testing devices such as Raman Technology devices).

## **EQUITY**

Postal Inspectors carry out their mission without regard to race, color, sex (including sexual orientation, gender identity and transgender status, or gender stereotyping), national origin, religion, age, physical or mental disability, or genetic information. USPIS will continue to support USPS' proud legacy of binding the nation together.



# DEPARTMENT OF VETERANS AFFAIRS





# DEPARTMENT OF VETERANS AFFAIRS

## Veterans Health Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Drug Resources by Function<sup>1</sup></b>			
Treatment	\$1,315.927	\$1,347.509	\$1,401.409
Research and Development	29.824	28.000	29.000
<b>Total Drug Resources by Function</b>	<b>\$1,345.751</b>	<b>\$1,375.509</b>	<b>\$1,430.409</b>
<b>Drug Resources by Decision Unit</b>			
Medical Care	\$1,315.927	\$1,347.509	\$1,401.409
Medical & Prosthetic Research	29.824	28.000	29.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,345.751</b>	<b>\$1,375.509</b>	<b>\$1,430.409</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3,111	3,118	3,125
<b>Drug Resources as a Percent of Budget<sup>2</sup></b>			
Total Agency Budget (in Billions)	\$129.5	\$158.0	\$139.6
Drug Resources Percentage	1.0%	0.9%	1.0%

<sup>1</sup> VA does not have a discrete ONDCP appropriation; VA forecasts obligations anticipated to support SUD treatment programs, including OUD treatment programs, for Veterans.

<sup>2</sup> Agency Budget for FY 2025 includes the portion of the Toxic Exposures Fund mandatory appropriation allocated for Medical Care and Medical and Prosthetic Research, and also for Medical Care the annual mandatory appropriation provided by section 707 of the PACT Act. Agency budget estimates are not final and subject to change following the appropriation process.

### Program Summary

#### MISSION

VHA's mission statement is "Honor America's Veterans by providing exceptional care that improves their health and well-being". Care for Veterans with mental illnesses and SUDs is an important part of overall health care. The goal of VHA's Office of Mental Health and Suicide Prevention (OMHSP) is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUDs and mental illness, those who are vulnerable to SUD, and those who are in continuing care to sustain recovery.



## **METHODOLOGY**<sup>57</sup>

Costs scored as drug-related include those associated with any treatment when a primary diagnosis of drug use disorder is documented, including treatment administered in a general medical or general mental health setting. Estimates are based on specific patient encounters and include all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community. All encounters have an associated diagnosis. The primary diagnosis is considered the reason the patient is being treated and is used to determine whether the treatment provided is drug use disorder treatment and which type of drug use disorder. It should be noted that prescriptions and lab tests do not have linkages to a specific diagnosis and are not included in the report.

The cost of VHA-provided services is calculated by the Managerial Cost Accounting (MCA) System of the VA. MCA cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information, which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high-cost patients. VA MCA data is also used to calculate and measure the productivity of physicians and other care providers.

The basic unit of MCA cost is the product. For VHA a product can range from a prescription fill made through a mail-out pharmacy to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply and associated indirect costs (including local and national overhead costs) are applied. Once they are fully costed, products are then assigned to the applicable patient encounter.

MCA costs are the basis for the obligations displayed in the National Drug Control Budget. The Allocation Resource Center (ARC) develops ARC cost, which is computed by taking the MCA cost and removing the non-patient specific costs, such as Operating costs for Headquarters, Veterans Integrated Service Network (VISN) Support, National Programs, and Capital and State Home costs, and adding in the community care payments.

Medical Research and Prosthetics obligations reflect the budget for addiction research recorded in VA's Research Allocation Forecasting System (RAFT) used for planning and budgeting. Medical and Prosthetic Research budget supports all addiction research, both prevention and treatment, including alcohol and tobacco.

## **BUDGET SUMMARY**

In FY 2025, VHA requests \$1.4 billion for drug use disorder treatment and prevention activities, an increase of \$54.9 million above the FY 2024 CR level.

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<sup>57</sup> VA does not track medical care obligations by ONDCP function. In the absence of such capability, VA forecasts obligations by specialized treatment associated with a primary substance use disorder diagnosis. For additional budget detail and estimates on VA's program and initiatives not included under the approved ONDCP methodology to address SUD, OUD, and AUD in Veterans, please see VA's FY 2024 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.



## Medical Care

**FY 2025 Request: \$1.4 billion**

**(\$53.9 million above the FY 2024 CR level)**

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits VA to provide SUD treatment services to every eligible Veteran regardless of where he or she lives. To further enhance access to SUD treatment, clinics offering these services must offer extended clinic hours during the week and on weekends and all facilities must provide same-day access for emergent need for SUD treatment. Furthermore, VA offers SUD treatment services via telehealth so that Veterans who either have challenges to accessing care in VA's brick and mortar facilities or who prefer virtual to in-person care can receive needed SUD care.

In the year ending FY 2023 quarter four (Q4), 258,722 Veterans who received services within VHA were diagnosed with a drug use disorder. 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% (218,877) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving services for drug use disorders within VHA in the year ending FY 2023 Q4, approximately 16% (41,736) used amphetamines, around 24% (61,922) used cocaine, around 26% (66,463) used opioids, and around 56% (146,177) used cannabis. (These categories are not mutually exclusive.)

VHA is exploring available data that would allow for more precise information related to Veteran requests for SUD treatment and subsequent engagement in care. At the current time, this information is not available. Development of SUD-specific content for the new electronic health record is continuing with the expectation that this information will be available in the future.

Expanding Access to Evidence-Based Treatment: National policy and expectations for managing SUD within VHA is guided by VHA Handbook 1160.04 and the VA / Department of Defense (DoD) Clinical Practice Guidelines for the Management of SUD . VHA is a leader in the prevention and treatment of SUD and uses a stepped care approach to SUD treatment (in which collaborative (patient and provider) selection of treatment intensity is matched to patient characteristics and informed by data from ongoing monitoring of the patient's condition. Patients with at-risk alcohol use or the least severe SUDs may be treated with evidence-based brief interventions and/or medical management in primary care or general mental health. For those with more severe disorders, specialty SUD treatment programs provide intensive services including withdrawal management, evidence-based psychosocial treatments, SUD medication, case management and relapse prevention, all provided across various settings including outpatient, intensive outpatient, residential, and inpatient/hospital. Although the Preventive Services Taskforce recommends population-based screening of unhealthy drug use , the 2021 VA/DoD SUD CPGs found there is insufficient evidence to recommend for or against screening for drug use disorders in primary care to facilitate enrollment in treatment. VHA is nevertheless exploring the provision of universal drug screening through primary care, as it already does for AUD, in a manner that balances the need to better identify and engage Veterans in SUD treatment while mitigating the potential burden that such screening would bring to primary care. As an integrated healthcare system, VHA is uniquely situated to address the needs of Veterans diagnosed with a SUD, including providing support to address co-occurring medical, mental health, and





psychosocial needs (e.g., housing, employment). Treatment for SUD occurs across settings and with policy-defining expectations for access to SUD treatment, including expectations for access through Community Based Outpatient Clinics (CBOC) and Health Care Centers (HCC).

VHA also continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn/Operation Inherent Resolve and Veterans from other eras are served in primary care teams (Patient Aligned Care Teams: PACTs) that have co-located mental health staff to identify and address potential mental health and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible SUDs in patients presenting medical problems that suggest elevated risk of SUDs (e.g., those being treated for Hepatitis C or prescribed opioid medications). Recognizing the importance of PACT-based care, VHA is implementing the Behavioral Health Interdisciplinary Program – Collaborative Chronic Care Model (BHIP-CCM) at every VHA facility. BHIP – CCM is an “evidence-based approach to structuring clinical care to ensure coordinated, patient-centered, and anticipatory care” . Implementation of BHIP – CCM teams within general mental health further supports VA’s commitment to providing access to chronic disease management and treatment for SUDs beyond specialty SUD treatment settings.

Most Veterans with SUDs are treated in outpatient programs. Outpatient withdrawal management is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Standard outpatient programs typically treat patients one or two hours per session and patients are generally seen once or twice a week. Intensive SUD outpatient programs generally provide at least three hours of clinical programming per day and patients attend three or more days per week. At the same time, providers in these outpatient and intensive outpatient SUD treatment settings are expected to collaborate with colleagues in inpatient and residential SUD care settings to coordinate Veterans’ transitions across these levels of SUD care. Such efforts are necessary for helping ensure continuity of SUD care that is consistent with a chronic disease model of care and responsive to changes in Veterans’ clinical status.

Considering the frequent co-occurrence of SUDs with posttraumatic stress disorder (PTSD), VHA also has assigned a SUD specialist to each of its hospital-level PTSD services or teams. The staff person is an integral member of the PTSD clinical services team and works to integrate SUD care with all other aspects of PTSD-related care. Among the specialists’ responsibilities are the identification and treatment of Veterans with co-occurring SUD and PTSD. Specialists also promote preventive services for Veterans with PTSD who are at risk for developing a SUD.

VHA provides two types of 24-hour care to patients with severe or complex SUDs. These include inpatient withdrawal management and stabilization in numerous medical and general mental health units, equivalent to Level 4, Medically Managed Intensive Inpatient Treatment as specified by the American Society of Addiction Medicine Patient Placement Criteria, and provision of care in Mental Health Residential Rehabilitation Treatment Programs (otherwise referred to as Domiciliary beds). VHA offers care in Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to Veterans with complex, co-occurring mental health, substance use, medical, and psychosocial needs. Specialty Domiciliary SUD programs provide treatment equivalent to Level 3.7, Medically Monitored Intensive Inpatient Services as specified by the American Society of Addiction Medicine Patient Placement Criteria. At the end of 2023, 72





Domiciliary SUD programs were in operation with roughly 1,800 beds focused specifically on intensive, medically monitored residential SUD treatment. In addition to those MH RRTPs formally designated as Domiciliary SUD programs, additional SUD specialized services are offered through tracks in other MH RRTPs with services equivalent to those provided by the Domiciliary SUD programs (16 programs during 2023). Across the more than 200 MH RRTPs serving Veterans across the country, the majority of Veterans served (more than 95%) by MH RRTPs are diagnosed with a SUD. Several new Domiciliary SUD programs are under development with the number of programs expected to grow over the next few years.

Programs to end homelessness among Veterans are encouraged to have SUD specialists as a part of their multidisciplinary teams. There are SUD specialists working in the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH), Grant and Per Diem (GPD) and the Health Care for Homeless Veterans (HCHV) programs; however, the use of SUD specialists can vary locally based on site-specific needs. These specialists emphasize early identification of SUDs as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs, provide evidence-based SUD treatment services such as CM, and serve as linkages between homeless and specialty SUD treatment when Veterans need more intensive SUD treatment services.

The central goal of the HCHV program is to reduce homelessness among Veterans by connecting homeless Veterans with health care and other needed services. This program provides outreach, case management, and HCHV Contract Residential Services (CRS), ensuring that chronically homeless Veterans, especially those with serious mental illness and/or SUD, can be placed in VA or community-based programs that provide quality housing and services that meet their specialized needs.

The GPD program allows VA to award grants to community-based agencies to create transitional housing programs and offer per diem payments. The purpose of the program is to promote the development and provision of supportive housing or related services — to help homeless Veterans achieve residential stability, increase their skill levels or income, and obtain greater self-sufficiency. In addition, GPD-funded projects offer communities a way to help homeless Veterans by providing housing and other services and assisting VAMCs by augmenting or supplementing care.

Through a collaborative program between HUD and VA (HUD-VASH), HUD provides eligible homeless Veterans with a Housing Choice rental voucher, and VA provides case management and supportive services so that Veterans can gain housing stability and recover from physical and mental health problems, SUDs, and other issues contributing to or resulting from homelessness. SUD Specialists in HUD-VASH programs are an essential part of programs designed to end homelessness among Veterans. HUD-VASH subscribes to the principles of the Housing First model of care. Housing First is an evidence-based practice model that rapidly moves homeless individuals into housing and wraps supportive services around them as needed to help them exit homelessness and achieve housing stability as well as improve their ability and motivation to engage in treatment. The program's goals are to help Veterans and their families gain stable housing while promoting full recovery and independence in their community.



Incarceration as an adult male is the most powerful predictor of homelessness. VA therefore also conducts outreach to justice-involved Veterans through two dedicated national programs, both prevention-oriented components of VA's Homeless Programs: Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Known collectively as the Veterans Justice Programs (VJP), HCRV and VJO facilitate access to needed VA health care and other services for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following extended incarceration.

