



# FY 2017 BUDGET AND PERFORMANCE SUMMARY

Companion to the  
National Drug Control Strategy

DECEMBER 2016



***National Drug Control Strategy***  
***FY 2017 Budget and Performance Summary***

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# Executive Summary

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## Executive Summary

In FY 2017, a total of \$31.1 billion is requested by the President to support *National Drug Control Strategy (Strategy)* efforts to reduce drug use and its consequences in the United States. The President's Budget includes a request for \$1.1 billion in new funding to address the misuse of opioid medications and the use of heroin. For FY 2017, the President's Budget includes increased funding of more than \$500 million (1.7 percent) over the enacted FY 2016 level of \$30.6 billion.

The Administration's 21st century approach to drug policy works to reduce illicit drug use and its consequences in the United States. This evidence-based plan, which balances public health and public safety efforts to prevent, treat, and provide recovery from the disease of addiction, seeks to build a healthier, safer, and more prosperous country. The FY 2017 drug control funding request recognizes the significant progress made in addressing challenges along the spectrum of drug policy with the significant drug-related challenges that continue to threaten public health and safety. In FY 2017, for the first time, the Administration proposes more funding for demand reduction efforts than those focused on supply reduction.

The *National Drug Control Budget: FY 2017 Funding Highlights* provides an overview of key funding priorities that support the *Strategy* and an overview of all drug control funding by function.

## Highlights of FY 2017 Key Funding Priorities

The non-medical use of opioid medications and heroin use have taken a heartbreaking toll on many Americans and their families, while straining resources of law enforcement and treatment programs. Data from the Centers for Disease Control and Prevention (CDC) show that opioids—a class of drugs that includes many prescription pain medications and heroin—were involved in 28,648 deaths in 2014. In particular, CDC found a continued sharp increase in heroin-involved deaths and an emerging increase in deaths involving synthetic opioids, such as fentanyl.

The President's FY 2017 Budget includes a two-pronged \$1.1 billion approach to expand the resources needed to address this epidemic. First, \$1.0 billion in new mandatory funding over two years will expand access to treatment and recovery support services for those suffering from opioid use disorder. This funding will boost efforts to help individuals seek and successfully complete treatment, and sustain recovery. This funding includes:

- \$920 million to support cooperative agreements with States to expand access to treatment for opioid use disorders. States will receive funds based on the severity of

the epidemic and on the strength of their strategy to respond to it. States can use these funds to expand treatment capacity and make services more affordable.

- \$50 million in National Health Service Corps to expand access to substance use disorder treatment providers. This funding will help support approximately 700 providers able to provide substance use disorder treatment services in areas across the country most in need of behavioral health providers.
- \$30 million to evaluate the effectiveness of treatment programs employing medication-assisted treatment (MAT) under real-world conditions and help identify opportunities to improve treatment for patients with opioid use disorder.

This investment, combined with other efforts underway to reduce barriers to treatment for substance use disorders, will help ensure that every American who wants treatment can access it and get the help they need.

Second, the President's Budget includes an increase of more than \$90 million to continue and expand current efforts across the Departments of Justice (DOJ) and Health and Human Services (HHS), to expand state-level prescription drug overdose prevention strategies, increase the availability of MAT programs, improve access to the overdose-reversal drug naloxone, and support targeted enforcement activities. A portion of this funding is directed specifically to rural areas, where rates of overdose and opioid use are especially high.

## **Addressing America's Heroin and Prescription Opioid Overdose Epidemic**

### ***Reducing Overdoses***

Reducing opioid overdoses, to include identifying those at risk of overdose, recognizing the signs of overdose, and expanding the use of naloxone, are key pieces of the Administration's strategy to address the opioid overdose epidemic. Specific funding requests to address the opioid epidemic include the following:

The FY 2017 Budget Request for the Substance Abuse and Mental Health Services Administration (SAMHSA) includes \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths. This program will provide continuation grants to 10 states to significantly reduce the number of opioid overdose-related deaths by helping states purchase naloxone, equipping first responders in high-risk communities, supporting education on the use of naloxone and other overdose death prevention strategies (including covering expenses incurred from dissemination efforts), and providing the necessary materials to assemble overdose kits.

The FY 2017 Budget Request for CDC includes \$80.0 million, \$10.0 million above the FY 2016 enacted level to fully expand its efforts to promote opioid prescribing guideline

dissemination and uptake. The Budget also continues to support the Prescription Drug Overdose Prevention for States program, which advances and evaluates comprehensive state-level interventions for preventing prescription drug over prescribing, misuse, and overdose, is expanding to all 50 states and the District of Columbia in FY 2016. The additional funding will be used to increase uptake among providers of CDC's 2016 opioid prescribing guidelines for chronic pain, as well as implementation of a coordinated care plan that addresses both opioid and heroin overdose prevention by improving care for high-risk opioid patients.

The FY 2017 Budget Request also includes \$5.6 million in funding for the CDC to address the rising rate of heroin-related overdose deaths by working to collect near real-time emergency department data and higher quality and timely mortality data by rapidly integrating death certificate and toxicology information. Apart from these programs, the FY 2017 budget request continues to provide funding for expansion of electronic death reporting to provide more timely, better quality data on deaths of public health importance, including drug overdose deaths.

### ***Enhancing Prescription Drug Monitoring Programs***

Prescription Drug Monitoring Programs (PDMPs) are an important state-based health care tool. PDMPs provide information to health care providers so they can better understand what is being prescribed and intervene before a prescription drug use disorder becomes chronic. Currently, PDMPs exist in 49 states. Specific funding requests to support PDMP implementation include the following:

The FY 2017 request for DOJ includes \$12.0 million for state grants to enhance the capacity of regulatory and law enforcement agencies (LEA) to collect and analyze controlled substance prescription data. The objectives of the Hal Rogers Prescription Drug Monitoring Grant Program include building a data collection and analysis system at the state level, enhancing the capacity of existing programs to analyze and use the data collected, facilitating the exchange of collected prescription data among states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

The FY 2017 Budget for SAMHSA includes \$119.5 million for the Strategic Prevention Framework. Within this amount, SAMHSA will target \$10 million to address prescription drug (including opioids) misuse; use PDMP data for prevention planning; and implement evidence-based practices and environmental strategies aimed at reducing prescription drug misuse.

The FY 2017 President's Budget also requests \$5.0 million in new funding for the Office of the National Coordinator for Health Information Technology to enhance prescription drug monitoring.

## **Expanding Medication-Assisted Treatment**

Medication-assisted Treatment (MAT) is an evidence-based treatment for individuals with opioid use disorders that combines medication with behavioral cognitive counseling. Currently, there are three medications approved by the Food and Drug Administration to treat opioid use disorder, methadone, buprenorphine, and naltrexone. However, it is underutilized and often not available to those who could benefit from its administration. Expanding access to MAT, in combination with other behavioral health care, will help address this issue and help more individuals sustain their recovery from opioid use disorders.

### ***Medication-Assisted Treatment Programs***

The FY 2017 Budget includes \$50.1 million for SAMHSA, an increase of \$25.1 million, to support the MAT for Prescription Drug and Opioid Addiction program for states. In FY 2017, SAMHSA plans to expand and enhance its program to improve access to MAT services for treating opioid use disorders. SAMHSA anticipates 23 new states that have demonstrated a dramatic increase in treatment admissions for opioid use disorders will be funded under the FY 2017 request.

SAMHSA is also requesting \$10.0 million for a buprenorphine prescribing authority demonstration project that will test the safety and effectiveness of expanding eligible prescribers of the medication to include non-physicians where permissible under state law. For people with opioid use disorders, lack of access to providers of Drug Addiction Treatment Act (DATA)-waived physicians is a significant barrier to buprenorphine maintenance therapy.

The Agency for Healthcare Research and Quality budget includes \$3.3 million in FY 2017 to continue grants to develop and test new methods, processes, and tools for overcoming barriers to implementing MAT in primary care and rural settings. These funds will also support a robust review of evidence and evaluation regarding MAT.

### ***Medication-Assisted Treatment for individuals in the Criminal Justice System***

The Bureau of Prisons' (BOP) budget contains \$118.1 million, \$1.5 million over the FY 2016 enacted level, to support substance use disorder treatment and education. These funds will be used for the Residential Drug Abuse Program (RDAP).

The BOP's budget also contains \$1.0 million in new resources to expand the MAT Pilot. The pilot will provide an opportunity to evaluate whether MAT should be expanded in the corrections setting.



## ***Second Chance Act Program***

DOJ is requesting \$50 million in drug-related funding for the Second Chance Act Program for FY 2017, \$16.0 million above the FY 2016 drug-related funding level. In an effort to curb recidivism and assist formerly incarcerated individuals returning to communities, the Second Chance Act program provides grants to develop and expand offender reentry programs. Second Chance Act supports state, local, and tribal governments' and nonprofit organizations' efforts to offer substance use disorder treatment and various services to help offenders transition from incarceration to reintegration into society safely and successfully.

## ***Residential Substance Use Disorder Treatment***

The Office of Justice Program's budget contains \$14.0 million, \$2.0 million over the FY 2016 enacted level, to establish and improve residential substance use disorder treatment programs in correctional facilities, as well as community-based services for probationers and parolees in an effort to help offenders stay drug-free and develop skills needed to sustain themselves upon reentry into society.

## **Drug Prevention**

The Obama Administration is committed to supporting prevention programs that discourage the use of substances, while encouraging community outreach efforts focused on getting youth who have begun to use substances to cease their use.

## ***Drug-Free Communities Support Program***

The Drug-Free Communities (DFC) Support Program is built upon the idea that local problems require local solutions. DFC funding provides for the bolstering of community infrastructure to support environmental prevention strategies to be planned, implemented, and evaluated in communities across the United States, Territories and Protectorates. The DFC Program is guided by local communities who identify and develop evidence-based strategies to reduce drug use and its consequences. For FY 2017, \$88.5 million will fund approximately 635 DFC grants and continue the DFC National Cross-Site Evaluation.

## **Addressing Domestic and Transnational Organized Crime**

The Obama Administration will also employ tools to disrupt the flow of illicit drugs into our country, and reduce drug trafficking domestically.

### ***High Intensity Drug Trafficking Areas Program***

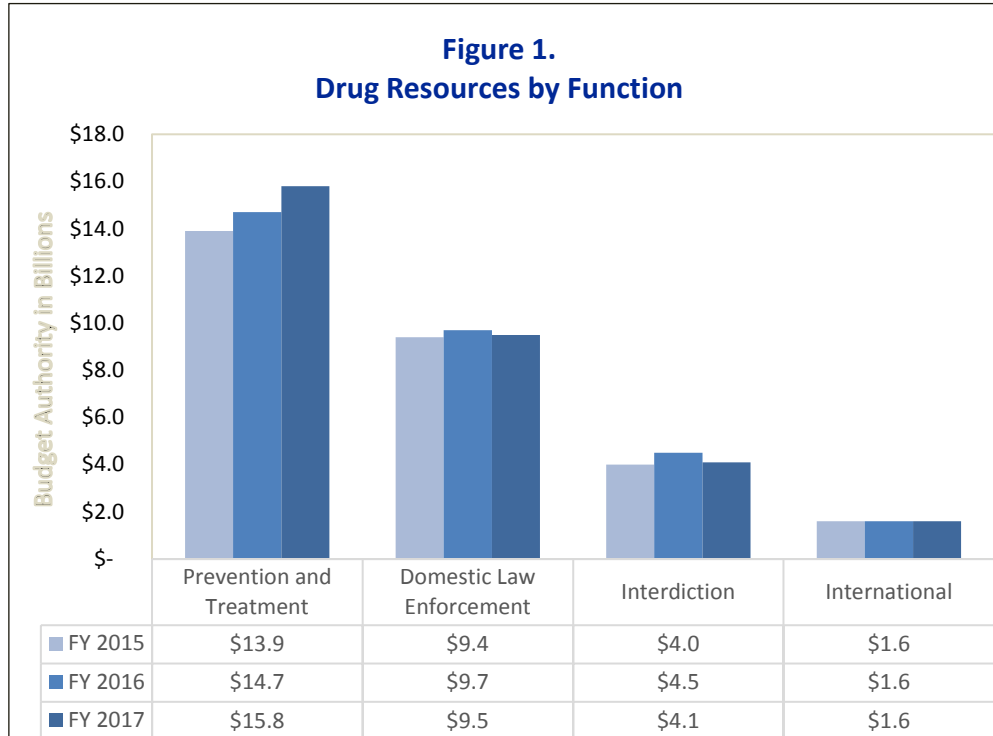
The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal LEAs operating in areas determined to be critical drug-trafficking regions of the United States. A total of \$196.4 million is requested for the HIDTA program in FY 2017.

### ***Department of Justice Heroin Enforcement Groups***

The Drug Enforcement Administration (DEA) is in the forefront of addressing the trafficking of illicit substances domestically and abroad. To strengthen these efforts, the FY 2017 request includes \$12.5 million to create four new enforcement groups in DEA's domestic field divisions that report heroin as the highest drug threat. Funding will provide DEA with additional staff to respond to the increasing heroin threat.

# FY 2017 Budget by Function And Other Funding Priorities

The consolidated National Drug Control Budget details agency resources by function. Functions categorize the activities of agencies into common drug control areas. Figure 1 details funding by function.



## Prevention

Preventing drug use before it starts is a fundamental element of the *Strategy*. Federal resources totaling \$1.5 billion in support of education and outreach programs is requested to educate young people about the consequences of drug use and prevent youth initiation. This represents an increase of \$48.5 million (3.2 percent) over the FY 2016 level; the major efforts are highlighted below:

### **Substance Abuse Prevention and Treatment Block Grant (\$371.6 million)**

#### ***Department of Health and Human Services – Substance Abuse and Mental Health Services Administration***

Twenty percent of the \$1.9 billion (i.e., \$371.6 million) Substance Abuse Prevention and Treatment Block Grant is the minimum set-aside to support prevention services. State Substance Abuse Administering Agencies (SSA) use these funds to develop infrastructure

and capacity specific to substance use disorder prevention. Some SSAs rely heavily on the 20 percent set-aside to fund prevention, target gaps in prevention services, and enhance existing program efforts.

### **Education's Prevention Efforts (\$50.1 million)**

#### ***Department of Education***

The \$50.1 million request includes \$46.5 million for School Climate Transformation Grants and related technical assistance. These funds help create positive school climates through multi-tiered decision-making frameworks that guide the selection, integration, and implementation of the best evidence-based behavioral practices. A key aspect of this multi-tiered approach is that it provides differing levels of support and interventions to students based on their needs. In schools where these frameworks are implemented well, there is evidence that youth risk factors are improved; improved risk factors are correlated with reduced drug use, among other improved behaviors.

### **Prevention Research (\$405.9 million)**

#### ***Department of Health and Human Services – National Institutes of Health***

The National Institutes of Health's (NIH) National Institute on Drug Abuse (NIDA) invests in genetics, neuroscience, pharmacotherapy, and behavioral and health services research, producing innovative strategies for preventing substance use disorders. In addition, NIDA is supporting research to better understand the impact of changes in state policies related to marijuana. Through the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the NIH helps to develop strategies to prevent the short- and long-term consequences of alcohol use among youth.

### **Drugged Driving (\$11.5 million)**

#### ***Department of Transportation, National Highway Traffic Safety Administration***

Department of Transportation, National Highway Traffic Safety Administration's (NHTSA) FY 2017 request supports the Drug-Impaired Driving Program, which provides public information, outreach efforts, and improved law enforcement training to help reduce drugged driving. Funding will also allow NHTSA to continue to conduct research designed to reduce the incidence of drug-impaired driving.

### **Anti-Doping Activities/World Anti-Doping Agency Dues (\$10.0 million)**

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

Anti-doping activities focus on efforts to educate athletes on the dangers of drug use, eliminate doping in amateur athletic competitions, and rely on standards established and recognized by the United States Olympic Committee. Funding for both of these efforts promotes an increased awareness in the United States and internationally of the health and ethical dangers of illicit drug use and doping in sport. Funding and participation in the Anti-Doping Activities/World Anti-Doping Agency is necessary to compete in international events. These activities support state-of-the-art research within the scientific and public

health communities, while striving to protect athletes' fundamental rights to participate in drug-free sports, and thus promote the health and safety of athletes at all levels.

## **Treatment**

Treatment and recovery support services are essential elements of the *Strategy's* efforts to support long-term recovery among people with substance use disorders. The FY 2017 Budget proposes \$14.3 billion, an increase of \$1,033.0 million (7.8 percent) over the FY 2016 enacted level in Federal funds for early intervention, treatment, and recovery services. Substance use disorder treatment services need to be integrated better into primary care settings, made more widely accessible, and made eligible for insurance coverage on par with other medical conditions. The Affordable Care Act (ACA) helped address these issues, but greater attention is needed for the treatment of opioid use disorders in particular. The major efforts in this area include the following:

### **Medicare- & Medicaid-funded Substance Use Disorder Treatment Services (\$9,140.0 million)**

#### ***Department of Health and Human Services – Centers for Medicare & Medicaid Services***

Substance use disorder treatment is usually financed through a variety of public and private sources (i.e., private health insurance, Medicaid, Medicare, state and local funds, and other Federal support). The Federal Government makes its largest contribution to the payment for treatment through the Medicaid and Medicare programs. The Medicaid estimate is based on Federal reimbursement to states for substance use disorder treatment services. Medicare supports treatment for substance use disorders in both inpatient and outpatient settings.

### **Substance Use Disorder Treatment for Veterans (\$707.6 million)**

#### ***Department of Veterans Affairs – Veterans Health Administration***

The Department of Veterans Affairs (VA) operates a national network of substance use disorder treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics. It provides effective, safe, efficient, recovery-oriented, and compassionate care for Veterans with substance use disorders and mental illness.

### **State Cooperative Agreements for Expanding MAT (\$460.0 million)**

#### ***Department of Health and Human Services – Substance Abuse and Mental Health Services Administration***

To better address the opioid crisis affecting the Nation, HHS is including a new program to help expand access to treatment for opioid use disorders. The State Targeted Response Cooperative Agreements will be used to assist states in addressing commonly-cited barriers to receiving treatment, such as expanding access, reducing costs, engaging patients, and addressing stigma. It is anticipated that all states will receive some funding to expand treatment for opioid use disorders, but the greater proportion of funding will go to states

with the greatest need for additional treatment and the strongest plans for addressing this need.

**Cohort Monitoring and Evaluation of MAT Outcomes (\$15.0 million)**

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

This new program will evaluate the effectiveness of MAT programs to improve service delivery and decrease the incidence of opioid-related overdose and death.

**National Health Service Corps – MAT (\$25.0 million)**

***Department of Health and Human Services – Health Resources and Services Administration***

The Health Resources and Services Administration (HRSA) provides medical services to areas of high need, and the National Health Service Corps constitutes a substantial part of this workforce. In order to integrate treatment for substance use disorders into primary care in Corps-served areas, a new request is being made to encourage and incentivize training in the administration of MAT.

**Substance Abuse Prevention and Treatment Block Grant (\$1,486.5 million)**

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

Up to 80 percent of the \$1.9 billion Substance Abuse Prevention and Treatment Block Grant (i.e., \$1,486.5 million) is estimated to support treatment services and related activities. This formula-based funding to states supports the provision of substance use disorder treatment services, providing maximum flexibility to states to respond to their local or regional emergent issues impacting health, public health, and public safety through a consistent Federal funding stream. The grant allows states to provide a range of clinical and recovery support services to clients during treatment and recovery, and also supports planning, coordination, needs assessment, and quality assurance.

**Screening, Brief Intervention, and Referral to Treatment (\$30.0 million)**

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

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, funded via Public Health Service Evaluation funds, provides grants to health care providers to intervene early in the disease process before individuals achieve dependency, and to motivate the clients with substance use disorders to engage in substance use disorder treatment. Grant funds will further integrate SBIRT within medical treatment settings to provide early identification and intervention to at-risk individuals within the context of their primary care provider.

### **Treatment Research (\$689.9 million)**

#### ***Department of Health and Human Services – National Institutes of Health***

The NIH's NIDA invests in genetics, neuroscience, pharmacotherapy, and behavioral and health services research, producing innovative strategies for treating substance use disorders. For example, NIDA supports a large research network for conducting studies related to treatment of substance use disorders in the criminal justice system, including studies that pertain to the implementation of MAT and seek, test, treat, and retain (STTR) for individuals with substance use disorders at risk for human immunodeficiency virus (HIV). Through NIAAA, the NIH helps to develop strategies to treat the short- and long-term consequences of alcohol misuse among youth.

### **Substance Use Disorders Treatment for Military Service Members/Families (\$75.5 million)**

#### ***Department of Defense – Defense Health Program***

The Department of Defense's (DoD) Defense Health Program provides medical and dental services, including treatment for substance use disorders, for all members of the armed forces to include all eligible beneficiaries. In addition to treatment services, the Defense Health Program also conducts Alcohol and Substance Use Disorder research.

### **Homeless Assistance Grants - Continuum of Care (\$589.1 million)**

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

The *Strategy* calls for Federal support for reducing barriers to recovery from substance use disorders, including lack of housing. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The Department's Continuum of Care (CoC)—Homeless Assistance Grants support efforts to eliminate homelessness by financing local solutions to locate, intervene, and house the homeless population. These programs provide housing and supportive services on a long-term basis.

### **Drug Courts (\$92.0 million)**

#### ***Department of Health and Human Services - Substance Abuse and Mental Health Services Administration***

#### ***Department of Justice - Office of Justice Programs***

Drug courts help reduce recidivism, provide treatment to individuals with substance use disorders, and improve the likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other rehabilitation services. HHS (\$50.0 million) and DOJ (\$42.0 million), work together to enhance court services, coordination, and the substance use disorder treatment capacity of juvenile, family and adult drug courts.

### **Offender Reentry Program/Prisoner Reentry Initiative (\$61.9 million)**

#### ***Department of Health and Human Services - Substance Abuse and Mental Health Services Administration***

#### ***Department of Justice – Office of Justice Programs***

Reentry grants from HHS (\$11.9 million) and DOJ (\$50.0 million) provide screening, assessment, and comprehensive substance use disorder treatment and recovery support services for people reentering the community after a period of incarceration, as well as people who are currently on or being released from probation or parole. Reentry programs help make communities safer; assist those returning from prison and jail in becoming productive, tax-paying citizens; and save taxpayer dollars by lowering the direct and collateral costs of incarceration.

### **Bureau of Prisons Drug Treatment Efforts (\$118.1 million)**

#### ***Department of Justice – Bureau of Prisons***

BOP continues to develop evidence-based treatment practices to manage and treat incarcerated individuals with substance use disorders. BOP's strategy includes early identification through psychological screening of individuals entering prison. According to the severity of the disease, BOP provides drug education, treatment for those within the general population, separate intensive residential substance use disorder treatment and community transition treatment. The request includes \$1.0 million to expand BOP's MAT field trial program, which provides medication during the last two months of incarceration and for four to six weeks after release in community custody, a residential reentry center, or home confinement.

### **Judiciary Treatment Efforts (\$196.3 million)**

#### ***Federal Judiciary***

The Federal Judiciary (Judiciary) provides for court-ordered drug testing, drug treatment, and supervision of Federal defendants, probationers, parolees, and those on supervised release after incarceration. Funding is used by the 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 Executive Office of the U.S. Attorneys 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 use by persons under supervision and to remove violators from the community before relapse leads to recidivism.

## **Domestic Law Enforcement**

Federal, state, local, and tribal LEAs play a key role in the Administration's approach to reducing drug use and its consequences. Maximizing Federal support for interagency law enforcement drug task forces is critical to leveraging limited resources. A total of \$9.5 billion in Federal resources are requested in FY 2017 to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), a



decrease of \$173.6 million (1.8 percent) below the FY 2016 enacted level. The major efforts are highlighted below.

**Methamphetamine Enforcement and Lab Cleanup Grants (\$11.0 million)**

***Department of Justice***

These grants provide assistance to state, local, and tribal LEAs in support of programs to address methamphetamine production and distribution. Working with the DEA, funding also supports assistance to state and local law enforcement in removing and disposing of hazardous materials generated by clandestine methamphetamine labs, and providing training, technical assistance, and equipment to assist LEAs in managing hazardous waste.

**Federal Law Enforcement Training Center (\$43.2 million)**

***Department of Homeland Security***

The Federal Law Enforcement Training Center (FLETC) is a law enforcement training facility that provides training and technical assistance to Federal, state, local, tribal, territorial, and international law enforcement entities. As part of its curriculum, FLETC provides training programs comprised of drug enforcement activities and drug-related investigations to enhance the qualifications of law enforcement personnel.

**Federal Drug Investigations (\$3,317.0 million)**

***Multiple agencies***

Federal law enforcement personnel—including those from DOJ (\$2,520.9 billion), Homeland Security (\$543.0 million), Treasury \$95.8 million), DoD (\$12.4 million), Interior (\$14.9 million), and Agriculture (\$11.3 million) - prepare drug cases for the arrest and prosecution of leaders and traffickers of illegal drug organizations, seize drugs and assets, and enforce Federal laws and regulations governing the legitimate handling, manufacturing, and distribution of controlled substances.

**Federal Prosecution (\$873.8 million)**

***Multiple agencies***

A number of agencies—including DOJ's Organized Crime Drug Enforcement Task Force (OCDETF) Program (\$161.4 million), U.S. Marshals Service (\$144.3 million), Executive Office of the U.S. Attorneys (\$75.9 million), and Criminal Division (CRM) (\$39.9 million), and the Judiciary (\$447.7 million)—conduct Federal criminal proceedings against drug trafficking and money laundering organizations. The related costs include salaries for attorneys and other court personnel, defender services, judicial and courthouse security, prisoner security, and other administrative costs.

**Corrections (\$4,476.3 million)**

***Department of Justice/Federal Judiciary***

BOP (\$3,373.7 million), the Judiciary (\$597.1 million), and the U.S. Marshals Service (\$505.5 million) conduct activities associated with the incarceration and monitoring of drug-related offenders. The request includes funding for the costs associated with inmate care, security

and facility maintenance, contracted confinement, and general management and administration.

## **Interdiction**

The United States continues to face a serious challenge from the large scale smuggling of drugs from abroad that are distributed to every region of the Nation. In FY 2017, the Administration's request includes \$4.1 billion to support the efforts of Federal LEAs, the military, the intelligence community, and our international allies to support collaboration to interdict or disrupt shipments of illegal drugs, their precursors, and their illicit proceeds. The FY 2017 request represents a decrease of \$341.4 million, (7.6 percent) below the FY 2016 enacted level. The major efforts are highlighted below.

### **Customs and Border Protection (\$2,400.4 million)**

#### ***Department of Homeland Security***

Customs and Border Protection (CBP) implements border enforcement strategies to interdict and disrupt the flow of narcotics and other contraband across our Nation's borders. The comprehensive interdiction strategy includes the border security personnel at and between ports of entry (POE), detection and monitoring provided by aviation assets, and border security infrastructure and technology.

### **United States Coast Guard (\$1,269.0 million)**

#### ***Department of Homeland Security***

One facet of the United States Coast Guard's (Coast Guard) mission is maritime interdiction. The Coast Guard functions as the maritime counternarcotics presence in the source, transit, and arrival zones. Their maritime interdiction activities disrupt the flow of drugs into the United States.

### **Federal Aviation Administration Interdiction Support (\$12.6 million)**

#### ***Department of Transportation/Federal Aviation Administration***

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zones to detect possible suspicious aircraft movement. When suspicious movement is identified, the Federal Aviation Administration (FAA) notifies the DEA and Coast Guard of such activity. Upon confirmation of suspicious aircraft movement, FAA controllers support interdiction efforts by providing radar vectors to track the time of arrival, traffic advisory information, and last known positions to intercept aircrafts of interest.

### **Department of Defense Drug Interdiction (\$435.5 million)**

#### ***Department of Defense***

DoD's counterdrug programs detect, monitor, and support the disruption of drug trafficking organizations. Additionally, DoD coordinates interagency resources and force requirements of air and surface assets in the Western Hemisphere Transit Zone.

## **International**

Illicit drug production and trafficking generate huge profits and are responsible for the establishment of criminal enterprise networks that are powerful and corrosive forces that destroy the lives of individuals, tear at the social fabric, and weaken the rule of law in affected countries. In FY 2017, \$1.6 billion is requested for international drug control efforts, a decrease of \$55.9 million (3.4 percent) below the FY 2016 enacted level. These funds are requested to support the efforts of the United States Government and our international partners around the globe to meet the challenges of illicit trafficking of all drugs, including synthetics and precursors, and illicit substance use. The major efforts in this area include the following.

### **DEA's International Efforts (\$467.9 million)**

#### ***Department of Justice***

The focus of DEA's international enforcement program is to disrupt or dismantle the most significant international drug and precursor chemical trafficking organizations around the world. Personnel in DEA's foreign country offices focus their investigative efforts on the most significant international command and control organizations threatening the United States. DEA coordinates all programs involving drug law enforcement in foreign countries, and also provides intelligence to assist the interagency community in determining future trends in drug trafficking and evaluating their long-term impact. DEA works closely with the United Nations, Interpol, and other organizations on matters relating to international drug and chemical control programs.

### **Bureau of International Narcotics and Law Enforcement Affairs (\$382.4 million)**

#### ***Department of State***

In support of the *Strategy*, Bureau of International Narcotics and Law Enforcement Affairs (INL) works closely with partner nations and source countries to disrupt illicit drug production, strengthen criminal justice systems and law enforcement institutions, and address transnational organized crime (TOC). INL is comprehensive in its approach to the counterdrug mission and provides training and technical assistance for prevention and treatment programs.

### **United States Agency for International Development (\$131.9 million)**

#### ***Department of State***

The United States Agency for International Development (USAID) provides foreign assistance funds to develop holistic alternatives to illicit drug production by providing agricultural assistance, improving small scale infrastructure, increasing market accessibility, and incentivizing licit crop production. USAID's alternative development (AD) programs foster economic growth, local governance and civil society strengthening, and enhanced security of impacted communities.

## **DoD International Counternarcotics Efforts (\$567.1 million)**

### ***Department of Defense***

The international support programs of DoD's Combatant Commands detect, interdict, disrupt, or monitor activities related to drug trafficking organizations and transnational criminal organizations. In the Western Hemisphere Transit Zone, DoD functions as the command and control support for counterdrug activities for Federal, state, local and international partners.

The tables below provide further detail on Federal drug control funding by function (Table 1), Federal drug control funding by agency (Table 2), and historical Federal drug control funding (Table 3).

# Drug Control Funding Tables

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## Table 1: Federal Drug Control Spending by Function

FY 2015 - FY 2017

(Budget Authority in millions)

	FY 2015 Final	FY 2016 Enacted	FY 2017 Request	FY16-FY17 Change Dollars	FY16-FY17 Change Percent
<b>Function</b>					
Treatment	\$12,543.1	\$13,248.6	\$14,281.6	+\$1,033.0	+7.8%
<i>Percent</i>	43.4%	43.4%	46.0%		
Prevention	1,341.5	1,496.2	1,544.7	+48.5	+3.2%
<i>Percent</i>	4.6%	4.9%	5.0%		
Domestic Law Enforcement	9,394.5	9,699.1	9,525.5	-173.6	-1.8%
<i>Percent</i>	32.5%	31.7%	30.7%		
Interdiction	3,960.9	4,479.9	4,138.5	-341.4	-7.6%
<i>Percent</i>	13.7%	14.7%	13.3%		
International	1,643.0	1,637.0	1,581.1	-55.9	-3.4%
<i>Percent</i>	5.7%	5.4%	5.1%		
<b>Total</b>	<b>\$28,882.9</b>	<b>\$30,560.8</b>	<b>\$31,071.4</b>	<b>+\$510.6</b>	<b>+1.7%</b>
<b>Supply/Demand</b>					
Demand Reduction	\$13,884.6	\$14,744.8	\$15,826.3	+\$1,081.5	+7.3%
<i>Percent</i>	48.1%	48.2%	50.9%		
Supply Reduction	14,998.3	15,816.1	15,245.1	-571.0	-3.6%
<i>Percent</i>	51.9%	51.8%	49.1%		
<b>Total</b>	<b>\$28,882.9</b>	<b>\$30,560.8</b>	<b>\$31,071.4</b>	<b>+\$510.6</b>	<b>+1.7%</b>

Note: Detail may not add due to rounding.

**Table 2: Federal Drug Control Spending by Agency**(Budget Authority in millions)<sup>1</sup>

	FY2015 Final	FY2016 Enacted	FY2017 Request
<b>Department of Agriculture</b>			
U.S. Forest Service	12.4	12.3	17.9
<b>Court Services and Offender Supervision Agency for the District of Columbia</b>	52.6	58.1	58.7
<b>Department of Defense</b>			
Drug Interdiction and Counterdrug Activities/OPTempo	1,409.3	1,343.3	1,222.0
Defense Health Program	<u>73.5</u>	<u>75.5</u>	<u>75.5</u>
<b>Total Department of Defense</b>	<b>1,482.8</b>	<b>1,418.8</b>	<b>1,297.5</b>
<b>Department of Education</b>			
Office of Elementary and Secondary Education	50.2	50.1	50.1
<b>Federal Judiciary</b>	1,158.9	1,210.6	1,246.7
<b>Department of Health and Human Services</b>			
Administration for Children and Families	18.6	18.5	60.0
Centers for Disease Control and Prevention	20.0	75.6	85.6
Centers for Medicare & Medicaid Services <sup>2</sup>	8,230.0	8,760.0	9,140.0
Health Resources and Services Administration	27.8	129.0	164.0
Indian Health Service	111.3	114.7	140.9
National Institute on Alcohol Abuse and Alcoholism	59.5	54.2	54.2
National Institute on Drug Abuse	1,015.7	1,050.6	1,050.6
Substance Abuse and Mental Health Services Administration <sup>3</sup>	<u>2,460.4</u>	<u>2,512.2</u>	<u>2,986.0</u>
<b>Total Health and Human Services</b>	<b>11,943.3</b>	<b>12,714.7</b>	<b>13,681.3</b>
<b>Department of Homeland Security</b>			
Customs and Border Protection	2,423.0	2,664.9	2,655.7
Federal Emergency Management Agency	8.3	8.3	6.2
Federal Law Enforcement Training Center	46.8	44.1	43.6
Immigration and Customs Enforcement	467.9	485.8	527.0
United States Coast Guard	<u>1,265.7</u>	<u>1,616.1</u>	<u>1,269.0</u>
<b>Total Homeland Security</b>	<b>4,211.5</b>	<b>4,819.1</b>	<b>4,501.6</b>
<b>Department of Housing and Urban Development</b>			
Community Planning and Development	463.5	486.9	589.1

<b>Department of the Interior</b>			
Bureau of Indian Affairs	9.7	9.7	9.7
Bureau of Land Management	5.1	5.1	5.1
National Park Service	<u>3.3</u>	<u>3.3</u>	<u>3.3</u>
<b>Total Interior</b>	<b>18.1</b>	<b>18.1</b>	<b>18.1</b>
<b>Department of Justice</b>			
Assets Forfeiture Fund	284.1	238.7	243.1
Bureau of Prisons	3,491.0	3,672.4	3,491.8
Criminal Division	40.0	39.0	39.9
Drug Enforcement Administration	2,373.1	2,426.5	2,485.6
Organized Crime Drug Enforcement Task Force Program	507.2	512.0	522.1
Office of Justice Programs	260.9	280.2	275.6
U.S. Attorneys	76.8	72.6	75.9
U.S. Marshals Service	270.4	278.1	289.9
U.S. Marshals Service - Federal Prisoner Detention	<u>498.0</u>	<u>510.0</u>	<u>505.5</u>
<b>Total Justice</b>	<b>7,801.7</b>	<b>8,029.6</b>	<b>7,929.4</b>
<b>Department of Labor</b>			
Employment and Training Administration	6.0	6.0	6.0
<b>Office of National Drug Control Policy</b>			
High Intensity Drug Trafficking Areas	245.0	250.0	196.4
Other Federal Drug Control Programs	107.2	109.8	98.5
Salaries and Expenses	<u>22.6</u>	<u>20.0</u>	<u>19.3</u>
<b>Total Office of National Drug Control Policy</b>	<b>374.8</b>	<b>379.9</b>	<b>314.2</b>
<b>Department of State<sup>4</sup></b>			
Bureau of International Narcotics and Law Enforcement Affairs	446.1	434.7	382.4
United States Agency for International Development	<u>95.5</u>	<u>136.2</u>	<u>131.9</u>
<b>Total State</b>	<b>541.6</b>	<b>570.8</b>	<b>514.3</b>
<b>Department of Transportation</b>			
Federal Aviation Administration	30.7	31.5	31.6
National Highway Traffic Safety Administration	<u>2.7</u>	<u>11.5</u>	<u>11.5</u>
<b>Total Transportation</b>	<b>33.4</b>	<b>43.0</b>	<b>43.1</b>
<b>Department of the Treasury</b>			
Internal Revenue Service	60.3	60.3	95.8
<b>Department of Veterans Affairs</b>			
Veterans Health Administration <sup>5</sup>	671.8	682.4	707.6
	<b>\$28,882.9</b>	<b>\$30,560.8</b>	<b>\$31,071.4</b>

<sup>1</sup>Detail may not add due to rounding.

<sup>2</sup>The estimates for the CMS reflect Medicaid and Medicare benefit outlays for substance use disorder treatment; they do not reflect budget authority. The estimates were developed by the CMS Office of the Actuary.

<sup>3</sup>Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act.

<sup>4</sup>The FY 2016 funding level represents the FY 2016 President's Budget request.

<sup>5</sup>VA Medical Care receives advance appropriations; FY 2016 funding was provided in the Consolidated Appropriations Act, 2014 (Public Law No: 113-76).



**Table 3: Historical Federal Drug Control Spending**  
(Budget Authority in Millions)<sup>1</sup>

	FY 2008 Final	FY 2009 Final	FY 2010 Final	FY 2011 Final	FY 2012 Final	FY 2013 Final	FY 2014 Final	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
Treatment	6,725.1	7,208.7	7,544.5	7,659.7	7,848.3	7,888.6	9,481.8	12,543.1	13,248.6	14,281.6
Prevention	1,848.1	1,961.0	1,573.4	1,483.9	1,346.2	1,274.9	1,316.9	1,341.5	1,496.2	1,544.7
<b>Total Demand Reduction</b>	<b>8,573.2</b> 39.3%	<b>9,169.7</b> 36.9%	<b>9,117.9</b> 37.0%	<b>9,143.5</b> 37.5%	<b>9,194.4</b> 37.5%	<b>9,163.5</b> 38.5%	<b>10,798.7</b> 42.0%	<b>13,884.6</b> 48.1%	<b>14,744.8</b> 48.2%	<b>15,826.3</b> 50.9%
Domestic Law Enforcement	8,293.9	9,463.0	9,245.5	9,217.3	9,439.5	8,857.0	9,348.8	9,394.5	9,699.1	9,525.5
Interdiction	2,968.7	3,699.2	3,662.4	3,977.1	4,036.5	3,940.6	3,948.5	3,960.9	4,479.9	4,138.5
International	1,998.5	2,532.6	2,595.0	2,027.6	1,833.7	1,848.5	1,637.1	1,643.0	1,637.0	1,581.1
<b>Total Supply Reduction</b>	<b>13,261.1</b> 60.7%	<b>15,694.9</b> 63.1%	<b>15,502.9</b> 63.0%	<b>15,221.9</b> 62.5%	<b>15,309.7</b> 62.5%	<b>14,646.1</b> 61.5%	<b>14,934.4</b> 58.0%	<b>14,998.3</b> 51.9%	<b>15,816.1</b> 51.8%	<b>15,245.1</b> 49.1%

<sup>1</sup>Detail may not add due to rounding.

# Agency Budget Summaries

# DEPARTMENT OF AGRICULTURE



# DEPARTMENT OF AGRICULTURE

U.S. Forest Service

## Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.200	\$0.200	\$0.200
Investigations	11.400	11.300	16.900
Prosecution	.200	.200	.200
State and Local Assistance	.600	.600	.600
<b>Total Drug Resources by Function</b>	<b>\$12.400</b>	<b>\$12.300</b>	<b>\$17.900</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement Agency Support	\$12.400	\$12.300	\$17.900
<b>Total Drug Resources by Decision Unit</b>	<b>\$12.400</b>	<b>\$12.300</b>	<b>\$17.900</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	58	56	56
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$5.1	\$5.7	\$5.8
Drug Resources percentage	0.2%	0.2%	0.3%

## Program Summary

### MISSION

The mission of the U.S. Forest Service (USFS) is to sustain the health, diversity, and productivity of the Nation's forests and grasslands to meet the needs of present and future generations. In support of this mission, the USFS's Law Enforcement and Investigations program's basic mission is to provide public and employee safety, resource protection, enforcement of U.S. Criminal Law, and enforcement expertise to other agency managers. The USFS manages 193 million acres in 44 states, the Virgin Islands, and Puerto Rico, encompassing 155 national forests and 20 national grasslands. Most of this land is located in rural areas of the United States.

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

## **METHODOLOGY**

The USFS budget structure includes a Law Enforcement and Investigations budget line item within the National Forest System (NFS) appropriation. Within the Law Enforcement and Investigations budget line item, funds allocated for drug enforcement activities are based on an analysis of workload that takes into account all law enforcement responsibilities related to the mission of the USFS. The funding level includes an additional drug enforcement specific increase of \$5.0 million.

## **BUDGET**

The FY 2017 request is \$17.9 million, an increase of \$5.6 million from the FY 2016 Enacted Budget. \$4.4 million will be emphasized in surge strategies to be active and more strategic on site reclamation and \$1.2 million on clean-up on reclamations by contractors/existing NFS employees with concentration in California (Region 5).

### **Law Enforcement Agency Support**

**FY 2017 Request: \$17.9 million**

**(\$5.6 million above the FY 2016 enacted level)**

The USFS drug-related activities include LEA support for detection and monitoring on NFS lands. The USFS works to identify, investigate, disrupt, and dismantle drug trafficking organizations involved in marijuana cultivation, including supporting co-conspirators (transportation and financial components) responsible for large-scale marijuana grow operations on NFS lands. With the collection, dissemination, and use of intelligence pertaining to individuals and organizations involved in the cultivation and trafficking of marijuana on NFS lands, the USFS provides prosecutorial support in an effort to convict marijuana cultivators and their co-conspirators. The USFS eradication efforts include dismantling and rehabilitating marijuana grow sites to deter the reuse of NFS lands for marijuana cultivation.

The additional level of funding will be used for increased clean-up and reclamation and rehabilitation at marijuana cultivation sites. Law Enforcement and Investigations will also provide security staffing during non-law enforcement reclamation and rehabilitation activities at inactive and historic grow sites. These efforts will help to mitigate the harmful effects of hazardous materials and help restore the severe environmental damage caused by illegal grows on our public lands.

Eliminating methamphetamine production on NFS lands continues to be a significant enforcement priority. Efforts to detect and disrupt the production and halt the dumping of hazardous waste by-products is essential to the health of our National Forests and the safety of those recreating on NFS lands.

The USFS will also continue to work with our partners to reduce cross-border smuggling activities to ensure the safety and security of our employees and the visiting public on NFS lands along the Southwest border (SWB).

In FY 2017, the USFS will increase efforts and prioritize reclamation and rehabilitation of grow sites. The USFS will conduct multi-agency eradication operations to target marijuana cultivated on NFS lands. The USFS will also continue enforcement and investigative activities. The USFS will continue its participation in the Office of National Drug Control Policy’s (ONDCP) HIDTA program to leverage resources with Federal, state, and local agencies, placing emphasis on NFS lands along the Southwest and Northern borders to decrease trafficking and movement of drugs in support of the *Strategy*.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of the USFS Law Enforcement and Investigations program is derived from the USFS Law Enforcement and Investigations Management Attainment Reporting System, Government Performance and Results Modernization Act (GPRMA) documents, evaluations, and other agency information. The table and accompanying text represent USFS Law Enforcement and Investigations drug-related achievements during FY 2015.

<b>U.S. Forest Service</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
Percent of drug cases referred for adjudication	28.0%	37.9%
Number of plants eradicated	*	872,986
Number of sites dismantled	*	311
Percentage of drug-related incidents	*	0.032

\* New measure of performance – no identified Target for FY 2015.

NFS lands are often used by drug trafficking organizations in the unlawful cultivation of marijuana and production of other controlled substances. The USFS utilizes a performance management framework designed to track the agency’s efforts to address drug cultivation and production on public lands. The USFS tracks key measures to help assess progress. The percent of drug cases referred for adjudication has been a performance measure since 2013. The USFS has also recently added three additional performance measures: the number of marijuana plants eradicated, the number of marijuana cultivation sites dismantled, and the percentage of drug-related incidents per 100,000 forest visitors. The new measures will provide a broader means of assessing performance related to specific drug control activities conducted by the USFS.

In FY 2015, 37.9 percent of assigned drug cases referred for adjudication resulted in negative consequences. The identified target for FY 2015 was 28.0 percent. Due to limited prior year performance data for comparison, it is unclear what specific factors may be contributing to the percentage increase.

In FY 2015, 872,986 marijuana plants were eradicated from NFS lands compared to 655,055 plants eradicated in FY 2014. This represents a 30 percent increase in the number of plants eradicated. The USFS believes that several factors have contributed to the increase. The most compelling is a move by illegal growers back to public land from private land due to increased law enforcement pressure and a change in local laws that prohibit grows in some counties and municipalities. Another factor is the historic drought conditions in California. The lack of water is limiting available grow areas on public land and forcing growers to concentrate near scarce water sources thereby facilitating detection efforts by law enforcement.

In FY 2015, 311 marijuana cultivation sites were dismantled on NFS lands compared to 236 in FY 2014. The increase in sites is attributable to a moderate increase in grow sites in California and a larger increase in small (under 100 plants) sites in other areas.

In FY 2015, there were 0.032 percent drug related incidents on NFS lands per 100,000 forest visitors compared to 0.028 percent in FY 2014. Due to limited prior year performance data for comparison, it is not clear what specific factors may be contributing to the percentage increase. However, it is probable that the increase may be attributable to an increase in marijuana related incidents due to legalization of marijuana in several states.

The USFS, in partnership with many other Federal, state, and local agencies, has long employed methods in support of the *Strategy* to identify, investigate, disrupt, prosecute, and ultimately dismantle drug trafficking organizations involved in marijuana cultivation on NFS and other public lands. The USFS also routinely reclaims grow sites to mitigate the dangerous and far-reaching adverse environmental effects and deny continued use by illegal cultivators. As a result of these strategies, in recent years there has been an overall decrease in marijuana cultivation operations and the resulting resource and environmental damage on public lands. The USFS will continue to partner with Federal, state, and local “cooperators” (law enforcement agencies) to address illegal cultivation on NFS, public, and other adjacent lands.

In FY 2015, the USFS participated in multiple operations in partnership with other Federal, state, and local partners. Major operations in California through the Campaign Against Marijuana Planting (CAMP), a multi-agency law enforcement task force, focused primarily on public lands but also included adjacent private lands. Teams consisting of Federal, state, and local law enforcement officers eradicated 956,858 marijuana plants in 408 grow sites. On NFS lands alone, 461,207 marijuana plants in 136 sites were eradicated and the sites reclaimed. These efforts also resulted in the seizure of over 10,688 pounds of processed marijuana, 56 firearms, and 86 arrests. Reclamation and cleanup efforts included the removal of 24.5 tons of infrastructure; 11.4 tons of fertilizers; 198.6 pounds of pesticides; 23.6 gallons of restricted or banned use poisons; nearly 65.2 miles of irrigation pipe. During these operations, 135 man-made dams/reservoirs were removed from NFS lands. Of particular note, the pesticides removed increased nearly 120 percent and restricted or banned use poisons removed increased by over 68 percent from FY 2014. These poisons indiscriminately kill wildlife, leach into the

water table, and pose a significant threat to the safety of law enforcement and other personnel at grow sites.

The above data are representative of the significant and measurable impact USFS enforcement operations and investigations and our cooperators have had on illegal drug activities on NFS, public, and other adjacent lands. The USFS will continue to provide the personnel, support, and leadership necessary to protect natural resources from the harmful effects of drug production and trafficking on public lands. In support of the *Strategy*, and as stewards of the land, it is vital that we protect these lands for current users and for future generations.



**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 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$21.625	\$23.586	\$23.770
Treatment	30.977	34.560	34.940
<b>Total Drug Resources by Function</b>	<b>\$52.602</b>	<b>\$58.146</b>	<b>\$58.710</b>
<b>Drug Resources by Decision Unit</b>			
Community Supervision Program	\$35.293	\$39.799	\$39.854
Pretrial Services Agency	17.309	18.347	18.856
<b>Total Drug Resources by Decision Unit</b>	<b>\$52.602</b>	<b>\$58.146</b>	<b>\$58.710</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	264	296	291
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources percentage	22.5%	23.8%	23.7%

## Program Summary

### MISSION

The mission of the Court Services and Offender Supervision Agency for the District of Columbia (CSOSA) is to increase public safety, prevent crime, reduce recidivism, and support the fair administration of justice in close collaboration with the District of Columbia community. The CSOSA appropriation is comprised of two components: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

CSOSA's CSP provides supervision for adult offenders released by the U.S. Parole Commission on parole or supervised release, those sentenced to probation by the Superior Court of the District of Columbia, as well as a small set of deferred sentence agreement and civil protection order cases. The CSP strategy emphasizes public safety, successful reentry of offenders into the community, and effective supervision 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 CSP offenders are a high risk to public safety, have significant needs, and face many

challenges to successfully completing supervision. Offenders who fail to successfully complete supervision or recidivate place an enormous burden on the offenders' families, the community, and the entire criminal justice system.

PSA is an independent entity within CSOSA. Its mission is to promote pretrial justice and enhance community safety. PSA assists judicial officers in both the Superior Court of the District of Columbia and the United States District Court for the District of Columbia by conducting a risk assessment for every arrested person who will be presented in court and formulating release or detention recommendations based upon the arrestee's demographic information, criminal history, and substance use or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services that reasonably assure that they return to court and do not engage in criminal activity pending their trial and sentencing.

Seventy percent of convicted offenders serve all or part of their sentence in the community; from FY 2010 to FY 2015, the average percent of pretrial defendants released to the community while awaiting trial was 91 percent. The effective supervision of pretrial defendants and convicted offenders is critical to public safety in the District of Columbia. Three strategic goals support CSOSA's mission. The first goal targets public safety by striving to decrease criminal activity among the supervised population and increasing the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on the delivery of preventive interventions to offenders with identified behavioral health, employment, and 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 U.S. Parole Commission.

A challenge faced by CSOSA, and all law enforcement entities, is the detection of and treatment for synthetic drugs used by our offender and defendant populations. During the past three years, both CSP and PSA have worked with various criminal justice, research, health, and policy partners to assess the prevalence of synthetic cannabinoids in the defendant and offender populations in the District of Columbia. Often referred to as "synthetic marijuana," synthetic cannabinoids exist in several different forms, with newer ones being synthesized and added to the class rapidly. As the use of synthetic drugs increases, the risk to public safety and public health is expected to correspondingly escalate.

To detect and swiftly respond to the use of these synthetic substances with appropriate supervision and treatment, CSOSA requires additional funding to further expand its drug testing operations to better detect the use of synthetic cannabinoids and to begin detection of synthetic cathinones, another class of synthetics, which includes "bath salts." PSA's FY 2017 request includes resources to fund systems enhancements, staff, and operating costs to increase its capacity to perform in-house testing of offenders and defendant samples for

synthetic substances. CSP's FY 2017 request includes resources to fund drug testing supplies (chemical re-agents) to be reimbursed to PSA for the testing of CSP offender samples for synthetic substances.

Due to the urgency of the issue, PSA has temporarily allocated existing FY 2015 and FY 2016 financial resources to purchase reagents to begin limited screening for synthetic cannabinoids beginning October 1, 2015. Even though PSA is able to fast track limited screening for synthetic cannabinoids ahead of the planned schedule, in order to establish a sustainable in-house testing strategy for synthetic substances, PSA will require the additional funding requested in its FY 2017 budget.

Without expansion of synthetic drug testing capabilities, both PSA and CSP will be significantly restrained in their ability to detect and respond to the emerging trend of synthetic drug use within the District of Columbia criminal justice population, which places both agencies at risk of negatively impacting their missions to enhance public safety.

## **METHODOLOGY**

The methodologies used by CSOSA to determine drug resources remain unchanged from those used for the FY 2016 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 2014-2018 Strategic Plan framework reported in CSOSA's performance budgets.

PSA has two program areas related to its drug control mission - drug testing and substance use disorder treatment. The Drug Testing and Compliance Unit is responsible for the collection of urine and oral fluid samples and the Office of Forensic Toxicology Services (OFTS) provides forensic toxicology drug testing and analysis. Treatment services are provided by or coordinated through PSA's Treatment Program. The major cost elements for the drug testing program include labor expenses for Drug Testing and Compliance Unit and OFTS staff, recurring expenses for reagents and other laboratory supplies and materials, rent expenses for the OFTS, and the purchase and maintenance of lab equipment. Other overhead and agency administrative expenses are not included. PSA provides drug testing services for other Federal and non-Federal agencies on a limited reimbursable basis. Revenues from other agencies are netted against gross costs. The major cost elements for the Treatment Program include direct labor expenses and contracted drug treatment services.

## **BUDGET SUMMARY**

The total drug control request for CSOSA for FY 2017 is \$58.7 million, an increase of \$0.6 million above the FY 2016 enacted level.

## **Community Supervision Program**

**FY 2017 Request: \$39.8 million**

**(\$0.1 million above the FY 2016 enacted level)**

The CSP includes funding for drug testing and substance use treatment. Details for these activities are provided below.

### ***Community Supervision Program Prevention***

**FY 2017 Request: \$11.6 million**

**(\$0.1 million above the FY 2016 enacted level)**

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 use disorder treatment. Eligible offenders 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 addition, all offenders are subject to random spot testing at any time. Offenders submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center and four CSP Illegal Substance Collection Units located throughout the District of Columbia. CSP offender urine samples are tested by PSA and results provided back to CSP within 48 hours after the sample is taken. Limited testing of oral fluid samples is performed and reported to CSP contractually. The FY 2017 Request will provide resources to continue offender drug testing at FY 2016 levels and includes a program increase to expand drug testing capabilities for identifying, developing, and executing a strategy for addressing synthetic drug use within the District of Columbia criminal justice population.

### ***Community Supervision Program Treatment***

**FY 2017 Request: \$28.2 million**

**(\$26,000 below the FY 2016 enacted level)**

CSP provides sanctions-based treatment and support services, as determined by CSP offender drug testing, assessments, and other factors, to assist offenders in reintegrating into the community. Drug-involved offenders 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 assessment and treatment services as indicated through continuing evaluations of individual needs.

Typically, offenders referred to treatment with severe illicit substance use disorders require a contract treatment program continuum consisting of at least three separate substance use disorder treatment placements (in-house or contract) to fully address their issues. This may include placement in detoxification, residential treatment, and transitional housing in conjunction with intensive outpatient continuing care. In addition, CSOSA's Reentry and Sanctions Center (RSC) at Karrick Hall provides high risk offenders and defendants with an intensive assessment, reentry, and treatment readiness counseling program in a residential

setting. The RSC program is specifically tailored for offenders and defendants with long histories of crime and substance use disorders coupled with long periods of incarceration and little outside support. These individuals are particularly vulnerable to both criminal and drug relapse. Most offenders who complete the RSC program are determined to need treatment services and are referred to contract treatment.

CSP considers the combination of drug test results, assessed risk level, and court orders when determining appropriate treatment interventions for an offender. However, since CSP does not have resources to treat all offenders with an illicit substance use disorder, we currently focus resources on those assessed and supervised at the highest risk levels. With treatment resources contained in the FY 2017 budget request, CSP estimates that we can only meet the illicit substance treatment need of approximately one-third of the total number of persistent drug users; and approximately two-thirds of high-risk, persistent drug users. The FY 2017 funding change is a function of our Drug Budget cost allocation methodology. The FY 2017 Request will provide resources to continue offender treatment at FY 2016 levels.

### **Pretrial Services Agency**

**FY 2017 Request: \$18.9 million**

**(\$0.5 million above the FY 2016 enacted level)**

The PSA includes funding for District of Columbia Drug Prevention and District of Columbia Drug Treatment. Details for these activities are provided below.

#### ***Pretrial Services Agency for the District of Columbia Drug Prevention***

**FY 2017 Request: \$12.1 million**

**(\$0.1 million above the FY 2016 enacted level)**

Because a substantial number of defendants have substance use disorders that must be addressed to mitigate their risk to public safety, drug testing provides vital data used to inform judiciary release decisions and PSA supervision approaches. Additionally, drug testing assists in monitoring compliance with court-ordered release conditions, prevents drug use, measures the success of drug treatment, and predicts future criminality.

PSA's Drug Testing and Compliance Unit collects urine and oral fluid samples for analysis from defendants detained prior to arraignment and defendants who have been ordered to drug test as a condition of pretrial release, as well as respondents ordered into drug testing by the District of Columbia Superior Court Family Division.

PSA's OFTS performs forensic urine drug testing for pretrial defendants under PSA's supervision, offenders under the CSOSA CSP (*i.e.*, persons on probation, parole, and supervised release), and persons under the authority of the District of Columbia Superior Court Family Division. The OFTS laboratory, which is certified by HHS's Clinical Laboratory Improvement Amendments of 1988 program, tests tens of thousands of samples each month. Each sample is tested for three to eight drugs, and all positive samples are retested. Gas chromatograph/mass spectrometry analyses are conducted to confirm test results and provide affirmation of the

identity of a drug when results are challenged. Toxicologists conduct levels analysis to determine drug concentrations. The existence of PSA's in-house laboratory allows for same-day turnaround of test results in pretrial cases and expedited results for all post-adjudication and family court matters. Drug test results are key to assessing defendant and offender risk and the swift availability of testing results is critical to risk mitigation efforts employed by both PSA and CSP. Expert witness court testimony and forensic consultations are also provided to assist the judicial officers. The FY 2017 budget request will provide resources to continue drug testing at the FY 2016 level. In addition, it includes a program increase to expand drug testing capabilities for identifying, developing, and executing a strategy for addressing synthetic drug use within the District of Columbia criminal justice population.

### ***Pretrial Services Agency for the District of Columbia Drug Treatment***

***FY 2017 Request: \$6.7 million***

***(\$0.4 above the FY 2016 enacted level)***

A significant number of defendants under PSA supervision have substance use disorder treatment needs. In any given fiscal year, PSA conducts clinical assessments that identify between 1,400 and 1,600 supervised defendants who require intensive substance use disorder treatment services.

PSA responds to drug use by referring defendants to appropriate internal or external treatment services. For certain categories of defendants, PSA provides both close supervision and in-house treatment. For others, PSA places defendants into contracted sanction-based services (medical and social detoxification, residential, intensive outpatient services) while continuing to provide supervision. If sanction-based treatment is not available or is not ordered by the Court, PSA provides supervision and refers defendants to community-based providers, as available. Community services are limited, however, and are not optimal for higher risk defendants who require close monitoring.

Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration. PSA operates a model Drug Court and other sanction-based treatment programs which utilize research-supported techniques as a mechanism for enhancing community safety.

