

NATIONAL DRUG CONTROL STRATEGY PERFORMANCE REVIEW SYSTEM REPORT

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





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Executive Summary

As part of their Unity Agenda for the Nation, President Biden and Vice President Harris have prioritized investing in public health and tackling both the supply and demand for illicit drugs:

- Border officials have stopped more illicit fentanyl at ports of entry in the past two fiscal years than in the previous five fiscal years combined. In the past 12 months ending in October 2024, 22,000 pounds of fentanyl were seized at U.S. ports of entry, nearly 1.1 billion doses.
- The Biden-Harris Administration deployed cutting-edge drug detection technology across our southwest border, adding dozens of new inspection systems, with dozens more coming online in the next few years.
- The Biden-Harris Administration has made naloxone, a life-saving opioid overdose reversal medication, widely available over the counter, and has invested over \$82 billion in treatment—40 percent more than the previous Administration.
- President Biden signed into law the bipartisan omnibus appropriations bill in 2022 that included elimination of the federal requirement for practitioners to submit a Notice of Intent to waiver, commonly referred to as an X-Waiver, to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). This increased the number of providers of buprenorphine from approximately 129,000 to two million.
- In 2024, the Biden-Harris Administration announced nearly \$94 million in new funding for more than 750 Drug-Free Communities (DFC) coalitions working to prevent youth substance use across the country through the ONDCP Drug Free Communities Program.
- In 2021, President Biden issued an Executive Order targeting foreign persons engaged in the global illicit drug trade, and the Administration has since sanctioned over 300 persons and entities under this authority, thereby cutting them off from the United States' financial system.
- During the Biden-Harris Administration, the U.S. Government has prosecuted dozens of high-level Mexican cartel leaders, drug traffickers, and money launderers, including Chapitos leader Nestor Isidro “El Nini” Perez Salas, and Cartel de Jalisco Nueva Generación’s top chemical brokers—placing dangerous drug traffickers behind bars.
- In July, President Biden also issued a new National Security Memorandum (NSM) calling on all relevant Federal departments and agencies to do even more to stop the supply of illicit fentanyl and other synthetic opioids to our country. The NSM directs increased intelligence collection, more intensive coordination and cooperation across departments and agencies, and additional actions to disrupt the production and distribution of illicit fentanyl.

These efforts have paid off. When President Biden and Vice President Harris came into office, the number of drug overdose deaths was increasing by more than 30% year over year. Thanks in significant part to these actions, the latest provisional data from the Centers for Disease Control and Prevention (CDC) show a 16.9% reduction in overdose deaths in the 12 months ending in July 2024, which is the largest recorded reduction in overdose deaths.



In April 2022, the Administration released the 2022 *National Drug Control Strategy (Strategy)*¹ and the *Performance Review System (PRS) Report*,² which called for immediate, short-term actions to save lives, and outlined long-term solutions to reduce substance use and its associated harms. The *Strategy* seeks to expand access to evidence-based prevention, harm reduction, treatment, and recovery services, while also working to reduce the supply of harmful drugs in our communities.

To evaluate the effectiveness of the Nation's drug policy efforts, and assess progress in implementing them, the 2022 *Strategy* established seven goals to be achieved by 2025. These goals are measured against a baseline in 2020, and cover a variety of drug policy topics, with the North Star being to save lives and reduce overdose deaths, in addition to other specific public health, public safety, and supply reduction goals. Each of these goals are accompanied by quantifiable and measurable objectives, with specific annual targets. In April 2023, the Administration published an updated *2023 PRS Report* highlighting progress made in implementing the *Strategy* with final data estimates through 2021.³

This *2024 PRS Report* highlights progress made through 2022. Below is a summary for each of the strategic goals, objectives, and their measurable targets. Percentages are presented relative to the 2020 baseline, and status categories are presented describing whether the Administration is on track to meet the final 2025 PRS targets. These status categories are defined as:

- On track to meet the 2025 target: The difference between the 2022 target and final 2022 estimate is within the applicable survey's standard of error, or more than five percent, in the desired direction.
- Accelerated action needed to meet 2025 target: The difference between the 2022 target and final 2022 estimate is outside the applicable survey's standard error, or more than five percent, in the undesired direction.
- The 2025 target has already been met: Final 2022 estimates already exceed the 2025 target.
- No change from baseline: The final 2022 estimate has not changed by more than the applicable survey's standard error compared to the 2020 baseline.

In May 2024, the Administration released the 2024 National Drug Control Strategy, which, like the 2022 *Strategy*, is aimed at addressing the overdose crisis from multiple angles. This includes preventing substance use before it starts, expanding access to life-saving opioid overdose reversal medications like naloxone, expanding access to evidence-based treatment, building a recovery-ready Nation, and ramping up efforts to disrupt and dismantle illicit drug supply chains. This *2024 PRS Report* focuses on progress made from 2020 to 2022 relative to the seven goals set forth in the 2022 *Strategy*, but the Administration remains focused on the priorities set forth in the 2024 Strategy, as well.

Progress towards a majority of the 2025 PRS targets has been made. Of the total 25 strategic objectives, five targets have already been met (20 percent) and 13 targets (52 percent) were on track to be met by 2025. Five targets (20 percent) were identified where accelerated action is needed to meet the 2025 PRS target and 2 targets (8 percent) have had no change from baseline. Each of the objectives and their results are discussed in detail in the main body of this report.



Introduction

The Office of National Drug Control Policy’s (ONDCP) authorization (detailed in 21 U.S. Code § 1705, “Development, submission, implementation, and assessment of National Drug Control Strategy”) requires:

- Comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States.
- Annual quantifiable and measurable objectives and specific 2-year and 5-year targets to accomplish the *Strategy’s* long-term quantifiable goals.
- A description of how each *Strategy* goal was determined, as well as a discussion of any anticipated challenges to achieving them.
- The sources of information and data that will be used for each goal and objective.
- A list of the relevant stakeholders and each such stakeholder’s role in achieving the *Strategy’s* goals.
- A list of the existing or new coordinating mechanisms needed to achieve the *Strategy’s* goals.

The *PRS Report* is a performance assessment tool for evaluating the effectiveness of the Nation’s efforts. It serves as an indicator, alerting when the *Strategy* is on track, and when and where further attention or efforts are needed. However, the *PRS* is just one part of the broader Performance Measurement System, as required by 21 U.S. Code § 1705(h). Besides the *PRS*, this includes the *National Drug Control Assessment (Assessment)*,⁴ and the *Strategy’s* annual *Budget Summary*.⁵

The *PRS* focuses on the overall progress toward achieving the goals and objectives of the *Strategy*; it is complemented by the *Assessment*, which is a summary of the progress of each National Drug Control Program Agency’s (NDCPA) efforts towards meeting the *Strategy’s* goals. The *Assessment* establishes each NDCPA’s specific performance measures and includes an evaluation of the progress of meeting the annual targets of those performance measures.

Additionally, the *Budget Summary* ensures that each agency’s goals and budgets support and are fully consistent with the *Strategy*. It identifies the major programs and activities of the NDCPAs that support the goals and objectives of the *Strategy*, and includes the related programs, activities, and available assets, discusses the role of each such program, activity, and asset in achieving the *Strategy’s* goals, and provides an estimate of federal funding and other resources needed.

This 2024 *PRS Report* highlights the progress made through 2022 on the *Strategy’s* goals. For the description of how each *Strategy* goal was determined, anticipated challenges, sources of information and data, the relevant stakeholders and their roles, please refer to the 2022 and 2023 *PRS Reports*.



Goals, Objectives and Targets

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

Objective 1.1: The number of drug overdose deaths is reduced by 13 percent by 2025.

Saving lives is the North Star of the Biden-Harris Administration. As part of the whole-of-government approach to addressing overdose deaths, the Administration is taking various steps to identify, track, and disrupt the illicit drug trade. When President Biden and Vice President Harris came into office, the number of drug overdose deaths was increasing by more than 30% year over year. Thanks in significant part to actions by the Administration, the latest provisional data from the CDC shows a 16.9% reduction in overdose deaths in the 12-months ending July 2024 compared to the year prior, which is the largest recorded reduction in overdose deaths, and puts the U.S. Government on track to surpass the metrics set forth in Objective 1.1.

Nevertheless, one death is one too many. So federal departments and agencies continue to work tirelessly to stop the supply of illicit drugs, including fentanyl and other synthetic opioids in our country, and the Administration has called on Congress to enact legislation to enhance the U.S. Government's response to the synthetic drug crisis.

The primary data source used to track progress in reducing drug overdose deaths is the CDC's Wide-ranging ONline Data for Epidemiologic Research (WONDER) System.⁶

In 2022, drug overdose deaths were 0.2 percent higher than the PRS target. However, the rate of increase between 2021 and 2022 was 1.2 percent compared to a 16.2 percent increase between 2020 and 2021, indicating that drug overdose deaths were beginning to plateau after a period of rapid year over year increases. Moreover, more recent provisional data for the 12-month period ending July 2024 show a significant reduction in overdose deaths since 2022, suggesting that efforts to disrupt the global flow of illicit drugs are having meaningful effects.

When looking at specific drug types, provisional data for the 12-month period ending July 2024 show the number of drug overdose deaths is now decreasing across all major drug types, including opioids, synthetic opioids other than methadone (such as fentanyl), psychostimulants (such as methamphetamine), cocaine, heroin, natural and semisynthetic opioids (also referred to as commonly prescribed opioids), and methadone. In the majority of overdose deaths involving cocaine or psychostimulants, opioids, in particular synthetic opioids, were also co-involved in the overdose.

Based on available data, if current trends and investments in the strategy's actions continue, we are on track to meet and may exceed the 2025 PRS target of reducing overdose deaths by 13 percent by 2025. As noted, the latest provisional data from the CDC shows a 16.9% reduction in overdose deaths in the 12-months ending July 2024 compared to a year prior. The Administration celebrates the recent progress made to slow the annual number of drug overdose deaths, but because any death is one too many, the Administration remains committed to doubling-down on current efforts to increase access to opioid overdose reversal medications (e.g., naloxone), disrupt the illicit drug supply chain, and increase access to evidence-based prevention, harm reduction, treatment, and recovery services to continue bending this trend



downward. These efforts include enhancing public health communication campaigns oriented toward youth avoidance of fentanyl ingestion, expanding access to drug checking equipment (e.g., fentanyl test strips (FTS)), expanding treatment for OUD in carceral settings, and increasing the number of federal recovery-ready workplaces.



Objective 1.2: The percentage of people meeting criteria for cocaine, opioid, and methamphetamine use disorders are each respectively reduced by 25 percent by 2025.

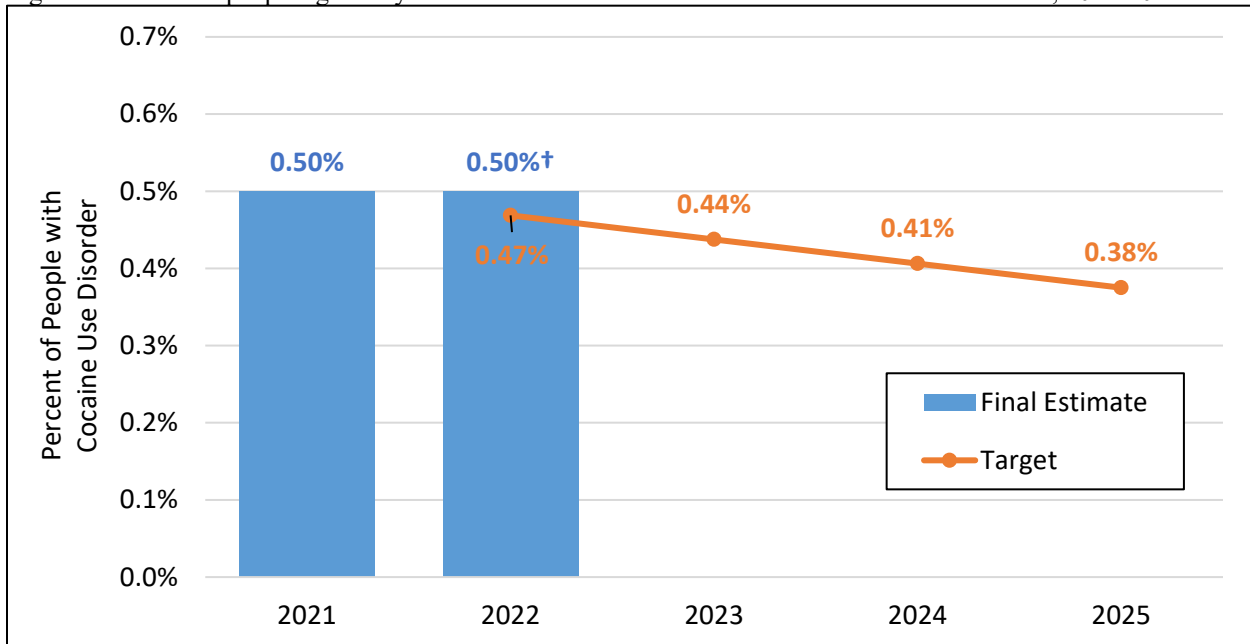
The primary data source used to track progress in reducing the percent of people with substance use disorder (SUD) is the National Survey on Drug Use and Health (NSDUH).⁷ NSDUH has undergone a number of methodological changes over the past several years that make previous SUD estimates no longer directly comparable to original PRS baselines and their respective targets. In 2020, in response to the COVID-19 pandemic, NSDUH transitioned the survey to include web-based interviews in addition to traditional in-person household interviews. Furthermore, the diagnostic criteria for measuring substance use disorder (SUD) shifted from DSM-IV to DSM-5 in 2020. Consequently, estimates from 2020 cannot be directly compared to those from previous years due to these methodological changes. Additionally, the 2021 NSDUH expanded the sample of survey respondents who were asked prescription drug use disorder questions to all past year users of prescription drugs, regardless of whether they misused prescription drugs. Given these changes, the baseline for these SUD targets has been changed from the year 2020 to the year 2021 so that estimates are comparable for future years. The target of reducing the percent of people experiencing cocaine, opioid, and methamphetamine use disorders by 25 percent by 2025 will not change with this new baseline estimate.

Figure 1 shows the percent of people aged 12 years or older who experienced a cocaine use disorder in the past year from 2021 to 2022. In 2022, 0.5 percent of people experienced a cocaine use disorder in the past year, which was 0.03 percentage-points higher than the PRS target of 0.47 percent. This difference was within the survey's standard error of 0.05 percent. This estimate remained unchanged from 2021.