Responding to the Stimulant Overdose Crisis: VA recognizes the emerging threat that methamphetamine poses to the nation's Veterans. Specific data on the rates of methamphetamine use disorder are not available. However, the overall rates of amphetamine use disorder have been increasing over the past several years. The number of Veterans who received care for amphetamine use disorder increased over the past year with 41,736 Veterans who received care in VHA during 2023 having an amphetamine use disorder diagnosis. VA's commitment to provision of evidence-based treatment has positioned VA well to respond to this emerging threat. CM is an evidence-based treatment with demonstrated efficacy in treating stimulant use disorder. VHA has been able to support CM including its associated costs of toxicology surveillance and incentives to strengthen Veterans' recovery behavior. VHA implemented CM in 2011, and through September 2023, VHA has provided CM to over 6,400 Veterans, with 92% of the nearly 83,000 urine samples testing negative for the target drug(s) (e.g., stimulants or cannabis). In 2023, VHA launched a stimulant safety initiative that focus on expanding access to evidence-based interventions such as CM and Cognitive Behavioral Therapy (CBT) for Veterans with stimulant use disorder. In addition, VA is exploring models for implementing digital therapeutics into the treatment of stimulant use disorder (as well as other SUD care).

ODU : Slightly less than 66,500 Veterans with an OUD diagnosis were seen in VHA in 2023 MOUD has historically been provided in SUD specialty-care clinics, but a significant number of Veterans with clinically diagnosed OUD do not access SUD specialty care. By disseminating evidence-based models for delivery of MOUD in primary care, mental health, and pain management clinics, Veterans are expected to have timely access to the right treatment at their preferred point of care. In August 2018, VHA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative with the intent of supporting the expansion of MOUD in level 1 clinics (primary care, general mental health, and pain management clinics). Phase One sites in each VISN implemented this expansion during F2019. From August 2018 through September 2023, there was a 196% increase in the number of patients receiving buprenorphine in the Phase One level clinics and 291% increase in the number of providers prescribing buprenorphine in these clinics. Further, Veterans are being retained in care with 72% of Veterans retained on buprenorphine for more than 90 days. Phase Two of the SCOUTT initiative was launched in the Fall of 2020, and three regional conferences occurred in April 2021, attracting over 500 participants. Since the launch of Phase Two in October 2020, there has been a 39% increase in the number of patients receiving buprenorphine and a 100% increase in the number of providers prescribing buprenorphine. Among Phase Two sites, 73% of patients are retained on buprenorphine for more than 90 days. Across both Phases, over 4,400 patients have initiated buprenorphine. The infrastructure developed to support Phase 1 and 2 of the SCOUTT initiative also supports level one clinics at facilities that are not formally involved in the SCOUTT initiative, including national clinical templates in the medical record that support assessment, buprenorphine initiation, and buprenorphine medication management. Phase 3 facilities are now voluntarily



being enrolled such that the SCOUTT initiative is within 80 clinics in over 40 facilities. In 2023, a pilot collaboration four Comprehensive Health Women’s Clinics and four SCOUTT initiative facilities was initiated to improve the access and quality of care of women Veterans who have SUDs.

The SCOUTT initiative has demonstrated (and published/disseminated) unique models of care delivery for MOUD in its network. These care models include nurse care management, pharmacy care management, and hub-and-spoke models. Almost all SCOUTT initiative clinics are involved in telehealth provision of care, proceeding and after the start of the COVID pandemic. Through a collaborative care model, clinical pharmacy practitioners within SCOUTT are now prescribing MOUD in States that allow this provision of care. The initiative is popular and valued by clinicians.

In 2021, evidence-based MOUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, was accessible to patients seen at 100% of VHA medical centers. VHA operates federally regulated opioid treatment programs that can provide methadone maintenance on-site at 33 larger urban locations and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing care through community-based licensed opioid treatment programs. In 2024, VHA will be convening the first in-person conference exclusively for clinical and administrative leadership from its 33 opioid treatment Programs. Among the presenters at this conference will be representatives from DEA, and The Joint Commission. V HA also continues to expand the availability of MOUD for Veterans and has provided funding in 2024 to establish mobile medication units in three sites. Given the lead time necessary to purchase a mobile medication unit, VA is working on contracting for these services from community mobile medication service providers. VA recognizes that one proposed purpose of mobile medication units is to increase access to justice-involved Veterans. VA does not have the authority to treat incarcerated Veterans as they are excluded from the VA medical benefits package under 38 CFR 17.38(c)(5). However, options to increase access of MOUD for justice-involved Veterans who are not incarcerated are also being explored.

VA continues to focus efforts to remove barriers to prescribing and to support the initiation of buprenorphine when indicated. VHA Notice 2019-18, *Buprenorphine Prescribing for Opioid Use Disorder*, was published in October 2019 (as VHA Notice 2020-30), re-issued in September 2020, and again in February 2022 (as VHA Notice 2022-02) by the Under Secretary with the intent of clarifying national policy and tasking facilities to remove potential barriers to prescribing if present. In December of 2022, the guidance in these memoranda was included in VHA Directive 1160.04 (VHA Programs for Veterans With SUDs). VHA also removed the requirement for written consent to provide buprenorphine for the treatment of OUD, and the VA pharmacy benefits management program recently eliminated any formal criteria for use for the provision of buprenorphine treatment for OUD. In July 2020, VA formalized efforts to provide training to support efforts to ensure that all providers eligible to obtain an X-waiver had access to the training utilizing primarily an 8-hour “half-and-half” (four hours online and four hours live training) for physicians and a 24-hour training model for eligible non-physician prescribing providers. Between the SCOUTT initiative and Medication Addiction Treatment in the VA (MAT-VA) initiative, four one-hour monthly webinars regarding SUD education and training have been attended by 10,625 participants from January 2021 through September 2023. With the X-waiver repeal in December 2022, VA has pivoted from certified x-waiver trainings (8 hours) to 60 to 120 minute



“Buprenorphine 101” trainings. Demand for these Buprenorphine 101 trainings has been high, and in 2024, VA will continue at least quarterly Buprenorphine 101 trainings on national webinars.

In support of interprofessional team-based models of care, VA is leveraging Clinical Pharmacist Practitioners (CPPs) to deliver comprehensive medication management services and improve Veteran access to SUD care. In partnership with the VA Office of Rural Health (ORH), the VA PBM Clinical Pharmacy Practice Office (CPPO) launched a nationwide initiative in 2020 to expand the CPPs workforce focused on improving access to evidence-based treatment in OUD and AUD for rural Veterans. Since initiation, 51 VA facilities have been awarded funding to hire 64 CPPs across Mental Health, Pain Management, Primary Care and SUD Specialty Care settings. In 2023, 200 CPPs routinely delivered OUD care across practice settings to almost 26,000 Veterans over 43,000 patient care encounters. This represents double the number of CPPs practicing OUD care delivery since the implementation of the SCOUTT initiative. When looking at SUD care broadly, 609 CPPs routinely delivered SUD care to over 100,000 Veterans and over 178,000 patient care encounters in 2023. In partnership with the Pain Management Opioid Safety and Prescription Drug Monitoring Program (PMOP), CPPO launched the Medication Management in Pain Management Teams (MMPMT) initiative in FY 2022 to include screening and treating OUD, when co-existing with chronic pain, as part of comprehensive chronic pain care. This initiative awarded funding for 130 full-time equivalent employees (FTEE) across 75 VA facilities to hire a CPP and Nurse Practitioner/Physician Assistant who provide medication management and opioid risk mitigation as part of the collaborative Pain Management Team (PMT) services.

Related to, but not specific to OUD treatment, VHA is expanding the number of SSPs enterprise wide (see section on SSPs under harm reduction efforts below). Through SSPs, VA plans to support SUD treatment engagement among Veterans who use drug by injection, and, among those Veterans, increase its capacity for low threshold buprenorphine treatment for Veterans with OUD. As VA expands its implementation of SSP, it plans to evaluate the expansion to identify best practices and challenges experienced by early adopters.

Access to VA SUD services for justice-involved Veterans is facilitated through two dedicated national programs, both of VA’s Homeless Programs: HCRV and VJO (known collectively as VJP). Veterans who are seen by HCRV and VJO Specialists access VA mental health and substance use treatment at high rates. Most Veterans seen in the VJP programs have a mental health (66%) or SUD (49%) diagnosis, or both (42%). Among Veterans seen in VJP in 2023, 94% connected to face-to-face VHA treatment that same year, including 67% of Veterans with mental health diagnoses and 36% of Veterans with SUD diagnoses.

Enhancing evidence-based harm reduction efforts: VHA has aligned the required processes for reporting non-fatal overdoses with the already required reporting and post-event treatment interventions for Veterans who make a suicide attempt. This initiative involves a national medical record note template designed to standardize and streamline the process of overdose reporting across VHA, enhancing the visibility of accidental overdoses within the Veteran’s medical record, improving clinical care after the suicide/overdose event, and facilitating real-time tracking of overdose event data, for use in clinical decision support tools and local/national aggregate reports. Specifically, in 2019, VHA implemented a process for documenting all overdoses, including accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicide Behavior and Overdose Report (SBOR) note template provides a



foundation for VHA to implement strategies designed specifically to address the myriad of overdose risk factors from a patient-centered perspective and to support Veteran engagement in timely treatment following a non-fatal overdose (opioid and non-opioid related). In July 2021, VHA mandated use of a national medical record note template to report overdose (e.g., SBOR), with a focus on improving post-overdose care. As past non-fatal overdoses increase the risk of future overdose events, VHA also mandated facilities have a process to ensure that overdose events are reviewed with a focus on engaging patients in treatment. By 2023, VA interdisciplinary teams had reviewed 79.1% of patients with a past year overdose.

**Fentanyl Adulterated or Associated with Xylazine:** 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 which also utilized a theory-based approach to mapping barriers to implementation strategies. VA’s approach includes but is not limited to mandating that fentanyl be included as part of VA’s basic panel for urine drug tests, which is critical given that up to 99% of xylazine-related overdose deaths involve fentanyl; development of standardized patient and provider education; and leveraging standardized VA clinical notes to support systemic tracking of xylazine exposure and so forth.

**Establishing a coordinator for Harm Reduction and a part time provider of low threshold buprenorphine initiation at each VA Health Care System:** VA is requesting additional resources in 2025 to establish a Harm Reduction Coordinator and a part-time provider of low threshold buprenorphine at each VA Health Care System throughout the enterprise.

As the largest civilian health care system in the United States, VHA is uniquely positioned to implement enterprise-wide harm reduction strategies aimed at reducing negative consequences associated with drug use among PWUD, particularly people who inject drugs (PWID). Harm reduction includes SSPs, HIV Pre-Exposure Prophylaxis (PrEP), low barrier buprenorphine treatment for OUD, testing and linkage to care for bloodborne infectious diseases such as HIV and viral hepatitis, opioid overdose education and naloxone distribution (OEND) and wound care among other initiatives. Harm reduction strategies are critically important for addressing both the overdose and HIV epidemics.

VHA is promoting harm reduction strategies across the system, including development of SSPs. SSPs provide injection equipment supplies to PWUD, lowering the risk of exposure to HIV and viral hepatitis. Other SSP services include access to tools to prevent and reduce overdoses, such as fentanyl test strips and SUD treatment including low threshold buprenorphine treatment. However, VHA health care facilities currently do not have a dedicated lead to plan and coordinate harm reduction initiatives, leading to critical gaps in executing harm reduction strategies. For example, the absence of a dedicated facility-level harm reduction lead creates a major obstacle to coordinating buprenorphine treatment, especially with respect to initiation. Having dedicated individuals will help programs to successfully implement and coordinate these services the purpose of which includes supporting Veteran engagement in SUD treatment.

**Advancing recovery-ready workplaces and expanding the addiction workforce / Expanding access to recovery support services:** VHA peer specialists are professionally trained, through their





required peer specialist certification, to effectively use their personal lived experience with recovery to inspire hope and serve as relatable role models of recovery for other Veterans with SUDs and/or mental health conditions. Peer specialists use a host of recovery tools to help Veterans to enhance healthy coping strategies and improve self-management skills over their health conditions. As part of the President's Budget, beginning in 2022, VHA committed to hiring 279 Veterans as peer specialists to support Veterans engaged in SUD treatment. As of December 2023, 185 of these positions had been filled, bringing the total VHA peer specialist workforce to more than 1,420. VHA continues to be the largest single employer of peer specialists in the United States.

To address the challenge posed by variability in state-issued peer specialist certifications, VHA implemented time-limited, peer support apprentice positions. VHA has the peer support apprentices complete a VHA-contracted peer specialist certification course, designed to VHA's specifications, and assists them with obtaining the necessary peer specialist certification and specialized experience to qualify for permanent peer specialist positions after successfully completing their one-year, time-limited appointment as a peer support apprentice. To assist staff members helping Veterans make informed decisions about pursuing a career as a VHA peer specialist, VHA also developed the VHA-Approved Peer Specialist Certifications Guide that details the peer specialist certification requirements and provides available information about states' requirements for obtaining and maintaining state-issued peer specialist certifications.

