



FY 2014 BUDGET AND PERFORMANCE SUMMARY

Companion to the
National Drug Control Strategy

APRIL 2013



National Drug Control Strategy
FY 2014 Budget and Performance Summary
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Executive Summary

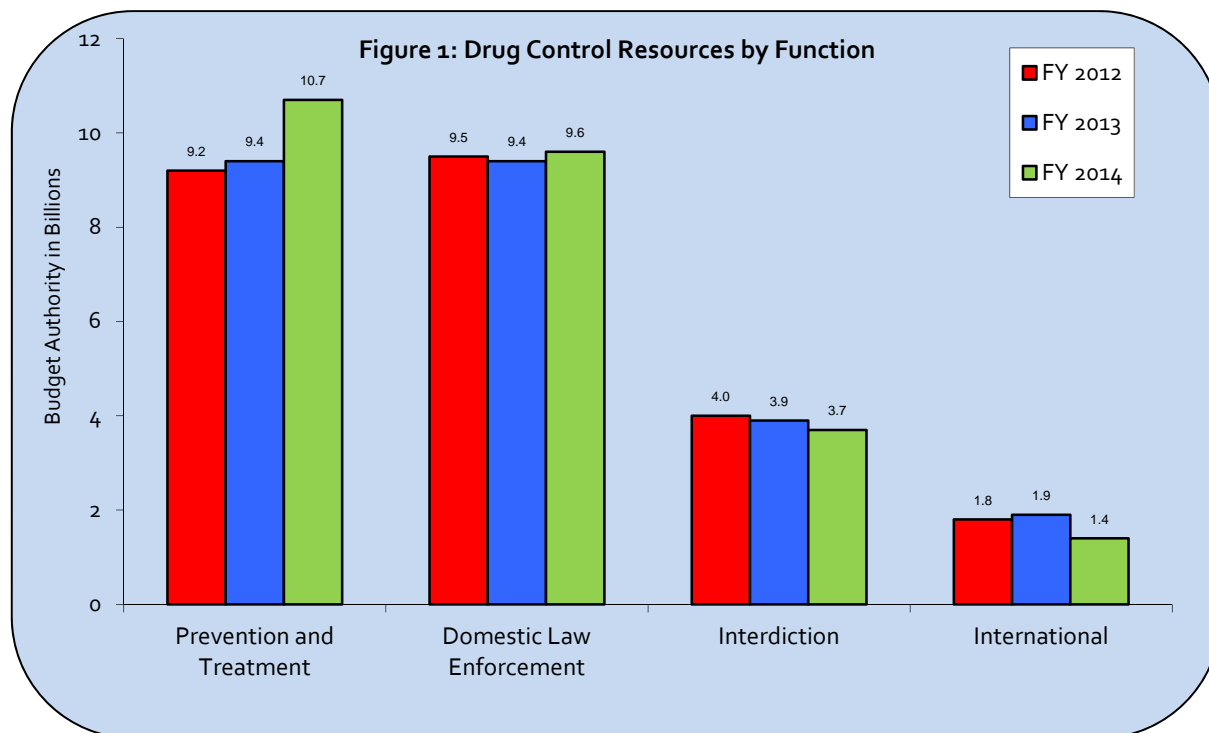
Executive Summary

In support of the 2013 *National Drug Control Strategy (Strategy)*, the President requests \$25.4 billion in Fiscal Year (FY) 2014 to reduce drug use and its consequences in the United States. This represents an increase of \$0.9 billion (3.7%) over the FY 2012 final level of \$24.5 billion.

The *Strategy* articulates the Administration's vision for a 21st century drug policy that is based on science and evidence, encompassing prevention, early intervention, treatment, recovery support, criminal justice reform, effective law enforcement, and international cooperation. Efforts provided by Federal funding include:

- preventing illicit drug use and substance use disorders before their onset;
- bringing more Americans in need of treatment into contact with the appropriate level of care;
- protecting public safety while also ensuring that drug-involved offenders have the opportunity to end their drug use and rebuild their lives;
- countering drug production and trafficking within the United States;
- implementing new strategies to secure our borders against illicit drug flows; and
- working with our international partners to reduce drug production and trafficking, strengthen rule of law, and support alternative livelihoods in source countries.

The budget will continue to support a balanced approach that brings all sectors of society together in a national effort to improve public health and public safety.



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.

Consistent with the restructuring of the drug control budget in FY 2012, the FY 2014 request includes a program new to the National Drug Control Budget. The new program, the Department of Justice's Byrne Memorial Justice Assistance Grant program, now has a reasonable methodology to estimate drug control funding, provides critical assistance to state and local law enforcement in addressing community problems with narcotics, and provides much needed support for their local efforts to reduce substance abuse.

Highlights of the FY 2014 Budget by Function

Prevention

Federal resources totaling \$1.4 billion support education and outreach programs that are intended to discourage the use of controlled substances, while encouraging community outreach efforts focused on getting those who have begun to use illicit drugs to cease their use. This represents a 5% increase (\$69.6 million) over the FY 2012 level; the major efforts are highlighted below:

Drug-Free Communities Support Program (DFC)

Office of National Drug Control Policy: \$85.7 million

The DFC 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 local communities across the United States and its Territories and Protectorates. For FY 2014, \$76.8 million will fund grants made directly to approximately 605 community-based coalitions (including 139 new grants) focusing on preventing youth substance use. Funding will also support the Community Anti-Drug Coalitions of America's National Coalition Institute and the DFC National Cross-Site Evaluation.

Education's Prevention Efforts

Department of Education: \$137.1 million

The Department of Education is proposing new programming to serve students and teachers. New for FY 2014, the Department of Education proposes to scale up the implementation of evidence-based multi-tiered decision-making frameworks to improve student academic and behavior outcomes. These frameworks guide the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students. There is evidence that youth risk factors are reduced in schools where these frameworks are implemented well and that reduced risk factors are correlated with reduced drug use, among other improved behaviors.

Substance Abuse Prevention and Treatment Block Grant

Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA): \$364.0 million

Twenty percent of the \$1.82 billion Substance Abuse Prevention and Treatment Block Grant is the minimum set-aside to support prevention services. State Substance Abuse Administering Agencies (SAA) use these funds to develop infrastructure and capacity specific to substance abuse prevention. Some SAAs rely heavily on the 20% set-aside to fund prevention, while others use the funds to target gaps and enhance existing program efforts.

Drugged Driving

Department of Transportation, National Highway Traffic Safety Administration (NHTSA): \$2.2 million

NHTSA's FY 2014 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 and complete a new roadside survey on the prevalence of drug use by drivers by FY 2015.

Strategic Prevention Framework (SPF)

Department of Health and Human Services - SAMHSA: \$109.8 million

SAMHSA's Strategic Prevention Framework-State Incentive Grants (SPF SIG) to states, tribes, and territories uses a public health approach that supports the delivery of effective programs, policies, and practices to prevent substance use disorders. The Partnerships for Success (PFS) program builds on the success of the SPF SIG program, focusing on implementing the SPF to strengthen prevention capacity and infrastructure at the state, territorial, and community levels; preventing the onset and reducing the progression of substance abuse; and leveraging, redirecting, and aligning statewide funding streams and resources to focus on promoting evidence-based substance abuse prevention. In FY 2014, SAMHSA requests \$36.7 million to implement a new cohort of PFS grants, awarding up to 32 grants.

Anti-Doping Activities/World Anti-Doping Agency (WADA) Dues

Office of National Drug Control Policy: \$9.7 million

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 aim to promote an increased awareness in the United States and internationally of the health and ethical dangers of illicit drug use and doping in sport. 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 - thus promoting the health and safety of athletes at all levels.

Treatment

The FY 2014 Budget proposes \$9.3 billion in Federal funds for early intervention, treatment and recovery services. These services focus on assisting individuals with substance use disorders to become free from drug use, including the abuse of prescription drugs. This represents an increase of 18% (\$1,413.3 million) over the FY 2012 level. The major efforts are highlighted below:

Medicare & Medicaid funded substance abuse treatment services

Department of Health and Human Services, Centers for Medicare & Medicaid Services: \$4,670.0 million

Substance abuse treatment most often is paid for by two or more public and private sources (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 abuse treatment services. Medicare supports treatment for substance abuse in both inpatient and outpatient settings. These programs are increasing in size and scope, with the expansion of populations and/or services covered.

Substance Abuse Prevention and Treatment Block Grant

Department of Health and Human Services - SAMHSA: \$1,455.9 million

This formula-based funding to states support the provision of substance abuse treatment services, providing maximum flexibility to states to respond to their local and/or regional emergent issues impacting public health, and public safety through a consistent Federal funding stream. Individuals who are in need of such services and have no or limited health insurance coverage for substance use disorder treatment and recovery support services rely on services funded by the block grant. The grant also allows states to provide a range of clinical and recovery support services to clients during treatment and recovery. It also supports planning, coordination, needs assessment, quality assurance, and has set-asides for HIV program development and evaluation. Approximately 80% of this \$1.82 Billion program is estimated for these treatment and these other services.

Drug Courts

Department of Health and Human Services - SAMHSA: \$41.3 million

Department of Justice - Office of Justice Programs: \$44.0 million

Drug Courts help reduce recidivism and substance abuse among offenders and improve an offender's 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 and DOJ work together to enhance court services, coordination, and the substance abuse treatment capacity of adult drug courts. Within DOJ, Drug Courts are proposed to be funded within the \$44.0 million Problem Solving Justice Grants program, which funds a variety of problem-solving approaches to Justice, including specialty courts.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Department of Health and Human Services - SAMHSA: \$30.0 million

The SBIRT program provides grants to health care providers to intervene early in the disease process before individuals achieve dependency and to motivate the client to engage in substance abuse treatment. Since the beginning of this program, more than 1.4 million individuals have been screened, with 19% requiring a brief intervention, brief treatment, or referral to specialty treatment programs. In FY 2014, more than 140,000 individuals are estimated to be served by the program. The request will support 41 grants (25 continuations and 16 new) and one contract. 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.

Access to Recovery (ATR)

Department of Health and Human Services - SAMHSA: \$65.0 million

State and tribal ATR grants will support the provision of treatment and recovery support services to those with substance use disorders. SAMHSA plans to award 19 3-year grants of \$3.2 million. ATR will continue to utilize a voucher-based payment mechanism to ensure free and genuine client choice and the expansion of both traditional and faith-based service providers. The majority of services provided are expected to be recovery support in nature and not generally supported through insurance mechanisms. ATR grant funds will also support creating linkages with state health information exchanges to ensure coordination and non-duplication of services, and will increase the availability of and access to training and certification programs for non-traditional providers, such as faith-based and peer providers.

Homeless Assistance Grants - Continuum of Care

Department of Housing and Urban Development: \$570.0 million

The President's *Strategy* calls for Federal support to reducing barriers to recovery from substance use disorders. Lack of housing is a known barrier to sustained recovery for those with substance use disorders. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The Continuum of Care – Homeless Assistance Grants support efforts to eliminate homelessness by financing local solutions to locate, intervene, and house the homeless population. These programs are designed to provide housing and supportive services on a long-term basis.

Offender Re-entry Program/Prisoner Re-entry Initiative

Department of Health and Human Services - SAMHSA: \$11.9 million

Department of Justice – Office of Justice Programs: \$59.5 million

Re-entry grants from HHS and DOJ provide substance abuse screening, assessment, and comprehensive treatment and recovery support services for offenders reentering the community, as well as offenders who are currently on or being released from probation or parole. Re-entry 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 (BOP) Drug Treatment Efforts

Department of Justice, Bureau of Prisons: \$109.9 million

As 40% of inmates entering BOP are diagnosed with a substance use disorder, BOP continues to develop evidence-based treatment practices to manage and treat drug-using offenders. The Bureau's strategy includes early identification through a psychology screening, drug education, non-residential drug abuse treatment, intensive residential drug abuse treatment (RDAP), and community transition treatment. In coordination with the National Institute on Drug Abuse, BOP conducted a rigorous 3-year outcome study of the residential drug abuse treatment program beginning in 1991. The results indicated that male participants are 16% less likely to recidivate and 15% less likely to experience substance abuse relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18% less likely to recidivate than inmates who did not participate in treatment.

Substance Abuse Treatment for Veterans

Department of Veterans Affairs: \$687.4 million

The Veterans Health Administration (VHA) operates a national network of substance abuse treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics. The goal of the programs is to provide effective, safe, efficient, recovery-oriented, and compassionate care for Veterans with substance use disorders and mental illness, who are vulnerable to these disorders, and who are in continuing care to sustain recovery.

Domestic Law Enforcement

Nearly \$9.6 billion in FY 2014 Federal resources are requested to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), an increase of \$123.4 million (1.3%) over the FY 2012 level. The major efforts are highlighted below.

High Intensity Drug Trafficking Areas (HIDTA) Program

Office of National Drug Control Policy: \$193.4 million

The HIDTA program principally supports the enforcement aspect of the *Strategy* by providing assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. The HIDTA program currently includes 28 regional HIDTAs, which comprise approximately 16% of all counties in the United States and 60% of the U.S. population. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. The HIDTA program plays a key role in helping to keep communities safe, and supports a place-based policy designed to increase the impact of government dollars by leveraging place-conscious planning and place-based programming. It is a regional program, locally managed, and tied to a national mission. It principally supports drug supply reduction by bringing together and providing assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. However, in line with the

President's *Strategy*, individual HIDTAs are also increasingly involved in prevention initiatives at the local or regional level.

Prescription Drug Monitoring Program (PDMP)

Department of Justice: \$7.0 million

The PDMP program boosts the capacity of regulatory agencies and health care providers to collect and analyze controlled substance prescription data. The program provides grant funding to states for PDMP planning, implementation, training and technical assistance to states, and technical support regarding electronic interstate data sharing.

Corrections

Department of Justice/Federal Judiciary: \$4,577.4 million

As a consequence of illegal drug use, the Bureau of Prisons, the U.S. Marshals Service - Federal Prisoner Detention, and the Federal Judiciary conduct activities associated with the incarceration and/or 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.

National Guard Counternarcotics Support

Department of Defense: \$109.6 million

The National Guard provides counternarcotics support to Federal, state, and local law enforcement in all 50 states and four territories. Utilizing unique military skills and capabilities, Guardsmen provide support including criminal analysis and investigative case support, linguist and translator support, eradication support, training, reconnaissance and observation, and civil operations.

Federal Law Enforcement Training Center (FLETC)

Department of Homeland Security: \$48.8 million

FLETC is an interagency law enforcement training facility to more than 90 Federal agencies and provides training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides training programs in support of drug enforcement activities, focusing on advanced programs that teach and reinforce law enforcement skills of investigation. These training programs with a drug nexus equip law enforcement officers and agents with the specialized skills needed to support successful drug investigations.

Drug Enforcement Administration's (DEA) Domestic Efforts

Department of Justice: \$1,607.3 million

DEA's Domestic Enforcement efforts comprise the majority of DEA's support for the *Strategy*. DEA supports an aggressive and balanced domestic enforcement program. The agency takes 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 the seizure of the proceeds and assets involved in the illegal drug trade.

Interdiction

The Federal budget request for interdiction efforts, which include intercepting and ultimately disrupting shipments of illegal drugs and their precursors, as well as the proceeds, totals \$3.7 billion in FY 2014, a decrease of \$331.5 million (-8.2%) over the FY 2012 level. The major efforts are highlighted below.

Customs and Border Protection (CBP)

Department of Homeland Security: \$2,344.6 million

CBP uses its wide range of resources and ground, air, and maritime assets to interdict and disrupt the flow of narcotics and other contraband across our Nation's borders. CBP also supports disrupting and dismantling criminal organizations that move drugs, weapons, and illicit proceeds into and out of the United States. CBP's narcotics interdiction efforts are flexible so that they can successfully counter the constantly shifting narcotics threat at and between the ports of entry.

United States Coast Guard (USCG)

Department of Homeland Security: \$1,127.8 million

As part of its larger mission to ensure maritime security, the USCG's drug interdiction goal is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. The USCG maintains an interdiction presence based on the availability of assets and risk-based prioritization of missions. USCG continues to strengthen ties with partner nations to increase their willingness and ability to reduce the trafficking of illicit drugs within their sovereign boundaries.

Department of Defense Drug Interdiction

Department of Defense: \$471.2 million

The Department of Defense (DoD) serves as the lead agency of the Federal Government for the detection and monitoring of aerial and maritime transit of illegal drugs into the United States. It fulfills this mission through the maritime and air assets it provides, its intelligence collection capabilities, as well as its operation of Joint Interagency Task Forces South and West, which work to detect, monitor, and disrupt the flow of illicit traffic to the United States.

International

The profits from illicit drug trafficking are 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. The FY 2014 Budget requests over \$1.4 billion to provide a wide range of drug-control activities primarily focused on or conducted in areas outside of the United States, a decrease of \$378.7 million (-20.7%) from the FY 2012 level. These programs help facilitate the disruption or dismantlement of the most significant international drug organizations, and increase the demand reduction and drug enforcement capabilities of partner nations. The major efforts are highlighted below.

DEA's International Efforts

Department of Justice: \$417.7 million

DEA's International Enforcement program seeks to disrupt or dismantle the most significant international drug and precursor chemical trafficking organizations around the world. Working with the Department of State and U.S. Ambassadors, DEA coordinates all programs involving drug law enforcement in foreign countries, provides intelligence to assist the interagency community in determining future trends in drug trafficking, and evaluates their long-term impact.

Caribbean Basin Security Initiative (CBSI)

Department of State/INL: \$10.1million

CBSI facilitates collaboration between the United States and Caribbean nations on regional security issues, including the reduction of illicit trafficking. Funding supports building the capacity and the professionalization of partner nation law enforcement agencies. The goal is to improve regional cooperation and capacity in order to address drug traffickers who seek to capitalize on weak institutions and porous borders.

Central America Regional Security Initiative (CARSI)

Department of State/INL: \$34.8 million

CARSI is designed to stop the flow of narcotics, arms, weapons, and bulk cash generated by illicit drug sales and to confront gangs and criminal organizations throughout Central America. The Initiative provides assistance to partner nations in a range of areas, including 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. CARSI will provide for a safer and more secure region, as well as prevent the entry and spread of illicit drugs, violence, and transnational threats to countries throughout the region and to the United States.

United States Agency for International Development (USAID)

Department of State: \$134.6 million

USAID's Alternative Development (AD) programs support the objectives of the President's *Strategy* by helping partner nations develop economic alternatives to narcotics production. These AD programs 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.

DoD International Counternarcotics Efforts

Department of Defense: \$350.9 million

DoD works to address a broad array of security threats associated with illicit drug trafficking. Working with U.S. partner nations, DoD counternarcotics efforts provide training, equipment, and infrastructure required to build their capacity to address traffickers, allowing them to gain control of their borders and ungoverned spaces. Because final decisions about the pace of the drawdown in Afghanistan have not yet been made, the Budget does not include DoD's 2014 expected Overseas Contingency Operations (OCO)

funding request. The Administration will submit a Budget amendment to Congress updating the DoD OCO request after a determination has been made on required force levels in Afghanistan.

Performance Measurement

Performance measurement is an important tool for ONDCP in its oversight of Federal agencies – it enables ONDCP to assess the contributions of drug control agencies to the *National Drug Control Strategy* and the extent to which the *Strategy's* Goals and Objectives are met. Two laws serve as key foundations for ONDCP's performance efforts -- the Office of National Drug Control Policy Reauthorization Act of 2006 (P.L. 109-469) and the Government Performance and Results Modernization Act of 2010 (GPRMA).

ONDCP tracks and reports on the progress of the *Strategy* as reflected in performance measures and targets established for the *Strategy's* Goals and Objectives. Assessing the contributions of drug control Agencies in achieving the Goals and Objectives of the *Strategy* draws upon GPRMA data and other agency information. For assessing interagency progress, the key mechanism is the Performance Reporting System (PRS), which was designed to appraise the performance of the large and complex interagency Federal effort set forth in the *Strategy*. The PRS was developed through an extensive interagency process that brought together Federal partners with expertise in the areas of drug control policy, programs, and data.

The PRS monitors key performance measures to inform ONDCP on interagency progress towards the *Strategy's* 2 Goals and 7 Objectives. The PRS design report was published in April 2012 and is available online at http://www.whitehouse.gov/sites/default/files/ondcp/prs_2012.pdf. The first PRS assessment report will be published in 2013 and will address progress to date. This information will be used to inform budget formulation and resource allocation, *Strategy* implementation, policymaking, and planning.

Drug Control Funding Tables

Table 1: Federal Drug Control Spending by Function

FY 2012 – FY 2014
(Budget Authority in Millions)

	FY 2012 Final	FY 2013 Annualized CR	FY 2014 Request	FY12-FY14 Change	
				Dollars	Percent
Function					
Treatment	7,848.3	8,082.4	9,261.6	+1,413.3	+18.0%
<i>Percent</i>	32.0%	32.9%	36.5%		
Prevention	1,339.2	1,289.5	1,408.7	+69.6	+5.2%
<i>Percent</i>	5.5%	5.3%	5.5%		
Domestic Law Enforcement	9,439.5	9,348.8	9,562.9	+123.4	+1.3%
<i>Percent</i>	38.5%	38.1%	37.7%		
Interdiction	4,036.5	3,869.7	3,705.0	-331.5	-8.2%
<i>Percent</i>	16.5%	15.8%	14.6%		
International	1,833.7	1,946.0	1,455.0	-378.7	-20.7%
<i>Percent</i>	7.5%	7.9%	5.7%		
Total	\$24,497.2	\$24,536.4	\$25,393.2	+\$896.1	+3.7%
Supply/Demand					
Demand Reduction	9,187.4	9,371.9	10,670.3	+1,482.9	+16.1%
<i>Percent</i>	37.5%	38.2%	42.0%		
Supply Reduction	15,309.7	15,164.5	14,722.9	-577.0	-3.8%
<i>Percent</i>	62.5%	61.8%	58.0%		
Total	\$24,497.2	\$24,536.4	\$25,393.2	+\$896.1	+3.7%

Table 2: Federal Drug Control Spending by Agency
(Budget Authority in Millions)

	FY 2012 Final	FY 2013 CR	FY 2014 Request
Department of Agriculture			
U.S. Forest Service	15.2	15.2	13.2
Court Services and Offender Supervision Agency for the District of Columbia	56.3	57.5	60.6
Department of Defense			
Drug Interdiction and Counterdrug Activities ² /OPTEMPO	1,775.1	1,632.5	1,084.0
Defense Health Program	<u>94.4</u>	<u>108.2</u>	<u>119.7</u>
Total DoD	1,869.4	1,740.7	1,203.6
Department of Education	63.7	58.9	137.1
Federal Judiciary	1,118.1	1,125.4	1,153.2
Department of Health and Human Services			
Administration for Children and Families	20.0	20.0	20.0
Centers for Medicare & Medicaid Services ³	3,500.0	3,720.0	4,670.0
Health Resources and Services Administration	17.8	17.9	18.2
Indian Health Service	98.0	96.4	112.4
National Institute on Alcohol Abuse and Alcoholism	61.6	62.0	62.2
National Institute on Drug Abuse	1,051.4	1,058.6	1,071.6
Substance Abuse and Mental Health Services Administration ⁴	<u>2,479.3</u>	<u>2,447.0</u>	<u>2,415.8</u>
Total HHS	7,228.2	7,421.9	8,370.2
Department of Homeland Security			
Customs and Border Protection	2,280.3	2,280.3	2,344.6
Federal Law Enforcement Training Center	48.5	48.7	48.8
Immigration and Customs Enforcement	523.5	523.5	485.0
United States Coast Guard ⁵	1,332.5	1,253.3	1,127.8
Office of Counternarcotics Enforcement	<u>1.8</u>	<u>1.8</u>	<u>0.0</u>
Total DHS	4,186.6	4,107.6	4,006.2
Department of Housing and Urban Development			
Community Planning and Development	446.0	446.0	570.0
Department of the Interior			
Bureau of Indian Affairs	10.0	9.5	9.5
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>
Total Interior	18.4	17.9	17.9

	FY 2012 Final	FY 2013 CR	FY 2014 Request
Department of Justice			
Assets Forfeiture Fund	230.3	232.8	244.5
Bureau of Prisons	3,396.9	3,377.7	3,517.7
Criminal Division	39.6	41.0	40.2
Drug Enforcement Administration	2,357.0	2,400.4	2,428.9
Organized Crime Drug Enforcement Task Force Program	527.5	530.7	523.0
Office of Justice Programs	243.4	237.5	380.9
National Drug Intelligence Center	20.0	20.1	0.0
U.S. Attorneys	78.8	75.0	76.4
U.S. Marshals Service	248.8	250.5	251.5
U.S. Marshals Service - Federal Prisoner Detention	580.1	580.1	656.3
Total Justice	7,722.5	7,746.0	8,119.3
Department of Labor			
Employment and Training Administration	6.6	6.6	6.6
Office of National Drug Control Policy			
High Intensity Drug Trafficking Areas	238.5	240.0	193.4
Other Federal Drug Control Programs	105.6	106.2	95.4
Salaries and Expenses	<u>24.5</u>	<u>24.7</u>	<u>22.6</u>
Total ONDCP	368.6	370.8	311.4
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs ⁶	494.6	494.6	510.5
United States Agency for International Development	<u>173.7</u>	<u>173.7</u>	<u>134.6</u>
Total State	668.3	668.3	645.1
Department of Transportation			
Federal Aviation Administration	28.7	27.6	28.1
National Highway Traffic Safety Administration	<u>2.7</u>	<u>2.7</u>	<u>2.2</u>
Total Transportation	31.4	30.3	30.3
Department of the Treasury			
Internal Revenue Service	60.3	60.3	60.9
Department of Veterans Affairs			
Veterans Health Administration ⁷	637.8	663.0	687.4
	24,497.2	24,536.4	25,393.2

¹Detail may not add due to rounding.

²As the Overseas Contingency Operations (OCO) amounts have not yet been finalized, this amount includes FY 2014 base budget resources only.

³The estimates for the Centers for Medicare & Medicaid Services (CMS) reflect Medicaid and Medicare benefit outlays for substance abuse treatment; they do not reflect budget authority. The estimates were developed by the CMS Office of the Actuary.

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

⁵The USCG budgets by appropriation rather than individual missions. The USCG projects resource allocations by mission through use of an activity-based costing system. Actual allocations will vary depending upon operational environment and mission need.

⁶State Department amounts include funding appropriated or requested for overseas contingency operations.

⁷VA Medical Care receives advance appropriations; FY 2014 funding was provided in the Consolidated and Further Continuing Appropriations Act, 2013 (Public Law 113-6).

Table 3: Historical Drug Control Funding by Function

FY 2006 – FY 2013
(Budget Authority in Millions)

FUNCTIONS	FY 2006 Final	FY 2007 Final	FY 2008 Final	FY 2009 Final	FY 2010 Final	FY 2011 Final	FY 2012 Final	FY 2013 CR	FY 2014 Request
<u>Demand Reduction</u>									
Drug Abuse Treatment	6,229.4	6,493.9	6,725.1	7,208.7	7,544.5	7,659.7	7,848.3	8,082.4	9,261.6
Drug Abuse Prevention	1,964.5	1,934.2	1,841.0	1,954.0	1,566.4	1,478.1	1,339.2	1,289.5	1,408.7
Total Demand Reduction	8,193.9	8,428.1	8,566.1	9,162.7	9,110.9	9,137.7	9,187.4	9,371.9	10,670.3
<i>Percentage</i>	<i>39.7%</i>	<i>38.9%</i>	<i>39.2%</i>	<i>36.9%</i>	<i>37.0%</i>	<i>37.5%</i>	<i>37.5%</i>	<i>38.2%</i>	<i>42.0%</i>
<u>Supply Reduction</u>									
Domestic Law Enforcement	7,602.2	8,018.2	8,300.9	9,470.0	9,252.5	9,223.0	9,446.5	9,348.8	9,562.9
Interdiction	2,924.1	3,045.9	2,968.7	3,699.2	3,662.4	3,977.1	4,036.5	3,869.7	3,705.0
International	1,895.8	2,191.4	1,998.5	2,532.6	2,595.0	2,027.6	1,833.7	1,946.0	1,455.0
Total Supply Reduction	12,422.2	13,255.5	13,268.1	15,701.9	15,509.9	15,227.7	15,316.7	15,164.5	14,722.9
<i>Percentage</i>	<i>60.3%</i>	<i>61.1%</i>	<i>60.8%</i>	<i>63.1%</i>	<i>63.0%</i>	<i>62.5%</i>	<i>62.5%</i>	<i>61.8%</i>	<i>58.0%</i>
TOTALS	20,616.1	21,683.6	21,834.2	24,864.6	24,620.8	24,365.5	24,504.1	24,536.4	25,393.2

Agency Budget Summaries

DEPARTMENT OF AGRICULTURE



DEPARTMENT OF AGRICULTURE
U.S. Forest Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$0.200	\$0.200	\$0.200
Investigations	14.000	14.000	12.100
Prevention	0.100	0.100	0.100
Prosecution	0.300	0.300	0.200
State and Local Assistance	0.600	0.600	0.600
Total Drug Resources by Function	\$15.200	\$15.200	\$13.200
Drug Resources by Decision Unit			
Law Enforcement Agency Support	\$15.200	\$15.200	\$13.200
Total Drug Resources by Decision Unit	\$15.200	\$15.200	\$13.200
Drug Resources Personnel Summary			
Total FTEs (direct only)	68	66	63
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$4.8	\$5.3	\$4.9
Drug Resources Percentage	0.3%	0.3%	0.3%

Program Summary

MISSION

The mission of the U.S. Forest Service (FS) is to sustain the health, diversity, and productivity of the Nation’s forests and grasslands to meet the needs of present and future generations. In support of this mission, the Forest Service’s Law Enforcement and Investigations (LE&I) 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 FS 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 Forest Service: 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 FS budget structure includes a LE&I budget line item within the National Forest System (NFS) appropriation. Within the LE&I 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 FS.

BUDGET

The FY 2014 request is \$13.2 million, a decrease of \$2.0 million from the FY 2012 level.

Law Enforcement Agency Support

FY 2014 Request: \$13.2 million

(Reflects \$2.0 million decrease from FY 2012)

The FS drug-related activities include Law Enforcement Agency support for detection and monitoring on NFS lands. The FS works to identify, investigate, disrupt, and dismantle drug trafficking organizations involved in marijuana cultivation, including their supporting co-conspirators (transportation and financial components), that are responsible for the 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 FS provides prosecutorial support in an effort to convict marijuana cultivators and their co-conspirators. The FS eradication efforts include cleaning and rehabilitating marijuana grow sites in an effort to deter the re-use of NFS lands for marijuana cultivation. In addition, the FS provides funding to educate communities in rural areas adjacent to NFS lands about the dangers of drugs through the Drug Abuse Resistance Education program.

FY 2014 Changes (-\$2.0 million): In FY 2014, the FS will conduct a multi-agency eradication operation to target marijuana cultivated on NFS lands. The FS continues its participation in ONDCP's High Intensity Drug Trafficking Area program to leverage resources with Federal, state, and local agencies, and place emphasis on NFS lands along the Southwest and Northern borders, to decrease trafficking and movement of drugs in support of the President's *National Drug Control Strategy*.

PERFORMANCE

Information regarding the activities of the U.S. Forest Service LE&I program is based on agency Government Performance and Results Modernization Act documents and other agency information.

U.S. Forest Service		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of all criminal cases on National Forests referred for adjudication	6.8%	7.7%
» Percent of documented law enforcement incidents per 10,000 forest visits	7.0%	6.5%

*These data include all law enforcement activities, including drug control.

NFS lands are used by drug trafficking organizations in the unlawful cultivation of marijuana and production of other controlled substances. The FS has a performance management framework designed to track the agency's efforts to address drug cultivation and production on public lands. The FS tracks two key measures to assess progress -- percent of all criminal cases on NFs referred for adjudication and the percent of documented law enforcement incidents per 10,000 forest visits. Reflecting the multi-mission nature of the law enforcement units, the accounting system captures all investigations and enforcement activities; drug control focused results are not disaggregated.

The number of adjudicated cases and law enforcement incidents are low compared to historic averages and are likely attributable to two main factors. The exceptionally large number of fires in 2012 required the commitment of a large percentage of law enforcement field personnel to fire-related incidents during the summer months when drug cultivation and production is traditionally at its peak. This resulted in reduced patrol and enforcement activities. Also, the hiring of new personnel to replace officers lost due to attrition, retirement, etc., did not occur until late in the 4th quarter. This, too, affected the overall numbers of law enforcement personnel available for enforcement and also had an impact on the annual accomplishments.

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 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$22.418	\$22.775	\$22.375
Treatment	33.863	34.680	38.245
Total Drug Resources by Function	\$56.281	\$57.455	\$60.620
Drug Resources by Decision Unit			
Community Supervision Program	\$40.361	\$40.857	\$43.853
Pretrial Services Agency	15.920	16.598	16.767
Total Drug Resources by Decision Unit	\$56.281	\$57.455	\$60.620
Drug Resources Personnel Summary			
Total FTEs (direct only)	336	345	347
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$212.9	\$214.3	\$227.9
Drug Resources Percentage	26.4%	26.8%	26.6%

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). CSP is responsible for supervision of offenders on probation, parole or supervised release, as well as monitoring Civil Protection Orders and deferred sentencing agreements. PSA is an independent entity within CSOSA. Its mission is to promote pretrial justice and community safety by assisting judicial officers in making appropriate release decisions, and by providing close supervision and pro-social interventions to defendants released to the community.

Seventy percent of convicted offenders serve all or part of their sentence in the community and approximately 80% of pretrial defendants are released to the community. As such, the effective supervision of pretrial defendants and convicted offenders is critical to public safety in the District of Columbia. Two strategic goals support CSOSA's mission. The first goal targets public safety by preventing the population supervised by CSOSA from engaging in

criminal activity. The second goal targets the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers, namely, the courts and the United States Parole Commission.

METHODOLOGY

CSP uses a cost allocation methodology to determine Drug 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 Testing and Treatment activities. The resources for these activities are derived from CSP's Strategic Plan framework reported in CSOSA's performance budgets. CSP recently updated the cost allocation methodology based on its new FY 2011 – 2016 Strategic Plan structure.

PSA has two program areas related to its drug control mission - drug testing and substance abuse treatment. The Drug Testing and Compliance Unit (DTCU) is responsible for the collection of urine 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 the DTCU and OFTS staff, recurring expenses for reagents and other laboratory supplies, lease expenses for the OFTS, and the purchase and maintenance of lab equipment. Overhead and agency administrative expenses are not included. PSA provides drug testing services to 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 contractual services.

PSA recently evaluated its cost allocation methodology to determine if resources were properly aligned to PSA's organizational strategies and performance measures. As a result, the cost allocation methodology for drug resources has been updated with this submission. It was found that drug treatment resources in major programs such as the PSA Specialized Supervision Unit, Superior Court Drug Intervention Program (commonly referred to as Drug Court), and the New Directions Program were overstated in the Prevention-related functions and understated in the Treatment-related functions.

BUDGET SUMMARY

The total drug control request for CSOSA for FY 2014 is \$60.6 million, a net increase of \$4.3 million above FY 2012.

CSP Drug Testing

FY 2014 Request: \$12.3 million

(Reflects \$1.1 million increase over FY 2012)

In FY 2012, approximately 84% of the offenders placed under CSP supervision reported having a history of substance abuse. 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 abuse treatment. Eligible offenders

are assigned to drug testing upon intake to supervision and placed on a drug testing schedule, with frequency of testing dependent upon prior substance abuse 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 samples at the CSOSA Re-entry and Sanctions Center and four CSP Illegal Substance Collection Units located throughout the District of Columbia. Each urine sample may be tested for up to seven drugs (Marijuana, PCP, Opiates, Methadone, Cocaine, Amphetamines and Alcohol). CSP offender urine samples are tested by PSA and results provided back to CSP within 48 hours after the sample is taken.

FY 2014 Changes (+\$1.1 million): The FY 2014 request will provide resources to continue offender drug testing at FY 2012 levels.

CSP Treatment

FY 2014 Request: \$31.6 million

(Reflects \$2.4 million increase over FY 2012)

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 funds availability, are referred to a variety of contracted treatment services, including residential and intensive out-patient treatment programs, transitional housing and other specialized assessment and treatment services as indicated through continuing evaluations. Typically, an offender who has serious, persistent substance abuse problem requires a treatment program continuum consisting of three separate substance abuse treatment placements (in-house or contract) to fully address his or her issues. In FY 2012, CSP made 1,934 contract substance abuse treatment placements and 626 transitional housing placements using appropriated funds. In addition, CSOSA's Re-entry and Sanctions Center (RSC) at Karrick Hall provides high risk offenders and defendants with a 28-day intensive assessment, re-entry 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 abuse 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 referred to contract treatment.

FY 2014 Changes (+\$2.4 million): The FY 2014 budget will provide resources to continue offender treatment services at FY 2012 levels. In FY 2012, as a result of budget challenges, CSP reduced its Treatment, Halfway Back Sanctions and Transitional Housing budget by \$2 million.

PSA Drug Prevention

FY 2014 Request: \$10.1 million

(Reflects \$1.1 million decrease from FY 2012)

Drug testing services are integral to the judicial process in the District of Columbia and to public safety. Continuation of the services provided by PSA's DCTU and the OFTS is paramount to the Agency's mission success. Drug testing provides much of the diagnostic and supervision

information needed to ensure lower re-arrest rates and defendant return for court appearances. Drug use monitoring facilitates risk assessment, enables close supervision, measures the success of drug treatment and assists in predicting future criminality. It is critical to effective community supervision of those on pretrial release, probation and parole; and provides data for law enforcement partners. The OFTS also provides additional service to the D.C. Superior Court in testing for juveniles and families.

FY 2014 Changes (+\$1.1 million): In FY 2012, PSA reprioritized its drug testing and treatment programs to focus its resources on defendants with the highest risk and the greatest need, and with added attention to youthful defendants and dually-diagnosed (substance dependence and mental illness) defendants. PSA is able to strategically focus its resources on defendants with the highest risk to public safety and with the greatest need for treatment services. Focusing on a reduced number of defendants with the greatest need allows for adoption of a more intensive case management approach and allows for smaller clinical groups, which should enhance the effectiveness of clinical interventions. Additionally in FY 2012, PSA enhanced its substance abuse treatment services by focusing on defendants whose substance abuse issues increased their likelihood to commit new crimes while in the community or to miss scheduled court appearances. The FY 2014 budget request will provide resources to continue defendant drug testing at the FY 2012 level.

PSA Drug Treatment

FY 2014 Request: \$6.6 million

(Reflects \$1.9 million increase over FY 2012) PSA's Treatment Program includes the Superior Court Drug Intervention Program (Drug Court), the New Directions Program, the D.C. Misdemeanor and Traffic Initiative (DCMTI), the Specialized Supervision Unit (SSU), and the Sanctions Based Treatment Program (SBT). The Treatment Program also includes a Social Services and Assessment Unit that assesses defendants for substance dependence treatment, mental health services, and social services needs. Each of the drug treatment programs is designed to motivate defendants toward compliant behavior and to reduce drug use. Treatment is delivered using in-house staff and contract providers. Each program uses a treatment plan that guides case managers in tailoring and modifying therapeutic interventions for a population involved in the criminal justice system.

FY 2014 Changes (+\$1.9 million): In FY 2012, as a result of budgetary challenges, PSA reduced contractual treatment services by \$600,000. Effective January 1, 2012, PSA no longer provides outpatient drug treatment. The FY 2014 budget request will provide resources to continue defendant treatment services at the FY 2012 level.

PERFORMANCE

Information regarding the performance of the drug control mission of CSOSA is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text highlight CSOSA achievements during FY 2012.

Court Services and Offender Supervision Agency		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
>> Percentage of eligible CSP offenders for whom drug tests are performed upon the day of intake to CSP supervision	80%	80%
>> Percentage of CSP active tested offender population drug tested at least once per month	85%	83%
>> Percentage of CSP offenders who start contractually substance abuse treatment that satisfactorily complete the treatment	65%	61%
>> Percentage of CSP offenders and PSA defendants placed in the CSOSA Re-entry and Sanctions Center (RSC) that satisfactorily complete the program	80%	81%
>> Percentage of CSP offenders and PSA defendants who satisfactorily complete the CSOSA RSC program and satisfactorily complete the initial post-RSC treatment	70%	73%
>> Percentage of PSA defendants who have a reduction in drug usage following placement in a sanction-based treatment program	74%	85%

Community Supervision Program

CSOSA's CSP has a drug testing policy to monitor the offender's compliance with the releasing authority's requirement to abstain from drug use and to assess the offender's level of need for substance abuse treatment. This 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 change from active to warrant status, case transfer from D.C. to another jurisdiction, rearrests, and admission to substance abuse treatment (at which point testing is conducted by the treatment provider). The policy also includes spot testing for offenders, who are on minimum supervision, as well as those who do not have histories of drug use and who have established a record of negative tests.

Each offender urine sample may be tested for up to seven drugs (marijuana, PCP, opiates, methadone, cocaine, amphetamines, and alcohol). On average, CSP drug tested 30,084 samples from 8,904 unique offenders each month during FY 2012.

Of the eligible FY 2012 offender population, 80% were drug tested on the date of intake to CSP supervision, and 83% were tested at least once per month. In FY 2012, 22.04% of all offender drug samples tested positive for at least one drug; a slight decrease from FY 2011 (23.26%). Data indicate that samples testing positive for cocaine, methadone, and alcohol remained at or slightly below FY 2011 positive testing levels. The percentage of samples testing positive for other drugs including marijuana, amphetamines, and opiates increased slightly in FY 2012. Although a relatively small percentage of the tested offender population produced positive results for PCP, CSP aggressively addressed these high-risk, non-compliant offenders by initiating actions to remove them from the community through placement into residential treatment or a sanctions program. CSP will continue to monitor these trends.

For those offenders evaluated by CSP who have substance abuse treatment needs and prioritized for contract treatment services within available resources, 61% satisfactorily completed the contract treatment program. There were relatively low treatment completion rates for offenders who participated in outpatient treatment. This contributed to a failure to meet the FY 2012 performance target. CSP is currently evaluating the contract outpatient treatment program to improve completion rates. For those highest-risk offenders and defendants referred to the CSOSA Re-entry and Sanctions Center (RSC), 81% satisfactorily completed the program. Of those successful RSC participants who were subsequently placed in contract treatment, 73% satisfactorily completed the treatment program.

Pretrial Services Agency

PSA's FY 2014 Request provides for the performance of mission-critical functions in the most efficient and cost-effective manner. PSA has reprioritized its drug testing and treatment programs to focus its resources on defendants with the highest risks and the greatest needs, and with added attention to youthful defendants and dually-diagnosed (substance dependence and mental illness) defendants. Using this strategic approach, PSA was able to redirect its limited resources to programs and initiatives that provide greater support to reach the desired outcomes of minimizing rearrests and reducing failures to appear for scheduled court appearances.

In FY 2012, OFTS conducted 3,071,228 drug tests on 478,005 urine samples of persons on pretrial release, probation, parole, and supervised release, as well as for persons (juveniles and adults) whose matters are handled in the D.C. Family Court. These results are critical to assessing risk and needs levels.

PSA responds to drug use by referring defendants to appropriate treatment and ensuring their placement into treatment. PSA placed 5,215 supervised cases into specialized substance abuse treatment, mental health services, or alcohol monitoring in FY 2012, a 12.6% decrease from the 5,968 placements in FY 2011. However, PSA continued in FY 2012 to meet or exceed outcomes in minimizing rearrests, reducing failure to appear for scheduled court appearances, and increasing compliance to release conditions. The Agency saw outcomes in FY 2012 that met or surpassed results in the two previous fiscal years for all released defendants and those placed in sanctions-based substance abuse treatment. In FY 2012, drug-using defendants had a re-arrest rate of 15%, while non-drug using defendants had a re-arrest rate of only 8%.

DEPARTMENT OF DEFENSE



DEPARTMENT OF DEFENSE

Defense Health Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 Estimate	FY 2014 Estimate
Drug Resources by Function			
Treatment	\$94.353	\$108.235	\$119.651
Total Drug Resources by Function	\$94.353	\$108.235	\$119.651
Drug Resources by Decision Unit			
Defense Health Program (DHP)	\$94.353	\$108.235	\$119.651
Total Drug Resources by Decision Unit	\$94.353	\$108.235	\$119.651

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions) ¹	\$33.473	\$33.566	\$34.271
Drug Resources Percentage	0.28%	0.32%	0.35%

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

Program Summary

MISSION

The medical mission of the Department of Defense (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 (DHP) appropriation funding provides for worldwide medical and dental services to 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 costs associated with provisions of the TRICARE benefit, as well as the costs of a FY 2012 Congressionally-mandated program in Alcohol and Substance Abuse research. The TRICARE benefit provides for the health care of active duty service members, eligible National Guard and Reserve members, retirees, their families, survivors, and certain former spouses worldwide. As a major component of the Military Health System (MHS), 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 DHP appropriation does not have specific line items or programs designated for drug control activities. As a result, the estimates for substance abuse treatment costs are based on an extract of inpatient and ambulatory encounter claims data containing selected drug abuse primary diagnoses and procedures, whether provided by MHS 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), US 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 (PSC) portion of the costs reported for FY 2012 is adjusted upwards by 12% to account for costs incurred that are not included in the amounts paid to the health care providers, such as claim processing fees, capital and direct medical education payments, and administrative costs.

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. As these are rough order of magnitude estimates, DoD and ONDCP continue to work to improve the methodology for developing more reliable estimates of future DHP drug treatment costs.

BUDGET SUMMARY

The DoD estimate of \$119.7 million is within the DHP appropriation for FY 2014 health care costs and research efforts relating to treatment and research into the causes of drug dependence and abuse, prevention, and treatment. This amount reflects an overall increase of \$25.3 million from the FY 2012 enacted level of \$94.4 million.

Defense Health Program

FY 2014 Request: \$119.7 million

(Reflects \$25.3 million increase over FY 2012)

The FY 2014 estimate for DoD's DHP appropriation includes \$119.7 million for drug-related treatment and research activities. In support of its mission to provide medical services and support to members of the Armed Forces to keep them physically prepared for deployment, the DoD provides a comprehensive TRICARE substance abuse treatment benefit to all members of the armed forces, delivered in a regional environment with a seamless worldwide continuity of care. In addition, pursuant to applicable authorities, DoD offers substance abuse treatment to all eligible beneficiaries.

FY 2014 Changes (+\$25.3 million): The FY 2014 request will allow DoD to continue to serve and provide health-related services to active service members, retirees, and their families.

PERFORMANCE

Information regarding the activities of the DHP is drawn from agency documents and other DHP information. The MHS will be revising guidance to the Services on substance use disorder

screening, evaluation, and treatment to evaluate existing and potential metrics. ONDCP will be working with MHS to develop appropriate performance measurements that reflect the agency's contribution to the *National Drug Control Strategy*.

