



# National Drug Control Budget

*FY 2018 Funding Highlights*

May 2017

## Overview

The President's FY 2018 Budget Request supports \$27.8 billion for drug control efforts spanning prevention, treatment, interdiction, international operations, and law enforcement across 14 Executive Branch departments, the Federal Judiciary, and the District of Columbia. This represents an increase of \$279.7 million (1.0 percent) over the annualized Continuing Resolution (CR) level in FY 2017 of \$27.5 billion. Within this total, the Budget supports \$1.3 billion in investments authorized by the *Comprehensive Addiction and Recovery Act (CARA)* the *21<sup>st</sup> Century Cures Act*, and other opioid-specific programs to help address the opioid epidemic.

The *National Drug Control Budget: FY 2018 Funding Highlights* provides an overview of key funding priorities that support the President's drug control objectives and an overview of all drug control funding by function.

## Highlights of FY 2018 Key Funding Priorities

The non-medical use of opioid medications and heroin use have taken a heartbreaking toll on many Americans and their families, while straining resources of law enforcement and treatment programs. New data from the Centers for Disease Control and Prevention (CDC) show that opioids—a class of drugs that includes many prescription pain medications and heroin—were involved in 33,091 deaths in 2015.<sup>1</sup> In particular, CDC found a continued sharp increase in heroin-involved deaths and an emerging increase in deaths involving synthetic opioids, such as fentanyl.

The President's Budget includes funding to continue and expand current efforts across the Departments of Justice (DOJ), Veterans Affairs (VA), and Health and Human Services (HHS), to prevent and treat this addiction and to assist state and local governments in their efforts to respond to the opioid crisis.

In addition to this funding, the Administration strongly supports the recently-established Opioid Commission, which will study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis, and make recommendations to the President for improving that response.

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<sup>1</sup> Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm655051e1>

## **Fighting the Opioid Epidemic**

### ***The Comprehensive Addiction and Recovery Act***

The *Comprehensive Addiction and Recovery Act* (CARA) authorized new programs to help fight the scourge of opioid abuse plaguing our Nation, and authorized appropriations for existing programs to continue their work. Highlights of these programs are below:

In FY 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting \$12.0 million for the Preventing Prescription Drug/Opioid Overdose-Related Deaths (PDO II) program, authorized in CARA. The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals at risk for opioid use disorder. Applicants will train first responders and members of other key community sectors at the state, local government, and tribal levels to implement secondary prevention strategies, such as the administration of naloxone through FDA-approved delivery devices to reverse the effects of opioid overdose.

SAMHSA is also requesting \$1.0 million to support a new cohort of grants through the Building Communities of Recovery program. This program mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support for people with substance use disorders. These grants support the development, enhancement, expansion, and delivery of recovery support services, as well as promotion of and education about recovery.

At the Department of Justice, the Office of Justice Programs is requesting \$20.0 million for grants under the Comprehensive Opioid Abuse Program. This new program aims to support cross-system collaboration; develop and implement strategies to reach survivors of non-fatal overdoses and their loved ones; provide treatment and recovery support services; expand diversion and alternative to incarceration programs; expand services in rural or tribal communities; implement and enhance prescription drug monitoring programs; and assess the impact of new strategies.

At the Department of Veterans Affairs, \$50 million authorized under CARA is being requested for activities to increase opioid safety practices and improve care for Veterans within the Veterans Health Administration.

### ***The 21st Century Cures Act***

The State Targeted Response to the Opioid Crisis Grant Program was authorized under Section 1003 of the *21<sup>st</sup> Century Cures Act*. The President's Budget requests \$500 million for state grants under this program. The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid abuse (including prescription opioids as well as illicit drugs such as heroin). Grantees use epidemiological data to drive decision-making, rapidly address gaps in their systems of care,

implement prevention strategies, deliver recovery support services, and report progress on expanding treatment and reducing opioid overdose deaths.

These programs are a vital part of the Administration's efforts to help America's families and communities address the growing threat of prescription opioids and heroin, as well as the crime and violence that are often associated with drug abuse.