Collaboration with federal partners: VHA is committed to working collaboratively with other federal partners in support of the *Strategy* and will continue to share insights of VHA efforts and input into the *Strategy* agenda to address SUD care with ONDCP and other interagency partners. With the support of ONDCP, VA has presented on VA's experience with Supported Employment initiatives in 2022. VA collaborates with a variety of federal agencies on several Interagency Policy Committees (IPCs) and Work Groups (IWGs) including the ONDCP Substance Use Disorder Data IWG; Pregnant People, Substance Use Disorder and Child Welfare Substance Use Disorder in Pregnancy sub-IPC, and the ONDCP-DPC Recovery-Ready Workplace Interagency Workgroup. VHA also works closely with SAMHSA on issue related to OTPs, SUD treatment and harm reduction initiatives. Through VHA's interagency work, VA is participating in solutions to a variety of areas in the *Strategy* including enhancing federal harm reduction efforts to support state and local partners; assessing current evidence base on harm reduction strategies and developing a plan for additional translational research; conducting a national harm reduction needs assessment; consulting with experts on harm reduction; and implementing a national case-finding initiative.

Furthermore, VHA has worked collaboratively with IHS and DoD on joint training opportunities in the SUD lane including overdose prevention, opioid safety and evidence-based SUD practice. VHA continues collaborating actively with HHS/SAMHSA on education related to CM and oversight of the VA Opioid Treatment Programs. VHA is currently working collaboratively with the DoD to share lessons learned across the agencies to support access to M-ODU, particularly for transitioning service members. To this end, VA has funded a position with its Transitions and Care Management team in the Office of Care Management and Social Work.



## **Medical and Prosthetic Research**

**FY 2025 Request: \$29.0 million**

**(\$1.0 million above the FY 2024 CR level)**

VHA research supports the generation of new knowledge to improve prevention, diagnosis, and treatment of SUDs, and the harms associated with SUD. Veterans have experienced many of the problems of SUD that is further complicated with the co-existence of mental health and other conditions, including pain and traumatic brain injury. VHA's Office of Research and Development (ORD) continues to support research on SUD by maintaining existing efforts and by developing new programs.

**Naloxone distribution:** As of December 2023, over 524,900 Veterans were dispensed naloxone kits with over 4,700 reported reversals. Studies examining the effectiveness of naloxone kits are ongoing. In addition, utilization of the Suicide Behavior and Overdose Report by clinicians is being studied to improve post-overdose care, including receipt of naloxone and SUD treatment (medication for OUD and CM). This study will identify barrier and facilitators of implementation, as well as disparities in receipt of these interventions and the contributing roles of stigma and social determinants of health.

**Assessing current evidence base on harm reduction strategies and develop a plan for additional translational research:** VHA and ORD have solicited the Health Services Research and Development's Evidence Synthesis Program to conduct a comprehensive analysis on this topic. Evidence based on pertinent publications will be compiled and analyzed then presented to VHA and ORD as an Evidence Compendium. A draft document has been created and reviewed for subsequent publication (see Effectiveness of Syringe Services Programs: A Systematic Review available on VA's Health Systems Research website).

**Supporting harm reduction training and education for the treatment workforce:** SCOUTT is a model aiming to improve access to OUD treatment and prevent suicide by training non-SUD specialty-care teams to deliver buprenorphine and naltrexone. Once the practice is established, these trained providers then train other individuals at other VAMCs using the same approach.

**Promoting access to harm reduction services:** Comparing community care (CC) opioid treatment to VA-based care in Veterans with acute and chronic pain. This study examines whether Veterans receiving any CC opioids are more likely to be on higher-risk opioid therapy compared with Veterans receiving only VA-prescribed opioids. In addition, the study will collect self-reported pain outcomes (pain-related functioning, pain intensity, health-related quality of life, and patient satisfaction with pain care) in CC opioid treatment compared with VA-based care, as well as potential differences in self-reported rates of acute care episodes (hospitalizations and emergency department visits), including those occurring at non-VA facilities.

**Comprehensive programs on harm reduction:** Identifying safe stimulant prescribing practices to protect patients. Initially prescribed for attention deficit and hyperactivity disorder, stimulants can lead to adverse events in certain patients. The goal of this project is to identify patients at risk (for example mental health and SUD) and develop risk scores to support patient safety and collaborative decision-making regarding stimulant prescribing.





**Improving treatment engagement:** Smartphone Apps to deliver psychosocial interventions that work in tandem with medication for AUD. Step Away, an app for self-management of alcohol use problems, is designed to enhance an individual's motivation for changing drinking patterns and guide use of personalized strategies to moderate or abstain from drinking. The goals of the study are to determine efficacy of the program followed by implementation into primary care.

**Improving treatment quality:** VHA ORD funds several studies examining the role of opioid or medication for OUD reduction or discontinuation focusing on the patient and risk for adverse events. Recent studies focus on non-pharmacologic treatments and determining which treatments are most effective at both reducing risks and managing pain for patients with prescription opioid misuse.

**Emphasizing care for Veterans living with co-existing SUD and mental health conditions** Written exposure therapy (WET) combined with residential SUD programs is being examined for feasibility and acceptability by Veterans with PTSD-SUD. This pilot study will evaluate the impact of residential WET on functional, behavioral, safety, and clinical outcomes in patients with PTSD-SUD diagnoses. The study will inform a larger randomized clinical trial on the subject.

**Treatment for individuals leaving incarceration:** Currently there are few psychosocial programs focused on transition from incarceration toward reentry into society, the difficulties encountered and tools to use to assist in the transition process. ORD study seeks to develop a rehabilitation program for Veterans exiting imprisonment that is rated acceptable and usable by Veterans, and the concurrent development of assessment tools to be used with Veterans exiting incarceration to promote successful transition and avoid reincarceration. A second program focuses on recidivism risk and the development of a rehabilitation treatment program that includes SUD services, peer support, employment and/or educational support, and trauma-informed care. This approach was found to be successful in several pilot studies and is now in a randomized clinical trial. Both studies are ongoing.

**Eliminating Barriers and Increasing Opportunities:** VA researchers are identifying the barriers to and facilitators of sustained employment among Veterans with OUD/SUD. These studies examine the role of supported employment services on occupational and long-term employment outcomes, as well as sobriety, community integration and quality of life. In addition, ORD has funded a multi-site clinical trial assessing the effects of individualized placement and support to treatment as usual for Veterans with OUD. The study will also assess barriers and facilitators to implementation of vocational rehabilitation services and to achieving steady employment in Veterans recovering from OUD.

In summary, VHA ORD continues its commitment to placing SUD/OUD as an area of high priority in the hopes of stimulating the field to develop, test and implement novel strategies towards the treatment of SUD.

In addition, VHA continues to reduce excessive reliance on opioid medication, VA will maintain efforts in 2024 on pain-management research in areas responsive to the Jason Simcakoski Memorial and Promise Act, Commander John Scott Hannon Veterans Mental Health Care Improvement Act, and the Comprehensive Addiction and Recovery Act. Towards this goal, VA continues to invest in:



Non-pharmaceutical strategies for painful conditions: VA is a member of the NIH/DoD/VA Pain Management Collaboratory and has funded the APPROACH trial examining Complementary and Integrative Health (CIH) self-care and clinician delivered CIH approaches versus clinician delivered or self-delivered CIH alone and The APPROACH Trial: Assessing Pain, Patient Reported Outcomes and Complementary and Integrative Health (A VA National Demonstration Project) – Pain Management Collaboratory). In addition, ORD has awarded a consortium of investigators at the Philadelphia and Atlanta VAMCs to develop and test a cell-based approach to reduce pain and repair cartilage tears associated with osteoarthritis of the knee.

Development of non-opioid medications to treat pain: VA will continue to focus research on understanding the benefits and risks of non-opioid medications for pain management and alleviation. Examples include targeting: 1) Mutations in sodium and other ion channels which have been shown to cause pain associated with limb amputation, corneal neuralgia, chemotherapy, diabetes, small fiber neuropathy, knee osteoarthritis, and burns; 2) Blocking melanocortin-4 receptors to treat inflammatory pain common in certain musculoskeletal and arthritic conditions; 3) Endomorphins, naturally occurring molecules found in the brain with powerful pain-relieving effects; and 4) Repurposing FDA approved drugs (romidepsin) for treatment of pain and spasticity for people living with spinal cord injury. These studies are ongoing.

Develop and test technologies providing access to treatment for chronic pain and opioid misuse: VA is testing the use of telehealth, smart-apps, web- and phone-based technology to provide outreach and care to Veterans living in rural areas. These interventions include peer coaching, treatment for OUD and alcohol use disorder (see above Improving Treatment Engagement), provision of biobehavioral approaches, as well as establishing best practices for delivery of care using these modalities. These studies are ongoing.

Using precision medicine approaches to VA investigators are studying the use of imaging-based brain connectivity data and genetic information (Million Veteran Program) to determine the best clinical course of action to treat OUD (for example buprenorphine or a switch to a different medication for OUD). This study is ongoing.

## EQUITY

In June 2021, VHA brought together a workgroup whose goals were to investigate such differences and establish a pilot in 2022 for targeting interventions that mitigate the largest differences. Based on the results of this pilot, VHA plans to disseminate best practices to the field. The workgroup is comprised of SUD SMEs, researchers, and clinical leaders from VA SUD treatment programs. The workgroup currently is focusing its attention on racial and gender disparities in access to MOUD. The workgroup is currently conducting a quality improvement project to identify factors that differentiate sites with higher and lower disparities in access to MOUD. The quality improvement project aims to identify challenges to equitable access to MOUD as well as best practices to resolve such disparities and promote equity in SUD care in general across the enterprise. The first report from this quality improvement project has been submitted and is currently under review by VHA SUD leadership. VHA expects findings from the report to result in actionable initiatives including continued promotion of low-barrier buprenorphine treatment and making unconscious bias training available to providers. Furthermore, VA continues to educate its workforce about the



intersection of disparities in access to SUD care and stigma surrounding SUD. In May 2024, VA will convene a webinar on this matter entitled, “Addressing Disparities in Access to SUD Care.

In addition, Mental Health residential treatment services, including SUD residential services for women Veterans are available in every VISN. Across the residential programs that serve women Veterans, 61% offer gender specific mental health services and 60% offer a separate, secure wing or unit for women Veterans. For those women Veterans requesting a residential program for women Veterans only, there are currently 12 programs that serve as national resources available to meet that need. Five of the women-only programs provide intensive specialty treatment for substance use. Finally, VA is developing at least two additional women only residential SUD treatment programs that will serve as national referral resources for women Veterans.

VHA also has pursued educational efforts to promote culturally competent SUD care, for example, webinars on SUD care for Women (2019), culturally competent SUD care (2020), SUD care for Native American (2022), and Deconstructing Addiction Stigma (2022).

For the past several years, the Office of Mental Health and Suicide Prevention (OMHSP) has been working collaboratively with VHA’s Office of Health Equity (OHE) in identifying issues related to capturing Veteran demographic data in the current electronic health record so that disparities in mental health services can be accurately assessed. Further, OMHSP has been examining data related to staffing and disparities in provision of mental health services. More recently, OMHSP is planning expansion of the collaboration with OHE.

Work by OMHSP and OHE are part of broader VA strategies to improve equity. These strategies include improving data to understand and track disparities especially for sexual minority Veterans and Veterans with health-related social risks; supporting recruitment, professional development, and advancement of diverse groups of leaders to ensure an inclusive workforce; establishing safe workplaces that leverage diversity and empower all staff; ensuring equity in pay and contracting; promoting special emphasis programs and employee resource groups to advance equity for all employees; and delivering training and learning to support diversity, equity, and inclusion.