The DoD medical research portfolio aims to address the continuum of alcohol and substance abuse, including research aimed at prevention, screening, assessment, and diagnosis, as well as treatment and recovery. In FY 2012, the DHP supported a relatively new program in Alcohol and Substance Abuse research. The initial research effort focused on understanding the underlying mechanisms of alcohol and substance abuse within the context of other behavioral health issues (e.g., posttraumatic stress, depression) in general and also within the military context (e.g., military service, deployment, reintegration, operational stressors). Studies also continued in FY 2012 on developing evidence-based prevention and treatment interventions for alcohol and substance use disorders applicable to military populations. Future research includes translating and evaluating the effectiveness of brief interventions for preventing and treating alcohol and substance use disorders.

DEPARTMENT OF DEFENSE
Drug Interdiction and Counterdrug Activities

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$179.795	\$196.388	\$163.354
Interdiction	591.358	510.053	435.046
International	574.772	667.911	223.543
Investigations	14.218	13.671	13.503
Prevention	155.476	109.818	122.580
Research and Development	9.881	8.176	5.176
State and Local Assistance	249.578	126.473	120.789
Total Drug Resources by Function	\$1,775.078	\$1,632.490	\$1,083.991
Drug Resources by Decision Unit			
Drug Interdiction and Counterdrug Activities	\$1,178.563	\$1,015.684	\$938.545
Overseas Contingency Operations	456.458	469.025	0.000
Counternarcotics OPTEMPO	140.057	147.781	145.446
Total Drug Resources by Decision Unit	\$1,775.078	\$1,632.490	\$1,083.991
Drug Resources Personnel Summary			
Total FTEs (direct only)	1,810	1,753	1,697
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$645.0	\$614.8	\$615.1
Drug Resources Percentage	0.28%	0.27%	0.18%

Program Summary

MISSION

The Department of Defense's (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 (DTOs), transitional criminal organizations (TCOs), and international terrorism, including

criminal organizations such as Los Zetas in Mexico and Central America, insurgency in Afghanistan and Pakistan, and the Revolutionary Armed Forces of Colombia (FARC) in Colombia. These actors often finance their activities with the proceeds from narcotics trafficking. The Department's counternarcotics programs and activities can detect, monitor, and support the interdiction, disruption, or curtailment of the ever-expanding 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 combat international narcotics trafficking.

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

CN focuses on supporting local, state, Federal, 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 CN efforts to disrupt and degrade the national security threats posed by the nexus of illegal narcotics activities and related trafficking, transnational organized crime, and illicit finance networks.

DDR 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 the DoD DDR efforts to detect and deter drug abuse.

METHODOLOGY

The majority of DoD counternarcotics resources (except for substance abuse treatment – see 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 narco-trafficking threats by shifting counterdrug resources where they will be most effectively used.

CN OPTEMPO is defined as 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.

BUDGET SUMMARY

The DoD request of \$1,084.0 million for FY 2014 reflects a program decrease of \$691.1 million from the FY 2012 level of \$1,775.1 million. This decrease primarily reflects the elimination of lower priority programs, allowing the preservation of the most important capabilities; savings and efficiency initiatives resulting from reductions in overhead, contract services, civilian and military compensation; and the reduction in some core program areas. The decrease is also attributed to the transfer of the Tethered Aerostat Radar System to the Department of Homeland Security.

Counternarcotics

(Includes Operating Tempo (OPTEMPO) and supplemental overseas contingency operations (OCO) requests)

Total FY 2014 Request: \$1,084.0 million

(Reflects \$691.1 million decrease from FY 2012)

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 the DoD counternarcotics program. These areas include (1) Demand Reduction, (2) Domestic Support, (3) Intelligence and Technology, and (4) International Support.

Demand Reduction

FY 2014 Request: \$122.6 million

(Reflects \$32.9 million decrease from FY 2012)

The request will provide \$62.0 million for Military Service laboratory testing operations; \$30.5 million for the Military Services collections; \$15.3 million for Joint Service operations; \$9.2 million for Military Service prevention, education, and outreach; and \$5.6 million for DoD Agency civilian collection and laboratory testing. These funds support 100% drug testing for active duty, reserve personnel, and DoD civilian employees, as well as drug abuse prevention/education activities for military and civilian personnel and their dependents and drug treatment for military personnel.

FY 2014 Changes (-\$32.9 million): The request primarily reflects a decrease for expanded prescription and synthetic drug testing.

Domestic Support

FY 2014 Request: \$122.3 million

(Reflects \$164.6 million decrease from FY 2012)

This funding supports Federal, state, and local drug law enforcement agencies' (DLEAs) requests for domestic operational and logistical support to address drug-related crime. Of this amount, \$109.6 million will support a portion of the total National Guard State Plans that supports domestic law enforcement efforts and counter-narcoterrorism schools; \$12.1 million is for Domestic Operational Support, such as U.S. Northern Command (USNORTHCOM) counter-narcoterrorism support to DLEAs and Title 10 National Guard translation efforts; and \$0.6 million is for domestic detection and monitoring efforts.

FY 2014 Changes (-\$164.6 million): This decrease is largely the result of rebalancing the National Guard support to domestic law enforcement.

Intelligence and Technology

FY 2014 Request: \$188.1 million

(Reflects \$39.8 million decrease from FY 2012)

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 \$74.2 million will provide counter-narcoterrorism intelligence support and analysis; \$69.1 million is for signals intelligence (SIGINT) collection and processing; \$19.1 million is for Military Service and Special Operations command and control programs; \$15.3 million is for counternarcotics technology efforts; and \$10.4 million will provide Operational Support.

FY 2014 Changes (-\$39.8 million): The request primarily reflects a decrease for Military Service and Special Operations command and control programs.

International Support

FY 2014 Request: \$650.9 million

(Reflects \$452.8 million decrease from FY 2012)

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 (AOR) 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. \$290.3 million supports operations in these AORs, including providing equipment under Section 1033 authority; \$314.5 million is for detection and monitoring platforms and assets (including CN OPTEMPO), primarily in the Western Hemisphere Transit Zone; \$3.0 million is for support and analysis; and \$43.1 million is for command and control support, including operations of Joint Interagency Task Force-South (JIATF-S) and Joint Interagency Task Force-West (JIATF-W).

FY 2014 Changes (-\$452.8 million): The decrease in funding is primarily the result of final decisions about the drawdown pace in Afghanistan having yet to be made. As a result, the budget does not include DoD's FY 2014 expected OCO funding request. The Administration will submit a budget amendment to Congress updating the DoD OCO request after a determination has been made on required force levels in Afghanistan.

PERFORMANCE

Information regarding the performance of the DoD counternarcotics program is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information. It includes performance measures, targets, and achievements during FY 2012. In FY 2012, DoD continued its counternarcotics focus and activities around three 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 law enforcement agencies 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.

These strategic goals are intrinsically linked to the *National Drug Control Strategy's (Strategy)* Strengthen International Partnerships principles, and through these goals, DoD successfully guided its expansion of quality and useful counternarcotics performance measures across a broad range of missions and functions. The system enables DoD to logically assess its contribution to achieving the *Strategy*.

DoD continued to provide significant support to U.S. and partner nation drug law enforcement agencies 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 Drug Interdiction and Counterdrug Activities		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
Demand Reduction		
» Active duty military personnel testing positive for drug use	under 2%	0.88%
» DoD civilian personnel testing positive for drug use	under 1%	0.33%
Strategic Goal 1		
» Counter Narcotics Police Afghanistan (CNPA) Capability Milestone (CM) Rating ¹	CM-2	CM-2B
Strategic Goal 2		
» Support interagency operations to disrupt cocaine flow to the U.S. ²	34%	24%
Strategic Goal 3		
» Total value in U.S. dollars of black market goods seized (Western Hemisphere) ³	*	\$30,000,000
Counternarcotics OPTEMO (Western Hemisphere)		
» Air platforms: Number of flight hours	51,213	23,869 ⁽⁴⁾
» Sea platforms: Number of ship steaming days	859	995 ⁽⁴⁾

*Target not established.

¹The CM Rating System uses a numeric rating (1 through 4) to determine level of capability based upon a combination of qualitative and quantitative data.

- *CM-1A* – ability to accomplish mission or task autonomously with no Coalition involvement
- *CM-1B* – ability to accomplish mission or task with Coalition oversight only, meets all requirements for CM-2A, and filled to 90% of total authorizations
- *CM-2A* – ability to accomplish mission with minimal Coalition assistance limited to critical ministerial functions and meet all requirements for CM-2B
- *CM-2B* – ability to accomplish mission with some Coalition assistance for all tasks after all key personnel have required training, meet all requirements for CM-3, 75% of total authorizations filled, 90% of leadership positions filled, and 90% of required equipment is on hand and operational
- *CM-3* – ability to accomplish mission with significant coalition assistance, meets all requirements for CM-4, at least 50% of total authorizations filled, at least 75% of leadership positions filled, and sufficient equipment for assigned personnel is on hand and operational
- *CM-4* – cannot accomplish mission or task, basic requirements exist, 25% of total authorizations filled, personnel training is ongoing, and equipment is still being acquired

²Reflects interagency assessments of cocaine removal rate as a percentage of total cocaine movement. The 40% policy goal is under high level review.

³Seizures of goods associated with transnational trade-based money laundering of drug trafficking proceeds.

⁴Includes Joint Interagency Task Force – South tactical control of 16,933 flight hours and 414 ship steaming days.

Demand Reduction: DoD is on track to keep the illicit drug positive rate below 2% showing a downward trend for both active duty personnel and DoD civilian personnel. Defense policy is to ensure 100% 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% over a two year period, or 50% of the workforce per year.

Strategic Goal 1: The objective of the CNPA program is to create and transition to the Government of the Islamic Republic of Afghanistan accountable, effective, and self-reliant Afghan counternarcotics security forces capable of containing the illicit drugs trade, including by strengthening U.S. and foreign law enforcement support capabilities (through the provision of training, equipment, infrastructure, intelligence support, and command, control, communications, computers, and intelligence systems) to sustain counternarcotics efforts as U.S. military forces draw down. In FY 2012, program progress resulted in approximately 185 metric tons of drug seizures and revenue from border law enforcement in the amount of \$48 million U.S. dollars.

Strategic Goal 2: DoD contributes to the *Strategy* goal of interdicting cocaine moving through the Western Hemisphere transit zone. Defense counternarcotics activities facilitated the interdiction of highly mobile, asymmetric, non-communicative targets involved in illicit drugs and associated transnational organized crime within the transit zone. In FY 2012, DoD's asset capacity enabled the interdiction of 24% of cocaine moving through the Western Hemisphere transit zone, down from 26% in FY 2011. Capacity shortfalls within the interdiction and apprehension phases of the interdiction continuum contributed to the reduced cocaine removal rate. DoD continues to work with other government agencies and departments to build the capacity of Western Hemisphere partners to deny drug traffickers the use of their territory, air space, and surrounding sea lines of communication.

Strategic Goal 3: In the Pacific and Africa, DoD built the capacity of its Asian partners to disrupt and degrade the nexus among TCOs, illicit drug trafficking, foreign terrorist organizations, and militant movements. In FY 2012, DoD provided law enforcement training to 1,100 students and delivered 10 facilities for use in border control, law enforcement, and information sharing. Information sharing enabled DoD to provide intelligence cueing that resulted in the seizure of 825 metric tons of illicit chemicals used in the production of amphetamine type substances. DoD executed 170 capacity building events that increased Partner Nation capacity in border control, interdiction, law enforcement, information sharing, and operations.

In Europe, DoD engaged its European partners in collaborative, interagency partnerships at the state and local levels to secure borders, deny use of air, land, and coastal waters for illicit drug trafficking and transnational organized crime, and control the flow of illicit drugs and illicit proceeds. In FY 2012, DoD provided border management and law enforcement training to 27 counternarcotics units.

DEPARTMENT OF EDUCATION



DEPARTMENT OF EDUCATION
Office of Safe and Healthy Students

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$63.670	\$58.877	\$137.139
Total Drug Resources by Function	\$63.670	\$58.877	\$137.139
Drug Resources by Decision Unit			
Safe and Drug-Free Schools and Communities	\$63.670	\$58.877	\$0.000
<i>Safe and Supportive Schools (non-add)</i>	47.056	50.110	0.000
<i>Safe Schools/Healthy Students Grants (non-add)</i>	16.439	0.000	0.000
<i>Other Activities and Set-asides (non-add)</i>	3.868	8.767	0.000
Successful, Safe and Healthy Students	0.000	0.000	137.139
<i>School Climate Transformation Grants (non-add)</i>	0.000	0.000	50.000
<i>State and Local Grants (non-add)</i>	0.000	0.000	75.000
<i>Other Activities and Set-asides (non-add)</i>	0.000	0.000	12.139
Total Drug Resources by Decision Unit	\$63.670	\$58.877	\$137.139

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$45.3	\$45.4	\$48.4
Drug Resources Percentage	0.1%	0.1%	0.3%

The total agency budget reflects discretionary funds only, excluding Pell Grants. FY 2014 continuation costs of approximately \$1.5 million for Safe and Supportive Schools technical assistance would be provided from the appropriation for the Successful, Safe, and Healthy Students program.

Program Summary

MISSION

The Department of Education administers programs to help ensure that all 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, Education carries out research, data collection, and civil rights enforcement activities.

METHODOLOGY

The programs funded under the Safe and Drug-Free School and Communities (SDFSC) Act and the proposed Successful, Safe, and Healthy Students program comprise the only Education

operations included in the drug control budget. The SDFSC program includes 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. The Successful, Safe, and Healthy Students program would consolidate several existing, sometimes narrowly targeted, programs (SDFSC National Activities, Elementary and Secondary School Counseling, and Physical Education) to help schools create the conditions that support learning, including fostering a healthy, drug-free learning environment. The SDFSC program supports (and the Successful, Safe, and Healthy Students program once enacted and funded would support) the prevention mission of the *National Drug Control Strategy*.

In FY 2012 and FY 2013, the Department's budget for drug control programs includes all funding under SDFSC National Programs, with the exception of the following activities that have no clear drug control nexus: School Emergency Preparedness initiatives and Project SERV (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.

For FY 2014, Education's budget request for drug control programs includes all funding for Successful, Safe, and Healthy Students, except for amounts corresponding to the following components of the request that have no clear drug control nexus: Project SERV; School Emergency Preparedness initiatives; a proposed new initiative, Project Prevent, of grants to local educational agencies to help schools in communities with pervasive violence break the cycle of violence; and continuation costs that would be subsumed under the proposed Successful, Safe, and Healthy Students program for projects originally funded under the Physical Education program and the Elementary and Secondary School Counseling program.

BUDGET SUMMARY

The Department of Education request of \$137.1 million for FY 2014 reflects a \$73.5 million increase over the FY 2012 level of \$63.7 million.

Successful, Safe, and Healthy Students Program

FY 2014 Request: \$137.1 million

(Reflects \$73.5 million increase over FY 2012)

This new program will support student achievement and help ensure students are mentally and physically healthy and ready to learn. The objective is to create an improved school climate that reduces drug use, violence, and harassment and improves school safety and students' physical and mental well-being. Within the program, the Department would use \$75.0 million to award grants to assist state and local educational agencies to develop and implement programs and activities that create safe environments, including developing and implementing school climate measurement systems, along with targeted programmatic interventions to improve conditions for learning, in order to help schools improve student safety and reduce drug abuse.

The request also includes \$50.0 million for School Climate Transformation Grants, and related technical assistance, to help create positive school climates by supporting 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. 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.

Finally, \$12.1 million would support activities such as the development of a model school climate survey; evaluation; and other data collection, dissemination, outreach, and technical assistance activities that promote safe and healthy students.

FY 2014 Changes (+\$73.5 million): The FY 2014 President's Budget provides funding to support the *Successful, Safe, and Healthy Students* State and Local Grants and National Activities described above.

PERFORMANCE

Information regarding the performance of the drug control mission of the Department of Education's SDFSC program is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012 and includes performance measures and targets for the latest year for which data are available.

Department of Education		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
Safe Schools/Healthy Students		
» 2008 cohort – Percentage of Safe Schools/Healthy Students grant sites that report a decrease in the percentage of their students who report current (30-day) marijuana use	61.8%	45.6%
» 2009 cohort – Percentage of Safe Schools/Healthy Students grant sites that report a decrease in the percentage of their students who report current (30-day) marijuana use	56.9%	55.1%
» 2008 cohort – Percentage of Safe Schools/Healthy Students grant sites that report a decrease in the percentage of their students who report current (30-day) alcohol use	79.5%	63.1%
» 2009 cohort – Percentage of Safe Schools/Healthy Students grant sites that report a decrease in the percentage of their students who report current (30-day) alcohol use	60.4%	65.5%
Safe and Supportive Schools		
» 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	**	*
» 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	**	*
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience an improvement in their school safety score	**	*
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience a worsening in their school safety score	**	*

* 2012 data expected in 2013

** Target not established since 2 years of performance data are needed to establish the baseline for this cohort

The Department identified outcome measures and targets in the table above for the SDFSC National Programs grant competitions. Data are based primarily on analyses of grantee performance reports. FY 2012 data for the Safe Schools/Health Students initiative are included. FY 2012 grantee data have not yet been compiled for the Safe and Supportive Schools measures.

The **Safe Schools/Healthy Students** initiative provides support to local education agencies (LEAs) for the implementation of a comprehensive plan to create safe, disciplined, and drug-free environments; provides needed mental health services; and supports healthy development. Grantees collect and report data on rates of student alcohol and drug use

(marijuana) as two of the initiative's GPRMA measures. The information that follows compares data from 2012 to earlier performance data reported in 2011 and data in the first of two performance evaluations.

The first evaluation of this program indicated statistically significant improvements in student outcomes related to alcohol, tobacco, and other drug use. Furthermore, the FY 2011 performance targets for 2007, 2008 and 2009 grantees were achieved, indicating improvements over FY 2010 data. However, only one performance target was achieved by the 2009 grantees, and no targets were achieved by the 2008 grantees in 2012. The 2007 grantees cohort were not funded in 2012.

In 2011, a greater percentage of grantees indicated that fewer students reported current (30 day) marijuana use than in 2010: Cohort 2007 reported 51.9% in 2011 and 37.5% in 2010; cohort 2008 reported 58.3% in 2011 and 43.6% in 2010; and cohort 2009 reported 55.2% in 2011 and 0.0% in 2010. However, in 2012, the percentage of grantees meeting this measure dropped to 45.6% for the 2008 cohort and remained flat at 55.1% for the 2009 cohort.

Similarly, more grantees in 2011 than in 2010 reported that fewer (reduced percentages) students reported current (30 day) alcohol use: Cohort 2007 reported 70.4% in 2011 and 66.7% in 2010; cohort 2008 reported 75.0% in 2011 and 60.0% in 2010; and cohort 2009 reported 58.6% in 2011 and 0.0% in 2010. However, in 2012, the percentage of 2008 cohort grantees that achieved this measure dropped to 63.1%, while the percentage of 2009 cohort grantees that achieved the measure increased to 65.5%.

The first evaluation of this program focused on the fiscal years 1999, 2000, and 2001 cohorts supported under the initiative—a total of 97 sites. Data from the evaluation identified statistically significant improvements in student outcomes related to alcohol, tobacco, and other drug use. For example, self-reported data for high school students reflected decreases in 30-day alcohol and tobacco use and cigarette sales on school property. The data also reflected increases in perceived disapproval of peer substance use. Initial data from a second evaluation of 175 sites in the fiscal years 2005–2009 cohorts also demonstrated positive findings, including reduced alcohol and other drug use by students. A final report on the second evaluation, with its findings, is expected to be completed in 2013.

In 2010, the Department awarded the first round of ***Safe and Supportive Schools grants*** to state educational agencies for targeted interventions to help schools improve safety and reduce substance abuse. Baseline data for 2012 will be available later in 2013 on performance measures for the 2010 cohort of these grants. These measures 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).

FEDERAL JUDICIARY



FEDERAL JUDICIARY

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Corrections	\$503.838	\$507.201	\$518.814
Prosecution	428.453	431.190	443.078
Research and Development	5.166	5.197	5.326
Treatment	180.643	181.812	185.982
Total Drug Resources by Function	\$1,118.100	\$1,125.400	\$1,153.200
Drug Resources by Decision Unit			
Administrative Office of the U.S. Courts	\$1.746	\$1.720	\$1.769
Court Security	32.500	32.699	34.082
Federal Judicial Center	2.160	2.173	2.213
Fees of Jurors and Commissioners	14.008	14.088	14.584
Defender Services	164.960	165.970	170.980
Salaries and Expenses	897.776	903.770	924.467
U.S. Sentencing Commission	4.950	4.980	5.105
Total Drug Resources by Decision Unit	\$1,118.100	\$1,125.400	\$1,153.200

Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$6.7	\$6.8	\$7.0
Drug Resources Percentage	16.6%	16.6%	16.6%

Program Summary

MISSION

The Federal 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 5% before application. The

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

The Federal 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 U. S. Courts and research and training services from the Federal Judicial Center and the United States 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 the oversight of the Administrative Office of the United States Courts, officers administer a program of substance abuse testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole. The goal is to eliminate substance abuse by persons under supervision and to remove violators from the community before relapse leads to recidivism.

BUDGET

For FY 2014, the drug control budget request totals \$1,153.2 million, an increase of \$35.1 million over the FY 2012 level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request reflects increases to maintain current services. Specific drug program enhancements are not requested in the FY 2014 budget. The Judiciary's resources will be used to support the following drug control activities:

Administrative Office of the United States Courts

FY 2014 Request: \$1.8 million

(Reflects \$0.1 million increase over FY 2012)

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

Court Security

FY 2014 Request: \$34.1 million

(Reflects \$1.6 million increase over FY 2012)

This program provides security for judicial areas at courthouses and in Federal facilities housing court operations. The U.S. Marshals Service 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 U.S. Marshals Service 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 2014 Request: \$2.2 million

(Reflects \$0.1 million increase over FY 2012)

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

Fees of Jurors and Commissioners

FY 2014 Request: \$14.6 million

(Reflects \$0.6 million increase over FY 2012)

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.

Federal Judicial Center

FY 2014 Request: \$171.0 million

(Reflects \$6.0 million increase over FY 2012)

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 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.

Salaries and Expenses

FY 2014 Request: \$924.5 million

(Reflects \$26.7 million increase over FY 2012)

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

United States Sentencing Commission

FY 2014 Request: \$5.1 million

(Reflects \$0.2 million increase over FY 2012)

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 Federal Judiciary is drawn from data collected by the Administrative Office of the United States Courts. The information presented here is based on data for the fiscal year ending September 30, 2011, 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 Government Performance and Results Modernization Act.

Drug offenses continued to be the crimes most commonly prosecuted in the district courts, accounting for 31% of all defendant filings. Defendants charged with crimes involving marijuana rose 15% to 8,443 as defendants accused of offenses related to the sale, distribution, or dispensing of marijuana jumped 24% to 5,888. Filings involving non-marijuana drug offenses increased 7% to 23,527 as defendants charged with the sale, distribution, or dispensing of drugs other than marijuana grew 6% to 20,767, and those accused of importing or exporting drugs other than marijuana jumped 41% to 1,832.

Forty-seven percent of persons under post-conviction supervision had been convicted of drug offenses. This percentage remained unchanged from 2010. Cases in which the major offense charged involved drugs accounted for 29% of pretrial services cases, up from 27% in 2010.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
State, Local, and Tribal Assistance	\$20.000	\$20.000	\$20.000
Total Drug Resources by Function	\$20.000	\$20.000	\$20.000
Drug Resources by Decision Unit			
Promoting Safe and Stable Families – Regional Partnership Grants	\$20.000	\$20.000	\$20.000
Total Drug Resources by Decision Unit	\$20.000	\$20.000	\$20.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	2	2
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$49.6	\$49.9	\$51.7
Drug Resources Percentage	0.04%	0.04%	0.04%

Program Summary

MISSION

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS), is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following:

- families and individuals empowered to increase their own economic independence and productivity;
- strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- partnerships with front-line service providers, states, localities, and tribal communities to identify and implement solutions that transcend traditional program boundaries;
- services planned, reformed, and integrated to improve needed access; and
- a strong commitment to working with vulnerable populations, including people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

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* was established The Child and Family Services Improvement and Innovation Act of 2011 (P.L. 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*. These grants were reauthorized through FY 2016.

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 abuse and the child welfare system.

BUDGET SUMMARY

For FY 2014, the ACF request totals \$20.0 million, which reflects no change from the FY 2012 level.

Regional Partnership Grants

FY 2014 Request: \$20.0 million

(Reflects no change from FY 2012)

In 2014, 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 abuse.

PERFORMANCE

ONDCP will be working with HHS and ACF to develop appropriate performance measurements that reflect the agency's contribution to the *National Drug Control Strategy*.

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

RESOURCE SUMMARY

	Budget Authority (in Millions)		
	FY 2012 Estimate	FY 2013 Estimate	FY 2014 Estimate
Drug Resources by Function			
Treatment	\$3,500.000	\$3,720.000	\$4,670.000
Total Drug Resources by Function	\$3,500.000	\$3,720.000	\$4,670.000
Drug Resources by Decision Unit			
Grants to States for Medicaid	\$2,600.000	\$2,800.000	\$3,700.000
Medicare	900.000	920.000	970.000
Total Drug Resources by Decision Unit	\$3,500.000	\$3,720.000	\$4,670.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$505.6	\$505.6	\$548.9
Drug Resources Percentage	0.7%	0.7%	0.9%

Program Summary

MISSION

The Centers for Medicare & Medicaid Services (CMS) seeks to serve as a major force and trustworthy partner for the continual improvement of health and health care for all Americans. Through its coverage of drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of ONDCP by continuing to meet the challenges of providing drug abuse treatment care benefit payments to eligible beneficiaries.

ONDCP and the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) co-sponsored recently completed research to determine what the total Federal drug treatment outlays under Medicaid were in CY 2008 and what those estimates could tell us about equivalent spending in FY 2011. It is anticipated that the historical information from this study will improve the accuracy of future estimates. The estimates displayed in the resource table were developed by the CMS Office of the Actuary and are based on the results of the co-sponsored research results.

METHODOLOGY

Medicaid Estimate

These projections were based on the estimates in “Medicaid Substance Abuse Treatment Spending: Findings Report”¹, which was written at the request of ASPE and the Office of National Drug Control Policy (ONDCP).

The projections relied on the estimates of substance abuse treatment expenditures within core services (inpatient and outpatient hospital services, residential care services, prescription drugs, and substance abuse treatment services provided through managed care plans) for CY 2008 by state, service, and eligibility category. OACT developed estimates for FY 2011 using the growth rate of expenditures by state, service, and eligibility category from the CMS-64, the Annual Person Summary files from the Medicaid Statistical Information System, and the estimates of enrollment growth consistent with the President’s FY 2014 Budget.

OACT projected expenditures for FYs 2012 through 2014 using the FY 2011 estimates and the projected growth rate in Medicaid expenditures from the President’s FY 2014 Budget. The projections include the impacts of the Affordable Care Act, most notably the Medicaid eligibility expansion in 2014.

Medicare Estimate

The estimates of Medicare spending for the treatment of substance abuse are based on the FY 2014 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 2011, using the primary diagnosis code² included on the claims. The historical trend of substance abuse spending 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 abuse 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 because there is not a straightforward way to get this information. There is no diagnosis code associated with prescription drug claims, and drugs used to treat substance abuse are also used to treat other conditions.

BUDGET SUMMARY

The total drug control outlay estimate for the CMS is \$4,670.0 million, an increase of \$1,100.0 million above the FY 2012 estimate. This estimate reflects Medicaid and Medicare benefit outlays for substance abuse treatment.

¹ 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.

² Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 disease categories.

Grants to States for Medicaid

FY 2014 estimate: \$3,700.0 million

(Reflects \$1,100.0 million increase over FY 2012)

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 abuse services for detoxification and treatment for substance abuse needs identified as part of early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under age 21 years of age. Additional Medicaid substance abuse treatment services may be provided as optional services.

Medicare

FY 2014 estimate: \$970.0 million

(Reflects \$70.0 million increase over FY 2012)

Medicare provides 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 abuse treatment benefits payments are made for Medicare Part A inpatient hospital care, Medicare Part B outpatient treatment, Medicare Part B preventative substance abuse treatment, and Medicare Part D prescription drugs for substance abuse.

PERFORMANCE

ONDCP is working with HHS to improve assessment of CMS's support of the *National Drug Control Strategy*. While this work is ongoing, a number of related and informative efforts relevant to substance abuse are currently underway.

Both Medicaid and Medicare contain quality measurement programs that relate to substance abuse screening and treatment. However, none of the programs require reporting of specific measures, nor do they set specific performance targets for the measures. Given that these programs are in various stages of development, CMS is still working to improve data quality and data reporting timeliness. CMS is working in partnership with the Office of the National Coordinator for Health Information Technology to incorporate Clinical Quality Measures with relevant information into Electronic Health Records (EHRs) to assist in implementing the health care delivery and payment reform provisions of the Affordable Care Act. 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 abuse screening and treatment as part of a program to increase use of EHRs. As part of the requirement to qualify for EHR meaningful use incentive payments in the Medicare and Medicaid programs, professionals must report on 9 of 64 identified quality measures.

Medicaid

In FY 2014, states will begin voluntary reporting on the initial core set of health care quality measures for adults enrolled in Medicaid. One of the measures in the core set, as finalized in a

January 2012 Federal Register Notice, relates to initiation and engagement of alcohol and other drug dependence treatment.

Medicare

The Physician Quality Reporting System (PQRS) is a Medicare quality reporting program that provides eligible professionals incentives for reporting on a set of quality measures. Eligible professionals may select from a set of over 200 performance measures to receive an incentive payment. The number of measures they are required to report in order to receive an incentive varies depending on the reporting method selected. In 2015, eligible professionals will stop receiving incentives for reporting and start receiving payment adjustments when they fail to successfully report.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Treatment	\$17.800	\$17.900	\$18.200
Total Drug Resources by Function	\$17.800	\$17.900	\$18.200
Drug Resources by Decision Unit			
Bureau of Primary Health Care	\$17.800	\$17.900	\$18.200
Total Drug Resources by Decision Unit	\$17.800	\$17.900	\$18.200
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.2	\$8.5	\$9.0
Drug Resources Percentage	0.2%	0.2%	0.2%

Program Summary

MISSION

The Health Resources and Services Administration (HRSA) is the principal Federal agency charged with increasing access to basic health care for those who are underserved. For more than 40 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 abuse services is critical to ensuring overall health and well-being of health center populations.

Federally Qualified Health Centers (FQHC) must provide primary care services including substance abuse treatment for all age groups. Specifically, FQHCs must provide preventive health services on site or by arrangement with another provider. FQHCs include several underserved locations where patients seek treatment for their substance use disorder including:

- Community Health Centers, which serve a variety of Federally-designated Medically Underserved Area/Populations (MUA or MUP).
- Migrant Health Centers, which provide culturally competent and primary preventive medical care to migrant 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 abuse services, and

- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

METHODOLOGY

The Uniform Data System (UDS) tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. 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 abuse treatment. Using the data reflected on table 8A Financial Costs in the 2011 UDS report, 0.73% represents the dollars expended by health centers on substance abuse in 2011 divided by the total cost of all services provided. To calculate the total drug control estimates, 0.73% is multiplied by the amount of Health Center Program grant dollars awarded to health centers in FY 2012 and the projected amount of Health Center Program grant dollars to be awarded to health centers in FY 2013 and FY 2014.

BUDGET SUMMARY

The drug control budget for the Health Resources and Services Administration for FY 2014 is \$18.2 million, a \$0.4 million increase over the FY 2012 level.

Bureau of Primary Health Care

FY 2014 Request: \$18.2 million

(Reflects \$0.4 million increase over FY 2012)

In FY 2014, the Health Center program plans to support almost 1,200 grantees and provide comprehensive primary health care services to more than 21 million patients, including access to substance abuse treatment.

FY 2014 Changes (+\$0.4 million): FQHCs will continue to provide substance abuse treatment for all age groups.

PERFORMANCE

Information regarding Health Resources and Services Administration’s Health Center Program’s performance is based on the Uniform Data System (UDS). The table and accompanying text represent highlights of their achievements for the latest year for which data are available.

Health Resources and Services Administration		
Selected Measures of Performance	FY 2011 Target	FY 2011 Achieved
» Percent of Health Center Program grantees providing SBIRT services	11%	11%
» Percent of Health Center Program grantees providing substance abuse counseling and treatment services	22%	22%

HRSA uses several approaches to provide high quality substance abuse 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 (HIT) and the transformation of health centers to patient-centered medical homes (PCMH). PCMH and HIT enable enhanced access to care, better care coordination, and improved patient engagement.

To further improve access and raise the quality of substance abuse services, the availability of services on-site is essential. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based process used by primary care providers in health centers to effectively detect and treat substance use disorders. Many communities served by health centers have a high burden of substance use disorders. As a result, many health centers have chosen to co-locate and integrate substance abuse specialty services, reflecting efficient and effective approaches in meeting patient needs. The integration of substance abuse services may include the provision of enhanced services, such as medication-assisted treatments, 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 2011, 22% of health centers provided substance abuse counseling and treatment services, meeting the program FY 2011 target. In FY 2011, 11% of health center grantees provided SBIRT services, meeting the program target. FY 2012 data on these measures are expected to be available in August 2013.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$18.736	\$18.801	\$18.862
Treatment	79.230	77.625	93.498
Total Drug Resources by Function	\$97.966	\$96.426	\$112.360
Drug Resources by Decision Unit			
Alcohol and Substance Abuse ¹	\$93.563	\$92.023	\$107.957
Urban Indian Health Program	4.403	4.403	4.403
Total Drug Resources by Decision Unit	\$97.966	\$96.426	\$112.360

Drug Resources Personnel Summary			
Total FTEs (direct only)	171	171	171
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5,418.1	\$5,558.5	\$5,657.2
Drug Resources Percentage	1.8%	1.7%	2.0%

¹Alcohol and Substance abuse includes treatment facilities construction of \$1.997 million in FY 2012 and \$15.500 million in FY 2014.

Program Summary

MISSION

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing Federal health services to American Indians and Alaska Natives (AI/AN). IHS supports substance abuse 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 (UIHP) funds from the National Institute on Alcohol Abuse and Alcoholism programs transferred to the IHS under the UIHP budget.

BUDGET SUMMARY

In FY 2014, IHS requests \$112.4 million for its drug control activities, an increase of \$14.4 million over the FY 2012 level.

Alcohol and Substance Abuse

FY 2014 Request: \$196.4 million

(Reflects \$14.4 million increase over FY 2012)

The FY 2014 budget request is necessary to maintain the program's progress in addressing the alcohol and substance abuse needs by improving access to behavioral health services through tele-behavioral health efforts and providing a comprehensive array of preventive, educational, and treatment services.

FY 2014 Changes (+\$14.4 million): The FY 2014 budget request includes an increase in current services to support the Alcohol and Substance Abuse Program projected pay costs and staffing needs in FY 2014, as well as the construction costs for the Southern California Youth Regional Treatment Center.

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

FY 2014 Request: \$4.4 million

(Reflects no change from FY 2012)

The FY 2014 request includes funding for the Urban Indian Health Program, which will be used to continue serving urban American Indians and Alaska Natives impacted by alcohol and substance abuse through the Title V grant program, Alcohol and Substance Abuse Prevention and Treatment. Substance abuse prevention, treatment, and education programs address alcohol/drugs, suicide, self-esteem, injury control, domestic violence, and sexual abuse. All Urban Indian Health Programs have active partnerships with their local Veterans Health Administration (VHA) programs, and several have identified joint alcohol and substance abuse initiatives.

PERFORMANCE

Information regarding the performance of the drug control mission of IHS Tribally-Operated Health Programs and Federally-Administered Health Programs are based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text below represent highlights of IHS achievements during FY 2012. IHS has added two new program measures to report on the number of emergency department patients who receive substance use disorder (SUD) interventions, as well as on the number of SUD services offered in primary care clinics. IHS is also in the process of developing a measure for prescription drug abuse.

Indian Health Service		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Alcohol-use screening among appropriate female patients	58.7%	63.8%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	91%
» Report on number of emergency department patients who receive SUD intervention	39,496	41,319
» Report on number of SUD services in primary care clinics	100,266	113,567

Screening with intervention has been effective in reducing alcohol misuse in pregnancy and has reduced the incidence of Fetal Alcohol Syndrome (FAS). The percent of appropriate female patients screened for alcohol use to prevent FAS at Federally-Administered and Tribally-Operated facilities increased from 57.8% in FY 2011 to 63.8% in FY 2012, exceeding the target of 58.7% for this measure.

The accreditation measure for Youth Regional Treatment Centers (YRTC) reflects an evaluation of the quality of care associated with accreditation status by the Joint Commission on Accreditation of Health Care Organizations, the Commission on Accreditation of Rehabilitation Facilities (CARF), state certification, or regional Tribal health authority certification. The accreditation rate for YRTCs increased from 81% in FY 2010 to 91% in 2011 and 2012. One Tribally-Operated YRTC experienced challenges with completing the CARF accreditation in FY 2011 and FY 2012. IHS is providing technical assistance to assist this facility in obtaining the CARF accreditation.

Each year, the IHS provides several training opportunities on alcohol and substance abuse issues for its providers. The 2012 IHS National Behavioral Health Conference, held June 25-28 in Bloomington, Minnesota, provided additional learning opportunities for providers. The theme of the 2012 conference, *Mobilizing Partnerships to Promote Wellness*, emphasized collaboration among health care providers to improve the behavioral health status of American Indians and Alaska Natives. The conference agenda integrated the annual meetings for the Methamphetamine and Suicide Prevention Initiative (MSPI) and the Domestic Violence Prevention Initiative (DVPI). A total of 657 participants attended the conference, including 225 MSPI participants and 106 DVPI participants who represented 186 Tribes and 36 states. The conference included 11 half- to full-day preconference training sessions and 14 workshop tracks that provided intensive skill-building and continuing education on a wide range of behavioral health topics, including prescription drug abuse and pain management, veterans' health, post-traumatic stress disorder, and best practice approaches to addressing co-occurring disorders. IHS's Telebehavioral Health Center of Excellence (TBHCE) conducted webinar training for over 100 participants on the following topics: Introduction to Addiction; Opiate Dependence; Introduction to Medication Assisted Treatments for Opiate Dependence; Screening for Addiction and Monitoring for Aberrant Behavior in Patients with Chronic Pain; and a three part

series on Traditional and Biomedical Approaches to Screening, Assessment, Diagnosis, and Treatment for Co-occurring Disorders.

IHS has sought to improve American Indians and Alaska Natives patients' access to opioid treatment by providing office-based opioid therapy (OBOT) training to physicians and practitioners, which qualifies them to practice medication-assisted therapy for opioid addiction. From 2002 through 2012, the IHS provided 29 OBOT training sessions to physicians and practitioners on the use of buprenorphine in treating opioid dependence. To date, IHS has trained 200 additional physicians and 200 more midlevel practitioners who can now meet Federal requirements to provide on-site medication assistance to opioid-dependent patients. Now, many IHS facilities can provide on-site OBOT services to opioid-dependent patients and help coordinate outpatient care services. OBOT services have been proven to be confidential and accessible, and they have helped integrate patients into the mainstream. Importantly, OBOT services have resulted in the following outcomes: Patient retention during treatment and recovery and reductions in substance use.

To address prescription drug abuse, IHS convened a multidisciplinary pain management taskforce charged with studying the use and abuse of IHS prescribed opioids. The taskforce developed guidance for IHS facilities, a draft national IHS pain management policy, and is developing web-based tools for local facility use. The draft pain management policy is now going through the IHS approval process. The policy describes the following system controls for IHS area and facility levels: requirements for prescribers and patients to sign pain management agreements, urine drug testing, medication counts, and local Chronic Pain Management Review Committees. The draft policy also empowers prescribers to enforce agreements and defines what should be done if patients break the pain management agreements. The draft policy requires IHS facilities to join state-operated PDMPs and monitor patients visiting multiple providers. Finally, the IHS has created an exception to the Health Insurance Portability and Accountability Act (HIPAA) rules, which permits IHS to report to PDMPs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Research and Development: Prevention	\$375.972	\$378.525	\$383.117
Research and Development: Treatment	\$737.074	\$742.054	\$750.711
Total Drug Resources by Function	\$1,113.046	\$1,120.579	\$1,133.828
Drug Resources by Decision Unit			
National Institute on Drug Abuse	\$1,051.410	\$1,058.567	\$1,071.612
National Institute on Alcohol Abuse and Alcoholism	61.636	62.012	62.216
Total Drug Resources by Decision Unit	\$1,113.046	\$1,120.579	\$1,133.828
Drug Resources Personnel Summary			
Total FTEs (direct only)	382	411	411
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$364.9	\$375.4	\$382.3
Drug Resources Percentage	0.3%	0.3%	0.3%

Program Summary

MISSION

National Institute on Drug Abuse (NIDA)

The societal impact of substance abuse (alcohol, tobacco, illicit and nonmedical use of prescription drugs) in this country is daunting, exceeding \$600 billion a year in health care, crime-related, and productivity losses. To provide a comprehensive public health response, NIDA will continue to build on scientific advances from its 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. HIV prevention and treatment is another top NIDA research priority, including research on integrating treatment for patients with infectious diseases (e.g., HIV, HCV) and substance abuse and linking vulnerable populations to HIV prevention, testing, and treatment services. NIDA will also pursue a functional integration, that is, a collaborative framework involving other NIH Institutes and Centers (ICs), especially the National Institute on Alcohol Abuse and Alcoholism (NIAAA), by continuing to pool resources and expertise, and to work together on a scientific strategic plan. Such approaches will broaden NIDA’s view of substance use disorders and their precursors and consequences and will strengthen the knowledge base to advance the rapid and broad translation of interventions to prevent and treat substance use disorders.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Since its creation, NIAAA has led efforts to define alcohol issues as medical in nature and address these issues using evidence-based findings. The work supported by the NIAAA has transformed the understanding of alcohol abuse and dependence and related treatment. NIAAA provides leadership in the national effort to reduce alcohol-related problems, including underage drinking by: conducting and supporting research in a wide range of scientific areas (including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment); coordinating and collaborating with other research institutes and Federal programs on alcohol-related issues; collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and translating and disseminating research findings to health care providers, researchers, policymakers, and the public.

METHODOLOGY

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

The NIAAA prevention and treatment components of its underage drinking research are scored as a part of the National Drug Control Budget. Underage drinking research is defined as research that focuses on alcohol use, abuse, and dependence in minors (children under the legal drinking age of 21). It includes all alcohol-related research in minors, including behavioral research, screening and intervention studies, and longitudinal studies. Beginning with the reporting of FY 2010 final budget authority, NIAAA's methodology for developing budget estimates for the Budget and Performance Summary uses the NIH research categorization and disease coding (RCDC) fingerprint for underage drinking that allows for an automated categorization process based on electronic text mining to make this determination. Once all underage drinking projects and associated amounts are determined using this methodology, NIAAA conducts a manual review and identifies just those projects and amounts relating to prevention and treatment. This subset makes up the NIAAA drug control budget estimate.

BUDGET SUMMARY

The FY 2014 President's Budget request is \$1,133.8 million for NIH's drug-related activities, an increase of \$20.8 million over the FY 2012 level. NIH supported research has and will continue to provide the scientific basis for budget policy. For example, NIH continues to explore the many influences on substance use disorder vulnerability, including genetics and epigenetics, which will allow the development of more targeted and effective prevention approaches. Research reveals that universal prevention programs not only reduce drug abuse, 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 drug use, violence, and mental health problems.

Another top priority continues to be development of medications to treat substance use disorders, with NIH now poised to capitalize on a greater understanding of the neurobiology underlying substance use disorders and newly identified candidate systems and molecules as

medication targets. NIH is also exploring ways in which health care reform and the Affordable Care Act specifically can help bring people who have been marginalized, such as those with substance use problems, HIV, or both, into a network of care and generate a major public health impact.

National Institute on Drug Abuse

FY 2014 Request: \$1.1 million

(Reflects \$20.2 million increase over FY 2012)

NIDA's efforts consist of Basic and Clinical Neuroscience Research, Epidemiology, Services and Prevention Research, Pharmacotherapies and Medical Consequences, Clinical Trials Network, the Intramural Research Program (IRP), and Research Management and Support (RM&S). Each is discussed below.

Basic and Clinical Neuroscience Research (FY 2014 Request: \$465.3 million)

The NIDA Basic and Clinical Neuroscience programs enlarge the understanding of the neurobiological, genetic/epigenetic, and behavioral factors underlying substance use disorders. This research lays the groundwork for developing effective prevention and treatment interventions. Basic and Clinical divisions at NIDA support research to investigate the molecular and cellular correlations and consequences of substance abuse, HIV infection, and their interactions. For example, new research is building on the growing recognition of the many essential roles played by non-neuronal cells (collectively referred to as glia) in neurotransmission, inflammation, neuroprotection, and energy management in the brain. Recent findings suggest that glia can influence behavioral responses to drugs, including their rewarding/aversive effects. Additionally, viral and host responses to HIV infection are known to usurp and alter glial cell function, undermining their vital role as supporters of neuronal physiology.

Epidemiology, Services and Prevention Research (FY 2014 Request: \$264.4 million)

This program area promotes integrated approaches to understand and address the interactions between individuals and environments that contribute to drug abuse and related problems. Program efforts help identify substance abuse trends locally, nationally, and internationally to guide development of responsive interventions for a variety of real-world populations and settings. For example, runaways and other homeless young people are a highly vulnerable population at increased risk for HIV infection and substance abuse. To address this critical public health gap, NIDA plans to support research to better understand the extent of HIV infection among homeless youth, the factors driving it, and how to optimally link these youth to HIV prevention, testing, care, and treatment services. The Population Assessment of Tobacco and Health (PATH) Study, a national, longitudinal cohort study, will follow an estimated 59,000 adults and youth (12 to 18 years old) to assess susceptibility to tobacco use, patterns of use, risk perceptions, and resultant health impacts. Data collection is slated to begin in the fall of 2013, with plans for four or more annual data collection waves. Outcomes will inform current and future regulatory options for the FDA to protect public health, including setting tobacco product standards and communicating the risks of tobacco use to the general public.

Pharmacotherapies and Medical Consequences (FY 2014 Request: \$141.5 million)

This program area is responsible for medication development aimed at helping people recover from substance use disorders and sustain abstinence. NIDA is using a new funding paradigm (e.g., “GO-MD” grants) aimed at “de-risking” medications in the early stages of discovery. This approach provides greater up-front support to closely monitored grantees for a shorter period of time, so they can produce results quicker—whether for new compounds or repurposed medications—or change direction as needed. This division also supports innovative technological approaches to medication monitoring and delivery. For example, studies are being sought to develop and validate a reliable remote, real-time monitoring system to detect and measure cocaine ingestion in cocaine-dependent people participating in clinical trials. Such technology will be valuable for researchers testing and verifying treatments for cocaine addiction. Finally, this division includes programs to address the medical consequences of substance use disorders, including infectious diseases such as Hepatitis C virus (HCV) and HIV. Because of the high co-occurrence of substance abuse and infectious diseases, infectious disease specialists have a role to play in ensuring that their HIV+/HCV+ patients receive treatment for their substance use disorders. NIDA plans to support research to address this critical gap by understanding both the barriers to and opportunities for engaging infectious disease specialists in implementing screening, brief intervention, and referral to treatment in their practices.

