

# CONGRESSIONAL BUDGET SUBMISSION

OFFICE OF NATIONAL  
DRUG CONTROL POLICY

FISCAL YEAR 2023



# **OFFICE OF NATIONAL DRUG CONTROL POLICY**

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Fiscal Year 2023 Budget

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**EXECUTIVE OFFICE OF THE PRESIDENT**  
**OFFICE OF NATIONAL DRUG CONTROL POLICY**

**I. EXECUTIVE SUMMARY**

The Office of National Drug Control Policy (ONDCP) is a component of the Executive Office of the President. The mission of ONDCP is to reduce substance use disorder and its consequences by coordinating the nation's drug control policy through the development and oversight of the *National Drug Control Strategy (Strategy)* and the National Drug Control Budget.

For the FY 2023 Budget Submission, ONDCP is requesting a total of \$450,510,000. This request includes \$22,340,000 for Salaries and Expenses (S&E) account; \$134,670,000 for the Other Federal Drug Control Programs (OFDCP) account; and \$293,500,000 for the High Intensity Drug Trafficking Areas (HIDTA) account.

- S&E: The FY 2023 request is \$22,340,000 for Operations. The Operations request of \$22,340,000 provides funding for 74 FTE to support the mission and manage our programs.
- OFDCP: The FY 2023 request is \$134,670,000.
  - Drug-Free Communities (DFC) - \$106,000,000 and 2 FTE
  - Drug Court Training and Technical Assistance - \$3,000,000
  - Anti-Doping Activities - \$14,000,000
  - Model Acts Program - \$1,250,000
  - Community-Based Coalition Enhancement Grants to Address Local Drug Crisis (CARA) - \$5,200,000
  - World Anti-Doping Agency (WADA) Dues - \$3,420,000
  - Policy Research - \$1,300,000
  - Performance Audits and Evaluations - \$500,000

For FY 2023, the requests for the DFC and CARA programs continue to include justifications to increase the administrative caps for both programs to 12% (as opposed to the current 8%).

The request for WADA includes an increase that was confirmed in the WADA meeting in September 2021.

The requests for Policy Research and Performance Audits and Evaluations are new funding initiatives.

- HIDTA: The FY 2023 request is \$293,500,000. For FY 2023, ONDCP requests up to \$5,800,000 (or 2% of the program) for HIDTA auditing services and associated activities. The request also includes up to \$3,500,000 for a new Grants Management System.

**ONDCP FUNDING SUMMARY**  
**(\$ in thousands)**

|                                                       | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|-------------------------------------------------------|----------------------------|-----------------------|----------------------------|
| <b>Salaries &amp; Expenses:</b>                       | <b>\$18,400</b>            | <b>\$18,400</b>       | <b>\$22,340</b>            |
| <b>Other Federal Drug Control Programs:</b>           |                            |                       |                            |
| Drug-Free Communities Support Program (DFC)           | \$102,000                  | \$102,000             | \$106,000                  |
| Anti-Doping Activities                                | \$14,000                   | \$14,000              | \$14,000                   |
| Drug Court Training and Technical Assistance          | \$3,000                    | \$3,000               | \$3,000                    |
| Model Acts Program                                    | \$1,250                    | \$1,250               | \$1,250                    |
| World Anti-Doping Agency (WADA) Membership Dues       | \$2,932                    | \$2,932               | \$3,420                    |
| Section 103 of P.L. 114-198                           | \$5,000                    | \$5,000               | \$5,200                    |
| Policy Research                                       | \$0                        | \$0                   | \$1,300                    |
| Performance Audits and Evaluations                    | \$0                        | \$0                   | \$500                      |
| <b>Subtotal, Other Federal Drug Control Programs</b>  | <b>\$128,182</b>           | <b>\$128,182</b>      | <b>\$134,670</b>           |
| <b>High Intensity Drug Trafficking Areas (HIDTA):</b> |                            |                       |                            |
| Grants and Federal Transfers                          | \$287,300                  | \$287,300             | \$284,200                  |
| HIDTA Auditing Services and Associated Activities     | \$2,700                    | \$2,700               | \$5,800                    |
| Grants Management System *                            | \$0                        | \$0                   | \$3,500                    |
| <b>Subtotal, HIDTAs</b>                               | <b>\$290,000</b>           | <b>\$290,000</b>      | <b>\$293,500</b>           |
| <b>Total</b>                                          | <b>\$436,582</b>           | <b>\$436,582</b>      | <b>\$450,510</b>           |

Totals may not add due to rounding.

\* Funding of \$3,500,000 for the Grants Management System has been provided in FY 2022. Since the FY 2023 was developed based upon the FY 2022 CR level, the request for the Grants Management is up to \$3,500,000, which would allow for the flexibility of funding the new system or funding the estimated annual maintenance cost of \$1,500,000.

## II. MISSION

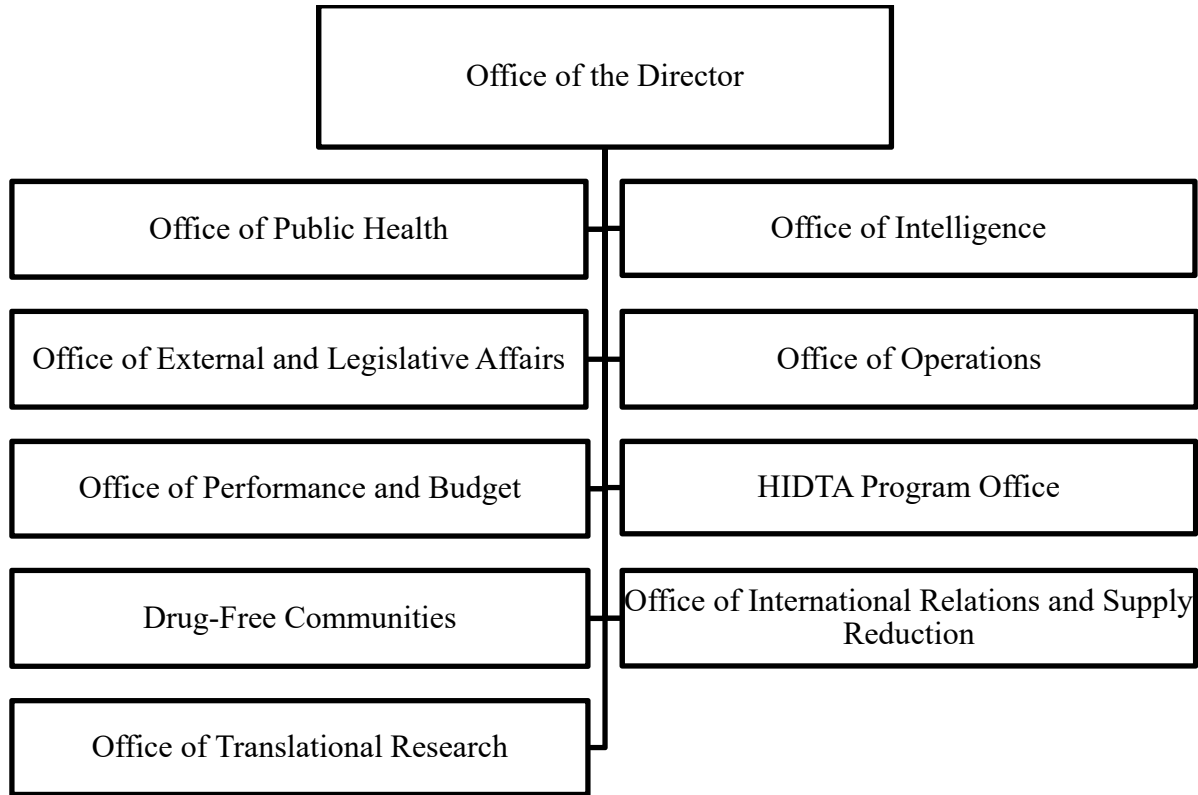
ONDCP advises the President on national and international drug control policies and programs, and works to ensure the effective coordination of drug control programs within the federal government and with various other governmental, non-profit, and private entities. ONDCP works to reduce substance use and its consequences by leading and coordinating the development, implementation, and assessment of United States drug policy.

President Biden has made clear that addressing the addiction and overdose epidemic is an urgent priority for his administration. The *Strategy* will build on the Administration's first year drug priorities, and will implement a multi-faceted approach that will emphasize both public health and public safety interventions to reduce overdoses and save lives. These efforts will include expanding access to evidence-based prevention, harm reduction, treatment, and recovery, as well as strengthening domestic and international supply reduction efforts.

ONDCP's major responsibilities include:

- Developing the *Strategy* and the Consolidated Drug Control Budget;
- Leading the national drug control effort, including coordinating with the National Drug Control Program Agencies (NDCPA);
- Identifying and responding to emerging drug threats related to illicit drug use;
- Evaluating the effectiveness of national drug control policy efforts, including the NDCPAs programs, by developing and applying specific measures of performance and effectiveness and monitoring agencies' program-level spending;
- Facilitating broad-scale information sharing and data standardization among Federal, State, and local entities to support national drug control efforts;
- Designating HIDTAs and providing overall policy guidance and oversight for the award and management of Federal resources to HIDTAs in support of federal, State, Tribal, and local law enforcement partnerships within these areas; and,
- Administering the DFC Support Program, which provides grants to drug-free community coalitions across the country with the primary focus of increasing community collaboration and preventing youth substance use.

### III. ORGANIZATION CHART



The ONDCP organizational structure is designed to implement functions that focus on developing and implementing evidence-based public health and supply reduction policy based on the latest information of current and emerging drug use and drug trafficking patterns. The structure augments policymaking through additional essential functions like assessing the performance and effectiveness of drug control agencies and budgets in achieving reductions in drug use and its consequences.

#### **Office of the Director**

The Office of the Director oversees policy development, implementation, and coordination across the agency. Functionally, the office establishes robust processes to ensure cross-component coordination that drives *Strategy* development, budget formulation, interagency collaboration, and responses to emerging issues. Within the Office of the Director, the General Counsel's office handles Office of Information and Regulatory Affairs (OIRA) requests, Freedom of Information Act (FOIA) requests, and Government Accountability Office (GAO) engagements.

#### **Office of Public Health**

The Office of Public Health develops and implements public health approaches to reduce drug use and its consequences. Functionally, it drafts the relevant sections of the *Strategy*, provides robust budget guidance to ensure adherence to evidence-based public health approaches among the interagency, and convenes the interagency to ensure execution of drug policy priorities related to public health. The policy analysts assigned to the Office of the Public Health work on a range of

issues, including prevention, treatment, recovery, harm reduction, healthcare finance, and equity. The Assistant Director is the Demand Reduction Coordinator and reports to the Chief of Staff.

### **Office of International Relations and Supply Reduction**

The Office of International Relations and Supply Reduction develops and implements supply reduction efforts, as well as coordinates international engagements. Functionally, this office drafts the relevant sections of the *Strategy*, provides robust budget guidance to ensure adherence to evidence-and-intelligence-based approaches among the interagency, and convenes the interagency to ensure execution of drug policy priorities. The policy analysts work on a range of issues, including international efforts, multilateral engagements, and domestic law enforcement. The Assistant Director is the Interdiction Coordinator and reports to the Chief of Staff.

### **Office of Performance and Budget**

The Office of Performance and Budget is a main coordinating body for ensuring that the interagency budget is driven by evidence-based approaches to drug policy, and measures the implementation of these approaches. Functionally, the office provides robust budget guidance to ensure adherence to evidence-and-intelligence-based approaches among the interagency, and convenes the budget interagency to ensure execution of drug policy priorities. It also executes the internal budget. The Assistant Director is the Performance Coordinator and reports to the Chief of Staff. This office component also handles the drafting of statutorily required budget and performance documents.

### **Office of Translational Research**

The Office of Translational Research is a main coordinating body for ensuring that policymaking is based on the latest research, data, and evidence. It works closely with the Public Health and International and Supply Reduction components to inform their approach to policymaking, and with the Performance branch to evaluate progress on drug policy. This component also leads interagency efforts to improve real-time data collection and strategic research efforts. The Assistant Director for Translational Research is also the Emerging Threats Coordinator, and reports to the Chief of Staff. This component serves as the fact-checking component, as needed.

### **Office of External and Legislative Affairs**

The Office of External and Legislative Affairs provides support to all components on legislative affairs, engagement with stakeholders, and press relations. The Assistant Director for External and Legislative Affairs is also the State, Local, and Tribal Affairs Coordinator, and reports to the Chief of Staff.

### **Office of Intelligence**

The Office of Intelligence is the main coordinating body for ensuring that policymaking is based on the latest intelligence. It works closely with the International and Supply Reduction component to inform its approach to policymaking. This component also leads interagency efforts to improve intelligence collection. The Assistant Director for Intelligence reports to the Chief of Staff.

**Office of Operations**

The Office of Operations implements the human resources, facilities maintenance, security, and information technology work of the agency. The Assistant Director for Operations reports to the Chief of Staff.

**HIDTA Program Office**

The HIDTA Program Office oversees the HIDTA program, a nearly \$300 million program managed by ONDCP. The Assistant Director for HIDTA reports to the Chief of Staff.

**Drug-Free Communities**

The DFC component oversees ONDCP's responsibilities to administer all provisions of the Drug-Free Communities Act of 1997, as amended. The component administers a far-reaching grant program that supports communities in developing and implementing comprehensive, long-term plans and programs to prevent and treat substance use disorder among youth.

## IV. HISTORICAL FUNDING OVERVIEW

**FY 2017 - FY 2023**  
**(\$ in millions)**

**FISCAL YEAR**

|                                            | 2017<br>Enacted | 2018<br>Enacted | 2019<br>Enacted | 2020<br>Enacted | 2021<br>Enacted | 2022<br>CR     | 2023<br>Request |
|--------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|-----------------|
| <b>Salaries &amp; Expenses</b>             | \$19.3          | \$18.4          | \$18.4          | \$18.4          | \$18.4          | \$18.4         | \$22.3          |
| <b>Other Federal Drug Control Programs</b> | 114.9           | 117.1           | 118.3           | 121.7           | 128.2           | 128.2          | \$134.7         |
| <b>HIDTA</b>                               | 254.0           | 280.0           | 280.0           | 285.0           | 290.0           | 290.0          | \$293.5         |
| <b>Total ONDCP Resources</b>               | <b>\$388.1</b>  | <b>\$415.5</b>  | <b>\$416.7</b>  | <b>\$425.1</b>  | <b>\$436.6</b>  | <b>\$436.6</b> | <b>\$450.5</b>  |

Totals may not add due to rounding.

## V. SALARIES AND EXPENSES

### A. PROGRAM OVERVIEW

| <b>Salaries &amp; Expenses:<br/>(\$ in thousands)</b> | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|-------------------------------------------------------|----------------------------|-----------------------|----------------------------|
| Operations                                            | \$18,400                   | \$18,400              | \$22,340                   |
| <b>Total, Salaries &amp;<br/>Expenses</b>             | <b>\$18,400</b>            | <b>\$18,400</b>       | <b>\$22,340</b>            |
| <b>Staffing</b>                                       | <b>65</b>                  | <b>65</b>             | <b>74</b>                  |

ONDCP advises the President on national and international drug control policies and programs, and works to ensure the effective coordination of drug control programs within the federal government and with various other governmental, non-profit, and private entities. ONDCP works to reduce substance use and its consequences by leading and coordinating the development, implementation, and assessment of United States drug policy.

President Biden has made clear that addressing the overdose and addiction epidemic is an urgent priority for his administration. The *Strategy* will build on the Administration's first year drug priorities, and will implement a multi-faceted approach that will emphasize both public health and public safety interventions to reduce overdoses and save lives. These will include expanding access to evidence-based prevention, harm reduction, treatment, and recovery, as well as strengthening domestic and international supply reduction efforts.

The funding level for S&E Operations will allow ONDCP to pursue priorities, with an emphasis on standing up processes to execute on the *Strategy*, support enhanced coordination and oversight of interagency drug control programs, and develop stronger mechanisms to evaluate data and evidence in support of identifying latest trends and emerging issues. ONDCP is developing a comprehensive and focused *Strategy* for addressing the epidemic that includes long-term goals and objectives that are quantifiable and measurable.

## **B. APPROPRIATION LANGUAGE**

### **OFFICE OF NATIONAL DRUG CONTROL POLICY**

#### ***Federal Funds***

#### **SALARIES AND EXPENSES**

*For necessary expenses of the Office of National Drug Control Policy; for research activities pursuant to the Office of National Drug Control Policy Reauthorization Act of 1998, as amended; not to exceed \$10,000 for official reception and representation expenses; and for participation in joint projects or in the provision of services on matters of mutual interest with nonprofit, research, or public organizations or agencies, with or without reimbursement, \$22,340,000: Provided, That the Office is authorized to accept, hold, administer, and utilize gifts, both real and personal, public and private, without fiscal year limitation, for the purpose of aiding or facilitating the work of the Office.*

*Note.—A full-year 2022 appropriation for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117-43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution.*

## C. FY 2023 BUDGET REQUEST

### ONDCP S&E Operations

ONDCP, established by the Anti-Drug Abuse Act of 1988, and reauthorized by the SUPPORT for Patients and Communities Act (Public Law 115-271), is charged with developing policies, objectives, and priorities for the National Drug Control Program. The FY 2023 request for ONDCP S&E Operations is \$22,340,000 and supports a level of 74 FTE. This is an increase of \$3,940,000 over the FY 2022 CR level of \$18,400,000. The request includes nine additional FTE, as well as cost of living adjustments.

The reauthorization included a number of new requirements for ONDCP, to include Emerging Threats responsibilities and additional policy development and budget oversight activities. However, these new staff-intensive requirements came without additional funding. The lack of adequate resources impeded ONDCP in meeting the requirements of the authorizing statute. Therefore, in order to perform its mission to reduce substance use and its consequences by coordinating the nation's drug control policy, ONDCP requests the additional FTE. In particular, additional support would help strengthen the following lines of effort:

- Demand Reduction Efforts: The SUPPORT Act expanded ONDCP's responsibilities related to support for long-term recovery, expanding availability of access to health care services for treatment, criminal justice interventions, and other requirements. Additional personnel are needed to support the Demand Reduction Coordinator in implementing prevention, treatment, harm reduction, and recovery policies informed by the latest evidence.
- Emerging Threats Efforts: The SUPPORT Act created a number of responsibilities (including a committee) concerning the identification and response to emerging drug threats. Additional personnel are necessary to manage the Committee, analyze the latest available science, data, and research in order to develop recommendations on the declaration of emerging drug threats, and implement Emerging Threat Response Plans on emerging threats designated by the ONDCP Director.
- U.S. Interdiction Efforts: The SUPPORT Act instructed ONDCP to request the permanent staff required to support the United States Interdiction Coordinator in developing the annual National Interdiction Command and Control Plan, coordinating the interdiction activities of the interagency, and assessing the sufficiency of assets committed to illicit drug interdiction by the interagency.
- Performance Budget Efforts: The SUPPORT Act added new responsibilities that require additional personnel support, including monitoring the agencies' program level spending, analyzing the impact federal funding has had on the goals of the *Strategy*, assessing the progress of each NDCPA toward achieving each goal in the *Strategy*, maintaining a tracking system for Federal Drug Control Grants, and providing budget and performance support to the new Emerging Threats Coordinator.

- State, Local and Tribal Affairs Efforts: The SUPPORT Act added responsibilities for coordination of drug control efforts between federal agencies and State, local and Tribal governments, including information sharing and data standardization.
- Information Sharing, Data Standardization and Data Dashboard Efforts: The SUPPORT Act requires ONDCP to facilitate broad-scale information sharing and data standardization among federal, State and local entities to support national drug control efforts. It also requires the establishment and maintenance of an online database portal, which shall be updated at least annually and quarterly to the extent practical with a host of data sets.

The Biden-Harris Administration has taken the following actions to address addiction and the overdose epidemic since January 2021:

### **Prevention**

- The Department of Health and Human Services' (HHS) released a new Overdose Prevention Strategy that supports substance use prevention by expanding research of new and improved prevention efforts, investing in community resources to help prevent harms related to substance use, increasing access to high-quality pain management to reduce preventable suffering, and promoting responsible prescription of medications to protect patient safety.
- The Centers for Disease Control and Prevention (CDC) launched four complementary education campaigns that provide information about the prevalence and dangers of fentanyl, the risks and consequences of mixing drugs, the life-saving power of naloxone, and the importance of reducing stigma around drug use to support treatment and recovery.
- In 2021, ONDCP announced a total of 745 community coalitions in all 50 states received over \$93 million through DFC program grants. This represents the largest single-year investment in the program's history.
- The Drug Enforcement Administration (DEA) issued its first national public safety alert in six years and launched the "One Pill Can Kill" public awareness campaign to raise awareness of the dangers of counterfeit pills laced with fentanyl.
- DEA released details on the use of social media by criminal drug networks to market and sell deadly fake pills to teenagers and young adults. DEA publicly released known emojis and code words that are used to facilitate drug trafficking on social media to help inform the public of this growing threat.
- The Division of Overdose Prevention (DOP) and National Center for Injury Prevention and Control (NCIPC) at CDC partnered with the National Association of County and City Health Officials (NACCHO) on a project to investigate the literature available on health inequities when it comes to substance use disorder treatment and services, as well as tools and resources which could provide guidance for health departments on addressing drug overdose through the use of a health equity lens.

## **Harm Reduction**

- HHS released the new Overdose Prevention Strategy that promotes harm reduction by increasing the availability and access to high-quality harm reduction services, decreasing negative effects of substance use, and reducing stigma related to substance use and overdose.
- The American Rescue Plan included \$30 million in support for harm reduction services, a historic amount that will enhance interventions like syringe services programs (SSP).
- ONDCP released model laws for states to help expand access to naloxone and SSPs.
- CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that federal funding may now be used to purchase fentanyl test strips in an effort to help curb the dramatic spike in drug overdose deaths.
- CDC worked to identify and document novel, innovative, and emerging harm reduction strategies implemented as a result of the COVID-19 pandemic and to fund promising strategies for ensuring or increasing access to services during COVID-19.
- ONDCP co-hosted a two-day National Harm Reduction Summit with SAMHSA and CDC, which convened a diverse group of partners and experts from local, tribal, state and federal governments and non-government organizations, including representatives from the fields of harm reduction, substance use prevention, treatment, recovery, and criminal justice to develop a framework of harm reduction for SAMHSA to help guide policies, programs, and practices at the agency.
- CDC and SAMSHA established a \$3 million partnership to leverage CDC's National Harm Reduction Technical Assistance Center to support implementation of effective, evidence-based harm reduction programs, practices, and policies in diverse settings and decrease health disparities.

## **Treatment and Recovery**

- HHS prioritized treatment and recovery in its new Overdose Prevention Strategy which advances evidence-based treatment by making treatment easy to get, delivering health care and support services in a seamless and coordinated way, and implementing new and improved models of care that appeal to and help those who need them. It also aims to improve recovery support by developing different types of support throughout the lifespan, increasing the quality of services, supporting the recovery workforce, and expanding access to ongoing, affordable, and effective recovery support services.
- The American Rescue Plan invested nearly \$4 billion to allow HHS to expand access to vital mental health and substance use disorder services.
- HHS released the Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder, which exempt eligible health care providers from federal certification

requirements related to training, counseling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine. This action expands access to evidence-based treatment by removing a critical barrier to buprenorphine prescribing.

- DEA revised existing regulations for narcotic treatment programs (NTPs) to allow the operation of a mobile component. This rule change will help provide treatment to rural and other underserved communities, including incarcerated individuals.
- SAMHSA announced the extension of the methadone take-home flexibilities for one year, effective upon the eventual expiration of the COVID-19 Public Health Emergency. The flexibility promotes individualized, recovery-oriented care by allowing greater access for people who reside farther away from an Overdose Treatment Programs or who lack reliable transportation.
- National Institutes of Health (NIH) supported research to accelerate scientific solutions to the overdose crisis, including research on prevention of substance use and use disorders; novel treatment strategies for addiction and overdose reversal; interventions to reduce drug harms and infection transmission; models of recovery support; and implementation of evidence-based practices in healthcare, community and justice settings.
- ONDCP hosted more than 300 State, local, and Tribal leaders from all 50 States, Washington, D.C., American Samoa, Virgin Islands, Puerto Rico, and the Northern Mariana Islands for a virtual convening entitled “Opioid Litigation Settlement: Using Evidence to Lead Action.” At the convening, government officials, researchers, and experts discussed how State, local, and Tribal governments can use evidence and data to guide decisions about how funds from opioid litigation can be spent to address addiction and the overdose epidemic, while advancing equity.
- ONDCP announced the release of a model law for state legislatures that would help ensure opioid litigation settlement funds are directed to addressing addiction and the overdose epidemic in impacted communities and with public accountability.
- CDC and ONDCP invested in communities by expanding our investment in the Combatting Opioid Overdoses through Community Level Intervention (COCLI) initiative to fund 8 new projects to implement innovative, evidence-based, and scalable solutions – like the Merrimack Valley MA – Wheels of Hope program for persons with substance use disorder to receive rides to treatment appointments.
- The Department of Justice’s (DOJ) Office of Justice Programs (OJP) announced the Bureau of Justice Assistance (BJA) is providing \$94 million to adult reentry and recidivism reduction programs, including \$29.6 million for substance use disorder treatment.
- CDC expanded its investment in Public Health Analysts participating in the HIDTA program’s Overdose Response Strategy. This collaboration is helping communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies,

sharing information, and supporting evidence-based interventions. CDC is funding public health analysts in all 50 states, DC, the US Virgin Islands, and Puerto Rico.

- CDC has provided \$300M+ per year through Overdose Data to Action to support 47 states, Washington, DC, 2 territories and 16 high burden cities and counties in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts, such as ensuring people are connected with the care they need; supporting health care providers and systems with overdose response efforts; and developing partnerships with public safety and first responders to improve data sharing and response.

## **Supply Reduction**

- President Biden announced two Executive Orders to counter transnational criminal organizations and illicit drug trafficking, first by formally establishing the U.S. Council on Transnational Organized Crime, and second, by modernizing and expanding the U.S. Government's ability to target drug trafficking organizations, their enablers, and financial facilitators through sanctions and other related actions.
- ONDCP designated six new counties as part of its HIDTA program. These counties, located in California, Illinois, Kentucky, and Pennsylvania, will receive support for regional law enforcement efforts to disrupt and dismantle drug trafficking organizations.
- ONDCP and CDC provided funding for the nationwide expansion of the HIDTA Overdose Response Strategy to all 50 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. The Strategy brings together drug intelligence officers and public health analysts at the local and regional level to share information and develop evidence-based intervention and support services that reduce overdoses.
- ONDCP, HHS, and DOJ presented to Congress the Biden-Harris Administration's recommendations for a long-term, consensus approach to reduce the supply and availability of illicitly manufactured fentanyl-related substances (FRS), while safeguarding against racial disparities in prosecution and sentencing and reducing barriers to scientific research for all Schedule I substances.
- DEA coordinated nationwide enforcement operations to rid American communities of significant quantities of counterfeit pills laced with deadly fentanyl.
- ONDCP, DEA, and the Department of State (DOS) led the submission of a proposal to the United Nations to internationally list new precursor chemicals being utilized by illicit drug producers.
- The Biden-Harris Administration announced a new United States-Mexico Bicentennial Framework for Security, Public Health, and Safe Communities that addresses multiple factors fueling the opioid epidemic and aims to protect the American people by investing in public health, preventing transborder crime, and pursuing criminal networks.

- Customs and Border Protection (CBP) significantly increased the amount of fentanyl seizures along the Southwest border, seizing an average of more than 800 pounds of fentanyl each month in fiscal year 2021, over twice as much as fiscal year 2020 and four times the amount seized in 2019.
- DEA seized more than 15,000 pounds of fentanyl in 2021. DEA also seized more than 20.4 million potentially deadly fake pills marketed by criminal drug networks, many of which contain lethal amounts of fentanyl.
- ONDCP released a new, holistic U.S.-Colombia counternarcotics strategy developed by the Counternarcotics Working Group between the United States and Colombian governments that broadens focus to include specific actions on rural security and development, environmental protection, and supply reduction.

Also, there is ongoing work at the agency that serves to highlight some of the strides taken in meeting our objectives over the past year:

- ONDCP continues to lead the interagency community in improving and sharing intelligence about the global threat of drug trafficking, hosting a weekly secure video teleconference that brings together intelligence analysts from across the government. ONDCP works with its liaisons and partners across the Intelligence Community to ensure coordinated support for the drug policy priorities of ONDCP and the wider federal government.
- ONDCP continues to lead the interagency community in strengthening drug policy data collection and dissemination efforts to better understand drug use, non-fatal overdose, and drug trafficking trends across the country; as well as identify ways to operationalize improved data timeliness and collection in an effort to save lives.
- ONDCP is the focal point for guiding and synchronizing interagency efforts to reduce the availability of all illicit or illegally trafficked opioids, plant-based and synthetic. To achieve its primary measure of effectiveness, reducing the number of fatal opioid overdoses, ONDCP identified gaps and redundancies in federal government's efforts to address the opioid problem set and works to close them.
- ONDCP is leading ongoing work to develop stronger public health interventions, to include work on recovery-ready workplace policies and efforts to address issues such as neo-natal abstinence syndrome and pregnant women.
- ONDCP continues to implement its interagency approved plan to address the heroin and fentanyl problem set through a series of interlinked foreign and domestic engagements. A monthly law enforcement video teleconference provides a federal interagency forum to share vital information on the synthetic drug problem and its associated criminality. Tying these events together is the monthly nationwide webinar, which serves as an information-sharing forum that bridges the public health and public safety communities. Additionally, ONDCP leads monthly video teleconferences with interagency partners and elements of the

United States Embassy staffs in Mexico City, Beijing, and Hong Kong who are involved in heroin and synthetic opioids coordination efforts with their Government of Mexico and China counterparts.

- ONDCP has expanded its scope to include illicit finance by Transnational Criminal Organizations as a focus area due to the close relationship with dark web drug trafficking. By working with the Department of the Treasury, and often under the North American Drug Dialogue (NADD), ONDCP led an increased effort towards attacking illicit finance structures as they relate to drug trafficking.
- ONDCP is partnering with the National Academies of Science, Engineering, and Mathematics (NASEM) to conduct a review of barriers to methadone, an evidence-based medication for opioid use disorder. More than 1800 advocates and stakeholders attended a convening on expanding access to methadone, and work will continue to develop recommendations.
- ONDCP also interacts directly with Government of Mexico officials on a bilateral basis to address areas of mutual concern such as precursor chemicals, drug production and trafficking, arms trafficking, illicit finance, and related transnational organized crime (TOC) issues. ONDCP is also working with the National Security Council (NSC) and interagency counterparts to address Mexico's security priorities and establish a new framework for security cooperation.
- Mexico is the United States' primary source of heroin. ONDCP's close working relationship with the Government of Mexico, and leadership across the interagency have led to three straight years of significant declines in the cultivation of poppy and the production of heroin.
- On August 30, 2021, under the auspices of the NADD, ONDCP launched a monthly trilateral information exchange for the scientific communities in Canada, Mexico, and the United States. This forum was the first of its kind among the three countries to exchange information on new smuggling trends, masking and new detection techniques, and new, emerging, and reemerging drugs smuggled, abused, or observed in toxicological exams and coroner reports.
- On February 23, 2021, President Biden and Prime Minister Trudeau recommitted to the United States – Canada Joint Action Plan on Opioids as part of the Roadmap for a Renewed United States – Canada Partnership. On May 26, 2021, ONDCP and DOS hosted a meeting of the Joint Action Plan Steering Committee to select priority projects for the remainder of 2021. The projects pertain to postal security, shared detection technology at points of entry, seized drug sample sharing, opioid precursor targeting, and a joint white paper on COVID-19 and opioid overdoses.
- On April 15, 2021, after extensive collaboration with the United States over several years, Mexico's General Health Council held a special session that resulted in the long-awaited approval to regulate four new precursor chemicals, plus the creation of a Government of

Mexico Watch List to monitor potential precursors of concerns. The General Health Council Scientific Advisory Committee approved the request for the addition of the following precursor substances:

- N-Phenyl-4-Piperidinamine aka 4-AP, a pre-precursor to manufacture fentanyl
  - Dihydrochloride of N-Phenyl-4-Piperidinamine aka 4-AP, a HCL salt form pre-precursor to manufacture fentanyl
  - Propionic Anhydride
  - Propionyl Chloride
- ONDCP continues to lead interagency efforts to coordinate our counter-narcotics cooperation with the People's Republic of China (PRC) through the Synthetic Opioids Working Group. In addition to numerous staff engagements, a monthly teleconference with the interagency and the United States Embassies in Beijing and Hong Kong is key to ensuring efforts within the United States Government are synchronized.
- ONDCP also works with the NSC and interagency partners to advance the administration's overall approach to China, to include ways to seek cooperation where possible and advantageous in drug policy, something the Chinese government has referred to as a relative bright spot in the bilateral relationship.
- ONDCP has led United States efforts to establish a counternarcotics relationship with India, a country with a vast chemical industry and key country in the production of pharmaceuticals. ONDCP worked across the interagency to establish the broad outlines of a new relationship, engaged the Indian government to work more closely, and led two unprecedented meetings with Indian government officials which have set the conditions to establish a formal and long-lasting US-India Counternarcotics Working Group similar to bilateral forums the US has with other key drug partners.
- ONDCP has ramped up coordination within the interagency to reduce the supply chains associated with money laundering and illicit finance. Coordination among ONDCP, Treasury, DoJ, DOS, and various others continue to provide valuable insight in the illicit finance world. This collaboration shapes ONDCP's supply chain policies to help the United States better posture itself to combat the illicit narcotics trade.
- ONDCP revised the United States' government counter-narcotics policy with Colombia to reflect a more holistic approach. The holistic approach implements an integrated counter-narcotics strategy to support stability and prosperity in Colombia, promote its continued strong partnership with the United States in the region and globally, and advance the promise of the 2016 Peace Accord. United States assistance will complement Colombia's national counter-narcotics strategy released in December 2018 by providing assistance consistent with that strategy's five pillars: dismantling criminal organizations, reducing drug supply, reducing drug demand, combating money laundering, and increasing state presence in rural areas where narcotics trafficking thrives. Integrated implementation of these pillars should decrease the availability of cocaine in the United States and Colombia, reduce the number of cocaine-related overdose deaths in the United States, and lessen

migration caused by narcotrafficking-related violence from countries in the transit zone to the United States.

