

Quarterly findings

The National Forensic Laboratory Information System (NFLIS) systematically collects results from drug analyses conducted by State and local forensic laboratories. NFLIS is designed to reflect drug evidence seized by law enforcement agencies and analyzed by forensic laboratories. Certain laboratories may not analyze all submitted evidence, for example, if the case was dismissed from court or if no defendant could be tied to the drug evidence.

Results in this report are presented for both drug items and drug cases. Drug items (or exhibits) are normally defined as specimens within a case. Laboratory drug cases are defined as submissions with the same unique identification number and are usually associated with a single incident.

Section 1 provides nationally and regionally representative estimates of the most common drug items and drug cases analyzed between April 1, 2002, and June 30, 2002 (see Methodology on page 11). These estimates are based on data reported by the NFLIS national sample, which comprises 29 State lab systems and 31 local labs. Section 2 provides results for drug items identified by all State and local labs reporting to NFLIS during the second quarter, included labs that are not part of the national sample.

About the System

Approximately 300 State and local forensic labs in the United States analyze nearly 2 million drug items each year. The Drug Enforcement Administration (DEA) has long recognized that these analyses represent valuable information.

Since 1997, NFLIS has developed into a fully operational system and is moving toward the recruitment of all State and local labs. The current partnership includes 33 State lab systems and 45 local or municipal labs, a total of 173 individual labs.

Highlights

Section 1:

- From April 1, 2002, to June 30, 2002, an estimated 486,146 drug items were analyzed by State and local laboratories in the United States. Cannabis/THC, cocaine, methamphetamine, and heroin represented an estimated 415,607 items, or 85% of all analyzed drug items.
- Cocaine was the most common drug item analyzed in the South (72,569 items, or 38%) and Northeast (27,160, or 38%). Methamphetamine was by far the most frequent drug analyzed in the West (33,854, or 38%), while cannabis/THC accounted for nearly half of items analyzed in the Midwest (64,641, or 49%). The largest percentage of heroin continues to be reported in the Northeast (10,642, or 15%).

Section 2:

- More than half of benzodiazepines were identified as alprazolam (e.g., Xanax), with the highest relative frequency of alprazolam reported in the South (57% of benzodiazepines) and the Midwest (51%).
- MDMA was the most common club drug analyzed, accounting for 76% of club drugs reported for the quarter. Yet 14% of club drugs were identified as ketamine, a greater percentage than previous quarters.
- About 1% of all reported items included two or more substances. The top three drug combinations (heroin/cocaine, cannabis/cocaine, and acetaminophen/hydrocodone) represented over a third of all reported combinations.

Section 1: National and regional estimates

Drug Items Analyzed

Between April 1, 2002, and June 30, 2002, an estimated 486,146 drug items were analyzed by State and local forensic laboratories in the United States. Table 1.1 presents national and regional counts and prevalence estimates for the 25 most frequently identified drug items.

The top 25 drugs accounted for an estimated 457,105 drug items, or 94% of all drugs identified by State and local laboratories during the quarter. Cannabis/THC, cocaine, methamphetamine, and heroin accounted for an estimated 415,607 items, or 85% of all analyzed drug items.

Other drugs included in the top 25 were benzodiazepines alprazolam (5,031 items), diazepam (2,893 items), and clonazepam (1,539 items); narcotic analgesics oxycodone (4,530 items) and hydrocodone (4,382 items); and the club drug MDMA (4,273 items). Four non-controlled drugs were among the top 25 items analyzed: these were pseudoephedrine (2,543 items) and ephedrine (454 items)—two precursor chemicals used to manufacture methamphetamine—and acetaminophen (1,147 items) and carisoprodol (720 items).

The types of drugs most commonly analyzed differ across census regions. It should be noted that these differences in part may reflect variation in enforcement and prosecution priorities, as well as variation in lab procedures.

Cocaine was the most common drug analyzed in the South (72,569 items) and Northeast (27,160, representing 38% of items in each of these regions

(Figure 1.1). Methamphetamine was the most frequent drug analyzed in the West (33,854, or 38%), with lower percentages analyzed in the Midwest (8,226, or 6%), the South (10,793, or 6%), and the Northeast (153 items, or less than 1%). The largest relative percentage of heroin continues to be analyzed in the Northeast (10,642, or 15%), compared to the Midwest (7,512,

or 6%), the South (9,035, or 5%), and the West (3,349, or 4%). Cannabis/THC accounted for nearly half of items analyzed in the Midwest (64,641, or 49%).

Table 1.1 National and Regional Estimates for the 25 Most Frequently Identified Drug Items