# APPENDICES

## Acronyms

<b>ABCD</b>	Adolescent Brain Cognitive Development Study
<b>ACE</b>	Adverse Childhood Experience
<b>ACF</b>	Administration for Children and Families
<b>ACOG</b>	American College of Obstetricians and Gynecologists
<b>ACS</b>	AmeriCorps Seniors
<b>AD</b>	Alternative Development
<b>AED</b>	Advanced Electronic Data OR Automated External Defibrillator
<b>AFF</b>	Assets Forfeiture Fund
<b>AFMS</b>	Asset Forfeiture Management Staff
<b>AFP</b>	Asset Forfeiture Program
<b>AI/AN</b>	American Indian and Alaska Native
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>AIMS</b>	Access Increases in Mental Health and Substance Abuse Services
<b>AMF</b>	Addiction Medicine Fellowship
<b>AMO</b>	Air and Marine Operations
<b>API</b>	Application Programming Interfaces
<b>APR</b>	Annual Performance Report
<b>ARIDE</b>	Advanced Roadside Impaired Driving Enforcement
<b>ASADRP</b>	Alcohol and Substance Abuse Disorder Research Program
<b>ASN</b>	AmeriCorps State and National
<b>ASUD</b>	Alcohol and Substance Use Disorder
<b>ATF</b>	Bureau of Alcohol, Tobacco, Firearms and Explosives
<b>AUD</b>	Alcohol Use Disorder
<b>BEST</b>	Border Enforcement Task Forces
<b>BCJI</b>	Byrne Criminal Justice Innovation Program
<b>BCOR</b>	Building Communities of Recovery
<b>BCSC</b>	National Bulk Cash Smuggling Center
<b>BEST</b>	Border Enforcement Task Forces
<b>BH2I</b>	Behavioral Health Integration Initiative
<b>BIA</b>	Bureau of Indian Affairs
<b>BIE</b>	Bureau of Indian Education
<b>BITMAP</b>	Biometric Identification Transnational Migration Alert Program
<b>BLM</b>	Bureau of Land Management
<b>BMI</b>	Brief Motivational Interviewing
<b>BOP</b>	Bureau of Prisons



<b>BRFSS</b>	Behavioral Risk Factors Surveillance System
<b>CAPT</b>	Center for the Application of Prevention Technologies
<b>CARA</b>	Comprehensive Addiction and Recovery Act
<b>CARSI</b>	Central America Regional Security Initiative
<b>CBHSQ</b>	Center for Behavioral Health Statistics and Quality
<b>CBP</b>	Customs and Border Protection
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CCDB</b>	Consolidated Counterdrug Database
<b>CD</b>	Counterdrug
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDER</b>	Center for Drug Evaluation and Research
<b>CDRH</b>	Center for Devices and Radiological Health
<b>The Center</b>	National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support
<b>CESAR</b>	Center for Substance Abuse Research
<b>CF</b>	Community Facilities
<b>CFR</b>	Code of Federal Regulations
<b>CGC</b>	Coast Guard Cutter
<b>CHIP</b>	Children’s Health Insurance Program
<b>CI</b>	Criminal Investigation
<b>CIE</b>	Competitive Integrated Employment
<b>CIPP</b>	Critical Infrastructure Protection Program
<b>CLIA</b>	Clinical Laboratory Improvement Amendment
<b>CM</b>	Contingency Management
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CN&amp;GT</b>	Counternarcotics & Global Threat
<b>CoC</b>	Continuum of Care
<b>COD</b>	Co-Occurring Substance Use and Mental Disorders
<b>COIPP</b>	Community Opioid Intervention Pilot Project
<b>CollegeAIM</b>	College Alcohol Intervention Matrix
<b>CONACH</b>	Committee on Native American Child Health
<b>COSSUP</b>	Comprehensive Opioid Stimulant and Substance se Program
<b>CMA</b>	Critical Movement Alert
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>COPS</b>	Community Oriented Policing Services
<b>CPMRP</b>	Chronic Pain Management Research Program
<b>CPOT</b>	Consolidated Priority Organization Target
<b>CRM</b>	Criminal Division
<b>CRM RP</b>	Clinical and Rehabilitation Medicine Research Program
<b>CSOSA</b>	Court Services and Offender Supervision Agency
<b>CSP</b>	Community Supervision Program



<b>CTF-150</b>	Combined Task Force-150
<b>CTAS</b>	Coordinated Tribal Assistance Solicitation
<b>CTN</b>	Clinical Trials Network
<b>CTOC</b>	Counter-transnational Organized Crime
<b>CTS</b>	Community Treatment Services
<b>CY</b>	Calendar year
<b>D&amp;M</b>	Detection and Monitoring
<b>DASD (CN&amp;SP)</b>	Deputy Assistant Secretary of Defense for Counternarcotics and Stabilization Policy
<b>DC</b>	District of Columbia
<b>DCFA</b>	Diversion Control Fee Account
<b>DDE</b>	BIA Division of Drug Enforcement
<b>DDR</b>	Drug Demand Reduction
<b>DEA</b>	Drug Enforcement Administration
<b>DEIA</b>	Diversity, Equity, Inclusion and Accessibility
<b>DEO</b>	Drug Enforcement Officers
<b>DESPR</b>	Division of Epidemiology, Services, and Prevention Research
<b>DFC</b>	Drug-Free Communities
<b>DHS</b>	Department of Homeland Security
<b>DHP</b>	Defense Health Program
<b>DHS</b>	Department of Homeland Security
<b>DLEA</b>	Drug Law Enforcement Agency
<b>DLT</b>	Distance Learning and Telemedicine
<b>DMA</b>	Drug Movement Alert
<b>DMP</b>	Drug Management Program
<b>DNB</b>	Division of Neuroscience and Behavior
<b>DoD</b>	Department of Defense
<b>ED</b>	Department of Education
<b>DOJ</b>	Department of Justice
<b>DOL</b>	Department of Labor
<b>DOS</b>	Department of State
<b>DOT</b>	Department of Transportation
<b>DRE</b>	Drug Recognition Expert
<b>DSCA</b>	Defense Security Cooperation Agency
<b>DTCU</b>	Drug Testing and Compliance Unit
<b>DTMC</b>	Division of Therapeutic and Medical Consequences
<b>DTO</b>	Drug Trafficking Organization
<b>DUR</b>	Drug Utilization Review
<b>DWG</b>	Dislocated Worker Grants
<b>ECHO</b>	Extension for Community Healthcare Outcomes
<b>e-cigarettes</b>	electronic cigarettes
<b>EHR</b>	Electronic Health Record



<b>EMS</b>	Emergency Medical Services
<b>EPIC</b>	El Paso Intelligence Center
<b>ESEA</b>	Elementary and Secondary Education Act
<b>ESOOS</b>	Enhance State Opioid Overdose Surveillance
<b>ETA</b>	Employment and Training Administration
<b>FAA</b>	Federal Aviation Administration
<b>FAR</b>	Federal Acquisition Regulation
<b>FBI</b>	Federal Bureau of Investigation
<b>FDA</b>	Food and Drug Administration
<b>FD&amp;C</b>	Federal Food, Drug and Cosmetic Act
<b>FECA</b>	Federal Employer’s Compensation Act
<b>FEMA</b>	Federal Emergency Management Agency
<b>FFE</b>	Fee for Service
<b>FinCEN</b>	Financial Crimes Enforcement Network
<b>FLETC</b>	Federal Law Enforcement Training Center
<b>FMAP</b>	Federal Medical Assistance Percentage
<b>Forest Service</b>	United States Forest Service
<b>FORHP</b>	Federal Office of Rural Health Programs
<b>FPD</b>	Federal Prisoner Detention
<b>FQHC</b>	Federally Qualified Health Centers
<b>FR-CARA</b>	First Responders- Comprehensive Addiction and Recovery Act
<b>FRC</b>	Fast Response Cutter
<b>FTE</b>	Full-time equivalent (i.e., resources equivalent to one employee working full time)
<b>FRS</b>	Fentanyl related substances
<b>FY</b>	Fiscal Year
<b>GC/MS</b>	Gas chromatographer/mass spectrometer
<b>GDF</b>	Guidance to the Development of the Force
<b>GOP</b>	Government of Peru
<b>GPRMA</b>	Government Performance and Results Modernization Act
<b>HBCD</b>	HEAL Thy Brain and Child Development study
<b>HCRV</b>	Healthcare for Reentry Veterans
<b>HEAL</b>	Helping to End Addiction Long-Term initiative
<b>HHS</b>	Department of Health and Human Services
<b>HIDTA</b>	High Intensity Drug Trafficking Areas
<b>HIT</b>	Health Information Technology
<b>HIV</b>	Human immunodeficiency virus
<b>HOPE</b>	National Committee on Heroin, Opioids, and Pain Efforts OR Hawaii Opportunity Probation with Enforcement
<b>HPSA</b>	Health Professional Shortage Area
<b>HRSA</b>	Health Resources and Services Administration





<b>HSI</b>	Homeland Security Investigations
<b>HSPS</b>	Health Surveillance and Program Support
<b>HUD</b>	Department of Housing and Urban Development
<b>IACP</b>	International Association of Chiefs of Police
<b>IAP</b>	Innovation Accelerator Program
<b>IC</b>	Intelligence Community
<b>ICD-10</b>	International Classification of Disease (10 <sup>th</sup> rev.)
<b>ICE</b>	Immigration and Customs Enforcement
<b>IER</b>	Interdiction Effectiveness Rate
<b>IHE</b>	Institutions of Higher Education
<b>IHS</b>	Indian Health Service
<b>IMARS</b>	Incident Management Analysis and Reporting System
<b>IMD</b>	Institutions of Mental Disease
<b>IMF</b>	International Mail Facilities
<b>INCLE</b>	International Narcotics Control and Law Enforcement [account]
<b>INCSR</b>	International Narcotics Control Strategy Report
<b>IND</b>	Investigational New Drugs
<b>INL</b>	Bureau of International Narcotics and Law Enforcement Affairs
<b>INSPIRE</b>	Investments Supporting Partnerships In Recovery Ecosystems
<b>IOC-2</b>	International Organized Crime Intelligence and Operations Center
<b>IOP</b>	Intensive Outpatient Treatment
<b>IRP</b>	Intramural Research Program
<b>IRS</b>	Internal Revenue Service
<b>I/T/U</b>	IHS, Tribal, and Urban
<b>JAG</b>	Byrne Justice Assistance Grant Program
<b>JCODE</b>	Joint Criminal Opioid Darknet Enforcement
<b>JIATF</b>	Joint Interagency Task Force (-South or –West)
<b>JPC-5</b>	Joint Program Committee 5
<b>JPC-8</b>	Joint Program Committee 8
<b>Judiciary</b>	Federal Judiciary
<b>LDEA</b>	Liberian Drug Enforcement Agency
<b>LEA</b>	Law Enforcement Agency OR Local Educational Agencies
<b>LEAP</b>	Law Enforcement Assistance Program
<b>LEI</b>	Law Enforcement and Investigations
<b>LEO</b>	Law Enforcement Officers
<b>LHWCA</b>	Longshore and Harbor Worker’s Compensation Act
<b>LRP</b>	Loan Repayment Program
<b>LSS</b>	Laboratories and Scientific Services
<b>MAT</b>	Medication-assisted treatment
<b>MA</b>	Medicare Advantage
<b>MAX</b>	Medicaid Analytic eXtract



<b>MCA</b>	Managerial Cost Accounting
<b>MDMA</b>	3,4-methylenedioxyamphetamine (Ecstasy)
<b>MDR</b>	Medical Data Repository
<b>MEC</b>	Medium Endurance Cutter
<b>MED</b>	Morphine Equivalent Dose
<b>MH</b>	Mental Health
<b>MH RRTP</b>	Mental Health Residential Rehabilitation Treatment Program
<b>MIPS</b>	Merit-based Incentive Payment System
<b>MOMRP</b>	Military Operational Medicine Research Program
<b>MOUD</b>	Medications for Opioid Use Disorder
<b>MPA</b>	Maritime Patrol Aircraft
<b>MRI</b>	Magnetic Resonance Imaging
<b>MSPI</b>	Methamphetamine and Suicide Prevention Initiative
<b>MSY</b>	Member Service Years
<b>MT</b>	Metric Tons
<b>MUC</b>	Measures Under Consideration
<b>NADIA</b>	Neurobiology of Adolescent Drinking in Adulthood
<b>NAS</b>	National Neonatal Syndrome
<b>NCANDA</b>	National Consortium on Alcohol and Neurodevelopment in Adolescence
<b>NDCPA</b>	National Drug Control Program Agency
<b>NDDS</b>	Narcotic and Dangerous Drug Section
<b>NFS</b>	National Forest System
<b>NHSC</b>	National Health Service Corps
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIAAA</b>	National Institute on Alcohol Effects and Alcohol-Associated Disorders
<b>NICCP</b>	National Interdiction Command and Control Plan
<b>NIDA</b>	National Institute on Drugs and Addiction
<b>NIH</b>	National Institutes of Health
<b>NII</b>	Non-Intrusive Inspection Technology
<b>NLCP</b>	National Laboratory Certification Program
<b>NPS</b>	National Park Service
<b>NSC</b>	National Security Cutter
<b>NTBI</b>	National Prescription Drug Take Back Initiative
<b>NTC</b>	National Targeting Center
<b>NTC-C</b>	National Targeting Center-Cargo
<b>NTP</b>	National Training Plan
<b>O&amp;S</b>	Operations and Support
<b>OAS</b>	Organization of American States
<b>OCDETF</b>	Organized Crime Drug Enforcement Task Forces
<b>OCI</b>	Office of Criminal Investigations
<b>OCME</b>	Office of the Chief Medical Examiner