Clinical Trials Network (FY 2014 Request: \$49.6 million)

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) comprises 13 research nodes and more than 240 individual community treatment programs nationwide. The CTN develops and tests treatment protocols for drug abuse and related disorders, such as comorbid mental health disorders and HIV, testing the feasibility and effectiveness of promising medication and behavioral approaches with diverse patient populations and community treatment providers. The CTN is currently at the final stage of completing (1) a multi-site study to evaluate web-delivery of evidence-based psychosocial treatment for substance use disorders, (2) a trial of the safety and effectiveness of buprenorphine plus naltrexone for the treatment of cocaine addiction in patients also dependent on or abusing opioids, and (3) a trial evaluating the impact of adding smoking-cessation to standard treatment for stimulant addiction. Ongoing studies are evaluating the effect of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in emergency departments on substance use and substance-related outcomes, and a new study is comparing extended-release naltrexone (Vivitrol) to buprenorphine for patients addicted to heroin or other opioids, including prescription pain relievers.

Intramural Research Program (IRP) (FY 2014 Request: \$88.6 million)

The Intramural program performs cutting edge research within a coordinated multidisciplinary framework. The IRP attempts to (1) elucidate the nature of the addictive process; (2) determine the potential use of emerging new therapies for substance abuse, both pharmacological and psychosocial; and (3) establish the long-term consequences of drugs of abuse on systems and organs, with emphasis on the brain and its development, maturation, function, and structure. In addition, the IRP supports an HIV/AIDS Pathophysiology and

Addiction Medications Discovery Program. IRP investigators are working on varied potential targets for substance use disorder medications, many of which are being pursued through collaborative efforts with NIDA's extramural medications development program, an approach that should speed up the progress of selected targets along the NIDA medications development pipeline. In addition, NIDA and NIAAA have together made significant progress at integrating their intramural research programs in substance use disorders, including the appointment of a single Clinical Director for NIAAA and NIDA and the establishment of a joint Genetics Intramural Research Program and a common Optogenetics lab.

Research Management and Support (RMS) (FY 2014 Request: \$62.1 million)

RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, RMS functions encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. In addition to the infrastructure required to support research and training, NIDA also strives to educate the public about substance use disorders and to raise awareness of the science behind it. Physicians are a key target for NIDA's outreach efforts. In October 2012, ONDCP and NIDA launched two online continuing medical education courses, using the "test-and-teach" model—one focused on safe prescribing for pain; the other focused on managing patients who abuse prescription opioids—in partnership with Medscape, a web resource for health professionals. After just two months, nearly 25,000 clinicians have completed these courses. Parents are another key target. In 2012, as part of National Substance Abuse Prevention Month, NIDA launched "Family Checkup," an online resource that equips parents with research-based skills to help keep their children drug-free. NIDA-funded research has shown the critical role parents play in preventing their children from using drugs. Family Checkup poses questions for parents to consider as they interact with their children, highlighting parenting skills that are important in preventing the initiation and progression of drug use among youth. The resource incorporates video examples that show parents how and how not to emulate each skill with their own children. The tools were developed by the Child and Family Center at the University of Oregon.

National Institute of Alcohol Abuse and Alcoholism

FY 2014 request: \$62.2 million

(Reflects \$0.6 million increase over FY 2012)

Underage Drinking (FY 2014 Request: \$62.2 million)

NIAAA has a strong focus on preventing and reducing underage drinking, recognizing the pervasive use of alcohol among young people and the association between early initiation of alcohol use and future alcohol problems. In FY 2012, NIAAA released an alcohol screening guide for health care providers to identify alcohol use and related disorders in children and adolescents and to identify risks for alcohol use, especially for younger children. In FY 2012, NIAAA funded four five-year studies to evaluate the youth alcohol screening guide - one in a network of emergency departments, one in a juvenile justice setting, one in primary care, and one with youth who have a chronic condition (e.g., asthma, diabetes). The brief, two question

screeners is being assessed in youth ages 9 to 18. It is both a predictor of alcohol risk, alcohol use, and alcohol problems, including alcohol use disorders and an initial screen for other behavioral health problems (i.e., other drug use, smoking, or conduct disorder). NIAAA also has a significant investment in underage drinking research, including seven projects funded in FY 2012 that are part of a multisite longitudinal study to address the short and long term effects of alcohol exposure on the developing adolescent brain.

PERFORMANCE

Information regarding the performance of the drug control mission of NIH is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information. NIH's GPRMA 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. Each measure is trans-NIH, encompassing lead and contributory Institutes and Centers (ICs). This approach reflects NIH's commitment to supporting the best possible research and coordination of research efforts across ICs.

Both NIDA and NIAAA continue to contribute to a number of trans-NIH scientific research outcomes (SRO). One of these, indicative of NIDA's contribution to the prevention of substance use disorders, is SRO-3.5: "By 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies." By identifying genetic factors involved in the various stages of the addiction process, this outcome aids in the development of improved primary (stop drug use before it starts) and secondary (prevent relapse) prevention programs.

NIDA and NIAAA also contribute to SRO-8.7: "By 2015, identify three key factors influencing the scaling up of research-tested interventions across large networks of service systems such as primary care, specialty care, and community practice." By studying treatment implementation, this outcome improves the translation of research into practice. All performance targets reported below for FY 2012 were achieved.

National Institute on Drug Abuse

National Institute on Drug Abuse		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» SRO-3.5, by 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies.	Characterize the functional roles of genetic variations associated with substance abuse	NIH researchers characterized the functional roles of genes previously identified as being associated with addiction to tobacco and other drugs, including those within the CHRNA5/A3/B4 gene cluster and A11G of the human mu opioid receptor gene.
» SRO-8.7, by 2015, identify three key factors influencing the scaling up of research-tested interventions across large networks of service systems such as primary care, specialty care and community practice.	Collect data in 2 studies designed to test 3 implementation strategies for incorporating research-supported treatment interventions in the criminal justice system using collaborative implementation protocols.	The CJ-DATS research protocols - MATICCE (Medication-Assisted Treatment Implementation in Community Correctional Environments) and HIV-STIC (HIV Services and Treatment Implementation in Corrections) - were implemented and data were collected in FY 2012.

Prevention – SRO-3.5

NIDA contributes to a number of trans-NIH scientific research outcomes (SRO). SRO-3.5 is indicative of NIDA’s contribution to NIH’s scientific research goal of identifying and characterizing human candidate genes that influence risk for substance use disorders and risk of psychiatric disorders by funding research to further characterize the functional roles of genetic variations associated with substance abuse.

Multiple genome-wide and targeted association studies have revealed significant associations between nicotine dependence and variants in the CHRNA5-CHRNA3-CHRNA4 (CHRNA5/A3/B4) gene cluster in subjects of European origin, with a recent study also demonstrating such associations among Korean smokers. A recent meta-analysis of 27 datasets, including those of European, Asian, and African American ancestry (n = 32,587) extends the involvement of this specific gene cluster across all three populations, narrowing the region of association. Of the variants tested, only rs16969968 was associated with smoking in these three populations and was a marker of a larger “high risk” haplotype (a set of alleles of linked genes). The observed consistent association of rs16969968 with heavy smoking across multiple populations, combined with its known biological significance, suggests rs16969968 is most likely a functional variant that alters risk for heavy smoking. Additional studies have demonstrated novel associations between other gene variants in this cluster with various smoking-related phenotypes, such as nicotine dependence symptoms, nicotine tolerance, smoking initiation, and comorbid conditions (e.g., regular drinking and depression), these vulnerabilities being heightened in early onset smokers. Another study demonstrated that carriers of the high-risk haplotype were three times more likely to respond to smoking cessation medications, making

this haplotype of interest for personalized cessation therapies. An editorial on this report adds that the chances of successfully quitting increase two-fold in patients with the high-risk variant if they are treated with nicotine replacement, bupropion, or a combination.

Although these associations and related predictive treatment models show promise, biochemical analyses and further characterization are needed to understand the mechanism of action. To explore the effect of the rs16969968 SNP, the D398—or the N398 variant of the nicotinic $\alpha 5$ receptor subunit—was examined in a cell line containing the nicotinic receptor $\alpha 3\alpha 4^*$ complex. The N398 showed diminished response to nicotinic agonists when extracellular calcium was high, suggesting signaling differences at downstream targets. Further research is needed to better understand these differences and their implications. In other work, virus-induced expression of the $\alpha 5$ subunit risk allele in the medial habenula-interpenduncular nucleus, a brain region associated with nicotine withdrawal, resulted in reduced aversion to nicotine and, consequently, greater consumption of the drug.

Another genetic variant, A118G in the human mu opioid receptor gene (MOR), has been associated with opioid, alcohol, and other substance use disorders and with the need for higher morphine doses to achieve adequate analgesia. Recent work using animal- and human-cultured cell lines found that the G-allele (asparagine) reduced N-linked glycosylation more than the aspartic acid form. This difference in glycosylation status causes protein instability and may account for the reduction of the MOR protein in certain brain regions. Other work has examined this genetic variant's effects on dopamine release after tobacco smoking. One study shows that carriers of the G-allele had more dopamine release in response to smoking than homozygous A-allele carriers. In addition, plasma cortisol levels were lower in G-allele carriers. These studies are consistent with literature on the association of MOR A11G with drug abuse and stress, yet continued research is needed to explore the implications of these findings and to link these mechanisms to drug abusing behaviors.

Treatment - SRO-8.7

NIDA also contributes to NIH's scientific research goal of identifying effective implementation strategies that enhance the uptake of research-tested interventions in service systems such as primary care, specialty care, and community practice. NIDA recognizes that despite major strides in treatment research, only limited improvements have occurred in non-research settings. For example, the rates of drug abuse among people involved with the criminal justice system are very high (e.g., 70-85% of state inmates) yet few receive treatment while incarcerated (approximately 13 percent), jeopardizing both public health and public safety. To improve drug treatment within the criminal justice system, NIDA continues to support a national multisite research program, the Criminal Justice-Drug Abuse Treatment Studies (CJ – DATS), which tests strategies for how best to implement effective treatment within the criminal justice system. In the past year, CJ-DATS research protocols (described in the FY 2010 performance discussion) began data collection. Specifically, the **MATICCE (Medication-Assisted Treatment Implementation in Community Correctional Environments)** protocol is testing implementation approaches aimed at improving service coordination between community correctional agencies and local treatment agencies in an effort to increase the number of

persons in corrections who are provided medication-assisted treatment (MAT); and improving community corrections agents' knowledge and perceptions about MAT and intent to refer appropriate individuals to community-based MAT services. The interventions to be tested are the Knowledge, Perception, and Information (KPI) intervention and the KPI + organizational linkage (OL) intervention. The KPI intervention consists of professional training for correctional staff on use of medications in substance use disorder treatment. The KPI + OL intervention is intended to improve correctional staff knowledge, perceptions, and capacity for inter-organizational relationships to improve referral to, utilization of, and support for medication-assisted treatment appropriate for individuals with substance use disorders. In FY 2012, all nine research centers completed the active implementation protocol—that is, the strategic planning intervention with the Pharmacotherapy Exchange Council (PEC). All sites completed the KPI training and collected follow-up data from participants three months later. In each experimental site, the PEC has completed all assigned protocol activities: an assessment/walkthrough process to identify agency needs, a collaborative strategic planning process to identify key goals for improving offender referrals, the implementation of activities needed to achieve those goals, the production of written summary reports and sustainability plans, and the disengagement from the research teams as planned. All research centers implemented the same study protocol and associated measures.

The research teams are currently engaged in end-of-intervention and follow-up data collection at all sites. This ongoing data collection includes records abstraction from offender case reports at the end of the intervention and at six months post-intervention to determine the extent to which offenders are referred to treatment and gains are sustained over time. Both will be compared to referral rates documented at baseline (collected in FY 2011). Data collection also includes a repeated assessment of staff opinions about MAT to determine: lasting impacts of the KPI training at 12 months post-training; measures of inter-organizational relationships to assess improvements in referral relationships over time from the collaborative strategic planning process; and monthly counts of the number of treatment referrals made by parole/probation officers in each study site.

While the final data collection activities continue, research centers (RCs) are actively engaged in cleaning and analyzing baseline data. FY 2013 is entirely devoted to final data collection, analysis, and reporting of study findings.

The ***HIV Services and Treatment Implementation in Corrections (HIV-STIC)*** protocol will test an organizational intervention strategy to more effectively implement improvements in HIV services for preventing, detecting, and treating HIV in offenders under correctional supervision. HIV training for corrections and Local Change Team (LCT) Process Improvement are two types of intervention efforts to be tested. The HIV training includes basic the fundamentals of HIV infection, prevention, testing, and treatment, as well as information about the HIV services continuum and its implications. The process improvement using LCT guides the team through a structured series of quality improvement techniques intended to identify key change targets and make incremental organizational changes that will improve the quality and coordination of HIV services across correctional and community agencies. In FY 2012, all nine research centers

began the active implementation protocol, that is, the HIV training and Local Change Team Intervention. In FY 2012, all sites (experimental and control) at all RCs completed baseline data collection, baseline HIV trainings, and site randomization. The experimental sites (those sites implementing HIV training + LCT) at all nine RCs have completed their LCT process improvement training. Three RCs have completed the implementation phase of the intervention. The 9-month LCT implementation phase is in progress at five RCs. One RC is in the planning phase of the intervention. While the final data collection activities continue, all RCs are actively engaged in cleaning and analyzing baseline data. FY 2013 is devoted entirely to final data collection, analysis, and reporting of study findings.

Research Highlights

Long-term marijuana use begun in adolescence linked to drop in IQ

The first long-term prospective study to test young people before their first use of marijuana and again after 20+ years of age showed an association between use and impaired intellectual functioning—especially if use began in the teen years. The new research is part of a large-scale study of health and development conducted in New Zealand and co-funded by NIDA and NIMH. Researchers administered IQ tests to over 1,000 individuals at age 13 (born in 1972 and 1973) and assessed their patterns of cannabis use at several points as they aged. Participants were again tested for IQ at age 38, and their two scores were compared as a function of their marijuana use. The results were striking: participants who used cannabis heavily in their teens and continued through adulthood showed a significant drop in IQ between the ages of 13 and 38—an average of 8 points for those who met criteria for cannabis dependence. (For context, a loss of 8 IQ points could drop a person of average intelligence into the lowest third of the intelligence range.) Those who started using marijuana regularly or heavily after age 18 showed minor declines. By comparison, those who never used marijuana showed no declines in IQ.

Abuse of prescription pain relievers treated with sustained buprenorphine/naloxone

A NIDA study suggests that patients addicted to prescription opioid painkillers can be effectively treated in primary care settings using Suboxone (buprenorphine + naloxone). This combination was specifically designed to prevent abuse and diversion of buprenorphine and was one of the first to be eligible for prescribing under the Drug Addiction Treatment Act, which permits specially trained physicians to prescribe certain FDA-approved medications for the treatment of opioid addiction. The study, which was the first randomized large scale clinical trial using a medication for the treatment of prescription opioid abuse, also showed that the addition of intensive opioid dependence counseling provided no added benefit. However, more research is needed to determine how to sustain recovery among these patients.

Study provides clues for designing new anti-addiction medications

Scientists are now one step closer to developing anti-addiction medications, thanks to new research that provides a better understanding of the properties of the only member of the opioid receptor family whose activation counteracts the rewarding effects of addictive drugs. The kappa opioid receptor (KOR) is not associated with the development of physical dependence or the abuse potential of opiate drugs (e.g., heroin, morphine). Therefore, medications that act at the KOR could have broad therapeutic potential for addressing

substance use disorders, pain, as well as other mental disorders. In this new study, supported by NIDA, NIGMS, and NIMH, scientists mapped all the points of contact between JDTC, a drug that specifically blocks activity at the KOR, and the human KOR, producing a high-resolution 3-D image that enabled researchers to see how the two fit together. This advance opens the door to the development of compounds targeting the KOR with improved therapeutic profiles, including that of non-addictive pain medications.

Onsite HIV testing increases life expectancy in substance abusers and is cost-effective

NIDA's Drug Abuse Treatment Clinical Trials Network (CTN) has shown that rapid HIV testing can be implemented in community-based drug abuse treatment centers, thus contributing to more comprehensive health care for patients with substance use disorders. A September 2012 study, co-funded by NIDA, NIAID, and NIMH, shows that on-site rapid HIV testing can increase life expectancy for substance abuse treatment patients newly diagnosed with HIV in a cost effective way. Using modeling, this study estimated that life expectancy would be increased from 17.1 years (no on-site test) to 20.8 years (on-site testing with information on the testing procedure). The cost-effectiveness of providing onsite rapid HIV testing was calculated using a model that took into account patient information (CD4 cell counts, viral burden, anti-retroviral therapy regimen, presence of an acute AIDS-defining illness, etc.), costs for medical treatment, and quality-adjusted life year (QALY) – a measure of both the length and quality of life that accounts for the burden of illness.

Bath Salts: more dangerous than thought

Recent NIDA research shows that MDPV, a synthetic chemical commonly found in the drugs referred to as “bath salts,” is potentially more dangerous than cocaine when tested in rodents. In this study, MDPV prolonged the effects of two neurotransmitters, dopamine and norepinephrine (by blocking reuptake at brain nerve cells) and produced hyperactivity, rapid heart rate, and increased blood pressure. Though an animal study, results could help explain why these substances are addictive *and* highly dangerous in humans, as indicated by reports that MDPV is the chief substance found in the blood and urine of emergency room patients who have overdosed on “bath salts.”

National Institute of Alcohol Abuse and Alcoholism

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» SRO-3.5, by 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies.	Initiate replication and refinement of genome wide association and functional analysis data.	The genetic association of ADH1-Arg48His with reduced risk for alcohol dependence in East Asian populations was replicated in European Americans and African Americans. The association was extended to reduced alcohol consumption in both populations.
» SRO-8.7, by 2015, identify three key factors influencing the scaling up of research-tested interventions across large networks of service systems such as primary care, specialty care and community practice.	Develop strategies for dissemination of the underage drinking screening guide and begin dissemination for use in primary care settings.	NIAAA developed strategies for dissemination of the underage drinking screening guide and began dissemination for use in primary care settings.

Prevention – SRO-3.5

NIAAA also contributes to a number of trans-NIH scientific research outcomes (SRO). SRO-3.5 is indicative of NIAAA's contribution to the prevention of substance use disorders by funding research to initiate replication and refinement of genome wide association and functional analysis data.

NIH researchers replicated and extended the results of previous association studies in East Asian populations to populations of European and African ancestry. For more than two decades NIH has supported the Collaborative Studies on Genetics of Alcoholism (COGA), a large-scale national, multi-ethnic, high-risk family study, with the goal of identifying specific genes that can influence a person's likelihood of developing alcohol dependence. This has resulted in a very rich dataset and repository of phenotypic and neurophysiological data, cell lines, and DNA for current and future studies within COGA. COGA researchers recently replicated and extended the results of previous association studies in East Asian populations to populations of European and African ancestry. Numerous gene variants have been associated with risk for alcohol dependence in different racial and ethnic populations using genome wide association (GWAS) and other approaches. Although many variants identified to date have been associated with increased risk for alcohol dependence and problem drinking, other variants have been associated with protection against alcohol use disorders. A variant in the alcohol dehydrogenase 1B gene (ADH1B-Arg48His) is common in East Asian populations, increases alcohol metabolism leading to elevated acetaldehyde levels, and reduces risk for alcohol dependence. Because this variant is uncommon in populations of European or African descent, researchers combined datasets from three large case-control studies that focused on

either alcohol dependence, nicotine dependence, or cocaine dependence to assess potential protective effects of ADH1B-Arg48His in these populations. Samples from more than 5,600 individuals with and without alcohol dependence were analyzed. The results indicated that ADH1B-Arg48His was significantly associated with reduced risk of alcohol dependence and also associated with reduced alcohol consumption in both European Americans and African Americans. In addition to the adult sample described above, ADH1B-Arg48His was analyzed in an independent sample of 2,039 European American adolescents and young adults age 12-25 and was also found to be associated with reduced risk for developing future alcohol dependence in this group.

Treatment - SRO-8.7

NIAAA also contributes to SRO-8.7, which is indicative of NIAAA's efforts to more broadly bring evidence-based treatments for substance use disorders to the people who need them.

The integration of alcohol screening, brief intervention, and referral to treatment (SBIRT) as a routine procedure in primary care has the potential to reach a large number of individuals who are either experiencing or are at risk for alcohol-related problems who may not be identified elsewhere. Alcohol SBIRT has been recognized as a top preventive measure in primary care and standard alcohol screening guidelines and is now available for both youths and adults. However, integrating routine alcohol SBIRT into primary care still poses challenges for many practices. Research to inform the implementation of SBIRT in primary care and other clinical settings for underage and adult populations continues to be a priority of NIAAA.

An NIAAA supported study is being conducted in one of the nation's largest private health care organizations to examine the implementation, effectiveness, and cost-effectiveness of SBIRT in reducing adolescent alcohol and other drug use in pediatric care. In this study, pediatric practices in the same health care system mentioned in the study above are randomized to three conditions (i.e., usual care, SBIRT delivered by primary care physicians, and SBIRT delivered by behavioral medicine specialists). SBIRT in this study is based on the CRAFFT screening tool plus referral to treatment. (CRAFFT is a mnemonic acronym based on the first letters of key words in the six screening questions.) In the usual care condition, screening and intervention are optional. Also, physicians in this mode of the study do not receive training on SBIRT, and they do not have access to a behavioral medicine specialist.

In FY 2012, NIAAA released an alcohol screening guide for health care providers to identify alcohol use, alcohol use disorders in children and adolescents, and risk for alcohol use, especially for younger children. In collaboration with the American Academy of Pediatrics, the guide was distributed to the organization's entire membership; a total of 168,494 guides were requested from NIAAA in FY 2012. To encourage use of the guide, NIAAA also began discussions with Medscape about developing an online course to provide continuing medical education (CME) credits for physicians, nurses, and physician assistants. In addition, NIAAA issued a request for research applications to evaluate the guide in practice and funded four of these projects in FY 2012. These studies will determine appropriate settings for effective use of the guide and inform dissemination strategies in these settings.

Research Highlights

New Youth Alcohol Screening Guidelines for Health Practitioners

National surveys have shown that 71% of high school seniors have used alcohol in their lifetime and that past month alcohol use increases from 14% to 41% between 8th and 12th grades. By 12th grade, 27% of those surveyed report having been drunk in the past month and 23% report having an episode of binge drinking in the past two weeks. Although alcohol use in youth continues to be of great concern, it often goes undetected. To encourage alcohol screening of youth, NIAAA recently released Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide. NIAAA is currently funding projects to evaluate the effectiveness of the two-question screener as a predictor of alcohol risk/use/problems, including alcohol use disorders and as an initial screen for other behavioral health problems such as other drug use, smoking, or conduct disorder. In 2012, NIAAA funded four 5-year studies to evaluate the youth alcohol screening guide: in a network of emergency departments, in a juvenile justice setting, in primary care, and with youth who have a chronic condition (e.g. asthma, diabetes). A fifth study was funded in early FY 2013 to evaluate the guide in public school settings. Continuing Medical Education (CME) training will also be developed to further encourage use of the guide.

Underage drinking: Impact on brain development

We now know that the brain continues to develop through late adolescence into early adulthood. Whereas a number of studies in both humans and animals have shown deficits associated with heavy adolescent alcohol use, most human studies to date have been cross-sectional in nature and involved heavy binge drinking adolescents with or without alcohol use disorders. It is not clear whether the structural and functional deficits observed in these individuals predated the onset of alcohol use or occurred as a consequence of it. To further elucidate how alcohol impacts the developing adolescent brain in both the short and long term, NIAAA recently funded seven projects which are part of a multisite longitudinal study of youth ages 12-21, capturing them before they begin to drink. The studies are using advanced neuroimaging technology, as well as neuropsychological and behavioral measures, to assess alcohol's effects on brain development and the associated cognitive, affective, and behavioral processes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$558.836	\$558.504	\$556.658
Treatment	1,920.501	1,888.463	1,859.185
Total Drug Resources by Function	\$2,479.337	\$2,446.966	\$2,415.843
Drug Resources by Decision Unit			
Health Surveillance and Program Support	\$64.424	\$45.790	\$85.634
Programs of Regional and National Significance - Prevention	185.885	187.076	175.560
<i>Strategic Prevention Framework (non-add)</i>	109.754	110.479	109.754
<i>Minority Aids Initiative (non-add)</i>	41.307	41.560	41.307
<i>Fetal Alcohol Spectrum Disorder (non-add)</i>	9.802	9.862	1.000
Programs of Regional and National Significance – Treatment	428.697	402.751	334.794
<i>Access to Recovery (non-add)</i>	98.268	98.869	65.000
<i>Screening/Brief Intervention/Referral to Treatment (non-add)</i>	53.187	28.360	30.000
<i>Criminal Justice Activities (non-add)</i>	66.903	67.920	65.135
<i>Treatment Systems for the Homeless (non-add)</i>	41.571	41.826	41.571
Substance Abuse Prevention and Treatment Block Grant	1,800.332	1,811.350	1,819.856
Total Drug Resources by Decision Unit	\$2,479.337	\$2,446.966	\$2,415.843

Drug Resources Personnel Summary			
Total FTEs (direct only)	590	631	655
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$3.6	\$3.5	\$3.6
Drug Resources Percentage	69.5%	69.9%	67.6%

Program Summary

MISSION

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA supports the President’s *National Drug Control Strategy* through a broad range of programs focusing on prevention, treatment, and recovery from substance abuse. These programs are administered through SAMHSA’s Centers for Substance Abuse Prevention (CSAP) and Substance Abuse Treatment (CSAT), as well as through SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ) and the Office of Communications.

METHODOLOGY

SAMHSA distributes drug control funding into two functions: prevention and treatment. The prevention function includes the Substance Abuse Prevention appropriation, including the Substance Abuse Prevention Programs of Regional and National Significance (PRNS) and 20% of the Substance Abuse Prevention and Treatment Block Grant funds specifically appropriated for prevention activities from the Substance Abuse Treatment appropriation. The treatment function includes the Substance Abuse Treatment appropriation, including the Substance Abuse Treatment Programs of Regional and National Significance and 80% of the Substance Abuse Prevention and Treatment Block Grant funds. In addition, both functions include funds from the Health Surveillance and Program Support (HSPS) appropriation. HSPS activities are divided between mental health and substance abuse (as determined by activity). Lastly, the substance abuse portion is split 80% and 20% between prevention and treatment.

BUDGET SUMMARY

In FY 2014, SAMHSA requests a total of \$2,415.8 million for drug control activities, a decrease of \$63.6 million from the FY 2012 level. The budget directs resources to activities that have demonstrated improved health outcomes and increase service capacity. SAMHSA has three major drug-related appropriations: Substance Abuse Prevention, Substance Abuse Treatment, and Health Surveillance and Program Support. Each program area related to these appropriations is discussed below:

Substance Abuse Prevention Programs of Regional and National Significance

Total FY 2014 Request: \$175.6 million

(Reflects \$10.3 million decrease from FY 2012)

The PRNS - Prevention support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. The programs include:

Strategic Prevention Framework

FY 2014 Request: \$109.8 million

(Reflects no change from FY 2012)

The Partnerships for Success (PFS) program was initiated in FY 2009 with the goals of reducing substance abuse-related problems; preventing the onset and reducing the progression of substance abuse; strengthening prevention capacity and infrastructure at the state- and community-levels in support of prevention; and leveraging, redirecting, and realigning state-wide funding streams for substance abuse prevention. Eligible applicants have been states and territories that have completed a SPF State Incentive Grant (SPF-SIG). In FY 2009, four grants were awarded, and one additional award was made in FY 2010. The first two cohorts incorporated an incentive award to grantees that reached or exceeded their prevention performance targets (subject to availability of funds).

FY 2014 Changes (No Change): In FY 2014, SAMHSA requests \$36.7 million to implement a new cohort of Partnerships for Success (PFS) grants, which will be consistent with the Prevention of Substance Abuse and Mental Illness Strategic Initiative. Similar to previous cohorts, this PFS program will focus on implementing the Strategic Prevention Framework

to strengthen prevention capacity and infrastructure at the state, territorial, and community levels. In alignment with SAMHSA's Trauma and Justice Strategic Initiative, grantees will have the option of addressing trauma as one of the risk factors for substance abuse. Up to 32 grants will be awarded to eligible states and territories that have completed SPF-SIG grants. SAMHSA is committed to working with tribes to build and/or strengthen their existing prevention and service delivery systems to successfully prevent substance abuse in their communities.

Minority AIDS Initiative

FY 2014 Request: \$41.3 million

(Reflects no change from FY 2012)

Beginning in FY 1999, Minority AIDS Initiative (MAI) prevention grants have supported efforts to increase access to substance abuse and HIV prevention services for the highest risk and hardest-to-serve racial and ethnic minority populations. Grantees are required to implement integrated, evidence-based substance abuse and HIV prevention interventions, including HIV testing, that target one or more high-risk populations. In addition, the MAI prevention grant program has supported partnerships between public and private nonprofit organizations to prevent and reduce the onset of substance abuse and transmission of HIV among high-risk populations.

FY 2014 Changes (No Change): SAMHSA will award up to 60 grants for three years.

Fetal Alcohol Spectrum Disorder

FY 2014 Request: \$1.0 million

(Reflects \$8.8 million decrease from FY 2012)

SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence (CFE) program focuses on preventing Fetal Alcohol Spectrum Disorders among women of childbearing age and improving the quality of life for individuals and families impacted by these disorders. SAMHSA's FASD CFE uses a comprehensive approach across the lifespan to work toward reducing the number of infants exposed to alcohol prenatally, increasing the functioning of individuals who have an FASD, and addressing the challenges of individuals and families impacted by FASD.

In FY 2011, the most recent year for which data is available, SAMHSA's FASD CFE screened 10,829 at-risk individuals and provided direct services to a total of 1,651 individuals. Over 90% of participants who used alcohol reported decreased current and binge drinking after program participation. In addition, SAMHSA's FASD provided 26 trainings to over 1,483 providers nationwide. In FY 2012, SAMHSA continued to support the FASD CFE and will award a new FASD CFE in FY 2013, which will support efforts to identify new methods for screening and providing preventive services.

FY 2014 Changes (-\$8.8 million): The request will provide \$1.0 million for the FASD contract.

Substance Abuse Treatment Programs of Regional and National Significance

Total FY 2014 Request: \$334.8 million

(Reflects \$93.9 million decrease from FY 2012)

The Substance Abuse Treatment PRNS support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. These programs include:

Access to Recovery

FY 2014 Request: \$65.0 million

(Reflects \$33.3 million decrease from FY 2012)

The Access to Recovery (ATR) program represents one component of SAMHSA's Recovery Support Strategic Initiative. This effort provides grants to states, tribes, and tribal organizations to carry out voucher programs that expand substance abuse treatment capacity and promote choice among clinical treatment and recovery support providers in order to facilitate client recovery from substance abuse. Between FY 2004 and FY 2012, ATR has funded a total of 69 grants in a total of 3 cohorts. Services payable under Medicaid and covered through essential health benefit plans, such as outpatient clinical treatment services and residential services, would not, for the most part, be allowable under this program. In order to prevent duplication of billing sources, providers will work with clients to link them to other usable funding sources where appropriate. For those services not covered, providers will be responsible for the provision of direct services. As was the case in the first three cohorts of ATR, states/tribes will be required to establish provider networks and develop a voucher-based mechanism to ensure client choice can be easily and freely exercised. The ATR program will also support grantee efforts to create linkages with state health information exchanges (HIEs). SAMHSA plans to award 19 three-year grants of \$3.2 million annually.

FY 2014 Changes (-\$33.3 million): The FY 2014 budget request includes \$65.0 million for the ATR program. ATR will continue to preserve the fundamental aspect of client choice, and an estimated 21,000 individuals will be served. Although more individuals with substance use issues will receive treatment under the provisions of the Affordable Care Act, ATR will provide services to those who are not yet enrolled or ineligible for private or public insurance.

Screening, Brief Intervention, and Referral to Treatment

FY 2014 Request: \$30.0 million

(Reflects \$23.2 million decrease from FY 2012)

Beginning in FY 2003, the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program has promoted the integration of screening, brief intervention, referral, and treatment services within general medical and primary care settings. The SBIRT program requires grant recipients to effect change throughout the spectrum of medical practice, including primary care, hospitals, trauma centers, health clinics, nursing homes, employee assistance programs, and school systems. SBIRT is successful because it can identify individuals with more serious substance use problems and encourage them to obtain appropriate specialty treatment services. Since FY 2003, more than \$1.7 million individuals have been screened. Of those, 19%

required a brief intervention, brief treatment, or referral to specialty treatment programs. In FY 2013, SAMHSA anticipates funding up to 19 new grants and 12 grant continuations.

FY 2014 Changes (-\$23.2 million): The requested level of funding will further support the integration and use of the SBIRT model into states and tribal primary care settings, serving an estimated 141,435 individuals. The request will support 25 continuation grants and 16 new grants. 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 Drug Courts

FY 2014 Request: \$41.3 million

(Reflects \$3.7 million decrease from FY 2012)

Drug courts are designed to combine the sanctioning power of courts with effective treatment services for a range of populations and problems such as alcohol and/or drug use, child abuse/neglect or criminal behavior, mental illness, and veterans' issues. In 2010, the criminal justice system was the largest single source of referrals to substance abuse treatment. As treatment drug courts and other problem solving courts addressing drug and other behavioral health-related issues are being established at a high rate, communities are challenged to find sufficient substance abuse treatment and recovery support resources for people referred by the courts.

FY 2014 Changes (-\$3.7 million): SAMHSA will continue to provide technical assistance and support states and communities in implementing flexible solutions to address the burdensome problems of substance abuse, mental illnesses, and co-occurring disorders in the criminal justice system.

Offender Re-Entry Program

FY 2014 Request: \$11.9 million

(Reflects \$1.5 million decrease from FY 2012)

The Offender Reentry Program (ORP) grants provide screening, assessment, and comprehensive treatment and recovery support services to offenders reentering the community, as well as offenders who are currently on or being released from probation or parole. SAMHSA and DOJ/Bureau of Justice Assistance share a mutual interest in supporting and shaping offender re-entry-treatment services, as both agencies fund offender re-entry programs. These two Agencies have a longstanding partnership regarding criminal justice-substance abuse treatment issues. SAMHSA and DOJ/Bureau of Justice Assistance have developed formal agreements to further encourage and engage in mutual interests and activities related to criminal justice-treatment issues. SAMHSA and DOJ/Bureau of Justice Assistance will continue to plan and coordinate relevant activities. Offender Re-entry Program grantees are expected to seek out and coordinate with local Federally-funded offender re-entry initiatives, including DOJ/Bureau of Justice Assistance's Prisoner Re-entry Initiative or Second Chance Act offender re-entry programs, as appropriate.

FY 2014 Changes (-\$1.5 million): SAMHSA will continue to support re-entry programs that make communities safer, and assist those returning from prison in becoming productive citizens.

Treatment Systems for Homeless Programs

FY 2014 Request: \$41.6 million

(Reflects no change from FY 2012)

SAMHSA's CSAT manages two grant portfolios under its Grants for the Benefit of Homeless Individuals (GBHI) authority (Treatment for Homeless and Cooperative Agreements to Benefit Homeless Individuals (CABHI) that provide focused services to individuals with a substance use disorder or who have co-occurring substance use and mental disorders. These programs tie directly to the SAMHSA Recovery Support Strategic Initiative, which focuses specifically on "home" as an integral component of one's well-being.

FY 2014 Changes (No Change): The Treatment for Homeless-General grants enable communities to expand and strengthen their substance abuse treatment services for individuals who are at risk for homelessness, have experienced homelessness (including chronic homelessness), or who have substance use disorders or co-occurring substance use and mental disorders, by moving them to permanent supportive housing. In addition, funds may be used for expanding and strengthening substance abuse treatment services for homeless, alcohol-dependent people and individuals who have histories of public inebriation, frequent emergency room visits, arrests, mental illness, or co-occurring substance use and mental disorders.

Substance Abuse Prevention and Treatment Block Grant

FY 2014 Request: \$1.820 billion

(Reflects \$19.5 million increase over FY 2012)

The Substance Abuse Prevention and Treatment Block Grant Program (SAPT Block Grant) overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility. States and territories may expend Block Grant funds only for the purpose of planning, carrying out, and evaluating activities related to these services. The SAPT Block Grant is critically important to the states because it provides them the flexibility to respond to local and/or regional emergent issues impacting health, public health, and public safety through a consistent Federal funding stream. For example, this program provides approximately 32% of total State Substance Abuse Agency funding and 23% of total substance abuse prevention funding. Because SAMHSA encourages states to focus on these populations, individuals who are currently in need of such services may fall into several categories, such as having no insurance or limited health insurance coverage for substance use disorder treatment and recovery support services, or having been mandated to enter SUD treatment through public safety and/or public welfare systems. Individuals and families without health coverage or whose health insurance benefit will not cover certain services (e.g., recovery supports) rely on services funded by the SAPT Block Grant. States also rely on the Block Grant funding for an array of non-clinical activities and services, which support critical needs of their respective

service systems (e.g., planning, coordination, needs assessment, quality assurance, program development, and evaluation).

20% Prevention Set-Aside

SAMHSA's CSAP is responsible for managing the 20% prevention set-aside of the SAPT Block Grant. This is one of SAMHSA's main vehicles for supporting Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness. States use these funds to develop infrastructure and capacity specific to substance abuse prevention. Some states rely solely on the 20% set-aside to fund their prevention systems while others use the funds to target gaps and enhance existing program efforts. In the SAPT Block Grant application, states are encouraged to make prevention a top priority, taking advantage of recent science, best practices in community coordination, proven planning processes, and the science articulated by the IOM report on *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*. SAMHSA continues to work with states to increase their accountability systems for prevention and develop necessary reporting capacities.

Enrollment and Provider Business and Billing Practices (3% Block Grant Set Aside)

In January 2014, up to 62 million people currently without coverage for mental health and substance abuse services may gain access to such services. Up to 11 million of these individuals are estimated to have substance abuse and/or mental health conditions. Persons with mental and substance use disorders are uninsured at higher rates than the general population. The Qualified Health Plans (QHPs) to be offered by the new Health Insurance Marketplaces are required to have sufficient mental health and substance providers to assure timely access to mental health and substance services. However, many providers supported by SAPT Block Grant funds are not sufficiently prepared to be part of the network of providers under contract with QHPs, Medicaid and Medicare plans, and commercial insurance plans. It is critical for specialty behavioral health providers to be able to participate in integrated care models, utilize interoperable electronic health records (EHRs), and bill for and collect insurance resources for which persons they serve that are eligible, in order to maximize limited MHBG and SAPT Block Grant funds for those services and those persons not covered by public and commercial insurance plans.

To support these activities, the FY 2014, budget request includes a requirement that states set aside at least 3% of their SAPT Block Grant allocation to support providers of mental health services in improving their enrollment, billing, and business practices, and to support enrollment in health insurance for eligible individuals served in the public mental health system. States that receive 2% or more of the total FY 2014 state allotment will be required to implement a competitive sub award process for their funds. The set-aside funds will support education and technical support to improve business management practices, integrate them with primary care, and develop the capability needed to effectively deploy electronic health records. Use of SAPT Block Grant dollars for these purposes will help states assist their publically supported, specialty treatment providers to be prepared for billing Medicaid and newly available health plans made available under the Affordable Care Act after January 2014.

FY 2014 Changes (+\$19.5 million): The request will distribute funds to 60 eligible states, territories, the District of Columbia, and the Red Lake Indian Tribe of Minnesota to plan, carry out, and evaluate substance abuse treatment and recovery support services provided for individuals, families, and communities impacted by substance abuse and substance use disorders.

Health Surveillance and Program Support

The FY 2014 request is \$158.4 million, which represents the Substance Abuse portion of the HSPS appropriation and supports staffing and activities to administer SAMHSA programs. This includes:

Health Surveillance and Program Support

FY 2014 Request: \$115.3 million

(Reflects \$1.4 million decrease from 2012)

HSPS provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs and associated overhead to support SAMHSA programmatic activities, as well as providing funding for SAMHSA national data collection and survey systems, funding to support the CDC NHIS Survey, and the data archive. This represents the total funding available for these activities that are first split between mental health and substance abuse (as determined by each activity) and then, of the amount for substance abuse, split 80/20 between treatment and prevention.

Public Awareness and Support

FY 2014 Request: \$6.8 million

(Reflects \$0.1 million increase over 2012)

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders, and substance abuse issues. This represents the total funding available for these activities that are first split 50/50 between mental health and substance abuse and then, of the amount for substance abuse, split 80/20 between treatment and prevention.

Performance and Quality Information Systems

FY 2014 Request: \$9.1 million

(Reflects \$0.1 million increase over 2012)

Performance and Quality Information Systems provides funding to support the Consolidated Data Platform, as well as the transition from legacy systems. This represents the total funding available for these activities that are first split 30/70 between mental health and substance abuse and then, of the amount for substance abuse, split 80/20 between treatment and prevention.

Agency-Wide Initiatives

FY 2014 Request: \$27.2 million

(Reflects \$22.6 million increase over FY 2012)

Agency-Wide Initiatives provides funding for across agency initiatives such as Minority Fellowship Program which improves the quality of mental health and substance abuse 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 that are first split 50/50 between mental health and substance abuse and then, of the amount for substance abuse, split 80/20 between treatment and prevention.

PERFORMANCE

This section of the FY 2012 performance of SAMHSA's programs is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information. When possible, available performance data are integrated with evaluation findings and other evidence during analysis. The tables include performance measures and targets where the data are available for FY 2012, as well as current achievements.

In collaboration with state agencies, SAMHSA defined a core set of standardized National Outcome Measures (NOMs) that are monitored across SAMHSA programs. NOMs have been identified for both treatment and prevention programs. NOMs share common methodologies for data collection and analysis. SAMHSA continues to use online data collection and reporting systems. In addition to centralized GPRMA reporting at the agency level, each of SAMHSA's program Centers currently operates their own performance management system.

Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment

SA Block Grant – Treatment Activities				
Selected Measures of Performance	FY 2011 Target	FY 2011 Achieved	FY 2012 Target	FY 2012 Achieved
» Percentage of clients reporting no drug use in the past month at discharge	70.3%	76.2%*	70%	TBR
» Number of admissions to substance abuse treatment programs receiving public funding	1,881,515	TBR	1,881,515	TBR

Data Source- Treatment Episode Data Set as reported by States into WebBGAS.

*Data has been updated from previously reported.

TBR – To Be Reported November 2013

SAMHSA administers the SAPT Block Grant program as a means of supporting substance abuse prevention and treatment efforts at the state and local levels. Specifically, Block Grant resources facilitate state efforts to address local substance abuse.

NOMs reporting has been mandatory since FY 2008. Pursuant to Public Law 111-352, SAPT Block Grant/NOMs activities are coordinated with the GPRMA data and the Treatment Episode Data Set.

SAMHSA’s block grant funding mechanism is data-driven and responsive. SAMHSA monitors and tracks NOMs data, while facilitating other data collection efforts and supporting analysis and feedback/use of findings. For example, data for treatment NOMs are drawn from a combination of sources, including the Web Block Grant Application System (WebBGAS).

During FY 2011, data show positive results in many areas. Targets were exceeded when 84.2% of clients abstained from alcohol at discharge, 76.2% abstained from drug use, 94.6% reported no involvement with the criminal justice system, and 93.6% of clients receiving services had a permanent place to live in the community.

20% Prevention Set-Aside

SAPT Block Grant—20% Prevention Set-Aside				
Selected Measures of Performance	FY 2011 Target	FY 2011 Achieved	FY 2012 Target	FY 2012 Achieved
» Percent of states showing an increase in state-level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17)	47.1%	27%	47.1%	TBR
» Percent of states showing a decrease in state-level estimates of survey respondents who report 30-day use of alcohol (age 12-20)	52.9%	78%	52.9%	TBR
» Percent of states showing a decrease in state-level estimates of survey respondents who report 30-day use of other illicit drugs (age 12-17)	64.7%	49%	64.7%	TBR
» Percent of states showing a decrease in state-level estimates of survey respondents who report 30-day use of other illicit drugs (age 18+)	37.3%	49%	37.3%	TBR
» Number of participants served in prevention programs	70,647,674	124,045,108	70,647,764	TBR

Data Source- National Survey on Drug Use and Health state estimates
TBR – To Be Reported December 2013.

As required by law, states that are awarded SAPT Block Grant funds must spend at least 20% of their total award on substance abuse prevention services. This is referred to as “the Prevention Set-Aside.”

There is variation in the prevention services funded using resources from the 20% prevention set-aside. The set-aside funds sometimes target a broad population (universal prevention). In other instances, these funds benefit specific groups at risk of substance abuse (selective prevention) and/or individuals who do not meet the diagnosis for dependence but have signs of substance abuse and related consequences (indicated prevention)³.

Performance measurement for SAPT Block Grant evolved due to overall changes in SAMHSA’s core performance measures (with the goal of reducing/streamlining the number of measures)

³ Institute of Medicine. (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*.

combined with proposed changes in the Substance Abuse State Prevention Grants (described in FY 2012 and FY 2013 budget documents, but not implemented). SAMHSA has now reverted back to the original program structure (as described in budget documents prior to FY 2012). As program changes occurred, measures were adjusted. As a result, SAMHSA did not implement several measures included in previous reports. The proposed measures that were ultimately not needed were designed to measure decreases in the number of youth ages 12-20 who reported drinking alcohol in the past 30 days and decreases in the number of youth ages 12-25 who reported nonmedical use of prescription-type drugs in the past 30 days. In place of these measures, SAMHSA is accountable using the measures now included in this section of the drug budget. The measures currently used reflect the reestablished structure.

FY 2011 performance data for the 20% prevention set-aside shows several accomplishments. 78% of states showed a decrease in 30 day alcohol use (age 12-20). While the target was not achieved, 49% of states were successful in reducing their rate of adult (18+) illicit drug use. Approximately half of the SAPT Block Grant recipients successfully reduced past month illicit drug use among adolescents in their states. SAMHSA continues to address prescription drug abuse, which is a major contributor to these rates. For example, past year initiation in the use of non-medical prescription drugs exceeded all other illicit drugs except marijuana. With regard to prescription drug abuse, 12-25 year olds represent 39% of the total 6.1 million abusers during FY 2011. Data from the Drug Abuse Warning Network (DAWN) indicate that patients aged 20 or younger accounted for 18.8% (922,953 visits) of all drug-related Emergency Department visits in FY 2010. Almost half (45.3% or 417,856 visits) of these visits involved drug misuse or abuse, representing a rate of 476.1 Emergency Department visits per 100,000 population aged 20 or younger. As the economy recovers over time, increased attention to prescription drug abuse may further reduce this composite drug use finding.