Based on available 2022 data, there has been no change from baseline in meeting the 2025 PRS target of reducing the percentage of people experiencing cocaine use disorder to less than 0.38 percent by 2025.



Figure 1: Percent of people aged 12 years and older with cocaine use disorder in the United States, 2021-2022.



Source: Table 5.1B Substance Use Disorder for Specific Substances in Past Year: Among People Aged 12 or Older. Center for Behavioral Health Statistics and Quality. (2022). Results from the 2021-2022 NSDUH: Detailed tables. Rockville, MD: SAMHSA.

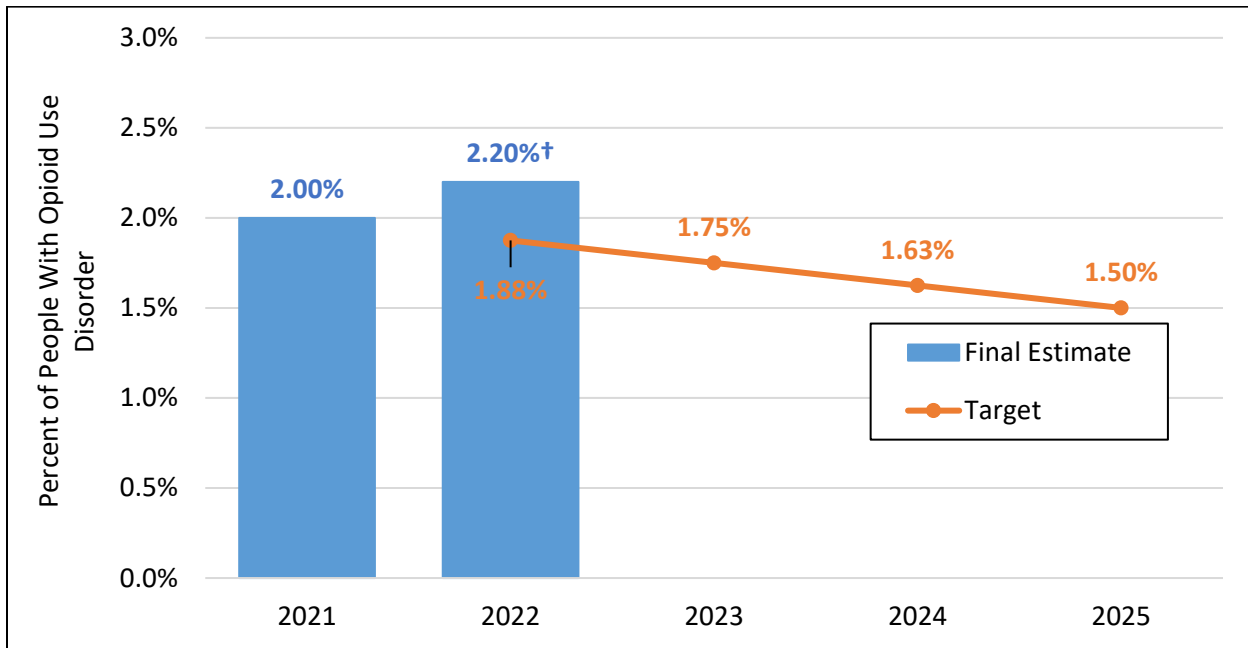
Note: †The standard error for cocaine use disorder estimates produced by the 2022 NSDUH was 0.05%, the PRS target is within this standard error.



Figure 2 shows the percent of people aged 12 years or older who experienced an OUD in the past year from 2021 to 2022. In 2022, 2.20 percent of people experienced an OUD in the past year, which was 0.32 percentage-points higher than the PRS target of 1.88 percent. This difference is not within the survey’s standard error of 0.12 percent. There was not a statistically significant difference ($p < 0.05$) between 2021 (2.0 percent) and 2022 (2.2 percent).

Based on available 2022 data, accelerated action is needed to reduce the percentage of people experiencing OUD to less than 1.50 percent by 2025.

Figure 2: Percent of people aged 12 years and older experiencing opioid use disorder in the United States, 2021-2022.



Source: Table 5.1B Substance Use Disorder for Specific Substances in Past Year: Among People Aged 12 or Older. Center for Behavioral Health Statistics and Quality. (2022). Results from the 2021-2022 NSDUH: Detailed tables. Rockville, MD: SAMHSA.

Note: Beginning in 2021, NSDUH expanded the sample of survey respondents who were asked prescription drug use disorder questions to all past year users of prescription drugs, regardless of whether they misused prescription drugs. †The standard error for opioid use disorder estimates produced by the 2022 NSDUH was 0.12%, the PRS target is not within this standard error.

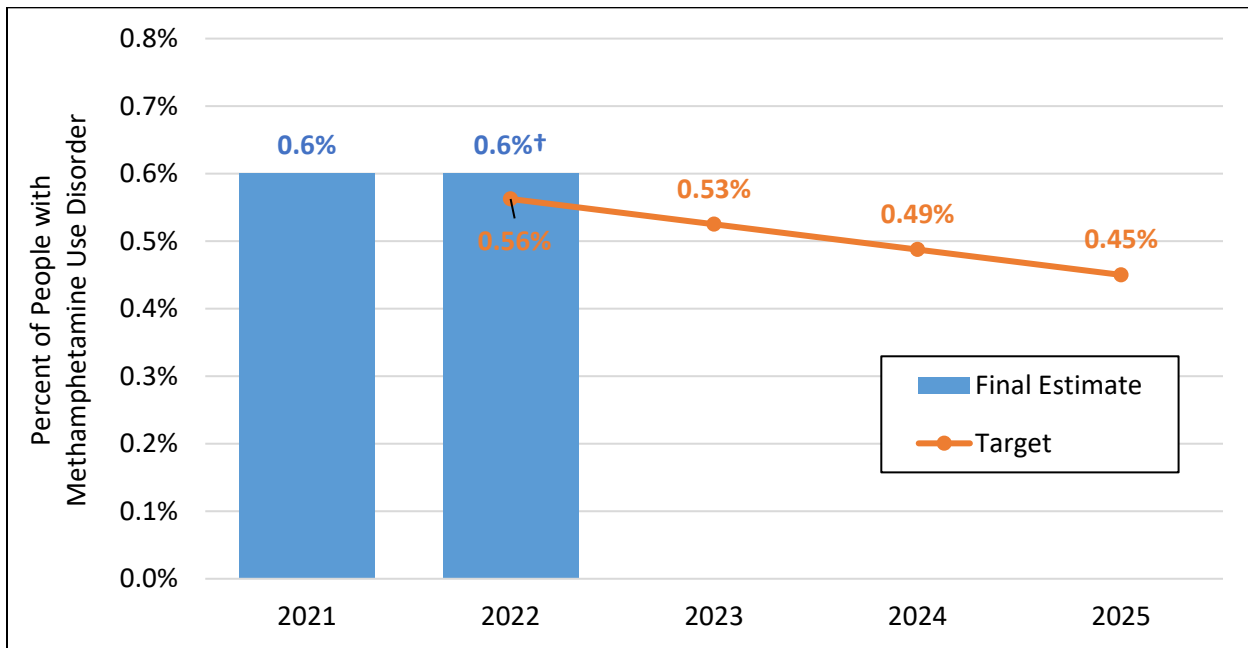


Figure 3 shows the percent of people aged 12 years or older who experienced a methamphetamine use disorder in the past year from 2021 to 2022. In 2022, 0.60 percent of people experienced a methamphetamine use disorder in the past year, which was 0.04 percentage-points higher than the PRS target of 0.54 percent. This difference was within the survey’s standard error of 0.07 percent. This estimate remained unchanged from 2021.

Based on available 2022 data, there has been no change from baseline in meeting the 2025 PRS target of reducing the percentage of people experiencing methamphetamine use disorder to less than 0.45 percent by 2025.

Increasing access to treatment services can help people recover and no longer meet the criteria for active SUD. The Administration is taking steps to ensure treatment access by expanding the SUD workforce through training opportunities in medical schools and beyond, and by reducing barriers to obtaining evidence-based treatment options like buprenorphine and methadone for OUD and contingency management for stimulant use disorders.

Figure 3: Percent of people aged 12 years and older experiencing methamphetamine use disorder in the United States, 2021-2022.



Source: Table 5.1B Substance Use Disorder for Specific Substances in Past Year: Among People Aged 12 or Older. Center for Behavioral Health Statistics and Quality. (2022). Results from the 20121-2022 NSDUH: Detailed tables. Rockville, MD. SAMHSA.

Note: †The standard error for methamphetamine use disorder estimates produced by the 2022 NSDUH was 0.07, the PRS target is within this standard error.



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

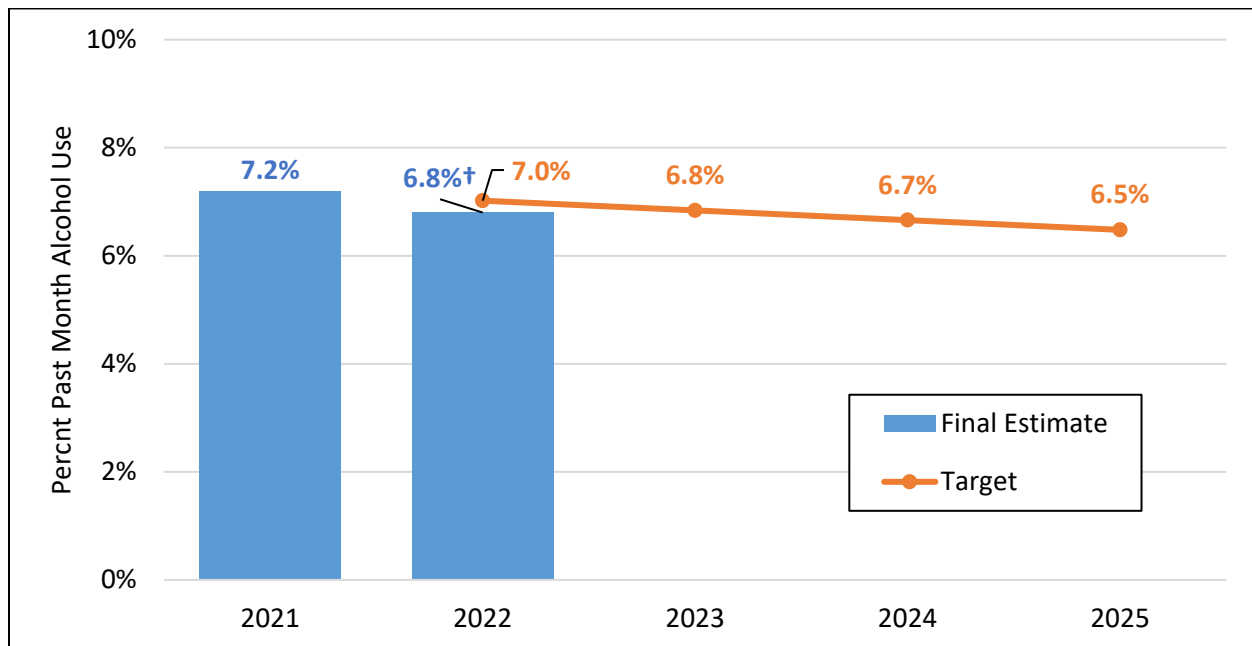
Objective 2.1: Past month alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.

The primary data source used to track progress in reducing past month alcohol use among young people is NSDUH.⁵ As noted previously for Goal 1, NSDUH has undergone a number of methodological changes over the past several years that make previous substance use estimates no longer directly comparable to previous survey years. Given these changes, the baseline for this target has been changed from the year 2020 to the year 2021 so that estimates are comparable for future years. The target of reducing the percent of young people aged 12-17 years with past month alcohol use by 10 percent by 2025 will not change with this new baseline estimate.

Figure 4 shows the percent of people aged 12-17 years who reported past month alcohol use from 2021 to 2022. In 2022, 6.8 percent of young people reported past month alcohol use, which was 0.2 percentage-points below the PRS target of 7.0 percent. This difference was within the survey's standard error of 0.32 percent. There was not a statistically significant difference ($p < 0.05$) between 2021 (7.2 percent) and 2022 (6.8 percent).

Based on available 2022 data, meeting the 2025 PRS target of reducing past month alcohol use among young people to less than 6.5 percent by 2025 is on track. The Administration will continue its efforts to maintain this progress.

Figure 4: Percent of people aged 12-17 years who reported past month alcohol use in the United States, 2021-2022.



Source: Table 2.1B Tobacco Produce Use, Nicotine Vaping, and Alcohol Use in Lifetime, Past Year, and Past Month: Among People Aged 12 or Older; by Age Group, Percentages, 2021 and 2022. Center for Behavioral Health Statistics and Quality. (2022). Results from the 2021-2022 NSDUH: Detailed tables. Rockville, MD: SAMHSA.

Note: †The standard error for past month alcohol use estimates among young people aged 12-17 years produced by the 2022 NSDUH was 0.32, the PRS target is within this standard error.



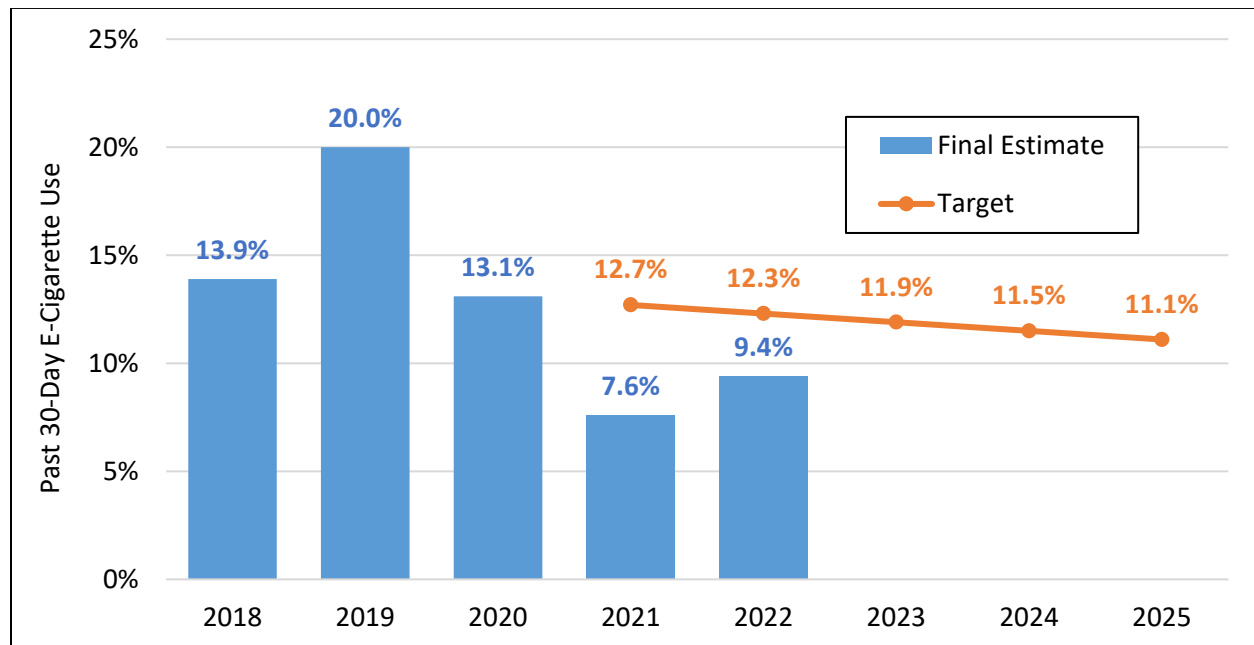
Objective 2.2: Past 30-day use of an e-cigarette among middle and high school students is reduced by 15 percent by 2025.

