



National Drug Control Budget

FY 2016 Funding Highlights

February 2015

Overview

In FY 2016, a total of \$27.6 billion is requested by the President to support 2015 *National Drug Control Strategy (Strategy)* efforts to reduce drug use and its consequences in the United States. This represents an increase of more than \$1.2 billion (4.7 percent) over the enacted FY 2015 level of \$26.3 billion.

The Obama Administration remains steadfast in its commitment to foster healthy individuals and safe communities by promoting smart-on-crime, and evidence-based drug policy to reduce drug use and its consequences in the United States. The Administration's 21st century approach to drug policy represents an evidence-based plan, which balances public health and public safety efforts to prevent, treat and support recovery from substance use disorders, and seeks to build a healthier, safer, and more prosperous country.

The FY 2016 Funding Highlights provide an overview of key funding priorities that support the *Strategy* and an overview of all drug control funding by function.

Highlights of FY 2016 Key Funding Priorities

In 2013, approximately 120 people died every day from drug overdoses, more than those who died in traffic crashes. Deaths from drug overdose have risen steadily over the past two decades to become the leading cause of injury death in the United States.

The majority of the drug overdose deaths involving prescription drugs involve opioids, including prescription pain relievers; nearly 8,300 deaths involved heroin. Overdose deaths involving prescription pain relievers climbed sharply from 1999 through 2011, rising nearly 300 percent, leading the Centers for Disease Control and Prevention (CDC) to declare these deaths to be an epidemic.

The Obama Administration has been, and will continue to be laser-focused on reducing opioid abuse and its consequences. In President Obama's Fiscal Year 2016 budget request, the Administration will include the following provisions to address the epidemic:

Addressing America's Heroin and Prescription Opioid Overdose Epidemic

Overdose Prevention

Opioid overdose prevention, to include identifying those at risk of overdose, the signs of overdose, and expanding the use of naloxone, are key pieces of the Administration's strategy to address the opioid overdose epidemic. Naloxone is a medication that reverses opioid overdoses and literally saves lives.

The FY 2016 Budget Request for the Substance Abuse and Mental Health Services Administration (SAMHSA) includes \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths. This new program will provide grants to 10 states to significantly reduce the number of opioid overdose-related deaths by helping states purchase naloxone, equipping first responders in high-risk communities, supporting education on the use of naloxone and other overdose death prevention strategies (including covering expenses incurred from dissemination efforts), and providing the necessary materials to assemble overdose kits.

The FY 2016 Budget Request for the CDC includes \$68.0 million, \$48.0 million above the FY 2015 enacted level, for the Prescription Drug Overdose (PDO) Prevention for States program to cover overdoses from opioids, and other drugs. In FY 2015, CDC is using \$20.0 million to launch this program, which will include new state competitive cooperative agreements and build off of the existing five-state "Prevention Boost" program. The FY 2015 PDO Prevention for States funding will target states that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. With resources at the FY 2016 level, CDC will expand the PDO Prevention for States program to fund all 50 states and Washington, D.C. for a comprehensive response to the national epidemic. The increased investment will support rigorous monitoring and evaluation and improvements in data quality and monitoring at a national level, with a special emphasis on delivering critical real-time mortality surveillance.

The FY 2016 Budget Request for the CDC also proposes \$5.6 million in new funding for the CDC to address the rising rate of heroin-related overdose deaths by working to collect near real-time emergency department data and higher quality and timely mortality data by rapidly integrating death certificate and toxicology information. The FY 2016 Budget for CDC also includes an increase of \$5.0 million to expand electronic death reporting to provide faster, better quality data on Prescription Drug Overdose deaths.

In addition, the National Institute on Drug Abuse (NIDA) will prioritize additional research and clinician education, the Food and Drug Administration will incentivize the development of new opioid overdose treatments through expedited administrative review and the Centers for Medicare and Medicaid Services (CMS) will propose to expand Medicare Part D and Medicaid initiatives to identify suspicious prescribing patterns.

Enhancing Prescription Drug Monitoring Programs

Prescription Drug Monitoring Programs (PDMPs) are an important state-based tool. PDMPs provide information to health care providers so they can better understand what is being prescribed and intervene before a prescription drug abuse disorder becomes chronic. Currently, Prescription Drug Monitoring Programs exist in 49 states.