### ***Reducing Overdoses***

Reducing opioid overdoses, 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.

The FY 2018 Budget Request for the Substance Abuse and Mental Health Services Administration (SAMHSA) includes \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths. This program will provide continuation grants to 10 states to significantly reduce the number of opioid overdose-related deaths by helping states purchase naloxone, equipping first responders in high-risk communities, supporting education on the use of naloxone and other overdose death prevention strategies (including covering expenses incurred from dissemination efforts), and providing the necessary materials to assemble overdose kits.

The FY 2018 Budget Request for CDC includes \$70.0 million for the Prescription Drug Overdose (PDO) Prevention for States program to cover overdoses from opioids and other drugs. This program, which advances and evaluates comprehensive state-level interventions for preventing prescription drug overuse, misuse, abuse, and overdose, expanded to all 50 states and the District of Columbia in FY 2017. Funds in FY 2018 will support state efforts as well as rigorous monitoring, evaluation, and improvements in data quality at the national level. Funds will be used also to increase uptake among providers of CDC's opioid prescribing guidelines for chronic pain, as well as implementation of a coordinated care plan that addresses both opioid and heroin overdose prevention by improving care for high-risk opioid patients.

CDC's FY 2018 Budget Request also includes \$5.6 million in funding to address the rising rate of heroin-related overdose deaths by working to collect near real-time emergency department data and higher quality and timely mortality data by rapidly integrating death certificate and toxicology information. Apart from these programs, the FY 2018 budget request continues to provide funding for expansion of electronic death reporting to provide faster, better quality data on deaths of public health importance, including prescription drug overdose deaths.

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

Prescription Drug Monitoring Programs (PDMPs) are an important state-based health care tool. PDMPs provide information to health care providers so they can better understand what is being

prescribed and intervene before a prescription drug use disorder becomes chronic. Currently, Prescription Drug Monitoring Programs exist in 49 states.

The FY 2018 request for the DOJ includes \$12.0 million for state grants to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. The purpose of DOJ's PDMP effort 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 or enhance a PDMP. Objectives of the program include building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

The FY 2018 Budget for SAMHSA includes \$58.4 million for the Strategic Prevention Framework. Within this amount, SAMHSA will target \$10 million to address prescription drug (including opioids) abuse and misuse; use PDMP data for prevention planning; and implement evidence-based practices and/or environmental strategies aimed at reducing prescription drug abuse and misuse.

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

Medication-Assisted Treatment (MAT) is an evidence-based treatment for individuals with opioid use disorders. However, it is underutilized and often not available to those who could benefit from its administration. Expanding access to MAT, in combination with other behavioral health care, will help address this issue and help more individuals sustain their recovery from opioid use disorders.

The FY 2018 Budget includes \$25.0 million for SAMHSA to support the MAT for Prescription Drug and Opioid Addiction program for states. In FY 2018, SAMHSA plans to enhance its program to improve access to MAT services for treating opioid use disorders. SAMHSA anticipates 22 states that have demonstrated a dramatic increase in treatment admissions for opioid use disorders will be funded under the FY 2018 request.

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

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

### ***Residential Substance Abuse Treatment***

The Office of Justice Program's budget contains \$12.0 million for the Residential Substance Abuse Treatment (RSAT) program for state prisoners. The program was established to help

state and 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. It is intended improve public safety and reduce criminal recidivism by helping offenders become drug-free and learn the skills needed to sustain themselves upon return to the community.

### ***Enhanced Drug Enforcement Efforts***

The Budget provides increases to Federal law enforcement agencies aimed at reducing the flow of illicit drugs into the country and increasing investigations of transnational criminal organizations, violent gangs, and drug traffickers. Specifically:

The FY 2018 Budget includes \$103 million above the CR level to maintain and expand capacity to fight against heroin and other illicit drugs at the Department of Justice. Of this amount, \$21 million in new discretionary resources are provided to the Drug Enforcement Administration and \$6 million is provided to the Organized Crime and Drug Enforcement Task Forces to enhance heroin enforcement efforts, address transnational organized crime, and to reduce violent crime in cities across the nation. In addition, the Budget includes \$32 million in new mandatory resources for the Drug Enforcement Administration's Diversion Control Program. This investment will help to reduce the diversion and abuse of pharmaceutical controlled substances and listed chemicals, including prescription opioids.

