Drug Enforcement Administration Office of Diversion Control



YEAR 2004 ANNUAL REPORT



NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM



Special NFLIS Announcement

The Drug Enforcement Administration's (DEA) Office of Diversion Control is pleased to announce a new Web site

https://www.nflis.deadiversion.usdoj.gov

supporting the National Forensic Laboratory Information System (NFLIS).

The new Web site will provide access to the Interactive Data Site (IDS) by June 2005. New usernames and passwords will be provided to access restricted areas of the IDS. Participating NFLIS laboratories will soon receive additional information on how to access the Web site. The current direct dial-up connection will remain available for use.

As part of the enhanced IDS, different access levels will be assigned to satisfy the specific NFLIS data needs of various users. Information about NFLIS, published reports, links to agencies, information relevant to drug control efforts, and NFLIS contact information will be available to the general public. Participating NFLIS laboratories will have access to their own case- and item-level data, as well as aggregated stateand metropolitan-level data. Approved government agency staff and researchers will be able to access the aggregated and summarized data. Depending upon the level of access, users will have the ability to conduct analyses using preset queries.

The enhanced IDS will also include an electronic bulletin board that can be used to post reports, technical notes, and other materials relevant to the drug forensic community. The electronic bulletin board will be available by August 1, 2005, and will serve as a communication and information exchange medium among NFLIS members, DEA, and other federal and state agencies.

DEA and NFLIS project staff would like to thank participating laboratories for making this new Web site possible. We look forward to providing this service.

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William J. Walker

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Foreword

The Drug Enforcement Administration's (DEA's) Office of Diversion Control is pleased to present the 2004 Annual Report on the National Forensic Laboratory Information System (NFLIS). NFLIS, implemented in 1997, is a DEA program that systematically collects drug analysis results and associated information from the nations' forensic laboratories. Currently 244 state and local forensic laboratories are participating in the NFLIS program. Over the past year DEA has added a number of key laboratories to the system, and efforts continue toward the recruitment of all laboratories that regularly perform drug chemistry analyses.

NFLIS has proven to be an important drug intelligence data resource used to support DEA's mission of enforcing the controlled substances laws and regulations of the United States. By collaborating with federal, state, and local laboratories, DEA is able to collect, analyze, and disseminate timely and detailed drug intelligence. This information is also essential to the Office of Diversion Control in supporting drug scheduling efforts and related activities.

This 2004 NFLIS Annual Report presents findings on the trafficking and abuse of a wide range of controlled substances, including marijuana, cocaine, heroin, methamphetamine, prescription drugs, club drugs, and anabolic steroids. The report also highlights several NFLIS data analysis initiatives that seek to improve the value of the system in tracking the trend and pattern of drug trafficking and drug abuse. NFLIS is now able to analyze the drug seizure location at the county level for changing and emerging drug problems. The county of origin for cocaine seizures from selected states is presented in Geographic Information System (GIS) format. The report also unveils a new NFLIS Web site, which is accessible to the general public, participating laboratories, and approved individuals in the drug control community. The NFLIS Web site provides links to the open access contents and to the restricted Interactive Data Site (IDS), which has improved data analysis capabilities.

The DEA would like to express special thanks to the laboratories that have joined the NFLIS partnership. The contributions and support of these laboratories are vital to the program's ongoing success. Finally, those federal, state, and local forensic laboratories that are not currently participating in NFLIS are encouraged to contact DEA about joining this important program. Thank you again for your ongoing support.

WilliandWalker

William J. Walker Deputy Assistant Administrator Office of Diversion Control U.S. Drug Enforcement Administration

INTRODUCTION

The National Forensic Laboratory Information System (NFLIS) is a program sponsored by the Drug Enforcement Administration's (DEA's) Office of Diversion Control that systematically collects drug analysis results and associated information from drug cases analyzed by federal, state, and local forensic laboratories. These laboratories analyze drug evidence secured in law enforcement operations across the country and represent an important resource in monitoring illicit drug abuse and trafficking, including the diversion of legally manufactured pharmaceuticals into illegal markets. NFLIS data are used to support drug scheduling decisions as well as to inform drug policy and drug enforcement initiatives both nationally and in local communities.

NFLIS is a comprehensive information system that includes data from the forensic laboratories that handle over 71% of the nation's estimated 1.2 million annual state and local analyzed drug cases. As of March 2005, NFLIS included 41 state systems and 81 local or system laboratories, representing a total of 244 individual labs. Federal data from the DEA's System To Retrieve Information from Drug Evidence II (STRIDE), which includes the results of drug evidence analyzed at the eight DEA laboratories across the country, is also a part of the NFLIS database. Efforts continue toward recruiting all state and local laboratories, while also integrating the remainder of federal laboratories into the system.

This 2004 Annual Report presents the results of drug cases analyzed by forensic laboratories between January 1, 2004, and December 31, 2004. Section 1 presents national and regional estimates for the 25 most frequently identified drugs, as well as national and regional quarterly trends from 2001 through 2004. National and regional estimates are based on drug analysis data reported among the NFLIS national sample of laboratories. The remainder of the report presents drug analysis results for all state and local laboratories that reported at least 6 months of data to NFLIS during 2004, as well as federal laboratory data reported in STRIDE. The benefits and limitations of NFLIS are presented in Appendix A.

A major objective of NFLIS is to continue enhancing the usefulness and comprehensiveness of the NFLIS data. One key enhancement is to provide more detailed



El Paso

geographical information on the drug seizure location. Section 5 presents the county-level seizure location for cocaine reported by selected states. Efforts are also under way to continually improve the utility of NFLIS data, as shown by recent enhancements to the NFLIS Interactive Data Site (IDS). Appendix B summarizes these IDS enhancements, including Web accessibility of the IDS to participating labs and the general public, new database query options, and an electronic bulletin board that can be used by the forensic community to exchange up-to-date information on drug-related issues. Enhancements to NFLIS are ongoing and will continue over the next several years.



Section 1

NATIONAL AND R

Since 2001, NFLIS has produced estimates of the number of drug items and drug cases analyzed by state and local laboratories from a nationally representative sample of laboratories.



The following section describes national and regional estimates for drug evidence analyzed by state and local laboratories in 2004. Trends are also presented for selected drugs from 2001 through 2004. The methods used in preparing these estimates are described in Appendix C. Appendix D provides a list of NFLIS laboratories, including those included in the national sample.

1.1 Drug Items Analyzed

In 2004, an estimated 1,734,658 drug items were analyzed by state and local forensic laboratories in the United States. This is an increase from the 1,715,598 drug items analyzed during 2003.

Table 1.1 presents the 25 most frequently identified drugs for the nation and for census regions. The top 25 drugs accounted for 93% of all drugs analyzed in 2004, an estimated 1,609,755 items. As in previous years, the vast majority of all drugs reported in NFLIS were identified as the top 4 drugs, with cannabis/THC, cocaine, methamphetamine, and heroin representing 84% of all drug items identified. Nationally, 592,273 items were identified as cannabis/THC (34%), 546,109 as cocaine (31%), 227,720 as methamphetamine (13%), and 94,199 as heroin (5%).