Estimated number and percentage of total identified drug items, April–June 2002

Drug	Census Region									
	National		West		Midwest		Northeast		South	
Cannabis/THC	180,999	(37.23%)	22,590	(25.33%)	64,641	(48.50%)	24,025	(33.49%)	69,743	(36.34%)
Cocaine	151,046	(31.07%)	15,793	(17.71%)	35,524	(26.66%)	27,160	(37.86%)	72,569	(37.81%)
Methamphetamine	53,025	(10.91%)	33,854	(37.96%)	8,226	(6.17%)	153	(0.21%)	10,793	(5.62%)
Heroin	30,537	(6.28%)	3,349	(3.75%)	7,512	(5.64%)	10,642	(14.83%)	9,035	(4.71%)
Non-controlled, non-narcotic drug	5,489	(1.13%)	2,252	(2.53%)	1,213	(0.91%)	1,126	(1.57%)	897	(0.47%)
Alprazolam	5,031	(1.03%)	273	(0.31%)	1,305	(0.98%)	530	(0.74%)	2,923	(1.52%)
Oxycodone	4,530	(0.93%)	228	(0.26%)	1,212	(0.91%)	935	(1.30%)	2,155	(1.12%)
Hydrocodone	4,382	(0.90%)	487	(0.55%)	910	(0.68%)	451	(0.63%)	2,534	(1.32%)
MDMA	4,273	(0.88%)	659	(0.74%)	448	(0.34%)	838	(1.17%)	2,327	(1.21%)
Diazepam	2,893	(0.60%)	306	(0.34%)	594	(0.45%)	271	(0.38%)	1,722	(0.90%)
Pseudoephedrine	2,543	(0.52%)	802	(0.90%)	964	(0.72%)	0	(0.00%)	777	(0.40%)
Phencyclidine	1,622	(0.33%)	608	(0.68%)	242	(0.18%)	466	(0.65%)	306	(0.16%)
Clonazepam	1,539	(0.32%)	165	(0.19%)	374	(0.28%)	507	(0.71%)	492	(0.26%)
Acetaminophen	1,147	(0.24%)	278	(0.31%)	508	(0.38%)	56	(0.08%)	304	(0.16%)
Amphetamine	1,091	(0.22%)	216	(0.24%)	266	(0.20%)	113	(0.16%)	497	(0.26%)
Methadone	933	(0.19%)	106	(0.12%)	230	(0.17%)	276	(0.38%)	321	(0.17%)
Codeine	908	(0.19%)	125	(0.14%)	301	(0.23%)	65	(0.09%)	418	(0.22%)
Ketamine	900	(0.19%)	177	(0.20%)	220	(0.17%)	284	(0.40%)	219	(0.11%)
Psilocin	741	(0.15%)	354	(0.40%)	140	(0.10%)	36	(0.05%)	211	(0.11%)
Carisoprodol	720	(0.15%)	184	(0.21%)	147	(0.11%)	47	(0.07%)	342	(0.18%)
Propoxyphene	670	(0.14%)	55	(0.06%)	217	(0.16%)	56	(0.08%)	342	(0.18%)
Morphine	641	(0.13%)	101	(0.11%)	186	(0.14%)	123	(0.17%)	231	(0.12%)
Methylphenidate	497	(0.10%)	46	(0.05%)	141	(0.11%)	98	(0.14%)	213	(0.11%)
Butalbital	494	(0.10%)	***	***	424	(0.32%)	21	(0.03%)	41	(0.02%)
Ephedrine	454	(0.09%)	38	(0.04%)	101	(0.08%)	***	***	***	***
Top 25 Total	457,105	(94.03%)	83,055	(93.12%)	126,045	(94.58%)	68,298	(95.20%)	179,707	(93.63%)
All Other Analyzed Items	29,041	(5.97%)	6,137	(6.88%)	7,226	(5.42%)	3,444	(4.80%)	12,234	(6.37%)
Total Analyzed Items	486,146	(100.00%)	89,192	(100.00%)	133,270	(100.00%)	71,742	(100.00%)	191,942	(100.00%)

MDMA = 3,4-Methylenedioxymethamphetamine

*** These estimates do not meet standards of precision and reliability due to their small sample sizes.

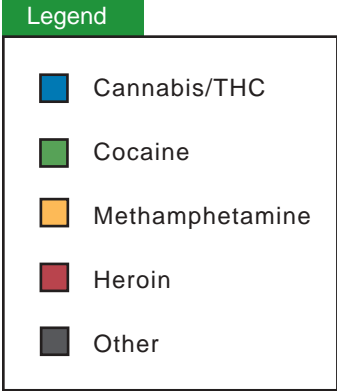
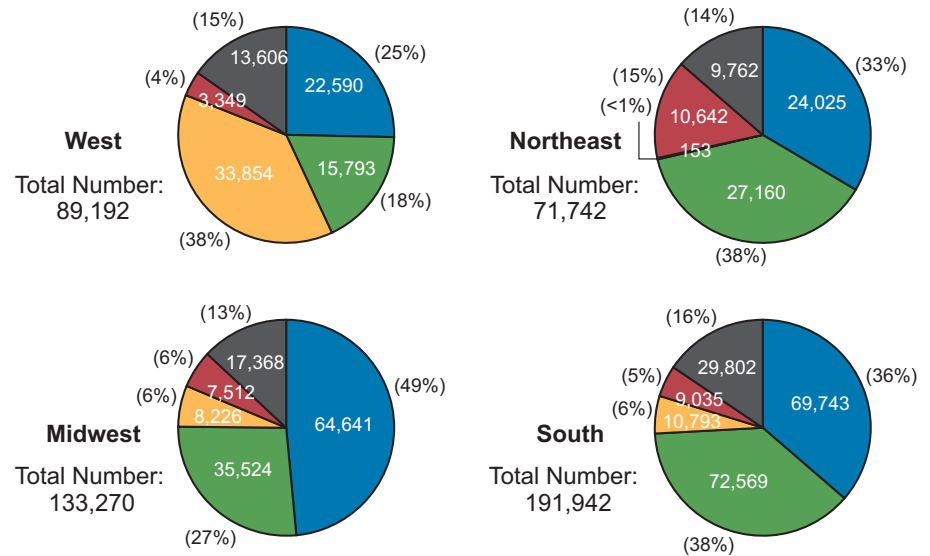


Figure 1.1 Regional Estimates and Distribution of Identified Drug Items



Drug Cases Analyzed

Forensic laboratories also report chemical results for drug cases. These typically describe drugs identified within a single drug seizure incident, although a small proportion of labs may attach a single case number to all submissions related to an investigation. Table 1.2 presents national estimates for substances identified in cases analyzed by all State and local forensic laboratories in the U.S. Because multiple drugs can be reported within a single case, the cumulative percentage for all substances exceeds 100%.

Cannabis/THC remains the most common drug reported in drug cases, with one or more cannabis/THC item identified in an estimated 136,221 cases, or 42% of all cases nationally. More than a third of drug cases (114,976 cases, or 36%) contained one or more cocaine items, and over 1 in 10 cases (37,806 cases, or 12%) contained one or more methamphetamine item. Heroin was identified in 22,020 cases, or about 7% of all cases.

Among other drugs in the Top 10, alprazolam was the most common drug identified, estimated to have been present in 3,903 cases, or 1.2%. Hydrocodone, MDMA, and oxycodone were each identified in approximately 1% of analyzed cases.