<b>OCO</b>	Overseas Contingency Operations
<b>OD2A</b>	Overdose to Action
<b>OEND</b>	Opioid Overdose Education and Naloxone Distribution
<b>OEO</b>	Office of Enforcement Operations
<b>OFO</b>	Office of Field Operations
<b>OFTS</b>	Office of Forensic Toxicology Services
<b>OIG</b>	Office of Inspectors General
<b>OIT</b>	Office of Informational Technology
<b>OJP</b>	Office of Justice Programs
<b>OJS</b>	Office of Justice Services
<b>OMB</b>	Office of Management and Budget
<b>ONC</b>	Office of the National Coordinator on Health Information Technology
<b>ONDCP</b>	Office of National Drug Control Policy
<b>OPC</b>	Offshore Patrol Cutter
<b>OPSG</b>	Operation Stonegarden
<b>OPTEMPO</b>	Operations Tempo
<b>ORA</b>	Office of Regulatory Affairs
<b>ORD</b>	Office of Rural Development
<b>ORP</b>	Offender Reentry Program
<b>ORS</b>	Overdose Response Strategy
<b>OTD</b>	Office of Training and Development
<b>OTIPI</b>	Office of Translational Initiatives and Program Innovations
<b>OTP</b>	Opioid Treatment Program
<b>OUIHP</b>	Office of Urban Indian Health Programs
<b>ODU</b>	Opioid Use Disorder
<b>OWCP</b>	Office of Workers' Compensation Programs
<b>PARD</b>	Preventing Alcohol-Related Deaths
<b>PBM</b>	Pharmacy Benefit Management
<b>PC&amp;I</b>	Procurement, Construction, and Improvements
<b>PCMH</b>	Patient-Centered Medical Homes
<b>PCP</b>	Phencyclidine OR Primary Care Provider
<b>PDMP</b>	Prescription Drug Monitoring Program
<b>PDOA</b>	Prescription Drug and Opioid Addiction
<b>PHA</b>	Public Health AmeriCorps
<b>PD&amp;S</b>	Program Development and Support
<b>PMU</b>	Prescription Management Unit
<b>PN</b>	Partner Nation
<b>POE</b>	Ports of Entry
<b>PPI</b>	Patient Preference Information
<b>PPW</b>	Pregnant and Postpartum Women
<b>PQIS</b>	Performance and Quality Information Systems



<b>PREP</b>	Personal Responsibility Education Program
<b>PRNS</b>	Programs of Regional and National Significance
<b>PSA</b>	Pretrial Services Agency
<b>PSSF</b>	Promoting Safe and Stable Families
<b>PTARRS</b>	Priority Target Activity Resource and Reporting System
<b>PTO</b>	Priority Target Organizations
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>PTTC</b>	Prevention Technology Transfer Center
<b>PY</b>	Program Year
<b>QI</b>	Quality Improvement
<b>QIN-QIO</b>	Quality Innovation Network – Quality Improvement Organization
<b>QPP</b>	Quality Payment Program
<b>RD</b>	Rural Development
<b>R&amp;D</b>	Research and Development
<b>RCOs</b>	Recovery Community Organizations
<b>RCORP</b>	Rural Communities Opioid Response Program
<b>RDAP</b>	Residential Drug Abuse Program
<b>RISS</b>	Regional Information Sharing System
<b>RMS</b>	Research Management and Support
<b>RNIFC</b>	Regional Narcotics Interagency Fusion Center
<b>RPOT</b>	Regional Priority Organization Target
<b>RPG</b>	Regional Partnership Grants
<b>RRC</b>	Residential Reentry Management Centers
<b>RSAT</b>	Residential Substance Abuse Treatment
<b>RSC</b>	Reentry and Sanctions Center
<b>RSS</b>	Recovery Support Services
<b>SAMHSA</b>	Substance use And Mental Health Services Administration
<b>SAPTA</b>	Substance Abuse Prevention, Treatment, and Aftercare
<b>SASP</b>	Substance Abuse and Suicide Prevention
<b>SBIR</b>	Small Business Innovation Research
<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>SCA</b>	Second Chance Act
<b>SCR</b>	Significant Case Report
<b>SEA</b>	State Educational Agencies
<b>SFST</b>	Standard Field Sobriety Test
<b>SIU</b>	Sensitive Investigation Unit
<b>SMW</b>	Special Mission Wing
<b>SOD</b>	Special Operations Division
<b>SOR</b>	State Opioid Response grants
<b>SPARS</b>	SAMHSA’s Performance Accountability and Reporting System
<b>SPF</b>	Strategic Prevention Framework



<b>SPIP</b>	Suicide Prevention, Intervention, and Postvention
<b>SPSS</b>	Self-Propelled Semi-Submersible
<b>SRO</b>	Scientific Research Outcome OR School Resource Officer
<b>STAR</b>	Substance Use Disorder Treatment and Recovery
<b>STOP Act</b>	Sober Truth on Preventing Underage Drinking Act
<b>STTR</b>	Small Business Technology Transfer
<b><i>Strategy</i></b>	<i>National Drug Control Strategy</i>
<b>SUD</b>	Substance Use Disorder
<b>SUPPORT</b>	<i>The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act</i>
<b>SUPTRS BG</b>	Substance Use Prevention, Treatment, and Recovery Services Block Grant
<b>SWM</b>	Solid Waste Management program
<b>TA</b>	Technical Assistance
<b>TARS</b>	Tethered Aerostat Radar System
<b>TBHG</b>	Tribal Behavioral Health Grants
<b>TCO</b>	Transnational Criminal Organization
<b>TDS</b>	Tactical Diversion Squads
<b>TEAP</b>	Trainee Employment Assistance Program
<b>TECS</b>	Treasury Enforcement Communications System
<b>TEDODS</b>	TRICARE Encounter Data Operational Data Store
<b>TEDS</b>	Treatment Episode Data Set
<b>TEPP</b>	Threat Enforcement Planning Process
<b>THC</b>	Tetrahydrocannabinol
<b>TLOA</b>	Tribal Law and Order Act
<b>TOC</b>	Transnational Organized Crime
<b>Treasury</b>	Department of the Treasury
<b>TTHY</b>	Talk They Hear You
<b>TTU</b>	Trade Transparency Unit
<b>UADPEI</b>	Underage Drinking Prevention Education Initiatives
<b>UAS</b>	Unmanned Aircraft Systems
<b>UAS</b>	Universal Alcohol Screening
<b>UIHP</b>	Urban Indian Health Program
<b>UIO</b>	Urban Indian Organizations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USAID</b>	United States Agency for International Development
<b>USAO</b>	United States Attorney’s Office
<b>USBP</b>	United States Border Patrol
<b>USC</b>	United State Code
<b>USCG</b>	United States Coast Guard
<b>USDA</b>	United States Department of Agriculture



<b>USFS</b>	United States Forest Service
<b>USMS</b>	United States Marshals Service
<b>USPIS</b>	United States Postal Inspection Service
<b>USPS</b>	United States Postal Service
<b>VA</b>	Department of Veterans Affairs
<b>VAMC</b>	Veterans Administration Medical Center
<b>VEO</b>	Violent Extremist Organization
<b>VHA</b>	Veterans Health Administration
<b>VISN</b>	Veterans Integrated Service Network
<b>VJO</b>	Veterans Justice Outreach
<b>VSP</b>	Visa Security Program
<b>VSY</b>	Volunteer Service Years
<b>VTC</b>	Veterans Treatment Courts
<b>VWS</b>	Victim/Witness Services
<b>WADA</b>	World Anti-Doping Agency
<b>WHTZ</b>	Western Hemisphere Transit Zone
<b>WIOA</b>	Workforce Innovation and Opportunity Act
<b>YRTC</b>	Youth Regional Treatment Center



## National Drug Control Budget Account Structure

Department	Agencies (if applicable)	Decision Unit
AmeriCorps		AmeriCorps Seniors (Seniors Corps)
		AmeriCorps State and National
		AmeriCorps VISTA
		Public Health AmeriCorps
Appalachian Regional Commission		Investments Supporting Partnerships In Recovery Ecosystems (INSPIRE)
Department of Agriculture	United States Forest Service	Law Enforcement Agency Support
	Office of Rural Development	Distance Learning and Telemedicine Program
Court Services and Offender Supervision Agency of the District of Columbia		Community Supervision Program
		Pretrial Services Agency for the District of Columbia
Department of Defense	Defense Health Program	Defense Health Program Treatment and Research and Development
	Defense Security Cooperation Agency	Building Partner Capacity
		Regional Center CTOC
	Office of the Secretary of Defense	Drug Interdiction and Counterdrug Activities
		Military Service-Funded Operations Tempo (OPTEMPO)
Department of Education	Office of Elementary and Secondary Education	School Safety National Activities
		21 <sup>st</sup> Century Community Learning Centers
Federal Judiciary*		Administrative Office of the United States Courts
		Court Security
		Defender Services
		Federal Judicial Center
		Fees of Jurors and Commissioners
		Salaries and Expenses
		United States Sentencing Commission





Department of Health and Human Services	Administration for Children and Families	Promoting Safe and Stable Families – Regional Partnership Grants Discretionary Program
		Promoting Safe and Stable Families – Regional Partnership Grants Mandatory Program
	Centers for Disease Control and Prevention	Infectious Diseases and the Opioid Epidemic
		Opioid Overdose Prevention and Surveillance
	Centers for Medicare & Medicaid Services	Medicaid
		Medicare
	Food and Drug Administration	Center for Devices and Radiological Health
		Center for Devices and Radiological Health
		Office of Regulatory Affairs
	Health Resources and Services Administration	Addiction Medicine Fellowship Program
		Health Center Program
		National Health Services Corps SUD Workforce Program
		Rural Communities Opioid Response Program
		SUD Treatment and Recovery Loan Repayment
	Indian Health Service	Alcohol and Substance Abuse
		Urban Indian Health Program
	National Institutes of Health	National Institute on Alcohol Effects and Alcohol-Associated Disorders
		National Institute on Drugs and Addiction
	Substance use And Mental Health Services Administration	Health Surveillance and Program Support
		Programs of Regional and National Significance
State Opioid Response Grant		
Substance Use Prevention, Treatment and Recovery Services Block Grant		



Department of Homeland Security	Customs and Border Protection	Operations and Support
		Procurement, Construction, and Improvements
	Federal Emergency Management Agency	Operations & Support
	Federal Law Enforcement Training Centers	Operations & Support
	Immigration and Customs Enforcement	Operations & Support
	Science and Technology Directorate	Research and Development: Interdiction
	United States Coast Guard	Operations & Support
	Procurement, Construction, & Improvements	
		Research & Development
Department of Housing and Urban Development	Office of Community Planning and Development	Continuum of Care: Homeless Assistance Grants
		Section 8071 Pilot Recovery Housing Program
Department of the Interior	Bureau of Indian Affairs	Drug Initiative
	Bureau of Land Management	Resource Protection and Law Enforcement
	National Park Service	National Park Protection Subactivity
Department of Justice	Asset Forfeiture Program	Asset Forfeiture
	Bureau of Alcohol, Tobacco, Firearms and Explosives	Law Enforcement Operations
		Violent Crime Reduction and Prevention Fund
	Bureau of Prisons	Contract Confinement
		Inmate Care and Programs
		Modernization and Repair
		New Construction
		Security/Management and Administration
	Criminal Division	Enforcing Federal Criminal Laws
	Drug Enforcement Administration	Diversion Control Fee Account
		Domestic Enforcement
		International Enforcement
		State and Local Assistance
Violent Crime Reduction and Prevention Fund		
Federal Bureau of Investigation	Criminal Enterprises / Federal Crime	



		Intelligence
		Violent Crime Reduction and Prevention Fund
	Office of Justice Programs	Edward Byrne Memorial Justice Assistance Grant program
		Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)
		COPS Anti-Heroin Task Forces
		COPS Anti-Methamphetamine Task Forces
		Drug Courts Program
		Harold Rogers' Prescription Drug Monitoring Program
		Forensic Support for Opioid and Synthetic Drug Investigations
		Justice and Mental Health Collaboration Program
		Mentoring for Youth Affected by the Opioid Crisis
		Opioid-Affected Youth Initiative
		Project Hope Opportunity Probation with Enforcement (HOPE)
		Regional Information Sharing System Program
		Residential Substance Abuse Treatment Program
		Second Chance Act Program
		Veterans Treatment Courts Program
		Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse
		Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program
		Violent Crime Reduction and Prevention Fund
	Organized Crime Drug Enforcement Task Force	Interagency Crime and Drug Enforcement
	United States Attorneys	Criminal Decision Unit
		Violent Crime Reduction and Prevention Fund
	United States Marshals Service	Detention Services