The primary data source used to track progress in reducing past 30-day e-cigarette use among young people is the National Youth Tobacco Survey (NYTS).⁸ Similar to other national surveys conducted during the COVID-19 pandemic, changes in methodology, including differences in survey administration and data collection procedures, limit the ability to directly compare 2022 estimates from previous survey years. Differences between estimates may be a result of changes in methodology, actual behavior, or both. The original PRS target of reducing the percent of middle and high school students with past 30-day e-cigarette use by 15 percent by 2025 has been maintained.

Figure 5 shows the percent of middle and high school students who reported past 30-day e-cigarette use. In 2022, 9.4 percent of middle and high school students reported past 30-day e-cigarette use, which was 2.9 percentage-points below the PRS target of 12.3 percent. The PRS target is outside the survey's 95% confidence interval of 8.0 percent to 11.2 percent. The 2022 estimate is 1.8 percentage-points higher than the 2021 estimate.

Based on available 2022 data, the 2025 PRS target of reducing past 30-day e-cigarette use among young people to less than 11.1 percent has already been met. The Administration will continue its efforts to maintain this progress.

Figure 5: Percent of middle and high school students who reported past 30-day e-cigarette use in the United States, 2018-2022.



Source: Estimates were obtained from previous National Youth Tobacco Survey published reports.^{9, 10, 11, 12, 13, 14}

Note: Changes in methodology limit the ability to directly compare 2022 estimates from previous survey years. †The 95% confidence interval for past 30-day e-cigarette use among middle and high school students produced by the 2022 National Youth Tobacco Survey was 8.0 % to 11.1%, the PRS target is outside this confidence interval.



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

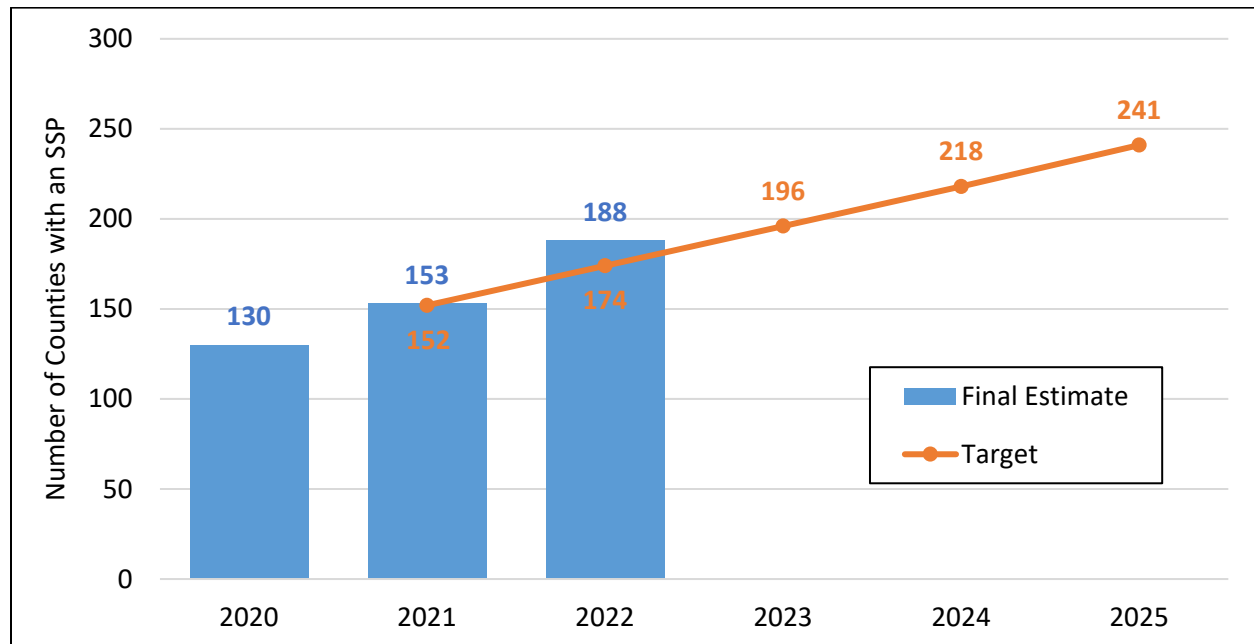
Objective 3.1: The number of counties with high overdose death rates which have at least one syringe services program is increased by 85 percent by 2025.

The primary source used to track progress in increasing harm reduction efforts is the University of Washington.

Figure 6 shows the number of counties in the United States with high overdose death rates which have at least one syringe services program (SSP) from 2020 to 2022. In 2022, 188 counties with high overdose death rates had an SSP, which was 8.0 percent higher than the PRS target of 174. The number of high overdose counties with an SSP increased from 153 in 2021 to 188 in 2022.

Based on available 2022 data, meeting the 2025 PRS target of increasing the number of counties with an SSP to at least 241 counties by 2025 is on track. The Administration is continuing its efforts to maintain progress by requesting additional funding for harm reduction activities and developing resources for states and localities on how to fund SSPs through federal grant opportunities, to the extent permissible under state and local laws. Safer injecting practices, including the use of clean needles, can also help prevent life-threatening infections, including those caused by antimicrobial resistant organisms, HIV, and viral hepatitis.

Figure 6: Number of counties in the United States with high overdose death rates which have at least one syringe services program, 2020-2022.



Sources: University of Washington

Note: Counties with high overdose death rates is defined as counties with greater than the national average rate of overdose deaths in 2018.

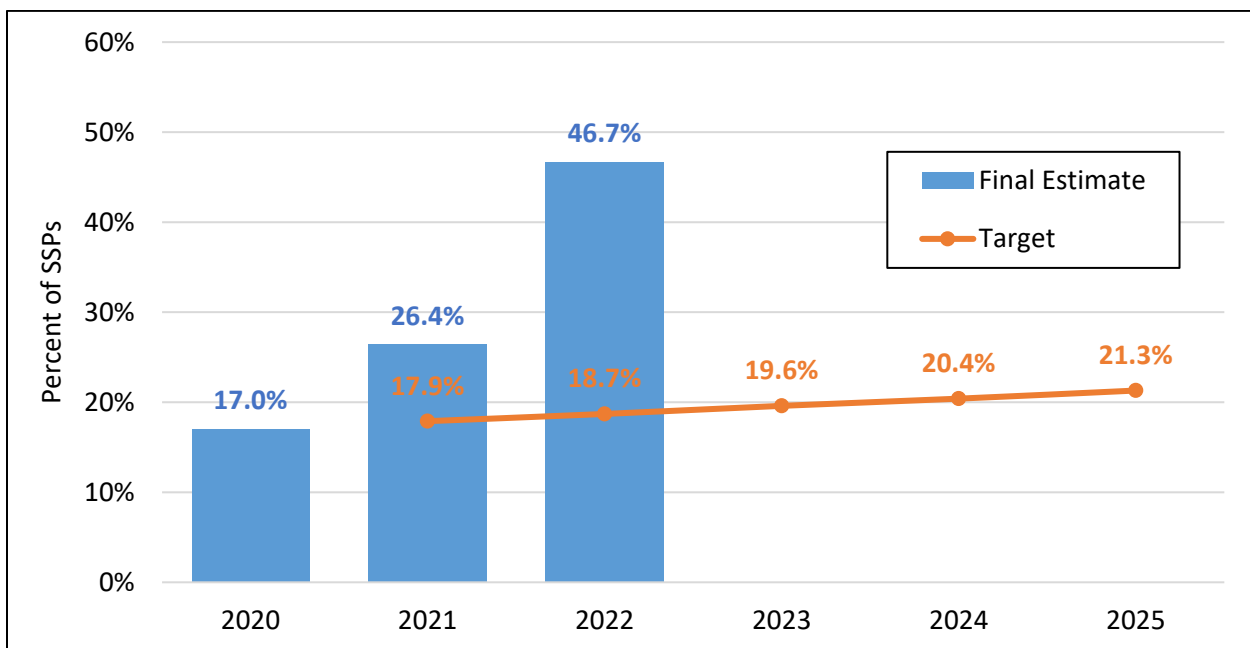


Objective 3.2: The percentage of syringe services programs that offer some type of drug safety checking support service, including, but not limited to fentanyl test strips, is increased by 25 percent by 2025.

Figure 7 shows the percent of SSPs that offered drug checking support services from 2020 to 2022. In 2022, 46.7 percent of SSPs offered drug checking support services, which was 149.7 percentage higher than the PRS target of 18.7 percent. The percent of SSPs that offered drug checking support services increased from 26.4 percent in 2021 to 46.7 percent in 2022.

Based on available 2022 data, the 2025 PRS target of increasing the percent of SSPs that offer drug checking support services to at least 21.3 percent by 2025 has already been met. The Administration is continuing its efforts to maintain this progress by requesting additional funding for harm reduction activities and developing resources for states and localities on how to purchase FTS and other drug checking equipment (e.g., xylazine test strips) through federal grant opportunities, to the extent permissible under state and local laws.

Figure 7: Percent of syringe services programs that offer drug checking support services in the United States, 2020-2022.



Source: University of Washington.



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

Objective 4.1: Treatment admissions for the populations most at risk of overdose death is increased by 100 percent by 2025.

The primary data source used to track progress in increasing treatment admissions among populations most at risk for overdose death is the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS).¹⁵ This PRS measure focuses on treatment admissions among people whose primary substance used was cocaine, methamphetamine, heroin, or other opiates and synthetics. TEDS estimates represent treatment episodes and do not reflect unique individual clients receiving treatment services. Additionally, this data continually undergoes quality checks and states reporting TEDS data may revise their estimates over time, therefore, TEDS statistics may change slightly from year to year. These revised estimates are reflected in the PRS baseline and subsequent targets based on the most recent available data from the 2022 TEDS Annual Report.

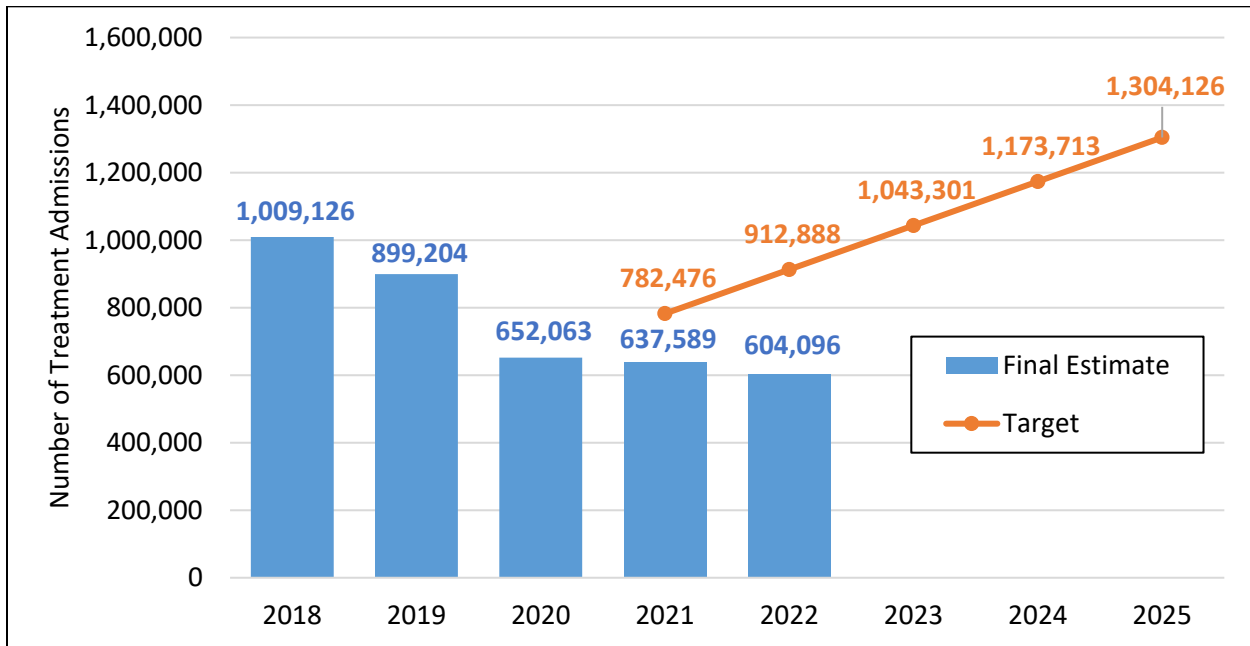
Figure 8 shows the number of treatment admissions among people whose primary substance used was cocaine, methamphetamine, heroin, or other opiates and synthetics from 2018 to 2022. In 2022, there were 604,096 admissions to treatment facilities for these substances, which was 33.8 percent below the PRS target of 912,888. The number of admissions for these substances decreased from 637,589 in 2021 to 604,096 in 2022.

Based on available 2022 data, accelerated action is needed to meet the 2025 PRS target of increasing the number of admissions to treatment facilities to at least 1,304,126 by 2025.