PRNS - Treatment PRNS

Treatment PRNS		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percentage of adults receiving services who were currently employed or engaged in productive activities	47%	43.3%
» Percentage of adults receiving services who had a permanent place to live in the community	49%	51.4%
» Percentage of adults receiving services who had no involvement with the criminal justice system	95%	96.4%
» Percentage of adults receiving services who had no past-month substance use	62%	70%
» Number of clients served	34,784*	40,026*

Data Source- Services Accountability Improvement System

Note: Measures reflect clients served through grants awarded in FY 2011. Data are collected at a 6-month follow-up point. Since client length of stay varies by case, some may have been discharged by this point while others were still in treatment.

*Total for SAMHSA's CSAT Capacity programs excluding Access to Recovery and the Screening, Brief Intervention, and Referral to Treatment Program, which are presented in separate tables.

In FY 2012, the Treatment PRNS programs served a total of 40,026 people, exceeding the

target. The collective programs achieved high performance in several areas and are pursuing advancement in other areas, including employment. As the economy recovers and unemployment is reduced, obstacles will be eliminated and performance will be influenced. Targets were exceeded for abstinence (70 percent), housing (51.4 percent), and adults having no involvement with the criminal justice system at 6-month follow-up (96.4 percent).

Screening, Brief Intervention, and Referral to Treatment		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percentage of adult clients receiving services who had no past month substance use	36%	42.1%
» Number of clients served	139,650	142,016

Data Source- Services Accountability Improvement System

Treatment PRNS includes SBIRT, which began in 2003. In FY 2012, SBIRT provided 142,016 substance abuse screenings in primary care settings, exceeding the target. The target was also exceeded for abstinence, as 42.1% of adult clients reported no past month substance use. In addition, employment increased by 14% from intake to 6-month post intake. Social connectedness also increased. Data indicate that mental health outcomes have seen improvement. When comparing intake to follow-up, depression decreased by 32% and anxiety decreased by 15%.

Access to Recovery		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percentage of adults receiving services who had no past month substance use	83%	84.1%
» Percentage of adults receiving services who had no/reduced involvement with the criminal justice system	96%	96.6%
» Percentage of adults receiving services who had improved social support	91%	91.9%
» Number of clients gaining access to treatment	70,750	76,592

Data Source- Services Accountability Improvement System

In FY 2012, the ATR program substantially exceeded its target for the number of clients served: 76,592 clients were served as compared to the target of 70,750. Moreover, achievements included positive developments measured at 6-month follow-up points, including an abstinence level of 84.1 percent, an improved social support level of 91.9 percent, and 96.6% of clients having no involvement in the criminal justice system.

Substance Abuse Drug Courts		
Selected Measures of Performance	FY 2012	FY 2012
	Target	Achieved
» Percentage of adult clients receiving services who had a permanent place to live in the community	43%	44.2%
» Percentage of adult clients receiving services who had no involvement with the criminal justice system	93%	93.1%
» Percentage of juvenile clients receiving services who had no involvement with the criminal justice system	95%	94%
» Percentage of juvenile clients receiving services who had no past month substance use	73%	61.6%

Data Source- Services Accountability Improvement System

The Drug Court services address the treatment needs of substance-using individuals involved in Drug Courts. The commitment from SAMHSA continues but the program is evolving. Data for the two juvenile measures in the table above reflect a small number of active juvenile grants in 2012.

Drug Court programs address complex problems for a range of populations at risk. The program provides holistic treatment and wrap-around services to criminally-involved substance-using individuals. This addresses the needs associated with abstinence and a higher quality of life. Success has been seen in many areas, including a growing percentage of adult clients receiving services. These services were provided to high risk individuals who now have benefitted in many ways. For example, many of these individuals now have a permanent place to live. The percent of juvenile clients who were employed or engaged in productive activities, as well as the percent of adult clients receiving services who had no past month substance use, exceeded their respective targets.

PRNS - Prevention PRNS

Prevention PRNS				
Selected Measures of Performance	FY 2011	FY 2011	FY 2012	FY 2012
	Target	Achieved	Target	Achieved
» Percent SPF SIG States showing a decrease in state-level estimates of survey respondents (age 12-17) who report 30-day use of other illicit drugs	60%	50%	67.6%	TBR
» Percent SPF SIG States showing an increase in state-level estimates of survey respondents (age 12-17) who rate the risk of substance abuse as moderate or great	47.1% ¹	27%	50%	TBR
» MAI: Percent of program participants that rate the risk of harm from substance abuse as great (all ages)	88%	95.5%	88%	TBR
» MAI: Percent of participants who report no illicit drug use at pre-test who remain non-users at post-test (all ages)	92.6%	92.5%	92.6%	TBR

Data Sources- National Survey of Drug Use and Health state estimates and the Performance Management Reporting and Training system

1- Data has been updated from previously reported

SPF SIG: Strategic Prevention Framework State Incentive Grant

SAMHSA’s Prevention PRNS includes a number of major discretionary programs, such as the SPF SIG and theMAI. Data from both programs showed promising results for FY 2011.

During FY 2011, the SPF SIG program data showed improvement compared to FY 2010 data in the percent of states showing a decrease in the respondents (12-17) reporting 30-day use of illicit drugs, as well as the percent of states showing an increase in respondents (12-17) who rate the risk of substance abuse as moderate or great. As the economy recovers, ongoing improvements are expected. FY 2011 data show that 85% of SPF SIG states report a decrease in 30-day use of alcohol for individuals 12-20 years old (exceeding target), and that 894 evidence-based policies, practices, and strategies were implemented (exceeding target).

During FY 2011, the MAI data exceeded targets; 95.5% of program participants (all ages) rated the risk of harm from substance abuse as great, and 4,283 program participants were exposed to substance abuse prevention education services.

DEPARTMENT OF HOMELAND SECURITY



DEPARTMENT OF HOMELAND SECURITY
Customs and Border Protection

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$363.098	\$363.098	\$321.330
Interdiction	1,917.245	1,917.245	2,023.220
Total Drug Resources by Function	\$2,280.343	\$2,280.343	\$2,344.550
Drug Resources by Decision Unit			
Air and Marine Operations	\$454.480	\$454.480	\$349.991
Border Security Fencing, Infrastructure & Technology	60.000	60.000	84.510
Salaries and Expenses	1,765.863	1,765.863	1,910.049
<i>Air & Marine Operations - Salaries (non-add)</i>	<i>[257.361]</i>	<i>[257.361]</i>	<i>[233.699]</i>
<i>Border Security and Control between POEs (non-add)</i>	<i>[547.752]</i>	<i>[547.752]</i>	<i>[568.488]</i>
<i>Border Security and Trade Facilitation at POEs (non-add)</i>	<i>[893.497]</i>	<i>[893.497]</i>	<i>[1,051.752]</i>
<i>HQ Management and Administration (non-add)</i>	<i>[67.253]</i>	<i>[67.253]</i>	<i>[56.110]</i>
Total Drug Resources by Decision Unit	\$2,280.343	\$2,280.343	\$2,344.550
Drug Resources Personnel Summary			
Total FTEs (direct only)	11,715	11,715	11,556
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$11.8	\$11.9	\$12.9
Drug Resources Percentage	19.3%	19.2%	18.2%

Program Summary

MISSION

Titles 18 U.S.C. and 19 U.S.C. authorize U.S. Customs and Border Protection (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 along 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 bureau and calculates obligations, by budget decision unit and function, pursuant to an approved drug methodology. On the basis of past practice, six offices within CBP - Border Patrol (OBP), Field Operations (OFO), Information Technology (OIT), Technology

Innovation and Acquisition (OITA), Training and Development (OTD), and Air and Marine (OAM) - were provided with guidance on preparing estimates for the reporting of drug control funds. All six organizations identified resources in their financial plans that support the drug enforcement mission of the agency. OIT, OFO, OBP, and OAM attribute their resources to both intelligence and interdiction functions. OTD and OTIA attribute their resources solely to interdiction.

Office of Field Operations

The Office of Cargo Conveyance and Security/Non-Intrusive Inspection Division of OFO estimates that there will be 4,214 CBP officer (CBPO) positions related to drug enforcement on Anti-Terrorism Contraband Enforcement Teams (A-TCET) for FY 2014. The A-TCET also works closely with the Passenger Enforcement Rover Team (PERT) and Passenger Analytical Unit (PAU) teams to coordinate all enforcement activities. Although the primary mission of A-TCET teams is anti-terrorism, they also focus on all types of contraband, including narcotics. CBP estimates that 69% of the A-TCET is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities.

As of March 2013, OFO canine teams are comprised of 641 Canine Enforcement officers with assigned dogs. Among the dogs paired with officers, 104 will be Narcotics Detection Teams, 47 Currency Firearms Detection Teams, and 335 Narcotics/Human Smuggling Detection Teams that will be nearly 100% devoted to smuggling interdiction. Agriculture teams (comprising approximately 112 teams) and K9 Trainers, Supervisors, and Field Advisors (approximately 43 teams) were included in the overall total but not calculated against available drug enforcement resources.

The President's Budget provides for 70 additional canine officers and 1,530 CBPOs for a total of 1,600 additional officers. OFO anticipates there will be approximately 711 Canine Enforcement officers in FY 2014, including 41 additional currency firearms detection teams and 29 additional narcotics/human smuggling detection teams. The increase will augment the enforcement efforts in the following areas: among the dogs paired with an officer, 104 will be Narcotics Detection Teams, 88 Currency Firearms Detection Teams, and 364 Narcotics/Human Smuggling Detection Teams that will be nearly 100% devoted to smuggling interdiction.

In FY 2014, due to the requested CBPO enhancement for 1,600 additional officers, OFO plans to have 18,366 "other" CBPOs (officers not primarily assigned to counternarcotic enforcement activities), an increase of 1,530. These officers enforce hundreds of laws and regulations of many other Federal Government agencies. The other Federal agencies include, for example, the U.S. Fish and Wildlife Service; Bureau of Alcohol, Tobacco, Firearms and Explosives; and Bureau of Export Administration. CBP subject matter experts estimate that roughly 30% of these officers' time is devoted to drug-related activities. Currently OFO has approximately 16,836 "other" CBP officers.

Office of Border Patrol

OBP is responsible for controlling more than 5,000 miles of land borders between ports of entry with Canada, 1,900 miles of border with Mexico, and 95,000 miles of shoreline. As of February 2013, there were 21,254 Border Patrol agents assigned to the mission of preventing illegal entry of persons and contraband between the ports-of-entry. These illegal entries include aliens and drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated ports of entry due to their undocumented status. It has been determined that 15% of the total agent time nationwide is related to drug activities. Of the 15% related to drug activities, 3.5% of these efforts are related to intelligence and 96.5% are related to drug interdiction. These activities include staffing 35 permanent border traffic checkpoints nationwide and the utilizing 950 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 Information Technology

OIT supports the drug enforcement mission through the acquisition, support, and maintenance of technology, such as non-intrusive inspection systems and mission critical targeting software systems. Of OIT's spending, 30% of base funding of the Enforcement Technology Center; 25% of Automated Targeting Systems (Passenger, Narcotics, and Anti-Terrorism) systems software costs; 50% of the TECS; and 10% of data center operations costs are estimated in support of the drug mission.

Office of Training Development

OTD calculates the portion of its budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed and subject matter experts determine course hours delivered that relate to drug enforcement for this tasking. If specific courses offered through the NTP contain drug enforcement-related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours). Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers and agents. OTD's day-to-day operational resources are attributed to drug enforcement activities at a rate of 20 percent. OTD evaluated each office's mission statement and training development/delivery functions to determine the total weighted percentage of its drug enforcement activities.

Border Security Fencing, Infrastructure and Technology

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. OTIA programs deliver detection and surveillance technology systems to both the Southwest and Northern Borders. These technologies increase situational awareness and assist law enforcement personnel in identifying and resolving illegal activity. For this drug control estimate, OTIA is applying the Border Patrol ratio of 15% to the Development and Deployment

Program Project Activity (PPA) and 32% to the Operations and Maintenance PPA due to the inclusion of the Tethered Aerostat Radar System (TARS) that is being transferred from the Department of Defense (DoD) beginning in FY 2014. The TARS program has assisted CBP with interdicting suspect aircraft for more than 20 years and is a critical component of CBP's bi-national narcotics and contraband interdiction operations with Mexico.

Office of Air & Marine

OAM's core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, the Office of Air and Marine 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, O&M estimates that flight hours in support of Joint Interagency Task Force – South (JIATF-South) will be just above 5,000 in FY 2014.

Using flight hours spent performing drug-related activities, OAM has determined that 82% of the budget resources that support CBP Air and Marine are considered to be drug-related. Of the 82% drug-related resources, 18% of these efforts are related to intelligence and 82% are related to drug interdiction.

BUDGET SUMMARY

The FY 2014 request of \$2,344.6 million for drug-related resources is an increase of \$64.2 million over the FY 2012 level. These resources support CBP as America's frontline border agency. CBP employs over 60,000 personnel to not only prevent terrorists and terrorist weapons from entering the United States, but also to perform its missions, including stemming the flow of illegal drugs and other contraband. CBP is determined to improve security at and between our ports-of-entry (POEs) along the entire length of land and maritime borders and extend the zone of security beyond the physical borders.

Salaries and Expenses

Total FY 2014 Request: \$1,910.1 million

(Reflects \$144.2 million increase over FY 2012)

Salaries and Expenses funds CBP's primary field including CBP officers, Border Patrol agents, pilots, marine officers, import and entry specialists, and agricultural specialists. The agency's field organization is comprised of 20 Border Patrol Sectors with 35 permanent border and 140 tactical checkpoints between the POEs; 142 stations and substations; 20 Field Operations Offices; and 331 associated POEs (15 of which are pre-clearance stations). 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 identification and apprehension of high-risk travelers and trade.

Border Security and Trade Facilitation at POEs

FY 2014 Request: \$1,051.8 million

(Reflects \$158.3 million increase over FY 2012)

The FY 2014 request is a \$158.3 million dollar increase over the FY 2012 budget for drug-related resources associated with border security and trade facilitation at the POEs. 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 that 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 United States. Under Customs-Trade Partnership Against Terrorism (C-TPAT), 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. C-TPAT 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 C-TPAT, Americas Counter Smuggling Initiative (ACSI), the Carrier Initiative Program (CIP), and the Business Anti-Smuggling Coalition (BASC) 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 to provide 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.

OFO continues to run coordinated inbound and outbound enforcement operations along the Southwest border. These operations include participation by the Office of Border Patrol, Immigration and Customs Enforcement, and state/local law enforcement agencies. To expand enforcement operations along the Southwest border, a Unified Command structure has been established for Alliance to Combat Transnational Threats (ACTT) in El Paso. ACTT planning and operations cells have coordinated a variety of operations to enhance intelligence collection and further a number of investigations targeting transnational criminal organizations. These operations have proven to be successful in interdicting narcotics and outbound currency.

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.

FY 2014 Changes (+\$158.3 million): The increase in drug-related resources over the FY 2012 level primarily reflects the result of a program increase for additional CBP Officers and canine teams to enhance trade and travel at Ports of Entry.

Border Security and Control between the POEs

FY 2014 Request: \$568.5 million

(Reflects \$20.7 million increase over FY 2012)

The FY 2014 President's request of \$568.5 million in drug-related resources provides funding for border security and control between the POEs. 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.

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 the 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 law enforcement agencies through Operation Alliance along the Southwest Border. The Border Patrol is also an active participant in the Southwest Border High Intensity Drug Trafficking Areas (HIDTA) in Texas, New Mexico, Arizona, and California. To further assist the Border Patrol in this endeavor, all Border Patrol agents receive Drug Enforcement Administration Title 21 cross-designated authority as part of their basic training.

FY 2014 Changes (+\$20.7 million): The increase reflects a pay adjustment to OBP pay resources to reflect the workforce maturation caused by the Journeymen initiative.

Headquarters Management and Administration

FY 2014 Request: \$56.1 million

(Reflects \$11.1 million decrease from FY 2012)

The FY 2014 request of \$56.1 million in drug-related resources provides critical policy and operational direction, mission support, and technical expertise to CBP mission operations.

Headquarters and Management includes drug control budget resources from the Office of Training and Development and the Office of Information Technology. These programs are essential to carry out CBP's dual mission of protecting our homeland while facilitating legitimate trade and travel.

FY 2014 Changes (-\$11.1 million): The request reflects an overall funding decrease in Information Technology services and overall training. Additionally, restrictive hiring decisions have resulted in a hiring freeze as included in the FY 2014 President's Budget request.

Air and Marine Operations – Salaries

FY 2014 Request: \$233.7 million

(Reflects \$23.7 million decrease from FY 2012)

CBP Air and Marine 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, 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. CBP Air and Marine 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 Air and Marine's geographical Areas of Responsibility (AORs) are the Southwest, Northern, and Southeast/coastal borders of the United States and include the Caribbean regions.

FY 2014 Changes (-\$23.7 million): The decrease is, in part, due to a change in OAM's drug control budgeting methodology, which went from 90% of the total OAM budget in FY 2012 to 82% in FY 2014. This change accounts for over \$23 million in decreased funding in the Air and Marine Salaries drug budget.

Air and Marine

Total FY 2014 Request: \$350.0 million

(Reflects \$104.5 million decrease from FY 2012)

CBP Air and Marine's 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 (AEW) and slick aircraft 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 AEW is the only Detection and Monitoring (D&M) asset solely dedicated to the counterdrug mission, it is a critical component of the *National Drug Control Strategy*.

In the Transit Zone, CBP Air and Marine crews work in conjunction with the law enforcement agencies and military forces of other nations in support of their counternarcotic programs. CBP is prepared to support counterdrug missions in the Source Zone, which include detection and monitoring, 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, maritime patrol aircraft, high performance helicopters, single/multi-engine support aircraft, and unmanned aerial vehicles. CBP Air and Marine’s range of maritime assets includes interceptor, utility, and blue water-type vessels.

FY 2014 Changes (-\$104.5 million): The decrease is, in part, due to a change in OAM’s drug control budgeting methodology, which went from 90% of the total OAM budget in FY 2012 to 82% in FY 2014, as well as other reduction in the Air and Marine Operations budget.

Border Security Fencing, Infrastructure and Technology

**Total FY 2014 Request: \$84.5 million
(Reflects \$24.5 million increase over FY 2012)**

The FY 2014 request will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for the operational users.

FY 2014 Changes (+\$24.5 million): The FY 2014 increase is due, in part, to the transfer of the TARS program from DoD, as well as multiple program increases within the Development and Deployment PPA of BSFIT. These increases include an enhancement of Integrated Fixed Towers and further support for Tactical Communication.

PERFORMANCE

This section on the U.S. Customs and Border Protection’s drug control program is based on agency Government Performance and Results Modernization Act documents, an OMB assessment, and other agency information. The table includes performance measures, targets, and achievements for the latest year for which data is available.

Customs and Border Protection		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Amount of currency seized on exit from United States	\$35.0M	\$31.9M
» Percentage of Joint Interagency Task Force-South (JIATF-S) annual mission hour objective achieved	100%	100%
» Number of apprehensions on the Southwest Border between the ports of entry	<371,000	356,873

CBP is the largest uniformed Federal law enforcement agency in the country, with over 21,000 Border Patrol Agents between the ports of entry and over 20,000 CBP officers stationed at air, land, and seaports nationwide. These law enforcement officers are supplemented with over 1,200 Air and Marine agents and officers, and over 2,300 agricultural specialists and other professionals.

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 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 ports of entry, a key outcome for the *National Drug Control Strategy (Strategy)*. Since this measure is based upon the seizure-related enforcement outcomes of CBP’s Outbound enforcement program, the measure provides an indicator of the success that CBP has in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to criminal or transnational groups.

OFO conducts risk-based Outbound operations at land and air border ports of entry enabling CBP to enforce U.S. laws and regulations applying to the Outbound arena, including, but not limited to, immigration and drug laws. The Outbound enforcement program is part of CBP’s effort to effectively monitor and control the flow of goods and people leaving the United States. The goal of CBP’s Outbound enforcement program is to keep the United States safe by preventing the illicit export of goods, ranging from firearms to components of weapons of mass destruction, from falling into the hands of terrorists, criminal elements and individuals seeking to circumvent U.S. export control laws, and to disrupt criminal elements and terrorist organizations by interdicting their proceeds and arresting members of their organizations. A number of presidential strategies, including the President’s National Export Initiative, the President’s Export Control Reform Initiative, the *Strategy*, and the *National Southwest Border Counternarcotics Strategy*, designate outbound enforcement as a crucial component on the war on drugs. The total currency seized upon exit from the United States, which was in excess of \$31.9 million, 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.

OBP works to mitigate all threats – terrorists and weapons of terrorism, 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 enforcement advantage gained from fencing, other infrastructure, and technology, such as sensors and cameras, allows agents to more effectively and efficiently perform their duties to detect, identify, and intercept threats.

The measure “Number of apprehensions on the Southwest Border between the ports of entry” assists in gauging CBP’s success in addressing areas of greatest risk, including areas that experience narcotics smuggling, along our Nation’s borders. The measure targets an overall

reduction in the number of apprehensions along the Southwest border from historic levels. Although many factors, including enforcement, the economy, and natural disasters, can contribute to the ebbs and flows of apprehensions, a key change in CBP's enforcement posture over the past several years since 9/11 has been a healthy build-up in resources and capabilities, including fencing, infrastructure and technology. This vastly improved enforcement posture has coincided with an overall decrease in apprehensions since 2005.

Funds and resources provided for in 2010 created an even stronger enforcement environment for 2011, as noted in the 2011 *Strategy*. These came in the form of the Emergency Supplemental for Border Security (Public Law 111-230) signed in August 2010 by President Obama, which provided funds for hiring additional Border Patrol agents and other law enforcement and Department of Justice resources; the continuation of the Alliance to Combat Transnational Threats (ACTT); and the 2010 authorization for the temporary deployment of additional National Guard troops along the Southwest border for Operation Phalanx – for a time period that included all of FY 2011. The deployments contributed “additional capabilities and capacity to assist law enforcement agencies as a bridge to longer-term enhancements in the efforts to target illicit networks’ trafficking in people, drugs, illegal weapons, money, and violence associated with these illegal activities... [t]heir support has allowed CBP to bridge the gap and hire additional agents to support the Southwest border, as well as field additional technology and communications capabilities that Congress provided.”

Operation Phalanx was continued in FY 2012 and was extended until December 31, 2012. From inception until February 29, 2012, the National Guard provided up to 1,200 personnel to support U.S. Border Patrol and Immigration and Customs Enforcement (ICE) with its Southwest Border Security mission in four Southwest Border states: California, Arizona, New Mexico, and Texas. These personnel performed duties as Entry Identification Team members, Remote Video Surveillance System operators, and Mobile Surveillance Capability operators. On March 1, 2012, the National Guard transitioned from “Boots on the Ground” and began providing surveillance via rotary and fixed wing aerial platforms. There are currently a total of 22 airframes allocated to the Tucson, Laredo, and Rio Grande sectors. From March 1, 2012 to September 30, 2012, 14,511 apprehensions were made by the Border Patrol with Operation Phalanx assists. During this same time period, Border Patrol agents seized 85,871.21 pounds of marijuana with Operation Phalanx assists.

One of the principal areas of concern in FY 2011 and FY 2012 was Arizona, especially Tucson Sector, where both apprehensions of illegal entrants and marijuana seizures were higher than in any other Border Patrol sector.⁴ Accordingly, many of the resources discussed above were focused on Tucson sector in FY 2011 and FY 2012. Stronger enforcement resources and better detection capabilities correlated with a decrease in apprehensions,⁵ as shown in the measure

⁴ In 2010, Tucson sector was responsible for 212,202 of the total 463,382 apprehensions, or 46%; and for 1,033,227 pounds of the total 2,431,214 pounds of marijuana seizures, or 42%. In 2011, Tucson sector was responsible for 123,285 of the total 327,577 Southwest border apprehensions, or 38%; and for 1,039,443 pounds of the total 2,518,211 pounds of marijuana seizures, or 41%.

⁵ Apprehensions fell in Tucson sector in FY 2011 to 123,285 from 212,202 in FY 2010, a 42% reduction. They declined again (but began leveling

results below. Concurrently, as fewer people attempted illegal entries, agents were able to turn more attention and capabilities towards detecting and intercepting other threats, such as narcotics. In fact, in Tucson sector, as apprehensions decreased from 212,202 in FY 2010 to 123,285 in FY 2011 and 120,000 in FY 2012, marijuana seizures in Tucson Sector increased from 1,033,227 pounds in FY 2012 to 1,039,443 pounds in 2011, and in FY 2012 fell to 1,015,332 pounds, 44% of total marijuana seizures on the Southwest border. In Arizona's adjoining Yuma sector, where apprehensions in FY 2012 remained below 2% of total Southwest border apprehensions (Yuma sector had 6,500 apprehensions in FY 2012, or less than 2% of the 356,873 Southwest border apprehensions), heroin seizures were up 147% to 1,089 ounces in 2012, from 441 ounces in 2011. This represented 17% of all Southwest border heroin seized in FY 2012.

OAM conducts extended border operations to support a layered approach to homeland security. OAM applies assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The National Interdiction Command and Control Plan (NICCP) sets the overarching operational architecture for organizations involved in interdicting illicit drugs in keeping with the goals and objectives of the *Strategy*. OAM coordinates with the larger law enforcement and interdiction community through its partnership with Joint Interagency Task Force - South (JIATF-S). JIATF-S is the tasking coordinator and controller for counterdrug missions within the source and transit zones. JIATF-S submits its resource allocation requirements through the NICCP. The Department of Homeland Security responds to the requirements in a Statement of Intent. OAM typically supports JIATF-S requests with P-3 Airborne Early Warning (AEW) and P-3 Long-Range Tracker (LRT) aircraft, but has also supported JIATF-S with other aircraft, including its Dash 8, Chet, and C12M fixed-wing aircraft; Blackhawk rotor-wing aircraft; and unmanned aircraft systems.

The FY 2012 DHS Statement of Intent included CBP's objective to provide 5,500 flight hours for detection and monitoring activities with P-3 AEW and P-3 LRT aircraft in support of JIATF-S operations. OAM exceeded the goal of 5,500 hours for FY 2012 with the P-3 aircraft, flying a total of 5,584.6 hours. As a result of the August 19, 2003, Presidential Determination Regarding U.S. Assistance to the Government of Colombia Airbridge Denial Program, OAM began receiving funding in FY 2005 to support JIATF-S as part of its base budget. In a memorandum dated October 27, 2011, U.S. Customs and Border Protection Commissioner Alan Bersin notified Office of National Drug Control Policy Director R. Gil Kerlikowske the following: "based on current anticipated budgets and planning estimates, CBP expects to be able to support between 5,000 and 6,000 P-3 flight hours in the transit zone" with the amount of funding budgeted for this effort.

The performance measure "Percentage of Joint Interagency Task-Force South (JIATF-S) annual mission hour objective achieved" identifies the degree to which the CBP Office of Air and Marine (OAM) meets its intended flight hours for JIATF-S in support of the *Strategy*.

off) in 2012 to 120,000, a 3% reduction.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Enacted	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
State and Local Assistance	\$6.990	\$0.000	\$0.000
Total Drug Resources by Function	\$6.990	\$0.000	\$0.000
Drug Resources by Decision Unit			
Operation Stonegarden	\$6.990	\$0.000	\$0.000
Total Drug Resources by Decision Unit	\$6.990	\$0.000	\$0.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$4.3	\$0.0	\$0.0
Drug Resources Percentage	0.2%	0.0%	0.0%

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 a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation. Operation Stonegarden (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. OPSG is not specifically a drug enforcement grant program, but it is a part of “State and Local Preparedness Programs” with a programmatic nexus to support state, local, and Tribal law enforcement agencies through its grant to increase material and manpower readiness and increase the number of “boots on the ground” in an effort to better secure our Nation’s borders.

METHODOLOGY

FEMA awarded OPSG funds in coordination with Customs and Border Protection. The funds awarded were used in intelligence informed operations, which may assist with counterdrug efforts.

BUDGET SUMMARY

There is no FY 2014 request, a decrease of \$7.0 million from the FY 2012 level.

Operation Stonegarden

FY 2014 Request: \$0.0 million

(Reflects \$7.0 million decrease from FY 2012)

No new funding is requested for OPSG in FY 2014. FEMA consolidated its grant structure and created the National Preparedness Grant Program (NPGP); OPSG could be funded under the NPGP at the discretion of the Secretary.

PERFORMANCE

Information regarding the performance of the drug control mission of FEMA's Operation Stonegarden Program is based on agency information. The Grant Programs Directorate (GPD) developed a slate of external Management and Administrative performance measures for its portfolio of preparedness grant programs. The purpose of these measures is to reflect data regarding overall compliance with grant requirements. The table and accompanying text represent highlights of their achievements during FY 2012.

Federal Emergency Management Agency		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Preparedness grant awards closed within 90 days	Baseline	36%
» Corrective actions completed within the fiscal year issued*	Baseline	14%
» Improper payments identified through financial monitoring	Baseline	1.1%

Specific OPSG accomplishments included the following:

- Increased capability to prevent, protect against, and respond to border security issues;
- Supported local operational objectives and strengthened capabilities to enhance National and State Homeland Security Strategies (such as the Federal Secure Borders Initiative and CBP/Border Patrol (BP) strategies); Supported intelligence-based operations, through CBP/BP Sector Level experts, to ensure safety and operational oversight of Federal, state, local, tribal and territorial law enforcement agencies participating in OPSG operational activities;
- Supported requests to Governors to activate, deploy, or redeploy specialized National Guard Units/Packages and/or elements of State law enforcement to increase or augment specialized/technical law enforcement elements and operational activities; and;
- Continued to increase operational, materiel, and technological readiness of State, local, tribal, and territorial law enforcement agencies.

DEPARTMENT OF HOMELAND SECURITY

Federal Law Enforcement Training Center

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
International	\$0.400	\$0.402	\$0.400
Investigations	45.629	45.833	45.953
State and Local Assistance	2.452	2.467	2.452
Total Drug Resources by Function	\$48.481	\$48.702	\$48.805
Drug Resources by Decision Unit			
Salaries and Expenses	\$48.481	\$48.702	\$48.805
Total Drug Resources by Decision Unit	\$48.481	\$48.702	\$48.805

Drug Resources Personnel Summary			
Total FTEs (direct only)	224	224	224
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.3	\$0.3	\$0.3
Drug Resources Percentage	17.9%	17.9%	18.0%

Program Summary

MISSION

The Federal Law Enforcement Training Center (FLETC) is an interagency law enforcement training facility that serves a leadership role as the Federal Government’s principal provider of world-class, interagency law enforcement training to more than 90 Federal agencies, as well as training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills of investigation.

METHODOLOGY

The portion of FLETC’s total budget considered to be drug resources is identified by historical trends of drug-related training relative to total student-weeks of training and the associated budget authority required to conduct that training. Advanced training programs with a drug nexus, as well as state and local training programs with a drug nexus, are considered to provide 100% support to drug enforcement activities. All international training has a drug nexus and is also considered to provide 100% support. The percentage of the Salaries and Expenses appropriation that supports drug enforcement activities remains constant at 20.4%. However,

the percentage of FLETC's total budget authority in support of drug enforcement activities fluctuates, as shown above.

BUDGET SUMMARY

The FY 2014 drug control request for FLETC is \$48.8 million, an increase of \$0.3 million from the FY 2012 level. The Salaries and Expenses appropriation enables FLETC to accomplish its mission of instructing those individuals responsible for protecting our homeland. Salaries and Expenses resources are used to conduct training and to fund the support activities critical to the conduct of training.

Investigations

FY 2014 Request: \$46.0 million

(Reflects \$0.3 million increase over FY 2012)

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 abused illicit drugs and pharmaceuticals. To enhance the realism of training, 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 scenarios in simulated clandestine laboratories that prepare students to respond properly when faced with situations involving hazardous chemicals. In addition, Gang Resistance, Education and Training (G.R.E.A.T.) officers are trained to address the nexus between gangs and drugs, and the potential impact on students in G.R.E.A.T. programs.

FY 2014 Changes (+\$0.3 million): The increased request supports the cost of providing training, including personnel, supplies, equipment, and facilities.

State and Local Assistance

FY 2014 Request: \$2.5 million

(Reflects no change from FY 2012)

FLETC offers advanced training programs at sites around the country to benefit state, local, tribal, and territorial officers who are unable to travel to a FLETC residential site. Skills that can be employed in drug investigations may be incorporated into these off-site training programs.

FY 2014 Changes (no change): The request supports the cost of providing training, including personnel, supplies, and equipment at non-FLETC facilities.

International

FY 2014 Request: \$0.4 million

(Reflects no change from FY 2012)

International law enforcement students may receive training on-site at Glynco, GA or at sites abroad (for example, at an International Law Enforcement Academy). All advanced training provided for international students has a nexus to drug enforcement activities.

FY 2014 Changes (no change): The request supports the cost of providing training, including personnel, supplies, equipment, and facilities at FLETC and non-FLETC sites.

PERFORMANCE

Information regarding the performance of the drug control mission of the Federal Law Enforcement Training Center (FLETC) is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

Federal Law Enforcement Training Center		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of Partner Organizations that agree the Federal law Enforcement Training Center counterdrug-related training (i.e., Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.) meets identified training needs	81%	84.2%

The officers and agents that 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 2012, FLETC trained 69,587 students, equating to 116,640 student-weeks of training. The curriculum for about 14% of these students included 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. 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% was a realistic target to establish the baseline. As this performance measure matures, the target goals will be evaluated and adjusted as necessary. The actual performance data is collected from the FLETC Partner Organization Satisfaction Survey.

DEPARTMENT OF HOMELAND SECURITY
Immigration and Customs Enforcement

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$16.967	\$16.967	\$15.500
International	7.275	7.275	6.334
Investigations	499.283	499.283	463.174
Total Drug Resources by Function	\$523.525	\$523.525	\$485.008
Drug Resources by Decision Unit			
Salaries and Expenses - Immigration Enforcement	\$523.525	\$523.525	\$485.008
Total Drug Resources by Decision Unit	\$523.525	\$523.525	\$485.008

Drug Resources Personnel Summary			
Total FTEs (direct only)	2,627	2,318	2,307
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5.9	\$5.9	\$5.4
Drug Resources Percentage	8.9%	8.7%	8.8%

Program Summary

MISSION

U.S. Immigration and Customs Enforcement (ICE), a multi-mission law enforcement agency, uses aggressive 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 a cadre of Title 21 cross-designated Special Agents and a multi-discipline money laundering control program to investigate financial crimes and interdict bulk currency shipments exported out of the United States.

METHODOLOGY

ICE is a multi-mission bureau, and budget authority is reported pursuant to an approved drug methodology. ICE's methodology is based on investigative case hours recorded in the agency's automated Case Management System (formerly known as Treasury Enforcement Communication System - TECS). 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. Separate calculations exist for ICE's three drug-related components within Homeland Security Investigations (HSI): Office of Investigations (OI),

Office of International Affairs (OIA), and Office of Intelligence (Intelligence). OI, OIA, and Intelligence derive a percentage by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours. In FY 2012, 28.2% of case hours were drug-related for OI, 6.3% for OIA, and 22.0% for Intelligence.

BUDGET

The total drug control request for ICE for FY 2014 is \$485.0 million, a decrease of \$38.5 million from the FY 2012 level.

Salaries and Expenses

Total FY 2014 Request: \$485.0 million

(Reflects \$38.5 million decrease from FY 2012)

The Salaries and Expenses (S&E) account contributes to the ICE mission of bringing a unified and coordinated focus to the enforcement of Federal immigration and customs laws. S&E resources are used to combat 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 that is associated with illicit drugs. ICE investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities to disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

Investigative Activities

FY 2014 Request: \$463.2 million

(Reflects \$36.1 million decrease from FY 2012)

The requested resources will support investigative efforts; coordination with other Federal, state, local, and foreign law enforcement agencies; and participation in task forces, such as the Organized Crime Drug Enforcement Task Force (OCDETF), the High Intensity Drug Trafficking Areas (HIDTAs), Drug Enforcement Administration's (DEA) Special Operations Division (SOD), and the Border Enforcement Security Task Force (BEST) initiative.

As a member of OCDETF, ICE has access to interagency information through the OCDETF Fusion Center. This collaboration with other Fusion Center agencies, including the Federal Bureau of Investigation (FBI), the DEA, and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), enhances ICE's ability to develop target profiles and actionable investigative leads to disrupt and dismantle significant drug traffickers.

In further support of interagency collaboration, ICE will remain an active participant in the DEA-led SOD, an interagency coordination unit consisting of representatives from several Federal agencies that include DEA, FBI, and the Internal Revenue Service. 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 foreign and domestic law enforcement agencies 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, U.S. Customs and Border Protection (CBP), DEA, ATF, FBI, U.S. Coast Guard, and the U.S. Attorney's Office, along with other key Federal, state, local, and foreign law enforcement agencies. Since inception, ICE has increased the total number of BESTs to 32 nationwide.

ICE will use the requested resources to continue funding operations such as the Cornerstone Initiative that target the systems used by international criminal organizations to launder the proceeds of their criminal activities. Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center will 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 money transnational money laundering methods and schemes used by organized criminal organizations. ICE will also continue its investigative activities in support of the National Parcel Post Initiative, targeting individuals and organizations that smuggle contraband via the U.S. Postal Service and express carrier hubs.

FY 2014 Changes (-\$36.1 million): The decrease reflects the share of efficiencies and cost reductions that will be made by OI in FY 2014. ICE will continue to provide robust investigations of transnational criminal organizations trafficking drugs across U.S. borders.

Intelligence Activities

FY 2014 Request: \$15.5 million

(Reflects \$1.5 million decrease from FY 2012)

Intelligence collects, analyzes, and shares strategic and tactical data with Federal, state, local and tribal law enforcement partners in an effort to disrupt the flow of drugs by collecting and analyzing all-source information and disseminating strategic intelligence to the appropriate partner.

FY 2014 Changes (-\$1.5 million): The request will maintain analysis and support of DHS components' requests for strategic intelligence information and reports.

International Activities

FY 2014 Request: \$6.3 million

(Reflects \$0.9 million decrease from FY 2012)

As the primary component of DHS international law enforcement operations, OIA 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.

Part of ICE's strategy is to attack the vulnerabilities of drug trafficking organizations and disrupt key business sectors and weaken the economic basis of the drug trade. Much of the illegal drug market in the United States is based on illegal 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 combat 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.

FY 2014 Changes (-\$0.9 million): ICE will continue to conduct and coordinate international investigations involving transnational criminal organizations. The decrease in funding reflects the share of efficiencies and cost reductions that will be made by the OIA in FY 2014.

PERFORMANCE

Information regarding the performance of the drug control mission of the Immigration and Customs Enforcement (ICE) is based on agency Government Performance and Results Modernization Act documents and other agency information.

The table and accompanying text represent highlights of ICE's achievements during FY 2012.

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of significant high-risk, drug-related, illicit trade, travel and finance investigations that result in a disruption or dismantlement of a criminal organization	11%	12%
» Percent of significant high-risk transnational criminal investigations that result in a disruption or dismantlement.	16%	18%
» Percent of overseas investigative hours spent on drug-related cases.	5%	6.3%
» Total illegal currency and monetary instruments seized (\$)	N/A*	\$155.7M
» Cocaine seizures high impact (%)*	N/A*	49.34%
» Heroin seizures high impact (%)*	N/A*	53.59%
» Marijuana seizures high impact (%)*	N/A*	42.58%
» Methamphetamine seizures high impact (%)*	N/A*	62.92%

**ICE does not set targets for these metrics.*

ICE's enforcement efforts directly impact DHS's ability to secure our borders, enforce immigration law, and stem illegal trafficking and related transnational crime. ICE targets its investigative resources on the illicit drug trade networks that exploit our nation's borders.

ICE established a new performance metric in FY 2012 to better indicate the success of counternarcotics enforcement. The new performance metric focuses on cases deemed high impact or high risk based on a pre-defined set of criteria and is 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 2012, the percentage of significant high risk drug-related illicit trade, illicit travel, and finance investigations that resulted in a disruption or dismantlement of transnational and domestic drug trafficking and money laundering organizations was 12 percent. For perspective, the total number of significant cases across all investigative categories, including drug related cases, was 18% for the same period.

ICE's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. ICE tracks such financial crimes related to drug operations and reports the dollar value of real or other property seized from drug operations. In FY 2012, ICE seized \$337.1 million of currency and monetary instruments from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

In FY 2012, 6.3% of all investigative hours performed by OIA overseas were applied to drug-related cases. OIA partners with domestic ICE and DHS components and U.S. law enforcement agencies overseas to leverage resources and develop outreach and cooperation with foreign government law enforcement in order to disrupt and dismantle transnational criminal organizations involved in narcotics smuggling and money laundering. OIA coordinates activities overseas to mitigate drug-related threats to the United States. Through cooperative relationships with foreign law enforcement, ICE coordinates efforts to disrupt and dismantle transnational criminal organizations involved in the narcotics trade and money laundering before it reaches our borders.

DEPARTMENT OF HOMELAND SECURITY
Office of Counternarcotics Enforcement

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$0.157	\$0.157	\$0.000
Interdiction	1.383	1.383	0.000
International	0.002	0.002	0.000
Investigations	0.229	0.229	0.000
State and Local Assistance	0.028	0.028	0.000
Research and Development	0.001	0.001	0.000
Total Drug Resources by Function	\$1.800	\$1.800	\$0.000
Drug Resources by Decision Unit			
Salaries and Expenses	\$1.800	\$1.800	\$0.000
Total Drug Resources by Decision Unit	\$1.800	\$1.800	\$0.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	15	15	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.002	\$0.002	\$0.0
Drug Resources Percentage	100.0%	100.0%	0.0%

Program Summary

MISSION

The Office of Counternarcotics Enforcement (CNE) was terminated on March 30, 2012 (P.L.112-74) and consolidated into the Office of Policy to streamline executive branch efforts, integrating the existing CNE policy planning and coordination activities within the broader Department enforcement and security missions and making optimum use of the existing planning and operations elements of its key law enforcement agencies.

METHODOLOGY

All CNE resources were scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

As the successor to CNE, the DHS Office of Policy Counter Illicit Trafficking Section will serve as the Department's focal point for counternarcotics and counter illicit trafficking policy and strategy development, coordination, and subject matter expertise.

DEPARTMENT OF HOMELAND SECURITY

United States Coast Guard

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Interdiction	\$1,328.491	\$1,249.175	\$1,125.800
Research and Development	3.977	4.075	2.025
Total Drug Resources by Function	\$1,332.468	\$1,253.250	\$1,127.825
Drug Resources by Decision Unit			
Acquisition, Construction and Improvements	\$494.891	\$486.251	\$347.924
Operating Expenses	817.353	748.053	765.463
Research and Development	3.977	4.075	2.025
Reserve Training	16.247	14.871	12.413
Total Drug Resources by Decision Unit	\$1,332.468	\$1,253.250	\$1,127.825
Drug Resources Personnel Summary			
Total FTEs (direct only)	N/A	N/A	N/A
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.9	\$8.8	\$8.0
Drug Resources Percentage	15.1%	14.2%	14.0%

Program Summary

MISSION

The United States Coast Guard is America's lead maritime safety, security, and stewardship agency, enforcing all applicable Federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States, including U.S. territorial seas, the contiguous zone, and the Exclusive Economic Zone. 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.

The Coast Guard has a comprehensive approach to maritime counterdrug law enforcement in the source, transit, and arrival zones. The cornerstones of the USCG strategy are to maintain an interdiction presence based on the availability of assets in order to deny smugglers access to maritime routes and deter trafficking activity; strengthen ties with source and transit zone nations to increase their willingness and ability to reduce the production and trafficking of illicit drugs within their sovereign boundaries, including territorial seas; and support interagency and international efforts to combat 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 herein specified. 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 (MCM) methodology to compute its drug attribution. The MCM allocates funding across Coast Guard missions in the Performance-Based Budget (PBB) presentation. The MCM allocates all direct and support costs to mission-performing units. Established baselines of operational activity are used to further allocate those costs to the various missions.

Operating Expenses (OE)

OE 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 OE asset cost data. The MCM systematically allocates all OE costs in the following way:

- **Direct Costs:** Applied directly to the operating assets that perform missions;
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on carefully-developed allocation criteria); and,
- **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 OE 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.

Acquisition, Construction & Improvements (AC&I)

The MCM is used to develop an allocation of costs by mission areas for proposed 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.

Research, Development, Test, & Evaluation (RDT&E)

The MCM is used to develop an allocation of costs by mission areas for proposed Research, Development, Test, and Evaluation 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 (RT)

RT 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 RT funding to the Coast Guard's drug interdiction mission is done using the same methodology used for the OE appropriation.

BUDGET

The Coast Guard's FY 2014 budget allocates \$1,127.8 million to fund drug control operations, a \$204.6 million decrease from the FY 2012 level.

The FY 2014 budget emphasizes rebuilding the Coast Guard through the replacement of aging assets and infrastructure while sustaining front line operations within fiscal guidance levels. The FY 2014 budget leverages targeted reductions in operational capacity and efficiencies to support continued recapitalization of aging assets and infrastructure.

Acquisition, Construction and Improvements

FY 2014 Request: \$347.9 million

(Reflects \$147.0 million decrease from FY 2012)

The FY 2014 budget supports continued recapitalization of aging Coast Guard assets. These efforts will include the production of a seventh National Security Cutter (NSC) to replace the aging fleet of High Endurance Cutters (HEC), allowing the Coast Guard to maintain a major cutter offshore presence in the Western Hemisphere Transit Zone. Funding will support the acquisition of two Fast Response Cutters to replace aging 110-foot Island Class patrol boats. Modernization efforts will improve reliability and sustainability for the HH-65 Conversion/Sustainment Project by replacing obsolete components. The MH-65 is deployed to major cutters and contributes to the drug interdiction mission through its Detection and Monitoring and Airborne Use of Force capability. In addition, the funding request will include efforts to design and develop integrated hardware and software systems on the NSC, Offshore Patrol Cutter (OPC), Long Range Surveillance aircraft, and Medium Range Surveillance aircraft to optimize lifecycle costs and operational effectiveness. Last, the funding request will support pre-acquisition design work for the OPC to resolve current gaps in capabilities and capacity stemming from aging Medium Endurance Cutters.

FY 2014 Changes (-\$147.0 million): The FY 2014 budget provides funding for newly acquired assets that directly serve the drug interdiction mission and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance investments needed to support them.

