



FY 2015 BUDGET AND PERFORMANCE SUMMARY

Companion to the
National Drug Control Strategy

JULY 2014



National Drug Control Strategy
FY 2015 Budget and Performance Summary
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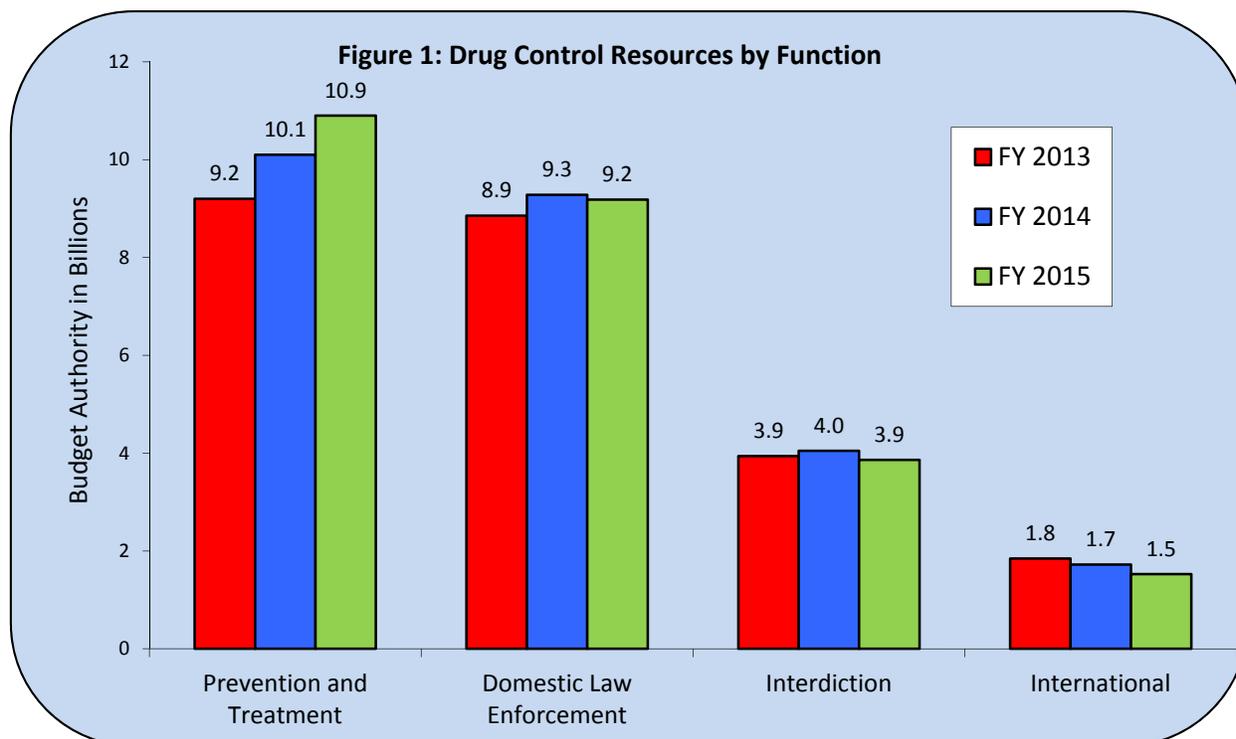
Executive Summary

Executive Summary

In support of the 2014 *National Drug Control Strategy (Strategy)*, the President requests \$25.5 billion in Fiscal Year (FY) 2015 to reduce drug use and its consequences in the United States. This represents an increase of nearly \$0.4 billion (1.4%) over the enacted FY 2014 level of \$25.1 billion.

The *Strategy* represents a 21st century approach to drug policy that outlines innovative policies and programs and recognizes that substance use disorders are not just a criminal justice issue, but also a major public health concern. Decades of research demonstrate that addiction is a disease of the brain - one that can be prevented, treated, and from which people can recover. The *Strategy* lays out an evidence-based plan for real drug policy reform, spanning the spectrum of prevention, early intervention, treatment, recovery support, criminal justice reform, effective law enforcement, and international cooperation.

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.



Highlights of the FY 2015 Budget by Function

Prevention

Substance use prevention is one of the Administration's highest drug policy priorities. Federal resources totaling over \$1.3 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 4.7 percent increase (\$59.9 million) over the FY 2014 level; the major efforts are highlighted below:

Substance Abuse Prevention and Treatment Block Grant (\$364.0 million)

Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA)

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 SAA's rely heavily on the 20 percent set-aside to fund prevention while others use the funds to target gaps and enhance existing program efforts.

Strategic Prevention Framework (SPF) (\$119.8 million)

Department of Health and Human Services - SAMHSA

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. In FY 2015, SAMHSA proposes to dedicate \$10 million to a new program, the Strategic Prevention Framework Prescription Drug Abuse and Overdose Prevention (SPF Rx) that will provide funding for the prevention of prescription drug misuse and abuse in high priority age groups (including young and middle-aged adults) and populations through education and other prevention strategies. SPF Rx will support similar efforts from the Centers for Disease Control.

Education's Prevention Efforts (\$102.1 million)

Department of Education

The Department of Education is proposing new programming to support student achievement and help ensure students are mentally and physically healthy and ready to learn. The objective is to create improved school climates that reduce drug use, violence, and harassment and improve school safety and students' physical and mental well-being. Within the program, the Department would fund grants that assist state and local educational agencies to develop and implement school climate measurement systems and targeted programmatic interventions, that help create positive school climates by supporting the best evidence-based behavioral practices for improving school climate and behavioral outcomes, and that support technical assistance activities that promote safe and healthy students.

Prevention Research (\$358.1 million)

Department of Health and Human Services – National Institute on Drug Abuse (NIDA)

NIDA's prevention efforts support a program of basic, clinical, and services research on the development, testing, and translation of prevention interventions that target the initiation of drug use, and the progression to abuse and dependence. For youth, research focuses on risks for drug abuse and other problem behaviors that occur throughout a child's development, from pregnancy through young adulthood. Research funded by NIDA shows that early intervention can prevent many adolescent risk behaviors.

Drug Free Communities (DFC) Support Program (\$85.7 million)

Office of National Drug Control Policy

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, Territories and Protectorates. The DFC Program is committed to the idea that Federal “experts” can provide insight, but that local communities are the real problem solvers in America. For FY 2015, \$85.7 million will fund grants made directly to over 600 community-based coalitions focusing on preventing youth substance use throughout the United States. Funding will also support the Community Anti-Drug Coalitions of America’s National Coalition Institute, as well as the DFC National Cross-Site Evaluation.

Prescription Drug Monitoring Program (PDMP) (\$7.0 million)

Department of Justice

The PDMP program boosts the capacity of regulatory agencies and prescribers to review prescription drug information to provide for early intervention in cases of prescription drug abuse and misuse. 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.

Drugged Driving (\$2.2 million)

Department of Transportation, National Highway Traffic Safety Administration (NHTSA)

NHTSA’s FY 2015 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 the latest roadside survey on the prevalence of drug use by drivers.

Anti-Doping Activities/World Anti-Doping Agency (WADA) Dues (\$9.7 million)

Office of National Drug Control Policy

Anti-doping activities focus on efforts to educate athletes on the dangers of drug use, eliminate doping in amateur athletic competitions, and rely on standards established and recognized by the United States Olympic Committee. Funding for both of these efforts aim to promote an increased awareness in the U.S. and internationally of the health and ethical dangers of illicit drug use and doping in sport. Funding and participation in WADA is

necessary to compete in international events. These activities support state-of-the-art research within the scientific and public health communities, while striving to protect athletes' fundamental rights to participate in drug-free sports, and thus promote the health and safety of athletes at all levels. Finally, these efforts seek to increase global coordination of anti-drug education programs, cooperation with law enforcement and investigative authorities relating to the trafficking of illicit substances, and promoting more consistent adjudication results in cases involving doping worldwide.

Treatment

Investing in treatment for substance use disorders reduces health care costs, reduces other costs to society, and saves lives. The FY 2015 Budget proposes approximately \$9.6 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 the health consequences of the use of illicit drugs, including the abuse of prescription drugs. This represents an increase of 8.7 percent (\$769.2 million) over the FY 2014 level. The major efforts are highlighted below:

Medicare & Medicaid-funded Substance Abuse Treatment Services (\$5,070.0 million)

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

Substance abuse treatment is usually financed through a variety of 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.

Substance Abuse Treatment for Veterans (\$696.6 million)

Department of Veterans Affairs - Veterans Health Administration (VHA)

The VHA, which operates a national network of substance abuse treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics, provides effective, safe, efficient, recovery-oriented, and compassionate care for veterans with substance abuse disorders and mental illness.

Substance Abuse Treatment for Military Service Members/Families (\$91.4 million)

Department of Defense – Defense Health Program

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 Department of Defense (DoD) provides a comprehensive 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, DoD offers substance abuse treatment to all eligible beneficiaries, including military family members.

Substance Abuse Prevention and Treatment Block Grant (\$1,455.9 million)

Department of Health and Human Services - SAMHSA

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 health, 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.

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

Department of Health and Human Services - SAMHSA

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

Primary Care and Addiction Services Integration (PCASI) (\$20.0 million)

Department of Health and Human Services - SAMHSA

The PCASI program is a new initiative related to the integration of substance abuse treatment services and primary care, enabling providers to offer a full array of both physical health and substance abuse services to clients. Through this program, integrated teams of professionals will be able to provide needed primary care services to individuals seeking care for their substance use disorder. The goal is to improve the physical health status of adults with substance use disorders who have or are at risk for co-occurring primary care conditions and chronic diseases, with the objective of supporting the triple aim of improving the health of those with substance use disorders; enhancing the client's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

Homeless Assistance Grants - Continuum of Care (\$524.5 million)

Department of Housing and Urban Development

The *Strategy* calls for Federal support to reducing barriers to recovery from substance use disorders, including lack of housing. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The Department's Continuum of Care – 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.

Drug Courts (\$89.9 million)

Department of Health and Human Services - SAMHSA

Department of Justice - Office of Justice Programs (OJP)

Drug courts help reduce recidivism, provide treatment to defendants and offenders with a substance use disorder, and improve the likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other rehabilitation services. HHS (\$45.9 million) and DOJ (\$44.0 million, funded as a part of the Problem Solving Justice Grants program) work together to enhance court services, coordination, and the substance use disorder treatment capacity of juvenile, family and adult drug courts.

Offender Reentry Program/Prisoner Reentry Initiative (\$63.0 million)

Department of Health and Human Services - SAMHSA

Department of Justice – OJP

Reentry grants from HHS (\$5.5 million) and DoJ (\$57.5 million) provide screening, assessment, and comprehensive substance use disorder 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. Reentry programs help make communities safer, assist those returning from prison and jail in becoming productive, tax-paying citizens, and save taxpayer dollars by lowering the direct and collateral costs of incarceration.

Bureau of Prisons (BOP) Drug Treatment Efforts (\$115.5 million)

Department of Justice, BOP

BOP continues to develop evidence based treatment practices to manage and treat offenders with substance use disorders. The Bureau's strategy includes early identification of inmates entering BOP through a psychology screening. According to the severity of the disease, BOP provides drug education, treatment for those within the general population, separate intensive residential drug abuse treatment (RDAP) and community transition treatment.

Domestic Law Enforcement

Federal, state, local, and tribal law enforcement agencies play an integral role in the Administration's balanced approach to reducing drug use and its consequences. Law enforcement agencies prevent drug traffickers from extending their corrosive reach further into our Nation's communities. Maximizing Federal support for drug law enforcement efforts is critical to leveraging limited resources. Nearly \$9.2 billion in FY 2015 Federal resources are requested to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), a decrease of \$97.4 million (1.1%) from the FY 2014 level. The major efforts are highlighted below.

High Intensity Drug Trafficking Areas (HIDTA) Program (\$193.4 million)

Office of National Drug Control Policy

The HIDTA program principally supports the enforcement aspect of the *National Drug Control 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 provides resources to these agencies in each of the 28 HIDTA regions 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.

Methamphetamine Enforcement and Lab Cleanup Grants (\$7.0 million)

Department of Justice

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

Federal Law Enforcement Training Center (FLETC) (\$43.6 million)

Department of Homeland Security

FLETC is an interagency law enforcement training facility that 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.

Federal Drug Investigations (\$3,154.2 million)

Multiple agencies

Federal law enforcement personnel (including those from the Departments of Agriculture (\$11.3 million), Homeland Security (\$505.1 million), Justice (\$2,431.7 million), Interior (\$16.4 million), and Treasury (\$58.4 million) prepare drug cases for the arrest and prosecution of leaders and traffickers of illegal drug organizations, seize drugs and assets, and enforce Federal laws and regulations governing the legitimate handling, manufacturing, and distribution of controlled substances.

Federal Prosecution (\$774.6 million)

Multiple agencies

As a consequence of illegal drug use, a number of agencies (including the Department of Justice's Criminal Division (\$41.7 million), Organized Crime Drug Enforcement Task Force Program (\$147.3 million), Executive Office of the U.S. Attorneys (\$77.0 million), U.S. Marshals Service (\$107.8 million), as well as the Federal Judiciary (\$396.4 million)) conduct Federal criminal proceedings against drug trafficking and money laundering organizations. The related costs include salaries for attorneys and other court personnel, defender services, judicial and courthouse security, prisoner security, and other administrative costs.

Corrections (\$4,499.8 million)

Department of Justice/Federal Judiciary

Another consequence of illegal drug use, the Bureau of Prisons (\$3,362.2 million), the U.S. Marshals Service (\$543.0 million), and the Federal Judiciary (\$594.6 million) 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.

Interdiction

Bringing together partners from law enforcement, the military, and the intelligence communities, along with our international allies, the Administration works to develop technology, tactics, and procedures to address evolving smuggling trends. The budget request for interdiction efforts, which include intercepting and ultimately disrupting shipments of illegal drugs and their precursors, as well as the proceeds, totals approximately \$3.9 billion in FY 2015, a decrease of \$184.8 million (-4.6%) from the FY 2014 level. The major efforts are highlighted below.

Customs and Border Protection (CBP) (\$2,189.5 million)

Department of Homeland Security

CBP supports disrupting and dismantling criminal organizations that move drugs, weapons, and illicit proceeds into and out of the United States, by using 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's flexible narcotics interdiction efforts work to counter the constantly shifting narcotics threat at and between the ports of entry.

United States Coast Guard (USCG) (\$1,205.4 million)

Department of Homeland Security

As a part of its larger mission to ensure maritime security, the USCG works to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. In addition to maintaining an interdiction presence based on the availability of assets, the USCG also works to strengthen ties with partner nations to increase their willingness and ability to reduce the trafficking of illicit drugs within their sovereign boundaries.

Federal Aviation Administration (FAA) Interdiction Support (\$11.9 million)

Department of Transportation/FAA

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

Department of Defense Drug Interdiction (\$435.4 million)

Department of Defense

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 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, as well as its intelligence collection, maritime, and air capabilities.

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. Federal international 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 FY 2015 budget requests \$1.5 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 \$195.0 million (-11.3%) from the FY 2014 level. The major efforts are highlighted below.

DEA's International Efforts (\$442.7 million)

Department of Justice

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

International Narcotics and Law Enforcement Affairs (INL) Support (\$432.5 million)

Department of State/Bureau of International Narcotics and Law Enforcement Affairs (INL)

INL supports the *Strategy* by strengthening criminal justice systems, countering the flow of illegal narcotics, and minimizing transnational organized 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 and criminal justice systems.

United States Agency for International Development (USAID) (\$122.9 million)

Department of State

USAID's Alternative Development programs support the *Strategy* by assisting partner nations in developing viable economic alternatives to drug production. These programs focus on improving commercial agricultural production, licit job creation, and offering farmers incentives to discontinue planting poppy and other illicit crops.

DoD International Counternarcotics Efforts (\$496.3 million)

Department of Defense

DoD works to address a broad array of security threats associated with illicit drug trafficking. DoD provides training, equipment, and infrastructure to help partner nations build their capacity to address illicit trafficking and gain control of their borders and ungoverned spaces.

Performance Measurement

Performance evaluation is a key tool for ONDCP in its oversight of the National Drug Control Program agencies – it enables ONDCP to assess the extent to which the *Strategy* achieves its goals and account for the contributions of drug control agencies. Two laws, the Office of National Drug Control Policy Reauthorization Act of 2006 (P.L. 109-469), and the Government Performance and Results Act Modernization Act of 2010 (GPRMA), set the framework for a range of performance requirements.

ONDCP tracks and reports performance measures and targets established for each goal and objective in the *Strategy*. ONDCP, in collaboration with its interagency partners, has developed a performance monitoring and assessment mechanism – the Performance Reporting System (PRS) – that monitors key performance measures to assess interagency progress toward the goals and objectives of the *Strategy*. The first PRS assessment will be released with the 2014 *Strategy*. This assessment, and follow-on assessments, will be used to inform prospective policymaking, planning, future *Strategy* development and implementation, and budget formulation and resource allocation.

Review of issues raised in GAO-13-333

The Government Accountability Office (GAO) released a report on April 25, 2013, entitled *Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination* (GAO-13-333). GAO found that 76 drug abuse prevention and treatment programs are fragmented across 15 federal agencies and provide some overlapping services, which could increase the risk of duplication. As a follow up to this report, ONDCP undertook an assessment of the extent of overlap, duplication, and coordination, and has included it and the end of this *Summary*. At the onset of the review, ONDCP found additional prevention and treatment programs, bringing the list to 130 programs. ONDCP found nearly all of the programs serve distinct beneficiaries in distinct settings, which as a result prevents overlap and duplication. In a few cases where overlap could occur, a review of the grantees found duplication did not occur over a three year period ending in 2013. Further, ONDCP found that the agencies managing these programs have coordinated their programs to achieve the best results. In a few cases, ONDCP found a limited number of programs that would benefit from greater coordination; ONDCP is working now to ensure such coordination.

Drug Control Funding Tables

Table 1: Federal Drug Control Spending by Function

FY 2013 – FY 2015
(Budget Authority in Millions)

	FY 2013 Final	FY 2014 Enacted	FY 2015 Request	FY14-FY15 Change	
				Dollars	Percent
Function					
Treatment	7,888.6	8,825.1	9,594.3	+771.7	+8.7%
<i>Percent</i>	31.3%	35.1%	37.6%		
Prevention	1,274.9	1,277.5	1,337.4	+59.9	+4.7%
<i>Percent</i>	5.1%	5.1%	5.2%		
Domestic Law Enforcement	8,850.0	9,274.1	9,176.6	-97.4	-1.1%
<i>Percent</i>	35.1%	36.9%	36.0%		
Interdiction	3,940.6	4,047.9	3,863.1	-184.8	-4.6%
<i>Percent</i>	15.6%	16.1%	15.2%		
International	1,848.5	1,721.8	1,526.9	-195.0	-11.3%
<i>Percent</i>	7.3%	6.8%	6.0%		
Total	\$23,802.6	\$25,146.4	\$25,498.3	+\$351.9	+1.4%
Supply/Demand					
Demand Reduction	9,163.5	10,102.6	10,931.7	+829.1	+8.2%
<i>Percent</i>	38.5%	40.2%	42.9%		
Supply Reduction	14,639.1	15,043.8	14,566.6	-477.2	-3.2%
<i>Percent</i>	61.5%	59.8%	57.1%		
Total	\$23,802.6	\$25,146.4	\$25,498.3	+\$351.9	+1.4%

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

	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Department of Agriculture			
U.S. Forest Service	15.2	12.4	12.3
Court Services and Offender Supervision Agency for the District of Columbia	47.7	54.0	56.1
Department of Defense			
Drug Interdiction and Counterdrug Activities/OPTempo	1,599.1	1,538.8	1,145.0
Defense Health Program	<u>99.5</u>	<u>101.2</u>	<u>91.4</u>
Total DoD	1,698.6	1,640.0	1,236.4
Department of Education			
Office of Elementary and Secondary Education	55.6	39.5	102.1
Federal Judiciary	1,061.0	1,200.4	1,243.0
Department of Health and Human Services			
Administration for Children and Families	20.0	20.0	20.0
Centers for Medicare & Medicaid Services ²	3,620.0	4,350.0	5,070.0
Health Resources and Services Administration	18.0	22.0	23.0
Indian Health Service	91.6	112.0	113.6
National Institute on Alcohol Abuse and Alcoholism	61.8	63.4	63.4
National Institute on Drug Abuse	992.2	1,015.8	1,023.3
Substance Abuse and Mental Health Services Administration ³	<u>2,395.4</u>	<u>2,478.6</u>	<u>2,425.0</u>
Total HHS	7,199.0	8,061.9	8,738.3
Department of Homeland Security			
Customs and Border Protection	2,270.5	2,442.2	2,385.6
Federal Law Enforcement Training Center	43.8	46.2	43.6
Immigration and Customs Enforcement	474.9	496.3	489.3
United States Coast Guard ⁴	<u>1,333.8</u>	<u>1,305.3</u>	<u>1,205.0</u>
Total DHS	4,123.0	4,290.0	4,123.5
Department of Housing and Urban Development			
Community Planning and Development	421.5	458.9	524.5
Department of the Interior			
Bureau of Indian Affairs	9.5	9.7	9.7
Bureau of Land Management	5.1	5.1	5.1
National Park Service	<u>3.1</u>	<u>3.3</u>	<u>3.3</u>
Total Interior	17.7	18.1	18.1

	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Department of Justice			
Assets Forfeiture Fund	234.5	227.1	238.4
Bureau of Prisons	3,212.8	3,460.3	3,477.6
Criminal Division	38.6	40.1	41.7
Drug Enforcement Administration	2,242.1	2,353.3	2,384.7
Organized Crime Drug Enforcement Task Force Program	484.4	514.0	505.0
Office of Justice Programs	251.9	244.6	274.6
U.S. Attorneys	75.0	76.0	77.0
U.S. Marshals Service	228.2	242.5	242.4
U.S. Marshals Service - Federal Prisoner Detention	<u>604.3</u>	<u>529.0</u>	<u>543.0</u>
Total Justice	7,371.9	7,686.9	7,784.4
Department of Labor			
Employment and Training Administration	6.6	4.8	4.8
Office of National Drug Control Policy			
High Intensity Drug Trafficking Areas	226.0	238.5	193.4
Other Federal Drug Control Programs	100.3	105.4	95.4
Salaries and Expenses	<u>23.2</u>	<u>22.8</u>	<u>22.6</u>
Total ONDCP	349.6	366.7	311.4
Department of State			
Bureau of International Narcotics and Law Enforcement Affairs ⁵	525.4	447.2	432.5
United States Agency for International Development	<u>164.4</u>	<u>100.6</u>	<u>122.9</u>
Total State	689.8	547.8	555.3
Department of Transportation			
Federal Aviation Administration	26.8	30.5	30.8
National Highway Traffic Safety Administration	<u>2.7</u>	<u>2.2</u>	<u>2.2</u>
Total Transportation	29.5	32.7	33.1
Department of the Treasury			
Internal Revenue Service	57.1	60.3	58.4
Department of Veterans Affairs			
Veterans Health Administration ⁶	658.9	672.4	696.6
	\$23,802.6	\$25,146.4	\$25,498.3

¹Detail may not add due to rounding.

²The 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.

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

⁴The 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.

⁵State Department amounts include funding appropriated or requested for overseas contingency operations.

⁶VA Medical Care receives advance appropriations; FY 2015 funding was provided in the Consolidated Appropriations Act, 2014 (Public Law No: 113-76).

Table 3: Historical Drug Control Funding by Function

FY 2008 – FY 2015

(Budget Authority in Millions)

	FY2008 Final	FY2009 Final	FY2010 Final	FY2011 Final	FY2012 Final	FY2013 Final	FY2014 Enacted	FY2015 Request
Treatment	6,725.1	7,208.7	7,544.5	7,659.7	7,848.3	7,888.6	8,825.1	9,594.3
Prevention	1,841.0	1,954.0	1,566.4	1,478.1	1,339.2	1,274.9	1,277.5	1,337.4
Total Demand Reduction	8,566.1 39.2%	9,162.7 36.9%	9,110.9 37.0%	9,137.7 37.5%	9,187.4 37.5%	9,163.5 38.5%	10,102.6 40.2%	10,931.7 42.9%
Domestic Law Enforcement	8,300.9	9,470.0	9,252.5	9,223.0	9,446.5	8,850.0	9,274.1	9,176.6
Interdiction	2,968.7	3,699.2	3,662.4	3,977.1	4,036.5	3,940.6	4,047.9	3,863.1
International	1,998.5	2,532.6	2,595.0	2,027.6	1,833.7	1,848.5	1,721.8	1,526.9
Total Supply Reduction	13,268.1 60.8%	15,701.9 63.1%	15,509.9 63.0%	15,227.7 62.5%	15,316.7 62.5%	14,639.1 61.5%	15,146.4 59.8%	14,566.6 57.1%

Agency Budget Summaries

DEPARTMENT OF AGRICULTURE



DEPARTMENT OF AGRICULTURE

U.S. Forest Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$0.200	\$0.200	\$0.200
Investigations	14.100	11.400	11.300
Prosecution	0.300	0.200	0.200
State and Local Assistance	0.600	0.600	0.600
Total Drug Resources by Function	\$15.200	\$12.400	\$12.300
Drug Resources by Decision Unit			
Law Enforcement Agency Support	\$15.200	\$12.400	\$12.300
Total Drug Resources by Decision Unit	\$15.200	\$12.400	\$12.300
Drug Resources Personnel Summary			
Total FTEs (direct only)	66	58	56
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$4.8	\$4.8	\$5.0
Drug Resources Percentage	0.3%	0.3%	0.2%

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 (LEI) program's basic mission is to provide public and employee safety, resource protection, enforcement of U.S. Criminal Law, and enforcement expertise to other agency managers. The 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 LEI budget line item within the National Forest System (NFS) appropriation. Within the LEI 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 2015 request is \$12.3 million, a decrease of \$0.1 million from the FY 2014 level.

Law Enforcement Agency Support

FY 2015 Request: \$12.3 million

(Reflects \$0.1 million decrease from FY 2014)

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 supporting co-conspirators (transportation and financial components) responsible for large-scale marijuana grow operations on NFS lands. With the collection, dissemination, and use of intelligence pertaining to individuals and organizations involved in the cultivation and trafficking of marijuana on NFS lands, the 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 to deter the reuse of NFS lands for marijuana cultivation.

FY 2015 Changes (-\$0.1 million): In FY 2015, the FS will conduct multi-agency eradication operations 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, placing 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 performance of the drug control efforts of the FS LEI program is derived from the FS Law Enforcement and Investigations Management Attainment Reporting System (LEIMARS), Government Performance and Results Modernization Act (GPRMA) documents, evaluations, and other agency information. The table and accompanying text represent FS LEI drug-related achievements during FY 2013.

U.S. Forest Service		
Selected Measure of Performance	FY 2013 Target	FY 2013 Achieved
» Percent of drug cases referred for adjudication	*	33.6%

* New measure of performance- no identified Target for FY13.

NFS lands are often used by drug trafficking organizations in the unlawful cultivation of marijuana and production of other controlled substances. The FS utilizes a performance management framework designed to track the agency's efforts to address drug cultivation and production on public lands. The FS now tracks a key measure to help assess progress – the percent of drug cases referred for adjudication. The new measure provides a means of measuring performance related to specific drug control activities only. Prior measures reported only performance related to general criminal activity.

The number of drug cases referred for adjudication in FY 2013 was 33.6 percent. Although there was no identified target for FY 2013, the percentage is representative of the significant and measurable impacts FS enforcement operations and investigations have had on illegal drug activities on NFS lands. Also in FY 2013, 1,046,084 marijuana plants were eradicated from NFS lands. Although not a performance measure, this data reflects significant counterdrug work activities performed by the FS and also provides a general indicator of illegal marijuana cultivation activities on public land.

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

In FY 2013, the FS participated in multiple operations in partnership with other state, local, and Federal partners. Major operations in California focused not only on public lands, but adjacent private lands, as well. Teams consisting of Federal, state, and local law enforcement officers eradicated 939,722 marijuana plants. In the Eastern Judicial District of California alone, 56 suspects were arrested and 63 weapons were seized on associated NFS lands, where 553,149 marijuana plants in 114 sites were eradicated and reclaimed. Over 35 metric tons of infrastructure; over 7 metric tons of pesticides, rodenticides, and fertilizers; almost 45 miles of irrigation pipe; and 89 man-made dams/reservoirs were removed from NFS lands during these operations.

The FS will continue to provide the personnel, support, and leadership necessary to protect the natural resources from the harmful effects of drug production and trafficking on public lands. In support of the *Strategy*, and as stewards of the land, it is vital that we protect these lands for current users and for future generations.

COURT SERVICES AND OFFENDER SUPERVISION AGENCY
FOR THE DISTRICT OF COLUMBIA



COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$20.836	\$22.632	\$23.083
Treatment	26.848	31.344	32.979
Total Drug Resources by Function	\$47.684	\$53.975	\$56.062
Drug Resources by Decision Unit			
Community Supervision Program	\$31.485	\$36.700	\$38.007
Pretrial Services Agency	16.199	17.275	18.055
Total Drug Resources by Decision Unit	\$47.684	\$53.975	\$56.062
Drug Resources Personnel Summary			
Total FTEs (direct only)	279	297	300
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	23.7%	23.8%	24.1%

Program Summary

MISSION

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

CSOSA's CSP provides supervision for adult offenders released by the Superior Court of the District of Columbia on probation or the U.S. Parole Commission on parole or supervised release. The CSP strategy emphasizes public safety, successful reentry of offenders into the community, and effective supervision through an integrated system of comprehensive risk and needs assessment, close supervision, routine drug testing, treatment and support services, and graduated sanctions and incentives. CSP also develops and provides the Courts and the U.S. Parole Commission with critical and timely information for probation and parole decisions. Many CSP offenders are a high risk to public safety, have significant needs, and face many challenges to successfully completing supervision. Offenders who fail to successfully complete

supervision and/or recidivate place an enormous burden on the offenders' families, the community, and the entire criminal justice system.

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

Seventy percent of convicted offenders serve all or part of their sentence in the community; and from FY 2010 to FY 2013, approximately 85 to 90 percent of pretrial defendants were released to the community while awaiting trial. The effective supervision of pretrial defendants and convicted offenders is critical to public safety in the District of Columbia. Three strategic goals support CSOSA's mission. The first goal targets public safety by striving to decrease criminal activity among the supervised population and increasing the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on the delivery of preventive interventions to offenders with identified behavioral health, employment, and/or housing needs. The third goal targets the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers, namely, the Courts and the United States Parole Commission.

A recent challenge faced by CSOSA, and all law enforcement entities, is the detection of and treatment for synthetic drugs used by our offender and defendant populations. Current CSOSA illicit substance testing is not capable of detecting many of the emerging synthetic drugs available in the community. However, preliminary studies performed on samples of our populations show that synthetic drug use is prevalent and increasing. Synthetic drug compounds change frequently and the current contract cost of testing for synthetic drugs is significantly higher than for CSOSA's standard illicit substance testing. CSOSA is addressing this challenging program control priority by collaborating with our partners to determine best practices and promote city-wide response strategies, educating staff and clients on the dangers of synthetic drugs, performing limited contract synthetic substance testing, and looking at ways to expand our testing capabilities for these synthetic substances in a cost-effective manner.

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 2014-2018 Strategic Plan structure.

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

BUDGET SUMMARY

The total drug control request for CSOSA for FY 2015 is \$56.0 million, an increase of \$2.1 million above the FY 2014 enacted level.

CSP Drug Testing

FY 2015 Request: \$11.4 million

(Reflects \$0.2 million increase over FY 2014)

In FY 2013, approximately 80 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment. Eligible offenders are drug-tested at supervision intake and are then placed on a drug-testing schedule by their Community Supervision Officer, with testing frequency dependent upon prior substance use history, supervision risk level, and length of time under CSP supervision. In addition, all offenders are subject to random spot testing at any time. Offenders submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center and four CSP Illegal Substance Collection Units located throughout the District of Columbia. Each 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. Testing of oral fluid samples is performed and reported to CSP contractually.

FY 2015 Changes (+\$0.2 million): The FY 2015 request will provide resources to continue offender drug testing at FY 2014 levels.

CSP Treatment

FY 2015 Request: \$26.6 million

(Reflects \$1.1 million increase over FY 2014)

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

Typically, those offenders referred to treatment with severe illicit substance use disorders require a contract treatment program continuum consisting of at least three separate substance disorder treatment placements (in-house or contract) to fully address their issues. This may include placement in detoxification, residential treatment, and transitional housing in conjunction with intensive outpatient continuing care. In FY 2013, CSP made 2,105 treatment and transitional housing placements with contract vendors. Due to CSP budget reductions, this represents a 28.5 percent decrease in the number of placements made in FY 2011. In addition, CSOSA's Reentry and Sanctions Center (RSC) at Karrick Hall provides high risk offenders and defendants with an intensive assessment, reentry, and treatment readiness counseling program in a residential setting. The RSC program is specifically tailored for offenders and defendants with long histories of crime and substance use disorders coupled with long periods of incarceration and little outside support. These individuals are particularly vulnerable to both criminal and drug relapse. Most offenders who complete the RSC program are determined to need treatment services and are referred to contract treatment.

In FY 2013, a total of 8,116 offenders entered CSP supervision. Of these offender intakes, 2,477 (30.5 percent) were classified by CSP as persistent drug users¹ and, of those, 1,605 entered supervision with a special condition for drug treatment imposed by the Court or the U.S. Parole Commission. Just under half (1,151) of these persistent drug users were assessed and supervised by CSP at the highest risk levels (maximum and intensive combined). Of these high-risk offenders who began supervision in FY 2013, 693 had a special condition for treatment and were persistently testing positive for illicit substances. High-risk offenders are not the only group to demonstrate a need for treatment. Of the 1,911 offenders entering supervision in FY 2013 who were assessed at the minimum risk level, 541 exhibited extensive drug use while under supervision.

CSP considers the combination of drug test results, assessed risk level, and Court orders when determining appropriate treatment interventions for an offender. However, since CSP does not have resources to treat all offenders with an illicit substance use disorder, we currently focus

¹ Persistent drug users are defined as offenders who tested positive for drugs (excluding synthetic drugs and positive tests for alcohol) on three or more occasions during the FY.

resources on those assessed and supervised at the highest risk levels. With treatment resources contained in the FY 2015 budget request, CSP can only meet the illicit substance treatment need of less than half of our high-risk offenders.

FY 2015 Changes (+\$1.1 million): The FY 2015 request provides resources to re-establish offender contract treatment services at FY 2011 levels. In FYs 2012 and 2013, as a result of budget challenges, CSP reduced its Treatment, Halfway Back Sanctions and Transitional Housing budget. The FY 2014 Budget restored some of these reductions.

PSA Drug Prevention

FY 2015 Request: \$11.7 million

(Reflects \$0.3 million increase over FY 2014)

In FY 2013, 29 percent of defendants tested positive for drug use at their initial drug screening. Because a substantial number of criminal defendants have substance use disorders that must be addressed to mitigate their risk to public safety, drug testing provides vital data used to form judiciary release decisions and PSA supervision approaches. Additionally, drug use testing assists in monitoring compliance with court-ordered release conditions, preventing drug use, measuring the success of drug treatment, and predicting future criminality.

PSA's DTCU collects urine and oral fluid samples for analysis from defendants detained prior to arraignment and defendants who have been ordered to drug test as a condition of pretrial release, as well as respondents ordered into drug testing by the D.C. Superior Court Family Division. The OFTS (or Lab) processes urine specimens and conducts drug testing for pretrial defendants under PSA's supervision, offenders under the CSOSA CSP (*i.e.*, persons on probation, parole, and supervised release), and persons under the authority of the D.C. Superior Court Family Division. Each sample is tested for three to seven drugs and all positive samples are retested. Gas chromatograph/mass spectrometry (GC/MS) analyses are conducted to confirm test results and provide affirmation of the identity of a drug when results are challenged. Toxicologists conduct levels analysis to determine drug concentrations. These interpretations are essential to the courts for determining continued drug use by defendants, offenders, and respondents. Expert witness court testimony and forensic consultations are also provided to assist the judicial officers.

PSA's operation of an on-site laboratory in the D.C. Superior Court permits same-day turnaround time for drug test results in pretrial cases, allowing for test results from lock-up to be presented to judicial officers at defendant arraignments and presentments. OFTS can perform "spot" tests ordered by a judicial officer within a two-hour time frame through state-of-the-art testing and management information systems. OFTS performs tests on tens of thousands of samples each month, which translates to millions of analyses for various drugs each year. Lab personnel interpret results for new or residual use for over 2,000 individuals each month. Along with its supervision and treatment programs, the drug use testing/monitoring services performed by PSA assist in reasonably assuring that defendants return to court and do not pose a threat to the community.

FY 2015 Changes (+\$0.3 million):

The FY 2015 President's Budget will provide resources to continue drug testing at the FY 2014 level.

PSA Drug Treatment

FY 2015 Request: \$6.4 million

(Reflects \$0.5 million increase over FY 2014)

A significant number of defendants under PSA supervision have substance use disorder treatment needs. In any given FY, PSA conducts clinical assessments that identify approximately 1,800 supervised defendants who require intensive substance use disorder treatment services to help mitigate their safety risk. PSA is committed to reducing drug-involved defendant re-arrest and failure-to-appear rates through four core activities: identifying and addressing illicit drug use, problematic alcohol use, and other criminogenic needs; delivering and facilitating evidence-based substance use disorder treatment; using motivational strategies and program incentives to encourage treatment initiation, engagement and retention; and establishing swift and certain consequences for continued drug use.

Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration. PSA operates a model Drug Court and other sanction-based treatment programs, which utilize research-supported techniques as a mechanism for enhancing community safety. PSA's Treatment Program includes the Superior Court Drug Intervention Program (Drug Court), the D.C. Misdemeanor and Traffic Initiative (DCMTI), the Specialized Supervision Unit (SSU), the Sanction Based Treatment Track (SBTT), and the Social Services and Assessment Center (SSAC).

PSA's specialized treatment and supervision units offer defendants access to various levels of care, modalities, and interventions. Each unit provides centralized case management for defendants, with Drug Court also providing direct treatment services. This organizational structure facilitates specialized supervision practices and consistent responses to positive and problem behaviors, which lead to better interim outcomes for defendants.

FY 2015 Changes (+ \$0.5 million): The FY 2015 budget includes an increase of \$600,000 to restore PSA's Contract Drug Treatment budget to the FY 2011 level (\$2.3M). In FY 2012, PSA reduced its Contract Drug Treatment budget from \$2.3M to \$1.7M as a result of two FYs of flat budgets and continued cost increases. In FY 2013, due to Sequestration, PSA's Contract Drug Treatment budget was reduced by an additional \$400K to \$1.3M. The FY 2014 enacted budget restored the Sequestration reductions, thereby increasing PSA's Contract Drug Treatment budget to the FY 2012 enacted level. This funding level is insufficient to cover the demand for treatment services among the defendant population under PSA's supervision. Of the 1,800 defendants who require intensive substance use disorder treatment services each year, approximately 40 percent require residential treatment, while the remaining 60 percent require intensive

outpatient treatment. PSA’s in-house treatment program meets a fraction of this demand by serving a large percentage of defendants in need of intensive outpatient services. The Agency relies on contract drug treatment funding to meet the need for residential, as well as intensive, outpatient treatment service needs that exceed its in-house treatment capacity. The requested increase in treatment funding will allow PSA to place more defendants into appropriate treatment services, thereby increasing the likelihood of successful completion of pretrial supervision. If PSA does not receive the requested increase, some defendants in need of treatment will be required to seek services through the District of Columbia Addiction Prevention and Recovery Administration, which has experienced budget reductions in recent years that have significantly reduced the availability of treatment. In addition, without the increase, PSA’s ability to support the successful Drug Court and Mental Health Community Court will be significantly impaired.

PERFORMANCE

Information regarding the performance of the drug control efforts of CSOSA is based on agency GPRMA documents and other agency information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent CSOSA drug-related achievements during FY 2013.

Court Services and Offender Supervision Agency		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
>> Eligible offenders are drug tested once per month.	85%	87%
>> Treatment and support services are directed to those offenders who pose a substantial threat to public safety.	75%	Initial Estimates in FY 2014
>> Offenders evaluated as being in need of specific type of treatment or support services are placed within 21 days.	50%	Initial Estimates in FY 2014
>> Offenders who start treatment or support services successfully complete the intervention.	65%	62%
>> Percentage of PSA defendants who have a reduction in drug usage following placement in a sanction-based treatment program	74%	83%

Community Supervision Program

Drug testing and treatment are at the core of CSP’s approach to meet the FY 2015-2018 Strategic Plan priorities. CSOSA’s CSP monitors offenders’ compliance with the releasing authorities’ requirements to abstain from drug use and assesses the offenders’ needs for substance disorder treatment. CSOSA’s CSP policy also defines the schedule under which eligible offenders are drug-tested. Offenders can become ineligible for testing (other than initial testing at intake) for a variety of administrative reasons, including a change from active to warrant status, case transfer from D.C. to another jurisdiction, rearrests, and admission to substance disorder treatment. The policy includes spot testing for offenders who are on

minimum supervision, as well as those who do not have histories of drug use and have established a record of negative tests. Each offender's urine sample may be tested for up to seven substances (marijuana, PCP, opiates, methadone, cocaine, amphetamines, and alcohol). On average, CSP drug tested 26,154 samples from 7,962 individuals each month during FY 2013.

Of the eligible FY 2013 offender population, 81 percent were drug tested on the date of intake to CSP supervision, and 87 percent were tested at least once per month. In September 2013, 24.86 percent of all samples submitted for drug testing tested positive for at least one the seven tested substances. This a slight increase from September 2012 when illicit substances were detected in 23.17 percent of tested samples.

CSP addresses high-risk, non-compliant offenders by initiating actions to remove them from the community through placement into residential treatment or sanctions programs for treatment. Of offenders who started contract treatment or support services in FY 2013, 62 percent satisfactorily completed their program. Treatment completion rates for offenders who participated in outpatient treatment were relatively low to the other service types. This contributed to a failure to meet the FY 2013 performance target. CSP is currently evaluating the contract outpatient treatment program to improve completion rates.

Pretrial Services Agency

OFTS forensic research arm is at the forefront of identifying illicit drug use trends in the District. Though its use of tandem gas chromatography mass spectrometry, OFTS identified and characterized Levamisole in the urine samples of some defendants and offenders who tested positive for cocaine use. Levamisole has been identified as a cutting agent that has resulted in serious health consequences, including death, for persons who used it. PSA placed notices about this information in each of its treatment program waiting areas. The OFTS technology has also been used in the identification of buprenorphine (Suboxone, Subutex), designer stimulants (bath salts), and other less common drugs in urine samples collected.

In FY 2013, PSA participated in an ONDCP-funded study in collaboration with the University of Maryland's Center for Substance Abuse Research (CESAR) to update defendant/offender drug testing protocols that track new emerging drugs and ensure that drug monitoring programs are testing for the licit and illicit drugs most often used by defendants/offenders. From this study, it was concluded that synthetic cannabinoids, such as K2/Spice, are emerging drugs in the District.

Through PSA-independent research, OFTS detected the use of synthetic cannabinoids among the defendant and offender populations and investigated approaches to expand testing capabilities to monitor the prevalence of synthetic cannabinoid use. The OFTS partnered with the District of Columbia's Office of the Chief Medical Examiner (OCME) to research and develop methods for analyzing and characterizing the identities of these emerging new drugs and their urinary metabolites. Since the inception of this program, approximately 37 percent of the specimens tested positive for synthetic cannabinoids. Of major importance is the fact that three new varieties of the synthetic cannabinoids were identified as emerging drugs.

During FY 2013, PSA conducted 2,598,858 drug tests on 405,898 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 Family Court. Of the pretrial defendants tested in FY 2013, approximately 32.2 percent (5,791 of 17,985) had at least one positive test. Those results were critical to assessing risk and needs levels for that population.

PSA responds to drug use by referring defendants to appropriate internal or external treatment services. For certain categories of defendants, PSA provides both close supervision and in-house treatment. Defendants with substance use disorders present significantly greater risks of non-compliance during the pretrial period. To mitigate this risk, in FY 2013, PSA completed extensive evaluations of its Drug Court program and internal treatment programs to ensure that its limited resources are used in the most efficacious ways. These evaluations led to the adoption of evidence-based changes in both the Drug Court and internal programs that are designed to ensure more tailored and effective management of populations with substance use disorders.

In FY 2013, PSA screened 96 percent of the defendants referred for substance use disorder and mental health assessments. The PSA added on-site outpatient treatment services, which includes 9 or more hours of weekly group therapy, and education for trauma-impacted clients and others living with mental disorders and co-occurring mental health/substance use disorders. Additionally, PSA began admitting defendants into Drug Court with methadone or Buprenorphine medication-assisted treatment. Ninety-six defendants successfully graduated from Drug Court. Of those, 63 who were charged with misdemeanors had their cases nulled; ninety-six percent remained arrest free; and ninety-two percent made all scheduled court appearances and remained arrest free.

DEPARTMENT OF DEFENSE



DEPARTMENT OF DEFENSE

Defense Health Program

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Estimate	FY 2015 Estimate
Drug Resources by Function			
Treatment	\$99.467	\$101.154	\$91.380
Total Drug Resources by Function	\$99.467	\$101.154	\$91.380
Drug Resources by Decision Unit			
Defense Health Program (DHP)	\$99.467	\$101.154	\$91.380
Total Drug Resources by Decision Unit	\$99.467	\$101.154	\$91.380

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)*	\$31.655	\$34.401	\$34.490
Drug Resources Percentage	0.31%	0.34%	0.32%

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

Program Summary

MISSION

The medical mission of the 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, 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 2013 is adjusted upwards by 16.9% 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 \$91.4 million is within the DHP appropriation for FY 2015 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 decrease of \$9.8 million from the FY 2014 level of \$101.2 million.

Defense Health Program

FY 2015 Request: \$91.4 million

(Reflects \$9.8 million decrease from FY 2014)

The FY 2015 estimate for DoD's DHP appropriation includes \$91.4 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 2015 Changes (-\$9.8 million): The FY 2015 funding decrease is a result of planned reductions in Service member end-strength numbers, which also results in lower numbers of family member beneficiaries. The FY 2015 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 performance of the drug control efforts of the DHP is drawn from agency documents and other DHP information. 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. The DHP supported a 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 2013 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 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$181.214	\$157.729	\$134.221
Interdiction	443.376	438.119	400.129
International	616.100	598.682	402.574
Investigations	14.742	12.955	13.094
Prevention	126.484	120.580	101.591
Research and Development	3.318	1.926	0.000
State and Local Assistance	213.905	208.789	93.370
Total Drug Resources by Function	\$1,599.139	\$1,538.780	\$1,144.979
Drug Resources by Decision Unit			
Drug Interdiction and Counterdrug Activities	\$1,049.469	\$1,015.884	\$820.688
Overseas Contingency Operations	445.481	376.305	189.000
Counternarcotics OPTEMPO	104.189	146.591	135.291
Total Drug Resources by Decision Unit	\$1,599.139	\$1,538.780	\$1,144.979
Drug Resources Personnel Summary			
Total FTEs (direct only)	1,753	1,695	1,636
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$495.5	\$496.0	\$495.6
Drug Resources Percentage	0.2%	0.2%	0.2%

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 address 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 Drug Demand Reduction (DDR) and Counternarcotics (CN):

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.

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.

METHODOLOGY

The majority of DoD counternarcotics resources (except for substance abuse treatment efforts provided by the Defense Health Program) are requested through the Drug Interdiction and Counterdrug Activities appropriation. These funds are allocated to specific programs and projects and then transferred to the most appropriate Service or DoD agency for implementation. This flexibility allows the DoD counternarcotics program to address the ever-changing patterns in the 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 \$1,145.0 million for FY 2015 reflects a program decrease of \$393.8 million from the FY 2014 level of \$1,538.8 million.

Drug Interdiction and Counterdrug Activities

Total FY 2015 Request: \$1,145.0 million

(Reflects \$393.8 million decrease from FY 2014)

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 2015 Request: \$101.6 million

(Reflects \$19.0 million decrease from FY 2014)

The request will provide \$49.1 million for Military Service laboratory testing operations; \$27.6 million for the Military Services collections; \$15.2 million for Joint Service operations; \$4.0 million for Military Service prevention, education, and outreach; and \$5.7 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 2015 Changes (-\$19.0 million): The request primarily reflects a decrease for expanded prescription and synthetic drug testing.

Domestic Support

FY 2015 Request: \$98.9 million

(Reflects \$112.4 million decrease from FY 2014)

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, \$89.5 million will support a portion of the total National Guard State Plans that supports domestic law enforcement efforts; and \$9.5 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.

FY 2015 Changes (-\$112.4 million): This decrease is largely the result of eliminating funding for the National Guard counternarcotics schools and implementation of threat-based resource allocation.

Intelligence and Technology

FY 2015 Request: \$110.9 million

(Reflects \$33.9 million decrease from FY 2014)

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 \$78.1 million will provide counter-narcoterrorism intelligence support and analysis; \$10.0 million is for signals intelligence (SIGINT) collection and processing; \$11.9 million is for Military Service and Special Operations command and control programs; \$1.0 million is for counternarcotics technology efforts; and \$10.0 million will provide Operational Support.

FY 2015 Changes (-\$33.9 million): The request primarily reflects a decrease for intelligence functions that should be core to the specific defense agencies.

International Support

FY 2015 Request: \$833.5 million

(Reflects \$228.6 million decrease from FY 2014)

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. Funding will support operations in these AORs, including providing equipment under Section 1033 authority; detection and monitoring platforms and assets (including CN OPTEMPO), primarily in the Western Hemisphere Transit Zone; and command and control support, including operations of Joint Interagency Task Force-South (JIATF-S) and Joint Interagency Task Force-West (JIATF-W).

FY 2015 Changes (-\$228.6 million): The request primarily reflects the planned decrease in the FY 2015 OCO request. The remaining decrease in funding is primarily the result of decreases to partner nation capacity building efforts.

PERFORMANCE

Information regarding the performance of the drug control efforts of the DoD counternarcotics program is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. In FY 2013, 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 *Strategy's* 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		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
Demand Reduction		
» Active duty military personnel testing positive for drug use	under 2%	0.70%
» DoD civilian personnel testing positive for drug use	under 1%	0.37%
Strategic Goal 1		
» Counter Narcotics Police Afghanistan (CNPA) Capability Milestone (CM) Rating ¹	CM-2A	CM-2B
Strategic Goal 2		
» Percentage of Illicit Trafficking Targeted Cases/Events Detected by Joint Inter-Agency Task Force South (JIATF-S) ²	100%	43%
» Percentage of Illicit Trafficking Cases/Events Monitored by JIATF-S ³	100%	95%
» Percentage of Illicit Trafficking Cases/Events Successfully Handed-off to Interdiction Resources ⁴	100%	94%
Strategic Goal 3		
» Total value in U.S. dollars interdicted through DoD counternarcotics funded National Guard Programs (Western Hemisphere)	*	\$227,500,000
Counternarcotics OPTEMPO (Western Hemisphere)		
» Air platforms: Number of flight hours	41,073	49,091
» Sea platforms: Number of ship steaming days	1,006	311

*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

²43% = (JIATF-S Detected) / (Total Estimated by DoD Intelligence Activities)

³95% = (JIATF-S Monitored) / (JIATF-S Detected)

⁴94% = (JIATF-S Successfully Handed-off) / (JIATF-S Monitored)

Demand Reduction: In FY 2013, DoD continued to keep the illicit drug positive rate below 2% 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 Counternarcotics Police of Afghanistan (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. Organizational challenges in the CNPA program delayed achievement of CM-2A performance in FY 2013. These challenges have been addressed in the Afghanistan Ministerial Development Plan.

In areas other than CNPA CM measures, DoD counterdrug activities had a significant impact on Operation Enduring Freedom in 2013. Corruption tied to the illicit drug industry in Afghanistan has been identified by the International Security Assistance Force (ISAF) as one of the largest strategic threats to the Afghan Government's legitimacy following transition. The United States Central Command (USCENTCOM) counterdrug program partnered with U.S. Government law enforcement to enhance security and stability in Afghanistan by funding capacity building initiatives in the region. These initiatives serve to foster improvements in Afghanistan's counternarcotics capability and improve the overall security situation.

The CNPA Development Unit (CDU), an organization of law enforcement professionals from the DoJ's International Criminal Investigative Training Program (ICITAP), is embedded in ISAF's Police Training Directorate and is responsible for institutional development of the CNPA. The CDU continues to guide the CNPA in executing the CNPA Ministerial Development Program. As a result, CNPA is on-track to transition into a reliable and independent counterdrug law enforcement partner in 2014.

DoD counterdrug funding was also critical in developing Afghan rotary wing airlift to support the CNPA's counterdrug, counter-terror, and counter-insurgency activities. One significant milestone was met in October 2012 when contractors began transitioning out of operational missions. The last U.S. contractor-only CN operation was conducted 5-10 October 2012. Since then, missions and support operations have been conducted primarily by Special Mission Wing (SMW) Afghan crews with minimal augmentation by the U.S. Army Embedded Training Team (ETI). In November 2012, the SMW validated the Green Platoon training concept by segregating pilots and crew chiefs into training platoons for intensive skills development. Three Green Platoon classes occurred from January through November of 2013 with the final class participating in actual counterdrug missions.

Strategic Goal 2: Through cued intelligence and other sources, Joint Interagency Task Force South (JIATF-S) detects, monitors, and hands-off illicit trafficking cases/events to U.S. and international law enforcement agencies for disruption and interdiction. JIATF-S employs a drug interdiction framework and corresponding indicators to assess its operational efficacy and targeting of detection and monitoring resources. JIATF-S assumes 100% indicator targets based on fully resourced ship and air asset requirements. However, DoD's past and current asset allocation and prioritization underachieves this target.

DoD's detection and monitoring activities are informed by and contribute to intelligence awareness in order to counter illicit drug and drug precursor trafficking and related transnational organized criminal threats to U.S. national security interests in the Western Hemisphere. These activities facilitate the interdiction of highly mobile, asymmetric, non-communicative targets involved in illicit drugs and other transnational organized crime within the Western Hemisphere transit zone.

Strategic Goal 3: In FY 2013, DoD counternarcotics funded National Guard programs supporting U.S. law enforcement agencies in over 566 counternarcotics-related money laundering investigations. Investigations included outlaw motorcycle gangs on the northern border, transnational criminal organizations on the southwest border, and financial institutions and front companies with links to narcoterrorism, precursor chemical diversion, drug trafficking, and money laundering. These investigations resulted in identification of over 1,373 suspects and 639 money laundering methods previously unknown to Federal law enforcement agencies and in the dismantling of 7 and disruption of 45 drug trafficking organizations.

DEPARTMENT OF EDUCATION



DEPARTMENT OF EDUCATION
Office of Safe and Healthy Students

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$55.641	\$39.500	\$102.123
Total Drug Resources by Function	\$55.641	\$39.500	\$102.123
Drug Resources by Decision Unit			
Safe and Drug-Free Schools and Communities	\$55.641	\$39.500	\$0.000
<i>Safe and Supportive Schools</i>	48.610	0.000	0.000
<i>School Climate Transformation Grants</i>	0.000	33.000	50.000
<i>Other Activities and Set-asides</i>	3.868	6.500	0.000
Successful, Safe and Healthy Students	0.000	0.000	102.123
<i>School Climate Transformation Grants</i>	0.000	0.000	50.000
<i>State and Local Grants</i>	0.000	0.000	45.000
<i>Other Activities and Set-asides</i>	0.000	0.000	7.123
Total Drug Resources by Decision Unit	\$55.641	\$39.500	\$102.123

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$42.9	\$44.5	\$45.8
Drug Resources Percentage	0.1%	0.1%	0.2%

The total agency budget reflects discretionary funds only, excluding Pell Grants. FY 2015 continuation costs of approximately \$48.6 million for Safe and Drug-Free Schools and Communities National Activities 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 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. The Department's Programs under Safe and Drug-Free Schools and Communities are designed to prevent drug use and improve school learning environments and student behavior for schools awarded competitive grants.

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 *Strategy*.

In 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

In FY 2014, 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; Project SERV; and Project Prevent, a new initiative that will make competitive awards to local educational agencies to help schools in communities with pervasive violence address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence.

For FY 2015, 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: Emergency Preparedness initiatives; Project SERV; Project Prevent; 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; the Elementary and Secondary School Counseling program; and the Fund for the Improvement of Education (for a grant to support the Department's Education Facilities Clearinghouse).

BUDGET SUMMARY

The Department of Education request of \$102.1 million for FY 2015 reflects a \$62.6 million increase over the FY 2014 enacted level.

Successful, Safe, and Healthy Students Program

FY 2015 Request: \$102.1 million

(Reflects \$62.6 million increase over FY 2014)

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 improved school climates that reduce drug use, violence, and harassment and improve school safety and students' physical and mental well-being. Within the program, the Department would use \$45.0 million to award grants to assist state and local educational agencies to develop and implement 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, \$7.1 million would support activities such as evaluation, data collection, dissemination, outreach, and other technical assistance activities that promote safe and healthy students.

FY 2015 Changes (+\$62.6 million): The FY 2015 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 efforts of the SDFSC program is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent drug-related achievements during FY 2013.

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

Department of Education		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
Safe Schools/Healthy Students		
» 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	58.4%	65.4%
» 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	69.4%	69.2%
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	60.9%	73.9%
» 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	35.1%	22.6%
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience an improvement in their school safety score	62.0%	72.9%
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience a worsening in their school safety score	28.5%	20.8%

The Department last funded *Safe Schools/Healthy Students* grants in FY 2012. Data and targets in the above chart represent the final performance period of these grants, which provided support to local education agencies (LEAs) for the implementation of a comprehensive plan to create safe, disciplined, and drug-free environments; provide needed mental health services; and support healthy development. Grantees collected and reported data on rates of student alcohol and drug use (marijuana) as two of the initiative’s GPRA measures.

In 2010, the Department awarded *Safe and Supportive Schools grants* to state educational agencies for targeted interventions to help schools improve safety and reduce substance abuse. The performance measures for these grants focus on the percentage of participating schools that experience (i) a decrease/increase in the percentage of students reporting current (30-day) alcohol use and (ii) an improvement/worsening in their school safety score. The school safety score is an index of school safety that may include the presence and use of illegal drugs (including alcohol and marijuana).

Performance measures for the *School Climate Transformation Grants* will be developed later in 2014.

FEDERAL JUDICIARY



FEDERAL JUDICIARY

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Corrections	\$499.020	\$572.614	\$594.635
Prosecution	348.036	386.274	396.371
Research and Development	4.845	5.017	5.230
Treatment	209.102	236.474	246.734
Total Drug Resources by Function	\$1,061.003	\$1,200.379	\$1,242.970
Drug Resources by Decision Unit			
Administrative Office of the U.S. Courts	\$1.729	\$1.787	\$1.857
Court Security	37.908	39.800	42.461
Defender Services	150.866	159.792	161.133
Federal Judicial Center	1.537	1.573	1.617
Fees of Jurors and Commissioners	12.770	13.792	14.211
Salaries and Expenses	851.502	978.775	1,016.623
U.S. Sentencing Commission	4.691	4.860	5.068
Total Drug Resources by Decision Unit	\$1,061.003	\$1,200.379	\$1,242.970

Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$6.5	\$6.5	\$6.7
Drug Resources Percentage	15.3%	18.4%	18.5%

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 2015, the drug control budget request totals \$1,243.0 million, an increase of \$42.6 million over the FY 2014 enacted 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. The Judiciary's resources will be used to support the following drug control activities:

Administrative Office of the United States Courts

FY 2015 Request: \$1.8 million

(Reflects \$0.1 million increase over FY 2014)

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 2015 Request: \$42.7 million

(Reflects \$2.7 million increase over FY 2014)

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 2015 Request: \$161.1 million

(Reflects \$1.3 million increase over FY 2014)

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

Federal Judicial Center

FY 2015 Request: \$1.6 million

(Reflects no change from FY 2014)

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.

Fees of Jurors and Commissioners

FY 2015 Request: \$14.2 million

(Reflects \$0.4 million increase over FY 2014)

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

Salaries and Expenses

FY 2015 Request: \$1,016.6 million

(Reflects \$37.8 million increase over FY 2014)

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 2015 Request: \$5.1 million

(Reflects \$0.2 million increase over FY 2014)

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 performance 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 FY ending September 30, 2012, 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 GPRMA.

Crimes associated with drugs continued to be the offenses most often prosecuted in the district courts and once again accounted for 31 percent of total defendant filings. Defendants charged with crimes involving marijuana fell 13 percent to 7,340 as filings related to the sale, distribution, or dispensing of marijuana decreased 20 percent to 4,693. Defendants charged with non-marijuana drug offenses declined 6 percent to 22,101 (down by 1,426 filings). Defendant filings involving the sale, distribution, or dispensing of drugs other than marijuana dropped 7 percent to 19,271 (down by 1,496 filings).

Forty-eight percent of persons under post-conviction supervision had been convicted of drug offenses, compared to 47 percent the previous year. Cases in which the major offense charged involved drugs accounted for 28 percent of pretrial services cases, down from 29 percent in 2011.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 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)	2	2	2
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$49.1	\$51.1	\$51.4
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. The mission of ACF is to foster health and well-being by providing Federal leadership, partnership and resources for the compassionate and effective delivery of human services.

METHODOLOGY

The *Targeted Grants To Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse* within the Promoting Safe and Stable Families program was established by The Child and Family Services Improvement and Innovation Act of 2011 (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* and reauthorized through FY 2016 as part of The Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34). Grants funded under this program support regional partnerships in establishing or enhancing a collaborative infrastructure to build the region's capacity to meet a broad range of needs for families involved with substance abuse and the child welfare system.

BUDGET SUMMARY

For FY 2015, the ACF request is \$20.0 million, which reflects no change from the FY 2014 enacted level.

Regional Partnership Grants

FY 2015 Request: \$20.0 million

(Reflects no change)

In FY 2015, 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

Information regarding the performance of the drug control efforts of ACF is based on agency GPRMA documents and other agency information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent highlights of their achievements and includes performance measures and targets for FY 2012, the latest year for which data are available.

Administration for Children and Families		
Selected Measure of Performance	FY 2012 Target	FY 2012 Actual
» Of all children who exit foster care in less than 24 months, percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption).	91.7%	91.5%

Since funding for the Regional Partnership Grant is part of the larger Promoting Safe and Stable Families (PSSF) program, ACF considers those activities to be part of the larger PSSF performance goals, which includes the key measure in the table above. In FY 2012, ACF placed 91.5 percent of all children into permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure are to improve by at least 0.2 percentage points over the previous year's actual result.

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

RESOURCE SUMMARY

	Budget Authority (in Millions)		
	FY 2013 Estimate	FY 2014 Estimate	FY 2015 Estimate
Drug Resources by Function			
Treatment	\$3,620.000	\$4,350.000	\$5,070.000
Total Drug Resources by Function	\$3,620.000	\$4,350.000	\$5,070.000
Drug Resources by Decision Unit			
Grants to States for Medicaid	\$2,700.000	\$3,400.000	\$4,100.000
Medicare	920.000	950.000	970.000
Total Drug Resources by Decision Unit	\$3,620.000	\$4,350.000	\$5,070.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$328.7	\$543.7	\$601.8
Drug Resources Percentage	1.1%	0.8%	0.8%

Program Summary

MISSION

As an effective steward of public funds, the Centers for Medicare and Medicaid Services (CMS) is committed to strengthening and modernizing the Nation’s health care system to provide access to high quality care and improved health at lower cost. Through its coverage of drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of the Office of National Drug Control Policy (ONDCP) by continuing to meet the challenges of providing drug abuse treatment care benefit payments to eligible beneficiaries.

METHODOLOGY

Medicaid Estimate: These projections were based on the estimates in the report “Medicaid Substance Abuse Treatment Spending: Findings Report,” which was written at the request of the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the Department of Health & Human Services (HHS) 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 calendar year 2008 by state, service, and eligibility category. Those estimates were trended forward to

FY 2012 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 2015 Budget. The annual growth rates were multiplied by 98 percent, consistent with the findings of Bouchery et al. (2012) that substance abuse treatment expenditures grew on average at the 98 percent of the rate of all Medicaid services in the same service categories. For residential care services, because neither the CMS-64 nor the Annual Person Summary files provides detail on this service, the growth rate in total Medicaid benefits (by state and eligibility category) was used.

The projections for FYs 2013 through 2015 were then developed from the FY 2012 estimates multiplied 98 percent of the growth rate in expenditures by service and eligibility category from the President's FY 2015 Budget (the Budget does not include projections of expenditures by state). The projections include the impacts of the Affordable Care Act, most notably the Medicaid eligibility expansion in 2014. For the service categories, because of changes to CMS-64 in 2010 and 2011, some adjustments were made in calculating the growth rates for 2008 through 2012. For inpatient hospital services, expenditures for critical access hospitals, emergency hospital services, inpatient hospital supplemental payments, and inpatient hospital graduate medical education payments were included to calculate the growth rate in inpatient hospital services. For outpatient hospital services, outpatient hospital supplemental payments were included. Additionally, consistent with the estimates in Bouchery et al. (2012), these projections do not include any prescription drug rebates collected by Medicaid; the prescription drug rebates substantially reduce net Medicaid expenditures on prescription drugs.

Medicare Estimate: The estimates of Medicare spending for the treatment of substance abuse are based on the FY 2015 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 code 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 FY 2015 drug control outlay estimate for the CMS is \$5,070.0 million, an increase of \$720.0 million above the FY 2014 outlay estimate. Overall year to year growth in substance abuse spending is a function of estimated overall growth in Medicare and Medicaid. Some of the FY 2014 to FY 2015 growth is attributable to the Medicaid expansion assumed to begin in 2014.

Medicaid

FY 2015 outlay estimate: \$4,100.0 million

(Reflects \$700.0 million increase over FY 2014)

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 2015 outlay estimate: \$970.0 million

(Reflects \$20.0 million increase over FY 2014)

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 *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 2015, states will continue 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 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Treatment	\$18.000	\$22.000	\$23.000
Total Drug Resources by Function	\$18.000	\$22.000	\$23.000
Drug Resources by Decision Unit			
Bureau of Primary Health Care	\$18.000	\$22.000	\$23.000
Total Drug Resources by Decision Unit	\$18.000	\$22.000	\$23.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.1	\$8.9	\$10.8
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 primary 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. HRSA-funded health centers must provide primary care services for all age groups. Although all health centers enhance access to substance abuse services, a subset (Health Care for the Homeless grantees) are required to provide it either directly or through formal arrangements with other organizations. The Health Center Program provides grants to organizations that operate service delivery sites in several underserved settings where patients seek treatment for their substance abuse 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 migratory and seasonal agricultural workers,
- Health Care for the Homeless Programs, which reach out to homeless individuals and families and provide primary and preventive care and substance 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 an estimate of the share of the Primary Health Care Grants used for substance abuse treatment. Using UDS data, 0.69% represents the dollars expended by health centers on substance abuse in 2012 divided by the total cost of all services provided. To calculate the total drug control estimates, 0.69% is multiplied by the amount of Health Center Program grant dollars awarded to health centers in FY 2013 and the projected amount of Health Center Program grant dollars to be awarded to health centers in FY 2014 and FY 2015.

BUDGET SUMMARY

The drug control budget for the Health Resources and Services Administration for FY 2015 is \$23.0 million, a \$1.0 million increase over the FY 2014 enacted level.

Bureau of Primary Health Care

FY 2015 Request: \$23.0 million

(Reflects \$1.0 million increase over FY 2014)

In FY 2015, the Health Center program plans to support more than 1,300 grantees and provide comprehensive primary health care services to approximately 31 million patients, including access to substance abuse treatment.

FY 2015 Changes (+\$1.0 million): Health centers will continue to provide substance abuse treatment for all age groups.

PERFORMANCE

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

Health Resources and Services Administration		
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved
» Percent of Health Center Program grantees providing SBIRT services	12%	14%
» Percent of Health Center Program grantees providing substance abuse counseling and treatment services	22%	20%

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 such 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 2012, 20 percent of health centers provided substance abuse counseling and treatment services, falling short of the program target. In FY 2012, 14 percent of health center grantees provided SBIRT services, exceeding the program target. FY 2013 data on these measures are expected to be available in August 2014.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$17.832	\$18.501	\$18.501
Treatment	73.799	93.475	95.136
Total Drug Resources by Function	\$91.631	\$111.976	\$113.637
Drug Resources by Decision Unit			
Alcohol and Substance Abuse Prevention and Treatment	\$87.228	\$107.484	\$109.145
Urban Indian Health Program	4.403	4.492	4.492
Total Drug Resources by Decision Unit	\$91.631	\$111.976	\$113.637
Drug Resources Personnel Summary			
Total FTEs (direct only)	171	171	171
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5.3	\$5.8	\$6.0
Drug Resources Percentage	1.7%	1.9%	1.9%

Program Summary

MISSION

The Indian Health Service (IHS), an agency within HHS, is responsible for providing Federal health services to American Indians and Alaska Natives (AI/AN). IHS supports substance 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. For FY 2014 and FY 2015, the total drug resources include funds for constructing both the Southern and Northern California Youth Regional Treatment Centers, respectively.

BUDGET SUMMARY

In FY 2015, IHS requests \$113.6 million for its drug control activities, an increase of \$1.7 million above the FY 2014 enacted level.

Alcohol and Substance Abuse

FY 2015 Request: \$109.1 million

(Reflects \$1.7 million increase over FY 2014)

The FY 2015 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 2015 Changes (+\$1.7 million): The FY 2015 request includes an increase due to construction costs for the Northern California Youth Regional Treatment Center.

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

FY 2015 Request: \$4.5 million

(Reflects no change from FY 2014)

The FY 2015 request includes funding for the Urban Indian Health Program which will be used to continue serving urban AI/ANs 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 programs and several have identified joint alcohol and substance abuse initiatives.

In FY 2015, IHS will continue to serve AI/ANs impacted by substance abuse and dependence through its Youth Regional Treatment Centers (YRTCs) and other IHS, Tribal, and Urban Indian operated substance abuse treatment and prevention programs. In addition to those direct services, the IHS Methamphetamine and Suicide Prevention Initiative (MSPI) is a nationally-coordinated demonstration pilot program, focusing on providing targeted methamphetamine and suicide prevention and intervention resources to communities in Indian Country with the greatest need for these programs. There is mutual development and implementation of the MSPI project with Tribes, Tribal programs, and other Federal agencies which now provides support to 129 IHS, Tribal, and Urban Indian health programs nationally. The strategic goal is to support Tribal programs in their continued substance abuse prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with IHS to deliver services by and for the communities themselves, with a national support network for ongoing program development and evaluation.

Substance abuse and dependence in all of its forms continue to rank high on the concern list of the Tribal partners. IHS believes that a shift in emphasis to earlier intervention is required to be successful in reducing the consequences of substance abuse and dependence. IHS proposes focusing on intervention earlier with younger high risk and hazardous users and preventing

further progression by recognizing and responding to the sequel of the abuse. IHS promotes expanded health care services, such as mental and behavioral health treatment and prevention, by providing training on substance use disorders to IHS, Tribal, and Urban Indian health programs at annual conferences, meetings, and webinars. Continuing Medical Education (CMEs) and Continuing Education Credits (CEUs) are offered in these training opportunities provided to primary care providers with a special focus on emergency clinics and on women and families.

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

FY 2015 Changes (no change): IHS will continue to serve AI/ANs impacted by substance abuse and dependence through its Youth Regional Treatment Centers (YRTCs) and other IHS, Tribal, and Urban Indian operated substance abuse treatment and prevention programs.

PERFORMANCE

Information regarding the performance of the drug control efforts of IHS is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The IHS has added two program measures to report on the effectiveness of IHS programs that focus on drug abuse. IHS is also in the process of developing a measure for prescription drug abuse.

The table and accompanying text below represent highlights of IHS achievements during FY 2013, the latest year for which data are available. The measures reported in the table provide targets and results from both Tribally-Operated Health Programs and Federally-Administered Health Programs. Currently, Tribally-Operated Health Programs have 16 measures, including alcohol- and health-related performance indicators.

Indian Health Service		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Alcohol-use screening among appropriate female patients	61.7%	65.7%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	90%
» Report on number of emergency department patients who receive SUD intervention	41,319	44,325
» Report on number of SUD services in primary care clinics	113,567	102,456

Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). Known as the leading and most preventable cause of mental retardation, the rates of FAS are higher among American Indians and Alaska Natives than the general population. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of FAS.

The accreditation measure for Youth Regional Treatment Centers reflects an evaluation of the quality of care associated with accreditation status by either the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities (CARF), state certification, or regional Tribal health authority certification. The 100 percent accreditation performance measure was not met in FY 2013 as a result of the ongoing difficulties experienced by one Tribally-Operated YRTC that is continuing to experience challenges with completing CARF accreditation. The YRTC hoped to obtain accreditation in 2013; however due to internal delays, the YRTC has established a revised action plan with a tentative CARF site visit for calendar year 2014.

The FY 2013 performance measure was also impacted when a tribally operated YRTC closed its doors as of July 31, 2013. With this closure, the total number of operating YRTC facilities is now ten; therefore, accreditation of the nine out of the ten YRTCs results in an FY 2013 actual rate of 90percent.

The IHS provides several training opportunities annually on alcohol and substance abuse issues for its providers. During 2013 in partnership with the University of New Mexico, the Tele-Behavioral Health Center for Excellence (TBHCE) conducted webinar training for over 8,700 participants on current and pressing behavioral health issues through a series of webinars, including a concentrated focus on substance use disorders through a concentrated weekly Pain and Addiction Series and Addiction Mini-Series. Topics included Opioid Dependence, Buprenorphine, Methadone I and II, and Medication Management: Opioid Based Screening for Opiate Addictions.