It is important to note that TEDS data reflects admissions to treatment facilities that receive public funds and/or are licensed or certified by single state agencies. These estimates do not include other settings where services are delivered, such as people who receive buprenorphine from their primary care provider. The Administration is taking steps to ensure treatment access by expanding the SUD workforce through training opportunities in medical schools, and by reducing barriers to obtaining evidence-based treatment options like buprenorphine and methadone for OUD. This includes making permanent COVID-era flexibilities that expand eligibility for patients to receive take-home doses of methadone and allowing the initiation of treatment via telehealth, the elimination of the X-Waiver, which expands the number of health care providers who can prescribe buprenorphine, and flexibilities to allow for Medicaid reimbursement for addiction treatment services 90 days prior to release from incarceration.



Figure 8: Number of treatment admissions among people whose primary substance used was cocaine, methamphetamine, heroin, or other opiates and synthetics in the United States, 2018-2022.



Source: Table 1.1A Treatment Episode Data Set (TEDS) Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. TEDS: 2022. Annual Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2024.



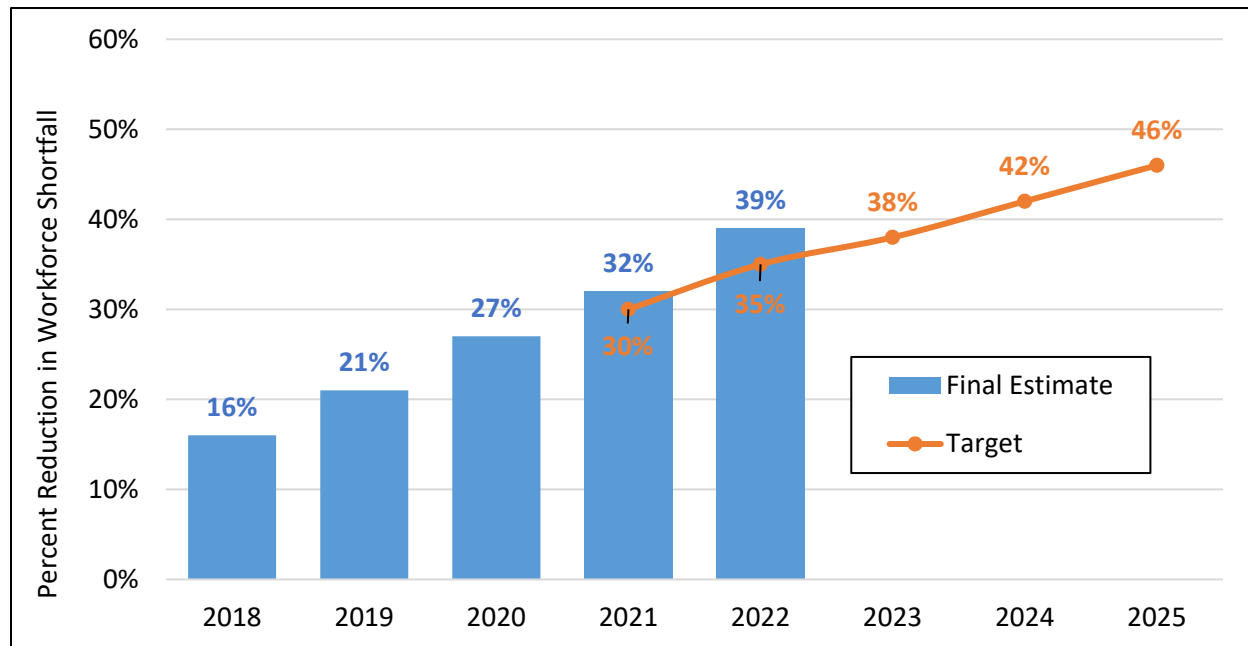
Objective 4.2: The projected shortfall in the qualified workforce of behavioral health providers (including addiction professionals) funded by federal programs in the United States is reduced by 70 percent by 2025.

The primary data source used to track progress in reducing the projected shortfall in the qualified workforce of behavioral health providers is the Health Resources & Services Administration’s National Center for Health Workforce Analysis.¹⁶

Figure 9 shows the percent reduction in the projected shortfall in the qualified workforce of behavioral health providers. In 2022, the projected shortage had been decreased by 39 percent, which was 4 percentage-points higher than the PRS target of 35 percent. The percent reduction in the projected shortfall increased from 32.0 percent in 2021 to 39 percent in 2022.

Based on available 2022 data, meeting the 2025 PRS target of reducing the projected shortfall in the qualified workforce of behavioral health providers to at least 46 percent by 2025 is on track. The Administration will continue its efforts to maintain this progress by expanding the SUD workforce through training opportunities in medical schools.

Figure 9: Percent reduction in the projected shortfall in the qualified workforce of behavioral health providers funded by federal programs in the United States, 2018-2022.



Source: Health Resources & Services Administration. National Center for Health Workforce Analysis.



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

Objective 5.1: The number of states operating a recovery-ready workplace initiative is increased 75 percent by 2025.

The primary data source used to track progress in increasing the number of states operating a recovery-ready workplace initiative is a combination of surveys of existing statewide recovery-ready workplace initiatives that is supplemented by an online search to identify any initiatives that have been missed and may warrant inclusion in the list of statewide efforts. The New Hampshire Recovery-Friendly Workplace (RFW) initiative's multi-state RFW community of practice has been a key source of information.¹⁷ In late 2023, the community of practice was moved to a newly established National RFW Initiative which will be a key source of information on emerging statewide initiatives. It is possible that the national institute will offer a suitable single point of contact for tracking the number of statewide efforts beginning in 2024; however, this has yet to be determined.

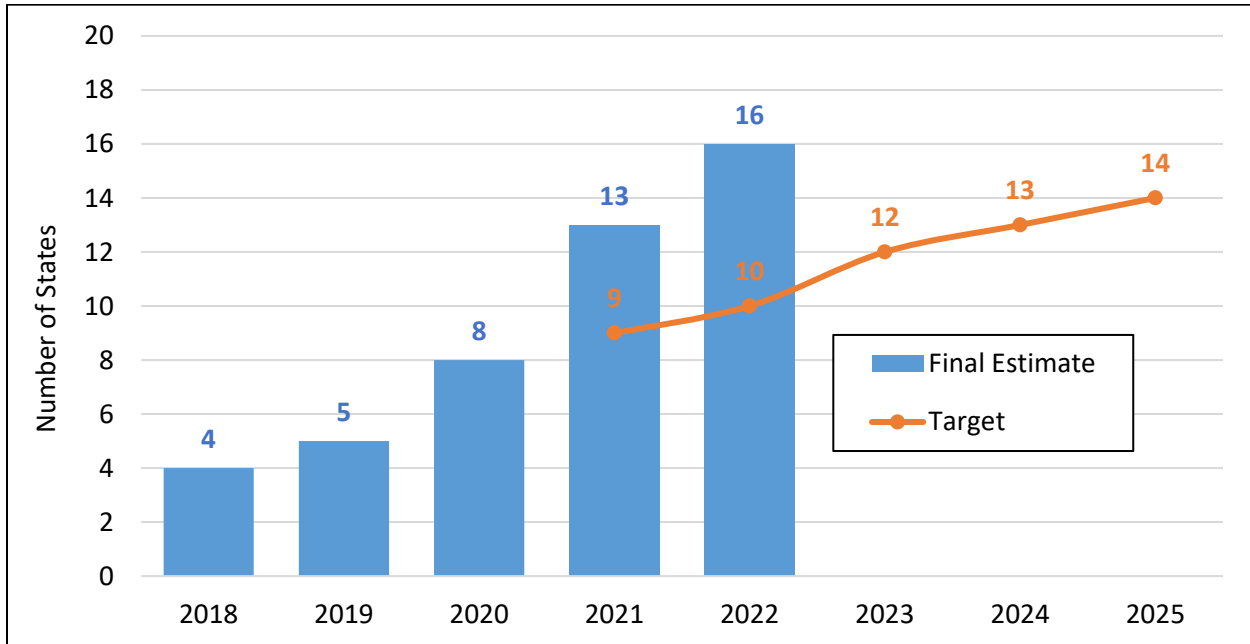
Figure 10 shows the number of states operating recovery-ready workplace initiatives from 2018 to 2022. In 2022, 16 states were operating recovery-ready workplace initiatives, which was 60.0 percent higher than the PRS target of ten states. The number of states operating a recovery-ready workplace initiative increased from 13 in 2021 to 16 in 2022.

Based on available 2022 data, the 2025 PRS target of increasing the number of states operating a recovery-ready workplace initiative to at least 14 by 2025 has already been met. The Administration will continue its effort to maintain this progress.

ONDCP and the Domestic Policy Council convened an interagency workgroup to increase awareness of recovery-ready workplace policies and their benefits and to promote their adoption. As part of this effort, the interagency workgroup developed and launched the Recovery-Ready Workplace Resource Hub through the Department of Labor's Employment and Training Administration in September 2022.¹⁸ Additionally, in November 2023, the workgroup released a Recovery-Ready Workplace Toolkit, which is available through the resource hub.¹⁹ This toolkit is designed to help businesses and other employers prevent and respond more effectively to substance misuse among employees, build their workforces through hiring of people in recovery, and develop a recovery-supportive culture. It is also intended to assist states, local governments, and other entities in launching statewide, local, or regional recovery-ready workplace initiatives, as well as existing efforts that have been adopted by the recently launched National Recovery Friendly Workplace Institute.



Figure 1: Number of states operating recovery-ready workplace initiatives in the United States, 2018-2022.



Source: A combination of surveys of existing statewide recovery-ready workplace initiatives that is supplemented by an online search to identify any initiatives that have been missed and may warrant inclusion in the list of statewide efforts.



Objective 5.2: The number of peer-led recovery community organizations is increased by 25 percent by 2025.

The primary data source used to track progress in increasing the number of peer-led recovery community organizations (RCOs) is a database from the Alliance for Recovery Centered Organizations (ARCO) that includes the membership list published by Faces and Voices of Recovery²⁰ and non-ARCO member organizations that are accredited by the Council on the Accreditation of Peer Recovery Support Services (CAPRSS).²¹

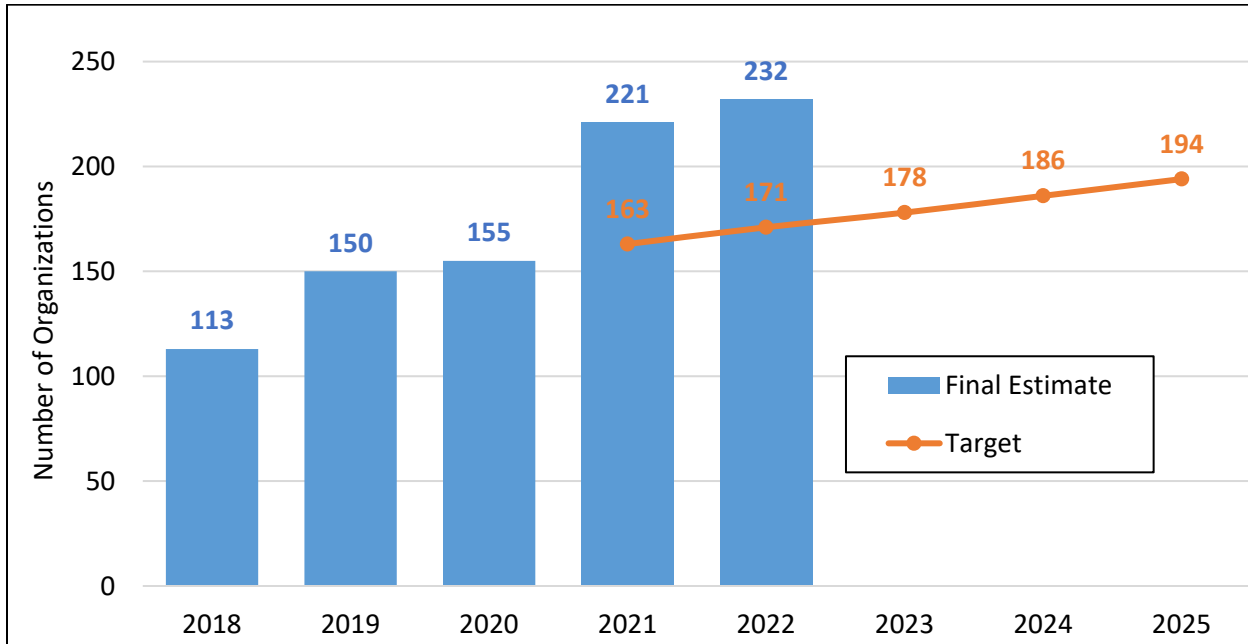
Figure 11 shows the number of peer-led RCOs in the United States from 2018 to 2022. In 2022, there were 232 peer-led RCOs, which was 35.6 percent higher than the PRS target of 171. The number of peer-led RCOs increased from 221 in 2021 to 232 in 2022.

Based on available 2022 data, the 2025 PRS target of increasing the number of peer-led RCOs to at least 194 by 2025 has already been met. The Administration will continue its effort to maintain this progress.

SAMHSA grant funding helped drive this rapid increase in the number of RCOs. For example, in FY 2021, SAMHSA awarded \$5.8 million in support of 61 grants under the Building Communities of Recovery grant program. These grants support peer-led organizations providing peer recovery support services. Additionally, SAMHSA awarded \$1.8 million to six RCOs under the Recovery Community Services Program. However, not all RCOs provide peer recovery support services. Some focus on advocacy and education, and others serve as coordinating entities for statewide recovery community center networks. Often, emerging RCOs begin by focusing on advocacy and education, building the capacity to operate recovery community centers (RCCs), through which peer recovery support services are typically provided. In 2020, 126 of 155 RCOs (82 percent) operated RCCs whereas, in 2021, 162 of the 221 RCOs in 2021 (73 percent) operated RCCs. This suggests a significant number of new RCOs, many of which will begin providing recovery support services in the future. While the percent of RCOs providing peer recovery support services declined, the number of organizations doing so increased by nearly 30 percent. The current figures suggest continued growth.



Figure 2: Number of peer-led recovery community organizations in the United States, 2018-2022.



Source: Database from the Alliance for Recovery Centered Organizations (ARCO) that includes the membership list published by Faces and Voices of Recovery and non-ARCO member organizations that are accredited by the Council on the Accreditation of Peer Recovery Support Services (CAPRSS).

Note: Peer-led recovery community organizations include recovery community centers operated by ARCO member peer-led RCOs and by non-ARCO members accredited by CAPRSS and the number of ARCO member RCOs not operating an RCC.



