



The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

FY 2018 Appropriations

August 2017 Update

On May 23rd, 2017 President Trump released “America First: A Budget Blueprint to Make America Great Again,” the Administration’s budget proposal for fiscal year (FY) 2018. On July 19th, the House of Representatives Appropriations Committee approved its Labor-Health & Human Services (HHS)-Education spending bill for FY 2018.

This document provides a summary of the Administration’s FY 2018 budget proposal, as well as the House Appropriations Committee’s proposed funding levels for NASADAD’s priority programs within HHS. The following charts compare the House Appropriations Committee’s FY 2018 recommendations to the enacted FY 2017 funding levels.

The document also summarizes recommendations from both the House and Senate Appropriations Committees for programs within the Department of Justice (DOJ), as well as the House Appropriations Committee’s funding recommendation for the Office of National Drug Control Policy (ONDCP).

FY 2018 appropriations recommendations for:

- **Department of Health and Human Services (HHS)**
 - **Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - **Substance Abuse Prevention and Treatment (SAPT) Block Grant**
 - **Center for Substance Abuse Treatment (CSAT)**
 - **Center for Substance Abuse Prevention (CSAP)**
 - **Center for Mental Health Services (CMHS)**
 - **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
 - **National Institute on Drug Abuse (NIDA)**
 - **Centers for Disease Control and Prevention (CDC)**
 - **Health Resources and Services Administration (HRSA)**
- **Department of Justice (DOJ)**



○ Office of National Drug Control Policy

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 14	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17
Substance Abuse Prevention and Treatment Block Grant	\$1,819,856,000	\$1,819,856,000	\$1,858,079,000	\$1,858,079,000	\$1,854,697,000	\$1,858,079,000	Level

House Appropriations Committee Report Language:

Substance Abuse Prevention and Treatment (SAPT) Block Grant: “The Committee recommends a program level of \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant, which is the same as the fiscal year 2017 enacted program level and \$3,382,000 above the fiscal year 2018 budget request program level. The Substance Abuse Prevention and Treatment Block Grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country.

Handheld Analyzers: “The Committee understands the role played by handheld drug analyzers, particularly for police officers and other first responders. These instruments can identify various drugs and assist first responders in treatment referral. They also keep officers safe by minimizing the exposure to toxic drugs, while reducing the overall cost and backlog of cases at crime labs. The Committee encourages SAMHSA to work with the relevant stakeholders to clarify the policy of block grant funds and handheld analyzers.”

Pregnant Women: “The Committee remains concerned about the lack of treatment options for pregnant women and women with dependent children. States are required to allocate a portion of their block grant funds to support treatment for this population. The Committee requests information in the fiscal year 2019 Congressional Justification on the amount of funds from the Substance Abuse Prevention and Treatment Block Grant used for pregnant women and women with dependent children, including information on how States are implementing these requirements, funding level by State, and information on availability of treatment, and barriers to treatment.”



SAMHSA’s Center for Substance Abuse Treatment (CSAT) – Appropriations by Program

Program	FY 14	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
CSAT TOTAL	\$360,698,000	\$361,463,000	\$335,345,000	\$352,427,000	\$341,738,000	\$351,427,000	-\$1,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,029,000	\$9,046,000	Level
Children and Families	\$29,678,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,549,000	\$29,605,000	Level
Criminal Justice Activities	\$75,000,000	\$78,000,000	\$78,000,000	\$78,000,000	\$77,852,000	\$78,000,000	Level
Minority AIDS	\$65,732,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,445,000	\$65,570,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,746,000	\$8,724,000	\$8,724,000	\$8,724,000	\$8,708,000	\$8,724,000	Level
Pregnant and Postpartum Women	\$15,970,000	\$15,931,000	\$15,931,000	\$19,931,000	\$19,931,000	\$19,931,000	Level
Recovery Community Services Program	\$2,440,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,429,000	\$2,434,000	Level
Screening, Brief Intervention, Referral, and Treatment (SBIRT)	\$47,000,000	\$46,889,000	\$46,889,000	\$30,000,000	\$46,804,000	\$30,000,000	Level
Targeted Capacity Expansion (TCE) General	\$13,256,000	\$23,223,000	\$36,303,000	\$67,192,000	\$36,234,000	\$67,192,000	Level
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	<i>N/A</i>	<i>\$12,000,000</i>	<i>\$25,000,000</i>	<i>\$56,000,000</i>	<i>\$24,952,000</i>	<i>\$56,000,000</i>	<i>Level</i>
Treatment Systems for Homeless	\$41,488,000	\$41,386,000	\$41,304,000	\$36,386,000	\$41,225,000	\$36,386,000	Level
Building Communities of Recovery	N/A	N/A	N/A	\$3,000,000	\$1,000,000	\$3,000,000	Level
Improving Access to Overdose Treatment	N/A	N/A	N/A	\$1,000,000	Not funded	Not funded	-\$1,000,000

