

## Executive Summary

The President's Fiscal Year (FY) 2012 National Drug Control Budget requests \$26.2 billion to reduce drug use and its consequences in the United States. This represents an increase of \$322.6 million (1.2 percent) over the FY 2010 enacted level of \$25.9 billion.

In May 2010, President Obama released the Administration's inaugural *National Drug Control Strategy (Strategy)*. The *Strategy* describes the specific actions Federal departments and agencies are taking in order to achieve the Administration's two main drug-control goals to reduce drug use and its consequences by 2015, and the funding dedicated to those efforts. The plan calls for a balanced approach of prevention, treatment, law enforcement, interdiction, and international partnerships to achieve a 15-percent reduction in the rate of youth drug use over 5 years, as well as similar reductions in chronic drug use and drug-related consequences such as drug deaths and drugged driving.

The 2011 *Strategy* and the FY 2012 National Drug Control Budget demonstrates a recommitment to the goals, objectives, and activities in the Administration's inaugural *Strategy*. The requested funding will continue to strengthen nationwide efforts to detect, prevent, and treat illicit drug use in communities and break the cycle of illicit drug use, crime, and incarceration.

Additionally, the FY 2012 request reflects a significant restructure of the National Drug Control Budget that will provide a transparent and accurate depiction of

Federal funding in support of the President's 2011 *Strategy*.

In FY 2004, the National Drug Control Budget was reduced to eliminate agency programs that were unreliably estimated or were thought to be related to consequences of drug use (as opposed to directly related to drug use reduction). Congress made it clear in the Office of National Drug Control Policy's 2006 Reauthorization Act (P.L. 109-469) that the Federal drug control budget should represent the full range of Federal spending, including costs associated with the consequences of drug use, and called on the Administration to restructure the National Drug Control Budget. The President's *Strategy* emphasizes specific policy efforts to address the complex consequences of drug use.

Therefore, in order to establish and display an accurate and reliable accounting of Federal resources spent on supporting the *Strategy's* goals to reduce drug use and its consequences, the Administration undertook a thorough review of Federal programs that have a drug control nexus. This review used a two-test approach to determine the suitability of including a program in the National Drug Control Budget: first, whether a program has a drug-control nexus; second, whether the program has an acceptable budget estimation methodology based on empirical data.

Based on the review, the Administration is adding the following agencies/programs to the National Drug Control Budget:

### **Agriculture**

U.S. Forest Service

### **Court Services and Offender Supervision Agency for the District of Columbia**

### **Defense**

Counterdrug OPTEMPO

### **Federal Judiciary**

### **Health and Human Services**

Centers for Medicare & Medicaid  
Services (Medicare and additional  
Medicaid services)

Health Resources and Services  
Administration

National Institute on Alcohol Abuse and  
Alcoholism

### **Homeland Security**

CBP's Border Security Fencing,  
Infrastructure, and Technology  
Federal Law Enforcement Training Center  
Federal Emergency Management Agency  
(Operation Stonegarden)

### **Interior**

Bureau of Land Management  
National Park Service

### **Justice**

Asset Forfeiture Fund  
Bureau of Prisons (Corrections Costs)  
Criminal Division  
Office of Federal Detention Trustee  
U.S. Attorneys  
U.S. Marshals Service

### **Transportation**

Federal Aviation Administration

Over the next year, the Administration will review a number of programs that were identified as having a drug control nexus but were without an acceptable budget estimation methodology. The goal will be to determine whether such a methodology can be developed, and is therefore appropriate to include the program in the National Drug Control Budget. Some of these programs include:

- The Department of Defense's TRICARE prevention and treatment efforts
- The Department of Health and Human Service's Centers for Disease Control and Prevention
- The Department of Housing and Urban Development's Project Reunite
- The Department of Justice's Byrne Memorial Justice Assistance Grant program, and the Smart Probation/Smart Policing programs
- The Department of Labor's Job Corps program

The following chart provides a comparison of the old and the new budget structure.