## **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 2018, \$91.8 million will fund approximately 659 DFC grants and continue the DFC National Cross-Site Evaluation.

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

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

### ***Protecting the Southwest Border***

In an effort to enhance security at the Southwest Border, in the FY 2018 President's Budget, CBP requests \$260.5 million to fund acquisition, delivery, and sustainment of prioritized border security capabilities.

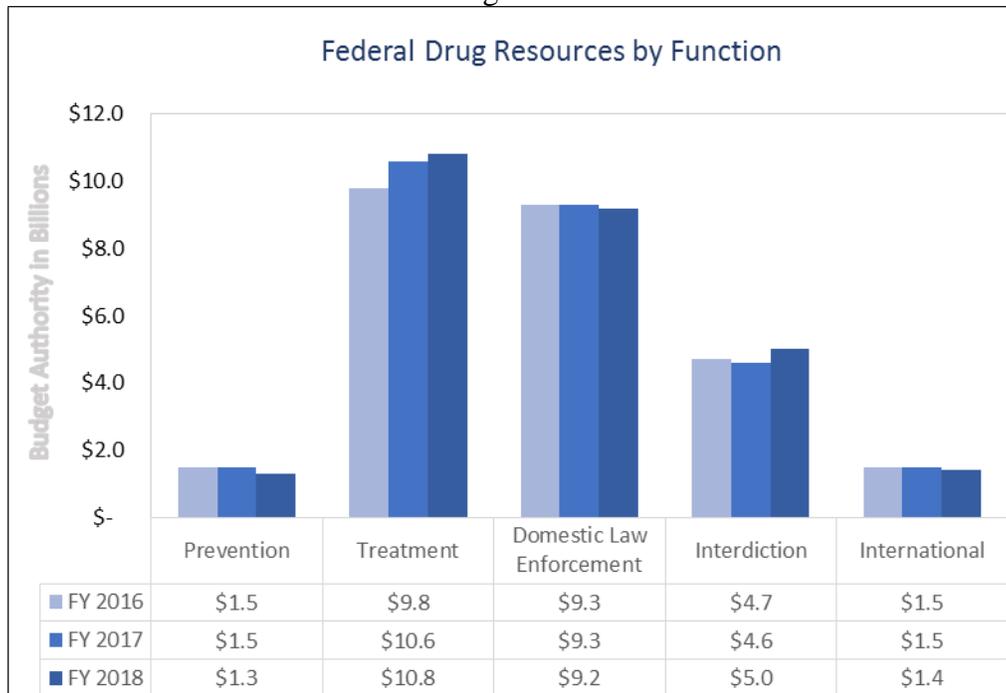
### ***High Intensity Drug Trafficking Areas Program***

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. A total of \$246.5 million is requested for the HIDTA program in FY 2018.

# FY 2018 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.

Figure 1.



## Prevention

Preventing drug use before it starts is a fundamental element of a comprehensive approach to drug control. Federal resources totaling \$1.3 billion in support of education and outreach programs is requested to educate people about the consequences of drug use and to prevent youth initiation. This represents a decrease of \$167.5 million (11.1 percent) from the FY 2017 level; the major efforts are highlighted below:

**Substance Abuse Prevention and Treatment Block Grant (\$370.9 million)**  
*Department of Health and Human Services – Substance Abuse and Mental Health Services Administration*

Twenty percent of the \$1.9 billion (i.e., \$370.9 million) Substance Abuse Prevention and Treatment Block Grant is the minimum set aside to support prevention services. State Substance Abuse Administering Agencies (SSA) use these funds to develop infrastructure and capacity specific to substance use disorder prevention. Some SSAs rely heavily on the

20 percent set-aside to fund prevention, target gaps in prevention services, and enhance existing program efforts.