- To accompany the new holistic counter-narcotics approach in Colombia, ONDCP developed performance metrics to track progress in areas of alternative development and crop substitution, increased state presence, rural security, eradication and interdiction, drug demand reduction, and environmental protection. The performance metrics have been assigned to NDCPAs with equities in Colombia, and will be used to measure performance in the coming years.
- ONDCP created the Peru counter-narcotics small group to synchronize and coordinate interagency counter-narcotics related activities within Peru, with a particular focus on alternative development in coca-growing regions. Additionally, meetings have been helpful in shaping strategy by keeping ONDCP and the interagency up-to-date with the rapidly changing political dynamics in Peru over the past year.
- ONDCP initiated talks with the European Union (EU) through the United States – EU Drug Dialogue to garner EU support for development efforts in Peru. Along with USAID and the Bureau of International Narcotics and Law Enforcement Affairs, ONDCP is encouraging EU involvement in development projects within Peru's coca-growing regions.
- As part of ONDCP's continued efforts to enhance and expand cooperation with all agencies engaged across the operational spectrum of availability reduction, the United States Interdiction Coordinator (USIC) coordinated with the interagency to publish the 2021 National Interdiction Command and Control Plan (NICCP), which outlines the United States approach to illicit drug interdiction. USIC submitted the 2021 NICCP report to Congress. USIC also submitted 2021 Development and Deployment of Narcotics Detection Technology Report to Congress.
- USIC initiated revisions to the Northern Border, Southwest Border, and Caribbean Border Counternarcotics Strategies for publication in CY 2022 concurrently with the *Strategy*. Together these documents, nested under the *Strategy*, describe the whole of government approach to combatting the illicit drug trade.
- In Spring 2021, ONDCP, working collaboratively with the interagency, reformed The Interdiction Committee (TIC), an interagency body charged with resolving interdiction related issues and with advising ONDCP about interdiction. ONDCP published a new TIC charter which establishes a repeatable annual TIC process and clarifies expectations for TIC's 29-member agencies. The intent of the reform is to provide TIC a more robust process to improve follow-through and resolution to issues identified by TIC during its meetings.
- In June 2021, ONDCP provided remarks to open the first meeting of TIC principal members conducted under the new charter. At that meeting, TIC identified the importance of combating TOC and illicit drugs to United States' national security and agreed that a letter from TIC to the NSC would effectively emphasize this for consideration as the

National Security Strategy was developed. TIC Executive Staff led the Senior Advisors Group (SAG) in a collaborative effort aligned with TIC principal membership to develop the letter and in August 2021, TIC's letter was delivered to the National Security Advisor and the Homeland Security Advisor, where it was well-received.

- ONDCP continued to strengthen partnerships with federal agencies crucial to reducing the supply of illicit drugs. ONDCP commenced negotiations with CBP, DEA, Homeland Security Investigations, the Organized Crime Drug Enforcement Task Forces, the Financial Crimes Enforcement Network and the United States Coast Guard to renew existing details for agencies at ONDCP or to establish new details for these agencies at ONDCP.
- ONDCP continued to strengthen partnerships with federal agencies crucial to reducing the demand for illicit drugs. ONDCP commenced negotiations with HHS to initiate details for agencies at ONDCP.
- In June 2021, ONDCP honored military and law enforcement groups for their outstanding work stopping illicit drugs from coming into communities across America through the USIC's Annual Award Program. Due to constraints associated with COVID-19, ONDCP hosted a virtual recognition ceremony at which representatives from the 11 recipients were recognized by the Deputy Director of ONDCP during an interactive video teleconference. The 11 USIC award recipients were selected from a record 112 nominations. The USIC Award Program was established in 2003 to recognize the superior performance of our front-line drug interdictors and those who support them. These awards recognize individuals and units (from local, State, and federal agencies) which have demonstrated exceptional innovation, tactics, aggressiveness, and results in the effort to stem the flow of drugs into the United States.

#### **State, Local, and Tribal Affairs:**

- Pursuant to President Biden's Executive Order of January 26, 2021, ONDCP held listening sessions with Tribal partners across the country to better understand the substance use challenges they face, which is informing ONDCP's policy development.
- On August 2, 2021, in fitting with the Biden-Harris Administration's drug policy priority to enhance evidence-based harm reduction efforts, ONDCP announced \$2.5 million to support the establishment of state-level model legislation that advances efforts to expand access to harm reduction services, as well as promote equity in access to treatment and drug enforcement efforts for underserved communities.
- On August 30, 2021, ONDCP convened State, local, and Tribal officials from across the Nation for a White House summit on how to use the opioid settlement funding to bend the curve on overdose deaths and help the Nation heal. The event featured more than 300 attendees from all levels of government – the very people who will be deciding how to spend these funds to help their communities.

- ONDCP participated in annual prevention law enforcement (LE) events:
  - ONDCP is a participant in a Rural Areas Project led by the HIDTA National Emerging Threats Initiative.
  - ONDCP is a participant of the White House Council on Native American Affairs (WHCNA), which was created under EO 13647 and is structured to leverage interagency resources to address the broad range of issues relevant to Indian Country – including economic development, healthcare and nutrition, public safety, education, and environment, among others. ONDCP is partnered with DOJ in the component of safe communities.
  - ONDCP is a participant of a Policy Coordination Committee (PCC), which is the result of the implementation of the President’s recent Executive Order of “Safe Policing for Safe Communities”. Identifying programs and/or provides funding that address any of the following key areas: Mental health training for police officers; Training for officers dealing with those facing substance use disorders; Co-responder programs and tele-health; Mental health support for officers; Community support models and Program support for officers dealing with the homeless population.

#### **Oversight of the National Drug Control Budget:**

- ONDCP is required to issue budget guidance to NDCPAs no later than July 1 each year. Agencies are required by law to submit drug control budget requests to the Director of ONDCP for review and certification. This is a two-tier process, consisting of a summer review of bureau submissions and a fall review/certification of agency submissions.
  - Review of Summer Drug Budget Submissions: The ONDCP Director reviews bureau summer drug control budget submissions to determine if they are adequate to implement the goals and objectives of the *Strategy*. Requests are evaluated on the basis of how closely proposed funding corresponds to priorities identified by ONDCP.
  - Review and Certification of Fall Budget Submissions: As with the summer process, the Director reviews agency fall drug control budgets to determine if they are adequate to implement the goals and objectives of the *Strategy*. Requests are evaluated based on how closely proposed funding corresponds to priorities identified by ONDCP and whether requests address enhancements identified by the ONDCP Director during the summer review process.
- Once the funding and policy decisions for the President’s Budget are finalized, ONDCP works with each NDCPA to gather information on the funding levels and program descriptions needed to produce the *Budget Summary*. The ONDCP *Budget Summary* is one of the documents that accompanies the release of the *Strategy*. These drug control funding levels are also included in the Analytic Perspectives of the President’s Budget.

- ONDCP reviews NDCPA drug budgets for alignment with ONDCP's drug policy priorities.

### **Implementation and Oversight of *Strategy* Goals and Objectives:**

- ONDCP consulted drug policy stakeholders across both the demand and supply sides in preparation for developing the *Strategy* to ensure the *Strategy* is comprehensive and based on data and evidence.
- ONDCP is required to develop and implement a performance measurement system to assess the Nation's progress in achieving the goals and objectives of the *Strategy*. Explicitly, the performance measurement system is to contain the following:
  - Comprehensive, research-based, long-range, quantifiable goals for reducing illicit drug use, and the consequences of illicit drug use in the United States; and
  - Annual quantifiable and measurable objectives and specific targets to accomplish long-term quantifiable goals that the Director determines may be achieved during each year beginning on the date on which the *Strategy* is submitted.
- The *Performance Review Summary (PRS) Report* responds to this requirement. Issued annually along with the *Strategy*, assesses interagency progress towards the goals and objectives of the *Strategy*. The PRS describes the *Strategy's* 2-year and 5-year performance measures and targets for each *Strategy* goal and objective established for reducing drug use, availability, and the consequences of drug use.

### **Assessing National Drug Control Agency Contributions to Achieving *Strategy* Goals and Objectives:**

- ONDCP annually provides Congress with a report (the *National Drug Control Assessment*) assessing the progress of each NDCPA toward achieving each goal, objective, and target contained in the *Strategy* applicable to the prior fiscal year.
- The report is based on a summary of the progress of each NDCPA toward the *Strategy* goals using the performance measures for the agency and an assessment of the effectiveness of each NDCPA and program in achieving the *Strategy* for the previous year, including an evaluation of whether the applicable goals, measures, objectives, and targets for the previous year were met.
- By November 1 each year, NDCPAs submit reports to ONDCP, and it is released along with the *Strategy*.

### **Addressing Executive Order 13985:**

The spirit of Executive Order 13985 (Advancing Racial Equity and Support for Underserved Communities Through the Federal Government) is carried throughout ONDCP's

first-year drug policy priorities. There is a specific policy priority focused on advancing racial equity, and there is also a broader equity focus – of reaching underserved communities – many of which involve close collaboration with the interagency. The agency actively engages people with lived experience in the development of drug policy to ensure that ONDCP meets the healthcare needs of our citizens where they are at.

ONDCP’s Deputy Director spearheaded an agency-wide effort to include equity as a core component of its work. As a result of this effort, “Advancing racial equity in its approach to drug policy” was included in the Statement of the Biden-Harris Administration’s Drug Policy Priorities released on April 1, 2021.

ONDCP’s leadership created agency-wide workplans that will guide ONDCP in implementing these first-year priorities. One action of particular import is the establishment of a research agenda to meet the needs of historically-underserved communities. Furthermore, advancing racial equity in ONDCP’s approach to drug policy will also be a strong focus in the *Strategy*.

ONDCP’s leadership understands that Executive Order 13985 is designed to transform how agencies interact with the people they serve. During the agency assessment, and the development of the Equity Action plan ONDCP executing the following tasks:

- On May 13, 2021, the ONDCP Human Capital Specialist coordinated with the Equal Employment Opportunity Commission (EEOC) to deliver an equity training session on Equal Employment Opportunity (EEO) issues and the EEO processes. This training was attended by all supervisory personnel within the ONDCP.
- As part of managing and mitigating risk as well as protecting the human assets who are essential to the success of the HIDTA Program, a virtual training course was held on May 20, 2021 for the regional HIDTA Directors and Deputy Directors. This unique training was designed to provide HIDTA leadership with the skills to accurately assess their workplace environment and address the challenges, hopes, and concerns held by their staff. Moreover, the training develops a cohesive multidisciplinary team to assist participants in identifying opportunities for cultural shifts in the workplace from stress to support.
- On June 22, 2021, the Acting Director of ONDCP testified before Congress in support of proposed legislation to end the federal sentencing disparity between crack cocaine and powder cocaine. ONDCP continues to work on efforts to support this proposed legislation.
- In July 2021, ONDCP published a Request for Information (RFI) in the Federal Register (86 FR 35828) to solicit comments and input on the Application of Equity in U.S. National Drug Control Policy. This RFI allowed ONDCP to engage with members of the general public and stakeholder organizations to evaluate and assess to what extent ONDCP’s policy development process, drug budget review and certification processes, and grant administration programs perpetuate systemic barriers to opportunities for underserved communities. ONDCP received more than 75 comments from stakeholders, citizens, and interest groups.

- Through the Community Anti-Drug Coalitions of America (CADCA) National Coalition Institute (NCI), a National Youth Advisory Committee (NYAC) was formed in September 2021 to ensure that diverse youth voices are involved in the development of substance use prevention solutions. Additionally, the 2022 National Coalition Academy (NCA) curriculum was revised with a health equity lens to increase understanding of its correlation to substance use prevention.

In addition to these early actions focused on immediately advancing equity goals in the ONDCP's work, ONDCP leadership was consistently involved in the assessment process. ONDCP leadership included the perspectives and input from ONDCP staff, and the agency met all of the interim and final deadlines established by the Executive Order. ONDCP submitted its final Agency Equity Action plan to OMB on January 21, 2022. The Action plan focused on the following five areas: i. NDCS Policy Development Process; ii. HIDTA Program; iii. National Drug Control Budget Oversight Process; iv. Ongoing Outreach to Tribal Nations; and v. DFC Grant Program. Each focus area included stated goals, and anticipated barriers to achieving these equity goals.

In the Spring of 2022, OMB will coordinate the release of the Equity Action plans from every federal agency.

## **Gifts and Donations**

The FY 1990 appropriation for Salaries and Expenses and subsequent authorization language established a Gift Fund (GF) for ONDCP. The GF includes a trust fund into which all private monetary gifts and donations made to ONDCP are deposited.

**D. SUMMARY TABLES OF PROGRAM AND FINANCING****Salaries and Expenses  
(\$ in thousands)**

| <b>Line<br/>Number</b> | <b>Program by activities</b>                  | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|------------------------|-----------------------------------------------|----------------------------|-----------------------|----------------------------|
| 00.01                  | Salaries & Expenses                           | \$18,400                   | \$18,400              | \$22,340                   |
| <b>10.00</b>           | <b>Total Obligations</b>                      | <b>\$18,400</b>            | <b>\$18,400</b>       | <b>\$22,340</b>            |
|                        | <b>Financing:</b>                             |                            |                       |                            |
| 39.00                  | Budget Authority                              | \$18,400                   | \$18,400              | \$22,340                   |
|                        | <b>Budget Authority:</b>                      |                            |                       |                            |
| 40.00                  | Appropriation                                 | \$18,400                   | \$18,400              | \$22,340                   |
|                        | <b>Relation of Obligations<br/>to Outlay:</b> |                            |                       |                            |
| 90.00                  | Total Outlays                                 | \$18,400                   | \$18,400              | \$22,340                   |

**(SUMMARY TABLES OF PROGRAM AND FINANCING, Continued)**

**Gifts and Donations  
(\$ in thousands)**

| <b>Line<br/>Number</b> | <b>Financing Schedule</b>                       | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|------------------------|-------------------------------------------------|----------------------------|-----------------------|----------------------------|
| 21.40                  | Unobligated Balance<br>Available, Start of Year | \$36                       | \$35                  | \$25                       |
| 24.40                  | Unobligated Balance<br>Available, End of Year   | \$35                       | \$25                  | \$15                       |
|                        | <b>Relation of Obligations<br/>to Outlays:</b>  |                            |                       |                            |
| 90.00                  | Outlays (net)                                   | \$1                        | \$10                  | \$10                       |

**E. SUMMARY TABLES OF PERSONNEL**

| <b>PERSONNEL</b>                                           | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|------------------------------------------------------------|----------------------------|-----------------------|----------------------------|
| Total Number of Appropriated Full-Time Permanent Positions | 65                         | 65                    | 74                         |

**F. DETAIL OF PERMANENT POSITIONS**

| <b>Permanent Positions</b>       | <b>FY 2021<br/>Enacted</b> | <b>FY 2022 CR</b> | <b>FY 2023<br/>Request</b> |
|----------------------------------|----------------------------|-------------------|----------------------------|
| EX 1                             | 1                          | 1                 | 1                          |
| EX 2                             | 1                          | 0                 | 0                          |
| EX 3                             | 0                          | 0                 | 0                          |
| SES                              | 11                         | 11                | 12                         |
| GS-15                            | 24                         | 25                | 29                         |
| GS-14                            | 10                         | 9                 | 11                         |
| GS-13                            | 4                          | 5                 | 7                          |
| GS-12                            | 7                          | 7                 | 7                          |
| GS-11                            | 3                          | 3                 | 3                          |
| GS-10                            | 2                          | 2                 | 2                          |
| GS-9                             | 1                          | 2                 | 2                          |
| GS-8                             | 1                          | 0                 | 0                          |
| <b>Total Permanent Positions</b> | <b>65</b>                  | <b>65</b>         | <b>74</b>                  |

**G. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS****Salaries and Expenses – Operations  
(\$ in thousands)**

| <b>Line Number</b> | <b>Salaries and Expenses Operations</b>            | <b>FY 2021 Estimate</b> | <b>FY 2022 Estimate</b> | <b>FY 2023 Estimate</b> |
|--------------------|----------------------------------------------------|-------------------------|-------------------------|-------------------------|
| 10.0               | Personnel Compensation & Benefits                  | \$13,267                | \$13,665                | \$17,084                |
| 21.0               | Travel & Transportation of Persons                 | \$90                    | \$90                    | \$150                   |
| 22.0               | Transportation of Things                           | \$2                     | \$2                     | \$2                     |
| 23.1               | Rental Payments to GSA                             | \$3,104                 | \$3,158                 | \$3,078                 |
| 23.3               | Communications, Utilities, & Miscellaneous Charges | \$70                    | \$72                    | \$72                    |
| 24.0               | Printing & Reproduction                            | \$19                    | \$19                    | \$19                    |
| 25.0               | Other Contractual Services                         | \$1,650                 | \$1,191                 | \$1,732                 |
| 26.0               | Official Reception and Representation Funds        | \$10                    | \$10                    | \$10                    |
| 26.0               | Supplies & Materials                               | \$168                   | \$173                   | \$173                   |
| 31.0               | Equipment                                          | \$20                    | \$20                    | \$20                    |
| <b>99.0</b>        | <b>Total Obligations</b>                           | <b>\$18,400</b>         | <b>\$18,400</b>         | <b>\$22,340</b>         |

**(SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS, Continued)**

**Gifts and Donations**  
**(\$ in thousands)**

| <b>Line<br/>Number</b> | <b>Gifts and Donations</b>    | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|------------------------|-------------------------------|----------------------------|-----------------------|----------------------------|
| 26.00                  | Supplies & Materials          | \$36                       | \$35                  | \$25                       |
| <b>99.00</b>           | <b>Total Budget Authority</b> | <b>\$36</b>                | <b>\$35</b>           | <b>\$25</b>                |

**H. EXPLANATION OF BUDGET REQUEST BY OBJECT CLASS**  
(\$ in thousands)

|                                              | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|----------------------------------------------|-----------------------------|-----------------------------|
| <b>Personnel Compensation &amp; Benefits</b> | <b>\$13,665</b>             | <b>\$17,084</b>             |

Funds in this object class provide full-year salaries and benefits for 74 FTE.

|                                  | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|----------------------------------|-----------------------------|-----------------------------|
| <b>Travel and Transportation</b> | <b>\$90</b>                 | <b>\$150</b>                |

This amount funds the full-year cost of travel for ONDCP staff, as well as invitational travel.

|                                 | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|---------------------------------|-----------------------------|-----------------------------|
| <b>Transportation of Things</b> | <b>\$2</b>                  | <b>\$2</b>                  |

This amount funds express mail and miscellaneous moving expenses.

|                               | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|-------------------------------|-----------------------------|-----------------------------|
| <b>Rental Payments to GSA</b> | <b>\$3,158</b>              | <b>\$3,078</b>              |

This amount includes the annual cost of office space at a rate established by the General Services Administration (GSA) in the Washington, D.C. central business district. The building is privately owned and ONDCP is located on one floor (34,708 square feet of usable space and 25 structured/reserved parking spaces). GSA allocated consolidation funds to this effort to fund the design costs and to build-out the space. ONDCP is required to reimburse GSA for all above tier fit-out costs and these costs are spread out over the full term of the lease. ONDCP is required to reimburse GSA for furniture expenses over a 5-year period.

|                                                                 | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|-----------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>Communications, Utilities, and<br/>Miscellaneous Charges</b> | <b>\$72</b>                 | <b>\$72</b>                 |

This amount funds miscellaneous rental charges, including parking.

|                                  | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|----------------------------------|-----------------------------|-----------------------------|
| <b>Printing and Reproduction</b> | <b>\$19</b>                 | <b>\$19</b>                 |

This amount reflects basic printing requirements to include publications, such as the Federal Register and the Code of Federal Regulations. Printing services are provided by the U.S. Government Printing Office and the Defense Automated Printing Service. Limiting the printing of hard copy documents and instead mainly provide documents on the agency website, in addition to other electronic formats, will continue.

|                       | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|-----------------------|-----------------------------|-----------------------------|
| <b>Other Services</b> | <b>\$1,191</b>              | <b>\$1,732</b>              |

This amount reflects contract services, including: IT services; guard services through the Federal Protective Services; building maintenance; service and equipment maintenance renewal; MAX maintenance; staff training; translation services; and travel service fees.

|                               | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|-------------------------------|-----------------------------|-----------------------------|
| <b>Supplies and Materials</b> | <b>\$183</b>                | <b>\$183</b>                |

This amount reflects office supplies and materials. This amount also includes \$10,000 for Official Reception and Representation funds which would allow the Director to host meetings with non-Federal partners and stakeholders participating in the effort to reduce drugs and its consequences.

|                  | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|------------------|-----------------------------|-----------------------------|
| <b>Equipment</b> | <b>\$20</b>                 | <b>\$20</b>                 |

This amount funds the purchase of miscellaneous replacement equipment, under a life-cycle plan.

|                                 | <b>FY 2022<br/>Estimate</b> | <b>FY 2023<br/>Estimate</b> |
|---------------------------------|-----------------------------|-----------------------------|
| <b>Total All Object Classes</b> | <b>\$18,400</b>             | <b>\$22,340</b>             |

## VI. OTHER FEDERAL DRUG CONTROL PROGRAMS

### A. APPROPRIATION LANGUAGE

#### FEDERAL DRUG CONTROL PROGRAMS

##### *Federal Funds*

#### OTHER FEDERAL DRUG CONTROL PROGRAMS

##### *(INCLUDING TRANSFERS OF FUNDS)*

*For other drug control activities authorized by the Anti-Drug Abuse Act of 1988 and the Office of National Drug Control Policy Reauthorization Act of 1998, as amended, \$134,670,000, to remain available until expended, which shall be available as follows: \$106,000,000 for the Drug-Free Communities Program, of which not more than 12 percent may be used for administrative expenses, notwithstanding section 1024(b) of Public Law 100–690, as amended by section 8203(b)(3) of Public Law 115–271, and \$2,500,000 shall be made available as directed by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271; \$3,000,000 for drug court training and technical assistance; \$14,000,000 for anti-doping activities; up to \$3,420,000 for the United States membership dues to the World Anti-Doping Agency; \$1,250,000 for the Model Acts Program; \$5,200,000 for activities authorized by section 103 of Public Law 114–198, of which not more than 12 percent may be used for administrative expenses, notwithstanding subsection (g) of such section; \$1,300,000 for policy research; and \$500,000 for performance audits and evaluations: Provided, That amounts made available under this heading may be transferred to other Federal departments and agencies to carry out such activities.*

*Note.—A full-year 2022 appropriation for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117-43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution.*

**B. SUMMARY TABLES OF PROGRAM AND FINANCING****OTHER FEDERAL DRUG CONTROL PROGRAMS**  
**(\$ in thousands)**

| <b>Line Number</b> | <b>Program by Activities</b>                          | <b>FY 2021 Enacted</b> | <b>FY 2022 CR</b> | <b>FY 2023 Request</b> |
|--------------------|-------------------------------------------------------|------------------------|-------------------|------------------------|
| 00.01              | Drug-Free Communities Support Program                 | \$102,000              | \$102,000         | \$106,000              |
| 00.01              | Anti-Doping Activities                                | \$14,000               | \$14,000          | \$14,000               |
| 00.01              | Drug Court Training and Technical Institute           | \$3,000                | \$3,000           | \$3,000                |
| 00.01              | Section 1105 of Public Law 109-469/Model Acts Program | \$1,250                | \$1,250           | \$1,250                |
| 00.01              | Section 103 of Public Law 114-198                     | \$5,000                | \$5,000           | \$5,200                |
| 00.01              | World Anti-Doping Agency (WADA) Membership Dues       | \$2,932                | \$2,932           | \$3,420                |
| 00.01              | Policy Research                                       | \$0                    | \$0               | \$1,300                |
| 00.01              | Performance Audits and Evaluations                    | \$0                    | \$0               | \$500                  |
| <b>10.00</b>       | <b>Total Obligations</b>                              | <b>\$128,182</b>       | <b>\$128,182</b>  | <b>\$134,670</b>       |
|                    | <b>Financing:</b>                                     |                        |                   |                        |
| 39.00              | Budget Authority                                      | \$128,182              | \$128,182         | \$134,670              |
|                    | <b>Budget Authority:</b>                              |                        |                   |                        |
| 40.00              | Appropriation                                         | \$128,182              | \$128,182         | \$134,670              |
|                    | <b>Relation of Obligations to Outlay:</b>             |                        |                   |                        |
| 90.00              | Total Outlays                                         | \$128,182              | \$128,182         | \$134,670              |

Totals may not add due to rounding.

### C. PERSONNEL

Personnel associated with the administration of Other Federal Drug Control Programs are funded from ONDCP's Salaries and Expenses account, except two positions from the DFC program.

| PERSONNEL                                                  | FY 2021<br>Enacted | FY 2022 CR | FY 2023<br>Request |
|------------------------------------------------------------|--------------------|------------|--------------------|
| Total Number of Appropriated Full-Time Permanent Positions | 2                  | 2          | 2                  |

### D. FY 2023 BUDGET REQUEST

The FY 2023 request is \$134,670,000. This is an increase of \$6,488,000 over the FY 2022 CR level of \$128,182,000.

- Drug-Free Communities (DFC) - \$106,000,000 and 2 FTE
- Drug Court Training and Technical Assistance - \$3,000,000
- Anti-Doping Activities - \$14,000,000
- Model Acts Program - \$1,250,000
- Community-Based Coalition Enhancement Grants to Address Local Drug Crisis (CARA) - \$5,200,000
- World Anti-Doping Agency (WADA) Dues - \$3,420,000
- Policy Research - \$1,300,000
- Performance Audits and Evaluations - \$500,000

## **1. DRUG-FREE COMMUNITIES SUPPORT PROGRAM**

### **a. MISSION STATEMENT AND PROGRAM DESCRIPTION**

The mission of the DFC Program is to strengthen local collaboration to prevent youth substance use in communities across the country. In order to undertake this mission, ONDCP supports community-based coalitions in the development and implementation of comprehensive, long-term plans to prevent and reduce youth substance use.

The DFC Program was created by the Drug-Free Communities Act of 1997 (Public Law 105-20), reauthorized through the Drug-Free Communities Reauthorization Act of 2001 (Public Law 107-82), and reauthorized again by the SUPPORT Act (Public Law 115-271). This includes funding for the National Coalition Institute (NCI). The mission of the NCI is to increase the knowledge, capacity, and accountability of community anti-drug coalitions throughout the United States and territories.

The DFC Program provides grants to community-based coalitions that meet specific statutory eligibility requirements to construct and solidify a public-private infrastructure to create and sustain community-level change related to youth substance use. Over time, it is the intent of the program to prevent and reduce youth substance use and, therefore, adult substance abuse through effective community collaboration and leveraging of resources.

### **b. FY 2023 BUDGET REQUEST**

The FY 2023 request level for DFC is \$106,000,000 and 2 FTE. This is an increase of \$4,000,000 over the FY 2022 CR level of \$102,000,000. The SUPPORT Act states that ONDCP is responsible for “administering the Drug-Free Communities Program, the High-Intensity Drug Trafficking Areas Program, and other grant programs directly authorized to be administered by the Office in furtherance of the National Drug Control Strategy.” ONDCP is requesting up to 12% for administrative costs associated with the program. This is a change from the current 8% for administrative costs. The DFC Program’s administrative cap has not been raised in over a decade and is necessary in order to sustain effective program management and proper oversight.

Since October 2020, ONDCP partners with the CDC NCIPC for the day to day management of the DFC Program. The DFC Program, which currently funds 745 community-based coalitions, requires a significant level of administrative support and program management oversight to ensure that recipients continue to be successful. This enhanced oversight with the CDC also ensures sound grants management policies and procedures are followed. Invaluable lessons were learned during the transition, including the need for additional resources to support the management of the programs. In order to continue to lead the Nation’s effort to mobilize communities to prevent substance misuse among youth, ONDCP is requesting an administrative cap increase up to 12%. The level of support and guidance given by ONDCP and the agency administering the grants (CDC) is directly tied to the success of the coalitions. This increase would go towards ensuring that the coalitions have appropriate oversight, receive timely responses to their technical assistance needs, while allowing for stronger collaboration. Examples include conducting site visits on a more frequent and reoccurring basis; strengthening coordination and

delivery of technical/subject matter expertise on multiple public health issues; and ensure ratio of grant recipient to federal staff/subject matter expert allows for individualized support.

DFC coalitions are found in small and large communities nationwide: In 2020, nearly 1 in 5 Americans - or approximately 57 million - lived in a community with a DFC funded coalition. It is clear that the dedication of our DFC coalitions has produced results, particularly around reducing youth substance use. As demonstrated in the DFC Program's National Evaluation End of Year Report, DFC-funded coalitions met the goal of significantly increasing the percentages of middle school and high school youth in their communities who chose not to use. In addition, the report identifies several promising practices by our DFC coalitions, including hosting a youth coalition, engaging the Law Enforcement sector, and building community capacity to address opioid use.

The DFC accomplishments are detailed below and include the most current evaluation data:

#### *DFC Reach:*

- DFC-funded community coalitions are required to engage community members from 12 unique sectors and build collaboration to reduce and prevent substance use among youth. This is a fundamental premise of effective community prevention, and the DFC program. Given the number and broad geographic distribution of DFC coalitions, a large number of Americans live in communities served by grant recipients, potentially benefitting from the program. An estimated 57 million (18% of the United States population) lived in communities served by DFC coalitions receiving funding in FY 2019. This included approximately 2.3 million middle school students ages 12 to 14 (just under one-fifth [18%] of all middle school youth) and 3.2 million high school students ages 15 to 18 (just under one-fifth [18%] of all high school youth). Since 2005, DFC community coalitions have served areas with a combined population of approximately 162 million, or 51%, of the United States population.
- For the most recently reported year, DFC coalitions are estimated to have engaged approximately 27,300 active sector members. DFC coalitions, who also rely on the work of paid and volunteer staff, reported involving a median of two paid and two volunteer staff members in August 2020.

#### *Focus on Specific Subgroups of Youth:*

- Almost half of DFC coalitions (48%) reported targeting building capacity efforts, information dissemination or other interventions to one or more specific demographic subgroups, which is eight percentage points higher than what was reported in February 2020 by FY 2018 DFC coalitions. DFC coalitions were most likely to report that they focused their efforts to some extent on working with Hispanic or Latino youth (34%); lesbian, gay, bisexual, or transgender (LGBT) youth (17%); or Black or African American youth (18%). Smaller percentages of DFC coalitions focused their efforts at least to some extent on American Indian or Alaska Native youth (6%), Asian youth (4%), or Native Hawaiian or Pacific Islander youth (2%).

### *DFCs Addressing Opioids and Methamphetamine:*

- DFC-funded coalitions continue to lead the way in addressing opioids and methamphetamine in communities across the Nation. They are engaged in a broad range of practices that moves from community mobilization and awareness to community action and ultimately community outcomes.
- DFC coalitions utilize a broad range of activities to increase collaboration using the Seven Strategies for Community Change to address opioid and methamphetamines use. These strategies include *Providing Information*, *Enhancing Skills*, *Providing Support*, *Enhancing Access/Reducing Barriers*, *Changing Consequences*, *Educating and Informing about Modifying/Changing Policies or Laws*, and *Changing Physical Design*.
- According to the Drug-Free Communities Support Program National Cross-Site Evaluation End-of-Year 2020 Report, the two most common strategies were *Providing Information* and *Enhancing Access/Reducing Barriers*, with almost all coalitions implementing at least one activity to address opioids/methamphetamine within these strategies (99% and 92%, respectively).
- As they work to address opioids and methamphetamines, DFC coalitions are engaging with existing and new, relevant sectors as appropriate. Central to their work on addressing opioids and methamphetamines is raising awareness and educating their communities on the importance of substance use prevention.
- CDC has identified opioid use and opioid overdose deaths as an epidemic. In 2019, just over two-thirds (70%) of all drug overdose deaths were associated with opioids (e.g., prescription opioids, heroin, fentanyl). While prescription opioids contributed to an early wave of opioid overdose deaths, recent data suggests a current wave driven by overdose deaths involving synthetic opioids. The majority of overdose deaths (nearly 85%) deaths involved illicitly manufactured fentanyl, heroin, cocaine, or methamphetamine (alone or in combination) during January–June 2019.
- DFC coalitions are encouraged to focus on building capacity to identify local problems and address them with local solutions. One way to understand the extent to which DFC coalitions are meeting this goal is to examine how they address new challenges that arise in their communities. During this reporting period related to COVID-19, the rise in opioid use (and associated opioid overdoses and fatalities) continued to be a challenge in many communities.
- A growing number of DFC coalitions indicated that methamphetamine is starting to become an issue in their community. They learned about the growing issue mostly through Law Enforcement and other sector members, or through data-sharing agreements with first responders. In addition to learning more about methamphetamine use in general, several DFC coalitions reported being in the process of building capacity to prevent youth methamphetamine use. Some have already created and distributed informational materials, while others are still in the planning stages.