PSA's FY 2017 budget request will provide resources to continue drug treatment services at the FY 2016 level. Additionally, the request includes a program increase of \$0.4 million for Contract Drug Treatment funding to address the unmet treatment needs of the high risk/need defendants placed in the District of Columbia Misdemeanor and Traffic Initiative (DCMTI). Since 2009, PSA has provided assessment and supervision services to individuals accused of the District of Columbia Code offenses prosecuted by the District of Columbia Office of the Attorney General (OAG). These include individuals charged with Driving Under the Influence (DUI), Operating While Impaired (OWI), and Driving While Intoxicated (DWI). While PSA has

consistently provided supervision for this population, due to funding limitations, it has never been able to provide treatment services to those in need.

## PERFORMANCE

Information regarding the performance of the drug control efforts of CSOSA is based on agency GPRMA documents and other agency information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent CSOSA drug-related achievements during FY 2015.

Court Services and Offender Supervision Agency		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Eligible offenders are drug tested once per month.	85%	83%
» Offenders referred for treatment or support services receive a formal evaluation of need in a timely manner.	50%	68%
» Treatment and support services are directed to those offenders who pose a substantial threat to public safety.	75%	62%
» Offenders evaluated as being in need of specific types of treatment or support services are placed or scheduled to begin in a timely manner.	50%	76%
» Offenders who start treatment or support services successfully complete the intervention.	65%	56%
» Percentage of PSA defendants who have a reduction in drug usage following placement in a sanction-based treatment program.	74%	91%

### Community Supervision Program

Drug testing and treatment are at the core of CSP’s approach to meet the FY 2014 – FY 2018 Strategic Plan priorities. CSOSA’s CSP monitors offenders’ compliance with the releasing authorities’ requirements to abstain from drug use and assesses the offenders’ needs for substance use disorder treatment. CSOSA’s CSP policy also defines the schedule under which eligible offenders are drug-tested. Offenders can become ineligible for testing (other than initial testing at intake) for a variety of administrative reasons, including a change from active to warrant status, case transfer from the District of Columbia to another jurisdiction, rearrests, and admission to substance use disorder treatment. The policy includes spot testing for offenders who are on minimum supervision, as well as those who do not have histories of drug use and have established a record of negative tests. In FY 2015, each urine sample was tested for up to eight drugs [Marijuana, Phencyclidine (PCP), Opiates (codeine/morphine), Methadone, Cocaine, Amphetamines, and Alcohol]. In addition, a very limited number of *highly suspicious* urine samples were tested for synthetic cannabinoids through PSA’s partnership with the District of Columbia Office of the Chief Medical Examiner. On average, CSP drug tested 17,424 urine samples from 5,603 individuals each month during FY 2015.

Of the eligible FY 2015 offender population, 79 percent were drug tested on the date of intake to CSP supervision, and 83 percent were tested at least once per month. In September 2015,



24 percent of all samples submitted for drug testing tested positive for at least one of the eight tested substances. This a slight decrease from September 2014 when illicit substances were detected in 26 percent of tested samples.

CSP addresses high-risk, non-compliant offenders by initiating actions to remove them from the community through placement into residential treatment or sanctions programs for treatment. For those offenders who started substance use disorder treatment or treatment readiness programs, 53 percent satisfactorily completed their programs in FY 2015. CSOSA's RSC provides high-risk offenders and pretrial defendants with a 28-day intensive assessment and treatment readiness program (42 days for women) in a residential setting. The RSC program is specifically tailored for offenders/defendants with persistent substance use, long periods of incarceration, and little outside support. Of the high-risk offenders who were discharged from the RSC in FY 2015, 71 percent satisfactorily completed the program<sup>1</sup>. Relatively low treatment completion rates for offenders participating in aftercare, transitional housing, residential, and outpatient treatment contributed to CSP not meeting its FY 2015 performance target. CSP will evaluate the process by which we assess and place offenders into treatment, as well as evaluate treatment programs themselves, in an effort to inform change and improve completion rates.

Once referred for substance use disorder treatment or treatment readiness by their community supervision officers, it is important that offenders are quickly evaluated to determine if the treatment or support service is appropriate for them. If deemed appropriate for intervention, it is also imperative that offenders are placed in treatment and support services in a timely manner. Two new performance goals were developed and set forth in CSOSA's FY 2014 – FY 2018 Strategic Plan to address these items. In FY 2015, 68 percent of offenders referred to substance use disorder treatment or treatment readiness programs received a formal evaluation of need in a timely manner, and 76 percent of treatment placements were made in a timely fashion.

Additionally, due to limited resources, CSP attempts to focus programs on the highest-need and highest-risk offenders. In FY 2015, 59 percent of substance use disorder treatment and treatment readiness placements were made for offenders supervised at the highest risk levels (maximum and intensive).

### **Pretrial Services Agency**

PSA remains at the forefront of trend analysis and identification of emerging drugs of illicit use within the District of Columbia criminal justice population. As the patterns of substance use within the testing population have changed, PSA's testing program has evolved to keep pace with emerging trends. Presently, PSA is faced with the need to identify and appropriately respond to the use of two new classes of drugs being used within the District of Columbia: synthetic cannabinoids and synthetic cathinones. The District of Columbia Courts, city officials,

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<sup>1</sup> Pretrial defendants excluded from reporting

local law enforcement partners, and ONDCP support the PSA's effort to implement a comprehensive drug testing program to address the use of synthetic drugs. PSA has conducted extensive scientific research to develop strategies to meet this challenge.

During FY 2015, through its partnership with the District of Columbia Office of the Chief Medical Examiner, PSA tested an average of 100 highly suspicious urine samples per month for synthetic cannabinoids. Samples were collected from individuals supervised by PSA and CSP and selected for the Office of the Chief Medical Examiner analysis due to suspected use of synthetic cannabinoids (internally referred to as *highly suspicious samples*). The testing results confirmed that about 44 percent (252 of the 572 samples) of the highly suspicious samples collected from PSA's supervised population tested positive for synthetic substances.

PSA has requested additional funding in FY 2017 to cover the costs for expanding its drug testing capabilities to better detect synthetic substances; however, due to the urgency of the issue, PSA has temporarily allocated existing FY 2015 and FY 2016 financial resources to purchase reagents to begin limited screening for synthetic cannabinoids beginning October 1, 2015.

Limited screening for synthetic cannabinoids in FY 2016 is a first step and represents only a portion of the testing that is planned to address the use of synthetic drugs in the District. PSA has also purchased the necessary liquid chromatograph-tandem mass spectrometry instrumentation which will be used to conduct the confirmatory step of detecting synthetic compounds in urine specimens. With this instrumentation, PSA will establish an in-house confirmation testing capability and will not be restricted to the limited testing capacity afforded through the Office of the Chief Medical Examiner partnership.

# DEPARTMENT OF DEFENSE



**DEPARTMENT OF DEFENSE**  
Drug Interdiction and Counterdrug Activities

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$117.125	\$108.029	\$102.993
Interdiction	441.137	385.391	401.132
International	555.090	501.781	503.152
Investigations	10.823	12.738	12.394
Prevention	105.591	121.589	114.713
State and Local Assistance	179.582	213.788	87.595
<b>Total Drug Resources by Function</b>	<b>\$1,409.348</b>	<b>\$1,343.316</b>	<b>\$1,221.979</b>
<b>Drug Resources by Decision Unit</b>			
Drug Interdiction and Counterdrug Activities	\$950.687	\$1,050.598	\$844.800
Overseas Contingency Operations	392.305	186.000	215.333
Counternarcotics OPTEMPO	66.356	106.718	161.846
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,409.348</b>	<b>\$1,343.316</b>	<b>\$1,221.979</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,645	1,573	1,552
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$560.0	\$580.0	\$582.7
Drug Resources percentage	0.003%	0.002%	0.002%

**Program Summary**

**MISSION**

DoD authorities and resources provide useful and flexible tools to achieve national security goals. The threat to U.S. national security posed by illicit drugs extends beyond traditional challenges to public health and safety. Illicit drug trafficking is a powerful and corrosive force weakening the rule of law in affected countries and preventing governments from effectively reducing or containing other transnational threats such as terrorism, insurgency, organized crime, weapons trafficking, money laundering, human trafficking, and piracy.

DoD has long recognized the linkages between international drug trafficking organizations, transnational criminal organizations, and international terrorism, including criminal organizations such as Los Zetas in Mexico and Central America, insurgents in Afghanistan and Pakistan, and the Revolutionary Armed Forces of Colombia in Colombia. These actors often

finance their activities with the proceeds from narcotics trafficking. DoD's counternarcotics programs and activities can detect, monitor, and support the interdiction, disruption, or curtailment of the narcotics-related threats to national security. Counternarcotics resources and authorities provide an effective combination of tools that support U.S. and partner nation efforts to address international narcotics trafficking.

In accordance with its statutory authorities, DoD uses its counternarcotics resources and authorities to achieve national and Departmental counternarcotics priorities, focusing on two primary mission sets, known as Drug Demand Reduction and Counternarcotics:

Drug Demand Reduction focuses on maintaining DoD readiness through:

- Urinalysis drug testing of Service members, DoD civilian personnel in testing designated positions, and applicants for military service and DoD civilian pre-employment testing; and
- Providing prevention, education, and outreach programs to the military and civilian communities to raise awareness of the adverse consequences of illicit drug use on one's performance, safety, health, family stability, fiscal security, and employment opportunities.

The Office of Deputy Assistant Secretary of Defense for Readiness, with oversight from the Assistant Secretary of Defense, Readiness and Force Management, by direction of the Under Secretary of Defense for Personnel and Readiness, provides policy oversight and guidance, resource allocation, and effects measurement for DoD Drug Demand Reduction efforts to detect and deter drug use.

Counternarcotics focuses on supporting Federal, state, local, and foreign agencies in addressing illicit drug trafficking and narcoterrorism through:

- Detecting and monitoring drug trafficking;
- Sharing information; and
- Helping countries build their capacity and control their ungoverned spaces where trafficking activities flourish.

The Office of the Deputy Assistant Secretary of Defense (Counternarcotics and Global Threats), with oversight from the Assistant Secretary of Defense, Special Operations/Low-Intensity Conflict, by direction of the Under Secretary of Defense for Policy, provides policy oversight and guidance, resource allocation, and effects measurement for DoD's counternarcotics efforts to disrupt and degrade the national security threats posed by the nexus of illegal narcotics activities and related trafficking, TOC, and illicit finance networks.

## **METHODOLOGY**

The majority of DoD counternarcotics resources (except for substance use disorder treatment efforts provided by the Defense Health Program) are requested through the Drug Interdiction and Counterdrug Activities appropriation. These funds are allocated to specific programs and projects and then transferred to the most appropriate Service or DoD agency for implementation. This flexibility allows the DoD counternarcotics program to address the ever-changing patterns in the narcotrafficking threats by shifting counterdrug resources where they will be most effectively used.

Counternarcotics Operations Tempo (OPTEMPO) is the estimated level of funding for DoD's aircraft flight hours and ship steaming days that support counternarcotics activities. The Military Services derive these estimates by multiplying the aircraft cost per flight hour/ship steam days to the number of hours/days the system is employed in counternarcotics activities, and may include transit time, on-station time, and training. DoD excludes these estimates from the following analysis.

## **BUDGET SUMMARY**

In FY 2017, DoD requests \$1,060.1 million for drug control activities, a decrease of \$176.5 million from the FY 2016 enacted level.

### **Drug Interdiction and Counterdrug Activities**

**Total FY 2017 Request: \$844.8 million**

**(\$205.8 million below the FY 2016 enacted level)**

DoD counternarcotics resources are initially appropriated into the Central Transfer Account. These funds are allocated to specific programs and projects, and then transferred to the most appropriate Service for implementation. There are four mission areas encompassing the scope of DoD counternarcotics program. These areas include (1) Demand Reduction, (2) Domestic Support, (3) Intelligence and Technology, and (4) International Support.

### **Demand Reduction**

**FY 2017 Request: \$114.7 million**

**(\$6.9 million below the FY 2016 enacted level)**

The request will provide \$50.6 million for Military Service laboratory testing operations; \$33.7 million for the Military Services collections; \$18.7 million for Joint Service operations; \$5.8 million for Military Service prevention, education, and outreach; and \$5.9 million for DoD Agency civilian collection and laboratory testing. These funds support 100 percent drug testing for active duty, reserve personnel, and DoD civilian employees, as well as drug use prevention/education activities for military and civilian personnel and their dependents and drug treatment for military personnel. The change primarily reflects an increase for expanded prescription and synthetic drug testing.

### **Domestic Support**

***FY 2017 Request: \$94.0 million***

***(\$126.1 million below the FY 2016 enacted level)***

This funding supports Federal, state, and local drug LEAs' requests for domestic operational and logistical support to address drug-related crime. Of this amount, \$86.9 million is for the National Guard support to drug LEAs and \$7.1 million is for Title X support to drug LEAs.

### **Intelligence and Technology**

***FY 2017 Request: \$114.4 million***

***(\$15.6 million below the FY 2016 enacted level)***

Intelligence programs collect, process, analyze, and disseminate information required for counternarcotics operations. Technology programs increase DoD's capabilities to target the nexus among narcotics traffickers, terrorists, and insurgent activity. A total of \$74.7 million will provide counter-narcoterrorism intelligence support and analysis; \$26.7 million is for signals intelligence (SIGINT) collection and processing; \$8.7 million is for Military Service and Special Operations command and control programs; and \$4.3million will provide Operational Support.

### **International Support**

***FY 2017 Request: \$521.6 million (excluding OCO)***

***(\$57.2 million below the FY 2016 enacted level)***

International support programs include efforts in the U.S. Central Command, U.S. Southern Command, U.S. Pacific Command, U.S. Northern Command, U.S. Africa Command, and U.S. European Command 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. Funding will support operations in these areas of responsibility, including providing equipment under Section 1033 authority; detection and monitoring platforms and assets (excluding Counternarcotics OPTEMPO), primarily in the Western Hemisphere Transit Zone; and command and control support, including operations of Joint Interagency Task Force (JIATF)-South and JIATF-West.

### **Overseas Contingency Operations**

**Total FY 2017 Request: \$215.3 million**

***(\$29.3 million above the FY 2016 enacted level)***

Since 2004, DoD's CN requirements for Afghanistan have been funded mostly through supplemental and OCO appropriations. These train and equip programs aim to support U.S. regional goals and reduce the CN-related terrorism and finance. The majority of funding is for special-purpose vetted units such as the Special Mission Wing and the Afghan Counternarcotics Police.

## **PERFORMANCE**

In accordance with the *DoD Counternarcotics and Global Threats Strategy*, DoD commits resources in support of an integrated military and civilian counternarcotics program designed to address drug trafficking and related forms of TOC. DoD's counternarcotics program, through its

above referenced strategy, supports the *Strategy* and the President's *Strategy to Combat Transnational Organized Crime*.

In FY 2015, DoD executed its counternarcotics program in accordance with the following strategic goals:

- *Strategic Goal 1*- To disrupt and, to the degree possible disable, not only the nexus of actors and activities but also the individual activities of trafficking, insurgency, corruption, threat finance, terrorism and distribution of precursor chemicals in Afghanistan/Pakistan such that material support for the insurgency and terrorists is significantly reduced, the Afghan National Police and other LEAs are strengthened, and the governments of Afghanistan and Pakistan are reinforced.
- *Strategic Goal 2*- Illicit drug and drug precursor trafficking and related transnational organized criminal threats to U.S. national security interests in the Western Hemisphere particularly in Mexico, Central America, Colombia, and Peru- are reduced sharply in a manner sustained by partner nations.
- *Strategic Goal 3*- The size, scope, and influence of targeted Transnational Criminal Organizations and trafficking networks are mitigated such that these groups pose only limited, isolated threats to U.S. national security and international security. The United States and partner nations have developed layered, coordinated approaches that regularly disrupt the operations of these organizations and networks, limit their access to funding, reduce their assets, and raise their costs of doing business.

Through these strategic goals, DoD continued to provide significant support to U.S. and partner nation drug LEAs in the areas of training, communications support, infrastructure, intelligence, transportation, equipment, command and control, and detection and monitoring. Additionally, the Department is committed to keeping drug use low among its active duty and civilian personnel. Selected examples of performance measures used to monitor and evaluate DoD counternarcotics activities are provided in the following table.



Department of Defense		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
<b>Demand Reduction</b>		
» Active duty military personnel testing positive for drug use	under 2%	0.74%
» DoD civilian personnel testing positive for drug use	under 1%	0.34%
<b>Strategic Goal 1</b>		
» Heroin Removal by Combined Task Force – 150 in Indian Ocean Transit Zone	*	1,562kg <sup>1</sup>
<b>Strategic Goal 2</b>		
» Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources	90%	78%
<b>Strategic Goal 3</b>		
» Total value in U.S. dollars interdicted through DoD counternarcotics funded National Guard Programs (Western Hemisphere)	\$330M	\$221M
<b>Counternarcotics OPTEMPO (Western Hemisphere)</b>		
» Air platforms: Number of flight hours	49,376	47,709
» Sea platforms: Number of ship steaming days	240	267

\*Target not established.

<sup>1</sup> Through first half of calendar year (CY) 2015 (January – June 2015)

*Demand Reduction:* DoD is on track to keep the illicit drug positive rate below two percent showing a downward trend for both active duty personnel and DoD civilian personnel. Defense policy is to ensure 100 percent random urine drug testing for all active, reserve, and National Guard. Given the success of the Defense civilian drug testing program, the DoD random testing rate for civilians in testing designated positions will be 100 percent over a two year period, or 50 percent of the workforce per year.

*Strategic Goal 1:* The Regional Narcotics Interagency Fusion Cell, a joint DoD and law enforcement entity, funded by DoD and supported by U.S. Central Command demonstrates the value of collaboration to target drug trafficking activities in the Indian Ocean and along the East African coast. In FY2015, the Regional Narcotics Interagency Fusion Cell provided information to Coalition Maritime Force / Coalition Task Force – 150<sup>2</sup> ships which resulted in a significant increase in open ocean interdictions during 2015 and 1,562 kg of heroine removed from the Indian Ocean Transit Zone in the first half of the year.

*Strategic Goal 2:* In FY 2015, JIATF-South logged 5,879 Critical Movement Alerts comprised of initial intelligence submissions, of which 4,294 were Drug Movement Alerts, a subset of Critical Movement Alerts that capture an impending or ongoing illicit drug movement. During the quarterly Consolidated Counterdrug Database (CCDB) vetting conferences, each interagency submitted event is examined to ascertain its adherence to interagency agreed-upon criteria as

<sup>2</sup> Combined Task Force 150 is operated by Combined Maritime Forces, a 30-nations maritime partnership. Its primary mission is to suppress the exploitation for the maritime environment by those with terrorist links, but is also committed to building maritime capability in regional navies. Combined Task Force 150's area of operation spans the Indian Ocean, Red Sea, Gulf of Aden, and Gulf of Oman.

defined in the CCDB User's Manual. This refinement process led to the designation of 2,072 JIATF-South CCDB validated events for FY 2015.

Of the 2,072 JIATF-South CCDB events, JIATF-South was able to "target" (try to find or search for the illicit conveyance with JIATF-South controlled resources such as, aircraft, ships, helicopters, etc.) only 526 events. The remaining 1,546 events were not targeted primarily due to the lack of allocated air and ship resources.

Of the 526 targeted events, 246 were "detected" (eyes on the illicit target) by U.S. or partner nation D&M assets. Of the 246 detected cases, 192 were successfully handed-off to U.S. or partner nation law enforcement interdiction and apprehension assets achieving a success rate of 78 percent for seizures or disruptions once the illicit target was detected.

*Strategic Goal 3:* In FY 2015, DoD counternarcotics funded National Guard program Counter Threat Finance analysts produced 1,939 analytical reports to support U.S. LEAs in 382 counternarcotics-related money laundering investigations. These analyses and corresponding investigations helped identify 599 money laundering methods and 902 money laundering targets, and contributed to the dismantling of 641 and disruption of 2,205 drug trafficking organizations (DTOs). These investigations contributed to the interdiction of contraband valued at \$221 million, less than FY 2015 target of \$330 million due to reduced resourcing of assigned analysts.

# DEPARTMENT OF DEFENSE

## Defense Health Program

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Enacted	FY 2016 Estimate	FY 2017 Estimate
<b>Drug Resources by Function</b>			
Treatment	\$73.500	\$75.500	\$75.500
<b>Total Drug Resources by Function</b>	<b>\$73.500</b>	<b>\$75.500</b>	<b>\$75.500</b>
<b>Drug Resources by Decision Unit</b>			
Defense Health Program	\$73.500	\$75.500	\$75.500
<b>Total Drug Resources by Decision Unit</b>	<b>\$73.500</b>	<b>\$75.500</b>	<b>\$75.500</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>1</sup>	\$32.6	\$32.1	\$32.2
Drug Resources percentage	0.2%	0.2%	0.2%

<sup>1</sup>Total agency budget represents the Unified Medical Care budget less the Medicare Eligible Retiree Health Care Fund.

### Program Summary

#### MISSION

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

Included are the estimated costs associated with provisions of the TRICARE benefit, as well as the allocations for the Congressionally-mandated program in alcohol and substance use disorder research. The TRICARE benefit provides for the health care of active duty service members, National Guard and Reserve members, retirees, their families, survivors, and certain former spouses worldwide. As a major component of the Military Health System, TRICARE brings together the health care resources of the uniformed services and supplements them with networks of civilian health care professionals, institutions, pharmacies, and suppliers to provide access to high-quality health care services while maintaining the capability to support military operations.

## **METHODOLOGY**

With the exception of Congressionally-directed research activities, the Defense Health Program appropriation does not have specific line items or programs designated for drug control activities. As a result, the estimates for substance use disorder treatment costs are based on an extract of inpatient and ambulatory encounter claims data containing selected drug use disorder primary diagnoses and procedures, whether provided by Military Health System staff (direct care) or from private providers (purchased care). Excluded from the total treatment cost are prescription costs (because pharmaceutical records do not contain diagnoses codes), Medicare-eligible beneficiary treatment costs (not paid by the Defense Health Program appropriation), U.S. Family Health Plan (a TRICARE health plan), and beneficiary treatment costs (because such care is funded on a capitated basis, and claims level data are not available for these beneficiaries). The private sector care portion of the costs reported for FY 2015 includes costs such as claim processing fees, capital and direct medical education payments.

The out-year estimates are derived by applying the estimated growth rates of the direct care and purchased care system costs to the historical actual treatment costs.

## **BUDGET SUMMARY**

In FY 2017, The Defense Health Program requests \$75.5 million for drug control activities, no change from the FY 2016 enacted level.

### **Defense Health Program**

**FY 2017 Request: \$75.5 million**

**(No change from the FY 2016 enacted level)**

The FY 2017 estimate for DoD's Defense Health Program includes \$1.6 million for research activities exclusive of Congressionally mandated programs in alcohol and substance use disorder. In support of its mission to provide medical services and support to members of the Armed Forces to keep them physically prepared for deployment, DoD provides a comprehensive TRICARE benefit to all members of the armed forces, delivered in a regional environment with a seamless continuity of care. In addition, pursuant to applicable authorities, DoD offers substance use disorder treatment services (including replacement therapies in Military Treatment Facilities and TRICARE-authorized Substance Use Disorder Treatment Facilities, when indicated). Proposed changes to the Military Health System benefit, currently in internal coordination, will seek to expand the types of substance use disorder treatment settings available to all eligible beneficiaries.

## **PERFORMANCE**

Information regarding the activities of the Defense Health Program is drawn from agency documents and other information.

The DoD medical research portfolio aims to address the continuum of alcohol and illicit substance use, including research aimed at prevention, screening, assessment, and diagnosis,

as well as treatment and recovery. The Defense Health Program appropriation supported a program in alcohol and substance use disorders research. The initial research effort focused on understanding the underlying mechanisms of alcohol and substance use within the context of other behavioral health issues (e.g., post-traumatic stress, depression) in general and also within the military context (e.g., military service, deployment, reintegration, operational stressors). Studies also continued in FY 2015 on developing evidence-based prevention and treatment interventions for alcohol and substance use disorders applicable to military populations. Future research includes evaluating the effectiveness of brief interventions for preventing and treating alcohol and substance use disorders.

# DEPARTMENT OF EDUCATION



**DEPARTMENT OF EDUCATION**  
Office of Safe and Healthy Students

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$50.249	\$50.084	\$50.087
<b>Total Drug Resources by Function</b>	<b>\$50.249</b>	<b>\$50.084</b>	<b>\$50.087</b>
<b>Drug Resources by Decision Unit</b>			
Safe Schools National Activities	\$50.249	\$50.084	50.087
<i>School Climate Transformation Grants</i>	46.695	47.059	46.462
<i>Other Activities</i>	3.554	3.025	3.625
<b>Total Drug Resources by Decision Unit</b>	<b>\$50.249</b>	<b>\$50.084</b>	<b>\$50.087</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)	\$44.7	\$45.8	\$46.9
Drug Resources percentage	0.1%	0.1%	0.1%

The total agency budget reflects discretionary funds only, excluding Pell Grants.

**Program Summary**

**MISSION**

The Department of Education administers programs to help ensure that students can meet challenging standards and to improve: elementary and secondary education; special education and early intervention programs for children with disabilities; English language acquisition for limited English proficient and immigrant children; career, technical, and adult education; and higher education. In addition, the Department of Education carries out research, data collection, and civil rights enforcement activities. The Department of Education programs under Safe Schools National Activities (prior to fiscal year 2017, Safe and Drug-Free Schools and Communities National Activities) are intended to improve students’ safety and well-being during and after the school day.

**METHODOLOGY**

The programs funded under Safe Schools National Activities comprise the only Department of Education operations included in the drug control budget. These programs include grants and discretionary activities to foster a safe, secure, and drug-free learning environment, facilitate emergency management and preparedness, and prevent drug use and violence by students and

otherwise improve their well-being. Safe Schools National Activities supports the prevention goals and objectives of the *Strategy*.

The Department of Education's budget for drug control programs includes all funding under Safe and Drug-Free Schools and Communities National Activities, except for amounts corresponding to the following activities that have no clear drug control nexus: (1) Project School Emergency Response to Violence, a crisis response program that provides education-related services to local educational agencies and institutions of higher education in which the learning environment has been disrupted due to a violent or traumatic crisis; (2) Project Prevent, which makes grants to local educational agencies to help schools in communities with pervasive violence address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence; (3) School Safety Activities, such as the Readiness and Emergency Management for Schools Technical Assistance Center, which supports schools, school districts, and institutions of higher education in the development of high-quality emergency operations plans and comprehensive emergency management planning efforts, and proposed grants to local educational agencies to strengthen those efforts; and (4) in fiscal year 2016, funds for school-based activities to support students in communities that have experienced significant episodes of civil unrest.

## **BUDGET SUMMARY**

In FY 2017, the Department of Education requests \$50.1 million drug control activities, \$3,000 above the FY 2016 enacted level.

### **School Climate Transformation Grants**

**FY 2017 Request: \$46.5 million**

**(\$0.5 million below the FY 2016 enacted level)**

The request includes \$46.5 million for School Climate Transformation Grants and related technical assistance to help create positive school climates by developing and adopting, or expanding to more schools, the use of multi-tiered decision-making frameworks that guide the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students. A key aspect of this multi-tiered approach is that it provides differing levels of support and interventions to students based on their needs. In schools where these frameworks are implemented well, there is evidence that youth risk factors are reduced, and reduced risk factors are correlated with reduced drug use, among other improved behaviors.

School Climate Transformation Grants, first awarded in FY 2014, build on the development and testing of evidence-based multi-tiered decision-making frameworks, such as Positive Behavioral Interventions and Supports. The FY 2017 request would support the fourth year of a five-year grant program to 12 state educational agencies and 70 local educational agencies.

Funds are used to implement data tracking systems, train teachers and other school staff to analyze the data, and select the most appropriate evidence-based programs to address



students' needs, train teachers and staff to implement the selected programs with fidelity, and purchase associated programmatic materials.

### **Other Safe Schools National Activities**

**FY 2017 Request: \$3.6 million**

**(\$0.6 million above the FY 2016 enacted level)**

The Department's request also includes \$3.6 million for activities such as dissemination, outreach, and other technical assistance activities that support and improve drug and violence prevention efforts. In particular, the request includes \$3.5 million to help ensure that the National Center on Safe Supportive Learning Environments has sufficient resources to provide technical assistance to local educational agencies on the selection and implementation of evidence-based substance use prevention programs.

In addition to technical assistance to state educational agencies, local educational agencies, and institutions of higher education relating to alcohol and drug use and violence prevention at the elementary, secondary, and postsecondary levels, the National Center on Safe Supportive Learning Environments also supports the collection and dissemination of information and best practices on improving school climate. For example, in FY 2017, the National Center on Safe Supportive Learning Environments will provide technical assistance to local educational agencies and schools that utilize the model school climate survey, to be released by the National Center for Education Statistics in 2016, in selecting and implementing programs, policies, and practices that are responsive to the survey results.

### **PERFORMANCE**

Information regarding the performance of the drug control efforts of the Safe Schools National Activities is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent drug-related achievements during FY 2014 and FY 2015.

The Department identified outcome measures and targets in the table below for the School Safety National Activities grant competitions. Data are based primarily on analyses of grantee performance reports.

Department of Education		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
<b>Safe and Supportive Schools</b>		
» 2010 cohort – percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience a decrease in the percentage of students who report current (30-day) alcohol use	77.6%	*
» 2010 cohort – percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience an increase in the percentage of students who report current (30-day) alcohol use	21.5%	*
» 2010 cohort – percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience an improvement in their school safety score	76.5%	*
» 2010 cohort – percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience a worsening in their school safety score	19.8%	*
	<b>FY 2015 Target</b>	<b>FY2015 Achieved</b>
<b>School Climate Transformation</b>		
» 2014 cohort - The number and percentage of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol	**	*
» 2014 cohort - The number of schools annually that are implementing the multi-tiered behavioral framework with fidelity	**	512
» 2014 cohort - The percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity	**	45%

\* Data will be available in 2016

\*\* Targets will be set beginning with FY 2016 (the first year after baseline data are established)

In 2010, the Department awarded 4-year *Safe and Supportive Schools* grants to 11 state educational agencies for targeted interventions to help schools improve safety and reduce substance use. The performance measures for these grants focus on the percentage of participating schools that experience (i) a decrease/increase in the percentage of students reporting current (30-day) alcohol use and (ii) an improvement/worsening in their school safety score. The school safety score is an index of school safety that may include the presence and use of illegal drugs (including alcohol and marijuana). The 2010 cohort of grantees exceeded the 2013 targets on all of the above measures. The cohort has completed its funding cycle and is under extension to complete its projects. A final wave of performance metrics for FY 2014 will be available in January 2016.

The Department has developed a variety of measures to assess the performance of the School Climate Transformation Grants, including (1) measures related to increasing the capacity of local educational agencies to implement a multi-tiered decision-making framework to improve behavioral and learning outcomes and (2) measures to demonstrate the progress of local educational agencies in achieving those outcomes as evidence by decreasing student

disciplinary actions and increased student attendance. Among those measures, the two included in the chart above most directly support the drug prevention function of the School Safety National Activities program.

Since grantees are not required to collect and report to the Department disaggregated data on suspensions and expulsions directly related to the possession or use of alcohol or drugs, assessments of the number and percentage of schools reporting an annual decrease in such events will include violations unrelated to drugs or alcohol (ex., vandalism). However, a sizeable majority of grantees have elected to track drug-specific violations for other purposes, and the Department will encourage the remaining grantees to begin doing so. Accordingly, beginning with baseline data in 2016, the Department will also report on the number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol (only) and other drugs (only), for those grantees collecting disaggregated data.

The second new local educational agencies School Climate Transformation performance measure (the number and percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity) supports the drug prevention function of the School Safety National Activities program by implementing a multi-tiered behavioral framework where selected drug and other prevention programs are (1) evidence-based and (2) more likely to be implemented effectively. This measure is designed to evaluate whether the local educational agencies School Climate Transformation Grants result in such increased capacities.

**FEDERAL JUDICIARY**



# FEDERAL JUDICIARY

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

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Corrections	\$551.495	\$582.029	\$597.134
Prosecution	420.862	431.837	447.674
Research and Development	5.230	5.437	5.615
Treatment	181.300	191.317	196.281
<b>Total Drug Resources by Function</b>	<b>\$1,158.887</b>	<b>\$1,210.620</b>	<b>\$1,246.704</b>
<b>Drug Resources by Decision Unit</b>			
Administrative Office of the U.S. Courts	\$1.857	\$1.885	\$1.931
Court Security	35.464	37.136	39.012
Defender Services	154.508	152.752	160.562
Federal Judicial Center	1.617	1.663	1.700
Fees of Jurors and Commissioners	11.155	10.087	10.225
Salaries and Expenses	949.218	1,001.826	1,027.829
U.S. Sentencing Commission	5.068	5.271	5.445
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,158.887</b>	<b>\$1,210.620</b>	<b>\$1,246.704</b>
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$7.0	\$7.0	\$7.3
Drug Resources percentage	16.6%	17.2%	17.2%

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

## Program Summary

### MISSION

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

### METHODOLOGY

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

The percentages are updated each September to reflect the most recent drug workload information available.

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

Drug-related workload is identified by the types of cases being heard, as well as the offenses of the individuals needing counsel or under supervision. Funding is used by the 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 use by persons under supervision and to remove violators from the community before relapse leads to recidivism.

## **BUDGET SUMMARY**

For FY 2017, the drug control budget request totals \$1,246.7 million, an increase of \$36.1 million above the FY 2016 enacted level. The requested increase maintains current service levels and reflects continued growth in caseload and supervision responsibilities of the Judiciary.

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

**FY 2017 Request: \$1.9 million**

**(\$46,000 above the FY 2016 enacted level)**

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

### **Court Security**

**FY 2017 Request: \$39.0 million**

**(\$1.9 million above the FY 2016 enacted level)**

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

### **Defender Services**

**FY 2017 Request: \$160.6 million**

**(\$7.8 million above the FY 2016 enacted level)**

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

### **Federal Judicial Center**

**FY 2017 Request: \$1.7 million**

**(\$37,000 above the FY 2016 enacted 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 2017 Request: \$10.2 million**

**(\$0.1 million above the FY 2016 enacted level)**

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

### **Salaries and Expenses**

**FY 2017 Request: \$1,027.8 million**

**(\$26.0 million above the FY 2016 enacted level)**

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

## **United States Sentencing Commission**

**FY 2017 Request: \$5.5 million**

**(\$0.2 million above the FY 2016 enacted 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.

### **PERFORMANCE**

Information regarding the activities of the Judiciary is drawn from data collected by the Administrative Office of the United States Courts. The information presented here is based on data for FY 2014, the last full year for which data are available. Of note, while data are available regarding drug related defendants, cases, filings, and other court activities, performance measures, targets, and actuals are not included. The work of the Federal Judiciary is guided by a Strategic Plan developed by the Judicial Conference. However, this branch of the Federal Government is not covered by the requirements of the GPRMA.

Drug crimes remained the offenses prosecuted most frequently in the U.S. district courts, accounting for 31 percent of all defendant filings this year. Filings for non-marijuana defendants dropped 14 percent to 19,194. Defendants charged with marijuana crimes decreased 14 percent to 5,829. The most significant numeric drop for drug offenses was a decline of 3,228 defendant filings related to the sale, distribution, or dispensing of illegal drugs.

Forty-eight percent of persons under post-conviction supervision had been convicted of drug offenses, compared to 47 percent the previous year. Cases in which the major offense charged involved drugs accounted for 26 percent of pretrial services cases (down from 28 percent).



DEPARTMENT OF HEALTH AND HUMAN SERVICES



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Administration for Children and Families

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$18.560	\$18.540	\$60.000
<b>Total Drug Resources by Function</b>	<b>\$18.560</b>	<b>\$18.540</b>	<b>\$20.000</b>
<b>Drug Resources by Decision Unit</b>			
Promoting Safe and Stable Families – Regional Partnership Grants	\$18.560	\$18.540	\$60.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$18.560</b>	<b>\$18.540</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)	\$52	\$53	\$63
Drug Resources percentage	0.04%	0.03%	0.1%

**Program Summary**

**MISSION**

The Administration for Children and Families (ACF), within HHS, is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. The mission of ACF is to foster health and well-being by providing Federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

**METHODOLOGY**

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 Promoting Safe and Stable Families program was established by The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). In 2012, these grants were renamed *Targeted Grants to Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Substance Abuse* and reauthorized through FY 2016 as part of The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). Grants funded under this program support regional partnerships in establishing or enhancing a

collaborative infrastructure to build the region's capacity to meet a broad range of needs for families involved with substance use and the child welfare system.

## **BUDGET SUMMARY**

In FY 2017, ACF requests \$60.0 million for drug control activities, an increase of \$41.5 million above the FY 2016 enacted level. Of this increase, \$1.5 million reflects a current law increase in the baseline for the program, and \$40.0 million reflects a proposal to expand this program.

### **Regional Partnership Grants**

**FY 2017 Request: \$60.0 million**

**(\$41.5 million above the FY 2016 enacted level)**

In FY 2017, this program will continue to provide services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance use. The proposal for \$40.0 million will allow ACF to expand this program to additional jurisdictions.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of ACF is based on agency GPRMA documents and other agency information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2014, the latest year for which data are available.

<b>Administration for Children and Families</b>		
<b>Selected Measure of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Actual</b>
» Of all children who exit foster care in less than 24 months, percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption)	92.4%	91.6%

Since funding for the Regional Partnership Grant is part of the larger Promoting Safe and Stable Families program, ACF considers those activities to be part of the larger program performance goals, which includes the key measure in the table above. In FY 2014, ACF placed 91.6 percent of all children who exited foster care in less than 24 months into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure are to improve by at least 0.2 percentage points over the previous year's actual result to achieve this target.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Centers for Disease Control and Prevention

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$20.000	\$75.580	\$85.580
<b>Total Drug Resources by Function</b>	<b>\$20.000</b>	<b>\$75.580</b>	<b>\$85.580</b>
<b>Drug Resources by Decision Unit</b>			
Prescription Drug Overdose	\$20.000	\$70.000	\$80.000
Illicit Opioid Use Risk Factors	---	\$5.580	5.580
<b>Total Drug Resources by Decision Unit</b>	<b>\$20.000</b>	<b>\$75.580</b>	<b>\$85.580</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (Direct Only)	13	40	40
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$6,900.4	\$7,178.0	\$7,013.8
Drug Resources percentage	0.3%	1.1%	1.2%

<sup>1</sup> Excludes ATSDR and mandatory programs (except Mental Health Initiative).

**Program Summary**

**MISSION**

CDC serves as the national focus for 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. To accomplish its mission, CDC identifies and defines preventable health problems and maintains active surveillance of diseases through epidemiologic and laboratory investigations and data collection, analysis, and distribution; serves as the Public Health Service lead agency in developing and implementing operational programs relating to environmental health problems, and conducts operational research aimed at developing and testing effective disease prevention, control, and health promotion programs; administers a national program to develop recommended occupational safety and health standards and to conduct research, training, and technical assistance to assure safe and healthful working conditions for every working person; develops and implements a program to sustain a strong national workforce in disease prevention and control; and conducts a national program for improving the performance of clinical laboratories. CDC supports the *Strategy* by capitalizing on its role as the nation's public health agency to advance data-driven prevention. CDC works to advance tracking and surveillance of the opioid epidemic; improving clinical

practices to address opioid prescribing, a key driver of the epidemic; and supporting multi-sector, data-driven prevention in states across the country.

## **METHODOLOGY**

CDC's work aligns with Secretary Burwell's Opioid Initiative and addresses one of the key drivers of the opioid overdose epidemic. The opioid overdose epidemic killed more than 28,000 people in 2014 alone. The last 15 years have seen massive increases in opioid overdose deaths, driven largely by deaths from the most commonly prescribed opioids, and in the last five years, sharp increases in heroin and illegally manufactured opioid (i.e., illicit fentanyl) overdose deaths. A four-fold increase in the prescribing of opioid pain medications contributed to and continues to fuel the epidemic.

While opioid pain medications can play an important role in the management of some types of pain, the overprescribing of these powerful drugs has created a national epidemic of prescription drug misuse and overdose. CDC's work advances prevention in three key ways: (1) improving data quality and tracking trends to monitor actionable changes in the epidemic; (2) strengthening state efforts by scaling up effective public health interventions; and (3) improving patient safety by supplying healthcare providers with guidelines and other tools for evidence-based decision making that improves patient care and population health.

### **Indirect Support**

Apart from these programs, the FY 2017 budget request continues to provide funding for expansion of electronic death reporting to provide faster, better quality data on deaths of public health importance, including Prescription Drug Overdose Deaths. Additional information on this activity and specific funding levels can be found in the Public Health Scientific Services section of the HHS FY 2017 Congressional Budget Justification.

## **BUDGET SUMMARY**

In FY 2017, CDC requests \$85.6 million for drug control activities, an increase of \$10.0 million above the FY 2016 enacted level.

### **Opioid Overdose**

**FY 2017 Request: \$80.0 million**

**(\$10.0 million above the FY 2016 enacted level)**

This net increase includes a \$10.0 million increase for opioid prescribing guideline dissemination and uptake.

In FY 2017 Request includes funding to continue state support for prescription drug overdose prevention programs in all 50 states and Washington, DC. The investment will support rigorous monitoring and evaluation and improvements in data quality and monitoring at a national level. CDC also will continue efforts to increase uptake among providers of CDC's opioid prescribing guideline for chronic pain outside of active cancer treatment, palliative care, and end-of-life care, which is slated for release in 2016, as well as implementation of a coordinated care plan

that addresses both opioid and heroin overdose prevention by improving care for high-risk opioid patients. In addition, CDC will coordinate with the Bureau of Justice Assistance's Harold Rogers PDMP while helping states maximize the use of their PDMPs as a public health tool to identify and address inappropriate prescribing.

### **Illicit Opioid Use Risk Factors**

*FY 2017 Request: \$5,579,000 Illicit Opioid Use Risk Factors  
(No change from the FY 2016 enacted level)*

Deaths from heroin have tripled since 2010, and deaths from other illicit opioids also are sharply on the rise. In FY 2017 CDC will address the rising rate of overdoses attributable to illicit opioids by supporting state efforts to improve their ability to detect, track, and respond to illicit opioid overdoses, including obtaining more timely and accurate emergency department and death data. In July 2015, CDC released troubling findings about ways in which the heroin epidemic is changing. As heroin use, and opioid use disorder have increased, so have heroin-related overdose deaths—tripling in the United States between 2010 and 2014. In addition, about 45 percent of people who used heroin also misused or had opioid medication use disorder.

CDC's activities in FY 2017 will be conducted in alignment with the HHS Opioid Initiative, a Department-wide effort to advance a coordinated, comprehensive response to the opioid epidemic. CDC's work to address inappropriate prescribing of opioids is a major component of the initiative. In addition to that work, CDC will also apply its scientific expertise to evaluate SAMHSA's proposed prescription drug overdose grant program.

### **PERFORMANCE**

CDC funded 16 state health departments through the Prescription Drug Overdose Prevention for States program in September 2015 to advance and evaluate comprehensive state-level interventions for preventing prescription drug overuse, misuse, and overdose. Interventions of priority address drivers of the prescription drug overdose epidemic, particularly the misuse and inappropriate prescribing of opioid pain medications. In order to ensure that Prescription Drug Overdose Prevention for States program activities are achieving their primary goal, CDC has introduced a new budget performance measure (Measure 7.2.6), which tracks the rate of overdose deaths involving opioid analgesics per 100,000 residents in funded states.

Strategic goals related to prescription drug misuse will ultimately improve patient care and safety and reduce high-risk prescribing. These include:

- Improving data quality and tracking trends to monitor actionable changes in the epidemic.
- Strengthening state prevention efforts by scaling up effective public health interventions. Since September 2015, this includes 16 states funded through Prescription Drug Overdose Prevention for States FOA.

- Improving patient safety by supplying health care providers with data, tools, and guidance for evidence-based decision making.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Medicare & Medicaid Services

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Estimate	FY 2016 Estimate	FY 2017 Estimate
<b>Drug Resources by Function</b>			
Treatment	\$8,230.000	\$8,760.000	\$9,140.000
<b>Total Drug Resources by Function</b>	<b>\$8,230.000</b>	<b>\$8,760.000</b>	<b>\$9,140.000</b>
<b>Drug Resources by Decision Unit</b>			
Grants to States for Medicaid	\$7,000.000	\$7,500.000	\$7,800.000
Medicare	1,230.000	1,260.000	1,340.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$8,230.000</b>	<b>\$8,760.000</b>	<b>\$9,140.000</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>	\$967.1	\$1,058.0	\$1,091.5
Drug Resources percentage	0.9%	0.8%	0.8%

<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 Federal share of net benefit outlays and includes outlays from the Vaccines for Children Program. The Medicare total reflects gross benefit outlays.

### Program Summary

#### MISSION

As an effective steward of public funds, the Centers for Medicare and Medicaid Services (CMS) is committed to 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 drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of the ONDCP by continuing to meet the challenges of providing drug use disorder treatment care benefit payments to eligible beneficiaries.

#### METHODOLOGY

**Medicaid:** These projections were based on the estimates in the report “Medicaid Substance Abuse Treatment Spending: Findings Report,”<sup>3</sup> which was written at the request of the Office of the Assistant Secretary for Planning and Evaluation in HHS and ONDCP.

<sup>3</sup> Bouchery E, Harwood R, Malsberger R, Caffery E, Nysenbaum J, and Hourihan K, “Medicaid Substance Abuse Treatment Spending: Findings Report,” Mathematica Policy Research, September 28, 2012.



The projections relied on the estimates of substance use disorder treatment expenditures within core services (inpatient and outpatient hospital services, residential care services, prescription drugs, and substance use disorder treatment services provided through managed care plans) for CY 2008 by state, service, and eligibility category. Those estimates were trended forward to fiscal year 2014 using the growth rate of expenditures by state, service, and eligibility category from the CMS-64, the Medicaid Analytic Extract, and the estimates of enrollment growth consistent with the President's FY 2017 Budget. The annual growth rates were multiplied by 0.98, consistent with the findings of Bouchery et al. (2012) that substance use disorder treatment expenditures grew on average at the 98 percent of the rate of all Medicaid services in the same service categories. For residential care services, because neither the CMS-64 nor the Medicaid Analytic Extract files provides detail on this service, the growth rate in total Medicaid benefits (by state and eligibility category) was used.

The projections for FY 2015 through FY 2018 were then developed from the FY 2014 estimates multiplied the 98 percent of the growth rate in expenditures by service and eligibility category from the President's FY 2017 Budget (the Budget does not include projections of expenditures by state). The projections include the impacts of the ACA, most notably the Medicaid eligibility expansion in 2014.

For the service categories, because of changes to CMS-64 in 2010 and 2011, some adjustments were made in calculating the growth rates for 2008 through 2014. For inpatient hospital services, expenditures for critical access hospitals, emergency hospital services, inpatient hospital supplemental payments, and inpatient hospital graduate medical education payments were included to calculate the growth rate in inpatient hospital services. For outpatient hospital services, outpatient hospital supplemental payments were included. Additionally, consistent with the estimates in Bouchery et al. (2012), these projections do not include any prescription drug rebates collected by Medicaid; the prescription drug rebates substantially reduce net Medicaid expenditures on prescription drugs.

Lastly, CMS notes that these projections are higher than in previous years. This reflects a change to the methodology to use the CMS-64 Net Services, which allocates prior period adjustments to services (whereas prior period adjustments were reported and projected separately in previous budget exercises). This change generally increases the amounts for all services, including substance use disorder treatment services. In addition, the change from using the Medicaid Statistical Information System to using the Medicaid Analytic Extract and increases in the budget projections for Medicaid overall contributed to the increase in the projections for substance use disorder treatment services.

**Medicare:** The estimates of Medicare spending for the treatment of substance use disorder are based on the FY 2017 President's Budget baseline. These projections reflect estimated Part A and Part B spending and are based on an analysis of historical fee-for-service claims through 2015, using the primary diagnosis code included on the claims. These projections are slightly higher than those for the 2016 President's Budget, due to the incorporation of another years of

actual experience, which was higher than anticipated. The historical trend was used to make projections into the future.

An adjustment was made to reflect spending for beneficiaries who are enrolled in Medicare Advantage plans, since their actual claims are not available. It was assumed that the proportion in costs related to substance use disorder treatment was similar for beneficiaries enrolled in Medicare Advantage plans as for those enrolled in fee-for-service Medicare.

These estimates do not include spending under Part D of Medicare as there is no diagnosis code associated with prescription drug claims, and drugs used to treat substance use disorders are also used to treat other conditions.

## **BUDGET SUMMARY**

The total FY 2017 drug control outlay estimate for the CMS is \$9,140 million. This estimate reflects Medicaid and Medicare—excluding Part D—benefit outlays for substance use disorder treatment. Overall, year-to-year projected growth in substance use disorder spending is a function of estimated overall growth in Medicare and Medicaid spending. Some of the FY 2016 to FY 2017 growth is attributable to the incorporation of actual data in Medicare, which was higher than anticipated, and the impact of the ACA on Medicaid, which included the eligibility expansion in 2014.

### **Grants to States for Medicaid**

**FY 2017 outlay estimate: \$7,800.0 million**  
**(\$300.0 million above the FY 2016 estimate)**

Medicaid is a means-tested health care entitlement program financed by States and the Federal government. States have considerable flexibility in structuring their Medicaid programs. Medicaid mandatory services include substance use disorder services for detoxification and treatment for substance use disorder needs identified as part of early and periodic screening, diagnostic and treatment services for individuals under age 21 years of age. Additional Medicaid substance use disorder treatment services may be provided as optional services.

### **Medicare**

**FY 2017 outlay estimate: \$1,340.0 million**  
**(\$80.0 million above the FY 2016 estimate)**

Medicare provides coverage for hospital, supplemental medical, and prescription drug insurance to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare substance use disorder treatment benefits payments are made by Medicare Part A and Medicare Part B for inpatient and outpatient treatment, respectively..

## **PERFORMANCE**

Both Medicaid and Medicare contain quality measurement programs that relate to substance use disorder screening and treatment. CMS is also working in partnership with the Office of the National Coordinator for Health Information Technology to incorporate additional relevant Clinical Quality Measures into Electronic Health Record technology. The data collected will provide insight on a wide spectrum of health care quality issues, including screening and treatment for substance use. Currently, eligible professionals may elect to report on measures related to tobacco cessation and substance use disorder screening and treatment as part of the Medicare and Medicaid HER Incentive Programs.

HHS established a FY 2016-17 HHS-wide Agency Priority Goal to Reduce Opioid Morbidity and Mortality and CMS is a supporting partner in that effort. Additional Information can be seen on [Performance.gov](http://Performance.gov).

### **Medicaid**

In FY 2016, states will continue voluntary reporting on a core set of health care quality measures for adults enrolled in Medicaid. CMS released an updated core set of measures for 2016 in December 2015, including a new measure: “Use of Opioids from Multiple Providers at High Dosage in Persons without Cancer.” In addition, a measure related to initiation and engagement of alcohol and other drug dependence treatment is maintained from the initial core set. CMS will publicly report state-specific data from the core set for the first time in the 2015 Annual Report on the Quality of Health Care for Adults Enrolled in Medicaid.

### **Medicare**

The Physician Quality Reporting System is a Medicare quality reporting program that encourages reporting of quality measures by eligible professionals by applying negative payment adjustments to those eligible professionals that do not meet satisfactory reporting criteria. Eligible professionals may select from a set of approximately 300 quality measures. The number of measures they are required to report in order to avoid a negative payment adjustment varies depending on the reporting method selected. The final reporting period for PQRS is calendar year 2016 with the respective program payment adjustments sun setting at the end of 2018.

The new Quality Payment Program, which will begin January 1, 2017, will replace PQRS and the Value Modifier program, as well as the separate payment adjustments under the Medicare Electronic Health Records Incentive program. It is a streamlined program that has reduced quality reporting requirements and a flexible design that allows eligible clinicians to pick their pace of participation in the first year.

There are two tracks to the Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APM). Clinicians can choose how they want to participate based on their practice size, specialty, location, or patient population. There are

four MIPS categories: Quality, Advancing Care Information, Improvement Activities, and Cost. In order to receive full credit under the Quality category, a minimum of 6 out of 300 quality measures is required. The eligible clinicians may also report on the remaining categories, however Cost is not a reporting requirement in the first year of MIPS and has no impact on the payment adjustment.

The APM is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. Advanced APMs are a subset of APMs, and let practices earn more for taking on some risk related to their patients' outcomes. An incentive payment of 5% is achievable by going further in improving patient care and taking on risk through an Advanced APM.

In November 2015, CMS made available a new interactive online Medicare Part D Opioid Drug Mapping Tool that allows the public to search de-identified Medicare Part D opioid prescription claims data at the state, county, and ZIP code levels. By openly sharing data in a secure, broad, and interactive way, CMS is supporting a better understanding of regional provider prescribing behavior variability and is adding insight to local health care delivery. For additional information: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-11-03.html>

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Health Resources and Services Administration

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$5.500	\$13.000	\$15.500
Treatment	22.300	116.000	148.500
<b>Total Drug Resources by Function</b>	<b>\$27.800</b>	<b>\$129.000</b>	<b>\$164.000</b>
<b>Drug Resources by Decision Unit</b>			
Bureau of Primary Health Care	\$26.000	\$129.000	\$129.000
National Health Service Corps - Medication-Assisted Treatment	---	---	25.000
Rural Opioid Overdose Reversal program	1.800	---	10.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$27.800</b>	<b>\$129.000</b>	<b>\$164.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	2
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$10.4	\$10.6	\$10.6
Drug Resources percentage	0.0%	0.0%	0.0%

### Program Summary

#### MISSION

#### Health Centers

HRSA is the principal Federal agency charged with increasing access to primary health care for those who are underserved. For 50 years, HRSA-funded health centers have delivered comprehensive, high-quality, cost-effective primary health care to patients regardless of their ability to pay. Access to substance use disorder services is critical to ensuring overall health and well-being of health center populations. HRSA-funded health centers must provide primary care services for all age groups. Although all health centers enhance access to substance use disorder services, a subset (Health Care for the Homeless grantees) are required to provide it either directly or through formal arrangements with other organizations. The Health Center Program provides grants to organizations that operate service delivery sites in several underserved settings where patients seek treatment for their substance use disorder including:

- Community Health Centers, which serve a variety of Federally-designated Medically Underserved Area/Populations,

- Migrant Health Centers, which provide culturally competent and primary preventive medical care to migratory and seasonal agricultural workers,
- Health Care for the Homeless Programs, which reach out to homeless individuals and families and provide primary and preventive care and substance use disorder services, and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

### **Rural Opioid Overdose Reversal program**

The purpose of this newly proposed program is to provide funding to community partnerships using innovative strategies for care coordination and communication by a team of qualified health care providers focusing on the prevention, treatment, and intervention of opioid use in rural communities. This program is based upon a pilot program conducted by HRSA in FY 2015. The program will support the following goals:

1. Purchase naloxone and opioid overdose reversal devices;
2. Train licensed healthcare professionals to recognize the signs of opioid overdose and learn the appropriate way to administer naloxone;
3. Provide appropriate transport to a hospital or clinic for continued care after administration;
4. Refer those with a drug dependency to appropriate substance use disorder treatment centers where care coordination is provided by a team of provider;; and
5. Provide education and prevention services.

The Rural Opioid Overdose Reversal Program aims to demonstrate improved and measurable health outcomes, including but not limited to, reducing opioid overdose morbidity and mortality in rural areas.

## **METHODOLOGY**

### **Health Centers**

The Uniform Data System (UDS) tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. The UDS data are collected from grantees and reported at the grantee, State, and national levels. The UDS reporting provides a reasonable basis for estimating the share of the Primary Health Care Grants used for substance use disorder treatment. Using the data reflected on table 8A Financial Costs in the 2014 UDS report, it is estimated that 0.62 percent of health centers' services expenditures are for substance use disorder.

In FY 2016, the Health Center Program projects to spend \$100.0 million on a targeted supplemental funding opportunity for substance use disorder service expansion in existing health centers. The \$100.0 million in FY 2016 substance use disorder expansion funding is

planned to be awarded as ongoing supplemental funding, to be included in health centers' base continuation funding in FY 2017.

As a result, substance use disorder resources in health centers for FY 2016 and FY 2017 are projected to reflect both the historic methodology for ongoing funding and the supplemental substance use disorder service expansion funding projected to be awarded in FY 2016.

### **Rural Opioid Overdose Reversal Program**

Allocation of funds for this program would be through competitive grant funds.

## **BUDGET SUMMARY**

In FY 2017, HRSA requests \$164.0 million, an increase of \$35.0 million above the FY 2016 enacted level.

### **Health Centers**

**FY 2017 outlay estimate: \$129.0 million**

**(No change from the FY 2016 estimate)**

In FY 2017, the Health Center program plans to support more than 1,300 grantees and provide comprehensive primary health care services to approximately 27 million patients, including access to substance use disorder treatment. Health Centers will continue to provide substance use disorder treatment for all age groups.

### **National Health Service Corps**

**FY 2017 outlay estimate: \$25.0 million**

**(\$25.0 million above the FY 2016 estimate)**

HRSA is requesting additional funding for the National Health Service Corps for a new, 2-year mandatory investment to expand the use of medication-assisted treatment through enhanced loan repayment to clinicians with medication-assisted treatment training. This funding is part of the President's \$1 billion request for FY 2017 – FY 2018 to address the nationwide opioid epidemic.

### **Rural Opioid Overdose Reversal Program**

**FY 2017 outlay estimate: \$10.0 million**

**(\$10.0 million above the FY 2016 estimate)**

The Rural Opioid Overdose Reversal Program is a new program for FY 2017 developed to provide funding to rural community partnerships for the purchase of devices used to reverse the effects of opioid overdoses. This program is based upon a pilot program conducted by HRSA in FY 2015.

## **PERFORMANCE**

Information regarding HRSA's Health Center Program's performance is based on the UDS. The table and accompanying text represent highlights of their achievements for the latest year for which data are available.

<b>Health Resources and Services Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Number of Health Center Program grantees providing SBIRT services	220	270
» Number of Health Center Program grantees providing substance abuse counseling and treatment services	260	262

HRSA is taking several approaches to improve access to high quality substance use disorder services for medically underserved communities through the Health Center Program. General approaches include developing the infrastructure for high quality care through the adoption of health information technology and the transformation of health centers to patient-centered medical homes. Patient-centered medical homes and the meaningful use of health information technology will enable enhanced access to care, better care coordination, and improved patient engagement. Transformed health centers are better positioned to partner with other addiction-related services in the community including inpatient and outpatient substance use disorder services.

To further improve access and raise the quality of substance use disorder services, the availability of services on-site is essential. This is to be achieved by training health center clinicians to provide high quality and expanded services for those with addiction disorders. SBIRT is an evidence-based process used by primary care providers in health centers to effectively detect and treat addiction. Because many communities served by health centers have a high burden of addiction disorders, many health centers have chosen to co-locate and integrate substance use disorder specialty services reflecting efficient and effective approaches in meeting patient needs. The integration of substance use disorder services may include the provision of enhanced services, such as MATs, by primary care clinicians. In addition, HRSA provides guidance to health centers on collaboration with State agencies to ensure that appropriate standards of care are implemented and that referrals are coordinated.