**Education’s Prevention Efforts (\$48.9 million)**

***Department of Education***

The \$48.9 million request includes \$46.3 million for School Climate Transformation Grants and related technical assistance. These funds help create positive school climates through multi-tiered decision-making frameworks that guide the selection, integration, and implementation of the best evidence-based behavioral practices. A key aspect of this multi-tiered approach is that it provides differing levels of support and interventions to students based on their needs. In schools where these frameworks are implemented well, there is evidence that youth risk factors are improved; improved risk factors are correlated with reduced drug use, among other improved behaviors.

**Prevention Research (\$331.9 million)**

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

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

**Drugged Driving (\$2.72 million)**

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

Department of Transportation, National Highway Traffic Safety Administration’s (NHTSA’s) FY 2018 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 (\$11.8 million)**

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

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

## **Treatment**

Treatment and recovery support services are essential elements of reducing drug use and its consequences. The FY 2018 Budget proposes \$10.8 billion, an increase of \$202.6 million (1.9 percent) over the FY 2017 annualized CR level in Federal funds for early intervention, treatment, and recovery services. The major efforts in this area include the following:

### **Medicare- & Medicaid-funded Substance Abuse Treatment Services (\$5,840.0 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 (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 abuse treatment services. Medicare supports treatment for substance abuse in both inpatient and outpatient settings.

### **Substance Abuse Treatment for Veterans (\$721.7 million)**

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

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

### **Substance Abuse Prevention and Treatment Block Grant (\$1,483.8 million)**

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

Up to 80 percent of the \$1.9 billion Substance Abuse Prevention and Treatment Block Grant (i.e., \$1,483.8 million) is estimated to support treatment services and related activities. This formula-based funding to states supports 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. The grant allows states to provide a range of clinical and recovery support services to clients during treatment and recovery, and also supports planning, coordination, needs assessment, and quality assurance.

### **Screening, Brief Intervention, and Referral to Treatment (\$46.8 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 abuse 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 (\$575.8 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 NIAAA, the NIH helps to develop strategies to treat the short- and long-term consequences of alcohol misuse among youth.

### **Substance Use Disorders Treatment for Military Service Members/Families (\$76.7 million)**

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

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

### **Homeless Assistance Grants - Continuum of Care (\$494.2 million)**

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

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 (\$99.9 million)**

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

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

Drug courts help reduce recidivism, provide treatment to individuals with substance use disorders, and improve the likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other rehabilitation services. HHS (\$59.9 million) and DOJ (\$40.0 million), work together to enhance court services, coordination, and the substance use disorder treatment capacity of juvenile, family and adult drug courts.

### **Bureau of Prisons Drug Treatment Efforts (\$119.1 million)**

#### ***Department of Justice, Bureau of Prisons***

BOP continues to develop evidence-based treatment practices to manage and treat incarcerated individuals with substance use disorders. BOP's strategy includes early identification through psychological screening of individuals entering prison. According to the severity of the disease, BOP provides drug education, treatment for those within the general population, separate intensive residential substance use disorder treatment and

community transition treatment. The request includes \$1.0 million to expand BOP's medication-assisted treatment field trial program, which provides medication during the last two months of incarceration and for four to six weeks after release in community custody, a residential reentry center, or home confinement.

### **Judiciary Treatment Efforts (\$172.8 million)**

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

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

## **Domestic Law Enforcement**

Maximizing Federal support for interagency law enforcement drug task forces is critical to leveraging limited resources. A total of \$9.2 billion in Federal resources are requested in FY 2018 to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), a decrease of \$62.7 million (0.7 percent) below the FY 2017 annualized CR 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 designed to address methamphetamine production and distribution, as well as to target "hot spots" characterized by high levels of drug production or distribution. In cooperation with DEA, funding 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.