Operating Expenses

FY 2014 Request: \$765.5 million

(Reflects \$51.9 million decrease from FY 2012)

The FY 2014 budget supports the operation and maintenance of Coast Guard capability, including personnel pay and allowances, training and recruiting, operating funds for newly acquired drug interdiction assets delivered through Coast Guard recapitalization programs, and unit and depot level maintenance. Operational reductions in the FY 2014 budget partly reflect savings from the planned decommissioning of two HECs, eight HU-25 aircraft, and two HC-130 aircraft. The operational funding for the new assets replacing these legacy assets was provided in prior years.

FY 2014 Changes (-\$51.9 million): The \$51.9 million decrease in Operating Expenses reflects savings from the decommissioning of legacy assets and efficiency initiatives that will reduce overhead.

Research, Development, Test, and Evaluation (RDT&E)

FY 2014 Request: \$2.0 million

(Reflects \$1.9 million decrease from FY 2012)

RDT&E funding supports the drug interdiction mission through its support to acquisition projects for assets that perform interdiction activities and through specific technology development projects.

FY 2014 Changes (-\$1.9 million): The FY 2014 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 (RT)

FY 2014 Request: \$12.4 million

(Reflects \$3.8 million decrease from FY 2012)

RT provides trained units and qualified personnel to augment active Coast Guard forces performing or supporting drug interdiction operations.

FY 2014 Changes (-\$3.8 million): The FY 2014 budget will support Selected Reserve personnel who in turn support and operate facilities, maintain capital equipment, improve management effectiveness, and assist in sustaining drug interdiction operations.

PERFORMANCE

Information regarding the performance of the drug interdiction mission of the Coast Guard program is based on agency Government Performance and Results Modernization Act documents and Coast Guard data. The Coast Guard did not complete any independent program

evaluations or assessments of its drug interdiction in FY 2012. The table and accompanying text represent highlights of their achievements in FY 2012.

United States Coast Guard		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Removal Rate for Cocaine from Non-commercial Vessels in Maritime Transit Zone	16.5%	13.4%
» Metric tons of cocaine removed	>166	107

The Coast Guard continues to use the Interagency Consolidated Counter Drug Database (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.

In FY 2012, the Coast Guard removed 107 Metric Tons (MT) of cocaine and 56 MT of marijuana, detained 352 suspected smugglers, and seized 70 vessels. The Coast Guard successfully enacted bilateral agreements and operational procedures to interdict a majority of these foreign flagged vessels (45 out of 70) and detainees (261 out of the 352 suspected smugglers).

According to the CCDB, the cocaine flow through the maritime transit zone via non-commercial means increased from 652 MT in FY 2011 to 796 MT in FY 2012. Although Coast Guard fell short of its FY 2012 interdiction target of 16.5 percent, the Coast Guard removed 107 MT (or 13.4 percent) of this estimated flow, up from the FY 2011 total of 75.5 MT (or 11.6 percent). The total number of Coast Guard removal events increased in FY 2012 (129 in FY 2011 to 162 in FY 2012), as did the number of Coast Guard cocaine removal events in FY 2012 (90 in FY 2011 to 108 in FY 2012).

Relative to the Department of Homeland Security's FY 2012 Statement of Intent, the Coast Guard provided 89% of intended cutter days, 72% of intended AUF helicopter days, and 82% of intended MPA hours.

The following are contributing factors to the Coast Guard falling short of its FY 2012 Cocaine Removal Rate target:

- Reduced availability of surface and air assets relative to USCG planning estimates due to allocation of these assets by USCG to higher priority missions. These assets perform detection and interdiction, as well as provide staging/logistics facilities for other detection and monitoring assets.
- Increased flow of cocaine smuggled through the transit zone.
- Increasingly sophisticated and evolving Transnational Criminal Organization (TCO) tactics (e.g. greater use of self-propelled semi- and fully-submersibles) along with ever-changing routes.

The national cocaine removal rate goal was established in 2007, with incremental annual targets established from 2010 until reaching a 40% goal by 2015. The Coast Guard's target for FY 2013 is to remove 14.1% of this interim FY 2013 target of 36% of cocaine moving via non-commercial maritime means towards the United States. This represents an aggressive, yet achievable, performance target for FY 2013 with available resources. To reflect the decrease in planned operational hours estimated for FY14, the Coast Guard has set its FY 2014 removal rate target to 13.9%. The 40% policy goal is under high level review⁶.

The Coast Guard continues to work cooperatively with other Federal agencies to carry out the *National Drug Control Strategy*, including support for the JIATF-S counterdrug detection and monitoring mission. To sustain interdiction capacity and capability, the Coast Guard has several initiatives that are expected to come to fruition in FY 2013. In FY 2013, a third National Security Cutter (USCGC STRATTON) will be available for deployment to the JIATF-S Area of Responsibility. The Coast Guard will continue to deploy surface and aviation assets and law enforcement teams in support of SOUTHCOM's OP MARTILLO, designed to push drug traffickers out of the littorals and farther off shore where they are more vulnerable to interdiction and prosecution in the United States. The Coast Guard and the U.S. Navy (USN) will continue to pursue expansion of Airborne Use of Force capability with the USN expecting to deploy AUF helicopters capable of nighttime operations in FY 2013 to improve the interdiction and "end game" prosecution of drug traffickers using go-fast vessels.

With go-fast type vessels remaining the primary means of conveyance by TCOs operating in and around the littorals, the Coast Guard will continue to strengthen international partnerships through bilateral agreements, as well as provide training programs and engage in professional exchanges to enhance partner nation capability and to support Theater Security Cooperation initiatives. Such engagement strengthens ties with source and transit zone partner nations and increases their maritime law enforcement competency and capability throughout the transit zone. Based on its baseline of performance and the capabilities mentioned, the Coast Guard expects to achieve its FY 2013 target.

FY 2012 Performance Highlights include:

- On 11 October, 2011, USCGC GALLATIN detected the coastal freighter M/V MARISCOS TRADER (HN) 170 nautical miles Northeast of Gracias a Dios, HN with nine Honduran nationals onboard. Coast Guard District Seven enacted the US/Honduran bilateral agreement to confirm registry of the vessel and request to stop, board, and search MARISCOS TRADER. The boarding team discovered a hatch with fresh wet cement in the main fish hold during the initial safety inspection. Access to the compartment through

⁶ "As stated in the *National Drug Control Strategy*, "Achievement of the national interdiction goal—removal of 40 percent of all documented movement of cocaine through the Transit Zone by 2015—will rely on continued refinement of every facet of the interdiction continuum. If this goal proves not to be attainable even with those improvements, it will be evaluated to determine whether the goal is realistic or should be revised in light of the limits of interdiction."

the hatch was granted and 78 bales of cocaine were found. The boarding team discovered another 21 bales of cocaine in the forward peak tank. M/V MARISCOS TRADER, the crew, the bulk contraband, and case package were turned over to Honduran authorities for prosecution. The interdiction resulted in the seizure of 2,255 kg of cocaine.

- On March 30, 2012, a Maritime Patrol Aircraft (MPA) located a self-propelled semi-submersible (SPSS) vessel in international waters in the Caribbean off the coast of Honduras. USCGC DECISIVE and USCGC PEA ISLAND were diverted to intercept the vessel. A USCGC DECISIVE small boat located the SPSS, which was then scuttled in approximately 1,000 meters of water, rendering the SPSS and contraband unrecoverable (later estimated to be 6,300 kg of cocaine). Four persons exited the SPSS in a life raft and were later turned over to the Coast Guard for U.S. prosecution by the Honduran Navy. The suspects and case package were turned over to the U.S. Attorney's Office for prosecution. Because of the Drug Trafficking Vessel Interdiction Act (DTVIA), the contraband recovery was not needed to prosecute the crew of the SPSS.
- On April 21, 2012, a MPA patrolling in support of BAJA TEMPESTAD, sighted a panga loitering in the vicinity of San Clemente Island, CA. Later, a second MPA observed the vessel jettisoning bales into the water. USCGC NARWHAL was launched, and upon arriving on scene boarded the vessel, detained the three suspects, and took the panga in tow. A total of 108 bales (544 kg) of marijuana were recovered. The vessel, contraband, suspects, and case file package were turned over to Coastal Border Enforcement Team (CBET) North for disposition.
- On June 9, 2012, a MPA detected a 35-foot go-fast vessel in international waters southwest of Cartagena, Colombia. USS ELROD, with an embarked Coast Guard LEDET, was vectored in to the go-fast vessel's position. Under the tactical control of Coast Guard District 7, USS ELROD launched an embarked nighttime AUF-certified MH-60 (with a Coast Guard precision marksman and controller onboard), and arrived on scene with the go-fast vessel. Three people, packages, and fuel barrels were visible on deck in international waters. A small boat with a LEDET boarding team launched for end-game prosecution. The go-fast vessel began jettisoning packages to evade interdiction. The Navy helicopter fired warning shots, then disabling fire to stop the non-compliant go-fast. The USS ELROD's small boat arrived on scene and took positive control of the go fast vessel to conduct a Right of Visit (ROV) boarding. The USS ELROD embarked helicopter located an estimated 499 kg of cocaine while USS ELROD embarked the four detainees. The go-fast vessel was subsequently sunk by USS ELROD as a hazard to navigation.
- On 24 July, 2012, a MPA detected a go-fast vessel 75 nautical miles south of Azuero Peninsula, Panama. USCGC MORGENTHAU was diverted to intercept the vessel and launched their AUF helicopter. A MPA vectored the helicopter to the go-fast vessel and upon counter-detection the vessel jettisoned bales into the water. The AUF helicopter employed warning shots and disabling fire to successfully stop the go-fast vessel. A boarding team from USCGC MORGENTHAU's Over-The-Horizon small boat detained the

four smugglers and contraband. The interdiction resulted in the seizure of 1,697 kg cocaine and the four detainees were turned over to the U.S. Attorney's Office 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 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Treatment	\$446.000	\$446.000	\$570.000
Total Drug Resources by Function	\$446.000	\$446.000	\$570.000
Drug Resources by Decision Unit			
Continuum of Care: Homeless Assistance Grants	\$446.000	446.000	\$570.000
Total Drug Resources by Decision Unit	\$446.000	\$446.000	\$570.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$40.1	\$95.8	\$47.2
Drug Resources Percentage	1.1%	0.5%	1.2%

Program Summary

MISSION

The President's *National Drug Control Strategy* calls for Federal support to reducing barriers to recovery from substance use disorders. Lack of housing creates a sense of hopelessness for those abusing 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 for individuals to overcome when individuals are released from prison or jail and calls for support for housing this special population. Also, the *Strategy* 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 the Department of Housing and Urban Development (HUD) does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in our communities- individuals with chronic mental health and/or substance abuse issues, persons living with HIV/AIDS, and formerly incarcerated individuals. The percentage of clients with a substance abuse problem is reported by HUD annually - the most recent data taken from HUD's *2012 Annual Homeless Assessment Report to Congress*. It showed that 34.7% of those using HUD supported temporary housing

have a demonstrated substance abuse 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 2014 drug control estimate for *Continuum of Care* (CoC) is \$624.7 million, an increase of \$92.4 million over the FY 2012 enacted level.

Continuum of Care – Homeless Assistance Grants

FY 2014 Request: \$570.0 million

(Reflects \$124.0 million increase over FY 2012)

HUD's Homeless Assistance Grants are funded through the CoC. States, cities, and counties apply for funding through the CoC competitive process to provide services through three specific programs:

- Support Housing Program (SHP)
- Shelter Plus Care (SPC) Program
- Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO) Program

The CoC funded programs are designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and HIV/AIDS or related diseases) and their dependent families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters.

FY 2014 Changes (+\$124.0 million): The overall CoC budget proposes an increase to fund the increased competitive renewal demand for CoC in FY 2014. This request does not fully fund the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH), as authorized, which HUD estimates would be more than twice the amount requested. In FY 2014, for the Homeless Assistance Grants account, HUD includes the CoC and \$346.0 million for Emergency Solutions Grants (ESG) - \$60.0 million of which will be set aside specifically for rapid re-housing projects in high-need communities. The drug portion of the addition of the ESG to the continuum of care accounts for the increase.

PERFORMANCE

This section of the drug control mission of HUD's Office of Special Needs Assistance Programs is based on data collected from programs receiving funding through the annual CoC competition. The table and accompanying text represent highlights and achievements for the most recent fiscal year for which data are available.

Office of Special Needs Assistance Programs		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Increase the percentage of participants exiting CoC-funded transitional housing that move into permanent housing to 65% or more.	65.0%	63.9%
» Increase the number of participants remaining in CoC-funded permanent housing projects for at least 6 months to 80% or more.	80.0%	85.9%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	90,723	TBD

In FY 2012, HUD CoC-funded grantees made substantial progress in meeting performance measures around moving households from transitional housing into permanent housing and increasing the number of households who remain in permanent housing, thus who continue to receive support to maintain stability. In FY 2012, grantees projected serving 90,723 individuals with chronic alcohol and/or other substance abuse problems, or 23% of the total population served in CoC-funded programs. The percentage of households moving from transitional housing to permanent housing (63.9%) nearly reached the HUD goal of 65 percent. And the percentage of households remaining in permanent housing more than 6 months (85.9%) exceeded the HUD goal of 80 percent.

DEPARTMENT OF THE INTERIOR



DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	8.484	8.000	8.000
Prevention	1.000	1.000	1.000
Total Drug Resources by Function	\$9.984	\$9.500	\$9.500
Drug Resources by Decision Unit			
Drug Initiative	\$9.984	\$9.500	\$9.500
Total Drug Resources by Decision Unit	\$9.984	\$9.500	\$9.500

Drug Resources Personnel Summary			
Total FTEs (direct only)	60	60	60
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.5	\$2.5	\$2.6
Drug Resources Percentage	0.4%	0.4%	0.4%

Program Summary

MISSION

The mission of the Bureau of Indian Affairs (BIA) is to promote economic opportunity, enhance the quality of life, and 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 abuse.

METHODOLOGY

The Drug Initiative is funded within the Law Enforcement subactivity that supports initiatives involving drug enforcement. The special initiative line allows the OJS to specifically track drug-related funding.

BUDGET SUMMARY

In FY 2014, BIA requests \$9.5 million for the Drug Initiative, a \$0.5 million decrease from the FY 2012 level.

Drug Initiative

FY 2014 Request: \$9.5 million

(Reflects a \$0.5 million decrease from FY 2012)

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 2014, \$7.0 million in requested funding will support drug enforcement efforts that allow Drug Enforcement Officers (DEOs) to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by DEOs include eradicating marijuana cultivation, conducting criminal investigations, surveilling criminals, infiltrating drug trafficking networks, and establishing and maintaining cooperative relationships with other Federal, state, local, and tribal law enforcement organizations in the efforts against drug-related activity.

In addition, the School Resource Officer (SRO) program (\$1.0 million) has become an important part of the OJS Drug Initiative with more than 100 schools servicing Indian country. SRO positions serve as the initial contact with students, educating them on the negative aspects of illegal drug use and gang activity within the students' environment. Eighteen SRO positions are funded throughout Indian country, and the program provides instruction in drug awareness and gang resistance using a structured curriculum. These positions play a key role in providing visual deterrent and identifying potential threats of school violence.

The budget request also supports the Intelligence group (\$0.5 million) tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

The Victim/Witness Services (VWS) 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 VWS can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, VWS staff provides guidance to tribes in developing their own VWS programs. VWS also includes an effort to assess existing victim/witness programs and expand them to all BIA law enforcement districts.

FY 2014 Changes (-\$0.5 million): 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 mission for Bureau of Indian Affairs is based on Agency Government Performance and Results Modernization Act documents and other agency information. Data were gathered and verified from the OJS database and the

Division of Drug Enforcement (DDE) case log. The table and accompanying text represent highlights of accomplishments during FY 2012.

Bureau of Indian Affairs		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Number of patrol officers trained as certified drug officers	284	284
» Number of drug cases worked	1,109*	1,763*
» Amount of drugs seized: Meth (ICE)	14.1 lb	17.39 lb
» Amount of drugs seized: Meth (Powder)	0.14 lb	3.65 lb
» Amount of drugs seized: Cocaine (Crack)	0.43 lb	2.08 lb
» Amount of drugs seized: Cocaine (Powder)	7.78 lb	21.95 lb
» Amount of drugs seized: Prescription drugs	15.0 lb	602.3 lb
» Amount of drugs seized: Heroin	0.02 lb	6.66 lb
» Amount of drugs seized: Marijuana (processed)	2,917 lb	3,857 lb
» Amount of drugs seized: Marijuana (plants)	88,721	36,457
» Amount of drugs seized: MDMA (Ecstasy)	0.22 lb	0.92 lb

* Includes cases reported by tribes.

In FY 2012, BIA continued to see a wide range of drug activity on Indian lands throughout the United States. Information provided in this report reflects investigative activity on simple investigations, as well as on complex, conspiracy-type investigations. BIA DDE agents continue to refine their investigative talents leading to highly technical investigations such as court ordered Title III wire intercepts, Organized Crime Drug Enforcement Task Force cases, and Racketeer Influenced and Corrupt Organization (RICO) cases.

Aggressive marijuana eradication operations conducted in the Northeast part of the United States resulted in a successful 83% decrease in marijuana cultivation in this region for FY 2012. Indian Country saw an increase of 134% of drug cases opened and an increase of 281% drug-related arrests FY 2012. This is the result of BIA OJS success in forming partnerships and providing technical assistance and training to Indian Country law enforcement. BIA also continues to work with Tribal and Federal partners to address the illegal narcotic distribution networks along the Southern and Northern borders. In FY 2012, BIA enhanced partnerships between Border Patrol and Tribal law enforcement officials along the Southwest border.

The BIA continues to build the Indian Country Intelligence program to provide a solid intelligence network for tribal, Federal, state and local law enforcement to work collaboratively on information-sharing related to illegal drug activities or other law violations.

In FY 2012, BIA DDE agents were involved in the first RICO investigation to occur in Indian country that resulted in twenty-four individuals being indicted. The span of the investigation reached multiple reservations in Minnesota.

The BIA DDE agents conducted an investigation into a Conspiracy to distribute pharmaceutical drugs affecting a Tribe in North Carolina. The supply of pills originated in Haiti, was shipped into Florida, and then distributed to various locations from there. The number of pills and street value of the drugs made this investigation the largest of this type to directly affect Indian country to date.

BIA DDE agents conducted a successful pharmaceutical “diversion” investigation affecting a Tribe in Oklahoma. Diversion investigations are a specialized and very sensitive field involving pharmaceutical manufacturers, distributors, pharmacies, and doctors.

The rapidly rising trend in the use of synthetic marijuana in Indian country, and the resulting aftermath of injury and death, was quickly addressed by BIA DDE agents. Twenty-one synthetic marijuana cases, which included the distribution of “bath salts,” were conducted in FY 2012. The affected reservations are located in New York, North Carolina, and South Dakota. Additionally, in FY 2012, the BIA DDE agents seized approximately \$112,312 in cash and approximately \$1,900 in vehicles and other assets from suspects identified in criminal cases worked on Tribal Trust and Individual Allotted lands.

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
Total Drug Resources by Function	\$5.100	\$5.100	\$5.100
Drug Resources by Decision Unit			
Resource Protection & Law Enforcement	\$5.100	\$5.100	\$5.100
Total Drug Resources by Decision Unit	\$5.100	\$5.100	\$5.100

Drug Resources Personnel Summary			
Total FTEs (direct only)	20	20	20
Drug Resources as a Percent of Budget			
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. The Resource Protection and Law Enforcement Program works to identify, investigate, disrupt, and dismantle marijuana cultivation/smuggling activities on public lands, eradicate marijuana cultivation sites, and increase clean up and restoration capacity on public lands affected by marijuana cultivation.

METHODOLOGY

BLM's costs for identifying, investigating, and eradicating marijuana cultivation on public lands and rehabilitating cultivation sites are scored as drug control.

BUDGET SUMMARY

In FY 2014, the total drug control request for the BLM is \$5.1 million, which is unchanged from the FY 2012 level. Due to large scale marijuana cultivation activities, funds are directed primarily to BLM-managed public lands in California and Oregon. Funds are also directed to Idaho, Nevada, and Utah, due to increased large scale marijuana cultivation activities linked to

drug trafficking organizations (DTOs) in California and Oregon, and to Arizona and New Mexico in efforts to reduce the impact to public safety and resources resulting from illegal smuggling activity.

Resources Protection and Law Enforcement

FY 2014 Request: \$5.1 million

(Reflects no change from FY 2012)

The Resource Protection and Law Enforcement Program disrupts marijuana cultivation/smuggling through the application of the following tactical strategies:

- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication and arrest efforts
- Pursuing assets and key leaders of drug trafficking organizations while disrupting distribution networks
- Delaying eradication in targeted areas to minimize compromising investigations
- Sharing and allocating resources with Federal, state, and local partners on multi-agency investigations and prosecutions
- Cleaning up and rehabilitating cultivation sites to minimize the impact on resources

FY 2014 Changes (no change): BLM will continue to support public land management at the FY 2012 level.

PERFORMANCE

Information regarding the performance of the drug control mission of Bureau of Land Management is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

Bureau of Land Management		
Selected Measure of Performance	FY 2012 Target	FY 2012 Achieved
» Number of marijuana plants seized	No Target Set	156,014

As a result of the increased staffing and interdiction pressure applied since 2009, BLM saw a reduction in seizures of marijuana on public lands in 2012. While BLM seized 436,455 plants on public lands in 2011, seizures in 2012 were down by over 65%. Cool temperatures during the late spring of 2012 may have contributed to this reduction in activity, as growers adapted to the unusual conditions, moving their operations to locations on private land in the Central Valley of California. An additional factor may be that, in states with medical marijuana laws, illegal diversions to non-medical use may be reducing the demand for marijuana grown on public lands.

BLM Special Agents and Rangers are actively involved in the monitoring and surveillance of public lands to gain intelligence about possible marijuana cultivation activities. Rangers

conduct high profile patrols of known cultivation areas to detect activities underway and, in some cases, to deter cultivation activities. Special Agents employ covert techniques including cameras and visual surveillance to detect and assess early season activities.

The BLM has approximately 20 Special Agents stationed primarily in California and Oregon assigned to marijuana cultivation investigations. Nationally, additional BLM Agents are assigned on a part-time basis, depending on other mission related casework. Uniformed Rangers are also assigned on a part-time basis, depending upon location, to provide patrol and support to eradication efforts.

Interagency cooperation to pool scarce resources is widely used by BLM in marijuana investigation activities. This includes active participation in Federal, state, and local task forces, including HIDTA in California and Oregon, DEA-led Organized Crime Drug Enforcement Task Forces, National Guard Counter Drug Support, and a number of state and local task forces. BLM is an active participant on county-level interagency teams focused on marijuana investigations, particularly in California and Oregon. Through participation in a variety of marijuana-focused interagency task forces and working teams, intelligence is shared and analyzed between Federal, state, and local partners.

In some cases, BLM is the lead agency on operational planning for multi-agency investigations/operations. The BLM also has a National Drug Enforcement Coordinator who serves on the ONDCP's Public Lands Drug Control Committee.

DEPARTMENT OF THE INTERIOR

National Park Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Interdiction	\$0.660	\$0.660	\$0.660
Investigations	2.640	2.640	2.640
Total Drug Resources by Function	\$3.300	\$3.300	\$3.300
Drug Resources by Decision Unit			
National Park Protection Subactivity	\$3.300	\$3.300	\$3.300
Total Drug Resources by Decision Unit	\$3.300	\$3.300	\$3.300
Drug Resources Personnel Summary			
Total FTEs (direct only)	25	25	25
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.6	\$2.6	\$2.6
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

The National Park Service does not have a specific appropriation for drug control. NPS's cost management system verifies the location and actual use of this earmarked funding. The NPS utilizes this data, combined with annual financial/spending plans, to account for this funding.

BUDGET SUMMARY

In FY 2014, the total drug control request for the NPS is \$3.3 million, which is unchanged from FY 2012. The National Park Service supports the *National Drug Control Strategy* through its investigative and marijuana eradication efforts to reduce drug production and availability.

National Park Protection Subactivity

FY 2014 Request: \$3.3 million

(Reflects no change from FY 2012)

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, the NPS works diligently to provide security and protection of park resources and visitor safety on park lands. The 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
- Cooperation and coordination with the Department of Homeland Security's Customs and Border Protection and other Federal, state, and local agencies involved with border security

The NPS efforts include the development of the Pacific West Region Marijuana Framework and Goals Plan to combat marijuana cultivation, as well as site rehabilitation and reclamation. The Plan outlines a comprehensive and integrated approach involving long-term prevention, detection, investigations, interdiction, eradication, and other actions to dismantle drug trafficking organizations (DTOs). The DTOs 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.

FY 2014 Changes (no change): NPS will continue to provide support at the same FY 2012 level.

PERFORMANCE

Information regarding the performance of the drug control mission of National Park Service is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

NPS Visitor and Resource Protection Program		
Selected Measure of Performance	FY 2012 Target	FY 2012 Achieved
» Number of marijuana plants seized	No Target Set	6,734

Law enforcement personnel seized 87,968 marijuana plants in 2010 in 17 separate incidents. In 2011, with the increased emphasis on interdiction and investigation, plant seizure numbers fell substantially to 14,228. With continued and increasing interdiction intensity and effectiveness, collaboration with other law enforcement entities, participation on Joint Task Forces,

involvement in High Intensity Drug Trafficking Area boards, and a more integrated interdisciplinary approach within parks to combating this problem, 2012 plant seizures dropped to an unprecedented low of 6,734 plants in a single site in Death Valley National Park. All other parks within the region reported no grow sites and subsequently no plant seizures.

Although 2012 was the first year that cultivation activities had been identified at Death Valley National Park, evidence at the site indicates that the activity has been occurring for at least several years. Because Death Valley had not been previously identified as a cultivation park, none of the \$3.3 million appropriation has been applied to that park. However, this year, once illegal cultivation activities were identified, the park received significant assistance from the Investigative Services Branch and other park sites where portions of the appropriation had been allocated including Yosemite and Sequoia and Kings Canyon National Parks.

As was the case last year, with fewer cultivation sites within parks, NPS law enforcement personnel were able to perform targeted eradication operations with partners on adjacent lands. In many cases, the only access to these sites was through NPS areas and ecological impacts from the sites extended to park watersheds and ecological systems. At Whiskeytown, Santa Monica Mountains, and Golden Gate National Recreation Areas and Point Reyes National Seashore, NPS law enforcement personnel have forged successful partnerships with adjoining agencies and are now attacking the problem in large areas around the parks. This enhanced perimeter increases protection of the park lands and visitors within the legislated boundaries.

In addition to deterring cultivation activities, road interdiction activities are also resulting in significant seizures of illegal drugs, firearms, and other contraband, and deterring other illegal activities including wildlife poaching, vandalism, and resource theft. With continued funding, NPS expects interdiction success to continue and plant seizures, and hence impacts to park resources, to decline.

DEPARTMENT OF JUSTICE



DEPARTMENT OF JUSTICE

Assets Forfeiture Fund

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Investigations	\$161.525	\$161.827	\$169.918
State and Local Assistance	68.729	71.000	74.550
Total Drug Resources by Function	\$230.254	\$232.827	\$244.468
Drug Resources by Decision Unit			
Asset Forfeiture	\$230.254	\$232.827	\$244.468
Total Drug Resources by Decision Unit	\$230.254	\$232.827	\$244.468
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$4.5	\$1.6	\$1.6
Drug Resources Percentage	5.1%	14.4%	15.5%

Program Summary

MISSION

The primary purpose of the Assets Forfeiture Program (AFP) is to provide a stable source of resources to cover the costs of an effective AFP, including the costs of seizing, evaluating, inventorying, maintaining, protecting, advertising, forfeiting, and disposing of property seized for forfeiture. Prior to the creation of the Assets Forfeiture Fund 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 creation of the Fund is responsible, in large measure, for the growth in the Department's Assets Forfeiture Program over the past decade. The program, in turn, has supported the increase of seized assets through coordinated investigative efforts and effective asset management. Increases in resources have permitted the AFP to remove more assets essential to criminal activity. A secondary benefit of an aggressive and well-managed forfeiture program is the production of surplus revenues to assist in financing important law enforcement programs. If the forfeiture program ceases to function effectively in its primary role, these surplus revenues will not be generated.

The AFP not only represents an effective law enforcement tool against criminal organizations, but also provides financial support to other Federal law enforcement efforts, remuneration and

restitution to victims, and an additional source of funding for state and local law enforcement partners. Without this resource, agency funds would be seriously taxed to maintain and preserve seized assets and liquidate forfeited assets. Law enforcement operations supported by the program would occur at reduced levels, would not be undertaken at all, or would have to compete with limited funding from other sources. Finally, the AFP supports aggressive program-related training, case evaluations, funds management, and contract support to produce a program that provides the greatest benefit to our society.

METHODOLOGY

While the AFP's mission does not specifically address the *National Drug Control Drug Strategy*, the Fund supports two drug-related agencies (the Drug Enforcement Administration (DEA) and the Organized Crime Drug Enforcement Task Force (OCDETF)) through its asset forfeiture case file tracking system. All AFP-funded drug investigative monies for DEA and OCDETF are allocated in the following Program Operations Expenses: Investigative Cost Leading to Seizure, Awards Based on Forfeiture, Contract 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 Fund to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the Fund." Such cooperative efforts have significant potential to benefit Federal, state, and local law enforcement efforts. The Department of Justice supports state and local assistance through the allocation of AFP monies, commonly referred to as Joint Law Enforcement (JLEO) Program Operations Expenses.

BUDGET SUMMARY

The drug control request for the Assets Forfeiture Program for FY 2014 is \$244.5 million, an increase of \$14.2 million over FY 2012.

Asset Forfeiture Program

FY 2014 Request: \$244.5 million

(Reflects \$14.2 million increase over FY 2012)

The Fund is a special fund established in the Treasury to receive the proceeds of forfeitures pursuant to any law enforced or administered by the Department of Justice, 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 Fund balances. The AFP provides a stable source of resources to DEA and OCDETF to cover the costs of operating expenses, including Case-Related, Contracts to Identify Assets, Awards for Information, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure.

- **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 Department of Justice Assets Forfeiture Program uses contract personnel to manage the massive paper flow associated with forfeiture, including data entry, data analysis, word processing, file control, file review, quality control, case file preparation, and other process support functions. Without this contract support, it would be impossible to maintain the automated databases, process the tens of thousands of equitable sharing requests, and maintain the tens of thousands of forfeiture case files.
- **Investigative Expenses Leading to Seizure:** Investigative Expenses are those normally incurred in the identification, location, and seizure of property subject to forfeiture. These include payments to reimburse any Federal agency participating in the program 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 Fund to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the Fund." Such cooperative efforts significantly benefit Federal, state, and local law enforcement efforts.

FY 2014 Changes (+\$14.2 million): The Asset Forfeiture Funds request will continue to support the drug-related investigative activities of the DEA and OCDETF.

PERFORMANCE

The FY 2012 performance measures for the drug control mission of the AFP are based on data from the Attorney General’s Management Initiatives and the Government Performance and Results Modernization Act.

Assets Forfeiture Fund		
Selected Measure of Performance	FY 2012 Target	FY 2012 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.

Internally, the AFP is working with the participating agencies to enhance financial and property management capabilities. These efforts include coordination with AFF participating agencies on:

- Preemptive identification, mitigation, and resolution of potential audit issues
- Continuation of data integrity and confidence efforts within collection systems
- 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 departmental and Congressional directives.

DEPARTMENT OF JUSTICE

Bureau of Prisons

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Budget Function			
Corrections	\$3,303.392	\$3,282.289	\$3,402.262
Treatment	93.508	95.452	115.452
Total Drug Resources by Function	\$3,396.900	\$3,377.741	\$3,517.714
Drug Resources by Budget Decision Unit			
Inmate Care and Programs – Corrections	\$1,182.488	\$1,172.660	\$1,199.569
Inmate Care and Programs – Treatment	93.508	95.452	115.452
Institution Security and Administration	1,463.187	1,451.857	1,500.893
Contract Confinement	528.428	524.336	558.381
Management and Administration	106.429	105.605	105.722
New Construction	(11.158)	(10.935)	4.056
Modernization and Repair	34.018	38.766	33.641
Total Drug Resources by Decision Unit	\$3,396.900	\$3,377.741	\$3,517.714
Drug Resources Personnel Summary			
Total FTEs (direct only)	18,116	18,392	18,866
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$6.6	\$6.6	\$6.9
Drug Resources Percentage	51.5%	50.8%	50.9%

Program Summary

MISSION

The mission of the Bureau of Prisons (BOP) is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The BOP's mission statement has two parts: the first part addresses the obligation to help protect public safety through the secure and safe confinement of inmates; the second part addresses the obligation to help inmates prepare to return to their communities and to remain crime free. Post-release success is as important to public safety as is inmates' secure incarceration.

Preparing inmates for eventual release to the community has been 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 for incarcerating drug-related offenders, and the costs of drug treatment programs are scored as part of the drug control budget. Corrections costs are based on the percentage of inmates currently incarcerated or projected to be incarcerated for drug convictions. The Drug Treatment efforts under Inmate Care are funded through a discreet program that is included in its entirety.

BUDGET SUMMARY

The FY 2014 drug-related request includes resources of \$3,517.7 million, an increase of \$120.8 million over the FY 2012 level.

Corrections Activities

FY 2014 Request: \$3,402.3 million

(Reflects \$98.9 million increase over FY 2012)

At the end of FY 2012, there were over 218,000 inmates for whom BOP provided custodial care. The majority of Federal inmates are in BOP facilities, but some are housed in privately operated facilities, Residential Reentry Centers (halfway houses), and bed space secured through Intergovernmental Agreements with state and local entities. Salaries and Expenses (S&E) covers the necessary expenditures for the administration, operation, and maintenance of Federal penal and correctional institutions and contract care. The S&E has four decision units:

Inmate Care and Programs

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.

Institution Security and Administration

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

Contract Confinement provides for the confinement of sentenced Federal offenders in a government-owned, contractor-operated facility, and state, local, and private contract facilities and contract community residential reentry centers.

Management and Administration

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 (B&F) includes new construction and modernization and repair costs. The B&F has two decision units:

New Construction

New Construction includes the costs associated with land and building acquisition, new prison construction, and leasing the Oklahoma Airport Trust Facility, which serves as a Bureau-wide transfer and processing center.

Modernization and Repair

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing Bureau-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs.

FY 2014 Changes (+\$98.9 million): Program initiatives include enhancements to begin the activation process for three institutions, the Administrative United States Penitentiary (USP) Thomson, Illinois, Federal Correctional Institution (FCI) Hazelton, West Virginia, and USP Yazoo City, Mississippi; expand residential drug abuse treatment programs; to acquire 1,000 private contract beds; to increase current reentry and recidivism reducing programs; and funds to renovate Administrative USP Thomson, IL. Also included are offsets for cap premium payments over the Medicare rate for BOP Medical Services Contracts; a proposed legislative initiative which, if passed, would allow additional Good Conduct Time credit for inmates; information technology savings; and administrative efficiencies.

Treatment Activities

FY 2014 Request: \$115.5 million

(Reflects \$21.9 million increase over FY 2012)

The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP (subject to the availability of funds) to provide residential substance abuse treatment to all eligible inmates. There is enormous demand for these services in part because of the potential for some non-violent offenders to earn a reduction in sentence following the successful completion of the program. The treatment strategy often begins with drug abuse education and can end with the strong community transition component. The objective is to reduce the likelihood of inmates relapsing to drug use and criminal activity. The FY 2014 resources will support BOP's drug treatment programs. Approximately 40% of new inmates entering BOP custody have a diagnosis of a drug use disorder. Accordingly, BOP continues to develop a strong and comprehensive drug abuse treatment strategy consisting of: screening and assessment, drug abuse education, prevention, intervention, non-residential drug abuse treatment services, residential drug abuse treatment programming, and community transitional drug abuse treatment.

Drug Program Screening and Assessment

Upon entry into a BOP facility, an inmate's records are assessed to determine whether there is evidence in the pre-sentence investigation that alcohol or other drug use contributed to the commission of the offenses, the inmate receives a judicial recommendation to participate in a

drug treatment program, or the inmate violated his or her community supervision as a result of alcohol or other drug use. If an inmate's record reveals any of these elements, the inmate must participate in a Drug Abuse Education course available at every BOP institution. In addition, as part of the initial psychological screening, inmates are interviewed about their past drug use to determine their need for BOP drug abuse treatment options.

Drug Abuse Education

Participants in the Drug Abuse Education course receive factual information on the relationship between drug use and crime; how alcohol and drug usage present consequences that are physical, social, and psychological; how choice is a factor in drug use; and its impact on one's health, family and community. Drug Abuse Education participants are also informed of program options available to them in the Bureau and are encouraged to volunteer for appropriate programs.

Non-residential Drug Abuse Treatment

Non-residential treatment is designed to provide maximum flexibility to meet the needs of the offenders, particularly those individuals who have relatively minor or low-level substance abuse impairment. These offenders do not require the intensive level of treatment needed by individuals with moderate-to-severe addictive behavioral problems. Unlike residential programs, inmates are not housed together in a separate unit; rather, they are housed in and with the general inmate population. Non-residential drug abuse treatment participants receive cognitive behavior therapy based treatment protocols that focus on thinking errors that lead to drug use; including both cognitive and criminal thinking errors.

A second purpose of non-residential drug abuse treatment is to provide offenders who have a moderate-to-severe drug abuse problem with supportive program opportunities during the time they are waiting to enter the residential drug abuse treatment program, to support those who require follow-up treatment after completion of the Residential Drug Abuse Program, or to support those who have little time remaining on their sentence and are preparing to return to the community.

Residential Drug Abuse Treatment Program (RDAP)

RDAP provides intensive drug abuse treatment to inmates diagnosed with a drug use disorder. At the end of FY 2012, 62 sites offer the RDAP – 61 at BOP institutions and 1 contract facility. The programs are staffed by a doctoral-level psychologist (the Drug Program Coordinator) who supervises the treatment staff. The average ratio of drug abuse treatment staff to inmates is 1 to 24. Inmates in the residential program are housed in a treatment unit that is set apart from the general population. Treatment is provided for a minimum of 500 hours over a 9 to 12 month period.

The BOP's RDAP program adheres to a cognitive behavior therapy treatment model. This treatment model targets the major criminal drug-using risk factors, especially anti-social and pro-criminal attitudes, values, beliefs, and behaviors. Using evidence-based practices, the BOP targets these behaviors by reducing anti-social peer associations; promoting positive

relationships; increasing self-control, self-management, and problem solving skills; and ending drug use.

Community Transition Drug Abuse Treatment

Community transitional drug abuse treatment (TDAT) is the final component of the BOP’s RDAP. In order to successfully complete all components of RDAP, the inmate must be transferred to a Residential Reentry Center (RRC), also known as a Halfway House, or to Home Detention (HD). While residing in the RRC or HD, RDAP participants are involved in contract community - based drug treatment. This requirement keeps the inmate fully engaged in treatment while still in the custody of the Bureau. In addition, offenders who did not have an opportunity to participate in RDAP may be referred to TDAT by community corrections staff.

FY 2014 Changes (+\$21.9 million): The FY 2014 request provides for expansion of BOP’s drug abuse treatment program capability, providing residential substance abuse treatment to all eligible inmates.

PERFORMANCE

Information regarding the performance of the drug control mission of Bureau of Prisons is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

Bureau of Prisons		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Number of inmates participating in Residential Drug Abuse Treatment	18,500	14,482
» Number of inmates participating in Nonresidential Drug Abuse Treatment	15,000	20,141

Currently, 61 BOP institutions operate a RDAP. In addition, one facility under contract with the BOP also operates the RDAP program. In FY 2012, the BOP provided RDAP to 14,482 inmates, and 20,141 inmates participated in the Nonresidential Drug Abuse Treatment Program.

The 14,482 participants in the RDAP program were below the target. The target of 18,500 was generated utilizing a calculation of all inmate movement into and out of the RDAP. Through a review process, it was determined this methodology resulted in the potential for the same inmate to be counted twice within the same fiscal year. A more refined methodology to calculate RDAP participation with significantly less potential for duplication was recently developed. This more precise methodology will be utilized going forward. Thus, while this change has resulted in the number of participants during FY 2012 being less than the target number, it is the preferred method to report inmate participation in RDAP.

DEPARTMENT OF JUSTICE

Criminal Division

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prosecution	\$39.618	\$41.004	\$40.229
Total Drug Resources by Function	\$39.618	\$41.004	\$40.229
Drug Resources by Decision Unit			
Enforcing Federal Criminal Laws	\$39.618	\$41.004	\$40.229
Total Drug Resources by Decision Unit	\$39.618	\$41.004	\$40.229

Drug Resources Personnel Summary			
Total FTEs (direct only)	175	159	159
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	22.8%	23.4%	22%

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. The Division, along with the 94 United States Attorney's Offices (USAOs), is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. Criminal Division attorneys not only prosecute many nationally significant cases but also formulate and implement criminal enforcement policy and provide advice and assistance to law enforcement agencies and USAOs. In executing its mission, the Criminal Division dedicates specific resources in support of the *National Drug Control Strategy* that focus on disrupting domestic drug trafficking and production and strengthening international partnerships.

METHODOLOGY

CRM's drug budget represents the level of efforts each Section or Office within the Division 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 the Division's total base funding for drug-related activities.

BUDGET SUMMARY

The drug control request for CRM for FY 2014 is \$40.2 million, an increase of \$0.6 million over the FY 2012 level.

Narcotic and Dangerous Drug Section

FY 2014 Request: \$40.2 million

(Reflects \$0.6 million increase over FY 2012)

The CRM's Narcotic and Dangerous Drug Section (NDDS) will support 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 Consolidated Priority Organization Targets), NDDS uses the best intelligence available to identify those drug trafficking and narcoterrorist groups that pose the greatest threat, and then utilizes resources to investigate them anywhere in the world and to prosecute them.

Additionally, the Division approves and oversees the use of the most sophisticated investigative tools in the Federal arsenal. These tools include Title III wiretaps, electronic evidence-gathering authorities, correspondent banking subpoenas, and the Witness Security Program, to name a few. In the international arena, the Division manages the Department's relations with foreign counterparts and coordinates all prisoner transfers, extraditions, and mutual legal assistance requests. Successful outcome of an investigation or prosecution often hinges on these key components that could make or break the case.

FY 2014 Changes (+\$0.6 million): The increase reflects inflationary adjustments to base.

PERFORMANCE

Information regarding Criminal Division's performance is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

Criminal Division		
Selected Measure of Performance	FY 2012 Target	FY 2012 Achieved
» Number of new drug-related investigatory matters and cases	45	48
» Number of OCDETF Title III wiretaps reviewed	2,775	2,585
» Number of drug-related MLAT requests closed	N/A	215
» Number of drug-related extradition requests closed	N/A	347

In FY 2012, the Criminal Division's NDDS brought 48 new investigatory matters and cases. All of these numbers have shown significant increase from FY 2011, and it is expected that this upward trend will continue in FY 2013. The following is just one example of a successful case that NDDS prosecuted:

On March 13, 2012, the jury in *United States v. Haji Bagcho* found Haji Bagcho guilty on three counts, including conspiracy to distribute 1 kilogram or more of heroin knowing and intending that it be imported into the United States (21 U.S.C. § 963); distribution of 1 kilogram or more of heroin knowing and intending that it be imported into the United States (21 U.S.C. § 959); and engaging in conduct violating 21 U.S.C. § 841(a), knowing and intending to provide anything of pecuniary value to a person or organization engaged in terrorism or terrorist activity (21 U.S.C. § 960a). Bagcho was one of the most significant Afghan heroin traffickers who operated in the Eastern Province of Nangahar, responsible at one point for processing 20% of the world's heroin in his laboratories and for exporting his heroin to over 20 countries, including the United States, China, Japan, and the United Arab Emirates. The investigation of this case involved numerous trips to a war zone at great risk in order to gather evidence. The prosecution was particularly complex and involved challenging legal issues, including the use of polygraph examinations for impeachment of a government witness and the preclusion of a duress defense (all litigated successfully by the trial team). As a result of NDDS' efforts, Bagcho was sentenced to three life terms.

The Division's Office of International Affairs (OIA) is responsible for 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. law enforcement agencies, and for responding to extradition and Mutual Legal Assistance Treaties (MLAT) requests from foreign governments. One extradition request can include more than one fugitive and it is time-consuming to process and obtain. In FY 2012, OIA closed 327 extradition requests that were related to illicit drugs. In fact, in the week of June 4, 2012, the Division secured the extradition from Colombia of 18 narco-traffickers, 15 of whom were members of a Colombia-based drug trafficking organization that used more than 25 aircraft to transport over 15,000 kilograms of cocaine from South America to Central America, Mexico, and the Caribbean for ultimate distribution into the United States. Extradition of these fugitives to the United States will ensure full prosecution for the alleged crimes they committed.

Federal prosecutors and law enforcement agencies alike rely on the Division to expeditiously review highly sensitive and often urgent electronic surveillance applications, or Title IIIs (T-III), submitted by USAOs, other Department litigating components, and law enforcement agencies, that require the approval of high-level officials in the Department. Any delay in reviewing T-IIIs could have negative impact on some of the most important Federal drug investigations. As required, the Division's Office of Enforcement Operations (OEO) must review all T-IIIs submitted to them. In FY 2012, OEO reviewed a total of 2,585 OCDEF Electronic Surveillance original and extensions requests.

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$196.514	\$198.504	\$201.382
International	395.691	398.090	408.060
Investigations	1,757.233	1,796.189	1,811.808
Prevention	1.922	1.934	1.958
State and Local Assistance	5.640	5.674	5.661
Total Drug Resources by Function	\$2,357.000	\$2,400.391	\$2,428.869
Drug Resources by Decision Unit			
Diversion Control Fee Account	\$322.000	\$351.936	\$360.917
Salaries and Expenses	2,035.000	2,048.455	2,067.952
<i>Domestic Enforcement</i>	<i>[1,611.690]</i>	<i>[1,622.581]</i>	<i>[1,631.568]</i>
<i>International Enforcement</i>	<i>[417.670]</i>	<i>[420.200]</i>	<i>[430.723]</i>
<i>State and Local Assistance</i>	<i>[5.640]</i>	<i>[5.674]</i>	<i>[5.661]</i>
Total Drug Resources by Decision Unit	\$2,357.000	\$2,400.391	\$2,428.869
Drug Resources Personnel Summary			
Total FTEs (direct only)	8,304	8,316	8,316
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.4	\$2.4	\$2.4
Drug Resources Percentage	100.0%	100.0%	100.0%

Program Summary

MISSION

The Drug Enforcement Administration's (DEA) mission is to enforce the controlled substances laws and regulations of the United States; bring to 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 a part of the National Drug Control Budget.

BUDGET SUMMARY

DEA's FY 2014 budget request includes \$2,428.9 million for DEA's Salaries and Expenses (S&E) Account and Diversion Control Fee Account (DCFA), which is an increase of \$71.9 million over FY 2012.