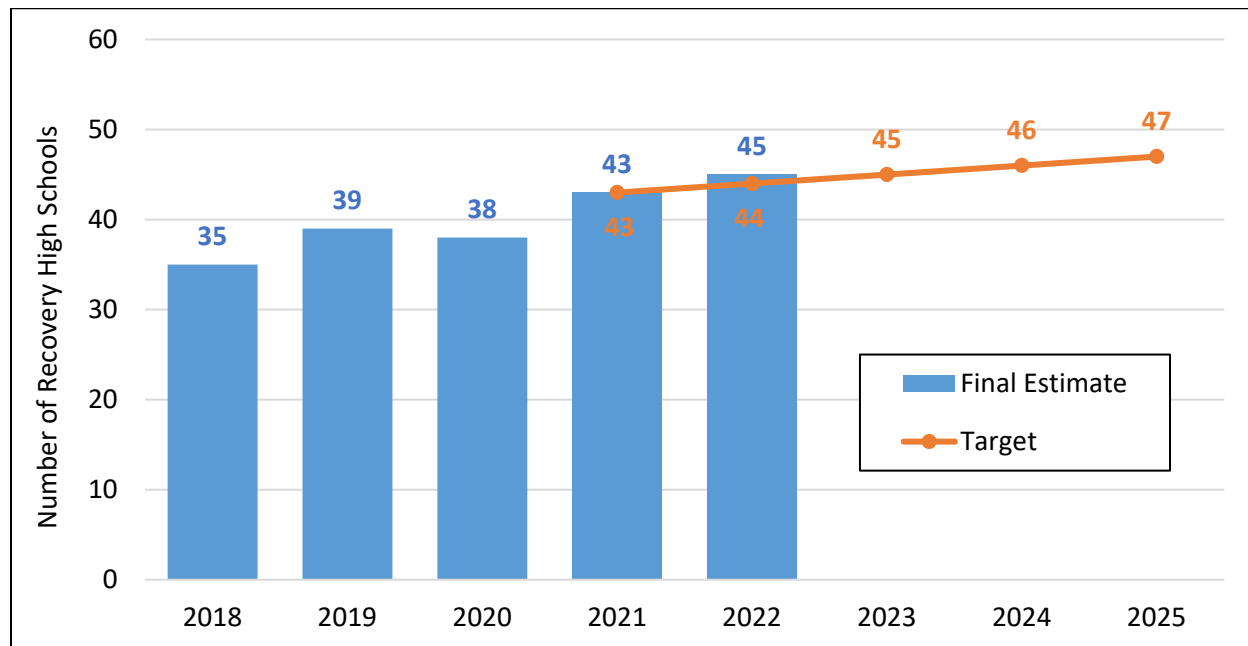
Objective 5.3: The number of recovery high schools is increased by 10 percent by 2025.

Recovery high schools are secondary schools designed specifically to educate and support students in recovery from substance use disorder or co-occurring disorders. The primary data source used to track progress in increasing the number of recovery high schools is the Association of Recovery Schools.²²

Figure 12 shows the number of recovery high schools in the United States from 2018 to 2022. In 2022, there were 45 operational recovery high schools, which was 2.3 percent higher than the PRS target of 44 schools. The number of recovery high schools increased from 43 in 2021 to 45 in 2022.

Based on available 2022 data, meeting the 2025 PRS target of increasing the number of recovery high schools to at least 47 by 2025 is on track. The Administration will continue its effort to maintain this progress. ONDCP continues to raise awareness on the need for recovery high schools and their benefits, including through visits by the ONDCP Director and associated social media posts and press releases. In 2024, ONDCP will be initiating discussions with the Departments of Education and Health and Human Services about potential mechanisms for supporting recovery high schools.

Figure 3: Number of recovery high schools in the United States, 2018-2022.



Source: Association of Recovery Schools.



Objective 5.4: The number of collegiate recovery programs is increased by 25 percent by 2025.

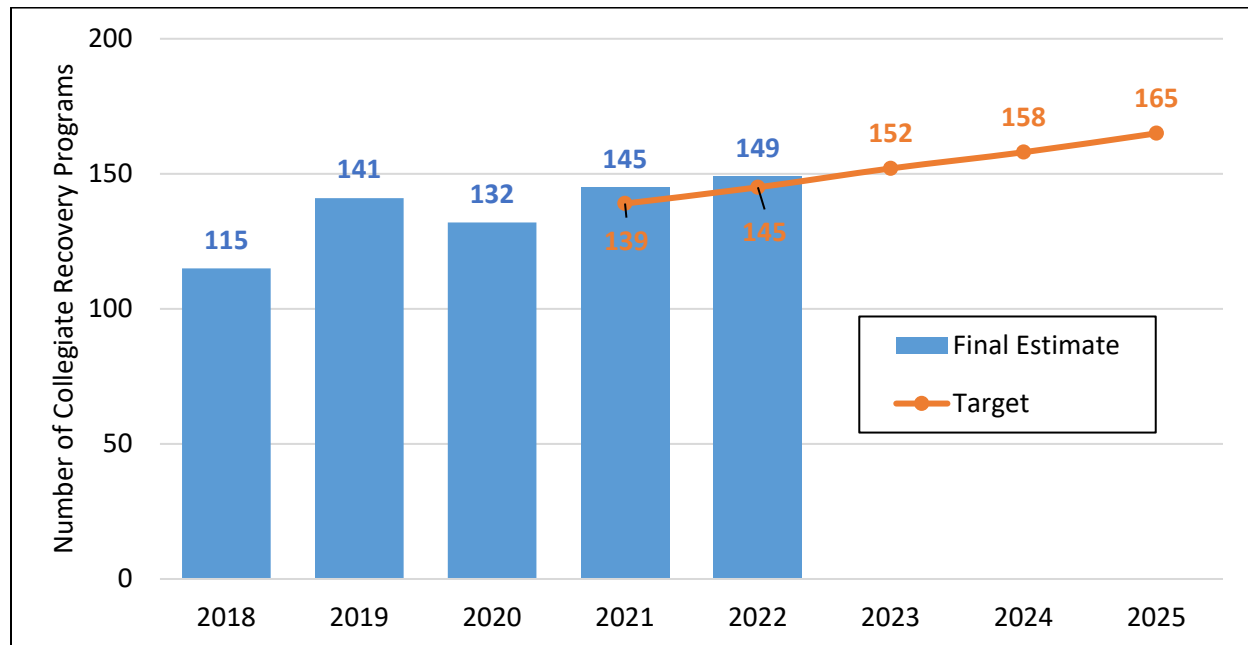
The primary data source used to track progress in increasing the number of collegiate recovery programs is the Association of Recovery in Higher Education (ARHE).²³

Figure 13 shows the number of collegiate recovery programs in the United States from 2018 to 2022. In 2022, there were 149 collegiate recovery programs, which was 2.8 percent higher than the PRS target of 145. The number of collegiate recovery programs increased from 145 in 2021 to 149 in 2022.

Based on 2022 available data, meeting the 2025 PRS target of increasing the number of collegiate recovery programs to at least 165 by 2025 is on track. The Administration will continue its effort to maintain this progress.

In 2024, ONDCP will be initiating discussions with the Department of Education and SAMHSA about potential joint efforts to support collegiate recovery programs. Additionally, ONDCP has remained in regular contact with the ARHE, and has advocated the value of collegiate recovery programs.

Figure 4: Number of collegiate recovery programs in the United States, 2018-2022.



Source: Association of Recovery in Higher Education.



Objective 5.5: The number of certified recovery residences is increased by 25 percent by 2025.

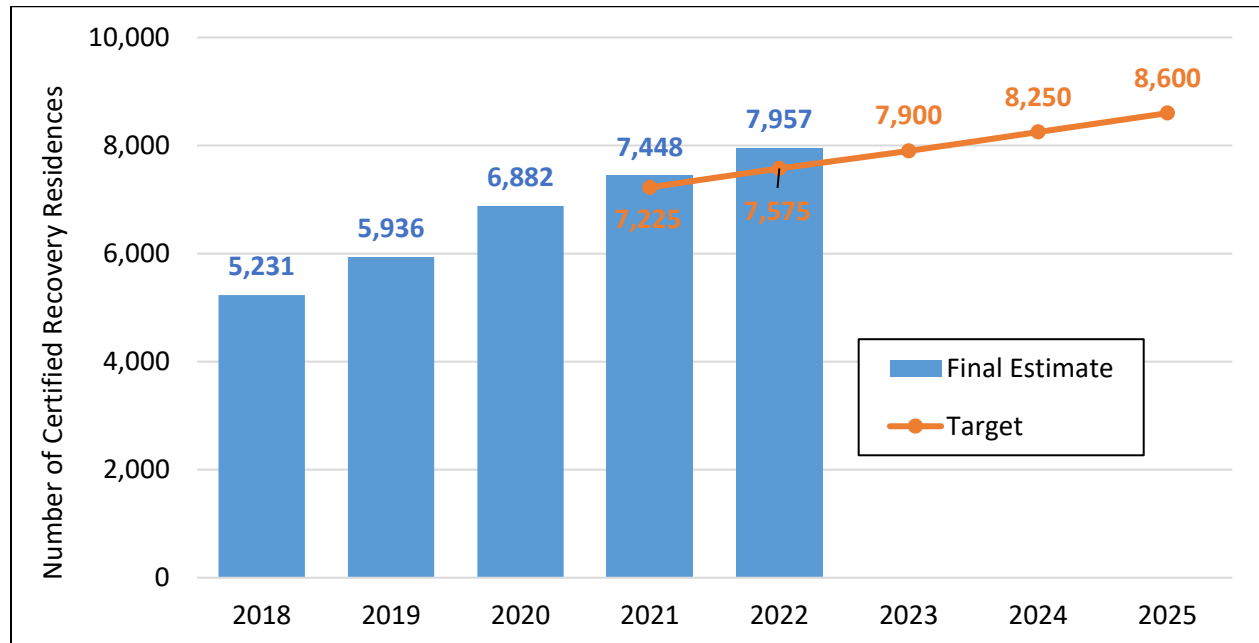
The primary data sources used to track progress in increasing the number of certified recovery residences are National Alliance for Recovery Residences (NARR)²⁴ and Oxford House.²⁵

Figure 14 shows the number of certified recovery residences in the United States from 2018 to 2022. In 2022, there were 7,957 recovery residences that were either Oxford House-chartered or NARR-certified, which was 5.0 percent higher than the PRS target of 7,575. The number of certified recovery residences increased from 7,448 in 2021 to 7,957 in 2022.

Based on available 2022 data, meeting the 2025 PRS target of increasing the certified recovery residents to at least 8,600 by 2025 is on track. The Administration will continue its effort to maintain this progress.

Outside of the Department of Housing and Urban Development’s Recovery Housing Program, federal funding for recovery residences is difficult to track as it may be embedded within block grants, or may be an allowable expense under certain discretionary grants.²⁶ However, ongoing federal efforts to promote more consistent recovery housing efforts, including the 2021 release of the Model Recovery Residence Certification Act have likely contributed to the increase in the number of chartered and certified residences.²⁷ Oxford House and NARR were involved in the development of the Model Recovery Residence Certification Act. More recently, in 2023, SAMHSA released the publication, *Best Practices for Recovery Housing*, which updates previous work and will support efforts to increase the number of certified and chartered recovery residences moving forward.²⁸ ONDCP will continue to work across NDCPAs to identify mechanisms for funding and supporting Chartered Oxford Houses and NARR-certified recovery residences.

Figure 5: Number of certified recovery residences in the United States, 2018-2022.



Source: National Alliance for Recovery Residences and Oxford House.



Goal 6: Criminal justice reform efforts include drug policy matters.

Objective 6.1: Eighty percent of all treatment courts will be trained and will implement practices to increase equity by 2025.

The primary data source used to track progress in increasing the percent of treatment courts trained and implementing practices to increase equity is All Rise (formerly known as the National Association of Drug Court Professionals).²⁹

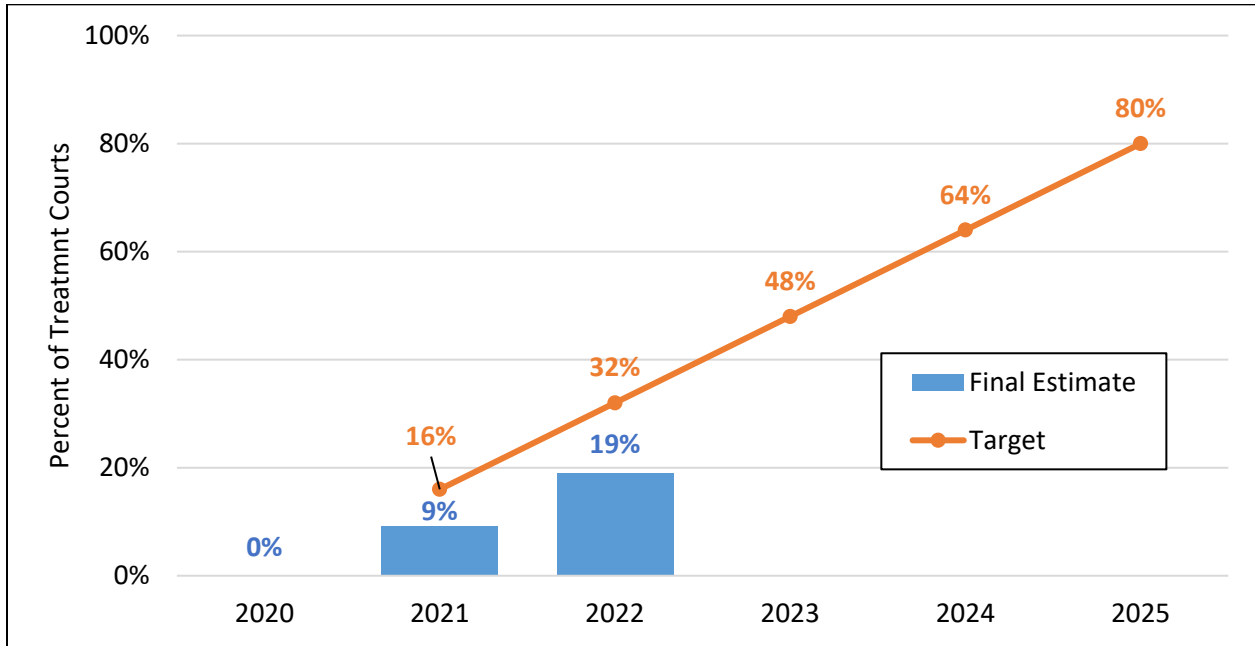
Figure 15 shows the percent of all treatment courts that have been trained and begun implementing practices to increase equity in the United States from 2020 to 2022. In 2022, 19 percent of all courts were trained, which was 40.6 percent below the PRS target of 32 percent. The percent of treatment courts that have been trained on practices to increase equity increased from 9 percent in 2021 to 19 percent in 2022.