The TBHCE is also evaluating models of care delivery, access to care, and sustainability. A toolkit was developed for sites to prepare the infrastructure to have tele-behavioral health services. Critical video infrastructure components were purchased and installed. Intra-Agency

agreements were established with IHS Billings, Great Plains, Nashville, Navajo, and Phoenix Areas. The TBHCE sites for direct clinical services are Spirit Lake and Sisseton (Great Plains Area); Fort Peck (Wolf Point clinic and Poplar clinics) and Fort Belknap, (Billings Area); Elko and Uintah-Ouray Service Units (Phoenix Area); Acoma-Canoncito-Laguna, New Sunrise Regional Treatment Center, To'hajiilee clinic, Mescalero, Albuquerque Indian Health Center and Santa Clara clinic (Albuquerque Area); Catawba (Nashville Area), and Northern Navajo Medical Center (Navajo Area).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Research and Development: Prevention	\$359.019	\$367.569	\$370.199
Research and Development: Treatment	\$694.991	\$711.631	\$716.515
Total Drug Resources by Function	\$1,054.010	\$1,079.200	\$1,086.714
Drug Resources by Decision Unit			
National Institute on Drug Abuse	\$992.232	\$1,015.754	\$1,023.268
National Institute on Alcohol Abuse and Alcoholism	61.778	63.446	63.446
Total Drug Resources by Decision Unit	\$1,054.010	\$1,079.200	\$1,086.714
Drug Resources Personnel Summary			
Total FTEs (direct only)	394	394	394
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$29.1	\$30.1	\$30.4
Drug Resources Percentage	3.6%	3.6%	3.6%

Program Summary

MISSION

The societal impact of substance abuse (alcohol, tobacco, illicit and nonmedical use of prescription drugs) in this country is daunting, exceeding \$700 billion a year in health care, crime-related, and productivity losses. Knowledge is the foundation of the transformative agenda needed to strike at the heart of this stubborn and costly challenge. To provide a comprehensive public health response, the National Institute on Drug Abuse (NIDA) will continue to build on science advances from our investments in genetics, neuroscience, pharmacotherapy, and behavioral and health services research that have led to innovative strategies for preventing and treating substance use disorders in this country and worldwide.

Since its creation, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has led efforts to define alcohol issues as medical in nature and address them using evidence-based findings. The work supported by the Institute has transformed the understanding of alcohol use disorders and their 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.

The National Institutes of Health (NIH) established the Collaborative Research on Addiction at NIH (CRAN) in FY 2013 to facilitate collaborative research across Institutes on substance use, abuse, and their related health consequences. NIAAA, NIDA, and the National Cancer Institute (NCI) are the lead Institutes; participation by other NIH Institutes/Centers (ICs) is encouraged for relevant initiatives.

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. NIAAA's methodology for developing budget estimates 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 2015 Request is \$1,086.7 million for NIH's drug-related activities, which is an increase of \$7.5 million above the FY 2014 enacted level. NIH-supported research has and will continue to provide the scientific basis for budget policy. For example, NIH continues to explore the many influences on drug addiction 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 the development of medications to treat substance use disorders, with NIH now poised to capitalize on a greater understanding of the neurobiology underlying addiction and of newly identified candidate systems and molecules as medication targets. NIH is also exploring ways in which health care reform, and the Affordable Care Act (ACA) specifically, can help bring people who have been marginalized, such as those with substance use disorders, HIV, or both, into a network of care and generate a major public health impact.

National Institute on Drug Abuse

FY 2015 Request: \$1,023.3 million

(Reflects \$7.5 million increase over FY 2014)

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

Epidemiology, Services and Prevention Research (FY 2015 Request: \$253.8 million)

This NIDA Division supports integrated approaches to understand and address the interactions between individuals and environments that contribute to drug abuse-related problems. It supports large surveys (e.g., the annual *Monitoring the Future* Survey, which tracks drug use and related attitudes among teens) and surveillance networks (e.g., the Community Epidemiology Work Group) to monitor drug-related issues and trends locally and nationally. Program efforts help identify substance abuse trends locally, nationally, and internationally; guide development of responsive interventions for a variety of populations; and encourage optimal service delivery in real-world settings. For example, factors associated with marijuana use have been undergoing dramatic changes. The potency, sources, availability, public perception, and legal status are significantly different than when marijuana use became a national issue more than 40 years ago. NIDA plans to support research to better understand the longer term outcomes resulting from these changes, such as trends in use, harm perception, clinical/social consequences, brain development, educational outcomes, and market/demographic variables, particularly for adolescents and young adults. Such knowledge can be then used to inform policy, the public, and to improve prevention and treatment interventions.

Basic and Clinical Neuroscience Research (FY 2015 Request: \$440.7 million)

The Basic and Clinical Neuroscience programs work together to expand understanding of the neurobiological, genetic/epigenetic, and behavioral factors that underlie substance use disorders. Specifically, they examine which variables influence risk of drug abuse, addiction, and drug-related disorders; how addiction works in the brain, including the effects of drugs on the expression or silencing of genes; and how resultant changes affect brain function and consequent behaviors. Collectively, this research provides critical information to develop and test novel prevention and treatment interventions for substance use disorders. For example, as mentioned above, a pressing research priority that has recently emerged due to the rapidly changing political and legal landscape surrounding marijuana, is the need to improve our understanding of the role of the endocannabinoid system in brain development, function, and activity, and the impact of marijuana use on these processes (particularly among young people). This Division also supports fundamental research to better understand brain function. For example, our knowledge of the various mechanisms the brain uses to fuel its operations (i.e., brain energetics) is surprisingly limited. Energy utilization patterns in the brain enable and shape all mental and behavioral activities, both normal and pathological. Brain energy utilization (and thus behavior) is profoundly affected by environmental conditions, such as diet, stress, and exposure to drugs of abuse. NIDA is, therefore, soliciting grant applications to improve our basic understanding of the molecular mechanisms whereby chronic exposure to

drugs of abuse impacts brain energetics. Successful projects are poised to identify new molecular targets that could be harnessed to design novel medications and/or behavioral treatments for addiction.

Pharmacotherapies and Medical Consequences (FY 2015 Request: \$133.0 million)

This program area is responsible for medications development aimed at helping people recover from drug abuse and addiction and sustain abstinence. For example, this Division is encouraging the formation of strategic alliances to leverage NIDA resources between collaborating organizations (such as academic institutions, pharmaceutical, and biotechnology companies) with the common goal of advancing medications through the development pipeline toward Food and Drug Administration (FDA) approval, in a timely manner. This Division also includes programs to address the medical consequences of drug abuse and addiction, 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 2015 Request: \$45.5 million)

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) comprises 13 research nodes and more than 240 individual community treatment programs in 38 states, plus the District of Columbia and Puerto Rico. The CTN develops and tests the feasibility and effectiveness of promising medications and behavioral treatment approaches for drug abuse and related disorders, such as comorbid mental health disorders and HIV, with diverse patient populations and community treatment providers. The CTN is currently at the final stage of completing a multi-site study to evaluate the effect of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in emergency departments on substance use and substance-related outcomes; a trial of the safety and effectiveness of Suboxone (buprenorphine) plus Vivitrol (extended-release naltrexone) for the treatment of cocaine addiction in patients also abusing opioids; and a randomized trial evaluating safety and preliminary efficacy of buspirone for relapse-prevention in patients with cocaine addiction. Ongoing studies are evaluating the effect of contingency management on treatment engagement of HIV-infected drug users, a comparison of Vivitrol to Suboxone for patients addicted to heroin or other opioids, including prescription pain relievers, N-acetylcysteine for treatment of marijuana addiction, combination therapy with Vivitrol plus Wellbutrin (bupropion) for treatment of methamphetamine addiction, and Vivitrol for HIV positive opioid users in HIV settings.

Intramural Research Program (IRP) (FY 2015 Request: \$88.2 million)

The Intramural Research 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 particular emphasis on the brain and its development, maturation, function, and structure. A prime example of the unique role the IRP plays in furthering substance abuse research is the recently established Designer Drug Research Unit (DDRU), created in response to the worldwide epidemic of synthetic drug abuse. Synthetic drugs are marketed as safe, cheap, and legal alternatives to illicit drugs like marijuana, cocaine, and ecstasy. However, they can produce serious cardiovascular and neurological side effects that require emergency medical care and can be fatal. Many popular designer drugs have been rendered illegal by regulatory control, but new replacement analogs are flooding the marketplace at an alarming rate. The NIDA IRP is uniquely poised to respond to this public health crisis by collecting, analyzing, and disseminating current information about the pharmacology and toxicology of newly-emerging designer drugs. The IRP also works collaboratively with NIDA's Extramural Division of Pharmacotherapies and Medical Consequences of Drug Abuse to identify potential targets for addiction medications, an approach that should speed up the progress of selected targets along the NIDA medications development pipeline. In addition, NIDA and NIAAA together have made significant progress at integrating their intramural research programs in substance use, abuse, and addiction, 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 2015 Request: \$62.0 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, the functions of RMS encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1,800 research grants and more than 190 research and development contracts. 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 addressing it.

Adolescents are a key target for NIDA's outreach efforts. NIDA created National Drug Facts Week (NDFW), a week-long health observance event held annually at the end of January during which teens and scientists connect at local events to discuss the scientific facts about substance use disorders. In 2013, more than 500 events were held reaching all 50 states. Promotional media activities surrounding the week reached more than 71 million people. Another key audience is health care professionals. In October 2012, the Office of National Drug Control Policy (ONDCP) and NIDA launched two online continuing medical education courses—one focused on safe prescribing for pain and the other on managing patients who abuse prescription opioids—in partnership with Medscape. To date, these courses have been completed nearly 75,000 times for credit. In January of this year (2014), NIDA published a new

guide called “Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide.” This guide is intended to provide parents, referring clinicians, treatment practitioners, youth, and others with an evidence-based resource to the principles of effective substance abuse treatment for youth.

National Institute of Alcohol Abuse and Alcoholism

FY 2015 Request: \$63.4 million

(Reflects no change from FY 2014)

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 risk 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 or diabetes). In FY 2013, two additional five-year studies were funded to evaluate the guide, one in school settings and another study in primary care. The brief, two-question screener is being assessed in youth ages 9 to 18 as a predictor of alcohol risk, alcohol use, and alcohol problems, including alcohol-use disorders, and as an initial screen for other behavioral health problems (e.g., other drug use, smoking, or conduct disorder). NIAAA has a significant investment in underage drinking research including seven ongoing projects that comprise the National Consortium on Alcohol and Neurodevelopment in Adolescence (N-CANDA). Collectively, these projects will follow more than 600 participants through adolescence, using state-of-the-art structural and functional brain imaging and extensive behavioral and clinical assessments to identify the short- and long-term effects of alcohol exposure on the developing adolescent brain.

PERFORMANCE

Information regarding the performance of the drug control efforts of NIH is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. NIH’s 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 ICs. This approach reflects NIH’s commitment to supporting the best possible research and coordination of research efforts across ICs. All performance results reported were achieved in FY 2013.

NIDA and NIAAA continue to contribute to a number of trans-NIH scientific research outcomes (SROs). One of these, indicative of NIDA and NIAAA’s contribution to the prevention of substance abuse and addiction, is SRO-3.5: “By 2013, identify and characterize at least two 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. Please note that NIH completed SRO-3.5 in FY 2013. In FY 2014, NIH replaced SRO-3.5 with SRO-5.15, which states “By 2018, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance use, abuse, addiction and their consequences in underage populations.” Like SRO-3.5, this new measure is indicative of NIDA and NIAAA’s efforts to support prevention research related to substance use disorders.

NIDA and NIAAA also contribute to SRO-8.7: “By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.” By studying treatment implementation, this outcome improves the translation of research into practice.

National Institute on Drug Abuse		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» SRO-3.5, by 2013, identify and characterize at least two 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.	Continue to characterize functional genetic variations associated with substance abuse	NIH researchers characterized additional gene variants associated with drug dependence and smoking cessation, as well as developed new resources to help interpret the functional significance of identified variants.
» SRO-8.7, by 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.	Continue ongoing data collection 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 and HIV-STIC completed data collection in FY 2013.

Prevention – SRO-3.5

NIDA contributes 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.

From 2007 to 2013, multiple genome-wide and targeted association studies have revealed significant associations between genetic variants and substance abuse and addiction. NIDA supported deep sequencing and functional analyses to understand the relationships and mechanisms of how those genetic variants contribute to addiction and its treatment.

Recent work by NIDA-supported researchers has identified new variants associated with opioid addiction. Xie et al. (2013) sequenced 1,520 subjects with co-occurring alcohol, cocaine, and opioid dependence and identified 11 rare variants that showed an association with opioid dependence in an African American sample. Although rare variants were identified in several genes, the bulk of them were identified in DISC1 and GRIN2B genes². This targeted sequencing approach, i.e., repeatedly sequencing a known region, is particularly valuable for substance abuse phenotypes because of what we already know about the genes involved in the metabolism of the substance or major biologic systems that are affected.

In other work, NIDA researchers built upon work reported last year on variations in the nicotinic subunit receptor cluster on chromosome 15 that may be associated with response to smoking cessation medications. Bergen et al. evaluated nicotinic receptor subunit polymorphisms in an analysis of 8 separate, but similar, randomized clinical trials. The data show that the abstinence rates at the end of treatment and at 6 months post treatment were influenced by CHRNA5 variants³. Another study examined whether these genes predict efficacy of the smoking cessation medications varenicline and bupropion. Continuous abstinence (weeks 9–12) with varenicline treatment was associated with multiple nAChR subunit genes (including CHRN2, CHRNA5, and CHRNA4); whereas abstinence associated with bupropion treatment was associated with the CYP2B6 gene⁴. Thus, different loci are associated with varenicline vs. bupropion response, suggesting that additional research may identify clinically useful markers to guide treatment decisions.

Another genetic variant of interest, CYP2A6, has been shown to affect how quickly nicotine is metabolized, which in turn influences nicotine use and the efficacy of smoking cessation medications. For example, a recent NIDA-funded study showed that differences in the CYP2A6 gene can predict whether nicotine replacement therapies (nicotine lozenge and/or nicotine patch) will be effective in helping a person quit smoking. The effectiveness of bupropion, a non-nicotine based medication often prescribed to quit smoking, was not affected by differences in this gene⁵. This study adds to previous findings with the CHRNA5 gene, showing that screening for genetic variation may better guide personalized treatments to quit smoking. However, before moving these findings to the clinic, additional data are needed to assess long term outcomes, and generalizability to diverse populations.

Lastly, an important part of functional characterization is using computational approaches to integrate information from a variety of sources. To this end, NIDA has supported several studies to facilitate the discovery and possible functional significance of genetic or

² Xie P, Kranzler HR, Krystal JH, Farrer LA, Zhao H, Gelernter J. (2013) Deep resequencing of 17 glutamate system genes identifies rare variants in DISC1 and GRIN2B affecting risk of opioid dependence. *Addict Biol.* [Epub ahead of print]

³ Bergen AW, Javitz HS, Krasnow R, Nishita D, Michel M, Conti DV, Liu J, Lee W, Edlund CK, Hall S, Kwok PY, Benowitz NL, Baker TB, Tyndale RF, Lerman C, Swan GE (2013) Nicotinic acetylcholine receptor variation and response to smoking cessation therapies. *Pharmacogenet Genomics.* 23(2):94-103.

⁴ King DP, Paciga S, Pickering E, Benowitz NL, Bierut LJ, Conti DV, Kaprio J, Lerman C, and Park PW. (2012) Smoking Cessation Pharmacogenetics: Analysis of Varenicline and Bupropion in Placebo-Controlled Clinical Trials. *Neuropsychopharmacology* 37(3): 641–650.

⁵ Chen LS, Bloom AJ, Baker TB, Smith SS, Piper ME, Martinez M, Saccone N, Hatsukami D, Goate A, Bierut L. (2014) Pharmacotherapy effects on smoking cessation vary with nicotine metabolism gene (CYP2A6). *Addiction.* 109(1):128-137.

chromosomal changes corresponding to disease status. NIDA has supported methods to more robustly identify contributing (or causal) single nucleotide polymorphisms related to addiction^{6,7}. (Single nucleotide polymorphisms, or SNPs, are DNA sequence variations that occur when a single nucleotide (A, T, C, or G) in the genome sequence is altered.) In addition, NIDA supported the development of a resource to explore long-range genomic interactions using the WashU Epigenome Browser to gain deeper insights to genomic changes⁸.

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 percent 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.

The CJ-DATS protocol completed data collection in FY 2013; research protocols are described in the FY 2010 target description. 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; 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 addiction treatment. The KPI + OL intervention is intended to improve correctional staff knowledge, perceptions, and capacity for interorganizational relationships to improve referral to, utilization of, and support for medication-assisted treatment appropriate for individuals with substance use disorders.

In FY 2013, all nine research centers completed the active implementation protocol—that is, the strategic planning intervention with the Pharmacotherapy Exchange Council (PEC). To date, in each experimental site, the PEC has completed all assigned protocol activities: an

⁶ Schwantes-An TH, Culverhouse R, Duan W, Ramnarine S, Rice JP, Saccone NL. (2013) Interpreting joint SNP analysis results: when are two distinct signals really two distinct signals? *Genet Epidemiol.*37(3):301-9.

⁷ Johnson EO, Hancock DB, Levy JL, Gaddis NC, Saccone NL, Bierut LJ, Page GP. (2013) Imputation across genotyping arrays for genome-wide association studies: assessment of bias and a correction strategy. *Hum Genet.* 132(5):509-22. doi: 10.1007/s00439-013-1266-7.

⁸ Zhou X, Lowdon RF, Li D, Lawson HA, Madden PA, Costello JF, Wang T. (2013) Exploring long-range genome interactions using the WashU Epigenome Browser. *Nat Methods.* 10(5):375-6.

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.

In FY 2013, the research teams completed end-of-intervention and follow-up data collection at all sites. This included records abstraction from offender case reports at the end of the intervention and at 6 months post-intervention to determine the extent to which offenders are referred to treatment and gains are sustained over time. These data can be compared to referral rates documented at baseline (collected in FY 2011). The second half of FY 2013 was devoted to intensive data cleaning and analysis activities. One paper was submitted for publication⁹, and four main findings papers are being prepared for publication. Research teams presented preliminary findings at several national conferences, including the American Association for the Treatment of Opioid Dependence (AATOD), the Association for Medical Education and Research (AMERSA), and the Academic and Health Policy Conference on Correctional Health. FY 2014 is entirely devoted to data analysis, and reporting of study findings.

HIV Services and Treatment Implementation in Corrections (HIV-STIC) protocol is testing an organizational intervention strategy for more effectively implementing improvements in HIV services for preventing, detecting, and treating HIV in offenders under correctional supervision. The interventions to be tested are an HIV Training for corrections intervention and Local Change Team (LCT) Process Improvement intervention. The HIV training includes basic training on 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 to make incremental organizational changes that will improve the quality and coordination of HIV services across correctional and community agencies.

In FY 2013, all nine research centers continued to collect data associated with the active implementation protocol; that is, the HIV training and Local Change Team Intervention. In FY 2013, all sites (experimental and control) have completed the implementation and data collection phases of the study. CJ-DATS investigators submitted three publications to peer-reviewed journal outlets related to the HIV-STIC study during FY 2013. FY 2014 is devoted entirely to data analysis and continued reporting of study findings.

⁹Belenko S, Hiller M, Visher C, Copenhaver M, O'Connell D, Burdon W, Pankow J, Clarke J, Oser C (2013) Policies and Practices in the Delivery of HIV Services in Correctional Agencies and Facilities: Results From a Multisite Survey. *J Correct Health Care*, in press.

Research Highlights

Long-term effects of universal preventive intervention on prescription drug abuse.

Brief prevention interventions delivered during middle school are effective at reducing students' abuse of prescription drugs throughout adolescence and into young adulthood, according to a new NIDA-funded study. Three randomized controlled trials tested the effects of brief universal interventions (i.e., those targeting all kids) aimed at reducing youth risky behaviors and substance use: (1) the Iowa Strengthening Families Program (ISFP); (2) a modified version of the ISFP called the Strengthening Families Program: For Parents and Youth 10-14 (SFP) coupled with Life Skills Training; and (3) the SFP paired with one of three school-based interventions. All tested interventions were associated with significantly lower prescription opioid abuse and lower lifetime prescription drug abuse overall, and the interventions either were equally or more effective for higher-risk subgroups as for lower-risk groups. This study is the first to examine the long-term effectiveness (6-14 years following the intervention) of brief universal prevention programs on reducing prescription drug abuse throughout adolescence and into young adulthood.

Research suggests that targeted stimulation of the brain's prefrontal cortex is a promising treatment for addiction.

Compulsive drug-taking, despite negative health and social consequences, has been the most difficult challenge in human drug addiction. NIDA researchers used an animal model of cocaine addiction, in which some rats exhibited addictive behavior by pushing levers to get cocaine even when followed by a mild electric shock to the foot. Other rats did not exhibit addictive responses. The NIDA scientists compared nerve cell firing patterns in both groups of rats by examining cells from the prefrontal cortex. They determined that cocaine produced greater functional brain deficits in the addicted rats. Scientists then used optogenetic techniques on both groups of rats – essentially shining a light onto modified cells to increase or lessen activity in that part of the brain. In the addicted rats, activating the brain cells (thereby removing the deficits) reduced cocaine-seeking. In the non-addicted rats, deactivating the brain cells (thereby creating the deficits) increased compulsive cocaine seeking. This is the first study to show a cause-and-effect relationship between cocaine-induced brain deficits in the prefrontal cortex and compulsive cocaine-seeking.

New breath test may detect recent marijuana use.

Marijuana causes serious impairment in motor skills, judgment, and perception, which are necessary for operating a vehicle safely. In the past, testing drivers for recent marijuana use has not been as simple as testing for alcohol, but preliminary research on the detection of THC (tetrahydrocannabinol) – the main psychoactive chemical in marijuana – in the breath of marijuana smokers may change that. According to NIDA scientists who published their work in September, a new breath test they have developed can, in most cases, detect whether a person used marijuana within the previous ½ hour to 2.5 hours, depending on the frequency of use. This could be a valuable tool for workplace or roadside marijuana testing.

Drug overdose is the leading cause of death in former prisoners.

A new study identifies drug overdose as the leading cause of death in former prisoners, with prescription opioids most commonly involved in these deaths. In addition, women leaving prison had higher mortality rates from opioids, cocaine, and antidepressants than men.

These findings highlight the vulnerability of former prisoners as they transition from prison to the community, suggesting the need for more effective overdose education, monitoring for medical problems, and drug treatment in prison- and community-based mental and health care systems.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» SRO-3.5, by 2013, identify and characterize at least two 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.	Complete genome wide association and functional studies and identify potential genomic variants associated with risk for substance use and/or psychiatric disorders.	NIH researchers identified genomic variants that were associated with risk for alcohol dependence.
» SRO-8.7, by 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.	Refine the underage drinking screening guide based on feedback from primary care providers and develop strategies to encourage widespread adoption of the guide.	NIH supported two additional studies to evaluate its youth alcohol screening guide and developed CME training through Medscape for physicians, nurses and physicians' assistants.

Prevention – SRO-3.5

NIH researchers conducted genetic association studies within families in which alcohol dependence is prevalent and identified gene variants associated with alcohol dependence.

For more than two decades NIAAA 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. A current focus of COGA is the study of adolescents and young adults from these families to examine genetic effects across development and to understand the environmental factors that modulate genetic risk in this critical age range. Studies on youth from families with a high density of alcohol dependence will enable researchers to examine how genetic variants

identified in one generation influence risk in the next generation and how this risk is influenced by various environmental factors. The research will also further explore if exposure to alcohol during key developmental stages causes epigenetic modifications, defined as changes to DNA structure without changes to the DNA sequence that alter gene expression, which may affect the long-term risk for alcohol dependence and its sequelae. Analyses will also examine the potential association between these epigenetic changes and patterns of alcohol use initiation.

COGA researchers recently completed a genome wide association study (GWAS) and identified gene variants that are potentially associated with risk for alcohol dependence. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the diagnosis of alcohol dependence is based on endorsement of at least 3 of 7 diagnostic criteria. Rather than focusing on the presence or absence of alcohol dependence as the primary outcome, the investigators in this study used the overall number of alcohol dependence criteria met (from 0 to 7), which some studies have indicated is a good diagnostic tool that may reflect the severity of dependence. This approach expanded the sample population. For example, information on older adolescents who may have begun to experiment with alcohol, but who met only one or two alcohol dependence criteria, was included in the analysis. The GWAS was conducted on more than 2,000 subjects from 118 extended families severely affected by alcohol dependence. The genomic variants that showed the strongest association with the number of alcohol dependence criteria endorsed were located in C15orf53, a gene of unknown function. Other genomic variants in C15orf53 that were previously found to affect risk for bipolar disorder also showed a strong association with alcohol dependence risk in the current study, suggesting shared genetic factors may contribute to both disorders. The investigators attempted to replicate the alcohol dependence findings using data from two other addiction-related studies that did not select participants based on a strong family history of alcohol dependence. In these two studies, the associations were weaker. This suggests that severely affected families may have a concentration of genetic variants that influence risk for alcohol dependence but that has less effect on alcohol dependence in the general population. An alternate explanation is that the small effect size seen in this study may be difficult to replicate in other types of samples, especially those of limited size.¹⁰

Treatment – SRO-8.7

To encourage use of NIAAA's youth alcohol screening guide, NIAAA developed an online course with Medscape to provide continuing medical education (CME) credits for physicians, nurses, and physician assistants. To date, over 14,000 health care providers have been Medscape certified. Previously, NIAAA issued a request for research applications (RFA) to evaluate the youth alcohol screening guide in practice and funded four projects: one in a network of emergency departments, one in a juvenile justice setting, one in primary care, and one with

¹⁰ Wang JC, Foroud T, Hinrichs AL, Le NX, Bertelsen S, Budde JP, Harari O, Koller DL, Wetherill L, Agrawal A, Almasy L, Brooks AI, Bucholz K, Dick D, Hesselbrock V, Johnson EO, Kang S, Kapoor M, Kramer J, Kuperman S, Madden PA, Manz N, Martin NG, McClintick JN, Montgomery GW, Nurnberger JI Jr, Ranganwamy M, Rice J, Schuckit M, Tischfield JA, Whitfield JB, Xuei X, Porjesz B, Heath AC, Edenberg HJ, Bierut LJ, Goate AM. A genome-wide association study of alcohol-dependence symptom counts in extended pedigrees identifies C15orf53. *Mol Psychiatry*. 2012 Oct 23. doi: 10.1038/mp.2012.143. [Epub ahead of print]

youth who have a chronic condition (e.g., asthma, diabetes). In FY 2013, NIAAA funded two additional five-year studies under the RFA, another one in primary care and one in a school setting. These studies will provide feedback to NIAAA that will facilitate refinement of the guide and help identify settings where use of the guide is appropriate and effective thereby informing strategies for more widespread dissemination.

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 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.)

Research Highlights

Study finds missed opportunities for underage alcohol screening.

Although drinking is prevalent among adolescents, doctors often fail to ask and counsel their young patients about drinking. In a random survey of more than 2,500 10th grade students with an average age of 16 years, researchers from NIAAA and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development found that 34 percent reported drinking alcohol in the past month. Twenty-six percent said they had binge, defined as five or more drinks per occasion for males, and four or more for females. While more than 80 percent of 10th graders said they had seen a doctor in the past year, just 54 percent of that group were asked about drinking, and 40 percent were advised about alcohol harms. Furthermore, among students who had been seen by a doctor in the past year and who reported drinking in the past month, only 23 percent said they were advised to reduce or stop drinking. Among the 43 students who said that they were drunk six times or more in the past month and who said they had been asked about their drinking by a doctor, about 30 percent were not advised about drinking risks, and two-thirds were not advised to reduce or stop drinking. The researchers caution that in the survey students were asked about past-month drinking, not what they may have told their physicians about their drinking. Studies have shown that screening and brief interventions by health care providers – asking patients about alcohol use and advising them to reduce risky drinking – can promote significant, lasting reductions in drinking levels and alcohol-related problems among adults. Accumulating evidence supports the use of alcohol screening among adolescents.

Genetic influences on alcohol use across stages of development.

COGA researchers performed a longitudinal analysis to understand how genetic risk for alcohol dependence evolves during the transition from adolescence to young adulthood. There is a substantial body of evidence that has demonstrated genetic associations with alcohol dependence in adults; however, there is limited evidence about genetic associations with alcohol dependence symptoms at much younger ages, as well as how genetic risk for problem drinking may change over time. Using a sample of 1,070 adolescents and young adults ages 14-

25 from COGA families, the researchers tested whether variants in GABRA2, a gene previously associated with adult alcohol dependence, was associated with risky drinking behavior. In this study, drunkenness during the past 12 months was used as a measure of risky drinking behavior because, at earlier ages, genetic influences may be more evident for patterns of problem drinking than for the classical symptoms used to diagnose alcohol dependence. A significant association was observed between each of the six GABRA2 variants tested and a sudden, substantial increase in drunkenness during the transition from adolescence to young adulthood (age 18 to 19). Although males overall exhibited higher levels of drunkenness in the sample studied, the genetic influence of the GABRA2 variants on the increase during age 18 to 19 was more evident in females. For many individuals, this transitional period is marked by multiple milestones such as attending college, acquiring greater autonomy, and forming new social networks. These findings illustrate that genetic effects differ across development from adolescence to adulthood and gender differences are important in understanding these effects.¹¹

Genetic correlates of the age of onset of alcohol use disorders in adolescents and young adults.

Research has shown that those who begin to drink at an early age are at greater risk of developing alcohol dependence and early drinking may be influenced by genetic factors. COGA investigators looked at a sample of 2,938 adolescents and young adults ages 12-25 to test if variants in the CHRM2 gene that were previously shown to be associated with adult alcohol dependence could predict the onset of alcohol dependence in adolescents and young adults. The researchers found a significant association with CHRM2 variants and onset of alcohol dependence in adolescents under 16 years of age, including those who also reported ever using an illicit drug. An important difference between this data and the previous adult data was that the CHRM2 variant with the strongest association out of the ones tested was different for the under age 16 group compared to adults.¹²

¹¹Dick DM, Cho SB, Latendresse SJ, Aliev F, Nurnberger JI Jr, Edenberg HJ, Schuckit M, Hesselbrock VM, Porjesz B, Bucholz K, Wang JC, Goate A, Kramer JR, Kuperman S. Genetic influences on alcohol use across stages of development: GABRA2 and longitudinal trajectories of drunkenness from adolescence to young adulthood. *Addict Biol.* 2013 May 20. doi: 10.1111/adb.12066. [Epub ahead of print]

¹²Chorlian DB, Rangaswamy M, Manz N, Wang JC, Dick D, Almasy L, Bauer L, Bucholz K, Foroud T, Hesselbrock V, Kang SJ, Kramer J, Kuperman S, Nurnberger J Jr, Rice J, Schuckit M, Tischfield J, Edenberg HJ, Goate A, Bierut L, Porjesz B. Genetic and neurophysiological correlates of the age of onset of alcohol use disorders in adolescents and young adults. *Behav Genet.* 2013 Sep;43(5):386-401. doi: 10.1007/s10519-013-9604-z. Epub 2013 Aug 21. PMID: 23963516 [PubMed - in process]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$538.679	\$563.868	\$570.796
Treatment	1,856.750	1,914.694	1,854.177
Total Drug Resources by Function	\$2,395.429	\$2,478.562	\$2,424.973
Drug Resources by Decision Unit			
Health Surveillance and Program Support	\$105.525	\$121.686	\$122.157
Programs of Regional and National Significance - Prevention	175.513	175.560	185.560
Programs of Regional and National Significance – Treatment	404.085	361.460	297.400
Substance Abuse Prevention and Treatment Block Grant	1,710.306	1,819.856	1,819.856
Total Drug Resources by Decision Unit	\$2,395.429	\$2,478.562	\$2,424.973
Drug Resources Personnel Summary			
Total FTEs	608	655	655
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$3.4	\$3.6	\$3.6
Drug Resources Percentage	71.4%	68.3%	68%

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 *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 FY 2015, the proportion of the Health Surveillance and Program Support account attributed to the drug budget has updated calculations as follows: The Health Surveillance, Program Support, and PQIS portions of the HSPS appropriation are first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. The PAS and Agency-wide portions of the HSPS appropriation are first divided evenly between Mental Health and Substance Abuse. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention, and treatment, respectively.

BUDGET SUMMARY

In FY 2015, SAMHSA requests a total of \$2,424.9 million for drug control activities, which is a decrease of \$53.7 million from the FY 2014 enacted level. The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has three major drug-related decision units: Substance Abuse Prevention, Substance Abuse Treatment, and Health Surveillance and Program Support. Each decision unit is discussed below:

Substance Abuse Prevention Programs of Regional and National Significance

Total FY 2015 Request: \$185.6 million

(Reflects \$10.0 million increase over FY 2014)

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 FY 2015 President's Budget request for SAMHSA Substance Abuse Prevention PRNS includes \$185.6 million which covers seven programmatic activities, an increase of \$10.0 million over the FY 2014 enacted level. The request includes: \$119.8 million for Strategic Prevention Framework; \$41.3 million for Minority AIDS; \$1.0 million for the Fetal Alcohol Spectrum Disorders (FASD) contract; \$7.5 million to continue provision of technical assistance to maximize effectiveness through the Centers for the Application of Prevention Technologies; \$4.9 million for Mandatory Drug Testing; \$7.0 million for other Sober Truth on Preventing Underage Drinking; and \$4.1 million for Science and Service Program Coordination.

Strategic Prevention Framework

FY 2015 Request: \$119.8 million

(Reflects \$10.0 million increase over FY 2014)

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 2015, funding will

support the continuation of grants and contracts, as well as awarding a new cohort of PFS grants. These include:

- \$1.5 million to help establish the Building Behavioral Health Coalitions program. The purpose of this program is to support active community coalitions and/or organizations to expand their focus and activities to include mental health promotion, mental illness prevention, and substance abuse prevention. This program seeks to build on the emerging evidence that a significant number of mental, emotional, and substance abuse problems in young people are largely preventable, and community-based prevention can play a significant role in facilitating key prevention efforts. SPF funds will be provided to coalitions and organizations with a mental health focus to expand their activities to include substance abuse prevention. Funded activities may include, but are not limited to, bi-directional education on substance abuse prevention and mental health promotion; assessing shared community risk and protective factors (especially among youth, connecting across community service systems including primary care, and developing the capacity to jointly implement evidence-based programming that addresses these factors); and working with stakeholders such as health insurance companies, Marketplaces, and state Medicaid officials to promote health insurance coverage for substance abuse prevention and mental health.
- \$10.0 million to establish a new program, the Strategic Prevention Framework Prescription Drug Abuse and Overdose Prevention (SPF Rx), that will provide funding for the prevention of prescription drug misuse and abuse in high priority age groups (including young and middle-aged adults) and the general public. SAMHSA's program will complement the CDC's Core Violence and Injury Prevention Program by awarding grants to a state's substance abuse authority to develop a comprehensive prevention approach in collaboration with the state's public health authority, education authority, and Medicaid authority, as well as the state's Prescription Drug Monitoring Program (PDMP) and Health Information Exchange (HIE).

FY 2015 Changes (+\$10.0 million): in FY 2015, the \$10.0 million for the SPF Rx will support a part of the strategic effort to address non-medical use of prescription drugs, as well as opioid overdoses, leveraging the strengths and capabilities of each agency.

Minority AIDS Initiative

FY 2015 Request: \$41.3 million

(Reflects no change from FY 2014)

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 2015 Changes (No Change): In FY 2015, funding addresses a critical public health problem and health disparity. Research has shown that there is a direct correlation between substance use (including alcohol) and HIV infection. The aim is to achieve normative and environmental changes to prevent and/or reduce substance abuse problems as risk factors for the transmission of HIV/AIDS among African-American, Hispanic/Latino, Asian American/Pacific Islander (AA/PI), and American Indian/Alaska Native (AI/AN) young adult populations (ages 18- 24) on campus. In addition, about 60 percent of youth with HIV do not know they are infected. The Minority AIDS Initiative provides life-saving prevention services, including testing.

Substance Abuse Treatment Programs of Regional and National Significance

Total FY 2015 Request: \$297.4 million

(Reflects \$64.1 million decrease from FY 2014)

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. The FY 2015 President's Budget request for SAMHSA's Substance Abuse Treatment PRNS includes \$297.4 million which covers thirteen programmatic activities, a decrease of \$64.1 million from the FY 2014 enacted level. The request includes: \$30.0 million for Screening, Brief Intervention, and Referral to Treatment; \$41.5 million for Treatment Systems for Homeless; \$58.9 million for Minority AIDS Initiative; \$64.5 million for Criminal Justice Activities (\$45.9 million of which will fund Drug Courts and \$5.5 million for Ex-Offender Reentry); \$0 for Access to Recovery; \$20 million for the Primary Care and Addiction Services Integration Program; and \$102.6 million for other PRNS Treatment Programs.

Screening, Brief Intervention, and Referral to Treatment

FY 2015 Request: \$30.0 million

(Reflects \$17.0 million decrease from FY 2014)

The SBIRT program requires grant recipients to affect practice change throughout the spectrum of medical practice. This is achieved through implementation in all levels of primary care, including hospitals, trauma centers, health clinics, nursing homes, employee assistance programs, and school systems. Practice change also alters the educational structure of medical schools by developing and implementing SBIRT curricula as standard and permanent practice. Research and clinical experience supports the use of the SBIRT approach to provide effective early identification and interventions in primary care and general medical settings. Early identification can decrease total healthcare costs by arresting progression towards substance use disorders. SBIRT also can identify individuals with more serious problems and encourage them to obtain appropriate specialty treatment services. Funds may be used for the following services: pre/screening for substance use and co-occurring disorders; brief interventions designed with client centered, non-judgmental, motivational interviewing techniques; brief treatment including the monitoring of individuals who misuse alcohol and other drugs but are not yet dependent; referral to treatment (when indicated) for those who have a substance use disorder; and when appropriate, referral to and expansion of specialty treatment services. Since the beginning of this program, more than two million individuals have been screened. Of those, 19 percent required a brief intervention, brief treatment, or referral to specialty

treatment programs. In FY 2014, SAMHSA plans to support the continuation of 22 grants, 4 contracts and approximately 10 new grants.