		Fugitive Apprehension
		Judicial and Courthouse Security
		Prisoner Security and Transportation
		Tactical Operations
		Violent Crime Reduction and Prevention Fund
Department of Labor	Employee Benefits Security Administration	Enforcement and Participant Assistance
	Employment and Training Administration	Dislocated Worker Employment and Training Activities
		Job Corps Operations
	Office of Disability Employment Policy	Office of Disability Employment Policy (ASPIRE)
	Office of Inspector General	Program and Trust Funds
Office of Workers Compensation Programs	Federal Programs for Workers' Compensation	
Office of National Drug Control Policy	High Intensity Drug Trafficking Areas	High Intensity Drug Trafficking Areas
	Other Federal Drug Control Programs	Drug-Free Communities
		Anti-Doping Activities
		World Anti-Doping Agency Dues
		Model Acts Program
		CARA Section 103 of Public Law 114-198
		Drug Court Training and Technical Assistance
		Policy Research
		Evolving and Emerging Threats
	Performance Audits and Evaluations	
Salaries and Expenses	Salaries and Expenses	
Department of State	Bureau of International Narcotics and Law Enforcement Affairs	International Narcotics Control and Law Enforcement
	United States Agency for International Development	Development Assistance
		Economic Support Fund



Department of Transportation	Federal Aviation Administration	Aviation Safety/Aerospace Medicine
		Security and Hazardous Material Safety
	National Highway Traffic Safety Administration	Drug-Impaired Driving Program
		Highway Safety Research
		Emergency Medical Services
	Communication and Consumer Information	
Department of the Treasury	Financial Crimes Enforcement Network	Salaries and Expenses
	Internal Revenue Service	Criminal Investigation
	Office of Foreign Assets Control	Salaries and Expenses
United States Postal Service	United States Postal Inspection Service	Asset Forfeiture Fund
		CI2 Capital Expenses
		CI2 Nonpersonnel Expenses
		CI2 Operating Expenses
		CI2 Personnel Expenses
Department of Veterans Affairs	Veterans Health Administration	Medical Care
		Medical & Prosthetic Research

\*The Federal Judiciary is an independent branch of government and therefore not subject to ONDCP's oversight.



## Program Level Funding

Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>AmeriCorps</b>			
AmeriCorps Seniors (Seniors Corps)	0.241	0.241	0.241
AmeriCorps State and National	20.523	20.523	20.523
AmeriCorps VISTA	3.007	2.847	2.847
Public Health AmeriCorps	16.696	16.696	16.696
<b>Total, AmeriCorps</b>	<b>40.467</b>	<b>40.307</b>	<b>40.307</b>
<b>Appalachian Regional Commission</b>			
Investments Supporting Partnerships In Recovery Ecosystems Initiative (Inspire)	13.073	13.000	12.907
<b>Total, Appalachian Regional Commission</b>	<b>13.073</b>	<b>13.000</b>	<b>12.907</b>
<b>Department of Agriculture</b>			
<b>United States Forest Service</b>			
<u>Law Enforcement Agency Support</u>	<u>13.000</u>	<u>13.520</u>	<u>13.520</u>
<b>Subtotal, United States Forest Service</b>	<b>13.000</b>	<b>13.520</b>	<b>13.520</b>
<b>Office of Rural Development</b>			
<u>Distance Learning and Telemedicine Program</u>	<u>11.400</u>	<u>11.400</u>	<u>11.400</u>
<b>Subtotal, Office of Rural Development</b>	<b>11.400</b>	<b>11.400</b>	<b>11.400</b>
<b>Total, Department of Agriculture</b>	<b>24.400</b>	<b>24.920</b>	<b>24.920</b>
<b>CSOSA</b>			
Community Supervision Program	41.650	43.840	46.510
<u>Pretrial Services Agency</u>	<u>27.400</u>	<u>26.920</u>	<u>26.560</u>
<b>Total, CSOSA</b>	<b>69.050</b>	<b>70.760</b>	<b>73.070</b>
<b>Department of Defense</b>			
<b>Defense Health Program</b>			
<u>Defense Health Program</u>	<u>100.340</u>	<u>77.030</u>	<u>79.949</u>
<b>Subtotal, Defense Health Program</b>	<b>100.340</b>	<b>77.030</b>	<b>79.949</b>
<b>Defense Security Cooperation Agency</b>			
Building Partner Capacity	67.029	59.241	88.150
<u>Regional Center CTOC</u>	<u>1.655</u>	<u>2.426</u>	<u>2.426</u>
<b>Subtotal, Defense Security Cooperation Agency</b>	<b>68.684</b>	<b>61.667</b>	<b>90.576</b>
<b>Office of the Secretary of Defense</b>			
<b>Drug Interdiction and Counterdrug Activities</b>			
Budget Activity 01 – Counter Narcotics Activities	614.510	614.510	653.702
Budget Activity 02 – Drug Demand Reduction Program	130.060	130.060	135.567
Budget Activity 03 – National Guard CD Program	200.316	200.316	106.043
<u>Budget Activity 04 – National Guard CD Schools</u>	<u>25.878</u>	<u>25.878</u>	<u>6.167</u>
<b>Subtotal, Drug Interdiction and Counterdrug Activities</b>	<b>970.764</b>	<b>970.764</b>	<b>901.479</b>
<b>Operations Tempo (OPTEMPO)</b>			
Operations Budgets of the Military Departments	60.800	60.800	40.000
<u>Operations Tempo</u>	<u>60.800</u>	<u>60.800</u>	<u>40.000</u>
<b>Subtotal, Office of the Secretary of Defense</b>	<b>1,031.564</b>	<b>1,031.564</b>	<b>941.479</b>
<b>Total, Department of Defense</b>	<b>1,200.588</b>	<b>1,170.261</b>	<b>1,112.004</b>



Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Department of Education</b>			
<b>Office of Elementary and Secondary Education</b>			
School Climate Transformation Grants	39.137	---	---
Mental Health Grants	51.163	58.072	72.030
Other Activities	5.339	5.693	5.693
<u>21st Century Community Learning Centers</u>	<u>8.061</u>	<u>8.061</u>	<u>8.061</u>
<b>Total, Department of Education</b>	<b>103.700</b>	<b>71.826</b>	<b>85.784</b>
<b>Federal Judiciary</b>			
Administrative Office of the United States Courts	2.772	2.772	2.934
Court Security	39.008	39.855	41.909
Defender Services	168.687	172.156	206.183
Federal Judicial Center	1.370	1.369	1.418
Fees of Jurors and Commissioners	12.468	11.221	10.605
Salaries and Expenses	1,040.200	1,051.439	1,119.168
<u>United States Sentencing Commission</u>	<u>6.492</u>	<u>6.622</u>	<u>6.986</u>
<b>Total, Federal Judiciary</b>	<b>\$1,270.997</b>	<b>\$1,285.434</b>	<b>\$1,389.203</b>
<b>Department of Health and Human Services</b>			
<b>Administration for Children and Families</b>			
Promoting Safe and Stable Families—Regional Partnership Grants Discretionary Program	---	---	---
Promoting Safe and Stable Families—Regional Partnership Grants Mandatory Program	<u>20.000</u>	<u>20.000</u>	<u>60.000</u>
<b>Subtotal, Administration for Children and Families</b>	<b>20.000</b>	<b>20.000</b>	<b>60.000</b>
<b>Centers for Disease Control and Prevention</b>			
Infectious Diseases and the Opioid Epidemic	23.000	23.000	23.000
<u>Opioid Overdose Prevention and Surveillance</u>	<u>505.579</u>	<u>505.579</u>	<u>506.079</u>
<b>Subtotal, Centers for Disease Control and Prevention</b>	<b>528.579</b>	<b>528.579</b>	<b>529.079</b>
<b>Centers for Medicare &amp; Medicaid Services</b>			
Grants to States for Medicaid	9,960.000	8,510.000	8,410.000
<u>Medicare</u>	<u>3,170.000</u>	<u>3,390.000</u>	<u>3,580.000</u>
<b>Subtotal, Centers for Medicare &amp; Medicaid Services</b>	<b>13,130.000</b>	<b>11,900.000</b>	<b>11,990.000</b>
<b>Food and Drug Administration</b>			
Center For Drug Evaluation and Research	23.500	23.500	23.500
Center for Devices and Radiological Health	1.500	1.500	1.500
<u>Office of Regulatory Affairs</u>	<u>54.500</u>	<u>54.500</u>	<u>54.500</u>
<b>Subtotal, Food and Drug Administration</b>	<b>79.500</b>	<b>79.500</b>	<b>79.500</b>
<b>Health Resources and Services Administration</b>			
Addiction Medicine Fellowship Program	25.000	25.000	25.000
Health Center Program	532.000	1,232.000	1,232.000
National Health Service Corps SUD Workforce Program	105.000	105.000	105.000
Rural Communities Opioid Response Program	145.000	145.000	145.000
<u>SUD Treatment and Recovery Loan Repayment</u>	<u>40.000</u>	<u>40.000</u>	<u>40.000</u>
<b>Subtotal, Health Resources and Services Administration</b>	<b>847.000</b>	<b>1,547.000</b>	<b>1,547.000</b>





Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Indian Health Service</b>			
Alcohol and Substance Abuse	140.792	140.792	151.339
<u>Urban Indian Health Program</u>	<u>3.871</u>	<u>3.445</u>	<u>3.445</u>
<b>Subtotal, Indian Health Service</b>	<b>144.663</b>	<b>144.237</b>	<b>154.784</b>
<b>National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA)</b>			
<u>NIAAA</u>	<u>75.609</u>	<u>75.445</u>	<u>75.898</u>
<b>Subtotal, NIAAA</b>	<b>75.609</b>	<b>75.445</b>	<b>75.898</b>
<b>National Institute on Drugs and Addiction</b>			
<u>National Institute on Drugs and Addiction</u>	<u>1,663.365</u>	<u>1,662.695</u>	<u>1,668.343</u>
<b>Subtotal, National Institute on Drugs and Addiction</b>	<b>1,663.365</b>	<b>1,662.695</b>	<b>1,668.343</b>
<b>Substance use And Mental Health Services Administration</b>			
Health Surveillance and Program Support	108.661	108.661	100.580
Programs of Regional & National Significance	809.098	809.098	825.848
State Opioid Response Grant	1,575.000	1,575.000	1,595.000
Substance Use Prevention, Treatment, and Recovery <u>Services Block Grant</u>	<u>2,008.079</u>	<u>2,008.079</u>	<u>2,008.079</u>
<b>Subtotal, Sub. use And Mental Health Services Admin.</b>	<b>4,500.838</b>	<b>4,500.838</b>	<b>4,529.507</b>
<b>Total, Department of Health and Human Services</b>	<b>20,989.554</b>	<b>20,458.294</b>	<b>20,634.111</b>
<b>Department of Homeland Security</b>			
<b>Customs and Border Protection</b>			
Operations and Support	3,763.908	3,763.908	3,734.450
<u>Procurement, Construction and Improvements</u>	<u>241.682</u>	<u>241.682</u>	<u>89.528</u>
<b>Subtotal, United States Customs and Border Protection</b>	<b>4,005.590</b>	<b>4,005.590</b>	<b>3,823.978</b>
<b>Federal Emergency Management Agency</b>			
<u>Operations and Support (Operation Stonegarden)</u>	<u>13.500</u>	<u>13.500</u>	<u>13.500</u>
<b>Subtotal, Federal Emergency Management Agency</b>	<b>13.500</b>	<b>13.500</b>	<b>13.500</b>
<b>Federal Law Enforcement Training Center</b>			
<u>Operations and Support</u>	<u>56.002</u>	<u>56.002</u>	<u>58.485</u>
<b>Subtotal, Federal Law Enforcement Training Center</b>	<b>56.002</b>	<b>56.002</b>	<b>58.485</b>
<b>Immigration and Customs Enforcement</b>			
<u>Operations and Support</u>	<u>674.101</u>	<u>674.101</u>	<u>721.697</u>
<b>Subtotal, Immigration and Customs Enforcement</b>	<b>674.101</b>	<b>674.101</b>	<b>721.697</b>
<b>Science and Technology Directorate</b>			
<u>Research and Development</u>	<u>4.000</u>	<u>4.000</u>	<u>6.746</u>
<b>Subtotal, Science and Technology Directorate</b>	<b>4.000</b>	<b>4.000</b>	<b>6.746</b>
<b>United States Coast Guard</b>			
Operations & Support	1,572.771	1,572.771	1,539.589
Procurement, Construction, & Improvements	606.222	606.222	414.248
<u>Research and Development</u>	<u>1.174</u>	<u>1.174</u>	<u>0.827</u>
<b>Subtotal, United States Coast Guard</b>	<b>2,180.167</b>	<b>2,180.167</b>	<b>1,954.664</b>
<b>Total, Department of Homeland Security</b>	<b>6,933.360</b>	<b>6,933.360</b>	<b>6,579.070</b>



Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Department of Housing and Urban Development</b>			
<b>Office of Community Planning and Development</b>			
Continuum of Care: Homeless Assistance Grants	924.072	924.072	1,041.520
<u>Section 8071 Pilot Recovery Housing Program</u>	<u>30.000</u>	<u>30.000</u>	<u>30.000</u>
<b>Subtotal, Office of Community Planning and Development</b>	<b>954.072</b>	<b>954.072</b>	<b>1,071.520</b>
<b>Total, Department of Housing and Urban Development</b>	<b>954.072</b>	<b>954.072</b>	<b>1,071.520</b>
<b>Department of the Interior</b>			
<b>Bureau of Indian Affairs</b>			
<u>Drug Initiative</u>	<u>14.919</u>	<u>14.919</u>	<u>14.919</u>
<b>Subtotal, Bureau of Indian Affairs</b>	<b>14.919</b>	<b>14.919</b>	<b>14.919</b>
<b>Bureau of Land Management</b>			
<u>Resource Protection and Law Enforcement</u>	<u>5.100</u>	<u>5.100</u>	<u>5.100</u>
<b>Subtotal, Bureau of Land Management</b>	<b>5.100</b>	<b>5.100</b>	<b>5.100</b>
<b>National Park Service</b>			
<u>National Park Protection Subactivity</u>	<u>3.392</u>	<u>3.392</u>	<u>3.392</u>
<b>Subtotal, National Park Service</b>	<b>3.392</b>	<b>3.392</b>	<b>3.392</b>
<b>Total, Department of the Interior</b>	<b>23.411</b>	<b>23.411</b>	<b>23.411</b>
<b>Department of Justice</b>			
<b>Asset Forfeiture Fund</b>			
<u>Asset Forfeiture Fund</u>	<u>242.305</u>	<u>231.783</u>	<u>231.783</u>
<b>Subtotal, Asset Forfeiture Fund</b>	<b>242.305</b>	<b>231.783</b>	<b>231.783</b>
<b>Bureau of Alcohol, Tobacco, and Firearms</b>			
Law Enforcement Operations	43.915	43.915	43.915
<u>Violent Crime Reduction and Prevention Fund</u>	---	---	<u>31.523</u>
<b>Subtotal, Bureau of Alcohol, Tobacco, and Firearms</b>	<b>43.915</b>	<b>43.915</b>	<b>75.438</b>
<b>Bureau of Prisons</b>			
<b>Salaries and Expenses</b>			
Contract Confinement	374.598	374.598	357.576
Inmate Care and Programs	1,586.491	1,586.491	1,666.427
<u>Security/Management and Administration</u>	<u>1,998.012</u>	<u>1,998.012</u>	<u>1,915.526</u>
<b>Subtotal, Salaries and Expenses</b>	<b>3,959.101</b>	<b>3,959.101</b>	<b>3,939.259</b>
<b>Building and Facilities</b>			
Modernization and Repair	129.584	48.708	114.647
<u>New Construction</u>	<u>1.810</u>	<u>1.810</u>	<u>0.888</u>
<b>Subtotal, Buildings and Facilities</b>	<b>131.394</b>	<b>50.518</b>	<b>115.535</b>
<b>Subtotal, Bureau of Prisons</b>	<b>4,090.495</b>	<b>4,009.619</b>	<b>4,054.794</b>
<b>Criminal Division</b>			
<u>Enforce Federal Criminal Laws</u>	<u>48.135</u>	<u>48.135</u>	<u>48.001</u>
<b>Subtotal, Criminal Division</b>	<b>48.135</b>	<b>48.135</b>	<b>48.001</b>
<b>Drug Enforcement Administration</b>			
Diversion Control Fee Account	581.487	586.281	651.723
Salaries & Expenses	2563.116	2563.116	2677.000
<u>Violent Crime Reduction and Prevention Fund</u>	---	---	<u>10.500</u>
<b>Subtotal, Drug Enforcement Administration</b>	<b>2,904.016</b>	<b>3,111.458</b>	<b>3,282.643</b>



Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Federal Bureau of Investigation</b>			
Intelligence	11.534	12.116	12.960
Criminal Enterprises Federal Crime	204.400	162.895	175.905
<u>Violent Crime Reduction and Prevention Fund</u>	---	---	<u>39.487</u>
<b>Subtotal, Federal Bureau of Investigation</b>	<b>215.934</b>	<b>175.011</b>	<b>228.352</b>
<b>Office of Justice Programs</b>			
Edward Byrne Memorial Justice Assistance Grant (JAG) program	54.125	86.601	88.240
Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)	190.000	190.000	190.000
COPS Anti-Heroin Task Forces	35.000	35.000	35.000
COPS Anti-Methamphetamine Task Forces	16.000	16.000	16.000
Drug Courts	95.000	95.000	95.000
Forensic Support for Opioid and Synthetic Drug Investigations	17.000	17.000	17.000
Justice and Mental Health Collaboration Program	6.750	9.900	9.900
Mentoring for Youth Affected by the Opioid Crisis	16.500	16.500	16.500
Opioid-Affected Youth Initiative	12.500	12.500	12.500
Harold Rogers' Prescription Drug Monitoring Program	35.000	35.000	35.000
Project Hope Opportunity Probation with Enforcement (HOPE)	5.000	2.900	2.900
Regional Information Sharing System	15.400	16.280	14.800
Residential Substance Abuse Treatment	45.000	45.000	45.000
Second Chance Act	38.136	75.576	75.576
Tribal Set Aside – CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse	28.042	31.127	31.127
Tribal Set Aside – CTAS Purpose Area 9: Tribal Youth Prevention	5.100	5.100	5.400
Veterans Treatment Court Program	35.000	35.000	33.000
<u>Violent Crime Reduction and Prevention Fund</u>	---	---	<u>120.500</u>
<b>Subtotal, Office of Justice Programs</b>	<b>649.553</b>	<b>724.484</b>	<b>843.443</b>
<b>Organized Crime Drug Enforcement Task Force</b>			
<u>Interagency Crime Drug Enforcement</u>	<u>550.458</u>	<u>550.458</u>	<u>550.458</u>
<b>Subtotal, Organized Crime Drug Enforcement Task Force</b>	<b>550.458</b>	<b>550.458</b>	<b>550.458</b>
<b>United States Attorneys</b>			
Criminal Decision Unit	101.482	100.234	100.234
<u>Violent Crime Reduction and Prevention Fund</u>	---	---	<u>39.428</u>
<b>Subtotal, United States Attorneys</b>	<b>101.482</b>	<b>100.234</b>	<b>139.662</b>
<b>United States Marshals Service</b>			
Salaries and Expenses	396.623	396.623	426.695
Federal Prisoner Detention	689.744	718.903	977.231
Tactical Operations	0.006	0.006	0.006
<u>Violent Crime Reduction and Prevention Fund</u>	---	---	<u>5.679</u>
<b>Subtotal, United States Marshals Service</b>	<b>1,086.373</b>	<b>1,115.532</b>	<b>1,409.611</b>
<b>Total, Department of Justice</b>	<b>10,173.253</b>	<b>10,148.568</b>	<b>10,920.765</b>



Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Department of Labor</b>			
<b>Employment Benefits Security Administration</b>			
<u>Enforcement and Participant Assistance</u>	---	---	<u>1.400</u>
<b>Subtotal, Employee Benefits Security Administration</b>	---	---	<b>1.400</b>
<b>Employment and Training Administration</b>			
Job Corps - Operations	4.200	6.000	6.000
<u>Dislocated Worker Employment and Training Activities</u>	<u>18.822</u>	<u>18.822</u>	<u>18.822</u>
<b>Subtotal, Employment and Training Administration</b>	<b>23.022</b>	<b>24.822</b>	<b>24.822</b>
<b>Office of Disability Employment Policy</b>			
<u>Advancing State Policy Integration for Recovery and Employment (ASPIRE)</u>	<u>0.800</u>	---	---
<b>Subtotal, Office of Disability Employment Policy</b>	<b>0.800</b>	---	---
<b>Office of Inspector General</b>			
<u>Program and Trust Funds</u>	<u>1.800</u>	<u>1.800</u>	<u>1.800</u>
<b>Subtotal, Office of Inspector General</b>	<b>1.800</b>	<b>1.800</b>	<b>1.800</b>
<b>Office of Workers' Compensation Programs</b>			
<u>Federal Programs for Workers Compensation</u>	<u>5.119</u>	<u>5.360</u>	<u>5.479</u>
<b>Subtotal, Office of Workers' Compensation Programs</b>	<b>5.119</b>	<b>5.360</b>	<b>5.479</b>
<b>Total, Department of Labor</b>	<b>30.741</b>	<b>31.982</b>	<b>33.501</b>
<b>Office of National Drug Control Policy</b>			
<b>High Intensity Drug Trafficking Area</b>			
<u>High Intensity Drug Trafficking Area</u>	<u>302.000</u>	<u>302.000</u>	<u>290.200</u>
<b>Subtotal, High Intensity Drug Trafficking Area</b>	<b>302.000</b>	<b>302.000</b>	<b>290.200</b>
<b>Other Federal Drug Control Programs</b>			
Drug Free Communities	109.000	109.000	109.000
Drug Court Training and Technical Assistance	3.000	3.000	3.000
Anti-Doping Activities	15.250	15.250	14.000
Model Acts Program	1.250	1.250	1.250
Section 103 of P.L. 114-198	5.200	5.200	5.200
World Anti-Doping Agency Dues	3.420	3.420	3.843
Performance Audits and Evaluations	---	---	0.500
Evolving and Emerging Drug Threats	---	---	11.000
<u>Policy Research</u>	---	---	<u>1.300</u>
<b>Subtotal, Other Federal Drug Control Programs</b>	<b>137.120</b>	<b>137.120</b>	<b>149.093</b>
<b>Salaries and Expenses</b>			
<u>Salaries and Expenses</u>	<u>31.982</u>	<u>31.982</u>	<u>30.300</u>
<b>Subtotal, Salaries and Expenses</b>	<b>31.982</b>	<b>31.982</b>	<b>30.300</b>
<b>Total, Office of National Drug Control Policy</b>	<b>471.102</b>	<b>471.102</b>	<b>469.593</b>
<b>Department of State</b>			
<b>Bureau of International Narcotics and Law Enforcement</b>			
<u>International Narcotics Control and Law Enforcement</u>	<u>285.712</u>	<u>285.712</u>	<u>348.050</u>
<b>Subtotal, Bureau of International Narcotics and Law Enforcement</b>	<b>285.712</b>	<b>285.712</b>	<b>348.050</b>
<b>United States Agency for International Development</b>			
Economic Support Fund	51.409	51.409	36.534
<u>Development Assistance</u>	<u>14.131</u>	<u>14.131</u>	<u>22.500</u>