Among other drugs, 16 of the top 25 were available in pharmaceutical products, 13 of which were controlled drugs. Included in this group of controlled pharmaceuticals were six narcotic analgesics: oxycodone (18,962 items), hydrocodone (18,608 items), methadone (6,397 items), codeine (4,205 items), morphine (2,827 items), and propoxyphene (2,121 items) and four benzodiazepines: alprazolam (20,821 items), diazepam (6,937 items), clonazepam (5,797 items), and lorazepam (1,487 items). Other controlled pharmaceutical drugs were phencyclidine (PCP) (3,635), amphetamine (3,930), and methylphenidate (1,676). Three non-controlled pharmaceuticals were included in the top 25: pseudoephedrine (10,250 items), acetaminophen (5,300), and carisoprodol (2,757).

EGIONAL ESTIMATES

 Table 1.1
 NATIONAL AND REGIONAL ESTIMATES FOR THE 25 MOST FREQUENTLY IDENTIFIED DRUGS*

 Estimated number and percentage of total analyzed drug items, 2004.
 2004.

Drug	N	ational) v	Nest	Μ	idwest	No	rtheast	S	outh
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cannabis/THC	592,273	34.14%	79,312	22.03%	199,828	48.44%	88,727	31.69%	224,405	32.89%
Cocaine	546,109	31.48%	72,466	20.13%	107,185	25.98%	105,856	37.81%	260,601	38.20%
Methamphetamine	227,720	13.13%	138,181	38.39%	35,791	8.68%	1,285	0.46%	52,463	7.69%
Heroin	94,199	5.43%	12,464	3.46%	20,137	4.88%	33,215	11.86%	28,383	4.16%
Alprazolam	20,821	1.20%	***	***	4,130	1.00%	2,969	1.06%	12,447	1.82%
Oxycodone	18,962	1.09%	1,939	0.54%	3,495	0.85%	6,544	2.34%	6,984	1.02%
Hydrocodone	18,608	1.07%	2,228	0.62%	3,140	0.76%	2,265	0.81%	10,976	1.61%
Non-controlled, non-narcotic drug	17,722	1.02%	6,296	1.75%	4,009	0.97%	3,841	1.37%	3,575	0.52%
Pseudoephedrine**	10,250	0.59%	1,834	0.51%	4,008	0.97%	***	***	4,398	0.64%
MDMA	9,540	0.55%	1,974	0.55%	1,204	0.29%	1,410	0.50%	4,952	0.73%
Diazepam	6,937	0.40%	992	0.28%	1,576	0.38%	1,007	0.36%	3,361	0.49%
Methadone	6,397	0.37%	802	0.22%	1,038	0.25%	1,988	0.71%	2,569	0.38%
Clonazepam	5,797	0.33%	529	0.15%	1,223	0.30%	1,940	0.69%	2,105	0.31%
Acetaminophen	5,300	0.31%	***	***	1,644	0.40%	***	***	1,295	0.19%
Codeine	4,205	0.24%	300	0.08%	709	0.17%	477	0.17%	2,719	0.40%
Amphetamine	3,930	0.23%	844	0.23%	951	0.23%	601	0.21%	1,534	0.22%
Phencyclidine (PCP)	3,635	0.21%	705	0.20%	456	0.11%	1,737	0.62%	736	0.11%
Psilocin	3,283	0.19%	1,170	0.32%	1,035	0.25%	259	0.09%	820	0.12%
Morphine	2,827	0.16%	665	0.18%	650	0.16%	508	0.18%	1,003	0.15%
Carisoprodol	2,757	0.16%	***	***	235	0.06%	152	0.05%	1,637	0.24%
Propoxyphene	2,121	0.12%	164	0.05%	905	0.22%	136	0.05%	916	0.13%
MDA	1,973	0.11%	377	0.10%	236	0.06%	566	0.20%	794	0.12%
Methylphenidate	1,676	0.10%	215	0.06%	578	0.14%	348	0.12%	536	0.08%
Lorazepam	1,487	0.09%	258	0.07%	391	0.09%	328	0.12%	511	0.07%
lodine	1,227	0.07%	848	0.24%	***	***	***	***	179	0.03%
Top 25 Total	1,609,755	92.80%	324,561	90.16%	394,555	95.64%	256,161	91.50%	629,899	92.33%
All Other Analyzed Items	124,903	7.20%	35,414	9.84%	17,984	4.36%	23,782	8.50%	52,302	7.67%
Total Analyzed Items	1,734,658	100.00%	359,975	100.00%	412,539	100.00%	279,943	100.00%	682,200	100.00%

Numbers may not sum to totals due to suppression and rounding.

* Sample n's and 95% confidence intervals for all estimates are available upon request.

** Includes items from a small number of laboratories that do not specify between pseudoephedrine and ephedrine.

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

1.2 Drug Cases Analyzed

Drug analysis results are also reported to NFLIS at the case level. These case-level data typically describe all drugs identified within a drug-related incident, although a small proportion of labs may assign a single case number to all drug submissions related to an entire investigation. Table 1.2 presents national estimates for cases containing the 25 most commonly identified drugs. This table illustrates the number of cases that contained at least one item of the specified drug.

Table 1.2 NATIONAL CASE	ESTIMATES	
Number and percente 25 most frequently id	age of cases contain lentified drugs. 20	ing the 104.
Drug	Number	Percent
Cannabis/THC	433,548	38.64%
Cocaine	415,287	37.01%
Methamphetamine	160,955	14.35%
Heroin	72,714	6.48%
Alprazolam	17,062	1.52%
Hydrocodone	14,810	1.32%
Oxycodone	14,478	1.29%
Non-controlled, non-narcotic drug	13,381	1.19%
MDMA	7,260	0.65%
Pseudoephedrine*	6,521	0.58%
Diazepam	5,977	0.53%
Methadone	5,225	0.47%
Clonazepam	5,092	0.45%
Acetaminophen	4,747	0.42%
Codeine	3,288	0.29%
Amphetamine	3,215	0.29%
Phencyclidine (PCP)	3,104	0.28%
Psilocin	2,670	0.24%
Carisoprodol	2,519	0.22%
Morphine	2,322	0.21%
Propoxyphene	1,916	0.17%
MDA	1,701	0.15%
Lorazepam	1,354	0.12%
Methylphenidate	1,230	0.11%
lodine	1,009	0.09%
Top 25 Total	1,201,387	107.08%
All Other Substances	95,594	8.48%
Total All Substances	1,296,981	115.56%**

⁶ Includes cases from a small number of laboratories that do not specify between pseudoephedrine and ephedrine.

* Multiple drugs can be reported within a single case, so the cumulative percentage exceeds 100%. The estimated national total of distinct cases that drug case percentages are based on is 1,105,793. Cannabis/THC was the most common drug reported in a laboratory drug case during 2004. Nationally, an estimated 39% of analyzed drug cases contained one or more cannabis/THC items, followed by cocaine, which was identified in 37% of all drug cases. Nearly 14% of drug cases were estimated to have contained one or more methamphetamine items, and 6% of cases contained one or more heroin items. About 2% of cases contained one or more alprazolam items, while hydrocodone and oxycodone were each reported in about 1% of drug cases.

System To Retrieve Information from Drug Evidence II (STRIDE)

The DEA's System To Retrieve Information from Drug Evidence II (STRIDE) collects the results of drug evidence analyzed at the eight DEA laboratories across the country. This reflects evidence submitted by the DEA, other federal law enforcement agencies, and some local police agencies that was obtained during drug seizures, undercover drug buys, and other activities. STRIDE captures data on both domestic and international drug cases; however, the following results describe only those drugs obtained in the U.S.