FY 2015 Changes (-\$17.0 million): The requested level of funding will further support the integration and use of the SBIRT model into states and tribal primary care settings, enabling SAMHSA to support continuation awards.

Treatment Drug Courts

FY 2015 Request: \$45.9 million

(Reflects \$3.4 million decrease from FY 2014)

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 2015 Changes (-\$3.4 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. Funding will support new grants as well as the continuation on existing cohorts.

Offender Reentry Program

FY 2015 Request: \$5.5 million

(Reflects \$9.6 million decrease from FY 2014)

The Offender Reentry Program (ORP) grants provide screening, assessment, and comprehensive treatment and recovery support services to offenders reentering the community, as well as to 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 reentry treatment services, as both agencies fund offender reentry 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 Reentry Program grantees are expected to seek out and coordinate with local Federally-funded offender reentry initiatives, including DOJ/Bureau of Justice Assistance's Prisoner Reentry Initiative or Second Chance Act offender reentry programs, as appropriate.

FY 2015 Changes (-\$9.6 million): SAMHSA will continue to support reentry programs that make communities safer and assist those returning from prison in becoming productive

citizens. In FY 2015, funding will support new grants, as well as the continuation of existing cohorts.

Treatment Systems for Homeless Programs

FY 2015 Request: \$41.5 million

(Reflects no change from FY 2014)

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. In FY 2014, SAMHSA plans to support 34 grant continuation, 5 contracts, and approximately 39 grant awards within a new cohort of jointly funded CSAT and CMHS CABHI-State grants and Grants for the Benefit of Homeless Individuals-Services in Supportive Housing (GBHI-SSH). The proposed number of clients to be served with FY 2014 funding is 5,800. Outcomes including abstinence from substance use will also be tracked.

FY 2015 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. Funding will support all continuations, as well as approximately 12 new grants.

Primary Care and Addiction Services Integration

FY 2015 Request: \$20.0 million

(Reflects \$20.0 million increase over FY 2014)

In FY 2015, SAMHSA is requesting \$20.0 million to support the development of a new initiative related to the integration of substance abuse treatment services and primary care. The PCASI Program would enable providers to offer a full array of both physical health and substance abuse services to clients. In conjunction with the ACA, SAMHSA recognizes the need to emphasize the importance of integrated service delivery. Through this program, integrated teams of professionals will be able to provide needed primary care services to individuals seeking care for their substance use disorder. The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care services in community-based substance abuse treatment settings.

FY 2015 Changes (+\$20.0 million): SAMHSA will fund a total of 34 grants at approximately \$0.5 million annually for up to 3 years. Eligible applicants will be publicly funded

community substance abuse treatment centers. The remaining \$3.0 million will be used to fund technical assistance and evaluation activities to assess the clinical and cost effectiveness of these programs and other programs in the field, to ensure fidelity to implementation, and to assist with documentation and dissemination of lessons learned from the program.

Substance Abuse Prevention and Treatment Block Grant

FY 2015 Request: \$1,819.9 million

(Reflects no change from FY 2014)

The Substance Abuse Prevention and Treatment Block Grant Program (SABG) distributes funds to plan, carry out, and evaluate substance abuse prevention, treatment, and recovery support services provided for individuals, families, and communities impacted by substance abuse and substance use disorders (SUD). This formula grant program provides funding based upon specified economic and demographic factors and is administered by SAMHSA's Center for Substance Abuse Treatment and Center for Substance Abuse Prevention. All Block Grant applications must include an annual plan that contains detailed provisions for complying with each funding agreement specified in the legislation and describe how the grantees and their respective SABG sub-recipients intend to expend the SABG. The legislation includes specific provisions and funding set-asides, such as 20 percent for primary prevention; a 5 percent HIV early intervention services set-aside; performance requirements for substance using pregnant women and women with dependent children; requirements and potential penalty reduction of the Block Grant allotment with respect to sale of tobacco products to individuals under the age of 18; a maintenance of effort requirement; and "hold harmless" provisions that limit fluctuations in allotments as the total appropriation changes from year to year.

After the full implementation of the ACA, SAMHSA has strongly recommended that SABG funds be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time; (2) to fund priority treatment (Essential Health Benefits – EHB) and support services not covered by private and public insurance for low and moderate income individuals and that demonstrate success in improving outcomes and/or supporting recovery (non-EHB covered treatments); (3) to fund primary prevention (universal, selective, and indicated) activities and services for individuals not identified as needing treatment; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis. In addition, consistent with SAMHSA's Theory of Change, which draws a path from innovation, translation, and dissemination to implementation and, finally, wide scale adoption, the agency will take advantage of the successful strategies implemented through the Access to Recovery program. SAMHSA will encourage the states to utilize their Block Grants to: (1) allow recovery to be pursued through personal choice and many pathways; (2) encourage providers to manage performance based on outcomes that demonstrate client successes; and (3) expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services.

20% Prevention Set-Aside

SAMHSA is responsible for managing the 20 percent prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant (SABG). 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 percent set-aside to fund their prevention systems while others use the funds to target gaps and enhance existing program efforts. In an effort to streamline the application and reporting procedures for both the SABG and the Mental Health Block Grant programs, SAMHSA has developed a uniform application and reporting process to promote consistent planning, application, assurance, and reporting dates across both block grants. SAMHSA will work with states to increase their accountability systems for prevention and to develop necessary reporting capacities.

FY 2015 Changes (no change): 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 2015 Request is \$122.2 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 2015 Request: \$83.7 million

(Reflects \$1.3 million increase over FY 2014)

Health Surveillance and Program Support provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the CDC NHIS Survey, and the data archive. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. A total of \$83.7 million is requested in FY 2015 for Health Surveillance activities. The increase in funds will be used to support the President's *Now is the Time* initiative. This increase will be used to support the work begun by the White House National Conference on Mental Health, supporting the collection and use of data to learn if, what, and how we are communicating is making a positive difference. Specifically, this funding will be used for a new initiative, Science of Changing Social Norms: Building the Evidence Base, to support efforts to measure and track behavioral, attitudinal, and related community data to understand the impact of social messaging and demonstrate evidence for effecting change in social norms and behavior to reduce negative attitudes and improve people's willingness to seek help for

themselves and others when they experience a mental health problem. The Science of Changing Social Norms will have a second component, Social Media, funded from Public Awareness and Support.

PERFORMANCE

Information regarding the performance of the drug control efforts of SAMHSA is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. When possible, available performance data are integrated with evaluation findings and other evidence during analysis. The tables include performance measures and targets for the latest year for which data are available, 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.

SA Block Grant – Treatment Activities				
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved	FY 2013 Target	FY 2013 Achieved
» Percentage of clients reporting no drug use in the past month at discharge	70%	73.4%	74%	TBR
» Number of admissions to substance abuse treatment programs receiving public funding	1,881,515	TBR	1,937,960	TBR ²

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

TBR – To Be Reported November 2014

TBR² – To Be Reported November 2015

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

NOMs reporting has been mandatory since FY 2008. Pursuant to Public Law 111-352, SABG/NOMs activities are coordinated with the GPRMA data and the Treatment Episode Data Set. 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 2012, data show positive results in many areas. Targets were exceeded when 73.4 percent abstained from drug use at discharge, 81.6 percent of clients abstained from alcohol at discharge, 91.1% reported no involvement with the criminal justice system, and 92.1 percent of clients receiving services had a permanent place to live in the community.

SAPT Block Grant—20% Prevention Set-Aside				
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved	FY 2013 Target	FY 2013 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%	76%	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%	63%	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%	41%	37.3%	TBR
» Number of participants served in prevention programs	70,647,674	209,737,024	70,647,674	TBR

Data Source- National Survey on Drug Use and Health state estimates
TBR – To Be Reported December 2014

As required by law, states awarded SABG funds must spend at least 20 percent 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 percent Prevention Set-Aside. The Prevention-Set-Aside funds focus on primary prevention. Activities also may benefit specific groups at risk of substance abuse (*selective prevention*) and/or individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem (*indicated prevention*)¹³.

FY 2012 performance data for the 20 percent Prevention Set-Aside shows several accomplishments. For example, 76 percent of states showed a decrease in 30-day alcohol use (age 12-20). Furthermore, 41 percent of states showed a decrease in respondents who reported 30-day illicit drug use (age 18+). The number of participants served far exceeded the target for FY 2012. Additionally, 63 percent of the SABG recipients successfully reduced past month illicit drug use among adolescents in their states, a substantial increase from 49 percent who reported in FY 2011. While states reporting increased perceived risk did not meet the target, it was still improved from the prior year.

¹³ Institute of Medicine. (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*.

PRNS - Treatment PRNS		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percentage of adults receiving services who were currently employed or engaged in productive activities	47%	44.6%
» Percentage of adults receiving services who had a permanent place to live in the community	49%	49.5%
» Percentage of adults receiving services who had no involvement with the criminal justice system	96%	96.5%
» Percentage of adults receiving services who had no past-month substance use	66%	70.2%
» Number of clients served	34,784*	28,692*

Data Source- Services Accountability Improvement System

Note: Measures reflect clients served through grants awarded in FY 2012. 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 2013, the Treatment PRNS programs achieved or surpassed expected performance in some areas, while they pursued improved performance in other areas. Targets were exceeded for abstinence from substance use in the past month (70.2%), stable housing (49.5%) and for adults having no involvement with the criminal justice system at 6-month follow-up (96.5%). The collective Treatment PRNS programs served a total of 28,692 people, which did not meet the target. In FY 2013, the sequestration and the rescission resulted in two significant budget decreases. These budget decreases resulted in fewer Treatment PRNS grants being awarded (82 grants were awarded in FY 2012 and only 55 were awarded in FY 2013). With fewer grants providing treatment services, the total number of clients served was lower than targeted. The level of employment also missed the expected target. Of the 55 grants funded in FY 2013, 23 grants served populations where lower employment rates are expected. These grants served adults (mainly males) re-entering their communities from prison settings. These grants also served juveniles and family members who generally have higher unemployment rates. We will continue to provide technical assistance to grantees to improve employment rates.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percentage of adult clients receiving services who had no past month substance use	36%	36.1%
» Number of clients served	139,650	254,017

Data Source- Services Accountability Improvement System

Treatment PRNS includes SBIRT, which began in 2003. In FY 2013, SBIRT provided 254,017 substance abuse screenings in primary care settings, substantially exceeding the target. The target was also exceeded for abstinence, as 36.1 percent of adult clients reported no past month substance use. In addition, employment increased by 17.9 percent from intake to 6-month post intake. Social connectedness increased by 8.7 percent. Data indicate that mental

health outcomes were also improved. When comparing intake to follow-up, depression decreased by 28.6 percent and anxiety decreased by 20.5 percent.

Access to Recovery (ATR)		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Increase the percentage of adults receiving services who had no past month substance use	83%	83.5%
» Percentage of adults receiving services who had no/reduced involvement with the criminal justice system	96%	96.9%
» Percentage of adults receiving services who had improved social support	91%	91.5%
» Number of clients gaining access to treatment	70,750	74,309

Data Source- Services Accountability Improvement System

In FY 2013, the ATR program exceeded its target for the number of clients served: 74,309 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 83.5 percent, an improved social support level of 91.5 percent, and 96.9 percent of clients had no involvement in the criminal justice system.

Substance Abuse Drug Courts		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percentage of adult clients receiving services who had a permanent place to live in the community	43%	42.4%
» Percentage of adult clients receiving services who had no involvement with the criminal justice system	93%	92.8%
» Percentage of juvenile clients receiving services who had no involvement with the criminal justice system	95%	92.9%
» Percentage of juvenile clients receiving services who had no past month substance use	73%	67.5%

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 very small number of active juvenile grants in FY 2013 and do not indicate a significant performance issue.

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 number of adult clients receiving services, which exceeded the target. These services were provided to high risk individuals, who now have benefitted in many ways. For example, the percentage of adults

with a permanent place to live in the community, and the percentage of adult clients receiving services who had no involvement in the criminal justice system, both had results very close to their respective targets.

PRNS- Prevention PRNS				
Selected Measures of Performance	FY 2012 Target	FY 2012 Achieved	FY 2013 Target	FY 2013 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	67.6%	82%	52%	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	50%	29%	50%	TBR
» MAI: Percent of program participants that rate the risk of harm from substance abuse as great (all ages)	88%	96.8%	88%	TBR ²
» MAI: Percent of participants who report no illicit drug use at pre-test who remain non-users at post-test (all ages)	92.6%	93.2%	92.6%	TBR ²

Data Sources- National Survey of Drug Use and Health state estimates and the Performance Management Reporting and Training system
 SPF SIG: Strategic Prevention Framework State Incentive Grant
 MAI: Minority AIDS Initiative
 TBR – To Be Reported December 2014
 TBR² – To Be Reported August 2014

SAMHSA’s Prevention PRNS includes a number of major discretionary programs, such as the Strategic Prevention Framework State Incentive Grants (SPF SIG) and the Minority AIDS Initiative (MAI). Data from both programs showed promising results for FY 2012.

During FY 2012, the SPF SIG program exceeded the target with 82 percent of states showing a decrease in the respondents (12-17) reporting 30-day use of illicit drugs. The percent of states showing an increase in respondents (12-17) who rate the risk of substance abuse as moderate or great showed a 2 percentage point improvement compared to FY 2011 data. FY 2012 data also show that 88 percent of SPF SIG states reported a decrease in 30-day use of alcohol for individuals 12-20 years old, and 901 evidence-based policies, practices, and strategies were implemented. Both measures exceeded their respective targets.

During FY 2012, the MAI exceeded its targets. For example, 96.8 percent of program participants (all ages) at exit rated the risk of harm from substance abuse as great. More adults than youth reported great risk. Additionally, 93.2 percent of program participants (all ages) who reported no illicit drug use at pre-test remained non-users at post-test.

DEPARTMENT OF HOMELAND SECURITY



DEPARTMENT OF HOMELAND SECURITY
Customs and Border Protection

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$334.275	\$339.591	\$325.290
Interdiction	1,936.195	2,102.580	2,060.291
Total Drug Resources by Function	\$2,270.470	\$2,442.171	\$2,385.581
Drug Resources by Decision Unit			
Air and Marine Operations	\$620.487	\$657.878	\$576.746
Border Security Fencing, Infrastructure & Technology	46.120	84.466	71.589
Automation Modernization	69.788	43.874	45.595
Salaries and Expenses	1,534.075	1,655.953	1,691.651
<i>Border Security and Control between POEs</i>	<i>[520.032]</i>	<i>[550.561]</i>	<i>[583.177]</i>
<i>Border Security and Trade Facilitation at POEs</i>	<i>[986.876]</i>	<i>[1,070.881]</i>	<i>[1,076.191]</i>
<i>HQ Management and Administration</i>	<i>[27.167]</i>	<i>[34.511]</i>	<i>[32.283]</i>
Total Drug Resources by Decision Unit	\$2,270.470	\$2,442.171	\$2,385.581

Drug Resources Personnel Summary			
Total FTEs (direct only)	11,288	11,209	11,490
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$10.2	\$12.5	\$13.0
Drug Resources Percentage	22.3%	19.5%	18.3%

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 at the border. CBP’s jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the Bank Secrecy Act (P.L. 99-570), “USA PATRIOT Act” (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), and other laws.

METHODOLOGY

CBP is a multi-mission agency and calculates obligations by budget decision unit and function, pursuant to an approved drug methodology. On the basis of past practice, six organizations within CBP (Offices of Border Patrol, Field Operations, Information Technology, Technology

Innovation and Acquisition, Training and Development, and Air and Marine) were provided with guidance on preparing estimates for the reporting of drug control funds. These offices were asked to estimate, on the basis of their expert opinion, the portion of their activities related to drug enforcement. All six organizations identified resources in their financial plans that support the drug enforcement mission of the agency. The Office of Information Technology, Office of Field Operations, Office of Border Patrol, and the Office of Air and Marine attribute their resources to both intelligence and interdiction functions. The Office of Training and Development and Office of Technology Innovation and Acquisition attribute their resources solely to interdiction.

Office of Field Operations

The Office of Field Operations (OFO) is the law enforcement component within CBP responsible for carrying out CBP's complex and demanding border security mission at all ports of entry (POEs). OFO manages the lawful access to our Nation and economy by securing and expediting international trade and travel. OFO operates 329 POEs and 16 Preclearance offices in Canada, the Caribbean, Ireland, and United Arab Emirates. POEs welcome travelers and facilitate the flow of goods essential to our economy. The Office of Field Operations estimates that in terms of work hours there will be the equivalent of 3,543 CBP officer (CBPO) positions related to drug enforcement on Anti-Terrorism Contraband Enforcement Teams (A-TCET) in FY 2015. 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 percent 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 January 2014, OFO canine teams are comprised of a total of 676 Canine Enforcement officers with assigned dogs. Of this amount, there are 501 canine teams who are nearly 100 percent devoted to smuggling interdiction. Among the dogs paired with an officer, 326 are Narcotics Detection Teams, 50 Currency Firearms Detection Teams, and 125 Narcotics/Human Smuggling Detection Teams. Agriculture teams (comprising approximately 119 teams) and K9 Trainers, Supervisors, and Field Advisors (approximately 56 teams) were included in the overall total but not calculated against available drug enforcement resources.

The FY 2014 Department of Homeland Security (DHS) appropriations provided for 2,000 CBP officers, of which 70 are canine officers. OFO anticipates there will be approximately 571 Canine Enforcement officers in FY 2015 that are devoted to the detection of illegal smuggling and 23,199 Custom and Border Protection Officers (CBPOs), who, in addition to the interdiction of contraband and illegal drugs, enforce hundreds of laws and regulations of many other Federal government agencies such as the U.S. Fish and Wildlife Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, and Bureau of Export Administration. OFO estimates that roughly 30 percent of the CBPOs' time will be devoted to drug-related activities.

Office of Border Patrol

The Office of Border Patrol (OBP) is responsible for monitoring almost 6,000 miles of land borders between ports of entry with Canada and Mexico and nearly 2,700 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. As of January 2014, within the office of OBP, there were 21,052 Border Patrol agents assigned to the mission of detecting and apprehending illegal entrants between the ports of entry. These illegal entries include 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 percent of the total agent time nationwide is related to drug activities. Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence and 96.5 percent are related to drug interdiction. These activities include staffing 34 permanent border traffic checkpoints nationwide, including 961 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles, and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.

Office of Information Technology

The 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, 25 percent of Automated Targeting Systems application costs, 50 percent of legacy Treasury Enforcement Communications Systems (TECS), and 10 percent of data center operations costs are estimated in support of the drug mission.

Office of Training Development

The Office of Training Development (OTD) calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) funded training courses to assess whether or not courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed and subject matter experts determine delivered course hours that are related 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.

Office of Technology, Innovation, and Acquisition

Under the Office of Technology, Innovation, and Acquisition (OTIA), CBP is the lead agency within Department of Homeland Security for the development and deployment of border technology and tactical infrastructure to secure America's borders. Funding for this office's drug control activities come from the Border Security Fencing, Infrastructure, & Technology

appropriation. This appropriation provides continued funding for the CBP Program Offices tasked with developing and installing technology and tactical infrastructure solutions, enabling a more effective and efficient method for controlling border security.

The Tethered Aerostat Radar System (TARS) program is a fixed site, aerostat-based radar system that provides air surveillance across the entire U.S.-Mexico border (approximately 2,000 miles). They are designed to detect compliant and non-compliant low-altitude aircraft attempting to smuggle narcotics or other contraband into the U.S. 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. For this drug control estimate, OTIA is using 100 percent of the Tethered Aerostat Radar System (TARS) program funding, 15 percent of the funding from Development and Deployment, and 15 percent of the Operations and Maintenance to determine border-related and other technology system that support drug control activities.

Office of Air & Marine

CBP Air and Marine'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 (OAM) targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit, and Arrival Zones. In support of Source and Transit Zone interdiction operations, the Air and Marine P-3 Program has dedicated a minimum of 7,200 hours a year in support of Joint Interagency Task Force – South. OAM's P-3 fleet continues its Service Life Extension Program (SLEP) and wing replacement program, entering its ninth year of execution.

The CBP OAM P-3 is expected to exceed flight hour commitments to JIATF-South during FY 2014. Successful completion of the SLEP program will add 15,000 flight hours to the service life of the CBP OAM P-3 fleet. All 14 wing sets are on order, and the tenth aircraft will be only weeks from delivery by the end of FY 2014. The P-3 fleet will continue to play a significant role in interdiction, law enforcement, and air domain security in Source, Transit, and Arrival Zones through FY 2027.

Using flight hours spent performing drug-related activities, OAM has determined that 86 percent of the budget resources that support CBP Air and Marine are considered to be drug-related. Of the 86 percent drug-related resources, 22 percent of these efforts are related to intelligence and 78 percent are related to drug interdiction.

BUDGET SUMMARY

The FY 2015 request includes \$2,385.6 million in drug-related resources, a decrease of \$56.6 million from the FY 2014 level. CBP employs over 60,000 highly trained 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 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 2015 Request: \$1,691.7 million

(Reflects \$35.7 million increase over FY 2014)

Salaries and Expenses funds CBP's primary field occupations, 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 ports of entry; 142 stations and substations; and 20 Field Operations Offices and 329 associated ports of entry (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 2015 Request: \$1,076.2 million

(Reflects \$5.3 million increase over FY 2014)

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 related smuggling organizations. CBP narcotics interdiction strategies are designed to be flexible so they can successfully counter the constantly shifting narcotics threat at the ports of entry.

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. ports of entry. 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, providing 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 which 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.

On the southwest border, CBP employs a risk-based strategy for outbound operations, normally short in duration, and periodic outbound inspections followed by periods without inspections. This allows for the immediate stand-down of outbound inspections to manage traffic flow departing the POE.

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 2015 Changes (+\$5.3 million): The funding increase is primarily the result of normal workforce grade and step maturation, an increase in pension contributions, as well as an increase in technology to support Field Officers.

Border Security and Control between the POEs

FY 2015 Request: \$583.2 million

(Reflects \$32.6 million increase over FY 2014)

The request provides funding for border security and control between the POEs. The Border Patrol has primary responsibility for drug interdiction between the land ports of entry. In pursuit of drugs, Border Patrol agents engage in surveillance activities supported by computer-monitored electronic ground sensors. Traffic check operations are also conducted along major routes of travel to restrict access to the interior by drug and alien smugglers. Transportation centers are placed under surveillance for the same reason.

In addition, the Border Patrol canine program was implemented in 1986 in response to escalating alien and drug smuggling activities along the Mexican and Canadian borders. The canines are trained at Canine Center El Paso in El Paso, Texas, to locate concealed humans and 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 southern border. The Border Patrol is an active participant in the southwest border HIDTA (High Intensity Drug Trafficking Areas) 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 2015 Changes (+\$32.6 million): The increase is associated with workforce grade and step maturation, the pay raise, an increase in pension contributions, as well as some investments to increase situational awareness which will significantly expand CBP

operational capabilities and improve efficiencies as expanded use of geo-spatial data allows more agents to shift from detection duties to interdiction.

Headquarters Management and Administration

FY 2015 Request: \$32.3 million

(Reflects \$2.2 million decrease from FY 2014)

The request provides critical training to CBP mission operations. Headquarters and Management includes drug control budget dollars from the Office of Training and Development.

FY 2015 Changes (-\$2.2 million): Funding is associated with the on-boarding of the new CBPOs, as well as new and incumbent Border Patrol agents. This funding supports basic, advanced, and supervisory/management/leadership training. The training provided establishes and sustains the proficiency of those directly responsible for the front line mission of CBP.

Air and Marine Interdiction – Operations, Maintenance, and Procurement

Total FY 2015 Request: \$576.8 million

(Reflects \$81.1 million decrease from FY 2014)

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. 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, as well as apprehending suspect terrorists and smugglers. CBP Air and Marine partners with numerous stakeholders while 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 (AOR) include the southwest, northern, and southeast/coastal border of the United States, as well as Caribbean regions.

The President has authorized the Department of State to continue assistance to Colombia in carrying out an "Airbridge Denial Program" against civil aircraft suspected of trafficking in illicit drugs. CBP Air and Marine P-3 aircraft supplement DOD aircraft to fly in and over Colombia. The P-3 Airborne Early Warning (AEW) and slick aircraft are critical to interdiction operations in the source and transit zones because they provide vital radar coverage in regions where mountainous terrain, expansive jungles, and large bodies of water limit the effectiveness of ground-based radar. Because the P-3 AEW is the only Detection and Monitoring (D&M) asset solely dedicated to the counter-drug mission, it is a critical component of the *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 following a new Presidential Decision Directive that grants authorization and completion of training with South American partner nation law enforcement agencies and military forces. Counterdrug missions include D&M, interceptor support, and coordinated training with military and other law enforcement personnel.

CBP Air and Marine aviation assets include: sensor-equipped, D&M interceptors, long-range trackers, and maritime patrol aircraft; high performance helicopters; and single/multi-engine support aircraft. CBP Air and Marine's range of maritime assets includes interceptor, utility, and blue water-type vessels.

FY 2015 Changes (-\$81.1 million): The request supports an estimated 73,474 flight hours for all borders and all missions performed by OAM, maintaining the level of flight hours realized in FY 2013. This funding decrease reflects a lower request for new procurement in FY 2015 (the FY 2014 enacted level provided \$126.2 million while the FY 2015 request is \$53.0 million). Funding associated with drug-related resources for CBP's Air and Marine – Salaries supports the annualization and restoration of the FY 2014 pay raise, as well as a FY 2015 pay raise for air and marine interdiction officers.

Border Security Fencing, Infrastructure and Technology

Total FY 2015 Request: \$71.6 million

(Reflects \$12.9 million decrease from FY 2014)

The request will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for CBP's front-line agents and officers. Funding will also be used to respond to changing threats and evolving operational needs.

FY 2015 Changes (-\$12.9 million): Funding will support legacy remote video (RVSS) and mobile video (MVSS) surveillance system programs, including the deployment of RVSS infrastructure to the Rio Grande Valley Sector, the replacement of MVSS programs at the end of their lifecycle, and the overall enhancement of multiple systems.

Automation Modernization

Total FY 2015 Request: \$45.6 million

(Reflects \$1.7 million increase over FY 2014)

CBP's FY 2015 request of \$16.6 million for Automation Modernization will provide critical information technology support to CBP front-line personnel.

FY 2015 Changes (+\$1.7 million): The increase is primarily due to the FY 2015 pay raise. Additionally, the funding profile for the NII program, which was previously within the OIT budget, became a part of OFO's base in FY 2014. As a result, it is no longer part of the Automation Modernization appropriation.

PERFORMANCE

Information regarding the performance of the drug control efforts of CBP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent CBP drug-related achievements during FY 2013.

Customs and Border Protection		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Amount of currency seized on exit from the United States	\$30.0M	\$36.9M
» 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 (Retired - to be replaced by "Interdiction Effectiveness" measure in FY14)	≤ 391,000	414,397
» Percent of time TECS is available to end users	99.0%	99.9%

The performance measure "Amount of currency seized on exit from the United States" provides the total dollar amount of all currency, in millions, seized during outbound inspection of exiting passengers and vehicles, both privately-owned and commercial. The scope of this measure covers all ports of entry on both the southwest and northern borders and includes all modes of transportation (land, air, and sea). This measure assists in evaluating CBP's success in disrupting domestic drug trafficking at the land border ports of entry, a key outcome for the *Strategy*. Since this measure is based upon the seizure-related enforcement outcomes of CBP's Outbound enforcement program, the measure provides an indicator of 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.

The CBP 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 total currency seized upon exit from the United States in FY2013, which was in excess of \$36.9 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.

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 performance measure "Percentage of Joint Interagency Task-Force South Annual Mission Hour Objective" identifies the degree to which OAM meets its intended flight hours for JIATF-S in support of the *Strategy*.

In the NICCP, dated March 17, 2010, JIATF-S forecasted its FY 2011 support requirements for a range of aircraft. In its annual Statement of Intent, DHS responds to the requirements in the

NICCP. The FY 2013 DHS Statement of Intent included CBP's objective to provide 5,000 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 5,000 hours for FY 2013, flying a total of 6,200.1 hours with its P-3 (6,043.7 hours), UAS (116.3 hours), DHC-8 (35.8 hours), and AS-350 (4.3 hours) aircraft.

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.

Decreases in apprehensions from the high numbers in 2005 (1,171,396 apprehensions in FY 2005 versus 414,397 in FY 2013) has resulted in less illegal alien volume across the border, allowing agents to devote more time to other law enforcement efforts and techniques, including the detection and interdiction of narcotics. During FY 2013, the Border Patrol seized 2,428,419 pounds of marijuana along the Southwest border, more than double the 1,194,427 pounds seized in FY 2005 along the Southwest border.

In FY 2013, Border Patrol made 414,397 apprehensions on the Southwest border between ports of entry failing to meet its target of less than 391,000. While the number of apprehensions remains low compared with FY 2005 when there were 1,171,396 apprehensions on the Southwest border, it represents an increase of 16% over FY 2012. A combination of factors influenced the rise, including improvement in the U.S. economy, an increase in attempts by persons from countries other than Mexico due to U.S./foreign economic factors and emigration/immigration dynamics from sending/transit countries, and possible change in attempts due to perceptions surrounding immigration reform legislation.

OBP will retire this measure in FY 2013, in favor of a new measure for FY 2014 as the Border Patrol transitions away from targeting the number of apprehensions on the Southwest border, it is focusing instead on the percentage of known entries that are apprehended or turned back to Mexico. The proposed new measure is called, “Rate of interdiction effectiveness along the Southwest Border between ports of entry”, or the Interdiction Effectiveness rate. The Border Patrol achieves this desired strategic outcome by maximizing the apprehension of detected

illegal entrants or confirming that illegal entrants return to the country from which they entered and by minimizing the number of persons who evade apprehension and can no longer be pursued.

The measure, “Percent of time TECS is available to end users”, quantifies the availability of the TECS service to all end-users based on a service level of 24X7 service. TECS is a CBP mission-critical law enforcement application system designed to identify individuals and businesses suspected of or involved in violation of Federal law. TECS is also a communications system permitting message transmittal between the Department of Homeland Security law enforcement offices and other National, state, and local law enforcement agencies, access to the Federal Bureau of Investigation's National Crime Information Center and the National Law Enforcement Telecommunication Systems (NLETS). NLETS provides direct access to state motor vehicle departments.

DEPARTMENT OF HOMELAND SECURITY
Federal Law Enforcement Training Center

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
International	\$0.375	\$0.399	\$0.436
Investigations	\$41.928	\$44.183	\$41.875
State and Local Assistance	\$1.543	\$1.633	\$1.309
Total Drug Resources by Function	\$43.846	\$46.215	\$43.620
Drug Resources by Decision Unit			
Salaries and Expenses	\$43.846	\$46.215	\$43.620
Total Drug Resources by Decision Unit	\$43.846	\$46.215	\$43.620

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%	16.9%

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 interagency law enforcement training to more than 90 Federal Partner Organizations, as well as training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides 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 are considered to provide 100% support to drug enforcement activities. State and local training programs with a drug nexus are also considered to provide 100% support. 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.

BUDGET SUMMARY

The FY 2015 drug control request for FLETC is \$43.6 million, a decrease of \$2.6 million from FY 2014.

Salaries and Expenses – Law Enforcement Training

FY 2015 Request: \$43.6 million

(Reflects \$2.6 million decrease from FY 2014)

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 the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals.

FY 2015 Changes (-\$2.6 million): The FY 2015 request reflects continued support for training costs, including personnel, supplies, and equipment.

PERFORMANCE

Information regarding the performance of the drug control efforts of FLETC is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent FLETC drug-related achievements during FY 2013.

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%	92.3%

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 2013, FLETC trained 63,504 students, equating to 115,976 student-weeks of training. The curriculum for about 12% 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. The performance data is collected from the FLETC Partner Organization Satisfaction Survey. The target of 81% of counterdrug-related training meets the identified training needs was established based on FLETC's examination of its actual and targeted historical training-related performance measures and through discussions held with a sampling of Partner Organizations to gauge their satisfaction with FLETC's drug control-related training. In FY 2013 the percentage of partner organizations that agree that FLETC counterdrug-related training met its identified training needs was achieved with 92.3% up from 84.2% in the previous year.

DEPARTMENT OF HOMELAND SECURITY
Immigration and Customs Enforcement

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$16.253	\$17.104	\$17.782
International	8.599	8.089	8.210
Investigations	450.027	471.064	463.270
Total Drug Resources by Function	\$474.879	\$496.257	\$489.262
Drug Resources by Decision Unit			
Salaries and Expenses - Immigration Enforcement	\$474.879	\$496.257	\$489.262
Total Drug Resources by Decision Unit	\$474.879	\$496.257	\$489.262
Drug Resources Personnel Summary			
Total FTEs (direct only)	2,330	2,302	2,297
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$5.4	\$5.6	\$5.4
Drug Resources Percentage	8.7%	8.9%	9.1%

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 an aggressive cadre of Title 21 cross-designated Special Agents and a multi-disciplined money laundering control program to investigate financial crimes and interdict bulk currency shipments exported out of the United States.

METHODOLOGY

ICE's approved drug methodology is based on investigative case hours recorded in 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 FY, 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 methodologies 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 2013, 28.2% of case hours were drug-related for OI, 8.1% for OIA, and 24.7% for Intelligence. The ICE drug budget is projected by applying this ratio to the annual appropriation for each ICE program executing counternarcotics activities.

BUDGET

The total drug control request for ICE for FY 2015 is \$489.3 million, a decrease of \$7.0 million from the FY 2014 enacted level. The decrease reflects a proportional decrease to ICE's FY 2015 appropriations for each HSI program.

Salaries and Expenses

**Total FY 2015 Request: \$489.3 million
(Reflects \$7.0 million decrease from FY 2014)**

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 address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, transnational criminal organizations, and disruption of criminal trade and money laundering 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.

Border-related crime and the violence often associated with it pose a significant risk to the public safety and national security of the United States. Therefore, ICE will continue to focus its enforcement efforts toward the disruption of cross-border criminal activity related to contraband smuggling, human smuggling, money laundering, weapons trafficking, and other crimes, as well as the dismantlement of the transnational criminal organizations responsible for this illicit activity.

In FY 2015, ICE will continue its efforts in fostering the Border Enforcement Task Force (BEST). ICE has expanded BEST to 35 locations along the northern border, southern border, and at major seaports. BEST has partnered with Federal, state, local, tribal, and foreign law enforcement agencies to address illicit activities along these areas.

ICE HSI continues to target drug trafficking organizations by continuing to use intelligence to identify drug smuggling schemes, trends, and violators through operational programs managed by the HSI Narcotics and Contraband Smuggling Unit; continuing the international development and expansion of the National Initiative for Illicit Trade Enforcement (NIITE) to exploit criminal organizations via information technology; continuing to prioritize investigative efforts, focusing on border violators and the transnational criminal organizations they support; prioritizing drug-

related investigations to those involving Consolidated Priority Organization Targets and Regional Priority Organization Targets; and prioritizing drug-related investigations to those earning, laundering, or moving more than \$10 million per year through repeated exploitation or evasion of global movement systems.

Investigative Activities

FY 2015 Request: \$463.3 million

(Reflects \$7.8 million decrease from FY 2014)

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 BEST initiative.

As a member of OCDETF, ICE has access to interagency information available 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), will enhance 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 law enforcement agencies, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

ICE will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center (BCSC) that targets bulk cash smuggling, both domestically and internationally. Bulk cash smuggling is a preferred method of operations for transnational criminal organizations to smuggle their funds into the United States. The BCSC is focused on disrupting such facilitation pipelines used to move currency derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption.

Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center continue to provide the analytic infrastructure supporting financial and trade investigations. The TTU identifies and analyzes complex trade-based money laundering systems. The TTU's unique ability to analyze domestic trade and financial data, in addition to the trade and financial data of foreign cooperating partners, enables ICE to identify money transnational money laundering methods and schemes used by organized criminal organizations. The TTU Headquarters (HQ) established a TTU in Mexico City, Mexico in 2008. The Mexico City TTU is comprised of Mexican law enforcement assigned under the Finance

Ministry within the Central Tax Authority developed to support Mexican Customs. The TTU Mexico City representatives use trade and financial data to develop criminal targets involved. TTU Mexico City is one of the most active joint initiatives to date, due in part to the excellent working relationship that exists between the two countries.

FY 2015 Changes (-\$7.8 million): The decrease reflects expected OI efficiencies in FY 2015.

Intelligence Activities

FY 2015 Request: \$17.8 million

(Reflects \$0.7 million increase over FY 2014)

HSI Intelligence collects, analyzes, and shares strategic and tactical data with Federal, state, local, and tribal law enforcement partners to support efforts to disrupt the flow of illicit drugs. HSI intelligence collects and analyzes all-source information and disseminates strategic intelligence to the appropriate partner to coordinate and de-conflict intelligence and investigative actions.