The FY 2016 request for the Department of Justice includes \$9 million for state grants to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. The objectives of the Hal Rogers Prescription Drug

Monitoring Grant Program include building a data collection and analysis system at the state level, enhancing the capacity of existing programs to analyze and use the data collected, facilitating the exchange of collected prescription data among states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

The FY 2016 Budget for SAMHSA includes \$118.3 million for the Strategic Prevention Framework, a \$8.8 million increase over the FY 2015 Enacted level. Within this amount, SAMHSA will target \$10 million to address prescription drug (including opioids) abuse and misuse; use Prescription Drug Monitoring Program data for prevention planning; and implement evidence-based practices and/or environmental strategies aimed at reducing prescription drug abuse and misuse.

The FY 2016 President's Budget also requests \$5.0 million in new funding for the Office of the National Coordinator for Health Information Technology to enhance prescription drug monitoring.

Expanding Medication-Assisted Treatment

Medication Assisted Treatment (MAT) is the standard of care for treatment of opioid use disorders, but is too often out of reach for vulnerable populations. Expanding access to MAT will help address this issue and help more individuals sustain their recovery from opioid use disorders.

Medication Assisted Treatment Programs

The FY 2016 Budget includes \$25.1 million for SAMHSA, an increase of \$13.1 million, to support a program entitled MAT for Prescription Drug and Opioid Addiction for states. In FY 2016, SAMHSA and the Agency for Healthcare Research and Quality (AHRQ) plan to implement a program to improve access to MAT services for treating opioid use disorders, with a focus on heroin and prescription opioids. SAMHSA proposes to provide grants to states to support MAT expansion efforts and technical assistance. This program will expand the FY 2015 state Targeted Capacity Expansion-MAT grant program by increasing the number of states that would receive targeted funding to address prescription drug abuse and heroin use through expanded services.

The ARHQ budget includes \$5.0 million in FY 2016 to provide a more robust review of evidence and evaluation regarding MAT in primary care settings and to develop and test new methods, processes, and tools for better implementing these treatment strategies.

Medication Assisted Treatment for individuals in the Criminal Justice System

The Bureau of Prisons' budget contains \$117 million, \$1.2 million over 2015 enacted level, to support substance use disorder treatment and education. These funds will be used for the Residential Drug Abuse Treatment Program.

The Bureau of Prisons' budget also contains \$1 million in new resources to expand the MAT Pilot. The pilot will provide an opportunity to evaluate whether MAT should be expanded.

Drug Prevention

Drug Free Communities Program

The Drug Free Communities (DFC) Support Program is built upon the idea that local problems require local solutions. DFC funding provides for the bolstering of community infrastructure to support environmental prevention strategies to be planned, implemented, and evaluated in communities across the United States, Territories and Protectorates. The DFC Program is guided by local communities who identify and develop evidence based strategies to reduce drug use and its consequences. For FY 2016, \$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.

Addressing Domestic and Transnational Organized Crime

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

High Intensity Drug Trafficking Areas Program

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. HIDTA principally supports drug supply reduction, but law enforcement agencies have substantial experience in implementing problem-oriented policing strategies and promote and participate in community-based drug prevention and treatment programs. To accomplish this, the Administration is proposing in the budget to remove the program cap on prevention spending and to modify the restrictions currently in place for drug treatment programs. This change will enable HIDTAs to place more emphasis on expanding prevention efforts and to support initiatives that provide access to treatment for substance use disorders as part of a diversion or other alternative sentencing or community reentry program.

A total of \$193.4 million is requested for the HIDTA program in FY 2016.