### **Federal Law Enforcement Training Center (\$48.8 million)**

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

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

### **Federal Drug Investigations (\$3,359.8 million)**

#### ***Multiple agencies***

Federal law enforcement personnel—including those from DOJ (\$2,582.2 million), Homeland Security (\$490.9 million), Treasury (\$60.3 million), Interior (\$14.9 million), and Agriculture (\$14.6 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 (\$842.4 million)**

#### ***Multiple agencies***

A number of agencies—including DOJ’s Organized Crime Drug Enforcement Task Force Program (\$161.3 million), U.S. Marshals Service (\$129.8 million), Executive Office of the U.S. Attorneys (\$78.1 million), and Criminal Division (\$37.7 million)—and the Federal Judiciary (\$435.5 million) conduct Federal criminal proceedings against drug trafficking and money laundering organizations. The related costs include salaries for attorneys, court personnel, defender services, judicial and courthouse security, prisoner security, and other administrative costs.

### **Corrections (\$4,410.4 million)**

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

The Bureau of Prisons (\$3,284.7 million), the Federal Judiciary (\$597.0 million), and the U.S. Marshals Service (\$528.6 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**

The United States continues to face a serious challenge from the large scale smuggling of drugs from abroad that are distributed to every region of the Nation. In FY 2018, the Administration’s request includes \$5.0 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 2018 request represents an increase of \$453.4 million, (9.9 percent) above the FY 2017 annualized CR level. The major efforts are highlighted below.

### **Customs and Border Protection (\$3,118.7 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 (\$1,452.7 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 (\$13.2 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 (\$413.2 million)**

#### *Department of Defense*

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

## **International**

Illicit drug production and trafficking generate huge profits and are responsible for the establishment of criminal enterprise networks that are powerful and corrosive forces that destroy the lives of individuals, tear at the social fabric, and weaken the rule of law in affected countries. In FY 2018, \$1.4 billion is requested for international drug control efforts, a decrease of \$146.1 million (9.6 percent) below the FY 2017 annualized CR level. These funds are requested to support the efforts of the United States Government and our international partners around the globe to meet the challenges of illicit trafficking of all drugs, including synthetics and precursors, and illicit substance use. The major efforts in this area include the following.

### **DEA's International Efforts (\$470.4 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 (\$290.3 million)**

#### *Department of State*

The Bureau of International Narcotics and Law Enforcement Affairs (INL) works closely with partner nations and source countries to disrupt illicit drug production, strengthen criminal justice systems and law enforcement institutions, and combat transnational

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

**United States Agency for International Development (\$83.6 million)**

***Department of State***

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

**DoD International Counternarcotics Efforts (\$491.1 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 2016 - FY 2018  
(Budget Authority in Millions)

		FY 2016	FY 2017	FY 2018	FY17 - FY18 Change	
		Final	CR	Request	Dollars	Percent
<b>Function</b>						
Treatment		\$9,845.1	\$10,580.8	\$10,783.4	\$202.6	1.9%
<i>Percent</i>		36.6%	38.5%	38.9%		
Prevention		1,486.4	1,507.4	1,339.9	-167.5	-11.1%
<i>Percent</i>		5.5%	5.5%	4.8%		
Domestic Law Enforcement		9,282.8	9,298.6	9,235.8	-62.8	-0.7%
<i>Percent</i>		34.5%	33.8%	33.3%		
Interdiction		4,734.7	4,569.0	5,022.4	453.4	9.9%
<i>Percent</i>		17.6%	16.6%	18.1%		
International		1,524.9	1,521.0	1,375.0	-146.1	-9.6%
<i>Percent</i>		5.7%	5.5%	5.0%		
<b>Total</b>		<b>\$26,874.0</b>	<b>\$27,476.8</b>	<b>\$27,756.5</b>	<b>\$279.7</b>	<b>1.0%</b>
<b>Supply/Demand</b>						
Demand Reduction		\$11,331.5	\$12,088.2	\$12,123.3	\$35.1	0.3%
<i>Percent</i>		42.2%	44.0%	43.7%		
Supply Reduction		15,542.5	15,388.6	15,633.2	244.6	1.6%
<i>Percent</i>		57.8%	56.0%	56.3%		
<b>Total</b>		<b>\$26,874.0</b>	<b>\$27,476.8</b>	<b>\$27,756.5</b>	<b>\$279.7</b>	<b>1.0%</b>

Note: Detail may not add due to rounding.