- One Year 4 coalition in the Northeast shared, “after learning that meth was starting to really infiltrate our communities, we decided the best way forward was to educate ourselves so that we could better understand and educate the community.” The coalition’s coordinator attended a course about methamphetamine, then partnered with their District Attorney to write a column for the local paper about the risks of methamphetamine and the options for recovery.
- DFC coalitions described key activities to address opioids/methamphetamine, with particular emphasis on prescription opioids. DFC coalitions emphasized engaging with the Law Enforcement sector, Healthcare sector, and Other Organization with Expertise in Substance Abuse sector; they also reported collaborating with schools, businesses, and parents. DFC coalitions frequently mentioned Law Enforcement involvement with drug take-back boxes and events. They indicated that members of the Healthcare sector, including pharmacists, hospital staff, doctors, and dentists, often played a key role in distributing informational materials and items like lock boxes. Other key partners who distributed these materials included senior care centers, first responders, and funeral homes.
- DFC coalitions also targeted broad swaths of the community with opioid prevention activities. For example, many coalitions provided access to naloxone training and how to administer. Some coalitions offered this training primarily to first responders or medical staff, while others branched out, training community members.
  - One coalition received media attention for their program training “youth coalition members and other community members as young as six” in the use of naloxone. They “developed a ‘murder mystery’ to be used in teaching Narcan usage to youth, and a toolkit for adult leaders interested in helping youth that have been downloaded from our website hundreds of times.” (Year 1, Southern region).
  - A Year 9 coalition in the Western region posted their naloxone webinar online for anyone to access. After completing the training, participants could fill out a web survey and receive a free naloxone kit.
- Finally, while DFC coalitions faced many COVID-19 related challenges, they continued to engage in and support a broad range of activities that addressed the complex and interrelated factors that influence substance use among youth. These activities encompassed broad information dissemination, efforts to enhance individual skills and interpersonal supports. These approaches sought to reduce substance use and change factors that contribute to or mitigate substance use among youth. Many DFC coalitions have hosted and collaborated on virtual education and training events to inform their communities about the opioid and methamphetamines crises during the pandemic.

### *DFCs and Vaping:*

- While slightly lower than in 2019, youth vaping use continues to be a national challenge, with past 30-day use rates in 2020 of 20% among high school students and 5% among middle school students.
- Approximately three quarters (76%) of DFC coalitions reported their coalition engaged in activities to address vaping locally. Of those coalitions who addressed vaping, 94% reported that their anti-vaping work targeted nicotine/tobacco, and 84% reported that their anti-vaping work addressed marijuana. Additionally, 33 coalitions (6% of those who addressed vaping) reported addressing another substance. The most commonly mentioned “other” substance was flavored e-liquid or “vape juice”, followed by alcohol. A few coalitions reported targeting vaping of the following substances: methamphetamine, opioids, synthetic marijuana, other synthetic drugs, other prescription drugs, and kratom.
- The most common combination of vaped substances being addressed was nicotine and marijuana. Of all coalitions that reported addressing vaping locally, 74% reported addressing both nicotine and marijuana but not an “other” substance. Another 15% of coalitions addressed nicotine/tobacco only. Only 6% addressed all three categories: nicotine, marijuana, and another substance. Less than 5% of coalitions addressed marijuana only. Less than half a percent (0.4%) indicated that they were addressing nicotine and another substance, but not marijuana.
- DFC coalitions are also working to collaborate with the Schools, Healthcare, Parent, Youth, and Law Enforcement sectors to prevent and reduce vaping. Healthcare sector members often assisted with providing training to parents and youth. Many coalitions also collaborated with state- and federal-level tobacco prevention programs, in some cases gaining access to advertising and informational materials, or support and training from state public health and tobacco specialists.
- DFC coalitions reported using a wide variety of strategies and activities to address youth vaping, and many coalitions described deploying more than one strategy against vaping. DFC coalitions collected and analyzed local data, which then improved the coalitions’ ability to plan strategies and activities. A number of coalitions focused on building capacity to address vaping, including collaborating with other local coalitions. Youth also played a key role in anti-vaping efforts, both within their communities and by connecting with other youth in their state.
  - One coalition described how their existing tobacco committee addresses vaping, and how they have created a smaller vaping group that will lead this work going forward: “The coalition’s Tobacco Committee Chairs have convened a vaping task force. The Task Force has met with our largest populated city’s mayor and city health department. We have provided talks to city employees and to the county’s chambers safety council regarding vaping and the workplace. The task force has been meeting virtually and has a 12-sector representation and has been working to develop a task force action plan.” They noted that the tobacco committee recorded podcast episodes about vaping, shared information on the

coalition website, provided information to schools, and “worked in partnership with the youth coalition to create an anti-vaping video that has been shared widely in the county.” (Year 2, Midwestern region)

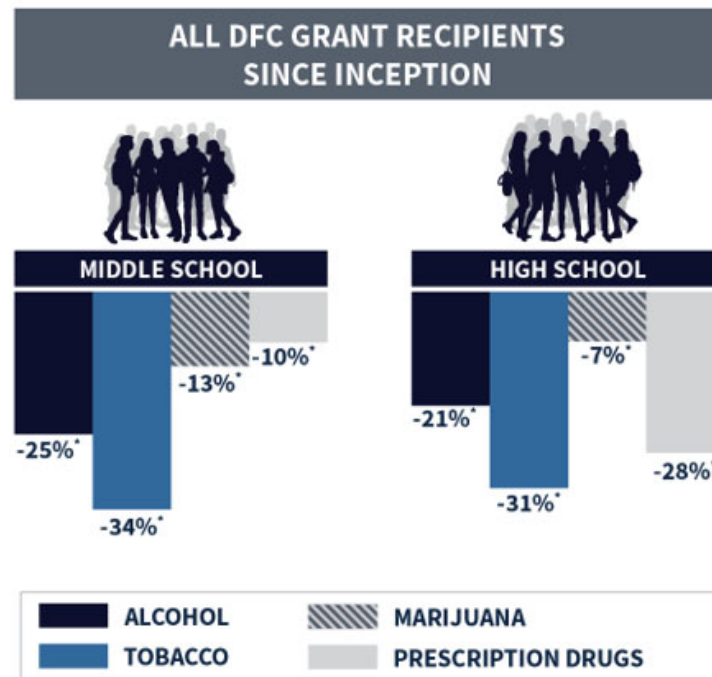
- In another example, numerous DFC coalitions reported that local schools now offer vaping cessation classes for students who violate vaping policies, either in addition to or as an alternative to existing consequences. Details of these programs varied significantly from school to school. In some cases, students completed a single online module or in-person session about the dangers of vaping. In other cases, students enrolled in a multi-week program. Several DFC coalitions purchased cessation or intervention programs from national organizations, while others created their own curricula. One coalition designed and applied a three-track Alternative-to-Suspension model in which students were assigned to either a Prevention Pathway, Cessation Pathway, or Intervention Pathway, based on their needs.
- Additionally, DFC coalitions helped curtail youth vaping by reducing availability of vaping devices. Despite the pandemic, multiple coalitions worked with law enforcement to continue compliance checks, ensuring that vendors are not selling vape products to youth under 21. Coalitions also provided vendor education to ensure that employees are aware of new Tobacco 21 laws and the dangers of youth vaping.
  - For example, one coalition described how youth participated in a state-wide campaign that led to stricter regulations on vaping retailers: “Peer leaders have been part of a statewide anti-tobacco advocacy group. Through this affiliation, teen leaders have learned about the advertising tactics of the tobacco industry, they have led peer education efforts in the cafeteria and throughout the community, they have spoken to local and state legislators about the easy accessibility of tobacco and vaping products. These efforts have led to changes in local policy (requiring that tobacco and vape products be sold at a certain distance from schools, parks, and other places that children congregate).” (Year 7, Northeastern region)
- In summary, DFC coalitions collaborated with numerous sectors to address vaping, but they noted particularly strong collaboration with School and Healthcare sectors. Coalitions provided information and supported numerous trainings, mostly for youth and parents. They also engaged in a variety of practices to change disciplinary practices and enhance access to treatment for youth who vape; for example, using vape detectors to identify students who vape, offering vaping education or cessation classes as an alternative to suspension, and providing anonymous options for students to turn in their devices and seek treatment.

#### *Reductions in Youth Substance Use:*

- The DFC Program collects the following core measure data from DFC-funded community coalitions on alcohol, tobacco, marijuana, and prescription drugs in at least three grades (6<sup>th</sup> – 12<sup>th</sup>) every two years on: past 30-day use; perception of risk or harm; perception of parental disapproval of use; and perception of peer disapproval of use. Across all DFC coalitions

funded since inception, reductions in past 30-day prevalence of use were significant among middle school and high school youth for all core substances (see figure below).

### Percentage Change in Past 30-Day Prevalence of Alcohol, Tobacco, Marijuana, and Prescription Drug Misuse Among All DFC Grant Recipients since Grant Inception



**Source:** DFC 2002–2020 Progress Reports, core measures data

**Notes:** \* $p < .05$ ; percentage change outcomes represent weighted averages for each DFC grant award recipient based on the total number of youth used in the percentage point change calculation (i.e., adding the number of youth surveyed at first observation to the number of youth surveyed at most recent observation). Change from first report to most recent report was rounded as presented in Table B.1 for these calculations.

The following are summary findings from the DFC National Cross-Site Evaluation End-of-Year 2020 Report:

#### To summarize Middle School findings:

- prevalence of alcohol use by middle school youth declined by 25%;
- prevalence of tobacco use by middle school youth declined by 34%;
- prevalence of marijuana use by middle school youth declined by 13%; and
- prevalence of (illicit) prescription drug use by middle school youth declined by 10% from the first to the most recent data reports across all DFC coalitions ever funded.

#### To summarize High School findings:

- prevalence of alcohol use by high school youth declined by 21%;
- prevalence of tobacco use by high school youth declined by 31%;
- prevalence of marijuana use by high school youth declined by 7%; and
- prevalence of (illicit) prescription drug use by high school youth declined by 28%.

### *DFC Youth Coalitions:*

- Given the DFC program's focus on preventing youth substance use, youth engagement has been examined closely in the DFC National Evaluation.
  - A *youth coalition* is defined as: A group of youth who work together to plan and implement activities related to the mission of the full coalition. An adult coalition member serves as a mentor or leader, but the youth have key leadership roles. The youth coalition is integral to the full coalition, but generally meets independently.
- Most coalitions (67%) reported hosting a youth coalition in their work. This is lower than the percentage reported in the prior annual report (72%). Of the coalitions not hosting a youth coalition (33%), about 60% were working to host a youth coalition within the next six months, while about 40% had no plans to host a youth coalition.
- Of these 479 coalitions, most (72%) reported their hosted youth coalition met at least once a month. COVID-19 impacted the extent to which youth coalitions could meet at least once a month, down from the 87% that reported hosting youth coalitions that met at least once a month in February 2020. This was true even with DFC coalitions seeking new ways to host meetings, including with their youth coalitions. Average involvement for youth coalitions in these planning activities received a rating of 4.1 on a scale of 1 (very low) to 5 (very high), or between high and very high. The percentage of DFC coalitions who rated their youth coalitions as highly or very highly involved in August 2020 was also down from February 2020 (73% and 82%, respectively).
- Hosting a youth coalition was also associated with broader member representation. DFC coalitions with a hosted youth coalition were significantly more likely than those without a hosted youth coalition to have at least one member representing each of the 12 sectors (94% versus 89%, respectively), at least one Youth sector member (100% versus 95%), and at least one School sector member (100% versus 99%).
- One common activity was engaging youth to educate and inform decision makers on substance use issues, their impact, and what youth think can be done. DFC coalitions often noted these efforts contributed to the overall success of the coalition. One coalition shared:
  - "We are very successful because of [our youth coalition's] effort and support. During the last 6 months every strategy that we implemented involved them. One of their major accomplishments is their growing relationship with our city council and commission board. They also took the time to educate them on current substance rates and concerns in our area" (Year 3, Western region).
- Mentoring of peers and near-peers was also mentioned by youth coalitions as a way to increase youth engagement. One coalition reported:
  - "Our coalition also started a mentor/mentee program for older high school students to mentor incoming freshmen for the duration of the summer. The upperclassmen were each assigned a mentee and connected with them via phone, text, and social media prior to and

throughout the duration of the program. The juniors and seniors were able to engage these new, incoming high school students in a real way despite the challenges of COVID-19. The students began meeting in person towards the beginning of the summer and have been meeting twice weekly since" (Year 9, Northeastern region).

- Finally, hosting a youth coalition was associated with broader active member representation. The findings on active sector members are particularly relevant because these sector members are more highly engaged in the work of the DFC coalition. DFC coalitions with a hosted youth coalition were more likely to have one active member in all 12 sectors (78% versus 67%) and in the Youth (99% versus 88%), School (100% versus 98%), Civic (97% versus 93%), and Parent (98% versus 95%) sectors. DFC coalitions provided many examples of the types of activities engaged in with youth coalitions.

#### *DFC Grant Oversight System:*

- In FY 2016, the DFC Grant Oversight System, known as *DFC Me*, was launched. It was the first year that DFC grant award recipients were able to submit their National Evaluation Requirements into the system. In FY 2021, the *DFC Me* system continues to strengthen ONDCP's oversight capabilities of the DFC and CARA grant programs by providing new resources to grant award recipients. The system was recently upgraded to allow CARA grant award recipients, for the first time, to submit their reporting data directly into *DFC Me*.
- Highlights of the *DFC Me* system include providing:
  - ONDCP the opportunity to communicate directly about ONDCP and White House initiatives to nearly 18,089 coalition leaders and sector representatives;
  - ONDCP direct access to DFC and CARA grant award recipients' semi-annual progress reports;
  - ONDCP the ability to track DFC grant award recipient compliance with statutory eligibility requirements and the 12-sector requirement;
  - DFC and CARA grant award recipients with a Learning Center, a space for peer-to-peer networking and sharing of success stories;
  - Expanded access to extensive CDC research and evidence-based prevention resources that coalitions can draw upon; and
  - DFC grant award recipients with the *Coalition Snapshot* - twice a year, DFC grant award recipients receive a snapshot of their outcome data for alcohol, tobacco, marijuana, and prescription drugs. They also get data on strategy implementation. The *Coalition Snapshot* provides coalitions with coalition-specific data tables and graphs they can use to discuss their impact locally.

#### *Coalition Efforts During COVID:*

- The COVID-19 pandemic presented real challenges for the work of DFC coalitions, who often found innovative ways to overcome these challenges and continue their prevention efforts. Holding coalition meetings in person was often not possible, nor were many planned activities able to be implemented.

- Coalitions reported youth sector members were engaged to reach out to youth to provide supports to one another. Youth were also engaged using a range of social media to continue to raise awareness about substance use and its associated risks.
- DFC coalitions also found new, innovative ways to share resources during the pandemic, for example including resources in school lunch/school packet pick-ups, in sewer bills and in the case of one coalition in the county tax bill.

Below is a infographic highlighting the youth substance use prevention efforts and reach of the DFC-funded community coalitions.



# Prevention Works

## Highlights from the Drug-Free Communities Support Program National Evaluation



March 2021



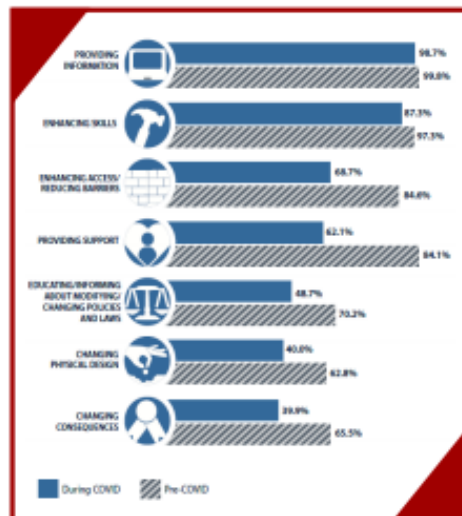
Over time, significantly more youth in DFC communities report **not using** substances in the past 30 days:

- No Alcohol Use
- No Marijuana Use
- No Tobacco Use
- No Prescription Drug Misuse

# 51%

of Americans have lived in a community with a DFC-funded coalition since 2005

DFC coalitions struggled to implement activities during COVID-19, but overall still engaged in a comprehensive mix of prevention strategies to be effective:



In 2020, **57 million** Americans lived in a community with a DFC-funded coalition

**2.3 million** middle school youth

**3.2 million** high school youth

# 67%

of DFC coalitions host youth coalitions—a promising practice linked to increased Youth, School, and Youth-Serving sector involvement

# 76%

Address **vaping** (of any substance)

# 73%

Address opioids or methamphetamine

# 30,200

community members **mobilized** to prevent substance use among youth



Drug-Free Communities Support Program National Cross-Site Evaluation End-of-Year 2020 Report (2021).  
[www.whitehouse.gov/wp-content/uploads/2020/07/2020-ONDCP-DFC-Evaluation-Report.pdf](https://www.whitehouse.gov/wp-content/uploads/2020/07/2020-ONDCP-DFC-Evaluation-Report.pdf).  
Based primarily on data provided by FY2019 DFC coalitions through August 2020.

## 2. DRUG COURT TRAINING AND TECHNICAL ASSISTANCE

The FY 2023 request level for Drug Court Training and Technical Assistance is \$3,000,000. This is the same as the FY 2022 CR level. Drug courts offer a stark reminder of the critical role the justice system has to play in leading people with substance use disorders towards health, stability, and recovery. Drug courts were developed as a sentencing alternative during the crack and cocaine epidemics of the late 1980s and early 1990s. Instead of viewing addiction as a moral failing, drug courts offered a public health approach that treated it as a disease, and promoted compassion over punishment.

Today, drug courts are on the front lines of the opioid epidemic and have become an indispensable resource to law enforcement and other community stakeholders impacted by opioid addiction and related crime. There are over 4,000 drug courts in the United States, including models specifically for repeat driving while intoxicated (DWI) offenders, families whose children have been removed from the home due to addiction, juveniles, tribal communities, and veterans.

Drug courts are an alternative to incarceration that combines public health and public safety to connect people involved in the justice system with individualized evidence-based treatment and recovery support services. Research demonstrates that drug courts are the most successful type of intervention in our nation's history for leading people with substance use and mental health disorders out of the justice system and into lives of health and recovery.

Drug courts are most successful with populations at a high risk for committing new crimes and a high need for treatment and other social services. The average national successful completion rate for individuals in drug courts in 2014 was 60 percent. This is more than twice the success rate of probationers with substance use disorders and three times the rate of voluntary outpatient treatment.<sup>1</sup> GAO has studied drug courts and found re-arrest rates for drug court graduates to be nearly 58 percent below comparison groups.

Drug courts save critical resources, producing average benefits of \$6,208 per participant, and returning up to \$27 for every \$1 invested. In addition, drug courts are helping to break down barriers to medication assisted treatment. An individual in drug court is more likely to receive MAT than one on probation or parole, and more likely than the typical patient in substance use disorder treatment. Drug courts have also improved education, employment, housing, and financial stability among its participants and have been found to promote family reunification and reduce foster care placements. Instead of putting people behind bars, drug courts demonstrate that a combination of treatment, structure, and support can break generational cycles of substance use

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<sup>1</sup> Hser et al. (2001). Effects of program and patient characteristics on retention of drug treatment patients. *Evaluation and Program Planning*, 24(4), 331-341. DOI: 10.1016/S0149-7189(01)00027-1

Loveland & Driscoll (2014). Examining attrition rates at one specialty addiction treatment provider in the United States: A case study using a retrospective chart review. *Substance Abuse Treatment, Prevention and Policy*, 9(41). <https://doi.org/10.1186/1747-597X-9-41>

Wickizer et al. (1994). Completion rates of clients discharged from drug and alcohol treatment programs in Washington State. *American Journal of Public Health*, 84(2), 215-221. doi: 10.2105/ajph.84.2.215

Stark (1992). Dropping out of substance abuse treatment: A clinically oriented review. *Clinical Psychology Review*, 12, 93-116.

Johnson & Tran (2020). Factors associated with substance use disorder treatment completion: A cross-sectional analysis of justice-involved adolescents. *Substance Abuse Treatment, Prevention and Policy*, 15(92). <https://doi.org/10.1186/s13011-020-00332-z>

and mental health disorders while saving valuable community resources and taxpayer dollars.

ONDCP's primary drug court goal is to fund organizations with expert knowledge and extensive experience in training drug court and other criminal justice practitioners on the application of evidence-based practices to address substance use disorders among justice-involved people.

Goals: (1) Provide technical and training assistance (TTA) to criminal justice practitioners to develop, maintain, and enhance evidence-based interventions from arrest to reentry; (2) Educate criminal justice professionals on substance use disorders; and (3) Develop TTA on MAT and overdose reversal medications to expand use in drug courts, support recovery, and prevent overdose deaths.

Objectives: (1) Provide tools that educate and train drug court staff statewide, regionally, and nationally at no-cost, on-request to include curricula on evidence-based interventions within sectors of the criminal justice system to ensure systematic implementation of drug courts; (2) Provide discipline-specific training for drug court practitioners nationally; (3) Provide no-cost, evidence-based training at state, regional, and national levels for treatment providers working with drug courts; (4) Provide training and technical assistance to drug court practitioners on evidence-based drug court standards including training on census expansion with a focus on probation violators; (5) Develop educational materials to address emerging issues that affect delivery of substance use disorder treatment, opioid treatment strategies, and drug court operations; and (6) Conduct evaluations of trainings provided under this grant.

### **3. ANTI-DOPING ACTIVITIES**

The FY 2023 request level for anti-doping activities is \$14,000,000. This is the same as the FY 2022 CR level. Anti-Doping Activities provide resources to focus on domestic efforts, via a competitively awarded grant, to an organization based in the United States 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 and Paralympic Committee (USOPC). This grant supports 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, the grant funds support efforts to enforce compliance with the Code and adjudicate athlete appeals involving doping violations.

The grant award seeks to raise awareness about the health dangers and ethical implications of drug use in sport among young and future athletes. In addition, these activities support state-of-the-art research within the scientific and public health communities related to anabolic steroids and other performance enhancing drugs.

#### **4. MODEL ACTS PROGRAM**

The FY 2023 request level for Model Acts Program is \$1,250,000. This is the same as the FY 2022 CR level. The purpose of ONDCP's Model State Drug Laws initiative is to "advise States on establishing laws and policies to address illicit drug issues", and "revise such model State drug laws and draft supplementary model State laws to take into consideration changes in illicit drug use issues in the State involved." 21 U.S.C. § 1703(i)(1). Specifically, this initiative serves to (1) advise States on establishing laws and policies to address alcohol and other drug issues, based on the model State drug laws developed by the President's Commission on Model State Drug Laws in 1993, and (2) revise such model State drug laws and draft supplementary model State laws to take into consideration changes in the alcohol and drug misuse problems in the States involved.

## **5. SECTION 103 OF PUBLIC LAW 114-98 (OR COMMUNITY-BASED COALITION ENHANCEMENT GRANTS)**

The FY 2023 request level for CARA is \$5,200,000. This is an increase of \$200,000 over the FY 2022 CR level of \$5,000,000. The SUPPORT Act states that ONDCP is responsible for “administering the Drug-Free Communities Program, the High-Intensity Drug Trafficking Areas Program, and other grant programs directly authorized to be administered by the Office in furtherance of the National Drug Control Strategy.” ONDCP is requesting up to 12% for administrative costs associated with the program. This is a change from the current 8% for administrative costs. This change is necessary in order to sustain effective program management and proper oversight for the CARA Program.

Since October 2020, ONDCP partners with the CDC NCIPC for the day to day management of the CARA Program. The CARA Program, which currently funds 65 community-based coalitions, requires a significant level of administrative support and program management oversight to ensure that recipients continue to be successful. This enhanced oversight with the CDC also ensures sound grants management policies and procedures are followed. Invaluable lessons were learned during the transition of day-to-day management of the CARA Program to CDC NCIPC, including the need for additional resources to support the management of the programs. In order to lead the Nation’s effort to mobilize communities to prevent substance misuse among youth, ONDCP is requesting an administrative cap increase up to 12%. The level of support and guidance given by ONDCP and the agency administering the grants (CDC) is directly tied to the success of the coalitions. This increase would go towards ensuring the coalitions have appropriate oversight and receive timely responses to their technical assistance needs, while allowing for stronger collaboration. Examples include: conducting site visits on a more frequent and reoccurring basis, strengthening coordination, and delivery of technical/subject matter expertise on multiple public health issues, and ensuring ratio of grant recipient to federal staff/subject matter expert allows for individualized support.

The Community-Based Coalition Enhancement Grants to Address Local Drug Crises (CARA Local Drug Crises) Program was created by the Comprehensive Addiction and Recovery Act of 2016. Grants awarded through the CARA Local Drug Crises Program are intended as an enhancement to current or formerly funded DFC Support Program grant award recipients, as established community-based youth substance use prevention coalitions capable of effecting community-level change. Coalitions receiving CARA Local Drug Crises funds are expected to work with leaders in their communities to identify and address local youth opioid, methamphetamine, and/or prescription medication misuse and create sustainable community-level change.

Grants awarded through this program are intended to:

- Enhance the ability of established community organizations to create community-level change regarding opioids or methamphetamines and the misuse of prescription medications;

- strengthen collaboration among communities, the federal government, state, local, and tribal governments to reduce the use of opioids or methamphetamines and the misuse of prescription medications among youth within the area served by the coalition;
- enhance intergovernmental cooperation and coordination on the issue of opioids or methamphetamines and the misuse of prescription medications among youth; and
- develop a comprehensive community-wide action plan to address the issue of opioids or methamphetamines and the misuse of prescription medications among youth.

Per the statutory authority for this program (Section 103 of the Comprehensive Addiction and Recovery Act), the goal of this program is to prevent and reduce the misuse of opioids or methamphetamines and the misuse of prescription medications among youth ages 12-18 in communities throughout the United States.

In June 2018, the first cohort of 55 CARA recipients were awarded three years of CARA funding (2018–2021) at \$50,000 per year. These recipients sought to build on prior DFC work to implement comprehensive community-wide strategies that address the local drug crises and emerging drug use issues, primarily related to opioids and methamphetamine.

The first CARA National Cross-Site Evaluation Report is in the process of being generated. Preliminary findings show:

- CARA coalitions, focused primarily on prevention efforts around prescription drugs (98%) and fentanyl (78%), were awarded grants in 55 communities across 34 states. Based on community demographics, these coalitions potentially served a diverse population of youth and people.
- CARA coalitions mobilized nearly 3,700 people to engage in youth opioid/methamphetamine substance use prevention efforts and generally (84%) maintained the 12-sector community coalition model, while also engaging with new partners.
- CARA coalitions addressed the challenges of emerging drug threats by implementing a comprehensive range of prevention practices, including evidence-based practices and innovations. Restrictions associated with the coronavirus (COVID-19) pandemic contributed to the need to innovate.
- CARA coalitions primarily reported baseline data, with too limited an amount of data to assess change. Among middle and high school youth, misuse of prescription drugs, heroin use, and methamphetamine use were all low.

*Focus on Specific Subgroups of Youth (Preliminary Reporting from CARA Coalitions):*

- In descriptions of their work, race/ethnicity was mentioned by one-fifth (20%) of CARA coalitions. References to race or ethnicity ranged in specificity and description, with most listing the racial breakdown of the community at large. Some references were a description of coalition activities intended to improve or expand services for underserved youth. For example, one (South Region) reported on the importance of partnering with a Tribal-based organization to provide culturally relevant services, since about 10% of the youth served reported affiliations to a nearby Tribe. Translating materials and delivering services in Spanish were mentioned by several coalitions.
- One coalition (South Region) noted they were working on forming new partnerships to help overcome barriers to reaching underserved populations in the community (people identifying as African American, Asian, and Latino). Another coalition (West Region) noted they were youth-led and served a mainly Latino population in a high-density urban area. This coalition reported successfully engaging in the following prevention activities:
  - Delivered training on opioids to a local Latino organization, covering resources for opioid use disorder (OUD), signs of overdose, how to administer naloxone, the importance of seeking guidance from doctors when taking prescription opioids, and preventative measures.
  - Allied with county health and human services, who are integrating the interests of the coalition's Latino members into the county-wide opioid health plans and treatments.
  - Developed opioid flyers tailored for the Latino population that were recognized by the county and are now being distributed.
- Three CARA coalitions mentioned LGBTQ (lesbian, gay, bisexual, transgender, questioning) people in descriptions of their work. One noted a representative from an LGBTQ drug treatment program spoke at a meeting to build coalition member capacity. A second mentioned resources specific to the LGBTQ audience on their website and Facebook page. The third coalition (Northeast Region) reviewed their youth survey data and found that youth who identified as LGBTQ were nearly three times more likely to have reported misusing prescription drugs, using heroin or using methamphetamine (lifetime use) than their peers who did not identify as LGBTQ. The coalition used the information to provide tailored prevention efforts and apply for grants.

*Substance Focus:*

Almost all (98%) coalitions were focused on prescription opioids. The primary focus by CARA coalitions on prescription opioids was also illustrated by the combination of substances the coalitions addressed, which almost always included prescription opioids. Methamphetamine was focused on by the fewest number of coalitions. Substances focused on by CARA coalitions included: prescription opioids (98.1%); fentanyl, fentanyl analogs, or other synthetic opioids (77.8%); and heroin (64.8%).

### *Challenges and Successes Experienced During COVID-19:*

COVID-19 presented significant challenges and unexpected successes while CARA coalitions implemented their plans to prevent and reduce youth substance use. Nearly all coalitions (97%) were specific about how they navigated one or more barriers as their communities responded to the pandemic during their final year of CARA implementation. Although COVID-19 cases, closures, and social distancing guidelines impacted the economic, health, and food systems for millions of Americans, CARA coalitions maintained their focus on prevention. Coalitions also identified new skills and resources in the planning and implementation of prevention strategies during the pandemic.

## **6. WORLD ANTI-DOPING AGENCY (WADA) DUES**

The FY 2023 request level for WADA Dues is \$3,420,000. This is an increase of \$488,000 over the FY 2022 CR level of \$2,932,000. This increase was confirmed in the WADA meeting in September 2021.

WADA was established in 1999 as an international independent agency composed and funded equally by the sports movement and governments of the world. Its key activities include scientific research, education, development of anti-doping capacities, and monitoring of the World Anti-Doping Code—the document harmonizing anti-doping policies in all sports and all countries. ONDCP represents the United States before the agency and is responsible for the payment of United States dues.

## 7. POLICY RESEARCH

ONDCP is requesting funding of \$1,300,000 for Policy Research in FY 2023. This is a new initiative. This program was last funded in FY 2011. Policy research funds will be used to conduct short-turnaround contract research projects to address specific issues concerning policy and in support of the *Strategy*. ONDCP requires Policy Research funds to inform the ONDCP Director and senior staff of the current trends in drug use, drug supply, and related consequences. Of particular interest are research projects focusing on addressing data gaps in ONDCP's policy priorities, particularly in the areas of harm reduction and emerging threats. The Policy Research funds will support contract work to obtain data, conduct analyses (usually secondary analyses of existing data), and prepare reports and briefings suitable to inform policy in the near and long term.

Past projects have included estimation of drug consumption in the United States, including the number of heavy chronic drug users; estimation of the amount of drugs available for consumption in the United States; and additional testing of already collected urine samples to identify emerging drug trends. The goal of the Policy Research program is to conduct rigorous and timely research projects that produce results to inform the drug policy formulation and assessment process. In many cases, ONDCP is able to cobble together data shared by interagency partners. However, in some cases that is not possible as no other agency has ONDCP's unique needs for both supply and demand indicators, and the drug policy landscape is changing so rapidly; without funds for same year deployment, ONDCP cannot properly maintain a cutting edge understanding of the drug policy context. Because of the covert nature of the illicit drug supply, ONDCP especially needs more data on drug supply reduction efforts and their impacts. Some examples of projects ONDCP should fund and how they will uniquely inform drug policy include:

- A major economic evaluation of the costs, health and societal benefits and impacts of meeting the *Strategy* and Methamphetamine Plan objectives and the economic impact of failing to meet those objectives including their impacts on both the health, public safety and correctives sides of the equation.
- A contract to support a study on drug involvement by people in the criminal justice system including a query about race, ethnicity and socioeconomic class and their actual relationship of drug-related violent crime so as to address the narrative that drug use fuels criminal behavior which emerges whenever sentencing reform and mandatory minimums are discussed.
- Support for additional state policy research on items of unique interest to ONDCP such as low-threshold buprenorphine at syringe services programs and screening and diagnostic services for methamphetamine use disorder in cardiac services.
- Access to private sector databases that charge subscriber access fees to examine true rates of diversion and prescribing of controlled substances and antidotes to understand the impact of these on public health and safety.

- A research project to determine the economic and non-pecuniary impacts that supply reduction activities have on drug trafficking networks and drug prices in the United States including cost to the United States of performing those supply reduction activities. This would allow supply reduction efforts to focus on activities that have the biggest impact on drug prices relative to their cost to the United States.
- A study to measure illicit drug and precursor production and flows in order to determine the impact supply reduction activities have on reducing the supply of drugs to the United States, so that the quantities in which drugs are being produced are known, and how much are being trafficked to the United States. The process of mapping out drug production and trafficking will inform supply reduction efforts and assessments of their effectiveness.
- A study on return on investment to the public health for law enforcement activities examining the threshold for drugs removed from a community that results in a reduction in fatal/nonfatal overdoses, property/violent crime, the duration of that impact and public health and law enforcement collaborative initiatives (ex., referral to treatment rather than arrest, syringe services, officer education in disease of addiction, etc.) in communities that appear to be most correlated with sustained reductions.

Although these cannot likely all be accommodated with a \$1,300,000 request, ONDCP intends to rigorously assess all existing federal United States data sources across agency partners to determine where it can leverage data sources at other agencies. For example, this includes looking to buying into contracts to obtain access to data or an additional analyst license, as well as supporting low cost research, such as dissertation grants and supplements to existing projects. Further, such policy research projects will serve to help ONDCP compile an actionable framework of all data sources that might be used to inform the *Strategy's* refinement, implementation, evaluation and refinement over time in response to emerging trends and threats in substance use. Additionally, projects such as these are critical for examining and addressing health inequities in substance use in the United States.