Table 1.2 National case estimates

Number and percentage of cases containing the 25 most frequently identified drugs, April–June 2002

Drug	Count	Percentage*
Cannabis/THC	136,221	42.24%
Cocaine	114,976	35.65%
Methamphetamine	37,806	11.72%
Heroin	22,020	6.83%
Alprazolam	3,903	1.21%
Non-controlled, non-narcotic drug	3,884	1.20%
Hydrocodone	3,547	1.10%
MDMA	3,308	1.03%
Oxycodone	3,257	1.01%
Diazepam	2,193	0.68%
Phencyclidine	1,490	0.46%
Pseudoephedrine	1,456	0.45%
Clonazepam	1,349	0.42%
Acetaminophen	966	0.30%
Amphetamine	946	0.29%
Metadone	810	0.25%
Codeine	774	0.24%
Carisoprodol	675	0.21%
Ketamine	670	0.21%
Psilocin	658	0.20%
Propoxyphene	618	0.19%
Morphine	544	0.17%
Methylphenidate	414	0.13%
Lorazepam	366	0.11%
Butalbital	359	0.11%
Top 25 Total	343,210	106.42%
All Other Substances	20,823	6.46%
Total All Substances	364,033	112.88%

*Multiple drugs can be reported within a single case, and as a result the cumulative percentage exceeds 100%. The estimated national total of distinct cases that individual drug case percentages are based on is 322,501.

Section 2: Drug Analyses for All Reporting Labs

Section 2 presents drug item counts for all NFLIS labs that reported 2 or more months of data between April 1, 2002, and June 30, 2002, including reporting labs that are not part of the NFLIS national sample. These counts are not weighted. During the quarter, 267,583 drug items were reported by NFLIS labs.

Narcotic Analgesics

Table 2.1 describes results for items identified as narcotic analgesics by NFLIS labs during the second quarter of 2002. Medically prescribed as pain relievers, these pharmaceutical opiates are often used illicitly as heroin substitutes (ONDCP, 2001; CEWG, 2001). Emergency department data suggest that the non-medical use of narcotic analgesics is one of the fastest growing drug problems in the U.S. From 1996 to 2001, emergency department mentions of narcotic analgesics more than doubled, with more than 99,000 mentions estimated in 2001 (DAWN, 2002). Emergency department mentions of narcotic analgesics increased 20% between 2000 and 2001 alone.

In NFLIS, a total of 5,858 drug items were identified as narcotic analgesics, representing more than 2% of all analyzed items (Table 2.1). Seven in 10 narcotic analgesics were identified as either hydrocodone (37%) or oxycodone (33%). An additional 8% of items were identified as codeine, 7% as morphine, and 6% as propoxyphene.

Hydrocodone was the most frequent narcotic analgesic reported in the South (43%) and West (51%) during the quarter (Figure 2.1). This compared to the Northeast, where half of narcotic

Table 2.1

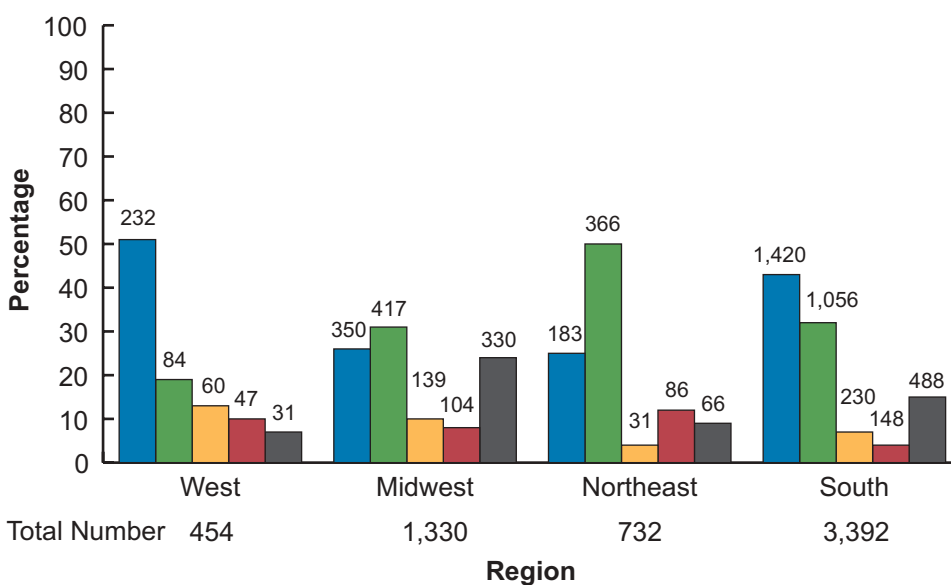
Narcotic Analgesics

Number and percentage of total identified analgesics

Analgesic	Total	Percentage
Hydrocodone	2,185	37.30%
Oxycodone	1,923	32.83%
Codeine	460	7.85%
Morphine	385	6.58%
Propoxyphene	366	6.25%
Dihydrocodeine	184	3.14%
Hydromorphone	148	2.52%
Nalbuphine	67	1.14%
Tramadol	56	0.96%
Meperidine	54	0.92%
Fentanyl	18	0.31%
Pentazocine	8	0.14%
Buprenorphine	4	0.07%
Total analgesics	5,858	100%
Total analyzed items	267,583	

Figure 2.1

Distribution of narcotic analgesics by region



Legend

- Hydrocodone
- Oxycodone
- Codeine
- Morphine
- Other

analgesics were identified as oxycodone and a quarter were identified as hydrocodone. The Midwest continues to report the most diverse range of narcotic analgesics, including the highest relative frequency of propoxyphene (9%) and dihydrocodeine (12%).

diazepam accounted for about a quarter of benzodiazepines in both of these regions (Figure 2.2). In the West, 42% of benzodiazepines were identified as diazepam, 24% as alprazolam, and 23%

as clonazepam. The Northeast reported the largest relative percentage of clonazepam (34%).

Benzodiazepines

Benzodiazepines are pharmaceutical depressants medically prescribed to treat anxiety, stress, panic attacks, and short-term sleep disorders. Benzodiazepines are also one of the most commonly abused and most dangerous pharmaceutical drug categories (CEWG, 2001). Emergency department drug mentions of benzodiazepines increased nearly 40% between 1994 and 2001, from an estimated 75,000 to 104,000 (DAWN, 2002).