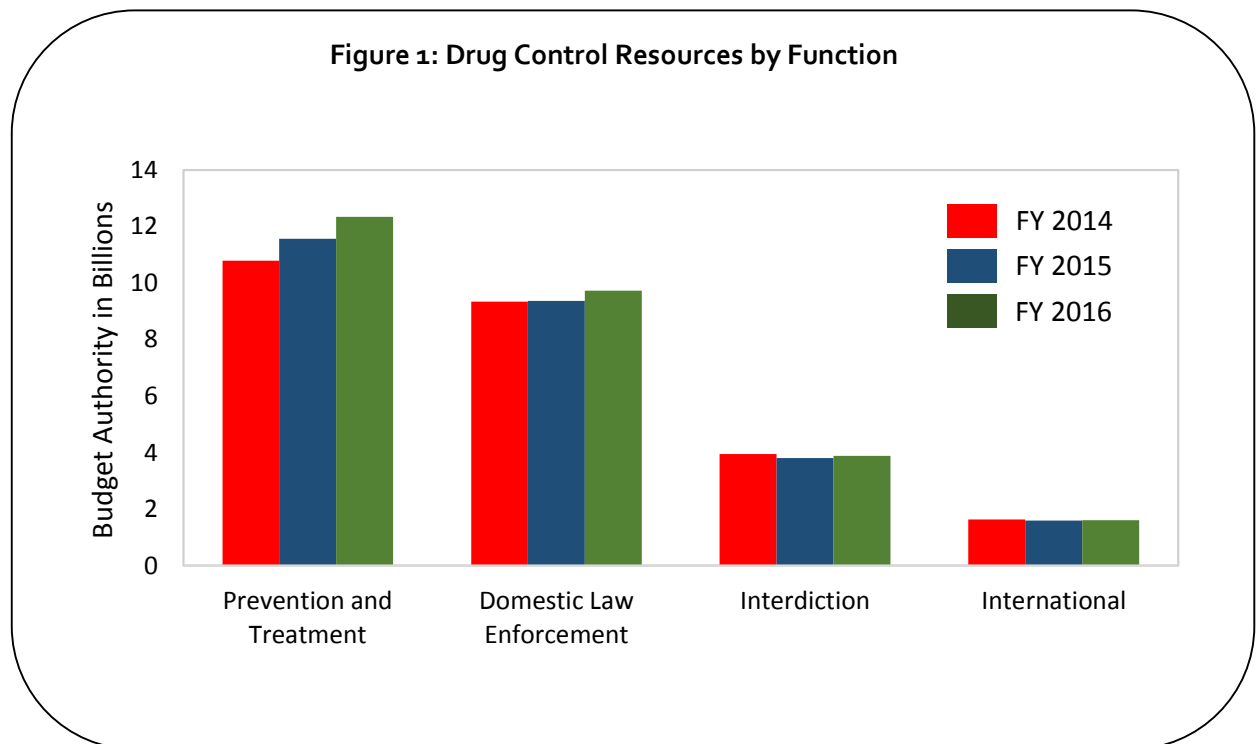
Department of Justice International Organized Crime Intelligence and Operations Center (IOC-2)

The IOC-2 was created to serve as the focal point for U.S. law enforcement efforts against Transnational Organized Crime (TOC). It is the ideal venue to operationalize efforts against TOC groups.

In FY 2016, \$2.8 billion is requested, \$1.8 billion above the FY 2015 funding level, for operational and administrative costs. IOC-2 provides a single venue for the law enforcement and intelligence communities to oversee operations against the most dangerous transnational organized crime groups.

FY 2016 Budget by Function and Other Funding Priorities

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



Prevention

Preventing drug use before it starts is a fundamental element of the *National Drug Control Strategy*. Federal resources totaling \$1.4 billion in support of education and outreach programs is requested to educate young people about the consequences of drug use and prevent youth initiation. This represents an increase of \$75.6 million (5.8 percent) over the FY 2015 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

Twenty percent of the \$1.8 billion Substance Abuse Prevention and Treatment Block Grant is the minimum set aside to support prevention services. State Substance Abuse Administering Agencies (SSA) use these funds to develop infrastructure and capacity specific to substance use disorder prevention. Some SSA'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.

Education's Prevention Efforts (\$67.9 million)

Department of Education

The \$67.9 million request includes \$62.4 million for School Climate Transformation Grants and related technical assistance to help create positive school climates by developing and adopting, or expanding to more schools, the use of multi-tiered decision-making frameworks that guide the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students. A key aspect of this multi-tiered approach is that it provides differing levels of support and interventions to students based on their needs. In schools where these frameworks are implemented well, there is evidence that youth risk factors are improved; and improved risk factors are correlated with reduced drug use, among other improved behaviors.