## Table 2: Federal Drug Control Spending by Agency

(Budget Authority in Millions)

	FY 2016 Final	FY 2017 CR	FY 2018 Request
<b>Department of Agriculture</b>			
U.S. Forest Service	12.3	12.9	15.6
<b>Court Services and Offender Supervision Agency for the District of Columbia</b>	55.4	55.3	56.1
<b>Department of Defense</b>			
Drug Interdiction and Counterdrug Activities <sup>1</sup> (incl. OPTEMPO, DSCA, and OCO)	1,302.8	1,299.4	1,127.8
Defense Health Program	<u>76.7</u>	<u>75.8</u>	<u>76.7</u>
<b>Total DoD</b>	<b>1,379.5</b>	<b>1,375.1</b>	<b>1,204.6</b>
<b>Department of Education</b>			
Office of Elementary and Secondary Education	50.3	49.1	48.9
<b>Federal Judiciary</b>	1,147.8	1,166.7	1,210.9
<b>Department of Health and Human Services</b>			
Administration for Children and Families	18.5	18.6	20.0
Centers for Disease Control and Prevention	75.6	75.4	75.4
Centers for Medicare & Medicaid Services <sup>2</sup>	5,390.0	5,550.0	5,840.0
Health Resources and Services Administration	119.0	121.0	171.0
Indian Health Service	104.7	104.9	105.1
National Institute on Alcohol Abuse and Alcoholism	55.2	55.2	42.7
National Institute on Drug Abuse	1,049.0	1,075.4	865.0
Substance Abuse and Mental Health Services Administration <sup>3</sup>	<u>2,533.7</u>	<u>3,052.1</u>	<u>2,943.2</u>
<b>Total Health and Human Services</b>	<b>9,345.7</b>	<b>10,052.7</b>	<b>10,062.5</b>
<b>Department of Homeland Security</b>			
Customs and Border Protection	2,687.2	2,663.7	3,118.7
Federal Emergency Management Agency	8.3	8.3	6.2
Federal Law Enforcement Training Center	44.1	43.9	49.3
Immigration and Customs Enforcement	508.9	514.7	524.6
United States Coast Guard	<u>1,597.1</u>	<u>1,456.0</u>	<u>1,452.7</u>
<b>Total Homeland Security</b>	<b>4,845.6</b>	<b>4,686.4</b>	<b>5,151.5</b>
<b>Department of Housing and Urban Development</b>			
Community Planning and Development	490.5	489.5	494.2
<b>Department of the Interior</b>			
Bureau of Indian Affairs	9.7	9.7	9.3
Bureau of Land Management	5.1	5.1	5.1
National Park Service	<u>3.5</u>	<u>3.3</u>	<u>3.3</u>
<b>Total Interior</b>	<b>18.3</b>	<b>18.1</b>	<b>17.7</b>

	FY 2016 Final	FY 2017 CR	FY 2018 Request
<b>Department of Justice</b>			
Assets Forfeiture Fund	258.4	230.1	227.5
Bureau of Prisons <sup>4</sup>	3,532.6	3,526.0	3,403.8
Criminal Division	39.0	38.0	37.7
Drug Enforcement Administration	2,425.5	2,433.4	2,583.6
Organized Crime Drug Enforcement Task Force Program	512.0	511.0	526.0
Office of Justice Programs	278.2	297.7	240.2
U.S. Attorneys	72.6	72.6	78.1
U.S. Marshals Service	<u>771.3</u>	<u>792.8</u>	<u>812.8</u>
<b>Total Justice</b>	<b>7,889.7</b>	<b>7,901.7</b>	<b>7,909.7</b>
<b>Department of Labor</b>			
Employment and Training Administration	5.7	6.0	6.0
<b>Office of National Drug Control Policy</b>			
High Intensity Drug Trafficking Areas	250.0	249.5	246.5
Other Federal Drug Control Programs	109.8	109.6	103.7
Salaries and Expenses	<u>20.0</u>	<u>20.0</u>	<u>18.4</u>
<b>Total ONDCP</b>	<b>379.9</b>	<b>379.1</b>	<b>368.6</b>
<b>Department of State<sup>5</sup></b>			
Bureau of International Narcotics and Law Enforcement Affairs	405.3	404.5	290.3
United States Agency for International Development	<u>70.5</u>	<u>70.4</u>	<u>83.6</u>
<b>Total State</b>	<b>475.8</b>	<b>474.9</b>	<b>373.9</b>
<b>Department of Transportation</b>			
Federal Aviation Administration	30.4	31.6	31.7
National Highway Traffic Safety Administration	<u>3.5</u>	<u>2.7</u>	<u>2.7</u>
<b>Total Transportation</b>	<b>33.8</b>	<b>34.3</b>	<b>34.4</b>
<b>Department of the Treasury</b>			
Internal Revenue Service	60.3	60.3	60.3
<b>Department of Veterans Affairs</b>			
Veterans Health Administration	683.4	714.6	741.7
<b>Total Federal Drug Budget</b>	<b>\$26,874.0</b>	<b>\$27,476.8</b>	<b>\$27,756.5</b>