	<u>FY 2010</u>	<u>FY 2011</u>	<u>FY 2012</u>
<b><u>Previous Budget Structure</u></b>			
Demand Reduction	5,377.0	5,428.9	5,617.8
Supply Reduction	<u>10,028.6</u>	<u>9,750.9</u>	<u>9,690.4</u>
<b>Total</b>	<b>15,405.6</b>	<b>15,179.8</b>	<b>15,308.2</b>
<b><u>Revised Budget Structure</u></b>			
Demand Reduction	10,443.2	10,563.8	10,664.8
Supply Reduction	<u>15,443.9</u>	<u>15,167.8</u>	<u>15,544.8</u>
<b>Total</b>	<b>25,887.1</b>	<b>25,731.6</b>	<b>26,209.7</b>

*Note: Detail may not add due to rounding. Dollars in millions.*

## **Highlights of the FY 2012 Budget**

### **Prevention**

The FY2012 request to support education and outreach programs aimed at preventing the initiation of drug use for the Departments of Health and Human Services, Education, Transportation, Defense and Justice, as well the Court Services and Offender Supervision Agency for the District of Columbia (CSOSA) totals \$1.7 billion. This represents a nearly 8 percent increase (\$123.0 million) over the FY 2010 enacted level; the major changes are highlighted below:

#### **SAMHSA Prevention Grants**

**Department of Health and Human Services: \$550.5 million**

**(Reflects \$15.8 million decrease from FY 2010)**

In support of the first priority to create a national, community-based prevention system to protect adolescents, the Substance Abuse & Mental Health Services Administration (SAMHSA) budget request includes:

- State Substance Abuse Prevention Grants: The FY 2012 request includes \$395.0 million for a state formula grant

for substance abuse prevention. This new grant program combines legacy funding from the Strategic Prevention Framework program and the Prevention set aside from the Substance Abuse Prevention and Treatment Block Grant to fund state-supported, evidence-based community prevention programs.

- Prevention Prepared Communities: The FY 2012 request includes \$22.6 million to assist communities in developing local evidence-based substance abuse prevention programs targeted across the course of childhood and adolescence and delivered in multiple community venues.
- Tribal Prevention Grants: The FY 2012 request includes \$25.0 million for a new Tribal Prevention Grant focusing on promoting overall behavioral health, preventing alcohol and substance abuse, and preventing suicides.

#### **Drug Free Communities (DFC)**

**Office of National Drug Control Policy: \$88.6 million (Reflects \$6.4 million decrease from FY 2010)**

The FY 2012 request includes \$88.6 million in DFC funding to support the development of community drug-free coalitions throughout the United States. Community coalitions strive to develop local solutions

and increase community involvement and effectiveness in carrying out a wide array of drug prevention strategies, initiatives, and activities.

### **Successful, Safe, and Healthy Students Grant Program**

**Department of Education: \$266.9 million (Reflects \$91.0 million increase over FY 2010)**

This new program will support student achievement and help ensure students are mentally and physically healthy and ready to learn. The objective is to create an improved school climate that reduces drug use, violence, and harassment and improves school safety and students' physical and mental well-being. Within the program, the Department would use:

- \$47.4 million to award new grants to assist state educational agencies and local educational agencies (LEAs) to develop and implement programs and activities that create safe environments.
- \$144.0 million for other portions of the Successful, Safe, and Healthy Students program, including \$86.8 million for existing grants for Safe and Supportive Schools projects to address and improve school climate, and \$27.2 million for grants to LEAs to develop and implement innovative and effective programs to reduce alcohol abuse in secondary schools.
- \$75.4 million would provide for new and existing grant awards under the "Safe Schools/Healthy Students" initiative, to support LEAs and communities in developing and implementing a comprehensive set of programs and services to prevent youth drug use and violence, support early childhood development activities, and provide needed student mental health services. (Education blends this initiative with the

Department of Health and Human Services (HHS) Youth Violence Prevention Program and administers it in collaboration with both HHS and the Department of Justice.)

### **National Youth Anti-Drug Media Campaign Office of National Drug Control Policy: \$45.0 million**

**(Reflects no change from FY 2010)**

The re-tooled Campaign uses media channels such as paid advertising, interactive media, and public information, often in conjunction with community coalitions and organizations, to educate and motivate youth to develop anti-drug beliefs and behaviors, and encourage adults to have more effective roles in keeping youth drug-free. Funding (providing for television, radio, newspaper, Internet, and non-traditional advertising) enables the Media Campaign to address the substances most often abused by young people.

### **Drugged Driving**

**Department of Transportation: \$2.8 million (Reflects \$0.1 million increase from FY 2010)**

The National Highway Traffic Safety Administration's (NHTSA) FY 2012 request will support the Drug Impaired Driving Program, provide public information, outreach efforts, and improved law enforcement training to help reduce drugged driving. Funding will also support a new roadside survey of drug use by drivers and completion of a study of the crash risk of driving after taking drugs.

