NFLIS

National Forensic Laboratory Information System

Quarterly findings

NFLIS data approximate drug evidence seized by law enforcement agencies and sent to State and local forensic laboratories for analyses. Variation in State and local policies can influence when and whether drugs will be submitted to a lab and subsequently analyzed. For example, some labs may not test drug evidence if a case is dismissed or if a defendant pleads guilty prior to trial.

Results represented in this report are divided into two major components. Section 1 provides statistically representative national and regional estimates for the 25 most frequently analyzed drug items and drug cases that occurred between January 1, 2002, and March 31, 2002 (see Methodology, page 10, for further details). These estimates are based on data reported by the NFLIS national sample, which comprises 29 State lab systems and 31 local labs. Drug items (or exhibits) are normally defined as specimens within a case. Lab cases are defined as submissions with the same unique case number and are usually associated with a single drug incident. Section 2 provides drug item analyses for all State and local labs reporting data to NFLIS during the first quarter, including NFLIS reporting labs that are not part of the national sample.

About the System

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

The National Forensic Laboratory Information System (NFLIS) is a DEA-sponsored project to systematically collect solid dosage drug analyses results from State and local forensic laboratories. NFLIS provides the basis for developing information for drug control and enforcement efforts.

For more details, please see page 9.
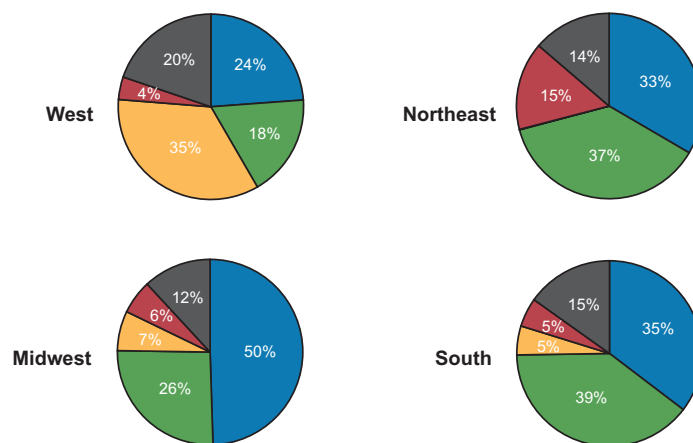
Highlights

Section 1:

- During the first quarter of 2002, an estimated 468,860 drug items were analyzed by State and local laboratories in the United States. The top four drugs—cannabis/THC, cocaine, methamphetamine, and heroin—accounted for an estimated 398,594, or 85%, of all analyzed drug items.
- Distribution of drugs analyzed by State and local labs differs across census regions. The highest relative percentage of cannabis/THC was analyzed in the Midwest (an estimated 64,300 items, or 50%). Cocaine was the most common drug analyzed in the South (73,199, or 39%) and the Northeast (25,148, or 37%). Heroin was more frequently analyzed in the Northeast (10,228, or 15%) than in the other regions, while methamphetamine continues to be the most common drug analyzed in the West (30,172, or 35%).

Section 2:

- Eighty-two percent of club drugs were identified as MDMA (Ecstasy), 9% as ketamine, 6% as MDA, and 3% as GHB. The highest relative percentages of MDMA were reported in the South and the Northeast.
- Hydrocodone and oxycodone represent the majority of reported analgesics. More than half of analgesics in the Northeast were identified as oxycodone, while the greatest relative percentages of hydrocodone were reported in the West.
- The vast majority of benzodiazepines were identified as alprazolam (e.g., Xanax), diazepam (e.g., Valium), or clonazepam. The highest percentages of alprazolam were reported in the South, while the highest percentages of diazepam were reported in the West.

Figure 1.1 — Estimated distribution of the most common drug items by region

West: 24%, 18%, 35%, 4%, 20%
Northeast: 33%, 37%, 15%, 14%
Midwest: 50%, 26%, 7%, 6%, 12%
South: 35%, 39%, 5%, 5%, 15%

Legend:
- Cannabis/THC
- Cocaine
- Methamphetamine
- Heroin
- Other

Section 1: National and regional estimates

Drug Items Analyzed

From January 1, 2002, to March 31, 2002, an estimated 468,860 drug items were analyzed by State and local forensic laboratories in the United States. Table 1.1 provides drug item counts and prevalence estimates for the Nation and for census regions among the 25 most frequently analyzed drug items.

The top 25 analyzed drugs accounted for an estimated 440,595 drug items, or about 94% of all drugs reported by State and local laboratories during the quarter. The top four drugs, cannabis/THC, cocaine, methamphetamine, and heroin, constituted an estimated 398,594 items, or 85% of all analyzed drug items. In addition, MDMA accounted for an estimated 6,147 items (1.31%), alprazolam 5,162 items (1.10%), hydrocodone 4,963 items (1.06%), oxycodone 4,331 items (0.92%), and diazepam 2,511 items (0.54%).