House Appropriations Committee report language regarding substance abuse treatment in general: “The Committee recommends \$2,211,506,000 for Substance Abuse Treatment programs, which is \$1,000,000 less than the fiscal year 2017 enacted program level and \$15,071,000 more than the fiscal year 2018 budget request program level.”

“The Committee is aware of the significant challenge presented by opioid abuse, and believes that addressing the opioid crisis requires that states coordinate efforts among myriad agencies and organizations. Regional collaborations involving hospital systems, institutions of higher education, local government, and the judiciary can drive best practices and have shown success in identifying solutions for opioid abuse. Therefore, the Committee encourages SAMHSA to utilize such regional collaborative stakeholder teams.”



State Targeted Response (STR) to the Opioid Crisis: “The Committee has also placed a high priority on combatting opioid addiction by including an additional \$500,000,000 for grants to States, as outlined in the 21st Century Cures Act. The Committee also continues support for programs addressing opioid addiction as authorized in the Comprehensive Addiction and Recovery Act.”

“The Committee includes \$500,000,000 for the second year of continuation funding as authorized under section 1003 of the 21st Century Cures Act. Consistent with the authorization, the Committee recommends States be given flexibility within the existing grant to direct resources in accordance with local needs. SAMHSA should permit States to allocate funds for prevention, training, treatment, recovery, and other public health related activities at levels based on the conditions of each State.”

Screening, Brief Intervention and Referral to Treatment (SBIRT): “The Committee provides \$30,000,000 for Screening, Brief Intervention and Referral to Treatment, which is the same as the fiscal year 2017 enacted program level, and \$16,804,000 below the fiscal year 2018 budget request program level. Within this amount, the Committee provides \$1,000,000 for grants to pediatric health care providers in accordance section 9016 of the 21st Century Cures Act (P.L. 114–255). Grants should focus on screening for underage drinking, opioid use, and other drug use. The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life.”

Targeted Capacity Expansion (TCE): “The Committee recommends \$67,192,000 for Targeted Capacity Expansion activities. Of this amount, \$56,000,000 is for services that address prescription drug abuse and heroin use in high-risk communities. SAMHSA should target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders. The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.”

Pregnant and Postpartum Women (PPW): “The Committee provides \$19,931,000 for Pregnant and Postpartum Women, which is the same as the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Addiction to opioids has risen dramatically over the past few years. Especially important are pregnant women at risk for opioid dependence and opioid exposure during pregnancy, and infants born with neonatal abstinence syndrome. The Government Accountability Office conducted a review of programs and stated in a 2015 report “the program gap most frequently cited was the lack of available treatment programs for pregnant women.” Substance abuse treatment that supports the family as a unit has proven effective for maintaining maternal sobriety and child well-being. There is a need for increased availability of outpatient treatment options that are responsive to women’s complex responsibilities, often as the primary or sole caregivers for their families. Reauthorized as part of the Comprehensive Addiction and Recovery Act (P.L. 114–198), the Pregnant and Postpartum Women program supports residential treatment programs for pregnant and postpartum women with substance use disorders, including opioids. These programs provide substance use disorder treatment to women in residential facilities, and allow women to bring their minor children. Congress authorized the program to use funds for pilot programs to address service delivery gaps for pregnant and postpartum women, including services in non-residential settings, and to encourage new approaches and models of service delivery across the continuum of care.”

Criminal Justice Activities: “The Committee provides \$78,000,000 for the Criminal Justice Activities program and expects that no less than \$60,000,000 will be used exclusively for Drug Court activities.”