### **Treatment**

The FY 2012 Budget proposes \$9.0 billion in Federal funds for early intervention and treatment services for individuals with drug problems. This represents an increase over one percent (\$98.7 million) over the FY

2010 funding level. The Departments of Health and Human Services, Veterans Affairs, and Justice, as well as CSOSA and the Federal Judiciary train and engage primary healthcare professionals to intervene in emerging cases of drug abuse, expand and improve specialty addiction care for addiction, and develop safe and efficient paradigms to manage drug-related offenders in community corrections. The major changes are highlighted below:

### **Grants to States for Medicaid**

**Department of Health and Human Services:**

**\$3,577.0 million**

**(Reflects \$211.7 million decrease from FY 2010)**

The Nation's substance abuse treatment providers treat 3.9 million clients annually. Substance abuse treatment most often is paid for by two or more public and private sources (private health insurance, Medicaid, Medicare, state and local funds, and other Federal support). The Federal government makes its largest contribution to the payment for treatment through the Medicaid and Medicare insurance programs. These programs are increasing in size and scope, with the expansion of populations and/or services covered.

For the *National Drug Control Strategy*: FY 2012 Budget & Performance Summary, ONDCP, with assistance from HHS, developed placeholder estimates based upon SAMHSA's report: *SAMHSA Spending Estimates: MHSAs Spending Projections for 2004–2014*. These placeholder estimates represent ONDCP's estimate of the Federal Medicaid expenditures for substance abuse treatment. ONDCP and the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation are working to further refine the

methodology for determining the Federal Medicaid outlays for treatment.

The FY 2012 estimates are lower than the FY 2010 estimates as a result of the end of the temporarily increased Federal Medicaid matching rates provided in the American Reinvestment and Recovery Act of 2009 and the Education, Jobs, and Medicaid Assistance Act of 2010, which expires in June 2011.

### **Medicare**

**Department of Health and Human Services:**

**\$1,463.5 million**

**(Reflects \$138.5 million increase from FY 2010)**

Medicare provides health insurance coverage to eligible aged and disabled persons. Medicare-funded substance abuse treatment is an entitlement for eligible participants. Coverage and costs are increasing with the growing demand for treatment and the addition of Part D prescription drug coverage. Similar to the Medicaid estimates, these placeholder estimates represent ONDCP's estimate of the Federal Medicare expenditures for substance abuse treatment.

### **SAMHSA Discretionary Treatment Grants**

**Department of Health and Human Services: \$533.7 million**

**(Reflects \$2.3 million decrease from FY 2010)**

The SAMHSA request includes a bundle of programs that are awarded directly to providers. These programs advance specific treatment methods, modalities, and services to targeted groups. Grants are awarded on a competitive basis to ensure the funding supports a particular identified need.

- \$98.9 million (no change from FY 2010 enacted) for Access to Recovery provides states funding for vouchers, coupled with state flexibility and

executive discretion, to offer an opportunity to create positive change in substance abuse treatment and recovery service delivery across the Nation.

- \$29.1 million (no change from FY 2010 enacted) for a Screening Brief Intervention and Referral to Treatment approach provides grants to health care providers to intervene early in the disease process before individuals achieve dependency, and can motivate the addicted client to engage in substance abuse treatment.
- \$43.8 million (no change from FY 2010 enacted) for Treatment Drug Courts which help reduce recidivism and substance abuse among offenders and increase an offender's likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and appropriate sanctions and other rehabilitation services. In FY 2010, SAMHSA and the Department of Justice successfully braided their drug court programs, making it easier on court applicants to access these two funding streams under a single application.
- \$22.6 million (no change from FY 2010 enacted) for Ex-Offender Reentry program grants provide screening, assessment, comprehensive treatment, and recovery support services to offenders reentering the community, as well as offenders who are currently on or being released from probation or parole.
- \$47.4 million (increased \$4.6 million from FY 2010 enacted) for Treatment Systems for the Homeless grants combine long-term, community-based

housing assistance with intensive individualized treatment and recovery support services.

- \$159.6 million (decreased \$5.2 million from FY 2010 enacted) for several other Treatment Capacity programs including: the Minority AIDS Initiative; Opioid Treatment Programs and Regulatory Activities; Children and Family Programs; Pregnant and Post-Partum Women (PPW); Recovery Community Services Program (RCSP); and Targeted Capacity Expansion (TCE) General.