In FY 2014, 262 health centers provided substance use disorder counseling and treatment services, exceeding the program FY 2014 target. Also in FY 2014, 270 health centers provided SBIRT services, exceeding the program FY 2014 target.

The Rural Opioid Overdose Reversal program is a new program for FY 2017 and does not have established performance targets.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Indian Health Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$18.178	\$30.044	\$42.721
Treatment	93.167	84.626	98.209
<b>Total Drug Resources by Function</b>	<b>\$111.345</b>	<b>\$114.670</b>	<b>\$140.930</b>
<b>Drug Resources by Decision Unit</b>			
Alcohol and Substance Abuse Prevention and Treatment	\$106.853	\$110.178	\$136.438
Urban Indian Health Program	4.492	4.492	4.492
<b>Total Drug Resources by Decision Unit</b>	<b>\$111.345</b>	<b>\$114.670</b>	<b>\$140.930</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)	\$5.9	\$6.1	\$6.5
Drug Resources percentage	1.9%	1.9%	2.1%

### Program Summary

#### MISSION

The Indian Health Service (IHS), an agency within HHS, is responsible for providing Federal health services to American Indians and Alaska Natives (AI/AN). IHS supports substance use disorder treatment and prevention services as part of this mission.

#### METHODOLOGY

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

#### BUDGET SUMMARY

In FY 2017, IHS requests \$136.4 million for drug control activities, an increase of \$26.3 million above the FY 2016 enacted level.

## **Alcohol and Substance Abuse Prevention and Treatment**

**FY 2017 Request: \$136.4 million**

**(\$26.3 million above the FY 2016 enacted level)**

In FY 2017, the IHS budget request for its drug control activities supports ONDCP funding priorities as well as the *Strategy*. The *Strategy* emphasizes the partnership between Federal agencies and their state, local, tribal, and international counterparts and addresses public health and public safety challenges. IHS is also working with Federal partners to implement ONDCP's Prescription Drug Misuse Prevention Plan, "*Epidemic: Responding to America's Prescription Drug Abuse Crisis.*"

The Prescription Drug Misuse Prevention Plan expands upon the Administration's *Strategy* which 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.

In FY 2017, IHS will continue to serve AI/ANs impacted by substance use disorders and dependence through its Youth Regional Treatment Centers (YRTCs) and other IHS, Tribal, and Urban Indian operated substance use disorder treatment and prevention programs. In addition to those direct services, the IHS Methamphetamine and Suicide Prevention Initiative (MSPI) is a nationally-coordinated grant program, focusing on providing targeted methamphetamine and suicide prevention and intervention resources to communities in AI/AN communities with the greatest need for these programs. There is mutual development and implementation of the MSPI project with Tribes, Tribal programs, and other Federal agencies which now provides support to 118 IHS, Tribal, and Urban Indian health programs nationally. The strategic goal is to support Tribal programs in their continued substance use prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with IHS to deliver services developed by the communities themselves, with a national support network for ongoing program development and evaluation.

Tribal Youth Regional Treatment Centers Pilot Project +\$1.8 million - IHS currently funds eleven YRTCs to provide a range of clinical services rooted in a culturally relevant, holistic model of care. These services include clinical evaluation, substance use education, group, individual and family psychotherapy, art therapy, adventure-based counseling, life skills, medication management or monitoring, evidence-based/practice-based treatment, aftercare relapse prevention, and limited post-treatment follow-up services. Once AI/AN youth are discharged home, they are faced with leaving a structured treatment environment to return home where little work has occurred with their families and often times, aftercare services are limited.

The IHS is seeking additional funding to establish a pilot project to fill this gap in services and provide a continuum of care for AI/AN youth after they are discharged home from YRTCs. The goal of the pilot project will be to promote integration of cultural practices with evidence based treatment in aftercare services for AI/AN youth. Funded projects will hire and train clinical staff in evidence-based treatment approaches, such as dialectical behavior therapy, with the

incorporation of new staff to provide culturally appropriate interventions and activities. YRTC's will be able to hire staff, such as a cultural teacher or cultural knowledge keeper, tribal elder, or peer specialist. Pilot projects will incorporate cultural approaches that are appropriate for their regional or local service area, such as dancing, ceremonial practices, canoe journeys, and traditional teachings.

Methamphetamine and Suicide Prevention Initiative Expansion – Generation Indigenous +\$15.0 million - to expand MSPI under Purpose Area #4 – “Generation Indigenous Initiative Support” to focus on hiring additional staff to improve behavioral health services and prevention programming for AI/AN youth. Strategies to address mental health, alcohol, substance use, and suicide require comprehensive clinical approaches, collaborations, and partnerships with consumers and their families to reduce morbidity and early mortality. The MSPI Expansion will support Generation Indigenous by removing barriers to behavioral health treatment and provide prevention programming to ensure that comprehensive, culturally appropriate approaches exist for Native children and youth to reach their full potential. The MSPI Expansion – Generation Indigenous supports will help reform treatment systems, with an emphasis on finding better ways to deliver care for AI/AN youth.

The IHS is requesting \$15.0 million above the FY 2016 enacted level for the Alcohol and Substance Abuse budget to:

- Provide funds to currently funded MSPI projects under Purpose Area #4 to hire behavioral health professionals, peer specialists, and other professionals to provide services for AI/AN children, youth, and their families.
- Increase the number of additional Tribes, Tribal organizations, and Urban Indian organizations to participate in MSPI Purpose Area #4.

Substance use disorders continue to rank high on the concern list of the Tribal partners. IHS believes that a shift in emphasis to earlier intervention is required to be successful in reducing the consequences of substance use disorders. IHS proposes focusing on early intervention with adolescents and youth adults and preventing further progression by recognizing and responding to the sequel of the abuse. IHS promotes expanded health care services, such as mental and behavioral health treatment and prevention, by providing training on substance use disorders to IHS, Tribal, and Urban Indian health programs at annual conferences, meetings, and webinars. Continuing medical education and Continuing Education Units are offered in these training opportunities provided to primary care providers.

IHS continues to support the integration of substance use disorder treatment into primary care and emergency services through its activities to implement the *Strategy*. Integrating treatment into healthcare offers opportunities for healthcare providers to identify patients with substance use disorders, provide them with medical advice, help them understand the health risks and consequences, and refer patients with more severe substance use-related problems to

treatment.<sup>4</sup> One integration activity is SBIRT which is an early intervention and treatment service for people with substance use disorders and those at risk of developing these disorders. IHS is broadly promoting SBIRT as an integral part of a sustainable primary care-based behavioral health program through reimbursement from CMS. IHS will be providing training on SBIRT in FY 2016 and has developed guidelines for documentation in the electronic health record.

Another activity is MAT for opioid addiction which is an approach that uses Food and Drug Administration approved pharmacological treatments, in combination with psychosocial treatments, for patients with opioid use disorders.<sup>5</sup> In FY 2016, IHS will provide the necessary waiver training for physicians to prescribe MAT through its Tele-Behavioral Health Center of Excellence (TBHCE). IHS also works to provide training on proper opioid prescribing through the TBHCE. As of November 2015, more than 1800 IHS, Tribal, and Urban Indian health care providers have received the training. IHS will continue to offer the training on a regular basis in FY 2016 with refresher courses offered every three years.

As competencies and skills increase among IHS, Tribal, and Urban Indian health programs, IHS is considering the most appropriate metric and data sources to assess the impact of training on prescription drug misuse. In FY 2017, IHS will continue education on SBIRT, promote the use of MAT, train providers on proper opioid prescribing, and develop a national prescription drug misuse measure to better assess the impact of prescription drug misuse. The national prescription drug misuse measure was initially planned for rollout in FY 2017 and will now be released in FY 2018. To provide clinical support for providers, the TBHCE recently launched weekly Pain and Addiction consultations. Healthcare providers may receive a no-cost consultation from an expert panel on the most challenging pain and addiction cases.

The IHS provides several training opportunities annually on alcohol and substance use issues for its providers. In FY 2015, the TBHCE, in partnership with the University of New Mexico, provided webinar training for 10,551 participants on current and pressing behavioral health issues through a series of webinars, including a concentrated focus on substance use disorders through a weekly Pain and Addiction Series and Addiction Mini-Series. Topics included: Introduction to Addiction; Opioid Dependence; Chronic Pain and Depression; Anxiety and Chronic Pain; Fibromyalgia; Chronic Pain and Neurology; Epidemiology of Chronic Pain; Non-Opioid Pain Medication; Screening for Misuse, Diversion, and Addiction; Buprenorphine; Medication Management; Screening for Opiate Addictions; Methadone - An Introduction; Substance Abuse I & II; Naloxone and MAT for Opioid Dependence.

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<sup>4</sup> ONDCP. Integrating Treatment into Healthcare. Available at <http://www.whitehouse.gov/ondcp/integrating-treatment-and-healthcare>.

<sup>5</sup> ONDCP. Medication Assisted Treatment for Opioid Addiction. Available at [http://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication\\_assisted\\_treatment\\_9-21-20121.pdf](http://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf)

The TBHCE evaluates models of care delivery, access to care, and sustainability. A toolkit is available for sites to prepare the infrastructure for tele-behavioral health services. Intra-Agency agreements continue between the TBHCE and IHS Billings, Great Plains, Nashville, Navajo, Phoenix, and Tucson Areas. In FY 2015, over 9,773 patient encounters were provided nationally via tele-behavioral health. As IHS promotes the use of MAT programming, future development work includes options to expand tele-health for MAT maintenance.

IHS established a multi-disciplinary workgroup to focus on prescription drug misuse in Indian Country in 2012. The workgroup utilized the published ONDCP epidemic framework to address four main focus areas, including participation with existing state PDMPs. IHS has worked with ONDCP, the Bureau of Justice Assistance, and numerous state PDMPs to participate in development of best practice recommendations and begin to report controlled substance dispensing data to state PDMPs. To date, IHS has developed software compatible with five American Society for Automation in Pharmacy formats; deployed reporting capacity in 21 IHS states; and assisted tribal programs with PDMP program deployment. Future development work includes enhanced prescriber utilization of PDMP data through integration with existing interconnects.

In FY 2016, the IHS and Bureau of Indian Affairs (BIA) entered into a formal partnership to reduce deaths from prescription drug and heroin overdoses. As a result of this partnership, IHS will provide medication and training to law enforcement officers on the proper administration of naloxone. IHS plans to provide training and medication to more than 500 BIA law enforcement officers across the country beginning in FY 2016.

The IHS drug control budget also includes an increase in FY 2017 to support staffing/operating cost requirements for newly constructed facilities and current services, which include medical and non-medical inflation, population growth, and pay costs. Current Services funding prevents erosion of purchasing power and ensures continued level of health care services and access to care for American Indians and Alaska Natives.

### **Urban Indian Health Program**

**FY 2017 Request: \$4.5 million**

**(No change from the FY 2016 enacted level)**

Urban Indian Organizations (UIO) are resources to both tribal and urban communities. UIO that offer inpatient and outpatient substance use disorder treatment have become reliable referral sites for tribes. In FY 2017 IHS is proposing \$4.5 million for the urban ONDCP budget.

AI/AN people who live in urban centers present a unique morbidity and mortality profile. Urban AI/AN populations suffer disproportionately higher mortality from certain causes in sharp contrast to mainstream society. These unique challenges require a targeted response.

Existing UIO see their efforts in health education, health promotion, and disease prevention as essential to impacting the behavioral contributors to poor health<sup>6</sup>:

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

Alcohol and drug-related deaths continue to plague urban AI/ANs. Alcohol-induced mortality rates for urban AI/ANs are markedly higher than for urban all races. All regions,<sup>7</sup> with the exception of eastern seaboard cities in the Nashville Area, show dramatically higher rates for urban AI/ANs than for urban all races who live in the same communities: the Billings Area is 4 times greater, the Phoenix Area is 6 times greater, the Tucson Area is 6.7 times greater, and the Aberdeen Area has a 13.4 times greater alcohol-induced rate of mortality<sup>8</sup>.

Urban AI/AN populations are more likely to engage in health risk behaviors. Urban AI/AN are more likely to report heavy or binge drinking than all-race populations and urban AI/AN are 1.7 times more likely to smoke cigarettes. Urban AI/ANs more often view themselves in poor or only fair health status, with 22.6 percent reporting fair/poor health as compared to 14.7 percent of all races reporting as fair/poor.

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

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<sup>6</sup> IHS, Office of Urban Indian Health Programs, *Urban Needs Assessment Report – Draft*, 2016.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

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

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

In FY 2016, two UIOs are implementing the process outlined in the IHS and BIA memorandum of agreement to provide naloxone to law enforcement officers (as mentioned previously). The goal of this effort to reduce deaths from prescription drug and heroin overdoses and includes the participation of the Oklahoma City Indian Clinic, Oklahoma City, OK; and Indian Health Care Resource Center of Tulsa, Tulsa, OK.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of IHS are based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. In FY 2017, IHS will include overall substance use disorder encounters provided in all clinical settings across the health system to aid in promoting integrated substance use disorder services. Tracking overall clinical substance use disorder encounters will allow IHS to report on the effectiveness of IHS programs that focus on drug use. In FY 2015, IHS clinics provided 603,469 substance use disorder encounters. The substance use disorder encounters for primary care clinics and emergency departments will not be discontinued in FY 2017 as previously planned. IHS will report on substance use disorder encounters in emergency departments, primary care, and in all IHS clinics program measures in FY 2017. In addition, IHS is developing a measure of prescription drug misuse for rollout in FY 2018.

The table and accompanying text below represent highlights of IHS achievements during FY 2015, the latest year for which data are available. The selected performance measures reported in the table provide targets and results from both Tribally Operated Health Programs and Federally Administered Health Programs.



Indian Health Service		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Alcohol-use screening among appropriate female patients	66.7%	66.6%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	90%
» Report on number of emergency department patients who receive substance abuse disorder intervention	44,112	41,749
» Report on number of substance use disorder services in primary care clinics	114,674	114,570

As a routine part of women’s health, IHS providers screen for alcohol use among women of child-bearing age. In FY 2015, the Alcohol Screening measure was missed by 0.1 percent. However, the overall percentage of female patients screened for alcohol use improved and has consistently improved since 2004. To provide more comprehensive routine screening, IHS will expand its Alcohol Screening measure to include all patients 12 through 75 years of age in FY 2017 and retire the alcohol screening measure for female patients. Additionally, IHS is planning to report a new SBIRT measure with baseline results in 2017.

The accreditation measure for YRTCs reflects an evaluation of the quality of care associated with accreditation status by either the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, state certification, or regional Tribal health authority certification. For youth with substance use disorders, the YRTCs provide invaluable treatment services. The 100 percent accreditation performance measure was not met in FY 2015 as a result of the accreditation for one Federally-operated YRTC. However, an appeal was submitted and subsequent accreditation for the YRTC was issued in FY 2016.

The IHS monitors two program measures on the number of substance use disorder encounters provided in emergency departments and primary care clinics. The final results for FY 2015 emergency department and primary care clinics will be available in February 2016. In FY 2017, IHS will include overall substance use disorder encounters provided in all clinical settings across the health system to aid in promoting integrated substance use disorder services. Tracking overall clinical substance use disorder encounters will allow IHS to report on the effectiveness of IHS programs that focus on drug use disorders.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Research and Development: Prevention	\$400.462	\$405.880	\$405.880
Research and Development: Treatment	\$674.767	\$698.895	\$698.895
<b>Total Drug Resources by Function</b>	<b>\$1,075.229</b>	<b>\$1,104.775</b>	<b>\$1,104.775</b>
<b>Drug Resources by Decision Unit</b>			
National Institute on Drug Abuse	\$1,015.695	\$1,050.550	\$1,050.550
National Institute on Alcohol Abuse and Alcoholism	\$59.534	\$54.225	\$54.225
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,075.229</b>	<b>\$1,104.775</b>	<b>\$1,104.775</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	396	400	400
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$30.3	\$32.3	\$33.1
Drug Resources percentage	3.4%	3.4%	3.3%

### Program Summary

#### MISSION

The NIDA and the NIAAA, two of the twenty-seven Institutes and Centers of the NIH, support the *Strategy*: NIDA, by funding research on the prevention and treatment of drug use, addiction, and its harmful consequences; and NIAAA, by funding research on the prevention and treatment of underage drinking and its harmful consequences.

The societal impact of the misuse of illicit drugs in 2007 was estimated at \$193 billion in health care, crime-related, and productivity losses<sup>9</sup>. Knowledge is the foundation of the transformative agenda needed to strike at the heart of this stubborn and costly challenge. To provide a comprehensive public health response, NIDA will continue to build on science advances from our investments in genetics, neuroscience, pharmacotherapy, and behavioral and health services research that have led to innovative strategies for preventing and treating substance use disorders in this country and worldwide.

<sup>9</sup> U.S. DOJ National Drug Intelligence Center. The Economic Impact of Drug Use in American Society. April 2011

Studying drug use, substance use disorders, and their causes is a complex challenge compounded by societal stigma and misunderstanding that most other illnesses do not face. The landscape of drug addiction in America evolves from year to year; we are currently seeing the terrible results of a decades-long epidemic of prescription drug misuse that is leading to a rise in heroin use as well as new HIV and Hepatitis C outbreaks. A growing number of states are legalizing marijuana for medical or recreational use, producing natural experiments whose outcomes cannot yet be predicted. New synthetic drugs as well as new delivery systems such as electronic cigarettes (e-cigarettes) are changing how people use drugs. On the bright side, healthcare reform and parity regulations are poised to deliver effective prevention and treatment interventions to larger numbers of Americans. NIDA is supporting research to address today's drug use-related challenges in several key areas, including supporting the Secretary of HHS to respond to opioid abuse and overdose; spearheading a landmark longitudinal study of adolescent substance use and brain development; studying the impact of the changing marijuana landscape; studying the impact of new synthetic drugs; and contributing to scientific and public understanding of the brain mechanisms underlying addiction.

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, with substantial economic costs. Since its creation, NIAAA has led the national effort to define alcohol problems as medical in nature and address them using evidence-based findings. The research supported by the Institute has transformed understanding and treatment of alcohol misuse and its consequences, including alcohol use disorder. NIAAA is working to reduce the considerable burden of alcohol misuse for individuals at all stages of life by supporting: research on the neurobiological mechanisms underlying alcohol use disorder and co-occurring disorders; the development of behavioral therapies and medications that promote recovery; studies on the consequences of alcohol misuse, including fetal alcohol spectrum disorders, effects on the developing adolescent brain, and tissue and organ damage; the development of strategies to prevent and intervene with the short- and long-term consequences of alcohol misuse; the translation and implementation of research findings into improved health care for individuals with alcohol use disorder alone and with co-occurring conditions; and the dissemination of research-based information to health care providers, researchers, policy makers, and the public.

## **METHODOLOGY**

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

The prevention and treatment components of NIAAA's underage drinking research program are scored 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 the development of alcohol use disorder. It includes basic research, epidemiological studies, behavioral research,

screening and intervention studies, and the development and testing of preventive interventions. NIAAA's methodology for estimating its portion of the national drug control is a two-step process. First, NIAAA identifies all of its underage drinking projects using the NIH's automated, electronic text mining system for research, condition, and disease categorization. Once all underage drinking projects are identified through this process, NIAAA conducts a manual review of the project listing and identifies only those projects and amounts that are relevant to prevention and treatment. This is used to generate the NIAAA drug control budget estimate.

## **BUDGET SUMMARY**

In FY 2017, NIH requests \$1,104.8 million for drug control activities, no change from the FY 2016 enacted level.

NIH-supported research has and will continue to provide the scientific basis for budget policy. For example, NIH continues to explore the many biological, behavioral, and environmental influences on drug addiction vulnerability, which will allow the development of more targeted and effective prevention approaches. Research reveals that universal prevention programs not only reduce drug use, underage drinking, and other risky behaviors that can lead to HIV and other adverse outcomes, but can also promote other positive outcomes, such as strengthening young people's sense of community or "connection" to school—key to reducing substance misuse, violence, and mental health problems.

Another top priority continues to be the development of therapeutic interventions to treat substance use disorders, including medications, biologics, and non-pharmacological interventions such as transcranial magnetic stimulation or neurofeedback. NIH is now poised to capitalize on a greater understanding of the neurobiology underlying addiction, and of newly identified candidate molecules and brain circuits that show promise as potential targets for the treatment of substance use disorders. NIH is also exploring ways of improving the dissemination and implementation of evidence-based practices (implementation science) in real world settings to improve the prevention and treatment of substance use disorders and co-occurring conditions such as HIV, thereby enhancing the public health impact of NIH-supported research.

### **National Institute on Drug Abuse**

**FY 2017 Request: \$1,050.6 million**

**(No change from the FY 2016 enacted level)**

NIDA's efforts consist of Epidemiology, Services, and Prevention Research, Basic and Clinical Neuroscience Research, Therapeutic and Medical Consequences, Clinical Trials Network, the Intramural Research Program, and Research Management and Support.

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

***FY 2017 Request: \$323.4 million***

***(\$0.8 million below the FY 2016 enacted level)***

This portfolio supports integrated approaches to understand and develop strategies to address the interactions between individuals and environments that contribute to drug use-related problems. With a focus on research to inform public health, the program includes large surveys – such as the annual Monitoring the Future survey, which tracks drug use and related attitudes among teens – and surveillance networks to monitor drug-related issues and trends locally and nationally. NIDA’s National Drug Early Warning System (NDEWS) monitors emerging trends related to illicit drug use including designer synthetic compounds and heroin. NDEWS generates critical information about new drug trends in specific locations around the country so that rapid, informed, and effective public health responses can be developed and implemented precisely where and when they are needed. NIDA also supports research related to treatment of substance use disorders in the criminal justice system, including studies that pertain to the implementation of MAT and the STTR model of care for people with substance use disorders at risk for HIV. Program efforts also guide development of preventive interventions for a variety of populations; as well as research to optimize implementation and service delivery in real-world settings. The program also includes research to better understand the impact of policy changes related to substance use including implementation of health reform and parity regulations and changes in state policies related to marijuana. Specifically, current research is examining the impact of health reform on access to quality treatment for persons with substance use disorders, as well as associations between changes in State marijuana policies and trends in use, harm perception, health consequences including trauma and car crashes, and educational outcomes, particularly for adolescents and young adults. Such knowledge can be then used to inform policy and to improve prevention and treatment interventions.

### **Basic and Clinical Neuroscience Research**

***FY 2017 Request: \$350.0 million***

***(\$0.9 million below the FY 2016 enacted level)***

The Basic and Clinical Neuroscience portfolio seeks to expand understanding of the fundamental neurological, genetic/epigenetic, and behavioral processes that underlie substance use disorders. Central to this goal are efforts to tease apart the multiple factors that contribute to drug use disorder and addiction risk, with particular attention to significant individual differences in risk and responses to drugs, while at the same time expanding basic knowledge of the function of the brain from the molecular to the behavioral level. Key projects are investigating the effects of drugs on gene expression and brain development and function, and exploring gender-related differences in these effects. Risk for addiction is profoundly affected by an individual’s genes as well as environmental conditions, such as stress and early exposure to drugs of abuse. Additional studies are exploring the mechanisms underlying these effects, including the role of epigenetic changes that can influence long-term patterns of gene expression in specific brain cells (neuron and glia) without changing DNA sequence. Collectively, this research will improve our understanding of the basic neural and genetic mechanisms that underlie drug use disorders and addiction and will provide critical insights

toward the development of more effective approaches for the prevention and treatment of substance use disorders. For example, continuing efforts to improve understanding of the endocannabinoid system are opening up new areas of investigation for the development of novel pain and addiction treatments. Other projects are exploring the basic processes underlying resilience against substance use disorders in childhood and adolescence. In addition, and in line with the goals of the President's Brain Research through Advancing Innovative Neurotechnologies Initiative, NIDA is supporting research to: 1) develop advanced technologies that improve the ability to study the organization and function of the living brain; 2) better understand the interactions of complex neural circuits including those that mediate reward, aversion to drug effects, and related decision-making through development; and 3) develop strategies to therapeutically influence substance use disorder-relevant brain circuits (e.g., transcranial magnetic and deep brain stimulation, neurofeedback, optogenetics). Progress in these combined areas will revolutionize the ability to mitigate or even reverse the deleterious effects of addiction.

### **Therapeutic and Medical Consequences**

***FY 2017 Request: \$178.4 million***

***(\$0.5 million below the FY 2016 enacted level)***

Since the pharmaceutical industry has traditionally had limited involvement in the development of medications for substance use disorders, the responsibility for their development has rested largely with NIDA. NIDA, therefore, has developed a program to develop therapeutics for the treatment of substance use disorders. To leverage NIDA resources, this program encourages the formation of alliances between strategic partners (pharmaceutical and biotechnology companies as well as academic institutions) with the common goal of advancing therapeutics through the development pipeline toward Food and Drug Administration approval in a timely manner. NIDA supports research to decrease the risk associated with therapeutics development to make it more appealing for pharmaceutical companies to complete costly phase IIb and III clinical studies. An example of such a project is a partnership with AstraZeneca to explore a novel medication that modulates the activity of glutamate – an excitatory neurotransmitter – to treat drug addiction. Preclinical studies with this class of molecules indicate that it could be effective for treating abuse of various drugs such as tobacco and cocaine. Another example is the partnership with two biotechnology companies to support the development of an intranasal formulation of naloxone, one of which received FDA-approval in November 2015 (NARCAN<sup>®</sup> Nasal Spray). In addition, NIDA is collaborating with Teva Pharmaceutical Industries on a clinical trial to test the efficacy and safety of a cholinesterase compound that has shown promise in pre-clinical trials for the treatment of cocaine addiction. NIDA continues to actively seek potential partners in the pharmaceutical and biotechnology sectors to develop novel therapeutics for substance use disorders. For example, NIDA has invested in research supporting the development of vaccines and antibodies for the treatment of substance use disorders. One example of NIDA's efforts in this area is an ongoing collaboration with Selecta Biosciences to develop a novel nicotine vaccine. NIDA-supported research is working to address the lingering challenge of developing vaccines that stimulate an

immune response powerful enough to neutralize high concentrations of a drug before it enters the brain.

### **Clinical Trials Network**

***FY 2017 Request: \$43.2 million***

***(\$0.1 million below the FY 2016 enacted level)***

The Clinical Trials Network comprises 13 research nodes and more than 240 community treatment programs and medical settings in 38 states plus the District of Columbia and Puerto Rico. Current initiatives are emphasizing research to develop and test strategies for the integration of substance use disorder treatment into mainstream general medical settings, embedding research in clinical practice, and enhancing capacity to leverage electronic health record data in research studies. Through collaborations with clinical investigators, the Clinical Trials Network generates research-based strategies needed for the integrated management of patients with substance misuse/ substance use disorder in general medical settings and linked specialty care treatment settings. The Clinical Trials Network develops and tests the feasibility and effectiveness of interventions and health system approaches for substance use disorders and related disorders, such as co-occurring mental health disorders and HIV, in diverse patient populations. The Clinical Trials Network is currently conducting studies evaluating: 1) a comparison of Vivitrol (naltrexone for extended-release injectable suspension) to Suboxone (buprenorphine and naloxone) Sublingual Film for patients addicted to heroin or other opioids, including opioid medications; 2) a combination therapy with Vivitrol plus Wellbutrin XL (bupropion hydrochloride, extended-release tablets) for treatment of methamphetamine addiction; 3) Vivitrol for HIV-positive opioid users in HIV settings; and 4) and a brief screening and assessment instrument to identify patients with substance use disorders in general medical settings. Research under development includes several studies which will utilize electronic health record data from large healthcare systems to enable larger, more efficient research trials.

### **Intramural Research Program**

***FY 2017 Request: \$91.7 million***

***(\$1.4 million above the FY 2016 enacted level)***

NIDA's Intramural Research Program performs cutting-edge research within a coordinated multidisciplinary framework to: 1) elucidate the nature of the addictive process; 2) evaluate the potential use of emerging new therapies for substance use disorders, both pharmacological and psychosocial; and 3) describe the long-term consequences of drugs of abuse on systems and organs, with particular emphasis on the brain and its development, maturation, function, and structure. For example, the Intramural Research Program is collaborating with pharmaceutical industry partners to study a potential medication that can decrease methamphetamine craving. In addition, the Intramural Research Program is working to understand the impact of long-lasting deficits in the prefrontal cortex – an area of the brain that mediates decision-making – caused by cocaine and heroin use. In an animal model, scientists can reverse this deficit by hyper-stimulating the prefrontal cortex for brief periods. This intervention is being developed as a possible therapy for addiction. The Intramural

Research Program is also working to develop clinically useful indicators (biomarkers) of nicotine addiction severity or treatment efficacy. Scientists are using brain imaging along with genetic and epigenetic data to develop quantitative addiction markers that will support the development of more efficacious treatments and discovery of novel treatment targets. Intramural Research Program scientists are also working to better understand factors that contribute to cravings and relapse. Memories of items, people, or environments that are present when addicted individuals take drugs become powerful cues that trigger them to relapse again and again. Scientists have shown that these memories are stored in specific patterns of neurons called neuronal ensembles in the brain. Researchers have successfully inactivated these drug-related ensembles and memories in animal models, and are developing similar procedures that might be used in humans to selectively impair harmful addiction memories. In addition, Intramural Research Program scientists are developing a mobile health toolbox to collect data on the daily-life reality of addiction. These tools can support intensive assessments to help identify individual and environmental influences on drug craving and use to understand when people are most vulnerable to relapse. One of the goals of this research is to deploy a mobile intervention that will automatically predict imminent drug use and deliver help just when a person needs it.

### **Research Management and Support**

***FY 2017 Request: \$63.9 million***

***(\$0.9 million above the FY 2016 enacted level)***

Research Management and Support activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of Research Management and Support encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1,600 research grants and more than 100 research and development contracts. In addition to the infrastructure required to support research and training, NIDA also strives to provide evidence-based resource and educational materials about substance use disorders and to raise awareness of the science relating to cutting edge issues such as opioid overdose prevention, marijuana research, synthetic drug trends and MATs.

In addition, NIDA's Office of Science Policy and Communication leads strategic efforts to inform public health policy and practice by ensuring the institute is the primary trusted source for scientific information on drug use disorders and addiction. Healthcare providers are a key target audience for NIDA's outreach efforts. NIDA leads the NIH Pain Consortium Centers of Excellence in Pain Education; these eleven centers work to enhance patient outcomes by improving the education of healthcare professionals about pain and its treatment. The NIH Pain Consortium Centers of Excellence in Pain Education act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, and pharmacy schools to improve how health care professionals are taught about pain and its treatment.



## **National Institute on Alcohol Abuse and Alcoholism**

**FY 2017 Request: \$54.2 million**

**(No change from the FY 2016 enacted level)**

A key priority for NIAAA is preventing and reducing underage drinking. NIAAA recognizes the pervasive use of alcohol among young people and its negative consequences, as well as the association between early initiation of alcohol use and future alcohol problems. NIAAA's investment in underage drinking research includes the National Consortium on Alcohol and Neurodevelopment in Adolescence, a longitudinal study that is following more than 800 participants through adolescence, using state-of-the-art structural and functional brain imaging and extensive behavioral and clinical assessments to identify the short and long-term effects of alcohol exposure on the developing adolescent brain. The program provided the foundation for the recently launched Adolescent Brain Cognitive Development study, a more extensive longitudinal study conducted under the Collaborative Research on Addiction at NIH. This initiative will follow approximately 10,000 U.S. adolescents for 10 years to assess the neurodevelopmental consequences of substance use in youth. NIAAA will continue to support complementary studies with animals under the Neurobiology of Adolescent Drinking in Adulthood initiative which investigates the underlying neurobiological mechanisms by which adolescent alcohol exposure affects adult brain function and behavior. Given that many college students who consume alcohol are underage, efforts to prevent and intervene with drinking by college students will continue to be an NIAAA priority in FY 2017.

### **PERFORMANCE**

Information regarding the performance of the drug control efforts of NIH is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. NIH's performance measures are "representative" of Institute contributions to NIH's priorities regarding specific scientific opportunities, identified public health needs, and Presidential priorities. Such measures, reflecting NIH's broad and balanced research portfolio, are not Institute-specific. Most measures are trans-NIH, encompassing lead and contributory institutes and centers. This approach reflects NIH's commitment to supporting the best possible research and coordination of research efforts across its institutes and centers. All performance results reported were achieved in FY 2015.

NIDA and NIAAA support a number of trans-NIH measures in the Scientific Research Outcome (SRO) functional area. While NIDA and NIAAA engage in many research and related support activities, two measures best reflect the breadth of their portfolios, specifically, efforts in the prevention and treatment of substance use, addiction, and its consequences.

One of these measures is SRO-5.15: "By 2018, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance use, abuse, addiction and their consequences in underage populations." This measure is indicative of NIDA's and NIAAA's efforts to support research to foster the development and implementation of prevention-based strategies for reducing substance use and addiction. SRO-5.15 began in FY 2014 and replaces the previous prevention measure, SRO-3.5, which was completed in FY 2013. NIH's prevention



portfolio encompasses a broad range of research on the efficacy and cost effectiveness of primary prevention programs—designed to prevent substance use before it starts, or prevent escalation to abuse or addiction—and how these programs can be enhanced by targeting prevention efforts toward populations with specific vulnerabilities (genetic, psychosocial, or environmental) that affect their likelihood of substance use or substance use disorders.

NIDA and NIAAA also contribute to SRO-8.7: “By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.” This measure reflects NIH’s commitment to supporting research on the implementation of preventive and treatment interventions and improving the translation of research into practice.

<b>National Institute on Drug Abuse</b>		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Scientific Research Outcome-5.15, by 2018, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance use, abuse, addiction and their consequences in underage populations.	Assess the effectiveness of at least two strategies for dissemination and implementation of tested, efficacious interventions to prevent youth and young adult drug use, drug use problems, and risk behaviors.	NIH-funded research tested over twenty strategies for improving the dissemination and implementation of evidence-based interventions to prevent drug use, drug use problems, and drug-related risky behaviors including HIV risk behaviors.
» Scientific Research Outcome-8.7, by 2018, identify three effective system interventions generating the implementation, sustainability, and ongoing improvement of research-tested interventions across health care systems.	Establish cooperative partnership with at least 3 juvenile justice agencies across the United States to participate with NIH investigators in studies intended to develop and test models that facilitate uptake of evidence-based drug use prevention and treatment interventions. The level of achievement from this target is conditional on receiving applications of sufficient scientific merit.	A cooperative partnership has been established with 39 juvenile justice agencies across the US to test two different implementation models designed to facilitate the uptake of evidence-based substance use services.

### **Prevention – Scientific Research Outcome-5.15**

NIDA continues to fund a robust theory-based prevention portfolio that builds upon solid epidemiological findings and insights from genetics and neuroscience and applies this knowledge to development of effective strategies to prevent initiation of drug use and escalation of use to addiction in underage youth.

From FY 2015 to the present (FY 2016), multiple studies have been funded to develop and test interventions to prevent drug use, drug use problems, and risk behaviors and to improve the implementation of these evidence-based interventions. NIDA is supporting research to test culturally and developmentally appropriate strategies to prevent drug use and addiction across the lifespan: for all developmental stages, from birth through adulthood and older age; for diverse racial/ethnic populations, targeted to various settings such as family, school, community, and health care settings; and for high risk populations, such as LGBT, homeless, child welfare involved, juvenile justice system involved, criminal justice involved, individuals with comorbid conditions, and populations at risk for HIV/acquired immune deficiency syndrome (AIDS).

In FY 2015 multiple publications were released related to this target by NIDA-funded researchers who conducted studies that tested implementation of interventions to prevent drug use, drug use related problems, and risk behaviors. A recent study examined the long-term effects of a partnership-based intervention delivery model called PROSPER (PROmoting School/community-university Partnerships to Enhance Resilience) on adolescent conduct problem behaviors such as substance misuse behaviors, anti-social behaviors and sexual risk behavior.<sup>10</sup> Previous studies have established the effectiveness of PROSPER, with positive effects on young adolescent competencies (e.g., peer refusal skills); parenting effectiveness and family functioning; adolescent conduct problems; and misuse of a wide range of substances through the end of high school. The current research compared adolescents in school districts randomly assigned to PROSPER or to a control condition. Community-based teams in school districts delivering PROSPER utilized selected evidence-based interventions including a family-focused intervention in 6th grade and a school-based intervention the next year; follow-up assessments were conducted through 12th grade. The intervention group exhibited significantly lower levels of conduct problems than controls at each time point from 9th to 12th grade. In addition, the control group reached a reference level of conduct problem behaviors sooner than the intervention group. These results demonstrate the long-term effects of early preventive interventions and establish effective community based implementation strategies.

Another recent publication demonstrated how nonparticipants may benefit from indirect exposure to an intervention as attitudes, knowledge, and behaviors diffuse through friendship

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<sup>10</sup> Spoth, Richard L., et al. "PROSPER partnership delivery system: Effects on adolescent conduct problem behavior outcomes through 6.5 years past baseline." *Journal of adolescence* 45 (2015): 44-55.

networks.<sup>11</sup> Specifically, researchers tested whether the effects of the Strengthening Families Program for Youth 10–14 (SFP10-14)—an evidence-based prevention program—diffused from intervention participants to their friends. They also tested which program effects accounted for this diffusion. Students identified up to seven friends and self-reported past month drunkenness and cigarette use, substance use attitudes, parenting practices, and unsupervised time spent with friends. Three years post-intervention, the odds of getting drunk (odds ratio = 1.4) and using cigarettes (odds ratio = 2.7) were higher among nonparticipants with zero SFP-attending friends compared with nonparticipants with three or more SFP-attending friends. The study also found that nonparticipants with a higher cumulative proportion of SFP-attending friends were less likely than their peers to use drugs. Effects from SFP10-14 primarily diffused through friendship networks by reducing the amount of unstructured socializing (unsupervised time that nonparticipants spent with friends), changing friends' substance use attitudes, and then changing nonparticipants' own substance use attitudes. The results of this study suggest that effects from implementation of a family-based prevention program can impact nonparticipating adolescents by diffusing through school-based friendship networks. Another ongoing study is looking at the long-term effects of the Communities that Care prevention system on young adult substance use and misuse; crime, violence, and incarceration. Communities that Care helps communities select and implement tested and effective prevention programs and policies based on a given community's risks and strengths. This research is examining the impacts of Communities that Care 11 and 13 years following initial implementation. Early findings from this study have found that Communities that Care is a cost-effective community-based approach to preventing initiation of delinquency and drug use.<sup>12</sup> This study has the potential to increase knowledge about effective implementation of community prevention programs and their impact on health-risking behaviors among youth from small towns (an understudied and underserved population) during the transition to adulthood.

Collectively these findings demonstrate strategies for effective dissemination and implementation of evidence-based substance use prevention programs and further support key prevention lessons and principles that have emerged from NIDA-funded studies: prevention interventions implemented in early childhood have effects in later developmental stages and into young adulthood; universal interventions can have strong effects in higher risk youth; universal substance use prevention interventions can have effects on other behavioral outcomes, beyond those specifically targeted by the intervention (e.g., social services utilization).

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<sup>11</sup> Rulison, Kelly L., et al. "Diffusion of intervention effects: the impact of a family-based substance use prevention program on friends of participants." *Journal of Adolescent Health* 57.4 (2015): 433-440.

<sup>12</sup> Kuklinski, Margaret R., et al. "Benefit–cost analysis of a randomized evaluation of Communities That Care: monetizing intervention effects on the initiation of delinquency and substance use through grade 12." *Journal of Experimental Criminology* (2015): 1-2.

### **Treatment - Scientific Research Outcome-8.7**

NIDA funds a broad portfolio of research addressing drug use in the context of the criminal justice system. Two of NIDA's signature projects in this area are the Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) program and the STTR Initiative.

NIDA's JJ-TRIALS initiative was launched in 2013 and is a seven-site cooperative research program designed to identify and test strategies for improving the delivery of evidence-based substance use disorder and HIV prevention and treatment services for justice-involved youth. Many evidence-based interventions targeting adolescent substance use disorder and HIV screening, assessment, prevention, and treatment currently exist. Unfortunately, implementation of these interventions within juvenile justice settings is variable, incomplete, and non-systematic at best. The JJ-TRIALS initiative features three studies to address these issues.

The first study is a nationally representative survey of the juvenile justice system to ascertain current policies and practices related to substance use assessment and service delivery in juvenile justice settings across the United States. The first wave of this survey was completed in 2015. Juvenile probation departments, judges, and behavioral health providers from over 200 localities responded to this survey, with a >90 percent response rate. These data are currently being analyzed and we expect findings to be released in 2016.

The second study is an organizational level intervention that will be field-tested in 36 juvenile justice systems across the country. An additional three systems participated as pilot sites. These systems are being trained on evidence-based practices to target youth substance use, data driven decision making, and goal setting. Data collection began in 2015 and over the next two years, JJ-TRIALS will track the progress of these 36 systems in improving the delivery of evidence-based substance use services to justice-involved youth.

A third study is currently under development to assist an additional six juvenile justice systems improve the delivery of HIV screening and prevention to justice-involved youth. Through these studies, the JJ-TRIALS research program will provide insights into the process by which juvenile justice and other service settings can successfully adopt and adapt existing evidence-based programs and strategies to improve drug use disorder and HIV related service delivery for at-risk youth.

Since 2010, NIDA has supported the STTR Initiative to empirically test the STTR paradigm with people who use drugs in criminal justice populations. Researchers are developing, implementing, and testing strategies to increase HIV testing and the provision of highly active antiretroviral therapy to HIV-positive individuals involved with the criminal justice system, with particular focus on continuity of highly active antiretroviral therapy during and after community re-entry following incarceration. During 2015, 15 peer-reviewed journal articles were published reporting on findings from the STTR initiative. Key findings include: linkage to and retention in

care are the two most critical elements in engaging patients in the HIV care continuum; an unexpectedly high mortality rates in some studies due to the recruiting of participants at a late stage in their illness; high prevalence of comorbid health conditions such as HCV; structural barriers in the criminal justice setting often hindered research; and the dearth of MATs (or even basic substance use disorder care) in settings with relatively high HIV prevalence.<sup>13,14,15,16,17,18,19,20,21,22,23,24,25,26,27</sup>

In addition, from 2002-2014, NIDA funded the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) program, a multisite research cooperative. The CJ-DATS program aligned with NIDA's multi-pronged approach to improve existing drug treatment for criminal justice populations, and to inform the development of integrated treatment models. This initiative concluded in 2014, but continued to produce publications in 2015. To date, 14 peer-reviewed publications

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<sup>13</sup> Chandler RK., et al. Data Collection and Harmonization in HIV Research: The Seek, Test, Treat, and Retain Initiative at the National Institute on Drug Abuse. *Am J Public Health*, 10-15-2015. pp. e1-e7.

<sup>14</sup> Beckwith CG., et al. A pilot study of rapid hepatitis C virus testing in the Rhode Island Department of Corrections. *J Public Health (Oxf)*, Mar. 2, 2015.

<sup>15</sup> Beckwith CG., et al. Survey of US Correctional Institutions for Routine HCV Testing. *Am J Public Health*, Jan., 2015. Vol. 105, issue 1, pp. 68-71.

<sup>16</sup> Comfort, M. A Twenty Hour a Day Job: The Repercussive Effects of Frequent Low-Level Criminal Justice Involvement on Family Life. *The Annals of the American Academy of Political and Social Science*. (in press).

<sup>17</sup> Comfort, M., et al. How Institutions Deprive: Ethnography, Social Work, and Interventionist Ethics Among the Hypermarginalized. *Russell Sage Foundation Journal of the Social Sciences*, Special Issue entitled "Severe Deprivation in America." (in press).

<sup>18</sup> Dennis AC., et al. "You're in a World of Chaos": Experiences Accessing HIV Care and Adhering to Medications After Incarceration. *J Assoc Nurses AIDS Care*. 2015 Jun 14. pii: S1055-3290(15)00139-9. doi: 10.1016/j.jana.2015.06.001. [Epub ahead of print].

<sup>19</sup> Gwadz M., et al. Strategies to uncover undiagnosed HIV infection among heterosexuals at high risk and link them to HIV care with high retention: a "seek, test, treat, and retain" study. *BMC Public Health*, May 10, 2015. Vol. 15, issue 1, pp. 481.

<sup>20</sup> Gwadz M., et al. Strategies to uncover undiagnosed HIV infection among heterosexuals at high risk and link them to HIV care with high retention: a "seek, test, treat, and retain" study. *BMC Public Health*, May 10, 2015. Vol. 15, issue 1, pp. 481.

<sup>21</sup> Hammett TM., et al. Transitions to Care in the Community for Prison Releasees with HIV: a Qualitative Study of Facilitators and Challenges in Two States. *J Urban Health*, 2015. Vol. 92, issue 4, pp. 650-666.

<sup>22</sup> Kurth AE. et al. HIV prevalence, estimated incidence, and risk behaviors among people who inject drugs in Kenya. *J Acquir Immune Defic Syndr*. 2015 Jul 28. [Epub ahead of print].

<sup>23</sup> Lorvick J. et al. Health service use and social vulnerability in a community-based sample of women on probation and parole, 2011-2013. *Health and Justice*. 19 Jun 2015 vol3, issue 13. doi:10.1186/s40352-015-0024-4.

<sup>24</sup> Lucas GM., et al. High HIV burden among people who inject drugs in 15 Indian cities. *AIDS*, Mar. 13, 2015. Vol. 29, issue 5, pp. 619-628. PM:25715105. PMC4346289.

<sup>25</sup> Mehta SH., et al. HIV Care Continuum Among Men Who Have Sex With Men and Persons Who Inject Drugs in India: Barriers to Successful Engagement. *Clin Infect Dis*. Aug. 6, 2015. pii: civ669. [Epub ahead of print] P

<sup>26</sup> Sidibe, Turquoise., et al. Provider perspectives regarding the health care needs of a key population: HIV-infected prisoners after incarceration. *JANAC*. Published Online: May 19, 2015.

<sup>27</sup> Solomon SS., et al. Burden of hepatitis C virus disease and access to hepatitis C virus services in people who inject drugs in India: a cross-sectional study. *Lancet Infect. Dis*, Jan., 2015. Vol. 15, issue 1, pp. 36-45.

have been published.<sup>28,29,30,31,32,33,34,35,36,37,38,39,40,41</sup> Through these studies CJ-DATS contributed to a significant body of research describing existing treatment practices in the criminal justice system, developing and testing the effectiveness of specific interventions, and exploring strategies for implementation and quality improvement of drug use disorder treatment programs for criminal justice populations.

## Research Highlights

Researchers identify new complexities within the brain’s reward circuitry that involves two major chemicals involved in drug addiction – dopamine and glutamate.<sup>42</sup> In a recent study, researchers used rodent models to better understand a specific brain circuit where dopamine and glutamate are both released from the same brain cells. They found that dopamine and glutamate were typically stored separately from one another and released from different synapses of the nerve cell. This finding reveals a greater layer of complexity in signaling within brain reward circuits than had previously been recognized. Deficits in brain reward pathways can produce an inability to derive pleasure from natural stimuli, causing the substance user to focus on obtaining drugs at the expense of work, school, or relationships. A better

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<sup>28</sup> Pearson, F., et al. Efficacy of a process improvement intervention on delivery of HIV services: A multi-site trial. *American Journal of Public Health*. (2014).

<sup>29</sup> Visher, C., et al. The effect of a local change team intervention on staff attitudes toward HIV service delivery in correctional settings: A randomized trial. *AIDS Education and Prevention*, (2014). 25:5, 411-428.

<sup>30</sup> Gordon, M., et al. (2014). Buprenorphine treatment for probationers and parolees. *Substance Abuse*. DOI: 10.1080/08897077.2014.902787

<sup>31</sup> Swan, H., et al. (In press, 2015). Improvements in correctional HIV services: A case study in Delaware. *Journal of Correctional Health Care*. Special Issue 21(2).

<sup>32</sup> Belenko, S., et al. (2013). Policies and practices in the delivery of HIV services in correctional agencies and facilities: Results from a multi-site survey. *Journal of Correctional Health Care*, 19(4), 293-310.

<sup>33</sup> Ducharme, L.J., et al. (2013). Implementing drug abuse treatment services in criminal justice settings: Introduction to the CJ-DATS study protocol series. *Health & Justice*, 1:5.

<sup>34</sup> Friedmann, P.D., et al. (2013). A cluster randomized trial of an organizational linkage intervention for offenders with substance use disorders: Study protocol. *Health & Justice*, 1:6.

<sup>35</sup> Belenko, S., et al. (2013). A cluster randomized trial of utilizing a local change team approach to improve the delivery of HIV services in correctional settings: Study protocol. *Health & Justice*, 1:8.

<sup>36</sup> Mitchell, S. G. et al. (2015). Defining success: Insights from a random assignment, multisite study of implementing HIV prevention, testing, and linkage to care in U.S. jails and prisons. *AIDS Education and Prevention*, 27(5), 432-445.

<sup>37</sup> Belenko S. et al. (in press). HIV stigma in prisons and jails: Results of a staff survey. *AIDS and Behavior*.

<sup>38</sup> Swan H. et al. (in press) Efficacy of a process improvement intervention on inmate awareness of HIV services: A multi-site trial. *Health & Justice*.

<sup>39</sup> Visher C. et al. (2015). Understanding the Sustainability of Implementing HIV Services in Criminal Justice Settings. *Health & Justice*, 3:5.

<sup>40</sup> Melnick G et al. (In Press). Feasibility of multiagency change teams involving the Department of Corrections and community substance abuse treatment agencies. *The Prison Journal*.

<sup>41</sup> Friedmann, P. et al. (2015). Effect of an organizational linkage intervention on staff perceptions of medication-assisted treatment and referral intentions in community corrections. *Journal of Substance Abuse Treatment*.

<sup>42</sup> Zhang S. et al. Dopaminergic and glutamatergic microdomains in a subset of rodent mesoaccumbens axons. *Nature Neuro*. 18, 386–392 (2015).



understanding of these circuits will help drive the development of more targeted and effective prevention and treatment interventions for substance use disorders.

Medication plus ongoing care provided in emergency departments is a promising approach for opioid dependence:<sup>43</sup> Emergency department and primary care SBIRT can reduce unhealthy alcohol and tobacco use, however, this approach has not been applied to patients with opioid use disorder. In a recent study, researchers applied SBIRT to opioid patients who were randomly assigned to one of three intervention groups: 1) screening and referral to treatment; 2) screening, brief intervention and referral; or 3) screening, brief intervention, emergency department-initiated treatment with buprenorphine/naloxone, and referral. After 30 days, patients in the emergency department who initiated buprenorphine/naloxone treatment were more likely to participate in specialty substance use disorder treatment, were less likely to need inpatient treatment services and had reduced self-reported illicit opioid use. This adds to the growing body of literature suggesting that opioid-dependent patients may benefit from immediate initiation of medication while awaiting more comprehensive substance use disorder treatment.

A preliminary study shows cocaine abstinence and reduced use are associated with lowered marker of heart disease risk:<sup>44</sup> Previous studies have demonstrated that the protein endothelin-1 (ET-1) is associated with endothelial dysfunction, and that ET-1 levels change with cocaine use. ET-1 is higher in cocaine users than in those who do not use cocaine, and abstinence from cocaine can reduce levels of ET-1. This correlation raises the possibility that ET-1 could function as a biomarker for cocaine use and for cocaine-induced risk of heart disease. A recent study examined ET-1 levels and coronary plaques in a group of African American cocaine users participating in an incentive-based program to reduce cocaine use. In addition to confirming the finding that abstinence from cocaine lowers ET-1, the study found that more mild reductions in cocaine use also lowered levels of ET-1. This change in ET-1 provides evidence that both total abstinence and reduction in cocaine use could protect against endothelial dysfunction. Additionally, the responsiveness of ET-1 to changes in cocaine use could make it a useful biomarker to measure harm-reduction outcomes when developing treatments for cocaine use disorder.

Students who have used electronic cigarettes by the time they start ninth grade are more likely than others to start smoking tobacco products:<sup>45</sup> E-cigarettes deliver nicotine to the lungs by heating a liquid solution that contains nicotine and other chemicals to produce an aerosol that the user inhales. A recently published study compared tobacco use initiation among 222 students who had used e-cigarettes, but not combustible tobacco products, and 2,308 who had

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<sup>43</sup> D’Onofrio, GD., et al. Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence-A Randomized Clinical Trial. *JAMA*. 015;313(16):1636-1644.

<sup>44</sup> Lai H. et al. Cocaine Abstinence and Reduced Use Associated With Lowered Marker of Endothelial Dysfunction in African Americans: A Preliminary Study. *J Addict Med*. 2015 Jul-Aug;9(4):331-9.

<sup>45</sup> Leventhal AM. et al. Association of Electronic Cigarette Use With Initiation of Combustible Tobacco Product Smoking in Early Adolescence. *JAMA*. 2015;314(7):700-707.

neither used e-cigarettes or combustible tobacco products when initially surveyed at the start of ninth grade. During the first six months after being surveyed, 30.7 percent of those who had used e-cigarettes started using combustible tobacco products, such as cigarettes, cigars, and hookahs, compared to only 8.1 percent of those who had never used e-cigarettes. Over the following six months leading into the start of 10th grade, 25.2 percent of e-cigarette users had used combustible tobacco products, compared to just 9.3 percent of nonusers.

Animal study suggests marijuana may affect future offspring’s susceptibility to heroin:<sup>46</sup> Drugs of abuse have been shown to have epigenetic effects—they influence cross-generational transmission of complex traits without altering the genome sequence. A recent study looked at the effect of adolescent exposure to tetrahydrocannabinol (THC), the main psychoactive compound in marijuana, on susceptibility to heroin self-administration in the next generation. Adolescent male and female rats were administered THC for 3 weeks on an intermittent schedule that corresponded to the amounts consumed by typical recreational marijuana users. Researchers then looked at heroin self-administration in their offspring, conceived after a period of abstinence when the THC could no longer be detected in the rats’ bodies and raised by mothers who had not been exposed to THC. When the offspring of these matings reached adulthood, the researchers presented them with a lever that, when pressed, delivered heroin. The offspring of THC-exposed parents were willing to work significantly harder to self-administer heroin. This difference was associated with altered neuronal functioning in the dorsal striatum – a brain region involved in reward and addiction. Neurons in this region were less responsive to stimulation and showed altered expression of N-methyl-D-aspartate-type glutamate receptors. While these results have not yet been replicated, they suggest potential mechanisms involved in determining susceptibility to addiction and highlight the importance of prevention efforts aimed at youth.

Methadone maintenance in prison results in treatment retention and lower drug use following release:<sup>47</sup> A recent NIDA-funded study shows that, among people incarcerated for six months or less, those who received ongoing methadone maintenance while imprisoned were more likely to obtain follow-up drug treatment than those who underwent detoxification from methadone while in jail. The findings show that one month after release, participants who continued to receive doses of methadone while incarcerated were more than twice as likely to continue treatment at a community methadone clinic after their release, compared to those who went through tapered methadone withdrawal. In addition, in the month following their release, opioid use was lower among the methadone maintenance patients, versus the tapered withdrawal group. Because of the high risk of relapse and fatal overdose that often occurs among inmates following release from prison, the study results emphasize the importance of

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<sup>46</sup> Szutorisz H. et al. Parental THC exposure leads to compulsive heroin-seeking and altered striatal synaptic plasticity in the subsequent generation. *Neuropsychopharmacology*. 2014 May;39(6):1315-23.

<sup>47</sup> Methadone continuation versus forced withdrawal on incarceration in a combined US prison and jail: a randomized, open-label trial. *Lancet*. 2015 July; 386(9991):350-359.



continuing methadone treatment while incarcerated and connecting this population to follow-up treatment upon release.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Scientific Research Outcome-5.15: By 2018, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance use, abuse, addiction and their consequences in underage populations.	Evaluate the effectiveness of screening and brief intervention for alcohol and other drug use in a variety of settings.	NIH supported six studies to evaluate the effectiveness of its youth guide for alcohol screening and brief intervention in a variety of settings.
» Scientific Research Outcome-8.7: By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.	Penetrate primary care to increase alcohol screening and brief intervention by providing online continuing medical education for the underage drinking guide and by supporting efforts to enhance medical training curricula.	NIH promoted alcohol screening and brief intervention in primary care by offering online continuing medical education on the underage guide to primary care providers, and by collaborating with Federal and non-Federal stakeholders to facilitate integration of prevention and early intervention of alcohol misuse in primary care training and practice.

**Prevention – Scientific Research Outcome-5.15**

NIAAA supported six studies to evaluate the effectiveness of its youth guide for alcohol screening and brief intervention in a variety of settings.

These ongoing studies are evaluating the *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* in practice in various settings: one in a juvenile justice setting, one in a school setting, two in primary care, one in a network of emergency departments, and one with youth who have a chronic health condition (e.g., asthma, diabetes). These studies are also evaluating the effectiveness of the guide as an initial screen for drug use and other behavioral health problems. Released by NIAAA in 2011, this youth alcohol screening guide was designed

to help pediatricians and other health care providers quickly identify children at elevated risk for using alcohol, children and adolescents who have already begun to experiment with alcohol, and those who are more heavily involved with alcohol. While this tool was developed for use in the primary care setting, it may also be useful in other settings, which could expand the venues in which at-risk youth can access prevention and intervention services.

### **Treatment – Scientific Research Outcome-8.7**

NIAAA continued to provide the online continuing medical education course, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*, to primary care and other health care providers. As of September 2015, more than 35,500 health care providers had earned continuing medical education credit for completing the course. Recognizing the importance of training health care providers in identifying, preventing, and addressing alcohol misuse and the associated consequences, NIAAA is collaborating with professional organizations and Federal stakeholders in efforts to integrate prevention, early intervention, and treatment of alcohol misuse in primary care and preventive medicine training, certification, and practice. In 2015, NIAAA also sponsored a series of symposia, lectures, workshops, and forums at the American Psychiatric Association annual meeting to update psychiatrists on the latest advances in research on alcohol misuse and alcohol use disorder, and promote the development of clinical knowledge and skills in identifying and managing alcohol problems.

### **Research Highlights**

Assessing the Impact of Adolescent Alcohol Exposure on the Developing Brain: Adolescence is a period of significant brain maturation and also the time when many individuals initiate and escalate alcohol consumption. Human brain imaging studies have shown that over the course of adolescence, the volume of gray matter in the brain decreases, likely reflecting the normal process of synaptic pruning, whereas the volume of white matter increases, presumably reflecting enhanced brain connectivity. The nature of these rapid changes makes the developing adolescent brain particularly vulnerable to the adverse effects of alcohol. In 2012, NIAAA launched the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), an ongoing multi-site longitudinal study to address alcohol's effects on normal brain development. The five NCANDA sites have collectively enrolled more than 800 adolescents ages 12 to 21, and are using advanced brain imaging as well as other psychological and behavioral research tools to evaluate brain structure and function, beginning before the participants start to drink. NCANDA's overall objectives are to elucidate the short- and long-term effects of alcohol exposure on the developing brain and to identify the brain characteristics that may predict alcohol use disorder. In a recent study supported through NCANDA,<sup>48</sup> researchers used neuroimaging to assess the developmental trajectory of 134 adolescents, ages 12-24, over eight years. Of these youth, 75 transitioned to heavy drinking during a 3.5 year period. The results showed that heavy drinking adolescents had accelerated reductions in gray matter and attenuated increases in white matter compared to non-drinking

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<sup>48</sup> Squeglia LM, Tapert SF, Sullivan EV, Jacobus J, Meloy MJ, Rohlfing T, Pfefferbaum A. Brain development in heavy drinking adolescents, *Am J. Psychiatry*. 2015 Jun1; 172(6)531-542.

adolescents, providing additional evidence that heavy drinking during adolescence alters the trajectory of brain development.