Prevention Research (\$401.5 million)

Department of Health and Human Services – National Institutes of Health

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

Drugged Driving (\$2.2 million)

Department of Transportation, National Highway Traffic Safety Administration

Department of Transportation, National Highway Traffic Safety Administration's (NHTSA's) FY 2016 request supports the Drug-Impaired Driving Program, which provides public information, outreach efforts, and improved law enforcement training to help reduce drugged driving. Funding will also allow NHTSA to continue to conduct research designed to reduce the incidence of drug-impaired driving.

Anti-Doping Activities/World Anti-Doping Agency Dues (\$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 promote an increased awareness in the United States and internationally of the health and ethical dangers of illicit drug use and doping in sport. Funding and participation in Anti-Doping Activities/World Anti-Doping Agency is necessary to compete in international

events. These activities support state-of-the-art research within the scientific and public health communities, while striving to protect athletes' fundamental rights to participate in drug-free sports, and thus promote the health and safety of athletes at all levels.

Treatment

Treatment and recovery support services are essential elements of the National Drug Control Strategy's efforts to support long-term recovery among people with substance use disorders. The FY 2016 Budget proposes \$11.0 billion, an increase of \$692.7 million (6.7 percent) over the FY 2015 level in Federal funds for early intervention, treatment, and recovery services. Substance use disorder treatment services need to be available in the same way medical treatments and services are accessible to people with other types of medical conditions. The major efforts are highlighted below:

Medicare & Medicaid-funded Substance Abuse Treatment Services (\$6,380.0 million)

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

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

Substance Abuse Treatment for Veterans (\$708.0 million)

Department of Veterans Affairs - Veterans Health Administration

The Department of Veterans Affairs, which operates a national network of substance use disorder 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 use disorders and mental illness.

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

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

This formula-based funding to states supports the provision of substance use disorder treatment services, providing maximum flexibility to states to respond to their local and/or regional emergent issues impacting health, public health, and public safety through a consistent Federal funding stream. The grant allows states to provide a range of clinical and recovery support services to clients during treatment and recovery, and also supports planning, coordination, needs assessment, and quality assurance. Approximately 80 percent of this \$1.8 billion program is estimated for treatment and related activities.

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

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

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

Treatment Research (\$707.1 million)

Department of Health and Human Services – National Institutes of Health

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

Substance Use Disorders Treatment for Military Service Members/Families (\$77.9 million)

Department of Defense – Defense Health Program

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

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

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

The Primary Care and Addiction Services Integration program is a new initiative to support the integration of substance use disorder treatment services and primary care. 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 initiative will 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 (\$556.9 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 provide housing and supportive services on a long-term basis.

Drug Courts (\$86.0 million)

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

Department of Justice - Office of Justice Programs

Drug courts help reduce recidivism, provide treatment to 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. The Departments of Health and Human Services (\$50.0 million) and Justice (\$36.0 million), work together to enhance court services, coordination, and the substance use disorder treatment capacity of juvenile, family and adult drug courts.

Offender Re-entry Program/Prisoner Re-entry Initiative (\$71.9 million)

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

Department of Justice – Office of Justice Programs

Re-entry grants from the Departments of Health and Human Services (\$11.9 million) and Justice (\$60.0 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. Re-entry programs help make communities safer, assist those returning from prison and jail in becoming productive, tax-paying citizens, and save taxpayer dollars by lowering the direct and collateral costs of incarceration.

Bureau of Prisons Drug Treatment Efforts (\$116.6 million)

Department of Justice, Bureau of Prisons

The Bureau of Prisons (BOP) continues to develop evidence-based treatment practices to manage and treat incarcerated individuals with substance use disorders. The Bureau's strategy includes early identification of incarcerated individuals entering BOP through psychological screening. According to the severity of the disease, BOP provides drug education, treatment for those within the general population, separate intensive residential substance use disorder treatment and community transition treatment. The request includes \$1.0 million to expand BOP's medication-assisted treatment pilot program, which provides medication to newly released incarcerated individuals with an opioid use disorder and links them to services within the community.