During the second quarter, NFLIS labs reported a total of 4,821 benzodiazepine drug items, the vast majority of which were identified as alprazolam (e.g., Xanax), diazepam (e.g., Valium), or clonazepam (e.g., Rivotril). Overall, 52% of benzodiazepines were reported as alprazolam, 26% as diazepam, and 16% as clonazepam.

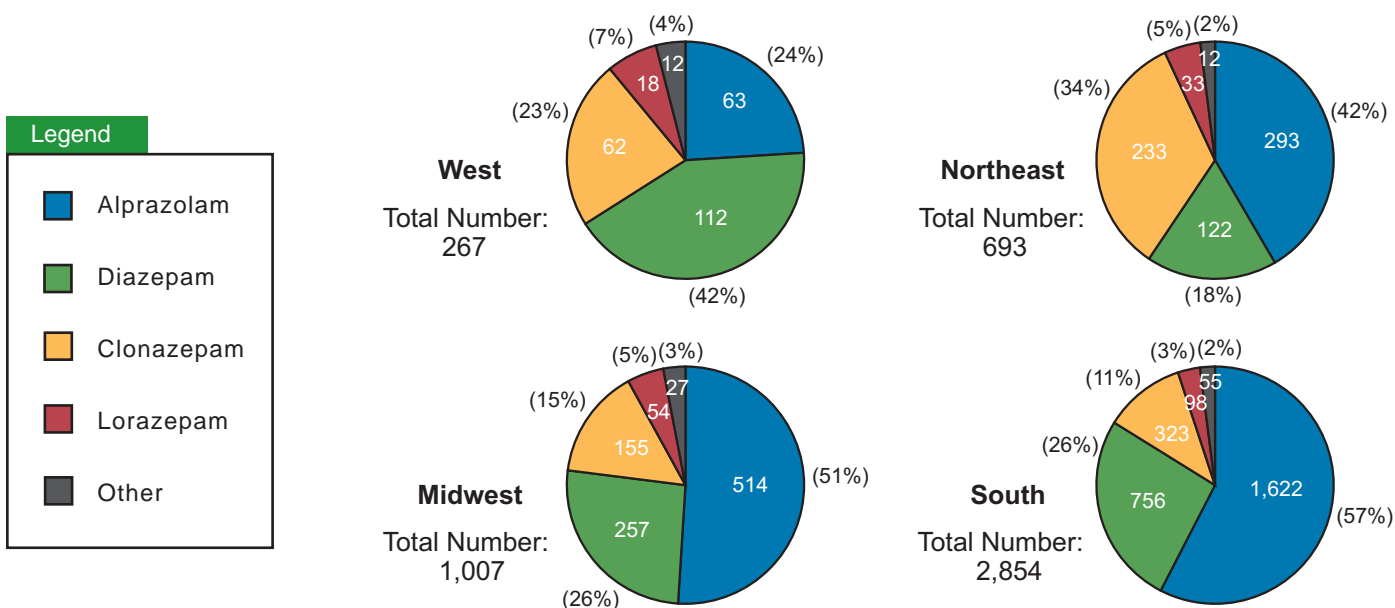
Alprazolam represented the majority of benzodiazepines identified in the South (57%) and Midwest (51%), while

Table 2.2 Benzodiazepines

Number and percentage of total identified benzodiazepines

Benzodiazepines	Total	Percentage
Alprazolam	2,492	51.69%
Diazepam	1,247	25.86%
Clonazepam	773	16.04%
Lorazepam	203	4.21%
Temazepam	48	1.00%
Chlordiazepoxide	35	0.73%
Flunitrazepam	12	0.25%
Triazolam	11	0.23%
Total benzodiazepines	4,821	100%
Total analyzed items	267,583	

Figure 2.2 Distribution of benzodiazepines by region



Club Drugs

Table 2.3 presents drug items identified as “club drugs,” predominantly used at “raves” and dance clubs, although their use has quickly expanded to other settings as well. Club drug use has been on the rise in the last several years, especially among teenagers and young adults (Monitoring the Future, 2002). Drug abuse-related emergency department mentions of MDMA (3,4 methylene-dioxymethamphetamine, or Ecstasy) nearly doubled between 1999 and 2001, from 2,850 to over 5,500 (DAWN, 2002). There were an estimated 3,300 GHB emergency department mentions in 2001, down from over 4,900 in 2000.

In NFLIS, three-fourths of club drugs reported during the second quarter were identified as MDMA (Table 2.3). An additional 14% of club drugs were identified as ketamine (also referred to as “special K”), a greater relative percentage than in previous quarters. Among other club drugs reported by labs, 6% were reported as 3,4 methylenedioxyamphetamine (MDA) and 4% as gamma-hydroxybutyrate (GHB).

MDMA represented the majority of club drugs identified in each of the census regions, including 81% in the South, 74% in the West, 71% in the Northeast, and 60% in the Midwest. Ketamine accounted for 26% of club drugs reported in the Northeast, 18% in the Midwest, and 12% in the West. The highest relative percentage of MDA continues to be reported in the Midwest (19%), followed by the West (9%).