During 2004, a total of 51,830 drug exhibits (or items) were reported in STRIDE, compared to an estimated 1.7 million drug exhibits reported by state and local laboratories during this period. More than 8 in 10 drugs identified in STRIDE were cocaine (30%), cannabis/THC (26%), methamphetamine (16%), or heroin (9%). Among other drugs, 3% were reported as MDMA and 3% as pseudoephedrine.

In comparison to state and local laboratories, DEA federal laboratories reported lower percentages of cannabis/THC (26% in STRIDE vs. 34% in NFLIS) and similar percentages of cocaine (30% in STRIDE vs. 31% in NFLIS). DEA laboratories reported higher percentages of methamphetamine (16% in STRIDE vs. 13% in NFLIS), heroin (9% vs. 5%), MDMA (3% vs. <1%), and pseudoephedrine (3% vs. <1%).

MOST FREQUENTLY IDENTIFIED DRUGS IN STRIDE, 2004

Drug	Number	Percent
Cocaine	15,802	30.49%
Cannabis/THC	13,220	25.51%
Methamphetamine	8,458	16.32%
Heroin	4,622	8.92%
MDMA	1,444	2.79%
Pseudoephedrine	1,440	2.78%
Non-controlled, non-narcotic drug	660	1.27%
Hydrocodone	496	0.96%
Alprazolam	381	0.74%
Oxycodone	341	0.66%
All Other Drugs	4,966	9.58%
Total All Drugs	51,830	100.00%

1.3 NATIONAL AND REGIONAL DRUG TRENDS

National drug trends

Figure 1.1 presents national trends for the number of drug items analyzed by state and local laboratories in 3-month increments for 2001 through 2004 for the top four drugs reported in NFLIS. While these data may describe trafficking and abuse patterns, they may also reflect differing drug enforcement priorities and laboratory policies.

Overall, there was a decrease in total analyzed items between 2001 and 2004, from 457,967 items during the 1st quarter of 2001 to 415,049 items during the 4th quarter of 2004. Among the top four reported drugs, reports of cannabis/THC and heroin items declined significantly from the 1st quarter of 2001 to the 4th quarter of 2004 ($\alpha = .05$). Reports of cannabis/THC declined from 161,343 items to 135,599 items, while heroin decreased from 26,750 items to 21,282 items (Figure 1.1). Although not significant, reports of cocaine also declined slightly during this same 4-year period, from 151,294 items to 137,725 items.





Figure 1.2 describes national reporting trends for selected drugs: MDMA, alprazolam, oxycodone, and hydrocodone. Among these drugs, reports of MDMA experienced a significant decrease (from 5,427 items to 2,506 items). Reports of oxycodone and hydrocodone experienced significant increases. Oxycodone reporting increased from 2,771 items in the 1st quarter of 2001 to 4,249 items in the 4th quarter of 2004. Hydrocodone reporting increased from 2,742 items to 4,829.





Regional drug trends

Figure 1.3 presents regional trends per 100,000 persons aged 15 or older for the top four reported drugs. This illustrates changes in drugs reported over time, taking into account the population of each region.

Cannabis/THC reporting declines across each of the regions, although the only significant declines occurred in the Northeast and South ($\alpha = .05$). Overall, the highest rate of cannabis/THC reporting continues to be reported in the Midwest. While there were no significant changes for reports of cocaine over the 4-year period, the highest rate of cocaine reporting is by laboratories in the South, followed by the Northeast and the Midwest. Methamphetamine reporting significantly increased in the Northeast and the South. The rate of methamphetamine items analyzed in the South more than doubled, from 8 to 17 per 100,000 (6,534 items to 13,156 items). However, the West continues to report the most methamphetamine, with 69 items per 100,000 in the 4th quarter of 2004. The rate of reporting of heroin items declined across all four regions, with significant decreases in the West, Northeast, and South. Heroin continues to be reported by forensic laboratories in the Northeast at about twice the rate as in the South and the Midwest.

Figure 1.4 shows regional trends per 100,000 persons aged 15 or older for other reported drugs including hydrocodone, oxycodone, MDMA, and alprazolam from January 2001 through December 2004. Reports of MDMA declined significantly across all census regions, and reports of oxycodone increased significantly in the West and the Northeast ($\alpha = .05$). In the Northeast, the reporting rate of oxycodone items analyzed more than doubled, from 1.5 to 3.1 per 100,000 (636 items to 1,332 items). Reports of hydrocodone increased across all four regions, with significant increases in the Northeast (from 0.3 to 1.4 per 100,000) and South (from 2.3 to 3.6 items per 100,000). Reports of alprazolam also increased significantly in the Northeast, from 1.3 to 1.8 items per 100,000.



Figure 1.4 Trends in other selected drugs reported per 100,000 population 15 and older, January 2001–December 2004.*



*A dashed line or the absence of a trend line implies unstable estimates due to small sample sizes.

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Section 2

MAJOR DRUG Categories

Section 2 presents analysis results for major drug categories reported by NFLIS laboratories during 2004. It is important to note differences between the results presented in this section and the national and regional estimates presented in Section 1. The estimates presented in Section 1 are based on data reported by the NFLIS national sample of laboratories. Section 2 and subsequent sections present data reported by all NFLIS labs that reported 6 or more months of data during 2004. During 2004, NFLIS labs analyzed a total of 1,160,017 drug items.



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2.1 NARCOTIC ANALGESICS

Narcotic analgesics are a category of pain medications derived from natural and synthetic opiates. Findings from the 2003 National Survey on Drug Use and Health (NSDUH) show there was a significant increase between 2002 and 2003 in the number of persons aged 12 or older who used pain relievers in their lifetime for non-medical reasons, from 29.6 million to 31.2 million.¹

A total of 36,951 narcotic analgesics were identified by NFLIS labs in 2004, representing nearly 3% of all items analyzed (Table 2.1). Hydrocodone (35%) and oxycodone (31%) accounted for the majority of all narcotic analgesics reported. Nearly one-third of narcotic analgesics were identified as methadone (11%), codeine (7%), morphine (5%), propoxyphene (4%), or dihydrocodeine (4%).

Table 2.1 NARCOTIC ANALGESICS Number and percentage of ide

Number and percentage of identified narcotic analgesics, 2004.

Analgesics	Number	Percent
Hydrocodone	13,113	35.49%
Oxycodone	11,342	30.69%
Methadone	3,904	10.57%
Codeine	2,454	6.64%
Morphine	1,902	5.15%
Propoxyphene	1,348	3.65%
Dihydrocodeine	1,315	3.56%
Hydromorphone	616	1.67%
Tramadol*	303	0.82%
Meperidine	231	0.63%
Fentanyl	198	0.54%
Buprenorphine	148	0.40%
Pentazocine	63	0.17%
Nalbuphine*	6	0.02%
Butorphanol	5	0.01%
Oxymorphone	3	0.01%
Total Narcotic Analgesics	36.951	100.00%

*Non-controlled substance.

¹ Substance Abuse and Mental Health Services Administration (2004). *Results* from the 2003 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD.



During 2004, differences were found in the types of analgesics reported by region (Figure 2.1). The highest percentages of hydrocodone were reported in the South (43%) and West (43%). Oxycodone represented 47% of analgesics reported in the Northeast, compared to 33% in the Midwest, 25% in the South, and 24% in the West. The Northeast also reported the highest relative percentage of methadone (18%), while the South reported the highest percentage of codeine (7%).