Drug Courts: “The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Minority AIDS Viral Hepatitis Screening: “The Committee commends SAMHSA for encouraging grantees to screen for viral hepatitis including the use of innovative strategies like rapid testing. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The Committee encourages SAMHSA to continue its work with grantees to incorporate hepatitis screening into programmatic activities and requests a report on the implementation of hepatitis screening activities in the fiscal year 2019 Congressional Justification.”

Peer Recovery Support Services: “The Committee values the role of peer recovery support services to individuals and families impacted by substance use disorder treatment. The Committee requests information in the fiscal year 2019 Congressional Justification on the amount of funds from the Substance Abuse Prevention and Treatment Block Grant used for peer recovery support services.”

SAMHSA’s Center for Substance Abuse Prevention (CSAP) – Appropriations by Program

Program	FY 14	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
CSAP TOTAL	\$175,129,000	\$175,219,000	\$211,219,000	\$223,219,000	\$149,700,000	\$165,373,000	-\$57,846,000
Center for the Application of Prevention Technologies (CAPT)	\$7,511,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,479,000	\$7,493,000	Level
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	N/A	N/A	\$12,000,000	\$12,000,000	\$11,977,000	\$12,000,000	Level
Federal Drug-Free Workplace Program (formerly Mandatory Drug Testing)	\$4,906,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,885,000	\$4,894,000	Level
Minority AIDS	\$41,307,000	\$41,205,000	\$41,205,000	\$41,205,000	\$28,843,000	\$28,843,000	-\$12,362,000
Science and Service Program Coordination	\$4,082,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,064,000	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	\$6,986,000	\$7,000,000	Level
Strategic Prevention Framework/Partnerships for Success	\$109,754,000	\$109,484,000	\$119,484,000	\$119,484,000	\$58,427,000	\$64,000,000	-\$55,484,000
Strategic Prevention Framework Rx	N/A	N/A	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level
Tribal Behavioral Health Grants	N/A	N/A	\$15,000,000	\$15,000,000	\$14,971,000	\$15,000,000	Level
First Responder Training	N/A	N/A	N/A	\$12,000,000	\$12,000,000	\$12,000,000	Level
<i>Rural Focus</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>\$6,000,000</i>	<i>+\$6,000,000</i>



House report language regarding CSAP in general: “The Committee recommends \$165,373,000 for the Substance Abuse Prevention programs, which is \$57,846,000 below the fiscal year 2017 enacted level and \$15,670,000 above the fiscal year 2018 budget request.”

Federal Drug Free Workplace: “The Committee is concerned that the Secretary of Health and Human Services has yet to release technical guidelines for the use of hair testing as a Federally accepted drug testing method, in accordance with section 5402 of the Fixing America’s Surface Transportation Act (P.L.114–94). The Committee believes these guidelines pose tremendous safety implications due to hair testing’s many advantages over currently recognized testing methods, including providing employers with a longer detection window than the standard urinalysis, as well as being easier to collect and harder to adulterate. Therefore, the Committee strongly encourages the Secretary to expeditiously produce the technical guidelines for the use of hair testing as a Federally accepted drug testing method. The Committee requests an update on this effort in the fiscal year 2019 Congressional Justification.”

Overdose Fatality Prevention: “The agreement reflects strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence based intervention training, and must facilitate linkage to treatment and recovery services.”

Strategic Prevention Framework: “The Committee directs SAMHSA to provide continuation grants for Strategic Prevention Framework activities in fiscal year 2018.”