## 8. PERFORMANCE AUDITS AND EVALUATIONS

The FY 2023 request level for Performance Audits and Evaluations is \$500,000. This is a new initiative. Section 703(d)(7) of the ONDCP Reauthorization Act of 1998 (21 U.S.C. § 1703(d)(7)) provides that the Director of National Drug Control Policy may “monitor implementation of the National Drug Control Program, including ... conducting program and performance audits and evaluations.” In addition to coordinating and overseeing the implementation of national drug control policy, including the *Strategy*, ONDCP is responsible for evaluating the effectiveness of national drug control policy efforts, both the *Strategy’s* goals and objectives, as well as each NDCPA’s program-level measures. Funding will be used to support performance audits and evaluations to examine the efficiency and effectiveness of federal efforts, and provide an avenue for corrective action if the goals/objectives of the *PRS* and the *Assessment* are not being met.

## **VII. HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM**

### **A. MISSION STATEMENT AND PROGRAM DESCRIPTION**

The purpose of the HIDTA program, as defined by its authorizing statute [21 U.S.C. 1706 (d)], is to reduce drug trafficking and drug production in the United States by:

- (A) facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- (B) enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- (C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and,
- (D) supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

The HIDTA program principally supports the enforcement aspect of the *Strategy* by providing assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. At the local level, each HIDTA is directed and guided by an Executive Board composed, in most cases, of an equal number of regional Federal and non-Federal (state, local, and tribal) law enforcement leaders.

A central feature of the HIDTA program is the discretion granted to the Executive Boards to design and implement initiatives that confront the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and can respond more quickly to address region-specific threats. Each year, every HIDTA Executive Board assesses the drug trafficking threat in its defined area, develops a strategy to address the threat, designs initiatives to implement the strategy, and proposes funding needed to carry out the initiatives in the coming year. Each HIDTA's annual strategy contains its overall performance objectives to be attained through various initiatives.

The types of initiatives designed and implemented by each HIDTA's Executive Board to address the specific drug trafficking threats in its region include:

- 1) Enforcement initiatives that engage in multi-agency investigative, interdiction, fugitive, and prosecution activities targeting drug trafficking organizations (DTOs), money laundering organizations (MLOs), drug production organizations, drug gangs, drug fugitives, and other serious crimes with a drug nexus;

- 2) Intelligence and information-sharing initiatives that furnish intelligence (tactical, operational, and strategic), deconfliction services (event and case/subject)<sup>2</sup>, information collection and dissemination, and other analytical support for HIDTA initiatives and participating agencies;
- 3) Support Initiatives that include activities beyond the core enforcement and intelligence and information sharing initiatives, e.g., training, treatment, crime and forensic labs, resource (shared expenses such as leases, copiers, and landlines), and information technology initiatives;
- 4) Prevention initiatives that facilitate coordination and collaboration between law enforcement and the prevention community to reduce drug use and its consequences and prevent drug-related crime. Collaboration may include reaching out to or partnering with school systems, student leaders, parent groups, medical and health professionals, faith-based organizations, religious leaders, drug prevention agencies, public health agencies, and coalitions dedicated to reducing substance abuse. Prevention initiatives can also enable law enforcement personnel to participate in community-based drug prevention programs;
- 5) Drug treatment initiatives that link law enforcement agencies and the public health communities together to promote and provide treatment of substance use disorders and support recovery; and
- 6) Management initiatives and support initiatives that provide the overall coordination and integration of initiatives, and fund basic overhead (e.g., salaries and fringe benefits for the Director, Deputy Director, and other administrative staff positions approved by the Executive Board; rent; and facilities charges for administrative staff).

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<sup>2</sup> Event deconfliction ensures law enforcement agencies working in close proximity of each other are immediately notified when enforcement actions are planned in a manner that threatens effective coordination or that compromises enforcement operations. Notification of such conflicts enhances officer safety and promotes the coordination of operations in a multi-agency environment. Similarly, target (case/subject) deconfliction alerts investigators when there is an investigatory cross-over by enforcement agencies. Notification of duplicate targets encourages investigators to share information and resources.

## **B. APPROPRIATION LANGUAGE**

### **FEDERAL DRUG CONTROL PROGRAMS**

#### ***Federal Funds***

#### **HIGH INTENSITY DRUG TRAFFICKING AREAS PROGRAM (INCLUDING TRANSFERS OF FUNDS)**

*For necessary expenses of the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas Program, \$293,500,000, to remain available until September 30, 2024, for drug control activities consistent with the approved strategy for each of the designated High Intensity Drug Trafficking Areas ("HIDTAs"), of which not less than 51 percent shall be transferred to State and local entities for drug control activities and shall be obligated not later than 120 days after enactment of this Act: Provided, That up to 49 percent may be transferred to Federal agencies and departments in amounts determined by the Director of the Office of National Drug Control Policy, of which up to \$5,800,000 may be used for auditing services and associated activities and up to \$3,500,000 shall be for a new Grants Management System for use by the Office of National Drug Control Policy: Provided further, That any unexpended funds obligated prior to fiscal year 2021 may be used for any other approved activities of that HIDTA, subject to reprogramming requirements: Provided further, That the Director shall notify the Committees on Appropriations of the initial allocation of fiscal year 2023 funding among HIDTAs not later than 45 days after enactment of this Act, and shall notify the Committees of planned uses of discretionary HIDTA funding, as determined in consultation with the HIDTA Directors, not later than 90 days after enactment of this Act: Provided further, That upon a determination that all or part of the funds so transferred from this appropriation are not necessary for the purposes provided herein and upon notification to the Committees on Appropriations of the House of Representatives and the Senate, such amounts may be transferred back to this appropriation. Note.—A full-year 2022 appropriation for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Continuing Appropriations Act, 2022 (Division A of P.L. 117-43, as amended). The amounts included for 2022 reflect the annualized level provided by the continuing resolution.*

## C. SUMMARY TABLES OF PROGRAM AND FINANCING

### High Intensity Drug Trafficking Areas (\$ in thousands)

| Line Number  | Program by Activities                             | FY 2021 Enacted  | FY 2022 CR       | FY 2023 Request  |
|--------------|---------------------------------------------------|------------------|------------------|------------------|
| 00,01        | Grants and Federal Transfers                      | \$287,300        | \$287,300        | \$284,200        |
| 00.01        | HIDTA Auditing Services and Associated Activities | \$2,700          | \$2,700          | \$5,800          |
| 00.01        | Grants Management System                          | \$0              | \$0              | \$3,500          |
| <b>10.00</b> | <b>Total Obligations</b>                          | <b>\$290,000</b> | <b>\$290,000</b> | <b>\$293,500</b> |
|              | <b>Financing:</b>                                 |                  |                  |                  |
| 39.00        | Budget Authority                                  | \$290,000        | \$290,000        | \$293,500        |
|              | <b>Budget Authority:</b>                          |                  |                  |                  |
| 40.00        | Appropriation                                     | \$290,000        | \$290,000        | \$293,500        |
| 41.00        | Transferred to Other Accounts                     | (\$23,000)       | (\$23,000)       | (\$23,000)       |
| 43.00        | Appropriation (adjusted)                          | \$267,000        | \$267,000        | \$270,500        |
|              | <b>Relation of Obligations to Outlay:</b>         |                  |                  |                  |
| 90.00        | Total Outlays                                     | \$267,000        | \$267,000        | \$270,500        |

#### **D. PERSONNEL**

No personnel costs are associated with the HIDTA program. Personnel responsible for providing policy direction and oversight for the HIDTA program are funded from ONDCP's S&E Operations account.

**E. SUMMARY TABLES OF BUDGET AUTHORITY BY OBJECT CLASS****High Intensity Drug Trafficking Areas  
(\$ in thousands)**

| <b>Line<br/>Number</b> |                                                           | <b>FY 2021<br/>Enacted</b> | <b>FY 2022<br/>CR</b> | <b>FY 2023<br/>Request</b> |
|------------------------|-----------------------------------------------------------|----------------------------|-----------------------|----------------------------|
| 25.00                  | High Intensity Drug<br>Trafficking Areas –<br>Obligations | \$267,000                  | \$267,000             | \$270,500                  |
| 99.00                  | Transfer to Federal Accounts                              | \$23,000                   | \$23,000              | \$23,000                   |
| 99.00                  | Total Budget Authority                                    | \$290,000                  | \$290,000             | \$293,500                  |

## F. FY 2023 BUDGET REQUEST

The FY 2023 request level for HIDTA is \$293,500,000. This is an increase of \$3,500,000 over the FY 2022 CR level of \$290,000,000. The request for up to \$5,800,000 for auditing services and associated activities is an increase from the previous request of \$2,700,000 for auditing services and associated activities. The new allocation is needed to enhance oversight and accountability by enabling us to make periodic and strategic investments in targeted areas. These areas include, but are not limited to: cybersecurity and data protection, compliance with statutory regulations (e.g., the National Defense Authorization Act<sup>3</sup>), and technological solutions to performance management and financial compliance and oversight. The request also includes up to \$3,500,000 to fund a Grants Management System.

ONDCP is requesting up to \$3,500,000 for a new Grants Management System to implement new statutory mandates associated with managing grant programs. ONDCP is authorized and appropriated to manage several grant programs, including: HIDTA; DFC (National Coalition Institute); Anti-Doping Activities; Drug Court Training and Technical Assistance; and, Model Acts Program. However, ONDCP does not have a system to effectively implement various grant program management requirements. ONDCP, in conjunction with the Office of Administration/Office of the Chief Financial Officer (OA/OCFO) currently manages grant program requirements as outlined in the Transparency Act and DATA Act, manually. However, a system is needed to meet the President's Management Agenda CAP Goal 8 outlined in OMB Memo 18-24, and new legislation such as the Grant Reporting Efficiency and Agreements Transparency Act of 2019 (GREAT Act).

In the research for a Grants Management System, it was recommended that ONDCP work with GrantSolutions.gov. They are a service provider operated and managed by HHS that fosters collaborative partnerships to support federal grant program missions by delivering end-to-end, comprehensive and cost-effective grants management services. One of the biggest benefits for using GrantSolutions is the ability to incorporate new grant related mandates automatically in the system. The Treasury ARC Oracle federal Financial system is currently used by OCFO to process grant transactions and has recently completed an interface with the GrantSolutions Grant Management Module.

ONDCP entered into an agreement with HHS to conduct a grant management analysis on our current systems and to identify the requirements for moving to the GrantSolutions System. This included any applicable modules needed to capture end-to-end services in the grant lifecycle. The estimate from HHS for customization for ONDCP's non-competitive grant programs (HIDTA) and competitive grant programs (DFC's National Coalition Institute, Anti-Doping Activities, Drug Court Training and Technical Assistance and Model Acts Program) is \$3,500,000. This includes the total base transition cost of \$2,000,000—nearly all of which is for HIDTA—and HIDTA-specific customizations for \$1,500,000. The end-to-end platform includes the Announcement Module, Grant Fund Tracking by Initiative, Grantee Self-Reporting of Place of

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<sup>3</sup> Section 889(b)(2) of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year 2019 prohibits executive agencies that administer loan or grant programs from permitting their funds to be used to purchase certain telecommunications and video surveillance equipment and services produced by certain Chinese entities. This applies to Executive Branch agencies like ONDCP and Federal grantees, including the HIDTA Program.

## Performance, and Payment Disbursement Tracking.

For the outyears, it is expected that HHS would charge approximately \$1,500,000 annually for the ongoing maintenance cost of the system.

The purpose of the HIDTA program, as defined by its authorizing statute [21 U.S.C. 1706 (a)(2)], is to reduce drug trafficking and drug production in the United States by:

- (A) facilitating cooperation among federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- (B) enhancing law enforcement intelligence sharing among federal, state, local, and tribal law enforcement agencies;
- (C) providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and,
- (D) supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

The HIDTA program principally supports the enforcement aspect of the *Strategy* by providing assistance to federal, State, local, and Tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. At the local level, each HIDTA is directed and guided by an Executive Board composed, in most cases, of an equal number of regional federal and non-federal (state, local, and tribal) law enforcement leaders.

A central feature of the HIDTA program is the discretion granted to the Executive Boards to design and implement initiatives that confront the specific drug trafficking threats in each HIDTA region. This flexibility ensures that each HIDTA Executive Board can tailor its strategy and initiatives to local conditions and can respond more quickly to address region-specific threats. Each year, every HIDTA Executive Board assesses the drug trafficking threat in its defined area, develops a strategy to address the threat, designs initiatives to implement the strategy, and proposes funding needed to carry out the initiatives in the coming year. After the end of a program year, the Executive Board prepares an annual report describing the HIDTA's performance against the overall objectives outlined in its strategy for that year.

The HIDTA accomplishments are detailed below:

- The Overdose Response Strategy (ORS) (formerly the Heroin Response Strategy and the Opioid Response Strategy) was launched in 2015 with an initial investment of \$2.5 million in funds to address the heroin and opioid epidemic by coordinating the efforts of regional HIDTA programs across 15 states. In FY 2016, ONDCP provided \$3.9 million to expand into five additional states. In FY 2017, the initiative received \$4.5 million in HIDTA funds and was expanded to two more states. In 2018, the initiative received \$4.9 million in HIDTA funds and covered 11 HDTAs and 24 states. In 2019, funding for the initiative was increased to \$5 million to support efforts of 21 HDTAs covering 34 states involved

in the ORS. In 2020, ONDCP committed \$5.4 million to support the current staffing levels of drug intelligence officers (DIOs), HIDTA-funded ORS management staff, and the expansion of DIO positions in all 50 states and two territories, encompassing all 33 HIDTAs and the NHAC. Supporting the expansion of the HIDTA-funded DIOs in the 33 HIDTAs completes the ORS public safety national implementation plan. In 2021, ONDCP incorporated into the HIDTA baseline funding plan support for compensation and travel costs for 60 full time DIO positions allocated across the 33 regional HIDTAs. The HIDTA baseline plan also supports two public safety advisory positions, situated at the National HIDTA Assistance Center, who coordinate the efforts of the DIOs and serve as central liaisons with their public health counterparts. Finally, the baseline plan provides funding for annual meetings and training. As a complement to HIDTA funding, CDC has committed to provide funding to support full time PHA positions in all 33 regional HIDTAs. Full implementation of a national public health and public safety approach for the ORS in each HIDTA region supports ONDCP and CDC's shared mission of reducing fatal and nonfatal overdoses by developing and sharing information about heroin, fentanyl, methamphetamine, and other drugs across agencies and by offering evidence-based intervention strategies. Furthermore, this allocation addresses directives from the Appropriations Committees' Conference Report to support HIDTAs in states with high levels of drug addiction. This allocation also responds to statutory language that permits ONDCP to implement a drug overdose response strategy in HIDTAs on a nationwide basis.

ORS has an ambitious goal – to leverage its strategic partnerships to target the organizations and individuals trafficking deadly drugs, such as heroin and illicit fentanyl so that overdoses decrease and lives are saved. ORS is achieving this goal by creating a human network spanning the law enforcement and public health communities to share actionable information. For example, DIOs track, provide information about drug-related felony arrests of out-of-state residents, and report this information to the individuals' home law enforcement agency. In 2020, DIOs shared nearly 10,000 of these felony arrest notifications. In multiple instances, sharing drug intelligence across the ORS network has resulted in the identification and arrest of heroin and/or fentanyl distributors linked to outbreaks of fatal and nonfatal overdoses. Surveys of notification recipients show that over 95% of these notifications are judged as valuable by the receiving agency and that more than half have led to new investigations or contributed to ongoing investigations by the time of the survey.

- In 2020, HIDTA initiatives identified 8,658 drug trafficking organizations (DTOs) and money laundering organizations (MLOs) operating in their areas of responsibility and reported disrupting or dismantling 3,002 DTOs/MLOs. Nearly 57 percent of the disrupted or dismantled DTOs/MLOs were determined to be part of multi-state or international operations. In the process, HIDTA initiatives removed \$17.6 billion (wholesale value) of drugs from the market and seized \$827.7 million in cash from drug traffickers.

HIDTA includes law enforcement representation at different levels of federal, State, local, and Tribal governments. Drug enforcement efforts should target those criminal organizations most responsible for producing, transporting, and distributing illegal drugs into, and within the United States, and should not disproportionately focus on specific racial or ethnic groups. ONDCP

believes it is critical to approach the HIDTA program with an equity lens, and this assessment will strengthen current understanding of barriers and opportunities.

The HIDTA Program reaches many underserved communities, including persons with substance use disorders. HIDTA's ORS is a cross-agency, interdisciplinary collaboration to reduce overdoses and save lives. Through ORS, public health analysts support promising interventions like post-overdose outreach programs. Such programs follow up, either in person or telephonically, with people who have experienced a non-fatal overdose, to offer them the lifesaving drug, naloxone, and treatment referrals among other services. Public health analysts also support efforts to inform communities about the risks associated with drug use, focus on addressing trauma, and reach young people in high schools and colleges. Analysts often provide information about drug use and overdose trends in their jurisdiction, to inform the development of interventions for underserved and at-risk populations.

At the regional level, HDTAs engage with underserved communities, including Tribal members and law enforcement. The HIDTA Program serves as a resource for much-needed services including substance use prevention activities, training, equipment, prosecutorial support, and law enforcement deconfliction.

The following requests from each HIDTA include:

- (1) The amount of funding each HIDTA requested.
- (2) Each HIDTA's justification, which explains:
  - (A) the reasons for the proposed funding level and how the request level was determined based on a current assessment of the drug trafficking threat in each HIDTA;
  - (B) how such funding will ensure that the goals and objectives of each such area will be achieved; and
  - (C) how such funding supports the *Strategy*.
- (3) The amount of HIDTA funds used to investigate and prosecute organizations and individuals trafficking in methamphetamine in the prior calendar year and a description of how those funds were used.

As part of the documentation that supports the President's annual budget request for the ONDCP, the Director submits to Congress an annual budget justification, with specific information about HIDTA funds. (Reference 21 U.S.C. § 1706(i), (o).) Therefore, once the funding distribution has been approved, each HIDTA will proceed to implement its strategy to address the threat identified in its region that is approved by ONDCP.

***Summary of HIDTA Program Request***

| <b>HIDTA</b>                                | <b>FY 2023 Request</b> |
|---------------------------------------------|------------------------|
| Alaska                                      | \$2,587,000            |
| Appalachia                                  | \$9,996,950            |
| Arizona                                     | \$13,347,756           |
| Atlanta/Carolinas                           | \$7,970,753            |
| Central Florida                             | \$3,849,500            |
| Central Valley California                   | \$4,574,000            |
| Chicago                                     | \$6,739,093            |
| Gulf Coast                                  | \$9,200,612            |
| Hawaii                                      | \$3,677,998            |
| Houston                                     | \$11,526,802           |
| Indiana                                     | \$4,574,249            |
| Liberty Mid-Atlantic                        | \$6,058,351            |
| Los Angeles                                 | \$16,187,469           |
| Michigan                                    | \$3,980,117            |
| Midwest                                     | \$15,914,383           |
| Nevada                                      | \$3,453,000            |
| New England                                 | \$4,735,042            |
| New Mexico                                  | \$9,502,108            |
| New York/New Jersey                         | \$15,163,378           |
| North Central                               | \$7,811,996            |
| North Florida                               | \$3,845,500            |
| Northern California                         | \$3,657,500            |
| Northwest                                   | \$5,031,349            |
| Ohio                                        | \$5,706,418            |
| Oregon/Idaho                                | \$4,229,000            |
| Puerto Rico/United States Virgin Islands    | \$10,577,433           |
| Rocky Mountain                              | \$10,931,379           |
| San Diego/Imperial Valley                   | \$11,899,873           |
| South Florida                               | \$14,418,286           |
| South Texas                                 | \$10,129,143           |
| Texoma                                      | \$4,099,500            |
| Washington/Baltimore                        | \$16,487,073           |
| West Texas                                  | \$9,211,634            |
| National HIDTA Assistance Center            | \$4,086,770            |
| <b>Total Base Allocation</b>                | <b>\$275,161,415</b>   |
| Auditing Services And Associated Activities | \$5,800,000            |
| Grants Management System *                  | \$3,500,000            |
| Discretionary Funds                         | \$9,038,585            |
| <b>Total</b>                                | <b>\$293,500,000</b>   |

\*Funding of \$3,500,000 for the Grants Management System has been provided in FY 2022. Since the FY 2023 was developed based upon the FY 2022 CR level, the request for the Grants Management is up to \$3,500,000, which would allow for the flexibility of funding the new system or funding the estimated annual maintenance cost of \$1,500,000.

## **Alaska HIDTA**

(1) Amount of Funding Requested for FY 2023: \$2,587,000

(2) Justification

### (A) Threat Assessment

The Alaska HIDTA (AK HIDTA) assesses methamphetamine to be the most significant drug threat in the State of Alaska, based on its widespread availability, association with criminal activity, and its public health consequences. Opioids, cocaine, and marijuana also pose significant threats, and are widely available in the state. This assessment is based on Federal, state, and local law enforcement drug seizure reporting. In 2020, the AK HIDTA program seized 35 kilograms and 128 dosage units of methamphetamine, 23 kilograms of heroin, 2 kilograms and 554 dosage units of fentanyl, 4 kilograms of cocaine/crack, and 128 kilograms of marijuana and marijuana plants.

The disparity between prices in the contiguous United States and Alaska presents an incentive for Drug Trafficking Organizations (DTOs) to import and distribute drugs into and throughout the state. Moreover, there is a strong correlation between distance from a regional hub and price – the further a drug is trafficked from a regional hub the greater the retail price. The high rate of return for drug traffickers greatly incentivizes supply into and throughout Alaska. Illegal drugs are predominantly imported and then distributed throughout the state. Alaska is not known to produce illegal drugs. This trend is likely to continue as Alaska remains an attractive marketplace for DTOs due to its remote location, high demand for illicit substances, and limited law enforcement resources.

DTOs utilize several similar methods of transportation to import and distribute cocaine, methamphetamine, and opioids into and throughout Alaska. The most common methods of transportation are by air and parcel, followed by road, ferry, and boat. Due to Alaska's geography, there does not appear to be a difference in transportation method by drug type. With the legalization of marijuana in Alaska, there are legal methods to transport and possess marijuana. DTOs are known to employ drug mules from outside of Alaska to smuggle illegal substances into the state. Additionally, there is no law enforcement presence on the ferry; therefore, vehicles and passengers are not inspected prior to boarding.

### (B) Strategy for Achieving Goals and Objectives

The AK HIDTA consists of enforcement, support, management, and intelligence initiatives. The enforcement initiatives include the Statewide Prosecution, Fugitive Task Force, Southeast Alaska Cities Against Drugs Task Force, Fairbanks Area-wide Narcotics Task Force, and the Southcentral Area-wide Narcotics Task Force.

The enforcement initiatives target significant DTOs through intelligence-led investigations that focus on distribution, interdiction, financial activity, and drug-related violence within Alaska. The Investigative Support Center (ISC) provides support for Law Enforcement

Agencies (LEAs) to identify, disrupt, and/or dismantle DTOs by collecting, analyzing, and disseminating information on the targets of investigations.

(C) Support of the *National Drug Control Strategy*

AK HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or money laundering organizations (MLOs), thereby disrupting the market for illegal drugs. This is accomplished through coordinated investigative efforts among Federal, state, and local LEA. Additionally, all investigative efforts are supported with active intelligence gathering and information sharing strategies to ensure that the most efficient and effective means are used to accomplish the mission.

(3) Methamphetamine

Methamphetamine availability, specifically Mexican-produced crystal methamphetamine, is increasing throughout Alaska. Law enforcement reports indicate that DTOs import and distribute methamphetamine in larger quantities than any other illicit drug. There is very limited, if any, local production of methamphetamine. The primary means of importation is via parcels such as the U.S. Postal Service and commercial parcel carriers.

## **Appalachia HIDTA**

(1) Amount of Funding Requested for FY 2023: \$9,996,950

(2) Justification

### (A) Threat Assessment

Appalachia HIDTA (AHIDTA) faces substantial threats from the trafficking and use of crystal methamphetamine (“ice”), heroin, fentanyl, cocaine, diverted pharmaceuticals, and synthetic drugs like lysergic acid diethylamide (LSD) and 3,4-methylenedioxy-methamphetamine (MDMA), as well as drug-related violence. Over the past three years, synthetic opioids such as fentanyl and fentanyl-analogs have become increasingly popular and are a highly credible threat to the region. The AHIDTA region is also a significant source of domestically produced marijuana and is often an import destination for marijuana cultivated outside the United States. In addition, high unemployment rates and low median household incomes directly affect socioeconomic conditions that significantly influence the drug-related activity in the region. The majority of the AHIDTA region is located within a reasonable driving distance to metropolitan areas within the midwestern, eastern, and southeastern parts of the United States. Fentanyl, heroin, cocaine, diverted pharmaceuticals, and crystal methamphetamine are commonly transported from areas such as Detroit, Michigan; Columbus, Ohio; Atlanta, Georgia; Pittsburgh, Pennsylvania; neighboring parts of Indiana, North Carolina, Missouri, and Maryland. Marijuana and marijuana derivatives imported into the AHIDTA region are commonly transported from western states such as California, Colorado, and Washington. Furthermore, it is not uncommon for imported illicit drugs to have a point of origin within Mexico, destined for the AHIDTA region.

Transportation to and from the AHIDTA region is conducted primarily by private and commercial vehicles. A variety of highways and secondary road corridors traverse the AHIDTA region providing easy access to the area. In all, nine major interstate systems span the AHIDTA region, allowing for effortless access by roadway into, throughout, and out of locations known to be major drug distribution points within the eastern United States.

### (B) Strategy for Achieving Goals and Objectives

AHIDTA measures success, in part, by its ability to facilitate efficiency, effectiveness, and cooperation among participating agencies at all levels. AHIDTA is influential in fostering cooperation and collaboration among Federal, state, and local LEAs throughout the region. AHIDTA provides the support, resources, and coordination necessary to facilitate cooperation among its collaborative initiatives. In all, AHIDTA has fostered cooperative and effective working relationships among nearly 165 Federal, state, and local agencies to achieve the common goals of disrupting and dismantling DTOs while reducing the demand for drugs.

The AHIDTA Executive Board comprises 24 executives from Federal, state, and local LEAs, the National Guard Counterdrug Program, and Federal and state prosecutors. The Executive Board develops and manages the AHIDTA strategy while providing program oversight to 47

enforcement initiatives (50 to include the intelligence, management and coordination, and training initiatives), and directs resources throughout the AHIDTA region to ensure the achievement of desired outcomes based on the current and emerging drug threat. Executive Board subcommittees provide policy guidance through compartmentalized topics and information while serving as a forum for regional planning and coordination for all AHIDTA participating agencies.

(C) Support of the *National Drug Control Strategy*

AHIDTA supports the *Strategy* in several ways. Its task forces disrupt and dismantle DTOs and MLOs that distribute heroin/fentanyl, diverted prescription drugs, marijuana, methamphetamine, and cocaine. The task forces also reduce large-scale marijuana production and shipments of large amounts of marijuana to other areas of the country.

(3) Methamphetamine

AHIDTA continues to encounter an increasing methamphetamine threat. In the recent past, the threat primarily consisted of small, unsophisticated, one-step method laboratories; however, with the dramatic influx of high-quality crystal methamphetamine (“ice”), this threat has nearly vanished. AHIDTA does not track funding specifically used to address methamphetamine trafficking; however, task force initiatives will continue to investigate and prosecute DTOs, which traffic in the illicit drug.

## **Arizona HIDTA**

(1) Amount of Funding Requested for FY 2023: \$13,347,756

(2) Justification

### (A) Threat Assessment

Arizona HIDTA (AZ HIDTA) is a major arrival zone for multi-ton quantities of fentanyl, methamphetamine, heroin, marijuana, and cocaine entering the United States from Mexico. Sharing more than 370 miles of border with Mexico, most of which is uninhabited desert and mountains, the southern border of Arizona presents a variety of challenges for LEAs in their efforts to stem the tide of both illegal drugs and proceeds.

The Sinaloa Cartel presents the primary operational threat to Arizona, possessing vast resources to distribute, transport, and smuggle large amounts of fentanyl, methamphetamine, heroin, marijuana, and cocaine into and through Arizona. Sinaloa exploits well-established routes into Arizona and has perfected smuggling methods to supply drug distribution networks located throughout the United States. The Mexican state of Sonora is home to key drug trafficking plazas controlled by Sinaloa that are used for offloading, stashing, and staging drugs, money, and weapons. Furthermore, Sinaloa's influence in Arizona is growing stronger as it continues to gain control of additional drug trafficking corridors and routes in Sonora, Mexico, and neighboring Baja California, Mexico.

Drug seizures indicate Arizona is a significant drug trafficking corridor and distribution hub for DTOs. Federal, state, local, and tribal law enforcement in the region proactively target the transportation and distribution cells of these DTOs to disrupt the flow of drugs through and from Arizona, thereby directly affecting drug markets throughout the United States. Drug seizures indicate DTOs are increasing heroin, methamphetamine, fentanyl, tetrahydrocannabinol (THC)/hashish oil, and cocaine smuggling from Mexico into the region.

### (B) Strategy for Achieving HIDTA Goals and Objectives

AZ HIDTA uses an intelligence-driven, threat-focused strategy to target the most significant DTOs and MLOs affecting Arizona. AZ HIDTA is organized into four initiative functions – enforcement (interdiction, investigation, fugitive arrests, and prosecution); intelligence (coordination, deconfliction, targeting, investigative case support, and threat assessment); support (training); and management. AZ HIDTA coordinates and supports the efforts of 631 full-time and 185 part-time participants from 73 Federal, state, local, and tribal agencies.

### (C) Support of the *National Drug Control Strategy*

AZ HIDTA supports the *Strategy* by disrupting and dismantling DTOs and/or MLOs, thereby disrupting the market for illegal drugs. Specifically, AZ HIDTA:

- facilitates a coordinated threat-focused, initiative-led strategy against the most significant DTOs impacting Arizona;
- collects, analyzes, and disseminates actionable intelligence enabling the AZ HIDTA initiatives to identify and investigate current and emerging drug threats; and
- enhances tribal, regional, local, and cross-border demand reduction efforts by working with established community coalitions.

(3) Methamphetamine

Methamphetamine is the drug most frequently associated with property and violent crime. The AZ HIDTA initiatives reported a high level of methamphetamine availability in their respective jurisdictions. The high degree of methamphetamine availability in Arizona is correlated to increased methamphetamine production in Mexico by the Sinaloa Cartel and other Mexican DTOs (MDTO). The AZ HDTA does not track funding specifically used to address methamphetamine trafficking.

## **Atlanta-Carolinas HIDTA**

(1) Amount of Funding Requested for FY 2023: \$7,970,753

(2) Justification

(A) Threat Assessment

The Atlanta Carolinas HIDTA (AC HIDTA) region is a major distribution center for DTOs, particularly MDTOs, and associated MLOs that supply the eastern United States. DTOs distribute illicit drugs from the region to other major metropolitan areas, including Baltimore, Maryland; Boston, Massachusetts; Cincinnati and Columbus, Ohio; Columbia, South Carolina; Gainesville, Orlando, and Pensacola, Florida; Indianapolis, Indiana; Knoxville, Tennessee; Louisville, Kentucky; and Norfolk, Virginia. The supply lines reach as far as Detroit, Michigan, and New York, New York. Utilizing a robust highway system, DTOs/MLOs transport/ship drugs from the Southwest border to transshipment/staging areas in the or near the Atlanta metropolis for ultimate distribution east and northeast. Interstate 85 is the major artery for this distribution.

(B) Strategy for Achieving Goals and Objectives

The AC HIDTA, utilizing strategic, tactical, and predictive intelligence, facilitates a three-part geographical, functional, and operational strategy targeting the Command and Control elements of DTOs/MLO's operating throughout the Southeast. Commingled Federal, state, local and tribal task force initiatives ensure collaborative cooperation and partnership with more than 136 participating agencies. Utilizing a robust training model, the AC HIDTA provided training to more than 850 LEAs in Georgia and the Carolinas.

(C) Support of the *National Drug Control Strategy*

To accomplish AC HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board dedicates investigative resources supporting initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling DTOs that transport and distribute drugs and their related drug proceeds;
- increasing/enhancing communication, intelligence sharing and coordination among initiatives and all regional LEAs; and
- facilitating coordination between agency representatives from law enforcement, prevention, and treatment to meet and discuss ways to reduce the impact of drug abuse and provide expert advice regarding policy and legislative decisions through the AC HIDTA Prevention Initiative.

(3) Methamphetamine

Methamphetamine continues to dominate the illicit drug market throughout the AC HIDTA Area of Responsibility (AOR). Furthermore, investigations have determined that methamphetamine in solution is transported to the southeast and converted to methamphetamine hydrochloride or crystalline methamphetamine "ice" form in local "conversion" laboratories. AC HIDTA does not

track funding specifically used to address methamphetamine trafficking.

## **Central Florida HIDTA**

(1) Amount of Funding Requested for FY 2023: \$3,849,500

(2) Justification

### **(A) Threat Assessment**

Fentanyl, followed by heroin and other synthetic opioids, remains the primary drug threat in the Central Florida region. The most recent drug overdose mortality data indicate fentanyl accounted for more drug overdose deaths in Central Florida than any other drug in 2019, with an increase of nearly 33 percent from the prior year. Beyond its inherent potency and potential for overdosing, traffickers have expanded its use in other drugs such as cocaine, methamphetamine, and counterfeit pharmaceutical opioids, while also selling fentanyl as heroin. Confidence is high that fentanyl will remain the greatest threat within the AOR as its availability and illicit use will remain very high.

Crystal methamphetamine (“ice”) remains the second greatest drug threat in the region, despite temporary impacts on its availability and price in 2020 due to COVID-19 and related enforcement efforts on the Southwest border.

Following crystal methamphetamine (“ice”) in the drug threat ranking was cocaine, controlled prescription drugs (CPDs), and marijuana (and THC concentrates). In 2020, drug seizures by Central Florida HIDTA (CFHIDTA) initiatives were down from 2019, except for cocaine (skewed by one large seizure), and controlled prescription opioids. The COVID-19 pandemic played a large role in those reduced seizures.