2.2 Benzodiazepines

Benzodiazepines belong to the group of substances called central nervous system (CNS) depressants (substances that slow down the nervous system) and are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and prevent seizures. Of the drugs marketed in the United States that affect central nervous system function, benzodiazepines are among the most widely prescribed medications and, unfortunately, the most frequently abused.²

During 2004, a total of 2% of all analyzed drugs, or 24,489 items, were identified as benzodiazepines in NFLIS (Table 2.2). Alprazolam (e.g., Xanax) accounted for 59% of reported benzodiazepines. Nearly 19% of benzodiazepines were identified as diazepam (e.g., Valium), while 17% were identified as clonazepam (e.g., Klonopin or Rivotril). More than half of benzodiazepines reported in the Midwest (51%), Northeast (55%), and South (67%) were identified as alprazolam (Figure 2.2). Diazepam accounted for nearly a third of benzodiazepines identified in the West and a quarter of those identified in the Midwest. The Northeast and the West accounted for the highest relative percentages of clonazepam (26%).

Table 2.2BENZODIAZEPINESNumber and percentage benzodiazepines, 2004.	of identified	
Benzodiazepines	Number	Percent
Alprazolam	14,402	58.81%
Diazepam	4,635	18.93%
Clonazepam	4,050	16.54%
Lorazepam	1,015	4.14%
Temazepam	218	0.89%
Chlordiazepoxide	79	0.32%
Triazolam	47	0.19%
Flunitrazepam	34	0.14%
Midazolam	9	0.04%
Total Benzodiazepines	24,489	100.00%





² Drug Enforcement Administration. *DEA Briefs and Background: Benzodiazepines.*

Figure 2.1 Distribution of narcotic analgesics within region, 2004.

2.3 CLUB DRUGS

Club drugs are primarily used by teens and young adults. In recent years, there has been an increase in reports of club drugs used to commit sexual assaults. Although the 2003 Monitoring the Future study showed declines in use of MDMA, the rate of use of methamphetamine, Rohypnol, ketamine, and GHB remained unchanged.³

In NFLIS, MDMA continues to be the most commonly reported club drug. Of the 8,344 club drugs identified in NFLIS during 2004, 74% were identified as MDMA (Table 2.3). Among the other club drugs reported, 15% were identified as MDA, 6% as ketamine, and 4% as gamma-hydroxybutyrate or gamma-butyrolactone (GHB/GBL).

As shown in Figure 2.3, MDMA constitutes the highest percentages for each region, representing 81% of club drugs in the West, 78% in the South, 77% in the Midwest, and 54% in the Northeast. The Northeast reported the highest percentages of MDA (28%) and ketamine (14%).

Table 2.3CLUB DRUGSNumber and per 2004.	s rcentage of identified club d	rugs,
Club Drug	Number	Percent
MDMA	6,197	74.27%
MDA	1261	15.11%
Ketamine	471	5.64%
GHB/GBL	348	4.17%
MDEA	42	0.50%
BZP*	9	0.11%
TFMPP	7	0.08%
5-MeO-DIPT	6	0.07%
РМА	2	0.02%
AMT	1	0.01%
Total Club Drugs	8,344	100.00%

*Non-controlled substance.

AMT = alpha-methyltryptamine BZP = benzylpiperazine GHB/GBL = gamma-hydroxybutyrate or gamma-butyrolactone MDEA = methylenedioxyethylamphetamine PMA = p-methoxyamphetamine TFMPP = trifluoromethylphenylpiperazine 5-MeO-DIPT = 5-methoxy-diisopropyltryptamine Figure 2.3 Distribution of club drugs within region, 2004.





³ National Institute on Drug Abuse (May 2004). *NIDA Community Drug Alert Bulletin – Club Drugs*.

2.4 ANABOLIC STEROIDS

There are more than 100 different types of anabolic steroids, and each requires a prescription to be used legally in the United States. According to the Youth Risk Behavior Surveillance System, 6.1% of all high school students surveyed in 2003 reported lifetime use of steroid pills or shots without a doctor's prescription.⁴

During 2004, a total of 1,417 items were identified as anabolic steroids (Table 2.4). Of the 14 different anabolic steroids reported in NFLIS, the most commonly identified was testosterone (36%), followed by methandrostenolone (18%), nandrolone (12%), and stenozolol (12%). Across census regions, the highest relative percentages of testosterone were reported in the Midwest (42%) and the South (41%) (Figure 2.4). Approximately 30% of steroids in the Midwest were identified as methandrostenolone.

Table 2.4	ANABOLIC STERC <i>Number and percenta</i> 2004.	DIDS ge of identified anab	polic steroids,
Steroids		Number	Percent
Testosterone		515	36.32%
Methandroste	nolone	255	17.98%
Nandrolone		174	12.27%
Stenozolol		167	11.78%
Anabolic stero	ids, not specified	104	7.40%
Boldenone		61	4.30%
Oxymetholone	<u>.</u>	59	4.16%
Oxandrolone 37			2.61%
Methyltestosterone 15 1		1.06%	
Mesterolone		12	0.85%
Fluoxymestero	ne	9	0.63%
Methenolone		6	0.42%
Methandriol		2	0.14%
Androstene di	one*	1	0.07%
Total Anabol *Non-control	lic Steroids Iled substance.	1,417	100.00%

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⁴ Centers for Disease Control and Prevention (May 2004). Youth Risk Behavior

Surveillance System - United States, 2003.

Figure 2.4 Distribution of anabolic steroids within region, 2004.





2.5 STIMULANTS

Stimulants is a name given to several groups of drugs that tend to increase alertness and physical activity. According to the 2003 NSDUH, more than 20 million people aged 12 or older reported having used stimulants at least once in their lifetime. Methamphetamine was the most frequently used stimulant in 2003, with over 12 million people aged 12 or older reporting lifetime use.⁵

During 2004, a total of 173,305 stimulants were identified in NFLIS, accounting for about 15% of all items reported (Table 2.5). More than 9 in 10 stimulants, or 168,067 items, were identified as methamphetamine. An additional 2,883 items were amphetamine.

Methamphetamine accounted for the vast majority of stimulants reported in every region, with the exception of the Northeast (Figure 2.5). Methamphetamine represented 99% of the stimulants reported in the West, 94% in the South, and 95% in the Midwest. In the Northeast, 50% of stimulants were reported as methamphetamine, 30% as amphetamine, and 14% as methylphenidate.

Figure 2.5 Distribution of stimulants within region, 2003.



⁵ Substance Abuse and Mental Health Services Administration (2004). *Results* from the 2003 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD.

Table 2.5 STIMULANTS

Number and percentage of identified stimulants, 2004.

Stimulants	Number	Percent
Methamphetamine	168,067	96.98%
Amphetamine	2,883	1.66%
Methylphenidate	943	0.54%
Ephedrine*	539	0.31%
Caffeine**	401	0.23%
Phentermine	263	0.15%
N,N-dimethylamphetamine	37	0.02%
Benzphetamine	34	0.02%
Cathinone	34	0.02%
Phendimetrazine	33	0.02%
Diethylpropion	15	0.01%
Fenfluramine	15	0.01%
Modafinil	11	0.01%
Pemoline	9	0.01%
Cathine	5	0.00%
Propylhexedrine	4	0.00%
Sibutramine	4	0.00%
Clobenzorex	3	0.00%
Phenylpropanolamine*	2	0.00%
Mazindol	1	0.00%
Methcathinone	1	0.00%
Phenmetrazine	1	0.00%
Total Stimulants	173,305	100.00%

* Listed chemical.