SAMHSA’s Center for Mental Health Services (CMHS) – Appropriations by Program

Program	FY 14	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
CMHS TOTAL	\$377,315,000	\$370,538,000	\$402,609,000	\$386,659,000	\$277,419,000	\$308,861,000	-\$77,798,000
Children and Family Programs	\$6,474,000	\$6,458,000	\$6,458,000	\$7,229,000	Not funded	\$7,229,000	Level
Children’s Mental Health	\$117,315,000	\$117,026,000	\$119,026,000	\$119,026,000	\$118,800,000	\$119,026,000	Level
Community Mental Health Services (CMHS) Block Grant	\$483,744,000	\$482,571,000	\$511,532,000	\$562,671,000	\$415,539,000	\$421,039,000	-\$141,532,000
Consumer/Consumer Support TA Centers	\$1,923,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,914,000	\$1,918,000	Level
Consumer and Family Network Grants	\$4,966,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,945,000	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,280,000	\$4,269,000	\$4,269,000	\$4,269,000	\$4,261,000	\$4,269,000	Level
Disaster Response	\$1,958,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,949,000	\$1,953,000	Level
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,794,000	\$64,635,000	\$64,635,000	\$64,635,000	\$65,000,000	\$64,635,000	Level
Healthy Transitions	\$20,000,000	\$19,951,000	\$19,951,000	\$19,951,000	Not funded	Not funded	-\$19,951,000
Homelessness Prevention Programs	\$30,772,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,638,000	\$30,696,000	Level
MH System Transformation and Health Reform	\$10,582,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,772,000	\$3,779,000	Level
Minority AIDS	\$9,247,000	\$9,224,000	\$9,224,000	\$9,224,000	\$4,206,000	\$4,206,000	-\$5,018,000
National Traumatic Stress Network	\$46,000,000	\$45,887,000	\$46,887,000	\$48,887,000	\$46,798,000	\$48,887,000	Level



Program	FY 14	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17
Primary and Behavioral Health Care Integration	\$50,000,000	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	\$49,877,000	Level
Primary/Behavioral Health Integration TA	\$1,996,000	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	\$1,991,000	Level
Project AWARE	\$54,865,000	\$54,865,000	\$64,865,000	\$57,001,000	Not funded	Not funded	-\$57,001,000
Mental Health First Aid	\$15,000,000	\$14,963,000	\$14,963,000	\$14,963,000	Not funded	\$14,963,000	Level
Project AWARE State Grants	\$40,000,000	\$39,902,000	\$49,902,000	\$57,001,000	\$49,807,000	Not funded	-\$57,001,000
Project LAUNCH	\$34,640,000	\$34,555,000	\$34,555,000	\$23,605,000	\$34,489,000	\$23,605,000	Level
Protection and Advocacy	\$36,238,000	\$36,146,000	\$36,146,000	\$36,146,000	\$36,077,000	\$36,146,000	Level
Seclusion & Restraint	\$1,150,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,145,000	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$60,032,000	\$60,032,000	\$69,032,000	\$59,940,000	\$66,101,000	-\$2,931,000
Tribal Behavioral Health Grants	\$5,000,000	\$4,988,000	\$15,000,000	\$15,000,000	\$14,971,000	\$15,000,000	Level
Youth Violence Prevention	\$23,156,000	\$23,099,000	\$23,099,000	Not funded	\$23,055,000	Not funded	Level

Report language related to CMHS in general: “The Committee provides \$949,707,000 for Mental Health, which is \$231,330,000 below the fiscal year 2017 enacted program level and \$37,360,000 above the fiscal year 2018 budget request program level.”

Mental Health First Aid: “The Committee is pleased with the progress of the Mental Health First Aid program including training more than 740,000 Americans to recognize the signs and symptoms of common mental disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel and their family members. Any qualified community mental health education program should be considered as eligible for funding under the Mental Health First Aid program.”

Mental Health Block Grant: “The Committee recommends a total of \$421,039,000 for the Mental Health Block Grant, which is \$141,532,000 below the fiscal year 2017 enacted program level and \$5,500,000 above the fiscal year 2018 budget request program level. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the ten percent set-aside within the Mental Health Block Grant for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health to encourage States to use this block grant funding to support programs that demonstrate strong evidence of effectiveness.”

Children’s Mental Health: “The Committee recommends \$119,026,000 for the Children’s Mental Health program, which is the same as the fiscal year 2017 enacted level and \$226,000 above the fiscal year 2018 budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care.”



Pediatric Psychiatric Beds: “The Committee understands there is a shortage of psychiatric beds, particularly pediatric psychiatric beds, which help treat children with mental health and substance abuse issues. The Committee recommends SAMHSA review the best practices of pediatric psychiatric programs and provide an update in the fiscal year 2019 Congressional Justification on this topic.”