Judiciary Treatment Efforts (\$220.8 million)

Federal Judiciary

The Federal Judiciary provides for court-ordered drug testing, drug treatment, and supervision of Federal defendants, probationers, parolees, and supervised releasees. Funding is used by the probation and pretrial services offices for drug testing and treatment of Federal defendants and offenders. Probation and pretrial services officers have primary responsibility for enforcing conditions of release imposed by the courts and for monitoring the behavior of persons placed under their supervision. With Executive Office of the U.S. Attorneys oversight, officers administer a program of drug testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole. The goal is to eliminate substance use by persons under supervision and to remove violators from the community before relapse leads to recidivism.

Domestic Law Enforcement

Federal, state, local, and tribal law enforcement agencies play a key role in the Administration's approach to reducing drug use and its consequences. Maximizing Federal support for interagency law enforcement drug task forces is critical to leveraging limited resources. A total of \$9.7 billion in Federal resources are requested in FY 2016 to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), an increase of \$369.5 million (3.9 percent) above the FY 2015 level. The major efforts are highlighted below.

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

Department of Justice

These grants provide assistance to state, local, and tribal law enforcement agencies in support of programs 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) (\$48.0 million)

Department of Homeland Security

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

Federal Drug Investigations (\$3,301.1 million)

Multiple agencies

Federal law enforcement personnel—including those from the Departments of Justice (\$2,538.0 million), Homeland Security (\$506.6 million), Treasury (\$100.7 million), Defense (\$12.7 million), Interior (\$14.9 million), and Agriculture (\$11.3 million)—prepare drug cases for the arrest and prosecution of leaders and traffickers of illegal drug organizations,

seize drugs and assets, and enforce Federal laws and regulations governing the legitimate handling, manufacturing, and distribution of controlled substances.

Federal Prosecution (\$845.0 million)

Multiple agencies

A number of agencies—including the Department of Justice’s Organized Crime Drug Enforcement Task Force Program (\$154.7 million), U.S. Marshals Service (\$114.9 million), Executive Office of the U.S. Attorneys (\$72.6 million), and Criminal Division (\$44.2 million), and the Federal Judiciary (\$458.6 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 (\$4,720.6 million)

Department of Justice/Federal Judiciary

The Bureau of Prisons (\$3,570.7 million), the Federal Judiciary (\$638.5 million), and the U.S. Marshals Service (\$511.4 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

The United States continues to face a serious challenge from the large scale smuggling of drugs from abroad which are distributed to every region in the Nation. In FY 2016, the Administration’s request includes \$3.9 billion to support the efforts of Federal law enforcement agencies, the military, the intelligence community, and our international allies to support collaboration to interdict or disrupt shipments of illegal drugs, their precursors, and their illicit proceeds. The FY 2016 request represents an increase of \$75.3 million, (2.0 percent) above the FY 2015 level. The major efforts are highlighted below.

Customs and Border Protection (\$2,247.5 million)

Department of Homeland Security

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

United States Coast Guard (\$1,089.8 million)

Department of Homeland Security

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

Federal Aviation Administration Interdiction Support (\$12.5 million)

Department of Transportation/Federal Aviation Administration

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zones to detect possible suspicious aircraft movement. When suspicious movement is identified, the Federal Aviation Administration (FAA) notifies the DEA and 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 (\$435.0 million)

Department of Defense

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

International

Illicit drug production and trafficking generate huge profits and are responsible for the establishment of criminal enterprise networks that are powerful, corrosive forces that destroy the lives of individuals, tear at the social fabric, and weaken the rule of law in affected countries. In FY 2016, \$1.6 billion is requested for international drug control efforts, an increase of \$22.3 million (1.4 percent) above the FY 2015 level. These funds are requested to support the efforts of the United States Government and our international partners around the globe to meet the challenges of illicit trafficking of all drugs, including synthetics and precursors, and illicit substance use. The major efforts are highlighted below.