Improving implementation of youth alcohol screening, brief intervention, and referral to treatment in primary care: SBIRT by primary care providers has been shown effective in reducing alcohol misuse and related problems in adults, and a mounting body of evidence has supported the use of SBIRT in preventing the initiation and escalation of substance use by adolescents. However, physicians often face barriers to providing these services, including time constraints and a lack of training in SBIRT. Recently, NIAAA-funded researchers examined SBIRT implementation in a large pediatric clinic.<sup>49</sup> In the study, pediatricians participated in one of three study groups: 1) a pediatrician-only group that received three hours of SBIRT training and then conducted screening and brief interventions by themselves; 2) a second group that received less SBIRT training, screened patients, and referred them to behavioral health care clinicians "embedded" in the practices to conduct the interventions; and 3) a control group of pediatricians who received no SBIRT training and performed usual care only. The researchers found that the pediatrician-only group was about 10 times more likely (16 percent) to conduct brief interventions with at-risk patients than "usual care" pediatricians (1.5 percent). The intervention rate was even higher (24.5 percent) in the pediatrician group that worked in coordination with embedded behavioral health care clinicians. These results suggest that training pediatricians in SBIRT can significantly increase their use of techniques for identifying and treating young people with potential alcohol, substance use, and mental health problems. The results also show that pediatric practices can improve support for patients who need these services by adding behavioral health clinicians to their teams.

Promoting effective interventions to reduce college drinking: The extent of binge drinking and related consequences such as blackouts, physical and sexual assaults, alcohol poisonings, injuries, and deaths on college campuses is alarming. NIAAA-supported research has shown that both individual and environmental approaches to prevention can effectively reduce harmful drinking and its consequences for college students. Working with researchers with expertise in college drinking interventions, NIAAA developed and released the *College Alcohol Intervention Matrix (CollegeAIM)*, an easy-to-use, comprehensive tool and website designed to help higher education officials identify effective alcohol interventions.<sup>50</sup> CollegeAIM allows users to compare individual- and environmental-level strategies based on factors such as cost, effectiveness, and ease of implementation, helping them choose those interventions that best fit the needs of their campus. As part of the dissemination effort, CollegeAIM developers and NIAAA staff will present on the tool at meetings of higher education administrators and college health professionals. NIAAA, in collaboration with its College Presidents Working Group, will also be organizing regional workshops to present CollegeAIM to institutional officials and show

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<sup>49</sup> Sterling S, Kline-Simon AH, Satre DD, Jones A, Mertens J, Wong A, Weisner C. Implementation of screening, brief intervention, and referral to treatment for adolescents in pediatric primary care. *JAMA Pediatr.* 2015;169(11): e153145. doi:10.1001/jamapediatrics.2015.3145.

<sup>50</sup> <http://www.collegedrinkingprevention.gov/collegeaim/>

them how to use it. The interventions highlighted in CollegeAIM are divided into tiers of effectiveness, based on an extensive research and evaluation process. The highest tier – *higher effectiveness*—contains 8 individual level strategies and 5 environmental level strategies; in general, they represent a range of counseling options and policies related to sales and access.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Substance Abuse and Mental Health Services Administration

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$559.960	\$604.592	\$605.613
Treatment	1,900.435	1,907.581	2,380.426
<b>Total Drug Resources by Function</b>	<b>\$2,460.395</b>	<b>\$2,512.173</b>	<b>\$2,986.039</b>
<b>Drug Resources by Decision Unit</b>			
Programs of Regional and National Significance –Prevention	175.148	211.148	211.148
Programs of Regional and National Significance – Treatment	361.463	333.806	343.269
Substance Abuse Prevention and Treatment Block Grant	1,819.856	1,858.079	1,858.079
State Targeted Response Cooperative Agreements	---	---	460.000
Health Surveillance and Program Support	\$103.928	\$109.140	\$113.543
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,460.395</b>	<b>\$2,512.173</b>	<b>\$2,986.039</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	421	448	448
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.6	\$3.7	\$4.3
Drug Resources percentage	68.6%	67.3%	69.1%

### Program Summary

#### MISSION

SAMHSA’s mission is to reduce the impact of substance use and mental illness on America’s communities. SAMHSA supports the *Strategy* through a broad range of programs focusing on prevention, treatment, and recovery from substance use disorders. Major programs for FY 2017 will include the Substance Abuse Prevention and Treatment Block Grant, competitive grant programs reflecting Programs of Regional and National Significance, and Health Surveillance and Program Support. These programs are administered through SAMHSA’s Centers for Substance Abuse Prevention and Substance Abuse Treatment as well as through SAMHSA’s Center for Behavioral Health Statistics and Quality and the Office of Communications.

## **METHODOLOGY**

SAMHSA distributes drug control funding into two functions: prevention and treatment.

Both functions include a portion from the Health Surveillance and Program Support appropriation. The proportion of the Health Surveillance and Program Support account attributed to the drug budget uses the following calculations:

- The Health Surveillance, Program Support, and Performance and Quality Information Systems portions of the Health Surveillance and Program Support appropriation are first split into mental health and substance use using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The substance use disorder portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.
- The Performance Awareness and Support and agency-wide portions of the Health Surveillance and Program Support appropriation are first divided evenly between mental health and substance use disorders. The substance use disorder portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

The prevention functions are supported by the Substance Abuse Prevention appropriation, including the Substance Abuse Prevention Programs of Regional and National Significance and 20 percent of the Substance Abuse Prevention and Treatment Block Grant funds that are specifically appropriated for prevention activities from the Substance Abuse Treatment appropriation.

The treatment functions are supported by the Substance Abuse Treatment appropriation, including the Substance Abuse Treatment Programs of Regional and National Significance and 80 percent of the Substance Abuse Prevention and Treatment Block Grant funds.

## **BUDGET SUMMARY**

In FY 2017, SAMHSA requests a total of \$2,986.0 million for drug control activities, an increase of \$473.9 million above the FY 2016 enacted Level.

The budget directs resources to activities that have demonstrated improved health outcomes and increase service capacity. SAMHSA has four drug-related decision units: Substance Abuse Prevention Programs of Regional and National Significance, Substance Abuse Treatment Programs of Regional and National Significance, the Substance Abuse Prevention and Treatment Block Grant and Health Surveillance and Program Support. Each decision unit is discussed below.

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

**FY 2017 Request: \$211.1 million**

**(No change from the FY 2016 enacted level)**

The Substance Abuse Prevention Programs of Regional and National Significance support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. The FY 2017 President's Budget request for SAMHSA's Substance Abuse Prevention Programs of Regional and National Significance includes \$211.1 million for eight programmatic activities, which is no change from the FY 2017 enacted level. The request includes: \$119.5 million for Strategic Prevention Framework, \$4.9 million for the Federal Drug-Free Workplace Program, \$41.2 million for Minority AIDS, \$7.0 million for Sober Truth on Preventing Underage Drinking, \$7.5 million to continue provision of technical assistance to maximize effectiveness through the Centers for the Application of Prevention Technologies, \$4.1 million for Science and Service Program Coordination, \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and \$15.0 million for Tribal Behavioral Health Grants.

### **Strategic Prevention Framework**

**FY 2017 Request: \$119.5 million**

**(No change from the FY 2016 enacted level)**

#### **Partnerships for Success**

Funding will support up to 20 grant continuations and nine state Strategic Prevention Framework for Prescription Drugs (SPF-Rx) continuation grants, technical assistance, and evaluation to build capacity to address prescription drug misuse and overdose prevention efforts, in conjunction with other state and local partners. In FY 2017, SAMHSA will also support the continuation of 70 Strategic Prevention Framework Prescription Drug Overdose Prevention for States grants to decrease the impact of underage drinking and prescription drug misuse while lessening the progression of emergent issues such as heroin and marijuana use.

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

In FY 2017, SAMHSA is requesting \$10.0 million for the SPF-Rx program. The SPF-Rx will raise public awareness about the dangers of sharing medications and awareness in the pharmaceutical and medical communities on the risks of overprescribing. The program will provide funds to develop capacity and expertise in the use of data from state PDMPs to identify communities by geography and high-risk populations (e.g., age group), particularly those communities that are in need of primary and secondary prevention. SAMHSA will also track reductions in opioid overdoses and the incorporation of PDMP data into needs assessments and strategic plans as indicators of program success. Funding will support up to 20 grant continuations and nine state SPF-Rx continuation grants, technical assistance, and evaluation to build capacity to address prescription drug misuse and overdose prevention efforts, in conjunction with other state and local partners.

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

*FY 2017 Request: \$4.9 million*

*(No change from the FY 2016 enacted level)*

In FY 2017, SAMHSA will continue oversight of the Executive Branch Agencies' DFWP. This includes review of DFWP plans from those Federal agencies that perform Federal employee testing, perform random testing of those designed testing positions of national security, public health, and public safety, and perform 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. SAMHSA will continue and add to its drug testing portfolio listed below:

- DTAB's continued evaluation of the scientific supportability of hair as an alternative specimen to urine and oral fluids in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.
- Continued use of subject matter experts and partnering with other Federal agencies to establish the scientific standards set out in the mandatory guidelines.
- Implementation of the final Urine Specimen Mandatory Guidelines.
- Implementation of the final Oral Fluid Specimen Mandatory Guidelines.
- Draft Hair Specimen Mandatory Guidelines.
- Development of a Marijuana Toolkit for public use.
- Technical and scientific leadership for Federal agencies on marijuana testing.

### **Minority AIDS Initiative**

*FY 2017 Request: \$41.2 million*

*(No change from the FY 2016 enacted level)*

SAMHSA will support an array of activities to assist grantees in building a solid foundation for delivering integrated evidence-based substance use, HIV and viral hepatitis prevention services that are in alignment with the National HIV/AIDS Strategy. These funds continue to address a critical public health problem and provide lifesaving prevention services, including testing for HIV.

SAMHSA supports the 2010 National HIV/AIDS Strategy through its Minority AIDS Initiative grant programs in both the Substance Abuse Prevention appropriation and the Substance Abuse Treatment appropriation. The Substance Abuse Prevention programs focus on increasing access to substance use disorder and HIV prevention services for the highest risk and hardest-to-serve racial and ethnic minority populations. Grantees must implement integrated, evidence-based substance use disorder and HIV prevention interventions, including HIV testing, that target one or more high-risk populations such as young adults (18 to 24), African-American men and women, adolescents, incarcerated individuals or those who have been released within the past two years, and men having sex with men. In addition, the initiative supports partnerships between public and private nonprofit organizations to prevent and reduce the onset of substance misuse and transmission of HIV among high-risk populations.



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

***FY 2017 Request: \$7.0 million***

***(No change from the FY 2016 enacted level)***

One of the primary components of the Sober Truth on Preventing Underage Drinking Act is the community-based coalition enhancement grant program, which provides up to \$50,000 per year over four years to current use among youth under the age of 21. The Sober Truth on Preventing Underage Drinking Act provides funding to current or former grantees under the DFC Act of 1997 to prevent and reduce alcohol program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. In FY 2014 and FY 2015, SAMHSA supported 97 grant continuations. In FY 2016, SAMHSA will award 18 grant continuations and 79 new STOP Act grants, and in FY 2017, SAMHSA will continue to support 97 grant continuations.

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

***FY 2017 Request: \$7.5 million***

***(No change from the FY 2016 enacted level)***

The Center for the Application of Prevention Technologies (CAPT) program provides state-of-the-art training and technical assistance designed to build the capacity of SAMHSA grantees and develop the skills, knowledge, and expertise of the prevention workforce. The center builds capacity and promotes the development of substance use prevention professionals in the behavioral health field through three core strategies: (1) establishing technical assistance networks using local experts; (2) developing and delivering targeted training and technical assistance activities; and (3) using communication media such as teleconference and video conferencing, online events, and web-based support. These activities help to ensure the delivery of effective prevention programs and practices and the development of accountability systems for performance measurement and management. The program will provide technical assistance and training to over 7,500 individuals in the prevention field.

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

***FY 2017 Request: \$4.1 million***

***(No change from the FY 2016 enacted level)***

The Science and Service Program Coordination program funds contracts that provide technical assistance and training to states, tribes, communities, and grantees around substance use prevention through the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiative. The Tribal Training and Technical Assistance Center is an innovative training and technical assistance project that helps tribal communities facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce violence, bullying, and suicide among American Indian/Alaska Native youth. These funds will support SAMHSA's top strategic initiative, prevention of substance use disorders and mental illness, which includes a focus on preventing underage drinking and on American Indians/Alaska Natives through the provision of technical assistance.

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

***FY 2017 Request: \$12.0 million***

***(No change from the FY 2016 enacted level)***

The Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program will provide continuation grants to 10 states to reduce the number of opioid overdose-related deaths. Funding will help states purchase naloxone, equip first responders in high-risk communities, support education on the use of naloxone and other overdose death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

### **Tribal Behavioral Health Grants**

***FY 2017 Request: \$15.0 million***

***(No change from the FY 2016 enacted level)***

In FY 2017, \$15.0 million is requested for the Tribal Health Grants program in the Substance Abuse Prevention appropriation. SAMHSA's is also requesting \$15.0 million in Mental Health appropriation for a total of \$30.0 million for the Tribal Health Grants program. This is the same as the FY 2016 enacted level. This request will continue support for programs that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

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

***FY 2017 Request: \$343.3 million***

***(\$9.5 million above the FY 2016 enacted level)***

Substance Abuse Treatment Programs of Regional and National Significance support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. The request includes: \$8.7 million for Opioid Treatment Programs/Regulatory Activities; \$61.3 million for Targeted Capacity Expansion-General, of which \$50.0 million is for Prescription Drug Overdose: MAT; \$15.0 million for Cohort Monitoring and Evaluation of MAT Outcomes; \$10.0 million for Buprenorphine Prescribing Authority Demonstration; \$30.0 million for SBIRT ; \$36.4 million for Treatment Systems for Homeless; \$58.9 million for the Minority AIDS Initiative; \$61.9 million for Criminal Justice Activities; \$5.0 million for Crisis Systems: Increasing Crisis Access Response Efforts; and \$56.1 million for other Treatment Programs of Regional and National Significance.

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

***FY 2017 Request: \$30.0 million***

***(\$16.9 million below the FY 2016 enacted level)***

The purpose of the SBIRT training grants is to develop a primary care workforce that includes SBIRT into standard medical practice. This program provides medical residents, students of dentistry, physician assistants, pharmacists, nurses, social workers, and counselors the opportunity to learn the elements of SBIRT and incorporate them as part of their permanent practice. Research and clinical experience support the use of SBIRT to provide effective early identification of alcohol and other substance use disorders, which leads to early referral and treatment. SBIRT also identifies individuals with more serious conditions and diverts them from costly emergency services to general practitioners. Funds may be used for screening of

substance use and co-occurring disorders, evidence-based client-centered brief interventions such as motivational interviewing, and brief treatment and referral to specialty care for individuals exhibiting signs of dependency. The SBIRT program helps reduce the number of individuals who misuse drugs and alcohol and intervenes early to ensure individuals improve their health and overall quality of life.

### **Criminal Justice Activities**

***FY 2017 Request: \$61.9 million***

***(\$16.1 million below the FY 2016 enacted level)***

The Criminal Justice portfolio includes several grant programs as described below that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with substance use disorders or co-occurring substance use and mental disorders.

### **Drug Courts**

***FY 2017 Request: \$50.0 million***

***(No change from the FY 2016 enacted Level)***

Drug Courts are designed to combine the sanctioning power of courts with effective treatment services for a range of populations and with alcohol or drug use issues, child abuse/neglect or criminal behavior, mental illness, and veterans' issues. Funding for adult treatment drug court programs provides a variety of services including direct treatment or prevention services for diverse populations at risk; wraparound/recovery support services designed to improve access and retention; drug testing for illicit substances required for supervision, treatment compliance, and therapeutic intervention; education support; relapse prevention and long-term management; MAT; and HIV testing conducted in accordance with state and local requirements.

SAMHSA plans to support 91 Drug Court continuations grants, five contract, and 63 Drug Court new grants. These programs will continue to provide comprehensive treatment and recovery support services for adolescents and adults with substance use disorders who come into contact with the criminal justice system, as well as offenders re-entering the community. SAMHSA proposes to use this program to explore promising new approaches and identify potential models for replication. Through the Criminal Justice Drug Court grant program over 4,000 clients will be served in FY 2017, equal to the number served by the FY 2016 cohort

### **Offender Re-entry Program**

***FY 2017 Request: \$11.9 million***

***(\$16.1 million below the FY 2016 enacted level)***

The Offender Reentry Program grants provide screening, assessment, comprehensive treatment, and recovery support services to offenders re-entering the community, as well as offenders who are currently on or being released from probation or parole. Grantees can use the funds for a variety of services including: screening; comprehensive individual assessment for substance use or co-occurring mental disorders; case management; program management;

referrals related to substance use disorder treatment for clients; alcohol and drug treatment; wraparound services; addressing the treatment-specific needs of clients during or following a substance use disorder treatment episode; individualized services planning; drug testing; and relapse prevention and long-term management support. SAMHSA plans to support 27 Offender Reentry Program continuation grants and one contract. Through the Other Criminal Justice/Offender Reentry Program grant program, 2,000 clients will be served in FY 2017

**Opioid Treatment Programs/Regulatory Activities**

*FY 2017 Request: \$8.7 million*

*(No change from the FY 2016 enacted level)*

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid dependence. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the DEA, states, territories, and the District of Columbia. SAMHSA also funds the Opioid Treatment Programs Medical Education and Supporting Services project aimed at preparing Opioid Treatment Programs to achieve accreditation and providing technical assistance and clinical training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs.

FY 2017, SAMHSA proposes funding pilot regional MAT Centers of Excellence in two HHS regions. The Centers of Excellence will provide community-specific training and technical assistance to support the delivery of quality services in areas of MAT expansion and facilitate program development through stakeholder collaboration. SAMHSA plans to continue to support professional development and expansion of a well-trained workforce, capable of delivering high quality MAT for all FDA approved medications, in a manner that complements the efforts of the MAT Centers of Excellence. In addition, SAMHSA intends to support technical assistance contracts including the Data Waiver Processing and Support contract.

### **Targeted Capacity Expansion-General**

***FY 2017 Request: \$61.3 million***

***(\$25.0 million above the FY 2016 enacted level)***

The Targeted Capacity Expansion-General program was initiated in FY 1998 to help communities expand or enhance their ability to provide rapid, strategic, comprehensive, integrated, and community-based responses to a specific and well-documented substance use disorder treatment capacity problem.

This program includes the MAT for Prescription Drug and Opioid Addiction grants, for which SAMHSA received \$25.0 million in FY 2016. The FY 2017 President's Budget requests an additional \$25.1 million. The \$25.1 million increase will focus specifically on MAT expansion/enhancement efforts. The funding will enable SAMHSA to support 23 new MAT- Prescription Drug and Opioid Addiction state grants at \$1 million to expand/enhance MAT utilizing FDA-approved medications in combination with psychosocial services, recovery support services, and coordination/integration of HIV/hepatitis C direct services. The program will target states that demonstrated a dramatic increase in treatment admissions for opioid use disorders and that experienced the highest rates of treatment admissions for opioid use disorders. Program outcomes include length of stay in treatment, first time treatment admissions, the number of people receiving MAT, the number of people receiving recovery support/relapse prevention services, and the number of MAT providers. Ultimately, individuals with opioid use disorders will have increased access to effective, comprehensive, coordinated care that will serve to foster recovery.

### **Cohort Monitoring and Evaluation of Medication-Assisted Treatment Outcomes**

***FY 2017 Request: \$15.0 million***

***(\$15.0 million above the FY 2016 enacted level)***

In FY 2017, \$15.0 million is requested for a new program, Cohort Monitoring and Evaluation of MAT Outcomes. These funds would support the Secretary's opioid initiative by evaluating the outcomes of substance use disorder treatment programs. This effort intends to increase MAT effectiveness by reducing opioid use disorders, overdose, and death.

### **Buprenorphine Prescribing Authority Demonstration**

***FY 2017 Request: \$10.0 million***

***(\$10.0 million above the FY 2016 enacted level)***

The FY 2017 Budget Request is \$10.0 million for a new program. SAMHSA intends to implement a services research demonstration project that will test the safety and effectiveness of allowing prescribing buprenorphine by non-physician advance practice providers in accordance with the providers' prescribing authority under state law. SAMHSA will collaborate with professional organizations that represent Advanced Practice Nurses, physicians' assistants, and other non-physician advance practice providers as well as addiction psychiatrists and primary care physicians to determine the appropriate training and supervision requirements for advance practice providers in order to assure patient safety and well-being while minimizing diversion of buprenorphine.

This demonstration project will target populations and geographic areas most affected by both high-need and limited access to DATA-waived physicians. Input from stakeholders will be solicited as needed to assure the project results in a feasible implementation strategy for increasing access to buprenorphine treatment in the targeted areas. The patient-level safety and effectiveness of the project will be monitored using a continuous quality improvement model. Impact of the project will be assessed using community-level measures such as overdose mortality, incidence of HIV and acute hepatitis C infections, and DEA reported drug seizures.

In FY 2017, SAMHSA plans to award six new grants for up to three years and one evaluation and technical assistance contract for three years.

### **Minority AIDS Initiative**

***FY 2017 Request: \$58.9 million***

***(\$6.7 million below the FY 2016 enacted level)***

In FY 2017, \$58.9 million is requested for the Minority AIDS Initiative under the Substance Abuse Treatment Programs of Regional and National Significance, which is \$6.7 million below the FY 2016 enacted level. This represents a shift in funding to the Mental Health appropriation. In FY 2017, this shift in funding will allow SAMHSA to award a new cohort of MAI COC grantees that will address the holistic behavioral health needs of those living with HIV. Three SAMHSA Centers, the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the Center for Substance Abuse Prevention, will jointly administer the program. This funding will continue to enhance and expand the provision of effective, culturally competent, HIV/AIDS-related mental health services in minority communities for people living with HIV/AIDS. SAMHSA also plans to fund 86 grant continuations and support seven contracts for evaluation and technical assistance and award 57 new Targeted Capacity Expansion (TCE)-HIV grants and support contracts for evaluation and technical assistance. SAMHSA also plans to award five new TCE-HIV: Minority Women grants. With these efforts, SAMHSA expects to serve 4,500 clients through the TCE-HIV: High Risk Population program and 3,000 clients in the TCE-HIV Minority Women program.

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

***FY 2017 Request: \$36.4 million***

***(\$4.9 million below the FY 2016 enacted level)***

SAMHSA's Treatment Systems for Homelessness portfolio supports services, including short-term residential treatment and MAT, to those with substance use disorders or co-occurring substance use and mental disorders. These homelessness programs do not fund housing, but complement the Department of Housing and Urban Development's (HUD) activities by supporting an array of integrated behavioral health treatment and recovery-oriented services and supports, including outreach, engagement, intensive case management, treatment for mental and substance use disorders, enrollment in mainstream benefits (Medicaid,

Supplemental Security Income/Social Security Disability Insurance, Supplemental Nutrition Assistance Program, etc.), and employment readiness services.

SAMHSA plans to support annual Cooperative Agreements to Benefit Homeless Individuals (CABHI) for States-Enhancement and Grants for the Benefit of Homeless Individuals grant continuations and continue to expand programs and support homeless programs through the support of new grants. SAMHSA plans to award 38 continuation grants; 23 for CABHI-State, and eight for Grants for the Benefit of Homeless Individuals-Services in Supportive Housing. SAMHSA also plans to award 15 new grants; four for CABHI-States and 7 CABHI-States Enhancements. Additional funds will support the continuation of four contracts in which two contracts are for national evaluation and technical assistance.

### **Crisis Systems: Increasing Crisis Access Response Efforts**

***FY 2017 Request: \$5.0 million***

***(\$5.0 million above the FY 2016 enacted level)***

Crisis Systems: Increasing Crisis Access Response Efforts is a new program that seeks to increase the engagement with and functioning of individuals in crisis, increase support for families and caregivers, decrease use of emergency room and inpatient care, and increase understanding by the community of behavioral health issues and those who experience a behavioral health crisis. Along with \$5.0 million requested in the Mental Health appropriation, in FY 2017, SAMHSA plans to award six grants to states and communities to develop or adopt sustainable, comprehensive, and coordinated community-based crisis response systems for children, youth, and adults with mental health or addiction problems including those with serious mental illness. The Increasing Crisis Access Response Efforts initiative will help reduce costly and unnecessary use of hospital emergency department and inpatient services. This effort will support the integration and expansion of services to fill gaps and enhance coordination within the comprehensive continuum of the crisis response services, while minimizing the risk for re-traumatization of individuals and families served.

This activity will help communities build, fund, and sustain crisis systems. The crisis systems will be capable of preventing and de-escalating behavioral health crises. They will also help connect individuals and families with needed post-crisis services in order to prevent recurrence of the crisis situation. In many incidences, responses to these situations by emergency medical responders and behavioral healthcare providers are under-coordinated and un-sustained. These grants are expected to help mitigate the demand for inpatient beds by people with serious mental illnesses and substance use disorders by coordinating effective crisis response with ongoing outpatient services and support.

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

***FY 2017 Request: \$56.1 million***

***(No change from the FY 2016 enacted level)***

Requests for other Treatment Programs of Regional and National Significance programs include: \$1.0 million for Strengthening Treatment Access and Retention; \$29.6 million for



Children and Family Programs; \$15.9 million for Pregnant and Post-Partum Women; \$2.4 million for Recovery Community Services Program; and \$8.0 million for Addiction Technology Transfer Centers.

### **Substance Abuse Prevention and Treatment Block Grant**

**FY 2017 Request: \$1,858.1 million**

**(No change from the FY 2016 enacted level)**

The Substance Abuse Prevention and Treatment Block Grant Program distributes funds to 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services provided for individuals, families, and communities impacted by substance use disorders. Targeted technical assistance is available for the grantees through SAMHSA's technical assistance contract.

The Substance Abuse Prevention and Treatment Block Grant is critically important because it provides the states and their respective sub-recipients the flexibility to respond to local and regional emergent issues impacting health, public health, and public safety through a consistent Federal funding stream. For example, this program provides approximately 32 percent of total state substance use disorder agency funding, and 23 percent of total state substance use prevention funding.

The funds are distributed through a formula grant based on specified economic and demographic factors and is administered by the Centers for Substance Abuse Prevention and Substance Abuse Treatment. Of the amounts appropriated for the Substance Abuse Prevention and Treatment Block Grant program, 95 percent are distributed through a formula included in the authorizing legislation. Factors used to calculate the allotments include total personal income, state population data by age groups (total population data for territories), total taxable resources, and a cost of services index factor.

States submit to SAMHSA for approval a Substance Abuse Prevention and Treatment Block Grant Assessment and an annual plan that contains detailed provisions for complying with each funding requirement specified in the Public Health Service Act, and describe how the grantees and their respective sub-recipients intend to expend the funds. The legislation includes specific funding set-asides, including 20 percent for primary prevention, and five percent for HIV early intervention for designated states. The legislation also includes performance requirements for the treatment of substance-using pregnant women and women with dependent children, and provides states with the flexibility to expend a combination of Federal and non-Federal funds. There are also requirements and a potential penalty reduction of the Substance Abuse Prevention and Treatment Block Grant allotment if the recipient fails to prohibit and enforce sale of tobacco products to individuals under the age of 18.



Under the application, Substance Abuse Prevention and Treatment Block Grant funds are directed toward four purposes:

- 1) To fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- 2) To fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and supporting recovery;
- 3) To fund primary prevention-universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and
- 4) To collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

### **State Targeted Response Cooperative Agreements**

**FY 2017 Request: \$460.0 million**

**(\$460.0 million above the FY 2016 enacted level)**

In FY 2017, \$460.0 million is requested for State Targeted Response Cooperative Agreements. This new grant effort would address commonly cited barriers to receiving treatment by reducing the cost of treatment, expanding access to treatment, engaging patients in treatment, and addressing stigmas associated with accessing treatment.

SAMHSA would administer these new cooperative agreements and award funds to states based on their need and the strength of the strategies proposed to close the opioid use disorder treatment gap. Proposed strategies must be evidence-based and focused on the main factors preventing individuals from seeking and successfully completing treatment, and achieving recovery. States would be required to track and regularly report their progress toward closing the opioid use disorder treatment gap and reducing opioid-related overdose deaths based upon measures developed in collaboration with HHS. Eligible activities would include but not be limited to: training and certifying opioid use disorder treatment providers like physicians, nurses, counselors, social workers, care coordinators and case managers, supporting innovative delivery of MAT, supplementing treatment coverage and costs for under- and uninsured patients, providing treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings. A percentage of funds would be used to support an evaluation. This new effort would address commonly cited barriers to receiving treatment by reducing the cost of treatment, expanding access to treatment, engaging patients in treatment, and addressing stigmas associated with accessing treatment

## **Health Surveillance and Program Support**

**FY 2017 Request: \$111.7 million**

**(\$2.5 million below the FY 2016 enacted level)**

The Health Surveillance and Program Support FY 2017 request is \$111.7 million, which includes \$84.1 million for Health Surveillance and Program Support activities, \$6.7 million for Public Awareness and Support, \$8.7 million for Performance and Quality Information Systems, \$11.3 million for Agency-Wide Initiatives, and \$0.6 million for Data Request and Publication User Fees.

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

**FY 2017 Request: \$84.1 million**

**(\$1.4 million below the FY 2016 enacted level)**

Health Surveillance and Program Support funds personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the CDC National Health Interview Survey, and the data archive. This request represents the total funding available for these activities first split into mental health and substance use disorders using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The substance use disorder portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

### **Public Awareness and Support**

**FY 2017 Request: \$6.7 million**

**(\$1.0 million below the FY 2016 enacted level)**

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders, and substance use disorder issues. This represents the total funding available for these activities first divided evenly between mental health and substance use. The substance use portion is then split 20 percent/80 percent, respectively, into the prevention and treatment functions.

The FY 2017 request will support the President's Now Is the Time initiative and will allow SAMHSA to continue to streamline its web presence, develop innovative mobile apps, expand its presence on social media, and provide other critical resources to support behavioral health and other health. The reduction in funding is due to an end of funding for the effort "Science of Changing Social Norms: Spreading the Word." The lessons learned through the program in FY 2016 and SAMHSA's work with the National Academies' Board on Behavioral, Cognitive, and Sensory Sciences will inform SAMHSA's other communications efforts and programs in FY 2017 and beyond.

### **Performance and Quality Information Systems**

***FY 2017 Request: \$8.7 million***

***(No change from the FY 2016 enacted level)***

Performance and Quality Information Systems provides funding to support the Consolidated Data Platform and related activities, as well as provide support for a new contract for the National Registry of Evidence-based Programs and Practices that will reduce the backlog of interventions accepted but not reviewed under the previous contract. 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 substance use portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

### **Agency-Wide Initiatives**

***FY 2017 Request: \$11.3 million***

***(\$5.0 million above the FY 2016 enacted level)***

Agency-Wide Initiatives provides funding for across Agency initiatives such as the Minority Fellowship Program, which improves the quality of mental health and substance use prevention and treatment delivered to ethnic minorities by providing stipends to post-graduate students and other Behavioral Health Workforce programs. This represents the total funding available for these activities first divided evenly between mental health and substance use. The substance use portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

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

***FY 2017 Request: \$0.8 million***

***(No change from the FY 2016 enacted level)***

In 2017, SAMHSA estimates \$0.8 million in Data Request and Publication User Fees. SAMHSA plans to collect and retain these fees for extraordinary data and publications requests.

# DEPARTMENT OF HOMELAND SECURITY



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## Customs and Border Protection

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$354.110	\$376.143	\$371.050
Interdiction	2,068.884	\$2,288.800	\$2,284.661
<b>Total Drug Resources by Function</b>	<b>\$2,422.994</b>	<b>\$2,664.943</b>	<b>\$2,655.711</b>
<b>Drug Resources by Decision Unit</b>			
Air and Marine Operations	\$626.804	\$681.632	683.325
Border Security Fencing, Infrastructure, and Technology	94.882	96.980	81.347
Automation Modernization	17.240	15.302	15.117
Salaries and Expenses	1,684.068	1,871.029	1,875.922
<i>Border Security and Control between Ports of Entry</i>	529.197	554.468	580.636
<i>Border Security and Trade Facilitation at Ports of Entry</i>	1,118.138	1,277.006	1,254.600
<i>Headquarters Management and Administration</i>	36.733	39.555	40.686
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,422.994</b>	<b>\$2,664.943</b>	<b>\$2,655.711</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	11,206	11,092	13,247
Total Agency Budget (in Billions)	10,921.8	\$11,369.1	\$11,982.5
Drug Resources percentage	22%	22%	22%

### Program Summary

#### MISSION

Titles 8 U.S.C. and 19 U.S.C. authorize CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this statutory authority that CBP plays a key role in the overall anti-drug effort at the border. CBP's jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the Bank Secrecy Act (P.L. 99-570), "USA PATRIOT Act" (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), and other laws.

## **METHODOLOGY**

CBP is a multi-mission agency and calculates obligations by budget decision unit and function, pursuant to an approved drug methodology. On the basis of past practice, six organizations within CBP (Offices of Border Patrol, Field Operations (OFO), Information Technology, Technology Innovation and Acquisition, Training and Development, and Air and Marine Operations (AMO) were provided with guidance on preparing estimates for the reporting of drug control funds. These offices were asked to estimate, on the basis of their expert opinion, 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. The Office of Information Technology, OFO, Office of Border Patrol, and AMO attribute their resources to both intelligence and interdiction functions. The Office of Training and Development and the Office of Technology Innovation and Acquisition attribute their resources solely to interdiction.

### **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 POEs. OFO manages the lawful access to our Nation and economy by securing and expediting international trade and travel. OFO operates 328 POEs and 16 Preclearance offices in Canada, the Caribbean, Ireland, and the United Arab Emirates. POEs welcome travelers and facilitate the flow of goods essential to our economy 24 hours a day, 7 days a week. OFO estimates that for FY 2017 there will be 3,286 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.

At the end of September 2015, OFO canine teams were composed of a total of 616 Canine Enforcement officers with assigned dogs. Of this amount, 500 canine teams were nearly 100 percent devoted to smuggling interdiction. OFO estimates the same amount for FY 2017. Among the dogs paired with an officer, 388 were Narcotics Detection Teams, 50 Currency Firearms Detection Teams and 62 Narcotics/Human Smuggling Detection Teams. Agriculture teams (comprising approximately 116 teams) and K9 Trainers, Supervisors, and Field Advisors (approximately 138 teams) were included in the overall total but not calculated against available drug enforcement resources.

### **Office of Border Patrol**

The Office of Border Patrol (OBP) is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2,700 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. OBP estimates that for FY 2017 there will be 19,956 Border Patrol agents (funded by OPB), assigned to the mission of detecting and apprehending illegal entrants between the POEs. These illegal entrants include aliens and drug smugglers, potential

terrorists, wanted criminals, and persons seeking to avoid inspection at the designated POEs due to their undocumented status, thus preventing their illegal entry. It has been determined that 15 percent of the total agent time nationwide is related to drug activities, which equates to 2,993 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 34 permanent border traffic checkpoints nationwide including 961 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.

### **Office of Training Development**

The Office of Training Development calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan 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 for this tasking. If specific courses offered through the National Training Plan contain drug enforcement-related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours). Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers and agents. Office of Training Development's day-to-day operational resources are attributed to drug enforcement activities at a rate of 20 percent. The Office of Training Development evaluated each Division's mission statement and training development/delivery functions to determine the total weighted percentage of its drug enforcement activities. This methodology results in a total of 144 FTEs supporting the program.

### **Office of Information and Technology**

The Office of Information and Technology's budget supports the drug enforcement mission through the acquisition, support, and maintenance of technology and through mission-critical targeting application systems. Of Office of Information and Technology's spending, it is estimated that 10 percent each of Automated Targeting Systems (Passenger, Narcotics, and Anti-Terrorism) software application costs; Treasury Enforcement Communications System (TECS); and data center operations costs are in support of the drug mission.

### **Air and Marine Operations**

CBP AMO's core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit, and Arrival Zones. In support of source and transit zone interdiction operations, the AMO P-3 Program has dedicated a minimum of 7,200 hours a year in support of JIATF-South. AMO's P-3 fleet continues its Service Life Extension Program and wing replacement program, entering its tenth year of execution.

AMO's P-3 is expected to meet or exceed flight hour commitments to JIATF-South during FY 2016. Successful completion of the Service Life Extension Program will add 15,000 flight hours to the service life of each individual aircraft in the AMO P-3 fleet. The P-3 fleet will continue to play a significant role in interdiction, law enforcement, and air domain security in Source, Transit and Arrival Zones through FY 2027.

Using flight hours spent performing drug-related activities, AMO has determined that 86 percent of the budget resources that support AMO are considered to be drug related, which results in 1,532 AMO FTE estimated for FY 2017. Of the 86 percent drug-related resources, 15 percent of these efforts are related to intelligence and 85 percent to drug interdiction.

### **Border Security Fencing, Infrastructure, and Technology**

Under the Office of Technology, Innovation, and Acquisition, CBP is the lead agency within the Department of Homeland Security for the development and deployment of border technology and tactical infrastructure to secure America's borders. This appropriation provides continued funding for the CBP Program Offices tasked with developing and installing technology and tactical infrastructure solutions, enabling a more effective and efficient method for border security.

The Tethered Aerostat Radar System (TARS) program is a national surveillance asset operating along the Southwest Border and other key locations for nearly 25 years. TARS provides detection and monitoring of suspicious (smuggling) traffic over air, maritime, and land corridors. CBP took ownership of the TARS program in FY 2014 as part of a transfer from the DoD. TARS consists of fixed site, aerostat-based radar systems that provide air surveillance across the entire U.S.-Mexico border (approximately 2,000 nautical miles). The systems are designed to detect compliant low-altitude aircraft and non-compliant low-altitude aircraft attempting to smuggle narcotics or other contraband into the United States. Although TARS is funded from the Border Security Fencing, Infrastructure, and Technology (BSFIT) account, it is significantly different from the other land-based surveillance systems funded from BSFIT. CBP previously generalized that 100 percent of the TARS mission supports the counternarcotics mission. When looking at FY 2015 year to date actual mission details from the official record keeping at the Air and Marine Operations Center for air surveillance and detection, CBP observed the following results:



<b>Tethered Aerostat Radar System FY 2015 Mission Details</b>	
<b>Counternarcotics (CN) Related</b>	<b>Percent</b>
Short Landing	77.4
Ultra-Light	3.4
Border Intrusion	17.4
SKY PRO (Domestic)	0.5
<b>% Mission TARS CN-related</b>	<b>98.7%</b>
<b>National Security (NS) Related</b>	<b>Percent</b>
Support Request	0.25
Suspect Movement	0.50
Other	0.25
Outbound	0.25
<b>% Mission TARS NS-related</b>	<b>1.25%</b>
<b>TOTAL</b>	<b>99.95%</b>

Since TARS supports other national security law enforcement missions, for this drug control estimate BSFIT is using 99 percent of the TARS program funding, 15 percent of Development and Deployment, and 15 percent of Operations and Maintenance (minus TARS funding). This funding will be used on border technology and other technology systems that support drug control activities.

## **BUDGET SUMMARY**

In FY 2017, CBP requests \$2,655.7 million for drug control activities, a decrease of \$9.2 million from the FY 2016 enacted level.

### **Salaries and Expenses**

**FY 2017 Request: \$1,875.9 million**

**(\$4.9 million above the FY 2016 enacted level)**

Salaries and Expenses 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 35 permanent border and 140 tactical checkpoints between the POEs; 142 stations and substations; 20 Field Operations Offices; and 328 associated POEs, of which 16 are pre-clearance locations. 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 and Trade Facilitation at Ports of Entry**

*FY 2017 Request: \$1,254.6 million*

*(\$22.4 million below the FY 2016 enacted level)*

The FY 2017 request is \$22.4 million below the FY 2016 enacted level for drug-related resources associated with border security and trade facilitation at the POEs. The FY 2016 President's Budget requested a large increase for Non-Intrusive Inspection Technology. The FY 2017 request includes additional funding for Non-Intrusive Inspection equipment, but at a lower level than in FY 2016. Additionally, the FY 2017 budget continues support for front-line CBP Officers.

CBP will use its resources to support aggressive border enforcement strategies that are designed to interdict and disrupt the flow of narcotics and ill-gotten gains across our Nation's borders and dismantle the related smuggling organizations. CBP narcotics interdiction strategies are designed to be flexible so they can successfully counter the constantly shifting narcotics threat at the POEs.

CBP is intent on using resources to develop and implement security programs that safeguard legitimate trade from being used to smuggle the implements of terror and other contraband, including narcotics into the U.S. Under Customs-Trade Partnership Against Terrorism, CBP works closely with importers, carriers, brokers, freight forwarders, and other industry sectors to develop a seamless, security-conscious trade environment resistant to the threat of international terrorism. The Customs-Trade Partnership Against Terrorism provides the business community and government a venue to exchange ideas, information, and best practices in an ongoing effort to create a secure supply chain, from the factory floor to U.S. POEs. Under the Customs-Trade Partnership Against Terrorism, Americas Counter Smuggling Initiative, the Carrier Initiative Program, and the Business Anti-Smuggling Coalition, partnership programs remain instrumental in expanding CBP's anti-narcotics security programs with trade groups and governments throughout the Caribbean, Central and South America, and Mexico.

CBP has 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 in order to maximize efforts and resources. This approach has proven successful along the Northern border.

### **Border Security and Control between Ports-of-Entry**

*FY 2017 Request: \$580.6 million*

*(\$26.2 million above the FY 2016 enacted level)*

The FY 2017 President's Budget request of \$580.6 million provides funding for border security and control between the POEs. The FY 2017 President's Budget request increase over the FY 2016 enacted levels is associated with the maturation of the pay associated with the journeyman agent workforce. The Border Patrol 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 Border Patrol 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, to locate concealed humans and detect several narcotic odors and their derivatives. The canines are used in nearly every enforcement activity of the Border Patrol including line watch, traffic check operations, and train and bus checks. The canine program is 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.

The Border Patrol also participates in numerous interagency drug task force operations with other Federal, state, and local LEAs through Operation Alliance along the southern border. The Border Patrol is also an active participant in the Southwest Border HIDTA in Texas, New Mexico, Arizona, and California. To further assist the Border Patrol in this endeavor, all Border Patrol Agents receive DEA Title 21 cross-designated authority as part of their basic training.

### **Headquarters Management and Administration**

*FY 2017 Request: \$40.7 million*

*(\$1.1 million above the FY 2016 enacted level)*

The FY 2017 President's Budget request of \$40.7 million for Headquarters Management and Administration supports training courses that contain any items related to drug enforcement policy and operational direction, and technical expertise to CBP mission operations. The

FY 2017 President's Budget request increase over the FY 2016 enacted levels is attributed to various Agency-wide cost-saving reductions as well as normal workforce grade and step maturation. These training programs are essential in carrying out CBP's dual mission of protecting our homeland while facilitating legitimate trade and travel.

### **Office of Air and Marine**

**FY 2017 Request: \$683.3 million**

**(\$1.7 million above the FY 2016 enacted level)**

CBP's AMO secures the borders against terrorists, acts of terrorism, drug smuggling, and other illegal activity by operating air and marine branches at strategic locations along the borders. Multi-mission aircraft and vessels with advanced sensors and communications equipment provide powerful interdiction and mobility capabilities directly in support of detecting, identifying, and interdicting suspect conveyances, and apprehending suspect terrorists and smugglers.

### **Office of Air and Marine - Salaries**

**FY 2017 Request: \$282.5 million**

**(\$25.3 million above the FY 2016 enacted level)**

The FY 2017 request includes a \$25.5 million increase in the drug-related resources associated with CBP's AMO - Salaries. AMO maximizes the capabilities of air and marine assets through a cohesive joint air operations model for centralized command and control and a responsive and integrated control system for decentralized execution. AMO partners with numerous stakeholders in performing its missions throughout the continental United States and the Western Hemisphere. This includes domestic operations at the borders, source, transit and arrival zone operations, interior law enforcement support, and support to other agencies.

In fulfilling the priority mission of CBP to protect the borders, CBP AMO's geographical areas of responsibility include the southwest, northern, and southeast/coastal borders of the U.S. as well as Caribbean regions.

### **Office of Air and Marine - Operations**

**FY 2017 Request: \$400.8 million**

**(\$23.6 million below the FY 2016 enacted level)**

The FY 2017 President's Budget request of \$400.8 million includes funding for two multi-role enforcement aircraft. CBP AMO interdiction assets are deployed throughout the Western Hemisphere. The Air and Marine Operations Center in Riverside, California, provides command, control, communications, and intelligence for those assets by assimilating information from a wide array of sensors.

The P-3 Airborne Early Warning and Long Range Tracker aircraft are critical to interdiction operations in the source and transit zones because they provide vital radar coverage in regions where mountainous terrain, expansive jungles and large bodies of water limit the effectiveness of ground-based radar. Because the P-3 Airborne Early Warning and P-3 Long Range Tracker

are the only detection and monitoring assets solely dedicated to the counterdrug mission, it is a critical component of the *Strategy*.

In the transit zone, CBP AMO crews work in conjunction with the LEAs and military forces of other nations in support of their counternarcotic programs. CBP is prepared to support counterdrug missions in the source zone. Counterdrug missions include detection and monitoring, surveillance, interceptor support, and coordinated training with military and other law enforcement personnel.

CBP Air and Marine aviation assets include: sensor-equipped detection and monitoring jet interceptors, 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.

### **Border Security Fencing, Infrastructure, and Technology**

**FY 2017 Request: \$81.3 million**

**(\$15.6 million below the FY 2016 enacted level)**

In FY 2017, CBP requests \$81.3 million for the BSFIT appropriation aligned to the drug control mission. The FY 2017 BSFIT request will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for CBP's frontline agents and officers.

### **Automation Modernization**

**FY 2017 Request: \$15.1 million**

**(\$0.2 million below the FY 2016 enacted level)**

CBP requests \$15.1 million for the FY 2017 Automation Modernization appropriation. This appropriation provides critical information technology support to CBP frontline personnel.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of CBP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent CBP drug-related achievements through September 30, 2015.

<b>Customs and Border Protection</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Amount of currency seized on exit from the United States	\$30.0M	\$37.6. M
» Percentage of JIATF-South annual mission hour objective achieved	100%	100%
» Interdiction Effectiveness Rate on the Southwest border between the ports of entry	80.0%	81.0%
» Percent of time TECS is available to end users	99.0%	99.9%

The performance measure “Amount of currency seized on exit from the United States” provides the total dollar amount of all currency, in millions, seized during outbound inspection of exiting passengers and vehicles, both privately-owned and commercial. The scope of this measure covers all POEs on both the Southwest and Northern borders and includes all modes of transportation (land, air, and sea). This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking at the land border POEs, a key outcome for the *Strategy*. Since this measure is based upon the seizure-related enforcement outcomes of CBP’s Outbound enforcement program, the measure provides an indicator of CBP’s success in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined for criminal or transnational groups.

The CBP OFO conducts risk-based outbound operations at land and air border POEs, enabling CBP to enforce U.S. laws and regulations applying to the outbound arena, including, but not limited to immigration and drug laws. The total currency seized upon exit from the U.S. in FY 2015 was \$37.6 million, which met the target of \$30 million and is an indicator of CBP’s success in disrupting domestic drug trafficking at the borders. These seizures of currency were potentially destined for criminal or transnational groups.

Air and Marine Operations conducts extended border operations to support a layered approach to homeland security. Air and Marine Operations applies assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The performance measure “Percentage of JIATF-South Annual Mission Hour Objective” identifies the degree to which Air and Marine Operations meets its intended flight hours for JIATF-South in support of the *Strategy*.

The United States Border Patrol works to mitigate all threats – terrorists and weapons of terrorism; the smuggling of narcotics, other contraband and people; and the illegal entry of people at the border. Border Patrol agents prepare for, detect, and intercept any and all combinations of these threats that present themselves along the borders. The interdiction of people frequently coincides with the interdiction of drugs in the border environment. Apprehensions are captured in the Border Patrol’s Interdiction Effectiveness Rate, and this measure does not differentiate between apprehensions and those apprehended transporting narcotics. Generally, all cross-border incursions are accounted for as entries, and result in either an apprehension, “turnback” or “gotaway.” These results are accounted for in the Interdiction Effectiveness Rate. The Border Patrol increased its Interdiction Effectiveness Rate from 79.3 percent in 2014 to 81.0 percent in FY 2015 and met its FY 2015 target of 80 percent, which measures effectiveness in resolving cross-border incursions.

The measure “Percent of time TECS is available to end users” quantifies the availability of the TECS service to all end-users based on a service level of 24X7 service. TECS is a CBP mission-critical law enforcement application system designed to identify individuals and businesses suspected of or involved in violation of Federal law. TECS is also a communications system

permitting message transmittal between the Department of Homeland Security law enforcement offices and other national, state, and local LEAs, access to the Federal Bureau of Investigation's (FBI) National Crime Information Center, and the National Law Enforcement Telecommunication Systems. National Law Enforcement Telecommunication Systems provide direct access to state motor vehicle departments. In FY 2015, CBP exceeded its target, providing 99.9 percent of its time to end users.

**DEPARTMENT OF HOMELAND SECURITY**  
Federal Emergency Management Agency

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Enacted	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
State and Local Assistance	\$8.250	\$8.250	\$6.187
<b>Total Drug Resources by Function</b>	<b>\$8.250</b>	<b>\$8.250</b>	<b>\$6.187</b>
Operation Stonegarden Grant Program	\$8.250	\$8.250	\$6.187
<b>Total Drug Resources by Decision Unit</b>	<b>\$8.250</b>	<b>\$8.250</b>	<b>\$6.187</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)	\$10.8	\$11.4	\$10.8
Drug Resources percentage	0.1%	0.1%	0.1%

**Program Summary**

**MISSION**

The Federal Emergency Management Agency’s (FEMA) mission is to reduce the loss of life and property and protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other man-made disasters. FEMA leads and supports the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation.

**METHODOLOGY**

Operation Stonegarden (OPSG) grants are awarded by FEMA in coordination with CBP.

OPSG contributes to efforts to secure the United States borders along routes of ingress from international borders. OPSG supports a broad spectrum of border security activities performed by State, local and tribal LEAs through increased material, manpower readiness, and the number of “boots on the ground” to better secure our Nation’s borders. The funds awarded are used in intelligence informed operations, which may assist with counterdrug efforts. Due to the intricate nature of these operations, CBP is unable to delimit the amount applied toward counterdrug operations; however, they estimate no more than 15 percent of OPSG funding and activity supports counter drug activities.

As OPSG is not specifically a drug enforcement grant program there is no statutory or programmatic requirement under OPSG to specifically delineate drug interdiction activities or



expenditures. OPSG grant funds are primarily used for personnel costs, which are not reported by activity therefore the exact specific amount expended for drug enforcement cannot be determined.

## **BUDGET SUMMARY**

### **Operation Stonegarden**

**FY 2017 Request: \$6.2 million**

**(\$2.1 million below the FY 2016 enacted level)**

FEMA's FY 2017 request includes \$41.3 million for OPSG. Using the 15 percent estimation methodology, FEMA requests \$6.2 million for drug-related activities in FY 2017.

The intent of OPSG is to enhance cooperation and coordination among Federal, state, and local LEAs in a joint mission to secure the U.S. 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 U.S. Border States based on risk analysis and the anticipated feasibility and effectiveness of proposed investments by the applicants.

**DEPARTMENT OF HOMELAND SECURITY**  
Federal Law Enforcement Training Center

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Investigations	\$44.795	\$42.336	\$41.843
State & Local Assistance	1.572	1.323	1.308
International	0.390	0.441	0.436
<b>Total Drug Resources by Function</b>	<b>\$46.757</b>	<b>\$44.100</b>	<b>\$43.587</b>
<b>Drug Resources by Decision Unit</b>			
Salaries & Expenses	\$46.757	\$44.100	\$43.587
<b>Total Drug Resources by Decision Unit</b>	<b>\$46.757</b>	<b>\$44.100</b>	<b>\$43.587</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	221	224	216
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.26	\$0.245	\$0.242
Drug Resources percentage	17.6%	17.9%	17.6%

\* The CAS structure does not change the ONDCP drug budget split.

**Program Summary**

**MISSION**

FLETC is an interagency law enforcement training organization that serves a leadership role as the Federal Government's principal provider of world-class, interagency law enforcement training to more than 90 Federal Partner Organizations, as well as training and technical assistance to state, local, tribal, and international law enforcement entities. The 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.

**METHODOLOGY**

The portion of FLETC's total budget categorized as "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 for Federal, state, local, and international law enforcement entities provide 100 percent

support to drug enforcement activities. FLETC drug enforcement training support is in the following three training functions: Investigations, 96 percent; State and Local Training and Assistance, three percent; and International Training and Technical Assistance, one percent.

The percentage of the Salaries and Expenses appropriation that supports drug enforcement activities remains constant at 20.4 percent; however, the percentage of FLETC’s total budget authority in support of drug enforcement activities fluctuates.

**BUDGET SUMMARY**

The FY 2017 FLETC request is \$43.6 million for drug control activities, a decrease of \$0.5 million from the FY 2016 enacted level.

**Operations and Support – Law Enforcement Training**

**Total FY 2017 Request: \$43.6 million  
(\$0.5 million below the FY 2016 enacted level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly used illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The FY 2017 request reflects a decrease in the total drug resources funding available due to FLETC realized efficiencies.

**PERFORMANCE**

This section on the FY 2015 performance of FLETC’s drug support mission is based on agency GPRMA documents and other agency information. The FY 2015 performance information for FLETC’s drug-related training is shown below.

<b>Federal Law Enforcement Training Center</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Percent of Partner Organizations that agree the FLETC counterdrug-related training (i.e., Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.) meets identified training needs.	93%	84%

FLETC’s mission to train those who protect our homeland supports the *Strategy* by providing drug investigations training for law enforcement agents and officers.

The officers and agents who receive FLETC training in drug investigation activities are employed primarily by Federal agencies with a law enforcement role. These Federal agencies, which have formalized their relationship with FLETC as their trainer of choice through memoranda of understanding, are substantively involved in the strategic direction of FLETC and are referred to as Partner Organizations. FLETC measures its success by assessing the satisfaction of its Partner Organizations with the requested training that FLETC provided.

In FY 2015, FLETC trained 65,341 students, equating to 146,668 student-weeks of training. The curriculum for about 20 percent of these students includes training in drug investigation activities.

In FY 2012, FLETC established a new metric to more accurately reflect the satisfaction of Partner Organizations with the counterdrug-related training provided by FLETC to their officers and agents starting in FY 2013. In order to establish the new performance goal (against which to set a baseline), FLETC examined its actual and targeted historical training-related performance measures. Additionally, discussions were held with a sampling of Partner Organizations to gauge their satisfaction with FLETC's drug control-related training to date. When considered as a whole, these factors indicated that 81 percent was a realistic target to establish the baseline. FLETC exceeded this target in FY 2013. The target goals were re-evaluated and increased to 82 percent for FY 2014, which FLETC again exceeded. Results of the 2015 Partner Organization Satisfaction Survey conducted by FLETC indicate 84.2 percent of Partner Organizations are satisfied with FLETC counterdrug-related training. Due to the survey results, FLETC will reach out to our Partner Organizations regarding counterdrug related training content, and make revisions as necessary.

**DEPARTMENT OF HOMELAND SECURITY**  
Immigration and Customs Enforcement

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$15.334	\$16.048	\$16.425
Investigations	452.519	469.723	510.612
<b>Total Drug Resources by Function</b>	<b>\$467.853</b>	<b>\$485.771</b>	<b>\$527.037</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$467.853	\$485.771	\$527.037
Intelligence	[15.334]	[16.048]	[16.425]
Investigations	[452.519]	[469.723]	[510.612]
<i>Domestic Investigations</i>	<i>[443.311]</i>	<i>[460.743]</i>	<i>[501.115]</i>
<i>International Investigations</i>	<i>[9.208]</i>	<i>[8.980]</i>	<i>[9.497]</i>
<b>Total Drug Resources by Decision Unit</b>	<b>\$467.853</b>	<b>\$485.771</b>	<b>\$527.037</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,122	2,169	2,211
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.2	\$6.2	\$6.2
Drug Resources percentage	7.6%	7.9%	8.5%

**Program Summary**

**MISSION**

U.S. Immigration and Customs Enforcement (ICE), a multi-mission LEA, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and ill-gotten gains across the Nation’s borders and dismantle related smuggling organizations. ICE achieves these objectives by maintaining an aggressive cadre of Title 21 cross-designated Special Agents and enforcing multi-disciplined money laundering control initiatives to investigate financial crimes and interdict bulk currency shipments exported out of the United States.

**METHODOLOGY**

ICE’s approved drug methodology is based on investigative case hours recorded in TECS. (ICE expects to transition TECS to the new, automated Case Management System by the end of FY 2016). ICE agents record the type of work they perform in this system. Following the close of the fiscal year, a report is run showing investigative case hours that are coded as general

drug cases and money laundering drug cases. A second report is run showing all investigative case hours logged. Counternarcotics activity percentages are determined separately for each ICE Homeland Security Investigations (HSI) program responsible for counter narcotics 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 2015 Quarter, 26.76 percent of case hours were drug-related for HSI Domestic Investigations, 7.56 percent for HSI International Investigations, and 32.21 percent for Intelligence. The ICE drug budget is projected by applying these ratios to the annual appropriations request for each ICE program executing counternarcotics activities.

## **BUDGET**

In FY 2017, ICE requests \$527.0 million for drug control activities, an increase of \$41.3 million above the FY 2016 enacted level.

### **Salaries and Expenses**

**FY 2017 Request: \$527.0 million**

**(\$41.3 million above the FY 2016 enacted level)**

The Salaries and Expenses account contributes to the ICE mission of bringing a unified and coordinated focus to the enforcement of Federal immigration and customs laws. Salaries and Expenses resources are used to address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, transnational criminal organizations, and disruption of criminal trade and money laundering associated with illicit drugs. ICE 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 transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

### **Intelligence**

**FY 2017 Request: \$16.4 million**

**(\$0.4 million above the FY 2016 enacted level)**

HSI Intelligence collects, analyzes, and shares strategic and tactical data with Federal, state, local, and tribal law enforcement partners to support efforts to disrupt the flow of illicit drugs. HSI intelligence collects and analyzes all-source information and disseminates strategic intelligence to the appropriate fusion partners to coordinate and de-conflict intelligence and investigative actions.

### **Investigations**

**FY 2017 Request: \$510.6 million**

**(\$40.9 million above the FY 2016 enacted level)**

ICE Investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the *Strategy's* goals and objectives to

disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

### Domestic Investigations

FY 2017 Request: \$501.1 million

*(\$40.4 million above the FY 2016 enacted level)*

Border-related crime and the violence often associated with it pose a significant risk to the public safety and national security of the United States. Therefore, ICE 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 transnational criminal organizations responsible for these illicit activities.