Projects for Assistance in Transition from Homelessness: “The Committee recommends \$64,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which is the same as the fiscal year 2017 enacted level and \$123,000 above the fiscal year 2018 budget request. The PATH program supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.”

Protection and Advocacy for Individuals with Mental Illness: “The Committee recommends \$36,146,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2017 enacted level and \$69,000 above the fiscal year 2018 budget request. This program serves to ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community. Funds are allocated to States according to a formula based on population and relative per capita incomes.”

National Institute on Alcohol Abuse and Alcoholism (NIAAA) – Appropriations

Program	FY 14	FY 15	FY 16	FY 17 Request	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
NIAAA	\$446,282,000	\$447,153,000	\$467,700,000	\$483,363,000	\$361,356,000	\$490,796,000	+\$7,433,000

House report language regarding NIAAA:

“NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship between genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol abuse and associated damage, especially in the underage population; and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems.”

National Institute on Drug Abuse (NIDA) – Appropriations

Program	FY 14	FY 15 Enacted	FY 16	FY 17 Request	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
NIDA	\$1,025,435,000	\$1,028,614,000	\$1,077,488,000	\$1,090,853,000	\$864,998,000	\$1,107,497,000	+\$16,634,000



House report language regarding NIDA:

“NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies.”

Barriers to Research: “The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we should be lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide a short report on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.”

Drug Treatment in the Justice System: “The Committee understands that providing evidence-based treatment for substance use disorders offers a valuable opportunity to interrupt the substance use/criminal justice system cycle for people struggling with substance use disorders. Untreated substance use disorder renders prior criminal offenders particularly vulnerable to recidivism and continued health problems, preventing them from being able to find stable employment, jeopardizing public health and safety, and taxing justice and health system resources. When combined with therapy, medication assisted treatment (MAT) has consistently been shown to be more effective in treating substance use disorder than abstinence. The Committee applauds NIDA’s focus on adult and juvenile justice populations in its research around substance use disorder treatment. The Committee supports this important work and asks for a progress report on those efforts, including information on the use and success of MAT in the juvenile justice system.”

Marijuana Research: “The Committee is concerned that States are changing public policies related to marijuana without the benefit of scientific research to help guide those decisions. NIDA is encouraged to continue supporting a full range of research on the effects of marijuana and its components, including research focused on policy change and implementation across the country.”

Neonatal Abstinence Syndrome: “The Committee recognizes the importance of research on prevention, identification, and treatment of prenatal opioid exposure and Neonatal Abstinence Syndrome. The Committee encourages NIDA to ensure that the review process includes appropriate focus on geographic locations where the problem is particularly acute. The Committee encourages NIH, based on appropriate scientific review, to support meritorious research opportunities in Appalachia and at institutions that have unique opportunities to study innovative care models.”

Opioid Misuse and Addiction: “The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the U.S. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of nondisease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs into many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. The Committee urges NIDA to (1) continue funding research on medication development to alleviate pain, especially the development of medications with reduced abuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; and (3) report on what is known regarding the transition from opioid analgesics to heroin and synthetic opioid abuse and addiction within affected populations.”



Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment: “Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMeD initiative, targeting physicians in training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices.”

Centers for Disease Control and Prevention (CDC) – Appropriations for Selected Programs