Most of the fentanyl, heroin, and crystal methamphetamine (“ice”) trafficked in Central Florida arrives from Mexico via motor vehicles, while Mexican Transnational Criminal Organizations (TCOs) dominate the wholesale supply and distribution of these drugs in the region. The Atlanta, Georgia, area remains a transshipment hub for these drugs, exploiting the extensive network of interstate highways leading into Florida.

Most of the DTOs investigated by HIDTA initiatives in 2020 were poly-drug organizations, with the primary drugs trafficked being cocaine, opioids, methamphetamine, and marijuana. The majority of DTOs identified in 2020 were local, followed by regional and international. The majority of international DTOs identified in 2020 were Mexican.

The wholesale supply and distribution of cocaine in the region is controlled by Caribbean-based DTOs mainly operating in the Dominican Republic and Puerto Rico. These DTOs coordinate efforts with Mexican TCOs in acquiring cocaine from Colombia and Venezuela. Most of the cocaine trafficked in the CFHIDTA region is obtained from mail parcels emanating from Puerto Rico.

The COVID-19 pandemic had a medium-term impact on the supply and price of Mexican-based methamphetamine crossing the Southwest border due to a variety of factors, including

increased border and interstate travel restrictions, artificial price inflation by traffickers, and the limitation of China-based precursor chemicals being shipped to Mexican TCOs. CFHIDTA assesses with high confidence that crystal methamphetamine (“ice”) has resumed its pre-pandemic price, availability and use and that its availability and use will continue to rise, particularly with the current migration surge at the Southwest border.

Over the next year, CFHIDTA assesses with high confidence that fentanyl and crystal methamphetamine (“ice”) use, and availability will be very high, while cocaine use and availability will remain high.

CFHIDTA assesses with high confidence that fentanyl-caused overdose deaths will continue to rise, and although cocaine supply remains high, crystal methamphetamine (“ice”) will become the stimulant of choice for users.

Prescription opioid seizures in 2020 increased 101 percent from 2019. A quantity of those pills will likely be found to be counterfeit fentanyl after laboratory analysis, which often takes many months. Despite the increase in seizures, CPD use and availability was rated as moderate by CFHIDTA initiatives.

Marijuana availability and use for 2020 was high to very high, with THC concentrates from western states, particularly California, being transported to Central Florida primarily via parcel.

#### (B) Strategy for Achieving Goals and Objectives

CFHIDTA fosters cooperation and effective working relationships among all of the Federal, state, and local agencies participating in law enforcement initiatives to achieve the overall mission. The agency-neutral approach permits inter-agency cooperation within the ISC for local and national assistance and threat-specific efforts. The sharing of information at quarterly intelligence meetings warrant cooperation and effective relationships that encourage the collection, analysis, and dissemination of actionable information. By providing training and the necessary resources to address DTOs and MLOs, LEAs are better equipped to carry out the purpose and goals of CFHIDTA. Furthermore, a prevention initiative engages and assists community stakeholders to understand the current drug threats and to develop strategies to reduce overdose deaths.

#### (C) Support of the *National Drug Control Strategy*

CFHIDTA supports *Strategy* goals through Executive Board developed strategies to address and prioritize the drug threats in our region. The CFHIDTA management and coordination team coordinate and collaborates with public health and education to foster relationships with law enforcement. These efforts and developed strategies support the goal of reducing drug availability and crime by effectively dismantling and disrupting DTOs and MLOs impacting Central Florida and other areas of the United States.

### (3) Methamphetamine

Mexico continues to be the primary source area of crystal methamphetamine (“ice”). Low cost and high availability continued to displace local clandestine labs, and the number of laboratories dismantled remains low. MDTOs continue to dominate methamphetamine distribution markets and routinely partner with other regional or local DTOs in transportation and distribution. Atlanta and surrounding areas of Georgia also continue to be prevalent as a source area hub for Mexican-derived methamphetamine, which is primarily transported to Central Florida via ground transportation. CFHIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Central Valley California HIDTA**

(1) Amount of Funding Requested for FY 2023: \$4,574,000

(2) Justification

### (A) Threat Assessment

The most serious drug threats to Central Valley California HIDTA (CVC HIDTA) are methamphetamine, fentanyl, heroin, illegal marijuana, cocaine, and other dangerous drugs. Methamphetamine remains the primary drug threat in the CVC HIDTA region. Most of the methamphetamine available in the United States is produced in clandestine labs in Mexico, and then smuggled across the Southwest border either as a finished product or in liquid form that is converted into crystal methamphetamine (“ice”) at clandestine labs. In 2020, CVC HIDTA initiatives seized eight such laboratories, including five capable of producing over 10 pounds of crystal methamphetamine (“ice”) per month. During the same period, task forces seized more than 3,686 pounds of methamphetamine.

In 2020 the CVC HIDTA removed 97 kilograms of heroin (all forms) from the marketplace. Black tar heroin is the most available form of heroin in the Central Valley. Brown heroin is the second most available form, then tan or light brown heroin, and finally white heroin is the least available form of the opioid.

The CVC HIDTA also removed 45 kilograms of fentanyl. In 2018, the CVC HIDTA seized 28 pounds of fentanyl, and then 178.64 pounds and 5,004 dosage units of fentanyl in 2019 to more than 76,322 dosage units in 2020.

Illegal marijuana poses the fourth most significant drug threat in the CVC HIDTA’s AOR. In 2020, the CVC HIDTA removed 662 metric tons of illicit marijuana from the marketplace. At the same time, the CVC HIDTA saw an increase in the number of illegal outdoor cultivation sites. Law enforcement officers encountered more illegal grows on private land than public land as well as an increasing number of greenhouses. The sophistication and organization of THC extraction labs has grown. In 2020, the initiatives encountered 37 illegal THC extraction labs and seized over 33,272 pounds of THC extract.

The CVC HIDTA removed 158 kilograms of cocaine from the marketplace in 2020.

### (B) Strategy for Achieving Goals and Objectives

The CVC HIDTA applies a multiagency task force model to leverage diverse authorities, expertise, and resources to achieve its mission. Approximately 159 Federal, state, county, and municipal law enforcement members representing 43 agencies participate in CVC HIDTA initiatives. The CVC HIDTA’s Executive Board constructs task forces according to regional needs, and adapts them as necessary to address changes in the drug threat environment. The ISC provides intelligence support to the enforcement initiatives and coordinates intelligence sharing with the appropriate Federal, state, and local entities.

(C) Support of the *National Drug Control Strategy*

To accomplish CVC HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate resources to initiatives with a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling DTOs that manufacture, transport and distribute drugs and the illicit proceeds from the sale of drugs;
- improving investigative effectiveness by providing quality case support and predictive, actionable intelligence through the ISC and its subsystems; and
- strengthening the relationship between law enforcement and prevention organizations through continued collaboration with the other California HIDTAs on a state-wide prevention initiative, and by direct coordination and collaboration with the drug-free coalitions and public health entities in our AOR.

(3) Methamphetamine

Methamphetamine encountered in the region is smuggled into the United States from Mexico, either as finished product or in liquid form that is subsequently converted to methamphetamine "ice" at clandestine conversion labs. CVC HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Chicago HIDTA**

(1) Amount of Funding Requested for FY 2023: \$6,739,093

(2) Justification

(A) Threat Assessment

Chicago's geographic location, unique demographics, and significant Mexican drug cartel presence, combined with its role as a principal national transportation hub and financial mecca, has resulted in Illinois being characterized as a non-traditional border state, particularly as it relates to illicit drug trafficking. Most of the illicit drugs reaching the United States are coming across the Southwest border, and a large portion is destined for the Chicago hub. Some drugs will be marketed locally, and the remainder will be transshipped elsewhere throughout the country. Within Chicago's culturally diverse community, MDTOs have been able to establish and maintain local source-country connections, create a support system to mask illicit activity, and operate with relative anonymity. Illicit proceeds collected from drug sales are often staged in and around Chicago for bulk shipment or other distribution schemes back to the MDTOs and/or cartels.

The major drug threats in the Chicago HIDTA AOR continue to be the distribution and use of heroin, fentanyl, fentanyl-laced drugs, and the corresponding overdose deaths that accompany such widespread availability. Escalated demand for pharmaceuticals, synthetic cannabinoids, increased methamphetamine and marijuana availability, and gang/drug-related violence are also primary areas of concern.

A continuing and expanding threat is the increased trafficking of illicit drugs and firearms on various social platforms and the dark web, often through cryptocurrencies.

Organized criminal street gangs are the principal retail distributors of illicit drugs in the Chicago HIDTA AOR. These gangs regularly engage in violent criminal activities to protect their drug supplies, distribution territories, and illicit drug proceeds. These criminal organizations are continuing their incursion into outlying areas and are becoming increasingly problematic for suburban law enforcement.

(B) Strategy for Achieving Goals and Objectives

Chicago HIDTA reacts quickly to emerging narcotics threats by developing innovative multiagency initiatives focused and properly equipped to investigate, disrupt, and dismantle the drug trafficking pipeline, from the local and regional to the international DTO level. Chicago HIDTA's multijurisdictional task force initiatives comprise 77 local, state, and Federal LEAs, and capitalize on each agency's specific expertise. The task force initiatives form a multipronged attack against Chicagoland's diverse drug trafficking avenues to include internet, postal, highway, street corner, retail, wholesale, as well as regional, national, and international drug trafficking and money laundering operations.

Chicago HIDTA's multiagency ISC provides actionable, detailed, and timely tactical and strategic intelligence and support to all Chicago HIDTA initiatives and LEAs in its AOR. All aspects of the Chicago HIDTA encourage neutral interagency collaboration through training, meetings, and co-locating of task forces. Chicago HIDTA conducts and sponsors joint training for task force initiative personnel, as well as non-task force narcotics investigators across the region and state to foster a wider net of information sharing and collaboration.

The Chicago HIDTA's strategy targets the complete cycle of addiction of the overdose epidemic by also addressing demand reduction through an innovative and heralded prevention curriculum for students, developing and collaborating on a diversion program for eligible people with substance use disorders, and participating in the HIDTA Overdose Response Strategy (ORS).

### (C) Support of the *National Drug Control Strategy*

To accomplish Chicago HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board allocates and focuses HIDTA resources on initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs that transport and distribute drugs and the related illicit proceeds;
- increasing intelligence sharing and coordination among the initiatives as well as all LEAs in Illinois and other regions that are impacted by the illegal drug trade emanating from the Chicago HIDTA AOR;
- addressing emerging drug distribution methods, such as via the internet and mail;
- originating local infrastructure innovations, such as license plate readers and cameras on known DTO trafficking routes;
- providing in-depth case support to investigations from the local street corners to the cartel; and
- seeking ways to enhance its relationship with community organizations, educational institutions, and other organizations engaged in drug education, prevention, and treatment activities.

### (3) Methamphetamine

With the high availability and low cost of other narcotics in Chicago, local demand for methamphetamine is relatively small, and the area remains a transshipment point for DTOs. Chicago HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Gulf Coast HIDTA**

(1) Amount of Funding Requested for FY 2023: \$9,200,612

(2) Justification

### **(A) Threat Assessment**

Gulf Coast HIDTA (GCHIDTA) comprises a geographically diverse area consisting of 29 HIDTA-designated counties/parishes in Alabama, Arkansas, Florida, Louisiana, Mississippi, and Tennessee. MDTOs pose the greatest criminal drug threat to the GCHIDTA. The proximity of the Southwest border to the Gulf Coast positions the region as a key drug trafficking route. Methamphetamine, in both powder and crystal (“ice”) forms, poses the greatest threat in the region. Law enforcement intelligence indicates that Mexico-based, poly-drug DTOs transport methamphetamine into the GCHIDTA region for distribution by local drug trafficking groups. Methamphetamine laboratories continue to decline across the region as availability of the less expensive and purer Mexico-produced methamphetamine remains high. Law enforcement, treatment and prevention professionals, and medical examiners in these areas have seen a troubling surge of fentanyl and acetyl-fentanyl. Many other areas across GCHIDTA that have not witnessed this kind of opioid use in the past are now experiencing it.

Fentanyl and other opioids are considered the second most serious threat. Violent crime continues to affect the safety and quality of life of the citizens as high rates of drug-related murders and robberies continue to plague urban areas such as Memphis, Tennessee, and New Orleans, Louisiana.

### **(B) Strategy for Achieving Goals and Objectives**

GCHIDTA promotes an effective working relationship among its law enforcement initiatives by designing and deploying an infrastructure that fosters information sharing and ensures a coordinated response to the drug threat. GCHIDTA fosters an environment in which participating Federal, state, and local agencies can achieve the goals of disrupting and dismantling DTOs and reducing the demand for drugs by focusing on specific drug threat elements unique to their respective areas. Specifically, the GCHIDTA:

- Has 34 enforcement initiatives that are strategically located with the primary goal of disrupting and dismantling DTOs and MLOs;
- Has an intelligence support network which gathers, analyzes and disseminates drug intelligence information throughout the AOR and beyond;
- Provides officer safety and information sharing through a robust, nationally connected, deconfliction solution; and
- Provides case support for all enforcement initiatives through the Intelligence Support Network.

(C) Support of the *National Drug Control Strategy*

GCHIDTA will continue to support the goals of the *Strategy* by reducing illicit drug availability and its harmful consequences within its designated areas, creating and maintaining intelligence-driven task forces, and supporting infrastructure designed to target, disrupt, and eliminate DTOs impacting the region and beyond.

(3) Methamphetamine

Methamphetamine remains the primary drug threat across the GCHIDTA region and is a principle contributor to violent and property crime. Notably, in 2020 and for the first time, methamphetamine surpassed marijuana as the most available drug across the region. Historically, local methamphetamine laboratories, both traditional and the smaller ‘one pot’, contributed to the majority of the methamphetamine supply across the GCHIDTA. Presently, that demand is being met by Mexican Cartel methamphetamine production laboratories. With an abundant supply of precursor chemicals and the adoption of more sophisticated production methods, the Mexico sourced methamphetamine is of higher quality and offered at a lower price than the domestically-produced product. Consequently, the presence of the once dominant local laboratories has become almost non-existent.

## **Hawaii HIDTA**

(1) Amount of Funding Requested for FY 2023: \$3,677,998

(2) Justification

(A) Threat Assessment

The trafficking and use of crystal methamphetamine (“ice”) and diverted pharmaceuticals, and the production and cultivation of marijuana pose the greatest illicit drug threats to Hawaii HIDTA (HI HIDTA). Methamphetamine is widely available throughout the AOR. Crystal methamphetamine (“ice”) is produced in Mexico and primarily transported via California, Nevada, Arizona, and Washington. Transportation methods favored by DTOs shipping crystal methamphetamine (“ice”) to the region include commercial parcel and postal services, and the use of human couriers traveling on commercial airline flights who may conceal illicit drugs on their bodies or in carry-on baggage. In addition, DTOs sometimes employ corrupt airline employees to ensure crystal methamphetamine (“ice”) shipments circumvent airport security. DTOs also use private couriers to transport small amounts of methamphetamine to the state. In addition, intelligence data indicate that DTOs use sea containers and vehicles aboard commercial shipping vessels to transport illicit drugs, including crystal methamphetamine (“ice”). Proceeds derived from the sale of crystal methamphetamine (“ice”) are then mailed or carried by human couriers traveling on commercial airline flights or transferred via wire remitters.

Through a partnership with the region’s forensic pathologists, the HI HIDTA receives annual and real-time autopsy drug-related death data, which is analyzed by the HI HIDTA Drug Intelligence Officer (DIO) for the purpose of determining drug use trends in Hawaii. Opioid-related deaths have been particularly monitored, and the autopsy data points reveal an increase in opioid related deaths, including fentanyl-related deaths. In addition, the region is experiencing notable seizures of counterfeit oxycodone (M-30) tablets laced with fentanyl, and also seizures of fentanyl itself.

Small groups of individuals who obtain pharmaceuticals from physicians and pharmacies typically coordinate the distribution of diverted pharmaceuticals in the AOR. Some DTOs solicit patients to obtain pharmaceutical drugs, in particular opioids.

Marijuana flourishes agriculturally in Hawaii’s tropical environment, robust water sources, and fertile soil. Marijuana is grown indoors and outdoors on public or private lands. In addition, reporting indicates that marijuana concentrates are produced and trafficked in the area. Most marijuana DTOs operating in Hawaii are not poly-drug in nature, distributing mainly marijuana, synthetic cannabinoids, and THC liquids for use in vaping devices. Hawaii’s location also provides potential international and multistate criminal groups with many opportunities to traffic drugs to and from the area, due to its exceptionally high volume of international and domestic air and ocean traffic.

The HI HIDTA Prevention Initiative encompasses drug demand reduction efforts by

implementing a multi-disciplinary approach to affect communities through evidence-based programs that include drug education and awareness, drug prevention strategies, Drug Abuse Resistance Education (DARE) programs, and public health and social service partnerships.

By virtue of dividing prevention funds among participating local law enforcement and state social services representing the Islands of Oahu, Maui, Hawaii, and Kauai, the Prevention Initiative will provide the opportunity to develop unique drug prevention programs for the state of Hawaii and each of the island counties.

The Prevention Initiative includes a primary partnership with the state of Hawaii's Department of the Attorney General's (AG) Crime Prevention Division that will reach out with a creative drug awareness educational platform to youth and school students throughout Hawaii. These presentations and projects associated with the Department of the AG's Crime Prevention Division will continue throughout the existence of the Prevention Initiative.

The Prevention Initiative intends to establish community-based partnerships to understand further the drug problems that are systemic to neighborhoods, schools, and businesses. Through this discourse, HI HIDTA will identify cultural needs, design, and implement the appropriate prescription and stimulus to reduce addiction. In addition, HI HIDTA is a stakeholder in the Hawaii State Opioid Abuse Initiative, a multi-disciplinary approach to counteract the opioid overdose epidemic.

#### (B) Strategy for Achieving Goals and Objectives

HI HIDTA, in addressing the use and distribution of all illicit drugs, will work diligently with mainland HIDTAs and law enforcement partners to curtail organized crime and DTOs throughout the Nation. The region's greatest drug threat is crystal methamphetamine ("ice"). The current composition of HI HIDTA task forces is designed to counter the crystal methamphetamine ("ice") threat that infected Hawaii well before its devastating influence on mainland states (manufactured crystal methamphetamine ("ice") originated from nearby Asia and Asian traffickers entered the densely populated Asian culture in Hawaii). Today, the region's supply of crystal methamphetamine ("ice") is solely from Mexican cartel sources.

The HI HIDTA strategically incorporates independent task forces for each of the region's four island municipalities: City and County of Honolulu (Oahu), Hawaii County (Hilo and Kona), Kauai County, and Maui County (islands of Maui, Molokai and Lanai). Each task force is capable of commingling whenever task force asset sharing is necessary, and during joint-island interdiction operations. To counteract the most prevalent drug transportation methods used by the DTOs in the region, a statewide drug interdiction task force is responsible for investigations and drug canine screening at Hawaii's major airports, passenger terminals, and postal and parcel facilities. The HI HIDTA task forces are staffed with police criminal intelligence officers who facilitate intelligence sharing among the region's four municipalities and Federal counterparts. The ISC provides investigative and analytical support to all task forces. An additional task force focuses on drug money laundering as part of the HI HIDTA strategy. It is imperative that the HI HIDTA remain vigilant of the overdose epidemic that has devastated many of our mainland communities, and so the HI HIDTA is a stakeholder in the multi-

disciplinary Hawaii State Opioid Initiative. To further prevent the influx of fatal and non-fatal drug overdoses in Hawaii, the HI HIDTA began its participation in the HIDTA ORS and DIO Program, which embraces a partnership with Hawaii's Public Health Sector; Center for Disease Control and Prevention (CDC); and the Hawaii HIDTA. The HI HIDTA invested in drug prevention Public Service Announcements (PSA) that were produced by a renowned local filmmaker. These PSAs incorporated a drug prevention theme under the stress of the pandemic, and a health care hotline phone reference for the viewers to seek help.

(C) Support of the *National Drug Control Strategy*

To accomplish HI HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus resources on initiatives with a direct relationship to:

- disrupting DTO enterprises and the market and supply of illegal drugs through enforcement strategies dedicated to intercepting narcotics before and after being imported into Hawaii, and further eliminating and seizing the DTOs' profits and assets through specialized money laundering and financial investigative techniques, and analytical support;
- increasing intelligence sharing by continuing to invest heavily in a robust ISC;
- creating a stronger relationship between law enforcement and prevention organizations; and
- working with community stakeholders to bring to light, analyze, and deliver an education/prevention message relating to the emerging trend of prescription drugs and pharmaceutical abuse.

(3) Methamphetamine

Methamphetamine is Hawaii's greatest drug threat and is widely available throughout the HI HIDTA AOR. HI HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Houston HIDTA**

(1) Amount of Funding Requested for FY 2023: \$11,526,802

(2) Justification

(A) Threat Assessment

The threat from illicit drug trafficking and associated violence within the Houston HIDTA region remains high, in large part due to its close proximity to the Southwest border, seaports, and national highway infrastructure. As a result, the region is one of the most significant distribution and transshipment areas for the variety of illegal drugs trafficked from Mexico into the United States. It is also a primary consolidation point for bulk cash smuggled back across the border. Therefore, Houston is one of the principal centers for drug activity in the country. Houston has experienced an increase in methamphetamine availability, heightening the threat level posed to the region and beyond. Cocaine remains ranked as the Houston HIDTA's second greatest drug threat due to its substantial impact on public health, while opioids/opiates follow close behind as the third highest drug threat in the region. The long-standing high level of use of both powder cocaine and crack cocaine among adults is correlated with a significant number of deaths. In fact, the number of toxicity-related deaths in Harris County with cocaine listed as a contributing factor continues to be higher than for any other singular drug type.

In addition to the imminent threat posed by the vast supply of illegal drugs moving through the region, drug-related violence continues to escalate, especially among the region's gangs. Gangs within the Houston HIDTA continue to grow in strength and number. Their violence, often spurred by drug-related turf issues, is increasingly brutal, heightening the severity of the impact of the drug trade in the region.

(B) Strategy for Achieving Goals and Objectives

Houston HIDTA fosters cooperative and effective working relationships among Federal, state, and local agencies that participate and/or operate in the region to achieve the common goals of disrupting and dismantling DTOs and reducing the demand for drugs. The law enforcement initiatives at Houston HIDTA comprise intelligence-driven, multijurisdictional, co-located, and commingled drug task forces from Federal, state, and local LEAs. These drug task forces pursue coordinated efforts to reduce the manufacture, smuggling, transshipment and distribution of drugs by targeting all aspects of the DTOs and MLOs operating in the region through high-level intelligence driven investigative strategies, interdiction activities and effective prosecution. In addition to these efforts, Houston HIDTA recognizes that law enforcement cannot accomplish these goals alone. Therefore, there is a continued effort to develop stronger relationships and strategies with our treatment and prevention partners to create a more holistic approach to reduce significantly the impact of drug addiction on the communities.

(C) Support of the *National Drug Control Strategy*

To accomplish Houston HIDTA's mission and objectives, the Houston Executive Board will allocate and focus the HIDTA resources on initiatives that have a direct relationship to:

- dismantling or disrupting DTOs/MLOs, thereby disrupting the market for illegal drugs;
- implementing programs and activities that improve the effectiveness and coordination of agencies participating in the HIDTA;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- strengthening the relationship between law enforcement and prevention and treatment organizations.

(3) Methamphetamine

Methamphetamine continues to be the most prominent illicit drug threat in the region, a rising trend that shows no indication of a reversal. Use continues to rise in the region because it is readily available at a decreasing cost. All the Houston HIDTA enforcement initiatives have targeted the DTOs distributing methamphetamine. The Methamphetamine Initiative Group (MIG), in particular, was formed in 2001 in response to the rise of clandestine methamphetamine laboratories throughout the Houston region. This initiative was the first of its kind in Texas and continues to be the premier support group that deals with dismantling clandestine labs. Due to the highly successful "behind the counter" pseudoephedrine laws that were passed by the State of Texas in 2005, the number and scope of clandestine methamphetamine labs dwindled dramatically in Texas. The adaptability of the MIG investigators to now target larger MDTOs that specialize in importing vast quantities of methamphetamine across the Southwestern Border (SWB) has been very beneficial to Houston HIDTA. The Houston HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Indiana HIDTA**

(1) Amount of Funding Requested for FY 2023: \$4,574,249

(2) Justification

(A) Threat Assessment

The drug threat in the Indiana HIDTA has increased over the past year because of rising levels of fentanyl, heroin, methamphetamine, and cocaine availability due to the presence of MDTOs in the area. DTOs operating in the HIDTA region have direct links to Chicago, Indianapolis, the Southwest border region, and Mexico. Criminal street gangs are the primary retail-distributors of drugs in the HIDTA AOR. Nine major interstate highways crossing through the Indiana HIDTA region make it a strategic area utilized by traffickers who transport drugs and money to and through the Indiana HIDTA region. This report is based on both 2019 seizures and 2020 surveys sent to law enforcement officers both within and outside of the AOR (but within Indiana).

Key issues identified in the Indiana HIDTA region are noted as follows:

- Fentanyl was ranked as the highest drug threat in our area. The availability of fentanyl was high in early 2020, and has increased over last year. The departments outside of the AOR ranked fentanyl as third overall.
- In our annual survey to law enforcement, heroin ranked as the second highest drug threat in the Indiana AOR. Heroin availability remains high and has remained the same from last year throughout Allen, Lake, LaPorte, Marion, Porter and Vanderburgh counties. In the surveys distributed to law enforcement departments/agencies within Indiana, but outside of the AOR, heroin also ranked as the second highest drug threat.
- In 2020, methamphetamine availability remains high. The 2020 seizures of methamphetamine (253 kilograms and 447 dosage units) and methamphetamine crystals – “ice” (60 kilograms) comprised 17 percent and 4 percent respectively of the drugs seized during the year. The Indiana HIDTA has seen substantial seizures during 2020, especially in Marion County (Indianapolis), of methamphetamine (194 kilograms) and in Vanderburgh County, which became operational in September 2020, of crystal methamphetamine (“ice”) (40 kilograms). While departments within the Indiana HIDTA AOR ranked methamphetamine as the third highest threat, those departments outside of Allen, Lake, LaPorte, Marion, Porter and Vanderburgh counties ranked methamphetamine as the highest drug threat.
- According to law enforcement surveys, 31 percent of the respondents said that cocaine is readily available throughout the AOR, and that the high level of availability remained the same over the previous year. MDTOs continue to control the transportation and bulk sales of cocaine, which is being transported either from Chicago or directly from the Southwest border to the Indiana HIDTA area for distribution or onward movement. During 2020, the

HIDTA initiatives seized 95 kilograms of cocaine and more than a kilogram of crack. Cocaine was also ranked fourth among departments outside of the Indiana HIDTA AOR.

- Local LEAs in Allen, Lake, LaPorte, Marion, Porter, and Vanderburgh counties report that the availability for Controlled Prescription Drugs (CPDs) is high and remained the same from 2019. Seizures by Indiana HIDTA initiatives in 2020 showed that fentanyl, alprazolam (including Xanax®), MDMA, hydrocodone (including Norco® and Vicodin®), and oxycodone (including Oxycontin® and Percocet®), are currently among the most commonly diverted and used CPDs in the HIDTA region. In 2020, HIDTA initiatives seized 20,251 dosage units and 18 liters of prescription drugs. The Indiana surveys outside of the AOR also ranked CPDs fifth.
- Area law enforcement ranked synthetics as the sixth highest drug threat in the area. The availability of synthetics is moderate and has remained the same over last year. The HIDTA initiatives seized 9 kilograms and 66 dosage units of synthetics in 2020. Departments outside our AOR ranked synthetics as sixth overall.
- In the survey 65 percent of the respondents said that the availability of marijuana was high in Indiana and remained high over the previous year. In 2020, a total of 3,682 kilograms of marijuana, which included 71 liters of THC liquid (vapes) and 454 kilograms of THC resin (edibles), were seized by the Indiana HIDTA initiatives. In the surveys from outside of the AOR, marijuana was also listed in seventh place.
- Street gangs continue to expand into the HIDTA region. Gangs are involved in the trafficking of drugs and firearms throughout Indiana and neighboring states. Gang-related violence and influence are of major concern for LEAs throughout the area.

#### (B) Strategy for Achieving Goals and Objectives

The Indiana HIDTA has 16 law enforcement initiatives and two intelligence initiatives (the ISC and MCSO-CIU) tailored to address the specific needs of the AOR – drug trafficking, gangs, firearms, money laundering and fugitive activities. The non-investigative initiatives are in management, support and prevention. Indiana HIDTA works with 36 state and local jurisdictions, and 7 Federal agencies to bring a coordinated law enforcement effort to the region in an effort to address drug trafficking.

The purpose of the strategy is to provide strategic guidance and goals to the Indiana HIDTA participating agencies as set forth by the Indiana HIDTA Executive Board. The Executive Board's strategy supports the two national HIDTA goals: disrupt the market for illegal drugs by dismantling or disrupting DTOs, and increasing the efficiency of LEAs.

The strategy focuses HIDTA efforts on these goals through attacking the primary threats to Indiana of drug trafficking, the violence associated with the drug trade and the organizations conducting drug trafficking. These goals are the underlying theme throughout the strategy.

(C) Support of the *National Drug Control Strategy*

Indiana HIDTA Executive Board supports the goals of the *Strategy* by helping the two national goals: disrupt the market for illegal drugs by dismantling or disrupting DTOs and increasing the efficiency of LEA. The Executive Board will allocate resources to initiatives that disrupt the market for illicit drugs and disrupt the financial activity of these organizations.

(3) Methamphetamine

Methamphetamine demand is increasing in the Indiana HIDTA AOR. Methamphetamine is ranked as the as third highest drug threat in the AOR. Indiana HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Liberty Mid-Atlantic HIDTA**

(1) Amount of Funding Requested for FY 2023: \$6,058,351

(2) Justification

(A) Threat Assessment

The Liberty Mid-Atlantic HIDTA (LMA HIDTA) lies within the eighth largest metropolitan area in the United States and is home to 5.7 million people within its nine-county region. Approximately 100 million additional people live within a one-day drive of the Philadelphia metropolitan area, a key drug transshipment zone along the Interstate 95 northeast corridor in the Mid-Atlantic region. In addition, LMA HIDTA sits within one of the more violent regions in the Nation, as Atlantic City, New Jersey, Camden, New Jersey, Chester, Pennsylvania, and Wilmington, Delaware, remain high in rankings of the most violent cities per capita in the country. Philadelphia's 2019 violent crime rate is two and a half times the national average (1021.4 per 100,000 versus 382.9 nationally); the homicide rate (15.9 per 100,000) was three times higher than the national average (5.3).

Fentanyl and fentanyl-related analogs, heroin, prescription drugs, cocaine, and marijuana are the principal drug threats to the LMA HIDTA region, with growing numbers of fatal and nonfatal overdose episodes attributed to fentanyl and poly-drug use. MDTOs (with direct connections to cartel-level syndicates or cells) remain the dominant heroin, fentanyl, cocaine, and marijuana suppliers within the LMA HIDTA region. MDTOs have established the region as a central location to store temporarily large quantities of illicit drugs and cash proceeds transiting between the northeastern United States and the Southwest border region. MDTOs, allied with various other independent groups, are capable of distributing multi-kilogram quantities of fentanyl and Mexican-produced white heroin, hundred-kilogram quantities of cocaine, millions of dosage units of counterfeit prescription drugs, and thousands of pounds of commercial-grade and high potency marijuana on a monthly basis. Continuing a multi-year trend, investigations and intelligence confirm that MDTOs are supplying bulk quantities (multikilogram) of crystal methamphetamine ("ice") within the LMA HIDTA region in an attempt to establish new markets and increase demand among stimulant users. Methamphetamine distribution at retail levels is rising, as well, and the DarkNet is becoming more common as a source for illicit drug procurement, particularly for fentanyl-related substances and novel psychoactive substances in various classes.

Philadelphia is a commercial transportation hub. Drugs arrive in the region through various means, including private and commercial vehicles; commercial air, rail, and bus transit; and postal, commercial parcel; and ground, air, and maritime cargo shipments.

These same conveyances are also utilized to transport bulk currency to domestic consolidation points across the Southwest border to Mexico or through the Caribbean to Central and South America. Other money movement techniques used by traffickers in the LMA HIDTA region include bank deposit structuring to avoid Bank Secrecy Act reporting requirements, cash-based and money service businesses to wire proceeds, prepaid stored value cards, purchases of high-

priced assets, and laundering through legitimate or front businesses.

Urban areas within the LMA HIDTA region consistently rank among the most dangerous and violent regions in the country, due in no small part to the impact of drug trafficking, distribution, and drug-related violent crime. Throughout the region, territorial violence is rampant within neighborhoods where distribution groups, as well as neighborhood-based and nationally connected street gangs, compete for control of profitable drug markets using violence and intimidation tactics. Various distribution groups exploit inner city neighborhoods and suburban public housing developments to intimidate residents and competitors and protect profitable drug enterprises and markets. Law enforcement and public health professionals alike view heroin, fentanyl, and opioid addiction as the greatest concern in the LMA HIDTA region due to the continued availability of higher potency, low-priced heroin and fentanyl mixtures and its appeal to teenage and young adult users priced out of the prescription narcotics market. Compounding these factors, the emergence of fentanyl, fentanyl analogs, and opioid-like synthetic drugs in the regional drug market pose the likelihood of more deaths and hospitalizations, adding to the already alarming numbers of fatal and nonfatal overdose incidents.

#### (B) Strategy for Achieving Goals and Objectives

LMA HIDTA's strategy supports the above goals, as well as the goals of the HIDTA Program overall. Through information sharing, interdiction, investigation, and prevention initiatives, LMA HIDTA takes a comprehensive approach to thwarting the use, flow, and distribution of drugs into its nine-county region. LMA HIDTA's initiatives identify, disrupt, and dismantle DTOs and MLOs; locate and apprehend violent fugitives wanted in connection with drug offenses; gather intelligence linking drug traffickers to criminal organizations; and pursue opportunities for collaboration with public safety, public health, and non-governmental organizations to decrease demand for and harm from illegal substance use. The investigative and enforcement initiatives are structured to maximize the response to violent episodes in the most seriously impacted areas – Philadelphia, Atlantic City, Camden, Chester, Coatesville, and Wilmington – while continuously pursuing the region's DTOs and MLOs that fuel the supply of drugs to all our communities. LMA HIDTA's support initiatives enhance the operating environments, professional skillsets, information sharing capabilities, and intelligence assessments and case support services that law enforcement initiatives rely upon to succeed.