<sup>1</sup> Due to statutory changes included in the FY 2017 National Defense Authorization Act that consolidated the Department of Defense's (DOD) security sector assistance authorities, funding for building foreign partner counter-drug enforcement capacities is now included in DOD's Defense Security Cooperation Agency's budget request.

<sup>2</sup>The estimates for the CMS reflect Medicaid and Medicare benefit outlays (excluding spending under Medicare Part D) for substance use disorder treatment; they do not reflect budget authority. The methodology for Medicaid estimates has been refined from prior years to more accurately reflect spending. The estimates were developed by the CMS Office of the Actuary.

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

<sup>4</sup>Funding for the FY 2018 column excludes a proposed rescission of unobligated balances.

<sup>5</sup>Funding for 2017 column is a mechanical calculation that does not reflect decisions on funding priorities.

<sup>6</sup>Detail may not add due to rounding.

**Table 3<sup>1</sup>:****Historical Federal Drug Control Spending**

(Budget Authority in Millions)

	FY 2009 Final	FY 2010 Final	FY 2011 Final	FY 2012 Final	FY 2013 Final	FY 2014 Final	FY 2015 Final	FY 2016 Final	FY 2017 CR	FY 2018 Request
<b>Demand Reduction</b>										
Treatment	\$ 7,208.7	\$ 7,544.5	\$ 7,659.7	\$ 7,848.3	\$ 7,888.6	\$ 9,481.8	\$ 9,553.1	\$ 9,845.1	\$ 10,580.8	\$ 10,783.4
Prevention	1,961.0	1,573.4	1,483.9	1,346.2	1,274.9	1,316.9	1,341.5	1,486.4	1,507.4	1,339.9
<b>Total, Demand Reduction</b>	<b>9,169.7</b>	<b>9,117.9</b>	<b>9,143.5</b>	<b>9,194.4</b>	<b>9,163.5</b>	<b>10,798.7</b>	<b>10,894.6</b>	<b>11,331.5</b>	<b>12,088.2</b>	<b>12,123.3</b>
<b>Supply Reduction</b>										
Domestic Law Enforcement	9,463.0	9,245.5	9,217.3	9,439.5	8,857.0	9,348.8	9,394.5	9,282.8	9,298.6	9,235.8
Interdiction	3,699.2	3,662.4	3,977.1	4,036.5	3,940.6	3,948.5	3,960.9	4,734.7	4,569.0	5,022.4
International	2,532.6	2,595.0	2,027.6	1,833.7	1,848.5	1,637.1	1,643.0	1,524.9	1,521.0	1,375.0
<b>Total, Supply Reduction</b>	<b>\$ 15,694.9</b>	<b>\$ 15,502.9</b>	<b>\$ 15,221.9</b>	<b>\$ 15,309.7</b>	<b>\$ 14,646.1</b>	<b>\$ 14,934.4</b>	<b>\$ 14,998.3</b>	<b>\$ 15,542.5</b>	<b>\$ 15,388.6</b>	<b>\$ 15,633.2</b>

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