In FY 2017, ICE will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). ICE has expanded BEST to 35 locations along the northern border, southern border, and at major seaports. BEST partners with Federal, state, local, tribal, and foreign LEAs to investigate illicit activities and pathways along and surrounding border areas and major seaports.

The requested resources will support investigative efforts, coordination with Federal, State, local, and foreign LEAs, and participation in task forces, such as the OCDETF, HIDTAs, DEA Special Operations Division (SOD), and the BEST initiative to counter the flow of all illicit drugs into and out of the United States.

As a member of OCDETF, ICE has access to interagency information available through the OCDETF Fusion Center. Collaboration with other Fusion Center agencies, including the FBI, DEA, and Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), enhances ICE capability to develop target profiles and actionable investigative leads to disrupt and dismantle significant drug traffickers.

In further support of interagency collaboration, ICE will continue active participation in the DEA SOD, an interagency coordination unit consisting of representatives from several Federal agencies that include DEA, FBI, and the Internal Revenue Service (IRS). During ICE field investigations, ICE targets the command and control communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level and coordinates this information among LEAs, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

Implemented in FY 2006, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. The BEST teams incorporate personnel from ICE, CBP, DEA, ATF, FBI, Coast Guard, and the U.S. Attorney's Office (USAO), along with other key Federal, state, local, and foreign LEAs. Since its inception, ICE has increased the total number of BESTs to 35 nationwide.

ICE will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center, which targets bulk cash smuggling both domestically and internationally. Bulk cash smuggling is a preferred method of operations for transnational criminal organizations to smuggle funds into or out of the United States. The Bulk Cash Smuggling Center is focused on disrupting facilitation pipelines used to move currency derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption.

Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center continue to provide the analytic infrastructure supporting financial and trade investigations. The TTU identifies and analyzes complex trade-based money laundering systems. The TTU's unique ability to analyze domestic trade and financial data, in addition to the trade and financial data of foreign cooperating partners, enables ICE to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. The TTU Headquarters established a TTU in Mexico City, Mexico, in 2008. The Mexico City TTU comprises Mexican law enforcement assigned under the Finance Ministry within the Central Tax Authority developed to support Mexican Customs. The TTU Mexico City representatives use trade and financial data to develop criminal targets involved in trade-based money laundering. TTU Mexico City is one of the most active joint initiatives to date, due in part to the excellent working relationship between the two countries.

#### International Investigations

FY 2017 Request: \$9.5 million

*(\$0.5 million above the FY 2016 enacted level)*

ICE HSI BEST and HSI International Investigations 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 with multiple countries to identify, disrupt, and dismantle transnational criminal organizations that seek to exploit border vulnerabilities and threaten public safety on both sides of the border.

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



As the primary component of the Department of Homeland Security international law enforcement operations, International Investigations is responsible for enhancing national security by conducting and coordinating international investigations involving transnational criminal organizations and serving as ICE’s liaison to foreign law enforcement counterparts overseas. ICE overseas narcotics investigations are coordinated with DEA.

ICE supports the *Strategy* by attacking the vulnerabilities of drug trafficking organizations and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the U.S. is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation’s borders. ICE agents enforce 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. ICE also enforces Title 21, which covers the importation, distribution, manufacture, and possession of illegal narcotics.

**PERFORMANCE**

Information supporting ICE’s drug control performance efforts is based on agency GPRMA documents and other information measuring ICE contribution to the goals and objectives of the *Strategy*. The table and accompanying text represent ICE drug-related achievements during FY 2015.

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals	29%	15%
» Total illegal currency and monetary instruments seized (\$) from drug operations	N/A*	\$153.9 M
» Percent of Cocaine seizures considered high impact (lbs)*	N/A*	46%
» Percent of Heroin seizures considered high impact (lbs)*	N/A*	47%
» Percent of Marijuana seizures considered high impact (lbs)*	N/A*	36%
» Percent of Methamphetamine seizures considered high impact (lbs)*	N/A*	63%

\*ICE does not set targets for seized counternarcotic metrics.

ICE established a new performance metric in FY 2013 to better reflect Law Enforcement efforts related to counternarcotics enforcement. The new performance metric is the percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals. Cases are deemed high impact or high risk based on a pre-defined set of criteria and are reviewed monthly by a case panel. A

disruption is defined as actions taken in furtherance of the investigation that impede the normal and effective operation of the target organization or targeted criminal activity. Dismantlement is defined as destroying the target organization's leadership, network, and financial base to the point that the organization is incapable of reconstituting itself. In FY 2015, ICE did not meet the initial target; 15 percent of transnational drug investigations resulted in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals. The stark decline in the drug percentage for the enclosed result is due to the reduction in the influx of disruptions/dismantlements since the end of the FY 2014 Significant Case Review surge operation. The update to the Significant Case Review Manual that was disseminated to all field offices via the Headquarters Executive Associate Director's message on October 24, 2014, also could have contributed to the decline in the first quarter output percentages. In addition, at the end of FY 2014, HSI underwent a full examination and audit of the methodology used to derive the percentages and came to the conclusion that in some instances there was double counting of statistics. As such, HSI changed the methodology to prevent double counting.

ICE's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. ICE tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. In FY 2015, ICE seized \$153.9 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

**DEPARTMENT OF HOMELAND SECURITY**  
United States Coast Guard

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Revised Enacted	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Interdiction	\$1,263.814	\$1,614.343	\$1,266.986
Research and Development	1.861	1.716	2.047
<b>Total Drug Resources by Function</b>	<b>\$1,265.675</b>	<b>\$1,616.059</b>	<b>\$1,269.033</b>
Acquisition, Construction & Improvements	\$406.407	\$677.550	\$295.191
Operating Expenses	843.928	922.333	957.125
Research, Development, Test, and Evaluation	1.861	1.716	2.047
Reserve Training	13.479	14.460	14.670
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,265.675</b>	<b>\$1,616.059</b>	<b>\$1,269.033</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	5,686	6,483	6,597
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$10.1	\$11.0	\$10.3
Drug Resources percentage	12.6%	14.7%	12.3%

**Program Summary**

**MISSION**

The Coast Guard is America’s principal Federal agency for maritime safety, security, and stewardship. It enforces all applicable Federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. This includes the United States’ territorial seas, the contiguous zone, the Exclusive Economic Zone, and the high seas. As part of its maritime security strategic goal, the Coast Guard’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 U.S. citizens, and destabilize our Western Hemisphere neighbors. This goal is accomplished through projection of an effective law enforcement presence over the six-million-square-mile transit zone of the Caribbean Sea, the Gulf of Mexico, and the Eastern Pacific Ocean.

The Coast Guard has a comprehensive approach to maritime counterdrug law enforcement in the source, transit, and arrival zones. The key objectives of the Coast Guard strategy are to: (1) maintain an interdiction presence based on the availability of assets, deny smugglers access to maritime routes, and deter trafficking activity; (2) strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and (3) support interagency and international efforts to address drug smuggling through increased cooperation and coordination.

## **METHODOLOGY**

The Coast Guard does not have a specific appropriation for drug interdiction activities. All Coast Guard operations, capital improvements and acquisitions, reserve training, and research and development activities targeted toward drug interdiction are funded out of the associated appropriations specified herein. Reflecting the multi-mission nature of Coast Guard units, the accounting system is keyed to operating and support facilities, rather than to specific missions. Consistent with that approach, personnel and other costs are administered and tracked along operational and support capability lines requiring detailed cost accounting techniques. The Coast Guard uses a Mission Cost Model methodology to compute its drug mission allocation. The Mission Cost Model allocates funding across Coast Guard 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 Maritime Patrol Aircraft [MPA]). Established baselines of operational activity are used to further allocate those costs to the various missions.

### **Acquisition, Construction & Improvements**

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed Acquisition, Construction & Improvements (AC&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 an AC&I project, costs would be applied to missions using the operational profile of a comparable existing asset. The Coast Guard uses a zero-based budget approach in developing its request for AC&I funding. Program changes in the AC&I account may vary significantly from year-to-year depending on the specific platforms or construction projects supported. AC&I funding finances the acquisition of new capital assets, construction of new facilities, and physical improvements to existing facilities and assets. The funds cover Coast Guard-owned and operated vessels, shore facilities, and other equipment, such as computer systems.

### **Operating Expenses**

Operating Expenses 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 Operating Expenses asset cost data and systematically allocate costs in the following manner:

- **Direct Costs:** Applied directly to the operating assets [NSC, Fast Response Cutters (FRC), and MPA] that perform missions.
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on carefully-developed 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 Operating Expenses costs are fully loaded on mission-performing assets, those costs are further allocated to Coast Guard missions (Drug Enforcement, Search and Rescue, etc.) using actual or baseline projections for operational employment hours.

### **Research, Development, Test, and Evaluation (RDT&E)**

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

### **Reserve Training**

Reserve Training funds are used to support Selected Reserve personnel who in turn operate facilities, maintain capital equipment, improve management effectiveness, and assist in sustaining all operations. Allocation of Reserve Training funding to Coast Guard drug interdiction is done using the same methodology used for the Operating Expenses appropriation.

## **BUDGET**

The Coast Guard's FY 2017 Request provides \$1,269.0 million for drug control activities, a decrease of \$347.0 million from the FY 2016 enacted level. The primary driver for the reduction from FY 2016 to FY 2017 was the unanticipated inclusion of funding for a ninth NSC in the FY 2016 enacted budget.

### **Acquisition, Construction & Improvements**

**FY 2017 Budget: \$295.2 million**  
**(\$382.4 million below the FY 2016 enacted level)**

The FY 2017 Budget requests funding for the continued replacement or refurbishment of outdated, deteriorating assets. Recapitalization is crucial to preserving surface, air, and shore asset capability and remains a critical investment for the Nation. FY 2017 investments will provide the Coast Guard with assets that will be in service for decades. These assets will enhance the Coast Guard's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve our economic resources and vitality, and protect the environment. Preserving the Coast Guard's maritime capability through recapitalizing surface and air assets supports the *Strategy*.

The FY 2017 budget provides funding to acquire new assets and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance investments needed to support them. Specifically, the FY 2017 Budget:

- Continues to support the Offshore Patrol Cutter (OPC) project as part of the recapitalization of the Coast Guard fleet. This funding will support continued oversight of the detail design contract and procurement of long lead time materials for the first OPC. The OPC acquisition will bridge the capability gap between the NSC and Fast Response Cutter (FRC), while replacing the Coast Guard's fleet of Medium Endurance Cutters; one Medium Endurance Cutter class has exceeded its designed service life, and the other Medium Endurance Cutter class is approaching the end of its service life.
- Supports funding for four FRCs. The FRC is the replacement for the 110-foot Island Class patrol boat that is past its designed service life. The FRC, with advanced electronics and enhanced operational capabilities, is more capable than the 110-foot patrol boat. In FY 2015, FRCs removed 4,897 kilograms of cocaine and 7,378 lbs. of marijuana in the approaches to the United States.
- Provides sufficient funding to continue with Asset Project Office activities; begin aircraft missionization and purchase initial spare parts; conduct aircraft regeneration, aircraft induction, contractor logistics support, and training; and coordinate airworthiness evaluation with Naval Air Systems Command. The C-27J is a medium-range surveillance and transport aircraft and will provide additional detection and monitoring support in the Western Hemisphere Drug Transit Zone. The two-engine high-efficiency turboprop design allows extended surveillance and quick response capability at a lower cost per flight hour than the HC-130H/J.
- Provides funding to begin retrofitting the HC-130J and the HC-144A aircraft with the new Coast Guard variant of the Minotaur mission system. The Minotaur upgrade will improve performance and address obsolescence issues, ensuring continued detection and monitoring capabilities provided by the HC-130J and HC-144A fleets.
- Supports funding to conduct Post Delivery Activities on the fourth through eighth NSCs to ensure operational readiness following delivery.

### **Operating Expenses**

**FY 2017 Budget: \$957.1 million**

**(\$34.8 million above the FY 2016 enacted level)**

In the FY 2017 Budget, Operating Expenses will support both new assets coming online and increased depot level maintenance for aging assets. These assets contribute significantly to the drug interdiction mission. In addition to reinvesting efficiencies to sustain operations, support, and critical asset recapitalization, the FY 2017 Budget supports the Coast Guard workforce, including personnel pay and allowances, training, and recruiting.

As planned, the Coast Guard will decommission the seventh HEC in FY 2016. The sixth NSC is under production and scheduled for delivery in the first quarter of FY 2017; the seventh NSC is

under contract and scheduled for delivery in the second quarter of FY 2018. Four C-27J aircraft are scheduled to be fully operational in FY 2016, with two more following in FY 2017.

**Research, Development, Test, and Evaluation**

**FY 2017 Budget: \$2.0 million**

**(\$0.3 million above the FY 2016 enacted level)**

RDT&E funding allows the Coast Guard to sustain critical missions by the Department of Homeland Security. The requested RDT&E funding supports all 11 statutorily mandated Coast Guard mission programs. These mission-programs, in turn, directly support the Coast Guard’s role as the principal Federal agency for ensuring maritime safety, security, and stewardship.

FY 2017 resources will continue to support the development of technologies to improve detection of hidden contraband; improve tactical communications systems to improve interagency coordination, command and control; and develop technologies that give operational commanders a wider range of options to stop fleeing vessels.

**Reserve Training**

**FY 2017 Budget: \$14.7 million**

**(\$0.2 million above the FY 2016 enacted level)**

Reserve Training supports all 11 Coast Guard mission programs and is critical to allowing the Coast Guard to protect the vital interests of the United States from internal and external threats. Reserve Training provides the Coast Guard with trained personnel to augment active duty forces during contingency operations or other critical events. The Reserve Training funding assumes a drug control allocation equivalent to that of the Operating Expenses program costs, as Reserve Training personnel augment Operating Expenses program functions.

The FY 2017 Budget will support Ready Reserve and Selected Reserve personnel who support and operate facilities, maintain capital equipment, provide management support, and assist in sustaining operations.

**PERFORMANCE**

Information regarding the performance of the drug control mission of the Coast Guard program is based on agency GPRMA documents and Coast Guard data. The table and accompanying text represent highlights of their achievements in FY 2015.

<b>United States Coast Guard</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	13.8%	11.5%
» Metric Tons (MT) of Cocaine Removed	90.0	144.8
» Percent Non-Commercial Maritime Conveyance	<84.0%	98.4%



The Coast Guard continues to use the Interagency CCDB as its source for tracking cocaine movement estimates. The CCDB quarterly event-based estimates are the best available authoritative source for estimating illicit drug flow through the Transit Zone. These estimates permit the Coast Guard to objectively evaluate its performance on a quarterly basis.

The Coast Guard's target for FY 2016 is to remove 13.7 percent of the known cocaine flow moving via non-commercial maritime means toward the United States.

In FY 2015, the Coast Guard increased interdiction assets in the transit zone, with a 50 percent increase in major Coast Guard cutters and 30 percent more MPA over FY 2014. The increase in Coast Guard assets into the transit zone resulted in higher interdiction rates and cocaine removals, and more suspects facing prosecution in FY 2015. The Coast Guard removed 144.8 MT of cocaine in FY 2015, with a removal rate of approximately 11.5 percent (2 percentage points higher than the results achieved in 2014).

### **FY 2015 Performance Highlights**

- From August 29 to September 26 2015, Coast Guard Cutter (CGC) BERTHOLF conducted 12 interdictions, resulting in the removal of more than 15,000 kilograms of cocaine; detained 32 suspected smugglers; and broke the previous record set by CGC STRATTON for the most cocaine ever recovered from a Self-Propelled Semi-Submersible (SPSS) interdiction, recovering over 6,800 kilograms.
- On November 28, 2014, CGC DECISIVE interdicted the Panamanian-flagged Motor Vessel (M/V) CANDELA V 45 nautical miles northeast of Punta San Blas, Panama. The U.S.-Panamanian Counter-Drug Bilateral Agreement was enacted, and the Government of Panama authorized the U.S. to conduct the boarding under Panamanian authority. The CGC DECISIVE boarding team completed a search of the vessel and located a suspicious area in the forward peak tank, leading to the discovery of packages totaling 1,328 kilograms testing positive for cocaine. A waiver of jurisdiction was submitted to the Government of Panama in order to prosecute the seven suspects in the United States. Panama approved the waiver of jurisdiction for six of the seven suspects and bulk contraband, which was transferred to the USAO for the Middle District of Florida for prosecution.
- On December 8, 2014, Juan Alberto Ortiz-Lopez, also known as "Chamale," pleaded guilty to conspiracy to possess with intent to distribute five kilograms or more of cocaine while on board a vessel subject to the jurisdiction of the United States. Ortiz-Lopez was previously extradited to the Middle District of Florida to face Federal drug trafficking charges in 2014 following an indictment and arrest in 2011 by Guatemalan authorities. Ortiz-Lopez's indictment, arrest, and ultimate conviction were obtained following a long-term investigation led by Coast Guard Investigative Service agents assigned to Operation Panama Express Strike Force, and supported by two Coast Guard interdictions (November 2007 by the CGC CHASE and July 2009 by CGC BERTHOFF). Using intelligence and information from these two interdictions, an indictment was sought and approved for the arrest of Ortiz-



Lopez. Ortiz-Lopez was designated under the DOJ's OCDETF program as a CPOT, and was considered by the DEA to be the highest-ranking drug trafficker operating in Guatemala.

- On January 23, 2015, a JIATF-South MPA detected a go-fast vessel approximately 150 nautical miles southwest of the Guatemala/El Salvador border. CGC STEADFAST was tasked to intercept the go-fast and successfully stopped the vessel after a brief pursuit. The master of the go-fast vessel made a claim of Ecuadorian registry, which the Ecuadorian Government was unable to confirm. The boarding team located 725 kilograms of cocaine and detained the three crew members. CGC STEADFAST turned over the three suspects, case package, and contraband to the USAO for the Middle District of Florida for prosecution.
- On June 16, 2015, a JIATF-South MPA detected a SPSS 412 nautical miles south-southwest of the Mexican/Guatemalan border. CGC STRATTON was tasked with intercepting the SPSS. CGC STRATTON launched multiple small boats and successfully interdicted the SPSS before the crew could scuttle the vessel and recovered a total of 2,842 kilograms of cocaine. CGC STRATTON turned over the four suspects, case package, and contraband to the USAO for the Middle District of Florida for prosecution. This case represented the first successful at-sea interdiction of an SPSS by a NSC
- On August 27, 2015, CGC LEGARE interdicted the Panamanian-flagged M/V NATHALIA V, 56 nautical miles west of Cartagena, Colombia. The U.S.-Panamanian Counterdrug bilateral agreement was enacted, and the Government of Panama confirmed registry of the M/V NATHALIA V and authorized CGC LEGARE to board and search the vessel. During the boarding, 969 kilograms of cocaine were recovered. A request for waiver of jurisdiction was submitted to the Panamanian Government and approved. The six suspects, case package, and contraband were turned over to the USAO for the Middle District of Florida for prosecution.
- On September 3, 2015, a JIATF-South MPA detected the Panamanian-flagged sailing vessel (S/V) ATHENAEUM approximately 38 nautical miles southeast of Cayos Miskitos, Nicaragua. CGC ROBERT YERED was tasked to intercept the S/V. The U.S.-Panamanian counterdrug bilateral agreement was enacted, and the Government of Panama confirmed registry of the S/V ATHENAEUM and authorized CGC ROBERT YERED to board and search the vessel. During the boarding, 254 kilograms testing positive for cocaine and six kilograms testing positive for amphetamine were recovered. A request for waiver of jurisdiction was submitted to the Panamanian Government and approved. The two suspects, case package, and contraband were turned over to the USAO for the Middle District of Florida for prosecution.
- On September 18, 2015, a JIATF-South MPA detected a go-fast vessel (GFV) on a northerly course 180 nautical miles south of Ponce, Puerto Rico. CGC RICHARD DIXON was tasked to intercept and stopped the GFV without the use of force following a brief pursuit. The three persons aboard the vessel claimed Dominican nationality for themselves, and the master claimed Colombian nationality for the vessel. The U.S.-Colombian counterdrug bilateral agreement was enacted. Colombia responded that it could neither confirm nor deny nationality of the GFV, and the GFV was treated as without nationality. CGC RICHARD

DIXON commenced a boarding and recovered 1,200 kilograms testing positive for cocaine. The three suspects, case package, and contraband were turned over to the USAO for the Middle District of Florida for prosecution.

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 2015 Final	FY 2016 Final	FY 2017 Request
<b>Drug Resources by Function</b>			
Treatment	\$463.490	\$486.936	\$589.112
<b>Total Drug Resources by Function</b>	<b>\$463.490</b>	<b>\$486.936</b>	<b>\$589.112</b>
<b>Drug Resources by Decision Unit</b>			
Continuum of Care: Homeless Assistance Grants	\$463.490	\$486.936	\$589.112
<b>Total Drug Resources by Decision Unit</b>	<b>\$463.490</b>	<b>\$486.936</b>	<b>\$589.112</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)	\$42.7	\$43.8	\$48.3
Drug Resources percentage	1.1%	1.1%	1.2%

### Program Summary

#### MISSION

The *Strategy* calls for Federal support for reducing barriers to recovery from substance use disorders. Lack of housing creates a sense of hopelessness for those using substances and presents a barrier to maintaining recovery. The *Strategy* specifically calls for programs to prevent homelessness as a step toward recovery from substance use disorders. Stable and affordable housing is often identified as the most difficult barrier to overcome for individuals released from prison or jail. The *Strategy* also identifies supportive environments and a drug-free home as necessary elements for recovery. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes.

#### METHODOLOGY

The Office of Special Needs Assistance Programs in HUD does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in our communities, including individuals with chronic mental health or substance use issues, persons living with HIV/AIDS, and formerly incarcerated individuals. The percentage of clients with a substance use problem is reported by HUD annually. The most recent data have been taken from HUD's *2015 Annual Homeless Assessment Report to Congress*. It showed that 18.4 percent of those using HUD-supported temporary housing have a demonstrated substance use

disability. The Special Needs Assistance Program accounting system is tied to operating and supportive services costs rather than to specific characteristics of the population served (i.e., substance use disorders).

## **BUDGET SUMMARY**

The FY 2017 drug control estimate for Continuum of Care (CoC) is \$589.1 million, an increase of \$102.2 million above the FY 2016 enacted level.

### **Continuum of Care Homeless Assistance Grants**

**FY 2017 Request: \$589.1 million**

**(\$102.2 million above the FY 2016 enacted level)**

HUD’s Homeless Assistance Grants are funded through the 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.

## **PERFORMANCE**

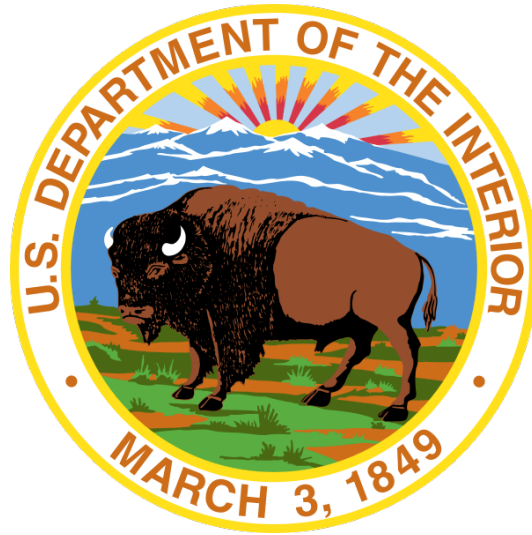
Information regarding the performance of the drug control efforts of HUD is based on data collected from programs receiving funding through the annual CoC Program competition. The table and accompanying text below highlight HUD’s achievements during FY 2014.

<b>Office of Special Needs Assistance Programs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percentage of participants exiting CoC-funded transitional housing who move into permanent housing.	65.0%	69.6%
» Percentage of participants remaining in CoC-funded permanent housing projects for at least six months.	80.0%	85.7%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	88,867	113,453

In FY 2014, HUD CoC Program-funded grantees exceeded all performance measures assessing progress toward moving participants from transitional housing to permanent housing and increasing the number of households remaining in permanent housing for at least six months. CoC-funded grantees served 113,453 individuals in FY 2014 with chronic alcohol or other substance use problems, exceeding the target by 24,587 people. The percentage of households moved from transitional housing to permanent housing exceeded the FY 2014 target by nearly

five percentage points, and the percentage of households remaining in permanent housing for more than six months was exceeded by nearly six percentage points.

# DEPARTMENT OF THE INTERIOR



# DEPARTMENT OF THE INTERIOR

## Bureau of Indian Affairs

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	8.216	8.216	8.216
Prevention	1.000	1.000	1.000
<b>Total Drug Resources by Function</b>	<b>\$9.716</b>	<b>\$9.716</b>	<b>\$9.716</b>
<b>Drug Resources by Decision Unit</b>			
Drug Initiative	\$9.716	\$9.716	\$9.716
<b>Total Drug Resources by Decision Unit</b>	<b>\$9.716</b>	<b>\$9.716</b>	<b>\$9.716</b>

<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	57	57	57
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.5	\$2.6	\$2.6
Drug Resources percentage	0.4%	0.4%	0.4%

### Program Summary

#### MISSION

The BIA's mission is to enhance the quality of life, promote economic opportunity, and carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives. The 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 drug use.

#### METHODOLOGY

The Drug Initiative is funded within the Law Enforcement sub-activity that supports initiatives involving drug enforcement. The special initiative line allows the OJS specifically to track drug-related funding.



## **BUDGET SUMMARY**

In FY 2017, BIA requests \$9.7 million for drug-control activities; no change from the FY 2016 enacted level.

### **Drug Initiative**

**FY 2017 Request: \$9.7 million**

**(No change from the FY 2016 enacted level)**

Drug-related activity in Indian country is a major contributor to violent crime and imposes serious health and economic difficulties on Indian communities.

In FY 2017, \$6.7 million in requested funding will support drug enforcement efforts that allow BIA Drug Enforcement Officers to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by Drug Enforcement Officers include eradicating marijuana cultivation; conducting criminal investigations; surveilling criminals; infiltrating drug trafficking networks; confiscating illegal drug supplies and establishing and maintaining cooperative relationships with other Federal, state, local, and tribal law enforcement organizations in efforts against drug-related activity.

In FY 2017, \$1.0 million is requested to continue support for the School Resource Officer program. This program has proven to be an important part of the OJS drug initiative, allowing interaction of officers and students in the students' environment. School Resource Officers provide instruction in drug awareness and gang resistance using nationally recognized and adopted curriculum to educate students on the negative aspects of illegal drug use and gang activity. School Resource Officers play a key role in providing a visual deterrent and identifying potential threats of school violence.

The Victim/Witness Services program (\$1.0 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 the Victim/Witness Services program can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, Victim/Witness Services program staff provide guidance to tribes in developing their own Victim/Witness Services programs. The program also includes assessments of existing Victim/Witness programs for potential expansion to all BIA law enforcement districts.

The Budget request also provides \$0.5 million to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support 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 LEAs working on or near Indian country.

Approximately \$0.5 million of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts. Through the academy, BIA provides advanced training courses with content specific to drug enforcement to law enforcement officers who assist in drug investigations throughout the Nation. Also, students graduating from Basic Police and 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.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of BIA is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The BIA Division of Drug Enforcement (DDE) has historically experienced challenges gathering accurate data using systems developed by the BIA IT division or its contractors. Information gathered for this report and the subsequent verification process have highlighted the need for an automated data collection system. The data discussed below were gathered and verified from the OJS database and the DDE case log.

<b>Bureau of Indian Affairs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Number of patrol officers trained as certified drug officers	265	263
» Number of drug cases worked*	4,750	4,804
» Amount of drugs seized: Methamphetamine (Crystal)**	40.00 lbs	64.90 lbs.
» Amount of drugs seized: Methamphetamine (Powder)**	0 lbs.	0 lbs.
» Amount of drugs seized: Cocaine (Crack)**	2.00 lbs.	0.758 lbs.
» Amount of drugs seized: Cocaine (Powder)**	2.00 lbs.	1.00 lbs.
» Amount of drugs seized: Prescription drugs**	75.00 lbs.	96.58 lbs.
» Amount of drugs seized: Heroin**	5.00 lbs.	5.74 lbs.
» Amount of drugs seized: Marijuana (processed)**	5,000 lbs.	1,725 lbs.
» Amount of drugs seized: Marijuana (plants)**	15,000 lbs.	24,453 lbs.
» Amount of drugs seized: Ecstasy (MDMA)**	1.00 lbs.	0.002 lbs.

\* Includes cases reported by tribes.

\*\* Drug seizures were accomplished by the combined efforts of BIA DDE, BIA and Tribal Police programs.

In FY 2015, the BIA responded to a wide range of illegal drug activity on Indian lands. BIA DDE agents supported highly technical investigations, such as court-ordered Title III wire intercepts, OCDETF cases, Racketeer Influenced and Corrupt Organization cases, and synthetic marijuana cases, which involved the distribution of “bath salts.” As a result, BIA DDE agents showed an increase of 21 percent in drug cases worked and an increase of 0.08 percent in drug-related arrests. These improvements are due to the success that BIA OJS has achieved in forming

partnerships and providing technical assistance and training to law enforcement in Indian Country.

Partnerships among BIA DDE, DEA, BIA, and tribal officers have been particularly important. DEA Agents are responsible for managing drug investigations and providing direct technical assistance to reduce the effects of drugs and drug-related crime in Indian Country. As a result of DEA's technical assistance, drug-related arrests increased in Indian Country every year since FY 2008. During FY 2015, BIA DDE, BIA, and tribal officers worked 4,804 cases in Indian Country, an overall increase of approximately three percent over the number of cases worked during FY 2014. This improvement was due to BIA DDE's change in focus from working cases to providing direct technical assistance to the BIA and tribal police departments.

DDE opened 347 cases in FY 2015, 246 of which were closed by arrest, indictment, or referral to another agency for a 70 percent closure rate. 101 cases remain open and under active investigation. Of the 347 cases opened, 329 investigations (94 percent of DDE investigations) occurred within reservation boundaries or upon trust/allotted lands. The remaining 6 percent of investigations held a direct nexus to Indian country.

In FY 2015, BIA DDE continued involvement in drug trafficking conspiracy cases that resulted in numerous arrests across Indian Country. Agents focused on the methamphetamine and heroin trafficking organizations but also continued to work synthetic marijuana cases, which included the distribution of "bath salts."

In FY 2015, the BIA DDE was also involved in multiple operations along the Southwest border in efforts to disrupt drug cartel trafficking routes through Indian Country. During one 3-day operation, 535 pounds of processed marijuana were seized from Mexican drug cartel mules using the Tohono O'odham reservation as a major trafficking route to transport the drugs into the United States. The seized marijuana was estimated at approximately \$800,000.

In FY 2015, BIA DDE Agents continued to focus on increased narcotic trafficking and drug use in the northern states that are part of the Bakken oil field development. OJS attended numerous coordination meetings to discuss resources and strategies for addressing the growing number of drug crimes in this area. The new DDE Agent position added to the Bakken area has made progress with identifying and disrupting drug organization in the region. DDE agents in the region continue to partner with Federal, state, and tribal partners to maximize efforts and resources.

In late FY 2015, BIA began working with the IHS on developing an inter-agency agreement to train and supply BIA officers and agents with naloxone. The agreement would provide each officer/agent with the proper training and with the naloxone to carry while on patrol in tribal communities they serve. The agreement was finalized in December 2015, with training expected to begin in FY 2016.

In FY 2015, law enforcement training played an important supporting role. During the year, 100 students graduated from the United States Indian Police Academy basic police program, known as the Rural Police Officer Training Program with an introduction to drug awareness and investigations. Eighty-five students graduated FLETC's Advanced Drug Training Programs, and 15 students graduated from FLETC's Criminal Investigator Training Program with an introduction to drug awareness and investigations. A total of 200 law enforcement officers received drug training from BIA OJS.

# DEPARTMENT OF THE INTERIOR

## Bureau of Land Management

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Enacted	FY 2016 Request	FY 2017 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 & 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)	\$1.1	\$1.1	\$1.1
Drug Resources percentage	0.4%	0.4%	0.4%

### Program Summary

#### MISSION

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

#### METHODOLOGY

The primary focus of the Bureau's appropriation in the Resource Protection and Law is the identification, investigation, and eradication of marijuana cultivation on public lands and rehabilitation of the cultivation sites. Bureau costs associated with identifying, investigating,

and eradicating marijuana cultivation; interdicting marijuana smuggling; and rehabilitating the public lands damaged by these activities are scored as drug control. Under its GPRMA Performance Plan, the Bureau utilizes specifically defined Program Element designations to calculate and track expenditures associated with its patrol, investigative, and drug enforcement activities.

## **BUDGET SUMMARY**

In FY 2017, the BLM requests \$5.1 million for drug control activities, no change from the FY 2016 enacted level.

### **Resource Protection and Law Enforcement**

**Total FY 2017 Request: \$5.1 million**

**(No change from the FY 2016 enacted level)**

Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include: 1) directing significant funding to address large-scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California; 2) directing funding to public lands in Idaho, Oregon, Nevada, Utah, and other States as needed to address 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 patrol to deter and detect cultivation activities.
- Focusing on investigations likely to result in the arrest of drug trafficking organization leadership.
- Utilizing Federal, state, and local partners to conduct multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication, and investigative efforts.
- Establishing interagency agreements, partnerships, and service contracts with state and local LEAs to support counterdrug 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.

## **PERFORMANCE**

Because no data currently are available on the total number of marijuana plants subject to seizure that are grown in the United States, the BLM has traditionally gauged performance using a single measure, “number of marijuana plants seized.” Given the significant year-to-year fluctuation seen in public lands marijuana seizures over the past six years, as well as the number of variables believed to affect large-scale public lands cultivation operations, the BLM currently bases its out-year plant seizure target on the preceding fiscal year’s seizure level. Beginning in FY 2015, the Bureau will be adjusting its out-year target to achieve a two percent improvement over the prior fiscal year’s seizure level. The Bureau is also evaluating the

viability of establishing additional outcome measures of performance in fiscal year 2016, such as “percentages of drug-related cases that are favorably resolved” and “amounts of other non-marijuana drugs seized.”

Information regarding the performance of the Bureau’s drug-control mission is based on law enforcement statistics extracted from the Department’s Incident Management Analysis and Reporting System database and other agency information. The below table and associated text present activities and achievements during FY 2014.

<b>Bureau of Land Management</b>		
Selected Measure of Performance	FY 2015 Target	FY 2015 Achieved
» Number of marijuana plants seized	229,800 <sup>51</sup>	319,511

For the period FY 2009 through FY 2012, the Bureau saw a reduction in the total number of marijuana plants seized each year. In FY 2013, this downward trend was reversed, as the Bureau saw a 25 percent increase in the number of marijuana plants seized on public lands. Targeted efforts resulted in a further increase of 15 percent in FY 2014.

Due to the scope of the marijuana cultivation problem on public lands and the large number of Federal, State, and local agencies involved in addressing the issue, it is difficult to establish a direct cause for the fluctuations in marijuana plant seizure statistics. However, several factors are believed to be affecting large-scale marijuana cultivation on public lands, to include:

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Active participation of BLM law enforcement personnel in Federal, State, and local task forces, including California and Oregon HIDTA task forces, DEA-led OCDETFs, and a number of State and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations.
- Prosecution of individuals at all levels of multi-State drug trafficking organizations is disrupting organizational structures and reducing their cultivation and distribution capabilities.
- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.

Several State medical marijuana laws provide for the lawful cultivation of marijuana on private lands. Quantities of this lawfully cultivated marijuana are known to be diverted to sale for non-medical use. This unlawful sale of legally cultivated marijuana, combined with the public’s lawful ability to cultivate marijuana for personal recreation and medicinal purposes, may be

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<sup>51</sup> Target based on 2 percent increase over FY 2014 seizure level.

altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on public lands.



# DEPARTMENT OF THE INTERIOR

## National Park Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Interdiction	\$0.660	\$0.660	\$0.660
Investigations	\$2.640	\$2.640	\$2.640
<b>Total Drug Resources by Function</b>	<b>\$3.300</b>	<b>\$3.300</b>	<b>\$3.300</b>
<b>Drug Resources by Decision Unit</b>			
National Park Protection Subactivity	\$3.300	\$3.300	\$3.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$3.300</b>	<b>\$3.300</b>	<b>\$3.300</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	25	25	25
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.6	\$2.9	\$3.1
Drug Resources percentage	0.1%	0.1%	0.1%

### Program Summary

#### MISSION

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

#### METHODOLOGY

NPS does not have a specific appropriation for drug control. The NPS cost management system verifies the location and actual use of this funding. The NPS utilizes these data, combined with annual financial/spending plans, to estimate the level of drug control funding.

#### BUDGET SUMMARY

In FY 2017, NPS requests \$3.3 million for drug control activities, no change from the FY 2016 enacted level.

## National Park Protection Subactivity

FY 2017 Request: \$3.3 million

(No change from the FY 2016 enacted level)

With many national parks located along international borders that are plagued with problems such as drug trafficking, illegal immigration, and possible terrorist movement that can threaten park lands and visitors, NPS works diligently to provide security and protection of park resources and visitor safety on park lands. NPS utilizes law enforcement park rangers, special agents, and other Federal, State, and local law enforcement authorities and organizations in ongoing efforts at parks that include:

- Short and long-term counter-smuggling and drug cultivation investigations and operations;
- Ranger patrols and surveillance of roads, trails, and backcountry areas;
- Barricade construction to prevent illegal vehicle traffic; and
- Cooperation and coordination with the Department of Homeland Security's CBP and other Federal, state, and local agencies involved with border security.

NPS efforts are described in the Pacific West Region Marijuana Framework and Goals Plan to address marijuana cultivation, as well as site rehabilitation and reclamation. The Pacific West Region Marijuana Framework and Goals Plan outlines a comprehensive and integrated approach involving long-term prevention, detection, investigations, interdiction, eradication, and other actions to dismantle drug trafficking organizations. Drug trafficking organizations have demonstrated the capability to adapt their operations, and NPS will thus expand the plan as cannabis cultivation activities move into regions such as the Rocky Mountains and eastern United States.

### PERFORMANCE

Information regarding the performance of the drug control mission of NPS is based on agency GPRMA documents and other agency information. The table and accompanying text represent highlighted achievements during FY 2015.

National Park Service Visitor and Resource Protection Program		
Selected Measure of Performance	FY 2015 Target	FY 2015 Achieved
» Number of marijuana plants seized in the Pacific West region	5,892	12,599

Law enforcement personnel saw an increase in marijuana plants eradicated from NPS lands from 10,941 marijuana plants in 2014 to 12,599 plants in 2015. Surrounding counties and Federal public lands also saw an increase in the number of marijuana plants eradicated. The states and counties where this has been occurring have placed significant pressure on these emerging grow sites through the creation, enforcement, and prosecution of violations of ordinances. It is believed that the prevailing drought conditions in the west, increased interdiction efforts on public lands, and the establishment of legitimate agricultural avenues for the cultivation of medical marijuana led to a decrease in cultivation activities on Federal lands

for 2014. In 2015, laws regarding the cultivation of marijuana on county and agricultural lands changed again, and, consequently, there was an increase in cultivation activity on Federal lands.

In FY 2015, NPS law enforcement personnel performed targeted eradication operations with partners on adjacent lands. In many cases, the only access to these sites was through NPS areas, and the ecological impact on the sites extended into parks' watersheds and ecological systems. With access to such sites being more difficult, logistics and operations were complex. In California, NPS law enforcement forged successful partnerships with adjoining agencies and are now attacking a problematic area in and around Whiskeytown National Recreation Area, the Santa Monica Mountains, the Golden Gate National Recreation Area, and Point Reyes National Seashore. This enhanced perimeter increases protection of the park lands and visitors within the legislated boundaries.

In addition to efforts by NPS to deter illicit cultivation activities, road interdiction activities have resulted in significant seizures of illegal drugs, firearms, and other contraband while also deterring illegal activities such as wildlife poaching, vandalism, and resource theft.

Recent years have seen a multitude of successful drug control activities throughout the Pacific West Region, including the raid of a grow site at Whiskeytown National Recreation Area resulting in the eradication of 741 marijuana plants and nine arrests, and investigative efforts at Santa Monica Mountains National Recreation Area that resulted in the eradication of 3,197 marijuana plants and 3 pounds of processed marijuana. The latter mission saw the NPS partner its investigation with the DEA, which linked the grow site to international drug trafficking organizations.

DEPARTMENT OF JUSTICE



# DEPARTMENT OF JUSTICE

## Asset Forfeiture Program

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Investigations	\$213.395	\$171.566	\$175.959
State and Local Assistance	70.744	67.144	67.144
<b>Total Drug Resources by Function</b>	<b>\$284.139</b>	<b>\$238.710</b>	<b>\$243.103</b>
<b>Drug Resources by Decision Unit</b>			
Asset Forfeiture	\$284.139	\$238.710	\$243.103
<b>Total Drug Resources by Decision Unit</b>	<b>\$284.139</b>	<b>\$238.710</b>	<b>\$243.103</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	\$1.5
Drug Resources percentage	17.5%	13.3%	16.2%

### Program Summary

#### MISSION

The primary purpose of the Asset Forfeiture Program (AFP) is to provide a stable source of resources to cover the costs of seizing, evaluating, inventorying, maintaining, protecting, advertising, forfeiting, and disposing of property seized for forfeiture. Prior to the creation of the Assets Forfeiture Fund (AFF) in 1985, the costs of these activities had to be diverted from agency operational funds. The more effective an agency was in seizing property, the greater the drain on its appropriated funds. The AFP has supported the increase of forfeited criminal assets through coordinated investigative efforts and effective asset management.

The AFP not only represents an effective law enforcement tool against criminal organizations, it also provides remuneration and restitution to victims, financial support to joint Federal and state law enforcement efforts, and an additional source of funding for state and local law enforcement partners. Without the AFP, agency funds would have to be dedicated to maintaining and preserving seized assets and liquidating forfeited assets. Additionally, the AFP is able to support Program-related training, case evaluations, funds management, and contract support.

## METHODOLOGY

While the AFP's mission does not specifically address the *Strategy*, the AFF supports two drug-related entities (DEA and OCDETF). All AFP-funded drug investigative monies for 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 LEA 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 Program Operations Expenses.

## BUDGET SUMMARY

In FY 2017, the AFP requests \$243.1 million for drug control activities, \$4.4 million above the FY 2016 enacted level.

### **Asset Forfeiture Program**

**FY 2017 Request: \$243.1 million**

**(\$4.4 million above the FY 2016 enacted level)**

AFP funds are allocated to DEA and OCDETF to carry out their drug-related activities, providing a stable source of resources to cover operating expenses, including Case-Related Expenses, Contracts to Identify Assets, Awards for Information, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure. The 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 request for DEA and OCDETF investigative activities is \$175.96 million, an increase of \$4.4 million over the FY 2016 level. Additionally, DEA and OCDETF state and local assistance funding is approximately \$67.1 million, equal to the FY 2016 enacted level. The FY 2017 request will support the following:

- **Case-Related Expenses:** These are expenses associated with the prosecution of a forfeiture case or execution of a forfeiture judgment, such as court and deposition reporting, courtroom exhibit services, and expert witness costs.
- **Special Contract Services:** The AFP uses contract personnel to manage data entry, data analysis, word processing, file control, file review, quality control, case file preparation, and other process-support functions for asset forfeiture cases. Without this contract

support, it would be impossible to maintain the automated databases, process equitable sharing requests, and maintain forfeiture case files.

- **Investigative Costs Leading to Seizure:** Investigative costs are those incurred in the identification, location, and seizure of property subject to forfeiture. These include payments to reimburse any Federal agency participating in the AFP for investigative costs leading to seizures.
- **Contracts to Identify Assets:** Investigative agencies use these funds for subscription services to nationwide public-record data systems and for acquisition of specialized assistance, such as reconstruction of 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 LEA participating in the [AFF]." Such cooperative efforts significantly benefit Federal, state, and local law enforcement efforts.

## PERFORMANCE

Information regarding the performance of the drug control efforts of the AFP is based on data from the Attorney General’s Management Initiatives, the GPRMA, and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent AFP drug-related achievements during FY 2015.

Assets Forfeiture Fund		
Selected Measure of Performance	FY 2015 Target	FY 2015 Achieved
» Achieve effective funds control as corroborated by an unqualified opinion on the AFF financial statements	100%	100%

The challenges that have an impact on achievement of the AFP goal are complex and dynamic. These challenges are both external and internal and include changes in legislation, technology, and the cooperation of all participating organizations. In FY 2015, AFP achieved 100 percent of its effective funds control, as corroborated by an unqualified opinion on the AFF financial statements.

Internally, the AFP is working with the participating agencies to enhance financial and property management capabilities. These efforts include coordination with AFP participating agencies on:

- Preemptive identification, mitigation, and resolution of potential audit issues;
- Continuation of data integrity and confidence efforts within collection systems; and
- Enabling portfolio management through advanced ah-hoc reporting capabilities.

The AFP is also coordinating and implementing new systems business rules to accommodate emerging and evolving DOJ and Congressional directives.



**DEPARTMENT OF JUSTICE**  
Bureau of Prisons

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Budget Function</b>			
Corrections	\$3,375.552	\$3,555.794	\$3,373.718
Treatment	115.452	116.607	118.123
<b>Total Drug Resources by Function</b>	<b>\$3,491.004</b>	<b>\$3,672.401</b>	<b>\$3,491.841</b>
<b>Drug Resources by Budget Decision Unit</b>			
Salaries and Expenses	\$3,438.428	\$3,416.411	\$3,440.131
<i>Inmate Care and Programs</i>	[1,329.709]	[1,324.564]	[1,386.304]
<i>Institution Security and Administration</i>	[1,489.402]	[1,473.150]	[1,486.120]
<i>Contract Confinement</i>	[513.802]	[522.097]	[457.194]
<i>Management and Administration</i>	[105.515]	[96.600]	[110.513]
Buildings and Facilities	\$52.576	\$255.990	\$51.710
<i>New Construction</i>	[12.400]	[214.452]	[0.000]
<i>Modernization and Repair</i>	[40.176]	[41.538]	[51.710]
<b>Total Drug Resources by Decision Unit</b>	<b>\$3,491.004</b>	<b>\$3,672.401</b>	<b>\$3,491.841</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	18,824	18,502	18,451
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.9	\$7.5	\$7.3
Drug Resources percentage	50.4%	49.1%	47.9%

**Program Summary**

**MISSION**

The mission of the BOP is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The BOP’s mission statement is twofold: the first part addresses the obligation to help protect public safety through the secure and safe confinement of inmates; the second part addresses the obligation to help inmates prepare to return to their communities and remain crime-free. Post-release success is as important to public safety as an inmate’s secure incarceration.

Preparing inmates for eventual release to the community is one of BOP’s key objectives. The BOP’s drug treatment program facilitates the successful reintegration of inmates into society,

consistent with community expectations and standards. Treatment programs assist inmates in identifying, confronting, and altering the attitudes, values, and thinking patterns that led to criminal behavior and drug use.

## **METHODOLOGY**

The costs related to incarcerating individuals for drug-related offenses, as well as costs for drug treatment programs, are scored as part of the drug control budget. Drug treatment efforts are funded through a distinct program in Inmate Care and Programs and Contract Confinement decision units. Corrections costs are based on the percentage of inmates currently incarcerated or projected to be incarcerated for drug convictions.

## **BUDGET SUMMARY**

In FY 2017, BOP requests \$3,491.8 million for drug control activities, a decrease of \$180.6 million from the FY 2016 enacted level.

The Violent Crime Control and Law Enforcement Act of 1994 requires BOP, subject to the availability of appropriations, to provide appropriate substance use treatment for 100 percent of inmates who have a diagnosis for substance use or dependence and who volunteer for treatment. There were more than 205,000 inmates for whom BOP provided custodial care at the end of FY 2015, and BOP was able to provide appropriate substance use treatment to 100 percent of eligible inmates in FY 2015.

The majority of Federal inmates are in BOP facilities, but others are housed in privately operated facilities, Residential Reentry Centers (halfway houses), and bed space secured through Intergovernmental Agreements with state and local entities. Program initiatives include enhancements to IT infrastructure, hepatitis C treatment, Restrictive Housing, inmate programs to address Second Chance Act requirements, and programs that address recidivism; increased Modernization and Repair base; and setting up a pilot for MAT. Currently, BOP is conducting a field trial of a medication-assisted drug treatment program in three facilities to provide medication to 10 inmates with an opioid use disorder within two months of release and continue medications for six months while the inmates reside in residential reentry centers/halfway houses. In FY 2017, BOP requests \$1.0 million for this initiative. Medication is the standard of care for opioid and other substance use disorders in the private sector and is an important part of effective treatment for individuals in the justice system who are dependent on opioids.

In response to the growth in the number of Federal inmates with diagnoses of a drug use disorder (40 percent of inmates entering the BOP), the BOP continues to develop evidence-based treatment practices to manage and treat drug-using offenders. The BOP's strategy includes early identification through a psychology screening, drug education, nonresidential drug use treatment, intensive residential drug use treatment, and community transition

treatment. The request will provide for maintaining the current drug use treatment programs that support residential substance use treatment to all eligible inmates.

### **Salaries and Expenses**

**FY 2017 Request: \$3,440.1 million**

**(\$23.7 million above the FY 2016 enacted level)**

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

#### **Inmate Care and Programs**

**FY 2017 Request: \$1,386.3 million**

**(\$61.7 million above the FY 2016 enacted level)**

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

#### **Drug Program Screening and Assessment**

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

#### **Drug Abuse Education**

Participants in the Drug Abuse Education course receive factual information on the relationship between drug use and crime – the impact the substance use has on the inmate psychologically, biologically, and socially – while also motivating inmates to volunteer for the appropriate drug use treatment programs. In FY 2015, more than 25,000 inmates participated in Drug Abuse Education.

#### **Nonresidential Drug Abuse Treatment**

Unlike residential programs, inmates with substance use disorders are not housed together in a separate unit; they are housed with the general inmate population. Nonresidential treatment was designed to provide maximum flexibility to meet the needs of the offenders, particularly those individuals who have relatively minor or low-level substance use problems. These offenders do not require the intensive level of treatment needed by individuals with moderate to severe (substance use or dependence) diagnoses and behavioral problems.

A second purpose of the program is to provide offenders who have a moderate to severe substance use problem, or those offenders who have little time remaining on their sentence and are preparing to return to the community, with supportive program opportunities during the time they are waiting to enter the RDAP. In FY 2015, more than 22,300 inmates participated in Nonresidential Drug Abuse Treatment.

### Residential Drug Abuse Program

More than half of BOP's facilities operate RDAPs. RDAPs, based on Cognitive Behavioral Therapy wrapped into a modified therapeutic community model of treatment, are located in separate units away from the general population. Cognitive Behavioral Therapy and therapeutic communities are proven effective treatment models with inmate populations. In FY 2015, more than 18,300 inmates participated in RDAP.

In coordination with the NIDA, BOP conducted a rigorous 3-year outcome study of the RDAP beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition, female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

### Nonresidential Follow-up Treatment

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

### **Institution Security and Administration**

***FY 2017 Request: \$1,486.1 million***

***(\$13.0 million above the FY 2016 enacted level)***

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

### **Contract Confinement**

***FY 2017 Request: \$457.2 million***

***(\$64.9 million below the FY 2016 enacted level)***

Contract Confinement provides for the confinement of sentenced Federal offenders in government-owned, contractor-operated facilities; state, local, and private contract facilities; and contract community residential reentry centers. Contract Confinement also supports the following treatment program:

### Community Treatment Services Program (formerly Community Follow-up Treatment)

The Community Treatment Services Program is the premier reentry effort of the Psychology Services Branch. The Community Treatment Services Program provides a comprehensive network of more than 250 contracted community-based treatment providers serving an average of over 12,000 inmates annually. This network of professionals consists of licensed

individuals (e.g., certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, and certified sex offender therapists) and specialized agencies, resulting in a variety of services available in the community. In addition to providing drug treatment to RDAP participants, services are expanded to include treatment for inmates with mental illness and sex offenders. Moreover, crisis intervention counseling for situational anxiety, depression, grief/loss, and adjustment issues is also available to inmates placed in Residential Reentry Centers or on home confinement.

### **Management and Administration**

*FY 2017 Request: \$110.5 million*

*(\$13.9 million above the FY 2016 enacted level)*

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

### **Buildings and Facilities**

*FY 2017 Request: \$51.7 million*

*(\$204.3 million below the FY 2016 enacted level)*

Buildings and Facilities includes two decision units: New Construction, and Modernization and Repair.

### **New Construction**

*FY 2017 Request: \$0.0 million*

*(\$214.5 million below the FY 2016 enacted level)*

New Construction includes the costs associated with land payments of the Federal Transfer Center in Oklahoma City, salaries and administrative costs of architects, project managers, site selection, and other staff necessary to carry out the program objective. It also includes the costs associated with land and building acquisition and new prison construction, when needed. In FY 2017, the cost will be paid from unobligated balances.

### **Modernization and Repair**

*FY 2017 Request: \$51.7 million*

*(\$10.2 million above the FY 2016 enacted level)*

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs.

The BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the U.S. taxpayer. The BOP remains committed to acting as a sound steward of valuable taxpayer dollars and will continue to seek cost avoidance and find efficiencies while successfully executing its mission responsibilities.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of BOP is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text represent BOP drug-related achievements during FY 2015.

<b>Bureau of Prisons</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Number of inmates participating in residential drug use disorder treatment	18,304	18,304
» Number of inmates participating in nonresidential drug use disorder treatment	22,351	22,351

The BOP operates 89 RDAPs in 76 Bureau institutions and one contract facility. In FY 2015, the BOP provided RDAP to 18,304 inmates, and 22,351 inmates participated in the Nonresidential Drug Abuse Treatment program.

# DEPARTMENT OF JUSTICE

## Criminal Division

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prosecution	\$40.043	\$39.019	\$39.910
<b>Total Drug Resources by Function</b>	<b>\$40.043</b>	<b>\$39.019</b>	<b>\$39.910</b>
<b>Drug Resources by Decision Unit</b>			
Enforcing Federal Criminal Laws	\$40.043	\$39.019	\$39.910
<b>Total Drug Resources by Decision Unit</b>	<b>\$40.043</b>	<b>\$39.019</b>	<b>\$39.910</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	154	147	151
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources percentage	22.5%	21.5%	20.1%

### Program Summary

#### MISSION

The Criminal Division (CRM) develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 USAOs, is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys not only prosecute many nationally significant cases, they also formulate and implement criminal enforcement policy and provide advice and assistance to LEAs and USAOs. In executing its mission, CRM dedicates specific resources in support of the *Strategy* that focus on disrupting domestic drug trafficking and production, and strengthening international partnerships.

#### METHODOLOGY

The drug budget represents the level of efforts each section or office within the 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 2017, CRM requests \$39.9 million for drug control activities, an increase of \$0.9 million above the FY 2016 enacted level. The increase reflects inflationary adjustments to base and additional base resources being dedicated to CRM's drug-related activities.

### **Enforcing Federal Criminal Laws**

**FY 2017 Request: \$39.9 million**

**(\$0.9 million above the FY 2016 enacted level)**

CRM's Narcotic and Dangerous Drug Section (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 and by providing sound legal, strategic, and policy guidance in support of that goal. NDDS provides expert guidance on counternarcotics matters in the interagency, intelligence, and international communities. NDDS 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 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.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of CRM is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text represent CRM drug-related achievements during FY 2015.

<b>Criminal Division</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Number of new drug-related investigatory matters and cases	45	21
» Number of OCDETF Title III wiretaps reviewed	2,090	2,444
» Number of drug-related Mutual Legal Assistance Treaty requests closed	N/A	121
» Number of drug-related extradition requests closed	N/A	289



In FY 2015, CRM's NDDS brought 21 new investigatory matters and cases. When setting the FY 2015 goal of 45 new investigatory matters and cases, NDDS did not anticipate facing six trials set for a 4-month period near the end of the fiscal year. In response, NDDS took affirmative steps to delay new indictments and turned down investigations brought to the Section in order to properly staff and prepare for the six end-of-year trials.

CRM's Office of Enforcement Operations is responsible for reviewing and approving all applications submitted by Federal prosecutors to intercept wire, oral, and electronic communications in order to obtain evidence of crimes. A subset is applications relating to investigations and prosecutions of OCDEF cases. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies their number of OCDEF Title III wiretaps reviewed, a measure of the drug-related Title III wiretap work achieved by the Office of Enforcement Operations during a fiscal year.

In FY 2015, the Office of Enforcement Operations reviewed 2,444 OCDEF Title III wiretaps, exceeding their goal by 16 percent. This workload is directly reactive to the number of incoming requests for OCDEF Title III approvals. The budgetary situation likely impacted law enforcement's ability to pursue greater numbers of Title III intercepts. The number of applications reviewed has increased substantially from FY 2014 despite the ongoing complexity of applications reviewed by the Office of Enforcement Operations. The Office of Enforcement Operations has successfully handled increasingly complex requests that raise novel legal issues and implicate the use of emerging technologies. In addition, the Office of Enforcement Operations now works with USAOs to ensure they have put in place appropriate mitigation measures where the Title III applications identify public safety risks.

The Division's Office of International Affairs is responsible for negotiating and securing the return of fugitives from abroad, for obtaining foreign evidence needed in U.S. criminal investigations, for approving sensitive overseas actions by U.S. LEAs, and for responding to extradition and Mutual Legal Assistance Treaty requests from foreign governments. A single extradition request can include more than one fugitive and be time-consuming to process and obtain. In FY 2015, the Office of International Affairs was actively involved in executing requests for assistance in drug-related cases and closing 121 Mutual Legal Assistance Treaties and 289 extradition requests.

# DEPARTMENT OF JUSTICE

## Drug Enforcement Administration

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$190.848	\$194.624	\$197.605
International	418.879	441.330	442.756
Investigations	1,757.816	1,785.398	1,840.089
Prevention	1.657	1.681	1.706
State and Local Assistance	3.945	3.457	3.482
<b>Total Drug Resources by Function</b>	<b>\$2,373.145</b>	<b>\$2,426.490</b>	<b>\$2,485.638</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	2,033.320	2,080.000	2,102.976
<i>Domestic Enforcement</i>	<i>[1586.735]</i>	<i>[1610.179]</i>	<i>[1631.623]</i>
<i>International Enforcement</i>	<i>[442.640]</i>	<i>[466.364]</i>	<i>[467.871]</i>
<i>State and Local Assistance</i>	<i>[3.945]</i>	<i>[3.457]</i>	<i>[3.482]</i>
Diversion Control Fee Account	\$339.825	\$346.490	\$382.662
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,373.145</b>	<b>\$2,426.490</b>	<b>\$2,485.638</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	7,943	7,943	8,099
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.4	\$2.4	\$2.5
Drug Resources percentage	100%	100%	100%

### Program Summary

#### MISSION

The mission of the DEA is to enforce the controlled substances laws and regulations of the United States; bring to justice those organizations and principal members of organizations involved in the growing, manufacturing, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

#### METHODOLOGY

All DEA appropriations are scored as part of the National Drug Control Budget.

## **BUDGET SUMMARY**

The FY 2017 President's Budget requests \$2,485.6 million for DEA's Salaries and Expenses Account and Diversion Control Fee Account (DCFA), an increase of \$59.1 million over the FY 2016 enacted level. Additional resources support four new enforcement groups, including support personnel and operational funding, to counteract growing heroin availability and use in the United States, an insider threat and cyber security initiative, and Diversion Control Program regulatory and enforcement activities.