#### (C) Support of the *National Drug Control Strategy*

LMA HIDTA supports the *Strategy* thorough investigation that leads to the disruption and dismantlement of DTOs and MLOs. These efforts are achieved with domestic interdiction to accomplish the following:

- stop illegal drugs from reaching regional markets and denying drug proceeds from being expatriated to source countries;
- curtail the flow of prescription drugs of abuse through diversion investigations; and

- collect, coordinate, collate, analyze, and disseminate criminal intelligence that relates to drug trafficking, violent drug gangs, and money laundering.
- Facilitate public safety-public health collaborations that promote deeper and wider understanding of substance use disorders, reduce harms from drug use and increase access to SUD treatment.

### (3) Methamphetamine

MDTOs supply bulk quantities of crystal (ice) methamphetamine within the LMA HIDTA region to local and multi-state DTOs, as well as counterfeit prescription drugs containing methamphetamine in pill form. Methamphetamine arrives through various means, including private and commercial vehicles; commercial air, rail, and bus transit; and postal, commercial parcel, ground, air, and maritime cargo shipments. LMA HIDTA does not track funding specifically used to address methamphetamine trafficking, as most of the DTOs investigated are poly-drug traffickers.

## **Los Angeles HIDTA**

(1) Amount of Funding Requested for FY 2023: \$16,187,469

(2) Justification

(A) Threat Assessment

Major DTOs and criminal groups control the wholesale distribution of illicit drugs in the Los Angeles HIDTA (LA HIDTA) region. They supply illicit drugs to distributors within the region and to distributors in most other significant drug markets throughout the country. Their influence is so profound that the LA HIDTA region has become one of the most significant illicit drug distribution centers in the United States for cocaine, heroin, fentanyl, marijuana, methamphetamine, MDMA, and phencyclidine (PCP). Additionally, MDTOs and criminal groups based in the LA HIDTA region are increasing their control over illicit drug distribution in many drug markets – most recently in East Coast drug markets long controlled by other trafficking groups – further enhancing the role of the region as a national drug distribution center. It is a staging area for MDTOs and some that have a national and/or international presence.

The geographic, cultural, social, and economic diversity and general affluence of the population within the four-county area [sixth largest economy in the world with approximately 15 percent of the national gross domestic product (the largest in the United States)] have helped make LA HIDTA a huge market for drug use and distribution. At the same time, the highly developed transportation routes, and the proximity to the Southwest border have made LA HIDTA a primary distribution, storage, and supply hub for illicit drugs destined for all the major metropolitan areas in the United States. Further, the large rural and remote desert areas make LA HIDTA an ideal location for clandestine manufacturing of crystal methamphetamine (“ice”), although the majority of methamphetamine encountered in LA HIDTA is manufactured in Mexico.

(B) Strategy for Achieving Goals and Objectives

LA HIDTA’s strategy aligns the Intelligence Support System (ISS) and task force initiatives to communicate effectively, coordinate and focus their respective intelligence and enforcement efforts to enhance the disruption and/or dismantling of major DTOs and MLOs that, at their highest levels, operate in and through the regions primary geographical area to other parts of the country. The strategy provides a comprehensive, dynamic law enforcement/intelligence plan that combines and coordinates regional drug control efforts in areas where they can have the most significant impact on the threat. By Executive Board direction, this HIDTA consists of seven major operational task forces comprising co-located Federal, state, and local LEAs and three intelligence initiatives. It is their collective purpose to effectively and efficiently work within the strategy to identify and target the major DTOs that operate at the higher levels of the illegal drug chain of command in order to measurably reduce drug trafficking and its impact in this and other areas of the country.

(C) Support of the *National Drug Control Strategy*

To accomplish LA HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus resources on initiatives that have a direct relationship of:

- Disrupting the illegal drug market and transshipment activities by disrupting and/or dismantling the major poly-drug commodity DTOs, TCOs and MLO, at the highest levels, that smuggle, transport, distribute drugs as well as illicit proceeds from their sale in and through the vast Los Angeles region to other parts of the country.
- Increasing intelligence sharing and coordination among the initiatives and all Federal, state, and local LEAs through LA HIDTA's ISS comprised of the Los Angeles Regional Criminal Information Clearinghouse (LA CLEAR), the Joint Regional Intelligence Center (JRIC) and the Inland Narcotic Clearinghouse (INCH).

The primary mission of LA CLEAR is to ensure officer safety and operational efficiency by providing a robust deconfliction capability serving the LA HIDTA region, analytical case support, advanced technology and enhanced information sharing to all LEAs. The INCH provides advanced analytical case support as well as spearheads a robust and nationally recognized intelligence led policing effort of the LA HIDTA Domestic Highway Enforcement (DHE) Initiative. The JRIC provides tactical analysis case support, prepares strategic analysis, threat assessment reports, and is a component of the national fusion center system, thus fostering better information and intelligence sharing between the HIDTA and DHS networks.

- Working to support the mission of the ORS which is helping communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions; and
- Creating a stronger relationship between law enforcement and prevention organizations through a coordinated effort with the California National Guard and its statewide prevention initiatives.

(3) Methamphetamine

Although currently the majority of methamphetamine currently encountered in LA HIDTA is manufactured in Mexico, some 90 miles south of the LA HIDTA region, between the vast rural and remote desert areas coupled with the heavily congested massive metropolitan area, the LA HIDTA region continues to be an ideal location for cartels to conceal their clandestine laboratories, stash houses and transshipment activities.

One example is the record-breaking tractor-trailer, poly-drug load, of 17,584.33 pounds (8.9 tons) of both methamphetamine, and 388.93 pounds of fentanyl seized by the United States Customs Border Protection at the Otay Mesa, California, Port of Entry which was destined for the LA HIDTA region.

This one seizure alone exemplifies LA HIDTA's rationale of targeting the most sophisticated poly-commodity / poly-drug trafficking and smuggling organizations that operate in and through the region, further explaining why the LA HIDTA does not track funding specifically used to address methamphetamine trafficking only.

## **Michigan HIDTA**

(1) Amount of Funding Requested for FY 2023: \$3,980,117

(2) Justification

### (A) Threat Assessment

Michigan HIDTA is located between major drug markets in Chicago and New York City, shares an international border with Canada, and has three of the top 25 busiest commercial land ports in the United States. DTOs transport illicit drugs into and through the region from Chicago, New York, Atlanta, the Southwest border, and Canada. The Michigan HIDTA major drug markets serve as distribution centers for smaller markets within the region and neighboring states. MDTOs are the primary source of supply for cocaine, crystal methamphetamine (“ice”), fentanyl, heroin and low-grade marijuana for Michigan.

Fentanyl is readily available and its use continues to increase throughout most areas in the state. In 2020, Michigan HIDTA task forces seized a total of 48 kilograms of fentanyl compared to 30 kilograms in 2019. Michigan State Police forensic laboratory data, identifying the predominant drug type in tested samples, showed roughly a 14 percent increase in the presence of fentanyl from 2019 to 2020.

Heroin continues to rank high as a serious drug threat in Michigan. Heroin remains widely available with 92 percent of drug teams reporting the drug is readily available compared to 97 percent in 2019. Fifty-seven of the 110 DTOs/MLOs disrupted or dismantled by Michigan HIDTA Task Forces in 2020 trafficked heroin. In 2020, Michigan HIDTA task forces seized roughly 34 kilograms of heroin compared to 29 kilograms in 2019. In 2020, there were 17,898 Michigan residents admitted to publicly-funded treatment facilities for heroin use (27% of all public admissions), a decrease from 21,954 in 2019.

Crystal methamphetamine (“ice”) is a significant threat in Michigan. The presence of Mexican crystal methamphetamine (“ice”) trafficked from the Southwest border continues to be prevalent. The availability of crystal methamphetamine (“ice”), continues to increase, with 89 percent of drug teams reporting the drug is readily available compared to 84 percent in 2019. Michigan HIDTA task forces seized 78 kilograms of crystal methamphetamine (“ice”) in 2020, which is roughly a 23 percent decrease from 101 kilograms seized in 2019. This decrease is likely due to the impact the COVID-19 pandemic had on availability. The influx of crystal methamphetamine (“ice”) has had a major impact on the methamphetamine powder drug market in Michigan, and several drug teams have reported a drop in “one-pot” methamphetamine laboratories. Thirty-seven percent of teams surveyed reported crystal methamphetamine (“ice”) as their most significant drug threat compared to twenty-four percent in 2019. Michigan HIDTA task force teams seized a total of 40 kilograms of methamphetamine powder in 2020 compared to 29 kilograms in 2019. In 2020, the Michigan Department of Health and Human Services (MDHHS) reported 5,005 Michigan residents indicated methamphetamine as their primary drug of choice upon admission for treatment, up from 4,268 in 2019.

Cocaine is a significant drug threat and is readily available across the State of Michigan. The availability of cocaine continues to increase with 87 percent of drug teams reporting the drug is readily available compared to 97 percent in 2019. Michigan HIDTA task forces seized roughly 5,053 kilograms of cocaine in 2020 compared to roughly 1,036 kilograms in 2019; however, the increase is due to one team's significant seizure of 4,775 kilograms of cocaine outside the United States pursuant to an investigation of an international DTO. Crack cocaine in Michigan is a moderate drug threat and its availability slightly decreased since last reporting period. MDHHS data show there were 6,089 publicly-funded treatment admissions for cocaine use in 2020, down from 7,183 in 2019.

Prescription drug diversion and misuse continue to be significant threats to the state due to availability through multiple methods of acquisition. Consistent with last reporting period, these drugs are readily available and in high demand across all jurisdictions. The methods of acquiring illegal prescription drugs include illegal purchases at known drug houses or private residences, diversion by doctor/pharmacist, street sales, "doctor shopping," (i.e., the practice of visiting more than one doctor in a short time span in order to obtain multiple prescriptions of the same medication), prescription forgeries, and pharmacy theft. Another method includes visiting physicians who operate as DTOs. Illegally obtained pharmaceutical drugs from Detroit and the surrounding metropolitan area are subsequently distributed at higher costs to other states like Indiana, Ohio, Kentucky, Tennessee, North Dakota and West Virginia. Prescription drugs accounted for the largest percentage of substance use disorder treatment admissions in 20 of the 83 counties statewide. Michigan HIDTA Task Force Teams seized a total of 19 kilograms and 57,323 dosage units of narcotic prescription drugs in 2020 compared to four kilograms and 16,854 dosage units in 2019. The MDHHS reports 5,446 Michigan resident admissions for publicly-funded treatment for prescription opioid use in 2020.

Marijuana is the most readily available drug in the State of Michigan. According to drug teams surveyed, 95 percent reported it is readily available with 87 percent reporting more availability than in 2019. Violation of the laws enacted through the Michigan Medical Marijuana Act (MMMA) and the Michigan Regulation and Taxation of Marijuana Act, has contributed to an increase in availability. The Michigan Regulation and Taxation of Marijuana Act was passed by the voters of the State of Michigan on November 6, 2018. Effective December 6, 2018, marijuana has been legal for anyone over 21 years of age to grow, consume, and possess. Under this law, a person may carry up to 2.5 ounces and store up to 10 ounces or grow up to 12 plants in their home. Additionally, recreational marijuana sales in the state began December 1, 2019, which allow anyone over the age of 21 to purchase marijuana from licensed dispensaries. It is likely that marijuana and other marijuana extracts such as edibles will continue to increase in availability. Per the Department of Licensing and Regulatory Affairs (LARA), there are roughly 380 legal medical marijuana provisioning centers and more than 230 legal recreational marijuana retailer provisioning centers, most commonly known as dispensaries, in the State of Michigan.

According to the 2020 Michigan Department of Licensing and Regulatory Affairs Report, there are 243,372 registered medical marijuana cardholders and 30,580 medical marijuana caregivers registered in the state (total 273,952), down from 304,958 approved registrants in

2019. MDHHS data show there were 3,710 publicly funded treatment admissions for marijuana use in Michigan in 2020. The Michigan Regional Poison Control Center reported 774 marijuana cases in 2020. Of the 774 cases, 347 cases involved adolescents between the ages of seven and 18, and 181 cases involved children six and younger. Marijuana produced in Michigan is distributed to other states. Mexico remains the primary source of supply for low quality, high yield marijuana imported to Michigan. In 2020, 4,929 kilograms of marijuana (including plants) was seized compared to 1,807 kilograms in 2019.

MDMA, also known as “Ecstasy,” is moderately available in Michigan. MDMA, both in tablet and powder form, is typically imported from China to Canada or manufactured in clandestine laboratories in Canada then smuggled to Michigan or sent via parcel services. Synthetic drugs, to include spice/herbal products and bath salts, continue to be seen in the state, though availability has decreased slightly.

Heroin and/or fentanyl mixed with other common street drugs pressed into pill form to resemble legitimate pharmaceutical drugs has become an emerging threat as has mixing heroin/fentanyl with substances like xylazine, a veterinary sedative, muscle relaxant and analgesic.

Detroit, Flint, Pontiac, and Saginaw share similar characteristics that contribute to violent crime, including high poverty rates, high unemployment rates, high narcotics usage, and reduction in local law enforcement staffing. Drug-related violent crime continues to pose a significant threat in these areas. Michigan HIDTA supports the Michigan State Police Secure Cities Partnership, which provides enhanced, regionalized, data-driven law enforcement services to the cities of Detroit, Pontiac, Saginaw, and Flint in an effort to reduce crime and improve the quality of life in these areas. Michigan HIDTA teams seized 2,199 firearms in 2020, up from 1,254 firearms in 2019.

#### (B) Strategy for Achieving Goals and Objectives

Michigan HIDTA has adopted a three-tiered enforcement strategy. The initiatives target street-level dealers threatening the community, mid-level dealers and priority targets, and major DTOs and MLOs identified in the threat assessment. These initiatives are supported by task force teams that address the serious threat caused by violent felons, firearms and fugitives associated with DTOs.

Michigan HIDTA accomplishes its mission and addresses the threat in the region through a united response from its Federal, state, local, and tribal partners, taking full advantage of their knowledge, skills, and expertise. Through co-location, interagency cooperation, and consolidation of strategic and tactical information, Michigan HIDTA fosters a comprehensive response to illicit drug trafficking by bringing together all available law enforcement resources. Cooperative working relationships have been supported and strengthened over many years by the Executive Board and the Executive Director to ensure that enhanced communication, collaboration, and information sharing support effective, intelligence-driven investigations.

(C) Support of the *National Drug Control Strategy*

To accomplish the mission and achieve the goals of the *Strategy*, the Executive Board focuses HIDTA resources on:

- disrupting and/or dismantling the DTOs that manufacture, transport, and distribute illicit drugs and seizing the illicit proceeds from their sales;
- improving the efficiency and effectiveness of the HIDTA's efforts by increasing intelligence sharing and coordination among HIDTA initiatives, law enforcement partners in Michigan, and law enforcement partners in other regions that are impacted by illegal drugs that originate or flow through the Michigan HIDTA; and
- enhancing relationships with organizations committed to drug education, prevention, and treatment, including community-based and educational institutions.

(3) Methamphetamine

Mexican-produced crystal methamphetamine ("ice") is a significant threat in Michigan. The Michigan HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Midwest HIDTA**

(1) Amount of Funding Requested for FY 2023: \$15,914,383

(2) Justification

### **(A) Threat Assessment**

While methamphetamine, heroin/synthetic opioids, and marijuana represent the region's top drug threats, the Midwest HIDTA sees use of every major drug type within its area of responsibility. In addition to an increase in overdoses and escalating strain on local public health systems, it is assessed that methamphetamine and heroin/synthetic opioids have led to a rise in violent and property crime, especially within urban areas. Mexico-based DTOs continue to traffic and distribute drugs throughout the region, and account for the bulk of smuggling and distribution. The opioid epidemic, which has spread across the Nation, has not left the Midwest untouched. Heroin and fentanyl are prevalent across all communities in every state across the Midwest, fueled by prescription opioids. Drugs such as fentanyl, MDMA and GHB (gamma-hydroxybutyric acid), and other synthetics are consistently present in most urban areas. PCP is readily available in the Kansas City metropolitan area, with significant quantities interdicted between California and Kansas City.

Competing gangs and other DTOs use violence to solidify and maintain their hold on drug trafficking within their area of influence. Cooperative local, state, and Federal law enforcement efforts throughout the region have had noteworthy success in identifying, targeting, and prosecuting active DTOs and gang members involved in violent drug-related activity. Drug trafficking trend analysis has long indicated that high-level DTOs have become established and entrenched in the Midwest, and many of these DTOs are poly-drug operations. As a result, task forces continue to initiate significant Organized Crime Drug Enforcement Task Forces (OCDETF), priority target organization-linked (PTO-linked), consolidated priority organization Target-linked (CPOT-linked), Title III, and financial investigations. Usage of CPDs and opioid pain medications has also driven an increase in the number of heroin and/or fentanyl users as trafficking groups expand their markets. Heroin overdose deaths and emergency room episodes have also exponentially increased in many Midwest cities.

A significant and chronic problem in both suburban and rural areas of the AOR is methamphetamine use, along with its related violence and social costs. Crystal methamphetamine ("ice") is highly sought after, and its popularity throughout the region contributes to be the dominant presence of MDTOs in the Midwest. Mexican organizations transport methamphetamine into the region via well-established overland routes. Some reporting also indicates the smuggling of methamphetamine in solution into the region for local conversion.

### **(B) Strategy for Achieving HIDTA Goals and Objectives**

Midwest HIDTA has developed a cohesive and comprehensive regional program focused on reducing and disrupting the importation, distribution, and manufacturing of illegal drugs. The

task forces maintain an aggressive posture toward enforcement activities. Midwest HIDTA has identified primary and secondary threat areas, defined drug importation and transportation corridors, and well-known areas of local drug production. Investigators conduct complex, in-depth, multijurisdictional OCDETF, PTO, CPOT, and other TCO investigations with an emphasis on dismantling the entire organization and reducing drug-related violence. Investigations target the highest level of DTOs and MLOs using undercover operations, innovative techniques, and surveillance of command and control communications. These investigations are intelligence-driven and conducted in a cooperative spirit among Federal, state, and local counterparts in a task force arrangement.

(C) Support of the *National Drug Control Strategy*

Midwest HIDTA contains 73 designated counties in Illinois, Iowa, Kansas, Missouri, Nebraska, North Dakota, South Dakota, and Illinois. It has developed a cohesive and comprehensive regional program that is executed through 57 initiatives to reduce the production, transportation, distribution, and use of illegal narcotics, thereby disrupting the illicit drug market.

(3) Methamphetamine

Methamphetamine remains the principal drug threat across the entire Midwest region. MDTOs dominate all importation, wholesale distribution, and even mid-level sales across the region. Methamphetamine use and trafficking, driven by increasing drug availability, continues to grow throughout the Midwest. Moreover, although small-scale “mom-and-pop” methamphetamine labs still present a threat to communities, increasing numbers of MDTO methamphetamine conversion and re-crystallization laboratories pose a new primary threat to citizens and first-responders, alike. Although the Midwest HIDTA continues to support methamphetamine laboratory seizures and clean-up, the focus has shifted to the exponential growth of methamphetamine produced and trafficked by MDTOs throughout the region. The Midwest HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Nevada HIDTA**

(1) Amount of Funding Requested for FY 2023: \$3,453,000

(2) Justification

(A) Threat Assessment

Nevada HIDTA (NV HIDTA) leadership, through examination of available intelligence trends, seizures, arrests, treatment admissions, drug death cases, investigative cases, and anecdotal information relating to the Nevada drug market, concluded that methamphetamine, paralleled by the surge in heroin, would be the most significant targets of all task forces. Methamphetamine remains a significant threat due to its high level of use, availability, lower cost, significant number of people treated for addiction, and the probable relationship to other crimes.

Heroin produced in Mexico is the only heroin available within the NV HIDTA AOR. Marijuana continues to be the most frequently used and widely available illicit drug. However, changes in public opinion, prosecution requirements, and resources have pushed it to a lower-level priority threat in the community.

Illicit fentanyl is an emerging threat in the region. Task forces have reported several seizures of fentanyl confirmed through laboratory testing. Some of the seizures include multi-kilogram quantities of fentanyl hydrochloride. It is expected that other drugs, including CPDs, club drugs, synthetic drugs, and cocaine, will continue to cause deep concern within the NV HIDTA region.

(B) Strategy for Achieving Goals and Objectives

NV HIDTA's primary enforcement strategy is to incorporate the use of well trained, well equipped, and commingled intelligence-led law enforcement personnel assigned to task forces to reduce the drug threats and the crime drugs bring to the area. These task forces consist of law enforcement personnel from local, state, and Federal agencies whose mission is to identify, investigate, disrupt, and dismantle drug organizations, drug traffickers, criminal operations, gang crime, and MLOs with an emphasis on violent crime reduction.

Through this multiagency program, personnel become the force-multiplier, thus enhancing information and resource sharing. NV HIDTA has consistently provided proven results with this time-tested process and rapidly adjusting strategies to meet the demands of changing threats and crime patterns. The extent of information sharing and interagency cooperation fostered through this approach strongly demonstrates that law enforcement personnel are working effectively and efficiently.

Task forces are composed of investigators representing a wide variety of local, state, and Federal LEAs, and each contributes unique authorities, perspectives, access to data and additional resources, and expertise. The operational strategy ensures that task forces and

affiliated agencies deconflict cases and subjects, share information, work cooperatively as necessary to avoid duplication of effort, and maximize the use of resources.

The ISC is an important component of the strategy. In addition to providing case support directly to ongoing investigations, the strategy tasked the ISC with conducting analyses of patterns and trends in the drug market that are then used by NV HIDTA leadership to proactively direct task force activities.

Continuous monitoring and close coordination efforts are a cornerstone of the strategy – through regular task force supervisor meetings, individual task force and Executive Board meetings, and the strategy calls for NV HIDTA leadership to monitor the direction and progress of the initiatives and ensure each is faithfully pursuing the achievement of program goals.

### (C) Support of the *National Drug Control Strategy*

NV HIDTA supports the *Strategy* of Reducing the Availability of Illicit Drugs in the region by dismantling or disrupting DTOs, Criminal Operations (COs), and/or MLOs, thereby disrupting the flow of illegal drugs into the NV HIDTA region and other areas of the country. NV HIDTA investigators conduct complex, in-depth, multi-jurisdictional DTO investigations with an emphasis on dismantling organizations and reducing drug-related violence.

NV HIDTA supports preventing drug use before it starts as a fundamental community strategy creating a comprehensive approach to drug control. NV HIDTA has deep partnerships with community coalitions, organized prevention programs including drug takebacks, supports the evidence-based strategy of Nevada established Drug-Free Communities Program, public education, and citizen awareness.

NV HIDTA is a strong proponent of strategies to improve the response to overdoses, including implementing the HIDTA ORS, training of law enforcement uses of Naloxone. Furthermore, NV HIDTA supports community treatment partners through education and information sharing regarding drug trends and other useful information.

### (3) *Methamphetamine*

The methamphetamine coming into the region is the biggest threat to Nevada. NV HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **New England HIDTA**

(1) Amount of Funding Requested for FY 2023: \$4,735,042

(2) Justification

(A) Threat Assessment

The greatest drug threats to the New England Region remain heroin, fentanyl, cocaine HCL, crack cocaine, controlled prescription drugs and methamphetamine. Heroin and fentanyl continue to collectively represent the dominant drug threats in New England from both a law enforcement and public health perspective. Cocaine hydrochloride and crack cocaine remain a high drug threat throughout the New England region due to its high availability, catalyst for property crime, and predicted continued availability throughout 2021.

From 2017-2019, all six New England states experienced age-adjusted fatal opioid-related overdose rates that were above the national average. Opioid-related overdose fatalities significantly rose in Connecticut, Massachusetts, Rhode Island, and Vermont, while New Hampshire had a notable decline in fatal overdoses over the past year. This pattern of increase is likely due at least in part to the effects of the COVID-19 pandemic and related mitigation measures: isolation, avoidance of or difficulty accessing medical services, and alterations in the illicit drug supply. The high number of fatal overdoses in New England continues to be driven by illicit, nonpharmaceutical fentanyl and fentanyl analogs.

During 2020, fentanyl contributed to over 79 percent of all opioid overdose fatalities in each New England state. Massachusetts had the highest percentage of positive fentanyl screens with 92 percent, while Maine had the lowest with 79 percent. The impact to first responders is significant, in terms of rescue/treatment approaches. Emblematic of these challenges, the amount of naloxone required to reverse a synthetic opioid, mainly fentanyl and its analogs in New England, versus opioid overdose is no doubt a driving factor in the higher fentanyl-related death rate.

(B) Strategy for Achieving Goals and Objectives

New England HIDTA (NE HIDTA) has developed a strategy tailored to encourage interagency cooperation and operations coordination, and remains committed to intelligence-led policing and information sharing. NE HIDTA provides an agency-neutral program to balance regional law enforcement efforts and coordinates a strategy to address the regional threat and national priorities. It continues to foster effective working relationships among six USAOs, nine Federal LEAs, and scores of state and local LEAs. Task force initiatives are staffed with co-located Federal, state, and local law enforcement officers, and NE HIDTA coordinates the integration of all initiatives to ensure a unified effort in achieving its goals and objectives.

(C) Support of the *National Drug Control Strategy*

In addition to supporting the *Strategy* by disrupting and dismantling DTOs and MLOs, NE HIDTA has implemented a collaborative partnership with prominent professionals in the education, prevention, and treatment aspects of the *Strategy*. Additionally, through continued cooperation with these partners, NE HIDTA has enhanced drug education and prevention initiatives by providing guidance and information to numerous state-sponsored prescription drug awareness programs and partnering with the New England DFC coalitions, the Massachusetts Prevention Alliance, and Boston University School of Medicine, and the Safe and Competent Opioid Prescribing Education of Pain training to provide prescribing physicians continuing medical education credits while creating awareness of the delicate balance of chronic pain management and risks associated with opioid prescribing.

(3) Methamphetamine

Methamphetamine trafficking and abuse increased throughout the New England region during the pandemic. NE HIDTA analysis suggests that the supply of methamphetamine has not decreased due to disruptions in the foreign precursor supply chain, but has remained stable and even increased in certain NE HIDTA AORs due to a low price, high potency, and large quantities being trafficking over the SWB from Mexico.

NEHIDTA assesses that methamphetamine trafficking and abuse will persist throughout the New England Region. Based on longstanding historical trends, methamphetamine is unlikely to supplant heroin, fentanyl, cocaine or marijuana as a primary drug threat in New England. However, increased availability, burgeoning demand, coupled with high potency and low prices, may serve to incentivize current and emerging polydrug trafficking organizations to enter the methamphetamine market. Due to the pandemic, Mexican methamphetamine production and distribution was likely briefly disrupted due to the lack of accessibility to precursors obtained internationally. Stable demand has since continued normal trafficking into the NEHIDTA AOR across the SWB. NE HIDTA assesses that the sale and accessibility of methamphetamine in the New England region will continue to rise.

## **New Mexico HIDTA**

(1) Amount of Funding Requested for FY 2023: \$9,502,108

(2) Justification

(A) Threat Assessment

New Mexico is a prime transportation corridor for illegal drugs entering the United States from Mexico. It is also a common corridor for drugs passing from California and Arizona to the Midwest and beyond. With three international ports of entry (POEs) funneling thousands of commercial and private vehicles into the state on a daily basis, drug transportation organizations have access to a vast network of interstate highways and local roads that create many options to move illicit drugs through the state. Unfortunately, New Mexico also has a drug problem of its own. Overdose death rates remain high and new threats, like fentanyl, increase the challenge.

The state's proximity to Mexico, its topography along the sparsely populated 180-mile border, its limited law enforcement presence between U.S. POEs, and its transportation infrastructure make it a significant smuggling corridor and a major trafficking route for drugs destined for illicit markets within the state, but primarily to other U.S. drug markets. Weapons and bulk cash are smuggled back into Mexico, primarily through vehicular conveyances utilizing hidden compartments. The sparsely populated international border between New Mexico and Mexico, along the three POEs, represents a high-risk area that presents many challenges to law enforcement; as a result, it is continually exploited by DTOs.

(B) Strategy for Achieving HIDTA Goals and Objectives

To combat the drug threats encountered across the state, the New Mexico HIDTA (NM HIDTA) Executive Committee funds multiagency initiatives that coordinate operations, share intelligence, and leverage resources. These task forces employ intelligence-driven, coordinated efforts to reduce the production, smuggling, trafficking, distribution, and the use of illicit drugs. NM HIDTA utilizes coordinated interdiction and investigative initiatives, a strong, aggressive prosecution component, law enforcement intelligence and information sharing, and support components (e.g., forensic crime laboratories, training, and information technology). These efforts are enhanced by an initiative that seeks out fugitive violent drug offenders as its primary mission. NM HIDTA also uses a prevention initiative to reduce the illicit drug use, especially in northern New Mexico. Lastly, NM HIDTA is incorporating public health and public safety professionals as part of the HIDTA ORS to reduce drug overdoses within the state.

(C) Support of the *National Drug Control Strategy*

NM HIDTA supports the Strategy by incorporating its key elements into its own strategy, including:

- outlining a plan to disrupt/dismantle DTOs/MLOs and reduce the smuggling, transshipment, and distribution of illicit drugs into and through New Mexico;

- supporting a prevention component to reduce illicit drug abuse, including pharmaceutical drug abuse and diversion; and
- partnering with tribal LEAs to target illegal drug activities within or impacting Indian Country.

(3) Methamphetamine

Due to an abundance of high-quality, inexpensive methamphetamine which is being produced in Mexico, methamphetamine laboratory seizures in the state of New Mexico have almost become a thing of the past. NM HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **New York/New Jersey HIDTA**

(1) Amount of Funding Requested for FY 2023: \$15,163,378

(2) Justification

(A) Threat Assessment

All major illicit drugs are readily available within the New York/New Jersey HIDTA (NY/NJ HIDTA) AOR, originating from both domestic and foreign sources of supply. The New York City (NYC) metropolitan area, which includes the five NYC counties, as well as northern New Jersey, Long Island and the lower Hudson Valley HIDTA counties, is an epicenter of diverse drug trafficking and money laundering activity, and one of the country's largest drug consumption areas. NYC and surrounding areas serve as a hub for the importation and distribution of narcotics from, and to, innumerable cities, states, and countries. Urban areas of New Jersey, such as Newark, Paterson and Camden, also serve as supply hubs for much of the Northeast. In addition, some traffickers outside of these metro areas are supplied by sources in Atlanta, Chicago, Arizona or directly from foreign sources.

Illicit opioids (heroin and fentanyl) represent the primary drug threat within the NY/NJ HIDTA region. Fentanyl-involved overdose deaths have been rising for years in both New York and New Jersey, with alarming increases occurring in 2020 as the COVID-19 pandemic unfolded. Seizures by law enforcement continue to indicate an elevated and growing presence of fentanyl and its various analogues in the region, as well as in combination with stimulants such as cocaine, crack cocaine and methamphetamine. Law enforcement sources in the region report that unlike in past years, when fentanyl was typically encountered in combination with heroin, an increasing number of fentanyl seizures have been analyzed and found to contain only fentanyl or fentanyl mixed with drugs other than heroin.

Recent provisional data from the CDC projects a 30 percent increase in overdose deaths in New York State in the 12-month period from October 2019 to October 2020. In NYC, CDC predicts a 36 percent increase in overdose deaths during the same 12-month period. According to provisional data released by the NYC Department of Health and Mental Hygiene (NYC DOHMH), each of the first three quarters of 2020 broke the record for the highest rate of unintentional overdose death that the city has ever seen. NYC DOHMH reports that fentanyl and opioids are involved in more than 75 percent and 80 percent of overdose deaths respectively.

New Jersey has also experienced an increase in drug overdose, although the overdose rate has remained more stable than in New York. Between 2014 and 2018, opioid-involved overdose deaths increased every year in New Jersey, with the number of reported deaths more than doubling. From 2018 to 2019, opioid-involved deaths decreased by 7 percent in New Jersey. Provisional data from CDC predicts a 7 percent increase in overdose deaths in New Jersey during the 12-month period ending in October 2020, as compared to an increase of 30 percent nationwide.

Reporting from NY/NJ HIDTA's law enforcement partners in New York State identifies fentanyl and heroin as the leading threats in the region. Heroin and fentanyl remain the top drug threats within New York State. Fentanyl and fentanyl analogs have two primary sources in New York markets: bulk kilogram quantities with low purity from Mexico, and higher purity fentanyl obtained directly from China in smaller quantities. Fentanyl availability in New York increased significantly during 2019 and 2020, with an increase in total seizures of approximately 63%, according to the DEA New York Division. Samples of heroin seized by New York law enforcement officers have more regularly shown the presence of fentanyl and its analogs.

Cocaine was listed as the next greatest threat in New York State, although methamphetamine is reported as the second greatest threat in the Western New York area and seizures of the drug have increased in the NYC area.

Reporting from law enforcement partners in New Jersey reveals a different landscape and greater regional variation in the drug threat. In the northern and central regions of New Jersey, heroin, fentanyl, and prescription drugs were reported as the biggest threats, while in the southern region, methamphetamine replaced prescription drugs as the biggest threat. In all regions throughout New Jersey, heroin and marijuana were consistently reported as the two drugs in highest demand. According to survey respondents, heroin poses the greatest violence and property crime related threat throughout the state, and as a result, law enforcement departments devote significant resources to combatting the heroin market.