FY 2015 Changes (+\$0.7 million): The increase in funding reflects an increase in the FY2015 request for the Office of Intelligence, primarily related to increased pension contribution costs.

International Activities

FY 2015 Request: \$8.2 million

(Reflects \$0.1 million increase over FY 2014)

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.

ICE supports the *National Drug Control Strategy* efforts by attacking the vulnerabilities of drug trafficking organizations and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the U.S. is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation's borders

FY 2015 Changes (+\$0.1 million): ICE will continue to conduct and coordinate international investigations involving transnational criminal organizations. The increase in funding reflects an increase in the FY 2015 OIA request.

PERFORMANCE

Information regarding the performance of the drug control efforts of ICE is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent ICE drug-related achievements during FY 2013.

ICE established a new performance metric in FY 2013 to better reflect Law Enforcement efforts related to counter-narcotics 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.

Immigration and Customs Enforcement		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals	11%	42.6%
» Total illegal currency and monetary instruments seized (\$) from drug operations	N/A*	\$1.05B
» Percent of Cocaine seizures considered high impact (lbs)*	N/A*	46%
» Percent of Heroin seizures considered high impact (lbs)*	N/A*	52%
» Percent of Marijuana seizures considered high impact (lbs)*	N/A*	36%
» Percent of Methamphetamine seizures considered high impact (lbs)*	N/A*	61%

*ICE does not set targets for these metrics.

In FY 2013, ICE met its initial target with 42.6 of the percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals.

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 2013, ICE seized \$1.05 billion of currency and monetary instruments from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

DEPARTMENT OF HOMELAND SECURITY

United States Coast Guard

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Interdiction	\$1,331.477	\$1,303.062	\$1,203.172
Research and Development	2.275	2.209	1.867
Total Drug Resources by Function	\$1,332.752	\$1,305.271	\$1,205.039
Drug Resources by Decision Unit			
Acquisition, Construction and Improvements	\$525.433	\$469.526	\$357.464
Operating Expenses	791.397	819.700	832.813
Research and Development	2.275	2.209	1.867
Reserve Training	14.647	13.836	12.895
Total Drug Resources by Decision Unit	\$1,332.752	\$1,305.271	\$1,205.039
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$10.1	\$10.4	\$9.8
Drug Resources Percentage	13.2%	12.6%	12.3%

Program Summary

MISSION

The United States Coast Guard (Coast Guard) is America's principal Federal agency for maritime safety, security, and stewardship, and enforces all applicable Federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. This includes 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 Coast Guard strategy are to maintain an interdiction presence based on the availability of assets 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 stem the production and trafficking of illicit drugs within their sovereign boundaries, including territorial seas; and support interagency and

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

METHODOLOGY

The Coast Guard does not have a specific appropriation for drug interdiction activities. All Coast Guard operations, capital improvements and acquisitions, reserve training, and research and development activities targeted toward drug interdiction are funded out of the associated appropriations specified herein. Reflecting the multi-mission nature of Coast Guard units, the accounting system is keyed to operating and support facilities, rather than to specific missions. Consistent with that approach, personnel and other costs are administered and tracked along operational and support capability lines requiring detailed cost accounting techniques. The Coast Guard uses a Mission Cost Model methodology to compute its drug attribution.

Operating Expenses (OE)

OE funds are used to operate assets, 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 and systematically allocate costs in the following manner:

- **Direct Costs:** Applied directly to the operating assets (National Security Cutter (NSC), Fast Response Cutters (FRC), Maritime Patrol Aircraft (MPA)) that perform missions .
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on carefully-developed allocation criteria).
- **Overhead Costs:** Applied to assets based on proportion of labor dollars spent where cost variability cannot be specifically linked to operating assets. This is a standard industry approach to overhead allocation.

Once all 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 allocation of costs for proposed AC&I projects is largely 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)

Allocation of drug interdiction funding is accomplished within the RDT&E appropriation by evaluating each project's anticipated contribution to drug interdiction efforts based on subject matter expert's 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 2015 budget provides \$1,205.0 million to fund drug control operations, including AC&I, OE, RDT&E, and RT. This level represents a \$100.2 million decrease below the FY 2014 enacted level.

Acquisition, Construction and Improvements

FY 2015 Request: \$357.5 million

(Reflects \$112.1 million decrease from FY 2014)

The FY 2015 Coast Guard budget provides funding for continued replacement or refurbishment of increasingly outdated and unreliable assets. It supports completion of the replacement project for the aging 378-foot High Endurance Cutters (HECs) with funding for the eighth and final 418-foot NSC, allowing the Coast Guard to maintain a major cutter offshore presence in the Western Hemisphere Transit Zone. The FY 2015 Budget also supports Coast Guard plans to recapitalize its obsolete Medium Endurance Cutter and Island Class Patrol Boat fleets, by continuing to fund the design of the Offshore Patrol Cutter (OPC) and by funding production of two FRCs. These assets will enhance the Coast Guard's ability to secure the Nation's borders and prevent the flow of illegal drugs

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.

FY 2015 Changes (-\$112.1 million): The FY 2015 budget provides funding for newly acquired assets and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance (C4ISR) investments needed to support them.

Operating Expenses

FY 2015 Request: \$832.8 million

(Reflects \$13.1 million increase over FY 2014)

The FY 2015 Coast Guard budget supports the operation and maintenance of Coast Guard capability, including personnel pay and allowances, training and recruiting, operating funds for newly acquired assets delivered through Coast Guard recapitalization programs, and unit and depot level maintenance.

FY 2015 Changes (+\$13.1 million): The \$13.1 million increase in OE is attributable to the updated financial cost information associated with operating Coast Guard ships, boats, and aircraft.

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

FY 2015 Request: \$1.9 million

(Reflects \$0.3 million decrease from FY 2014)

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 2015 Changes (-\$0.3 million): FY 2015 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 2015 Request: \$12.9 million

(Reflects \$0.9 million decrease from FY 2014)

RT provides trained units and qualified personnel to augment active Coast Guard forces performing or supporting drug interdiction operations. The RT funding assumes a drug control allocation equivalent to that of the OE program costs, as RT personnel augment OE program functions.

FY 2015 Changes (-\$0.9 million): The FY 2014 budget will support Ready Reserve and Selected Reserve personnel who in turn support and operate facilities, maintain capital equipment, improve management effectiveness, and assist in sustaining all operations.

PERFORMANCE

Information regarding the performance of the drug control efforts of the Coast Guard is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The Coast Guard did not complete any independent program evaluations or assessments of its drug interdiction in FY 2013. The table and accompanying text represent highlights of their achievements in FY 2013.

United States Coast Guard		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	14.1%	15.3%
» Metric Tons (MT) of Cocaine Removed	129.9	88.5
» Percent Non-Commercial Maritime Conveyance	83.6%	89.4%

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.

According to CCDB, the documented cocaine flow through the Transit Zone via non-commercial means decreased in FY 2013 to 577 MT from 796 MT in FY 2012. Of this documented flow, the Coast Guard removed 88.5 MT of cocaine from the Transit Zone, resulting in a 15.3% removal rate for non-commercial maritime flow. Coast Guard exceeded its FY 2013 percentage performance target (14.1% of non-commercial maritime cocaine flow). However, the quantity of cocaine removed in FY 2013 constitutes a 17% decrease from the 106.9 MT of cocaine the Coast Guard removed in FY 2012.

The Coast Guard's removal rate target for FY 2014 has been lowered to 13.9%. This represents an aggressive, yet achievable, performance target with available resources. Taking into account recent and projected decommissionings of High Endurance Cutters, coupled with other Coast Guard statutory mission responsibilities, the Coast Guard has set its FY 2015 removal rate target for its current performance measure to 13.8%.

The Coast Guard deploys major cutters and aviation assets to the Transit Zone in support of JIATF-S counterdrug efforts. In addition to its organic capacity, the Coast Guard leverages interagency/international partnerships to enhance presence and to expand interdiction opportunities by deploying Law Enforcement Detachments (LEDETs) on USN and Allied (United Kingdom, The Netherlands, Canada) vessels. LEDETs accounted for the removal of 23.9 MT of cocaine, or approximately 27% of the total cocaine removed by the Coast Guard in FY 2013.

The Coast Guard continues to employ proven drug interdiction techniques. The Coast Guard, USN and United Kingdom's Airborne Use of Force (AUF) capability is the most effective endgame tool available to counter the go-fast vessel threat. In FY 2013, AUF was used to stop 29 suspect go-fast vessels, resulting in the removal of 18.6 MT of cocaine, approximately 21% of the total cocaine removed. The recent expansion of AUF to include the deployment of Coast Guard Precision Marksmen at night in USN helicopters aboard USN warships provides an effective endgame option in a wider range of the Transit Zone. Following a successful proof of concept in 2012, the USN designated three helicopters from the Helicopter Anti-Submarine

Squadron Light 60 Detachment (HSL-60) to be equipped with nighttime AUF capability in support of the JIATF-S operations.

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 expand the use of bilateral agreements, provide training programs, and engage in professional exchanges to enhance partner nation capability. Such engagement improves regional interoperability and strengthens ties with Source and Transit Zone partner nations, increasing their maritime law enforcement competency and capability throughout the Transit Zone.

FY 2013 Performance Highlights

- On February 2, 2013, a Coast Guard maritime patrol aircraft (MPA) located a panga approximately 26 nautical miles west of Ensenada, Mexico. Upon being detected, the panga jettisoned numerous bales of suspected contraband into the water. The Coast Guard Cutter WAESCHE launched an AUF helicopter, which expended warning shots and disabled fire to effectively stop the vessel. The cutter's small boat arrived on scene, detained the two suspected Mexican smugglers, and recovered approximately 1,830 pounds of marijuana. The master of the panga made a verbal claim of Mexican registry for the vessel, which was not confirmed by the Mexican government. The cutter turned over the two suspects, case package, vessel, and contraband to the Department of Justice in the District of Southern California for prosecution.
- On June 26, 2013, a USN MPA detected a go-fast vessel approximately 200 nautical miles southwest of the Mexico/Guatemala border. The Royal Canadian Naval vessel HMCS OTTAWA, with embarked Coast Guard LEDET, was vectored to intercept. HMCS OTTAWA launched its small boat and detained the three suspected smugglers. The master made a claim of Colombian nationality for the vessel, which was not confirmed by the Colombian government. All crewmembers were transferred to the small boat because the panga was taking on a substantial amount of sea water. HMCS OTTAWA attempted to hoist the panga from water with its crane when two bricks of contraband fell from the vessel. The contraband was recovered and the Coast Guard LEDET conducted an intrusive search of the panga and recovered 970 pounds of cocaine. The Coast Guard LEDET turned over the three suspects, case package, and contraband to the Department of Justice in the Middle District of Florida for prosecution.
- On July 15, 2013, a Coast Guard maritime patrol aircraft (MPA) located a go-fast vessel 120 nautical miles south of Santo Domingo, Dominican Republic. CGC LEGARE launched its embarked airborne use-of force (AUF) helicopter and small boat to pursue the vessel. Upon being detected, the go-fast jettisoned numerous bales of suspected contraband into the water. The AUF helicopter employed warning shots and disabled fire to stop the vessel. The cutter recovered 42 bales of cocaine (estimated weight of 2,315 pounds) while the boarding team took positive control of the vessel and detained the four suspects. The four suspects, contraband, and case package were turned over to the U.S. Department of Justice for prosecution.
- On August 4, 2013, a Coast Guard helicopter assigned to CGC BERTHOLF spotted a go-fast vessel approximately 130 nautical miles north of the Galapagos Islands. As the vessel

attempted to flee, the Coast Guard helicopter employed warning shots, which compelled the vessel to stop. During the pursuit, the helicopter crew observed persons jettisoning barrels overboard. When the helicopter returned to BERTHOLF to refuel, the go-fast began to flee again but stopped once more when the Long Range Interceptor (LRI) boat, deployed from BERTHOLF, arrived on scene with the suspect vessel. The boarding team gained positive control and the master claimed Ecuadorian nationality for the crew and vessel. BERTHOLF recovered the jettisoned barrels from the water and discovered nearly 1,200 pounds of contraband testing positive for cocaine.

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 2013 Estimate	FY 2014 Estimate	FY 2015 Estimate
Drug Resources by Function			
Treatment	\$421.458	\$458.890	\$524.508
Total Drug Resources by Function	\$421.458	\$458.890	\$524.508
Drug Resources by Decision Unit			
Continuum of Care: Homeless Assistance Grants	\$421.458	\$458.890	\$524.508
Total Drug Resources by Decision Unit	\$421.458	\$458.890	\$524.508
Drug Resources Personnel Summary			
Total FTEs (direct only)	-	-	-
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$68.9	\$41.5	\$60.3
Drug Resources Percentage	0.6%	1.1%	0.8%

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 *2013 Annual Homeless Assessment Report to Congress*. It showed that 21.8% 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 2015 drug control estimate for *Continuum of Care* (CoC) is \$524.5 million, an increase of \$65.6 million over the FY 2014 enacted level.

Continuum of Care – Homeless Assistance Grants

FY 2015 Request: \$524.5 million

(Reflects \$65.6 million increase over FY 2014)

HUD’s Homeless Assistance Grants are funded through the CoC Program. Nonprofit organizations, states, local governments, and instrumentalities of state or local governments apply for funding through the CoC competitive process to provide homeless services. The CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

FY 2015 Changes (+\$65.6 million): The overall CoC budget proposes an increase in FY 2015.

PERFORMANCE

Information regarding the performance of the drug control efforts of HUD is based on data collected from programs receiving funding through the annual CoC competition. The table and accompanying text represent HUD drug-related achievements during FY 2013.

Office of Special Needs Assistance Programs		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percentage of participants exiting CoC-funded transitional housing that move into permanent housing.	65.0%	68.7%
» Percentage of participants remaining in CoC-funded permanent housing projects for at least 6 months.	80.0%	81.1%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	90,723	118,765

In FY 2013, 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. Grantees projected serving 90,723 individuals with

chronic alcohol and/or other substance abuse problems, or 23 percent of the total population served in CoC-funded programs. In FY 2013, the actual number of individuals served was 118,765. The percentage of households moving from transitional housing to permanent housing (68.7%) exceeded the HUD goal of 65 percent, and the percentage of households remaining in permanent housing more than 6 months (81.1%) 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 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$0.500	\$0.500	\$0.500
Investigations	8.005	8.216	8.216
Prevention	1.000	1.000	1.000
Total Drug Resources by Function	\$9.505	\$9.716	\$9.716
Drug Resources by Decision Unit			
Drug Initiative	\$9.505	\$9.716	\$9.716
Total Drug Resources by Decision Unit	\$9.505	\$9.716	\$9.716

Drug Resources Personnel Summary			
Total FTEs (direct only)	57	56	56
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$2.4	\$2.5	\$2.6
Drug Resources Percentage	0.4%	0.4%	0.4%

Program Summary

MISSION

The Bureau of Indian Affairs' (BIA) mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives. The BIA'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 2015, BIA requests \$9.7 million for the Drug Initiative, reflecting no change from the FY 2014 enacted level.

Drug Initiative

FY 2015 Request: \$9.7 million

(Reflects no change from FY 2014)

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 2015, \$6.7 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; confiscating illegal drug supplies' and establishing and maintaining cooperative relationships with other Federal, state, local, and tribal law enforcement organizations in the efforts against drug-related activity.

One million dollars in funding will support the School Resource Officer (SRO) program, which 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 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.

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

In FY 2015, a total of \$0.5 is allocated for basic and advanced training through the Indian Police Academy, located at the Department of Homeland Security's Federal Law Enforcement Training Center in Artesia, New Mexico, and training outreach sites. Along with basic police, criminal investigation, and detention coursework, the Academy offers numerous advanced training courses.

FY 2015 Changes (no change): The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

PERFORMANCE

Information regarding the performance of the drug control efforts of BIA is based on agency GPRMA documents and other information that measure the agency’s contribution to the *Strategy*. The BIA Division of Drug Enforcement (DDE) has historically experienced challenges gathering accurate data using systems developed by the BIA IT division or its contractors. Information gathered for this report and the subsequent verification process have highlighted the need for an automated data collection system. Data were gathered and verified from the OJS database and the DDE case log.

Bureau of Indian Affairs		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of patrol officers trained as certified drug officers	245	260
» Number of drug cases worked*	2,264	3,364
» Amount of drugs seized: Meth (ICE)**	22.17 lbs	98.11 lbs
» Amount of drugs seized: Meth (Powder)**	3.70 lbs	83.3 lbs
» Amount of drugs seized: Cocaine (Crack)**	2.10 lbs	9.15 lbs
» Amount of drugs seized: Cocaine (Powder)**	3.70 lbs	182.12 lbs
» Amount of drugs seized: Prescription drugs**	608.32 lbs	76.15 lbs
» Amount of drugs seized: Heroin**	6.75 lbs	196.11 lbs
» Amount of drugs seized: Marijuana (processed)**	3,896 lbs	9,535.7 lbs
» Amount of drugs seized: Marijuana (plants)**	3,822 lbs	37,990 lbs
» Amount of drugs seized: MDMA (Ecstasy)**	1 lbs	130.04 lbs

* Includes cases reported by tribes.

** Drug seizures were accomplished by the combined efforts of BIA-DDE, BIA and Tribal Police programs.

In FY 2013, the BIA responded to a wide range of illegal drug activity on Indian lands. BIA DDE agents supported highly technical investigations, such as court ordered Title III wire intercepts, OCDETF cases, Racketeer Influenced and Corrupt Organization (RICO) cases, and synthetic marijuana cases, which involved the distribution of “bath salts”. As a result, BIA DDE agents showed an increase of 55 percent of drug cases worked and an increase of 38 percent of drug-related arrests. These improvements are due to the success that BIA OJS has had in forming partnerships and providing technical assistance and training to law enforcement in Indian Country.

Partnerships among BIA-DDE, DEA, BIA and Tribal officers have been particularly important. DEA Agents are responsible for managing drug investigations and providing direct technical

assistance to reduce the effects of drugs and drug-related crime in Indian Country. As a result of DEA's technical assistance, there has been an increased number of drug-related arrests in Indian every year since FY 2008. During FY 2013, BIA-DDE, BIA, and Tribal officers worked 3,364 cases in Indian country, an overall increase of approximately 55 percent over the number of cases worked during FY 2012. This improvement was due to BIA-DDE's change in focus from working cases to providing direct technical assistance to the BIA and Tribal police departments. The BIA and Tribal police departments documented 3,072 cases during FY 2013, which was an overall increase of more than 74 percent over FY 2012. BIA-DDE opened 292 cases in FY 2013, 159 of which were closed by arrest, indictment, or referral to another agency for a 54 percent closure rate. Of 292 cases opened, 263 investigations, or 90 percent of DDE investigations occurred within reservation boundaries or upon trust/allotted lands. The remaining 10 percent of investigations held a direct nexus to Indian country.

In late FY 2013, BIA-DDE conducted an analysis of current drug trends on reservations throughout Indian Country. DDE used crime trends to identify 20 reservations with high drug statistics, which are now the focus of Mobile Enforcement Teams (MET). DDE began deploying the MET teams to the identified reservations to gather intelligence, develop informants, and identify criminal drug enterprises operating in Indian Country. These efforts produced substantial amounts of drug-related intelligence and were helpful in prosecuting drug and alcohol related crimes on the Hopi Reservation. The MET operations will continue throughout FY 2014 and additional follow up investigations will begin from intelligence derived from the deployments.

The table above shows the drug seizures that were accomplished by the combined efforts of BIA-DDE, BIA and Tribal Police programs during FY 2013. These results show an overall increase of approximately 17 percent in total amounts of drugs seized by Indian Country Law Enforcement Programs in FY 2013 over the amounts seized during FY 2012. Marijuana eradication numbers represented 78 percent of the total amount of drugs seized during FY 2013. Indian Country programs also reported substantial increases in cocaine, heroin, methamphetamine, ecstasy, and processed marijuana seizures during FY 2013. During that time, the BIA-DDE was involved in seizures of illegal narcotics that were valued at approximately \$21,534,647 and approximately \$592,357 in cash from suspects identified in criminal cases located on Tribal Trust and Individual Allotted lands. These figures show an overall increase of approximately 73 percent in drugs seized by the BIA-DDE in FY 2013.

While FY 2013 marijuana eradication operations conducted in Indian Country in the Northeast part of the United States continued to show a decrease in marijuana seizures, eradication efforts in the Northwest Region of the United States resulted in a 4 percent increase in the number of plants seized over the number seized in FY 2012. Considering DDE's success in reducing marijuana cultivation in this region over the past two years, operations will be expanded to other regions of the US during FY 2014.

In FY 2013, law enforcement training played an important supporting role. BIA provided advanced training courses to law enforcement officers who assist in drug investigations. Also

during that time, seventy-six (76) BIA Indian Police Academy students graduated from Basic Police Training with an introduction to drug awareness and investigations. One hundred eleven (111) students graduated with Advanced Drug Training. Thirty-two (32) students graduated with Basic Criminal Investigator Training with an introduction to drug awareness and investigations. And, forty-one (41) students graduated with Basic Drug Training. During 2013, a total of 260 law enforcement officers received drug training from BIA OJS.

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 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 mission of the Bureau of Land Management (BLM) is to sustain the health, diversity, and productivity of the public lands for the use and enjoyment of present and future generations. In support of that mission, one of the primary goals of the Resource Protection and Law Enforcement program is the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

METHODOLOGY

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 2015, the BLM requests \$5.1 million for drug control activities, which is unchanged from the FY 2014 level.

Resources Protection and Law Enforcement

FY 2015 Request: \$5.1 million

(Reflects no change from FY 2014)

Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include 1) directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California and Oregon; 2) directing funding to public lands in Idaho, Nevada, Utah and other states as needed to address the expansion of marijuana cultivation activities into those areas; and 3) directing funding to public lands in Arizona and New Mexico to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest Border.

Associated activities include:

- Conducting proactive uniformed patrol to deter and detect cultivation activities
- Focusing on investigations likely to result in the arrest of drug trafficking organization leadership.
- Utilizing Federal, state, and local partners to conduct multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations
- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication, and investigative efforts
- Establishing interagency agreements, partnerships, and service contracts with state and local law enforcement agencies to support counterdrug efforts on public lands
- Partnering with non-law enforcement personnel/entities to rehabilitate cultivation and drug smuggling-related environmental damage in an effort to deter reuse of those areas

FY 2015 Changes (no change): BLM will continue to support public land management at the FY 2014 level.

PERFORMANCE

Information regarding the performance of the drug control efforts of BLM is based on law enforcement statistics extracted from the Department's Incident Management Analysis and Reporting System (IMARS) database and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent BLM drug-related achievements during FY 2013.

Bureau of Land Management		
Selected Measure of Performance	FY 2013 Target	FY 2013 Achieved
» Number of marijuana plants seized	No Target Set	195,417

Because there is no data on the total number of marijuana plants subject to seizure that are grown in the U.S., the BLM gauges performance using a single measure: "Number of marijuana plants seized." Future performance targets related to "number of marijuana plants seized" cannot be reliably predicted. As such, the BLM set no out-year targets.

During the four year period beginning in FY 2009 (705,317) through FY 2012 (156,014), the Bureau saw a reduction in the total number of marijuana plants seized each year. However, in FY 2013 (195,417), this downward trend was reversed as the Bureau achieved a twenty-five percent increase in the number of marijuana plants seized on public lands.

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.

Due to the scope of the marijuana cultivation problem on public lands and the large number of Federal, State, and local agencies involved in addressing the issue, it is difficult to establish a direct cause for the fluctuations seen in marijuana plant seizure statistics. However, several factors are believed to be affecting large scale marijuana cultivation on public lands. For example, multi-agency investigation and eradication efforts have been increasingly effective. Operation "Crown Jewel" is one such effort that successfully targeted a drug trafficking organization responsible for cultivating marijuana on public lands in Northern California in 2013. In addition, prosecutions are disrupting organizational structures of multistate drug trafficking organizations and reducing their cultivation and distribution capabilities.

DEPARTMENT OF THE INTERIOR

National Park Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Interdiction	\$0.660	\$0.660	\$0.660
Investigations	2.442	2.640	2.640
Total Drug Resources by Function	\$3.102	\$3.300	\$3.300
Drug Resources by Decision Unit			
National Park Protection Subactivity	\$3.102	\$3.300	\$3.300
Total Drug Resources by Decision Unit	\$3.102	\$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

NPS 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 estimate the level of drug control funding.

BUDGET SUMMARY

In FY 2015, the total drug control request for the NPS is \$3.3 million, reflecting no change from the FY 2014 enacted level. NPS supports the *National Drug Control Strategy* through its investigative and marijuana eradication efforts to reduce drug production and availability.

National Park Protection Subactivity

FY 2015 Request: \$3.3 million

(Reflects no change from FY 2014)

With many national parks located along international borders that are plagued with problems such as drug trafficking, illegal immigration, and possible terrorist movement that can threaten park lands and visitors, NPS works diligently to provide security and protection of park resources and visitor safety on park lands. NPS utilizes law enforcement park rangers, special agents, and other Federal, state, and local law enforcement authorities and organizations in ongoing efforts at parks that include:

- Ranger patrols and surveillance of roads, trails, and backcountry areas
- Short and long-term counter-smuggling and drug cultivation investigations and operations
- 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

NPS efforts are described in the Pacific West Region Marijuana Framework and Goals Plan to address marijuana cultivation, as well as site rehabilitation and reclamation. The 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 2015 Changes (no change): NPS will continue to provide support at the FY 2014 enacted level.

PERFORMANCE

Information regarding the performance of the drug control efforts of NPS is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent NPS drug-related achievements during FY 2013.

NPS Visitor and Resource Protection Program		
Selected Measure of Performance	FY 2013 Target	FY 2013 Achieved
» Number of marijuana plants seized in the Pacific West region	0	0

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 HIDTA boards, and a more integrated interdisciplinary approach within parks to addressing this problem, 2012 plant seizures dropped to an unprecedented low of 6,734 plants in a single site in Death Valley National Park. With the continued pressure and collaboration with agency partners, 2013 became the first year in over a decade that no marijuana plants were seized from NPS lands in the Pacific West Region.

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 remain low.

Although NPS has achieved its goal of zero plant seizures on NPS lands, there is still evidence that some cultivation activities are continuing in and around NPS sites. In 2013, there was one site which was harvested by a Mexican DTO in Whiskeytown National Recreation Area. A decision was made in conjunction with park management to allow the grow site to remain through this season and to continue to keep building evidence and intelligence for a take down in 2014. The investigation identified viable suspects and various locations in the Northern California region that are being used by this particular DTO. As of now, plans are being made for continued surveillance and execution of warrants in the spring/early summer of 2014. The case is being jointly investigated by NPS (primary) and the Shasta County Sheriff's Office.

Overall, in 2013, there were a total of 5 new cultivation investigations initiated. One investigation in the Yosemite area is still ongoing, with a non-DTO grower. That case involves the fraudulent identity of the site as medical marijuana cultivation, but it is being conducted on NPS land which makes the site illegal in totality. One case was closed in 2013 with an arrest/conviction. There are additional cases which are ongoing or not active pending additional leads.

Because of the changing legal and regulatory framework around the cultivation, distribution, sale, and possession of marijuana in various states, this issue, and its subsequent impact on NPS has remained somewhat fluid. Growers have shown themselves to be incredibly adaptive to the legal framework and enforcement strategies of law enforcement agencies. The shift of significant cultivation activities—particularly in California—away from remote public lands and

into developed agricultural areas is an example of that adaptability of the growers and the fluid nature of the problem. However, as regulatory and enforcement strategies evolve, the desirability of growing marijuana on NPS lands may return in force. NPS will continue for the foreseeable future to commit significant resources to maintaining lands and resources free from the impacts of illegal marijuana cultivation.

DEPARTMENT OF JUSTICE



DEPARTMENT OF JUSTICE

Assets Forfeiture Fund

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Investigations	\$163.764	\$156.326	\$164.142
State and Local Assistance	70.751	70.744	74.281
Total Drug Resources by Function	\$234.515	\$227.070	\$238.423
Drug Resources by Decision Unit			
Asset Forfeiture	\$234.515	\$227.070	\$238.423
Total Drug Resources by Decision Unit	\$234.515	\$227.070	\$238.423

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.8	\$3.2	\$1.4
Drug Resources Percentage	13.0%	7.0%	17.6%

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 (AFF) in 1985, the costs of these activities had to be diverted from agency operational funds. The more effective an agency was in seizing property, the greater the drain on its appropriated funds. The creation of AFF is responsible, in large measure, for the growth in the Department's AFP over the past decade. AFP, 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.

The AFP not only represents an effective law enforcement tool against criminal organizations, but it also provides financial support to other Federal law enforcement efforts, remuneration and restitution to victims, and an additional source of funding for state and local law enforcement partners. Without this resource, agency funds would be seriously taxed to maintain and preserve seized assets and liquidate forfeited assets. Law enforcement operations supported by the AFP 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 an AFP 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 AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the 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 total drug control request for the AFP for FY 2015 is \$238.4 million, an increase of \$11.4 million over the FY 2014 level.

Asset Forfeiture Program

FY 2015 Request: \$238.4 million

(Reflects \$11.4 million increase over FY 2014)

Asset Forfeiture funds are allocated to DEA and OCDETF to carry out their drug-related activities. The request for DEA and OCDETF investigative activities is \$164.1 million, an increase of \$7.8 million from the FY 2014 level. Additionally, DEA and OCDETF state and local assistance funding is approximately \$74.3 million, an increase of \$3.5 million over the FY 2014 level.

The AFF 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. The AFF 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 AFF balances.

- **Case-Related Expenses:** These are expenses associated with the prosecution of a forfeiture case or execution of a forfeiture judgment, such as court and deposition reporting, courtroom exhibit services, and expert witness costs.
- **Special Contract Services:** AFP uses contract personnel to manage 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 AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the Fund." Such cooperative efforts significantly benefit Federal, state, and local law enforcement efforts.

FY 2015 Changes (+11.4 million): The Asset Forfeiture Program request will continue to support the drug-related investigative activities of DEA and OCDETF.

PERFORMANCE

Information regarding the performance of the drug control efforts of AFP is based on data from the Attorney General’s Management Initiatives, the GPRMA, and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent AFP drug-related achievements during FY 2013.

Assets Forfeiture Fund		
Selected Measure of Performance	FY 2013 Target	FY 2013 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 AFP 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 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Budget Function			
Corrections	\$3,117.337	\$3,344.800	\$3,362.160
Treatment	95.452	115.452	115.452
Total Drug Resources by Function	\$3,212.789	\$3,460.252	\$3,477.612
Drug Resources by Budget Decision Unit			
Inmate Care and Programs	\$1,250.719	\$1,298.511	\$1,315.960
Institution Security and Administration	1,348.097	1,471.317	1,481.258
Contract Confinement	504.580	545.201	533.553
Management and Administration	93.939	100.583	102.201
New Construction	(20.361)	11.335	6.871
Modernization and Repair	35.815	33.305	37.769
Total Drug Resources by Decision Unit	\$3,212.789	\$3,460.252	\$3,477.612
Drug Resources Personnel Summary			
Total FTEs (direct only)	18,161	18,824	18,824
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$6.4	\$6.9	\$6.9
Drug Resources Percentage	50.4%	50.5%	50.4%

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 drug treatment programs are scored as part of the drug control budget. Drug Treatment efforts are funded through a distinct program in Inmate Care and Programs and Contract Confinement Decision units (starting in FY 2014). Corrections costs are based on the percentage of inmates currently incarcerated or projected to be incarcerated for drug convictions.

BUDGET SUMMARY

The FY 2015 drug-related request includes resources of \$3,477.6 million, an increase of \$17.3 million over the FY 2014 Enacted level.

Corrections Activities

FY 2015 Request: \$3,362.2 million

(Reflects \$17.3 million increase over FY 2014)

At the end of FY 2013, there were over 219,000 inmates for whom BOP provided custodial care. The majority of Federal inmates are in BOP facilities, but others are housed in privately operated facilities, Residential Reentry Centers (halfway houses), and bed space secured through Intergovernmental Agreements with state and local entities.

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 2015 Changes (+\$17.3 million): The request does not include new program increases, but does include mandatory adjustments to the current services and program offsets totaling \$158.0 million. The BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the U.S. taxpayer. The BOP remains committed to acting as a sound steward of valuable taxpayer dollars. The BOP will continue to seek cost avoidance and find efficiencies throughout the BOP, while successfully executing our mission responsibilities.

Treatment Activities

FY 2015 Request: \$115.5 million

(Reflects no change from FY 2014)

In response to the rapid growth of Federal inmates with diagnoses of a drug use disorder (40 percent of inmates entering the BOP), the BOP continues to develop evidence-based treatment practices to manage and treat drug-using offenders. The BOP's strategy includes early identification through a psychology screening, drug education, non-residential drug abuse treatment, intensive residential drug abuse treatment, and community transition treatment.

The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate substance abuse treatment for 100 percent of inmates who have a diagnosis for substance abuse or dependence and who volunteer for treatment. In FY 2013 the BOP was able to provide appropriate substance abuse treatment for 100 percent of eligible inmates.

Drug Program Screening and Assessment. Upon entry into a BOP facility, an inmate's records are assessed to determine if there is a history of drug use, a judicial recommendation for drug

abuse treatment, a violation due to drug use, or if the instant offense is related to drug use. If so, the inmate is required to participate in the Drug Abuse Education course.

Drug Abuse Education. Participants in the Drug Abuse Education course receive factual information on the relationship between drug use and crime--the impact the substance abuse has on the inmate psychologically, biologically and socially, while also motivating inmates to volunteer for the appropriate drug abuse treatment programs. In FY 2013 over 29,000 inmates participated in Drug Abuse Education.

Nonresidential Drug Abuse Treatment. Unlike residential programs, inmates are not housed together in a separate unit; they are housed with the general inmate population. Nonresidential treatment was designed to provide maximum flexibility to meet the needs of the offenders, particularly those individuals who have relatively minor or low-level substance abuse problems. These offenders do not require the intensive level of treatment needed by individuals with moderate to severe (substance abuse or dependence) diagnoses and behavioral problems.

A second purpose of the program is to provide those offenders who have a moderate to severe drug abuse problem with supportive program opportunities during the time they are waiting to enter the RDAP, or for those who have little time remaining on their sentence and are preparing to return to the community. In FY 2013 more than 19,000 inmates participated in Nonresidential Drug Abuse Treatment.

Residential Drug Abuse Treatment. More than half of the BOP's facilities operate the Residential Drug Abuse Program (RDAP). RDAP programs are located in a separate unit, away from the general population. The RDAP is based on Cognitive Behavioral Therapy (CBT), wrapped into a modified therapeutic community model of treatment. CBT and therapeutic communities are proven-effective treatment models with inmate populations. In FY 2013 over 15,000 inmates participated in Residential Drug Abuse Treatment.

In coordination with the National Institute on Drug Abuse, the BOP conducted a rigorous three year outcome study of the residential drug abuse treatment program beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition, female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

Nonresidential Follow-up Treatment If an inmate has time to serve in the institution after completing the RDAP, he or she must participate in "follow-up" treatment in the institution. Follow-up treatment ensures the inmate remains engaged in the recovery process and is held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts a minimum of one year.

Community Treatment Services (formerly Community Follow-up Treatment) The Community Treatment Services Program (CTS) is the premier reentry effort of the Psychology Services Branch. CTS was formerly known as Transitional Drug Abuse Treatment (TDAT). CTS provides a comprehensive network of over 260 contracted community-based treatment providers serving an average of over 19,000 inmates annually, consistent with the inmate skills development initiative of the National Reentry Affairs Branch. In addition to providing transitional services to residential drug abuse program (RDAP) participants, services have expanded to include treatment for the mentally ill and sex offenders. Moreover, needed services such as crisis intervention counseling for situational depression, grief/loss, adjustment issues, anxiety, and/or enhanced treatment services for non-RDAP inmates who remain at the Residential Reentry Center (RRC) after receiving a drug/alcohol related incident are also provided as appropriate and available. These services are provided to inmates placed in RRCs or on home confinement. The network of professionals consists of licensed individuals (e.g., certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies resulting in a variety of services available in the community.

FY 2015 Changes (no change): The FY 2015 request does not include new increases, but it provides for maintaining the current drug abuse treatment programs that support residential substance abuse treatment to all eligible inmates.

PERFORMANCE

Information regarding the performance of the drug control efforts of BOP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent BOP drug-related achievements during FY 2013.

Bureau of Prisons		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of inmates participating in Residential Drug Abuse Treatment	16,044	15,891
» Number of inmates participating in Nonresidential Drug Abuse Treatment	20,685	19,636

The BOP operates 89 RDAPs in 76 Bureau institutions and one contract facility. In FY 2013, the BOP provided RDAP to 15,891 inmates, and 19,636 inmates participated in the Nonresidential Drug Abuse Treatment Program.

Participation in the RDAP program and in the Non-Residential program was slightly below the target. The RDAP target was not achieved due to late enactment of the budget, which caused a delay in implementing some of the new programs. In FY 2013 new RDAPs are being phased in over a 9 month period. For this reason, the full impact of the FY 2013 program expansion will

not be realized until FY 2014, when all of the new programs will be at 100% of capacity. The FY 2013 non-residential target of 20,685 was not reached due to lower than projected inmate population.