** Non-controlled stimulant.

Numbers may not sum to total due to rounding.



Section 3

DRUG Combinations

In addition to tracking the types of substances identified by state and local forensic laboratories, another important function of NFLIS is the system's ability to capture information on drug combinations or multiple substances reported within a single drug item. Combinations reported in NFLIS include mixtures of substances as well as separately packaged substances within the same item or exhibit. While mixing substances or taking multiple drugs simultaneously can elicit complementary effects for the user, it can exacerbate already serious health problems. Medical examiner data from the Drug Abuse Warning Network (DAWN) show that 75% of drug-related deaths during 2002 involved two or more substances. The most common multiple drug deaths involved two or three drug combinations of cocaine, heroin/morphine, and other narcotic analgesics.⁶

During 2004, 15,034 items identified in NFLIS, about 1% of all reported items, contained two or more substances. The most common combinations in 2004—cocaine/heroin (11%), cannabis/cocaine (8%), methamphetamine/ephedrine-pseudoephedrine (6%), methamphetamine/MDMA (5%), methamphetamine/dimethylsulfone (5%), and amphetamine/ methamphetamine (5%)—accounted for 40% of all combinations reported (Figure 3.1).

Figure 3.1 Distribution of drug combinations, 2004.



Drug combinations reported in STRIDE, 2004

A total of 22,096 drug combinations were reported in STRIDE during 2004, which represented 43% of all drugs reported. STRIDE collects results of drug evidence analyzed at the eight DEA laboratories across the county. The most common combination identified was methamphetamine/dimethysulfone, which accounted for 23% of all combinations reported. Many of the other most frequently reported combinations were excipients used to dilute or adulterate either cocaine or heroin. These included cocaine/procaine (5%), heroin/procaine (4%), heroin/quinine (4%), cocaine/caffeine (3%), heroin/caffeine (3%), heroin/lidocaine (3%), and cocaine/sodium bicarbonate (2%). The most common substances identified in methamphetamine-related combinations were MDMA (3%), pseudoephedrine (2%), and caffeine (1%).

⁶ Substance Abuse Mental Health Services Administration (2004). *Mortality Data from the Drug Abuse Warning Network, 2002* (Office of Applied Studies, DAWN Series D-25, DHHS Publication No. SMA 04-

3875). Rockville, MD.

3.1 COCAINE COMBINATIONS

Cocaine, including powder and crack cocaine, was present in 30% of drug combinations reported during 2004 (Table 3.1). The most common combination contained heroin and cocaine (11%), which is often referred to as a "speedball." Cocaine/ cannabis represented 8% of all combinations, and cocaine/ methamphetamine (e.g., "Zoom") about 3%. Many of the other cocaine-related combinations included excipients used to dilute cocaine. These included non-controlled substances such as inositol, procaine, boric acid, lactose, benzocaine, and caffeine.

3.2 HEROIN COMBINATIONS

Heroin was present in 22% of drug combinations reported in 2004, a total of 3,322 items (Table 3.2). Nearly one half of the heroin combinations were reported as heroin/cocaine. Among the other substances combined with heroin, many were excipients designed to dilute or adulterate heroin. The most commonly reported excipients were procaine (a local anesthetic), mannitol, lidocaine, and caffeine.

3.3 METHAMPHETAMINE COMBINATIONS

Methamphetamine was present in about 35% of drug combinations, a total of 5,190 items (Table 3.3). Methamphetamine/ephedrine-pseudoephedrine, methamphetamine/MDMA, methamphetamine/dimethylsulfone, and methamphetamine/amphetamine were the most commonly reported combinations. Ephedrine/pseudoephedrine (827 items) was reported in combination with methamphetamine in nearly 6% of drug combinations. MDMA (758 items) and dimethylsulfone (738 items) were reported in 5% of combinations, up from 3% and 2% of methamphetamine combinations reported in 2003.



Table 3.1 COCAINE COMBINATIONS

Items identified as cocaine combinations, 2004.

Substance One	Substance Two	Number	Percent
Cocaine	Heroin	1,613	10.73%
Cocaine	Cannabis/THC	1,194	7.94%
Cocaine	Methamphetamine	412	2.74%
Cocaine	Inositol	304	2.02%
Cocaine	Procaine	295	1.96%
Cocaine	Boric Acid	134	0.89%
Cocaine	Lactose	92	0.61%
Cocaine	Benzocaine	53	0.35%
Cocaine	Caffeine	47	0.31%
Cocaine	Tetracaine	38	0.25%
Other cocaine combina	tions	313	2.08%
Total Cocaine Comb	inations	4,495	29.90%
All Combinations		15,034	100.00%

Table 3.2 HEROIN COMBINATIONS Items identified as heroin complexity Items identified as heroin complexity

Table 3.3

Items identified as heroin combinations, 2004.

Substance One	Substance Two	Number	Percent
Heroin	Cocaine	1,613	10.73%
Heroin	Procaine	608	4.04%
Heroin	Cannabis/THC	259	1.72%
Heroin	Mannitol	205	1.36%
Heroin	Monoacetylmorphine	119	0.79%
Heroin	Lidocaine	105	0.70%
Heroin	Caffeine	89	0.59%
Heroin	Methamphetamine	79	0.53%
Heroin	Lactose	44	0.29%
Heroin	Acetaminophen	32	0.21%
Other heroin combinations		169	1.12%
Total Heroin Combinations		3,322	22.10%
All Combinations		15,034	100.00%

METHAMPHETAMINE COMBINATIONS *Total items identified as methamphetamine combinations, 2004.*

Substance One	Substance Two	Number	Percent
Methamphetamine	Ephedrine/Pseudoephed	rine 827	5.50%
Methamphetamine	MDMA	758	5.04%
Methamphetamine	Dimethylsulfone	738	4.91%
Methamphetamine	Amphetamine	696	4.63%
Methamphetamine	Cannabis/THC	668	4.44%
Methamphetamine	Cocaine	412	2.74%
Methamphetamine	MDA	155	1.03%
Methamphetamine	Lithium	121	0.81%
Methamphetamine	Light petroleum distillate	e 92	0.61%
Methamphetamine	Ether	82	0.55%
Other methamphetamine combinations		641	4.26%
Total Methamphetam	ine Combinations	5,190	34.52%
All Combinations		15,034	100.00%

Numbers may not sum to total due to rounding.

DRUGS IDENTIFIED

NFLIS can be used to monitor and analyze drugs reported by forensic laboratories across the country, including large U.S. cities. The drug analysis results presented in this section were reported during 2004 by NFLIS laboratories in selected large cities.

Section 4



The types of drugs reported vary across regions of the country. The following results highlight geographic differences in the types of drugs abused and trafficked, such as the higher levels of cocaine on the East coast or methamphetamine on the West coast. This analysis presents 2004 data for the four most common drugs reported by NFLIS laboratories in selected locations.

Among cities in this analysis, the highest relative percentages of cocaine were reported along the East coast in locations such as Miami (59%), New York City (49%), Baltimore (43%), and Philadelphia (42%), although Denver also reported a high

BY LOCATION



percentage (49%). Nationally, 31% of all drugs were identified as cocaine. The highest percentages of methamphetamine were reported in Midwestern and Western cities such as Minneapolis (44%), Los Angeles (32%), and Portland (30%), followed by Dallas (28%) and Atlanta (28%). Nationally, 13% of drugs were identified as methamphetamine. High percentages of heroin were reported in Northeastern cities such as Baltimore (32%), Boston (14%), New York City (12%), and Philadelphia (10%), although Chicago (17%), St. Louis (9%), Santa Fe (7%), and Denver (6%) also reported heroin at a rate higher than the national average of 5%.