Salaries & Expenses (S&E)

Total FY 2014 Request: \$2,068.0 million
(Reflects \$32.9 million increase over FY 2012)

DEA's resources are divided into three strategic focus areas to achieve the maximum impact against the full spectrum of drug trafficking activities. These focus areas are: Domestic Enforcement, International Enforcement, and State and Local Assistance.

Domestic Enforcement

FY 2014 Request: \$1,631.6 million
(Reflects \$19.9 million increase over FY 2012)

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 web to pursue drug trafficking organizations 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 the seizure of the 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. A key component of DEA's domestic enforcement efforts are its state and local task forces. These task forces consist of an on-board strength of 1,764 DEA Special Agents and 2,158 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 is comprised of several components that are 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 policy makers with drug trend information upon which tactical and strategic decisions are based. DEA's intelligence program supports the El Paso Intelligence Center (EPIC), 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. EPIC provides support for all drug law enforcement interdiction operations and is accessible 24 hours a day/7 days a week.

Also, as directed by the Consolidated and Further Continuing Appropriations Act, 2012 (P.L. 112-55), the Department of Justice initiated the realignment of functions and closure of the National Drug Intelligence Center (NDIC) in Johnstown, PA. Core NDIC functions have been

reassigned to DEA's intelligence program. DEA has added 57 new positions and associated resources to DEA to continue Document and Media Exploitation (DOMEX) and high-priority strategic intelligence reporting.

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. This strategy emphasizes the disruption or complete dismantlement of the organizations targeted by DEA domestic field divisions.

FY 2014 Changes (+\$19.9 million): DEA's FY 2014 request includes \$29.1 million in base and technical adjustments, as well as \$9.2 million in program offsets. This includes savings realized from increased efficiencies and reduced spending, including costs related to publications, travel, executive fleets, advisory contracts, promotional items, and information technology (IT) devices. The FY 2014 offsets also include savings realized from collaborating on IT contracts and potentially through sharing contracts. DEA will eliminate 514 vacant positions, including 50 special agent positions, considered "hollow positions." This reduction reflects the Department's commitment to more closely aligning DEA's authorized personnel and funding levels.

International Enforcement

FY 2014 Request: \$430.7 million

(Reflects \$13.0 million increase over FY 2012)

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 Targets (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 Consolidated Priority Organization Targets (CPOTs), which include the most significant international command and control organizations threatening the United States as identified the Organized Crime Drug Enforcement Task Force (OCDETF).

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 or dismantle drug trafficking organizations. As of December 31, 2012, DEA had 86 offices in 67 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.

FY 2014 Changes (+\$13.0 million): DEA will continue to support the disruption or dismantlement of PTOs. DEA's request includes \$15.8 million in base and technical adjustments, as well as \$2.8 million in program offsets.

State & Local Assistance

FY 2014 Request: \$5.7 million

(Reflects \$0.1 million increase from FY 2012)

DEA has the responsibility to respond to 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 that methamphetamine has on the quality of life for American citizens. 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 very cost-effective manner. While these programs are administered by DEA, DOJ's Community Oriented Policing Services (COPS) transfers \$12.5 million to DEA annually for operational costs of the state and local cleanup program. The domestic cannabis eradication/suppression program is funded by DOJ's Asset Forfeiture Fund.

FY 2014 Changes (+\$0.1 million): DEA's FY 2014 request includes savings realized from increased efficiencies and reduced spending, including costs related to publications, travel, executive fleets, advisory contracts, promotional items, and IT devices.

DCFA funded Diversion Control Program

Total FY 2014 Request: \$360.9 million

(Reflects \$38.9 million increase over FY 2012)

The Diversion Control Program (DCP) is responsible for enforcing the Controlled Substances Act (CSA) and its regulations pertaining to pharmaceutical controlled substances and listed chemicals. In doing so, the DCP 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 DCP 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 DCP 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.

FY 2014 Changes (+\$38.9 million): DEA is using both criminal and regulatory tools to identify and determine who is most likely involved in the illicit distribution of controlled substances, as well as individuals and/or organizations violating the CSA. One of these tools has been the expanded use of Tactical Diversion Squads (TDS) that incorporate the skill sets

of DEA Special Agents, Diversion Investigators, other Federal law enforcement, and state and local Task Force Officers. Currently, the DCP has 48 Tactical Diversion Squads (TDS) dispersed throughout the 21 domestic divisions. DEA has increased its diversion control outreach at the community level through the National Take Back Days that it has sponsored with other state and local partners since 2010.

PERFORMANCE

Information regarding Drug Enforcement Administration’s performance is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

Drug Enforcement Administration		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Number of active International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted* or dismantled	440	524
» Number of active International, Domestic, and Diversion Priority Targets not linked to CPOT targets disrupted* or dismantled	2,375	2,596
» Monetary Value of Currency, Property and Drugs Seized (Drug Trafficker Revenue Denied)	\$2.85 Billion	\$2.80 Billion

* Includes disruptions pending dismantlement

The DEA targets PTOs which represent the major drug supply and money laundering organizations operating at the international, national, regional, and local levels that have a significant impact upon drug availability in the United States. As of September 30, 2012, the DEA disrupted or dismantled 3,120 PTOs, which is 11% above the FY 2012 target of 2,815. This also represents a 3% increase over FY 2011 actual performance of 3,030 PTOs disrupted or dismantled.

DEA also contributes to disrupting or dismantling PTOs linked to the Attorney General’s FY 2012 CPOT list – the “Most Wanted” drug trafficking and money laundering organizations believed to be primarily responsible for the Nation’s illicit drug supply. During FY 2012, DEA disrupted or dismantled 524 PTOs linked to CPOT targets.

A vital component of the DEA’s overall strategy is its Financial Attack Strategy. Under this strategy, the DEA attacks the financial infrastructure of major drug trafficking organizations and members of the financial community who facilitate the laundering of their proceeds. During FY 2012, the DEA maintained 21 money laundering investigative groups to support this Financial Attack Strategy. In addition to addressing the problem of drug trafficking organizations smuggling bulk cash proceeds from the United States through the Southwest border, the DEA has implemented several initiatives focused on targeting the bulk cash derived from drug

proceeds. During FY 2012, the DEA's total cash seizures totaled \$654 million. Further, the DEA denied total revenue of \$2.8 billion from drug trafficking and money laundering organizations through asset and drug seizures.

Specifically, Operation All-Inclusive, the centerpiece of the DEA's Drug Flow Attack Strategy, has caused major disruptions in the flow of drugs, money, and chemicals between source zones and the United States by attacking trafficker vulnerabilities in the areas of financial, maritime, land, and air smuggling. Between January 2012 and September 2012, the DEA conducted the eighth international initiatives under Operation All-Inclusive. This initiative resulted in the seizure of 90 metric tons of cocaine, 357 kilograms of heroin, 1,943 kilograms of methamphetamine, 43 metric tons of marijuana, 140 metric tons of solid precursors, \$61.9 million, and 453 weapons. Additionally, 844 arrests have occurred.

The DEA's Diversion Control Program (DCP) implements an infrastructure of controls established through the Controlled Substances Act and ancillary regulations and seeks to balance both public health and safety needs. In FY 2012, the DEA continued to develop and implement the Distributor Initiative Program designed to educate and remind registrants of their regulatory and legal responsibilities. This program has been very successful and has moved the pharmaceutical industry to install new and enhanced measures to address their responsibilities and due diligence as registrants.

DEPARTMENT OF JUSTICE
National Drug Intelligence Center

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$20.000	\$20.122	\$0.000
Total Drug Resources by Function	\$20.000	\$20.122	\$0.000
Drug Resources by Decision Unit			
Salaries and Expenses	\$20.000	\$20.122	\$0.000
Total Drug Resources by Decision Unit	\$20.000	\$20.122	\$0.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	154	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.02	\$0.02	\$0.00
Drug Resources Percentage	100.0%	100.0%	0%

Program Summary

MISSION

The National Drug Intelligence Center’s (NDIC) mission was to provide strategic, domestic drug-related intelligence support to the drug control, public health, law enforcement, and intelligence communities of the United States. On June 15, 2012, NDIC was closed, and key activities, including Document and Media Exploitation and strategic intelligence analysis, were transferred to the Drug Enforcement Administration (DEA).

METHODOLOGY

All NDIC resources were scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

No funding is requested in FY 2014.

DEPARTMENT OF JUSTICE

Office of Justice Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$5.000	\$5.031	\$40.989
State and Local Assistance	140.500	134.938	194.489
Treatment	97.900	97.557	145.400
Total Drug Resources by Function	\$243.400	\$237.526	\$380.878
Drug Resources by Decision Unit			
Border Prosecutor Initiative	\$10.000	\$10.061	\$0.000
Byrne Criminal Justice Innovation Programs	15.000	15.092	35.000
Byrne Memorial Justice Assistance Grants	81.400	74.534	86.900
Consolidated Tribal Grants	-	-	81.978
Drug Courts	35.000	35.214	0.000
Enforcing Underage Drinking Laws	5.000	5.031	0.000
Mentally Ill Offender Act	9.000	9.055	0.000
Meth Enforcement and Clean Up	12.500	12.577	12.500
Prescription Drug Monitoring Program	7.000	7.043	7.000
Problem Solving Justice	0.000	0.000	44.000
Project Hope	0.000	0.000	10.000
Regional Information Sharing System	27.000	27.165	25.000
Residential Substance Abuse Treatment	10.000	10.061	19.000
Second Chance Act	31.500	31.693	59.500
Total Drug Resources by Decision Unit	\$243.400	\$237.526	\$380.878
Drug Resources Personnel Summary			
Total FTEs (direct only)	67	67	67
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1,554.3	\$1,485.9	\$1,480.2
Drug Resources Percentage	15.6%	16.0%	25.7%

Program Summary

MISSION

The Justice Assistance 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.

METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *National Drug Control Strategy* that focus on breaking the cycle of drug abuse and crime, including drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

BUDGET SUMMARY

The drug control request for OJP in FY 2014 is \$380.9 million, an increase of \$137.5 million above the FY 2012 level.

Border Initiatives (Southwest and Northern)

FY 2014 Request: \$0.0 million

(Reflects \$10.0 million decrease from FY 2012)

This program provides funding for local prosecutor offices in the northern border, as well as the four Southwest Border states of California, New Mexico, Arizona, and Texas, for the costs of processing, detaining, and prosecuting drug and other cases referred from Federal arrests or Federal investigations. The program also protects against foreign threats by supporting costs associated with a border area that has a significantly higher degree of vulnerability than many other areas in the continental United States.

FY 2014 Changes (-\$10.0 million): The budget proposes to eliminate funding for the Border Initiatives Program. As funding levels for some OJP programs decline, it is essential that OJP continue to support robust research and evaluation programs, encourage the continued development of evidence-based programs, and maintain funding for programs vital to our state, local, and tribal partners in the criminal justice system.

Byrne Criminal Justice Innovation Program

FY 2014 Request: \$35.0 million

(Reflects \$20.0 million increase over FY 2012)

Recent research findings in areas such as community violence prevention and community policing have demonstrated that law enforcement or crime prevention efforts tailored to address particular problems in a defined area often achieve much better results than more general efforts targeting broader areas. Designed as a true interagency approach, 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.

FY 2014 Changes (+\$20.0 million): The budget proposes an increase of \$20.0 million to ensure that the Byrne Criminal Justice Innovation program has the resources needed to make a real difference in the nation's communities.

Byrne Memorial Justice Assistance Grants

FY 2014 Request: \$86.9 million

(Reflects \$5.5 million increase over FY 2012)

The JAG Program provides states, localities and tribes with funding to support law enforcement, prosecution and courts, crime prevention, corrections, drug treatment and other important initiatives. JAG Program funding supports drug seizures and the disruption and dismantlement of drug trafficking organizations.

FY 2014 Changes (+\$5.5 million): This program, which now has a reasonable methodology to estimate drug control funding, is new to the National Drug Control Budget. JAG grants 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 and domestic violence programs, 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.

Consolidated Tribal Grants

FY 2014 Request: \$82.0 million

(Reflects \$82.0 million increase over FY 2012)

The budget proposes a consolidation of previous tribal grants, which will support grants, training, and technical assistance to improve tribal criminal justice outcomes, including drug and alcohol-related matters. This budget request represents 80% of total funding for the Consolidated Tribal Grants set-aside in FY 2014 (\$102.5 million).

FY 2014 Changes (+\$82.0 million): The budget proposes \$82.0 million for this set-aside.

Drug Court Program

FY 2014 Request: \$0.0 million

(Reflects \$35.0 million decrease from FY 2012)

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 courts strategies, including ongoing efforts to examine how drug courts are different today and how they have evolved from the original model and current barriers to compliance with the 10 key components of the drug court model.

FY 2014 Changes (-\$35.2 million): The budget proposes to eliminate funding for the Drug Court Program, as the program will be consolidated into the new Problem Solving Justice Program, which will assist state, local, and tribal governments in developing and implementing problem solving court strategies to address their jurisdiction's unique needs, including substance abuse and mental health issues.

Enforcing Underage Drinking Laws

FY 2014 Request: \$0.0 million

(Reflects \$5.0 million decrease from FY 2012)

The Enforcing Underage Drinking Laws (EUDL) program supports and enhances efforts by states and local jurisdictions to prohibit the purchase and consumption of alcoholic beverages by minors. Minors are defined as individuals under 21 years of age.

FY 2014 Changes (-\$5.0 million): The budget proposes a decrease of \$5.0 million. This initiative is supported through the Local Delinquency Prevention Programs (formerly Title V Local Delinquency Prevention Incentive Grants), for which OJP is requesting a total of \$56.0 million in FY 2014.

Mentally Ill Offender Act Program

FY 2014 Request: \$0.0 million

(Reflects \$9.0 million decrease from FY 2012)

The Mentally Ill Offender Act Program provides grants and technical assistance to state, local, and tribal governments to support mental health courts and adult and juvenile collaboration grants programs in accordance with authorization language in both the Omnibus Crime Control and Safe Streets Act of 1968 and the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008.

FY 2014 Changes (-\$9.0 million): The budget proposes to eliminate funding for the Mentally Ill Offender Act Program, as the program will be consolidated into the new Problem Solving Justice Program, which will assist state, local, and tribal governments in developing and implementing problem solving court strategies to address their jurisdiction's unique needs, including substance abuse and mental health issues.

Methamphetamine Enforcement and Lab Cleanup

FY 2014 Request: \$12.5 million

(Reflects no change from FY 2012)

The Methamphetamine Enforcement and Lab Cleanup Grants provide assistance to state, local and tribal law enforcement agencies in support of programs designed to combat methamphetamine production and distribution, as well as target "hot spots" characterized by high levels of drug production or distribution. In cooperation with the Drug Enforcement Administration, funding from this initiative also supports assistance to state and local law 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 law enforcement agencies in managing hazardous waste. This program is administered by the Community Oriented Policing Services (COPS).

Prescription Drug Monitoring Program (PDMP)

FY 2014 Request: \$7.0 million

(Reflects no change from FY 2012)

The purpose of PDMP is to enhance the capacity of regulatory agencies and health care providers to collect and analyze controlled substance prescription data. In coordination with the Department of Health and Human Services, the program aims to assist states that want to establish 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.

Problem Solving Justice

FY 2014 Request: \$44.0 million

(Reflects \$44.0 million increase over FY 2012)

This program consolidates separate funding streams for the Drug Court Program and Mental Health Problem Solving Courts. This consolidation will provide OJP the flexibility to continue providing grants to state, local, and tribal criminal justice agencies to help plan, implement, and improve drug court programs, as well as assist state, local, and tribal criminal justice agencies in working with mental health, substance abuse, housing, and related systems, to decrease recidivism of mentally ill offenders, thus improving public safety and public health.

FY 2014 Changes (+\$44.0 million): The budget proposes an increase of \$44.0 million to assist state, local, and tribal governments in developing and implementing problem solving court strategies to address their jurisdiction's unique needs.

Project Hawaii Opportunity Probation with Enforcement (HOPE)

FY 2014 Request: \$10.0 million

(Reflects \$10.0 million increase over FY 2012)

The HOPE program is an experimental probation program that emphasizes the delivery of "swift and certain" punishment when a probationer violates conditions of probation. Funding for this new program in FY 2014 will support the expansion of sites implementing the HOPE model, as well as a large scale demonstration field experiment using a randomized controlled trial methodology.

FY 2014 Changes (+\$10.0 million): The budget proposes \$10.0 million for this new program. HOPE in Hawaii has been a promising program that may be a solution to what can become a revolving door for drug-involved offenders in the criminal justice system. In order for the HOPE program to realize its full potential, the program needs to be replicated and evaluated elsewhere. This expansion would allow OJP to test the effectiveness of the approach with several different target populations and understand the longer term impact of the program on offenders after they are no longer under supervision.

Regional Information Sharing System (RISS)

FY 2014 Request: \$25.0 million

(Reflects \$2.0 million decrease from FY 2012)

RISS is the only national criminal intelligence system operated by and for state and local law enforcement agencies. Six regional intelligence centers operate in all 50 states, the District of Columbia, and 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 over 6,000 municipal, county, state, and Federal law enforcement agencies nationwide.

FY 2014 Changes (-\$2.0 million): RISS will continue to provide investigative support and training, analytical services, and secure communications capabilities to participating law enforcement agencies.

Residential Substance Abuse Treatment

FY 2014 Request: \$19.0 million

(Reflects \$9.0 million increase over FY 2012)

The Residential Substance Abuse Treatment (RSAT) program for state prisoners was established to help states and units of local governments develop, implement, and improve residential substance abuse treatment programs in correctional facilities and establish and maintain community-based aftercare services for probationers and parolees. Ultimately, the program goal is to help offenders become drug-free and learn the skills needed to sustain themselves upon return to the community.

FY 2014 Changes (+\$9.0 million): The requested increase will assist states and local jurisdictions with improving services for offenders with substance abuse programs and increasing the number of offenders served.

Second Chance Act

FY 2014 Request: \$59.5 million

(Reflects \$28.0 million increase over FY 2012)

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 authorizes various grants to government agencies and nonprofit groups to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce re-offending and violations of probation and parole. This budget request represents 50% of the total funding requested for Second Chance Act in FY 2014 (\$119.0 million).

FY 2014 Changes (+\$28.0 million): The increase will support state and local efforts to implement innovative and evidence-based programs that help offenders transition from prison or jail to the community and reintegrate into society safely and successfully.

PERFORMANCE

Information regarding the performance of the drug control mission of OJP is based on agency Government Performance and Results Modernization Act documents and other agency information. The tables and accompanying text represent highlights of their programs' achievements during FY 2012 or for the latest year for which data are available.

Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of drug court participants who graduate from the drug court program	48%	47%

BJA Drug Court funds helped to enroll 12,368 new participants in FY 2012. Also, 5,199 drug court participants successfully completed all program requirements and graduated. Of those that exited the program, only 16% did so because of court or criminal involvement (technical violation, arrest, conviction, revocation, or incarceration). In an effort to serve participants that will benefit the most, Drug Court grantees are required to administer risk and needs assessments to identify potential participants that have criminogenic risks and high needs. These offenders are at the greatest risk for reoffending, and research has proven they benefit the most from Drug Court programming and generate the most cost savings and public safety enhancement. In FY 2012, 52% of those participants that were administered a risk and needs assessment were found to have criminogenic risks and high needs. Furthermore, random drug and alcohol testing is a common part of most BJA funded Drug Courts. Participants are required to remain drug and alcohol free; failure to do so results in sanctions. Early indications are that less than 20% of drug tests administered in FY 2012 were positive for drugs and alcohol.

Since FY 2011, BJA's Drug Court program solicitations have identified seven evidence-based components of successful drug court programming, which should guide applicants to design more effective programs. These guidelines are based on research, including the National Institute of Justice (NIJ)'s Multisite Adult Drug Court Evaluation, which found that adult drug courts significantly reduce drug use and criminal offending during and after program participation and are more cost efficient than traditional case processing and supervision. Overall, the net benefit of drug courts was estimated from \$5,680 to \$6,208 per participant.

Enforcing Underage Drinking Laws

Enforcing Underage Drinking Laws		
Selected Measures of Performance	FY 2011 Target	FY 2011 Achieved
» Programs that used evidence based programs or practices	90%	89%

Note: FY 2012 data is unavailable due to data lag

The EUDL Assessment, Strategic Planning, and Implementation Initiative (ASPII) is being implemented in three states: Maine, Nevada, and Washington. An independent, multi-disciplinary assessment team of experts reviewed data and interviewed key state leaders to determine existing efforts to prevent underage drinking from an enforcement/justice system perspective. Based on the findings, the team provided each state with recommendations that included evidence-based practices to enhance work or fill gaps. The demonstration states have addressed the recommendations in strategic plans that are being implemented at the state level and in selected local areas. Evidence-based activities include compliance checks, education of merchants regarding techniques and responsibilities, development of community support for enforcement, strategic utilization of media, and policy enhancement.

OJJDP's FY 2009 Enforcing the Underage Drinking Laws Discretionary Program: Initiative to Reduce Underage Drinking is a demonstration of partnership between EUDL and the United States Air Force (USAF) at selected civilian communities and USAF bases in two states: Missouri and Wyoming. The demonstration sites are utilizing evidence-based activities, including compliance checks, education of merchants regarding techniques and responsibilities, development of community support for enforcement, strategic utilization of media, and policy enhancement. In Missouri, the grant allowed enhanced communication between local law enforcement and the base, leading to more consistent discipline of Airmen following alcohol-related violations off-base; and collection of data from each squadron using PowerPoint clicker technology to provide each Squadron leader with information about alcohol use behavior and recommendations for improvements. In Wyoming, the grant allowed the establishment of a full-time Alcohol Enforcement Officer at the Cheyenne Police Department with a military background; inclusion of Airmen in compliance checks and other enforcement activities; joint participation of base and local law enforcement in a training session; change in the social host ordinance; and expanded data collection on alcohol violations for the purposes of the grant evaluation.

From November 1, 2010 to October 31, 2011, UDETC provided the EUDL National Leadership Conference with over 1,529 participants. UDETC provided technical assistance to more than 2,855 individuals through presentations, onsite trainings, training of trainers, strategic TA, and distance learning opportunities. Trainings and technical assistance are designed to implement best practices through personalized planning and support. In addition, UDETC hosted 10 electronic seminars/webinars for over 837 participants who ranked their learning above average to excellent; and published 10 success stories that captured the successful implementation of evidence based and effective strategies in ten select states and territories.

EUDL Block Grants supported a range of activities, including compliance checks by law enforcement of retail alcohol outlets, programs to deter older youth or adults from providing alcohol to minors, party patrols to prevent drinking at large gatherings, and youth-focused campaigns to enforce impaired driving laws. States reported data for 1,413 EUDL subgrant awards across 624 separate organizations. In this period, states reported data for more than \$47 million in subgrant and statewide awards. Nationally, 76% of subgrants focused on

enforcement, 31% on media, 29% on coalitions, and 28% on education, training, and other activities.

Methamphetamine Enforcement and Laboratory Cleanup Program

Meth Enforcement and Cleanup		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Number of State and Local Law Enforcements Officers Trained in Clandestine Laboratory Enforcement	950	1,023

This effort focuses on proper removal and disposal of hazardous materials at clandestine methamphetamine labs, training, technical assistance, a container program, and purchase of equipment. Critical specialized training programs offered by DEA to state and local law enforcement officers are in the area of Clandestine Laboratory Training. Often, the state and local police first encounter the clandestine laboratories and must ensure that they are investigated, dismantled, and disposed of appropriately. In FY 2012, the DEA Office of Training exceeded its target of training 950 state and local law enforcement officers by 7.7 percent. As of September 30, 2012, 1,023 state and local officials received clandestine laboratory training compared to 1,384 in FY 2011.

DEA has also worked to develop a container-based cleanup program. Under this program, DEA trains and certifies law enforcement officers to remove gross contaminants from lab sites, secure and package the waste pursuant to state and Federal laws and regulations, and transport the waste to a secure container where it is stored with additional labs until a hazardous waste contractor can remove it for disposal. The container program provides a mechanism for state and local law enforcement to transport contaminants from labs (including mobile labs) and dumpsites to a secure container site in a safe and timely manner. Ten states currently have the container program and four additional states are working with DEA to establish a Container Program. In FY 2012, DEA began only offering the container pickup. However, later in the year, DEA expanded the program and funded pickups and disposal of 4,805 labs through 127 Container Program pickups. From March to September 2012, 1,095 cleanups were performed for states and localities.

Prescription Drug Monitoring Program

PDMP		
Selected Measures of Performance	CY 2011 Target	CY 2011 Actual
» Number of interstate solicited reports produced	330,000	291,618
» Number of interstate unsolicited reports produced	600	979

Forty-three states now have operational PDMPs, and six states, one U.S. territory (Guam), and the District of Columbia have enacted legislation to establish PDMPs, but they are not fully operational. Under the BJA grant program, 12 awards were made in CY 2011 for states to implement or enhance a PDMP. Since the inception of the grant program in 2002, grants have

been awarded to 47 states and one U.S. territory to support their efforts to plan, implement, or enhance a PDMP.

Regional Information Sharing Systems (RISS) Program

Regional Information Sharing Systems (RISS) Program		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent Increase in RISS Inquiries for the RISS Program	6%	16%

The Regional Information Sharing Systems (RISS) Program to support law enforcement efforts nationwide to combat illegal drug trafficking, organized criminal activity, criminal gangs, violent crime, human trafficking, identity theft, terrorist activity, and other criminal activity and to promote officer safety. RISS provides a secure network for sharing law enforcement information among Federal, state, local, and tribal law enforcement agencies, while maintaining local control over the data to be shared. In addition to secure information sharing, the six regional centers that make up the RISS network (RISSNET) also provide investigative and intelligence analysis support; equipment sharing; investigative funds support; criminal activity bulletins and publications; training; and technical assistance to state, local, and tribal law enforcement agencies participating in the system. RISS funds were used to support currently connected systems and connect additional systems to RISSNET.

RISSNET provides a robust communication backbone and infrastructure for sharing between over 80 local, state, Federal, and regional systems. This enables a single query by all RISS members from all levels of government, which includes over 8,000 law enforcement and criminal justice agencies. The query can access the databases located at the six regional RISS centers and the other intelligence systems that have agreed to share their information and intelligence. In FY 2012, a total of 4,760,670 inquiries were made to the RISS.

Residential Substance Abuse Program

RSAT		
Selected Measures of Performance	CY 2011 Target	CY 2011 Achieved
» Number of participants in RSAT	30,000*	30,984

The RSAT program provides support to States and communities interested in administering substance abuse treatment programs in their correctional facilities. RSAT grants are awarded to all 50 states, the District of Columbia, and the five U.S. Territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). A state may use RSAT grant funds to support three types of programs: state and local correctional facility treatment programs; jail-based treatment programs; and aftercare services. The majority of RSAT funding (89%) is used toward substance abuse treatment, resulting in 6,481 new treatment slots (i.e., substance abuse treatment beds).

In CY 2011, the most recent year for which data are available, RSAT grantees and their sub-

recipients enrolled 29,358 offenders in residential substance abuse treatment programs. An additional 1,626 offenders received aftercare services for a total of 30,984 participants. Over 70% of offenders in residential treatment programs successfully completed the program, and 60% of offenders completed the aftercare portion of the program. For those that successfully completed substance abuse treatment and aftercare requirements, over 60% remained arrest free 1 year after release.

In FY 2013, BJA will continue to focus on improving the validity and consistency of performance measurement data reported by grantees/sub-recipients.

DEPARTMENT OF JUSTICE

Organized Crime Drug Enforcement Task Force

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Investigations	\$378.448	\$380.762	\$373.821
Prosecution	149.064	149.978	149.216
Total Drug Resources by Function	\$527.512	\$530.740	\$523.037
Drug Resources by Decision Unit			
Bureau of Alcohol, Tobacco, Firearms & Explosives (ATF)	\$11.787	\$11.861	\$11.874
Criminal Division	2.090	2.103	2.105
Drug Enforcement Administration (DEA)	205.053	206.345	200.364
Executive Office for U.S. Attorneys (EOUSA)	146.170	147.065	146.300
Federal Bureau of Investigation (FBI)	141.418	142.310	138.248
International Organized Crime Intelligence and Operations	0.000	0.000	3.000
OCDETF Fusion Center (OFC)	11.430	11.430	11.510
Threat Response Unit	0.804	0.810	0.811
U.S. Marshals Service (USMS)	8.760	8.816	8.825
Total Drug Resources by Decision Unit	\$527.512	\$530.740	\$523.037

Drug Resources Personnel Summary			
Total FTEs (direct only)	3,277	3,277	3,133
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	100.0%	100.0%	100.0%

Program Summary

MISSION

The Organized Crime Drug Enforcement Task Forces (OCDETF) Program was established as a multi-agency partnership of Federal law enforcement agencies and prosecutors, with assistance from state and local police departments, to identify, dismantle, and disrupt sophisticated national and international criminal enterprises focused on drug trafficking and money laundering. OCDETF combines the resources, expertise, and statutory authorities of member agencies to attack all of the related components of major criminal enterprises involved in drug trafficking and money laundering. OCDETF efforts lead to disruptions in the drug market, which result in reductions in the drug supply, as well as bolster law enforcement efforts.

METHODOLOGY

All OCDETF resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

The FY 2014 budget requests \$523.0 million, a decrease of \$4.5 million from the FY 2012 level. OCDETF focuses on key program priorities in order to effectively and efficiently support its mission. OCDETF's major priority is the Consolidated Priority Organization Target (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 (RPOTs), the most significant drug and money laundering organizations threatening the nation. In addition, OCDETF requires that all cases include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

Investigations

FY 2014 Request: \$373.8 million

(Reflects \$4.7 million decrease from FY 2012)

Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF)

ATF agents 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 in order to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, ATF's jurisdiction and expertise contributes to OCDETF's efforts to disrupt and dismantle the most violent drug trafficking organizations. The FY 2014 request will continue to support ATF investigative activities as a member of the OCDETF Program.

Drug Enforcement Administration (DEA)

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 2014 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

Federal Bureau of Investigation (FBI)

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 2014 request will continue to support FBI involvement in OCDETF investigations.

U.S. Marshals Service (USMS)

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 2014 request will continue to support USMS involvement in OCDETF investigations.

OCDETF Fusion Center (OFC)

The FY 2014 request will support operations at the OFC, 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 OFC conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and RPOTs. The OFC is also responsible for passing along actionable leads through the multi-agency Special Operations Division (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 (IOC-2)

The International Organized Crime Intelligence and Operations Center (IOC-2) was launched on May 29, 2009, in partnership with the OCDETF Fusion Center (OFC) and the Special Operations Division of the Drug Enforcement Administration (SOD). The IOC-2 mission is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United States. IOC-2 was able to leverage the already existing tools of the OFC and SOD, while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation. IOC-2 brought several new Federal law enforcement agencies into partnership with the OFC and SOD, and significantly enhanced the scope of contribution of current partners. For example, ICE, the U.S. Secret Service (USSS), the Department of State's Diplomatic Security Service (DoS-DS) and the Department of Labor's Inspector General's Office (DoL-IG) all joined the OFC at the time of the creation of IOC-2 and began contributing their investigative data to the OFC's fused data pool. Similarly, the USSS and DoS-DS joined SOD at the time of IOC-2's creation.

FY 2014 Changes (-\$4.7 million): OCDETF will continue to provide personnel, administrative and investigative support for task force partners.

Prosecution

FY 2014 Request: \$149.2 million
(Reflects \$0.2 million increase over FY 2012)

Criminal Division (CRM)

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 NDDS/AFMLS attorneys support the Mexican Cartel prosecutions. The FY 2014 request will support attorneys in the Office of Enforcement Operations as it reviews all applications for electronic surveillance and assists agents and attorneys by providing guidance on the justification for and development of such applications.

Threat Response Unit

The FY 2014 request will support the OCDETF Executive Office attorneys detailed to OEO 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 (OIA) to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

U.S. Attorneys (USA)

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 2014 request will support the United States Attorneys' involvement in the development of case strategy for OCDETF investigations and prosecutions.

FY 2014 Changes (+\$0.2 million): OCDETF will continue to provide reimbursable resources for prosecution support.

PERFORMANCE

Information regarding the performance for OCDETF is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text includes selected OCDETF performance measures, targets and achievements during FY 2012.

OCDETF monitors performance in two program areas: investigations and prosecutions. For investigations, OCDETF 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, OCDETF tracks leadership convictions and financial convictions.

Organized Crime Drug Enforcement Task Force Program		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of OCDETF investigations linked to CPOTs	16%	20%
» Percent of convicted defendants linked to CPOTs	4%	5%
» Percent of OCDETF investigations resulting in conviction of a leader	76%*	79%*
» Percent of OCDETF investigations resulting in financial convictions	25%*	25%*
» Percent of OCDETF investigations resulting in assets forfeited	80%*	70%*
» Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	78%*	85%*
» Number of CPOT-linked Drug Trafficking Organizations Disrupted	189	243
» Number of CPOT-linked Drug Trafficking Organizations Dismantled	95	113

* Data based on information reported in OCDETF Final Reports as of 10/11/2012. Due to the lag in reporting, activity may have occurred in the prior year.

OCDETF dismantled 113 CPOT-linked organizations in FY 2012, exceeding the target. This represents a 12% decrease over the 130 that were dismantled in FY 2011, the highest number reported. OCDETF disrupted 243 CPOT-linked organizations in FY 2012, exceeding its target for disruptions. This is 6% higher than the 230 reported at the end of FY 2011. The total of 356 CPOT-linked organizations that were either dismantled or disrupted during FY 2012 is only 1% lower than the 360 dismantled or disrupted in FY 2011, which was a record year. This achievement exceeded OCDETF's goal for disruptions and dismantlements.

In addition to making important gains against CPOT-linked organizations in FY 2012, OCDETF agencies continued to achieve significant successes against the CPOTs. Over the course of the last year, four CPOT targets were dismantled and seven CPOT targets were disrupted. It is estimated that their activities included using the internet to sell various drugs and controlled substances to customers worldwide; the combined capability of importing and distributing over 150 metric tons of cocaine into the United States, Mexico, and Europe; shipping truckloads containing more than 2 tons of cocaine to New York alone; and using a multitude of companies to distribute a variety of drugs and launder money. Approximately \$2.1 million in drug proceeds bound for Mexico was seized from just one of these organizations and many front companies have been identified in several countries and on the internet. The reach of these transnational drug trafficking organizations extended across multiple continents.

Law enforcement activity targeting these CPOTs involved complex and coordinated intelligence driven investigations, with exceptional cooperation between U.S. law enforcement agencies

and international partners. During FY 2012, 20% of active OCDETF investigations were linked to CPOT targets.

Eighty-five percent of OCDETF investigations have resulted in the disruption or dismantlement of the targeted organizations. Moreover, assets seized from OCDETF investigations totaled more than \$460 million in FY 2012. Five percent of convicted defendants in OCDETF investigations were linked to a CPOT. Seventy-nine percent of OCDETF investigations resulted in the conviction of a leader, 25% in finance-related convictions, and 70% in the forfeiture of assets.

DEPARTMENT OF JUSTICE
United States Attorneys

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prosecution	\$78.832	\$75.007	\$76.369
Total Drug Resources by Function	\$78.832	\$75.007	\$76.369
Drug Resources by Decision Unit			
Criminal Decision Unit	\$78.832	\$75.007	\$76.369
Total Drug Resources by Decision Unit	\$78.832	\$75.007	\$76.369
Drug Resources Personnel Summary			
Total FTEs (direct only)	481	457	457
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.0	\$2.0	\$2.0
Drug Resources Percentage	4.0%	3.8%	3.8%

Program Summary

MISSION

The nation's 94 United States Attorney Offices (USAOs) are vital participants in the *National Drug Control Strategy* and participate in several components of 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 of the USAOs is to prosecute violations of Federal drug trafficking, controlled substances, money laundering, and related Federal laws in order to deter continued illicit drug distribution and use in the United States. This mission includes utilizing the grand jury process to investigate and uncover the criminal conduct at issue and subsequently present the evidence in court as part of prosecution of individuals and organizations who 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 also form important parts of the drug control mission of the United States Attorneys' Offices. Each USAO is encouraged to become involved in reentry programs that may help prevent future crime, including drug crimes. Reentry programs, such as re-entry 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, which educate communities about the hazards of drug abuse.

METHODOLOGY

The United States Attorneys do not have a specific appropriation for drug control activities. The United States Attorney’s drug budget numbers are estimated and derived by calculating the costs of attorney and non-attorney full-time equivalents (FTE) dedicated to non-OCEDEF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system. Once the total cost is determined, an inflation rate is applied to the out-years.

BUDGET SUMMARY

The total drug control request for the United States Attorneys for FY 2014 is \$76.4 million, a decrease of \$2.5 million from the FY 2012 level. The resources will be used to support prosecution of violations of controlled substances, money laundering, and drug trafficking.

Criminal Decision Unit

FY 2014 Request: \$76.4 million
(Reflects \$2.5 million decrease from FY 2012)

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. The United States Attorneys’ did not receive enhancements specific to drug prosecutions in FY 2012. No drug related enhancements are requested in FY 2013 and FY 2014.

FY 2014 Changes (-\$2.5 million): The USAOs will continue to investigate and prosecute criminal organizations in order to disrupt domestic and international drug trafficking and narcotics production.

PERFORMANCE

Information regarding the performance of the drug control mission of the Executive Office of the United States Attorneys is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

United States Attorneys		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Conviction rate for drug-related defendants	NA	92%
» Percentage of defendants sentenced to prison	NA	90%

Note: The USAOs reports actuals achieved.

USAOs receive most of their criminal referrals, or “matters,” from Federal investigative agencies, including the Federal Bureau of Investigation (FBI), the Drug Enforcement

Administration (DEA), the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), the United States Immigration and Customs Enforcement (ICE), the United States Secret Service, and the United States Postal Inspection Service. The USAOs support the *National Drug Control Strategy (Strategy)* through reducing the threat, trafficking, use, and related violence of illegal drugs.

The *Strategy* highlighted the need to crack down on rogue pain clinics that do not follow appropriate prescription practices. Three recent successful prosecutions demonstrate the work of the United States Attorneys' Offices in this area.

- During FY 2011 and FY 2012, the USAO in the Northern District of Ohio convicted 13 people for their roles in one multi-state drug conspiracy that sent millions of dollars' worth of highly addictive prescription painkillers, such as hydrocodone and alprazolam, to individuals in all 50 states who had no medical reason for receiving the pills. The convicted defendants included doctors, pharmacists, a call-center manager and others. The lead defendant agreed to forfeit more than \$3.8 million, including four luxury vehicles, a ski boat, 19 assorted sports memorabilia and movie posters, a Two-Tone Men's Rolex Submariner watch with diamonds and sapphires, and a house among other items.
- In FY 2011 and FY 2012, the USAO in Southern District of Florida convicted seven people for the illegal distribution of prescription pain medication and related criminal offenses as part of Operation Snake Oil. According to court documents, defendant Vincent Colangelo owned and operated six pain management clinics and a pharmacy in Broward and Miami-Dade counties between 2008 and, 2011. Colangelo and his co-conspirators were responsible for dispensing more than 660,000 dosage units of oxycodone in amounts greater than 1.4 million milligrams and prescribing significantly more oxycodone filled by outside pharmacies to patients throughout Florida and other states. Colangelo mass marketed his pain clinics through more than 1,600 Internet sites. Colangelo pled guilty on April 2, 2012, to conspiracy to distribute and dispense large amounts of oxycodone without a legitimate medical purpose and outside the usual course of professional practice. Colangelo also pled guilty to money laundering and filing a false 2009 Federal income tax return. Colangelo was sentenced to 20 years in prison and ordered to forfeit five properties valued at more than \$2.5 million, approximately \$911,951, 52 vehicles and vessels worth more than \$6 million and jewelry valued at approximately \$20,000.
- In FY 2012 in the Northern District of West Virginia, defendant David Kidd was sentenced to 20 years in prison and ordered to forfeit \$66,000 in cash and his vehicles. Kidd and more than a dozen associates were major contributors to an epidemic of pain pill addiction plaguing the small towns of Ohio and West Virginia. In FY 2012, Kidd admitted his role as the ringleader of a network of two dozen defendants who traveled to Florida to buy oxycodone from disreputable doctors and distribute it for sale on the streets of small towns in Ohio and West Virginia. The DEA and IRS believed Mr. Kidd's ring operated from FY 2010 until FY 2012 and distributed at least 100,000 pills worth about \$3 million. Nineteen other defendants were also convicted as part of this investigation.

The *Strategy* listed eradication of marijuana on public lands as a priority. In FY 2012, the USAOs worked closely with DEA, the National Forest Service, Bureau of Land Management, and state and local authorities to enforce the controlled substance laws against drug traffickers who threaten public safety and the environment by using Federal public lands for large-scale marijuana cultivations. Federal, state and local law enforcement officers in Arizona, California, Idaho, Nevada, Oregon, Utah, and Washington engaged in a coordinated eradication effort called Operation Mountain Sweep. Law enforcement officers in seven states eradicated over 726,000 marijuana plants from public lands, worth over \$1.45 billion. In California alone, law enforcement eradicated more than 130 marijuana grow sites on public lands and seized at least 540,000 marijuana plants in 60 days. As part of Operation Mountain Sweep, 17 defendants were charged with Federal drug trafficking crimes in the Eastern District of California. Firearms and huge amounts of trash, miles of irrigation line, and many pounds of fertilizer and pesticides were also removed from marijuana grow sites on public lands.

DEPARTMENT OF JUSTICE
United States Marshals Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
International	\$1.335	\$1.339	\$1.336
Investigations	132.171	132.555	132.261
Prosecution	115.302	116.623	117.860
Total Drug Resources by Function	\$248.808	\$250.517	\$251.457
Drug Resources by Decision Unit			
Fugitive Apprehension	\$133.506	\$133.894	\$133.597
Judicial and Courthouse Security	75.065	75.516	76.192
Prisoner Security and Transportation	40.237	41.107	41.668
Total Drug Resources by Decision Unit	\$248.808	\$250.517	\$251.457
Drug Resources Personnel Summary			
Total FTEs (direct only)	1,074	1,074	1,074
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.2	\$1.2	\$1.2
Drug Resources Percentage	21.3%	21.2%	21.1%

Program Summary

MISSION

The U.S. Marshals Service (USMS) is the enforcement arm of the Federal courts and works in concert with other Federal agencies, including the Drug Enforcement Administration; the Federal Bureau of Investigation; U.S. Immigration and Customs Enforcement; the Bureau of Alcohol, Tobacco, Firearms and Explosives; the Internal Revenue Service; and the U.S. Coast Guard. The USMS also works in cooperation with the Department of Justice’s (DOJ) Criminal Division, Tax Division, the 93 U.S. Attorney’s Offices, the Superior Court for the District of Columbia, as well as state and local law enforcement. USMS’s drug interdiction efforts center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations and 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 Attorney General’s drug supply reduction strategy by maintaining the security of all in-custody prisoners with serious drug-related charges.

METHODOLOGY

The USMS does not have a specific appropriation for drug-related work in support of the *National Drug Control Strategy*. Therefore, the USMS uses drug-related workload data to develop drug control ratios and formulate the drug-related portion of the budget. For the Fugitive Apprehension decision unit, the USMS uses ratios based on the number of warrants cleared including felony offense classifications for Federal, state, and local warrants such as narcotics possession, manufacture, and distribution. For the Judicial & Courthouse Security and Prisoner Security & Transportation decision units, the USMS uses workload percentages based only on primary Federal offenses such as various narcotics possession, manufacture, and distribution. Primary offenses refer to the crime that the accused is charged with that usually carries the most severe sentence. For each decision unit, the drug-related offenses or drug-related warrants cleared are divided by the total number of offenses or warrants cleared to calculate the drug-related percentages. The percentages are then multiplied by the respective decision units' budget to formulate the proper drug function. For the prior year, the USMS derived its drug-related obligations starting with the USMS Salaries and Expenses (S&E) Appropriation actual obligations at fiscal year-end as reported in the SF-133, Report on Budget Execution and Budgetary Resources. Drug workload ratios are applied towards decision units that impact drug work to derive the drug-related budget reports.

BUDGET SUMMARY

The USMS drug control request for FY 2014 is \$251.5 million, an increase of \$2.7 million over the FY 2012 level.

Judicial and Courthouse Security

FY 2014 Request: \$76.2 million

(Reflects \$1.1 million increase over FY 2012)

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 risks and threat levels, and assigning the commensurate security resources required to maintain a safe environment.

FY 2014 Changes (+\$1.1 million): The requested increase will support security to ensure that judicial and courthouse proceedings run in a smooth, safe, and efficient manner.

Fugitive Apprehension

FY 2014 Request: \$133.6 million

(Reflects \$0.1 million increase over FY 2012)

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 the United States under 28 USC 566(e)(1)(B). The USMS has a long history of providing assistance and expertise to other law enforcement agencies in support of fugitive investigations. The broad scope and responsibilities of 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 law enforcement agencies.

FY 2014 Changes (+\$0.1 million): USMS will continue to support all aspects associated with the apprehension of fugitives.

Prisoner Security and Transportation

FY 2014 Request: \$41.7 million

(Reflects \$1.4 million increase over FY 2012)

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.

FY 2014 Changes (+\$1.4 million): USMS will continue to support the security and transportation of prisoners in USMS custody.

PERFORMANCE

Information regarding the performance of the drug control mission of the U.S. Marshals Service within the Department of Justice is based on agency Government Performance and Results Modernization Act documents and other workload information that measures the agency’s contribution to the *National Drug Control Strategy*. The table and accompanying text represent USMS drug related achievements during FY 2012.

U.S. Marshals Service		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of Federal warrants received that are drug-related.	N/A	51%
» Percent of warrants cleared for drug-related charges.	N/A	33%
» Percent of Federal offenders in custody for drug-related charges.	N/A	17%

The Investigative Operations decision unit is responsible for locating and arresting fugitives so that they may be brought to court to face charges within the 94 Federal judicial districts. The USMS leverages regional task forces and district task forces with state and local police to maximize law enforcement expertise in the hunt for fugitives. This decision unit has two workload measures. The measure “warrants received that are drug-related” enumerates the volume of work that the USMS receives from Federal courts. In FY 2012, out of approximately 38,000 warrants received, about 51% were drug-related. The measure “warrants cleared for drug-related charges” identifies the amount of felony Federal, state, and local illegal narcotics-related warrants cleared. In FY 2012, out of approximately 138,000 warrants cleared, about 33% were 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 a drug-related target to achieve.

The Prisoner Security and Transportation decision unit is responsible for the detention and movement of prisoners during the judicial process. It has the following workload measure, “Percent of Federal offenses in custody for drug-related charges.” Because the USMS does not control the nature of prisoner offenses in its custody in any given year, the USMS does not establish a drug-related target to achieve. However, the USMS does determine the amount of resources it obligates for drug-related crime. In FY 2012, out of approximately 133,000 Federal offenders in custody, about 17% were drug-related.