Program	FY 14	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,120,566,000	\$1,117,609,000	\$1,122,278,000	\$1,117,278,000	\$934,000,000	\$1,117,278,000	Level
HIV Prevention by Health Departments	\$398,238,000	\$397,161,000	\$397,161,000	\$397,161,000	Not listed	\$397,161,000	Level
School Health	\$31,161,000	\$31,081,000	\$33,081,000	\$33,081,000	\$15,371,000	\$15,400,000	-\$17,681,000
Viral Hepatitis	\$31,410,000	\$31,331,000	\$34,000,000	\$34,000,000	\$33,935,000	\$34,000,000	Level
Sexually Transmitted Infections	\$157,719,000	\$157,310,000	\$157,310,000	\$152,310,000	\$130,000,000	\$152,310,000	Level
Chronic Disease Prevention and Health Promotion	\$1,187,962,000	\$1,198,220,000	\$1,177,000,000	\$1,115,596,000	\$952,250,000	\$1,041,646,000	-\$73,950,000
Tobacco	\$210,767,000	\$215,492,000	\$210,000,000	\$205,000,000	Not funded	\$155,000,000	-\$50,000,000
Excessive Alcohol Use	Not broken out	\$3,000,000	\$3,000,000	\$3,000,000	Not listed	\$3,000,000	Level
Prevention Research Centers	\$25,530,000	\$25,461,000	\$25,461,000	\$25,461,000	Not funded	\$25,461,000	Level
Birth Defects and Developmental Disabilities	\$122,435,000	\$131,781,000	\$135,610,000	\$137,560,000	\$100,000,000	\$137,560,000	Level
Fetal Alcohol Syndrome	\$10,532,000	\$10,505,000	\$11,000,000	\$11,000,000	Not listed	\$11,000,000	Level
Injury Prevention and Control	\$150,839,000	\$170,447,000	\$236,059,000	\$286,059,000	\$216,165,000	\$286,059,000	Level
Unintentional Injury	\$8,619,000	\$8,598,000	\$8,800,000	\$8,800,000	\$6,737,000	\$8,800,000	Level
Injury Prevention Activities	\$29,023,000	\$48,950,000	\$104,529,000	\$28,950,000	\$20,293,000	\$28,950,000	Level
Opioid Prescription Drug Overdose	N/A	\$20,000,000	\$70,000,000	\$112,000,000	\$75,435,000	\$112,000,000	Level
Illicit Opioid Use Risk Factors	N/A	N/A	\$5,579,000	\$13,579,000	*	\$13,579,000	Level
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	\$160,000,000	Level

*FY 2016 and FY 2017 Prescription Drug Overdose and Illicit Opioid Risk Use Factors are comparably adjusted to reflect combined single line, Opioid Abuse and Overdose Prevention.



House report language on using data to prevent opioid-related overdosing: “The Committee continues to be very concerned about the high rate of opioid abuse and overdosing and understands that with data, forecasting of overdosing risk by geographic region can be provided. The Committee encourages CDC to begin using data to provide such forecasts that public health officials can use to intervene and prevent overdoses.”

Health Resources and Services Administration (HRSA) – Appropriations for Selected Programs

Program	FY 14	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17
Community Health Centers	\$1,495,236,000	\$1,491,422,000	\$1,491,422,000	\$1,490,522,000	\$1,491,522,000	\$1,491,422,000	+\$900,000
Interdisciplinary Community-Based Linkages	\$71,563,000	\$73,403,000	\$78,903,000	\$128,903,000	Not funded	\$99,903,000	-\$29,000,000
Mental and Behavioral Health	\$7,916,000	\$8,916,000	\$9,916,000	\$9,916,000	Not funded	\$9,916,000	Level
Maternal and Child Health Block Grant	\$634,000,000	\$637,000,000	\$638,200,000	\$641,700,000	\$666,987,000	\$641,700,000	Level
Rural Health	\$142,335,000	\$147,471,000	\$149,571,000	\$156,060,000	\$74,395,000	\$156,060,000	Level
Telehealth	\$13,900,000	\$14,900,000	\$17,000,000	\$18,500,000	\$10,000,000	\$18,500,000	Level
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	Level

Maternal and Child Health Block Grant: “The Committee recommends \$641,700,000 for the Maternal and Child Health (MCH) Block Grant, which is the same as the fiscal year 2017 enacted level and \$25,287,000 below the fiscal year 2018 budget request. States use the block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.

Maternal Depression: “The Committee recognizes that over 400,000 women in the United States suffer from postpartum depression each year. Postpartum depression can affect mother-infant bonding and have longer-term effects on the development of children. The Committee supports efforts by HRSA to address the needs of mothers and children related to maternal depression.”

Neonatal Abstinence Syndrome Effects on Maternal and Child Health: “The Committee is alarmed by the prevalence of Neonatal Abstinence Syndrome (NAS) and the resulting health and developmental impacts on children. The Committee requests an update in the fiscal year 2019 Congressional Justification on efforts undertaken by HRSA to address NAS.”