Legend	
■	MDMA
■	Ketamine
■	MDA
■	GHB/GBL
■	Other

Table 2.3

Club drugs

Number and percentage of total identified club drugs

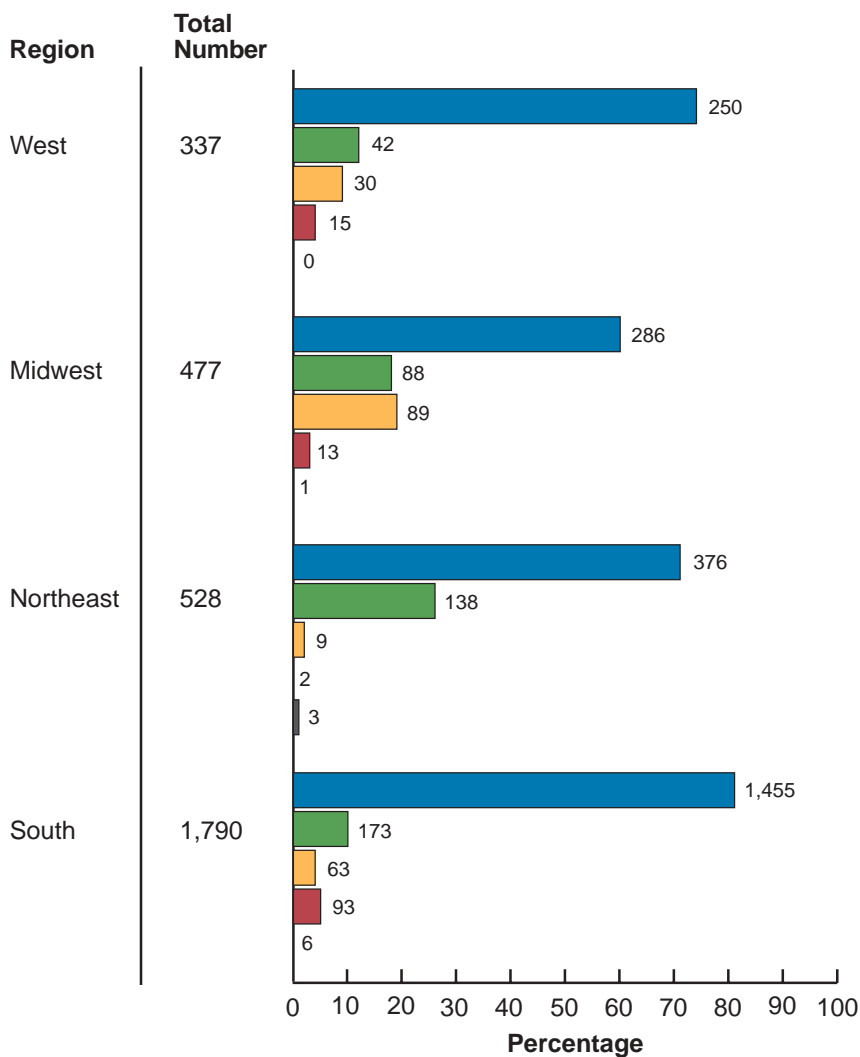
Club Drug	Total	Percentage
MDMA	2,367	75.59%
Ketamine	441	14.06%
MDA	191	6.10%
GHB/GBL*	123	3.93%
MDEA	6	0.19%
PMA	4	0.13%
Total club drugs	3,132	100%
Total analyzed items	267,583	

PMA = para-methoxyamphetamine

*Includes items identified as gamma-hydroxybutyrate or gamma-butyrolactone

Figure 2.3

Distribution of club drugs by region



Drug Combinations

In addition to tracking unique substances identified by forensic labs, NFLIS can provide information on drug combinations or multiple substances reported within a single drug item. Combining substances can substantially increase the potential lethality of already dangerous and harmful drugs.

According to mortality data, three in four drug-related deaths in 2000 involved two or more substances (DAWN, 2002).

In the second quarter of 2002, multiple substances were identified in 2,867 items, representing about 1% of all reported items. The 15 most common drug combinations reported during the second quarter are presented in Table 2.4.

Cocaine was reported in six of these top 15 combinations—cocaine/heroin (17%), cannabis/cocaine (10%), methamphetamine/cocaine (4%), inositol/cocaine (4%), caffeine/cocaine (3%), and boric acid/cocaine (2%) (Figure 2.4). Heroin was reported in 4 of the top 15 combinations—cocaine/heroin, procaine/heroin (4%), mannitol/heroin (4%), and cannabis/heroin (2%). The most frequent combinations that involved one or more pharmaceutical drug were acetaminophen/hydrocodone (8%), pseudoephedrine/ephedrine (4%), and acetaminophen/oxycodone (1%).

Table 2.4 Drug Combinations

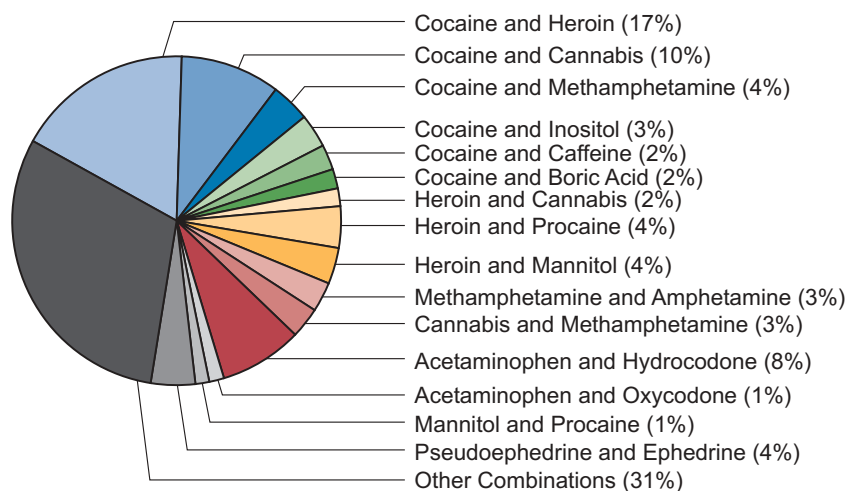
Number and percentage of identified drug combinations

Substance 1	Substance 2	Total	Percentage
Heroin	Cocaine	500	17.44%
Cannabis	Cocaine	281	9.80%
*Acetaminophen	Hydrocodone	234	8.16%
Pseudoephedrine	Ephedrine	125	4.36%
Heroin	Procaine	117	4.08%
Cocaine	Methamphetamine	110	3.84%
Heroin	Mannitol	102	3.56%
Cocaine	Inositol	95	3.31%
Cannabis	Methamphetamine	87	3.03%
Amphetamine	Methamphetamine	84	2.93%
Cocaine	Caffeine	71	2.48%
Cocaine	Boric Acid	55	1.92%
Cannabis	Heroin	50	1.74%
*Acetaminophen	Oxycodone	42	1.46%
Mannitol	Procaine	39	1.36%
Other Combinations		875	30.52%
Total Combinations		2,867	

*These combinations may reflect a known pharmaceutical product.