#### (B) Strategy for Achieving Goals and Objectives

NY/NJ HIDTA accomplishes its mission by promoting cooperation among agencies by creating collocated and commingled task forces, providing technological capabilities to enhance and expedite investigations, establishing lasting public health/public safety partnerships, and leveraging resources to ensure funds are used in the most efficient way possible.

#### (C) Support of the *National Drug Control Strategy*

NY/NJ HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. NY/NJ HIDTA also facilitates the timely and accurate sharing of criminal and drug intelligence among agencies, enabling them to target regional and international drug and MLOs more effectively.

Furthermore, NY/NJ HIDTA will continue its prevention efforts by supporting community-based projects such as the Saturday Night Lights Initiative, which offers quality sports programs to inner-city youth and provides a fun, haven for otherwise at-risk kids. They learn about teamwork, gain self-confidence, and discover alternatives to drug use and crime. By stopping drug dependency and use before they begin, the Initiative hopes to lower the crime rate associated with illegal drug activities in these communities and also prevent kids from becoming involved in gangs and gun violence.

(3) Methamphetamine

Generally, methamphetamine is not the principal drug being trafficked by DTOs in the NY/NJ HIDTA region. NY/NJ HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **North Central HIDTA**

(1) Amount of Funding Requested for FY 2023: \$7,811,996

(2) Justification

### (A) Threat Assessment

Wisconsin, specifically the metropolitan areas of Milwaukee and Madison, serves as a midpoint and a destination area for drug trafficking operations. These metropolitan areas sit along the Interstate 90/Interstate 94 corridor and are in close proximity to the major drug markets of Minneapolis and Chicago. Because of these factors, the North Central HIDTA region is vulnerable to DTOs that establish their presence for drug trafficking activities.

Heroin, fentanyl, and other synthetic opioids continue to present the greatest threat to the Wisconsin portion of the AOR. Overdose deaths and other harmful effects, resulting from the use of various opioids, continue to increase and pose significant risks for the community. Potentially lethal opioid synthetics are increasing the risk to the area, including to law enforcement and emergency services personnel that encounter these substances. Both Wisconsin and Minnesota have seen a continued increase in the trafficking and use of counterfeit prescription pills containing fentanyl or fentanyl related substances. During the past several years, the presence of methamphetamine across Wisconsin has significantly increased. Larger wholesale amounts of methamphetamine from Mexico are being sourced from the areas of Minneapolis, Chicago, California, and the Southwest border. Southeastern Wisconsin, an area that has not traditionally experienced a large volume of methamphetamine activity, has seen law enforcement seizing wholesale quantities of methamphetamine on a more frequent basis.

In Minnesota, the primary illegal drug threat is methamphetamine. In 2020, enforcement initiatives, mainly in Minnesota, seized approximately 776 kilograms of methamphetamine. Seizures of large quantities of finished-product Mexican methamphetamine in and around the Minneapolis/St. Paul area originate mainly from the Southwest border region and are sourced by Mexican-based cartels. The Twin Cities area of Minneapolis/St. Paul is considered an upper Midwest methamphetamine transshipment center for the Mexican cartels. Task forces throughout Minnesota and Wisconsin reported an increase in wholesale-level quantities. In addition, opioid related trafficking, use, and overdoses continue to increase in the Minnesota region. Both Minnesota and Wisconsin participate in the HIDTA ORS with a dedicated DIO and PHA assigned to each state to focus on joint public health and public safety strategies to address the overdose problem regionally.

Marijuana and potent THC products remain the most commonly used illicit drug in the North Central HIDTA region. The demand for higher-potency marijuana and marijuana-related products has remained high over the past several years. Traffickers and DTOs source the majority of marijuana and THC products from Colorado and West Coast states that have legalized the recreational and/or medical use of marijuana and related products. There is continued concern over the relationship between marijuana trafficking and distribution and firearms and violent crime associated with these activities. In addition, the demand for and use

of high-potency edibles, oils, and vaping products has remained high, creating a serious health risk to the user community.

Cocaine is a persistent, significant threat to the North Central HIDTA region. Though availability decreased slightly in the past year due to the global COVID-19 pandemic, cocaine supplies increased in availability in the latter half of 2020. Reports also show that cocaine is often comingled with fentanyl or other fentanyl related substances. Law enforcement continues to report that violent criminal activities are often tied to cocaine distribution.

(B) Strategy for Achieving Goals and Objectives

The North Central HIDTA's strategy is to foster cooperative and effective relationships among more than 140 Federal, state, local, and tribal participating member agencies in Wisconsin and Minnesota to achieve the common goals of disrupting and dismantling DTOs and reducing drug demand. Through enforcement initiatives working within the 15 designated counties in both Wisconsin (eight counties) and Minnesota (seven counties), investigative emphasis is placed on targeting DTOs that pose the most significant threats – primarily those with ties to the southwest and northern borders (multistate and international in scope). In addition, particular emphasis is placed on violent DTOs and drug traffickers that pose significant risk to the community, especially those engaged in violent criminal acts, firearm offenses, and the trafficking of significant quantities of opioids and/or methamphetamine in the region. In line with the North Central HIDTA's goals, initiatives work cooperatively and share information with other HDTAs and LEAs throughout the country to further enhance effective investigations. As described below, in addressing the threats that face the North Central HIDTA, the Executive Board directs and continually adjusts its strategy to reduce the most significant threats and create safer communities. The strategy moving forward is to continue to integrate any newly formed initiatives to address the threats to their region, as well as coordinate intelligence and information sharing with this enhanced partnership.

The North Central HIDTA strategy also recognizes the need for strong demand reduction efforts in the community. The mission is to reduce violent crime through targeted law enforcement, community building, raising community awareness, and proactive engagement of youth in activities that increase positive social skills and behaviors and teach resistance to drugs, gangs, guns, and other criminal behavior.

(C) Support of the *National Drug Control Strategy*

North Central HIDTA supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. This is accomplished through coordinated investigative efforts among Federal, state, and local LEAs. Also, all investigative efforts are supported with active intelligence gathering and information sharing strategies to ensure that the most efficient and effective means are used to accomplish the mission. The key to the *Strategy* is breaking the cycle of drug use, crime, delinquency, and incarceration. Part of the North Central HIDTA strategy is to support activities that emphasize community-based partnerships incorporating the efforts of prevention, prosecution, and enforcement to reduce the threats drugs can pose to the community. North Central HIDTA will continue to enhance

and support its long-standing relationship with the HIDTA Safe & Sound Prevention Initiative, a community-based organization engaged in drug education and prevention activities.

(3) Methamphetamine

Seizures of large quantities of finished-product Mexican methamphetamine in and around the Minneapolis area emanate mainly from the SWB and are sourced by Mexican-based cartels. Wisconsin is also now experiencing more significant amounts of finished-product methamphetamine in multi-kilogram quantities emanating from the Minneapolis area, the Chicago area, as well as other source areas. The North Central HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **North Florida HIDTA**

(1) Amount of Funding Requested for FY 2023: \$3,845,500

(2) Justification

(A) Threat Assessment

Methamphetamine, essentially all imported crystal, remains the top threat for the fourth consecutive year, having spread throughout the region. Despite lower seizures, heroin advanced to the second-ranked threat. Thereafter, the ranking is cocaine, synthetic fentanyl, marijuana, club drugs, diverted pharmaceuticals, and synthetic cannabinoids. Fentanyl is ranked separately for the first time due to its lethality, appearance as a standalone drug, and its additive role to other drugs. For 2018, the most current annual data, the Jacksonville medical examiner district had the most deaths in Florida caused by fentanyl.

While 2018 medical examiner data indicates the region's opioid death total had decreased by 23 percent to 961, mid-2019 data resumed rising. Anecdotal reports from select naloxone administration data suggests that rise was continuing through April 2020. The rise likely verifies the HIDTA Program's ORS consideration of polydrug influence in fatal outcomes. Increasingly sold mixtures of fentanyl with cocaine and methamphetamine confuse attribution and extent of the opioid death rate. The mixture of opioids is also a threat, as evidenced by three seizures of Grey Death, a carfentanil-heroin concoction, in Duval and Marion Counties in early 2020.

Although seized diverted pharmaceuticals increased by 59 percent to over 300,000 dosage units, over half were prescription dysfunction pills from India being drop-shipped throughout the United States. Among higher scheduled pills, the 54 percent increase in seized benzodiazepines (32,443 dosage units) follows the previous year's 458 percent increase. Opioids declined 27 percent to 36,869 dosage units, but the new opioid, Nucynta, increased by 73 percent. Club drug seizures saw an unusual 79 percent decline against the trend of increases since 2012. MDMA composed 94 percent of the category, notably, most in the classic shapes and colors, but using the related substance, Eutylone. Intercept of 553 parcels included 288 with prescription drugs from India and China, as well as 30 pounds of methamphetamine and 15 pounds of cocaine.

The North Florida (NFHIDTA) has a notable role in drug transfer to other states. Proven schemes included drop shipping prescription drugs throughout the country, methamphetamine sent to northern states, and reshipping cocaine and heroin from Puerto Rico to the northeast. Also relating to the area's importance for transport were successful DHE seizures, including 45 percent of heroin, 20 percent of club drugs, 14 percent of cocaine, and 10 percent of methamphetamine.

Increased violence and gun use are spreading, especially among young African-Americans and Mexican cartel members. DTOs are also getting smaller due to technology, security, and parcel use, as well as including more family and female participation. Traffickers are leveraging changing technologies, including apps and social media, for temporary and secure location

sharing and countersurveillance, creating increased challenge for law enforcement detection.

(B) Strategy for Achieving Goals and Objectives

NFHIDTA employs strategic, tactical, geospatial, and operational intelligence and an enforcement strategy that focuses on investigative and interdiction efforts to address the command and control elements of DTOs and MLOs operating within the AOR. NFHIDTA fosters collaborative and cooperative partnerships among Federal, state, and local LEAs to achieve its long-term strategic goals. These goals include reducing and disrupting drug trafficking and availability of the illegal drug market, related drug-proceeds, drug-related violent crime, and overdose deaths. NFHIDTA's short-term goal is to dismantle identified DTOs, MLOs, criminal groups, and gangs operating within its AOR through effecting arrests and seizures of drugs, assets, and weapons, and seek maximum penalties through prosecution. To maximize this effort, NFHIDTA facilitates cooperation and joint operations among 42 Federal, state, and local LEAs and 399 full-time and part-time personnel who participate in its initiatives.

(C) Support of the *National Drug Control Strategy*

NFHIDTA supports the Strategy by giving participating initiatives the tools (training, case and event deconfliction, and analytical support) to efficiently and effectively disrupt the market for illegal drugs. NFHIDTA focuses on disrupting and dismantling DTOs, MLOs, and criminal organizations as well as apprehending drug-related and violence-prone fugitives, gang members, and weapons traffickers. NFHIDTA combines its efforts with other HIDTAs facing similar threats to affect criminal enterprises operating across multiple AORs. Furthermore, NFHIDTA seeks to reduce drug-related overdose deaths, including those caused by opioids, through collaborating and coordinating with various DFCs, prevention coalitions, treatment facilities, emergency medical services, healthcare, health departments, medical examiners' offices, education institutes, and various professional community members and as an active participant in the HIDTA Program's ORS. NFHIDTA enhances drug control and prevention efforts by implementing programs and activities that improve the effectiveness and coordination of participating agencies and by increasing intelligence sharing and coordination among all initiatives, regional LEAs, first responders, prevention and treatment coalitions, and other HIDTAs.

(3) Methamphetamine

Methamphetamine continues to be a significant threat in the NFHIDTA, negatively impacting the community and the environment. Although methamphetamine production has declined as an import of crystal methamphetamine has increased, there is still local production, primarily via small, one-pot labs. The process of disposal of the product and equipment is hazardous, costly, time-consuming, and remains problematic. It requires exceptional and expensive training, which the NFHIDTA helps provide. The NFHIDTA does not track funding specifically used to address methamphetamine trafficking.

## Northern California HIDTA

(1) Amount of Funding Requested for FY 2023: \$3,657,500

(2) Justification

(A) Threat Assessment

The most serious drug threats confronting the Northern California HIDTA (NC HIDTA) AOR region are methamphetamine – conversion, transportation and distribution; the increased prevalence and distribution of fentanyl, purposeful adulteration of stimulants and counterfeit CPDs, and accidental cross-contamination with other drugs; the continued increased availability of heroin; indoor and outdoor illicit marijuana cultivation and trafficking, THC extractions (to include liquids and resin), and their distribution; and other illicit narcotics sales such as cocaine, CPD's and new psychoactive substances (NPS). Compounding these threats are major criminal organizations involved in transportation, distribution, and money laundering that also cause drug-related violent crime, gang violence, and other threats.

Methamphetamine is considered the most significant threat to the NC HIDTA AOR. Methamphetamine is pervasive and easy to obtain in all parts of the region. The most notable trend in methamphetamine trafficking in 2020 was significant price increases for larger quantities of the drug, likely because MDTOs intentionally reduced production and/or inflated prices. Nevertheless, methamphetamine seizures, observed availability, and use in the NC HIDTA AOR remained high. This was likely in part because DTOs adapted to travel restrictions during the COVID-19 pandemic and shifted their routes of transport, and some traffickers produced methamphetamine locally. Additionally, it contributes heavily to crimes of violence and property crimes, drawing attention and resources from all levels of law enforcement. Due to the severe health effects, highly addictive nature and violence often associated with methamphetamine use, the drug is elevated to its position as the most significant drug threat to the AOR.

Methamphetamine is generally smuggled by MDTOs across the border from Mexico into Southern and Central California and then distributed by the larger, more established DTOs, along with some individual, regional dealers that either do not affiliate with a large gang or do not fit into the traditional structure of an organized DTO.

Fentanyl and fentanyl analogues pose a significant threat due to the increased prevalence and distribution, purposeful adulteration of drug stimulants, counterfeit CPDs, and accidental cross-contamination with other drugs. Fentanyl is believed to be the second greatest drug threat to the NC HIDTA AOR. Both pharmaceutical and clandestinely-produced fentanyl are available, with illicit fentanyl – predominantly manufactured in Mexican clandestine laboratories – being the most used. In the NC HIDTA AOR, fentanyl is most commonly added to counterfeit prescription pills and heroin, but it is also mixed with stimulants such as cocaine and methamphetamine at the retail level intentionally or accidentally. Fentanyl usage is likely moderate to high and increasing. However, like availability, it can be difficult to measure because use is likely underreported: users are often unaware that their drugs contain a synthetic opioid, and preliminary drug analysis does not always detect trace amounts of fentanyl or

fentanyl analogues. The wholesale price of fentanyl in the NC HIDTA AOR likely remained stable in 2020 due to consistent availability by diversion from medical facilities and from fentanyl labs in Mexico. This increased prevalence increases the likelihood of overdose cases or exposure risk to first responders in the AOR.

Heroin continues to be a high threat within the NC HIDTA AOR, ranking as the third greatest threat behind methamphetamine and fentanyl. Heroin is prevalent throughout the region and can be found for sale in several different forms, each named after its color and consistency. The most common form in the NC HIDTA AOR is black tar. The availability and usage of black tar heroin has remained stable since the previous reporting cycle. The heroin market in the NC HIDTA AOR continues to be dominated by Mexican cartels, including Cartel de Jalisco Nueva Generación and Sinaloa, who control the wholesale supply, trafficking, and bulk shipments of heroin. More established Norteño and Sureño gangs or organized multistate DTOs are primarily responsible for trafficking heroin kilogram quantities into the NC HIDTA AOR for distribution. At the retail level, heroin is usually sold by poly-drug dealers, primarily low-level street gangs and unaffiliated small DTOs.

Illicit marijuana remains readily available throughout the NC HIDTA AOR despite California legalizing recreational marijuana production and consumption in 2018, consequently marijuana use remains extremely high and prices remain stable. Illegal outdoor marijuana cultivation (on public lands, including state and national parks) continues to pose a serious environmental threat, polluting and diverting water sources, and poisoning wildlife. THC extraction labs are a significant public safety hazard in the NC HIDTA AOR. Most THC extraction sites within the AOR were located indoors at either private residential or private commercial sites. Explosions and fires inside THC extraction labs often result in serious and sometimes fatal injuries to producers, firefighters, law enforcement, and surrounding communities. The frequency of discovered THC labs increased as compared to last year with many large labs selling manufactured products to legitimate storefronts. Typically, clandestine THC extraction labs are not discovered until the laboratory catches fire or explodes.

Northern California marijuana is a highly accessible and lucrative cash-sales commodity. California-grown marijuana is consumed within the state, and exported both nationally and internationally. Interdiction of outgoing marijuana and incoming monetary seizures in California corroborates Georgia and New York as the top destinations for California-grown marijuana. Traffickers move cross-country bulk marijuana shipments using personally owned vehicles, rental vehicles, and, to a lesser degree, commercial aircraft. Commonly, individuals and DTOs use freight carriers including UPS, FedEx, and the U.S. Postal Service to ship limited volumes of marijuana out of the NC HIDTA AOR.

Legalization of recreational cannabis in California has likely invited more criminality connected to the production and transportation of the drug. Ancillary violence related to marijuana trafficking and “weed rips” (the theft of marijuana or drugs during a drug sale to avoid payment) have become more common since legalization. Additionally, instances of human trafficking and smuggling, strong-armed robberies, home invasions, and murder were linked to the marijuana trade. Violent criminals have traveled into the AOR to take products and proceeds by force. Criminal groups documented in the NC HIDTA AOR have created or

partnered with ostensibly legal businesses to conduct illicit production and trafficking.

Cocaine availability and usage, in both powder and crack cocaine forms, remains stable and is available in most cities, particularly within metropolitan areas in the NC HIDTA AOR. Cocaine prevalence within the inner-city areas of San Francisco, Oakland, and Santa Clara County is less dominant than methamphetamine or heroin but continues to be prevalent in major urban centers (often in the form of crack cocaine) and is often used recreationally in clubs or other party settings. The transportation of cocaine continues to be dominated by MDTOs often relying on the cooperation and participation of local criminal groups for distribution to user markets. The NC HIDTA AOR is considered a regional distribution hub for cocaine with Los Angeles serving as the national distribution hub supplied by San Diego as the U.S. POE.

#### (B) Strategy for Achieving Goals and Objectives

The NC HIDTA consists of eight law enforcement initiatives (including 21 counternarcotic and fugitive task forces), an ISC, a training initiative, a prevention initiative, a computer crimes initiative, and an administrative and management initiative focused on the mission of countering DTOs and MLOs in the Northern California AOR. The NC HIDTA strategy co-locates Federal, state, and local law enforcement personnel in multijurisdictional enforcement initiatives and task forces and fosters enhanced information and resource sharing to accomplish the mission. The enforcement initiatives and task forces identify, investigate, disrupt, and dismantle those DTOs and MLOs through specific focus on sources of supply, distribution, drug interdiction, and drug-related financial and violent crimes within the designated area.

The NC HIDTA ISC, and supporting initiatives (Training, Prevention, and Computer Crimes), provide the enforcement initiatives with unique tools to enhance their capability of targeting violent drug criminals through intelligence research, analysis, resource sharing, deconfliction, digital exploitation, training, education, and coordination.

The NC HIDTA is successful in the strategic plan by continuing to bring 71 Federal, state and local law enforcement agencies together, comprising 317 agents, officers, analysts, and other staff members. The impact of the NC HIDTA strategy is evident by the success of continually meeting expected outcomes and performance metrics each year.

#### (C) Support of the *National Drug Control Strategy*

To accomplish NC HIDTA's mission and achieve the goals of the Strategy, the Executive Board will allocate and focus resources on initiatives that have a direct relationship to:

disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs and MLOs that transport and distribute drugs and the illicit proceeds from their sale;

- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and

- creating a stronger relationship between public safety, public health, prevention organizations, and DFC in the NC HIDTA AOR.

(3) Methamphetamine

Methamphetamine trafficking is primarily controlled by MDTOs that utilize California as a corridor between Mexico and Canada for domestic and international distribution. MDTOs and associated gangs have demonstrated a willingness to use violence and criminal acts to control turf and trade. Law enforcement in California is challenged by an uptick in the methamphetamine trade due to state and local law enforcement budget reductions and diminished capabilities to interdict methamphetamine concealed in liquid solution that is produced in superlabs in Mexico, transported across the US Border, and converted back into a solid in California for local and national distribution. The NC HIDTA does not track funding specifically used to address methamphetamine trafficking.

## Northwest HIDTA

(1) Amount of Funding Requested for FY 2023: \$5,031,349

(2) Justification

### (A) Threat Assessment

Overall, illicit drug use continues to pose serious public health and safety threats to communities in Washington State. Public health reports point to opioids, namely heroin, as the most widely used illicit drug category. In Washington State, opioid-involved overdose deaths accounted for 69 percent of all drug related deaths in 2020.

Northwest HIDTA (NW HIDTA) examined a number of sources in order to determine the most significant drug threats in Washington State. These sources included treatment and drug overdose data from the Washington Department of Health (DOH) and other Federal, state, local, and academic institutions engaged in public health research. Law enforcement seizure statistics, including NW HIDTA initiative Performance Management Process (PMP) reporting and Washington State Crime Laboratory reporting, were also examined. Finally, intelligence reporting by Federal, state, and local agencies and NW HIDTA initiative responses to the threat assessment surveys were used to assess the drug threat in general, as well as how it relates to violence and property crime. Also, important to note, general trends in trafficking intelligence are collected by ISC intelligence analysts while supporting criminal investigations.

- NW HIDTA assesses that opioids continue to be the greatest single drug threat (based on a combination of factors, including criminal justice and public health consequences) facing the state of Washington and its communities, followed by methamphetamine. Opioids were the leading cause of drug related deaths in Washington, and accounted for more than 41 percent of drug exhibits reported to NW HIDTA.
- The composition of fentanyl seizures is shifting from powder to pills. Counterfeit tablets made to look like 30-milligram oxycodone doses are frequently encountered and nearly always contain fentanyl. The value of fentanyl seized by NW HIDTA initiatives (often packaged as counterfeit pills) increased to \$4 million in 2020.
- Methamphetamine was the second leading cause of drug related deaths in Washington, as reported through third quarter state data. NW HIDTA initiatives seized over 777 kilograms of methamphetamine in 2020.
- Ninety-five percent of cocaine seizures reported to Northwest HIDTA occurred near the Canadian border.
- Washington grown and processed cannabis was distributed throughout the U.S. and high potency cannabis products gained in popularity within the local legal market.

- Mexican TCOs were present in every NW HIDTA initiative area of responsibility.
- NW HIDTA initiatives seized more than \$11 million in bulk currency in 2020, and accessibility to cryptocurrency is increasing.

(B) Strategy for Achieving Goals and Objectives

The primary elements of the NW HIDTA strategy are to: increase collaboration, cooperation, and information sharing throughout law enforcement and public health entities, identify clear investigative priorities, conduct intelligence-driven investigations, and provide oversight and accountability.

(C) Support of the *National Drug Control Strategy*

Each year, NW HIDTA's Executive Board directs the development of a strategy that focuses its resources on identifying and addressing the most severe trafficking threats. Thus, NW HIDTA supports 20 distinctive task forces (referred to as "initiatives") that operate throughout Washington State. Initiatives unite Federal, state, local, and tribal law enforcement personnel and associated resources, with a common goal — disrupt and dismantle DTOs and MLOs that are adversely impacting the region. Operating together enables LEAs to allocate stretched resources more efficiently and effectively. Also, a by-product of this operating model is the marked increase in information and intelligence sharing.

Additionally, prevention and treatment initiatives disrupt the drug market and reduce the demand for illegal drugs by supporting community-based substance abuse prevention organizations. These groups are involved in school-based programming, community organizing and mobilization, educating the public on drug-related topics, mentoring and parenting programs, and vocational training. NW HIDTA also supports adult drug court programs throughout the region, reducing the number of persons seeking and using illegal drugs.

(3) Methamphetamine

NW HIDTA assesses methamphetamine will continue to pose a significant drug threat to communities in its AOR. While there is much focus on the impact of the opioid threat to Washington State, the destructive presence of methamphetamine and the criminal activity associated with it remain a significant concern for law enforcement. NW HIDTA law enforcement initiatives listed methamphetamine as the drug most often associated with both violent crime and property crime. MDTOs continue to supply the state with a consistent supply of high purity methamphetamine resulting in abundant availability of the drug, significant treatment admissions, and related overdose deaths.

## **Ohio HIDTA**

(1) Amount of Funding Requested for FY 2023: \$5,706,418

(2) Justification

### (A) Threat Assessment

Opioid trafficking, abuse, and overdoses remain the greatest drug threat to the Ohio HIDTA AOR during 2020. In 2019, the Ohio HIDTA region began seeing an increase in the mixture of fentanyl with cocaine, as well as the reemergence of carfentanil. Cocaine and crystal methamphetamine (“ice”), continued to move to the forefront with reported use on the rise. In comparison to past years, all of the LEAs responding to the 2020 Ohio HIDTA Drug Threat Survey identified opioids provided by Mexican-Based DTOs as the greatest drug threat in their region. The AOR continues to deal with heroin, which has transformed into a hybrid opioid product. Heroin and fentanyl seizures continue to increase and the lethal combination of heroin and fentanyl remains a very deadly combination. Heroin sold in the Ohio HIDTA AOR is often cut with fentanyl, carfentanil, or made up of straight fentanyl being sold as heroin. The use of fentanyl and carfentanil with, or in place of heroin, is bringing with it a high rate of unintentional overdose deaths in the Ohio HIDTA AOR. The rapid deployment and administration of naloxone, an opioid antagonist antidote, continues to be administered daily in the fight to decrease unintentional overdose deaths.

The majority of the Ohio HIDTA 2020 Drug Threat Survey respondents highlighted the increased availability, use, and seizures of ice in their region. Historically, the Ohio HIDTA AOR was inundated with one-pot methamphetamine labs concentrated in the rural areas of the state. Mexican-based DTOs have all but overtaken the methamphetamine trade in the Ohio HIDTA AOR. Some Ohio HIDTA Drug Task Force Commanders even expressed their concerns that ice may overtake opioid abuse in the future.

Marijuana remains the number one recreational drug used in the Ohio HIDTA AOR. The legalization of medical marijuana in Ohio has led to an even greater amount of marijuana usage in the region. Nearly all of the respondents to the 2020 Ohio HIDTA Drug Threat Survey reported the majority of marijuana consumed in their area was coming from the Western Region of the United States. It is not uncommon to see bulk shipments of high-grade marijuana products being brought into Ohio from states that have legalized marijuana such as California, Colorado, and Washington.

Vaping, the use of vape pens with BHO-filled cartridges, has become one of the most common forms of illegal use of marijuana in the AOR. The vape cartridges are consistently sold on the street with an 85 to 95 percent THC purity content. Edibles are becoming more popular with the legalization of recreational marijuana in Western States and medical marijuana in Ohio. In 2016, Ohio HIDTA initiatives seized nearly 6 kilograms of edible marijuana products. Seizures skyrocketed from 2018 to 2019 when the Ohio HIDTA Initiatives seizures increased from 45 kilograms to 829 kilograms, an increase of 1,742 percent.

The 2020 Ohio HIDTA Drug Threat Survey indicates a continued downward trend in the use and availability of prescription opioids in the AOR. The new formulation of abuse-deterrent prescription opioid tablets that use physical and chemical barriers or agonist/antagonist combinations to deter the manipulation and abuse has had a major impact on the desire for these prescription opioids. The drug cartels have been acquiring their own pill presses and are using fentanyl to produce counterfeit pills such as OxyContin, Xanax, and most recently Percocet. These counterfeit pills are readily available in the AOR and in nearly every state of the United States.

Most respondents to the 2020 Ohio HIDTA Drug Threat Survey saw very little change or any new emerging drug threats in their areas of operation. The AOR continues to see a limited use of synthetic drug products such as bath salts, K2, and Spice. Designer or club drugs like MDMA, LSD, and anabolic steroids can be found in limited quantities throughout the numerous campus communities in Ohio.

#### (B) Strategy for Achieving Goals and Objectives

Ohio HIDTA's strategy is to incorporate the use of co-located law enforcement personnel from local, state, and Federal agencies to identify, investigate, disrupt, and dismantle those DTOs/MLOs operating within the Ohio HIDTA AOR. These DTOs/MLOs are involved in the drug trafficking business within Ohio, NKY, and WPA, or they are utilizing the AOR to distribute and transport narcotics and facilitate the movement of ill-gotten gains from the drug trade in and outside of the region.

The 39 initiatives approved by the Ohio HIDTA Executive Board in Ohio, NKY, and WPA provide the basis of Ohio HIDTA and its ability to combat the narcotics trade in HIDTA-designated counties, as well as throughout Ohio, NKY, and WPA. The strategy is successful at bringing together 275 Federal, state, and local agencies, comprising 1,434 agents, officers, analysts, and other staff members. The impact of the strategy is evident by the information reported by Ohio HIDTA in the PMP database.

#### (C) Support of the *National Drug Control Strategy*

Ohio HIDTA supports the *Strategy* by facilitating information sharing in intelligence-led investigations, training, and coordination of drug trafficking control activities among Federal, state, and local LEAs to disrupt the market for illegal drugs in the United States. Ohio HIDTA also supports the *Strategy* in such areas as a pharmaceutical diversion, highway enforcement, parcel interdiction, and prevention awareness.

#### (3) Methamphetamine

The Ohio HIDTA initiatives report a shift in methamphetamine trends in recent years. Over the past three years, the majority of the Ohio HIDTA Threat Assessment Survey respondents highlighted the increase of seizures of crystal methamphetamine ("ice") in their region. The Ohio HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Oregon-Idaho HIDTA**

(1) Amount of Funding Requested for FY 2023: \$4,229,000

(2) Justification

(A) Threat Assessment

Methamphetamine availability and trafficking continues to occur at a high level in the Oregon-Idaho (OI) HIDTA and remains the area's greatest drug threat, followed by heroin, fentanyl, and synthetic opioids, illicit marijuana, cocaine, and controlled prescription drugs.

Over the last 7 years, the drug threat environment has shifted in the HIDTA from primarily methamphetamine trafficking and abuse to a dual threat that includes high availability and use of opioid-based drugs.

The market for synthetic opioid drugs has continued to evolve in the OI HIDTA. Fentanyl, fentanyl analogs, and other dangerous synthetic opioids have become more common in the region since 2015, with higher availability paralleled by increased overdose deaths. Fentanyl and fentanyl analogs are increasingly transported into the HIDTA in the form of counterfeit pills and often with other drugs, such as methamphetamine, heroin, and cocaine.

Marijuana use, cultivation, and trafficking occur at high rates in the OI HIDTA. Illicit manufacture and distribution of marijuana extracts, such as hash oil and marijuana wax, continue to increase in the region.

Cocaine availability and use remain low relative to other illicit drugs in the HIDTA. Some indicators, such as task force seizures and law enforcement reporting, suggest increased availability. Despite relative low use rates overall, Oregon ranks fourth in the Nation for self-admitted past use of cocaine according to the 2019 *National Survey on Drug Use and Health*. This is likely due to the availability and low cost of highly potent stimulant alternatives, such as methamphetamine.

During 2020 participating agencies identified 57 DTOs with foreign and domestic connections that were actively operating in the OI HIDTA. Multistate DTOs represent the greatest criminal drug threat to the HIDTA. Multistate DTOs identified in 2020 were involved in trafficking methamphetamine, heroin, fentanyl, cocaine, or combinations of those drugs, as well as interstate trafficking of marijuana. International DTOs, specifically, trafficking organizations connected to Mexico, either directly or indirectly through associated trafficking and distribution cells, represent another serious criminal drug threat in Oregon and Idaho.

Drug trafficking groups in the OI HIDTA also engage in money laundering activities - the legitimization of illegally obtained proceeds. Bulk cash smuggling, cash-intensive businesses, money service businesses, bank structuring, and prepaid cards remain primary methods of transferring drug revenues into, though, and out of the HIDTA.

(B) Strategy for Achieving Goals and Objectives

OI HIDTA will continue to foster cooperative and effective working relationships among the 12 Federal agencies, 7 state agencies, 55 local agencies, 2 tribal agencies, and the United States Attorney Offices (USAOs) in the District of Oregon and District of Idaho to achieve the common goals of disrupting and dismantling DTOs and MLOs and reducing the demand for, and availability of, illegal drugs.

(C) Support of the *National Drug Control Strategy*

To accomplish OI HIDTA's mission and achieve the goals of the *Strategy*, the Executive Board will allocate and focus the OI HIDTA resources on initiatives that have a direct relationship to:

- disrupting the market for illegal drugs by disrupting and/or dismantling the DTOs that transport and distribute drugs and the illicit proceeds from their sale;
- increasing intelligence sharing and coordination among the initiatives and all regional LEAs; and
- strengthening the relationship between law enforcement and prevention organizations.

(3) Methamphetamine

Methamphetamine availability and trafficking continues to occur at a high level in the OI HIDTA and remains the area's greatest drug threat. OI HIDTA does not track funding specifically used to address methamphetamine trafficking because many organizations also traffic other drugs such as heroin, cocaine and fentanyl.

## **Puerto Rico and United States Virgin Islands HIDTA**

(1) Amount of Funding Requested for FY 2023: \$10,577,433

(2) Justification

(A) Threat Assessment

The Puerto Rico/United States Virgin Islands HIDTA (PR/USVI HIDTA) AOR is highly vulnerable to drug trafficking because of its position in the Caribbean, an established transshipment zone of illicit drugs from South America through the U.S. territories (Puerto Rico and the U.S. Virgin Islands) to the continental United States (CONUS). In recent years, larger amounts of drugs have been available for transport through the supply chain, as more security has been implemented along the Southwest border of the CONUS in direct response to the drug threat and human trafficking threat. Strong earthquakes and the COVID-19 pandemic also shifted law enforcement (LE) resources and focus creating a void that allowed for DTO/MLOs to operate freely during certain periods. As a result, South American cartels have been trafficking more frequent and larger drug shipments through the Caribbean. Drug trafficking remains a significant threat to Puerto Rico, the U.S. Virgin Islands, and the CONUS. Consequently, violent crimes, unlawful financial activities, and substance use disorder continue to impact communities within the AOR. In 2019, the identification of fentanyl being trafficked through the area increased, thereby causing a larger number of overdoses. In 2020 it remained unchanged.