### **Salaries & Expenses**

**FY 2017 Request: \$2,103.0 million**

**(\$22.9 million above the FY 2016 enacted level)**

DEA's Salaries and Expenses (S&E) resources are divided into three strategic focus areas to achieve the maximum impact against the full spectrum of drug trafficking activities: Domestic Enforcement, International Enforcement, and State and Local Assistance.

### **Domestic Enforcement**

**FY 2017 Request: \$1,631.6 million**

**(\$21.4 million above the FY 2016 enacted level)**

The Domestic Enforcement Decision Unit comprises the majority of DEA's investigative and support resources. These resources, in conjunction with DEA's foreign offices, create a seamless intelligence and investigative network to pursue drug trafficking organizations ranging from multi-national and poly-drug conglomerates to independent specialty one-function cells.

DEA continues an aggressive and balanced domestic enforcement program with a multi-jurisdictional approach designed to focus Federal resources on the disruption or dismantlement of drug trafficking organizations that control the illegal drug trade, and on the seizure of proceeds and assets involved in the illegal drug trade. Similar to legitimate businesses, drug trafficking organizations have corporate leaders, employees, chemical suppliers, transporters, financial service providers, communication needs, infrastructure, and assets. Key components of DEA's domestic enforcement efforts are its state and local task forces. As of September 30, 2015, these task forces consist of an on-board strength of 1,759 DEA Special Agents and 2,165 deputized state and local officers with Title 21 authority dedicated full time to addressing the drug trafficking problems in their local communities.

DEA's intelligence program comprises several components responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions of major drug trafficking organizations, and provides policymakers with drug trend information upon which tactical and strategic decisions are based. DEA's intelligence program supports the El Paso Intelligence Center, a multi-agency facility that serves as a clearinghouse for tactical intelligence and a central point for the collection, analysis, and dissemination of information related to worldwide drug movement and alien smuggling. The El Paso Intelligence Center provides support for all drug law enforcement interdiction operations and is accessible 24 hours a day, 7 days a week. DEA

also continues to support the Document and Media Exploitation program and high-priority strategic intelligence reports.

DEA's Drug Flow Attack Strategy focuses on finding and exploiting strategic vulnerabilities in the drug market. DEA's Strategy relies heavily on intelligence and investigative capabilities to identify significant domestic drug trafficking organizations and drug facilitators, collect and maintain in-depth information concerning their leadership and operations, and establish priorities and develop targets. The DEA Strategy emphasizes the disruption and dismantlement of the organizations targeted by DEA domestic field divisions.

The FY 2017 request includes current services funding to support domestic operations and to pay for mandatory increases in existing costs, including pay raises, health insurance premiums, changes in compensable days, and Government Services Administration rent, among others. The operations and services that will be increased include the addition of four new enforcement groups, including support personnel and operational funding, to counteract growing heroin availability and use in the United States. The funding requested includes \$12.5 million and 42 positions to create four new enforcement groups in DEA domestic field divisions reporting heroin as the highest drug threat. The additional enforcement groups will provide DEA with additional staff to respond to heroin. Funding of \$7.6 million and 11 positions are requested to allow DEA to comply with Executive Order 13587, which requires each Executive Branch agency with access to classified material to establish an Insider Threat program. These resources will also allow DEA to build and sustain additional capability to monitor DEA's increasingly large and complex classified and sensitive information system resources from threats that could degrade DEA operations.

### **International Enforcement**

***FY 2017 Request: \$467.9 million***

***(\$1.5 million above the FY 2016 enacted level)***

The focus of DEA's International Enforcement program is the disruption or dismantlement of drug trafficking organizations identified as the most significant international drug and precursor chemical trafficking organizations, also known as Priority Target Organizations (PTOs). Specifically, DEA Special Agents and Intelligence Analysts assigned to DEA's foreign country offices focus their investigative efforts on PTOs with a direct connection to DOJ's CPOTs, which include the most significant international command and control organizations threatening the United States as identified by OCDEF.

As the U.S. Government's single point of contact for coordinating drug investigations in foreign countries, DEA provides interagency leadership in the effort to disrupt and dismantle drug trafficking organizations. As of September 30, 2015, DEA had 89 offices in 68 countries. Under the policy guidance of the Department of State and U.S. Ambassadors, DEA coordinates all programs involving drug law enforcement in foreign countries. DEA also provides intelligence to assist the interagency community in determining future trends in drug trafficking and evaluating these trends to determine their long-term impact on drug trafficking. DEA works

closely with the United Nations, INTERPOL, and other organizations on matters relating to international drug and chemical control programs.

The FY 2017 request reflects the mandatory increases in existing costs, including pay raises, Department of State charges, and Government Services Administration rent.

### **State & Local Assistance**

***FY 2017 Request: \$3.5 million***

***(No change from the FY 2016 enacted level)***

DEA has the responsibility to respond to the clandestine laboratory training requirements, hazardous waste cleanup, and cannabis eradication/suppression needs of the U.S. 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, hazardous waste cleanup, and cannabis eradication/suppression, DEA is able to expand drug enforcement across the United States in a cost-effective manner. In addition to these DEA-funded programs, the DEA State & Local Assistance efforts administer DOJ's Community Oriented Policing Services (COPS) state and local cleanup program and the AFP domestic cannabis eradication/ suppression program.

### **Diversion Control Fee Account**

**FY 2017 Request: \$382.7 million**

**(\$36.2 million above the FY 2016 enacted level)**

The Diversion Control Program is responsible for enforcing the Controlled Substances Act and its regulations pertaining to pharmaceutical controlled substances and listed chemicals. In doing so, the Diversion Control Program conducts and facilitates domestic investigations; supports international investigations with domestic connections; plans and allocates program resources; promulgates regulations; and conducts liaison with industry as well as Federal, state, and local counterparts. All of the goals, strategies, and initiatives supported by the Diversion Control Program are intended to establish stronger standards of control; aid in preventing the diversion of pharmaceutical controlled substances and listed chemicals; enhance public safety by building greater accountability; and improve qualitative reporting requirements within its network of compliance indicators. The Diversion Control Program actively monitors more than 1.5 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.

DEA is using both investigative and regulatory tools to assist in the identification of those who most likely are involved in the illicit distribution of controlled substances, as well as individuals and organizations violating the Controlled Substances Act. One such tool is the expanded use of Tactical Diversion Squads that incorporate the skill sets of DEA Special Agents, Diversion Investigators, other Federal law enforcement, and state and local task force officers. As of

January 1, 2016, the Diversion Control Program has 69 Tactical Diversion Squads dispersed throughout the 21 domestic divisions. DEA has increased its diversion control outreach at the community level through the National Take-Back Days it has sponsored with other state and local partners since 2010.

The FY 2017 request includes current services funding, including pay raises, change in compensable days, and Government Services Administration rent. Funding also reflects the restoration of the FY 2015 sequester. The operations and services that will be increased include diversion investigator positions to establish or enhance existing groups dedicated to performing the regulatory and compliance aspects of the Diversion Control Program. Increased funding will also support additional Tactical Diversion Squads to solidify existing enforcement groups where local law enforcement personnel are limited and to establish new groups in areas of significant pharmaceutical diversion.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of DEA is based on agency GPRMA documents and other data that measure the agency’s contribution to the *Strategy*. The table and accompanying text represent DEA drug-related achievements during FY 2015.

<b>Drug Enforcement Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Number of International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted* or dismantled	440	356
» Number of International, Domestic, and Diversion Priority Targets <b>not</b> linked to CPOT targets disrupted* or dismantled	2,445	2,237

\* In order to align DEA’s external and internal reporting, in FY 2015 DEA decided to exclude disruptions pending dismantlements from its year-end tally of disruptions and dismantlements. Because targets were already fixed and reported for FY 2015, they remain unchanged. The data in the table above reflect the aforementioned adjustments. DEA has restated its end of year PTO dispositions for FY 2011 through FY 2015 as well as its targets for FY 2016 and FY 2017 in its subsequent budget and performance submissions.

DOJ focuses its drug law enforcement efforts on reducing the availability of drugs by disrupting and dismantling the largest drug trafficking organizations and related money laundering networks operating internationally and domestically, including those on the Attorney General’s CPOT List – the “Most Wanted” drug trafficking and money laundering organizations believed to be primarily responsible for the Nation’s illicit drug supply.

An organization is considered linked to a CPOT if credible evidence exists of a nexus between the primary investigative target and a CPOT target, verified associate, or component of the CPOT organization. Additionally, “disrupted” means impeding the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership or changes in methods of operation; and “dismantled” means destroying the organization’s leadership, financial base, and supply network such that the organization is incapable of reconstituting itself.

DEA is able to identify, investigate, dispose, and report on the number of international, domestic and diversion PTOs, linked and not linked, to CPOTs globally (inclusive of CPOT-linked PTOs with ties to terrorist organizations disposed in the Middle East, Central Asia and Southwest Asia). Prior to FY 2005, DEA reported its PTO disruptions and dismantlements for closed cases. Thereafter, it included PTOs disrupted pending dismantlements (Category D – PTOs) among its disruption statistics because these cases achieved significant enforcement milestones (arrests, seizures, etc.). However, internally, DEA has never included disruptions pending dismantlement in its year-end reporting. Therefore, in order to align DEA’s external and internal reporting, DEA has decided to exclude disruptions pending dismantlement from its year-end accounting of disruptions and dismantlements.

This decision by DEA has restored tracking end-points (dates closed) uniformly across all PTO case work analyzed and reported. Consequently, it has enhanced DEA’s ability to identify, categorize, and evaluate the efficacy of its PTO investigations and their corresponding resource allocations. Limiting PTO case reporting to closed cases has also resulted in efficiencies that augment statistical accuracy and restored DEA’s ability to replicate reports now and into the future.

Due to this change, DEA has restated its year-end disruption and dismantlement statistics for FY 2011 - FY 2015. While the timing of DEA’s decision to align PTO reporting protocols precluded its ability to adjust FY 2015 targets, DEA has adjusted its FY 2016 and FY 2017 targets for subsequent submissions. In FY 2015, DEA disrupted or dismantled 2,593 domestic, foreign, and diversion priority targets; 356 were linked to CPOTs. When compared to restated FY 2014 dispositions (2,404 total; 368 CPOT-linked), DEA’s total PTO dispositions increased by approximately 8 percent, and CPOT-linked PTO dispositions decreased by approximately 4 percent, respectively. The slight decrease in number of CPOT-linked dispositions can be attributed to the nature of complex, long-term law enforcement actions, which often span multiple fiscal years. Nevertheless, DEA’s coordinated enforcement and intelligence efforts with Federal, state, local, and international partners continue to put the largest and most dangerous drug trafficking organizations out of commission.



**DEPARTMENT OF JUSTICE**  
Office of Justice Programs

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention <sup>1</sup>	\$1.500	\$3.000	\$0.000
State and Local Assistance	182.370	192.220	188.570
	77.000	85.000	87.000
<b>Total Drug Resources by Function</b>	<b>\$260.870</b>	<b>\$280.220</b>	<b>\$275.570</b>
<b>Drug Resources by Decision Unit</b>			
Regional Information Sharing Systems	\$30.000	\$35.000	\$25.000
Drug Court Program	41.000	42.000	42.000
Residential Substance Abuse Treatment	10.000	12.000	14.000
Project HOPE	4.000	4.000	10.000
Prescription Drug Monitoring Program	11.000	13.000	12.000
Second Chance Act <sup>2</sup>	34.000	34.000	50.000
Byrne Criminal Justice Innovation Program <sup>3</sup>	3.150	4.500	7.200
Byrne Memorial Justice Assistance Grant Program <sup>4</sup>	82.720	82.720	84.370
Indian Country Initiatives <sup>1,3</sup>	9.000	9.000	0.000
Tribal Youth Program <sup>1,3</sup>	1.500	3.000	0.000
Justice and Mental Health Collaboration	8.500	10.000	14.000
Veterans Treatment Courts	5.000	6.000	6.000
COPS DEA Methamphetamine Enforcement and Lab Cleanup	7.000	11.000	11.000
COPS Anti-Drug Program	14.000	14.000	0.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$260.870</b>	<b>\$280.220</b>	<b>\$275.570</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	53	53	53
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$1,619.8	\$1,810.9	\$1,602.5
Drug Resources percentage	16.1%	15.4%	17.2%

<sup>1</sup> In FY 2017, funding for Indian Country Initiatives is requested as a 7 percent set-aside of OJP discretionary funding. The amounts allocated to these programs in FY 2017, including prevention funding under the Tribal Youth Program, will not be available until final awards under Consolidated Tribal Assistance Solicitation are announced.

<sup>2</sup> Amount reported for the Second Chance Act program reflects 50 percent of total funding for program.



<sup>3</sup> Amounts reported for Byrne Criminal Justice Innovation Program, Indian Country Initiatives, and Tribal Youth Program reflect 30 percent of total funding for the programs.

<sup>4</sup> Amount reported for the JAG Program reflects 22 percent of total funding for program. In FY 2016, the calculation for JAG excludes a one-time \$100 million appropriation for Presidential Nominating Conventions, included as a carve-out in JAG.

## Program Summary

### MISSION

The Justice Act of 1984 established the Office of Justice Programs (OJP), whose mission is to provide Federal leadership in developing the Nation's capacity to prevent and control crime, administer justice, and assist crime victims. As such, OJP resources are primarily targeted to providing assistance to state, local, and tribal governments. In executing its mission, OJP dedicates specific resources in support of the *Strategy* that focus on breaking the cycle of drug use and crime, including: drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

### METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *Strategy* that focus on breaking the cycle of drug use and crime, including drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

### BUDGET SUMMARY

The total FY 2017 drug control request for OJP is \$275.6 million, a decrease of \$4.7 million from the FY 2016 enacted level. The decrease is attributable to OJP's request for Indian Country Initiatives as a 7 percent set-aside of OJP discretionary funding. The amounts allocated to these programs in FY 2017 will not be available until final awards under Consolidated Tribal Assistance Solicitation are announced.

### **Regional Information Sharing Systems**

**FY 2017 Request: \$25.0 million**

**(\$10.0 million below the FY 2016 enacted level)**

The Regional Information Sharing Systems (RISS) program is a national criminal intelligence system operated by and for state and local LEAs. Six regional intelligence centers operate in all 50 states, the District of Columbia, and U.S. territories, with some member agencies in Canada, Australia, and England. These regional centers facilitate information sharing and communications to support member agency investigative and prosecution efforts by providing state-of-the-art investigative support and training, analytical services, specialized equipment, secure information-sharing technology, and secure encrypted e-mail and communications capabilities to approximately 9,000 Federal, state, county, and municipal LEAs nationwide.

### **Drug Court Program**

**FY 2017 Request: \$42.0 million**

**(No change from the FY 2016 enacted level)**

The Drug Court program provides grants and technical assistance to state, local, and tribal governments to support the development, expansion, and enhancement of drug courts. This program also supports evaluations of the effectiveness of drug courts and drug court strategies, including ongoing efforts to examine how drug courts are different today, how they have evolved from the original model, and current barriers to compliance with the 10 key components of the drug court model.

### **Residential Substance Abuse Treatment**

**FY 2017 Request: \$14.0 million**

**(\$2.0 million above the FY 2016 enacted level)**

The Residential Substance Abuse Treatment program for state prisoners was established to help state and local governments develop, implement, and improve residential substance use treatment programs in correctional facilities and establish and maintain community-based aftercare services for probationers and parolees. The program's goal is to help offenders become drug-free and learn the skills needed to sustain themselves upon return to the community.

### **Project HOPE (Swift, Certain, and Fair Sanctions Program)**

**FY 2017 Request: \$10.0 million**

**(\$6.0 million above the FY 2016 enacted level)**

The Swift, Certain, and Fair Sanctions Program (SCF) is modeled after a successful court-based program initiated in 2004 called Hawaii Opportunity Probation with Enforcement (HOPE) program. HOPE is a probation program that emphasizes the delivery of "swift and certain" punishment when a probationer violates conditions of probation. Funding for the SCF program supported the expansion of sites implementing the HOPE model, as well as a large-scale demonstration field experiment using a randomized controlled trial methodology.

### **Prescription Drug Monitoring Program**

**FY 2017 Request: \$12.0 million**

**(\$1.0 million below the FY 2016 enacted level)**

The purpose of the Prescription Drug Monitoring Program (PDMP) is to enhance the capacity of regulatory and LEAs to collect and analyze controlled substance prescription data. In coordination with HHS, the program aims to assist states that want to establish or enhance a PDMP. 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**

**FY 2017 Request: \$50.0 million**

**(\$16.0 million above the FY 2016 enacted level)**

The Second Chance Act Program builds on the success of OJP's past reentry initiatives by providing grants to establish and expand adult and juvenile offender reentry programs. This program supports various grants to government agencies and nonprofit groups to provide employment assistance, substance use treatment, housing, family programming, mentoring, victims support, and other services that can help reduce re-offending and violations of probation and parole.

## **Byrne Criminal Justice Innovation Program**

**FY 2017 Request: \$7.2 million**

**(\$2.7 million above the FY 2016 enacted level)**

The Byrne Criminal Justice Innovation Program promotes organizational and resource efficiency among its Federal partners while achieving results, including improved community-police cooperation, enhanced intergovernmental communications and coordination, and reductions in serious and violent crime in targeted neighborhoods.

## **Byrne Justice Assistance Grant Program**

**FY 2017 Request: \$84.4 million**

**(\$1.7 million above the FY 2016 enacted level)**

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.

## **Indian Country Initiatives**

**FY 2017 Request: TBD (7% set-aside)**

**(\$9.0 million below FY 2016 enacted level)**

Indian Country Initiatives address tribal justice and public safety needs through Indian Country Prison Grants, Tribal Courts Assistance, Indian Alcohol and Substance Abuse, and legal assistance. In FY 2017, funding to support Indian Country Initiatives will be requested as a 7 percent set-aside of OJP discretionary funding.

## **Tribal Youth Program**

**FY 2017 Request: TBD (7% set-aside)**

**(\$3.0 million below the FY 2016 enacted level)**

The Tribal Youth Program awards grants directly to American Indian and Alaska Native (AI/AN) communities to support and enhance tribal efforts to prevent and control delinquency and improve the juvenile justice system for AI/AN youth. All federally recognized tribes and Alaskan native villages or consortiums of tribes or villages are eligible to apply for a multi-year grant based on the size of the tribal population. In FY 2017, funding to support Indian Country

Initiatives will be requested as a 7 percent set-aside of OJP discretionary funding.

### **Justice and Mental Health Collaboration**

**FY 2017 Request: \$14.0 million**

**(\$4.0 million above the FY 2016 enacted level)**

The Justice and Mental Health Collaboration program will provide grants, training, and technical and strategic planning assistance to help state, local, and tribal governments develop multi-faceted strategies for bringing together criminal justice, social services, and public health agencies, as well as community organizations, in a system-wide response to the needs of mentally ill individuals involved in the criminal justice system.

### **Veterans Treatment Courts**

**FY 2017 Request: \$6.0 million**

**(No change from the FY 2016 enacted level)**

This program provides grants, training, and technical assistance to state, local, and tribal governments to support the creation and development of Veterans Treatment Courts. These courts are a hybrid of existing drug and mental health court programs that use the problem-solving courts model to serve veterans struggling with addiction, serious mental illness, and co-occurring disorders. Veterans Treatment Courts are a rapidly growing response to the challenges associated with assisting veterans involved in the criminal justice system.

### **COPS DEA Methamphetamine Enforcement and Lab Cleanup**

**FY 2017 Request: \$11.0 million**

**(No change from the FY 2016 enacted level)**

The Methamphetamine Enforcement and Lab Cleanup Grants provide assistance to state, local, and tribal LEAs in support of programs designed to address methamphetamine production and distribution, as well as target “hot spots” characterized by high levels of drug production or distribution. In cooperation with the DEA, funding from this initiative also supports assistance to state and local enforcement in removing and disposing of hazardous materials generated by clandestine methamphetamine labs, initiating container programs, and providing training, technical assistance, and equipment to assist LEAs in managing hazardous waste.

## **PERFORMANCE**

Information regarding the performance of the drug-control efforts of OJP is based on agency GPRMA documents and other data that measure the agency’s contribution to the *Strategy*. The table and accompanying text represent OJP drug-related achievements during FY 2015.

## Regional Information Sharing Systems Program

Regional Information Sharing Systems Program		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Percent Increase in RISS Inquiries for the RISS Program	10.00%	0.97%

In FY 2015, law enforcement officers using RISS services seized more than \$50.7 million in narcotics. Law enforcement officers utilize all aspects of RISS's services to assist in case resolution, including analytical products, equipment loans, confidential funds, access to intelligence and investigative databases, officer safety tools, publications, and training.

There were noted increases in RISS inquiries for each year from FY 2012 to FY 2014, despite a 40 percent reduction in funding levels from FY 2011 to FY 2012. Although funding levels have remained at the decreased level, RISS inquiries increased from FY 2014 to FY 2015 by almost one percent. The 0.97 percent increase does not meet the FY 2015 target of 10 percent. It is likely that as the services of RISS have become known to the field, the yearly number of RISS inquiries has stabilized and the program may not see the large increases that occurred in years past due to field saturation.

## Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Graduation Rate of Program Participants in the Drug Court Program	51%	52%

Drug courts employ an integrated mix of treatment, drug testing, incentives, and sanctions to break the cycle of substance use and crime. The graduation rate of program participants is calculated by dividing the number of graduates during the reporting period by the total number of participants exiting the program during the reporting period. The target for FY 2015 was a graduation rate of 51 percent for drug court participants. The FY 2015 actual graduation rate was 52 percent, or one percent higher than the target rate. It is likely that graduations exceeded the target rate this year compared to last year due to the maturation of enhancement grants that had more time to become successful in their practices.

## Residential Substance Abuse Program

Residential Substance Abuse Program		
Selected Measures of Performance	CY 2014 Target	CY 2014 Achieved
» Number of participants in the Residential Substance Abuse Treatment program	27,000	26,815

In CY 2014, the target was to have 27,000 participants in the Residential Substance Abuse Treatment program. However, the goal was not met by 185 participants, or less than one percent of the target. The target for CY 2014 was reduced from 30,000 participants in the previous year to 27,000 participants. The reduction accounts for reduced appropriations from over \$28 million in FY 2010 to about \$8.8 million in FY 2014. This has resulted in fewer and lower value sub-awards at the state level. Other factors that contribute to not meeting the goal include the numbers of eligible offenders, available staff, and treatment providers; security issues; and the states' ability to provide the required 25 percent matching funds.

### Prescription Drug Monitoring Program

Selected Measures of Performance	CY 2014 Target	CY 2014 Actual
» Number of interstate solicited reports produced	4,151,548	4,640,553
» Number of interstate unsolicited reports produced	1,890	26,376

Since the Bureau of Justice Assistance established the PDMP reporting requirements in January 2010, the number of PDMP system reports produced has increased substantially and is expected to rise. The actuals for solicited and unsolicited reports for CY 2014 greatly exceeded prior years. For example, the Idaho Board of Pharmacy reported that its system produced a total number of 18,126 unsolicited reports to another PDMP for end-users in another state during the April–June 2014 reporting period. This number largely contributed to the dramatic increase in the number of interstate unsolicited reports produced for CY 2014. The increase over time in interstate solicited reporting could also be attributed to the Prescription Monitoring Information Exchange and an increase in registered PDMP users and connected agencies. Through these additional users and connections, PDMP systems are more readily accessible via solicited and unsolicited reports.

For both solicited and unsolicited reports, it should be noted that these targets are difficult to predict due to a great deal of variance in these measures. Unsolicited reports pose a greater challenge, as each state has different laws on whether unsolicited reports can be generated. Additionally, the targets are impacted by the various prescribing practices of doctors, investigative capability of states' investigative and regulatory agencies, demand for scheduled drugs, and capabilities of various state-level PDMPs to generate solicited and unsolicited reports.

### Second Chance Act

Second Chance Act		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Number of participants in Second Chance Act funded programs	7,830	6,006

The Bureau of Justice Assistance funds six separate Second Chance Act grant programs, of which two grant programs are used for the purposes of this performance measure. The first

program is the Targeting Offenders with Co-Occurring Substance Abuse and Mental Health Program, which provides funding to state, local, and tribal governments for both pre- and post-release treatment programs for individuals with co-occurring substance use and mental health disorders. The second program is the Family-Based Prisoner Substance Abuse Treatment Program, which funds family-based treatment programs for adults in prison or jail. These programs provide comprehensive substance use treatment and parenting programs for incarcerated parents of minor children and also provide services to the participating offenders' minor children and family members. The total number of participants in Second Chance Act funded programs is a measure of the grant program's goal of helping ex-offenders successfully reenter the community following criminal justice system involvement by addressing their substance use challenges.

The target for FY 2015 is to have 7,830 participants in Second Chance Act Family-Based and Co-Occurring programs. The actual number of total participants enrolled in these programs in FY 2015 was 6,006, which is 1,824 participants below the target. This is primarily due to the Family-Based Program not being funded in either FY 2014 or FY 2015, which resulted in a reduction in the number of active grantees providing services.

#### Byrne Justice Assistance Grants

Byrne Memorial Justice Assistance Grants		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Completion rate for individuals participating in drug-related JAG programs	57%	63%

The completion rate for individuals participating in drug-related JAG programs captures the percentage of total participants who are able to successfully complete all drug treatment program requirements. This measure supports the mission of the *Strategy*, as these federally funded programs help to provide care and treatment for those with a substance use disorder. In FY 2015, the target of 57 percent for this measure was exceeded, with a 63 percent completion rate for individuals participating in a drug-related JAG program. In FY 2015, the Bureau of Justice Assistance awarded JAG funding to 998 local and 56 state applicants. The Bureau of Justice Assistance's JAG highlights statewide, local, and subgrantee projects that have demonstrated success or have shown promise in meeting the objectives and goals of JAG while positively affecting communities.

# DEPARTMENT OF JUSTICE

## Organized Crime Drug Enforcement Task Forces

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Investigations	\$355.027	\$356.597	\$360.711
Prosecution	152.167	155.403	161.424
<b>Total Drug Resources by Function</b>	<b>\$507.194</b>	<b>\$512.000</b>	<b>\$522.135</b>
<b>Drug Resources by Decision Unit<sup>1</sup></b>			
Investigations	\$355.027	\$356.597	\$360.711
Prosecution	152.167	155.403	161.424
<b>Total Drug Resources by Decision Unit</b>	<b>\$507.194</b>	<b>\$512.000</b>	<b>\$522.135</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,907	2,882	2,902
<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%

<sup>1</sup> Resources for Priority Transnational Organized Crime, National Emerging Threats, and the OCDETF Executive Office are allocated across decision units.

### 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 2017, OCDETF requests \$522.1 million for drug control activities, an increase of \$10.1 million above the FY 2016 enacted level. The FY 2017 OCDETF request includes \$1.5 million for operational funding to pursue high-value priority TOC targets that are threatening our national security and are a priority for DOJ and the Administration. Resources for Priority Transnational Organized Crime, National Emerging Threats, and the OCDETF Executive Office are allocated across decision units.

### **Investigations**

**FY 2017 Request: \$360.7 million**

**(\$4.1 million above the FY 2016 enacted level)**

OCDETF focuses on key program priorities in order to support its mission effectively and efficiently. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the U.S. illicit drug supply. OCDETF Regional Coordination Groups also target and identify Regional Priority Organization Targets, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

### **Bureau of Alcohol, Tobacco, Firearms, and Explosives**

**FY 2017 Request: \$11.2 million**

**(No change from the FY 2016 enacted level)**

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, the ATF jurisdiction and expertise contribute to OCDETF's efforts to disrupt and dismantle the most violent drug trafficking organizations. The FY 2017 request will continue to support ATF investigative activities as a member of the OCDETF Program.

### **Drug Enforcement Administration**

**FY 2017 Request: \$194.9 million**

**(\$1.6 million above the FY 2016 enacted level)**

The DEA is the agency most actively involved in the OCDETF Program, with a participation rate in investigations that exceeds 80 percent. Also, DEA is the only Federal agency in OCDETF that has drug enforcement as its sole mission. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with state and local authorities have made the DEA an essential

partner. The FY 2017 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

### **Federal Bureau of Investigation**

***FY 2017 Request: \$134.1 million***

***(No change from the FY 2016 enacted level)***

The FBI brings to OCDETF its expertise in the investigation of traditional organized crime and white collar/financial crimes. The FBI also has developed valuable relationships with foreign and state and local law enforcement. The FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. The FBI contributes to the OCDETF Program and to the goal of targeting major drug trafficking organizations and their financial infrastructure. The FY 2017 request will continue to support FBI involvement in OCDETF investigations.

### **U.S. Marshals Service**

***FY 2017 Request: \$8.3 million***

***(No change from the FY 2016 enacted level)***

The USMS is the agency responsible for the apprehension of OCDETF fugitives. Fugitives are typically repeat offenders who flee apprehension only to continue their criminal enterprise elsewhere. Their arrest by the USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2017 request will continue to support USMS involvement in OCDETF investigations.

### **OCDETF Fusion Center**

***FY 2017 Request: \$10.6 million***

***(\$0.1 million above the FY 2016 enacted level)***

The FY 2017 request will support operations at the OCDETF Fusion Center, a comprehensive data center containing all drug and related financial intelligence information from the seven OCDETF-member investigative agencies, the Financial Crimes Enforcement Network, and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and Regional Priority Organization Targets. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency SOD to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks.

### **International Organized Crime Intelligence and Operations Center**

***FY 2017 Request: \$1.6 million***

***(No change from the FY 2016 enacted level)***

The mission of the International Organized Crime Intelligence and Operations Center (IOC-2), in partnership with the OCDETF Fusion Center and DEA SOD, is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United

States. The IOC-2 leverages the existing tools of the OCDETF Fusion Center and SOD while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation.

### **Prosecution**

**FY 2017 Request: \$161.4 million**

**(\$6.0 million above the FY 2016 enacted 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 2017 Request: \$2.5 million**

**(\$0.4 million above the FY 2016 enacted level)**

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/Asset Forfeiture and Money Laundering Section attorneys support the Mexican Cartel prosecutions. The FY 2017 request will fund three attorneys and one support position to help staff the growing number of OCDETF cases handled by CRM's Narcotic and Dangerous Drug Section, which prosecutes some of the most significant international narcotics trafficking, narcoterrorism, and transnational money laundering organizations in the world without any funding from OCDETF.

### **Threat Response Unit**

**FY 2017 Request: \$0.8 million**

**(No change from the FY 2016 enacted level)**

The request will fund the OCDETF Executive Office attorneys detailed to the 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 the Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

### **United States Attorneys' Offices**

**FY 2017 Request: \$158.0 million**

**(\$5.1 million above the FY 2016 enacted level)**

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled. The FY 2017 request will fund an additional 24 attorney positions and 12 support positions to dismantle the sophisticated transnational criminal organizations moving drugs, guns, and illicit drug proceeds across the Southwest border.

## PERFORMANCE

Information regarding the performance of the drug control efforts of OCDEF is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text include selected performance measures, targets, and achievements for the latest year for which data are available. OCDEF monitors performance in two program areas: investigations and prosecutions. For investigations, OCDEF tracks the percent of active investigations linked to the Attorney General's CPOT list and the number of CPOT-linked organizations dismantled or disrupted. For prosecutions, OCDEF tracks leadership convictions and financial convictions.

Organized Crime Drug Enforcement Task Force Program		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Percent of OCDEF investigations linked to CPOTs	19%	22%
» Percent of convicted defendants linked to CPOTs	5%	5%
» Percent of OCDEF investigations with indictments/information resulting in financial convictions	25%	29%
» Percent of OCDEF investigations with indictments/information resulting in assets forfeited	75%	74%
» Percent of OCDEF investigations resulting in disruption/dismantlement of targeted organization	85%	87%
» Number of CPOT-linked drug trafficking organizations disrupted	180	216
» Number of CPOT-linked drug trafficking organizations dismantled	89	110
» Percent of OCDEF investigations linked to Regional Priority Organization Targets	16%	16%

OCDEF dismantled 110 CPOT-linked organizations in FY 2015, exceeding the target for dismantlements by 24 percent. OCDEF disrupted 216 CPOT-linked organizations in FY 2015, exceeding the target for disruptions by 20 percent. There were a total of 326 CPOT-linked organizations that were either dismantled or disrupted during FY 2015. This achievement exceeded OCDEF's targets for disruptions and dismantlements.

Law enforcement activity targeting these CPOTs involved complex and coordinated intelligence-driven investigations, with exceptional cooperation between U.S. LEAs and international partners. During FY 2015, 22 percent of active OCDEF investigations were linked to CPOT targets, exceeding the target of 19 percent.

Eighty-seven percent of OCDEF investigations have resulted in the disruption or dismantlement of the targeted organizations, exceeding the target of 85 percent. Five percent of convicted defendants in OCDEF investigations were linked to a CPOT, meeting the target.

Despite the complexity and difficulty of achieving financial convictions, 29 percent of OCDETF investigations with indictments/information resulted in financial convictions, which is four percent above the 25 percent target. The percent of OCDETF investigations with indictments/information resulting in assets forfeited is still being reported. In certain instances, offices may be unable to report asset forfeitures until after a case has reached judgment or after a case is closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, adjustments could increase the final percentage of investigations, resulting in assets forfeited for the fiscal year.

**DEPARTMENT OF JUSTICE**  
United States Attorneys

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prosecution	\$76.838	\$72.644	\$75.862
<b>Total Drug Resources by Function</b>	<b>\$76.838</b>	<b>\$72.644</b>	<b>\$75.862</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$76.838	\$72.644	\$75.862
<b>Total Drug Resources by Decision Unit</b>	<b>\$76.838</b>	<b>\$72.644</b>	<b>\$75.862</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	459	459	458
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.9	\$2.0	\$2.1
Drug Resources percentage	4.0%	3.6%	4.0%

**Program Summary**

**MISSION**

The Nation’s 94 USAOs are vital participants in the *Strategy*. The USAOs work in conjunction with law enforcement to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. A core mission of each USAO is to prosecute violations of Federal drug trafficking, controlled substance, money laundering, and related Federal laws to deter continued illicit drug distribution and use in the United States. This mission includes utilizing the grand jury process to investigate and uncover criminal conduct and subsequently present evidence in court as part of the prosecution of individuals and organizations that violate Federal law. USAOs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities.

In addition to this traditional prosecutorial role, efforts to discourage illegal drug use and prevent recidivism by convicted drug offenders are important parts of the USAOs’ drug control mission. Each USAO is encouraged to become involved in reentry programs that may help prevent future crime, including drug crimes. Reentry programs, such as reentry courts, typically include access to drug treatment and support for recovery. Prosecutors and USAO staff also participate in community outreach through initiatives such as Weed and Seed and Project Safe Neighborhoods that educate communities about the hazards of drug use. Both the

prosecutorial and the preventive aspects of the USAOs' drug control mission are fully consistent with the *Strategy*, as both are intended to reduce illicit drug distribution and use.

## **METHODOLOGY**

The USAOs do not have a specific appropriation for drug control activities. The USAOs' drug budget estimates are derived by calculating the costs of attorney and non-attorney FTE dedicated to non-OCDETF drug prosecutions. These data are captured at the end of the fiscal year by the USA-5 reporting system.

## **BUDGET SUMMARY**

In FY 2017, the USAO requests \$75.9 million for drug control activities, an increase of \$3.2 million above the FY 2016 enacted level.

### **Salaries and Expenses**

**FY 2017 Request: \$75.9 million**

**(\$3.2 million above the FY 2016 enacted level)**

The USAOs work in conjunction with law enforcement to disrupt domestic and international narcotics production and drug trafficking by prosecuting criminal organizations. The funding requested in FY 2017 will be used to support prosecution of violations of Federal controlled substance laws, money laundering, and drug trafficking.

## **PERFORMANCE**

Information regarding the performance of the drug-control mission of the USAOs within DOJ is based on agency GPRMA documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2015.

<b>United States Attorneys</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
» Conviction rate for drug-related defendants	N/A	93%
» Percentage of defendants sentenced to prison	N/A	88%

Note: The USAOs reports actuals achieved through its case management system, United States Attorney's Legal Information Office Network System.

USAOs investigate and prosecute the vast majority of criminal cases brought by the Federal government, to include drug-related topics. USAOs receive most of their criminal referrals, or "matters," from Federal investigative agencies, including the FBI, DEA, ATF, ICE, the United States Secret Service, and the United States Postal Inspection Service. The USAOs support the *Strategy* by reducing the threat, trafficking, use, and related violence of illegal drugs. In FY 2015, 93 percent of drug-related defendants were convicted and 88 percent were sentenced to prison.

# DEPARTMENT OF JUSTICE

## United States Marshals Service

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Corrections	\$498.010	\$510.037	\$505.463
International	1.317	1.361	1.456
Investigations	130.360	134.742	144.171
Prosecution	138.744	142.015	144.296
<b>Total Drug Resources by Function</b>	<b>\$768.431</b>	<b>\$788.155</b>	<b>\$795.386</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$270.421	\$278.118	\$289.923
<i>Fugitive Apprehension</i>	[131.677]	[136.103]	[145.627]
<i>Judicial and Courthouse Security</i>	[89.588]	[91.711]	[93.194]
<i>Prisoner Security and Transportation</i>	[49.156]	[50.304]	[51.102]
Federal Prisoner Detention	498.010	510.037	505.463
<b>Total Drug Resources by Decision Unit</b>	<b>\$768.431</b>	<b>\$788.155</b>	<b>\$795.386</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,135	1,135	1,145
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$2.6	\$2.5	\$2.8
Drug Resources percentage	29.4%	31.5%	28.8%

<sup>1</sup>The Federal Prisoner Detention portion of the FY 2015 budget includes \$1.1 billion in excess unobligated balances from the AFF in addition to the appropriated \$495.0 million and a balance rescission of \$188.0 million.

### Program Summary

#### MISSION

The USMS is the enforcement arm of the Federal courts and works in concert with other Federal agencies, including the DEA, FBI, BOP, ICE, ATF, IRS, and U.S. Coast Guard. The USMS also works in cooperation with DOJ CRM, Tax Division, and the 94 U.S. USAOs, the Superior Court for the District of Columbia, as well as 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, the USMS focuses its investigative and fugitive apprehension resources on coordinated, nationwide investigations targeting the entire



infrastructure of major drug trafficking. The USMS also directly contributes to the Administration's supply reduction efforts by maintaining the security of all in-custody prisoners with serious drug-related charges.

## **METHODOLOGY**

The USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and average daily population for drug offenses to determine the drug prisoner population cost for detention services decision unit.

Three decision units – Fugitive Apprehension, Judicial and Courthouse Security, and Prisoner Security and Transportation – are calculated using drug-related workload ratios applied to the S&E Appropriation. For the Fugitive Apprehension decision unit, the 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, the 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, the 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, the USMS divides the number of drug-related offenses in custody by the total number of offenses in custody. The USMS derives its drug-related obligations for these three decision units by starting with the USMS S&E Appropriation actual obligations at fiscal yearend as reported in the Standard Form-133, *Report on Budget Execution and Budgetary Resources*. 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. The 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 2017, USMS requests \$795.4 million for drug control activities, an increase of \$7.2 million above the FY 2016 enacted level.

### **Salaries and Expenses**

**FY 2017 Request: \$289.9 million**

**(\$11.8 million above the FY 2016 enacted level)**

The FY 2017 request for S&E is \$289.9 million, an increase of \$11.8 million above the FY 2016 enacted level.

### **Fugitive Apprehension**

**FY 2017 Request: \$145.6 million**

**(\$9.5 million above the FY 2016 enacted level)**

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. The 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). The USMS has a long history of providing assistance and expertise to other LEAs in support of fugitive investigations. The broad scope and responsibilities of the USMS concerning the location and apprehension of Federal, state, local, and foreign fugitives is detailed in a series of Federal laws, rules, regulations, DOJ policies, Office of Legal Counsel opinions, and memoranda of understanding with other Federal LEAs.

### **Judicial and Courthouse Security**

**FY 2017 Request: \$93.2 million**

**(\$1.5 million above the FY 2016 enacted level)**

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a Federal courthouse facility), to include security maintenance for prisoners in custody during court proceedings. Deputy 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. The 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 2017 Request: \$51.1 million**

**(\$0.8 million above the FY 2016 enacted level)**

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house Federal detainees. As each prisoner is placed into USMS custody, a Deputy 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 Marshals follow strict safety protocols in the cellblocks to ensure the safety of USMS employees and members of the judicial process.

### Federal Prisoner Detention

**FY 2017 Request: \$505.5 million**

**(\$4.6 million below the FY 2016 enacted level)**

The Federal Prisoner Detention (FPD) appropriation is responsible for the costs associated with the care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related transportation for Federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding or commitment to BOP. USMS aims to better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components.

### PERFORMANCE

Information regarding the performance of the drug control efforts of USMS is based on agency GPRMA documents and other data that measure the agency’s contribution to the *Strategy*. The table and accompanying text represent USMS drug-related achievements during FY 2015.

U.S. Marshals Service		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Percent of Federal warrants received that are drug-related	N/A	48%
» Percent of warrants cleared for drug-related charges	N/A	33%
» Percent of drug-related offenses of Federal detainees in custody	N/A	19%
» Per Day Jail Costs (non-Federal)*	\$77.37	\$79.24

\* The Per Day Jail Cost reflects average daily costs for the total detainee population, including detainees convicted of drug offenses.

The Fugitive Apprehension decision unit has responsibility for investigating and apprehending fugitives and provides assistance to other Federal, state, and local LEAs. In FY 2015, about 48 percent of approximately 37,000 Federal warrants received were drug-related. “Percent of warrants cleared for drug-related charges” identifies the percentage of felony Federal, state, and local illegal narcotics-related warrants cleared. In FY 2015, about 33 percent of approximately 124,000 warrants cleared were on drug-related charges. Because the USMS does not control the nature of warrants it pursues and does not target fugitives based on the

type of felony alleged (financial, drug, armed robbery), the USMS does not establish targets for these measures.

The Prisoner Security and Transportation decision unit is responsible for the detention and movement of prisoners during the judicial process and while in USMS custody. It has one workload measure: “Percent of drug-related offenses of Federal detainees in custody.” The USMS does not establish targets for this measure because the USMS does not control the nature of prisoner offenses in its custody in any given year. In FY 2015, about 19 percent of offenses of Federal detainees were drug-related.

The Detention Services decision unit is responsible for the care of Federal prisoners in USMS custody, including providing housing, subsistence, medical care, and medical guard services, transportation via the Justice Prisoner and Alien Transportation System, and other related transportation for Federal prisoners in USMS custody. The USMS does not have performance measures for costs associated exclusively with housing the drug prisoner population. The USMS has no control over the detention population count. The “Per Day Jail Cost” represents the average price paid by the USMS to house Federal prisoners at non-Federal detention facilities. The average price paid is weighted by actual jail day usage at individual detention facilities. The difference between the 2015 Target and Actual can be attributed to per diem rate adjustments paid to house prisoners in private detention space and Intergovernmental Agreement facilities. To regulate the average daily rate, the USMS actively negotiates or limits the extent of upward price adjustments; limits the frequency of adjustments; and maintains economies of scale through partnered contracting to achieve the best cost to the government.

The detainee population is dependent upon the number of persons arrested by the Federal LEAs, coupled with the length of time defendants are detained pending adjudication, release, or subsequent transfer to the BOP following conviction and sentencing. Currently, the challenges facing law enforcement officials at the SWB directly affect the detention population overseen by the USMS. In FY 2015, anticipated law enforcement initiatives on the SWB addressing drug and weapons trafficking are expected to increase the number of prisoners received by the USMS, thereby increasing the detainee population.

# DEPARTMENT OF LABOR



**DEPARTMENT OF LABOR**  
Employment and Training Administration

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$6.000	\$6.000	\$6.000
<b>Total Drug Resources by Function</b>	<b>\$6.000</b>	<b>\$6.000</b>	<b>\$6.000</b>
<b>Drug Resources by Decision Unit</b>			
Job Corps	\$6.000	\$6.000	\$6.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$6.000</b>	<b>\$6.000</b>	<b>\$6.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	---	---	---
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (Job Corps Discretionary Funding) (in billions)	\$1.7	\$1.7	\$1.8
Drug Resources percentage	0.4%	0.4%	0.3%

**Program Summary**

**MISSION**

The Job Corps program is administered by the Department of Labor’s Employment and Training Administration. Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic, and career technical training program for economically disadvantaged youth, ages 16-24. There are currently 125 Job Corps centers nationwide in all 50 states, Puerto Rico, and the District of Columbia, providing services to approximately 60,000 at-risk youth each year to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program, which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

**METHODOLOGY**

The Office of Job Corps' expenditures for the Trainee Employment Assistance Program are for counselors to prepare Job Corps program participants for employment, including education on the dangers of alcohol, drug, and tobacco use; abuse and prevention awareness activities; development of programs to prevent alcohol, drug, and tobacco use and abuse among the student population; development and coordination of community resources to educate students on substance use; and identification and provision of counseling services to students

with substance use problems and arrangement of appropriate treatment. In addition, the budget includes 100 percent of the cost of drug testing each student, and each student is tested upon entry.

## **BUDGET SUMMARY**

In FY 2017, the Jobs Corps program requests \$6.0 million for drug control activities, no change from the FY 2016 enacted level.

### **Job Corps**

**FY 2017 Request: \$6.0 million**

**(No change from the FY 2016 enacted level)**

Costs associated with Job Corps' Trainee Employment Assistance Program include salaries of the counselors and the cost of administering drug testing. The approximate cost of this portion of the program is \$4.5 million per year for the Trainee Employment Assistance Program counselors. In addition, in program year 2014, the Job Corps program spent \$0.7 million on drug testing supplies and evaluations. The Trainee Employment Assistance Program costs are expected to increase to \$5.3 million. Thus, Job Corps' annual total costs for drug control efforts are estimated to be \$6.0 million for program years 2016 and 2017.

## **PERFORMANCE**

The Job Corps program performance is outcome oriented, primarily focused on the Employment and Training Administration's GPRMA and other agency goals. These goals measure students' credential attainment and post-program placement in jobs, advanced training, or the military. They do not include specific measures related to drug education program success.

The table below includes Job Corps performance measures, targets, and achievements related to drug prevention, education, and employability for the most recent program year for which data are available.

<b>Job Corps</b>		
<b>Selected Measures of Performance</b>	<b>2014 Target</b>	<b>2014 Achieved</b>
» Percent of students tested for drugs upon entry	100%	100%
» Percent of students placed in employment, military, or higher education at exit	65%	70%

Job Corps operates on a program year schedule of July 1 through June 30. Thus, funds appropriated in FY 2014 were available from July 1, 2014, to June 30, 2015. In Program Year 2014, Job Corps provided training to students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol use on employability. Job Corps continues to include this training as part of its career readiness curriculum for all students.

Job Corps continues to support its drug prevention and education activities throughout the program. In 2014, these activities included conducting numerous group presentations on drug prevention at all centers, and individual interactions with students who initially tested positive for drug use upon entry. These drug testing and other activities are repeated across all Job Corps centers as a critical component of preparing students for 21<sup>st</sup> Century jobs.

The Office of Job Corps also leverages its drug awareness education training for center staff through the expanded use of information technology. The Office of Job Corps provided webinars and training sessions to assist staff in identifying the physical symptoms and signs of drug use, recognizing drug paraphernalia, becoming familiar with privacy and confidentiality rules for relevant records, and with the medical, social, and oral health implications of substance use.

In addition, the Office of Job Corps participated in national drug prevention and treatment campaigns, including Red Ribbon Week and Drug Abuse Resistance Education activities, and utilized anti-drug guest speakers at Job Corps centers nationwide. Job Corps also developed and implemented a system-wide program with an accompanying curriculum to promote healthy lifestyle practices for students that included components on the avoidance of drug and alcohol use.



OFFICE OF NATIONAL DRUG CONTROL POLICY



# OFFICE OF NATIONAL DRUG CONTROL POLICY

## High Intensity Drug Trafficking Areas

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Intelligence	\$64.719	\$66.055	\$51.768
Interdiction	19.937	20.348	15.947
Investigations	145.965	149.104	115.422
Prevention	2.383	2.383	2.383
Prosecution	5.527	5.641	4.421
Research and Development	2.700	2.700	2.700
Treatment	3.769	3.769	3.769
<b>Total Drug Resources by Function</b>	<b>\$245.000</b>	<b>\$250.000</b>	<b>\$196.410</b>
<b>Drug Resources by Decision Unit</b>			
High Intensity Drug Trafficking Areas	\$245.000	\$250.000	\$196.410
<b>Total Drug Resources by Decision Unit</b>	<b>\$245.000</b>	<b>\$250.000</b>	<b>\$196.410</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	\$0.3	\$0.2
Drug Resources percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The HIDTA program was established by the Anti-Drug Abuse Act of 1988 and reauthorized in the ONDCP Reauthorization Act of 2006 (P.L. 109-469). The mission of the program is to disrupt the market for illegal drugs in the United States by assisting Federal, state, local, and tribal law enforcement entities participating in the HIDTA program to dismantle and disrupt drug trafficking organizations in critical drug trafficking regions of the United States.

#### METHODOLOGY

All HIDTA resources are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

In FY 2017, ONDCP requests \$196.4 million, a decrease of \$53.6 million from the FY 2016 enacted level.

### **High Intensity Drug Trafficking Areas Program**

**FY 2017 Request: \$196.4 million**

**(\$53.6 million below the FY 2016 enacted level)**

The FY 2017 request will provide assistance to Federal, state, and local agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. A central feature of the HIDTA program is the discretion granted to HIDTA Executive Boards to design a strategy to respond to the specific drug trafficking threats found in each HIDTA region and to develop initiatives to implement the strategy. This flexibility allows each HIDTA Executive Board to tailor its strategy and initiatives to local conditions, expediting a more focused response to changes in those conditions.

## **PERFORMANCE**

### ***HIDTA Initiatives***

For 2014, HIDTA reports indicate there were 719 initiatives in the 28 HDTAs distributed among the following categories: intelligence, enforcement, prosecution, interdiction, support, prevention, treatment, and management.<sup>52</sup> These initiatives were staffed by approximately 5,758 Federal agents and criminal and intelligence analysts; 12,948 state, local, and tribal officers, criminal and intelligence analysts; and other representatives, including U.S. Attorneys, District Attorneys, and drug prevention specialists.

In 2014, HIDTA initiatives identified 8,847 DTOs operating in their areas of responsibility and reported disrupting or dismantling 2,873, of which 542 were linked to OCDETF cases. Nearly two-thirds (63 percent) of the disrupted or dismantled DTOs were determined to be part of multi-state or international operations. In the process, HIDTA initiatives removed significant quantities of drugs from the market (see table below) and seized over \$885.5 million in cash and \$230.4 million in non-cash assets from drug traffickers (\$1.1 billion total). HIDTA criminal and intelligence analysts provided analytical support to 26,832 investigations.

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<sup>52</sup> Initiatives implement aspects of an individual HIDTA's strategy to address the national and regional drug threats in the designated HIDTA region.

Drugs Removed from the Marketplace by HIDTA Initiatives in 2014	
Drug Type	Kilograms Seized
Marijuana	1,185,610
Marijuana Plants-Outdoors <sup>53</sup>	
Marijuana Plants- Indoors	1,088,580
Cocaine Powder	84,333
Crack Cocaine	68,436
Methamphetamine	142
Crystal Methamphetamine (Ice)	13,334
Heroin	12,880

Source: ONDCP, HIDTA Performance Management Process Database; data retrieved November 13, 2014.

## HIDTA Program Highlights

### ***Training***

HIDTA Executive Boards allocate significant amounts of funding toward training and related activities that contribute to accomplishing the HIDTA program’s goal of improving the efficiency and effectiveness of HIDTA initiatives, thereby enhancing the ability of participating agencies to disrupt and dismantle DTOs. HIDTAs regularly make training available to area drug unit personnel, to include non-HIDTA participating agencies to improve investigative capability and promote communication, cooperation, and a strong cohesion among investigators who train together.

In 2014, 839,422 training hours were provided to 68,226 students across the 28 HIDTAs. Results of 6-month follow-up surveys indicate that 96 percent of respondents found that the course they followed improved their knowledge, skills, and abilities, and 87 percent have applied course material since completing the training.

### ***Intelligence and Information Sharing***

Since the sharing of intelligence and information is essential to coordinated and effective operations, each HIDTA must have at least one intelligence and information sharing initiative, the Investigative Support Center (ISC). HIDTA ISCs are designed to develop intelligence, share information, and provide deconfliction and technical support to enforcement initiatives. They are managed and staffed by representatives of participating agencies with direct on-site access to their agencies’ information databases.

<sup>53</sup> As reported in the HIDTA Performance Management Process database, 1 marijuana plant is equivalent to 0.45 kilogram.

In 2014, HIDTAs budgeted a total of \$47.9 million to support 58 operational intelligence and information sharing initiatives (32 primary ISCs and 26 ancillary information sharing initiatives). Each ISC capitalizes on the combined resources of the Federal, state, local, and tribal law enforcement communities associated with its HIDTA.

Using both formal and informal methods of coordination among drug enforcement task forces, the HIDTAs act as neutral centers to manage, deconflict, analyze, and report on drug enforcement activities in their respective regions.

In 2014, HIDTA ISCs processed a total of 274,546 event deconfliction<sup>54</sup> requests submitted by LEAs. More than 1.1 million case/subject/target deconfliction<sup>55</sup> requests were processed, and 58,871 investigative leads were referred to other HIDTA ISCs and LEAs. A total of 26,832 cases were provided analytical support by the HIDTA program. ISCs distributed 637 intelligence products (threat assessments and information bulletins) to other LEAs.

### ***National Emerging Threat Initiative***<sup>56</sup>

In 2014, the National Emerging Threat Initiative sponsored and managed meetings bringing together Federal, state, local, and tribal law enforcement, as well as international partners, including Australia, Canada, and Mexico. The purpose of these meetings was to create a uniform strategy aimed at restricting the availability of essential chemicals and other raw materials and equipment used in the clandestine manufacture of methamphetamine and disrupting DTOs involved in the distribution of methamphetamine or the diversion of prescription drugs. These meetings also helped to promote the sharing of information and best practices among law enforcement (at all levels), prosecutors, and the various intelligence agencies.

Additionally, the National Emerging Threat Initiative continued to monitor programs that impact the diversion of pharmaceutical products and, working with state and local leaders, continued to explore policy, regulatory, and enforcement options to reduce domestic methamphetamine production in support of the *Strategy*.

### ***National Marijuana Initiative***

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<sup>54</sup> Event deconfliction is the process of determining whether multiple LEAs are conducting an enforcement action (e.g., a raid, undercover operation, surveillance, or other high-risk activity) in close proximity to one another during a specified time period. When certain elements are matched, it is referred to as a positive hit. The process includes notifying each agency of the conflict.

<sup>55</sup> Case/subject/target deconfliction is the process of determining when multiple LEAs are investigating the same person, place, or thing. Elements of an investigation are compared and the number of matches is reported as a positive hit to verify the deconfliction. The deconfliction process includes notifying each agency of the potential conflict.

<sup>56</sup> In 2015, the National Methamphetamine and Pharmaceuticals Initiative was renamed the National Emerging Threat Initiative. The mission was also changed to better address the evolving drug threats in the United States and to target new drug trends.

In 2014, the National Marijuana Initiative continued to support the *Strategy*, in particular the effort led by the Public Lands Drug Control Committee to eliminate marijuana production on the Nation's public lands. National Marijuana Initiative staff worked to enhance information sharing among all levels of law enforcement as well as with public health and drug prevention partners.

### ***National Southwest Border Counternarcotics Strategy***

The HIDTA program continued to support the *National Southwest Border Counternarcotics Strategy*. In particular, the SWB HIDTA played an important role in the implementation of the *National Southwest Border Counternarcotics Strategy*. SWB HIDTA multi-agency task forces operating along the border work to address the strategic objectives outlined in the *National Southwest Border Counternarcotics Strategy*. Improved and enhanced cooperation, communications, and coordination are an integral part of the SWB HIDTA, as it assists in the implementation of the *National Southwest Border Counternarcotics Strategy*, and all five Regions of the SWB HIDTA have access to secure communication through the Secret Internet Protocol Router Network (SIPRNet) within their ISCs or through a participating Federal agency.

### ***National Northern Border Counternarcotics Strategy***

The Obama Administration's inaugural *National Northern Border Counternarcotics Strategy*, published in 2012, provided a blueprint for preventing the illegal trafficking of drugs across the U.S.-Canada border. The *National Northern Border Counternarcotics Strategy* further outlined the complexity of transnational criminal organizations operating on both sides of the U.S.-Canada border exploiting the international boundary to smuggle proceeds from illegal drugs sold in the United States and Canada and to transport drugs such as marijuana, MDMA, methamphetamine, and cocaine between the two countries.

The 2014 *National Northern Border Counternarcotics Strategy*, released in August 2014, provides an overview of current counternarcotics efforts and identifies strategic objectives and specific actions that support the goal to substantially reduce the flow of illicit drugs and drug proceeds along the Northern border. The 2014 *National Northern Border Counternarcotics Strategy* also incorporates some significant changes and additions, such as the inclusion of sections addressing drug trafficking in the Bakken oil field region and the emerging threat posed by synthetic drugs; enhancements to the financial investigations section, including the addition of three new action items focusing on partnering with the private sector, targeting virtual currency and electronic payment devices, and targeting trade-based money laundering schemes; the addition of two new action items focused on eliminating public corruption; and enhancements to the section detailing our cooperative efforts with Canadian counterparts.

### ***Prevention Efforts***

ONDCP and HIDTA seek a balanced and comprehensive approach to effectively solving drug-related threats. This approach entails implementing problem-oriented policing strategies as well as actively promoting and participating in regional drug prevention programs. In 2014,

there were 27 regional HIDTA programs supporting prevention initiatives across the country, including all five SWB HIDTA regions.

### ***Tribal Affairs Initiatives***

Drug trafficking is a significant problem in Indian Country, and ONDCP has made it a priority to collaborate with tribal leadership and enhance law enforcement and prevention responses. HIDTAs are uniquely positioned to work with local and tribal communities to promote and participate in community-based drug prevention programs. There are currently ten HIDTA programs collaborating in enforcement operations and training with Tribal Nations located in the states of Arizona, Nevada, New Mexico, New York, Oklahoma, Oregon, and Washington.

### ***National Prescription Drug Take-Back Day***

The safe, environmentally sound disposal of prescription drugs is one of the four pillars outlined in the *2011 Prescription Drug Abuse Prevention Plan* to reduce prescription drug misuse, and is critical to curbing the national opioid epidemic. HIDTAs across the country assisted with National Prescription Drug Take-Back Days sponsored by the DEA. In 2014, LEAs throughout the Nation collected 390 tons of prescription medications on April 26 and 309 tons on September 27 for a total of 699 tons. Take-Back Days provided a safe and convenient method of safe and proper disposal of unwanted or expired medications. On October 9, 2014, DEA implemented regulations to allow authorized manufacturers, distributors, reverse distributors, narcotic treatment programs, hospitals/clinics with an on-site pharmacy, and retail pharmacies to collect pharmaceutical controlled substances from ultimate users by voluntarily administering mail-back programs and maintaining collection receptacles. The regulations also allow authorized hospitals/clinics and retail pharmacies to voluntarily maintain collection receptacles at long-term care facilities. HIDTAs are working to support these new regulations.