Figure 2.4 Frequency of Drug Combinations

Number and percentage of identified drug combinations



Benefits & Limitations of NFLIS data

Benefits

The systematic collection and analysis of drug chemistry data can improve our understanding of the changes and trends in the Nation's illegal drug problem. NFLIS can also be a critical resource for supporting drug scheduling and drug enforcement initiatives. A major advantage of the NFLIS data is that they reflect the results of chemical analyses conducted by forensic laboratories and therefore have a high degree of validity. The DEA, the Office of National Drug Control Policy (ONDCP), and other Federal agencies are increasingly being served by the NFLIS database. The data can also benefit State, regional, and local task forces as well as single-agency operations.

Specifically, NFLIS assists the drug control community in achieving its mission by

- providing detailed information on the extent and variation of controlled substances over time and across geographic areas—information that can be used to support drug scheduling actions;
- providing regional, State, and local trend indicators of drug trafficking and abuse;
- identifying emerging drug problems and changes in drug availability in a timely fashion;
- monitoring the diversion of legitimately marketed drugs into illicit channels; and
- supplementing information from other drug sources including the DEA System to Retrieve Information from Drug Evidence (STRIDE), the Drug Abuse Warning Network (DAWN), the National Survey on Drug Use and Health (NSDUH), the Monitoring the Future survey, and the Arrestee Drug Abuse Monitoring (ADAM) program.

NFLIS is an opportunity for State and local labs to participate in a useful and high-visibility initiative. Participating labs receive regular reports that summarize data from their specific labs, as well as national and regional data. Through the Interactive Data Site (IDS), labs are given access to the NFLIS database, which provides critical information about local, regional, and national trends in drug seizures, purchases, and recoveries by law enforcement agencies. Labs are also able to run customized queries on their own data, a feature useful for managing current workloads as well as for planning future needs.

Limitations

NFLIS has limitations that should be considered when interpreting findings generated from the database.

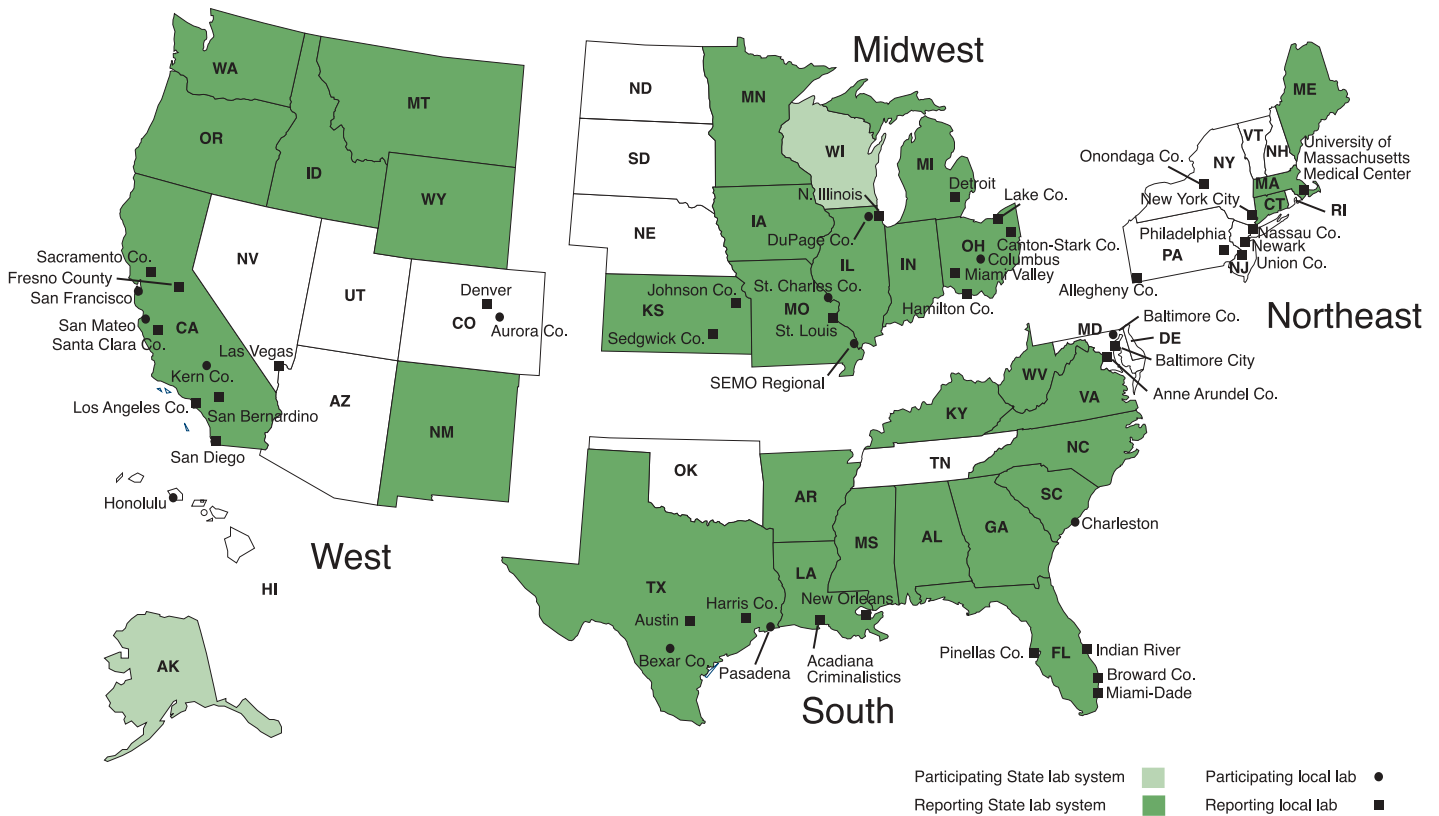
- NFLIS is designed to include results from completed lab analyses only. Evidence obtained by law enforcement but not analyzed is not included in the system.
- National and regional estimates may be subject to variation associated with sample estimates, including nonresponse bias.
- For results presented in section 2, the absolute and relative frequency of analyzed drug items can in part be a function of labs' participating in NFLIS.
- State and local policies that relate to the enforcement and prosecution of specific drugs can affect the types of drugs seized by law enforcement and submitted to labs for analysis.
- Lab policies and procedures for handling drug evidence vary. Some labs analyze all evidence submitted, while others analyze only selected items. The most common factors given by labs for not analyzing sub-

mitted evidence are if the case is dismissed from court or if no defendant can be tied to the case (e.g., drugs found on a park bench).