(B) Strategy for Achieving Goals and Objectives

PR/USVI HIDTA's strategy focuses on regional threats and includes prevention as part of its plan to assist in the reduction of illegal activities and violent crimes. PR/USVI HIDTA, through cooperation and effective relationships established with Federal, Commonwealth, territorial and local agencies, has joint task forces positioned throughout the region to counter drug trafficking and related criminal activity. Additional partnerships are being developed with regional island countries and LEAs that closely work with our law enforcement representatives to ensure extended coverage of the region is accomplished.

(C) Support of the *National Drug Control Strategy*

PR/USVI HIDTA fully supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs with an emphasis on violent organizations and conducting interdiction of drug shipments. PR/USVI HIDTA also helps strengthen the local law enforcement establishment through training, material support, and sound inter-operational strategies.

(3) Methamphetamine

Methamphetamine is not considered a primary drug threat in the PR/USVI HIDTA region, although methamphetamine and crystal methamphetamine ("ice") have been increasing in popularity in Puerto Rico. This year again, reports indicate that most the methamphetamine and

crystal methamphetamine ("ice") are trafficked from the CONUS via parcel and shipping services. PR/USVI HIDTA does not track funding specifically used to address methamphetamine trafficking. As a result of recent seizures, investigative methods may initiate treating the same.

## **Rocky Mountain HIDTA**

(1) Amount of Funding Requested for FY 2023: \$10,931,379

(2) Justification

(A) Threat Assessment

Methamphetamine distribution and use pose the greatest overall drug threat, and marijuana is the most widely available and used illicit drug, in the Rocky Mountain HIDTA (RM HIDTA) region. MDTOs are the principal suppliers of wholesale quantities of methamphetamine, marijuana, cocaine, and heroin to the region from locations along the Southwest border, while West Coast-based DTOs supply high potency marijuana to the region from sources in California, as well as from within Colorado. These DTOs exploit RM HIDTA's centralized location and extensive transportation infrastructure to distribute wholesale quantities of "ice", methamphetamine, cocaine, marijuana, and heroin. Interstates 15, 25, 70, 80, 90, and 94 transect the AOR, and DTOs use these major routes to transport illicit drugs from California, Arizona, and Texas to markets in Denver, Colorado, and major midwestern cities such as Omaha, Nebraska; Kansas City, Missouri, and Chicago, Illinois. Similar to other areas of the country, prescription drug misuse has increased significantly in the region, particularly in areas such as Salt Lake City, Utah, and Denver, Colorado, as illustrated by the number of opioid prescriptions issued and overdose deaths when compared to prior years.

(B) Strategy for Achieving Goals and Objectives

RM HIDTA has a strong management team that stresses cooperation and collaboration among initiatives to address current drug threats at Federal, state, and local levels, while affecting the availability and use of all drugs throughout the Nation.

The Executive Board's ongoing efforts are dedicated to facilitating coordination and cooperation among 10 Federal agencies and 124 state and local agencies that partner to reduce drug availability by eliminating or disrupting DTOs and improving the efficiency and effectiveness of law enforcement efforts within the RM HIDTA region. The Board's efforts help achieve common goals and respond to current drug threats effectively and efficiently. Initiatives facilitate collaboration, coordination, and information sharing among all task forces and drug units both within and outside the RM HIDTA region.

An extensive training program, an intelligence initiative, aggressive enforcement initiatives, and a criminal interdiction program support RM HIDTA's strategy. Enforcement initiatives focus on targeting and dismantling or disrupting major DTOs. Criminal interdiction initiatives have been established in Colorado, Wyoming, Utah, and Montana in an effort to address DTOs that transport illicit drugs into and through the region. A drug prevention initiative is also included in the strategy. Enforcement initiatives, coupled with drug prevention, give RM HIDTA multiple tools to address drug trafficking and use.

(C) Support of the National Drug Control Strategy

RM HIDTA supports the Strategy by targeting, investigating, and dismantling or disrupting DTOs in Colorado, Utah, Montana, and Wyoming (including DTOs that are international, multistate, or local in scope); MLOs; and violent drug trafficking groups. In doing so, initiatives disrupt the market for illicit drugs and reduce the quantities of methamphetamine, cocaine, marijuana, MDMA, and opioids, including heroin and fentanyl supplied to the area and other United States drug markets in the Midwest, Northeast, and Southeast.

(3) Methamphetamine

The vast majority of the DTOs investigated by the RM HIDTA initiatives are poly-drug in nature. RM HIDTA does not track funding specifically used to address methamphetamine trafficking in the four-state region.

## **San Diego/Imperial Valley HIDTA**

(1) Amount of Funding Requested for FY 2023: \$11,899,873

(2) Justification

(A) Threat Assessment

San Diego and Imperial Counties are national distribution centers for illicit drugs entering the United States from Mexico and Central and South America, including heroin, cocaine, methamphetamine, and marijuana. In 2020, the San Diego/Imperial Valley HIDTA (SD/I HIDTA) MLOs, resulting in 62 open OCDETF cases. Twenty-nine DTOs/MLOs were linked to CPOT or Regional Priority Organized Target level organizations, and 96 DTOs were international in scope. In 2020, investigations continue to indicate that traffickers operating within the region continue to supply significant markets in almost every state throughout the United States.

(B) Strategy for Achieving HIDTA Goals and Objectives

The SDI HIDTA assists in the coordination of joint operational and supporting initiatives to disrupt and dismantle the most significant DTOs, MLOs, TCOs, and their associated transportation and distribution organizations. The SDI HIDTA also emphasizes efforts against methamphetamine manufacturing, precursor chemical supply, and illicit use through innovative enforcement operations and demand reduction programs using a multiagency, joint concept of operations. Initiatives continue to foster cooperative and productive working relationships among approximately 700 Federal, state, and local full-time and part-time personnel from almost every LEA in the region. These agencies voluntarily participate in HIDTA initiatives to disrupt and dismantle DTOs, reduce drug demand, and make communities safer.

(C) Support of the *National Drug Control Strategy*

SDI HIDTA supports the *Strategy* by dismantling or disrupting DTOs/MLOs/TCOs, thereby disrupting the market for illegal drugs, specifically by:

- fostering long-term investigations targeting high-level DTOs/MLO's/TCO's that impact the two counties of the region, as well as other parts of the country;
- promulgating and participating as an active partner in the combined ISC/Fusion Center with all intelligence and information gathering units operating from a single site; and
- supporting and implementing a balanced approach to reducing drug abuse by funding and integrating where possible a robust Drug Demand Reduction (prevention) initiative, which fosters the interface between community anti-drug coalitions and HIDTA enforcement initiatives and partner agencies.

### (3) Methamphetamine

The SDI HIDTA rarely encounters a fully operational domestic methamphetamine lab. This lack of encounters is continuing to be validated by the increase in seizures at the California POEs, and by the initiatives' domestic and international investigations. The SDI HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **South Florida HIDTA**

(1) Amount of Funding Requested for FY 2023: \$14,418,286

(2) Justification

(A) Threat Assessment

The South Florida HIDTA (SFLHIDTA) AOR is a key U.S. drug trafficking and money laundering region. Its geographical nexus to the Americas, the Caribbean nations, and the Bahamas, along with its multi-cultural backdrop, make it a preferred portal for illicit drugs entering the U.S. to supply local, state, and other U.S. drug markets. South Florida's robust tourism, international banking, global trade, and transportation infrastructures are key features that make it one of the most viable U.S. territories routinely exploited by transnational DTOs and MLOs and other enterprising criminals.

Cocaine continues to dominate all illicit drug threats in the SFLHIDTA. Cocaine DTOs represent the majority of the SFLHIDTA's international and local drug trafficking community. These DTOs work in concert with multiethnic, regional, and local poly-drug DTOs to supply state, regional, and U.S. cocaine markets. Most cocaine flow destined for South Florida transits the Caribbean by South American and Caribbean DTOs who exploit this coastal nexus by using maritime vessels to transport wholesale quantities of cocaine into South Florida. The SFLHIDTA accounts for 19 percent of the nationwide HIDTA cocaine seizures (147,385 kilograms).

The SFLHIDTA also views cocaine, opioids and methamphetamine as primary drug threats. Cocaine continues to outrank all other drug submissions to the DEA's National Forensic Laboratory Information System (NFLIS) for the SFLHIDTA. Notwithstanding this, cocaine seizure activity represents a fraction of the cocaine smuggling activity that is occurring within the region under the radar, primarily due to the limited availability of dedicated maritime and intelligence resources at pivotal transshipment points.

Increased cocaine use with opioids—the “fourth wave” of the national opioid epidemic—is supported by historically high poly-drug substance use trends involving the deliberate or unwitting use of cocaine and/or methamphetamine with heroin and/or fentanyl. Total cocaine-related deaths in SFLHIDTA's six counties remain at historically high levels (totaling 1,130), which account for 38 percent of all 2,962 state-wide cocaine-related deaths, according to the most recent mortality data.

The opioid threat is an ongoing challenge for the SFLHIDTA, and reflects poly-drug trafficking and consumption trends involving heroin and illicitly manufactured fentanyl. Regional deaths involving fentanyl reached a historic high, despite overall opioid deaths stabilizing within the last 2 years. An increase in prevalence of counterfeit pill press operations that manufacture fake oxycodone laced with heroin and/or fentanyl.

The infiltration of purer, lower-cost methamphetamine has led to its widespread availability,

record seizure activity, and exponential mortality rates within the region, upgrading it to a primary drug threat in South Florida. Exponential increases in methamphetamine deaths involving opioids are one of the snowball effects of poly-substance use patterns involving opioids. To mitigate the possibility of detection, DTOs smuggle methamphetamine into the area in its liquid form by mixing it with solvents and then convert it to its crystal form upon arrival.

Marijuana, controlled prescription drugs and NPS, are viewed as secondary drug threats, and pose a material threat to the region. Although the perceived danger of marijuana by the public is diminishing in scope due to the legalization of medical marijuana in Florida in 2016, the SFLHIDTA views marijuana as a significant threat to the region, and marijuana, other than for medical use as specified by the state law, remains illegal in Florida. In addition, marijuana grow operations and the parcel shipment of commercially packaged marijuana from states where it is legal to Florida, where these activities are prohibited, are vast. Marijuana seizure activity by SFLHIDTA initiatives increased by 50 percent during 2020.

The threat of CPDs remain a key issue due, particularly pharmaceutical opiates such as oxycodone as they are an integral part of opioid use disorder.

NPS (synthetic cathinones and synthetic cannabinoids) are included in poly-substance use patterns afflicting the region and are popular within South Florida clubs. Eutylone is the newest generation of molly, ranking second, behind cocaine in the top-ten list of exhibits to the DEA NFLIS for the SFLHIDTA region, and fifth for the State of Florida. In fact, 19 percent of Eutylone crime lab exhibits in the United States were from South Florida.

The continuum of grave non-drug related threats posed to the community include money laundering, trafficking via parcel services, street-level gangs, firearms violence, and human trafficking. In addition to bulk cash smuggling, DTOs use a spectrum of money laundering schemes to exploit South Florida's trade-based economy. While the anonymity and convenience offered by crypto-currency has led to its mainstream adoption, the SFLHIDTA considers this a serious global threat as investigative activity indicates that DTOs and MLOs are increasingly adopting this digital practice of moving and laundering illicit proceeds.

DTO's increased use of parcel services, in concert with digital platforms including cryptocurrency and the dark web, have increased both the anonymity and efficiency of drug trafficking and distribution.

Street-level gangs operate in SFLHIDTA communities using an assortment of criminal activity and violent crimes, to include the wholesale and retail distribution of illicit drugs, homicides, indiscriminate shootings, armed burglaries, home invasions, automobile thefts, and ID fraud. The notorious affiliation of firearms trafficking from South Florida to the Caribbean persists. DTOs transport firearms and sell them at a premium to purchase drugs and/or finance terrorism.

Human trafficking activity is very prevalent in South Florida due to its entertainment, tourism, and cruise ship industries. Most human traffickers are also involved in drug trafficking. These

human traffickers use drugs to lure girls into prostitution and other criminal activities, in order to pay off debts owed to the traffickers.

(B) Strategy for Achieving Goals and Objectives

SFLHIDTA fosters cooperative and effective working relationships among Federal, state, local, and tribal agencies that contribute 691 co-located full-time personnel who share the common goal to disrupt and dismantle DTOs and MLOs through long-term, multiagency investigations and operations. The SFLHIDTA strategy comprises 34 initiatives that exploit the collective expertise of Federal, state, and local agencies to target multiple regional drug threats identified in the SFLHIDTA threat assessment.

The expansion of multi-HIDTA approaches to identify, disrupt, and dismantle traditional and emerging threats are key aspects of SFLHIDTA's short- and long-term strategy. SFLHIDTA has made significant progress in addressing the region's primary threats and will continue to intensify its response to the escalating cocaine trafficking surge, the opioid crisis, and more recently, an increase in the atypical availability of methamphetamine.

(C) Support of the *National Drug Control Strategy*

The SFHIDTA supports the Strategy by disrupting and/or dismantling DTOs and MLOs, thereby disrupting the illicit drug market and reducing related violence. Further, SFHIDTA enhances drug control efforts by implementing programs and activities that improve the effectiveness and coordination of agencies participating in the HIDTA and by increasing intelligence sharing and coordination among the initiatives and all regional LEAs. The SFHIDTA also seeks to strengthen the relationship between law enforcement and prevention and treatment organizations.

(3) Methamphetamine

Methamphetamine is becoming a more prevalent threat to the region, evidenced by higher than normal availability, seizure activity, and reported consumption trends. The SFHIDTA does not track funding specifically used to address methamphetamine trafficking.

## **South Texas HIDTA**

(1) Amount of Funding Requested for FY 2023: \$10,129,143

(2) Justification

(A) Threat Assessment

South Texas HIDTA (STX HIDTA) is a significant transshipment corridor for marijuana, cocaine, heroin, methamphetamine, other illegal drugs, and human trafficking. Although marijuana is more significant by weight, the primary and most perilous threats are methamphetamine, cocaine and heroin/synthetic opioids and the organizations that distribute them. These same routes are utilized to repatriate illicit proceeds back to Mexico. STX HIDTA consists of 15 counties, 13 of which sit along the Southwest border. These counties represent 50 percent of the Texas-Mexico border. Seventeen of the 25 POEs along the Texas-Mexico border are within the STX HIDTA. POEs, coupled with the regional interstate highways, make the AOR one of the most strategically important drug and illicit proceeds smuggling corridors in use by both domestic DTO/MLOs and Mexican DTO/MLOs. Despite the low population in some areas, the region greatly influences drug trafficking and availability at the national level. Gang activity associated with the Gulf Cartel, Zetas, and other DTOs/MLOs and cartels continues to be a threat in the area.

(B) Strategy for Achieving HIDTA Goals and Objectives

Federal, state, and local LEAs combine their efforts with multi-jurisdictional, colocated/commingled drug task forces and intelligence/investigative support initiatives. These intelligence-driven drug task forces pursue coordinated efforts to reduce the smuggling, transshipment, and distribution of drugs into and through Texas. In focusing on the disruption and dismantlement of DTOs/MLOs and by following the *National Southwest Border Counternarcotics Strategy*, STX HIDTA employs intelligence-driven investigations and interdiction activities targeted at drug transshipments and money laundering, including extensive systematic follow-up investigations involving intelligence analysis, information sharing, and an aggressive prosecution structure. STX HIDTA initiatives are organized seamlessly into four types:

- Enforcement (interdiction, investigation, and prosecution)
- Intelligence/Investigative Support and Information Sharing
- Support/Training/Prevention
- Management and Coordination

Through an intensive initiative and task force review and inspection process, along with statistical information gathered through the HIDTA PMP system, the Executive Board holds initiatives accountable for their productivity.

(C) Support of the *National Drug Control Strategy*

STX HIDTA will focus on dismantling and disrupting DTOs and MLOs active within its AOR to reduce the availability of drugs. STX HIDTA is committed to continuing interdiction efforts seizing illegal narcotics, as well as disrupting the illegal southbound flow of weapons and currency intended for drug cartels. STX HIDTA also supports the Strategy through the exchange of intelligence and information among LEAs. STX HIDTA will continue to foster partnerships in furtherance of drug prevention programs with LEAs, young people, educational institutions and the public.

(3) Methamphetamine

Methamphetamine seized within the STX HIDTA AOR is produced in Mexico where production amounts are rising as evidenced by increased seizures of historically large amounts of the drug. STX HIDTA is a significant transshipment corridor for methamphetamine. STX HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **Texoma HIDTA**

(1) Amount of Funding Requested for FY 2023: \$4,099,500

(2) Justification

(A) Threat Assessment

The overall drug trafficking threat to the Texoma HIDTA region remains stable. Law enforcement and intelligence data clearly indicate methamphetamine continues to pose the most significant drug threat to the region as North Texas, the Texas Panhandle, and Oklahoma are flooded with cheap, high purity methamphetamine produced in Mexico. Prescription drugs, opioids, synthetic cannabinoids, cocaine/crack cocaine, and marijuana also all pose a significant threat to communities throughout the Texoma HIDTA region. In particular, increased flow of cocaine into the region and signs of increasing distribution of synthetic opioids, such as fentanyl and fentanyl- laced drugs, are the most significant emerging trends facing the region.

Both the Dallas-Fort Worth and Oklahoma City metropolitan areas continue to serve as key command and control distribution points for drug loads sent by MDTOs, who dominate the wholesale trafficking of most major drug types encountered in the region. MDTOs continue to send large shipments of methamphetamine, heroin, cocaine, and marijuana to the Texoma HIDTA AOR on a regular basis, either for local distribution or as a transshipment point for loads destined to the Midwest and Eastern United States. DTOs and MLOs continue to funnel large sums of drug proceeds through the area, remitting the money to Mexico in bulk cash form, as well as through large numbers of wire transfers, cryptocurrency and other money laundering techniques.

Outside of the threat from MDTOs diversion of controlled pharmaceutical drugs from the medical and pharmacy environment, the production and distribution of synthetic opioids by independent DTOs who obtain controlled substances from foreign-based sources of supply via the Dark Web and the sale of smokable synthetic cannabinoids from retail establishments, also pose a significant public health and public safety threat in the region. Additionally, independent DTOs have formed in the Texoma HIDTA region that specialize in distribution of high-grade marijuana obtained from states with legalized forms of marijuana. These controlled substances are every bit as destructive as other “hard-core” drugs and negatively impact the quality of life and safety of communities throughout Texas and Oklahoma.

In addition to MDTOs, local organizations including street and prison-based gangs, orchestrate the distribution of drugs at the retail level. As a whole, street gangs operating in the Texoma HIDTA’s region include subsets of traditional gangs, with a professed allegiance to parent national or regional gangs (e.g., Bloods, Crips, Sureños), prison-based gangs that are heavily engaged in coordinating the distribution of methamphetamine at lower levels, and hybrid gangs that function in a much looser sense and are more apt to create alliances and working arrangements with traditional rivals with the ultimate objective of making more money. All types of gangs contribute to rising levels of violent criminal activity in major metropolitan areas

in the region, including drug-related shootings and homicides, aggravated assaults, thefts, armed robberies, burglaries and fraud. In many areas of the Texoma HIDTA's region, gangs have elevated their distribution activities to mid-level distribution of multiple pounds of controlled substances, particularly methamphetamine.

(B) Strategy for Achieving HIDTA Goals and Objectives

The Texoma HIDTA Executive Board ensures that the program functions within the mission of the National HIDTA Program. The Executive Board ensures the four subcommittees – Budget, Intelligence, DHE, and Initiative Review – effectively carry out their stated functions. These actions work towards increasing the efficiencies and effectiveness of the Texoma HIDTA. The Executive Board, in conjunction with the HIDTA Director, directs staff on developing effective plans to meet the organizational objectives. The Executive Board maintains interaction through Executive Board meetings, HIDTA subcommittees, and regional meetings such as the North Texas Crime Commission and the North Texas Police Chiefs Association.

The Executive Board continually evaluates the Texoma HIDTA's 30 initiatives to ensure adherence to the HIDTA PPBG and the regional HIDTA mission and vision. The Executive Board also determines if new initiatives should be implemented to address Texoma HIDTA's regional drug threats.

(C) Support of the *National Drug Control Strategy*

Texoma HIDTA supports the *Strategy* by identifying, investigating, and dismantling/disrupting DTOs that use the Dallas/Fort Worth, Texas Panhandle, East Texas and Oklahoma areas to transport, store, and distribute illicit drugs throughout the United States and MLOs that smuggle drug proceeds into Mexico. The Texoma HIDTA initiatives reduce the amounts of cocaine, methamphetamine, marijuana, and opioids supplied to the area and other national drug markets in the Midwest, Northeast, and Southeast, as well as interdicting the illicit proceeds related to the drug trafficking activities.

(3) Methamphetamine

The vast majority of the DTOs investigated by the Texoma HIDTA initiatives are multi-drug organizations. Seizures of methamphetamine have increased in recent years. Although the increase has been the most dramatic in the Dallas/Fort Worth Metroplex, law enforcement in Oklahoma and the West Texas/Panhandle areas have also seen significant improvements in methamphetamine seizures over the last several years. Texoma HIDTA does not track funding specifically used to address methamphetamine trafficking.

## Washington/Baltimore HIDTA

(1) Amount of Funding Requested for FY 2023: \$16,487,073

(2) Justification

(A) Threat Assessment

The Director of ONDCP designated the Washington/Baltimore HIDTA (W/B HIDTA) in 1994. The W/B HIDTA, unlike the first areas established as HDTAs, was not a major gateway for illegal drugs into the U.S. However, the region was a significant drug consumption market, especially for heroin and drugs associated with street violence (i.e., crack cocaine and PCP). This combination of significant drug consumption and widespread drug-related violence led to the designation of the Washington/Baltimore area as a HIDTA.

Previously, drugs entering the region were imported through an alternate U.S. city, primarily New York, where they were repackaged and then transported into the W/B HIDTA region. Now, a significant number of W/B HIDTA cases involve shipments originating in Texas, California, Arizona, and Mexico. Additionally, a growing number of DTOs have reported receiving drugs directly from abroad, specifically from Africa, Central America, and Southwest Asia. In addition to the continuing threat posed by DTOs and MLOs, criminal street gangs represent a growing threat to the region. Throughout the W/B HIDTA region, membership in criminal street gangs has remained high and is increasing. The violence associated with these gangs and their role in illegal drug trafficking pose a serious threat to the region. There does not appear to be an increase in human trafficking activity among these criminal groups.

The primary drug threats in the W/B HIDTA region are fentanyl, heroin, cocaine HcL and crack cocaine, and prescription narcotics. All are reported to be readily available throughout the region. These drugs and others are trafficked by more than 600 DTOs and MLOs that are under investigation by W/B HIDTA initiatives. The majority of the DTOs/MLOs under investigation in the W/B HIDTA are African-American groups, but there are also large numbers of Caucasian American, Mexican, and Central American groups operating in the region.

What was originally a very compact HIDTA is now widely dispersed. By way of example, Roanoke City and County, the most southwestern area of the W/B HIDTA, is approximately 275 miles from Cecil County, MD, in the northeast corner of the W/B HIDTA region. Virginia Beach, VA in the southeastern corner of the region is approximately 238 miles from Mineral County, WV in the northeast corner.

The transportation infrastructure in the W/B HIDTA region is one of the most developed and diverse in the U.S. It includes:

- More than 1,600 miles of Interstates, including 64, 66, 68, 70, 81, 83, 85, 93, and 95;
- Six major international airports: Thurgood Marshall-Baltimore Washington International (BWI), Washington Dulles International (IAD), Ronald Reagan-National (DCA), Richmond (RIC), Newport News (PHF), and Norfolk International (ORF),

which have recorded 4.4 million passenger boardings in 2018; and more than 100 other airports of various capacities;

- Three international seaports: the ports of Baltimore, Norfolk, and Newport News, in which, altogether, 14.6 million metric tons of container freight arrived in 2018;
- Almost 100 Amtrak trains passing through the HIDTA region on a daily basis, carrying approximately five million passengers annually;
- More than a dozen major railroad freight lines; and
- Hundreds of miles of shoreline.

In sum, several factors combine to make the W/B HIDTA region a fertile environment for drug trafficking. The region is relatively affluent and not as susceptible as the rest of the country to the fluctuations of the national economy due to the stability of government jobs and government-related industries. There is a well-developed transportation infrastructure connecting the six distinct major population centers (Baltimore, the District of Columbia, Northern Virginia, Richmond, Roanoke, and the Tidewater region of Virginia), which enables traffickers to transport even large quantities of illegal drugs efficiently. Drug traffickers and gang members can use the more than 200 banks operating in the region to launder their ill-gotten gains. The increasingly diverse ethnic and racial makeup of the population enables Mexican, Colombian, Dominican, Salvadoran, Korean, and Vietnamese criminal groups and gangs to recruit members and operate more easily.

By substantial margins, Federal, state, and local law enforcement task force supervisors, as well as drug treatment leaders responding to the W/B HIDTA's threat assessment surveys identified fentanyl, heroin, cocaine HCL/crack cocaine, and prescription narcotics as the primary drug threats in their communities. In all four cases, at least 85 percent of the respondents said the substance(s) caused significant or moderate harm in their communities; and, in the cases of fentanyl and heroin, substantial majorities said the drug caused significant harm. With the exception of fentanyl, these drugs have been long-standing major threats in the W/B HIDTA area.

#### (B) Strategy for Achieving Goals and Objectives

W/B HIDTA believes that coordination among LEAs at all levels is key to disrupting the drug market in the AOR. Consequently, since its designation in 1994, W/B HIDTA has fostered cooperative and effective working relationships among Federal, state, and local criminal justice organizations, including LEAs and drug treatment and prevention organizations. Currently, W/B HIDTA has 150 participating agencies. Information and intelligence sharing are required for all participating agencies and has become a standard practice. The Gang Intelligence System, which identifies suspected members of criminal gangs, and Case Explorer, a case management system, are available to all agencies in the W/B HIDTA area and form the central elements of information sharing among those agencies.

In 2016, the W/B HIDTA developed ODMAP, a system that provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts in mobilizing an immediate response to a sudden increase or spike in overdose events. It links first responders and relevant record management systems to a mapping tool that tracks

overdoses to stimulate real-time response and strategic analysis across jurisdictions. ODMAP presents a rare public health and safety collaborative opportunity with the ability to respond to a crisis as it is occurring. By combining the data in ODMAP with collaborative partnerships that span different agencies, localities can develop and deploy a real-time plan to reduce both fatal and non-fatal overdoses.

In May 2019, the Bureau of Justice Assistance (BJA) and the CDC announced \$3 million in funding for ODMAP over 2 years to support ODMAP's growth and development. Shortly after, both BJA and CDC announced the ODMAP Statewide Expansion and Response grant and made awards to eight states to implement ODMAP in coordination with establishing public safety, public health, and behavioral health partnerships. Additionally, ONDCP has provided discretionary funding to support the enhancement of analytical tools and the implementation of ODMAP nationally.

More than 480,000 suspected overdoses have been entered into the ODMAP system by over 30,000 users representing over 3,400 agencies in all 50 states, the District of Columbia, and Puerto Rico. Approximately 15 states have active statewide implementation and/or efforts incorporating ODMAP, with several other states actively working on implementation efforts. In March 2020, the W/B HIDTA worked with the Legislative Analysis and Public Policy Association (LAPPA) to develop the Model Overdose Mapping and Response Act, model legislation for the implementation of ODMAP at the state level. W/B HIDTA is currently working with several states to adopt a legislative strategy.

ADAPT was funded by ONDCP in the fall of 2019 to operationalize and support the HIDTA Prevention Strategy, which promotes integration of evidence-based strategies for substance use prevention in HIDTA communities. ADAPT (A Division for Advancing Prevention and Treatment) serves as a translator of evidence-based strategies, navigator of prevention science, and connector to peers and mentors. ADAPT is currently servicing or has completed 61 technical assistance requests. Technical assistance is provided in the following domains: 1) identification of evidence-based strategies, 2) implementation, 3) evaluation, 4) training, 5) fiscal/budgeting, and 6) sustainability. The average duration of technical assistance per request is five months. ADAPT holds a variety of trainings and technical webinars on substance use prevention fundamentals to cultivate, nurture, and support hospitable systems for implementation in HIDTA communities. ADAPT also hosts an annual HIDTA Prevention Summit to disseminate advances in the field of prevention science.

### (C) Support of the *National Drug Control Strategy*

The W/B HIDTA supports the *Strategy* in several ways. Fundamentally, it contributes to the disruption of both international and domestic drug trafficking and production by disrupting and dismantling international, multi-state, and local DTOs and MLOs.

The W/B HIDTA also provides significant support to the demand side of the *Strategy* through its operation of ADAPT, which provides technical assistance and training for drug prevention and treatment agencies in the region and in other HIDTA communities across the country; and

by funding 12 treatment initiatives and seven prevention initiatives designed to help break the cycle of drug use, crime, delinquency, and incarceration.

(3) Methamphetamine

MDTOs transport methamphetamine from Mexico to locations in the Southeast United States and from there into the W/B HIDTA region. While Methamphetamine, in both powder and crystallized forms, is not uniformly available throughout the W/B HIDTA region, it is most readily available in the Tidewater area, Southwest Virginia (including Roanoke), and in the HIDTA's three West Virginia counties. The W/B HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **West Texas HIDTA**

(1) Amount of Funding Requested for FY 2023: \$9,211,634

(2) Justification

(A) Threat Assessment

The West Texas HIDTA comprises 12 counties and over 520 miles of the U.S. border with Mexico. El Paso, Texas sits on the Rio Grande River adjacent to Ciudad Juarez, Mexico, representing the two largest cities situated on the Texas-Mexico border. El Paso, the most populous city in West Texas, lies at the intersection of three states (Texas, New Mexico, and Chihuahua). El Paso also sits along Interstate Highway 10 that connects to Interstate Highways 20 and 25. DEA's *2020 National Drug Threat Assessment* indicates that Mexican TCOs employ intermediaries who oversee shipments across the Southwest border and facilitate sales to a wholesale and mid-level client. These intermediaries can take the form of criminal street gangs, many of which have known ties to Mexican cartels.

West Texas HIDTA's main concern continues to be that the region is a transshipment and distribution hub for narcotics from Mexico into the United States. All other concerns are derived from this reality. Based upon drug seizure quantities, marijuana, methamphetamine, cocaine, and heroin rank as the greatest drug threats to the AOR.

There is reporting of an increasing amount of narcotics-related violence in Ciudad Juarez. This violence may be connected to the production and distribution of methamphetamine by some organizations and the resistance to methamphetamine by other organizations. While high-profile arrests and dismantlement and disruption operations have occurred, the flow of narcotics into the U.S. via the West Texas HIDTA corridor has remained near constant.

(B) Strategy for Achieving Goals and Objectives

West Texas HIDTA continues to foster cooperative and productive working relationships among 1 USAO, 11 Federal agencies, 7 state agencies, and 16 local agencies to achieve the common goals of disrupting and dismantling DTOs and securing the West Texas HIDTA 12-county area of the Southwest Border by preventing multi-ton quantities of illicit drugs from reaching their intended market.

(C) Support of the *National Drug Control Strategy*

SWB HIDTA/WTX supports the *Strategy* by dismantling or disrupting DTOs and/or MLOs, thereby disrupting the market for illegal drugs. As the keystone region for the *National Southwest Border Counternarcotics Strategy*, West Texas HIDTA will support all efforts to contain and reduce the impact of DTOs on the region and will continue to:

- provide a broad range of drug intelligence/information to all participating and non-participating LEAs that it could potentially impact (i.e. - information regarding levels of

violence south of the border that might have a spillover effect is shared with all task forces, particularly along the border counties);

- work with the area's prevention partners to foster prevention coalitions; and
- use its training capabilities to provide drugged driving recognition expert training using the curriculum prepared by the Department of Transportation.

(3) Methamphetamine

Methamphetamine use remains at increased levels of availability throughout the West Texas area. Agencies report no methamphetamine labs being discovered over the year. However, the smuggling and localized selling of methamphetamine from Mexico is a common trend throughout the region. West Texas HIDTA does not track funding specifically used to address methamphetamine trafficking.

## **National HIDTA Assistance Center**

(1) Amount of Funding Requested for FY 2023: \$4,086,770

(2) Justification

(A) Administrative Support Program and Coordination of National Programs

The National HIDTA Assistance Center (NHAC) hosts the HIDTA Financial Management System (a database used for budgeting and grant administration for all state and local awards) and the Clearance Management System (a database used to manage security clearances for the HIDTA program). The NHAC provides HIDTA-related training to the entire program and technology support through its HIDTA Resource Management System, a national HIDTA library and collaboration work space.

The NHAC addresses the need to continuously improve the efficiency and effectiveness of all the designated HIDTAs through seven distinct initiatives – Management and Coordination Unit, Training Unit, Media and Technology Unit, National Marijuana Initiative (NMI), Domestic Highway Enforcement (DHE), and National Emerging Threat Initiative (NETI).

(B) Strategy for Achieving Goals and Objectives:

The NHAC's mission and vision are defined by its key stakeholders, ONDCP, and the 33 regional HIDTA programs. The NHAC's core services include developing and delivering HIDTA-specific training; organizing national conferences and meetings; and serving as facilitator for three national HIDTA initiatives (NMI, NETI, and DHE). Through these services, the NHAC supports the strategies of all HIDTA regions as they respond to the unique threats facing their respective areas of responsibility.

(C) Support of the *National Drug Control Strategy*

The NHAC supports the *Strategy* by working to improve the efficiency and effectiveness of the 33 HIDTAs nationwide.

(3) Methamphetamine

Data on methamphetamine is not collected by the NHAC because it does not apply to the NHAC mission.