### ***Discretionary Funding***

In 2014, ONDCP allocated nearly \$8.4 million in discretionary funding to projects designed to further support the *Strategy*, including:

- Strengthening the HIDTA program infrastructure, including enhancements to the ISCs in the New York/New Jersey and New England HIDTAs to address heroin and prescription drug trafficking in the Northeast, updates to the performance management system, and funds to address increased infrastructure costs at the regional HIDTAs.
- Addressing emergent drug threats, including efforts to address opioid overdose in Washington/Baltimore, violent heroin DTOs in the Gulf Coast, a tribal project in Oklahoma, and a naloxone initiative in New York/New Jersey. Many of these funded projects include partnerships with the public health community.
- Advancing *Strategy* priorities, including law enforcement prevention initiatives. Projects include law enforcement prevention initiatives that underscore a collaborative approach among law enforcement, public health experts, community leaders, and educators.
- Supporting efforts in newly designated HIDTA counties.

# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Other Federal Drug Control Programs

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$93.500	\$95.000	\$88.530
Research and Development	12.250	12.810	9.950
Treatment	1.400	2.000	---
<b>Total Drug Resources by Function</b>	<b>107.150</b>	<b>109.810</b>	<b>98.480</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Free Communities	\$93.500	\$95.000	\$88.530
Anti-Doping Activities	9.000	9.500	7.829
World Anti-Doping Agency Dues	2.000	2.060	2.121
Section 1105 of P.L. 109-469	1.250	1.250	---
Drug Court Training and Technical Assistance	1.400	2.000	---
<b>Total Drug Resources by Decision Unit</b>	<b>107.150</b>	<b>109.810</b>	<b>98.480</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)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The Anti-Drug Abuse Act of 1988, as amended, and the ONDCP Reauthorization Act of 2006, established this account to be administered by the Director of ONDCP. The funds appropriated to the program 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 2017, ONDCP requests \$98.5 million for the Other Federal Drug Control Programs, a decrease of \$11.3 million from the FY 2016 enacted level. Other Federal Drug Control Programs has three decision units: DFC, Anti-Doping Activities, and World Anti-Doping Agency.

### **Drug-Free Communities Support Program**

**FY 2017 Request: \$88.5 million**

**(\$6.5 million below the FY 2016 enacted level)**

The FY 2017 request of \$88.5 million will support the development of community DFCs throughout the United States. The program provides up to \$125,000 per year in grant funding to local drug-free community coalitions that must be matched at a minimum 1:1 ratio by local communities. These grants are awarded through peer-reviewed annual competitions.

Community coalitions strive to increase community involvement and effectiveness in carrying out a wide array of evidence based drug prevention strategies, initiatives, and activities. In FY 2017, DFC will fund approximately 635 DFC grants, continue the national cross-site evaluation of DFC program effectiveness, and continue the development of the DFC Management and Evaluation technology system.

### **Anti-Doping Activities**

**FY 2017 Request: \$7.8 million**

**(\$1.7 million below the FY 2016 enacted level)**

The FY 2017 request of \$7.8 million will continue efforts to educate athletes on the dangers of drug use and eliminate doping in amateur athletic competitions recognized by the United States Olympic Committee. Specifically, these funds support athlete drug testing programs, research initiatives, educational programs, and efforts to inform athletes of the rules governing the use of prohibited substances outlined in the World Anti-Doping Code. In addition, funds will support legal efforts to enforce compliance with the World Anti-Doping Code and adjudicate athlete appeals involving doping violations.

### **World Anti-Doping Agency Dues**

**FY 2017 Request: \$2.1 million**

**(Reflects \$0.1 million increase from FY 2016 enacted level)**

The FY 2017 request of \$2.1 million will support the World Anti-Doping Agency's mission to address performance-enhancing and illicit drug use in Olympic sports, including drug testing operations, athlete drug education and prevention efforts, and research. The organization is jointly funded by national governments and the international sporting movement. The United States continues to play a leadership role in the World Anti-Doping Agency's development by serving on the Agency's governing Executive Committee and Foundation Board.

## **PERFORMANCE**

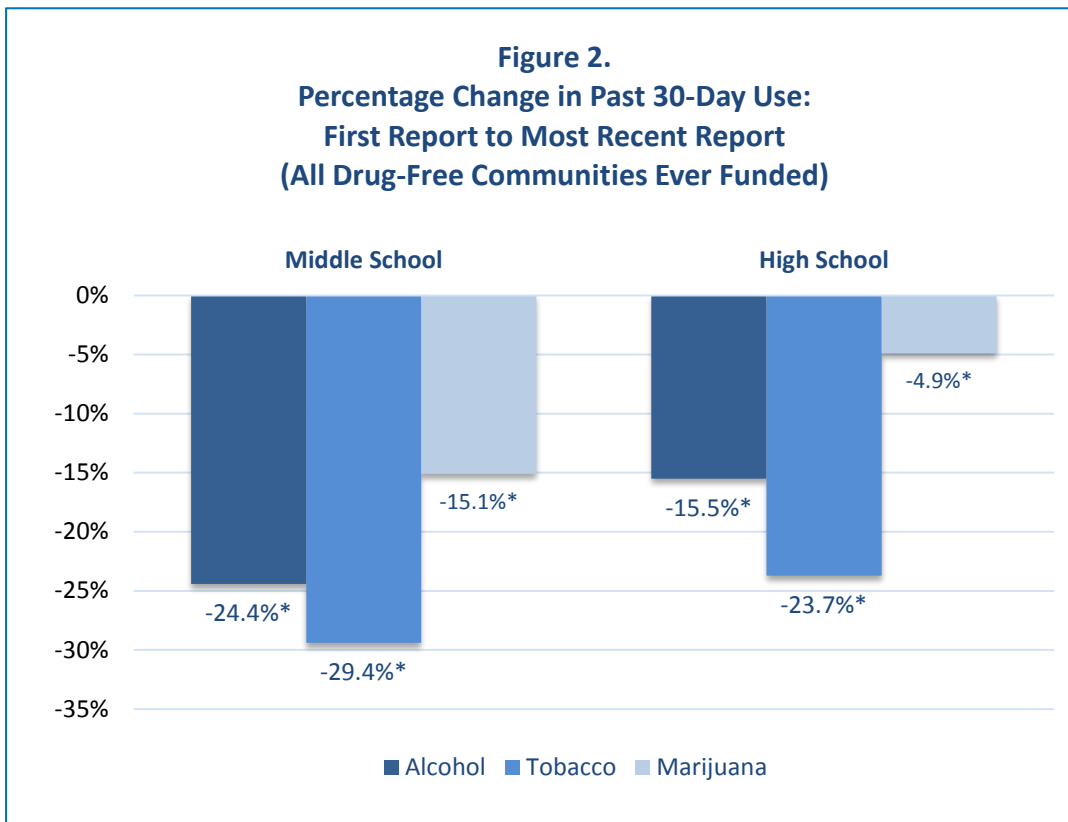
### **Drug-Free Communities Support Program**

The DFC Program collects the following core measures from DFC grantees on alcohol, tobacco, marijuana, and prescription drugs in at least three grades (6<sup>th</sup>-12<sup>th</sup>) every 2 years:

- Past 30-day use;
- Perception of risk or harm;
- Perception of parental disapproval of use; and
- Perception of peer disapproval of use.

The DFC National Evaluation receives process data from all DFC grantees twice a year. In addition, DFC grantees report every two years on the core measures. The amount of data included within this collection is vast and compiling the data takes time.

The following findings are from the National Evaluation of the DFC Program’s summary of findings through 2014. These findings are in alignment with DFC’s former core measures and were reported for alcohol, tobacco, and marijuana in middle and high school grades (6th-12th). The previous core measures included past 30-day use, age of onset, perception of risk or harm of use, and perception of parental disapproval. The data below reflect past 30-day use by middle and high school youth from DFC grantees’ first report to the most recent report.



Notes:

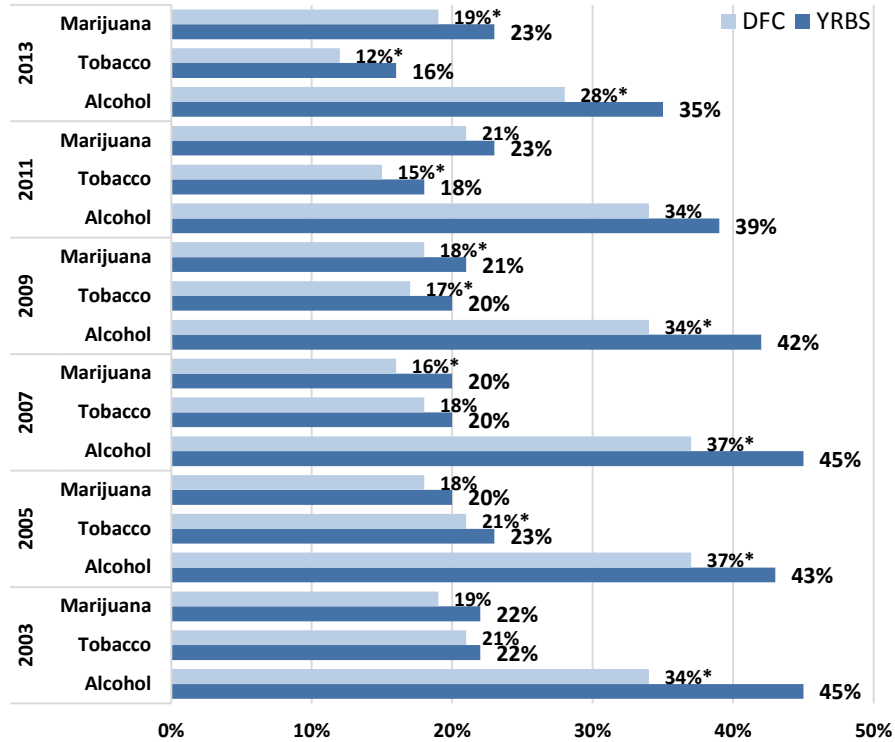
\* p<.05; Percentage change outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Change scores were rounded.

To summarize, percentage change of past 30-day use declined significantly across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school) between DFC coalitions' first and most recent data reports (see Figure 2).

- 24.4 percent reduction of middle school alcohol use;
- 29.4 percent reduction of middle school tobacco use;
- 15.1 percent reduction of middle school marijuana use;
- 15.5 percent reduction of high school alcohol use;
- 23.7 percent reduction of high school tobacco use; and
- 4.9 percent reduction of high school marijuana use.

As shown in Figure 3 below, prevalence rates of past 30-day use among high school students for alcohol were significantly lower in communities with a DFC grantee than in areas sampled by the Youth Risk Behavior Survey (YRBS) in all six years compared (i.e., 2003, 2005, 2007, 2009, 2011, and 2013). Prevalence rates for marijuana use were significantly lower in DFC communities in 2007, 2009, and 2013. DFC grantees generally mirrored national prevalence of past 30-day tobacco use, but were significantly lower in 2009, 2011, and 2013. Some of the DFC grantees' data are included in the national YRBS data, as some grantees report using the YRBS to track local trends; therefore the comparisons are conservative estimates.

**Figure 3.**  
**Comparison of DFC Grantee and National (YRBS) Reports of Past 30-Day Alcohol, Tobacco, and Marijuana Prevalence of Use Among High School Students**



Note: \*Difference between DFC grantees and YRBS was statistically significant at the  $p < .05$  level.

The work of DFC grantees represents a comprehensive, multi-faceted approach focusing on the reduction of youth substance use that reaches communities containing more than one third of the Nation’s population. The DFC Program’s catchment area includes approximately 2.9 million middle school youth ages 12-14 and 4.1 million high school students ages 15-18. In addition to the DFC core measures identified above, DFC grantees also submit qualitative data. DFC-funded community coalitions are encouraged and supported in using evidence-informed strategies shown to be effective in reducing substance use. They are introduced to the “Seven Strategies for Community Change” during training events and through publications developed by the Community Anti-Drug Coalitions of America’s National Coalition Institute. Activities that fall under each of these strategies are used in various combinations by DFC-funded community coalitions to address community needs and build on community assets related to preventing substance use.

In the August 2015 report, nearly all DFC coalitions (over 97 percent) engaged in Providing Information and Enhancing Skills activities, and many report these as a foundation for work in other strategies. The smallest percentage of DFC grantees engaged in activities related to

Changing Physical Design, although more than two-thirds of DFC grantees (67 percent) engaged in these activities. Slightly more than three-fourths of DFC coalitions (76 percent) reported engaging in activities related to Modifying/Changing Policies. Generally DFC grantees focus on modifying/changing one to two types of policies at a time. Modifying/Changing Policies related to drug-free schools was engaged in by the highest percentage of DFC grantees (32 percent), and these grantees reported being generally successful (195 grantees modified 151 school policies).

### **Updates to the DFC Program’s Core Measures and Data Collection System**

The four DFC original core measures included (1) the prevalence of past 30-day use, (2) perception of risk, (3) perception of parental disapproval, and (4) age of first use. Each of the original core measures covered three substances: alcohol, tobacco, and marijuana. Highlights of changes made in the transition to the revised core measures include:

- **Addition of Prescription Drugs as a Core Substance:** The number of youth who engage in illicit use of prescription drugs and other medications has expanded rapidly in the past decade. Approximately 1 in 4 people using drugs for the first time in 2012 began by using a prescription drug non-medically.<sup>57</sup> The broad availability of prescription drugs and misperceptions about their dangers is an alarming combination. Beginning in 2012, DFC grantees are required to include in their core measures survey questions that ask about each core measure with regard to using prescription drugs not prescribed to you.
- **Removal of “Age of First Use” as a Core Measure:** Age of First Use is difficult to use as a performance measure, given that many youth may have already started using substances prior to the start of the DFC grant. Moreover, it is not a particularly reliable measure since many youth must recall an event that happened many years in the past. Some DFC coalitions continue to collect Age of First Use for local assessment purposes.
- **Perception of Risk of Alcohol Moved from Regular Use to Binge Drinking:** To be consistent with the National Outcome Measures, and to capture a more realistic pattern of use among youth, the Perception of Risk measure for alcohol use was modified to measure perceived risk of binge drinking rather than perceived risk of regular use. Grantees are permitted to continue to measure perception of risk of regular alcohol use, as that data is reported for other Federal grant programs.
- **Additional Specificity Provided on “Regular” Use:** Several measures (Perception of Risk for Alcohol, Tobacco, and Marijuana, Perception of Parental Disapproval of Alcohol Use) focus on regular use of a particular substance. While regular use of alcohol was previously defined as 1-2 drinks nearly every day, regular use of marijuana was not defined. Regular marijuana use is now defined as 1-2 times per week.
- **Perception of Peer Disapproval Added as a Core Measure:** Perception of Peer Disapproval was added as a core measure. The addition of this core measure will allow

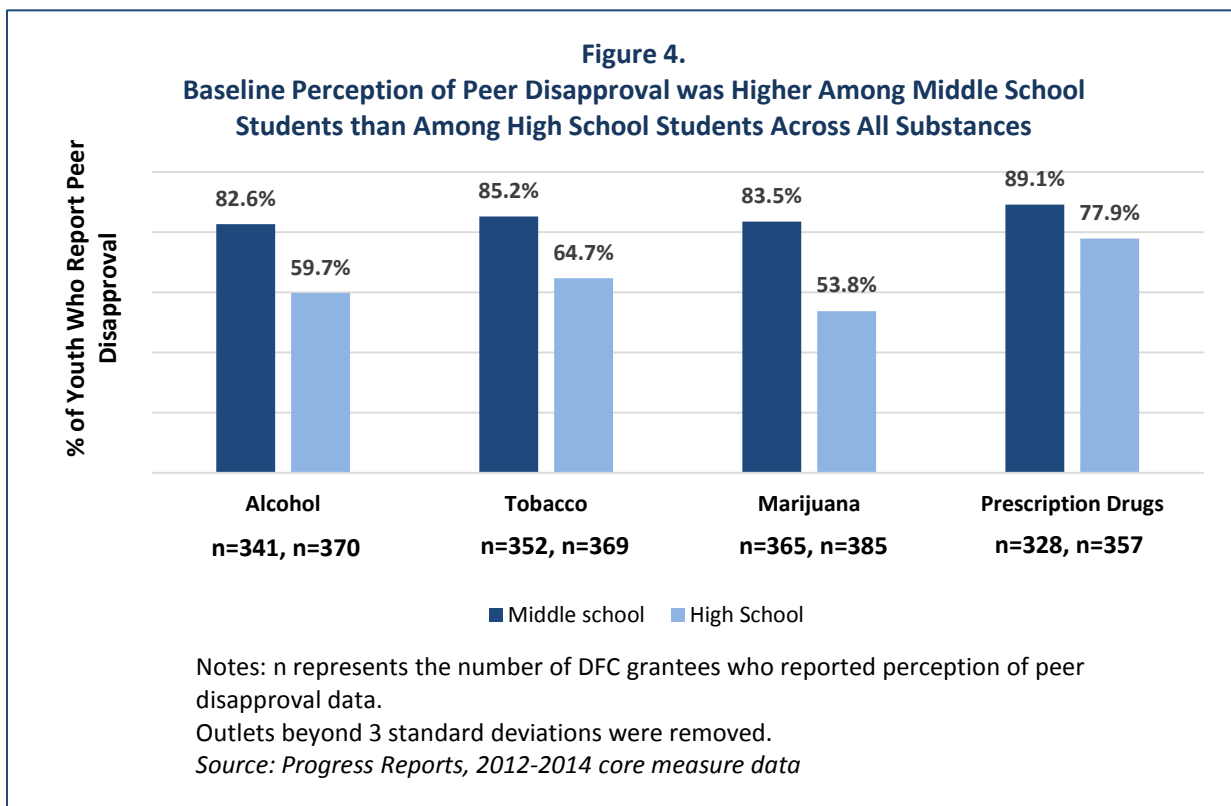
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<sup>57</sup> SAMHSA, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: SAMHSA, 2013. Available at: <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>

analyses regarding the potential relationship between perceived disapproval of parents and peers on the decision to use alcohol, tobacco, or other drugs.

### Illicit Use of Prescription Drugs

As of August 2014, between 328 (perception of peer disapproval, middle school youth) and 502 (perception of past 30-day use, high school youth) DFC grantees had collected at least one core measure data point related to illicit use of prescription drugs, the new core measure substance. Figure 4 below presents an overview of the baseline data on this DFC core measure. Across substances, perception of peer disapproval was highest for illicit use of prescription drugs among both middle school and high school youth.



The table below provides an overview of change in perception of peer disapproval. Among middle school youth, there were significant increases in perception of peer disapproval for each of the four core measure substances ranging from 3.1 percentage points for perception of peer disapproval of marijuana use to a 6.2 percentage point increase for alcohol use. Among high school youth, perception of peer disapproval increased significantly for alcohol, tobacco, and prescription drugs.

### Change in Perception of Peer Disapproval, FY 2013 DFC Grantees

Change from First Observation to Most Recent FY 2013 DFC Grantees Only						
Core Measure	School Level	Substance	n	%, First Outcome	% Most Recent Outcome	% Point Change
Perception of Peer Disapproval	Middle School	Alcohol	44	82.4	88.6	6.2*
		Tobacco	61	83.6	87.2	3.5*
		Marijuana	62	83.0	86.0	3.1*
		Prescription	41	86.7	92.1	5.4*
	High School	Alcohol	51	58.4	66.9	8.5*
		Tobacco	68	63.3	68.2	4.9*
		Marijuana	69	57.6	58.1	0.5
		Prescription	44	73.8	81.8	8.0*

Notes: \* p<.01; n represents the number of DFC grantees included in the analysis.

<sup>a</sup> Outcomes represent weighted averages for each DFC grantee based on the total number of students used in the percentage point change calculation (i.e., adding number of students surveyed at first observation to number surveyed at most recent observation). Outliers beyond 3 standard deviations were removed. All numbers were rounded.

Source: Progress Report, 2002-2014 core measures data

# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Salaries and Expenses

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Interdiction	\$4.688	\$4.150	\$3.990
International	4.688	4.150	3.990
Investigations	2.853	2.525	2.428
Prevention	3.782	3.348	3.219
State and Local Assistance	2.854	2.526	2.428
Treatment	3.782	3.348	3.219
<b>Total Drug Resources by Function</b>	<b>\$22.647</b>	<b>\$20.047</b>	<b>\$19.274</b>
<b>Drug Resources by Decision Unit</b>			
Operations	\$22.647	\$20.047	\$19.274
<b>Total Drug Resources by Decision Unit</b>	<b>\$22.647</b>	<b>\$20.047</b>	<b>\$19.274</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	94	84	74
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.02	\$0.02	\$0.02
Drug Resources percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

ONDCP, established by the Anti-Drug Abuse Act of 1988, and reauthorized by the ONDCP Reauthorization Act of 2006, is charged with developing policies, objectives, and priorities for the National Drug Control Program. ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences. ONDCP's responsibilities include developing the *Strategy*, the consolidated National Drug Control Budget, and the associated *Budget and Performance Summary*. ONDCP also provides oversight of major programs such as the DFC and the HIDTA program.

#### METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.



## **BUDGET SUMMARY**

In FY 2017, ONDCP requests \$19.3 million, a decrease of \$0.8 million from the FY 2016 enacted level.

### **Operations**

**FY 2017 Request: \$19.3 million**

**(\$0.8 million below the FY 2016 enacted level)**

The FY 2017 request will enable ONDCP to carry out its responsibilities of advising the President on national and international drug control policies and strategies and ensure the effective coordination of anti-drug programs among National Drug Control Program agencies.

# DEPARTMENT OF STATE



# DEPARTMENT OF STATE

## Bureau of International Narcotics and Law Enforcement Affairs

### Resource Summary

	Budget Authority (in Thousands)		
	FY 2015 Final	FY 2016 Request	FY 2017 Request
<b>Drug Resources by Function</b>			
International Narcotics Control & Law Enforcement (INCLE)	\$446.061	\$434.662	\$382.373
<b>Total Drug Resources by Function</b>	<b>\$446.061</b>	<b>\$434.662</b>	<b>\$382.373</b>
<b>Drug Resources by Decision Unit</b>			
INCLE	\$446.061	\$434.662	\$382.373
<b>Total Drug Resources by Decision Unit</b>	<b>\$446.061</b>	<b>\$434.662</b>	<b>\$382.373</b>
<b>Drug Resources Personnel Summary</b>			
Total INCLE FTEs (direct only)	156	166	152
<b>Drug Resources as a percent of Budget</b>			
Total Department of State Budget (in Billions)	\$32.6	\$33.7	\$34.0
Department of State Drug Resources percentage	1.4%	1.3%	1.1%

### Program Summary

#### MISSION

INL is dedicated to strengthening criminal justice systems, countering the flow of illegal narcotics, and minimizing transnational crime. Functioning democratic criminal justice systems strengthen international law enforcement and judicial effectiveness, bolster cooperation in legal affairs, and support the rule of law and respect for human rights. Strong criminal justice systems are also essential to counternarcotics efforts and minimizing transnational crime. In addition to traditional counternarcotics activities, such as disrupting the overseas production and trafficking of illicit drugs, INL supports the development of capable police and competent judicial officials. In order for counternarcotics efforts to be sustainable, strong criminal justice systems must be developed. Similarly, minimizing transnational crime requires both specialized assistance and the overall development of criminal justice systems.

INL performs initiatives designed to minimize the impact of international crime and drugs on the United States and its international partners. To support this, INL develops, implements, and monitors U.S. Government international counternarcotics control strategies and foreign

assistance programs that support the *Strategy*. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and other illegal drugs. INL commodity, technical assistance, and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering activities. Training and assistance also support prevention and treatment programs and projects designed to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. The Inter-regional Aviation Support program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.

Projects funded by INL are also directed at improving foreign law enforcement and intelligence gathering capabilities; enhancing the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; effectively investigating, prosecuting, and convicting major narcotics criminals; and breaking up major drug trafficking organizations. INL also provides technical assistance to U.S. Federal law enforcement authorities working overseas in order to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives in counternarcotics in the international arena.

## **METHODOLOGY**

INL receives appropriated foreign assistance funds from the International Narcotics Control and Law Enforcement (INCLE) account. In preparing the annual foreign assistance budget request, the Department allocates all funding according to the Foreign Assistance Standardized Program Structure. INL allocates INCLE resources to achieve Peace and Security and Governing Justly and Democratically program objectives. Within the Peace and Security objective, INCLE resources support Stabilization Operations and Security Sector Reform, Counternarcotics, and Transnational Crime program areas. INL scores as drug control everything that is allocated under the Counternarcotics program area.

## **BUDGET SUMMARY**

In the FY 2017 Congressional Budget Justification, the Department is requesting \$382.4 million in INCLE for drug control activities, a decrease of \$52.3 million from the FY 2016 Request.

### **Afghanistan**

**FY 2017 Request: \$83.0 million**

**(\$41.0 million below the FY 2016 Request)**

The FY 2017 Request for counterdrug activities in Afghanistan includes funding to support programs in the areas of AD, eradication, interdiction, demand reduction, public information, ministerial capacity building, and aviation. Programs focus on building sustainable interdiction units including the National Interdiction Unit and related support. Funding will also support Afghan government efforts to reduce the supply of illicit opium poppy to promote stabilization and reduce the insurgency's profit from the drug trade. Afghanistan also receives demand reduction support to address the domestic use of Afghan opiates.

The FY 2017 INCLE Request for counternarcotics in Afghanistan represents a \$41 million decrease from the FY 2016 Request. By 2016, DEA will have reduced its permanent staff and relocated its operations to a more normalized posture near the U.S. Embassy. Funds to support the operations and maintenance of interdiction unit facilities, as well as mentoring and limited salary supplements, and aviation requirements, will be at reduced levels due to overall glide path considerations.

## **Colombia**

**FY 2017 Request: \$95.0 million**

**(\$0.4 million below the FY 2016 Request)**

With the cessation of the aerial eradication program, interdiction will play a greater role in addressing narcotics trafficking. The Colombian Navy accounts for 40 percent to 50 percent of all of the Colombian government's total cocaine seizures. Programs support the Colombian Coast Guard in expanding its presence on Colombia's Caribbean and Pacific coasts. Expanded presence includes strategic corridors for seizures of "go fast" boats and semi- and fully submersible vessels carrying narcotics. FY 2017 INCLE funds will increase our investments in Maritime Domain Awareness to enhance radar coverage and law enforcement intelligence capabilities on the Colombian coasts.

Increasing support for helicopter lift will remain crucial to support manual eradication efforts as well as the expansion of police presence in former conflict zones. Assistance for this program will primarily fund an aviation and maintenance support contract to assist the Colombian National Police (CNP) in operating its fleet of U.S.-titled helicopters. CNP rotary-wing aircraft supported by INL include 35 Huey IIs and 10 UH-60L Black Hawks. Assistance will also support the operation and maintenance of three Bell 206 training helicopters to build the capacity of the CNP's aviation school. Funding will go toward the purchase of communications equipment, spare parts, tools, and limited aviation-related infrastructure costs.

INL supports the efforts of the CNP's Antinarcotics Directorate, Manual Eradication Unit, which provides security protection and logistics support for civilian contractor teams of manual eradicators. This support focuses on institutional capacity-building through training, leadership development, equipment, and operational support. Assistance to these efforts will be increased with the expectation that the aerial eradication program will be shut down.

INL will continue to support with a smaller role, helping communities to understand the environmental and safety issues associated with drug labs and pesticides, and the continuation of environmental monitoring if herbicide is used during manual eradication. In the event that aerial eradication ends, the environmental office would still work on investigating previously filed claims with regard to alleged damage to licit crops. Support will also include funding for public awareness campaigns related to the damage caused by the cultivation of illicit crops and the manufacturing of illegal drugs.

Assistance will support training, equipment purchases, limited operational support, and technical assistance for the CNP's Anti-Narcotics Directorates, including but not limited to its specialized airmobile interdiction companies. Programs will continue to strengthen the CNP's counternarcotics-related investigative and operational capabilities writ large. Assistance will support counternarcotics-related task forces with Colombian police participation, as well as various CNP directorates lending support to related investigations. Anticipated projects include counterintelligence support to the police, an advisory program, and enhancements to information and analysis systems.

INL's program operates with partners such as the CNP Anti-Narcotics Directorate Drug Demand Prevention staff, United Nations Office on Drugs and Crime (UNODC), and the Ministry of Justice. Many of the programs fund nongovernment organization (NGO) projects related to drug demand prevention, studies on drug use in Colombia, and projects designed for youth to teach about values and life skills in order to make good decisions, including drug abstinence. Drug Demand Prevention programs are an effective way to curb and stop illicit drug activities by educating a generation to stay away from drugs and offer other cultural and economic opportunities outside of the drug culture.

The FY 2017 INCLE Request for counternarcotics in Colombia represents a \$350,000 decrease from the FY 2016 Request due to the anticipated shutdown of the aerial eradication program and increasing support for Rule of Law activities in anticipation of a future peace agreement. Any post-conflict scenario will significantly increase the demands on all justice sector institutions and actors; therefore we have shifted support to focus on these efforts. Although the submission reflects an overall decrease in counternarcotics programs, INL plans to strategically shift resources to support maritime efforts and manual eradication. The FY 2016 653(a) allocations may change as the final Colombia funding levels are adjudicated.

## **Mexico**

**FY 2017 Request: \$33.3 million**

**(\$4.2 million below the FY 2016 Request)**

The FY 2017 Request for counterdrug activities in Mexico includes funds to support Federal and state-level forensics laboratories with the tools and equipment required to attain and sustain accreditation of labs and certification of staff at international standards. The program will also assist the Government of Mexico (GOM) with developing the capacity to inspect and accredit laboratories throughout the country. As Mexico moves to adopt the accusatory justice system, it will be of even greater importance that forensic laboratories withstand the scrutiny of defense attorneys in presenting forensic evidence in criminal cases.

FY 2017 funds will renew support to an array of GOM canine units that work to interdict illicit arms, drugs, and cash. Funding will enable INL to continue to provide equipment and training to Mexican Federal agencies and expand assistance to additional Mexican states to implement an assistance plan that covers facilities and training accreditations, canine instructor and handler certifications, and equipment. With an emphasis on using the train-the-trainer model,

the canine team will take on a greater technical assistance and consulting role and will encourage the development of GOM self-accreditation programs at the Federal and state level.

The border security program, which includes strengthening Mexico's southern border with Guatemala, encompasses many of INL's current border and port security programs, including support for Mexico's efforts to improve its use of biometrics, IT and technical assistance for the National Institute for Migration, support for increased security at Mexico's sea and air ports, and support for a GOM multi-agency communications system for the Southern border. Border Security funds will also be used to continue building a comprehensive border infrastructure with integrated resources to secure, control, and protect Mexico's southern border and POEs, while preventing narcotics, arms, cash, illegal migrants, and other contraband from reaching the United States. The FY 2017 INCLE Request for Mexico will provide additional non-lethal equipment and training to increase existing Mexican government capacity to scan vehicles, commercial containers, and passengers entering and exiting Mexico, and will form an integrated network to support information sharing, joint operations among U.S. and Mexican law enforcement organizations, and Mexican government efforts to conduct mobile tactical and surprise checkpoint inspections to combat transnational criminal organizations.

FY 2017 funds will build on previous efforts to help Mexico develop resources to address growing drug addiction levels in Mexican society. This project coincides with Mexico's priorities for bilateral security cooperation on matters such as health, security, crime prevention. INL relies on partnerships with NGOs and the Organization for American States (OAS) for project implementation. FY 2017 funding will also continue to support drug treatment courts, which provide alternative sentencing options for people with substance use disorders. The program has expanded to other states, and now there are ten drug treatment courts in the states of Mexico, Nuevo Leon, Morelos, Durango, and Chihuahua. The DDR program is also responsible for the training of drug addiction counselors throughout the country through an agreement with the OAS, as well as expanding community anti-drug coalitions in Mexico.

The FY 2017 INCLE Request for counternarcotics in Mexico represents a decrease of \$4.2 million below the FY 2016 Request. This decrease is due in part to an overall decrease in administrative costs as well as a slight shift in program needs to Rule of Law-based programs. Funds will continue to expand assistance to the states and meet Mexican priorities of transitioning to an accusatory justice system, professionalizing police forces, addressing financial crimes and trafficking in persons, enhancing border security (especially on the southern border), improving crime prevention, and reducing corruption.

## **Pakistan**

**FY 2017 Request: \$11.5 million**

**(No change from the FY 2016 Request)**

The FY 2017 Request for counterdrug activities in Pakistan will continue to support efforts to decrease the trafficking, cultivation, and use of narcotics in Pakistan. INL's crop control

programs in Pakistan will continue to improve the economic potential of current and former poppy growing lands.

Alternative development programs in Pakistan will continue to improve the economic potential of current and former poppy growing lands. INL will maintain support for the cultivation of high-value, licit crops; training courses for farmers and farming communities; construction of roads and bridges that provide critical access to markets; and small water and electrical projects.

INL will continue support for Pakistan's drug treatment system as well as drug awareness programs throughout Pakistan. These programs bring together federal and provincial government entities and non-governmental organizations to collaborate on demand reduction efforts. INL will also support continued training and advancement of drug treatment professionals throughout the country.

In FY 2017, INL will support the development of Pakistan's counternarcotics agencies. Operational, technical, and advisory assistance will increase the Government of Pakistan's capacity to conduct investigations; share, analyze, and act on intelligence; collaborate on operations on a local, national, and international level; and successfully interdict narcotics and precursor chemicals.

FY 2017 INCLE funds will maintain support for the cultivation of high-value, licit crops; training courses for farmers and farming communities; and accompanying small infrastructure projects. Interdiction funding will also provide capacity building and operational support to Government of Pakistan LEAs with counternarcotics mandates, including the Anti-Narcotics Force and Customs, both directly and in partnership with the DEA. Interdiction funds may also support efforts to enhance cross-border cooperation on counternarcotics law enforcement between Pakistan and Afghanistan. Demand reduction funds will continue support for residential and outpatient drug treatment facilities and public information campaigns to address the dangers of drug use. Funding will also provide for the continued training of drug treatment professionals throughout Pakistan. In addition to improving the quality of rehabilitation support available to those with substance use disorders, this program attracts the support of provincial governments and Pakistan non-governmental organizations and receives significant buy-in from local communities.

## **Peru**

**FY 2017 Request: \$32.5 million**  
**(\$2.5 million below the FY 2016 Request)**

### **Interdiction**

In FY 2017, INL will provide support to the Peruvian National Police (PNP) to enhance law enforcement capabilities and counternarcotics interdiction efforts. Funds will be used for items such as vehicles, communications equipment, and field gear. INL will also support training and



field exercises designed to enhance Peruvian anti-narcotics police capabilities, as well as those of other police units. INL will support PNP education improvements and PNP basic police academies and pre-academies strategically located in communities in coca source zones east of the Andes, including support for operational effectiveness and infrastructure improvements. INL will support capacity-building initiatives to address citizen safety, such as community policing and model police stations.

INL will provide the infrastructure and logistical support required to provide airlift for interdiction operations conducted by the PNP, including logistical support to their counternarcotics units. INL will support pilots, aircrews, and support personnel to operate and maintain 22 U.S. government-owned Huey-II helicopters and three fixed-wing aircraft, and will provide limited operational supplemental support of Peruvian MI-17 helicopters and fixed-wing aircraft—all of which support interdiction and other law enforcement efforts east of the Andes. INL will support training for pilots and mechanics, base maintenance, hangars, warehousing, aircraft rental when needed, and operational support for Peruvian aviation police personnel.

Through training and technical advice, equipment acquisitions, and facilities improvements, the Customs Program works to improve the Government of Peru's (GOP) capacity to examine cargo and passengers, and bolster customs inspection and enforcement operations at principal airports, as well as other smaller installations. Additionally, the Customs Program funds a Precursor Chemical and Substance Control Grant with UNODC that provides training and capacity building to support Peru's newly established Precursor and Chemical Substances Control Intendancy.

Through training and technical advice, equipment acquisitions, and facilities improvements, the Ports and Maritime Program works to improve the GOP's capacity to examine cargo and bolster inspection and enforcement operations at principal seaports, as well as other smaller installations. The program will continue supporting Peru's transition to the accusatory judicial system and to implement its New Criminal Procedures Code, working in close coordination with the Special Commission under the Ministry of Justice. Complementing this effort, the program will fund Peruvian judges to travel to Puerto Rico to receive specialized training on the accusatory system from DOJ's Judicial Studies Institute. The program will also continue to fund the Culture of Legality project in the VRAEM (Ayacucho, Apurimac, and Cusco regions), which works with youth to promote entrepreneurship and strengthen regional identity to counter the influence of the Shining Path and other criminals engaged in narcotics trafficking in the region.

### **Eradication**

In FY 2017, INL will provide operational support for the labor intensive manual eradication program managed under Peru's Coca Monitoring and Reduction Agency, including support for air and ground transportation, food, salaries, field gear and tools, tents, first aid, helicopter and vehicle maintenance, and training for the eradicators, pilots, aircrews, and other personnel involved in the eradication effort.

INL will provide the infrastructure and logistical support required to provide air support for eradication operations. INL will support pilots, aircrews, and support personnel to operate and maintain 22 U.S. Government-owned Huey-II helicopters, three fixed-wing aircraft, and limited operational support for Peruvian MI-17 helicopters and fixed-wing aircraft – all of which support coca eradication and other law enforcement activities east of the Andes. INL will support training for pilots and mechanics, base maintenance, hangars, warehousing, aircraft rental when needed, and operational support for Peruvian aviation police personnel.

### **Demand Reduction**

With FY 2017 funds, INL will support the GOP's efforts, led by the National Commission for Development and Life without Drugs, to prevent and reduce drug use among vulnerable populations, with a particular focus on women and youth. Funds will support the work of NGOs and local universities to reduce drug use among women and youth, research drug use trends, provide educational workshops, and train teachers and health professionals about illicit drug use. The program will also aid in the creation of a model drug treatment center for women in a public mental health hospital.

The FY 2017 INCLE Request for counternarcotics in Peru represents a decrease of \$2.5 million below the FY 2016 Request. The overall decrease is directly attributed to the decrease in the topline funding level. The majority of INL Peru programming is allocated to CN activities. There is a topline decrease of \$2.5 million which translates directly to CN activities. This decrease is partially offset by the Government of Peru's contribution of funds that directly support INL programs.

### **State Western Hemisphere Regional**

INL works to minimize the impact of transnational crime and illegal drugs on the United States, its citizens, and partner nations by providing effective foreign assistance and fostering greater bilateral and multilateral law enforcement and rule of law cooperation. INL implements its mission through a comprehensive range of bilateral, regional, and global initiatives and assistance programs to set international counter drug and anti-crime standards, foster cooperation among states, and build up the law enforcement capacity of foreign governments. The programs enable foreign governments in the Western Hemisphere to act directly against traffickers and other crime groups and cooperate more effectively with U.S. law enforcement agencies.

### **Caribbean Basin Security Initiative (CBSI)**

***FY 2017 Request: \$9.0 million***

***(\$1.0 million above the FY 2016 Request)***

The FY 2017 Request for counterdrug activities in the Caribbean Basin includes funds to support efforts to address the production and trafficking of drugs throughout the region with training, equipment, and operation support for vetted units to enhance law enforcement officials' ability to interdict illicit drugs. Funds will also support host nation interdiction capacity, enhance

regional cooperation in interdiction efforts, and provide alternatives to criminal activities through support of rehabilitation efforts.

The FY 2017 INCLE Request for counternarcotics in State WHA Regional (CBSI) represents an increase of \$981,000 above the FY 2016 Request. These funds will support training, equipment, and other support for law enforcement, including vetted units, to address illicit drug trafficking throughout the region. INL efforts will include a focus on building maritime interdiction capacity and enhancing regional cooperation in interdiction efforts. Limited drug demand reduction programs will also be supported. The increase in funds may support development of vetted units and enhanced maritime interdiction activities.

### **Central America Regional Security Initiative**

***FY 2017 Request: \$39.7 million***

***(\$5.5 million below the FY 2016 Request)***

The Central America Regional Security (CARSI) Initiative provides assistance in a range of areas that include direct law enforcement cooperation, assistance for law enforcement and justice sector capacity building, and prevention programs aimed at addressing the root causes of crime and violence.

FY 2017 INCLE funds will provide training, advisors from DEA, FBI, HSI, and other U.S. Government agencies, intelligence assistance, and support operating costs such as rent, utilities, maintenance, fuel, and investigative equipment for host nation vetted investigative and enforcement units. These units often comprise the highest-quality members of the law enforcement community and conduct complex and specialized investigations in areas such as counternarcotics, gangs, bulk cash smuggling, human trafficking and smuggling, and money laundering. Assistance will also support training, prevention, and alternative sentencing and treatment programs to address growing drug use throughout Central America, in particular among gang members. Programs will support the expansion of school-based drug prevention curriculums, particularly in at-risk locations.

FY 2017 funds will support training, maintenance, and other support for aviation capacity in Central America. This effort extends state presence to remote areas that are difficult to reach and improves capacity for law enforcement operations to address international drug trafficking. The FY 2017 Request was reduced by \$5.5 million from the FY 2016 request due to the existing Aviation pipeline resulting from the Aviation program moving from Honduras to Panama, slow invoicing from the previous contractor, and bidder protest of the new contract. INL is working to obligate these funds on an Amended Letter of Agreement with Panama. INL is also engaging with the JIATF to possibly expand the use of the aircraft for maritime-focused operations.

FY 2017 programming in CARSI will reflect a shift from the Regional Aviation Program and will strengthen the capability of Central American coast guards, border patrols, and police units, as well as support specialized maritime or mobile interdiction units in Central America, bolstering coordination regionally. Efforts include training riverine police units and naval services,

providing spare parts and boat maintenance, retrofitting seized boats, supporting maritime and land interdiction advisors to improve host-nation capacity for operations and self-maintenance, and providing basic equipment and logistics support to sea- and land-based interdiction forces. Particular focus will be placed on addressing the trafficking of narcotics and the migration of unaccompanied children. Programming in this area will be coordinated with the FMF program as needed.

The FY 2017 INCLE Request for counternarcotics in State WHA Regional - CARSI represents a decrease of \$5.5 million below the FY 2016 Request. The overall decrease is attributed to fewer resources for the regional aviation project due to accrued pipeline as a result of implementation delays. This decrease is partly offset by increased resources for maritime interdiction.

### **Centrally Managed INL Programs**

Transnational criminal threats and illicit networks pose a significant threat to domestic and international security. Centrally Managed INL Programs help to create and reinforce shared international standards; develop multilateral processes and special regional or substantive initiatives to promote the implementation of those standards through effective laws and institutions at the domestic level; and strengthen criminal justice systems and law enforcement capabilities around the world to act against transnational criminal threats before they extend beyond their borders and impact our homeland.

#### **Critical Flight Safety Program (CFSP)**

***FY 2017 Request: \$7.0 million***

***(No change from the FY 2016 Request)***

CFSP is designed to ensure safety, structural integrity, and functionality of the aircraft deployed and operated to support the various country counternarcotics aviation programs. In FY 2017, INL will continue to support safety for aircrews and personnel flying in these aircraft; extend the service life of the aircraft; reduce excessively high costs for maintenance, components and parts; increase operational readiness rates; sustain mission success; and maintain continuous long-term programmed depot maintenance cycles for the aircraft fleet. INL support will provide ongoing life cycle fleet management with the induction of three rotary-wing and one fixed-wing aircraft for depot maintenance, purchase of one rotary-wing engine, and continuation of the Aircraft/Aircrew Safety upgrade program.

#### **Demand Reduction**

***FY 2017 Request: \$12.5 million***

***(No change from the FY 2016 Request)***

With FY 2017 funds, INL will support training that disseminates the latest science-based information on effective methods to prevent and reduce drug use and related violence. The program will utilize an innovative training model that facilitates host country development of national-level mechanisms that certify addiction counselors to provide services and improve overall prevention/treatment service delivery. Training will target cocaine use (especially crack

addiction among juveniles), methamphetamine and intravenous heroin use that leads to increased prevalence of HIV/AIDS, rising adolescent drug use, drug use within criminal gangs, recovery systems, and unique addiction problems affecting women and children. Target sub-regions include Africa, South America, Central Asia, Southeast, South/Southwest Asia, and Central America/Mexico.

INL will support the continued development of gender-sensitive training curricula for women's treatment, follow-on technical assistance, research, and demonstration programs that are critical in addressing the unique needs and closes the treatment gap of females with substance use disorders worldwide. Training includes courses tailored to specific women's addiction issues (e.g., trauma, domestic violence) and utilizes a train-the-trainer format that helps host countries institutionalize the curriculum.

INL will support continued development and implementation of the world's first drug treatment and prevention protocols for drug-addicted children (infancy to 8 years of age) and adolescents in Central and South America (crack cocaine), South and Southwest Asia (opioids), and Sub-Saharan Africa (heroin/marijuana combinations and crack). A consortium of international organizations (UN, World Health Organization, OAS, Colombo Plan) and medical universities develop and pilot test psycho-social and pharmacological (for detoxification) protocols and related training curricula, and provide follow-up, on-site technical assistance.

INL will support an empirically based impact/outcome evaluation of a treatment initiative designed to reduce drug use and related problems (crime, co-morbidity). Candidate programs include women's treatment in Latin America or Africa, child addiction in Latin America or South Asia, certification of addictions counselors in Central America or Southeast Asia, and gang-related drug use/violence in Latin America. Ideally, the evaluation will utilize a "gold standard" randomized control trial methodology.

INL will support effective Drug-Free Communities coalition programs (in Mexico, Latin America, Asia, and Africa) that bring citizens together to prevent and reduce drug use and crime among youth. 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.

### **Inter-regional Aviation Support**

***FY 2017 Request: \$34.9 million***

***(No change from the FY 2016 Request)***

With FY 2017 funds, INL will continue to provide core-level services necessary to operate a fleet of over 100 fixed- and rotary-wing aircraft supporting INL's aviation activities in Colombia, Peru, Afghanistan, Pakistan, and temporary locations. Inter-regional Aviation Support will provide safe, professionally operated and maintained aircraft that support eradication, interdiction, surveillance, and reconnaissance efforts. Aircraft will also provide other support such as transportation of personnel and cargo, search and rescue, medical evacuation, and security.

## **International Organizations**

***FY 2017 Request: \$3.2 million***

***(\$0.2 million below the FY 2016 Request)***

The FY 2017 Request for counterdrug programs will continue support for International Narcotics Control Board (INCB) activities, including its global database and electronic early warning system to prevent the diversion of precursor chemicals used to manufacture illegal drugs, including methamphetamine. This U.S.-funded global electronic warning system has become the cornerstone of the international precursor chemical monitoring and control system. It is also essential to the INCB-managed precursor operations, which result in real time cooperation among governments to track suspicious chemicals. In addition, funding will also enhance information-sharing on the growing threat posed by new psychoactive substances through a recently launched UNODC platform and initiative to promote operational cooperation. UNODC will provide sets of customized reference substances to national drug-testing laboratories in developing and priority countries. Having the technical ability to identify new psychoactive substances correctly is fundamental to monitoring these drugs. Additionally, UNODC will organize a series of technical expert meetings to bridge communication and priority setting to ensure effective reviews of these drugs by the World Health Organization (WHO) for scheduling of new psychoactive substances at the international level.

UNODC programming includes projects to improve the availability of essential medicines (particularly pain relief) to regions with inadequate access. U.S. support for this program will help attract additional donors to help meet a critical aim of the drug-control conventions. UNODC requires funding to support its field office infrastructure necessary to implement U.S.-funded projects, as well as to support the monitoring and evaluation of its activities. While overall voluntary funding to UNODC has increased over the past several years, General Purpose funds (GP) have not kept pace with this growth. Much of UNODC's important data collection, technical assistance, research and analysis, and reporting function comes out of GP. GP also helps fund the IEU, which the United States helped create and which plays a vital role in the oversight and evaluation of UNODC programs. The IEU helps provide needed transparency and builds confidence among donors and others about UNODC use of its resources and the effectiveness of its programs.

The CICAD Secretariat supports a wide range of multilateral initiatives in all phases of narcotics control, including expert groups that produce or review model legislation; data-collection capacity-building throughout the region aimed at optimal project implementation relevant to individual country needs; and the development of pilot projects to build institutional capacity, especially in legislative initiatives and alternative drug courts focused on drug use recovery rather than more punitive actions. The United States also supports drug control-training to achieve objectives established in the OAS/CICAD Hemispheric Drug Strategy and Plan of Action, in keeping with the UN drug conventions. These programs utilize information sharing and multilateral cooperation among the 34 OAS/CICAD member states to build common approaches to shared problems. Funds will also support a peer review system and the activities

that stem from its recommendations on ways in which governments need to strengthen their anti-drug efforts.

The FY 2017 INCLE Request for counternarcotics in International Organizations represents a decrease of \$200,000 below the FY 2016 Request. This decrease will reduce the support INL provides to UNODC’s efforts to counter the spread of new psychoactive substances. This reduction will affect the ability of UNODC to provide technical assistance to states in identifying new psychoactive substances and monitoring their prevalence.

**Other INL Programs**

In FY 2017, INL will provide \$20.7 million in Washington-based Program Development and Support funds to provide operational support for INCLE drug control activities in regions with smaller counternarcotics programs, including Africa, East Asia and the Pacific, South Central Asia, and Centrally Managed.

**PERFORMANCE**

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in U.S. embassy reports for the 2015 *International Narcotics Control Strategy Report*, annual surveys produced by UNODC, and each U.S. embassy’s 2015 Performance Plan and Report (PPR), as entered into the Foreign Assistance Coordination and Tracking System. FY 2015 performance data will be available following the submission of the FY 2015 PPR.

<b>Bureau of International Narcotics and Law Enforcement Affairs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2015 Target</b>	<b>FY 2015 Achieved</b>
<b>Andean Programs</b>		
» Number of Hectares of coca eradicated in Colombia and Peru	89,480	86,629
<b>Assistance to Rebuilding Countries</b>		
» Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation	24	23
<b>Demand Reduction</b>		
» Percentage of target population that have not used drugs after treatment in Afghanistan	15%	70%

**Andean Programs**

The long-term goals of U.S.-supported programs in Colombia and Peru are to reduce the flow of drugs to the United States, address instability in the region, and strengthen the ability of the governments of Colombia and Peru to investigate, prosecute, and dismantle major transnational criminal organizations. Among other efforts, INL also accomplishes this through support for interdiction, programs to reduce the demand for illicit drugs, programs to



strengthen the rule of law, and in 2015 aerial (in Colombia) and manual (in Colombia and Peru) eradication.

Eradication is one component of the U.S. Government's counternarcotics strategy in the Andean region and is aggregated by CY rather than by FY. In 2015, the Department eradicated 86,629 hectares through aerial and manual eradication techniques, thereby achieving the target of eradicating 89,480 hectares in Colombia and Peru. Colombia eradicated 50,761 hectares, and Peru eradicated 35,868 hectares.

Colombia's manual eradication program, supported by INL, exceeded its goal of 9,450 hectares by eradicating 14,267 hectares. Colombia's aerial eradication program, also supported by INL, was set at 45,000. The aerial eradication program ended on October 1, 2015. However, the 36,494 hectares sprayed for the year appears to have been on track to meet the 45,000 hectare goal if spraying had continued until December 31, 2015.

The overall CY 2016 manual eradication performance target for Colombia is currently set at a range from 14,630 - 16,000 hectares. With coca levels rising, and without the aerial eradication program, Colombia plans to focus its efforts largely on crop substitution, demand reduction, and increased pressure on drug trafficking networks. It remains to be seen how much Colombia will bolster manual eradication; much depends on how Colombia's new counternarcotics strategy develops and the outcome of the peace negotiations between the Colombian government and the Revolutionary Armed Forces of Colombia.

## **Afghanistan**

*Assistance to Rebuilding Countries:* The purpose of the Afghanistan counternarcotics program is to build the capacity of the Afghan government to reduce illicit crop cultivation, drug trafficking, and drug consumption to disrupt a key source of funding to the insurgency and promote security and governance during and beyond the transition in Afghanistan. The FY 2015 target of the program was the designation of 16 of Afghanistan's 34 provinces as Poppy-Free Provinces, defined as provinces with fewer than 100 hectares of illicit opium poppy cultivation, and the designation of eight provinces as Provinces Reducing Cultivation, defined as those which reduce annual poppy cultivation by 10 percent or more and do not reach the 100 hectares mark. According to the UNODC Afghanistan Opium Survey report released in December 2015, the number of poppy-free provinces in Afghanistan in 2015 was 14, two provinces short of the 2015 target. Nine provinces reduced illicit cultivation by more than 10 percent in 2015, surpassing the target of eight provinces.

The UNODC estimates that Afghanistan cultivated 183,000 hectares of opium poppy in 2015, a 19 percent decrease from the 224,000 hectares cultivated in 2014. UNODC also estimates that potential Afghan opium production dropped from 6,400 MT to 3,300 MT (a 48 percent decrease) over the same period. UNODC offers a number of possible reasons to explain the decreases in cultivation and production, particularly in the South and West, where yields were down significantly. Possible explanations included economic considerations and climatic



conditions, such as lack of water or soil degradation, which could have reduced the land available for opium poppy cultivation. The decreases could also have been the result of a market adjustment; two strong years of production in 2013 and 2014 may have led to an oversupply of opium.

*Demand Reduction:* Drug consumption represents a threat to the future of Afghanistan. The country faces a significantly high rate of domestic illicit narcotic use, with an overall national drug use rate of 11 percent, one of the biggest in the world. Drug consumption, a threat to the future of Afghanistan, drains human capital, placing a burden on civil society and social services. Addressing drug use in Afghanistan also serves a counter-insurgency mission by denying revenue to the insurgents and safeguarding a vulnerable segment of the population that is prone to exploitation. Drug demand-reduction programs also rescue the vital human capital that will be needed to build a self-sustained public and private sector for generations to come.

INL met or exceeded most FY 2015 Drug Demand Reduction goals in Afghanistan. A September 2012 outcome evaluation for the INL-funded Afghanistan demand reduction program measured effectiveness of treatment (clients who are drug-free one year post-treatment). The evaluation reported opiate (opium, heroin) drug use in the targeted seven (7) pilot drug treatment centers serving 504 patients in Afghanistan was reduced 45 percent among women, while men reduced such use at a lower level (23 percent). Equally important, following treatment, serious crimes (i.e., robbery, arson, violence against others) decreased 40 percent, reports of non-serious criminal activity (i.e., forgery, theft, buying/selling stolen property) decreased 48 percent, and arrests six-months post-treatment decreased by 46 percent. In addition, 82 percent of all patients completed the full treatment cycle (i.e., 45-day inpatient and one-year outpatient). Suicide attempts by female clients decreased 63 percent post-treatment. It should be noted that the 2012 evaluation results are the best measure for Afghanistan demand reduction. This is because outcome evaluations take more than two years to complete, and clients are tracked from initiation through treatment and then one year post-treatment. INL is scheduled to begin another evaluation in CY 2016.

Through the transition plan, the Ministry of Counter Narcotics will assume responsibility for the strategic development of drug demand reduction policy, the Ministry of Public Health will take the programmatic lead from NGOs in drug treatment service delivery, INL will continue to fund the operational expenses of all drug treatment centers, and the Ministry of Public Health will add the drug treatment center clinical staff onto the Tashkil. In FY 2015, 13 INL-supported NGO drug treatment centers have been in the process of transition of Ministry of Public Health operational control, with control fully assumed by the Ministry of Public Health on January 1, 2016. On that date, a further 15 INL-supported drug treatment centers commenced operational transition to the Ministry of Public Health, with full operational control expected on January 1, 2017. The transition process will continue through 2019. Staff salaries from all 89 INL-funded facilities will be incorporated into the national government's Tashkil early in 2016.

Operational costs for 89 facilities were reduced on average by 21 percent and will continue to be reduced through the transition phase.

## **Mexico**

*Demand Reduction:* The United States maintains a strong, longstanding bilateral relationship with Mexico on drug demand reduction. The two countries are working closely to implement programs that aim to expand drug treatment courts, increase the number of community anti-drug coalitions, and train diagnostic and treatment professionals.

In FY 2014, Mexico focused on expanding drug treatment courts. The GOM, in coordination with the Inter-American Drug Abuse Control Commission (CICAD) and with financial and technical assistance from INL under the Merida Initiative, is now entering a second phase of expanding drug treatment courts. Drug Treatment Courts are a model that combines judicial oversight with medical treatment. Drug Treatment Courts are proven to lower incarceration rates and reduce recidivism among convicted criminals with substance use disorders. The United States provided \$2.5 million in funding to CICAD for a two-year program to establish new drug treatment centers with trained professional teams of judges, prosecutors, public defenders, law enforcement personnel, and addiction treatment specialists. There are currently nine drug treatment courts operational in Mexico located in five different states.

The United States also continues to support anti-drug community coalition-building, which brings together parents, teachers, clergy, coaches, local authorities, and others to raise drug use awareness. In 2014, the United States expanded such coalitions from the initial cities of Ciudad Juárez, Tijuana, Nogales, and Agua Prieta to the states of Baja California, Sonora, Chihuahua, Nuevo Leon, Durango, Tamaulipas, and the State of Mexico. Twenty-two coalitions are currently operational in Mexico conducting a variety of prevention activities. Mexican health authorities are training officials on the model to foster new coalitions in additional states.

The United States also continued to fund a second phase of the substance use counselor training program using a new standardized curriculum developed by CICAD and officially certified by Mexican education authorities. This second phase is training at least 1,000 such counselors, 600 of whom have already been trained and evaluated.

**DEPARTMENT OF STATE**  
United States Agency for International Development

**Resource Summary**

	Budget Authority (in Thousands)		
	FY 2015 Actual	FY 2016 Request	FY 2017 Request
<b>Drug Resources by Function</b>			
International	\$95.502	\$136.155	\$131.920
<b>Total Drug Resources by Function</b>	<b>\$95.502</b>	<b>\$136.155</b>	<b>\$131.920</b>
<b>Drug Resources by Decision Unit</b>			
Developmental Assistance Account	---	\$1.000	\$1.000
Economic Support Fund	\$95.502	135.155	130.920
<b>Total Drug Resources by Decision Unit</b>	<b>\$95.502</b>	<b>\$136.155</b>	<b>\$131.920</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	13	13	13
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)*	\$32.7	\$33.7	\$34.0
USAID Drug Resources percentage (Economic Support Fund and Developmental Assistance accounts only)	0.3%	0.4%	0.4%

\*Total Agency Budget is the entire foreign assistance budget (both State and USAID)

**Program Summary**

**MISSION**

USAID is the agency responsible for implementing most of the economic and development foreign assistance provided by the U.S. Government. It receives overall foreign policy guidance from the U.S. Secretary of State. USAID advances U.S. foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, and conflict prevention and providing humanitarian assistance. USAID's Alternative Development programs support U.S. counternarcotics objectives by helping countries develop economically viable alternatives to narcotics production. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improving commercial agricultural production and market linkages in drug production-prone areas, and offering farmers incentives to discontinue planting poppy and other illicit crops. USAID also works to improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and grow a viable agri-business industry.

## **METHODOLOGY**

USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. In preparing the annual foreign assistance budget request, USAID and the Department of State allocate all funding according to the Foreign Assistance Standardized Program Structure.