### **Substance Abuse Treatment Block Grant**

**Department of Health and Human Services:**

**\$1,494.2 million**

**(Reflects an increase of \$39.6 million over FY 2010)**

This formula-based funding to states expands substance abuse treatment services, while providing maximum flexibility to states. States and territories may expend their funds only for the purpose of planning, carrying out, and evaluating activities related to these services. In FY 2012, the grant will support the delivery of treatment while allowing states to access funding for prevention services.

### **Second Chance Act**

**Department of Justice): \$50.0 million**

**(Reflects \$20.0 million increase over FY 2010)**

In support of the priority to develop safe and efficient paradigms to manage drug-related offenders in community corrections, the budget includes requests for the following initiatives:

- Prosecution-led Drug Treatment Alternatives to Prison: The FY 2012 request includes \$10.0 million to provide funding of this activity authorized under Section 112 of the Second Chance Act. Funds will allow the

Attorney General to make grants to state, tribal, and local prosecutors to improve the infrastructure, knowledge, and systems needed to operate the judicial aspects of alternative to prison initiatives.

- **Adult/Juvenile Re-Entry Court Initiative:** The FY 2012 request includes \$9.0 million to integrate the proven practices of drug courts into the management of drug-related adult and juvenile offenders being released from incarceration back into the community and provide support to develop and test innovative strategies for serving juvenile offenders with co-occurring substance abuse problems. Awards will be issued through a competitive bidding process and will be used to support training of probation officers and judges, creation of needed data systems, and expansion of drug testing capabilities.

#### **Bureau of Prisons Drug Treatment Efforts**

**Department of Justice: \$108.5 million  
(Reflects \$20.9 million increase from FY 2010)**

The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP (subject to the availability of funds) to provide residential substance abuse treatment to all eligible inmates. The treatment strategy often begins with drug abuse education and can end with the strong community transition component. The objective is to reduce the likelihood of inmates relapsing to drug use and criminal activity. Approximately 40 percent of new inmates entering BOP custody have a diagnosis of a drug use disorder. Accordingly, BOP's strategy of a strong and comprehensive drug abuse treatment consists of screening and assessment; drug abuse education; nonresidential drug abuse treatment services; residential drug abuse

treatment programming; and community transitional drug abuse treatment.

The FY 2012 request will support and expand BOP's drug treatment programs. Resources requested in this budget are vital to allow expansion of drug treatment capacity, and will help BOP reach the goal of providing 12-month sentence credits to all eligible inmates.

#### **Drug, Mental Health, and Problem Solving Courts**

**Department of Justice: \$57.0 million  
(Reflects no change from FY 2010)**

In FY 2012, the Office of Justice Programs (OJP) requests \$57.0 million to increase their support to Drug, Mental Health, and Problem Solving Courts, to include courts for veterans. OJP provides grants to criminal justice agencies to implement and improve drug court programs, as well as focus on mental health and other issues. The program focuses on the risks and needs of offenders through drug court programs and other problem-solving approaches in an effort to decrease recidivism and improve public health and safety.

#### **National All Schedules Prescription Electronic Reporting (NASPER)**

**Department of Health and Human Services: \$2.0 million  
(Reflects no change from FY 2010)**

This program fosters the establishment of state-administered prescription drug monitoring systems in order to ensure that health care providers, law enforcement officials, and other regulatory bodies have access to accurate, timely prescription history information that they may use as a tool to identify patients at risk of prescription drug abuse and addiction, and to enhance the ability of prescribers to spot dangerous drug interactions.

**Veterans Health Administration Treatment**  
**Department of Veterans Affairs: \$541.7 million**  
**(Reflects \$33.4 million increase over FY 2010)**

The Veterans Health Administration (VHA) operates a national network of substance abuse treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics. Reflecting the Administration's commitment to end homelessness and provide compassionate and caring treatment to veterans, increasingly, VHA is treating substance abuse in a mental health setting. Additionally, in light of the frequent co-occurrence of substance use disorder problems with Post Traumatic Stress Disorder (PTSD), VHA is also assigning a full-time substance use disorder specialist to each of its hospital-level PTSD services or teams.

**Domestic Law Enforcement**

Over \$9.5 billion in FY 2012 Federal resources are requested to support domestic law enforcement efforts, an increase of \$314.6 million (3.4%) over the FY 2010 enacted level. The Departments of Justice, Homeland Security, Defense, Agriculture, the Interior, and the Treasury, along with the Federal Judiciary, provide key domestic law enforcement support; the major changes are highlighted below.