Program (Budget Authority -\$ Millions)	FY 2023 Final	FY 2024 CR	FY 2025 Request
<b>Subtotal, United States Agency for International Development</b>	<b>65.540</b>	<b>65.540</b>	<b>59.034</b>
<b>Total, Department of State</b>	<b>351.252</b>	<b>351.252</b>	<b>407.084</b>
<b>Department of Transportation</b>			
<b>Federal Aviation Administration</b>			
Aviation Safety/Aerospace Medicine	19.295	19.295	26.390
<u>Security and Hazardous Material Safety</u>	<u>5.100</u>	<u>5.100</u>	<u>5.500</u>
<b>Subtotal, Federal Aviation Administration</b>	<b>24.395</b>	<b>24.395</b>	<b>31.890</b>
<b>National Highway Traffic Safety Administration</b>			
Drug Impaired Driving Program	3.624	2.000	2.900
Emergency Medical Services	0.500	0.500	0.500
Highway Safety Research	2.900	2.900	1.500
<u>Communication and Consumer Information</u>	<u>10.752</u>	<u>12.700</u>	<u>12.700</u>
<b>Subtotal, National Highway Traffic Safety</b>	<b>17.776</b>	<b>18.100</b>	<b>17.600</b>
<b>Total, Department of Transportation</b>	<b>42.171</b>	<b>42.495</b>	<b>49.490</b>
<b>Department of the Treasury</b>			
<b>Financial Crimes Enforcement Network</b>			
<u>Salaries and Expenses</u>	<u>2.120</u>	<u>2.300</u>	<u>2.300</u>
<b>Subtotal, Financial Crimes Enforcement Network</b>	<b>0.910</b>	<b>2.200</b>	<b>2.300</b>
<b>Internal Revenue Service</b>			
<u>Criminal Investigation</u>	<u>85.156</u>	<u>60.257</u>	<u>60.257</u>
<b>Subtotal, Internal Revenue Service</b>	<b>85.156</b>	<b>60.257</b>	<b>60.257</b>
<b>Office of Foreign Assets Control</b>			
<u>Salaries and Expenses</u>	<u>0.911</u>	<u>1.054</u>	<u>1.144</u>
<b>Subtotal, Office of Foreign Assets Control</b>	<b>0.911</b>	<b>1.054</b>	<b>1.144</b>
<b>Total, Department of the Treasury</b>	<b>88.187</b>	<b>63.611</b>	<b>63.701</b>
<b>United States Postal Service</b>			
<b>United States Postal Inspection Service</b>			
Asset Forfeiture Fund	4.177	4.177	4.177
CI2 Capital Expenses	2.454	2.454	2.454
CI2 Nonpersonnel Expenses	0.568	0.568	0.568
CI2 Operating Expenses	5.093	5.093	5.093
<u>CI2 Personnel Expenses</u>	<u>59.385</u>	<u>59.385</u>	<u>59.385</u>
<b>Subtotal, United States Postal Inspection Service</b>	<b>71.677</b>	<b>71.677</b>	<b>71.677</b>
<b>Total, United States Postal Service</b>	<b>71.677</b>	<b>71.677</b>	<b>71.677</b>
<b>Department of Veterans Affairs</b>			
<b>Veterans Health Administration</b>			
Medical & Prosthetic Research	29.824	28.000	29.000
Medical Care	1,315.927	1,347.509	1,401.409
<b>Subtotal, Veterans Health Administration</b>	<b>1,345.751</b>	<b>1,375.509</b>	<b>1,430.409</b>
<b>Total, Department of Veterans Affairs</b>	<b>1,345.751</b>	<b>1,375.509</b>	<b>1,430.409</b>



## Federal Border Strategy Resources

The SUPPORT Act (21 U.S.C. § 1705(c)(3)(B) and (C)), as amended, requires ONDCP to coordinate with the relevant NDCPAs the development and implementation of Counternarcotics Strategies for the Southwest and Northern Borders of the United States. Specifically, the SUPPORT Act states:

**The three Border Counternarcotics Strategies shall:**

- (I) Identify the specific resources required to enable the relevant NDCPAs agencies to implement that strategy.

The *National Southwest Border Counter-Narcotics Strategy*, *National Northern Border Counter-Narcotics Strategy*, and *Caribbean Border Counter-Narcotics Strategy* accompanied the release of the 2024 Strategy. The *National Drug Control Strategy: Budget Summary* appendix provides the funding levels for the relevant NDCPAs to implement the Border Strategies. These resources fall under the Interdiction functional area of the consolidated federal drug control budget, which includes the transit zone as well as United States borders, including POEs and between POEs. Since Congress does not appropriate funding by specific borders to the relevant NDCPAs, ONDCP is unable to report resource levels for the Southwest, Northern, and Caribbean borders distinct from each other.

The relevant NDCPAs that implement interdiction activities are:

- Department of Defense
- Department of Health and Human Services
- Department of Homeland Security
- Department of the Interior
- Department of Transportation; and
- Office of National Drug Control Policy

In the President's FY 2025 budget request for drug control efforts, the total amount of resources available for interdiction activities, including the implementation of the three Border Strategies, is \$6.5 billion. This is a decrease of \$275.0 million (13.4 percent) below the FY 2024 CR level.

In October 2023, the Biden-Harris Administration requested emergency FY 2024 funding for the Southwest Border and migration issues totaling \$11.8 billion. The FY 2025 Budget reiterates the need for this critical funding. The supplemental request includes investments to build longer-term capacity to counter fentanyl, totaling \$1.2 billion for DHS and DOJ. This amount includes \$239.0 million to hire 1,000 additional CBP Officers to stop fentanyl and other contraband from entering the United States, \$100.0 million for HSI to investigate and disrupt TCOs and drug traffickers, and \$849.0 million for cutting-edge detection technology at ports of entry.



The table below presents the details, by Department, of the interdiction funding levels for FY 2023 through FY 2025.

### Funding for Interdiction Efforts by Department: FY2023 – FY2025

	FY 2023 Final	FY 2024 CR	FY 2025 Request	FY24 - FY25 Dollars	Change Percent
<b>Department of Defense</b>	<b>\$638.5</b>	<b>\$638.5</b>	<b>\$664.0</b>	<b>+ \$25.5</b>	<b>+4.0%</b>
<i>Drug Interdiction and Counterdrug Activities</i>	638.5	638.5	664.0	+ 25.5	+4.0%
<b>Department of Health and Human Services</b>	<b>\$54.5</b>	<b>\$54.5</b>	<b>\$54.5</b>	<b>---</b>	<b>---</b>
<i>Food and Drug Administration</i>	54.5	54.5	54.5	---	---
<b>Department of Homeland Security</b>	<b>6,189.8</b>	<b>6,189.8</b>	<b>5,785.4</b>	<b>- 404.4</b>	<b>-6.5%</b>
<i>Customs and Border Protection</i>	4,005.6	4,005.6	3,824.0	- 181.6	-4.5%
<i>Science and Technology Directorate</i>	4.0	4.0	6.7	+ 2.7	+68.7%
<i>United States Coast Guard</i>	2,180.2	2,180.2	1,954.7	- 225.5	-10.3%
<b>Department of the Interior</b>	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	<b>---</b>	<b>---</b>
<i>Bureau of Land Management</i>	0.4	0.4	0.4	---	---
<b>Department of Transportation</b>	<b>2.6</b>	<b>2.6</b>	<b>2.8</b>	<b>+ 0.2</b>	<b>+7.8%</b>
<i>Federal Aviation Administration</i>	2.6	2.6	2.8	+ 0.2	+7.8%
<b>Office of National Drug Control Policy</b>	<b>27.3</b>	<b>27.3</b>	<b>31.0</b>	<b>+ 3.7</b>	<b>+13.4%</b>
<b>Total, Interdiction</b>	<b>\$6,913.0</b>	<b>\$6,913.0</b>	<b>\$6,538.0</b>	<b>- \$375.0</b>	<b>-5.4%</b>

<sup>1</sup> The FY 2025 Budget reiterates the need for the Administration's October 2023 supplemental request. This includes \$1.2 billion for the Departments of Homeland Security and Justice to stop fentanyl and other contraband from entering the United States. Detail may not add due to rounding.





## Treatment Plan Resources

The SUPPORT Act (21 U.S.C. § 1705(c)(1)(N)), as amended, requires ONDCP to develop the *Strategy* which shall include “a plan to expand treatment of SUDs.” Among the items to be included in the Treatment Plan is “the specific resources required to enable the relevant [NDCPAs] to implement [the plan]”.

The Treatment Plan is incorporated within the 2024 *Strategy*. This appendix to the *National Drug Control Strategy: Budget Summary* provides the funding levels for the relevant NDCPAs tasked with implementing the Treatment Plan. These resources fall under the drug treatment functional area of the consolidated federal drug control budget.

The relevant NDCPAs that implement drug treatment activities are:

- AmeriCorps
- Appalachian Regional Commission
- Court Services and Offender Supervision Agency, District of Columbia
- Department of Agriculture
- Department of Defense
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Justice
- Department of Labor
- Department of Transportation
- Department of Veterans Affairs
- Federal Judiciary; and
- Office of National Drug Control Policy

In the President’s FY 2025 budget request for drug control efforts, the total amount of resources available for drug treatment activities is \$21.8 billion. This is an increase of \$315.2 million (1.5 percent) above the FY 2024 CR level. The table below presents the details, by Department, of the drug treatment funding levels for FY 2023 through FY 2025.



## Treatment Plan Resources by Department, FY2023 – FY 2025

	FY 2023	FY 2024	FY 2025	FY24 - FY25 Change	
	Final	CR	Request	Dollars	Percent
<b>AmeriCorps</b>	<b>\$24.3</b>	<b>\$24.2</b>	<b>\$24.2</b>	---	---
<b>Appalachian Regional Commission</b>	<b>13.1</b>	<b>13.0</b>	<b>12.9</b>	<b>- 0.1</b>	<b>-0.7%</b>
<b>Court Services and Offender Supervision Agency</b>	<b>41.9</b>	<b>43.8</b>	<b>46.6</b>	<b>+ 2.8</b>	<b>+6.4%</b>
<b>Department of Agriculture</b>	<b>11.4</b>	<b>11.4</b>	<b>11.4</b>	---	---
<i>Office of Rural Development</i>	<i>11.4</i>	<i>11.4</i>	<i>11.4</i>	---	---
<b>Department of Defense</b>	<b>96.3</b>	<b>77.0</b>	<b>79.9</b>	<b>+ 2.9</b>	<b>+3.8%</b>
<i>Defense Health Program</i>	<i>96.3</i>	<i>77.0</i>	<i>79.9</i>	<i>+ 2.9</i>	<i>+3.8%</i>
<b>Department of Health and Human Services</b>	<b>18,764.1</b>	<b>18,181.8</b>	<b>18,292.5</b>	<b>+ 110.7</b>	<b>+0.6%</b>
<i>Centers of Medicare and Medicaid Services</i>	<i>13,130.0</i>	<i>11,900.0</i>	<i>11,990.0</i>	<i>+ 90.0</i>	<i>+0.8%</i>
<i>Food and Drug Administration</i>	<i>12.5</i>	<i>12.5</i>	<i>12.5</i>	---	---
<i>Health Resources and Services Administration</i>	<i>705.8</i>	<i>1,354.4</i>	<i>1,348.4</i>	<i>- 6.0</i>	<i>-0.4%</i>
<i>Indian Health Service</i>	<i>107.3</i>	<i>106.9</i>	<i>116.0</i>	<i>+ 9.1</i>	<i>+8.5%</i>
<i>Nat. Inst. on Alc. Effects and Alc.-Assoc'd Disorders</i>	<i>10.9</i>	<i>10.9</i>	<i>11.0</i>	<i>+ 0.1</i>	<i>+0.6%</i>
<i>National Institute on Drugs and Addiction</i>	<i>1,047.9</i>	<i>1,047.5</i>	<i>1,044.7</i>	<i>- 2.8</i>	<i>-0.3%</i>
<i>Substance use And Mental Health Services Admin.</i>	<i>3,749.6</i>	<i>3,749.6</i>	<i>3,769.9</i>	<i>+ 20.3</i>	<i>+0.5%</i>
<b>Department of Housing and Urban Development</b>	<b>954.1</b>	<b>954.1</b>	<b>1,071.5</b>	<b>+ 117.4</b>	<b>+12.3%</b>
<b>Department of Justice</b>	<b>605.5</b>	<b>647.6</b>	<b>658.3</b>	<b>+ 10.7</b>	<b>+1.7%</b>
<i>Bureau of Prisons</i>	<i>245.7</i>	<i>245.7</i>	<i>257.7</i>	<i>+ 12.0</i>	<i>+4.9%</i>
<i>Office of Justice Programs</i>	<i>359.8</i>	<i>401.9</i>	<i>400.6</i>	<i>- 1.3</i>	<i>-0.3%</i>
<b>Department of Labor</b>	<b>19.6</b>	<b>18.8</b>	<b>20.2</b>	<b>+ 1.4</b>	<b>+7.4%</b>
<i>Employee Benefits Security Administration</i>	<i>0.0</i>	<i>0.0</i>	<i>1.4</i>	<i>+ 1.4</i>	---
<i>Employment and Training Administration</i>	<i>18.8</i>	<i>18.8</i>	<i>18.8</i>	---	---
<i>Office of Disability Employment Policy</i>	<i>0.8</i>	<i>0.0</i>	<i>0.0</i>	---	---
<b>Department of Veterans Affairs</b>	<b>1,345.8</b>	<b>1,375.5</b>	<b>1,430.4</b>	<b>+ 54.9</b>	<b>+4.0%</b>
<b>Federal Judiciary</b>	<b>157.1</b>	<b>158.8</b>	<b>169.0</b>	<b>+ 10.2</b>	<b>+6.4%</b>
<b>Office of National Drug Control Policy</b>	<b>10.4</b>	<b>10.4</b>	<b>14.6</b>	<b>+ 4.2</b>	<b>+41.0%</b>
<b>Total, Treatment</b>	<b>\$22,043.5</b>	<b>\$21,516.4</b>	<b>\$21,831.6</b>	<b>+ \$315.2</b>	<b>+1.5%</b>