- Labs vary with respect to the records they maintain. For example, some labs' automated records include the weight of the sample selected for analysis (e.g., the weight of one of five bags of powder), while others record total weight.
- Currently, NFLIS includes only State and local labs. Drug analyses conducted by Federal forensic labs are not included, but plans to solicit the participation of all Federal labs are being developed and may be implemented in 2003.

Appendix A

Participating labs, by census region (as of October 2002)



This quarterly report reflects data reported by 30 State labs and 32 local labs (a total of 151 individual State and local labs) from April 1, 2002, to June 30, 2002. The national and regional estimates presented in Section 1 reflect data reported among the NFLIS national sample (see National Estimates Methodology on page 11). Of the labs in the national sample, 25 State lab systems and 25 local labs reported data for this report (see list of labs on page 10).

Additional State and local labs have formally joined NFLIS and are considered “participating” in the program but have not begun to report drug analyses data on a regular basis. RTI is working with all of these participating labs toward

various lab information system solutions to ensure that reporting can begin as soon as possible. Overall, 173 individual forensic laboratories, including 33 State lab systems and 45 local or municipal labs, had joined NFLIS as of October 2002.

The DEA and RTI will continue to improve NFLIS in the next year through additional lab recruitment, reporting, and analysis. One primary goal is the recruitment of all State and local forensic laboratories that regularly perform drug analyses. In addition, over the next year plans are to extend enlistment activities to Federal forensic laboratories including those operated by the DEA, FBI, and U.S. Customs. RTI staff will also

continue to collaborate with newly enlisted labs to facilitate reporting through their laboratory information systems and provide technical support when needed.

Another major goal is to continue to expand the types of analyses presented in NFLIS reports. For instance, the 2001 NFLIS Annual Report provides information on drug purity, drugs identified in strategic locations such as South Florida and the southwestern border, and commonly reported drug combinations. In addition, we will maintain efforts to increase the flexibility by which NFLIS data can be analyzed through the Interactive Data Site (IDS), including additional options for producing customized and timely data queries.

Appendix B

Summary of Participating and Reporting Labs

State	Lab Type	Lab Name	Reporting
AK	State	Alaska Department of Public Safety (Anchorage)	
AL	State	Alabama Department of Forensic Sciences (9 sites)*	X
AR	State	Arkansas State Crime Laboratory (Little Rock)*	X
CA	State	California Department of Justice (10 sites)*	X
	Local	Fresno County Sheriffs Forensic Lab (Fresno)	X
	Local	Los Angeles County Sheriffs Department (4 sites)*	X
	Local	Kern County District Attorney's Office (Bakersville)	
	Local	Sacramento County District Attorney's Office (Sacramento)*	X
	Local	San Bernardino Sheriff's Office (2 sites)*	X
	Local	San Diego Police Department (San Diego)*	X
	Local	San Francisco Police Department (San Francisco)*	
	Local	San Mateo County Sheriffs Office (San Mateo)	
	Local	Santa Clara District Attorney's Office (San Jose)	X
CO	Local	Aurora Police Department (Aurora)	
	Local	Denver Police Department (Denver)*	X
CT	State	Connecticut Department of Public Safety (Hartford)*	X
FL	State	Florida Department of Law Enforcement (8 sites)*	X
	Local	Broward County Sheriff's Office (Ft. Lauderdale)*	X
	Local	Miami-Dade Police Department (Miami)*	X
	Local	Pinellas County Forensic Laboratory (Largo)	X
	Local	Regional Crime Laboratory at Indian River Community College (Ft. Pierce)	X
GA	State	Georgia State Bureau of Investigation (7 sites)*	X
HI	Local	Honolulu Police Department (Honolulu)	
IA	State	Iowa Division of Criminal Investigation (Des Moines)*	X
ID	State	Idaho State Police (3 sites)*	X
IL	State	Illinois State Police (8 sites)*	X
	Local	DuPage County Sheriffs Office (Wheaton)	
	Local	Northern Illinois Police Crime Lab (Chicago)*	X
IN	State	Indiana State Police Laboratory (4 sites)*	X
KS	State	Kansas Bureau of Investigation (3 sites)	X
	Local	Johnson County Sheriff's Office (Mission)	X
	Local	Sedgwick County (Wichita)	X
KY	State	Kentucky State Police (6 sites)*	X
LA	State	Louisiana State Police Crime Laboratory (Baton Rouge)*	X
	Local	Acadiana Criminalistics Laboratory (New Iberia)*	X
	Local	New Orleans Police Department Crime Lab (New Orleans)*	X
MA	State	Massachusetts Department of Public Health (2 sites)*	X
	State	Massachusetts Department of State Police (Sudbury)*	X
	Local	University of Massachusetts Medical Center (Worcester)	X
MD	Local	Anne Arundel County Police Department (Millersville)*	X
	Local	Baltimore City Police Department (Baltimore)*	X
	Local	Baltimore County Police Department (Towson)	