DEA's International Efforts (\$474.1 million)

Department of Justice

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

Bureau of International Narcotics and Law Enforcement Affairs (\$434.7 million)

Department of State

In support of the *Strategy*, Bureau of International Narcotics and Law Enforcement Affairs works closely with partner nations and source countries to disrupt illicit drug production, strengthen criminal justice systems and law enforcement institutions, and combat transnational organized crime. The Bureau of International Narcotics and Law Enforcement

Affairs is comprehensive in its approach to the counterdrug mission and provides training and technical assistance for prevention and treatment programs.

United States Agency for International Development (\$135.2 million)

Department of State

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

DoD International Counternarcotics Efforts (\$474.1 million)

Department of Defense

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

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

Table 1: Federal Drug Control Spending by Function

FY 2014 - FY 2016
(Budget Authority in Millions)

Change	FY 2014	FY2015	FY 2016	FY15-FY16	
	Final	Enacted	Request	Dollars	Percent
Function					
Treatment	\$9,481.8	\$10,267.8	\$10,960.5	+\$692.7	+6.7%
<i>Percent</i>	36.9%	39.0%	39.8%		
Prevention	1,316.9	1,306.2	1,381.9	+75.6	+5.8%
<i>Percent</i>	5.1%	5.0%	5.0%		
Domestic Law Enforcement	9,340.5	9,367.0	9,736.6	+369.5	+3.9%
<i>Percent</i>	36.3%	35.6%	35.3%		
Interdiction	3,948.5	3,805.0	3,880.3	+75.3	+2.0%
<i>Percent</i>	15.3%	14.4%	14.1%		
International	1,637.1	1,590.7	1,613.0	+22.3	+1.4%
<i>Percent</i>	6.4%	6.0%	5.8%		
Total	\$25,724.9	\$26,336.8	\$27,572.2	+\$1,235.5	+4.7%
Supply/Demand					
Demand Reduction	\$10,798.7	\$11,574.0	\$12,342.4	+\$768.3	+6.6%
<i>Percent</i>	42.0%	43.9%	44.8%		
Supply Reduction	14,926.2	14,762.7	15,229.9	+467.1	+3.2%
<i>Percent</i>	58.0%	56.1%	55.2%		
Total	\$25,724.9	\$26,336.8	\$27,572.2	+\$1,235.5	+4.7%

Note: Detail may not add due to rounding.

Table 2: Federal Drug Control Spending by Agency

(Budget Authority in Millions)¹

	FY2014 Final	FY2015 Enacted	FY2016 Request
Department of Agriculture			
U.S. Forest Service	12.4	12.4	12.3
Court Services and Offender Supervision Agency for the District of Columbia	51.7	55.5	58.2
Department of Defense			
Drug Interdiction and Counterdrug Activities/OPTempo	1,454.1	1,231.8	1,189.7
Defense Health Program	<u>74.5</u>	<u>75.2</u>	<u>77.9</u>
Total DoD	1,528.6	1,307.0	1,267.6
Department of Education			
Office of Elementary and Secondary Education	51.5	50.2	67.9
Federal Judiciary	1,227.0	1,274.7	1,324.3
Department of Health and Human Services			
Administration for Children and Families	18.6	18.5	20.0
Centers for Medicare & Medicaid Services ²	5,100.0	5,830.0	6,380.0
Health Resources and Services Administration	20.0	25.0	25.0
Indian Health Service	107.7	111.9	123.9
National Institute on Alcohol Abuse and Alcoholism	59.4	59.5	61.2
National Institute on Drug Abuse	1,018.0	1,015.7	1,047.4
Substance Abuse and Mental Health Services Administration ³	<u>2,472.2</u>	<u>2,478.2</u>	<u>2,496.2</u>
Total Health and Human Services	8,795.8	9,538.8	10,153.6
Department of Homeland Security⁴			
Customs and Border Protection	2,438.9	2,385.6	2,618.7
Federal Law Enforcement Training Center	46.2	43.6	48.5
Immigration and Customs Enforcement	459.3	489.3	486.1
United States Coast Guard	<u>1,248.8</u>	<u>1,205.0</u>	<u>1,091.6</u>
Total Homeland Security	4,193.2	4,123.5	4,244.9
Department of Housing and Urban Development			
Community Planning and Development	468.7	484.9	556.9
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
Department of Justice			
Assets Forfeiture Fund	227.2	283.1	297.2
Bureau of Prisons	3,460.3	3,491.0	3,687.3
Criminal Division	40.8	40.0	44.2
Drug Enforcement Administration	2,353.5	2,373.1	2,463.1