**Organized Crime Drug Enforcement Task Force Program (OCDETF)**

**Department of Justice: \$541.0 million**  
**(Reflects \$8.6 million decrease over FY 2010, which included supplemental funding for the SWB.)**

Within the overall FY 2012 request for the OCDETF program, there are two enhancements in support of the *Southwest Border Strategy*:

- \$2.2 million for DEA, ATF, FBI, USMS, and the U.S. Attorneys' Offices to better

support their participation in the OCDETF Co-located Strike Forces that are targeting the highest-level Mexican drug cartels and their Colombian cocaine suppliers.

- 41 Positions and \$7.1 million for the U.S. Attorneys' Offices to pursue their Southwest Border Drug Prosecutions Initiative.

**Prescription Drug Monitoring Pilots and Evaluations**

**Department of Justice: \$3.0 million**  
**(Reflects \$3.0 million increase from FY 2010)**

The program will provide grants to states to pilot and examine the effectiveness of Prescription Drug Monitoring programs.

**Drug Enforcement Administration - Domestic Enforcement Operations**

**Department of Justice: \$1,605.0 million**  
**(Reflects \$24.8 million decrease from FY 2010, which included supplemental funding for the SWB.)**

The Drug Enforcement Administration's Domestic Enforcement Decision Unit comprises the majority of DEA's investigative and support resources. These resources create a seamless intelligence and investigative web to pursue drug trafficking organizations, from multi-national and poly-drug conglomerates, to independent specialty one-function cells. Major changes include increases for base adjustments and the elimination of the Mobile Enforcement Teams (MET). The 145 positions currently funded in the MET program will be realigned to fill vacancies within the Diversion Control Fee Account.

**Bureau of Prisons - Incarceration Operations**

**Department of Justice: \$3,460.3 million**  
**(Reflects \$291.3 million increase over FY 2010)**

The Bureau of Prisons (BOP) provides custodial care for over 200,000 inmates.

These inmates are housed in BOP facilities, privately operated facilities, private contract facilities, and residential reentry centers. As a consequence of drug abuse, the FY 2012 request includes funding for 20,095 FTEs and the costs associated with inmate care, security and facility maintenance, contracted confinement, and general management and administration.

### **High Intensity Drug Trafficking Areas (HIDTA) Program**

**Office of National Drug Control Policy: \$200.0 million**

**(Reflects \$39.0 million decrease from FY 2010)**

HIDTA effectively coordinates Federal, state, and local collaboration of law enforcement investigations and operations to disrupt and dismantle complex drug trafficking organizations.

### **Department of Defense Domestic Counterdrug Support**

**Department of Defense: \$238.2 million**

**(Reflects \$25.7 million increase from FY 2010)**

In FY 2012, the Department of Defense's request will support Federal, state, and local drug law enforcement agencies requests for domestic operational and logistical support to address drug-related crime. This support includes the National Guard's support for Governor's State Plans and translation efforts, and U.S. Northern Command's domestic detection and monitoring efforts, such as the tethered aerostat radar system.

### **Interdiction**

The Federal Budget request for interdiction totals \$3.9 billion in FY 2012, an increase of \$243.0 million over the FY 2010 enacted level. The Departments of Homeland Security, Defense, Transportation and the Interior perform activities designed to

interrupt the trafficking of illicit drugs into the United States by targeting the transportation link; major changes are highlighted below.

### **Customs and Border Protection - Border Security and Trade Facilitation at Ports of Entry (POE)**

**Department of Homeland Security: \$1,010.0 million**

**(Reflects \$209.7 million increase over FY 2010)**

The FY 2012 President's Budget request proposes a \$209.7 million increase from the FY 2010 enacted level for drug-related resources associated with border security and trade facilitation at the POEs. The increase is the net impact of the full implementation of the journeyman grade increase for Customs and Border Protection (CBP) Officers, in addition to program increases for staffing at new and expanded ports of entry and CBP canine units.

### **Customs and Border Protection – Air & Marine Support**

**Department of Homeland Security: \$423.5 million**  
**(Reflects \$44.3 million decrease from FY 2010)**

In FY 2012, from within base resources, CBP will continue the P-3 Service Life Extension Program (SLEP). CBP will continue the acquisition of up to eight AS-350 Light Enforcement Helicopters; by the end of FY 2012, 46 of the 50 AS-350s will be under contract.