## **BUDGET SUMMARY**

The FY 2017 Request level for USAID drug control efforts is \$131.9 million, a decrease of \$4.2 million from the FY 2016 Request. The decrease from the FY 2016 Request is attributable to the reduction in the Afghanistan Economic Support Fund topline, consistent with the overall trajectory of the foreign assistance budget in Afghanistan.

### **Development Assistance – Laos**

**FY 2017 Request: \$1.0 million**

**(No change from the FY 2016 Request)**

Since 2007, the estimated area under opium poppy cultivation in Laos has increased more than 400 percent, from 1,500 to 6,200 hectares. In FY 2017, USAID will focus on increasing incomes to those living in extreme poverty through the promotion of alternative livelihood opportunities for poor opium farmers. This program, thereby, aims to reduce opium production in targeted areas and follows a \$1.5 million (\$1.0 million in FY 2013 and \$0.5 million in FY 2014) INCLE program to support a UNODC-implemented AD program in Houaphan Province.

### **Economic Support Funds – Afghanistan**

**FY 2017 Request: \$15.0 million**

**(\$16.0 million below the FY 2016 Request)**

Promoting alternative livelihoods as part of a comprehensive counternarcotics strategy remains an important objective of U.S. agricultural assistance in Afghanistan. USAID programs will focus on promoting the production, processing, and marketing of high-value crops (specifically perennial crops and early- and late-season vegetables) as an alternative to poppy cultivation for farmers in target areas. These efforts will include the promotion of improved on-farm water management, expanded market access, and improvements in the provision of rural services. Orchards, vineyards, and off-season vegetables have the potential to provide increased income and employment opportunities that could reduce Afghan farmers' dependency on illicit opium production in the better irrigated, arable areas that currently account for a sizeable percentage of the poppy cultivation in the country. The topline request for Afghanistan (all accounts) is decreasing due to glide path and pipeline considerations.

### **Economic Support Funds – Andean Region**

#### **Colombia**

**FY 2017 Request: \$90.5 million**

**(\$23.5 million above the FY 2016 Request)**

In Colombia, funding will support Government of Colombia initiatives to better integrate security and alternative livelihood programs to further reduce drug production, consolidate security, promote licit economic alternatives, ensure more equitable and secure land tenure,

increase private investment, and improve economic infrastructure in target regions. These efforts will include catalyzing public and private sector investments in key regions; strengthening farmer producer associations, cooperatives, rural microcredit organizations, agricultural enterprise value chains, and market linkages; and supporting activities in banking, microfinance, micro-insurance, and mobile money to increase the availability of these services in rural areas.

It is anticipated that out-year funding levels will either remain the same or gradually increase, depending on pipeline levels, overall Congressional support for Colombia, and whether the Government of Colombia and the Revolutionary Armed Forces of Colombia enter into a peace agreement. Similar funding levels in out-years will allow USAID/Colombia to maintain critical efforts in developing value chains, expanding access to rural finance, and catalyzing public and private sector investments in key regions.

### **Peru**

**FY 2017 Request: \$25.5 million**

**(\$11.7 million below the FY 2016 Request)**

The Peru AD request declined from FY 2016 to 2017 due to the \$12.1 million cut of overall Developmental Assistance and Economic Support Fund account levels (from \$58.1 million in FY 2016 to \$46.0 million in FY 2017).

In Peru, funding will continue to support coordination with police to increase security in an effort to facilitate the growth of coca-free economies. In addition, funding will support the GOP's efforts to eradicate coca and promote economic and social development through expanded AD programs. In 2017, the USAID AD program, in collaboration with the GOP, will continue to focus on promoting the production, processing, and marketing of high-value crops, including cacao, coffee, plantains, and shade trees. USAID will also continue to invest in strengthening the institutions and systems that enable the GOP to assume greater responsibility for the implementation of its counternarcotics strategy.

### **PERFORMANCE**

Information regarding the performance of the drug control efforts of USAID is based on data reported in each U.S. embassy's 2015 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The table and accompanying text represent highlights of their achievements during FY 2015.

United States Agency for International Development		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Number of full-time equivalent (FTE) jobs created by the U.S. Government-sponsored AD or alternative livelihood activities (Peru)	25,000	18,597
» Number of families benefiting from AD activities in the Andean region	46,000	54,942
» Number of hectares of drug crops eradicated in U.S. Government-assisted areas (Colombia)	65,000	46,561
» Hectares of alternative crops targeted by U.S. Government programs under cultivation (Peru)	50,000	43,449
» Hectares of alternative crops targeted by U.S. Government programs under cultivation in Afghanistan	4,493	3,984
» Number of individuals who have received U.S. Government-supported short-term agricultural sector productivity training or food security training in Afghanistan	34,150	57,732
» Net (total) increase in private sector employment for farms and agribusinesses (full-time equivalent-FTE) by U.S. Government-sponsored AD or alternative livelihood or agricultural activities in Afghanistan	2,185	2,293
» Number of rural households benefiting directly from U.S. Government interventions (Colombia)	10,000	23,198
» Number of households benefitted by agriculture and AD interventions in targeted areas in Afghanistan	45,443	55,926

### Colombia

The U.S. Government's work with the CNP and other institutions has resulted in a substantial net decrease in coca cultivation, cocaine production, and drug trafficking. In 2014, coca cultivation was down by 33 percent compared to 2007. The decline leaves Colombia as the second largest Andean producer, behind Peru. Despite the progress made in addressing the production and trafficking of illicit drugs, coca production remains a top income-generator for the Revolutionary Armed Forces of Colombia and other drug trafficking and organized crime groups that pose a significant threat to the Government of Colombia's ability to completely control its territory. U.S. counternarcotics assistance to the CNP and military thus includes support for a range of interdiction measures that encompass land, sea, and air operations.

The success of Colombia's counternarcotics strategies and operations lies in its integrated, broad-based approach. Government-led security, economic development and drug demand programs work in coordination. As such, in addition to strong interdiction and eradication programs, U.S. Government programs in Colombia work with the Government of Colombia and civil society partners to address increasing domestic drug consumption and raise the profile of drug prevention and treatment efforts, and to support the Government of Colombia's strict

anti-money laundering/counter-terrorist financing regime. In tandem with eradication and interdiction efforts, these programs work to maintain pressure on coca farmers, narcotics producers, and traffickers, reduce cultivation and production, disrupt criminal networks, and keep drugs out of the United States and volatile transit zones.

## **Peru**

USAID/Peru's AD assistance played an instrumental role in reducing coca cultivation from 49,800 hectares to 42,900 hectares during FY 2015. The AD Program is one of three components of the U.S. Government's whole-of-government strategy for reducing illicit coca production in Peru. The other two components are coca eradication and interdiction, which are supported by INL and the law enforcement activities of the DEA, respectively. During FY 2015, AD resources helped to: (1) transform traditionally coca-growing communities; (2) build the capacity of the GOP to lead AD initiatives; and (3) open up new licit income earning alternatives for farmers, in partnership with the private sector.

For AD investments to be successful, communities and households must be willing to give up coca cultivation permanently, often after having their current coca crop eradicated. During FY 2015, USAID provided assistance to a total of 31,744 families – 130,000 women, men and children – in 1,500 communities, across four regions of Peru. In most of these communities, local economies had been dominated by coca production. Despite illegal cultivation of this crop, most of these farmers still live in poverty, and some in extreme poverty. Average household income for the farmers participating in AD activities is just \$4,500 a year (\$3.00 per day, per person). AD assistance helped to increase licit incomes in targeted regions by creating approximately 18,500 jobs, generating more than \$34 million in sales of licit crops, and planting more than 19,000 new hectares of coffee and cacao.

## **Afghanistan**

In FY 2015, U.S. Government AD programs in Afghanistan continued to focus on licit income generation and job creation by improving commercial agriculture, specifically in poppy production-prone areas. In FY 2015, 3,984 hectares of licit alternative crops targeted by U.S. Government programs were under cultivation in Afghanistan, with 55,926 households benefiting from agriculture and alternative livelihood interventions. This represented a 23 percent increase over the target number of households (45,443), as the extension of a grant agreement from the Incentives Driving Economic Alternatives for the North, East, and West program, from February 2015 to September 2015, focusing on this intervention area and executed after the planning and reporting last year resulted in higher-than-planned results, and the Regional Agricultural Development Program - North experienced an unexpected village level demand that resulted in higher-than-targeted figures for this indicator. The reduced number of hectares of targeted alternative crops did not meet its targets as a result of delays in signing a Memorandum of Understanding with the Ministry of Agriculture, which was required before activities could get underway on the ground. The inability of Regional Agricultural Development Program - West to achieve its target for this indicator impacted the portfolio's achievement. The number of new direct jobs (measured as full-time equivalent) created by



U.S. Government-sponsored AD totaled 2,293, exceeding the target of 2,185. The target of 34,150 individuals receiving training was exceeded, for a total of 57,732. This was largely the result of the Commercial Horticultural and Agricultural Marketing Program and the Incentives Driving Economic Alternatives for the North, East, and West program, both of which were extended and therefore able to contribute additional results to this indicator. Regional Agricultural Development Program - South exceeded its project-specific target for this indicator.

USAID has adopted the use of Purdue Improved Crop Storage bags for wheat grain storage in Southern Afghanistan. Purdue Improved Crop Storage bags have three nested layers that prevent the infiltration of pests and create a dry environment for wheat. The bags allow the grain to remain in storage for months without degrading in quality. Purdue Improved Crop Storage bags have been used to store dry grains in West and Central Africa. However, USAID is also applying this technology to address wheat storage issues and thereby increase food security for families in southern Afghanistan. USAID facilitated the transfer of this technology by provided Purdue Improved Crop Storage bag training to Cooperative workers of the Directorate of Agriculture, Irrigation, and Livestock, 13,063 wheat farmers, and 1,561 women, who each received two bags to test the technology in their homes.

To expand access to agriculture credit, USAID provided support in FY 2015 to the Agricultural Development Fund (ADF), a \$100 million credit implemented under a bilateral agreement between USAID and the Ministry of Agriculture, Irrigation and Livestock. To date, the ADF has approved loans worth over \$103 million. The cumulative disbursement is over \$59 million, of which over \$4 million was disbursed in 2015 to directly benefit 31,000 farmers across the country. More than 55 percent of the loans have been Sharia compliant. The fund has also provided 206 loans to women, with some women-owned enterprises and associations securing loans exceeding \$100,000. Following the completion of the Agricultural Credit Enhancement-I project in February 2015, USAID awarded Agricultural Credit Enhancement-II within the fiscal year to continue support to strengthen ADF's operations and the sustainability of the fund. Through this follow-on project, USAID is supporting efforts by the ADF to solicit funding from other donors and the private sector, both domestic and international, in order to reach the capitalization levels needed to ensure profitability.

USAID facilitated the export of more than 14,762 MT of horticultural products, worth \$15 million, from Afghan businesses in FY 2015. USAID also supported the participation of seven Afghan traders at the Gulfood Exhibition in Dubai. During the 5-day exhibition, the seven traders secured contracts to deliver a total of 605 MT of horticultural products, worth nearly \$3.8 million, and had potential deals for another 295 MT, worth nearly \$1.7 million. During the fiscal year, USAID continued to support two regional trade offices located in New Delhi and Dubai to facilitate exports from Afghanistan, help Afghan consignments clear customs and arrange business-to-business meetings of Afghan traders with international buyers.



# DEPARTMENT OF TRANSPORTATION



# DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

### Resource Summary

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$16.600	\$16.600	\$16.600
Intelligence - Interdiction	11.780	12.500	12.640
Investigations	0.820	0.820	0.820
State & Local Assistance	1.470	1.550	1.550
<b>Total Drug Resources by Function</b>	<b>\$30.670</b>	<b>\$31.470</b>	<b>\$31.610</b>
<b>Drug Resources by Decision Unit</b>			
Air Traffic Organization	\$10.310	\$10.950	\$11.090
Aviation Safety/Aerospace Medicine	17.420	17.420	17.420
Security and Hazardous Material Safety	2.940	3.100	3.100
<b>Total Drug Resources by Decision Unit</b>	<b>\$30.670</b>	<b>\$31.470</b>	<b>\$31.610</b>

### Program Summary

#### MISSION

The mission of the FAA is to provide the safest, most efficient aerospace system in the world. The Air Traffic Organization monitors the Air Defense Identification Zone, an area of airspace within which the identification, location, and control of aircraft is required in the interest of national security. The Office of Aerospace Medicine supports drug-related activities within the FAA and in the Aviation Industry through its mission to reduce drug use and its consequences throughout the national aerospace. The Office of Security and Hazardous Materials' Law Enforcement Assistance Program 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 (LEA) engaged in drug interdiction efforts.

#### METHODOLOGY

There are no single identifiable line items within the Air Traffic Organization, Office of Aerospace Medicine, or Office of Security and Hazardous Materials appropriations that fund drug control efforts. The Air Traffic Organization drug funding is determined by estimating the costs associated with the time air traffic controllers spend on drug interdiction activities. 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 Office of Security and Hazardous Materials funding is an estimate of support provided to law enforcement agencies to assist in the interdiction of dangerous drugs and narcotics into the United States.

## **BUDGET SUMMARY**

In FY 2017, FAA requests \$31.6 million for drug control activities, an increase of \$0.1 million above the FY 2016 enacted level.

### **Air Traffic Organization**

**FY 2017 Request: \$11.09 million**

**(\$0.1 million above the FY 2016 enacted level)**

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zone to detect possible suspicious aircraft movement. The Air Defense Identification Zone refers to airspace, over land or water, within which aircraft must readily provide their identification and location in the interest of national security. Typically, an aircraft entering the Air Defense Identification Zone is required to radio its planned course, destination, and any additional details about its trip through the Air Defense Identification Zone to the appropriate authorities. Air traffic controllers staffing Air Route Traffic Control Centers, DEA, and USCG all monitor the Air Defense Identification Zone for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, Air Route Traffic Control Center controllers support DEA/USCG interdiction efforts by providing radar vectors to track aircraft of interest time of arrival, traffic advisory information, and last known positions to intercept aircraft. Additionally, Air Route Traffic Control Center staff support DEA and USCG during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real-time basis. The request reflects an increase of \$0.1 million resulting from adjustment to the calculation of average salaries for air traffic controllers in the air route facility environment. Cost estimates are solely attributed to personnel costs for air traffic controllers at Air Route Traffic Control Center facilities.

### **Aviation Safety/Aerospace Medicine**

**FY 2017 Request: \$17.4 million**

**(No change from the FY 2016 enacted level)**

The Aviation Industry Substance Abuse Program mandates the implementation of the FAA's drug testing regulation (14 CFR part 120) requiring employers (i.e., air carriers, air traffic control towers, and air tour operators) to drug-test employees working directly or by contract (including subcontract at any tier) in a safety-sensitive position. The safety-sensitive positions include flight crew, flight attendants, flight instructors, maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators, and aircraft dispatchers.

Ensuring compliance with the drug testing regulation is the primary objective of the Office of Aerospace Medicine's Industry Program Office. The safety of the traveling public and integrity

of the compliance process form the foundation of the program. The Office of Aerospace Medicine's Industry Program Office conducts inspections of employer programs, as well as investigations of airmen or employee violations. Violations include refusal to submit to testing or a failure to complete the return-to-duty procedures established by the Department of Transportation's Procedural Regulation, 49 CFR part 40, following a positive drug test result. The positions and associated funding are required to ensure that compliance efforts continue, primarily in the form of conducting onsite inspections and/or investigations of employees and employers, as well as analyzing statistical testing reports submitted by the air carriers and contractors.

The Office of Aerospace Medicine's Internal FAA Program is responsible for randomly testing 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, follow-up, and voluntary. Two contractors 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, opiates, and PCP. The positions and associated funding are required to ensure compliance with drug testing mandated by Executive Order 12564 dated September 15, 1986, and implemented by the Department of Transportation Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

The Office of Aerospace Medicine is made up of three units. The Special Investigations & Enforcement Branch investigates complaints about rule violations and allegations of industry employee refusals to test and investigates alcohol or drug rule violations by FAR PART 67 medical certificate holders (\$0.8 million). The Aviation Industry Substance Abuse Program unit is responsible for ensuring that industry implements and maintains drug programs in accordance with 14 CFR PART 121 and PART 135 (\$11.6 million). The Internal Substance Abuse Program unit's objective is to randomly test FAA employees in safety and security critical positions (\$6.5 million). No plans are in place to enhance, adjust, or reduce these Office of Aerospace Medicine units.

### **Security and Hazardous Materials Safety**

**FY 2017 Request: \$3.1 million**

**(No change from the FY 2016 enacted level)**

FAA Special Agents who assist law enforcement agencies in drug interdiction have access to FAA data not otherwise available that is critical to the development of intelligence on U.S. certificated airmen and aircraft involved in illegal drug trafficking. The information provided to law enforcement agencies assists them in the arrest and conviction of airmen or seizure of aircraft. Due to the joint work with law enforcement agencies, FAA becomes aware of investigations and information that enable/support initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. In many cases, these investigations result in revocation of airmen certificates and/or deregistration of aircraft,

thereby increasing the safety of the National Airspace System. The El Paso Intelligence Center uses FAA air traffic information/systems to track and assist Federal, state, and local law enforcement agencies in interdicting and seizing assets involved in counternarcotics activities. In addition, FAA LEA Program Special Agents provide support to law enforcement agencies on other national security issues.

In December 2012, the Office of Security and Hazardous Materials enacted policy guidance for the identification of exact matches of prison inmate information with airmen in the FAA Airmen Registry. A Memorandum of Understanding was signed with the BOP to provide access to information on inmates incarcerated for certain drug-related offenses. Policies were reestablished to request similar inmate information from state agencies. FAA now has agreements in place with 32 states to provide the same type of information. FAA LEA Program Special Agents are now conducting regulatory investigations into airmen who were convicted of drug-related offenses and thus in violation of certain United States Code Statutes and Federal Aviation Regulations.

The number of LEA Program Special Agents is projected to remain constant in FY 2016, with a total of 20 FTEs. It reflects the continued need for increased FTE levels enacted from FY 2013 to FY 2014 based on the volume of prison match information from January 1, 2007 - January 1, 2009. During that time frame, there were 14 LEA Program Special Agents, whose primary focus was to provide immediate and timely support to Law Enforcement conducting active criminal investigations involving the use, sale, and/or transportation of drugs by airman/aircraft. They were unable to process the volume of information received from the BOP/state prisons and open regulatory investigation in all instances where there appeared to be an exact match between information provided to FAA. ASH continues to support the DEA, CBP, ICE and other LE agencies with their efforts to interdict narcotics smuggling in the Southwest border region.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within the agency. The table includes selected performance measures, targets, and achievements for FAA drug control activities.

Federal Aviation Administration		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs < 0.5% for Alcohol	0.45% for Drugs 0.13% for Alcohol
» Schedule and inspect a minimum number of regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,650	1,646
» Initiate regulatory investigations on 95 percent of all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement	95%	95%
» Initiate regulatory investigations on 95 percent of all aircraft involved in illegal activity within 30 days of knowledge of that activity	95%	95%
» The Law Enforcement Assistance Unit will ensure initial response to inquiries from Federal, state, law enforcement, ASH headquarters, and field elements within 24 to 48 hours of requests	95%	95%
» Provide assistance and briefings to other agencies as requested	95%	95%

### Air Defense Identification Zone

The Air Defense Identification Zone activity directly supports the *Strategy's* goal of reducing the trafficking of illicit drugs. The agency is working to develop a performance metric in support of this activity.

### Drug Testing of Safety-Sensitive Employees

Pursuant to 14 CFR § 120.109(b), the FAA Administrator's decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00 percent, the Administrator may continue the minimum random drug testing rate at 25 percent. Similarly, 14 CFR §120.217(c), requires the decision on the minimum annual random alcohol testing rate to be based on the random alcohol test violation rate. If the violation rate remains less than 0.50 percent, the Administrator may continue the minimum random alcohol testing rate at 10 percent. In calendar year 2014, the latest available data, FAA exceeded its target with 0.45 percent of those persons randomly selected testing positive for drugs, while 0.13 percent tested positive for alcohol, much less than their respective one and one-half percent thresholds.

For FY 2015 and FY 2016, it is expected that the violation rates for both drugs and alcohol will remain low enough to enable the Administrator to continue the current minimum random testing programs.

### **Law Enforcement Assistance Program**

As of August 17, 2015, FAA LEA Program Special Agents responded to 5,433 requests from law enforcement and other agencies for information regarding 10,501 airmen/aircraft in support of criminal investigations. Partnering with law enforcement is beneficial for both FAA and the agencies supported. As a result of the partnership, LEAs are able to identify and act against individuals involved in criminal activities that affect the safety and security of the National Airspace System. Additionally, due to that partnership, FAA is informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements and is able to take regulatory actions against them, including suspension/revocation of airmen/aircraft certificates and civil penalties.

Notable FY 2015 accomplishments of FAA support of drug interdiction initiatives undertaken by LEA Program Special Agent(s):

- Assisted DEA Special Agents in a multi-year investigation that led to the identification and seizure of an aircraft operating in an unregistered status. The aircraft was valued at approximately \$1 million.
- Identified an aircraft on the aircraft export list of interest to law enforcement. They assisted Internal Revenue Service (IRS) and DEA Special Agents in a multi-year investigation by providing FAA information on the aircraft. Based on FAA information, several other aircraft and owners previously unknown to the DEA were identified. The FAA information assisted DEA and the IRS in the indictment of the aircraft broker and eight others for laundering \$3.6 million in drug-trafficking proceeds through the purchase of 35 Cessna aircraft intended for drug smuggling.
- Provided investigative assistance to the Joint Inter-Agency Task Force-South (JIATF-S), DEA, and Paraguayan officials in an ongoing narcotics investigation, resulting in the identification and seizure of 20 aircraft.
- Provided historical aircraft registration information in support of the seizure of an aircraft valued at \$70,000 which transported 400 kilograms of cocaine.
- Assisted Department of Homeland Security – Homeland Security Investigations (HSI) and Kentucky State Police in an investigation leading to the identification and arrest of two individuals using an aircraft for the interstate transport of 90 pounds of high-grade marijuana.
- Participated in a multi-agency operation in Florida resulting in the seizure of three aircraft valued at \$324,000. All three aircraft, still sporting their U.S. registration, had previously been deregistered and exported to various South American countries.

- Provided assistance to an ongoing multi-agency investigative operation leading to the arrest of two subjects as well as seizure of over 240 kilograms of cocaine and 11 aircraft valued at over \$4 million.
- Supported 20 LE agencies in a three-day joint operation in Puerto Rico by checking and verifying the status of airman certificates and aircraft registrations. As a result, 17 individuals were arrested; five homes with an average value of \$750,000, four luxury vehicles valued at \$1 million each, and \$288,000 were seized. Additionally, this resulted in the dismantling of a drug trafficking ring responsible for transporting large amounts of cocaine and heroin from South America to Puerto Rico since 2008.

In addition to providing assistance to LE agencies, LEA Program Special Agents across the country are providing training to Federal, state, and local LE agencies. The training provided insight as well as familiarity and knowledge of aircraft operations, the aviation environment, and pertinent aviation laws and regulations. It was geared to assist in the interdiction of general aviation involved in narcotics smuggling and other related criminal activity. Three examples of the types of training provided are identified below:

- Ramp Inspection Training to the Moberly Police Department, Randolph County Sheriff's Office, Macon Police Department, and Missouri Highway Patrol Air Unit.
- Training on airman, aircraft investigations, and the type of support that FAA LEA Program Special Agents can provide to the Customs and Border Protection Office of Air and Marine class at the Federal Law Enforcement Training Center.
- Training on the LEA Program and Unmanned Aircraft Systems (UAS) investigative support needs to various Federal, state, and local law enforcement agencies.



**DEPARTMENT OF TRANSPORTATION**  
National Highway Traffic Safety Administration

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 Request
<b>Drug Resources by Function</b>			
Prevention	\$1.488	\$1.488	\$1.488
Research	1.200	10.000	10.000
<b>Total Drug Resources by Function</b>	<b>\$2.688</b>	<b>\$11.488</b>	<b>\$11.488</b>
<b>Drug Resources by Decision Unit</b>			
Impaired Driving Program	\$1.488	\$1.488	\$1.488
Highway Safety Research	1.200	10.000	10.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$2.688</b>	<b>\$11.488</b>	<b>\$11.488</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)	\$0.8	\$0.9	\$0.9
Drug Resources percentage	0.3%	1.3%	1.2%

**Program Summary**

**MISSION**

NHTSA’s mission is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and enforcement activity. The Impaired Driving Program and Highway Safety Research contribute to this mission by supporting a range of initiatives intended to reduce drugged driving.

**METHODOLOGY**

The drug control budget estimates for NHTSA are based on an annual review of the resources necessary to maintain and improve the programs and research that support efforts to reduce drugged driving through law enforcement, research, training, and education. NHTSA funds drug-impaired driving research out of its core budget to conduct research and evaluation.

**BUDGET SUMMARY**

In FY 2017, NHTSA is requesting \$11.5 million for drug control activities, no change from the FY 2016 enacted level.

## **Impaired Driving Program**

**FY 2017 Request: \$1.5 million**

**(No change from the FY 2016 enacted level)**

**The Drug-Impaired Driving Program**, part of the Department of Transportation's Impaired Driving Program, supports infrastructure and sponsors research on the nature and incidence of the drugged driving problem. The program maintains and updates the Drug Evaluation and Classification infrastructure and the Advanced Roadside Impaired Driving Enforcement (ARIDE) program so that trained law enforcement officers are able to accurately detect drug impairment. In addition, the program provides guidance, leadership, and resources to assist communities and states in the implementation of effective programs to reduce drugged driving. The program also provides technical assistance and training programs on drugged driving for prosecutors, judges, and law enforcement officials.

- **Public Information and Education**

NHTSA is developing a public information and education program to inform the public about the dangers of driving after drug use that will address illegal drugs like marijuana and heroin as well as medications that can impair driving. In FY 2017, NHTSA will determine the appropriate information channels (media) and target audiences in preparation for implementing the public information and education campaign.

Also in support of public information and outreach efforts, NHTSA will continue to partner with the International Association of Chiefs of Police and the National Sheriffs' Association to support standardized impaired-driving messages. NHTSA will implement enhanced material on drugged driving into the model driver education curriculum during FY 2017.

- **State Program Assessments**

Also new is a Drug Evaluation and Classification Drug Recognition Expert (DRE) add-on to the Standardized Field Sobriety Test (SFST) State Assessment program. At the States' request, both the SFST and DRE programs will be evaluated and recommended improvements made. NHTSA conducts a number of traffic safety program assessments in a variety of areas, including occupant protection (seat belt use and child passenger protection), speeding, motorcycle safety, and alcohol impaired driving. At the request of a number of States, NHTSA will be developing and implementing a voluntary assessment of State SFST and DRE programs designed to identify opportunities for improvement.

- **DRE National Database, Registries of Certified DRE, ARIDE, and SFST Training**

In FY 2017, NHTSA will continue to support and update the national DRE database and the state registries of officers certified as having successfully completed DRE, ARIDE, and SFST training. The enhanced security protocols developed in FY 2016 for the DRE database will be added to the system in FY 2017.

- **Law Enforcement Training to Detect Drug Impaired Driving**

In FY 2017, the agency will deliver improvements to existing law enforcement training in the area of drug-impaired driving. NHTSA plans to implement the revisions and updates to the SFST training and refresher training courses, the DRE Pre-School, and DRE 7 Day Course, along with the ARIDE training course finalized in FY 2016. Corresponding updates to the instructor training courses for SFST and DRE instructors will be completed in FY 2017. NHTSA will continue efforts to promote and facilitate adoption of the ARIDE curriculum as an intermediate level of training to enhance law enforcement officers' ability to identify potentially drug-impaired drivers. NHTSA will continue efforts to increase the use of SFST training and provide training for prosecutors and judicial education within states in support of alcohol- and drug-impaired driving enforcement and adjudication.

### **Highway Safety Research**

**FY 2017 Request: \$10.0 million**

**(No change from FY 2016 enacted level)**

**The Drug-Impaired Driving Research Program** anticipates spending funds from the Highway Safety Research budget to continue conducting research designed to reduce the incidence of drug-impaired driving. This includes:

- **Assess the Potential Use of Oral Fluid Drug Screening Devices by Law Enforcement**

By late FY 2016, NHTSA will complete a pilot test of on-site oral fluid drug screening devices that can be used by law enforcement. The pilot test involves use by four law enforcement agencies in California with about 1,000 arrested impaired drivers. In FY 2017, NHTSA plans to initiate data collection for a laboratory study of these oral fluid drug screening devices for onsite law enforcement use. This laboratory study will precisely measure the accuracy of selected oral fluid drug screening devices in detecting drugs in oral fluid, with an eye toward determining the sensitivity and specificity of these devices.

- **Develop Indicators of Behavioral Impairment Due to Marijuana Consumption**

NHTSA has an effort underway to determine the feasibility of developing a behavioral field test to identify marijuana use by drivers. Depending on the outcome of the ongoing research, anticipated to be completed in FY 2016, NHTSA will then move toward development of a behavioral/cognitive testing protocol and initiate laboratory dosing and testing of a behavioral/cognitive field test protocol in FY 2017.

- **Assess the Impact of Legalizing Use of Marijuana on Traffic Safety**

Depending on what legislative developments occur in the States regarding legalizing recreational use of marijuana, NHTSA plans to initiate or continue new research in FY 2017 on the consequences of legalization of marijuana use on the prevalence and consequences for traffic safety.

- **Estimate the Crash Risk for THC-Positive Drivers Involved in Serious Injury and Fatal Crashes**

NHTSA will initiate field data collection in a large-scale study of the role of drugs and alcohol in serious injury and fatal crashes. This research follows on our recent study of the role of drugs and alcohol on increasing risk of crash involvement in crashes that sampled all types of crashes (the majority of which were property damage crashes).

- **Determining Drugs That Impair Driving: Case Studies**

NHTSA funded the development of a protocol to determine whether drugs are likely to impair driving. NHTSA will initiate a demonstration of the use of this protocol for a commonly used illegal drug and prescription medication. The study will make use of existing research and supplement it with additional studies as needed.

- **Update Drug Fact Sheets**

Some years ago NHTSA funded development of a very popular publication known as Drug Fact Sheets that are frequently used and cited by toxicologists and prosecutors. Since then, new information has become available and new drugs have been implicated in impaired driving crashes. We will update this document and prepare to release the updated version in FY 2017.

## **PERFORMANCE**

NHTSA's Drug-Impaired Driving Program performance measures are based on agency GPRA documents, study data, and the Budget Request. These measures reflect critical milestones in the development of improved methods to train law enforcement in detecting drug-impaired drivers and in developing valid and reliable measures of the drug impaired driving problem by increasing the Agency's understanding of the extent of drug use among drivers and the role of drugs in crash causation.

In FY 2015, NHTSA's performance measure assessed agency progress in implementing administrative license revocation for drugged driving through a field evaluation of oral fluid drug screening devices for use by law enforcement. In FY 2016, NHTSA will complete the design of a new study to determine the risk of crash involvement by drug positive drivers, and recruit and secure participation of Level 1 Trauma Centers and Law Enforcement Agencies to enable this study to be conducted. In FY 2017, NHTSA will complete assessing and documenting current toxicology laboratory practices, including what drugs are screened for, screening and confirmatory test methods currently in use, and thresholds of detection for various drugs of abuse.

Drug-Impaired Driving Program			
Fiscal Year	Selected Measures of Performance	FY Target	Actual FY Performance
2015	Assess Agency Progress in Implementing Administrative License Revocation for Drugged Driving	Complete first phase of a pilot test of ALR for Drugged Driving	Data collection completed at two of four law enforcement agencies, on-going at remaining two agencies.
2016	Initiate New Study of the Role of Drugs in Crash Risk in Fatal & Serious Injury Crashes	Complete study design, initiate and secure participation of Level 1 Trauma Centers and Law Enforcement Agencies	
2017	Document Current Toxicology Laboratory Practices for DUID and Post-Mortem Analysis	Complete assessment and document current practices, and revise recommended practices as necessary.	

**Discussion**

The measure for FY 2015 reflected an innovative approach to using an administrative license sanction that has proven to be effective in reducing alcohol-impaired driving and extending it to drugged driving. Implementation of this program is dependent on demonstrating the accuracy and reliability of recently developed on-site oral fluid drug screening devices (Phase 1 of the pilot test) and passage of authorizing legislation in California (or another state) so that the effect of the program can be assessed (Phase 2). NHTSA successfully completed data collection in two of four law enforcement agencies participating in this study. Data collection is ongoing in the remaining two agencies (who were late to start their participation). Data collection is expected to be completed during FY 2016, with the results released shortly thereafter.

In FY 2016, NHTSA will initiate a new study of the crash risk of driver drug use in fatal and serious injury crashes. NHTSA’s recently completed study of the crash risk of driver drug use involved a random sample of crash-involved drivers (which resulted in a majority of drivers being involved in property-damage-only crashes). NHTSA will complete the study design and recruit Level 1 Trauma Centers and local law enforcement agencies to participate in the study.

# DEPARTMENT OF THE TREASURY



**DEPARTMENT OF THE TREASURY**  
Internal Revenue Service

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Final	FY 2016 Enacted	FY 2017 <sup>1</sup> Request
<b>Drug Resources by Function</b>			
Investigations	\$60.257	\$60.257	\$95.821
<b>Total Drug Resources by Function</b>	<b>\$60.257</b>	<b>\$60.257</b>	<b>\$95.821</b>
<b>Drug Resources by Decision Unit</b>			
Criminal Investigations	\$60.257	\$60.257	\$95.821
<b>Total Drug Resources by Decision Unit</b>	<b>\$60.257</b>	<b>\$60.257</b>	<b>\$95.821</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	329	329	459
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$10.9	\$11.1	\$12.8
Drug Resources percentage	0.5%	0.5%	0.8%

<sup>1</sup>The FY 2017 request includes \$35.564 million and 130 FTE for the Enhance Investigations of the TOC Initiative.

**Program Summary**

**MISSION**

The mission of the IRS Criminal Investigation (CI) Division 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.

IRS CI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: the Legal Income Source Program, the Illegal Income Source Program, and the Narcotics Program. IRS CI focuses its counternarcotics resources to target the Transnational Criminal Organizations involved in illegal drug trafficking to reduce or eliminate the financial gains (profits) of major narcotics trafficking and money laundering organizations using unique financial investigative expertise and statutory jurisdiction.

The CI Narcotics Program supports the *Strategy*, the *President’s Strategy to Combat Transnational Organized Crime*, and the *National Money Laundering Strategy* and plays a key role in multiple initiatives that are part of the highly visible *National Southwest Border Counternarcotics Strategy*. IRS CI continues to support multi-agency task forces, including

OCDETF, OCDETF Fusion Center, HIDTAs, the High Risk Money Laundering and Financial Crimes Areas, DEA SOD, and the El Paso Intelligence Center.

## **METHODOLOGY**

The Narcotics Program's drug control funding is calculated by the share of full-time equivalent (FTE) staff performing counternarcotics efforts against the entire IRS CI budget request.

## **BUDGET SUMMARY**

In FY 2017, IRS CI requests \$95.8 million for drug control activities, an increase of \$35.6 million above the FY 2016 enacted level.

### **Criminal Investigations**

**FY 2017 Request: \$95.8 million**

**(\$35.6 million above the FY 2016 enacted level)**

The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act are particularly useful in the financial investigation and prosecution of major narcotics traffickers and money launderers and the seizure and forfeiture of their profits. IRS CI is a participating member of the OCDETF Program, established by DOJ in 1982. By primarily focusing on those sophisticated cases that meet OCDETF designation standards, IRS CI makes a significant contribution to many important investigations while maximizing the use of its resources.

With the globalization of the U.S. economy and the increasing use of electronic funds transfers, investigations have become more international in scope. IRS CI's international strategy places special agents in strategic foreign posts to facilitate the development and use of information obtained in host nations in support of its investigations. Such information is especially crucial to the success of high level TOC, narcotics, and money laundering investigations.

In FY 2017, IRS CI will continue to support investigations of illegal activities, including TOC, narcotics trafficking, and money laundering. The FY 2017 request maintains the FY 2016 enacted level and includes funding for a new initiative, Enhance Investigations of TOC. This initiative will address the growth in financial criminal activity of a global nature, focusing on money laundering, drug trafficking, cyber SIRF, and other financial fraud schemes.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of IRS CI is based on agency GPRMA documents and other data that measure the agency's contribution to the *Strategy*. The table and accompanying text represent IRS CI counternarcotics-related achievements during FY 2015.



Internal Revenue Service		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
» Number of Narcotics Investigations Completed	680	1,038
» Number of Convictions	410	600
» Conviction Rate*	85%	92%

\* In September 2014, IRS received approval from ONDCP to change its Narcotics Accounting Methodology to report resources applied to all Narcotics Investigations effective FY 2014 and forward. Prior to FY 2014, the performance measures included OCDETF only.

\* The above FY 2015 Achieved figures comprise all Narcotics investigations (OCDETF, HIDTA-OCDETF, Terrorism-OCDETF, HIDTA, and Narcotics-Other).

\* The reported performance targets were set prior to the change in accounting methodology.

\* The conviction rate is the percent of adjudicated criminal cases that result in convictions.

IRS CI sponsors, co-sponsors, and participates in myriad TOC, narcotics, cyber, SIRF, and OCDETF investigations. These investigations emphasize numerous violations, including, but not limited to, money laundering, money laundering conspiracies, structuring of deposits to avoid currency transaction reporting requirements, and violations applicable to illegal money service businesses. Money laundering methods found in narcotics investigations that IRS CI conducts include the Black Market Peso Exchange, illegal money service businesses (MSB), business fronts, casinos, smurfing, bulk cash smuggling, and other illegal activities.

The performance measure “Number of Narcotics Investigations Completed” provides the total number of narcotics investigations completed. The total number of Subject Criminal Investigations completed during the fiscal year includes those resulting in a prosecution recommendation to the DOJ, discontinuance due to lack of evidence, a finding that the allegation was invalid, or other reasons. This measure assists in evaluating IRS CI’s success in targeting, disrupting, and dismantling Transnational Criminal Organizations involved in drug trafficking and money laundering in the United States and abroad. In FY 2015, IRS CI completed 1,038 investigations, exceeding its target of 680 investigations.

IRS CI conducts extensive financial investigations to support an interagency approach to targeting, disrupting, and dismantling Transnational Criminal Organizations involved in laundering illicit proceeds of drug trafficking. The performance measure “Number of Convictions” represents the number of adjudicated cases that result in a guilty plea, nolo-contendere, guilty conviction by judge, or guilty conviction by jury. In FY 2015, IRS CI obtained convictions on 600 individuals, exceeding its target of 410 convictions. IRS CI also obtained convictions in 92 percent of its adjudicated investigations, exceeding its targeted 85 percent conviction rate.

As a result of meeting these targets, the various multiagency narcotics/money laundering investigations conducted by IRS CI during FY 2015 resulted in the seizure of more than \$63.0

million in cash and other assets (a \$100 million money judgment that occurred in FY 2015 was not included in the seizures).

# DEPARTMENT OF VETERANS AFFAIRS



**DEPARTMENT OF VETERANS AFFAIRS**  
Veterans Health Administration

**Resource Summary**

	Budget Authority (in millions)		
	FY 2015 Actual	FY 2016 Request	FY 2017 Request
<b>Drug Resources by Function</b>			
Treatment	\$649.440	\$662.430	\$687.602
Research and Development	22.370	20.000	20.000
<b>Total Drug Resources by Function</b>	<b>\$671.810</b>	<b>\$682.430</b>	<b>\$707.602</b>
<b>Drug Resources by Decision Unit</b>			
Medical Care	\$649.440	\$662.430	\$687.602
Research and Development	22.370	20.000	20.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$671.810</b>	<b>\$682.430</b>	<b>\$707.602</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3,108	3,108	3,108
<b>Drug Resources as a percent of Budget</b>			
Total Agency Budget (in Billions)	\$60.0	\$63.7	\$68.3
Drug Resources percentage	1.1%	1.1%	1.0%

**Program Summary**

**MISSION**

The Veterans Health Administration's (VHA) 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 substance use disorders is an important part of overall health care. The goal of VHA's Mental Health Services is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with substance use disorders and mental illness, those who are vulnerable to substance use disorders, and those who are in continuing care to sustain recovery.

**METHODOLOGY**

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 the VHA-provided services is assigned through the Decision Support System, which is the designated Managerial Cost Accounting System of the VA. Decision Support System 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 that 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. The data in the Decision Support System are also used to calculate and measure the productivity of physicians and other care providers.

In the Decision Support System, the basic unit of cost is the product. For VHA, a product can range from a prescription fill made through a mail-out pharmacy, to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply, and associated indirect costs (to include local and national overhead costs) are applied. Once they are fully costed, products are then assigned to the applicable patient encounter.

The Managerial Cost Accounting costs are the basis for the obligations displayed in the ONDCP report. The Allocation Resource Center (ARC) develops ARC cost, which is computed by taking the Managerial Cost Accounting cost and removing the non-patient specific costs, such as Operating costs for Headquarters, VISN Support, National Programs, and Capital and State Home costs, and adding in the FEE payments.

## **BUDGET SUMMARY**

In FY 2017, VHA requests \$707.6 million for drug control activities, an increase of \$25.2 million above the FY 2016 enacted level.

### **Medical Care**

**FY 2017 Request: \$687.60 million**

**(\$25.2 million above the FY 2016 enacted level)**

The Uniform Mental Health Services Handbook specifies substance use disorder services that must be made available to all veterans in need of them. The handbook commits VA to providing substance use disorder treatment services to every eligible veteran regardless of where he or she lives. To further enhance access to treatment, clinics offering these services must offer extended clinic hours during the week or on weekends. In FY 2015, VHA provided services by mental health clinicians in a variety of outpatient settings to 229,262 patients with any diagnosis of a drug use disorder. Of these, 32 percent used cocaine, 25 percent used opioids, and 43 percent used cannabis. Eighty-nine percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including substance use disorder, into primary care settings. Veterans from Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn, 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 needs. Secondary prevention services include diagnosis and assessment of possible substance use disorders in patients presenting medical problems that suggest elevated risk of substance use disorders (e.g., treatment for hepatitis C).

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative is to ensure pain management is addressed thoughtfully, compassionately, and safely. Based on comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2015, several aspects of the Opioid Safety Initiative have begun to show positive results. Despite an increase of 108,519 veterans who were dispensed any medication from a VA pharmacy, 105,543 fewer veterans were on long-term opioids, and 42,141 fewer veterans received opioid and benzodiazepine medications together. There has been an increase in the number of veterans (by 94,507) on opioid therapy who have had at least one urine drug screen. The average dose of selected opioids has begun to decline, as 15,172 fewer patients were receiving daily doses greater than or equal to 100 mg of morphine equivalent, demonstrating that prescribing and consumption behaviors are changing.

Ongoing national requirements for the initiative were updated by the Under Secretary in December 2014. Nine overarching goals were identified: 1) Educate prescribers of opioid medication regarding effective use of urine drug screening, 2) Increase the use of urine drug screening, 3) Facilitate use of state PDMP databases, 4) Establish safe and effective tapering programs for patients using the combination of benzodiazepines and opioids, 5) Develop tools to identify higher risk patients, 6) Improve prescribing practices around long-acting opioid formulations, 7) Review treatment plans for patients on high doses of opioids, 8) Offer Complementary and Alternative Medicine modalities for chronic pain at all facilities and 9) Develop new models of mental health and primary care collaboration to manage prescribing of opioid and benzodiazepine medications in patients with chronic pain.

Additional developments to promote opioid safety are a requirement for signed informed consent, with standardized patient education for those on opioid analgesics for more than 90 days and national guidance supporting opioid overdose education and naloxone distribution, including availability by prescription of standardized intranasal and intramuscular naloxone overdose prevention kits through the Centralized Mail Outpatient Pharmacy. As of mid-December, 2015, VHA had distributed naloxone kits to more than 13,000 veterans, approximately 51 percent of whom had diagnoses of Opioid Use Disorders. In recent months, the number of patients receiving kits per month exceeded 1,500, and a cumulative total of 141 opioid overdose rescues have been reported spontaneously since initiating implementation in April 2014.

Most veterans with substance use disorders are treated in outpatient programs. Outpatient detoxification 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 substance use disorder outpatient programs provide at least three hours of service per day, and patients attend three or more days per week.

VHA is steadily expanding the availability of opioid agonist treatment for opioid-dependent veterans. VA monitors the percentage of patients with OUD who receive MAT (31 percent during FY 2015) as part of the Psychoactive Drug Safety Initiative that has a dashboard on an internal website with daily updates of aggregate facility performance and a list of patients diagnosed with OUD. Compared to all of FY 2014, during the period from Quarter 4 of FY 2014 through Quarter 3 of FY 2015, 9 percent more unique veterans received treatment with buprenorphine (total of 12,159) and the number of prescribers increased by 10 percent (to 1,037). In FY 2015, evidence-based MAT for opioid use disorder, including office-based treatment with buprenorphine, was provided to patients at 99 percent of VA Medical Centers. Including Community-Based Outpatient Clinics separate from the medical centers, over 300 total sites of service provided at least some buprenorphine. VA operates federally regulated opioid treatment programs that can provide methadone maintenance on-site at 32 larger urban locations and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing these services through community-based licensed opioid treatment programs.

In light of the frequent co-occurrence of substance use disorders with post-traumatic stress disorder, VHA has also assigned a substance use disorder specialist to each of its hospital-level post-traumatic stress disorder services or teams. The staff person is an integral member of the post-traumatic stress disorder clinical services team and works to integrate substance use disorder care with all other aspects of post-traumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of veterans with co-occurring substance use disorder and post-traumatic stress disorder. Specialists also promote preventive services for veterans with post-traumatic stress disorder who are at risk for developing a substance use disorder.

VHA provides two types of 24-hour care to patients with particularly severe or acute substance use disorders. These include care in Residential Rehabilitation Treatment Programs and inpatient withdrawal management and stabilization in numerous medical and general mental health units. VHA offers care in Residential Rehabilitation Treatment Programs to veterans with a range of mental health concerns. Although many of these programs are designated as "Substance Abuse Residential Rehabilitation Treatment Programs" and focus primarily on substance use disorder services, in FY 2014, over 85 percent of all Residential Rehabilitation Treatment Programs patients had any substance use disorder diagnoses that were addressed as part of the rehabilitation plan.

Programs to end homelessness among veterans have substance use disorder specialists to support the HUD – VA Supportive Housing program. In addition, there are substance use disorder specialists working in Health Care for Homeless Veterans programs. These specialists emphasize early identification of substance use disorders as a risk for maintaining permanent housing, promote engagement or re-engagement in specialty care programs, and serve as linkages between homeless and substance use disorder programs.

The Uniform Mental Health Services Handbook affirmed that “Police encounters and pre-trial court proceedings are often missed opportunities to connect veterans with VA mental health services as a negotiated alternative to incarceration or other criminal sanctions.” VA medical centers provide outreach to justice-involved veterans in the communities they serve. All VA medical centers have at least one designated Veterans Justice Outreach Specialist.

In communities where justice programs relevant to veterans exist (veterans courts, drug courts, mental health courts, and police crisis intervention teams), VA has taken the initiative in building working relationships to ensure that eligible justice-involved veterans get needed care. In communities where no such programs exist, VA has reached out to potential justice system partners (judges, prosecutors, police, and jail administrators) to connect eligible justice-involved veterans with needed VA services, including addiction treatment. Justice for Vets currently recognizes 264 operational Veterans Treatment Courts, with more planned. Its definition of a Veterans Treatment Court includes linkage to VHA treatment services. In communities without Veterans Treatment Courts, VA medical centers have established relationships with a range of justice system and community partners, including police and sheriffs’ departments, local jail administrators, judges, prosecutors, public defenders, probation officers, and community mental health providers.

## **Research and Development**

**FY 2017 Request: \$20.0 million**

**(No change from the FY 2016 enacted level)**

VHA research supports the generation of new knowledge to improve prevention, diagnosis, and treatment of substance use disorders and alcohol abuse, as well as to heighten effectiveness, efficiency, accessibility, and quality of veterans’ health care.

Research and Development currently has ongoing projects on substance use and alcohol abuse. Topics of investigation range from access to treatment and outcomes for veterans with substance use disorders, to alcoholism and brain functions, to development of novel medication strategies for opioid use, to gender differences in post-deployment addictive behaviors among returning veterans.

## **PERFORMANCE**

Information regarding the performance of the drug-control efforts of VHA is based on agency GPRMA documents and other data that measure the agency’s contribution to the *Strategy*, and



is maintained by the VHA Office of Analytics and Business Intelligence. VHA reports performance for two separate drug-related initiatives: treatment and research and development. The table and accompanying text represent VHA's drug-related achievements during FY 2015.

Veterans Health Administration		
Selected Measures of Performance	FY 2015 Target	FY 2015 Achieved
<b>Treatment</b>		
» Abstinence from drug use at follow-up in a substance use disorder specialty treatment population	88%	83%
<b>Research and Development</b>		
» Number of research studies related to substance use disorders	5	31
» Number of research studies related to alcohol use disorders	5	67
» Number of research studies related to both substance use disorders and alcohol use disorders	N/A	22

### Treatment

During FY 2015, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor that transmits responses to the national database. The Brief Addiction Monitor assists substance use disorder specialty care clinicians in initial treatment planning and monitoring the progress of patients while they are receiving care for a substance use disorder. This also serves as a basis for giving feedback to enhance each patient's motivation for change and informing clinical decisions, such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the Brief Addiction Monitor assesses self-reported substance use in the prior 30 days, which includes the use of any illicit and non-prescribed drugs, as well as specific substances.

VHA has supplemented its current suite of internal indicators of substance use disorder care processes using administrative data related to a patient-reported outcome measure derived from the Brief Addiction Monitor: abstinence from drug use at follow-up in a substance use disorder specialty treatment population. During the first three quarters of FY 2015 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence among 2,861 veterans with drug use disorder diagnoses documented at admission. Among the veterans who remained engaged in care and were reassessed 30-90 days after admission, 83 percent reported abstinence from drugs during the previous 30 days. More than 7,300 veterans were assessed at the beginning of substance use disorder specialty care during the 4th quarter of FY 2015.

## Research and Development

The dollars VHA invests in research help efforts to improve substance use disorder prevention, diagnosis, and treatment while also improving the effectiveness, efficiency, accessibility, and quality of veterans' health care.

In FY 2015, VHA exceeded targets for the numbers of studies relevant to substance use (31) or alcohol use (67) disorders. Multiple publications were released by VHA-funded researchers related to these studies. One study focused on hospital stays as a gateway to screen for hazardous drinking and provide brief counseling intervention.<sup>58</sup> A recent study found that, contract to evidence that medications for alcohol use disorders are effective, rates of pharmacotherapy for alcohol use disorder were far lower than those for comorbid disorders, and additional system-wide implementation efforts to address patient and provider-level barriers are needed to increase alcohol use disorder pharmacotherapy.<sup>59</sup> Other VHA funded researchers found that most patients who died by unintended prescription opioid overdose were seen in outpatient settings within a month of their overdose, but the majority of those visits were not when the opioid was prescribed, suggesting that appropriate interventions to reduce overdose risk should not be limited to visits during which an opioid is prescribed.<sup>60</sup>

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<sup>58</sup> Broyles, L., Rodriguez, K., Kraemer, K., Sevick, M., Price, P., Gordon, A.. (2015). Alcohol brief intervention for hospitalized veterans with hazardous drinking: protocol for a 3-arm randomized controlled efficacy trial. *Addiction Science and Clinical Practice*, 10, 13.

<sup>59</sup> Rubinsky, A., Chen, C., Batki, S., Williams, E., Harris, A. (2015). Comparative utilization of pharmacotherapy for alcohol use disorder and other psychiatric disorders among U.S. Veterans Health Administration patients with dual diagnoses. *Journal of Psychiatric Research*, 69: 150-157.

<sup>60</sup> Lin, L., Bohnert, A., Ilgen, M., Pfeiffer, P., Ganoczy, D., Blow, F. (2015). Outpatient provider contact prior to unintentional opioid overdose among VHA service users. *Psychiatric Services*, [Published online before print July 1, 2015]

## ACRONYMS

<b>AC&amp;I</b>	Acquisition, Construction & Improvements
<b>ACF</b>	Administration for Children and Families
<b>AD</b>	Alternative Development
<b>ADF</b>	Agricultural Development Fund
<b>AFF</b>	Assets Forfeiture Fund
<b>AFP</b>	Asset Forfeiture Program
<b>AI/AN</b>	American Indian and Alaska Native
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AMO</b>	Air and Marine Operations
<b>ARIDE</b>	Advanced Roadside Impaired Driving Enforcement
<b>ATF</b>	Alcohol, Tobacco, Firearms and Explosives
<b>BEST</b>	Border Enforcement Task Forces
<b>BIA</b>	Bureau of Indian Affairs
<b>BLM</b>	Bureau of Land Management
<b>BOP</b>	Bureau of Prisons
<b>BSFIT</b>	Border Security Fencing, Infrastructure, and Technology
<b>CABHI</b>	Cooperative Agreements to Benefit Homeless Individuals
<b>CARSI</b>	Central America Regional Security Initiative
<b>CBP</b>	Customs and Border Protection
<b>CCDB</b>	Consolidated Counterdrug Database
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CFR</b>	Code of Federal Regulations
<b>CGC</b>	Coast Guard Cutter
<b>CI</b>	Criminal Investigation
<b>CICAD</b>	Inter-American Drug Abuse Control Commission
<b>CJ-DATS</b>	Criminal Justice Drug Abuse Treatment Studies
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CNP</b>	Colombian National Police
<b>Coast Guard</b>	United States Coast Guard
<b>CoC</b>	Continuum of Care
<b>CollegeAIM</b>	College Alcohol Intervention Matrix
<b>COPS</b>	Community Oriented Policing Services
<b>CPOT</b>	Consolidated Priority Organization Target
<b>CRM</b>	Criminal Division
<b>CSOSA</b>	Court Services and Offender Supervision Agency
<b>CSP</b>	Community Supervision Program
<b>CY</b>	calendar year

<b>DATA</b>	Drug Addiction Treatment Act
<b>DDE</b>	BIA Division of Drug Enforcement
<b>DEA</b>	Drug Enforcement Administration
<b>DFC</b>	Drug-Free Communities
<b>DoD</b>	Department of Defense
<b>DOJ</b>	Department of Justice
<b>DRE</b>	Drug Recognition Expert
<b>DTO</b>	Drug Trafficking Organization
<b>e-cigarette</b>	electronic cigarette
<b>ET-1</b>	endothelin-1
<b>FAA</b>	Federal Aviation Administration
<b>FAR</b>	Federal Acquisition Regulation
<b>FBI</b>	Federal Bureau of Investigation
<b>FEMA</b>	Federal Emergency Management Agency
<b>FLETC</b>	Federal Law Enforcement Training Center
<b>FPD</b>	Federal Prisoner Detention
<b>FRC</b>	Fast Response Cutters
<b>FTE</b>	full-time equivalent
<b>FY</b>	Fiscal Year
<b>GFV</b>	go-fast vessel
<b>GOM</b>	Government of Mexico
<b>GPRMA</b>	Government Performance and Results Modernization Act
<b>HHS</b>	Department of Health and Human Services
<b>HIDTA</b>	High Intensity Drug Trafficking Areas
<b>HIV</b>	human immunodeficiency virus
<b>HOPE</b>	Project Hawaii Opportunity Probation with Enforcement Opportunity Probation with Enforcement
<b>HRSA</b>	Health Resources and Services Administration
<b>HSI</b>	Homeland Security Investigations
<b>HUD</b>	Department of Housing and Urban Development
<b>ICE</b>	Immigration and Customs Enforcement
<b>IHS</b>	Indian Health Service
<b>IOC-2</b>	International Organized Crime Intelligence and Operations Center
<b>INCLE</b>	International Narcotics Control and Law Enforcement [account]
<b>INL</b>	Bureau of International Narcotics and Law Enforcement Affairs
<b>IRS</b>	Internal Revenue Service
<b>ISC</b>	Investigative Support Center
<b>JAG</b>	Byrne Memorial Justice Assistance Grant Program
<b>JIATF</b>	Joint Interagency Task Force

<b>JJ-TRIALS</b>	Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System
<b>Judiciary</b>	Federal Judiciary
<b>LEA</b>	Law Enforcement Agency
<b>M/V</b>	Motor Vessel
<b>MAT</b>	medication-assisted treatment
<b>MDMA</b>	Ecstasy
<b>MPA</b>	Maritime Patrol Aircraft
<b>MSPI</b>	Methamphetamine and Suicide Prevention Initiative
<b>MT</b>	Metric Tons
<b>NCANDA</b>	National Consortium on Alcohol and Neurodevelopment in Adolescence
<b>NDDS</b>	Narcotic and Dangerous Drug Section
<b>NFS</b>	National Forest System
<b>NGO</b>	Nongovernment Organization
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIDA</b>	National Institute on Drug Abuse
<b>NIH</b>	National Institutes of Health
<b>NPS</b>	National Park Service
<b>NSC</b>	National Security Cutter
<b>OCDETF</b>	Organized Crime Drug Enforcement Task Force
<b>OFO</b>	Office of Field Operations
<b>OFTS</b>	Office of Forensic Toxicology Services
<b>OJP</b>	Office of Justice Programs
<b>OJS</b>	Office of Justice Services
<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>PCP</b>	Phencyclidine
<b>PDMP</b>	Prescription Drug Monitoring Program
<b>POE</b>	Port of Entry
<b>PSA</b>	Pretrial Services Agency
<b>PTO</b>	Priority Target Organizations
<b>RDAP</b>	Residential Drug Abuse Program
<b>RDT&amp;E</b>	Research, Development, Test, and Evaluation
<b>RISS</b>	Regional Information Sharing System
<b>RSC</b>	Reentry and Sanctions Center
<b>S&amp;E</b>	Salaries and Expenses
<b>S/V</b>	sailing vessel

<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>SFST</b>	Standardized Field Sobriety Test
<b>SOD</b>	Special Operations Division
<b>SPF-Rx</b>	Strategic Prevention Framework for Prescription Drugs
<b>SPSS</b>	Self-Propelled Semi-Submersible
<b>SRO</b>	Scientific Research Outcome
<b><i>Strategy</i></b>	National Drug Control Strategy
<b>STTR</b>	seek, test, treat, and retain
<b>SWB</b>	Southwest Border
<b>TARS</b>	Tethered Aerostat Radar System
<b>TBHCE</b>	Tele-Behavioral Health Center of Excellence
<b>TCE</b>	Targeted Capacity Expansion
<b>TECS</b>	Treasury Enforcement Communications System
<b>THC</b>	tetrahydrocannabinol
<b>TOC</b>	Transnational Organized Crime
<b>TTU</b>	Trade Transparency Unit
<b>UDS</b>	Uniform Data System
<b>UIO</b>	Urban Indian Organizations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>U.S.</b>	United States
<b>USAID</b>	United States Agency for International Development
<b>USAO</b>	U.S. Attorney's Office
<b>U.S.C.</b>	United State Code
<b>USFS</b>	U.S. Forest Service
<b>USMS</b>	U.S. Marshals Service
<b>VA</b>	Department of Veterans Affairs
<b>VHA</b>	Veterans Health Administration
<b>YRTC</b>	Youth Regional Treatment Center