Based on available 2022 data, accelerated progress is needed to meet the PRS target of increasing the percent of treatment courts that have been trained and begun implementing practices to increase equity to at least 80 percent by 2025.

Two factors contributed to the 2022 target not being met. The first was that All Rise, the recipient of the fiscal year (FY) 2020-2022 ONDCP Drug Court Training and Technical Assistance cooperative agreement, was unable to conduct in-person trainings due to the meeting and travel restrictions in place as a result of COVID-19. While All Rise converted many of their trainings to a virtual platform, this change in training modality did not yield the level of participation needed to meet the number of courts trained within the year. The second factor was that All Rise was in its second and final year of the cooperative agreement when the PRS target was developed, meaning that the training deliverables under that agreement had already been established, and it proved difficult to include the additional training sessions needed to achieve the target. It is anticipated that All Rise will meet the target moving forward, since they have been awarded the FY 2022-2024 Drug Court training and technical assistance cooperative agreement, and have developed a training plan within the performance period that aligns with the PRS target. The training plan includes mostly in-person trainings as travel and meeting restrictions have eased. In addition, All Rise has implemented a rigorous marketing plan to increase participation when training is conducted virtually.



Figure 6: Percent of all treatment courts that have been trained and begun implementing practices to increase equity in the United States, 2020-2022.



Source: All Rise.



Objective 6.2: The percentage of Bureau of Prison inmates diagnosed with opioid use disorder who are given access to medications for opioid use disorder is increased to 100 percent by 2025; the percentage of both state prison programs and local jail facilities offering medications for opioid use disorder is increased by 50 percent.

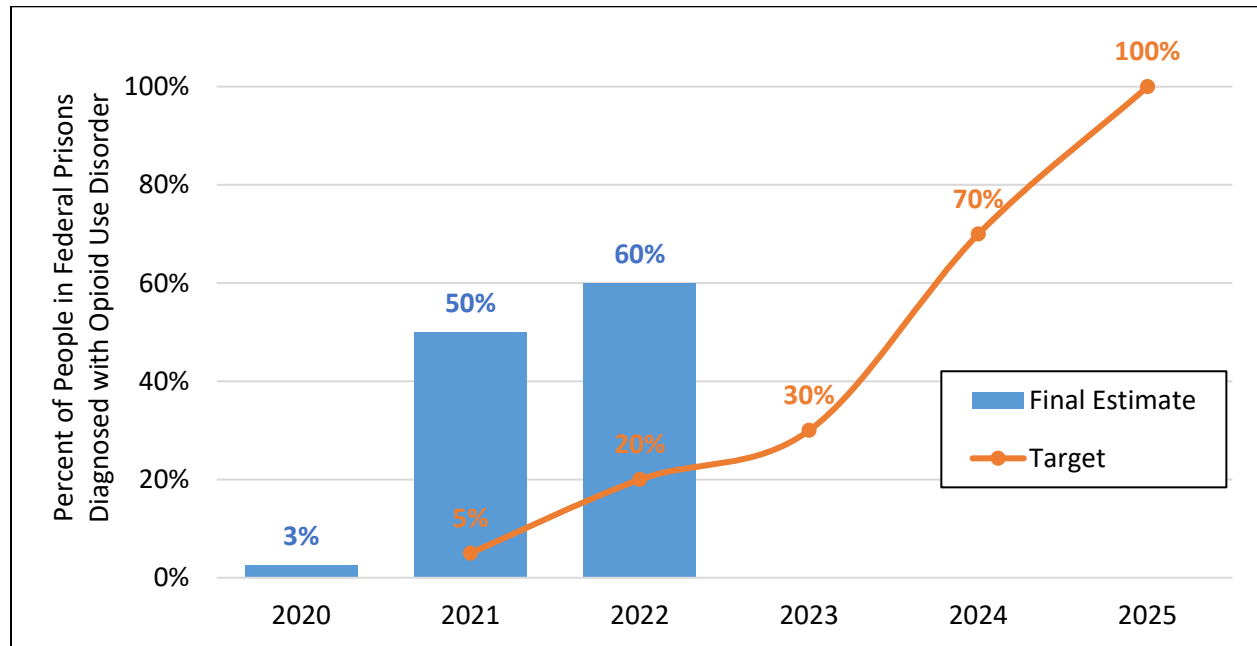
The primary data source used to track progress in increasing the percent of people in federal prison diagnosed with OUD and given access to medications for opioid use disorder (MOUD) is the Federal Bureau of Prisons (BOP).³⁰

Figure 16 shows the percent of people in federal prison diagnosed with OUD who were given access to MOUD in the United States from 2020 to 2022. In 2022, 60 percent of people in federal prison with OUD had access to MOUD, which was 200.0 percent higher than the PRS target. The percent of people in federal prison with OUD who were given access to MOUD increased from 50 percent in 2021 to 60 percent in 2022.

Based on available 2022 data, meeting the PRS target of increasing the percent of people in federal prison experiencing OUD who are given access to MOUD to 100 percent by 2025 is on track. Extensive collaboration between the Drug Enforcement Administration, SAMHSA, and BOP expedited the expansion of MOUD access across BOP institutions. BOP is progressing to fully expand this infrastructure, and continuing to focus on hiring and recruitment efforts for health care providers to deliver MOUD to patients at highest risk for overdose, including those being released back to their communities. Although progress is being made to increase access and availability of MOUD in federal prisons, data as of 2022 suggests that only 13 percent of people in federal prisons diagnosed with OUD were receiving these medications at the time of reporting. The Administration will continue its efforts to increase both availability, access to, and use of MOUD in carceral settings to save lives and improve health outcomes among this high-need population.



Figure 7: Percent of people in federal prison diagnosed with an opioid use disorder who are given access to medications for opioid use disorder in the United States, 2020-2022.



Source: Federal Bureau of Prisons.

The primary data source used to track progress in increasing the percent of state prisons providing MOUD is the Residential Substance Abuse Treatment (RSAT) for State Prisoners Program.³¹

Figure 17 shows the percent of RSAT-funded state prisons offering MOUD in the United States from 2018 to 2022. In 2022, 58 percent of RSAT-funded state prisons offered MOUD, which was 3.3 percent below the PRS target of 60 percent. The percent of RSAT-funded state prisons offering MOUD increased from 56 percent in 2021 to 58 percent in 2022.

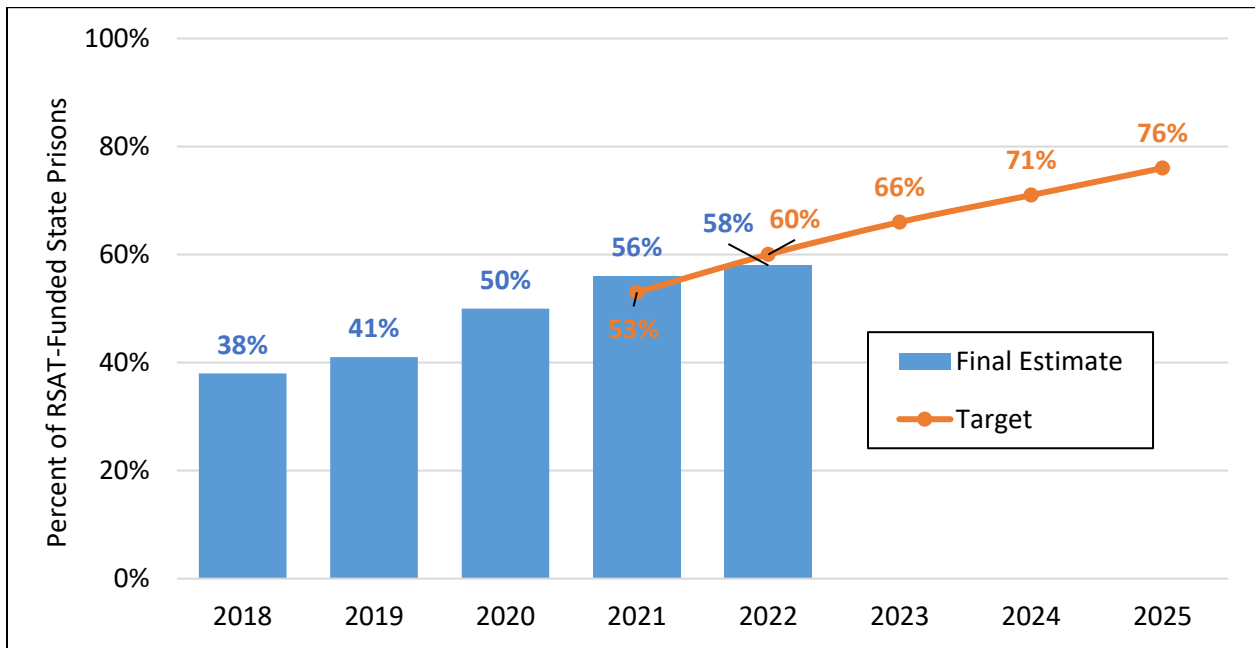
Based on available data as of 2022, meeting the PRS target of increasing the percent of state prisons offering MOUD to at least 76 percent by 2025 is on track.

RSAT continues to champion the expansion of MOUD as an essential component of successful rehabilitation and reentry for inmates with alcohol and opioid use disorders. The Office of Justice Programs partnered with SAMHSA to stand up a policy academy in August 2023 regarding integration of MOUD treatment programs in state department of corrections. OJP is supporting a second SAMHSA-led state-level policy academy for a second cohort of states in 2024. In 2023, in partnership with SAMHSA and the Drug Enforcement Administration, OJP also funded a complementary effort at the local level, the Planning Initiative to Build Bridges to Increase Access to Opioid Use Disorder Treatment Option in the Nation's Jails, which helps communities develop a comprehensive continuum of care that targets individuals experiencing OUD in jails and builds bridges to increase access to treatment both in custody and with community-based treatment providers upon release.³² One such policy academy was held with 5 states in August 2023; another is planned for June 2024. In April 2022, the Department of Justice (DOJ) released guidance reinforcing ADA protections for people with OUD, ensuring



they can receive MOUD, if needed. Additional language has also been added to relevant solicitations (including RSAT) reinforcing legal responsibilities and the Administration’s priority to increase MOUD access for those with OUD. DOJ will continue to provide training and technical assistance to support implementation of MOUD in all correctional facilities, and will highlight jails and prisons with model best practice MOUD treatment programs to assist in peer-learning opportunities. While progress has been made to increase the availability of MOUD in state prisons, the Administration will continue its efforts to further increase the number of people treated with MOUD in state prisons.

Figure 8: Percent of RSAT-funded state prisons offering medications for opioid use disorder in the United States, 2018-2022.



Source: Residential Substance Abuse Treatment Program Grantee Data.



Currently, there is no single data source that can be used to track progress in increasing the percent of local jails offering MOUD. Two national data collection efforts among local jails exist, such as the DOJ's Census of Jails³³ and the National Institute on Drug Abuse's Justice Community Opioid Innovation Network (JCOIN) National Survey of Substance Use Services in Jails,³⁴ and utilize a sample of jails created from the National Institute of Corrections' National Jails Compendium³⁵ and lists of jails from the Bureau of Justice Assistance. Both surveys provide important insights about OUD treatment services offered in jails at a single point in time; however, neither of these data collections report annual estimates that can be used for trend analysis purposes and estimates from these sources cannot be directly compared with each other. For example, the Census of Jails was conducted in 2019, the National Jails Compendium was created in 2020, and the National Survey of Substance Use Services in Jails was fielded from June 2022 to April 2023.

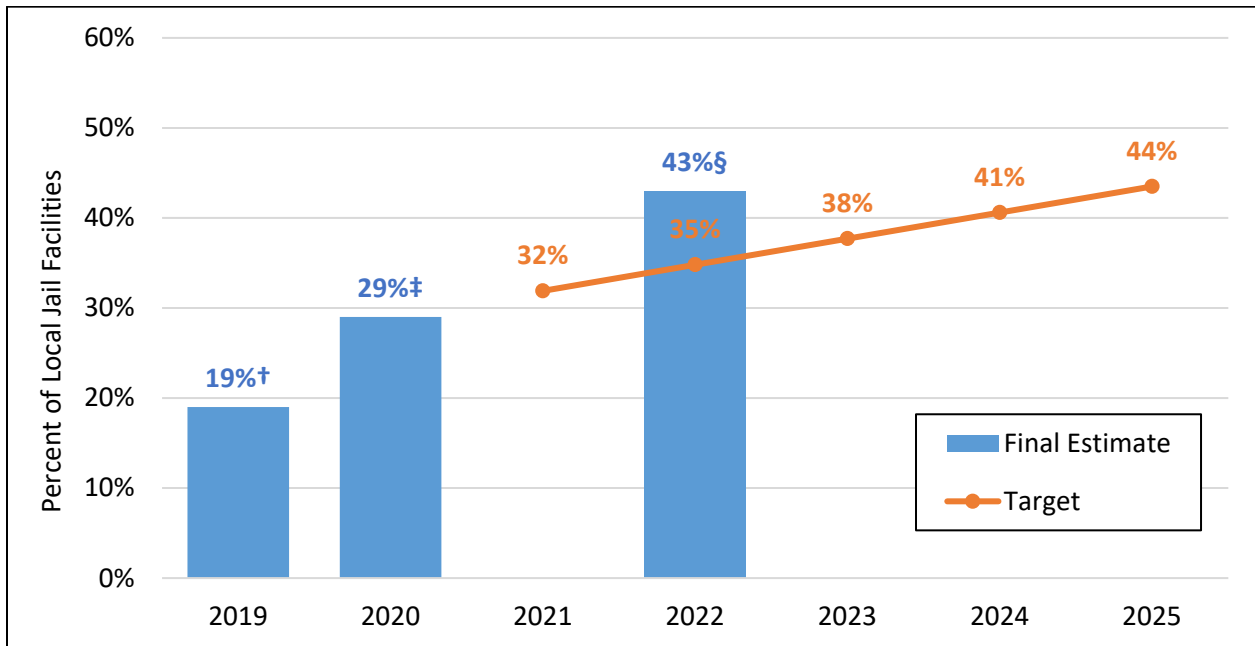
For illustrative purposes, Figure 18 shows the estimated percent of local jails offering MOUD in the United States from 2019 to 2022. In 2022, 43 percent of local jails offered MOUD, which was 22.9 percent higher than the PRS target of 35 percent. These estimates provide insights into the percent of jails that make MOUD available to people who are incarcerated; however, it is emphasized that current data collection efforts are not conducted annually and cannot be directly compared across years.