DEPARTMENT OF JUSTICE

United States Marshals Service - Federal Prisoner Detention

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Corrections	\$580.147	\$580.147	\$656.312
Total Drug Resources by Function	\$580.147	\$580.147	\$656.312
Drug Resources by Decision Unit			
Federal Prisoner Detention	\$580.147	\$580.147	\$656.312
Total Drug Resources by Decision Unit	\$580.147	\$580.147	\$656.312
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.6	\$1.6	\$1.6
Drug Resources Percentage	36.7%	36.5%	40.1%

Program Summary

MISSION

The Federal Prisoner Detention (FPD) appropriation is responsible for the costs associated with the care of Federal detainees in the custody of United States Marshals Service (USMS), an agency of the Department of Justice (DOJ). The USMS must ensure the safe, secure, and humane confinement of persons in its custody while allowing unimpeded prisoner transportation. The FPD appropriation funds the care of Federal detainees in private, state, and local facilities, which includes housing, subsistence, transportation, and medical care.

METHODOLOGY

The FPD appropriation does not include specific resources dedicated to housing the drug prisoner population. The primary drivers of detention expenditures are the number of prisoners booked by the USMS, the length of time those prisoners are held in detention, and the cost. A Detention Population Forecasting Model is used to take a statistical approach for predicting detention needs using factors such as population, demographic trends, number and type of criminal cases processed, average processing time per type of case, and authorized/requested positions of the Federal law enforcement, U.S. Attorneys, U.S. District court judges, and immigration judges. The methodology to determine the cost associated with the drug prisoner population is to use the average daily population (ADP) for drug offenses, multiplied by the per diem rate (cost per day to house), and then multiplied by the number of

days in the year. Projections for out-year costs are based on projected future bookings by offense and the time offenders are expected to be held in detention at the projected per diem rates.

BUDGET SUMMARY

The FPD drug control request for FY 2014 is \$656.3 million, an increase of \$76.2 million over the FY 2012 level.

Detention Services

FY 2014 Request: \$656.3 million

(Reflects \$76.2 million increase over FY 2012)

The Federal Prisoner Detention account is responsible for the costs associated with the care of Federal detainees remanded to U. S. Marshals Service (USMS) custody, including detainees booked for drug offenses. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding and/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.

FY 2014 Changes (+\$76.2 million): The FY 2014 request will support USMS in providing services for Federal detainees in custody.

PERFORMANCE

Information regarding the performance of the drug control mission of the United States Marshals Service Federal Prisoner Detention account within the Department of Justice is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievement during FY 2012.

U.S. Marshals Service – Federal Prisoner Detention		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Per Day jail costs (non-Federal)*	\$75.77	\$74.32

**The per day Jail Costs reflect the average daily costs for the total detainee population including detainees convicted of drug offenses.*

For FY 2012, the FPD population of convicted of drug offenses was 21,459, which constituted 35.3% of the total detainee population of 60,770. The detainee population is dependent upon the number of persons arrested by the Federal law enforcement agencies coupled with the length of time defendants are detained pending adjudication, release, or subsequent transfer to the Bureau of Prisons following conviction and sentencing. Currently, the challenges facing law enforcement officials at the Southwest border (SWB) directly affect the detention population overseen by FPD. In FY 2014, anticipated law enforcement initiatives on the SWB

addressing drug and weapons trafficking are expected to increase the average time-in detention, thereby increasing the detainee population.

A key objective of USMS is to reduce prisoner processing time via eDesignate, an enterprise technology solution that automates the sentence to commitment business process by transferring data and documents electronically. All 94 Judicial Districts use eDesignate, which reduces post-sentencing time in detention during the sentence-to-commitment process. Moreover, USMS supports the *National Drug Control Strategy* through alternatives to incarceration such as pretrial detention, electronic monitoring, halfway house placement, and drug testing and treatment.

USMS continues to look for efficiencies and cost avoidance in detention through process and infrastructure improvements funded by the FPD account. These improvements will address the requirements of affected partner agencies.

DEPARTMENT OF LABOR



DEPARTMENT OF LABOR
Employment and Training Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$6.600	\$6.600	\$6.600
Total Drug Resources by Function	\$6.600	\$6.600	\$6.600
Drug Resources by Decision Unit			
Job Corps	\$6.600	\$6.600	\$6.600
Total Drug Resources by Decision Unit	\$6.600	\$6.600	\$6.600

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$12.6	\$12.6	\$12.1
Drug Resources Percentage	0.05%	0.05%	0.05%

Program Summary

MISSION

The Job Corps program is administered by the Department of Labor’s Employment and Training Administration (ETA). Job Corps is a comprehensive, primarily residential, academic, and career technical training program for economically disadvantaged youth between 16-24 years old. There are currently 125 Job Corps centers nationwide, providing services to more than 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 (TEAP), which consists of a comprehensive drug prevention and intervention program for all Job Corps participants.

METHODOLOGY

Job Corps’ expenditures for the TEAP program are for counselors to prepare Job Corps 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 abuse; and identification of and provision of counseling services to students with substance abuse problems and arrangement of appropriate treatment. In addition, the budget includes 100% of the cost of drug testing each individual student.

BUDGET SUMMARY

The FY 2014 total drug control request for the ETA's Job Corps drug prevention activities is \$6.6 million, reflecting no change from the FY 2012 level.

Trainee Employment Assistance Program (TEAP)

FY 2014 Request: \$6.5 million

(Reflects no change from FY 2012)

Costs associated with Job Corps' TEAP include salaries of the counselors and the cost of administering drug testing. The cost of this portion of the program is \$6.0 million per year for the TEAP counselors. In addition, the Job Corps spends an additional \$0.6 million on drug testing supplies and evaluations.

FY 2014 Changes (no change): Job Corps will continue to provide high quality prevention services as a part of the Trainee Employment Assistance Program.

PERFORMANCE

FY 2012 Job Corps drug control program mission performance is outcome oriented, and primarily based on the Employment and Training Administration's (ETA) Government Performance and Results Modernization Act (GPRMA) data, the Job Corps Strategic Plan, and other agency information. Job Corps measures students' credential attainment and post-program placement in jobs, advanced training, or the military.

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.

Job Corps		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of students tested for drugs upon entry	100%	100%
» Percent of students placed in employment, military or higher education at exit	67.3%	75.3% (YTD)

In FY 2012, Job Corps provided training to both students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol abuse on employability. Job Corps included this training as part of career readiness training for all students.

Job Corps continues to augment its drug prevention and education activities throughout the program. During 2012, these activities included the presentation of drug prevention workshops at Job Corps' annual meetings. Job Corps also increased basic drug awareness education training for all center staff through the use of information technology. The program provided webinars and training sessions to assist staff in: identifying the physical symptoms and signs of

drug abuse, recognizing drug paraphernalia, improving familiarity with privacy and confidentiality rules for relevant records, and enhancing understanding of the medical, social and oral health implications of substance abuse.

In addition, Job Corps participated in national drug prevention and treatment campaigns such as Red Ribbon Week, Drug Abuse Resistance Education (DARE) activities, and utilized anti-drug guest speakers at Job Corps centers nationwide. The program also developed and implemented a system wide program with accompanying curriculum to promote healthy lifestyle practices for students that included components on the avoidance of drug and alcohol abuse.

Job Corps drug tests all new students that enroll in the Job Corps Program. Subsequent testing is performed to ensure that participants are drug-free. In 2012, upon enrollment in the program, 100% of all participants received drug testing.

ETA activities also include the Trainee Employee Assistance Program (TEAP) for substance abuse, treatment, and prevention. Job Corps' TEAP program supports 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 abuse; and identification of and provision of counseling services to students with substance abuse problems and arrangement of appropriate treatment.

OFFICE OF NATIONAL DRUG CONTROL POLICY



OFFICE OF NATIONAL DRUG CONTROL POLICY

High Intensity Drug Trafficking Areas

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$62.785	\$63.757	\$50.904
Interdiction	21.934	16.149	12.894
Investigations	138.952	146.047	116.605
Prevention	2.918	2.209	2.209
Prosecution	5.115	5.035	4.020
Research and Development	2.700	2.717	2.700
Treatment	4.118	4.068	4.068
Total Drug Resources by Function	\$238.522	\$239.982	\$193.400
Drug Resources by Decision Unit			
High Intensity Drug Trafficking Areas	\$238.522	\$239.982	\$193.400
Total Drug Resources by Decision Unit	\$238.522	\$239.982	\$193.400

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	100.0%	100.0%	100.0%

Program Summary

MISSION

The High Intensity Drug Trafficking Areas (HIDTA) program was established by the Anti-Drug Abuse Act of 1988 and reauthorized in the Office of National Drug Control Policy 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 2014, ONDCP requests \$193.4 million, a decrease of \$46.6 million from FY 2013. The HIDTA program is scalable and can operate effectively at the proposed lower level.

High Intensity Drug Trafficking Areas Program

FY 2014 Request: \$193.4 million

(Reflects \$46.6 million decrease from FY 2013)

The FY 2014 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.

FY 2014 Changes (-\$46.6 million): The HIDTA program is funded at a level to maintain nearly the same level of basic support to all its regions.

PERFORMANCE

Information regarding the FY 2012 performance of the High Intensity Drug Trafficking Areas Program is based on program documents and other information. Since ONDCP is part of the Executive Office of the President, it does not meet the definition of “agency” under the Government Performance and Results Modernization Act of 2010 (GPRMA). Accordingly, HIDTA establishes measures and targets for internal management but does not report them as is required for agencies subject to the GPRMA.

HIDTA Initiatives

Program achievements for 2012 will be available in summer 2013 when data have been fully collected and analyzed. For 2011, the most recent year for which complete data are available, HIDTA annual reports indicate there were 681 HIDTA initiatives in the 28 HIDTAs, including the 5 Southwest Border HIDTA Regions. These initiatives were staffed by 6,675 Federal agents and analysts, and 16,265 state, local, and tribal officers, analysts, and other representatives.

HIDTA initiatives identified 8,199 DTOs operating in their areas of responsibility and reported disrupting or dismantling 2,941 in 2011. Nearly two-thirds (62 percent) of the disrupted and dismantled DTOs were identified as part of a multi-state or international operation. In the process, HIDTA initiatives removed significant quantities of drugs from the market (see table below) and seized \$729 million in cash and \$210 million in non-cash assets from drug traffickers. HIDTA’s Performance Management Process (PMP) data further indicate that 41% of HIDTAs achieved an average cost per DTO disrupted or dismantled below the program average of \$60,486.

In 2011, HIDTA task forces seized 1.6 million Kg of marijuana; 69.4 thousand Kg of cocaine powder; 3.95 thousand Kg of methamphetamine; 3.9 thousand Kg of Ice; 3.1 thousand Kg of heroin; and 2.1 million outdoor marijuana plants plus 118.6 thousand indoor marijuana plants.⁷

Domestic Marijuana Project

In FY 2011, ONDCP provided \$2.6 million in HIDTA discretionary funding to the Domestic Marijuana Project (DMP), thereby supporting domestic marijuana eradication efforts carried out by DCE/SP, the Department of the Interior, the Department of Agriculture, the National Guard, and M7⁸ state and local agencies. As a result, approximately 5.75 million plants were eradicated in the M7 states in FY 2011. The HIDTA funding was used for officer overtime, aviation flying hours, special equipment purchases, and other investigative costs.

National Methamphetamine and Pharmaceuticals Initiative

In FY 2011, ONDCP provided funding for the National Methamphetamine and Pharmaceuticals Initiative (NMPI). The purpose of the NMPI is to counter the production, distribution, and consumption of methamphetamine and precursor chemicals in the United States, as well as the illegal diversion of pharmaceutical drugs through training, information sharing, targeting, and investigative support. In 2011, the NMPI continued to sponsor and manage trainings attended by law enforcement from U.S. Federal, state, local, and tribal jurisdictions and certain international partners such as China and Canada. As a result of NMPI's efforts, 5,204 law enforcement personnel received training on issues related to methamphetamine, chemicals, pharmaceuticals, and drug endangered children. The NMPI provides assistance to states and retailers in implementing the Federal Combat Meth Act regulations and the tracking of retail sale pseudoephedrine/ephedrine products. Furthermore, the NMPI continues its work to educate state and local leaders on efforts to reduce methamphetamine production via "prescription-only" scheduling of certain over the counter medicines containing precursor chemicals, as well as other tracking mechanisms.

National Southwest Border Counternarcotics Strategy

ONDCP continues to oversee the *National Southwest Border Counternarcotics Strategy (SWB CN Strategy)* and the HIDTA program (specifically, the five regions of the SWB HIDTA that continue to play major roles in the *SWB CN Strategy's* implementation.) The multi-agency HIDTA task forces along the border address the strategic objectives outlined in the *SWB CN Strategy*. Improved and enhanced cooperation, communications, and coordination are an integral part of the SWB HIDTA as it assists in the implementation of the *SWB CN Strategy*. All five of the SWB HIDTA regions now have access to secure communication through the Secret Internet Protocol Router Network (SIPRNet) either within their ISCs or through a participating Federal agency. In addition, consultations conducted in FY 2012 with community partners

⁷ Drugs Removed from the Marketplace for Year 2011, HIDTA PMP Database, Office of National Drug Control Policy.

⁸ M7 refers to seven states known as the Marijuana Seven. These include California, Oregon, Washington, Hawaii, Kentucky, Tennessee, and West Virginia.

indicate the *SWB CN Strategy* should expand its efforts to the development of strong, resilient U.S. communities that resist criminal activity and promote healthy lifestyles.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Other Federal Drug Control Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$92.000	\$92.563	\$85.676
Research and Development	12.150	12.225	9.700
Treatment	1.400	1.408	0.000
Total Drug Resources by Function	\$105.550	\$106.196	\$95.376
Drug Resources by Decision Unit			
Drug-Free Communities	\$92.000	\$92.563	\$85.676
Anti-Doping Activities	9.000	9.055	7.800
World Anti-Doping Agency Dues	1.900	1.912	1.900
Section 1105 of P.L. 109-469	1.250	1.258	0.000
Drug Court Training and Technical Assistance	1.400	1.408	0.000
Total Drug Resources by Decision Unit	\$105.550	\$106.196	\$95.376

Drug Resources Personnel Summary			
Total FTEs (direct only)	1	1	1
Drug Resources as a Percent of Budget			
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 Office of National Drug Control Policy (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 Program (OFDCP) resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2014, ONDCP requests \$95.4 million for the OFDCP, a decrease of \$10.8 million from FY 2013. OFDCP has three decision units: Drug-Free Communities (DFC), Anti-Doping Activities,

and World Anti-Doping Agency (WADA).

Drug-Free Communities

FY 2014 Request: \$85.7 million

(Reflects \$6.9 million decrease from FY 2013)

The FY 2014 resources of \$85.7 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 drug prevention strategies, initiatives, and activities.

FY 2014 Changes (-\$6.9 million): DFC will fund approximately 605 DFC grants, as well as continue the national cross-site evaluation of DFC program effectiveness.

Anti-Doping Activities

FY 2014 Request: \$7.8 million

(Reflects \$1.3 million decrease from FY 2013)

The FY 2014 resources 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 Code and adjudicate athlete appeals involving doping violations.

FY 2014 Changes (-\$1.3 million): The budget will continue to support anti-doping efforts.

World Anti-Doping Agency Dues

FY 2014 Request: \$1.9 million

(Reflects no change from FY 2013)

The FY 2014 resources of \$1.9 million will support WADA's mission to address performance enhancing and illicit drug use in Olympic sports. The organization is jointly funded by national governments and the international sporting movement. The United States continues to play a leadership role in WADA's development by serving on the Agency's governing Executive Committee and Foundation Board.

FY 2014 Changes (no change): Funds will support drug testing operations, athlete drug education and prevention efforts, and research.

PERFORMANCE

Drug-Free Communities

Information regarding the FY 2012 performance of the Drug-Free Communities is based on program documents and other information. Since ONDCP is part of the Executive Office of the President, it does not meet the definition of “agency” under the Government Performance and Results Modernization Act of 2010 (GPRMA). Accordingly, DFC establishes measures and targets for internal management but does not report them as required for agencies subject to the GPRMA.

At the end of the FY 2012 funding cycle, the DFC Program provided grants supporting 692 community coalitions in 49 states, the District of Columbia, Palau, American Samoa, Puerto Rico, and the Federated States of Micronesia. Of these, 60 were new grantees for FY 2012 and 608 were Continuation grantees (within a single five-year cycle). Also, of the total 692 coalitions, six new DFC Mentoring coalition grants were awarded in FY 2012 to encourage mature coalitions to assist in the development of new coalitions. Eighteen DFC Mentoring Continuation grants were also awarded. Mentoring coalitions, which must be current DFC grantees, receive funding for a period of up to two years. The DFC Program provides the funding necessary to strengthen local efforts and to move toward community-wide change through effective, planned, and evidence-based practices, policies, and procedures.

Through biennial reports, the DFC Program collects data to determine overall coalition improvements. The DFC Program also collects data on measures reflecting the extent to which coalitions are able to effectively address risk and protective factors that affect youth substance use. In FY 2011, 61% of DFC coalitions reported a decrease in at least one risk factor in their communities and 78% reported an increase in at least one protective factor in their communities. In addition, DFC coalitions reported positive changes in youth perceptions with 92% reporting improvement in at least two school grades of youth perception of risk and 93% reporting improvement in at least two grades of youth perception of parental disapproval of use. Finally, 96% of DFC coalitions reported at least a 5% improvement in 30-day youth use in at least one grade and 96% reported an increase in the age of onset in at least two grades.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Salaries and Expenses

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Interdiction	\$5.073	\$5.105	\$4.689
International	5.073	5.105	4.689
Investigations	3.094	3.111	2.860
Prevention	4.083	4.108	3.775
State and Local Assistance	3.094	3.113	2.860
Treatment	4.083	4.108	3.774
Total Drug Resources by Function	\$24.500	\$24.650	\$22.647
Drug Resources by Decision Unit			
Operations	\$24.500	\$24.650	\$22.467
Total Drug Resources by Decision Unit	\$24.500	\$24.650	\$22.647
Drug Resources Personnel Summary			
Total FTEs (direct only)	98	98	96
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.03	\$0.03	\$0.02
Drug Resources Percentage	100.0%	100.0%	100.0%

Program Summary

MISSION

The Office of National Drug Control Policy (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 *National Drug Control Strategy*, the consolidated National Drug Control Budget, and the associated *Budget and Performance Summary*. ONDCP also provides oversight of major programs such as the Drug-Free Communities Support Program and the High Intensity Drug Trafficking Areas (HIDTA) program.

METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.

BUDGET SUMMARY

In FY 2014, ONDCP requests \$22.6 million, a decrease of \$2.0 million from the FY 2013 level.

Operations

FY 2014 Request: \$22.6 million

(Reflects \$2.0 million decrease from FY 2013)

The FY 2014 resources 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.

FY 2014 Changes (-\$2.0 million): The Budget will support ONDCP's mission.

DEPARTMENT OF STATE



DEPARTMENT OF STATE

Bureau of International Narcotics and Law Enforcement Affairs

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
International	\$494.566	\$494.566	\$510.512
Total Drug Resources by Function	\$494.566	\$494.566	\$510.512
Drug Resources by Decision Unit			
International Narcotics Control & Law Enforcement (INCLE)	\$494.566	\$494.566	\$510.512
Total Drug Resources by Decision Unit	\$494.566	\$494.566	\$510.512
Drug Resources Personnel Summary			
Total FTEs (direct only)	83	83	122
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.7	\$1.7	\$1.5
Drug Resources Percentage	28.4%	28.4%	34.6%

Program Summary

MISSION

The Bureau of International Narcotics and Law Enforcement Affairs (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 President's *National Drug Control 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. An interregional aviation program supports 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 investigate, prosecute, and convict major narcotics criminals; and break 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 FY 2014, INL requests \$510.5 million for drug control efforts, which is an increase of \$15.9 million from the FY 2012 level of \$494.6 million.

Major Partner Nation Programs

Afghanistan

FY 2014 Request: \$137.5 million

(Reflects \$30.9 million increase over FY 2012)

The FY 2014 drug funding request will support programs in the areas of supply reduction, alternative development, interdiction, demand reduction, public awareness, capacity building, and aviation. Specifically, programs will focus on building sustainable interdiction and law enforcement capacity by supporting the Drug Enforcement Administration (DEA) – mentored Counternarcotics Police of Afghanistan (CNPA) vetted units and their specialized teams through life support, salary supplements, and capacity building. Afghan government efforts to reduce the supply of illicit opium poppy and cannabis crops will also be enhanced through support for Afghan Governor-led eradication and the Good Performers Initiative in efforts to promote stabilization and reduce the insurgency's profit from illicit crops. Afghanistan will also receive

demand reduction support to address the domestic market for Afghan opiates through clinical services, mentoring programs, village-based treatment, and additional research and advanced training for Afghan treatment practitioners. In addition, INL will continue to support capacity building efforts to strengthen the central government's ability to independently support counternarcotics activities over the long term.

FY 2014 Changes (+\$30.9 million): The increase in the FY 2014 request will support treatment and rehabilitation services in rural areas, a larger focus on regional cooperation, and an increased use of international organizations and other international partnerships to facilitate cross-border engagement against illicit drug cultivation, trafficking, and consumption.

Bolivia

FY 2014 Request: \$2.9 million

(Reflects \$4.6 million decrease from FY 2012)

The FY 2014 drug control request will focus on augmenting Bolivian capacity in generating and disseminating law enforcement information, such as border controls and checks on the internal movement of goods and persons to combat drug trafficking. In addition, efforts will enhance Bolivian law enforcement capabilities through cooperation with other countries' law enforcement agencies in investigations of drug trafficking, transnational crimes, and criminal organization, as well as participation in international information sharing networks. Funding will also increase law enforcement capacity to employ the best investigative tools and techniques for the arrest and prosecution of members of criminal organizations; help to utilize counternarcotics laws against money laundering, precursor chemicals, and for more effective asset forfeiture; provide Bolivian law enforcement, prosecutors, and judges training in the areas covered in the above objectives; and provide training for the counternarcotics police to improve drug interdiction.

FY 2014 Changes (-\$4.6 million): The reduction in drug control funding in FY 2014 reflects a shift in the program's focus from providing logistical support for eradication and interdiction activities to capacity building for counternarcotics and other Bolivian law enforcement, the justice sector, and border security. Funds will support training for law enforcement in investigative skills, forensic sciences, money laundering, precursor chemicals, chemical safe handling, and human rights.

Caribbean Basin Security Initiative

FY 2014 Request: \$11.0 million

(Reflects \$0.9 million decrease from FY 2012)

The FY 2014 drug control request will support efforts to combat the production and trafficking of drugs throughout the Caribbean Basin with training, equipment, and operation support for vetted units to enhance law enforcement officials' ability to interdict illicit drugs. Funds will also establish sustainable institutional change in support of host nation interdiction capacity, enhance regional cooperation in interdiction efforts, and provide alternatives to criminal activities through support of rehabilitation efforts.

FY 2014 Changes (-\$0.9 million): The funding request will continue to address illicit drug-related concerns throughout the Caribbean Basin.

Central America Regional Security Initiative (CARSI)

FY 2014 Request: \$34.8 million

(Reflects \$6.4 million increase over FY 2012)

CARSI provides assistance to these countries 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. In the area of counternarcotics, funds will combat international drug trafficking in Central America. Support may include the continuation of successful DEA, U.S. Immigration and Customs Enforcement, and other vetted units activities; demand reduction programs such as Drug Abuse Resistance Education; assistance to combat the growing poppy cultivation in Guatemala; and regional land and maritime interdiction capabilities and logistics assistance. The program may also include regional aviation support to improve government capabilities to extend state presence, reduce the number of air and maritime tracks into the region, and strengthen counternarcotics operations that bring traffickers to justice.

FY 2014 Changes (+\$6.4 million): The increase in drug control funding in FY 2014 is attributed to additional support for vetted units, demand reduction, and aviation support.

Colombia

FY 2014 Request: \$120.1 million

(Reflects \$6.5 million decrease from FY 2012)

The FY 2014 drug control request will continue to provide support to the Government of Colombia (GOC) in implementing its National Consolidation Plan to address the relationship between security, counternarcotics programs, and economic development. Funding will also support eradication and interdiction programs to coordinate with alternative development efforts. U.S. programs will continue to enhance the Colombia National Police's capability to maintain a security presence in former conflict and drug trafficking regions, while also expanding access to state institutions and services in these areas.

FY 2014 Changes (-\$6.5 million): The funding request for FY 2014 will allow INL to continue its support of the GOC in combatting drug trafficking and consolidate progress made in the areas of security, drug trade disruption, and the expansion of government presence throughout the country.

Mexico

FY 2014 Request: \$47.7 million

(Reflects \$19.3 million decrease from FY 2012)

The FY 2014 drug control request will continue supporting counternarcotics, law enforcement, and demand reduction programs in an effort to dismantle drug trafficking and other criminal organizations. The request reflects an ongoing transition away from major equipment purchases and toward more training and capacity building. Efforts in Mexico also include an

expansion from assistance solely for Federal institutions to an increasing emphasis on state and local government.

FY 2014 Changes (-\$19.3 million): The decrease in drug control funding reflects programmatic reprioritization and a continual transition to programs to help Mexican states reform their law enforcement and judicial sector institutions to reduce violence and organized criminality.

Pakistan

FY 2014 Request: \$12.2 million

(Reflects \$0.2 million decrease from FY 2012)

The FY 2014 drug control request will continue to support efforts to decrease the trafficking, cultivation, and abuse of narcotics in Pakistan. INL's agricultural programs in Pakistan will continue to improve the economic potential of current and former poppy growing lands. Funds will maintain support for the cultivation of high-value, licit crops; training courses for farmers and farming communities; and construction of roads and bridges with accompanying small water and electrical civic projects. Funding will also provide administrative and operational support to Government of Pakistan law enforcement agencies with counternarcotics mandates. Funding will continue commodity support, as well as vehicular, fuel, and maintenance assistance to these agencies, thereby extending the utility and lifespan of vehicles and equipment provided by INL. Demand reduction funding will continue support for residential and outpatient drug treatment facilities and public information campaigns to address the dangers of drug use. In addition to improving the quality of rehabilitation support available to individuals with substance use disorders, this program attracts the support of provincial governments and Pakistan non-governmental organizations and garners significant buy-in from local communities. Funding will also provide for the continued training of drug treatment professionals throughout Pakistan.

FY 2014 Changes (-\$0.2 million): The FY 2014 decrease in funding is the result of the reductions in bilateral programming for Pakistan.

Peru

FY 2014 Request: \$25.3 million

(Reflects \$1.7 million decrease from FY 2012)

The FY 2014 drug control request will support programs that enhance the capabilities of the Peruvian Government, including the Peruvian National Police (PNP), the Anti-Narcotics Directorate (DIRANDRO), and the Peruvian Eradication Agency (CORAH) to eradicate coca and provide security for eradication teams and interdiction in coca cultivation and narcotics trafficking zones. Counternarcotics assistance will also help the GOP to publicize links between drug production and common crime so that Peruvians understand that their quality of life is degraded by drug trafficking.

FY 2014 Changes (-\$1.7 million): The decrease in drug-related funding in FY 2014 is attributed to reprioritization of counternarcotics support.

Centrally-Managed Programs

Interregional Aviation Support (IAS)

FY 2014 Request: \$35.2 million

(Reflects \$15.2 million decrease from FY 2012)

The FY 2014 drug control request will support the IAS program, which provides centralized core-level services necessary to operate the Air Wing's fleet of over 133 fixed- and rotary-wing aircrafts supporting INL's aviation activities worldwide. This base of support is essential for sustaining logistical systems, depot-level maintenance, and the safe and professional operational employment of INL air assets. Centrally-administered oversight includes setting, implementing, and monitoring uniform safety and training standards consistent with aviation industry practices; a logistics support system for acquiring, storing, and shipping critical aviation parts and components worldwide; fleet-wide maintenance management; management of the Critical Flight Safety Program; and administration of the aviation support contract. INL aircraft are employed in Colombia, Peru, Guatemala, Afghanistan, and Pakistan, and are also available, as needed, to support other temporary deployment locations.

FY 2014 Changes (-\$15.2 million): The reduction of drug control funding in FY 2014 is attributed to the elimination of contract support for the Bolivia aviation program and reduced centralized operating cost requirements for IAS due to contributions from the Aviation Working Capital Fund.

Critical Flight Safety Program (CFSP)

FY 2014 Request: \$7.6 million

(Reflects \$0.2 million decrease from FY 2012)

The drug control request will support the ongoing life cycle fleet management, including life cycle analysis, safety upgrades, and programmed depot-level maintenance, of CFSP. The program was established to address the declining condition of aged aircrafts (primarily former military aircrafts for which there was no commercial or military support available) in order to ensure safety and airworthiness, extend service life, and maximize reliability and availability of aircraft to perform essential missions.

FY 2014 Changes (-\$0.2 million): The decrease in CFSP funding is the result of charges for programmed depot maintenance of INL aircrafts in Afghanistan now being collected through the Aviation Working Capital Fund and funded through the Afghanistan bilateral program budget.

Drug Awareness and Demand Reduction

FY 2014 Request: \$12.5 million

(Reflects no change from FY 2012)

The Demand Reduction program objectives are to reduce drug use, crime, and related violence, and to significantly delay the onset of use in targeted country populations. Unprecedented child substance use disorders and lack of services to target rising levels of substance use disorders among women pose challenging public health threats to selected regions worldwide. The FY 2014 request will allow INL to work with Community Anti-Drug Coalitions of America

(CADCA) to facilitate development of community drug-free coalitions in Latin America, Southeast and Southwest Asia, Central Asia, and Africa. Additionally, INL will work with the UN Office for Drugs and Crime (UNODC), the Organization of American States/Inter-American Drug Abuse Control Commission (OAS/CICAD), World Health Organization, Colombo Plan, and other partners to develop the world's first treatment protocols for children with substance use disorders. Finally, INL will develop the Guiding Recovery of Women (GROW) initiative to establish training curricula to address unique, specialized needs of women with substance use disorders worldwide and increase awareness and advocacy for women's substance use disorder services.

FY 2014 Changes (no change): The FY 2014 request will sustain training and technical assistance projects, research and demonstration activities, and community coalition and network developments.

International Organizations

FY 2014 Request: \$3.4 million

(Reflects \$0.5 million decrease from FY 2012)

The drug control request will continue to support the UNODC and OAS/CICAD. These programs strengthen foreign governments' judicial and law enforcement capacity so they can combat drug trafficking and transnational crime groups directly, disrupting their organizations, arresting their leaders, and seizing their assets. Programs also promote compliance with the international drug control treaties, notably in the areas of precursor chemical control, and enhance international cooperation among states, helping close off safe havens to traffickers and other crime groups. Funding will also enhance information sharing on the growing threat posed by new psychoactive substances through a recently-launched UNODC platform.

FY 2014 Changes (-\$0.5 million): The FY 2014 request will sustain UNODC and OAS/CICAD drug control program activities.

PERFORMANCE

Information regarding the drug control performance of State Department programs is based on data articulated in U.S. embassy reports for the 2013 *International Narcotics Control Strategy Report*, annual surveys produced by United Nations Office of Drugs and Crime (UNODC), and each U.S. embassy's 2012 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System.

Bureau of International Narcotics and Law Enforcement Affairs		
Selected Measures of Performance	PY 2012 Target	PY 2012 Achieved
Andean Programs		
» Number of Hectares of coca eradicated in Bolivia, Colombia and Peru	161,000	156,321
International Narcotics and Law Enforcement		
» Number of Hectares of illicit opium poppy cultivated in Laos	<6,000	6,800
Assistance to Rebuilding Countries		
» Reduce cultivation of opium poppy in Afghanistan by having provinces becoming either a poppy free province (PFP) or poppy reducing province (PRC)	23 total of PFP and PRC	20 total of PFP and PRC
Demand Reduction		
» Percentage of target population that have not used drugs after treatment in Afghanistan	40%	31%

Andean Programs

The long term goal of U.S.-supported Andean Programs is to reduce the flow of drugs to the United States, address instability in the Andean region, and strengthen the ability of both source and transit countries to investigate and prosecute major drug trafficking organizations and their leaders and block and seize their assets. Among other efforts, INL accomplishes this through aerial eradication, forced and voluntary manual eradication, increasing capabilities for drug interdiction, reducing demand for illicit drugs, and strengthening rule of law and alternative livelihood efforts.

Eradication is a critical component of the U.S. Government's counternarcotics strategy in the Andean region, but is not the only metric used in determining success. Eradication data are aggregated by calendar year rather than by fiscal year. The 2012 target was for eradication of 161,000 hectares in Bolivia, Colombia, and Peru. In 2012, the Department supported efforts that eradicated over 156,321 hectares through aerial and manual eradication techniques. Bolivia eradicated 11,043 hectares, Colombia eradicated 131,035 hectares, and Peru eradicated 14,243 hectares.

The Colombian Government's capability to conduct interdiction continues to increase. For calendar year 2012, the Government of Colombia reports seizures totaling 279 MT of cocaine and cocaine base (this number reflects both national seizures of 53 MT and international seizures of 53 MT made with Colombia intelligence), 312 MT of marijuana, 468 kilograms (kg) of heroin, and approximately 13.1 million of liquid and 14.5 MT of solid precursor chemicals. In addition, they destroyed 152 cocaine hydrochloride (HCL) labs, one heroin lab, and four potassium permanganate labs.

The Government of Peru (GOP) reported that by the end of 2012, approximately 19.6 MT of cocaine paste and 12.5 MT of cocaine hydrochloride (HCL) had been seized. The GOP also

reported the seizure of 3.00 MT of marijuana. In addition, the Peruvian National Police Anti-Narcotics Directorate (DIRANDRO) destroyed 948 cocaine laboratories.

In 2012, the Government of Bolivia reported that the Special Counternarcotics Police Force (FELCN) had seized 31.2 MT of cocaine base and 4.2 MT of cocaine HCL. The FELCN also reported destroying 4,433 coca base labs and 37 HCL labs.

International Narcotics and Law Enforcement

Other efforts in the Western Hemisphere include the Merida Initiative in Mexico, CARSI, and CBSI. USG programs target the criminal organizations that profit from illicit narcotics trafficking.

In calendar year 2012, the Government of Mexico seized over 3 MT of cocaine, 1.2 million kg of marijuana, 1,457 kg of opium gum, 182 kg of heroin, and over 30 MT of methamphetamine. Mexico also eradicated 8,658 hectares of marijuana and 14,000 ha of opium poppy and dismantled 267 methamphetamine labs. Additionally, in this time period, Mexican law enforcement arrested 22,964 Mexican nationals and 251 foreigners on organized crime-related charges, including 15 high-profile drug traffickers.

The UNODC estimate that Laos cultivated 6,800 hectares of opium poppy in 2012, a 66% increase from 2011, due to the rising price of opium and other factors.

The United States continues to focus on drug demand reduction and law enforcement development to support Lao efforts to reduce opium cultivation.

Assistance to Rebuilding Countries

Afghanistan

The purpose of the counternarcotics program in Afghanistan is to reduce opium poppy cultivation in order to create stability in Afghanistan and prevent it from becoming a Narco-state controlled by insurgents. The FY 2012 target of the program was to have 23 of Afghanistan's 34 provinces designated as poppy-free provinces (PFP) or provinces reducing cultivation (PRC). In results reported in September 2012 by the U.N., the number of poppy-free provinces in Afghanistan was 17 in 2012 the same as 2011. The total number of PFP and PRC provinces was 20.

The UNODC estimates that Afghanistan cultivated 154,000 hectares of opium poppy in 2012, an 18% increase in cultivation from 2011, due to increased high opium prices. UNODC also estimates that Afghan opium poppy crops decreased from 5,800 metric tons (MT) of raw opium in 2011 to 3,700 MT in 2012, a 36% decrease due to plant diseases and bad weather.

Demand Reduction

Demand Reduction support continues to be an important part of the counternarcotics programs worldwide with particular emphasis in Afghanistan and Mexico.

Afghanistan

In Afghanistan, drug consumption represents a threat to the future of Afghanistan. Addressing drug use in Afghanistan 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 2012 Drug Demand Reduction goals in Afghanistan. Opiate (opium, heroin) drug use in the targeted seven (7) pilot drug treatment centers serving 504 patients in Afghanistan was reduced 45% among women, while men reduced such use at a lower level (23 percent). Equally important, following treatment, serious crimes decreased 40% (robbery, arson, violence against others), reports of non-serious criminal activity decreased 48% (forgery, theft, buying/selling stolen property), and arrests six-months, post treatment decreased by 46 percent. In addition, 82% of all patients completed the full treatment cycle (i.e., 45-day inpatient and one-year outpatient). Finally, suicide attempts by female clients decreased 63% post treatment.

Thirty years of war and Taliban-related violence, including domestic violence and sexual abuse, have seriously affected the mental health of women in Afghanistan entering INL-funded treatment programs. In addition to treating their substance use disorder, the centers must also address their co-occurring trauma and related mental health issues, further complicating treatment for this vulnerable population. In addition, women must seek approval from family, tribal chiefs, village elders, and mullahs, prior to entering residential (as opposed to home-based) treatment in order to avoid stigma and/or physical punishment. Given the complicated nature of their co-occurring disorders (substance use disorders and mental health disorders), intensive residential treatment is the preferred and required treatment approach. Gaining approval by individuals to participate in treatment programs is a significant program challenge. An outcome evaluation for the Afghanistan demand reduction program measured effectiveness of treatment (clients who are drug-free one year post-treatment).

The training program in Afghanistan was highly successful in transferring knowledge to treatment providers. Evidence-based treatment methods were implemented with a high degree of fidelity (i.e., correct implementation of lessons/curricula taught), resulting in more efficiently operated treatment centers that delivered more quality services than prior to the training.

It has been hypothesized that treatment was more effective with female clients because the female treatment staff showed more empathy towards client needs compared to male treatment staff. The results for women were highly encouraging, given the fact that many female clients suffer from war-induced trauma, domestic violence, and sexual abuse, thereby presenting many complicated challenges to the treatment program and staff.

In FY 2012, the United States supported 29 residential drug treatment centers in Afghanistan, making it the largest contributor to drug treatment services in Afghanistan (nearly three-

quarters of all centers). Of the 29 centers, 14 treat adult males, 6 treat adult females, 6 treat children, 2 treat adolescent males, and 1 treats adolescent females.

Mexico

The United States maintains a strong, long-standing bilateral relationship with Mexico on demand reduction. In addition to other activities, the two countries are working closely to implement programs that aim to improve the professional standards of drug treatments, scientific research, and training of diagnostic and treatment professionals.

In FY 2012, the United States delivered approximately \$18 million in technology and equipment for a national information technology platform (RENADIC) that links 400 substance use disorder prevention, treatment, and research centers across Mexico. RENADIC will enable real-time monitoring of trends and statistics, permit the sharing of best practices, and offer distance learning capabilities of individual centers.

Through the Merida Initiative, the United States has provided assistance to the Mexican National Institute of Psychiatry and University of Miami to establish a joint clinical trials network (CTN). This program connects Mexican scientific institutions to their counterparts in the United States to expand their research capacity and stand up a national clinical trials network that will help to standardize evaluations of drug abuse treatments in Mexico. Similarly, UCLA and the Mexican National Institute of Psychiatry receive U.S. funding to conduct a bi-national drug prevalence study to identify consumption trends in the Baja California and Southern California area.

Through Merida, Centros de Integración Juvenil (CIJ), a primary care provider for young people with substance use disorders, has opened a pilot inpatient treatment center in Ciudad Juárez, a model that CIJ hopes to replicate across the U.S.-Mexico border.

The United States also supports community coalition-building, which brings together parents, teachers, clergy, coaches, and others, to raise drug abuse awareness in Ciudad Juárez, Tijuana, and Nogales. Additionally, the United States supports an alternative to incarceration for drug related crimes through training and professional exchanges of staff in Mexico's first pilot drug court in Monterrey, Nuevo Leon. It is also in the process of funding a diagnostic of this tribunal to facilitate the creation of an evaluative model for drug courts in Mexico. Moreover, the United States plans to support a program offering robust training for all interested Mexican cities and municipalities in replicating this model court.

In FY 2012, the Organization of American States' Inter-American Drug Abuse Control Commission (CICAD) trained 600 new drug counselors, using a standardized curriculum developed by CICAD.

DEPARTMENT OF STATE
United States Agency for International Development

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
International	\$173.702	\$173.702	\$134.633
Total Drug Resources by Function	\$173.702	\$173.702	\$134.633
Drug Resources by Decision Unit			
Developmental Assistance Account	\$22.400	\$22.400	\$27.000
Economic Support Fund	151.302	151.302	107.633
Total Drug Resources by Decision Unit	\$173.702	\$173.702	\$134.633
Drug Resources Personnel Summary			
Total FTEs (direct only)	14	14	14
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.5	\$8.3	\$8.4
Drug Resources Percentage	2.4%	3.4%	2.1%

Program Summary

MISSION

The United States Agency for International Development (USAID) is the agency responsible for 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 and trade, health, democracy, conflict prevention, and humanitarian assistance. USAID's Alternative Development programs support U.S. counternarcotics objectives by helping countries develop economic 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,

the Department allocates all funding according to the Foreign Assistance Standardized Program Structure.

BUDGET SUMMARY

The FY 2014 request for drug control efforts USAID is \$134.6 million, a decrease of \$39.1 million from the FY 2012 level.

Economic Support Funds – Afghanistan

FY 2014 Request: \$50.0 million

(Reflects \$13.0 million decrease from FY 2012)

Promoting alternative livelihoods as part of a comprehensive counternarcotics strategy remains an important objective of U.S. agricultural assistance in Afghanistan. In FY 2014, USAID programs will focus on high value agriculture production and food security by continuing to address the reduction of illegal crop production through provisions of alternative livelihoods programs that improve economic opportunities in rural areas. In addition, the programs will expand the range of licit choices available to Afghan farmers in an effort to reduce dependency on illicit opium production. USAID will also target other factors that constrain the implementation of licit agricultural production through efforts that include repairing damaged irrigation systems and supporting higher-yield licit crops. USAID will encourage a shift to high value tree and trellis crops to foster permanent migration away from poppy. To undercut the opium marketing advantage, USAID programs will foster alternative market linkages in poppy prone areas and enhance links between farmers, traders, and buyers for licit crops.

FY 2014 Changes (-\$13.0 million): USAID has shifted away from stabilization and staple crop-focused alternative development programs to those programs that more closely integrate stabilization, alternative development, and market-led agricultural development objectives in support of its transition strategy. These programs place greater focus on high value crops and sustained agricultural growth, as well as support to government institutions (e.g. the Ministry of Agriculture, Irrigation, and Livestock) to build upon and sustain progress to date.

Economic Support Funds and Development Assistance Funds – Andean Region

FY 2014 Request: \$84.6 million

(Reflects \$26.1 million decrease from FY 2012)

Colombia and the Andean Region remain the focus of the Department of State's efforts to disrupt the market for illegal drugs because it is the source of more than 90% of cocaine and about 50% of the heroin entering the United States. USAID administers the Economic Support Fund in Colombia and the Development Assistance Fund in Ecuador and Peru as sources of funding for alternative development projects and aid in the Andean Region. These resources support projects to advance the development of legitimate crops, legal enterprises, and licit employment opportunities in lieu of illicit activities. Alternative development funds also strengthen state institutions, support construction of productive and social infrastructure, expand state presence, and strengthen community resolve to resist drug trafficking activities.

FY 2014 Changes (-\$26.1 million): The FY 2014 request reflects eliminated funding for Ecuador and decreased funding for Colombia. These changes are the result of increasing budget constraints for foreign assistance programs within Latin America and prioritization to address citizen security concerns associated with narcotics trafficking in Mexico and the northern tier of Central America. The reduction in Colombia’s funding for alternative development efforts reflects the success of Plan Colombia and the ability of the Colombian government to support many alternative development programs themselves.

PERFORMANCE

Information regarding the performance of the drug mission of the U.S. Agency for International Development (USAID) is based on data reported in each U.S. embassy’s 2012 Performance Plan and Report (PPR), as entered into the Foreign Affairs Coordination and Tracking System (FACTS-II) and other program information. The table and accompanying text represent highlights of their achievements during FY 2012.

United States Agency for International Development		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Number of families benefiting from alternative development (AD) activities in the Andean region	43,950	34,353
» Hectares of alternative crops targeted by USG programs under cultivation (Bolivia, Ecuador, Peru)	30,736	44,452
» Number of coca hectares in municipalities where USAID implements activities in support of the Colombian government’s national consolidation strategy	14,791	11,446
» Hectares of alternative crops targeted by USG programs under cultivation in Afghanistan.	20,115	4,147
» Number of individuals who have received USG supported short-term agricultural sector productivity training or food security training in Afghanistan.	100,000	199,780
» Net (total) increase in private sector employment for farms and agribusinesses (full-time equivalent-FTE) by USG-sponsored alternative development or alternative livelihood or agricultural activities in Afghanistan.	50,223	12,566
» Number of households benefitted by agriculture and alternative development interventions in targeted areas in Afghanistan.	200,000	306,941

Bolivia

In close cooperation with the Government of Bolivia (GOB) counterparts, USAID started an orderly close-out of activities in early FY 2012. The number of families benefitted by the AD program in Bolivia only reached 50% of the target due to the close-out of activities. One project concluded in March 2012 focused on improving living conditions for small farmer families in the Yungas of La Paz and Yapaçani regions by stimulating sustainable economic

growth. In FY 2012, USAID helped introduce, establish, and rehabilitate nearly 2,800 hectares of crops, including coffee, cocoa, and bananas, generating more than \$5.2 million in sales and 314 jobs. Support to the sector also helped farmers increase productivity and reduce losses by helping to extend the harvest period.

During FY 2012, USAID supported 71 social projects, of which 29 were infrastructure projects, including water systems and health and education facilities that benefit nearly 6,900 families in the Yungas region of La Paz. In its programs, USAID emphasized supporting local communities in managing and maintaining infrastructure on a sustainable basis. This approach has created an environment conducive to building alliances with local authorities and has proven critical to achieving success in the overall coca-reduction program. USAID also supported the maintenance of more than 474 kilometers of roads and the construction of nine bridges.

Colombia

A major achievement during FY 2012 was to support the Government of Colombia (GOC) in establishing and building the institutional capacity to implement the National Consolidation Plan. This was accomplished through provision of technical assistance to establish and make operational a new Consolidation Unit (*la Unidad Administrativa para la Consolidación Territorial* – UACT). In addition, USAID supported the development and initiation of more than 850 activities in the field. In developing these activities, USAID partners successfully leveraged substantial resources (\$49 million or nearly 60% of total value) from public-and private-sector sources.