### **International**

The FY 2012 Budget requests over \$2.1 billion to provide international support, a decrease of \$456.6 million (17.6%) from the FY 2010 enacted level. The Departments of Defense, Justice, and State perform a wide range of drug-control activities primarily focused on or conducted in areas outside of the United States. These programs help

facilitate the disruption or dismantlement of the most significant international drug organizations, and increase the demand reduction and drug enforcement capabilities of partner nations. Major changes are highlighted below.

### **Caribbean Basin Security Initiative**

**Department of State: \$17.8 million**  
**(Reflects \$12.6 million increase over FY 2010)**

The FY 2012 request will improve regional cooperation and capacity for drug interdiction and eradication and will support regional efforts to counter money laundering and corruption, as well as reduce the demand for illegal narcotics.

### **Colombia**

**Department of State: \$130.4 million**  
**(Reflects \$69.8 million decrease from FY 2010)**

The FY 2012 drug-control request continues support for the Government of Colombia's (GOC) implementation of its National Consolidation Plan and the U.S. Colombia Strategic Development Initiative.

Counternarcotics support will also continue to build the GOC's capacity to take over additional counternarcotics responsibilities. Much of the decrease in the FY 2012 request is due to the expected successful transition to the GOC of three U.S.-supported Colombian military programs in 2012 (Counterdrug Brigade, Colombian Army Aviation, and Air Bridge Denial).

### **Mexico**

**Department of State: \$67.0 million**  
**(Reflects \$89.5 million decrease from FY 2010)**

The FY 2012 drug-control request will continue support for counternarcotics, law enforcement, and demand reduction programs to advance the short-term goal of dismantling drug trafficking and other criminal organizations, and the long-term goal of strengthening Mexico's justice

sector institutions and expanding their capacity to reduce and deter drug-related crime affecting the United States, especially along the shared border. The decrease in drug-control funding reflects a continued trend away from providing expensive equipment, like information technology and non-intrusive inspection equipment, and toward targeted institutional capacity building and technical assistance.

### **Afghanistan**

**Department of State: \$102.6 million**  
**(Reflects \$178.0 million decrease from FY 2010)**

A significant reduction to INL's FY 2012 request for Afghanistan resulted in changes to both counternarcotics and rule-of-law programs. The reductions in the counternarcotics programs were realized primarily by re-categorizing the aviation support program, which previously was wholly categorized under counternarcotics, and allocating that request between the counternarcotics and rule-of-law sectors, with 30 percent being attributed to counternarcotics programs. Despite the decrease, this request is consistent with the Obama Administration's emphasis on the disruption and dismantling of the drug trade through interdiction and calls for increased availability of treatment and rehabilitation centers, including a focus on women and children through drug demand reduction efforts.

## **Performance Measurement**

The National Drug Control Budget, coupled with performance assessment, supports achievement of the Administration's vision of a balanced approach to drug policy. The *Strategy* establishes two overarching goals to reduce drug use and its consequences by 2015 and identifies initiatives necessary to

achieve the *Strategy's* goals. Monitoring the progress of the *Strategy* is done in several ways.

The annual budget review and certification process commences with guidance to each drug control agency on improving its accountability system and its performance. Summer and Fall certification letters to each National Drug Control Program Agency further emphasize where improvement is necessary. At the end of the fiscal year, this Budget and Performance Summary document distills each agency's contribution to the *Strategy's* two goals. Furthermore, ONDCP requires each agency to submit a Performance Summary Report that requires attestation by its Inspector General regarding the agency's accountability system. In accordance with the 2006 Reauthorization, ONDCP is developing a Performance Reporting System to monitor and assess interagency progress towards the *Strategy's* Goals. In addition, ONDCP monitors interagency progress towards the Actions specified in the *Strategy*.

The current performance system utilizes existing agency data systems in accordance with the Government Performance and Results Act as well as national studies and surveys such as Monitoring the Future and the National Survey on Drug Use and Health. Additional information is drawn from budget justifications, program assessments, surveys and evaluations, and internal management documents.

The drug budget restructuring effort includes the development of performance measures that monitor each new agency's drug-related contribution to the *Strategy*. ONDCP is actively working with new

agencies to identify current measures that may be appropriate and to develop new metrics where necessary. Monitoring the performance of drug-related agencies is critical to track program-level accomplishments and agency progress toward achieving the *Strategy's* overall goals and objectives.