Based on available data as of 2022, meeting the PRS target of increasing the percent of local jails offering MOUD to at least 44 percent by 2025 is on track. While progress is being made to increase the availability of MOUD in local jails, further work is needed to increase the number of people who receive these lifesaving medications. The National Survey of Substance Use Services in Jails reports that most jails offer MOUD to people who were already on the medication when they entered jail, while fewer jails that offer MOUD make methadone (12%), buprenorphine (28%), or naltrexone (37%) available to anyone with OUD who requests it. Additionally, among jails that offer SUD services but do not offer MOUD, 54 percent report that they lack adequate staff, 19 percent report policies that prohibit use of MOUD, and 16 percent report cost being a barrier to offering MOUD.

The Administration will continue its efforts to increase availability and use of MOUD to anyone with OUD by encouraging the use of SAMHSA's State Opioid Response (SOR) Grants and the Medicaid Reentry Section 1115 Demonstration Opportunity which allows state Medicaid programs to cover SUD services for people incarcerated in the period immediately prior to their release.³⁶ In 2021, the CDC also funded an Overdose Response Strategy Pilot Project award to New York Catholic Charities Care Coordination Services, in partnership with the Albany County Correctional Facility to connect referred individuals with Harm Reduction Re-Entry Specialist to provide support with discharge planning, harm reduction education, and wrap-around services designed to support their transition back to the community.



Figure 9: Percent of local jail facilities offering medications for opioid use disorder in the United States, 2019-2022.



Source: †The 2019 estimate was obtained from the Census of Jails. ‡The 2020 estimate was obtained from the National Jails Compendium. §The 2022 estimate was obtained from the National Survey of Substance Use Services in Jails.
Notes: Estimates cannot be directly compared from year to year. The 2019 Census of Jails had a 94% response rate. The National Survey of Substance Use Services in Jails had a 37% response rate and was fielded from June 2022 to April 2023. No estimate was available for the year 2021.



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

Under the leadership of the Biden-Harris Administration, the United States has engaged around the world to spur global action in the fight against synthetic drugs and reduce the supply of synthetic drugs into the United States. These efforts have borne fruit.

Border officials have stopped more illicit fentanyl at ports of entry in the past two fiscal years than in the previous five fiscal years combined and sanctioned over 300 persons and entities, thereby cutting them off from the United States' financial system.

In early 2023, the Administration announced a worldwide effort to mobilize international efforts to tackle the threat of synthetic drugs. In just over a year, the Global Coalition has grown to include over 160 countries and 15 international organizations working together to disrupt the supply chain for illicit fentanyl and other synthetic drugs; detect emerging drug threats; and prevent and treat substance use disorder through effective public health interventions.

Also in early 2023, President Biden, together with the President of Mexico and the Prime Minister of Canada, directed the establishment of a Trilateral Fentanyl Committee. That Committee now engages regularly to advance joint disruption, interdiction, and enforcement efforts to tackle the supply chain for fentanyl.

In November 2023, President Biden likewise negotiated the resumption of bilateral counternarcotics cooperation with the People's Republic of China (PRC), spurring the creation of a U.S.-PRC Counternarcotics Working Group. The Working Group has fostered increased cooperation on law enforcement actions and ongoing efforts to shut down companies that fuel illicit fentanyl and synthetic drug trafficking.

In July 2024, President Biden issued an NSM calling on all relevant Federal departments and agencies to do even more to stop the supply of illicit fentanyl and other synthetic opioids in the United States. The NSM directs increased intelligence collection, more intensive coordination and cooperation across departments and agencies, and additional actions to disrupt the production and distribution of illicit fentanyl.

In September 2024, the United States and India signed a new Memorandum of Understanding and Framework to bolster ongoing work and deepen collaboration to disrupt the illicit production and international trafficking of synthetic drugs and precursors chemicals.



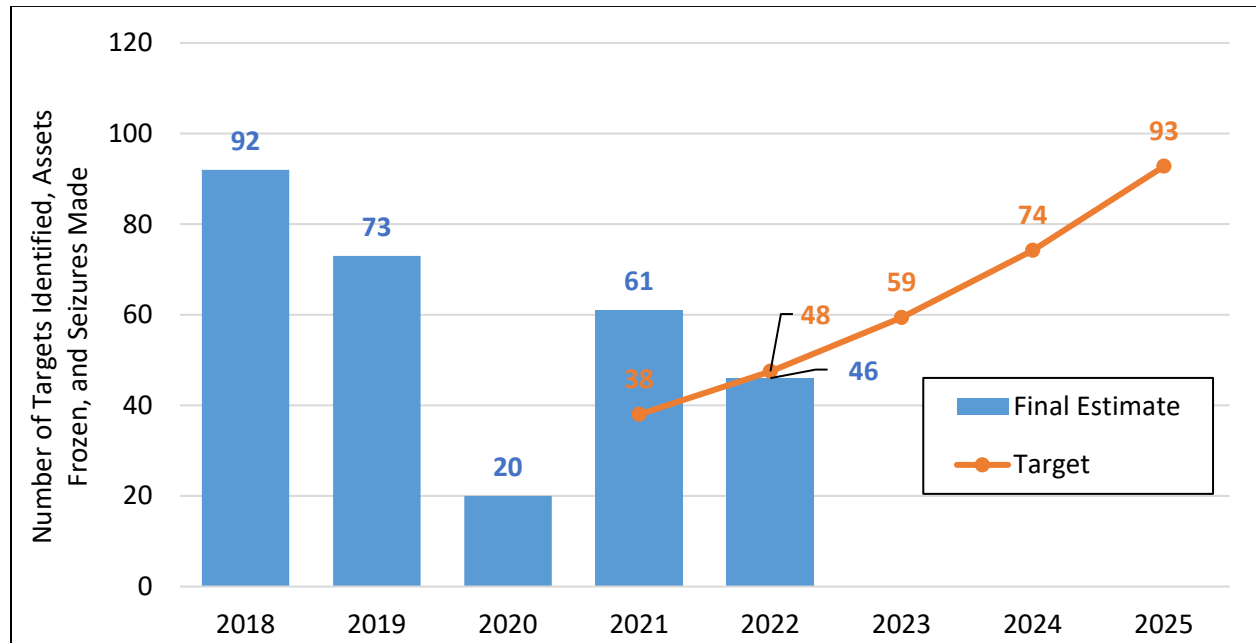
Objective 7.1: The number of targets identified in counternarcotics Executive Orders and related asset freezes and seizures made by law enforcement is increased by 365 percent by 2025.

The primary data source used to track progress in increasing the number of targets identified in counternarcotics Executive Orders (EO) and related asset freezes and seizures made by law enforcement is the Office of Foreign Assets Control.³⁷

Figure 19 shows the number of targets identified in counternarcotics EOs and related asset freezes and seizures made against transnational criminal organization (TCO) enablers from 2018 to 2022. In 2022, the number of individuals and entities targeted for activity tied to drug trafficking through sanctions was 46, which was 4.2 percent below the PRS target of 48. The number of individuals and entities targeted for activity tied to drug trafficking through sanctions decreased from 61 in 2021 to 46 in 2022.

Based on available data as of 2022, meeting the PRS target of increasing the number of targets identified in counternarcotics EOs and related asset freezes and seizures made against TCO enablers to 93 by 2025 is on track. The Administration will continue its effort to maintain this progress.

Figure 10: Number of targets identified in counternarcotics EOs and related asset freezes and seizures made against TCO enablers, 2018-2022.



Source: Office of Foreign Assets Control (OFAC).



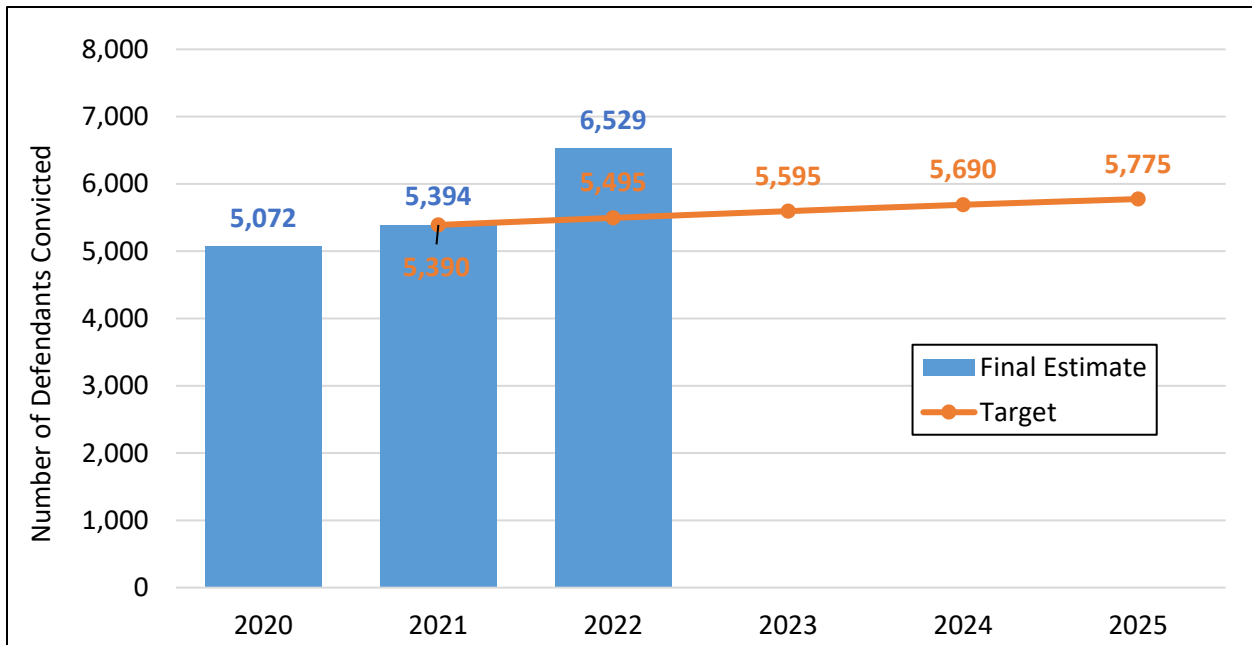
Objective 7.2: The number of defendants convicted in active Organized Crime Drug Enforcement Task Forces investigations that incorporate Financial Crimes Enforcement Network data is increased by 14 percent by 2025.

The primary data source used to track progress in increasing the number of defendants convicted in Organized Crime Drug Enforcement Task Force (OCDETF) investigations that incorporate Financial Crimes Enforcement Network (FinCEN) data is the OCDETF Management Information System.

Figure 20 shows the number of defendants convicted in active OCDETF investigations using FinCEN data. In 2022, the number of defendants convicted was 6,529, which was 18.8 percent higher than the PRS target of 5,495. The number of defendants convicted in active OCDETF investigations increased from 5,394 in 2021 to 6,529 in 2022.

Based on available data as of 2022, the PRS target of increasing the number of defendants convicted in active OCDETF investigations using FinCEN data to at least 5,775 by 2025 has already been met. The Administration will continue its effort to maintain this progress.

Figure 11: Number of defendants convicted in active Organized Crime Drug Enforcement Task Forces investigations that incorporate Financial Crimes Enforcement Network Data, 2020-2022.



Source: OCDETF Management Information System (MIS).



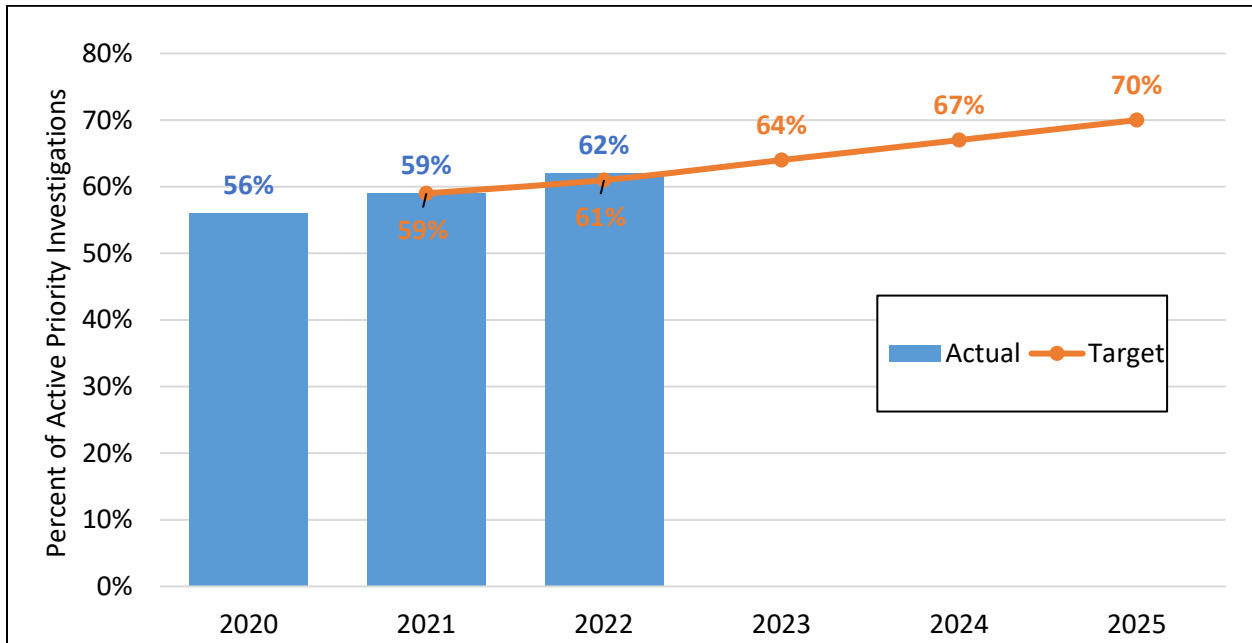
Objective 7.3: The percentage of active priority Organized Crime Drug Enforcement Task Forces investigations linked to the Sinaloa or Jalisco New Generation cartels, or their enablers (such as illicit financiers) is increased by 25 percent by 2025.

The primary data source used to track progress in increasing the percent of OCDETF investigations linked to the Sinaloa or Jalisco New Generation (CJNG) cartels or their enablers is the OCDETF Management Information System.