DEPARTMENT OF JUSTICE

Criminal Division

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prosecution	\$38.600	\$40.100	\$41.700
Total Drug Resources by Function	\$38.600	\$40.100	\$41.700
Drug Resources by Decision Unit			
Enforcing Federal Criminal Laws	\$38.600	\$40.100	\$41.700
Total Drug Resources by Decision Unit	\$38.600	\$40.100	\$41.700

Drug Resources Personnel Summary			
Total FTEs (direct only)	158	159	159
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	23.4%	23.5%	20.7%

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 *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 total drug control request for CRM for FY 2015 is \$41.7 million, an increase of \$1.6 million over the FY 2014 enacted level.

Narcotics and Dangerous Drug Section

FY 2015 Request: \$41.7 million

(Reflects \$1.6 million increase over FY 2014)

The CRM's Narcotic and Dangerous Drug Section (NDDS) supports reducing the supply of illegal drugs in the United States by investigating and prosecuting priority national and international drug trafficking and narcoterrorists 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 narcoterrorists 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 groups that pose the greatest threat. NDSS then utilizes resources to investigate those groups anywhere in the world and 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, for example. 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. A successful outcome of an investigation or prosecution often hinges on these key components that could make or break the case.

FY 2015 Changes (+\$1.6 million): The increase reflects inflationary adjustments to base and additional base resources being dedicated to CRM's drug-related activities.

PERFORMANCE

Information regarding the performance of the drug control efforts of CRM is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent CRM drug-related achievements during FY 2013.

Criminal Division		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of new drug-related investigatory matters and cases	55	73
» Number of OCDETF Title III wiretaps reviewed	2,650	2,251
» Number of drug-related MLAT requests closed	N/A	191
» Number of drug-related extradition requests closed	N/A	442

In FY 2013, CRM's NDDS brought 73 new investigatory matters and cases. These numbers have shown significant increases from FY 2012. NDDS recorded several major successes against the leadership of the violent Mexican Los Zetas and the Gulf Cartels in FY 2013. On January 31, 2013, a plea was entered by Enrique Rejon-Aguilar to one count of conspiracy to distribute 5 kilograms or more of cocaine and 1,000 kilograms or more of marijuana for importation into the United States. Rejon-Aguilar was one of the founding members of Los Zetas, the former armed wing of the Gulf Cartel, and is considered the highest-ranking Zeta ever to be extradited and prosecuted in the U.S. On February 26, 2013, a jury found Aurelio Cano-Flores guilty on one count of conspiracy to distribute 5 kilograms or more of cocaine and 1,000 kilograms or more of marijuana for importation into the United States. Cano-Flores, a former Mexican police officer, was a plaza boss for the Gulf Cartel in Los Guerra, Tamaulipas, Mexico and was responsible for importing cocaine and marijuana into the United States, and considered the highest ranking Gulf Cartel defendant to be convicted at trial in the U.S. over the past 15 years. On March 1, 2013, Gilberto Lerma-Plata, a former Mexican state police commander, entered a plea of guilty to one count of conspiracy to distribute 1,000 kilograms or more of marijuana for importation into the United States.

Federal prosecutors and law enforcement agencies rely on CRM's Office of Enforcement Operations (OEO) 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 negatively impact important Federal drug investigations. In FY 2013, OEO reviewed a total of 2,251 OCDETF Electronic Surveillance original and extension requests.

The Division did not meet its target for OCDETF Title IIIs reviewed. Title IIIs are directly reactive to the number of incoming requests for Title III approvals. This decline can be linked with the complexity of Title III requests as evidenced by the rise in the number of facilities for which authorization to intercept was sought (an increase of 10%); the percentage of applications that raised issues of public safety (roughly 50%) requiring the Electronic Surveillance Unit reviewers to ensure appropriate threat protocols are in place; and the increasing number of applications presenting complex challenges based upon the use of emerging technologies.

The Division's Office of International Affairs (OIA) is responsible for negotiating and securing the return of fugitives from abroad, for obtaining foreign evidence needed in U.S. criminal

investigations, for approving sensitive overseas actions by U.S. 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 is time-consuming to process and obtain. In FY 2013, OIA was actively involved in executing requests for assistance in drug-related cases; closing 191 MLAT requests and 442 extradition requests. For example, at least 31 OCDETF fugitives were extradited from Mexico to the United States in FY 2013, including Carlos Ramon Castro-Rocha, a Consolidated Priority Organization Target wanted to stand trial in the District of Arizona and the Western District of North Carolina. Extradition of Castro-Rocha and other fugitives to the United States will ensure full prosecution for the alleged crimes they committed.

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	176.497	185.655	185.857
International	357.206	397.156	412.349
Investigations	1,701.413	1,764.690	1,780.823
Prevention	1.688	1.765	1.748
State and Local Assistance	5.321	4.021	3.903
Total Drug Resources by Function	2,242.125	2,353.287	2,384.680
Drug Resources by Decision Unit			
Diversion Control Fee Account	334.852	335.287	366.680
Salaries and Expenses	1,907.273	2,018.000	2,018.000
<i>Domestic Enforcement</i>	<i>[1,522.581]</i>	<i>[1,592.177]</i>	<i>[1,576.159]</i>
<i>International Enforcement</i>	<i>[379.372]</i>	<i>[421.802]</i>	<i>[437.938]</i>
<i>State and Local Assistance</i>	<i>[5.321]</i>	<i>[4.021]</i>	<i>[3.903]</i>
Total Drug Resources by Decision Unit	2,242.126	2,353.287	2,384.680
Drug Resources Personnel Summary			
Total FTEs (direct only)	8,188	8,020	8,071
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	2.2	2.4	2.4
Drug Resources Percentage	100%	100%	100%

Program Summary

MISSION

The Drug Enforcement Administration's (DEA) mission is to enforce the controlled substances laws and regulations of the United States, focusing on 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 2015 budget request includes \$2,384.7 million for DEA's Salaries and Expenses (S&E) Account and Diversion Control Fee Account (DCFA), an increase of \$31.4 million over the FY 2014 enacted level.

Salaries & Expenses (S&E)

FY 2015 Request: \$2,018.0 million

(Reflects no change from FY 2014)

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 2015 Request: \$1,576.2 million

(Reflects \$16.0 million decrease from FY 2014)

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 1,812 DEA Special Agents and 2,157 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. DEA has also continued the Document and Media Exploitation (DOMEX) program and high-priority strategic intelligence reports that were previously coordinated by the National Drug Intelligence Center (NDIC) before it was closed in 2012.

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 2015 Changes (-\$16.0 million): The decrease in funding reflects reductions to existing domestic operations and services necessary to pay for increases in existing costs, including pay raises, FERS contributions, State Department charges, and GSA rent, among others. The operations and services that will be reduced will be specified in spending plans after funds have been appropriated. Such reductions could include funds for travel, training, contracts, supplies, and other costs related to current operations.

International Enforcement

FY 2015 Request: \$437.9 million

(Reflects \$16.1 million increase from FY 2014)

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 by the Organized Crime Drug Enforcement Task Forces (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, 2013, 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 2015 Changes: (+\$16.1 million): Funding reflects the mandatory increases in existing costs, including pay raises, FERS contributions, State Department charges, and GSA rent, among others. These increases will be offset by foreign and domestic reductions that could include funds for travel, training, contracts, supplies, and other costs related to current operations.

State & Local Assistance

FY 2015 Request: \$3.9 million

(Reflects \$0.1 million decrease from FY 2014)

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) FY 2015 budget request includes \$7.0 million for DEA's operational costs of the state and local cleanup program. The domestic cannabis eradication/suppression program is funded by DOJ's Asset Forfeiture Program.

FY 2015 Changes: (-\$0.1 million): Funding reflects reductions to existing state and local assistance operations and services necessary to pay for increases in existing costs, including pay raises, FERS contributions, and GSA rent, among others. The operations and services that will be reduced will be specified in spending plans after funds have been appropriated. Such reductions could include funds for travel, training, contracts, supplies, and other costs related to current operations.

DCFA funded Diversion Control Program

FY 2015 Request: \$366.7 million

(Reflects \$31.4 million increase over FY 2014)

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.

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 66 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.

FY 2015 Changes: (+\$31.4 million): Funding reflects mandatory increases in existing costs, including pay raises, FERS contributions, State Department charges, and GSA rent, among others. A technical base adjustment is also included to maintain ongoing operating levels following the FY 2014 sequestration of mandatory, non-defense accounts.

PERFORMANCE

Information regarding the performance of the drug control efforts of DEA is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent DEA drug-related achievements during FY 2013.

Drug Enforcement Administration		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of active International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted* or dismantled	440	552
» Number of active International, Domestic, and Diversion Priority Targets not linked to CPOT targets disrupted* or dismantled	2,370	2,870
» Monetary Value of Currency, Property and Drugs Seized (Drug Trafficker Revenue Denied)	\$2.85 Billion	\$3.49 Billion

* Includes disruptions pending dismantlement

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, 2013, the DEA had disrupted or dismantled 3,422 PTOs. This disrupted or dismantled total represents a 10 percent increase over FY 2012’s actual performance of 3,120 PTOs disrupted or dismantled.

DEA also contributes to disrupting or dismantling PTOs linked to the Attorney General’s FY 2013 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 2013, DEA disrupted or dismantled 552 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 2013, 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 implemented several initiatives focused on targeting the bulk cash derived from drug proceeds. During FY 2013, the DEA's total cash seizures totaled \$637 million. Further, the DEA denied total revenue of \$3.5 billion from drug trafficking and money laundering organizations through asset and drug seizures.

In FY 2013, DEA continued to address emerging threats from synthetic drugs through both regulatory scheduling actions and law enforcement operations. Through one of these law enforcement actions, *Project Synergy*, DEA and its law enforcement partners in 38 cities in the United States arrested 276 individuals and seized \$57 million in cash and other assets, 10,743 kilograms of packaged synthetic drugs, 378 kilograms of synthetic cathinones, 8,019 kilograms of synthetic cannabinoids, 1,540 kilograms of treated plant material, and 229 weapons.

DEA's 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. Through the Distributor Initiative Program, from August 2005 through September 30, 2013, the DEA briefed 82 corporations/companies consisting of 239 distribution centers. As a result, some distributors have reinvigorated their due diligence efforts and voluntarily stopped selling or restricted sales of controlled substances to suspicious pharmacies and practitioners. Also, DEA's National Prescription Take-Back Initiative has resulted in the removal of more than 3.4 million pounds of prescription medications from circulation during the seven take-back days that have occurred since September 2010, with the latest occurring in April 2014.

DEPARTMENT OF JUSTICE

Office of Justice Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$26.818	\$9.250	\$7.000
State and Local Assistance	119.769	126.370	129.682
Treatment	105.342	109.025	137.900
Total Drug Resources by Function	\$251.929	\$244.645	\$274.582
Drug Resources by Decision Unit			
Anti-Methamphetamine Task Forces (COPS)	0.000	7.500	0.000
Border Initiatives ¹	1.395	0.000	0.000
Byrne Criminal Justice Innovation Programs ¹	5.021	3.150	8.850
Byrne Memorial Justice Assistance Grant Program ²	80.280	82.720	82.720
Drug Courts	38.126	40.500	0.000
Enforcing Underage Drinking Laws ¹	1.400	0.750	0.000
Flexible Tribal Assistance Grants ³	0.000	5.400	18.512
Indian Alcohol and Substance Abuse ⁴	16.108	0.000	0.000
Mentally Health Courts	8.369	8.250	0.000
DEA Meth Enforcement and Clean Up (COPS)	12.241	10.000	7.000
Prescription Drug Monitoring	6.509	7.000	7.000
Problem Solving Justice	0.000	0.000	44.000
Project Hawaii Opportunity Probation w/Enforcement (HOPE)	0.000	4.000	10.000
Regional Information Sharing System	32.832	30.000	25.000
Residential Substance Abuse Treatment	11.624	10.000	14.000
Second Chance Act ⁵	31.965	33.875	57.500
Tribal Courts ⁴	3.258	0.000	0.000
Tribal Youth ¹	2.801	1.500	0.000
Total Drug Resources by Decision Unit	\$251.929	\$244.645	\$274.582

Drug Resources Personnel Summary			
Total FTEs (direct only)	51	51	51
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.5	\$1.6	\$1.5
Drug Resources Percentage	17.3%	15.7%	18.5%

¹Amounts reported for Border Initiatives, Byrne Criminal Justice Innovation Program, Enforcing Underage Drinking Laws, and Tribal Youth Program reflect 30% of total funding for the programs.

²Amount reported for the Byrne JAG Program reflects 22% of total funding for program.

³The FY 2015 budget request replaces discretionary funding for the Indian Country Initiatives and Tribal Youth Program with a request for a seven percent set aside from its discretionary grant and reimbursement programs. Based on the FY 2015 request and the past four years of CTAS award history, for scoring purposes OJP estimates that Indian tribes and Native Alaskan communities will apply 18% of the \$102.8 million that this set aside will generate to programs and projects addressing alcohol and substance abuse and the public safety challenges associated with it.

⁴Since FY 2012, funding for both of these programs has been appropriated to OJP in a single line item - "Indian Country Initiatives" - along with funding for several other programs. The amounts shown for these legacy programs are estimates for budget scoring purposes and do not reflect actual appropriations. The amounts shown in the FY 2013 Final column reflect amounts allocated for these programs in FY 2013. The amounts allocated to these programs in FY 2014 will not be available until final awards under the FY 2014 Consolidated Tribal Assistance Solicitation (CTAS) are announced (in late summer or early fall of 2014).

⁵Amount reported for the Second Chance Act program reflects 50% of total funding for program.

Program Summary

MISSION

The Justice Act of 1984 established the Office of Justice Programs (OJP), whose mission is to provide Federal leadership in developing the Nation's capacity to prevent and control crime, administer justice, and assist crime victims. As such, OJP resources are primarily targeted to providing assistance to state, local, and tribal governments. In executing its mission, OJP dedicates specific resources in support of the *Strategy* that focus on breaking the cycle of drug abuse and crime including: drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

METHODOLOGY

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

BUDGET SUMMARY

The total drug control request for OJP in FY 2015 is \$274.6 million, an increase of \$29.9 million above the FY 2014 enacted level.

Anti-Methamphetamine Task Forces (COPS)

FY 2015 Request: \$0.0

(Reflects \$7.5 million decrease from FY 2014)

The Anti-Methamphetamine Task Forces program awards competitive grants to law enforcement agencies in states with high seizures of precursor chemicals, finished methamphetamine, laboratories, and laboratory dump seizures. Funding supports investigative purposes to locate or investigate illicit activities such as precursor diversion, laboratories, or methamphetamine traffickers. This program is administered by the Community Oriented Policing Services (COPS).

FY 2015 Changes (-\$7.5 million): The budget proposes a decrease of \$7.5 million for the Anti-Methamphetamine Task Forces program, eliminating the program in FY 2015.

Border Initiatives (Southwest and Northern)

FY 2015 Request: \$0.0 million

(Reflects no change from FY 2014)

This program provided 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.

FY 2015 Changes (no change): The program was eliminated in FY 2014.

Byrne Criminal Justice Innovation Program

FY 2015 Request: \$8.9 million

(Reflects \$5.7 million increase over FY 2014)

The Byrne Criminal Justice Innovation (BCJI) 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. This budget request represents 30 percent of the total funding requested for BCJI in FY 2015 (\$29.5 million).

FY 2015 Changes (+\$5.7 million): The budget proposes an increase of \$5.7 million to support this program, which will be used to enable localities and partners to undertake coordinated strategies to address public safety problems and their underlying causes; encourage collaboration across governmental agencies and various community stakeholders; enhance capacity to assess and target crime issues using proven approaches to reduce crime; and promote organizational and resource efficiency by maximizing resources and improving intergovernmental communication.

Byrne/Justice Assistance Grants

FY 2015 Request: \$82.7 million

(Reflects no change from FY 2014)

Byrne/Justice Assistance Grants (JAG) grants are the primary source of flexible Federal criminal justice funding for state, local, and tribal jurisdictions. 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. This budget request represents 22 percent of the total funding requested for JAG in FY 2015 (\$376.0 million).

FY 2015 Changes (no change): This budget will continue to support 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.

Drug Court Program

FY 2015 Request: \$0.0

(Reflects \$40.5 million decrease from FY 2014)

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, how they have evolved from the original model, and current barriers to compliance with the 10 key components of the drug court model.

FY 2015 Changes (-\$40.5 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 2015 Request: \$0.0

(Reflects \$0.8 million decrease from FY 2014)

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. Amounts reflected for this program represent 30 percent of the total funding.

FY 2015 Changes (-\$0.8 million): The budget proposes a decrease of \$0.8 million for the Enforcing Underage Drinking Laws in FY 2015, which is a carve-out of the Delinquency Prevention Program (formerly Title V).

Flexible Tribal Assistance Grants

FY 2015 Request: \$18.5 million

(Reflects \$13.1 million increase over FY 2014)

Flexible Tribal Assistance Grants support grants, training, and technical assistance to improve tribal criminal justice outcomes, including drug and alcohol-related matters. This represents 18 percent of total funding for the seven percent Consolidated Tribal Grants set-aside in FY 2015 (\$102.8 million).

FY 2015 Changes (+\$13.1 million): The budget proposes an increase of \$13.1 million for this set-aside.

Indian Alcohol and Substance Abuse/Tribal Courts

FY 2015 Request: \$0.0

(Reflects no change from FY 2014)

Since FY 2012, funding for both of these programs has been appropriated to OJP in a single line item - "Indian Country Initiatives" - along with funding for several other programs. The

amounts shown for these legacy programs are estimates for budget scoring purposes and do not reflect actual appropriations. The amounts shown in the FY 2013 Final column reflect amounts allocated for these programs in FY 2013. The amounts allocated to these programs in FY 2014 will not be available until final awards under the FY 2014 Consolidated Tribal Assistance Solicitation (CTAS) are announced (in late summer or early fall of 2014).

Mental Health Problem Solving Courts

FY 2015 Request: \$0.0

(Reflects \$8.3 million decrease from FY 2014)

The goal of the Mental Health Problem Solving Courts program is to decrease the frequency of clients' contacts with the criminal justice system by providing courts with resources to improve clients' social functioning and link them to employment, housing, treatment, and support services.

FY 2015 Changes (-\$8.3 million): The budget proposes to eliminate funding for Mental Health Problem Solving Courts 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 (COPS)

FY 2015 Request: \$7.0 million

(Reflects \$3.0 million decrease from FY 2014)

The Methamphetamine Enforcement and Lab Cleanup Grants provide assistance to state, local, and tribal law enforcement agencies in support of programs designed to address methamphetamine production and distribution, as well as target "hot spots" characterized by high levels of drug production or distribution. In cooperation with the 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).

FY 2015 Changes (-\$3.0 million): The budget proposes a decrease of \$3.0 million for the Methamphetamine Enforcement and Lab Cleanup program.

Prescription Drug Monitoring Program

FY 2015 Request: \$7.0 million

(Reflects no change from FY 2014)

The purpose of the Prescription Drug Monitoring Program (PDMP) is to enhance the capacity of regulatory and law enforcement agencies 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.

FY 2015 Changes (no change): The budget will continue to support the development and enhancement of PDMPs.

Problem Solving Justice

FY 2015 Request: \$44.0 million

(Reflects \$44.0 million increase from FY 2014)

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 and 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 2015 Changes (+\$44.0 million): The budget proposes an increase of \$44.0 million. This program will assist state, local, and tribal governments in developing and implementing problem solving court strategies to address their jurisdiction's unique needs.

Project Hope Opportunity Probation with Enforcement (HOPE)

FY 2015 Request: \$10.0 million

(Reflects \$6.0 million increase over FY 2014)

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 supports the expansion of sites implementing the HOPE model, as well as a large scale demonstration field experiment using a randomized controlled trial methodology.

FY 2015 Changes (+\$6.0 million): The budget proposes \$10.0 million for this 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 2015 Request: \$25.0

(Reflects \$5.0 million decrease from FY 2014)

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 2015 Changes (-\$5.0 million): The budget proposes a decrease of \$5.0 million for Regional Information Sharing System in FY 2015. This slight reduction will not have a negative impact on performance or outcomes of the program.

Residential Substance Abuse Treatment

FY 2015 Request: \$14.0 million

(Reflects \$4.0 million increase over FY 2014)

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 2015 Changes (+\$4.0 million): The budget proposes an increase of \$4.0 million for the Residential Substance Abuse Treatment in FY 2015.

Second Chance Act

FY 2015 Request: \$57.5 million

(Reflects \$23.6 million increase over FY 2014)

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 percent of the total funding requested for Second Chance Act in FY 2015 (\$115.0 million).

FY 2015 Changes (+\$23.6 million): The budget proposes an increase of \$23.6 million for this program, which will support state and local efforts to implement innovative and evidence-based programs that help offenders transition make from prison or jail to the community and reintegrate into society safely and successfully.

Tribal Youth Program

FY 2015 Request: \$0.0

(Reflects \$1.5 million decrease from FY 2014)

The Tribal Youth Program (TYP), authorized under annual appropriations acts, awards grants directly to American Indian and Alaska Native (AI/AN) communities to support and enhance tribal efforts to prevent and control delinquency and improve the juvenile justice system for AI/AN youth. All Federally recognized tribes and Alaskan native villages or consortiums of tribes or villages are eligible to apply for a multi-year grant, ranging from \$250 thousand to \$450 thousand based on the size of the tribal population.

FY 2015 Changes (-\$1.5 million): The budget proposes a decrease of \$1.5 million for the Tribal Youth program, which is a carve-out of the Delinquency Prevention Program (formerly Title V).

PERFORMANCE

Information regarding the performance of the drug control efforts of OJP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent OJP drug-related achievements during FY 2013.

Byrne Memorial Justice Assistance Grants (JAG)

JAG		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Completion rate for individuals participating in drug-related JAG programs	20%	59%

The completion rate for individuals participating in drug-related JAG programs captures the percentage of total participants who are able to successfully complete all drug treatment program requirements. This measure supports the mission of the *Strategy* as these Federal funded programs help to provide care and treatment for those with a substance use disorder. In FY 2013, the target of 20% for this measure was exceeded with 59% completion rate for individuals participating in a drug-related JAG program. In FY 2013, BJA awarded JAG funding to 1,078 local and 56 state applicants. BJA's JAG Showcase highlights JAG statewide, local, and subgrantee projects that have demonstrated success or have shown promise in meeting the objectives and goals of JAG while positively affecting communities. Each year, new methods are being discovered to reduce and prevent crime, violence, and drug abuse and to improve the functioning of the criminal justice system.

Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Graduation Rate of Program Participants in the Drug Court Program	48%	51%

Drug courts employ an integrated mix of treatment, drug testing, incentives, and sanctions to break the cycle of substance abuse and crime. Twenty-nine percent of the 6.8 million people who reported to the 2012 National Crime Victimization Survey that they had been a victim of violence, believed that the perpetrator was using drugs, alcohol, or both drugs and alcohol. In addition, 53 percent of state inmates, and 45 percent of Federal inmates abused or were dependent on drugs in the year before their admission to prison, according to the BJS 2004 Surveys of Inmates in State and Federal Correctional Facilities. Since its inception, more than 2,500 drug courts have been established. The graduation rate of program participants is calculated by dividing the number of graduates during the reporting period by the total number of participants exiting the program during the reporting period. In FY 2013, the 48% target for this measure was exceeded.

Prescription Drug Monitoring Program

PDMP		
Selected Measures of Performance	CY 2012 Target	CY 2012 Actual
» Number of interstate solicited reports produced	330,000	733,783
» Number of interstate unsolicited reports produced	600	413

Under the BJA grant program, eight awards were made in FY 2013 for states to implement or enhance a PDMP and six awards were made to support multi-disciplinary projects that use PDMP data to address drug abuse and diversion. Since the inception of the grant program in FY 2002, grants have been awarded to 47 states, the District of Columbia, and one U.S. territory to support PDMP efforts. PDMP grants also facilitate the exchange of collected prescription data among states and assessments of program efficiency and effectiveness. Currently 48 states and one territory have operational PDMPs. The target for solicited reports of 330,000 was exceeded by 403,783, likely due to three grantees who reported a large number of solicited reports in CY 2012. The target for unsolicited reports of 600 was missed by 187, due to a grant that closed in CY 2011. For both solicited and unsolicited reports, targets are difficult to predict due to a great deal of variance.

Regional Information Sharing Systems Program

Regional Information Sharing Systems (RISS) Program		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percent Increase in RISS Inquiries for the RISS Program	6%	7%

In FY 2013, law enforcement officers using RISS services seized more than \$30.5 million in narcotics. Law enforcement officers utilize all aspects of RISS's services to assist in case resolution, including analytical products, equipment loans, confidential funds, access to intelligence and investigative databases, officer safety tools, publications, and training. In FY 2013, there was a 7% increase in RISS inquiries exceeding the target of 6%. The number of RISS inquiries by users is impacted by the types of crimes under investigation; the complexities of those crimes; regional changes and needs; and a variety of other factors. The RISS program has shown an increase in demand, and the number of connected intelligence systems has risen to more than 30.

Residential Substance Abuse Program (RSAT)

RSAT		
Selected Measures of Performance	CY 2012 Target	CY 2012 Achieved
» Number of participants in RSAT	30,000	27,341

In CY 2012, RSAT grantees and their sub-recipients enrolled 26,716 offenders in residential substance abuse treatment programs. An additional 625 offenders received aftercare services for a total of 27,341 participants. The target for CY 2012 of 30,000 participants in the RSAT program was missed by 2,659 participants. Contributing factors for not meeting the target include funding level; the numbers of eligible offenders, available staff, and treatment providers; security issues; and the state's ability to provide the required 25 percent matching funds. Over 60 percent of offenders in residential treatment programs successfully completed the program and 54 percent of offenders completed the aftercare portion of the program

Second Chance Act

SCA		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of participants in Second Chance Act funded programs	7,120	8,252

BJA funds six separate Second Chance Act grant programs, of which two grant programs are used for the purposes of this performance measure. The first program is the Targeting Offenders with Co-Occurring Substance Abuse and Mental Health Program, which provides funding to state, local, and tribal governments for both pre- and post-release treatment programs for individuals with co-occurring substance abuse and mental health disorders. The second program is the Family-Based Prisoner Substance Abuse Treatment Program, which funds family-based treatment programs for adults in prisons or jails. These programs provide comprehensive substance abuse treatment and parenting programs for incarcerated parents of minor children and also provide services to the participating offenders' minor children and family members. The total number of participants in Second Chance Act funded programs is a measure of the grant program's goal of helping ex-offenders successfully reenter the community following criminal justice system involvement, by addressing their substance abuse challenges. In FY 2013, there were 8,252 participants in SCA- funded programs.

DEPARTMENT OF JUSTICE

Organized Crime Drug Enforcement Task Force

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Investigations	\$343.916	\$364.114	\$353.491
Prosecution	140.522	149.886	151.509
Total Drug Resources by Function	\$484.438	\$514.000	\$505.000
Drug Resources by Decision Unit			
Interagency Crime and Drug Enforcement	\$484.438	\$514.000	\$505.000
Total Drug Resources by Decision Unit	\$484.438	\$514.000	\$505.000

Drug Resources Personnel Summary			
Total FTEs (direct only)	3,137	3,074	2,998
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	100%	100%	100%

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 2015 Budget requests \$505.0 million, a decrease of \$9.0 million from the FY 2014 enacted 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 2015 Request: \$353.5 million

(Reflects \$10.6 million decrease from FY 2014)

Bureau of Alcohol, Tobacco, Firearms, and Explosives (\$10.9 million)

Agents from the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations 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 2015 request will continue to support ATF investigative activities as a member of the OCDETF Program.

Drug Enforcement Administration (\$189.1 million)

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 2015 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

Federal Bureau of Investigation (\$130.4 million)

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, 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 2015 request will continue to support FBI involvement in OCDETF investigations.

U.S. Marshals Service (\$8.1 million)

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 2015 request will continue to support USMS involvement in OCDETF investigations.

OCDETF Fusion Center (\$10.3 million)

The FY 2015 request will support operations at the OCDETF Fusion Center (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 (\$1.0 million)

The mission of the International Organized Crime Intelligence and Operations Center (IOC-2), in partnership with the OCDETF Fusion Center (OFC) and the Special Operations Division of the Drug Enforcement Administration (SOD), is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the United States. IOC-2 has been able to leverage the already existing tools of the OFC and SOD, while simultaneously benefiting those organizations by expanding their data collections and fostering better agency participation.

FY 2015 Changes (-\$10.6 million): OCDETF will continue to provide personnel, administrative, and investigative support for task force partners.

Prosecution

FY 2015 Request: \$151.5 million

(Reflects \$1.6 million increase over FY 2014)

Reimbursable resources are included for the 94 U.S. Attorneys Offices around the country (executed through the Executive Office for U.S. Attorneys) and the Criminal Division of the Department of Justice.

Criminal Division (\$2.0 million)

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 2015 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 (\$0.8 million)

The FY 2015 request will support the OCDETF Executive Office attorneys detailed to enhance its support of OCDETF Southwest border-related wiretap applications and requests for approval to employ sensitive investigative techniques; and to the Office of International Affairs to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

U.S. Attorneys (\$147.1)

Experienced OCDEF 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 2015 request will support the United States Attorneys' involvement in the development of case strategy for OCDEF investigations and prosecutions.

FY 2015 Changes (+\$1.6 million): OCDEF will continue to provide reimbursable resources for prosecution support.

PERFORMANCE

Information regarding the performance of the drug control efforts of OCDEF is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text includes selected performance measures, targets and achievements for the latest year for which data are available. OCDEF monitors performance in two program areas: investigations and prosecutions. For investigations, OCDEF tracks the percent of active investigations linked to the Attorney General's CPOT list and the number of CPOT-linked organizations dismantled or disrupted. For prosecutions, OCDEF tracks leadership convictions and financial convictions.

Organized Crime Drug Enforcement Task Force Program		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percent of OCDEF investigations linked to CPOTs	18%	22%
» Percent of convicted defendants linked to CPOTs	5%	4.4%
» Percent of OCDEF investigations with indictments resulting in financial convictions	26%	24%
» Percent of OCDEF investigations with indictments/information resulting in assets forfeited	80%	74%
» Percent of OCDEF investigations resulting in disruption/dismantlement of targeted organization	78%	85%
» Number of CPOT-linked drug trafficking organizations disrupted	185	301
» Number of CPOT-linked drug trafficking organizations dismantled	96	145

OCDEF dismantled 145 CPOT-linked organizations in FY 2013, exceeding the target for dismantlements by 51%. This represents a 28% increase over the 113 that were dismantled in FY 2012. OCDEF disrupted 301 CPOT-linked organizations in FY 2013, exceeding the target for disruptions by 63%. This is 24% higher than the 243 reported at the end of FY 2012. The total of

446 CPOT-linked organizations that were either dismantled or disrupted during FY 2013 is 25% higher than the 356 dismantled or disrupted in FY 2012. This achievement exceeded OCDETF's targets for disruptions and dismantlements.

In addition to making important gains against CPOT-linked organizations in FY 2013, OCDETF agencies continued to achieve significant successes against the CPOTs. Over the course of the last year, three CPOT targets were dismantled and three CPOT targets were disrupted. Furthermore, five CPOTs were extradited to the United States, seven others were arrested, and one was killed. It is estimated that the dismantled CPOTs had a combined capability of producing over 400 tons of cocaine annually and that their activities included: providing material support to known terrorist organizations to ensure safe passage of illegal drugs destined for the United States; engaging in narco-terrorism; conspiring with terrorist organizations to import thousands of tons of cocaine into the United States; and processing over 30,000 kilograms of raw cocaine base into cocaine powder each month. The indictment for one of the organizations alone seeks the criminal forfeiture of up to \$1 billion in assets. The reach of these transnational drug trafficking organizations extended globally.

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 2013, 22% 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 \$374 million in FY 2013, \$119 (32%) of which were the result of investigations with validated CPOT links. Four percent of convicted defendants in OCDETF investigations were linked to a CPOT. Due to the complexity and difficulty of achieving financial convictions, 24 percent of OCDETF investigations with indictments resulted in financial convictions, which is slightly lower than the 26% target. The percent of OCDETF investigations with indictments/information resulting in assets forfeited was 74%, slightly below the target of 80%. In certain instances, offices may be unable to report asset forfeitures until after a case reaches judgment or after a case has been closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, the resulting adjustments could increase the final percentage of investigations resulting in assets forfeited for the FY.

DEPARTMENT OF JUSTICE
United States Attorneys

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prosecution	\$75.000	\$76.000	\$77.000
Total Drug Resources by Function	\$75.000	\$76.000	\$77.000
Drug Resources by Decision Unit			
Criminal Decision Unit	\$75.000	\$76.000	\$77.000
Total Drug Resources by Decision Unit	\$75.000	\$76.000	\$77.000
Drug Resources Personnel Summary			
Total FTEs (direct only)	457	459	459
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.8	\$1.9	\$2.0
Drug Resources Percentage	4.2%	4.0%	3.9%

Program Summary

MISSION

The Nation’s 94 United States Attorney Offices (USAOs) are vital participants 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 USAOs. Each USAO is encouraged to become involved in reentry programs that may help prevent future crime, including drug crimes. Reentry programs, such as reentry courts, typically include access to drug treatment and support for recovery. Prosecutors and USAO staff also participate in community outreach, educating communities about the hazards

of drug abuse. Both the prosecutive and the preventive aspects of the USAOs' drug control mission are intended to reduce illicit drug distribution and drug abuse.

METHODOLOGY

The United States Attorneys do not have a specific appropriation for drug control activities. The United States Attorneys' drug budget numbers are estimated and derived by calculating the costs of attorney and non-attorney full time equivalents (FTE) dedicated to non-OCEDETF drug prosecutions. This data is captured at the end of the FY 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 2015 is \$77.0 million, an increase of \$1.0 million from the FY 2014 enacted level. The resources will be used to support prosecution of violations of controlled substances, money laundering, and drug trafficking.

Criminal Decision Unit

FY 2015 Request: \$77.0 million
(Reflects \$1.0 million increase over FY 2014)

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 2013 through FY 2015. No drug-related enhancements are requested in FY 2015.

FY 2015 Changes (+\$1.0 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 efforts of USAOs is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent USAO drug-related achievements during FY 2013.

United States Attorneys		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Conviction rate for drug-related defendants	NA	91%
» Percentage of defendants sentenced to prison	NA	89%

Note: The USAOs reports actuals achieved.

USAOs investigate and prosecute the vast majority of criminal cases brought by the Federal government, including drug-related cases. USAOs receive most of their criminal referrals, or

“matters,” from Federal investigative agencies. USAOs support the *Strategy* through reducing the threat, trafficking, use, and related violence of illegal drugs. A small selection of FY 2013 cases below illustrate the efforts of the USAOs in prosecuting large-scale drug trafficking organizations and reducing the threat from the diversion of prescription drugs and the distribution of synthetic narcotics.

On May 15, 2013, a Federal jury convicted Rosario Gambuzza and Ernest Snellof conspiring to import and distribute a controlled substance analogue, known on the street as “Molly,” in Syracuse, New York between January 2010 and April 2011. Each defendant faces a maximum term of imprisonment of twenty years, and up to a \$1 million fine. Gambuzza was also convicted on 19 counts of money laundering. Gambuzza and Snell were part of a large drug trafficking organization responsible for the distribution of over 100 kilograms of “Molly” during the course of the conspiracy. The “Molly,” manufactured in China, was shipped to distributors in the United States. This multi-agency investigation focused on co-conspirators located in Florida, California, Texas, and Virginia.

On June 11, 2013, Walgreens Corporation, the Nation’s largest drug store chain, agreed to pay \$80 million in civil penalties, resolving DEA’s administrative actions and the United States Attorney’s Offices civil penalty investigation regarding the Walgreens Jupiter Distribution Center and six Walgreens retail pharmacies in Florida. In Florida, Walgreens’ alleged failure to sufficiently report suspicious orders resulted in at least tens of thousands of violations of the Controlled Substances Act and allowed Walgreens’ retail pharmacies to receive at least three times the Florida average for drugs such as oxycodone. Walgreens has agreed to create a Department of Pharmaceutical Integrity to ensure regulatory compliance and prevent the diversion of controlled substances. Walgreens has also agreed to enhance its training and compliance programs, and to refrain from compensating its pharmacists based on the volume of prescriptions filled.

On September 5, 2013, the court sentenced Jose Trevino Morales, and his brothers, Miguel and Oscar, to lengthy Federal prison terms for their roles in a conspiracy to launder millions of dollars in illicit drug trafficking proceeds to purchase, train, breed, and race American quarter horses in the United States. Miguel and Oscar are the leaders of Los Zetas, a powerful drug cartel based in Mexico that generates multi-million dollar revenues from drug trafficking. Beginning in 2008, Miguel and Oscar Trevino Morales directed portions of the bulk cash generated from the sale of illegal narcotics to Jose Trevino and his wife, Zulema, for purchasing, training, breeding and racing American quarter horses in the United States.