Ryan White HIV/ AIDS Program: “The Committee provides \$2,318,781,000 for the Ryan White HIV/ AIDS program, which is the same as the fiscal year 2017 enacted level and \$58,773,000 above the fiscal year 2018 budget request. The Ryan White HIV/AIDS program funds activities to address the care and treatment of persons living with HIV/AIDS who are either uninsured or underinsured and need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.”



Department of Justice (DOJ) – Appropriations for Selected Programs

Program	FY 14	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Drug Enforcement Administration	\$2,018,000,000	\$2,033,320,000	\$2,080,000,000	\$2,102,976,000	\$2,164,100,000	\$2,164,051,000	+\$61,075,000	\$2,115,777,000	+\$12,801,000
Office of Justice Programs: Research, Evaluation, and Statistics	\$120,000,000	\$111,000,000	\$116,000,000	\$89,000,000	\$111,000,000	\$83,000,000	-\$6,000,000	\$85,000,000	-\$4,000,000
State and Local Law Enforcement Assistance	\$1,171,500,000	\$1,241,000,000	\$1,408,500,000	\$1,258,500,000	\$940,500,000	\$1,118,500,000	-\$140,000,000	\$1,171,000,000	-\$87,500,000
Byrne Memorial Justice Assistance Grants	\$376,000,000	\$376,000,000	\$476,000,000*	\$403,000,000	\$332,500,000	\$500,000,000	+\$97,000,000	\$404,500,000	-\$1,500,000
Drug Courts	\$40,500,000	\$41,000,000	\$42,000,000	\$43,000,000	\$40,000,000	\$43,000,000	Level	\$43,000,000	Level
Mentally Ill Offender Act	\$8,250,000	\$8,500,000	\$10,000,000	\$12,000,000	\$9,000,000	\$12,000,000	Level	\$12,000,000	Level
Residential Substance Abuse Treatment (RSAT)	\$10,000,000	\$10,000,000	\$12,000,000	\$14,000,000	\$12,000,000	\$12,000,000	-\$2,000,000	\$14,000,000	Level
Second Chance Act/Offender Reentry	\$67,750,000	\$68,000,000	\$68,000,000	\$68,000,000	\$48,000,000	\$68,000,000	Level	\$70,000,000	+\$2,000,000
Veterans Treatment Courts	\$4,000,000	\$5,000,000	\$6,000,000	\$7,000,000	\$6,000,000	\$7,000,000	Level	\$7,000,000	Level
Prescription Drug Monitoring	\$7,000,000	\$11,000,000	\$13,000,000	\$14,000,000	\$12,000,000	\$14,000,000	Level	\$14,000,000	Level
Juvenile Justice Programs	\$254,500,000	\$251,500,000	\$270,160,000	\$247,000,000	\$229,500,000	\$170,500,000	-\$76,500,000	\$260,000,000	+\$13,000,000
Community Oriented Policing Systems (COPS)	\$214,000,000	\$208,000,000	\$212,000,000	\$221,500,000	\$218,000,000	\$234,000,000	+\$12,500,000	\$226,500,000	+\$5,000,000

*Note that the FY 2016 \$100 million increase for Byrne/JAG was a carve out to cover extra costs of security at the two presidential nominating conventions.



House report language on combating the opioid and heroin epidemic: “The Department must give priority to stopping, investigating, and detaining the criminals who profit from human misery caused by the epidemic in opioid and heroin abuse. This includes doctors who knowingly overprescribe, as well as manufacturers and distributors whose negligence or criminality contributes to this scourge. The bill fully funds grants at the authorized level under the Comprehensive Addiction and Recovery Act of 2016. The bill also fully funds requested increases for Federal law enforcement to address opioid trafficking including increases for Drug Enforcement Administration operations and their diversion control program, Organized Crime and Drug Enforcement Task Forces to dismantle international drug cartels, and U.S. Attorneys to focus additional resources on opioids trafficking prosecutions.”

House report language on State and Local Law Enforcement Assistance funding: “The recommendation includes \$103,000,000 for programs to reduce opioid abuse, which is the full amount authorized by the Comprehensive Addiction and Recovery Act of 2016 (CARA; Public Law 114–198). Within this amount is \$43,000,000 for drug courts; \$7,000,000 for veterans treatment courts; \$12,000,000 for Residential Substance Abuse Treatment; \$14,000,000 for prescription drug monitoring; \$12,000,000 for the Mentally Ill Offender Act; and \$15,000,000 for other programs authorized by the bill.