In FY 2012, USAID efforts strengthened approximately 50 local community institutions (non-governmental organizations and governmental), providing training to 2,050 individuals. Almost 40% of the program's community-focused activities, approximately 340 of 850, involved small social and productive infrastructure projects directly implemented by community organizations. Small infrastructure activities included improvements to health, education, sports, and cultural facilities; improvement and maintenance of tertiary roads; and support for the construction of water and sewage systems. During FY 2012, these infrastructure activities have benefitted more than 16,400 people in consolidation municipalities. Results fell short of targets for the total number of families that benefitted from AD activities due to delays in the start-up of two new regional consolidation programs. Both projects are now fully operational and expected to reach or exceed beneficiary targets in 2013.

USAID is also taking a value-chain approach to improving small producers' incomes and increasing employment opportunities in a number of sectors, including cacao, rubber, coffee, dairy, fish, and shrimp. The program's approach to value-chain support is to strengthen local producer associations by providing technical assistance, facilitating access to credit, and forging market linkages. To date, 20 public-private alliances with private sector companies have been signed to benefit these associations. Also, 40 productive projects have received public sector funds through the GOC's *Alianzas Productivas* program. Another important initiative is expanding access to financial services (including credit), which are critical to support the growth of commercial activities in targeted municipalities. To date, the programs have signed four

agreements with financial institutions (Banco Agrario, Bancamia, Crezcamos and Aprocasur), which will provide appropriate financial products and services in these municipalities. Finally, USAID also supported the GOC's land formalization and restitution policies. In 2011, USAID assisted in the drafting and passage of the Victims and Land Restitution Law, which established a legal framework for land restitution cases, including the authorization for the establishment of a new entity, the Land Restitution Unit (LRU). The LRU has the mandate to implement the GOC's program to provide land restitution over the next ten years to all displaced victims. In 2012, USAID programs provided critical support both for the establishment of the national Restitution Unit and several of its regional offices throughout the country.

Ecuador

In FY 2012, USAID assistance focused on Ecuador's northern border as levels of poverty and violence there are higher than the national average. In FY 2012, USAID built or repaired ten potable water systems, six bridges, one irrigation system, twelve sewage systems, three solid waste systems, and five roads. Such work along the northern border benefited more than 21,000 people and laid the foundation for stability and renewed economic growth. In Ecuador, the results for FY 2012 in regards to the number of families benefited by AD activities exceeded the target mainly due to the momentum created by successes experienced by assisted farmers and leading firms during the past two to three years, and the resulting increased demand from more farmers to take advantage of USAID assistance during the period of time remaining under the program.

To ensure sustainability of these public works projects, municipalities committed to support their future maintenance and management. For example, water infrastructure was tied to the creation of fully functional community water boards. USAID provided assistance for 3,972 hectares of licit crops in FY 2012 and benefited 6,633 families.

Peru

The Peru alternative development (AD) program reached a total of 15,255 farmers with technical assistance. Collectively, they maintained 37,540 hectares of licit crops, of which 6,322 were newly planted. Licit sales from farmers that USAID directly assisted in cacao, oil palm, and coffee production totaled \$35.2 million at farm-gate prices and generated 15,763 equivalent full-time jobs, 18% of which are held by women. In addition, 3,875 producers benefited from \$6.1 million in USAID-guaranteed loans. The \$23 million Development Credit Authority (DCA) portfolio helped an overall total of 19,130 beneficiary families. These loans from three financial institutions (Luren, Maynas, and Caja Nuestra Gente) supported an additional 8,818 hectares of licit crops. In Peru, results for the total number of families benefited by AD activities were 10% higher than the projected target.

In 2012, licit incomes in AD communities were 14% greater than licit incomes in similar non-AD communities. The poverty level of direct beneficiaries also decreased by nearly a third, from 67.5% in 2008 to 46.8% in 2012. Community level commitment to coca-free life has firmly taken root across a broad cross-section of the population in AD regions, as more than 66% of people in AD communities now support the complete elimination of coca. Furthermore,

focusing and providing training on gender issues allowed women to engage more actively in productive endeavors and led to direct improvements in their households and communities. Another major achievement in 2012 was policy and institutional strengthening focused at the national level. With the GOP's increased attention on resolving Peru's drug challenges, USAID's working relationship with the GOP counterdrug agency, DEVIDA, improved dramatically. USAID supported DEVIDA to define the GOP's counternarcotics and AD policy, inform public opinion, and coordinate with police to increase security to facilitate the growth of coca-free economies in the targeted areas.

For the first time since USAID began directly funding DEVIDA, it fully utilized USAID government-to-government funding allocated for the year, an increase of 50% over 2011. DEVIDA requested and received an increase in its AD budget by nearly 30 percent, from \$34 million in 2011 to \$48 million in 2012, and in 2013, the Ministry of Economy and Finance has approved a further increase to \$65 million. For every \$1 of USAID's investment in technical assistance, \$240 in Peruvian public investment was leveraged. Over the last two years alone, USAID's targeted technical assistance resulted in an additional \$31 million in public investment in 69 infrastructure projects in AD communities.

Afghanistan

In FY 2012, USG alternative development 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 2012, 4,147 hectares of licit alternative crops targeted by USG programs were under cultivation in Afghanistan. The number of new direct jobs (measured as full-time equivalent) created by USG-sponsored alternative development totaled 12,567. The FY 2012 targets for jobs were set in the anticipation that Regional Agriculture Development Project –South (RADP-S) would be reporting accomplishments for this fiscal year. RADP-S is still in procurement and pending award; hence, these anticipated numbers are not counted explaining the lower figure of 12,567 FTE jobs.

At the programmatic level, the Incentives Driving Economic Alternatives for the North, East, and West (IDEA-NEW) program provided over 106,005 farmers in poppy-prone areas with agricultural productivity and/or business skills training. In poppy-prone eastern provinces, IDEA-NEW provided assistance to targeted farmers to cultivate permanent alternative crops, such as fruit and nut saplings, high value vegetable seeds, alfalfa (fodder) seeds, trellis posts, and fertilizer. During FY 2012, close to 9,764 families benefited from IDEA-NEW interventions in provinces, and time equivalent jobs were created.

To date, the Commercial Horticulture Agriculture Marketing Program (CHAMP) program has supported 10,432 households in targeted areas and contributed to the cultivation of an additional 2,440 hectares of alternative crops. Agricultural programs such as the Agricultural Development Fund (ADF) and Afghanistan Farm Service Alliance (AFSA) complemented alternative development objectives by providing farmers with needed agricultural credit and market and technical information.

DEPARTMENT OF THE TREASURY



DEPARTMENT OF THE TREASURY

Internal Revenue Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Investigations	\$60.257	\$60.257	\$60.885
Total Drug Resources by Function	\$60.257	\$60.257	\$60.885
Drug Resources by Decision Unit			
Criminal Investigations	\$60.257	\$60.257	\$60.885
Total Drug Resources by Decision Unit	\$60.257	\$60.257	\$60.885
Drug Resources Personnel Summary			
Total FTEs (direct only)	329	329	329
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$11.8	\$11.9	\$12.9
Drug Resources Percentage	0.5%	0.5%	0.5%

Program Summary

MISSION

The mission of Criminal Investigation (CI) is to reduce or eliminate the financial gains of major narcotics trafficking and money laundering organizations using unique financial investigative expertise and statutory jurisdiction. These efforts support the goals of the President's *National Drug Control Strategy (Strategy)* and the *National Money Laundering Strategy*.

CI supports the overall Internal Revenue Service (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. The Narcotics Program supports the *Strategy* and the *National Money Laundering Strategy* through continued support of multi-agency task forces including Organized Crime Drug Enforcement Task Force (OCDETF), the OCDETF Fusion Center (OFC), High Intensity Drug Trafficking Areas, the High Intensity Financial Crimes Areas, Drug Enforcement Administration Special Operations Division, and the El Paso Intelligence Center.

METHODOLOGY

Drug control funding for the Narcotics Program is calculated by using the share of full-time equivalents performing counterdrug efforts against the entire IRS CI budget request.

BUDGET SUMMARY

The IRS drug control budget request for FY 2014 is \$60.9 million, an increase of \$0.6 million over the FY 2012 level.

Criminal Investigations

FY 2014 Request: \$60.9 million

(Reflects \$0.6 million increase over FY 2012)

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 investigations (and prosecution) of major narcotics traffickers and money launderers, as well as the seizure and forfeiture of their profits. CI plays an intricate role in reducing and disrupting the supply of illegal drugs. CI is a participating member of the OCDETF Program and primarily focuses on those sophisticated cases that meet OCDETF designation standards. While maximizing the use of its resources, CI is able to make a significant contribution to many investigations.

In the midst of globalization, the U.S. economy is increasingly seeing the use of electronic funds transfers, and investigations have become more international in scope. 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 narcotics and money laundering investigations.

FY 2014 Changes (+\$0.6 million): The IRS continues to support investigations of illegal activities, including narcotics trafficking and money laundering. The budget request maintains the FY 2013 level, adjusted for pay and non-pay inflation.

PERFORMANCE

Information regarding the Internal Revenue Service Criminal Investigation Organized Crime Drug Enforcement Task Force program is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2012.

Internal Revenue Service		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Number of investigations completed for OCDETF cases	680	904
» Number of Convictions	410	563
» Conviction Rate*	85%	90%

* The conviction rate is the percent of adjudicated criminal cases that result in convictions.

During FY 2012, in addition to the performance measures reflected in the above table, various multi-agency narcotics/money laundering investigations conducted by the CI resulted in the seizure of more than \$320 million in cash and other assets. Below is a sample of the

investigations and their accomplishments that the IRS conducted in FY 2012 concerning narcotics and related money laundering violations:

- As part of an OCDETF operation that was initiated in 2010, several indictments were returned in November 2011 in Laredo, TX, San Antonio, TX, and Chicago, IL. Members of a significant money laundering organization based in Nuevo Laredo, Tamaulipas, Mexico were identified and convicted. This organization laundered millions of dollars representing drug proceeds for the Los Zetas Mexican drug trafficking organization. The investigation revealed the organization shipped multiple loads of cocaine from Mexico to major distribution centers in the United States such as Chicago, Philadelphia, and Dallas. The organization fronted the cocaine loads to distributors and later collected the proceeds. During the course of the investigation, \$21 million was seized from various tractor trailer drivers, other couriers, and stash homes in Texas and Illinois that were destined to Mexico for delivery to the Los Zetas drug trafficking organization.
- On February 15, 2012, in Fort Worth, Texas, the court sentenced a defendant to 292 months and ordered the defendant to forfeit \$1.2 million, and in Mansfield, Texas on February 13, 2012, the court sentenced a co-defendant to 151 months in prison and ordered the co-defendant to forfeit \$60.7 million in cash and property. According to court documents, both defendants were among numerous defendants charged in a drug distribution conspiracy. Both defendants pleaded guilty to conspiracy to possess with intent to distribute 100 grams of heroin and money laundering.
- As part of a multi-agency narcotics OCDETF investigation that culminated in March 2012, CI agents, while investigating the financial transactions of a drug trafficking organization, uncovered a massive corruption scheme in Haiti. The investigation consisted of two related Foreign Corrupt Practices Act (FCPA) prosecutions. The convictions and sentences obtained in this case resulted from an extraordinarily sensitive and challenging six-year investigation into massive corruption involving high ranking Haiti government officials. The corruption scheme involved the payment of over \$1 million in bribes by U.S. telecommunication companies in return for millions of dollars of benefits from Haiti's state-owned and state-controlled phone company, Haiti Teleco, including preferential contracts and debt forgiveness. The bribes were paid through a complex series of financial transactions through a web of intermediaries and shell corporations. Years of diligent and thorough investigation and trial preparation resulted in the prosecution and conviction of eight individuals, including the longest ever sentence in an FCPA case (15 years) and the first trial conviction of a foreign official for laundering the proceeds of an FCPA violation.
- On April 2, 2012, in San Diego, California, the court sentenced a defendant, the former leader of the Tijuana Cartel/Arellano-Felix Organization (AFO), to 300 months in prison and ordered him to forfeit \$100 million in criminal proceeds. The defendant and other AFO members conspired to import and distribute within the U.S. hundreds of tons of cocaine and marijuana, for which the AFO obtained hundreds of millions in U.S. dollars in profits. He also conspired with other members of the AFO to launder proceeds from drug trafficking

activities by directing other members to transport and transfer hundreds of millions in U.S. dollars from the U.S. to Mexico.

DEPARTMENT OF TRANSPORTATION



DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Intelligence	\$10.249	\$10.748	\$11.050
Investigations	0.815	0.815	0.815
Prevention	16.595	14.770	14.770
State and Local Assistance	1.010	1.300	1.450
Total Drug Resources by Function	\$28.669	\$27.633	\$28.085
Drug Resources by Decision Unit			
Air Traffic Organization	\$9.240	\$9.450	\$9.600
Aviation Safety/Aerospace Medicine	17.420	15.590	15.590
Security & Hazardous Materials	2.009	2.593	2.895
Total Drug Resources by Decision Unit	\$28.669	\$27.633	\$28.085
Drug Resources Personnel Summary			
Total FTEs (direct only)	166	166	168
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$15.902	\$15.870	\$15.551
Drug Resources Percentage	0.18%	0.17%	0.18%

Program Summary

MISSION

The mission of the Federal Aviation Administration (FAA) is to provide the safest, most efficient aerospace system in the world. The Air Traffic Organization (ATO) monitors the Air Defense Identification Zone (ADIZ), an area of airspace within which the identification, location, and control of aircrafts is required in the interest of national security. The Office of Aerospace Medicine (AAM) 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' (ASH) Law Enforcement Assistance Program (LEAP) provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all Federal, state, and local law enforcement agencies (LEA) engaged in drug interdiction efforts.

METHODOLOGY

There are no single identifiable line items within the ATO, AAM, or ASH appropriations that fund drug control efforts. The ATO drug funding is determined by estimating the costs associated with the time air traffic controllers spend on drug interdiction activities. All AAM operations, capital improvements and acquisitions, and program training activities are funded out of the associated appropriations as part of operation costs. The drug-scored ASH funding is an estimate of support provided to law enforcement agencies to assist in the interdiction of dangerous drugs and narcotics into the United States.

BUDGET SUMMARY

In FY 2014, the request for drug-related efforts performed by FAA is \$28.1 million, a decrease of \$0.6 million from the FY 2012 level.

Air Traffic Organization (ATO)

FY 2014 Request: \$9.6 million

(Reflects \$0.4 million increase over FY 2012)

Air traffic controllers staffing Air Route Traffic Control Centers (ARTCCs) monitor the ADIZ to detect possible suspicious aircraft movement. When suspicious movement is identified, ARTCC staff notifies the Drug Enforcement Administration (DEA) and U.S. Coast Guard (USCG) of such activity. When FAA receives confirmation of suspicious aircraft movement from the DEA and USCG, 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. ARTCC staff supports DEA and USCG in preplanned interdiction efforts through the establishment of temporary flight restriction areas, which is often on a real-time basis. ATO also supports DEA and USCG during training exercises.

FY 2014 Changes (+\$0.4 million): The FY 2014 request will allow the FAA to continue to support air traffic controllers in their efforts to monitor airspace to maintain national security.

Aerospace Medicine (AAM)

FY 2014 Request: \$15.6 million

(Reflects \$1.8 million decrease from FY 2012)

The AAM Aviation Industry 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. These positions include flight crew, flight attendants, flight instructors, maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators, and aircraft dispatchers.

AAM's Industry Program Office conducts inspections of employer programs and investigations of airmen or employee violations. 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 AAM Internal FAA Program is responsible for randomly testing employees in positions characterized as “Testing Designated Positions” (TDP), safety/security critical for drug and/or alcohol use. The five drugs tested for are amphetamines, cannabinoids (marijuana), cocaine, opiates, and phencyclidine (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.C, Drug and Alcohol-Free Departmental Workplace.

Aerospace Medicine efforts are comprised of three primary program activities: Special Investigations & Enforcement Branch (\$0.8 million), Aviation Industry Substance Abuse Program (\$9.8 million), and the Internal Substance Abuse Program (\$5.0 million).

FY 2014 Changes (-\$1.8 million): FAA’s FY 2014 request will continue to support efforts to reduce drug use and its consequences throughout the national aerospace.

Security and Hazardous Materials (ASH)

FY 2014 Request: \$2.9 million

(Reflects \$0.9 million increase over FY 2012)

FAA Investigators assist law enforcement agencies (LEAs) in drug interdiction efforts, accessing FAA data that is critical to the development of intelligence on airmen and aircrafts involved in illegal drug trafficking. The information provided to LEAs assists them in the arrest and conviction of airmen or seizure of aircraft. Due to the joint work with LEAs, FAA becomes aware of investigations and information that enable and support the initiation of FAA regulatory enforcement investigations on airmen and aircrafts suspected of drug trafficking. In many cases, these investigations result in revocation of airmen certificates and/or deregistration of aircrafts, which increases safety of the National Airspace System. The El Paso Intelligence Center utilizes FAA air traffic information/systems to track and assist Federal, state, and local LEAs in interdicting and seizing assets involved in counternarcotics activities. In addition, FAA Law Enforcement Assistance Program investigators provide support to LEAs on other national security issues.

FY 2014 Changes (+\$0.9 million): The requested funding for FY 2014 will allow ASH to continue to provide assistance, data, and technical expertise to law enforcement agencies involved in drug interdiction activities.

PERFORMANCE

This section on the FY 2012 performance of the drug control mission of the Department of Transportation – Federal Aviation Administration (FAA) - is based on business plan objectives established by individual lines of business and staff offices within the agency. The FY 2012 performance information for FAA drug control activities is shown below.

Federal Aviation Administration		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Aviation industry random testing of safety-sensitive employees	< 1% for Drugs <0.5% for Alcohol	0.534% 0.088%
» 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	1620	1620
» Initiate regulatory investigations on 95% 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% 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 request.	95%	95%
» Provide assistance and briefings to other agencies as requested.	95%	95%

Air Defense Identification Zone (ADIZ)

In support of the *National Drug Control Strategy*, the FAA monitors the Air Defense Identification Zone (ADIZ), the area of airspace defined by the United States within which the ready identification, location, and control of aircraft is required in the interest of national security. FAA air traffic controllers monitor the ADIZ for possible suspicious aircraft movement and upon detection, relay information to the Drug Enforcement Agency (DEA) and U.S. Coast Guard (USCG). When confirmation of suspicious aircraft movement is received by the FAA from the DEA/USCG, FAA air traffic controllers support interdiction efforts by providing radar vectors to track aircraft of interest time of arrival (TOA), traffic advisory information, and last known positions to intercept aircraft. Additionally, FAA air traffic controllers support DEA and USCG in training exercises and during pre-planned interdiction efforts by establishing real-time, temporary flight restriction areas.

At present, the agency is only able to determine a level of effort and estimate costs in support of these tracking requests. However, because this activity directly supports the National Drug Control 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 Part 120, the FAA requires employers (i.e., air carriers, air traffic control towers and air tour operators) to drug test their employees working either directly or by contract (including subcontract at any tier) who hold safety-sensitive positions. 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.

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%, the Administrator may continue the minimum random drug testing rate at 25%. 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%, the Administrator may continue the minimum random alcohol testing rate at 10%.

In calendar year 2012, only 0.462% of those persons randomly selected tested positive for drugs, while 0.097% tested positive for alcohol, much less than their respective one and one-half percent thresholds. For FY 2012 through FY 2014, 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 (LEAP)

The FAA's Law Enforcement Assistance Program (LEAP) provides 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. The information the FAA provides to LEAs assists them in the arrest and conviction of airmen or seizure of aircraft involved in illegal drug trafficking. These joint initiatives enable the FAA to enforce regulatory investigations on airmen and aircraft suspected of drug trafficking, and in many cases, resulting in revocation of airmen certificates and/or deregistration of aircraft, which increases safety of the National Airspace System. Additionally, FAA LEAP Special Agents provide support to LEAs on other national security issues.

Thus far in FY 2012, FAA LEAP Special Agents have responded to 4,587 requests from law enforcement and other agencies for information on over 8,000 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 NAS. 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 2012 accomplishments of FAA support of drug interdiction initiatives undertaken by LEAP Special Agent(s):

- Received a Certificate of Appreciation for outstanding contributions in the field of drug law enforcement from the Drug Enforcement Agency (DEA). The information the LEAP Special Agent provided on aircraft records, flight plans, aviation expertise, airman documents, aircraft title companies, transfer of aircraft ownership information, and aircraft registration

history/information for 15 aircraft purchased by the drug runners resulted in the seizure of 15 aircraft, and indictment of three top officials of a major Drug Trafficking Organization (DTO). The DTO had been conducting operations since 1996 using private aircraft to smuggle multi-ton drug shipments from Colombia and Venezuela to Central America, Mexico, the United States, and throughout the Caribbean.

- Provided assistance to the Air Marine Operations Center (AMOC) concerning a single engine Mooney operating West-East. The owner, a convicted narcotics smuggler, and at least one person onboard were linked to narcotics smuggling in the Caribbean in a DEA investigation. After landing in Midland, Texas, LEAs conducted ramp inspection and found 19 vacuum sealed bags containing marijuana, which were discovered in the rear of the aircraft. The aircraft was seized and two individuals were arrested.
- Worked with law enforcement concerning major airman/aircraft investigation focused on an organization falsifying registration information in order to sell aircraft to a DTO in South America. Over 50 aircraft have been identified by Law Enforcement with assistance of LEAP agents. In July 2012, the LEAP Special Agents served as subject matter experts concerning aircraft registration issues to support law enforcement and the Assistant U.S. Attorney and also assisted them with subject interviews.
- Providing assistance to DEA/Department of Justice (DOJ) across the United States in an ongoing investigation concerning drug smuggling and money laundering. LEAP Special Agents are providing ongoing assistance with Subject interviews, providing and reviewing airman/aircraft record and video surveillance materials, and identifying violations of the United State Code (U.S.C.) and the Code of Federal Regulations. Because of the assistance provided by LEAP Special Agents, DEA was able to identify 56 pilots flying for the initial Subject of investigation. They have also seized several aircraft to date and have estimated the seizure of 80 aircraft.
- Provided assistance to Homeland Security Investigations (HSI) for assistance with airman and aircraft information on two aircraft linked to a company that had bank accounts seized for money laundering. As a result of the assistance, HSI and Department of State identified three pilots, in violation of their visas—one was arrested with a cancelled visa and removed from the United States; the other two left voluntarily. The task force consisting of HSI, Customs and Border Protection (CBP), and local LE have requested continued assistance from the LEAP Special Agent in the ongoing investigation.
- Assisted the U.S. Postal Service by conducting airman and aircraft records checks on the 26 individuals arrested in six different cities within Colorado during Operation Sweet Leaf (OSL). In addition to the 26 arrests, law enforcement seized marijuana with an estimated street value of \$13.032 million.
- Working with U.S. Attorney to prepare for an October 2012 trial in which a LEAP Special Agent will testify about FAA Regulations and Registry processes in support of a drug smuggling case. The investigation resulted in the seizure of 580 kilos of cocaine in 2010 and the seizure of a falsely registered aircraft that was exported to Brazil to facilitate the smuggling operation, a violation of 49, U.S.C. 46306. The LEAP Special Agent assisted LE by providing documents, flight plans, look out alerts and expertise on FAA regulations and procedures.

- Discovered, three aircraft of interest to LE agencies, while conducting routine aircraft registration checks. As a result, the LE agencies linked two of the aircraft to drug smuggling activities, and they were administratively seized under 49 U.S.C. 46306 aircraft registration violations.
- Provided a previously unknown address of an airman to DEA, and as a result the airman was arrested with 17 pounds of hydroponic marijuana and \$20,000 in cash.

In addition to providing assistance to LE agencies, LEAP Special Agents across the country are providing training to Federal, State, and local LE agencies. The training provides insight, familiarity and knowledge of aircraft operations, the aviation environment and pertinent aviation laws and regulations. It is geared to assist in the interdiction of general aviation involved in narcotics smuggling and other related criminal activity. Three examples are:

- The Royal Canadian Mounted Police (RCMP) Coastal-Airport Watch training in Quebec, Canada. As a result of the training, discussions took place between the RCMP, AMOC, CBP, and Transport Canada regarding intelligence sharing, ways to bolster partnerships between the US and Canada, and strengthening Northern Border liaison.
- Specific training to LE personnel in Washington, Idaho, and Colorado regarding interdiction and investigations of aircraft and airman.
- Assisted the USCG and Alaska State Troopers to incorporate ramp inspections and checks of airman and aircraft, in their work processes. This training allows visual inspections of general aviation aircraft to occur at previously difficult-to-reach remote locations throughout Alaska and now into Canada. The efforts have also allowed the FAA to become a leader in providing awareness of general aviation issues, including safety, to the law enforcement community; the training significantly improved information sharing across the LE agencies.

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Final	FY 2013 CR	FY 2014 Request
Drug Resources by Function			
Prevention	\$1.488	\$1.497	\$1.488
Research	1.200	1.200	0.750
Total Drug Resources by Function	\$2.688	\$2.697	\$2.238
Drug Resources by Decision Unit			
Drug Impaired Driving Prevention	\$1.488	\$1.497	\$1.488
Drug Impaired Driving Research	1.200	1.200	0.750
Total Drug Resources by Decision Unit	\$2.688	\$2.697	\$2.238
Drug Resources Personnel Summary			
Total FTEs (direct only)	2	2	2
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.8	\$0.8	\$0.9
Drug Resources Percentage	0.3%	0.2%	0.2%

Program Summary

MISSION

The National Highway Traffic Safety Administration’s (NHTSA) 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 Drug-Impaired Driving Program and Drug-Impaired Driving 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. In FY 2012, Congress provided an additional \$1.2 million for Drug Impaired Driving Research in NHTSA’s Highway Safety Research line item under the previous authorization SAFETEA-LU. The \$1.2 million was discontinued under NHTSA’s new authorization, Moving Ahead for Progress in the 21st Century (MAP-21). Since the former authority for drug impaired driving was eliminated, NHTSA now funds drug impaired driving research out of its core budget to conduct research and evaluation.

BUDGET SUMMARY

In FY 2014, the total budget request for NHTSA is \$2.2 million for its drugged driving program activities, a \$0.4 million decrease from the FY 2012 level.

Drug Impaired Driving

Total FY 2014 Request: \$2.2 million

(Reflects \$0.4 million decrease from FY 2012)

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 (DEC) infrastructure 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.

Research

FY 2014 Request: \$0.9 million

(Reflects \$0.3 million decrease from FY 2012)

In FY 2014, NHTSA anticipates spending \$0.8 million from the Highway Safety Research budget and \$0.1 million from the Drug Impaired Driving Program budget to continue to conduct research designed to reduce the incidence of drug-impaired driving. This will include completing a new roadside survey on the prevalence of drug use by drivers, continuing an evaluation of the Advanced Roadside Impaired Driving Enforcement (ARIDE) law enforcement training program, and possibly initiating an evaluation of an Administrative License Revocation program for drug-impaired drivers.

FY 2014 Changes (-\$0.3 million): NHTSA's funding request will allow it to continue to perform research that includes completion of a new roadside survey.

Training

FY 2014 Request: \$0.9 million

(Reflects \$0.1 million increase over FY 2012)

In FY 2014, the agency will use \$0.9 million to deliver the improvement of law enforcement training in the area of drug impaired driving. This includes updating the DEC training program for law enforcement officers. NHTSA will also promote and facilitate the 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 Standardized Field Sobriety Test (SFST) training and provide training for prosecutors and judicial education within states in support of alcohol and drug impaired driving enforcement and adjudication.

FY 2014 Changes (+\$0.1 million): In FY 2014, NHTSA will increase training activities to include administration of an online ARIDE course for greater penetration within the law enforcement

community. NHTSA will also increase its capacity to provide training to existing Traffic Safety Resource Prosecutors (TSRPs) and the Judicial Outreach Liaisons (JOLs).

Data Collection

FY 2014 Request: \$0.3 million

(Reflects \$0.1 million decrease from FY 2012)

In FY 2014, the agency will use \$0.3 million to support existing data collection efforts to determine the extent of the drug impaired driving problem and to better develop programs and potential countermeasures to address this problem.

FY 2014 Changes (-\$0.1M): NHTSA will continue its work on the National Sobriety testing Resource Center and DRE Data Collection website to increase the speed and ease of use and provide improved outputs to better understand the nature of drug impaired driving. The internet-based system is accessible to law enforcement, toxicologists, prosecutors, NHTSA, and Highway Safety Offices to enter, review, collate, and access data relating to drug impaired driving arrests.

Public Information and Outreach

FY 2014 Request: \$0.1 million

(Reflects \$0.1 million decrease from FY 2012)

In FY 2014, the agency will use \$0.1 million to support public information and outreach efforts. NHTSA will continue to partner with the International Association of Chiefs of Police (IACP) and the National Sheriffs' Association (NSA) to support standardized impaired driving messages. NHTSA will also enhance and update the model driver education curriculum to include additional content on drugged driving.

FY 2014 Changes (-\$0.1 million): In FY 2014, NHTSA will complete an enhancement and update of the model driver education curriculum to include additional material on drugged driving.

PERFORMANCE

NHTSA's Drug Impaired Driving Program performance measures are based on agency Government Performance and Results Modernization Act (GPRMA) 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. The *National Drug Control Strategy* calls for efforts to *Collect Further Data on Drugged Driving* and for increased *Training to Law Enforcement on Identifying Drugged Drivers*. The FY 2012 performance measure is designed to assess Agency progress in supporting the *Strategy*: increasing training for law enforcement.

National Highway Traffic Safety Administration		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Complete Development and Pilot Testing of an On-Line Version of the Advanced Roadside Impaired Driving Enforcement (ARIDE) Training Program.	Develop and Test an On-Line Version of the ARIDE Training Program.	Development and Pilot Testing Completed.

The Drug Impaired Driving Program contributes to the Department’s long-term goal of reducing the highway fatalities. The measure for FY 2012 reflects a milestone in the development of improved methods to train law enforcement in detecting drug impaired drivers.

In FY 2012, NHTSA developed an on-line version of the ARIDE program. This is one of three levels of training NHTSA has developed for law enforcement officers to help them detect and identify drug-impaired drivers. Development of the on-line version of the course will facilitate a rapid expansion of ARIDE training for patrol officers by greatly increasing the availability of the course, reducing travel and training costs to law enforcement agencies. The on-line ARIDE course was successfully pilot tested with three law enforcement agencies and will be available for use in in 2013.

DEPARTMENT OF VETERANS AFFAIRS



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2012 Estimate	FY 2013 Estimate	FY 2014 Estimate
Drug Resources by Function			
Treatment	\$617.200	\$642.500	\$667.600
Research and Development	20.600	20.500	19.800
Total Drug Resources by Function	\$637.800	\$663.000	\$687.400
Drug Resources by Decision Unit			
Medical Care	\$617.200	\$642.500	\$667.600
Research and Development	20.600	20.500	19.800
Total Drug Resources by Decision Unit	\$637.800	\$663.000	\$687.400
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,580	2,580	2,580
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$53.1	\$55.4	\$57.7
Drug Resources Percentage	1.2%	1.2%	1.2%

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 (SUDs) is an important part of overall health care. The goal of VHA's Office of Mental Health Services is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with SUDs and mental illness, for those who are vulnerable to SUDs, and for those who are in continuing care to sustain recovery.

METHODOLOGY

Costs that are 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. The diagnosis groups are 292.xx (Drug Induced Mental Disorders), 304.xx (Drug

Dependence), and 305.xx (Nondependent abuse of Drugs (excluding 305.0 – Alcohol Abuse and 305.1 – Tobacco Use Disorder)). It should be noted that Prescriptions and Lab tests do not have linkages to a specific diagnosis and are not scored.

The cost of the VHA-provided services is assigned through the Decision Support System (DSS) management cost accounting system and is based on the products consumed by producing departments. Every product is valued and assigned a cost. The cost of all the products a patient uses are rolled up. A national data extract of patients at the encounter level is created and is the source of the cost. An additional extract at the encounter level also splits out the DSS intermediate product department (NDE IPD). The cost of the contracted care comes from the Inpatient (Hospital) and Outpatient (FEE) payment systems. The DSS costs and payments are expenditures. These expenditure costs are modified to reflect full VHA obligations. As we noted above, all the products are accumulated to an encounter. The DSS NDE IPD extracts show the cost of the encounter by department and by three cost categories - Variable Direct, Fixed Direct, and Fixed Indirect. All the costs, including the fixed costs from all the departments, are included in the cost calculation. However, there are no full-time equivalent (FTE) numbers in the extract.

BUDGET

For FY 2014, VHA estimates \$687.4 million in obligations, which is an increase of \$49.6 million from the FY 2012 enacted level. The program changes are the result of inflationary increases and are subject to change. The majority of VHA's funding goes to support outpatient and residential rehabilitation and treatment services. The Department of Veterans Affairs (VA), through VHA, operates a national network of SUD treatment programs located in VA's medical centers, residential rehabilitation facilities, and outpatient clinics.

Medical Care

FY 2014 Request: \$667.6 million

(Reflects \$50.4 million increase over FY 2012)

VHA, in keeping with modern medical practice, continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings, as well as more closely coordinating SUD care with specialty care for other mental health conditions. For example, SUD specialist positions have been funded to directly augment care for patients receiving care offered by post-traumatic stress disorder teams or services at each of the VA medical centers. The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies SUD services that must be made available to all Veterans in need of them. Secondary prevention services are highlighted among these and include diagnosis and assessment of possible drug use disorders in patients who receive care in VA mental health clinics or whose presenting medical problem suggests risk of drug-use disorder (e.g., treatment for Hepatitis C or HIV or care provided in an emergency department for trauma).

Three special populations are targets of particular VA SUD prevention and treatment efforts:

Returning Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/ Operation New Dawn (OEF/OIF/OND). Interagency efforts with the Department of Defense continue in order to ensure that newly separated Veterans who are referred to VA are seen quickly by VHA and that results of their Post Deployment Health Reassessment questionnaires are available to mental health care providers within VA. At VA, OEF/OIF/OND are seen in special primary care post-deployment clinics that have mental health staff on the team who are sensitive to potential mental health needs of these Veterans.

Patients in Residential Rehabilitation Treatment Programs (RRTP). VHA offers care in MH-RRTPs to Veterans with a range of mental health concerns. Although many of these programs are designated as “Substance Abuse RRTPs” and focus primarily on SUD services, up to 70% of patients receiving care in other types of MH-RRTPs also have SUD diagnoses and are in need of SUD services. VHA is now providing each of its “non-Substance Abuse” MH-RRTPs (that average a census of at least 40 patients) a full-time SUD specialist to provide a range of SUD clinical services. These services include SUD specific treatment while in the MH-RRTP, relapse prevention services, and arrangement of SUD treatment follow-up services after MH-RRTP discharge.

Patients with PTSD. In light of the frequent co-occurrence of SUD problems with PTSD, VHA has also assigned a full-time SUD specialist to each of its hospital-level PTSD services or teams. The staff person is an integral member of the PTSD clinical services team and works to integrate SUD care with all other aspects of PTSD-related care. Among the position’s responsibilities are identification and treatment of Veterans with co-occurring SUD and PTSD. Specialists also promote preventive services for Veterans with PTSD who are at risk for developing a SUD.

These services are included in base funding:

Treatment: Increase Treatment Capacity in Targeted Areas. Access to care is also emphasized by the Uniform Mental Health Services Handbook and, as noted, the Handbook commits the VA to providing SUD treatment services to every eligible Veteran regardless of where he or she lives. Additionally, the Handbook specifies that a contact be made by the SUD program within 24 hours of the time care is sought and that a comprehensive assessment be made within 14 days of the request for care (as is the standard for other mental health conditions). To further enhance access to SUD treatment, clinics offering these services must offer extended clinic hours during the week or on weekends. Staff members from the Office of Mental Health Operations in VHA have consulted with Veteran Integrated Service Networks (VISNs) and VHA points of medical service on how to satisfy Handbook requirements. A set of indicators have been developed to track implementation of SUD services required by the Mental Health Services Handbook. Other metrics are being developed to further evaluate treatment capacity and quality of SUD services.

Treatment across the Criminal Justice System – Guiding the Effectiveness of Drug Courts:

Interaction with Veterans served by Drug Courts will occur through the Veterans Justice Outreach (VJO) initiative. 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.” On April 30, 2009, the Under Secretary for Health released “Information and Recommendations for Services Provided by VHA Facilities to Veterans in the Criminal Justice System” (IL 10-2009-005), stating that justice-involved Veterans (who are not incarcerated) are as eligible for VA services as those without justice involvement. On May 27, 2009, the Deputy Under Secretary for Health for Operations and Management issued a memorandum requiring VA medical centers to provide outreach to justice-involved Veterans in the communities they serve. All VA medical centers have a designated VJO Specialist; most of these are centrally-funded positions dedicated to serving justice-involved Veterans on a full-time basis. 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 to build 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 VA services. The National Association of Drug Court Professionals (NADCP) currently recognizes over 100 operational Veterans Treatment Courts (VTC); its definition of a VTC includes linkage to VHA treatment services. In communities without VTCs, 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.

FY 2014 Changes (+\$50.4 million): The program changes are the result of inflationary increases and are subject to change. The majority of VHA’s funding goes to support outpatient and residential rehabilitation and treatment services.

Research and Development

FY 2014 Request: \$19.8 million

(Reflects \$0.8 million decrease from FY 2012)

VHA research supports a 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 drug and alcohol abuse. Topics of investigation range from access to treatments and outcomes for Veterans with SUDs to alcoholism and brain functions to development of novel medication strategies for opiate abuse to gender differences in post-deployment addictive behaviors among returning Veterans.

FY 2014 Changes (-\$0.8 million): The VHA will continue to conduct research in areas that will improve treatment for veterans with substance abuse issues.

PERFORMANCE

This section is based on agency Government Performance and Results Modernization Act documents and other agency information. VHA reports performance for two separate drug-related initiatives - health care and research and development. The table below includes target and achievement levels on performance measures for the most recent year available.

VHA's health care performance measure for ONDCP reporting purposes is "continuity of care" (i.e., the percent of patients who have *engaged* in SUD treatment as demonstrated by being seen for at least three visits in a month and who *persevere* in SUD treatment by being seen for at least two treatment sessions for each of the following three months).

VHA has in place a national system of performance monitoring that uses social, professional, and financial incentives to encourage facilities to provide the highest quality health care. This system has begun to incorporate performance measures related to substance use disorder treatment.

Veterans Health Administration		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
Medical Care		
» Percent of clients receiving appropriate continuity of care	47%	42%
Research and Development		
» Number of research studies related to substance use disorder	5	32
» Number of research studies related to alcohol abuse	5	56
» Number of research studies related to both substance use disorder and alcohol abuse	N/A	10

In FY 2012, VHA provided services in a specialty SUD setting to 127,708 patients with a primary drug use disorder diagnosis. Of these, 36% used cocaine, 28% used opioids, and 26% used cannabis. Eighty percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

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 for substance use disorders and inpatient detoxification in numerous medical and general mental health units.

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. In FY 2012, evidence-based medication assisted treatment for opioid dependence, including office-based treatment with buprenorphine, is available at 141 of the 152 VA Medical centers (93%). Including Community-Based Outpatient Clinics separate from the medical centers, over 250 total sites of service provided at least some buprenorphine. VA operates methadone maintenance programs at 28 facilities, and 25 VHA facilities maintain contractual arrangements for providing these services through community-based licensed opioid agonist treatment programs.

VHA has also expanded access to other SUD treatment services with continued special purpose funding for 406 additional SUD staff assigned to work in large community-based outpatient clinics, mental health residential rehabilitation programs, intensive SUD outpatient programs, and PTSD teams. Active monitoring is ongoing for replacing any positions that become vacant. The Homeless Programs are funding 100 SUD specialists to support the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program. In addition, there are approximately 80 SUD Specialists working in Health Care for Homeless Veterans (HCHV) programs, including 32 newly funded HCHV SUD Specialist positions added in FY 2012. These specialists emphasize early identification of SUD as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs, and serve as linkages between Homeless and SUD programs.

In FY 2012, VHA began electronic implementation of clinical symptom monitoring using the Brief Addiction Monitor (BAM) that transmits responses to the national database with over 5,000 administrations in late 2012. VHA specialty care programs are now able to use BAM as part of software that integrates the assessment process with an electronic health record. The BAM is designed to assist SUD specialty care clinicians in monitoring the progress of patients while they are receiving care for a substance use disorder, serving as a basis for giving feedback to them to enhance their motivation for change, and informing clinical decisions, such as the intensity of care required for the patient.

Glossary

Glossary

Actuals

A common term used to refer to data on actual performance compared to goals.

Baselines

The starting point from which change is measured and targets are set.

Budget Authority

Authority provided by law to incur financial obligations that will result in outlays.

Corrections

Activities that are associated with the incarceration and/or monitoring of drug-related offenders, including Federal assistance for community corrections, such as those related to probation and parole.

Continuing Resolution (CR)

A Continuing Resolution, which is a type of appropriations legislation used by Congress to fund government agencies if a formal appropriations bill has not been signed into law by the end of the Congressional fiscal year. The legislation takes the form of a joint resolution, and provides funding for existing Federal programs at current or reduced levels.

Demand Reduction

Activities conducted by a National Drug Control Program agency, other than law enforcement, intended to reduce the willingness of individuals to use illicit drugs. Demand reduction activities include drug use education; drug abuse prevention; drug abuse treatment; drug abuse research; drug abuse rehabilitation; drug-free workplace programs; and, drug-testing.

Domestic Law Enforcement

A Drug Control Budget category that combines resources for the following functional units: investigations, intelligence, state and local assistance, corrections, prosecution, and law enforcement research.

Drug Budget Decision Unit

Drug budget decision units correspond to discrete program categories that are identifiable components of budget accounts enumerated in the Budget of the President.

Drug Control Functions

Drug control functions correspond to the nine specific program areas that encompass all possible drug control activities: (1) Prevention; (2) Treatment; (3) Interdiction; (4) International; (5) Investigations; (6) Intelligence; (7) State and Local Assistance; (8) Research and Development; (9) Prosecution; and, (10) Corrections.

Drug Methodology

The process by which drug-related financial statistics identified for certain agencies or bureaus are calculated. All bureaus utilize a drug methodology for presenting their drug budget by drug control function.

Efficiency Measures

Metrics that indicate what outcomes or outputs are realized for a given level of resource use.

Enacted

The drug-related budget authority approved by Congress for the current fiscal year.

Final

The drug-related budget authority approved by Congress, net of rescissions and transfers, for the fiscal year most recently closed.

Fiscal Year

The fiscal year is the Federal Government's accounting period. It begins on October 1st and ends on September 30th. For example, fiscal year 2014 begins on October 1, 2013, and ends on September 30, 2014.

Full-time Equivalents (FTEs)

Civilian employment in the Executive Branch is measured on the basis of full-time equivalents. One FTE is equal to 1 fiscal work year. Thus, one full-time employee counts as one FTE, and two half-time employees also count as one FTE.

Government Performance and Results Modernization Act

All Federal Departments must comply with the Government Performance and Results Modernization Act of 2010 (GPRMA). The GPRMA requires Federal agencies to develop long-term strategic plans, which define measurable goals. National Drug Control Agencies submit GPRMA data and other performance related information in their annual performance budget submissions to the Director of ONDCP.

Intelligence

Activities or programs with a primary focus to provide guarded information for use by national policy makers, strategic planners, or operational/tactical elements, principally in the areas of national security and law enforcement. Activities include collecting, processing, analyzing, and disseminating information related to drug production and trafficking organizations and their activities (including transportation, distribution, and finance/money laundering). Additional activities include assessing the willingness and ability of foreign governments to carry out effective drug control programs.

Interdiction

Activities designed to interrupt the trafficking of illicit drugs into the United States by targeting the transportation link. Specifically, interdiction involves intercepting and ultimately disrupting shipments of illegal drugs, their precursors, and the profits of drug distribution.

International

Activities primarily focused on areas outside of the United States, including a wide range of drug control programs to eradicate crops, seize drugs (except air and marine interdiction seizures), arrest and prosecute major traffickers, destroy processing capabilities, develop and promote alternative crops to replace drug crops, reduce the demand for drugs, investigate money laundering and financial crime activities, and promote the involvement of other nations in efforts to control the supply of and demand for illicit drugs.

Investigations

Federal domestic law enforcement activities engaged in preparing drug cases for the arrest and prosecution of leaders and traffickers of illegal drug organizations, seizing drugs and assets, and ensuring that Federal laws and regulations governing the legitimate handling, manufacturing, and distribution of controlled substances are properly followed.

National Drug Control Program Agency

An agency that is responsible for implementing any aspect of the *National Drug Control Strategy*, including any agency that receives Federal funds to implement any aspect of the *Strategy*, but does not include any agency that receives funds for a drug control activity solely under the National Foreign Intelligence Program, the Joint Military Intelligence Program, or Tactical Intelligence and Related Activities, unless such agency has been designated – (A) by the President; or (B) jointly by the Director [of ONDCP] and the head of the agency.

National Drug Control Strategy

The President's *Strategy* is an annual publication, created by ONDCP, which details the Federal programs with a drug control emphasis. The Reauthorization Act determines how the *Strategy* is defined and implemented. This *Strategy* sets forth a comprehensive annual plan to reduce drug use and its consequences in the United States. The *Strategy* is supported by the *Budget and Performance Summary*, which identifies the drug control programs and their appropriations.

Outcome Measures

The intended result or impact of carrying out a program or activity. Outcomes may relate to society as a whole or to the specific beneficiaries of programs, depending on the size and reach of the program.

Output Measures

Metrics that indicate the goods and services produced by a program or organization and provided to the public or others.

Performance Measures

Indicators or metrics that are used to gauge program performance. Performance measures can be either outcome or output measures.

Prevention

Activities focused on discouraging the first-time use of controlled substances and outreach efforts to encourage those who have begun to use illicit drugs to cease their use.

Prosecution

Federal activities related to the conduct of criminal proceedings against drug trafficking and money laundering organizations, with the aim of bringing a civil or criminal judgment against their members, forfeiting their assets, divesting leaders of their power, and, as appropriate, extraditing, deporting, and excluding their members.

Request

The budget authority proposed in the budget of the President, which is submitted to Congress for consideration on the first Monday in February of every year.

Research and Development

Activities intended to improve the capacity, efficiency, or quality of drug control activities.

State and Local Assistance

Federal drug control assistance to help state and local law enforcement entities reduce drug-related violent crime and the availability of illegal drugs.

Supply Reduction

Any activity or program conducted by a National Drug Control Program agency intended to reduce the availability of drugs in the United States and abroad. Supply reduction activities include international drug control; foreign and domestic drug intelligence; interdiction; and, domestic law enforcement.

Targets

Quantifiable or otherwise measurable characteristics that tell how well a program must accomplish a specific performance measure.

Treatment

Activities focused on assisting regular users of controlled substances to become drug-free through such means as counseling services, in-patient and out-patient care, and the demonstration and provision of effective treatment modalities.