Lab locations include:

Atlanta (Georgia Bureau of Investigation – Decatur Laboratory)

Baltimore (Baltimore City Police Department)

Boston (Massachusetts Department of Public Health – Boston Laboratory)

Chicago (Illinois State Police – Chicago Laboratory)

Dallas (Texas Department of Public Safety – Garland Laboratory)

Denver (Denver Police Department Crime Laboratory)

Las Vegas (Las Vegas Police Department)

Los Angeles (Los Angeles Police Department Scientific Investigation Division, and the Los Angeles County Sheriff's Department Scientific Services Bureau)

Miami (Miami-Dade Police Department Crime Laboratory)

Minneapolis (Minnesota Bureau of Criminal Apprehension – Minneapolis Laboratory)

New Orleans (New Orleans Police Department Crime Laboratory)

New York City (New York Police Department Crime Laboratory)

Philadelphia (Philadelphia Police Department Forensic Science Laboratory)

Portland (Washington State Patrol – Portland Laboratory)

St. Louis (St. Louis Police Department Crime Laboratory)

San Diego (San Diego Police Department Crime Laboratory)

Santa Fe (New Mexico Department of Public Safety)

Seattle (Washington State Patrol Crime Laboratory – Seattle Laboratory)

Section 5 GIS ANALYSIS: C BY COUNTY OF O

One of the new features of NFLIS is the ability to analyze and monitor variation in drugs reported by laboratories by the county of origin. This is part of the larger initiative to use geographic information system (GIS) analyses to provide more detailed geographical information on drug seizure location for those cases that are analyzed by forensic laboratories.

This section presents the drug seizure location at the countylevel for cocaine cases reported by NFLIS laboratories in Florida, Illinois, Arkansas, Washington, and Georgia. The analysis is based on information provided to the forensic laboratories by the submitting law enforcement agencies. This information may include the zip code or county of origin associated with the drug seizure incident or the name of the submitting law enforcement agency. Several factors should be considered when reviewing this data. For one, for a small proportion of cases, there was insufficient information to determine the county associated with the incident (see figure footnotes). In addition, several laboratories within these states are not currently reporting data to NFLIS (e.g., West Palm Beach, FL). Finally, we would like to stress that this data may not be representative of all cocaine seizures across the state, only those cases that were submitted and analyzed by forensic laboratories. That being said, this data can serve as an important resource for drug control agencies attempting to better understand trafficking and abuse patterns within and across particular states.





*NFLIS laboratories in Florida reported 30,629 cocaine cases during 2004. County of origin could not be determined for 6% of these cases.

OCAINE CASES RIGIN

Figure 5.2 Cocaine cases reported in Illinois, 2004.*



*NFLIS laboratories in Illinois reported 30,699 cocaine cases during 2004. County of origin could not be determined for 4% of these cases.

Figure 5.4 Cocaine cases reported in Washington, 2004.*



Figure 5.3 Cocaine cases reported in Arkansas, 2004.*







*NFLIS laboratories in Georgia reported 15,438 cocaine cases during 2004. County of origin could not be determined for 4% of these cases.

Section 6

DRUG PURITY

One of the unique functions of NFLIS is the system's ability to monitor and analyze drug purity data. NFLIS drug purity data reflect results verified by chemical analysis and therefore have a high degree of validity. In addition, the NFLIS purity data are timely, allowing for recent fluctuations in purity to be monitored and assessed.

A number of state and local forensic laboratories perform quantitative (or purity) analyses, but the majority do so only under special circumstances, such as a special request from law enforcement or from the prosecutor. A smaller number of labs perform quantitative analysis on a more routine basis due to state laws that require the amount of "pure" heroin or cocaine in an item to be determined. During 2004, a total of 12 state or local labs or lab systems reported purity data to NFLIS.

It is important to consider the laboratory policies for conducting quantitative analysis when comparing purity data across labs, as these factors can impact the results presented. For example, the Illinois State Police and the Texas Department of Public Safety typically limit quantitative analysis to larger seizures (e.g., powders over 200 grams or 1 kilogram). Other laboratories such as the Baltimore City Police Department Crime Laboratory perform quantitative analyses on a more routine basis, including smaller cocaine and heroin seizures.

6.1 HEROIN PURITY

This section describes heroin purity analyses reported by the Baltimore City Police Department and the Massachusetts State Police laboratories. The Baltimore City laboratory performs quantitative analysis on all white powders greater than 1/4 ounce or if more than 30 dosage units are present in a case, especially for heroin seizures. The Massachusetts State Police laboratory expresses purity in terms of free base and has a policy of routinely performing quantitative analyses for heroin and cocaine submissions. The average purity of heroin, as reported by both of these labs as well as by DEA labs in STRIDE, has declined since 2001. According to STRIDE, the average purity of heroin exhibits was 40% in 2004, compared to 42% in 2003, 49% in 2002, and 48% in 2001.

The Baltimore City Police Department reported heroin purity results for 958 drug items in 2004 (Figure 6.1). The average purity of heroin was 38%, down considerably from 45% in 2003 and 49% in 2002. Overall, move than a third of heroin items reported by Baltimore City were less than 20% pure.

Figure 6.1 Heroin purity, 2004: Baltimore City Police Department Crime Laboratory.



The Massachusetts State Police reported heroin purity results for 721 items in 2004 (Figure 6.2). The average purity of heroin was 31%, a steady decline from an average of 40% in 2003 and 47% in 2002. Nearly half of heroin items reported by the Massachusetts lab were less than 25% pure.

Figure 6.2 Heroin purity, 2004: Massachusetts State Police Crime Laboratory.



6.2 COCAINE PURITY

Cocaine purity is presented for four NFLIS laboratories the Texas Department of Public Safety (DPS), the Arkansas State Crime Laboratory, the Baltimore City Police Department Laboratory, and the Massachusetts State Police Crime Laboratory. In contrast to the decline in heroin purity, NFLIS labs reported cocaine purity averages in 2004 at levels either equal to or increased from 2001–2003 levels. Cocaine purity reported by federal labs in STRIDE increased slightly during this period, from an average of 58% in 2001 to 60% in 2004.

The Texas DPS laboratory system, which typically conducts quantitative analyses for powders of 200 grams or more, reported purity data for 218 cocaine items during 2004 (Figure 6.3). The average cocaine purity for 2004 was 66%, up from 63% in 2003, 60% in 2002, and 56% in 2001.

Figure 6.3 Cocaine purity, 2004: Texas Department of Public Safety Crime Laboratory.





The Arkansas State Crime Laboratory reported cocaine purity for 1,010 items in 2004 (Figure 6.4). The Arkansas laboratory typically conducts quantitative analysis if the drug exhibit contains an amount in which possession with intent to deliver is charged. The average cocaine purity reported in Arkansas was 70% in 2004, compared to 69% in 2003 and 59% in 2002.

Figure 6.4 Cocaine purity, 2004: Arkansas State Crime



The Baltimore City Police Department Crime Laboratory reported cocaine purity for 351 items in 2004 (Figure 6.5). The average cocaine purity reported during 2004 was 79%, an increase from 75% in 2003, 67% in 2002, and 61% in 2001.

Figure 6.5 Cocaine purity, 2004: Baltimore City Police Department Crime Laboratory.