“The Committee believes that communities must address opioid abuse through comprehensive strategies that incorporate enhanced enforcement, education and treatment. The Committee directs OJP to work with DEA, the Department of Health and Human Services, and the National Institute of Justice to develop, and help communities implement, best practices to address opioid abuse.

“The Committee believes that the Federal response to the opioid epidemic will be most effective if resources made available through CARA and related programs are directed to strategies that are backed by strong evidence or to innovative and promising approaches that will be rigorously evaluated to learn their impact. In implementing new and existing programs that address the opioid epidemic, the Department is urged to utilize evidence-based policymaking principles, tools, and program designs such as those disseminated by the Evidence-Based Policymaking Collaborative. The Committee encourages the Department to collaborate with outside researchers and philanthropic organizations that focus on improving the use of rigorous research to inform policy.”

House report language on medication-assisted treatment: “The Committee encourages BOP to make abstinence-based relapse prevention treatment options available to inmates with a history of opioid dependence.”

Senate report language on Comprehensive Addiction and Recovery Act [CARA] Programs: “The Committee provides a total of \$111,000,000 for CARA programs, including \$43,000,000 for drug courts; \$7,000,000 for veterans treatment courts; \$14,000,000 for Residential Substance Abuse Treatment; \$14,000,000 for prescription drug monitoring; \$12,000,000 for the Mentally Ill Offender Act; and \$21,000,000 for the Comprehensive Opioid Abuse Program [COAP] comprised of other programs authorized by CARA.”



Office of National Drug Control Policy (ONDCP)

Program	FY 14	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17
Office of National Drug Control Policy	\$366,666,000	\$374,800,000	\$379,857,000	\$388,000,000	\$368,600,000	\$381,243,000	-\$6,757,000
Drug Free Communities (DFC)	\$92,000,000	\$93,500,000	\$95,000,000	\$97,000,000	\$91,800,000	\$91,000,000	-\$6,000,000
High-Intensity Drug Trafficking Area (HIDTA) Program	\$238,500,000	\$245,000,000	\$250,000,000	\$254,000,000	\$246,525,000	\$254,000,000	Level

House report language on ONDCP:

“The Office of National Drug Control Policy (ONDCP) was established by the Anti-Drug Abuse Act of 1988. As the President’s primary source of support for counter-drug policy development and program oversight, ONDCP is responsible for developing and updating a National Drug Control Strategy, developing a National Drug Control Budget, and coordinating and evaluating the implementation of Federal drug control activities. In addition, ONDCP manages several counter-drug programs which are discussed under the “Federal Drug Control Programs” heading below. These programs include the High Intensity Drug Trafficking Areas (HIDTA) program and Drug-Free Communities grants.

“The Committee recommends an appropriation of \$18,400,000 for ONDCP Salaries and Expenses. The Committee expects ONDCP to focus resources on the counter-drug policy development, coordination, and evaluation functions which are the primary mission of the Office and the origins of its existence.

“The Committee strongly supports the Office of National Drug Control Policy programs to reduce drug use and drug trafficking, and its unique position as the coordinator of Federal programs. The Committee expects ONDCP to focus resources on the counter-drug policy development, coordination, and evaluation functions, which are the primary mission of the Office and the origins of its existence. To the extent practicable, ONDCP should prioritize discretionary funds to aid States that have identified heroin, cocaine, methamphetamine, and opioid addiction as threats, and are developing community responses to combat those drugs that prioritize treatment and health services over criminal punishment. ONDCP is directed to report to the Committees on Appropriations of the House and Senate within 90 days of enactment on how its programs are addressing these challenges.

“The Committee commends the work that ONDCP has done to aid rural communities in combating the opioid epidemic. More work is still needed to help some of the hardest hit communities in both rural America and Appalachia. The Committee expects ONDCP to coordinate with small and rural law enforcement agencies and develop strategies to improve the effectiveness of drug eradication efforts through shared intelligence, technology, and manpower despite limited resources.”