State	Lab Type	Lab Name	Reporting
ME	State	Maine Department of Human Services (Augusta)*	X
MI	State	Michigan State Police (7 sites)*	X
	Local	Detroit Police Department (Detroit)*	X
MN	State	Minnesota Bureau of Criminal Apprehension (2 sites)	X
MO	State	Missouri State Highway Patrol (6 sites)*	X
	Local	St. Louis Police Department (St. Louis)*	X
	Local	South East Missouri Regional Crime Lab (Cape Girardeau)*	
	Local	St. Charles County Criminalistics Lab (St. Charles)	
MS	State	Mississippi Department of Public Safety (4 sites)*	X
MT	State	Montana Forensic Science Division (1 site)	X
NC	State	North Carolina State Bureau of Investigation (2 sites)*	X
NJ	Local	Newark Police Department (Newark)	X
	Local	Union County Prosecutors Office (Westfield)*	X
NM	State	New Mexico Department of Public Safety (Santa Fe)*	X
NY	Local	Nassau County Police Department (Mineola)*	X
	Local	New York Police Department Crime Laboratory**	X
	Local	Onondaga County Center for Forensic Sciences (Syracuse)*	X
NV	Local	Las Vegas Metro Police Department Crime Lab (Las Vegas)*	X
OH	State	Ohio State Highway Patrol (Columbus)*	X
	Local	Canton-Stark County Crime Lab (Canton)	X
	Local	Columbus Police Department (Columbus)	
	Local	Hamilton County Coroners Office (Cincinnati)*	X
	Local	Lake County Regional Forensic Lab (Painesville)*	X
	Local	Miami Valley Regional Crime Lab (Dayton)*	X
OR	State	Oregon State Police Forensic Services Division (8 sites)*	X
PA	Local	Allegheny County Coroner's Office (Pittsburgh)*	X
	Local	Philadelphia Police Department (Philadelphia)*	X
SC	State	South Carolina Law Enforcement Division (Columbia)*	X
	Local	Charleston Police Department (Charleston)	
TX	State	Texas Dept. of Public Safety (13 sites)*	X
	Local	Austin Police Department Crime Laboratory (Austin)*	X
	Local	Bexar County Criminal Investigations Lab (San Antonio)*	
	Local	Harris County Medical Examiner Office (Houston)	X
	Local	Pasadena Police Department (Pasadena)	
VA	State	Virginia Division Forensic Science (4 sites)*	X
WA	State	Washington State Patrol (6 sites)*	X
WI	State	Wisconsin Department of Justice (3 sites)	
WV	State	West Virginia State Police (South Charleston)	X
WY	State	Wyoming State Crime Laboratory (Cheyenne)	X

* Laboratory is part of our national sample.

** The New York City Crime Lab is part of the national sample and currently reports summary data.

National Estimates Methodology

This section discusses the methods used for producing the national and regional estimates presented in Section 1, including weighting and imputation procedures.

Under contract to the DEA, RTI began planning and implementing NFLIS in September 1997. Results from a 1998 survey provided lab-specific information, including annual caseload figures, used to establish a national sampling frame of all State and local forensic labs that routinely perform solid dosage drug analyses. A representative probability proportional to size (PPS) sample was drawn on the basis of annual cases analyzed per lab, resulting in a NFLIS national sample of 29 State lab systems and 31 local labs, a total of 165 individual labs (see page 10 for a listing of sampled and nonsampled NFLIS labs). During 2001, data from a sufficient number of these sampled labs were collected to provide a basis for generating national and regional estimates. With respect to months of reporting, only the data for those labs that reported drug analysis data for 2 or more months during the quarter were included in the national estimates.

Weighting Procedures

Data were weighted with respect to both the original sampling design and nonresponse in order to compute design-consistent, nonresponse-adjusted estimates. Weighted prevalence estimates were produced for drug cases and drug items analyzed by State and local forensic labs during the first quarter of 2002. A separate item-level and case-level weight was computed for each sample lab or lab system using information obtained from an updated lab survey administered in 2002. These 2001 survey results allowed for the case- and item-level weights to be poststratified to reflect current levels of lab activity. Item-level prevalence estimates were computed using the item-level weights, and case-level estimates were computed using the case-level weights.

Drug Report Cutoff

Not all drugs are reported by labs with a sufficient frequency to allow reliable estimates to be computed. For some drugs, such as marijuana and cocaine, thousands of items are reported quarterly, allowing for reliable national prevalence estimates to be computed. Many other substances have substantially fewer observations for the entire sample. A prevalence estimate based upon such few observations is not likely to be reliable and thus was not included with the national estimates. The method for evaluating the cutoff point involved an analysis using the coefficient of variation, or CV, which is the ratio between the standard error of an estimate and the estimate itself. As a rule, drug estimates with a CV greater than 0.5 are suppressed and not shown in the tables.

Imputations and Adjustments

Because of technical and other reporting issues, several labs did not report data for every month during the quarter. These factors resulted in missing monthly data, which is a concern for presenting national estimates of drug prevalence. Imputations were performed separately by drug for labs missing monthly data, using drug-specific proportions generated from labs reporting a full 3 months' data.

While most forensic laboratories report case-level analyses in a consistent manner, a small number of labs do not produce item-level counts that are comparable to those submitted by the vast majority of labs. Most labs report items in terms of the number of vials of the particular pill, but a few labs report the count of the individual pills themselves as "items."

Because the case-level counts across labs are comparable, they were used to develop item-level counts for the few labs that count items differently. For those labs, it was assumed that drug-specific ratios of cases to items should be similar to those of labs serving similarly sized areas. Item-to-case ratios for each drug were produced for the similarly sized labs, and these drug-specific ratios were then used to adjust the drug item counts for the relevant labs.

This report was prepared under contract DEA-97-C-0059, Drug Enforcement Administration, U.S. Department of Justice. Points of view or opinions expressed in this document do not necessarily represent the official position of the U.S. Department of Justice.

Contact us

For more information on NFLIS or to become a participating lab, please use the following contact information:

Drug Enforcement Administration

Office of Diversion Control

600 Army Navy Drive, E-6353
Arlington, VA 22202

Attention: Liqun Wong, COTR Project Officer

Phone: 202-307-7176

Fax: 202-353-1263

E-mail: lwong@dialup.usdoj.gov

RTI International

Health, Social, and Economics Research Unit

3040 Cornwallis Road, PO Box 12194
Research Triangle Park, NC 27709-2194

Attention: Valley Rachal, Project Director

Phone: 919-485-7712

Fax: 919-485-7700

E-mail: jvr@rti.org