The Massachusetts State Police Crime Laboratory reported cocaine purity for 1,678 items in 2004 (Figure 6.6). Massachusetts routinely performs quantitative analysis on cocaine submissions, expressing purity in terms of free base. The average cocaine purity reported by the Massachusetts Police Department for 2004 was 55%, compared to 53% in 2003, 48% in 2002, and 53% in 2001.

Figure 6.6 Cocaine purity, 2004: Massachusetts State Police Crime Laboratory.





DEA Update

Zopiclone

Added to Schedule IV of the Controlled Substances Act

The Drug Enforcement Administration (DEA) published a final rule in the Federal Register (70FRI6935) on April 4, 2005, placing zopiclone—including its salts, isomers, and salts of isomers—into Schedule IV of the Controlled Substances Act (CSA). This rule imposed Schedule IV regulatory controls and criminal sanctions on the manufacture, distribution, dispensing, importation, and exportation of zopiclone and products containing zopiclone.

On December 15, 2004, the Food and Drug Administration (FDA) approved (S)-zopiclone (eszopiclone) for the treatment of insomnia. It is marketed under the trade name Lunesta[™] by Sepracor, Inc. in 1, 2, and 3 mg tablets. Eszopiclone has not been marketed in other countries; however, the racemic mixture of zopiclone is sold in many countries, although not in the United States.

Zopiclone is a central nervous system depressant drug. The pharmacology, adverse event profile, and abuse potential of zopiclone and its optical isomers are similar to those of the benzodiazepines and the nonbenzodiazepine hypnotics zaleplon and zolpidem, all of which are currently listed in Schedule IV of the CSA. Zopiclone has anxiolytic, sedative, and hypnotic properties. Zopiclone is positively reinforcing and mimics discriminative stimulus effects of benzodiazepines in animals. In clinical abuse liability studies, eszopiclone produced psychoactive and euphoric effects similar to those produced by diazepam.

Following consideration of the current scientific knowledge and findings related to the substance's abuse potential, legitimate medical use, and dependence liability, the Department of Health and Human Services (DHHS) found that zopiclone and its optical isomers meet the necessary criteria to be controlled in Schedule IV of the CSA, pursuant to 21 U.S.C. 812(b). On January 18, 2005, DHHS sent DEA its scientific and medical evaluation in support of its Schedule IV recommendation for zopiclone. Following consideration of this and other available information, DEA concluded that zopiclone and its isomers satisfied the criteria for placement in Schedule IV of the CSA, under 21 U.S.C. 812(b).

Carisoprodol (Soma®)

Request for Information

Carisoprodol is the recommended international nonproprietary name of a drug prescribed for the relief of pain, muscle spasm, and limited mobility associated with painful musculoskeletal conditions. It is used as an adjunct to rest, physical therapy, and other measures. Currently it is not controlled under the CSA, and it is available for therapeutic use by prescription. Carisoprodol is both structurally and pharmacologically related to Schedule IV substances, namely meprobamate and mebutamate. Carisoprodol shares some similarities with barbiturates and alcohol in its pharmacological effects.

Reports from medical professionals, state authorities, and law enforcement personnel indicate the significant diversion, trafficking, and abuse of carisoprodol. According to NFLIS, federal, state, and local forensic laboratories analyzed 1,992 carisoprodol drug samples in 2004. According to the Drug Abuse Warning Network (DAWN), there were 10,094 emergency department mentions for carisoprodol in 2002. Carisoprodol abuse has resulted in injury (seizures, coma) and death. Carisoprodol has often been abused in combination with products containing narcotic analgesics and/or benzodiazepines. Because of these concerns, some states have controlled carisoprodol. The DEA has reviewed the relevant data and requested a scientific and medical evaluation and scheduling recommendation for carisoprodol from the DHHS. The Drug and Chemical Evaluation Section (ODE) within the DEA's Office of Diversion Control continues to gather information on the abuse, diversion, and trafficking of carisoprodol. Reports of actual abuse are extremely important factors in establishing the abuse potential of a substance for control under the Controlled Substances Act. ODE would appreciate receiving any information related to the law enforcement encounters, drug identification, diversion, and abuse of carisoprodol. Please contact Dr. Srihari R. Tella, Pharmacologist in ODE, at 202-307-7183 with any information pertaining to carisoprodol.

Contact Us

Dr. Srihari R. Tella Drug and Chemical Evaluation Section Office of Diversion Control Drug Enforcement Administration Washington, DC 20537 Phone: 202-307-7183 Fax: 202-353-1263 E-mail: Srihari.R.Tella@usdoj.gov

NFLIS BENEFITS & LIMITATIONS

BENEFITS

The systematic collection and analysis of drug analysis data can improve our understanding of the nation's illegal drug problem. NFLIS serves as a critical resource for supporting drug scheduling policy and drug enforcement initiatives both nationally and in specific communities around the country.

Specifically, NFLIS helps the drug control community achieve its mission by

- providing detailed information on the prevalence and types of controlled substances secured in law enforcement operations
- identifying variations in controlled and non-controlled substances at the national, state, and local levels
- identifying emerging drug problems and changes in drug availability in a timely fashion
- monitoring the diversion of legitimately marketed drugs into illicit channels
- providing information on the characteristics of drugs including quantity, purity, and drug combinations
- supplementing information from other drug sources including the DEA's STRIDE, the Drug Abuse Warning Network (DAWN), the National Survey on Drug Use and Health (NSDUH), and the Monitoring the Future (MTF) Survey.

NFLIS provides an opportunity for state and local labs to participate in a useful and high-visibility initiative. Participating laboratories regularly receive reports that summarize national and regional data. In addition, the Interactive Data Site (IDS) is a secure website that allows NFLIS participants—including state and local laboratories, the DEA, other federal drug control agencies, and researchers—to run customized queries on the NFLIS data. Enhancements to the IDS will also provide a new inter-agency exchange forum that will allow the DEA, forensic laboratories, and other members of the drug control community to post and respond to current information.

LIMITATIONS

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

- Currently, NFLIS only includes data from state and local forensic laboratories. Drug analyses conducted by federal laboratories are not included, although data from STRIDE, which includes data from DEA's laboratories across the country, have recently been added to the NFLIS database. The STRIDE data are shown separately in this report. Efforts are under way to enroll additional federal laboratories during 2005.
- NFLIS includes drug chemistry results from completed analyses only. Drug evidence secured by law enforcement but not analyzed by laboratories is not included in the database.
- National and regional estimates may be subject to variation associated with sample estimates, including nonresponse bias.
- For results presented in Sections 2–6, the absolute and relative frequency of analyzed results for individual drugs can in part be a function of laboratories participating in NFLIS.
- State and local policies related to the enforcement and prosecution of specific drugs can affect the types of drugs submitted to laboratories for analysis.
- Laboratory policies and procedures for handling drug evidence vary. Some laboratories analyze all evidence submitted to them, while others analyze only selected items. Many laboratories do not analyze drug evidence if the criminal case was dismissed from court or if no defendant could be linked to the case.
- Laboratories vary with respect to the records they maintain. For example, some laboratories' 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.

NFLIS INTERACTIVE DATA SITE

Available since September 2001, the NFLIS Interactive Data Site (IDS) allows NFLIS laboratories to run queries on their own case-level data as well as on aggregated regional and national data.