	FY2014 Final	FY2015 Enacted	FY2016 Request
Organized Crime Drug Enforcement Task Force Program	514.0	507.2	519.3
Office of Justice Programs	242.6	243.7	293.8
U.S. Attorneys	76.1	76.8	72.6
U.S. Marshals Service	244.1	246.0	253.1
U.S. Marshals Service - Federal Prisoner Detention	<u>539.0</u>	<u>498.0</u>	<u>511.4</u>
Total Justice	7,697.5	7,759.0	8,142.1
Department of Labor			
Employment and Training Administration	5.2	5.2	5.2
Office of National Drug Control Policy			
High Intensity Drug Trafficking Areas	238.5	245.0	193.4
Other Federal Drug Control Programs	105.4	107.2	95.4
Salaries and Expenses	<u>22.8</u>	<u>22.6</u>	<u>20.0</u>
Total ONDCP	366.7	374.8	308.9
Department of State⁴			
Bureau of International Narcotics and Law Enforcement Affairs	449.6	432.5	434.7
United States Agency for International Development	<u>97.9</u>	<u>122.9</u>	<u>135.2</u>
Total State	547.5	555.3	569.8
Department of Transportation			
Federal Aviation Administration	28.2	30.7	31.5
National Highway Traffic Safety Administration	<u>2.7</u>	<u>2.2</u>	<u>2.2</u>
Total Transportation	30.9	32.9	33.7
Department of the Treasury			
Internal Revenue Service	60.3	60.3	100.7
Department of Veterans Affairs			
Veterans Health Administration ⁵	670.2	684.0	708.0
	25,724.9	26,336.8	27,572.2

¹Detail may not add due to rounding.

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

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

⁴The FY 2015 funding level represents the FY 2015 President's Budget request.

⁵VA Medical Care receives advance appropriations; FY 2015 funding was provided in the Consolidated Appropriations Act, 2014 (Public Law No: 113-76).

Table 3: Historical Federal Drug Control Spending
(Budget Authority in Millions)¹

	FY2004 Final	FY2005 Final	FY2006 Final	FY2007 Final	FY2008 Final	FY2009 Final	FY2010 Final	FY2011 Final	FY2012 Final	FY2013 Final	FY2014 Final	FY2015 Enacted	FY2016 Request
Demand Reduction													
Treatment	5,906.4	6,151.7	6,229.4	6,493.9	6,725.1	7,208.7	7,544.5	7,659.7	7,848.3	7,888.6	9,481.8	10,267.8	10,960.5
Prevention	2,040.2	2,040.0	1,964.5	1,934.2	1,841.0	1,954.0	1,566.4	1,478.1	1,339.2	1,274.9	1,316.9	1,306.2	1,381.9
Total Demand Reduction	7,946.5 42.8%	8,191.7 41.2%	8,193.9 39.7%	8,428.1 38.9%	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%	9,157.0 38.5%	10,798.7 42.0%	11,574.0 43.9%	12,342.4 44.8%
Supply Reduction													
Domestic Law Enforcement	7,049.5	7,383.1	7,602.2	8,018.2	8,300.9	9,470.0	9,252.5	9,223.0	9,446.5	8,850.0	9,340.5	9,367.0	9,736.6
Interdiction	2,010.9	2,433.6	2,924.1	3,045.9	2,968.7	3,699.2	3,662.4	3,977.1	4,036.5	3,940.6	3,948.5	3,805.0	3,880.3
International	1,549.0	1,873.7	1,895.8	2,191.4	1,998.5	2,532.6	2,595.0	2,027.6	1,833.7	1,848.5	1,637.1	1,590.7	1,613.0
Total Supply Reduction	10,609.4 57.2%	11,690.4 58.8%	12,422.2 60.3%	13,255.5 61.1%	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%	14,926.2 58.0%	14,762.7 56.1%	15,229.9 55.2%

¹Detail may not add due to rounding.