On September 12, 2013, Martin Paul Bean III of Boca Raton, Florida, was sentenced to 24 months in custody for his role in a scheme to sell unapproved foreign oncology drugs to doctors in the United States. Bean pled guilty to conspiracy to commit wire fraud, mail fraud, selling unapproved drugs, misbranded drugs, and importing merchandise contrary to law. Bean forfeited his Jaguar XJ and paid restitution of \$19,270 to one of the victims of his scheme. In pleading guilty, Bean admitted that between February 24, 2005, and October 30, 2011, he operated a business from his residence in Florida, and unlawfully sold over \$7 million of

prescription oncology drugs to doctors throughout the United States. Bean ordered the drugs from foreign sources, including sources in Turkey, India, and Pakistan, and directed their shipment to San Diego, California, where a co-conspirator shipped individual orders to specific doctors throughout the country. Invoices from a California wholesale pharmacy accompanied the shipments, which helped create the misleading appearance that the drugs were approved for use in the United States.

DEPARTMENT OF JUSTICE
United States Marshals Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
International	\$1.266	\$1.346	\$1.346
Investigations	125.383	133.236	133.300
Prosecution	101.539	107.917	107.769
Total Drug Resources by Function	\$228.188	\$242.499	\$242.415
Drug Resources by Decision Unit			
Fugitive Apprehension	\$126.649	\$134.582	\$134.646
Judicial and Courthouse Security	65.544	69.681	69.585
Prisoner Security and Transportation	35.995	38.236	38.184
Total Drug Resources by Decision Unit	\$228.188	\$242.499	\$242.415
Drug Resources Personnel Summary			
Total FTEs (direct only)	1,018	1,018	1,018
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.1	\$1.2	\$1.2
Drug Resources Percentage	20.5%	20.5%	20.5%

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 that include the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), Immigration and Customs Enforcement (ICE), the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), the Internal Revenue Service (IRS), and the United States Coast Guard (USCG). The USMS also works in cooperation with the DOJ's CRM, Tax Division, the 94 USAOs, 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 fugitive apprehension resources on coordinated, nationwide investigations, targeting those persons that run the largest drug Trafficking Organizations. 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 receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and average daily population (ADP) for drug offenses to determine the drug prisoner population cost for detention services decision unit. 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 of those in custody such as various narcotics possession, manufacture, and distribution offenses. Primary offenses refer to the crime that the accused is charged with that usually carries the most severe sentence. For each of these decision units, the drug-related offenses of those in custody or drug-related warrants cleared, are divided by the total number of offenses of those in custody or warrants cleared to calculate the drug-related percentages. The USMS derives drug-related obligations starting with the actual obligations at FY-end; drug workload ratios are then applied towards the decision unit obligations that impact drug-related work to derive the drug-related obligations.

BUDGET SUMMARY

The USMS drug control request for FY 2015 is \$242.4 million, a decrease of \$0.1 million from the FY 2014 enacted level.

Judicial and Courthouse Security

FY 2015 Request: \$69.6 million

(Reflects \$0.1 million decrease from FY 2014)

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 that include 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 2015 Changes (-\$0.1 million): USMS will continue to support security to ensure that judicial and courthouse proceedings run in a smooth, safe, and efficient manner.

Fugitive Apprehension

FY 2015 Request: \$134.6 million

(Reflects \$0.1 million increase over FY 2014)

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 U.S. 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 2015 Changes (+\$0.1 million): USMS will continue to support all aspects associated with the apprehension of fugitives.

Prisoner Security and Transportation

FY 2015 Request: \$38.2 million

(Reflects \$0.1 million decrease from FY 2014)

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 2015 Changes (-\$0.1 million): USMS will continue to support the security and transportation of prisoners in USMS custody.

PERFORMANCE

Information regarding the performance of the drug control efforts of USMS is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent USMS drug-related achievements during FY 2013.

U.S. Marshals Service		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percent of Federal warrants received that are drug-related	N/A	49%
» Percent of warrants cleared for drug-related charges	N/A	34%
» Percent of drug-related offenses of Federal detainees in custody	N/A	15%

In FY 2013, out of approximately 40,000 warrants received, about 49% 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 2013, out of approximately 130,000 warrants cleared, about 34% 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 targets for these measures.

The Prisoner Security and Transportation decision unit is responsible for the detention and movement of prisoners during the judicial process and while in USMS custody. It has one workload measure, “Percent of drug-related offenses of Federal detainees in custody.” Because the USMS does not control the nature of prisoner offenses in its custody in any given year, the USMS does not establish targets for this measure. In FY 2013, about 15% of offenses of Federal detainees were drug-related.

DEPARTMENT OF JUSTICE

United States Marshals Service - Federal Prisoner Detention

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Corrections	\$604.278	\$529.000	\$543.000
Total Drug Resources by Function	\$604.278	\$529.000	\$543.000
Drug Resources by Decision Unit			
Federal Prisoner Detention	\$604.278	\$529.000	\$543.000
Total Drug Resources by Decision Unit	\$604.278	\$529.000	\$543.000

Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.5	\$1.5	\$1.6
Drug Resources Percentage	39.4%	34.5%	34.0%

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 the USMS. 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 a per diem detention cost which approximates the daily cost of detaining a prisoner. The USMS uses a Detention Population Forecasting Model to take a statistical approach to predict 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 the Average Daily Prisoners (ADP) for drug offenses, multiplied by the per diem rate (Per Day Jail Cost), 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 2015 is \$543.0 million, an increase of \$14.0 million over the FY 2014 enacted level.

Detention Services

FY 2015 Request: \$543.0 million

(Reflects \$14.0 million increase over FY 2014)

The FPD appropriation is responsible for the costs associated with the care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System (JPATS), and other related transportation for Federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding 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 2015 Changes (+\$14.0 million): The FY 2015 request will support the USMS in providing housing, subsistence, medical care, medical guard services, and transportation for Federal detainees in custody.

PERFORMANCE

Information regarding the performance of the drug control efforts of USMS FPD is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent USMS FPD drug-related achievements during FY 2013.

U.S. Marshals Service – Federal Prisoner Detention		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Per Day jail costs (non-Federal)*	\$76.03	\$74.63

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

The “Per Day Jail Cost” represents the average price paid by the USMS to house Federal prisoners at individual detention facilities. 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 the USMS. 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 the 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, the USMS supports the *Strategy* through alternatives to incarceration such as pretrial detention, electronic monitoring, halfway house placement, and drug testing and treatment. The USMS continues to look for efficiencies and cost avoidance in detention through process and infrastructure improvements.

DEPARTMENT OF LABOR



DEPARTMENT OF LABOR

Employment and Training Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$6.600	\$4.800	\$4.800
Total Drug Resources by Function	\$6.600	\$4.800	\$4.800
Drug Resources by Decision Unit			
Job Corps	\$6.600	\$4.800	\$4.800
Total Drug Resources by Decision Unit	\$6.600	\$4.800	\$4.800
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$11.8	\$12.0	\$11.8
Drug Resources Percentage	0.06%	0.05%	0.04%

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 2015 drug control request for the ETA's Job Corps drug prevention activities is \$4.8 million, no change from the FY 2014 enacted level.

Trainee Employment Assistance Program (TEAP)

FY 2015 Request: \$4.8 million

(Reflects no change from FY 2014)

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 \$4.1 million per year for the TEAP counselors. In addition, the Job Corps spends an additional \$0.7 million on drug testing supplies and evaluations.

FY 2015 Changes (no change): The Job Corps will continue to provide high quality prevention services as a part of the Trainee Employment Assistance Program.

PERFORMANCE

Information regarding the performance of the drug control efforts of the Job Corps is based on agency GPRMA documents, the Job Corps Strategic Plan, and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent the Job Corps drug-related achievements during FY 2013. Job Corps measures students' credential attainment and post-program placement in jobs, advanced training, or the military.

Job Corps		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Percent of students tested for drugs upon entry	100%	100%
» Percent of students placed in employment, military or higher education at exit	65.0%	75.4%

In FY 2013, 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 2013, 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 2013, 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 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$59.825	\$62.989	\$50.638
Interdiction	18.328	19.404	15.599
Investigations	134.777	142.345	114.434
Prevention	2.367	2.367	2.367
Prosecution	4.852	5.379	4.324
Research and Development	2.559	2.700	2.700
Treatment	3.338	3.338	3.338
Total Drug Resources by Function	\$226.046	\$238.522	\$193.400
Drug Resources by Decision Unit			
High Intensity Drug Trafficking Areas	\$226.046	\$238.520	\$193.400
Total Drug Resources by Decision Unit	\$226.046	\$238.522	\$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 2015, ONDCP requests \$193.4 million, a decrease of \$45.1 million from the FY 2014 enacted level.

High Intensity Drug Trafficking Areas Program

FY 2015 Request: \$193.4 million

(Reflects \$45.1 million decrease from FY 2014)

The FY 2015 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 2015 Changes (-\$45.1 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 HIDTA 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 2013 will be available in the summer of 2014, after data have been fully collected and analyzed. For 2012, the most recent year for which complete data are available, HIDTA reports indicate there were 733 HIDTA initiatives staffed by approximately 7,400 Federal agents and analysts and 15,900 state, local, and tribal officers, analysts, and other representatives, including U.S. Attorneys, District Attorneys, and prevention specialists. In 2012, HIDTA initiatives identified 8,864 DTOs operating in their areas of responsibility and reported disrupting or dismantling 3,030. Nearly two-thirds (62 percent) of the disrupted and dismantled DTOs were identified to be part of multi-state or international operations. In the process, HIDTA initiatives removed significant quantities of drugs from the market and seized over \$819.0 million in cash and \$1.1 billion in non-cash assets from drug traffickers (\$1.9 billion total). PMP data further indicate that 38 percent of HDTAs achieved an average cost per DTO disrupted or dismantled below the program average of \$58,212.

In 2012, HIDTA task forces seized approximately 1.4 million Kg of marijuana; 47.7 thousand Kg of cocaine powder; 8.2 thousand Kg of methamphetamine; 8.2 thousand Kg of Ice; 3.4

thousand Kg of heroin; and 1.5 million outdoor marijuana plants plus 103 thousand indoor marijuana plants.¹⁴

Training

HIDTA training is made regularly available to area drug unit personnel to include non-HIDTA participating agencies, improves investigative capability and promotes communication, cooperation, and a strong cohesion among investigators who train together. In 2012, 763,000 training hours were provided to 76,625 students across the 28 HIDTAs. Results of 6 month follow-up surveys indicate that 95 percent of respondents found that the course they followed improved their knowledge, skills, and abilities; and 87 percent have applied course material since completing the training.

Intelligence and Information Sharing

Each HIDTA has at least one Investigative Support Center (ISC) designed to develop intelligence, share information, and provide deconfliction and technical support to enforcement initiatives. ISCs are managed and staffed by representatives of participating agencies with direct on-site access to their agencies' information databases. In 2012, HIDTAs budgets supported 57 operational intelligence and information sharing initiatives (32 primary ISCs and 25 ancillary intelligence and information sharing efforts). Each ISC capitalizes on the combined resources of the Federal, state, local, and tribal law enforcement communities associated with its HIDTA. In 2012, HIDTA ISCs processed a total of 262,172 event deconfliction¹⁵ requests submitted by law enforcement agencies. More than one million case/subject/target deconfliction¹⁶ requests were processed. As many as 52,148 investigative leads were referred to other HIDTA ISCs and law enforcement agencies and 28,376 cases were provided analytical support. ISCs distributed 489 intelligence products (threat assessments and information bulletins) to other HIDTA ISCs and law enforcement agencies.

Prevention Efforts

ONDCP and HIDTA seek a balanced and comprehensive approach to effectively solving drug-related threats. This balanced approach entails implementing problem-oriented policing strategies as well as actively promoting and participating in regional drug prevention programs. In 2012, there were 20 regional HIDTA programs supporting prevention initiatives across the country, including the five SWB HIDTA regions.

¹⁴As reported in the HIDTA PMP database, 1 marijuana plant is equivalent to 0.45 kilogram.

¹⁵Event deconfliction is the process of determining whether multiple law enforcement agencies are conducting an enforcement action (e.g., a raid, undercover operation, surveillance, or other high risk activity) in close proximity to one another during a specified time period. When certain elements are matched, it is referred to as a positive hit. The process includes notifying each agency of the conflict.

¹⁶Case/subject/target deconfliction is the process of determining when multiple law enforcement agencies are investigating the same person, place, or thing. Elements of an investigation are compared, and the number of matches is reported as a positive hit to verify the deconfliction. The deconfliction process includes notifying each agency of the potential conflict.

Tribal Affairs

Drug trafficking is a significant problem in Indian Country, and ONDCP has made it a priority to collaborate with tribal leadership and enhance law enforcement and prevention responses. HIDTAs are uniquely positioned to work with local and tribal communities to promote and participate in community-based drug prevention programs. There are currently seven HIDTA programs collaborating in enforcement operations and training with Tribal Nations located in the states of Arizona, Nevada, New Mexico, New York, Oklahoma, Oregon, and Washington.

National Methamphetamine and Pharmaceuticals Initiative (NMPI)

In 2012, the NMPI continued to sponsor and manage conferences bringing together Federal, state, local, and tribal law enforcement, and international partners such as China, Mexico, and Canada, to create a uniform strategy aimed at restricting the availability of essential chemicals used in the clandestine manufacture of methamphetamine, and disrupting drug trafficking organizations involved in the distribution of methamphetamine or the diversion of prescription drugs. Regular meetings were held on a regional level for the purpose of intelligence sharing, trend identifying, and strategy development. These meetings focus primarily on methamphetamine production, pharmaceutical diversion, and related issues and promote best practices and a unified strategy.

National Marijuana Initiative (NMI)

In 2012, the NMI continued to support the *National Drug Control Strategy*, in particular the effort led by the Public Lands Drug Control Committee to eliminate marijuana production on the Nation's public lands. Operation Mountain Sweep, an 8-week, multi-agency and multistate marijuana operation targeting large-scale illegal marijuana grows on public lands in seven states, eradicated more than 726,000 marijuana plants. The value of the removed plants was estimated to be over \$1.45 billion. In addition, huge amounts of trash, miles of irrigation line, and many pounds of fertilizer and pesticides were removed from grow sites on public lands. The NMI played a key role in coordinating the support of 10 HIDTAs in 7 states (Arizona, California, Idaho, Nevada, Oregon, Utah, and Washington) to this successful operation.

National Southwest Border Counternarcotics Strategy

The HIDTA program and the SWB HIDTA continued to support the *National Southwest Border Counternarcotics Strategy (SWB CN Strategy)*. SWB HIDTA multi-agency task forces operating along the border work to address the strategic objectives outlined in the *SWB CN Strategy*. In 2012, these task forces dismantled or disrupted 401 DTOs and MLOs, of which 71 percent were determined to be part of an international or multi-state operation and 13 percent were part of an OCDETF-designated investigation. The combined value of illegal drugs and related assets seized in 2012 exceeded \$4.0 billion resulting in a total return on investment (ROI) of \$103.45 for each SWB HIDTA dollar invested in investigative, interdiction, prosecution, and intelligence and information sharing.

National Northern Border Counternarcotics Strategy

In January 2012, the Administration released the first *National Northern Border Counternarcotics Strategy*, a framework for ongoing efforts to reduce the drug threats on both

sides of the U.S.-Canada border. The HIDTA program supports the effort to secure the Northern border through initiatives such as the Northwest HIDTA Border Task Force, a coordinated international, Federal, state and local effort with three distinct components, including the joint U.S.-Canada-staffed Pacific Integrated Border Intelligence Team (IBIT), Border Enforcement Security Taskforce (BEST) units, and a prosecution unit. The HIDTA Domestic Highway Enforcement (DHE) program also supports border security by fostering information exchange between U.S. and Canadian law enforcement through training opportunities and highway corridor conference calls.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Other Federal Drug Control Programs

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$87.455	\$92.000	\$85.676
Research and Development	11.549	11.994	9.700
Treatment	1.331	1.400	0.000
Total Drug Resources by Function	100.335	105.394	95.376
Drug Resources by Decision Unit			
Drug-Free Communities	\$87.455	\$92.000	\$85.676
Anti-Doping Activities	8.555	8.750	7.700
World Anti-Doping Agency Dues	1.806	1.994	2.000
Section 1105 of P.L. 109-469	1.188	1.250	0.000
Drug Court Training and Technical Assistance	1.331	1.400	0.000
Total Drug Resources by Decision Unit	100.335	105.394	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 2015, ONDCP requests \$95.4 million for the OFDCP, a decrease of \$10.0 million from the FY 2014 enacted level. OFDCP has three decision units: Drug-Free Communities (DFC), Anti-

Doping Activities, and World Anti-Doping Agency (WADA).

Drug-Free Communities

FY 2015 Request: \$85.7 million

(Reflects \$6.3 million decrease from FY 2014)

The FY 2015 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 2015 Changes (-\$6.3 million): DFC will fund approximately 614 DFC grants and continue the national cross-site evaluation of DFC program effectiveness.

Anti-Doping Activities

FY 2015 Request: \$7.7 million

(Reflects \$1.1 million decrease from FY 2014)

The FY 2015 resources of \$7.7 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 2015 Changes (-\$1.1 million): The budget will continue to support anti-doping efforts.

World Anti-Doping Agency Dues

FY 2015 Request: \$2.0 million

(Reflects no change from FY 2014)

The FY 2015 resources of \$2.0 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 2015 Changes (no change): Funds will support drug testing operations, athlete drug education and prevention efforts, and research.

PERFORMANCE

Drug-Free Communities (DFC) Support Program

Information regarding the FY 2013 performance of the DFC Program is based on biannual progress reports with qualitative and quantitative data and grantee site visits. Since ONDCP is part of the Executive Office of the President, and does not meet the definition of "agency"

under the GPRMA, the DFC Program establishes measures and targets for internal management but does not report them as required for agencies subject to the GPRMA.

The DFC Program provides funding to community coalitions to establish and strengthen collaboration among communities to support the efforts of community coalitions working to prevent youth substance use. Grants awarded through the DFC program are intended to support established community-based coalitions capable of effecting community-level change through the implementation of evidence-based practices, policies, and procedures. At the end of the FY 2013 funding cycle, the DFC Program provided grants to 643 community coalitions across the country. Of these, 147 were new DFC grantees and 473 were continuation grantees (within a single five-year cycle).

In addition, 19 new DFC Mentoring grants and 4 DFC Mentoring continuation grants were awarded in FY 2013. The goal of the DFC Mentoring Program is to assist newly forming substance abuse prevention coalitions in becoming eligible to apply for DFC funding. The DFC Mentoring coalitions must be current DFC grantees and may receive funding for a period of up to two years.

Through biannual reports, the DFC Program collects data to determine overall coalition success. In FY 2012, the latest year for which data are available, DFC coalitions reported positive changes in youth perceptions with 86% reporting at least a five percent improvement in perception of risk in at least two grades and 86% reporting at least a five percent improvement in youth perception of parental disapproval of use in at least two grades. Finally, 95% of DFC coalitions reported at least a five percent improvement in past 30-day use of at least one substance in at least one grade.

OFFICE OF NATIONAL DRUG CONTROL POLICY

Salaries and Expenses

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Interdiction	\$4.806	\$4.709	\$4.688
International	4.806	4.709	4.688
Investigations	2.925	2.867	2.853
Prevention	3.878	3.799	3.782
State and Local Assistance	2.926	2.867	2.854
Treatment	3.878	3.799	3.782
Total Drug Resources by Function	\$23.219	\$22.750	\$22.647
Drug Resources by Decision Unit			
Operations	\$23.219	\$22.750	\$22.647
Total Drug Resources by Decision Unit	\$23.219	\$22.750	\$22.647
Drug Resources Personnel Summary			
Total FTEs (direct only)	96	94	94
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$0.02	\$0.02	\$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 *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 2015, ONDCP requests \$22.6 million, a decrease of \$0.1 million from the FY 2014 enacted level.

Operations

FY 2015 Request: \$22.6 million

(Reflects \$0.1 million decrease from FY 2014)

The FY 2015 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 2015 Changes (-\$0.1 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 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
International	\$525.401	\$447.200	\$432.457
Total Drug Resources by Function	\$525.401	\$447.200	\$432.457
Drug Resources by Decision Unit			
International Narcotics Control & Law Enforcement (INCLE)	\$525.401	\$447.200	\$432.457
Total Drug Resources by Decision Unit	\$525.401	\$447.200	\$432.457

Drug Resources Personnel Summary			
Total FTEs (direct only)	83	83	83
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$1.9	\$1.3	\$1.1
Drug Resources Percentage	28.3%	33.1%	38.7%

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 2015, INL requests \$432.5 million for drug control efforts, a decrease of \$14.7 million from the FY 2014 level of \$447.2 million.

Major Partner Nation Programs

Afghanistan

Funding supports programs in the areas of supply reduction, alternative development, interdiction, demand reduction, public awareness, capacity building, and aviation. Programs focus on building sustainable interdiction and law enforcement capacity. Funding also supports Afghan government efforts to reduce the supply of illicit opium poppy and cannabis crops in efforts to promote stabilization and reduce the insurgency's profit from illicit crops. Afghanistan also receives demand reduction support to address the domestic market for Afghan opiates.

Colombia

Support to the Government of Colombia (GOC) will aid in implementing its National Consolidation Plan to address the relationship between security, counternarcotics programs,

and economic development. Funding supports eradication and interdiction programs to coordinate with alternative development efforts. U.S. programs also 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.

Bolivia

Support focuses on efforts to enhance Bolivian law enforcement capabilities, including cooperation with other countries' law enforcement agencies in investigations of drug trafficking, transnational crimes, and criminal organization.

Caribbean Basin Security Initiative

Funding supports efforts to address 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 also support host nation interdiction capacity, enhance regional cooperation in interdiction efforts, and provide alternatives to criminal activities through support of rehabilitation efforts.

Central America Regional Security Initiative (CARSI)

CARSI provides assistance in a range of areas that include direct law enforcement cooperation, assistance for law enforcement and justice sector capacity building, and prevention programs aimed at addressing the root causes of crime and violence. In the area of counternarcotics, funds will address international drug trafficking in Central America.

Mexico

Funding will continue supporting counternarcotics, law enforcement, and demand reduction programs in an effort to dismantle drug trafficking and other criminal organizations.

Pakistan

Funding 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. Funding will also provide administrative and operational support to Government of Pakistan law enforcement agencies with counternarcotics mandates. Demand reduction funding will continue support for residential and outpatient drug treatment facilities and public information campaigns to address the dangers of drug use. Funding will also provide for the continued training of drug treatment professionals throughout Pakistan.

Peru

The request will support programs that enhance the capabilities of the Peruvian Government 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, providing so that Peruvians understand that their quality of life is degraded by drug trafficking.

Centrally-Managed Programs

Interregional Aviation Support (IAS)

The FY 2015 drug control request will support the IAS program, which provides centralized core-level services necessary to operate the Air Wing's fleet of 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.

Critical Flight Safety Program (CFSP)

The request will support the ongoing life cycle fleet management. 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.

Drug Awareness and Demand Reduction

The request will allow INL to work with Community Anti-Drug Coalitions of America (CADCA) to facilitate development of community drug-free coalitions. 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.

International Organizations

The drug control request will continue to support the UNODC and OAS/CICAD and promote compliance with the international drug control treaties. These programs strengthen foreign governments' judicial and law enforcement capacity so they can address drug trafficking and transnational crime groups directly, disrupting their organizations, arresting their leaders, and seizing their assets.

PERFORMANCE

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in U.S. embassy reports for the 2014 *International Narcotics Control Strategy Report*, annual surveys produced by UNODC, and each U.S. embassy's 2013 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	FY 2013 Target	FY 2013 Achieved
Andean Programs		
» Number of Hectares of coca eradicated in Colombia and Peru	153,000	92,956
Assistance to Rebuilding Countries		
» Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces (PFP) and Provinces Reducing Cultivation (PRC)	23 total of PFP and PRC	19 total of PFP and PRC
Demand Reduction		
» Percentage of female target population that have not used drugs after treatment in Afghanistan	15%	45%

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 FY. The 2013 target was for eradication of 153,000 hectares in Colombia, and Peru. In 2013, the Department supported efforts that eradicated over 92,956 hectares through aerial and manual eradication techniques. Colombia eradicated 69,171 hectares and Peru eradicated 23,785 hectares.

Colombia's aerial and manual eradication programs, supported by INL, failed to reach their goals for CY 2013 on account of several complex factors. Factors leading to a reduced number of hectares aeri ally eradicated include the lack of coca (note that there was a 53 percent decrease in coca cultivation in Colombia between 2007 and 2012), poor weather in key coca growing zones, and the increasingly small and dispersed nature of coca plots. Colombian government prohibitions on aerial eradication within certain geographic areas where cultivation has increased such as the border with Ecuador, national parks, and indigenous reserves, and the downing of two aerial eradication aircraft at the end of the 2013, which caused the suspension of aerial eradication operations, also impacted the ability to reach our goal in 2013. With regard to manual eradication, major factors that contributed to falling short of the 2013 goal include nationwide civil unrest blocking access roads, troop availability issues, and security challenges. These factors have the potential to be mitigated in 2014 through potential program modifications.

Colombian security forces reported seizures of approximately 118 metric tons (MT) of cocaine hydrochloride (HCL) cocaine and cocaine base (including 84.1 MT in national seizures and 33.6 MT of seizures made outside Colombia by international partners using Colombian intelligence); 274 MT of marijuana, 282 kilograms (kg) of heroin, and approximately 1.9 MT of liquid and 6.9 MT of solid precursor chemicals. In addition, Colombian authorities destroyed 168 HCL labs, one heroin lab, and two potassium permanganate labs.

The Government of Peru (GOP) reported that by the end of 2013, approximately 11 MT of cocaine paste and 13.3 MT of HCL had been seized. The GOP also reported the seizure of 3.7 MT of marijuana. In addition, the Peruvian National Police Anti-Narcotics Directorate (DIRANDRO) destroyed 869 cocaine laboratories and seized 13.9 MT of coca leaf.

Assistance to Rebuilding Countries

Afghanistan

The purpose of the counternarcotics program is to build the capacity of the Afghan government to reduce illicit crop cultivation, drug trafficking, and drug consumption, in order to disrupt a key source of funding to the insurgency and promote security and governance during and beyond transition in Afghanistan. The FY 2013 target of the program was to have 23 of Afghanistan's 34 provinces designated as Poppy-Free Provinces (PFP), defined as provinces with less than 100 hectares (ha) of illicit opium poppy cultivation, or Provinces Reducing Cultivation (PRC), defined as provinces which reduce annual poppy cultivation by 10 percent or more that do not reach the 100 ha mark. According to the UN Office on Drugs and Crime's (UNODC) Afghanistan Opium Survey report released in November 2013, the number of poppy-free provinces in Afghanistan in 2013 was 15, a decrease of two provinces from 2012 levels. In addition, four provinces reduced illicit cultivation by more than 10 percent in 2013, resulting in a total of 19 PFP and PRC provinces in 2013.

The UNODC estimates that Afghanistan cultivated 209,000 ha of opium poppy in 2013, a 36 percent increase from the 154,000 ha cultivated in 2012, due in part to high farm-gate level opium prices. UNODC also estimates that potential Afghan opium production rose from 3,700 MT to 5,500 MT (a 49 percent increase) over the same period, as production normalized following a year of low production in 2012.

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. Afghanistan faces a significantly high rate of domestic illicit narcotic use, with urban drug use rates at 5.3 percent and an estimated 1.3 to 1.6 million users in the country as a whole. Drug consumption represents a threat to the future of Afghanistan, draining human capital, placing a burden on civil society and social services. 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 2013 Drug Demand Reduction goals in Afghanistan. A September 2012 outcome evaluation for the INL-funded Afghanistan demand reduction program measured effectiveness of treatment (clients who are drug-free one year-post treatment). The evaluation reported opiate (opium, heroin) drug use in the targeted seven (7) pilot drug treatment centers serving 504 patients in Afghanistan was reduced 45 percent among women, while men reduced such use at a lower level (23 percent). Equally important, following treatment, serious crimes decreased 40 percent (robbery, arson, violence against others), reports of non-serious criminal activity decreased 48 percent (forgery, theft, buying/selling stolen property), and arrests six-months, post treatment decreased by 46 percent. In addition, 82 percent of all patients completed the full treatment cycle (i.e., 45-day inpatient and one-year outpatient). Finally, suicide attempts by female clients decreased 63 percent post treatment.

The United States is the largest provider of substance abuse treatment assistance in Afghanistan. In FY 2013, the United States supported 43 residential drug treatment programs in Afghanistan and 33 outpatient programs for a total of 76 of Afghanistan's 101 programs, making it the largest contributor to drug treatment services in the country (three-quarters of all centers). The treatment programs include eight (8) that exclusively treat adult females, five (5) that treat adolescent males, three (3) that treat adolescent females, eight (8) that treat children and twenty one (21) that treat children, adolescents and their parents. The INL-funded treatment programs include residential, outpatient, and village based programs, including specialized programs particularly for the needs of women and children.

A transition plan is currently underway in partnership with the Afghan Ministry of Counter Narcotics (MCN) and Ministry of Public Health (MoPH) to increase involvement and collaboration between Afghan government and civil society partners in drug treatment and demand reduction. While INL and international organization partners will remain actively engaged, the transition plan will redefine primary activities and roles to ensure long-term sustainability of treatment programs and preserving clinical staff knowledge. Through the transition plan, the MCN will assume responsibility for the strategic development of drug demand reduction policy and the MoPH will take the programmatic lead in service delivery. In FY2013, 13 INL supported NGO stakeholders have graduated or transitioned out of INL funding as part of this plan.

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 2013, Mexico continued to install a national information technology platform (RENADIC) that links 400 substance use disorder prevention, treatment, and research centers across Mexico. The United States delivered \$18 million in technology and equipment for RENADIC in 2012 that enables real-time monitoring of trends and statistics for the sharing of best practices, and long distance learning for 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 begin 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.

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, Nogales, and Agua Prieta. Nine coalitions currently conduct a variety of prevention activities. 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 the metropolitan area of Monterrey, Nuevo Leon. The United States has funded a diagnostic of this tribunal to facilitate the creation of an evaluative model for drug courts in Mexico, and is currently negotiating an expansion of this initiative with the Government of Mexico. Such an expansion, if approved, would offer robust training for interested Mexican cities and municipalities in replicating this model court. To date, U.S. assistance has supported the creation of three additional drug courts in the Monterrey metropolitan area.

In FY 2013, the United States funded, through the Merida program, a second phase of the Organization of American States' Inter-American Drug Abuse Control Commission (CICAD) substance abuse counselor training program using a standardized curriculum developed by CICAD. This second phase will train approximately 3,000 such counselors and create a certification program with the Government of Mexico to credential counselors with the requisite skills.

DEPARTMENT OF STATE
United States Agency for International Development

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
International	\$164.430	\$100.633	\$122.871
Total Drug Resources by Function	\$164.430	\$100.633	\$122.871
Drug Resources by Decision Unit			
Developmental Assistance Account	\$25.256	\$11.379	\$37.000
Economic Support Fund	139.174	89.254	85.871
Total Drug Resources by Decision Unit	\$164.430	\$100.633	\$122.871

Drug Resources Personnel Summary			
Total FTEs (direct only)	14	14	14
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$8.6	\$7.1	\$7.7
Drug Resources Percentage	1.9%	1.4%	1.6%

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 2015 request for drug control efforts USAID is \$122.9 million, a increase of \$22.2 million over the FY 2014 level.

Economic Support Funds – Afghanistan

Promoting alternative livelihoods as part of a comprehensive counternarcotics strategy remains an important objective of U.S. agricultural assistance in Afghanistan. USAID programs will continue to focus on developing high value agricultural production and food security through alternative development program efforts that include improved market accessibility, efficient use of water, and improved rural service provisions. These efforts will support the Afghan Government's institutional capacity by continuing to reduce the dependency on illicit opium production and expand the range of licit crop choices available to Afghan farmers.

Economic Support Funds and Development Assistance Funds – Andean Region

In Colombia, funding will support the Government of Colombia's National Territorial Consolidation Plan, which aims to permanently reduce coca production by expanding the civilian state presence in municipalities historically under the influence of insurgent groups and illegal economic activity. Consolidation will include security improvements, long-term licit economic opportunities, and improved functioning of municipal governments to make services more accessible to neglected populations. In Peru, funding will support increased coordination with police to increase security in an effort to facilitate the growth of coca-free economies. In addition, funding will support the Government of Peru's efforts to eradicate coca and provide alternative livelihoods and social development through expanded alternative development programs.

PERFORMANCE

Information regarding the performance of the drug control efforts of USAID is based on data reported in each U.S. embassy's 2013 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The table and accompanying text represent highlights of their achievements during FY 2013.

United States Agency for International Development		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of families benefiting from alternative development (AD) activities in the Andean region	36,800	35,114
» Hectares of alternative crops targeted by USG programs under cultivation (Peru)	32,000	35,317
» Number of coca hectares in municipalities where USAID implements activities in support of the Colombian government's national consolidation strategy	11,000	12,325
» Hectares of alternative crops targeted by USG programs under cultivation in Afghanistan.	3,285	8,446
» Number of individuals who have received USG supported short-term agricultural sector productivity training or food security training in Afghanistan.	35,193	53,030
» 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.	3,500	4,565
» Number of households benefitted by agriculture and alternative development interventions in targeted areas in Afghanistan.	57,088	154,763

Colombia

In 2013, USAID leveraged approximately \$15 million in public and private sector funds, by helping achieve approval of nearly 70 project proposals to the Ministry of Agriculture for grants to farmer associations to adapt their production technology to market demand, including for health and organic certifications. USAID also continued to promote increased access to financial services in consolidation regions in 2013, resulting in: approximately \$13.5 million in credit being issued; 4,935 micro-insurance policies issued for life and housing; 221 new savings accounts were established; 235 mobile savings accounts were opened; and 10,100 village banking members reached a total in savings accounts of \$407,000. As a result of USAID's support, the GOC is providing financial incentives to motivate private sector institutions to open 34 new bank branches in consolidation municipalities. If fully realized, this incentive will leverage \$4.9 million of public and private funds, from an initial USAID investment of \$24,000.

A focus of USAID interventions is to catalyze the development of infrastructure through small investments (such as supporting project designs, or provision of counterpart funding in larger projects) to alleviate marginalization of the consolidation municipalities due to a historic lack of investment in basic infrastructure in these areas. USAID provided technical assistance to 40 consolidation municipal governments to formulate project plans that enabled them to access national royalties funds for a range of projects, including road improvement, sewage systems, rural electrification and the construction of community sports and educational facilities. With USAID support, 100 project plans were developed and 70 were approved in FY 2013, with a

total value of \$34 million. Once completed, these public works projects will benefit 249,000 people and will fill a critical need in these historically marginalized communities.

In addition, USAID initiated 110 rapid response infrastructure projects (schools, health clinics, sports facilities, tertiary roads) with a total value of \$48 million. USAID also leveraged significant counterpart contribution for these activities, with USAID's contribution totaling \$10 million and the rest coming from the communities themselves. Many of these projects also contribute to strengthening local organizational capacity as they are implemented directly by the communities through their elected Community Action Boards (Juntas de Accion Communal).

During calendar year 2012, USAID revised its targets for the number of benefiting families to reflect a more realistic target based on experience with the first year of program operations and extensive discussions with implementing partners. However, 2013 targets had already been reported in the Foreign Affairs Coordination and Tracking System and could not be adjusted. As a result, original FY 2013 targets relating to the number of families benefited from USAID activities were not met in Colombia.

Ecuador

USAID's activities focused on ensuring sustainability as FY 2013 marked the final year of USAID's AD program focused in the northern border region. USAID developed feasibility studies and designs to enable local governments to undertake infrastructure projects (primarily water systems), assist them to identify funding sources, and transfer methodologies on water management to ensure they would be sustainably managed in the future. USAID funded 15 feasibility studies and designs and helped local governments identify approximately \$12 million in financing to construct these projects. A total of 247 people from local governments and community organizations were trained in best practices and methodologies to take over implementation of the infrastructure USAID designed. Nine technical and management manuals were produced to assist local governments and organizations to sustainably manage the water infrastructure projects in the future. Fifteen municipalities participated in a potable water best practice contest for the best managed system.

Peru

USAID's most significant achievement in 2013 was significantly strengthening Peru's DEVIDA leadership and its implementation of the GOP's national CN strategy. Key results included: (1) sustained high-level government support and commitment for increased eradication in some of the most entrenched coca cultivating areas; (2) increases in GOP funding for AD efforts from \$27 million in 2012 to \$44.5 million in 2013, as well as direct GOP financing of USG-supported eradication activities; (3) active GOP leadership and effective coordination of AD operations in newly eradicated areas; and (4) an increased GOP presence in post-eradication areas. In 2013, USAID provided the field support required for DEVIDA to enter into coca-free agreements with 41 communities (which far exceeded the initial target of 30 communities) and 1,610 families in the Monzón and Huipoca, both notorious, former coca strongholds. USAID also initiated the installation of 1,500 hectares of cacao and coffee under a cost-sharing model through which

DEVIDA financed approximately \$1.4 million of the installation cost. USAID supported field implementation teams in each post-eradication area, thus allowing DEVIDA to rapidly and successfully lead activities while USAID continued to build their capacity to independently carry out post-eradication operations.