Currently, the IDS operates as a secure website located on a restricted server that is accessible through a direct dial-in connection using a toll-free telephone number. To access the IDS, each NFLIS laboratory is assigned a lab-specific user name and password. The IDS provides the capacity to query the data using standardized queries that generate customized reports. Laboratory staff can specify the time period, region, type of lab, and drug type in order to customize these queries. The DEA's STRIDE data have also been added to the IDS, a critical step toward integrating federal laboratories into NFLIS.

IDS ENHANCEMENTS

A number of enhancements to the IDS are currently under way, including providing World Wide Web access to the IDS. This will improve the system's performance for laboratories with high-speed/broadband web access. Because the Web site will be available to participating labs and the general public, different access levels will be assigned to satisfy the needs of different users. Another enhancement for 2004 is the addition of an electronic bulletin board that can be used to post reports, technical notices, and other materials relevant to the forensic laboratory community. This is intended to promote communication between NFLIS laboratories, DEA, other federal drug control agencies, and NFLIS project staff. Upon implementation of the electronic bulletin board, participating laboratories are encouraged to submit suggestions for improvement by using the feedback page in the IDS, by sending an e-mail to NFLIS@rti.org, or by calling Al Bethke at (919) 485-7737.



NATIONAL ESTIMATES METHODOLOGY

Since 2001, NFLIS reports have included national and regional estimates for the number of drug items and drug cases analyzed by state and local forensic laboratories in the United States. This section discusses the methods used for producing these estimates, including sample selection, weighting, and imputation and adjustment procedures. RTI International, under contract to the DEA, began implementing NFLIS in September 1997. Results from a 1998 survey provided laboratory-specific information, including annual caseload figures, used to establish a national sampling frame of all state and local forensic labs that routinely perform drug analyses. A representative probability proportional to size (PPS) sample was drawn on the basis of annual cases analyzed per laboratory, resulting in a NFLIS national sample of 29 state laboratory systems and 31 local or municipal laboratories, a total of 165 individual laboratories (see Appendix D for a list of sampled and nonsampled NFLIS labs). Only the data for those laboratories that reported drug analysis data for 7 or more months during 2004 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 designconsistent, nonresponse-adjusted estimates. Weighted prevalence estimates were produced for drug cases and drug items analyzed by state and local forensic labs from January 2004 through December 2004.

A separate item-level and case-level weight was computed for each sample laboratory or laboratory system using caseload information obtained from an updated lab survey administered in 2004. These survey results allowed for the case- and itemlevel weights to be post-stratified to reflect current levels of laboratory 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 laboratories with sufficient frequency to allow reliable estimates to be computed. For some drugs, such as cannabis/THC and cocaine, thousands of items are reported annually, allowing for reliable national prevalence estimates to be computed. Many other substances have 100 or fewer annual observations for the entire sample. A prevalence estimate based upon such few observations is not likely to be reliable and thus was not included in the national estimates. The method for evaluating the cutoff point was established 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 were suppressed and not shown in the tables.

IMPUTATIONS AND ADJUSTMENTS

Due to technical and other reporting issues, several labs did not report data for every month during 2004. This resulted in missing monthly data, which is a concern in calculating national estimates of drug prevalence. Imputations were performed separately by drug for laboratories missing monthly data, using drug-specific proportions generated from labs reporting a full year of 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 laboratories report items in terms of the number of vials of the particular pill, yet a few laboratories report the count of the individual pills themselves as "items." Since 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 drugspecific ratios of cases to items should be similar to labs serving similarly sized areas. Item-to-case ratios for each drug were produced for the similarly sized laboratories, and these drugspecific ratios were then used to adjust the drug item counts for the relevant laboratories.

STATISTICAL TECHNIQUES FOR TREND ANALYSIS

A trend analysis was performed on the January 2001 through December 2004 National and Regional Estimates. Typically models test for mean differences; however, the National and Regional Estimates are totals. To work around this challenge, a bootstrapping technique was employed. (Bootstrapping is an iterative technique used to estimate variances when standard variance estimation procedures cannot be used.*) All statistical tests were performed at the 95% confidence level (a=.05), so the probability of declaring a significant result when the result was not significant was 5%. In other words, if a linear trend was found to be statistically different, then the probability of observing a linear trend (under the assumption that no linear trend existed) was less than 5%.

* For more information on this technique, please refer to Chemick, M.R. (1999). Bootstrap Methods: A Practioner's Guide. John Wiley and Sons.

Appendix D

PARTICIPATING AND REPORTING LABORATORIES

.	Lab				Lab	
State	Туре	Lab Name Report	rting	State	Туре	L
AK	State	Alaska Department of Public Safety (Anchorage)		MO	State	N
AL	State	Alabama Department of Forensic Sciences (9 sites)*	Х		Local	N N
AR	State	Arkansas State Crime Laboratory (Little Rock)*	Х		Local	S
AZ	Local	Mesa PD	Х		Local	S
	Local	Phoenix PD	X		Local	S
~ .	Local		X	MS	State	- N
CA	State	California Department of Justice (10 sites)* Frespo County Sheriff's Forensic Lab (Frespo)	X X	MT	State	
	Local	Kern County District Attorney's Office (Bakersfield)	X		State	-
	Local	Long Beach*	Х	INC	Local	C N
	Local	Los Angeles Police Department (2 sites)*	X	NE	State	
	Local	Sacramento County District Attorney's Office (Sacramento)	* X		State	-
	Local	San Bernardino Sheriff's Office (2 sites)*	Х		Local	B
	Local	San Diego Police Department (San Diego)*	Х		Local	C
	Local	San Mateo County Sheriff's Office (San Mateo)	х		Local	H
	Local	Santa Clara District Attorney's Office (San Jose)	Х		Local	
	Local	Ventura County Sheriff's Department (Ventura)	Х		Local	ũ
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	Local	Colorado Springs Police Department (Colorado Springs) Denver Police Department (Depver)*	X X	NV	Local	I
	Local	Grand Junction Police Department (Grand Junction)	x		State	
	Local	Jefferson County Sheriff's Office (Golden)	Х		Local	E
СТ	State	Connecticut Department of Public Safety (Hartford)*	Х	1	Local	Ν
DE	State	Chief Medical Examiner's Office (Wilmington)	Х	†	Local	N
FL	State	Florida Department of Law Enforcement (8 sites)*	Х	†	Local	N
	Local	Broward County Sheriff's Office (Ft. Lauderdale)*	Х		Local	C
	Local	Miami-Dade Police Department (Miami)*	Х		Local	S
	Local	Community College	х		Local	Y
	Local	Pinellas County Forensic Laboratory (Largo)	X		State	
	Local	Sarasota County Sheriff's Office (Sarasota)	Х		State	C
GA	State	Georgia State Bureau of Investigation (7 sites)*	Х		Local	C
HI	Local	Honolulu Police Department (Honolulu)	Х		Local	C F
IA	State	lowa Division of Criminal Investigation (Des Moines)*	Х		Local	Ĺ
ID	State	Idaho State Police (3 sites)	Х	1	Local	N
IL	State	Illinois State Police (8 sites)*	Х	1	Local	N
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LA	State	Louisiana State Police (Baton Rouge)*	Х	TN	State	Т
	Local	Acadiana Criminalistics Laboratory (New Iberia)*	Х	ТХ	State	Т
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	State	Massachusetts State Police (Sudbury)*	X	UT	State	ι
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* Laboratory is part of our national sample.

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

This list identifies participating and reporting labs as of March 14, 2005.

NFLIS 2004 ANNUAL REPORT

ACKNOWLEDGEMENTS

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May 2005

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