Figure 21 shows the percent of active priority OCDETF investigations linked to the Sinaloa and CJNG cartels from 2020 to 2022. In 2022, the percent of active priority OCDETF investigations was 62 percent, which was 1.6 percent higher than the PRS target of 61 percent. The percent of active priority OCDETF investigations increased from 59 percent in 2021 to 62 percent in 2022.

Based on available data as of 2022, meeting the PRS target of increasing the percent of active priority OCDETF investigations linked to the Sinaloa and CJNG cartels to at least 70 percent by 2025 is on track. The Administration will continue its effort to maintain this progress.

Figure 12: Percent of active priority Organized Crime Drug Enforcement Task Forces investigations linked to the Sinaloa or the Jalisco New Generation Cartels, 2020-2022.



Source: OCDETF Management Information System (MIS).



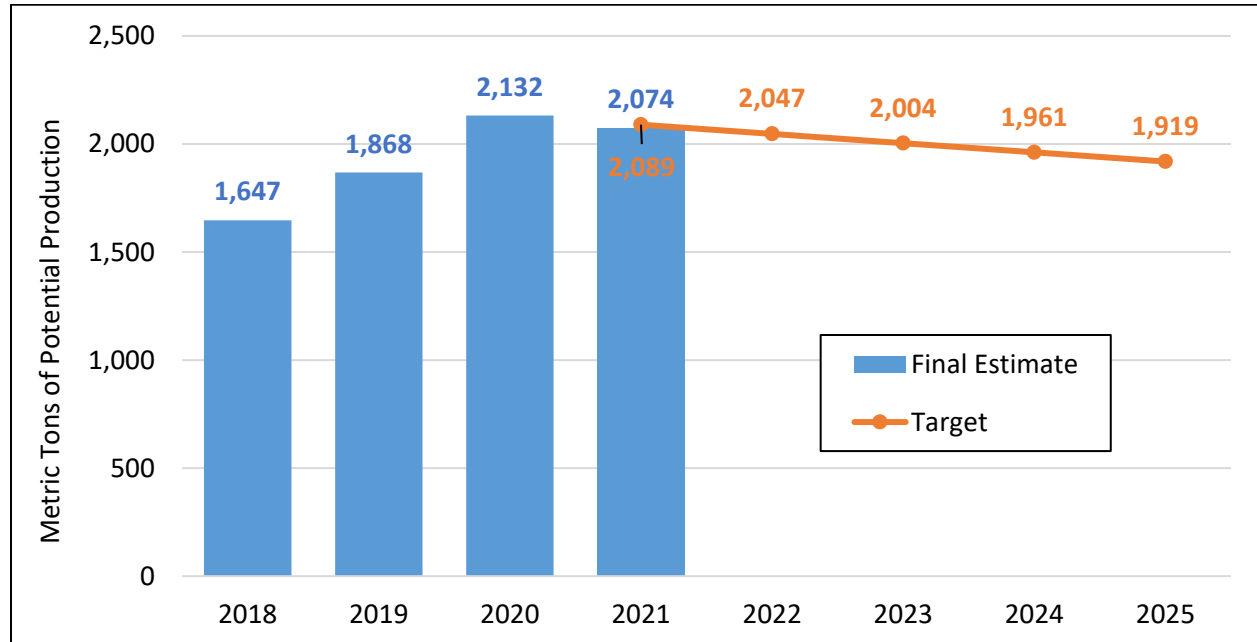
Objective 7.4: Potential production of cocaine is decreased by 10 percent, and heroin is decreased by 30 percent by 2025.

The primary data source used to track progress in decreasing potential production of cocaine comes from United States Government estimates measuring potential cocaine production for the Republic of Colombia, the Republic of Peru, and the Plurinational State of Bolivia. The United States Government is internally realigning responsibility for conducting illicit crop estimates. As a result of the change in responsibility, there will be a temporary gap in data for 2022 and 2023. This gap in data does not reflect a change in priorities, as reducing the global supply of cocaine and domestic demand for illicit substances remain top priorities for the Administration.

Figure 22 shows the metric tons of potential cocaine production from 2018 to 2021. In 2021, the potential cocaine production was 2,074 metric tons, which was 0.7 percent lower than the PRS target of 2,089 metric tons. The potential production of cocaine decreased from 2,132 metric tons in 2020 to 2,074 metric tons in 2021.

Based on available data as of 2021, meeting the PRS target of decreasing the potential production of cocaine to below 1,919 metric tons by 2025 is on track. While the 2021 estimate is on track to meet the PRS target, it is important to note that provisional estimates of drug overdose deaths involving cocaine for the 12-month period ending in July 2024 were 14.1% lower compared to a year prior. The Administration will continue its efforts to reduce the supply of cocaine.

Figure 13: Annual potential production of cocaine in metric tons, 2018-2021.



Source: United States Government estimates measuring potential cocaine production for the Republic of Colombia, the Republic of Peru, and the Plurinational State of Bolivia.

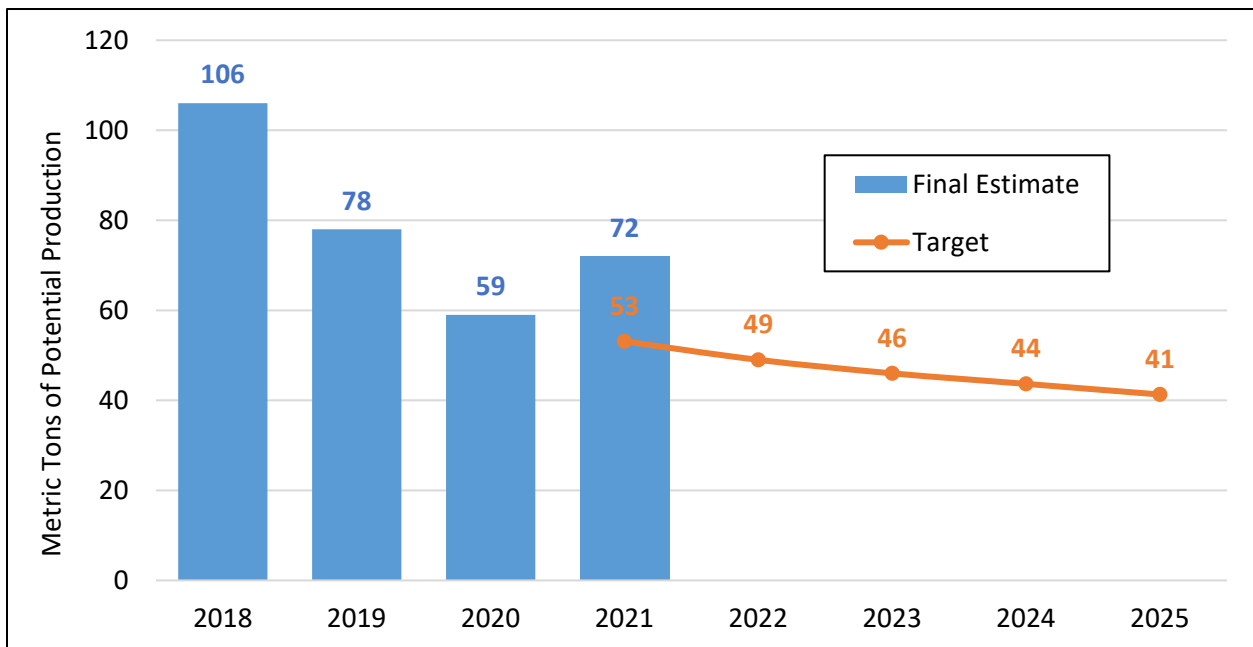


The primary data source used to track progress in decreasing potential production of heroin comes from United States Government estimates of Mexican heroin production. The United States Government is internally realigning responsibility for conducting illicit crop estimates. As a result of the change in responsibility, there will be a temporary gap in data for 2022 and 2023. This gap in data does not reflect a change in priorities, as reducing the global supply of heroin and domestic demand for illicit substances remain top priorities for the Administration.

Figure 23 shows the annual potential production of heroin in metric tons from 2018 to 2021. In 2021, the potential heroin production was 72 metric tons, which was 35.8 percent higher than the PRS target of 53 metric tons. The potential production of heroin increased from 59 metric tons in 2020 to 72 metric tons in 2021.

Based on available data as of 2021, accelerated action is needed to meet the PRS target of decreasing the potential production of heroin to below 41 metric tons by 2025. Although the 2021 estimate does not currently meet the PRS target, it is important to note that provisional estimates of drug overdose deaths involving heroin for the 12-month period ending in July 2024 were 33.6% lower compared to a year prior. This reduction in heroin-involved drug overdose deaths may indicate decreased availability and use of heroin or an increase in the availability and use of fentanyl in the United States.

Figure 14: Annual potential production of heroin in metric tons, 2018-2021.



Source: United States Government estimate of Mexican heroin production.



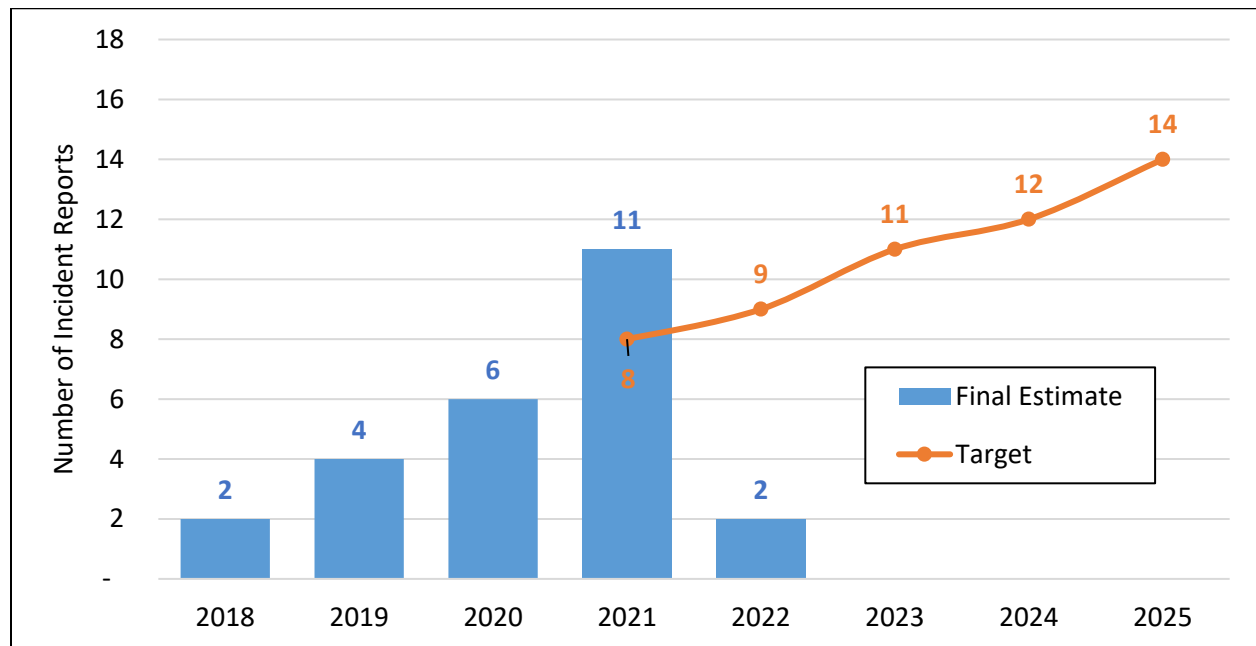
Objective 7.5: The number of incident reports for precursor chemicals sourced from China or India reported by North American countries increases by 125 percent by 2025.

The primary data source used to track progress in increasing the number of incident reports for precursor chemicals sourced from China or India reported by North American countries is the International Narcotics Control Board’s Precursors Incident Communication System (PICS).

Figure 24 shows the number of incident reports for precursor chemicals sourced from China or India. In 2022, the number of incident reports was 2, which was 77.8 percent below the PRS target of nine. The number of incident reports decreased from 11 in 2021 to 2 in 2022.

Based on available data as of 2022, accelerated action is needed to meet the PRS target of increasing the number of incident reports for precursor chemicals sourced from China or India to 14 by 2025. It is important to note that PICS is a voluntary reporting system. Estimates can fluctuate over time due to timeliness and participation in reporting, international priorities, and law enforcement caseload. Provisional estimates from 2023 show there were 14 incident reports reported to PICS for precursor chemicals sourced from China or India, suggesting this number will go back up in 2023.

Figure 15: Number of incident reports for precursor chemicals sourced from China or India reported by North American counties, 2018-2022.



Source: International Narcotics Control Board, Precursors Incident Communication System (PICS).



Appendix: Acronyms

| | |
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| ARCO | Association of Recovery Community Organizations |
| CDC | Centers for Disease Control and Prevention |
| CJNG | Jalisco New Generation |
| DFC | Drug-Free Communities |
| DOJ | Department of Justice |
| EO | Executive Order |
| FinCen | Financial Crimes Enforcement Network |
| FTS | Fentanyl test strips |
| HRSA | Health Resources and Services Administration |
| HUD | Department of Housing and Urban Development |
| INCB | International Narcotics Board |
| ISSL | Limited International Special Surveillance List |
| MIS | Management information system |
| MOUD | Medications for Opioid Use Disorder |
| MT | Metric tons |
| NARR | National Alliance for Recovery Residences |
| NDCI | National Drug Court Institute |
| NDCPA | National Drug Control Program agency |
| NIC | National Institute of Corrections |
| NSDUH | National Survey on Drug Use and Health |
| NYTS | National Youth Tobacco Survey |
| OCDETF | Organized Crime Drug Enforcement Task Forces |
| OFAC | Office of Foreign Assets Control |
| ONDCP | Office of National Drug Control Policy |
| OTP | Opioid Treatment Program |
| OUD | Opioid Use Disorder |
| PICS | Precursors Incident Communication System |
| PRS | Performance Review System |
| PRSS | Peer recovery support services |
| PWOD | People who use drugs |
| RCC | Recovery community center |
| RCO | Recovery Community Organizations |
| RSAT | Residential Substance Abuse Treatment |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SAR | Suspicious Activity Reports |
| SOR | State Opioid Response |
| SSP | Syringe Service Program |
| SUD | Substance Use Disorder |
| SUPTRS | Substance Use Prevention, Treatment and Recovery Services |
| TCO | Transnational Criminal Organization |
| TEDS | Treatment Episode Data Set |
| TTA | Training and Technical Assistance |
| UNODC | United Nations' Office on Drugs and Crime |
| WONDER | Wide-ranging ONline Data for Epidemiologic Research |



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