Alternative development results included reaching a total of 14,778 farmers with technical assistance and collectively maintaining a total of 35,317 hectares of licit crops, of which 5,467 were newly planted. Licit sales from USAID-assisted farmers in cacao, oil palm, and coffee production totaled \$31.9 million at farm-gate prices and generated 14,574 full-time equivalent jobs, 18 percent of which are held by women. USAID also improved credit availability through loan guarantees that led to the issuance of over 10,000 loans totaling \$23 million. USAID's support to disseminate good agricultural practices helped participating farmers obtain an average yield of 828 kg per hectare (compared to 600 kg/ha by non-participant farmers) and produced 3,182,669 kg of coffee with a total gross value of \$13,837,692. USAID also launched one of the Agency's largest public-private partnerships ever, the Peru Cacao Alliance, to support AD objectives. The Alliance will ultimately plant 28,000 ha of cacao in the San Martin, Ucayali, and Huánuco regions; assist 13,000 farmers; and help transform Peru into one of the world's leading cacao producers.

Afghanistan

In FY 2013, 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 2013, 8,446 hectares of licit alternative crops targeted by USG programs were under cultivation in Afghanistan significantly exceeding the target of 3,285 hectares with 156,209 households benefiting from agriculture and alternative livelihood interventions. This represented a 172 percent increase over the target number of households (57,231) due to better than average precipitation, improved farming techniques, and expansion of extension services. The number of new direct jobs (measured as full-time equivalent) created by USG-sponsored alternative development totaled 4,565, exceeding the target of 3,500.

The Incentives Driving Economic Alternatives for the North, East, and West (IDEA-NEW) Project facilitated connections among producers, traders, and buyers through market information activities and sales promotion. In FY 2013, IDEA-NEW facilitated more than \$7 million in sales of licit farm and non-farm products and helped farmers sell an estimated \$2.9 million in cross-border horticulture exports. The project assisted more than 140,000 households through alternative livelihoods activities and provided agricultural productivity training to nearly 40,000 Afghans, including more than 600 government workers. Some 1,300 agriculture-related microenterprises participated in IDEA-NEW-supported value chains.

DEPARTMENT OF THE TREASURY



DEPARTMENT OF THE TREASURY
Internal Revenue Service

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Investigations	\$57.105	\$60.257	\$58.436
Total Drug Resources by Function	\$57.105	\$60.257	\$58.436
Drug Resources by Decision Unit			
Criminal Investigations	\$57.105	\$60.257	\$58.436
Total Drug Resources by Decision Unit	\$57.105	\$60.257	\$58.436
Drug Resources Personnel Summary			
Total FTEs (direct only)	329	329	329
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$11.2	\$11.3	\$12.5
Drug Resources Percentage	0.5%	0.5%	0.5%

Program Summary

MISSION

The mission of the Internal Revenue Service (IRS) Criminal Investigation (CI) Division is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law. IRS CI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: the Legal Income Source Program, the Illegal Income Source Program, and the Narcotics Program. IRS CI focuses its counternarcotics resources to target the Transnational Criminal Organizations involved in illegal drug trafficking to reduce or eliminate the financial gains of major narcotics trafficking and money laundering organizations using unique financial investigative expertise and statutory jurisdiction.

The Narcotics Program supports the *Strategy*, the *National Money Laundering Strategy*, and plays a key role in multiple initiatives that are part of the *National Southwest Border Counternarcotics Strategy*. IRS CI continues to support multiagency task forces, including Organized Crime Drug Enforcement Task Forces (OCDETF), OCDETF Fusion Center (OFC), High Intensity Drug Trafficking Areas (HIDTA), the High Risk Money Laundering and Financial Crimes Areas (HIFCA), Drug Enforcement Administration Special Operations Division (SOD), and the El Paso Intelligence Center (EPIC).

METHODOLOGY

The Narcotics Program's drug control funding is calculated by the share of full-time equivalent staff performing counterdrug efforts against the entire IRS CI budget request.

BUDGET SUMMARY

The IRS CI drug control budget request for FY 2015 is \$58.4 million, a decrease of \$1.8 million from the FY 2014 enacted level.

Criminal Investigations

FY 2015 Request: \$58.4 million

(Reflects \$1.8 million decrease from FY 2014)

The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act are particularly useful in the financial investigation (and prosecution) of major narcotics traffickers and money launderers, and the seizure and forfeiture of their profits. IRS CI is a participating member of the OCDETF Program, established by the Department of Justice in 1982. By primarily focusing on those sophisticated cases that meet OCDETF designation standards, IRS CI makes a significant contribution to many important investigations while maximizing the use of its resources.

With the globalization of the U.S. economy and the increasing use of electronic funds transfers, investigations have become more international in scope. IRS CI's international strategy places special agents in strategic foreign posts to facilitate the development and use of information obtained in host nations in support of its investigations. Such information is especially crucial to the success of high level narcotics and money laundering investigations.

FY 2015 Changes (-\$1.8 million): IRS CI will continue to support investigations of illegal activities, including narcotics trafficking and money laundering.

PERFORMANCE

Information regarding the performance of the drug control efforts of IRS CI is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent IRS CI drug-related achievements during FY 2013.

Internal Revenue Service		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Number of investigations completed for OCDETF cases	680	943
» Number of Convictions	410	621
» Conviction Rate*	85%	88%

* The conviction rate is the percent of adjudicated criminal cases that result in convictions.

In addition to the performance measures reflected in the above table, during the first three quarters of FY 2013, the various multi-agency narcotics/money laundering investigations conducted by IRS CI resulted in the seizure of more than \$1.3 billion (USD) in cash and other assets. Below is a sampling of investigations that the IRS conducted in FY 2013 concerning narcotics and related money laundering violations:

- In November 2012, efforts by IRS CI and other Federal agencies led to a 21-year prison sentence for the leader of a St. Paul, MN based drug trafficking organization. The subject pleaded guilty to trafficking cocaine and thousands of pounds of marijuana, as well as to money laundering, while the subject's wife and eight other co-conspirators had already pleaded guilty. Over the course of the investigation, more than \$2 million in assets relating to the drug trafficking organization were seized. Seizures included seven vehicles, two motorcycles, over \$800,000 in cash, jewelry, and homes. The drug trafficking organization utilized private aircraft and commercial vehicles to smuggle cocaine and marijuana from California to Minnesota. In the plea agreement, the subject stated that the illegal narcotics were distributed throughout Minnesota. The subject also admitted to having invested \$100,000 in an indoor marijuana-growing facility in Minnesota.
- IRS CI special agents participated in a multi-agency task force investigating suspected money laundering violations conducted by various Mexican drug trafficking cartels through HSBC Bank Mexico and HSBC Bank USA. As a result of the financial investigation, in December 2012, HSBC Bank agreed to forfeit \$1.256 billion and enter into a deferred prosecution agreement with the Department of Justice. HSBC Bank USA violated the Bank Secrecy Act laws by failing to maintain an effective anti-money laundering program and failed to conduct appropriate due diligence on its foreign correspondent account holders. In addition to the \$1.256 billion forfeiture, HSBC Bank USA was ordered to pay \$665 million in civil penalties.
- On April 11, 2013, IRS CI special agents, other Federal agencies, and local law enforcement personnel conducted forty-one arrests and multiple search warrants simultaneously executed in Florida, Massachusetts, and Puerto Rico. The investigation, which targeted a multi-state drug trafficking organization operating in Florida, Massachusetts and Puerto Rico, involved the illegal diversion and distribution of Oxycodone and other scheduled prescription drugs. Husband and wife owners of a Florida pharmacy which participated in activity relating to the multi-state prescription drug diversion scheme were sentenced for tax evasion on income earned from Medicare fraud. The husband was sentenced to 40 months in prison and ordered to pay \$248,901 in restitution, and the wife was sentenced to 2 years of probation. Other criminal charges are pending.
- The IRS and DEA co-sponsored an investigation of four men who now face up to 20 years in Federal prison after a jury convicted them in May 2013 of their roles in a complex conspiracy to launder millions of dollars on behalf of the Los Zetas Mexican Drug Cartel. The illicit drug trafficking proceeds were laundered through the purchase, training, breeding, and racing of American quarter horses in the United States. The purchases included as many as 500 quarter horses, whose purchase price exceeded \$13 million. To

date, 400 horses have been seized and sold at auction in Oklahoma City, grossing \$8.6 million for the U.S. Government.

- In a nationwide takedown of synthetic drugs (spice) sales on June 26, 2013, IRS CI and its law enforcement partners executed over 150 arrest warrants and nearly 375 search warrants in 35 states, 49 cities, and five countries. Since the investigation began in December of 2012, more than 75 arrests have been made, and nearly \$15 million in cash and assets, and over 1,000 kilograms of synthetic drugs have been seized. IRS CI Fresno seized over \$2.9 million directly traceable to spice sales from 9 bank accounts. The financial investigation conducted by IRS CI determined that proceeds from the illicit activity were deposited to a trust account that the subject and his wife opened, then moved by the wife to one of eight other accounts that the subject and/or his wife had direct control over, to include accounts held in the name of the subject's father-in-law.

DEPARTMENT OF TRANSPORTATION



DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Intelligence	\$11.290	\$11.600	\$11.860
Investigations	0.820	0.820	0.820
Prevention	13.350	16.600	16.600
State and Local Assistance	1.300	1.450	1.550
Total Drug Resources by Function	\$26.760	\$30.470	\$30.830
Drug Resources by Decision Unit			
Air Traffic Organization	\$9.990	\$10.150	\$10.310
Aviation Safety/Aerospace Medicine	14.170	17.420	17.420
Security & Hazardous Materials	2.600	2.900	3.100
Total Drug Resources by Decision Unit	\$26.760	\$30.470	\$30.830
Drug Resources Personnel Summary			
Total FTEs (direct only)	169	176	170
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	\$15.0	\$15.8	\$15.4
Drug Resources Percentage	0.2%	0.2%	0.2%

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 2015, the request for drug-related efforts performed by FAA is \$30.8 million, an increase of \$0.4 million over the FY 2014 level.

Air Traffic Organization (ATO)

FY 2015 Request: \$10.3 million

(Reflects \$0.2 million increase over FY 2014)

Air traffic controllers staffing Air Route Traffic Control Centers (ARTCCs) monitor the ADIZ to detect possible suspicious aircraft movement. The ADIZ refers to airspace, over land or water, within which aircraft must readily provide their identification and location in the interest of national security. Typically, an aircraft entering the ADIZ is required to radio its planned course, destination, and any additional details about its trip through the ADIZ to the appropriate authorities. Air traffic controllers staffing Air Route Traffic Control Centers (ARTCCs), Drug Enforcement Agency (DEA), and U.S. Coast Guard (USCG) all monitor the ADIZ for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, ARTCC controllers support DEA/USCG 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, ARTCC staff supports DEA and USCG during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real time basis.

FY 2015 Changes (+\$0.2 million): The request reflects an adjustment to the calculation of average salaries for air traffic controllers in the air route facility environment. Cost estimates are solely attributed to personnel costs for air traffic controllers at ARTCC facilities.

Aerospace Medicine (AAM)

FY 2015 Request: \$17.4 million

(Reflects no change from FY 2014)

The Aviation Industry Substance Abuse Program mandates the implementation of the FAA's drug testing regulation (14 CFR part 120) requiring employers (i.e., air carriers, air traffic control towers and air tour operators) to drug test employees working directly or by contract (including subcontract at any tier) in a safety-sensitive position. The safety-sensitive positions include flight crew, flight attendants, flight instructors, maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators and aircraft dispatchers.

Ensuring compliance with the drug testing regulation is the primary objective of AAM's Industry Program Office. The safety of the traveling public and integrity of the compliance process form the foundation of the program. AAM's Industry Program Office conducts inspections of employer programs, as well as investigations of airmen or employee violations. Violations include refusal to submit to testing or a failure to complete the return-to-duty procedures established by the Department of Transportation's Procedural Regulation, 49 CFR part 40, following a positive drug test result. The positions and associated funding are required to ensure that compliance efforts continue, primarily in the form of conducting onsite inspections and/or investigations of employees and employers, as well as analyzing statistical testing reports submitted by the air carriers and contractors.

AAM's Internal FAA Program is responsible for randomly testing FAA employees in positions characterized as "Testing Designated Positions" (TDP), safety/security critical for drug and/or alcohol use. The program consists of the following tests: pre-employment, random, reasonable suspicion, post-accident, follow-up and voluntary. There are two contractors who provide services on a per sample basis (Forensic Drug and Alcohol Testing (FD-AT) and ALERE Laboratory). The five drugs the Agency tests 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 3910.1D, Drug and Alcohol-Free Departmental Workplace.

The Office of Aerospace Medicine is made up of three units. The Special Investigations & Enforcement Branch investigates complaints about rule violations and allegations of industry employee refusals to test and investigates alcohol or drug rule violations by FAR PART 67 medical certificate holders (\$0.8 million). The Aviation Industry Substance Abuse Program unit is responsible for ensuring that industry implements and maintains drug programs in accordance with 14 CFR PART 121 and PART 135 (\$11.6 million). The Internal Substance Abuse Program unit's objective is to randomly test FAA employees in safety and security critical positions (\$5.0 million). No plans are in place to enhance, adjust, or reduce these AAM units.

FY 2015 Changes (no change): The request will allow the FAA to continue to support efforts to reduce drug use and its consequences throughout the national aerospace.

Security and Hazardous Materials (ASH)

FY 2014 Request: \$3.1 million

(Reflects \$0.2 million increase over FY 2014)

FAA Special Agents who assist LEAs in drug interdiction have access to FAA data not otherwise available that is critical to the development of intelligence on U.S. certificated airmen and aircraft involved in illegal drug trafficking. The information provided to 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/support initiation of FAA

regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. In many cases, these investigations result in revocation of airmen certificates and/or deregistration of aircraft, thereby increasing the safety of the National Airspace System. The El Paso Intelligence Center (EPIC) 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 LEAP Special Agents provide support to LEAs on other national security issues.

As of December 2012, ASH had enacted policy guidance for the identification of exact matches of prison inmate information with airmen in the FAA Airmen Registry. A Memorandum of Understanding was signed with the Federal Bureau of Prisons (BOP) that will provide access to information on inmates incarcerated for certain drug-related offenses and policies have been reestablished to request similar inmate information from state agencies. FAA now has agreements in place with 25 states to provide the same type of information. As a result, FAA LEAP Special Agents are now conducting regulatory investigations into airmen who were convicted of drug-related offenses and thus in violation of certain United States Codes Statutes and Federal Aviation Regulations.

The number of LEAP Special Agents is projected to remain constant in FY 2015 with a total of 21 FTEs requested. This request reflects the continued need for increased FTE levels enacted from FY 2013 to FY 2104 based on the volume of prison match information from January 1, 2007 – January 1, 2009. During that time frame, the 14 LEAP Special Agents, whose primary focus was to provide immediate and timely support to Law Enforcement that were conducting active criminal investigations involving the use, sale, and/or transportation of drugs by airman/aircraft, were unable to process the volume of information received from the BOP/state prisons and open regulatory investigation in all instances where there appeared to be an exact match between information provided to FAA. ASH will continue providing support to the DEA, CBP, and ICE for their efforts to interdict narcotics smuggling in the Southwest border region.

FY 2015 Changes (+\$0.2 million): The requested funding will allow ASH to continue to provide assistance, data, and technical expertise to law enforcement agencies involved in drug interdiction activities.

PERFORMANCE

Information regarding the FY 2013 performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within the agency. The table includes selected performance measures, targets and achievements for FAA drug control activities.

Federal Aviation Administration		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs < 0.5% for Alcohol	0.45% for Drugs 0.13% for Alcohol
» Schedule and inspect a minimum number of regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1650	1646
» 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 requests	95%	95%
» Provide assistance and briefings to other agencies as requested	95%	95%

Air Defense Identification Zone

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 § 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, the latest available data, only 0.45 percent of those persons randomly selected tested positive for drugs, while only 0.13 percent tested positive for alcohol, much less than their respective one and on-half percent thresholds.

For FY 2014 and FY 2015, 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

In FY 2013, FAA LEAP Special Agents responded to 5,598 requests from law enforcement and other agencies for information regarding 10,541 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 2013 accomplishments of FAA support of drug interdiction initiatives under taken by LEAP Special Agent(s):

- Worked with law enforcement officials on an investigation involving three airmen and an aircraft in Southeast United States that was tied to the seizure of a drug-smuggling aircraft in Guatemala. The aircraft had flown from France to Canada to the United States then to Guatemala with forged certificates.
- In FY 2013, a suspicious twin engine Piper Aztec was observed at an airport in Panama. Investigation revealed a Venezuelan pilot known to law enforcement operated the aircraft to Panama and Federal law enforcement agencies initiated an investigation.
- Supported Homeland Security Investigations (HSI) agents in the seizure of a single engine aircraft valued between \$1.8 and \$2 million directly linked to a known cocaine smuggling suspect in Mexico.
- Assisted local police department in the seizure of 42 pounds of high-grade marijuana and the arrest of the pilot. FAA initiated action for permanent revocation of the pilot's airman certificate.
- Provided assistance to HIS agents that resulted in their seizure of 150 pounds of marijuana, 9.9 pounds of hashish, and 3.5 pounds of two bundles of Psilocybin mushrooms from an aircraft flying from California to Georgia when it stopped to refuel. The pilot was indicted and pled guilty to possession with the intent to distribute drugs. FAA has initiated action for permanent revocation of the pilot's airman certificate.
- Supplied information regarding a pilot to DEA which resulted in FAA's participated in an OCDETF, multi-agency enforcement investigation that also linked three suspect companies.

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. The effectiveness of the training is demonstrated by the actions law enforcement take after attending. As an example, just hours after the conclusion of a recent training class conducted by an FAA LEAP Special Agent, a law enforcement officer who attended the class observed an aircraft that had just landed with several duffel bags in the back of the cabin – one of the smuggling techniques

identified in the training. A K9 alerted for drugs on the aircraft and a subsequent search of the aircraft by Police, U.S. Immigration and Customs Enforcement (ICE) agents, and Customs and Border Protection (CBP) agents resulted in a seizure of 200 pounds of marijuana, hashish, and mushrooms containing illegal psychedelic compounds. Further inquiries revealed that the pilot was the subject of other ongoing investigations. Following this successful arrest and coordination resulting from this incident, several requests were made for LEAP training from law enforcement communities in adjoining areas.

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Final	FY 2014 Enacted	FY 2015 Request
Drug Resources by Function			
Prevention	\$1.488	\$1.488	\$1.488
Research	1.200	0.750	0.750
Total Drug Resources by Function	\$2.688	\$2.238	\$2.238
Drug Resources by Decision Unit			
Drug Impaired Driving Prevention	\$1.488	\$1.488	\$1.488
Drug Impaired Driving Research	1.200	0.750	0.750
Total Drug Resources by Decision Unit	\$2.688	\$2.238	\$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%	0.3%	0.3%

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. NHTSA funds drug impaired driving research out of its core budget to conduct research and evaluation.

BUDGET SUMMARY

In FY 2015, the total budget request for NHTSA is \$2.2 million for its drugged driving program activities, unchanged from the FY 2014 enacted level.

Drug Impaired Driving

Total FY 2015 Request: \$2.2 million
(Reflects no change from FY 2014)

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: \$0.8 million
(Reflects no change from FY 2014)

In FY 2015, NHTSA anticipates spending \$0.8 million from the Highway Safety Research budget to continue conducting research designed to reduce the incidence of drug-impaired driving. This will include completing a study of oral fluid drug screening devices for onsite law enforcement use, a preliminary stage to enable initiating an evaluation of an Administrative License Revocation program for drug-impaired drivers. NHTSA will also continue a study of the effects of legalization of recreational marijuana use in Washington State on drug use by drivers.

FY 2015 Changes (no change): NHTSA's funding request will allow it to continue to perform research that includes completion of a new roadside survey.

Data Collection

FY 2015 Request: \$0.3 million
(Reflects no change from FY 2014)

In FY 2015, 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 2015 Changes (no change): 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.

Training

FY 2015 Request: \$1.0 million
(Reflects no change from FY 2014)

In FY 2015, the agency will use \$1.0 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 2015 Changes (no change): In FY 2015, NHTSA will continue to provide training activities to increase penetration of the ARIDE course within the law enforcement community. NHTSA will also continue to provide training to existing Traffic Safety Resource Prosecutors (TSRPs) and the Judicial Outreach Liaisons (JOLs).

Public Information and Outreach

FY 2015 Request: \$0.2 million

(Reflects no change from FY 2014)

In FY 2015, the agency will use \$0.2 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 2015 Changes (no change): In FY 2015, NHTSA will initiate work on new public information and education materials on drugged driving.

PERFORMANCE

NHTSA's Drug Impaired Driving Program performance measures are based on agency GPRMA documents, and study data. 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 *Strategy* calls for efforts to Collect Further Data on Drugged Driving and for increased Training to Law Enforcement on Identifying Drugged Drivers. The FY 2013 performance measure was designed to assess Agency progress in improving understanding and measurement of the drug impaired driving problem.

National Highway Traffic Safety Administration		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
» Complete data collection, analysis, and prepare a final report on a Case Control Study of the Crash Risk of Drug-Impaired Driving.	Complete Data Analysis, risk estimation and prepare report.	Data analysis completed and report drafted.

The measure for FY 2013 reflects a milestone in research designed to elucidate the role of drug use in increasing crash risk.

In FY 2013, NHTSA completed data analysis on a landmark case control study designed to estimate the crash risk of drug impaired driving. NHTSA investigated over 3,000 crashes and obtained data on drug use by the crash-involved drivers over a 20 month period. One week later, at the same location (day of week, time of day, and direction of travel) NHTSA obtained similar data on drug use by over 6,000 control drivers (non-crash involved). This information was used to determine whether specific drugs increased the risk of crash involvement. Such a carefully controlled study had never been conducted.

DEPARTMENT OF VETERANS AFFAIRS



DEPARTMENT OF VETERANS AFFAIRS

Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2013 Estimate	FY 2014 Estimate	FY 2015 Estimate
Drug Resources by Function			
Treatment	\$634.660	\$652.430	\$676.570
Research and Development	24.233	20.000	20.000
Total Drug Resources by Function	\$658.893	\$672.430	\$696.570
Drug Resources by Decision Unit			
Medical Care	\$634.660	\$652.430	\$676.570
Research and Development	24.233	20.000	20.000
Total Drug Resources by Decision Unit	\$658.893	\$672.430	\$696.570
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)	\$56.1	\$58.0	\$59.8
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 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. It should be noted that Prescriptions and Lab tests do not have linkages to a specific diagnosis and are not included in the report.

The cost of the VHA-provided services is assigned through the Decision Support System (DSS) management cost accounting system and is based on the products consumed by producing departments. Every product is valued and assigned a cost. All 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 noted above, all the products are accumulated to an encounter. The DSS NDE IPD extracts show the cost of the encounter by department and the cost 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 2015, VHA estimates \$696.6 million in obligations, an increase of \$24.1 million over the FY 2014 level. The program changes are the result of inflationary increases and are subject to change. The majority of VHA's funding for treating drug use disorders 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 the Department's medical centers, residential rehabilitation facilities, and outpatient clinics.

Medical Care

**FY 2015 Request: \$676.6 million
(Reflects \$24.1 million increase over FY 2014)**

The Uniform Mental Health Services Handbook specifies SUD services that must be made available to all Veterans in need of them. The Handbook commits 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 to determine urgency of need 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. In FY 2013, VHA provided services to 129,361 patients with a primary drug use disorder diagnosis. Of these, 34 percent used cocaine, 30 percent used opioids, and 27 percent used cannabis. Eighty percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/ Operation New Dawn (OEF/OIF/OND) and Veterans from other eras are served in primary care teams (Patient Aligned Care Teams; PACTs) that have co-

located mental health staff to identify and address potential mental health needs. Secondary prevention services include diagnosis and assessment of possible drug use disorders in patients presenting medical problem that suggest elevated risk of substance use disorders (e.g. treatment for Hepatitis C).

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. Among other efforts, VA has completed initial implementation of a national initiative that provides facilities with training on use of real-time data on opioid prescribing practices at the patient and provider level. Consistent with the Clinical Practice Guideline on Management of Opioid Therapy for Chronic Pain that VA developed in collaboration with the Department of Defense, educational presentations for providers have addressed evidence on relative benefits and challenges of chronic opioid therapy, examples of strong models for changing practice behavior, and lessons learned from sites regarding implementation strategies.

Most Veterans with SUDs 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 SUD 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 2013, evidence-based medication-assisted treatment for opioid dependence, including office-based treatment with buprenorphine, was available at 131 of the 151 VA Medical Centers (87%). Including Community-Based Outpatient Clinics separate from the medical centers, over 275 total sites of service provided at least some buprenorphine. VA operates Federally regulated Opioid Treatment Programs that can provide methadone maintenance on-site at 31 larger urban locations, and an additional 20 VHA facilities maintain contractual arrangements for providing these services through community-based licensed Opioid Treatment Programs.

In light of the frequent co-occurrence of SUD with PTSD, VHA has also assigned a SUD specialist to each of its hospital-level PTSD services or teams. The staff person is an integral member of the PTSD clinical services team and works to integrate SUD care with all other aspects of PTSD-related care. Among the specialist'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.

VA is setting the standard for a new and emerging health care profession, known as "Peer Specialists." As of November 5, 2013, VHA has hired 815 Peer Specialists and Peer Apprentices, exceeding the hiring goal set in President Obama's August 31, 2012 Executive Order aimed at improving access to mental health services for Veterans, service members, and military families. Through the development of position descriptions that clearly outline the job duties of

both Peer Specialists and Peer Support Assistants, certification of training requirements for both positions and consistently-defined, job-specific competencies, Peer Specialists, and Peer Support Assistants are poised to provide a unique set of services to Veterans seeking care for mental health and substance use disorders.

VHA provides two types of 24-hour care to patients with particularly severe or acute SUDs. These include care in Residential Rehabilitation Treatment Programs (RRTPs) and inpatient withdrawal management and stabilization in numerous medical and general mental health units. VHA offers care in 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, in FY 2012 59.4 % of all RRTP patients had a drug use disorder and 86.0% had any SUD diagnoses that were addressed as part of the rehabilitation plan. In FY 2013, VHA intensified continuing efforts to enhance the culture of safety in RRTPs including an emphasis on preventing opioid overdoses from relapse following a loss of tolerance during a period of abstinence.

Programs to end homelessness among veterans have SUD specialists to support the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program. In addition, there are SUD Specialists working in Health Care for Homeless Veterans (HCHV) programs. 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.

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.” In 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 at least one designated Veterans Justice Outreach (VJO) Specialist (172 total full-time); most of these are centrally-funded positions, dedicated to serving justice-involved Veterans on a full-time basis. In FY 2013, VA workload data showed that nationally Veterans Justice Outreach clinicians helped nearly 36,000 Veterans, and the plan is to hire another 70 specialists in FY 2014 for even greater outreach.

In communities where justice programs relevant to Veterans exist (Veterans Courts, Drug Courts, Mental Health Courts, and police Crisis Intervention Teams), VA has taken the initiative in building working relationships to ensure that eligible justice-involved Veterans get needed care. In communities where no such programs exist, VA has reached out to potential justice system partners (judges, prosecutors, police, and jail administrators) to connect eligible justice-involved Veterans with needed VA services including addiction treatment. The National Association of Drug Court Professionals (NADCP) currently recognizes approximately 130 operational Veterans Treatment Courts (VTC) with more planned; 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 2015 Changes (+\$24.1 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 2015 Request: \$20.0 million

(Reflects no change from FY 2014)

VHA research supports 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 2015 Changes (no change): The VHA will continue to conduct research in areas that will improve treatment for veterans with substance abuse issues.

PERFORMANCE

Information regarding the performance of the drug control efforts of VHA is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. VHA reports performance for two separate drug-related initiatives - health care and research and development. The table and accompanying text represent VHA drug-related achievements during FY 2013.

Veterans Health Administration		
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved
Medical Care		
» Abstinence from drug use at follow-up in a SUD specialty treatment population	N/A	Baseline 87%
Research and Development		
» Number of research studies related to substance abuse disorder	5	30
» Number of research studies related to alcohol abuse	5	59
» Number of research studies related to both substance abuse disorder and alcohol abuse	N/A	17

Medical Treatment

Teams of VHA mental health staff completed intensive site visits to all facilities during FY 2012 and now visit each facility at least once every three years. Site visitors made recommendations for improvement and consulted with Veteran Integrated Service Networks (VISNs) and facility mental health leadership on how to satisfy Handbook requirements. Technical assistance is available to each facility, and a set of indicators have been developed to track implementation of substance use disorder (SUD) services required by the Mental Health Services Handbook. Other metrics based on administrative data were also developed to further evaluate variations in treatment capacity and delivery of SUD services.

During FY 2013, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor (BAM) that transmits responses to the national database with over 7,500 Veterans assessed at the beginning of a new episode of SUD specialty care during the 4th quarter of FY 2013. The BAM is designed to assist SUD specialty care clinicians in initial treatment planning and monitoring the progress of patients while they are receiving care for a SUD. This also serves as a basis for giving feedback to enhance each patient's motivation for change and informing clinical decisions, such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the BAM assesses self-reported substance use in the prior 30 days, which includes the use of illicit and non-prescribed drugs, as well specific substances.

The VHA has supplemented its current suite of internal indicators of SUD care processes using administrative data related to a patient reported outcome measure derived from the BAM: abstinence from drug use at follow-up in a SUD specialty treatment population. During the first three quarters of FY 2013, VHA outpatient programs assessed self-reported abstinence among 3,315 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30-90 days after admission, 87 percent reported abstinence from drugs during the previous 30 days.

The VHA has made progress implementing measurement-based care using BAM to promote a greater emphasis on individualized care, while reducing the focus on arbitrary duration of continuity of care. VHA specialty care programs are now able to use BAM as part of software that integrates the assessment process with an electronic health record, however there is not yet a process available for direct patient generated data entry into the electronic health record (e.g., web-based or via waiting room electronic entry). This has impeded routine implementation of initial and follow-up assessments at many facilities. Consultation regarding implementation of measurement based care continues to be offered through national resources including the Substance Use Disorder Quality Enhancement Research Initiative and the two Centers of Excellence in Substance Abuse Treatment and Education.

Performance Measures are maintained by the VHA Office of Analytics and Business Intelligence. In the case of the SUD measure, assessment data provided by Veterans are entered by clinical staff into the Mental Health Assistant software and it is extracted into the Corporate Data Warehouse. The extraction methodology uses the appropriate DSS identifier codes (stop

codes) to select the patients in new episodes of SUD specialty care who meet the criteria for inclusion in the measure. The patient data are then extracted from the Corporate Data Warehouse files and are maintained by the Office of Analytics and Business Intelligence.

Research and Development

The dollars expended in VHA research help to acquire new knowledge to improve the prevention, diagnosis, and treatment of disease; and generate new knowledge to improve the effectiveness, efficiency, accessibility, and quality of Veterans' health care.

Although the actual number of studies exceeded the target for FY 2013, the target values (number of studies) for FY 2014 have not been increased. This is due to the wide variation in the amount of funding per project. The more expensive studies are usually multisite clinical trials. Leaving the target at its present level would allow flexibility in the types of studies that are funded.

Review of GAO-13-333

Coordination and Duplication in Overlapping Prevention and Treatment Program Groups

The Government Accountability Office (GAO) released a report on April 25, 2013, entitled *Office of National Drug Control Policy: Office Could Better Identify Opportunities to Increase Program Coordination* (GAO-13-333). GAO found 76 drug abuse prevention and treatment programs are fragmented across 15 federal agencies and provide some overlapping services, which could increase the risk of duplication. As a follow up to this report, ONDCP undertook an assessment of the extent of overlap, duplication, and coordination, and where overlap exists, evaluating the extent and effectiveness of coordination among the programs.

Federal programs that support the prevention and treatment of substance abuse (alcohol and illicit drugs) include both grant programs and direct Federal agency activities. Grant programs support state and local service delivery while Federal activities are delivered directly by the Federal government to a client they serve (veterans, Federal detainees, etc.). It is important to note that most treatment of substance use disorders and nearly all drug use prevention occurs at the state and local level. Federal grant programs either provide broad flexible support or narrowly support or promote specific interventions.

ONDCP's review started with the GAO list of 76 programs, and added prevention and treatment programs not included, bringing the list to 130 programs. Significantly, ONDCP added the largest Federal contributions to prevention and treatment that were excluded from the GAO report - the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's \$1.8 billion Substance Abuse Prevention and Treatment Block Grant, and the estimated \$5.2 billion annual Federal share of Medicaid and Medicare reimbursements for substance use disorder treatment. These programs represent the majority of Federal spending on prevention and treatment.

For each of the 130 programs and agency activities considered, ONDCP reviewed the following:

- **Beneficiaries** – ONDCP reviewed the authorizing language, the most recent grant solicitation (for grant programs), and agency performance reporting (for agency activities) to determine who the program or agency activity serves (the beneficiaries). ONDCP found that most often programs and agency activities cannot overlap because the eligible beneficiaries are unique. The unique characteristics of beneficiaries include their settings and the age of eligible beneficiaries where the prevention or treatment service is allowed. For example, the setting for a treatment program for persons incarcerated in a Federal prison cannot overlap a program providing grants to states for treatment in state and local prisons and jails. These beneficiaries are walled-off based on which jurisdiction is managing their incarceration. Similarly, a juvenile drug court cannot serve the same beneficiaries as an adult drug court because of the age of the beneficiaries.

- **Services** – ONDCP reviewed the authorizing language, the most recent grant solicitation (for grant programs), and agency performance reporting (for agency activities) to determine what services were being provided. Most often, the programs reviewed provided unique services and could not overlap other programs or agency activities. For example, the *21st Century Community Learning Centers* program is only available to fund academic and prevention services in an after-school setting. This program cannot overlap such programs as the Department of Education’s *Safe and Drug Free Schools and Communities* programs which are delivered in a school-day setting. Similarly, the Department of Labor’s *Job Corps* agency activity delivers drug prevention services only within Job Corps Centers serving young adults that have finished or dropped out of high school. As a result, the services provided cannot overlap the *21st Century Community Learning Centers* and the *Safe and Drug Free Schools and Communities* programs which provide services to students enrolled in public schools.

The review determined 91 of the 130 programs provide either unique services or serve unique beneficiaries, and accordingly do not overlap other drug prevention and treatment programs. The remaining 39 programs could potentially overlap in one of five bundles of programs, noted in the table below.

Programs with Potential Overlap	
Department-Agency	Number of Programs
Homeless Group (8)	
» Health and Human Services – Substance Abuse and Mental Health Services Administration	2
Housing and Urban Development - Office of Community Planning and Development	6
Justice Group (11)	
» Health and Human Services – Substance Abuse and Mental Health Services Administration	5
Justice - Bureau of Justice Assistance	4
Justice - Executive Office for Weed and Seed	1
Justice - Office of Juvenile Justice and Delinquency Prevention	1
School-based Group (4)	
Education - Office of Elementary and Secondary Education	4
Tribal Group (9)	
Health and Human Services – Indian Health Service	6
Health and Human Services – Substance Abuse and Mental Health Services Administration	1
Justice - Bureau of Justice Assistance	2
Veterans Group (7)	
Labor - Veteran's Employment and Training Service	2
Veterans Affairs - VA Health Administration Center	5

To have overlap, two or more programs would have to serve the same beneficiaries with the same services provided. The 39 that provide potentially overlapping services fall into five groups of drug prevention and treatment programs. Each group was assessed the level of coordination activities, and concluded the following:

- **Homeless group (8)** – These programs provide drug prevention and treatment services to support the Administration’s effort to end homelessness. For most of these programs, drug treatment is a minor activity in the effort to house persons, some of which suffer from substance use disorders. The review found that while these programs are well coordinated through interagency collaboration between the Department of Health and Human Services and the Department of Housing and Urban Development, they could benefit from additional coordination.
- **Justice group (11)** - These programs provide drug prevention and treatment services through Federal, state and local law enforcement organizations. Most of these programs support law enforcement organizations and courts efforts to prevent drug use or treat drug use disorders for persons involved in the criminal justice system. The review found these programs are well coordinated through interagency collaboration and coordinated grant applications and agency activities.
- **School based group (4)** - These programs provide drug prevention and treatment services through local education agencies. These grant programs support targeted drug prevention messages in selected schools. The review found these programs are well-coordinated through interagency collaboration and agency activities at the Department of Education.
- **Tribal group (9)** - These programs provide drug prevention and treatment services in tribal populations. The review found these programs are well coordinated through interagency collaboration and coordinated grant applications and agency activities.
- **Veterans group (7)** - These programs provide drug prevention and treatment services to support veteran beneficiaries. The review found these programs are well coordinated through interagency collaboration and agency activities that bring together the Departments of Labor, Housing and Urban Development and Veterans Affairs to provide coordinated support to veterans.

Additionally, for those programs or agency activities that overlap ONDCP tested them to see if they in fact were duplicative. This was done through a query of the grant awards made under the programs included in each group, to determine if over the three year period ending in September 2013, any grantee received funding from more than one of these programs in that group. In comparing over 30,000 grant awards, almost no duplication within these program groups were found.

ONDCP will continue to monitor both these 39 programs that overlap, as well as new Federal programs that are added to prevent and treat substance use disorders. This monitoring will include requiring regular reporting from the Departments as a part of inter-agency prevention and treatment working group meetings, as well as working with the Departments to ensure greater coordination and opportunities to consolidate programs as a part of the annual budget process.

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 FY. 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 FY.

Final

The drug-related budget authority approved by Congress, net of rescissions and transfers, for the FY most recently closed.

Fiscal Year

The FY is the Federal Government's accounting period. It begins on October 1st and ends on September 30th. For example, FY 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.