The types of drugs analyzed differ across census regions, although some caution should be used when interpreting these results due to the variation in policies for enforcement and prosecution of certain drugs, as well as variation in lab procedures. The highest relative percentage of cannabis/THC was

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

Estimated numbers and percentages of total identified drugs, January–March 2002

Drug	National		West		Midwest		Northeast		South	
Cannabis	172,630	(36.82%)	20,441	(23.68%)	64,300	(49.87%)	22,575	(33.14%)	65,314	(35.21%)
Cocaine	147,007	(31.35%)	15,619	(18.10%)	33,042	(25.63%)	25,148	(36.91%)	73,199	(39.46%)
Methamphetamine	48,653	(10.38%)	30,172	(34.96%)	8,843	(6.86%)	87	(0.13%)	9,552	(5.15%)
Heroin	30,304	(6.46%)	3,302	(3.83%)	7,300	(5.66%)	10,228	(15.01%)	9,474	(5.11%)
MDMA	6,147	(1.31%)	1,256	(1.46%)	696	(0.54%)	1,289	(1.89%)	2,906	(1.57%)
Alprazolam	5,162	(1.10%)	201	(0.23%)	1,202	(0.93%)	521	(0.76%)	3,238	(1.75%)
Hydrocodone	4,963	(1.06%)	1,634	(1.89%)	858	(0.67%)	279	(0.41%)	2,192	(1.18%)
Non-controlled, non-narcotic drug	4,947	(1.06%)	2,164	(2.51%)	1,125	(0.87%)	1,033	(1.52%)	625	(0.34%)
Oxycodone	4,331	(0.92%)	371	(0.43%)	948	(0.74%)	869	(1.28%)	2,143	(1.16%)
Diazepam	2,511	(0.54%)	354	(0.41%)	507	(0.39%)	248	(0.36%)	1,402	(0.76%)
Pseudoephedrine	2,127	(0.45%)	567	(0.66%)	936	(0.73%)	***	***	***	***
Clonazepam	1,408	(0.30%)	102	(0.12%)	340	(0.26%)	444	(0.65%)	523	(0.28%)
Amphetamine	1,180	(0.25%)	351	(0.41%)	223	(0.17%)	131	(0.19%)	476	(0.26%)
Codeine	1,138	(0.24%)	329	(0.38%)	346	(0.27%)	121	(0.18%)	341	(0.18%)
Phencyclidine	1,072	(0.23%)	343	(0.40%)	175	(0.14%)	364	(0.53%)	190	(0.10%)
Acetaminophen	998	(0.21%)	***	***	396	(0.31%)	***	***	224	(0.12%)
Methadone	910	(0.19%)	107	(0.12%)	177	(0.14%)	288	(0.42%)	337	(0.18%)
Ephedrine	822	(0.18%)	***	***	***	***	***	***	602	(0.32%)
Psilocin	799	(0.17%)	453	(0.52%)	189	(0.15%)	54	(0.08%)	103	(0.06%)
Morphine	726	(0.15%)	***	***	236	(0.18%)	85	(0.12%)	210	(0.11%)
Propoxyphene	640	(0.14%)	102	(0.12%)	212	(0.16%)	44	(0.06%)	281	(0.15%)
Carisoprodol	635	(0.14%)	125	(0.14%)	157	(0.12%)	41	(0.06%)	312	(0.17%)
Ketamine	607	(0.13%)	72	(0.08%)	67	(0.05%)	269	(0.39%)	199	(0.11%)
Methylphenidate	550	(0.12%)	47	(0.05%)	221	(0.17%)	140	(0.21%)	142	(0.08%)
Caffeine	328	(0.07%)	***	***	160	(0.12%)	***	***	58	(0.03%)
Top 25 Total	440,595	(93.97%)	78,792	(91.29%)	122,735	(95.19%)	64,416	(94.55%)	174,652	(94.16%)
All Other Analyzed Items	28,265	(6.03%)	7,513	(8.71%)	6,204	(4.81%)	3,713	(5.45%)	10,835	(5.84%)
Total Analyzed Items	468,860	(100.00%)	86,305	(100.00%)	128,939	(100.00%)	68,129	(100.00%)	185,487	(100.00%)

Census Region

MDMA = 3,4 Methylenedioxymethamphetamine

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

analyzed in the Midwest (an estimated 64,300 items, or 50%), with cannabis/THC accounting for 33% of items in the Northeast, 35% in the South, and 24% in the West. Cocaine was most common drug analyzed in the South (73,199 estimated items, or 39%) and the Northeast (25,148, or 37%). Heroin was more frequently analyzed in the Northeast (10,228, or 15% of estimated items) than in the other regions, followed by the Midwest (7,300, or 6%), the South (9,474, or 5%), and the West (3,302, or 4%). Finally, methamphetamine continues to be the most common drug analyzed in the West (30,172, or 35% of estimated items). This compared to 9,552 methamphetamine items in the South (5%), 8,843 items in the Midwest (7%), and 87 estimated items in the Northeast (less than 1%).

Drug Cases Analyzed

Laboratory data can also be analyzed at the case level. Cases are typically defined by labs as submissions that are assigned a unique identification number. Cases are normally associated with a single drug seizure incident, although a small proportion of labs may attach one case number to all submissions related to an investigation. Table 1.2 provides national case estimates for each substance identified by State and local forensic laboratories constituting the NFLIS national sample. Multiple drugs can be reported within a single case, and as a result the cumulative percentage exceeds 100%.

Cannabis/THC is the most common drug reported in drug cases, with one or more cannabis item identified in about 41% of all cases nationally. About 36% of analyzed cases were estimated to have included one or more cocaine item. Methamphetamine was estimated to have been identified in about 11% of cases, while heroin was identified in about 7% of cases during the quarter. MDMA and hydrocodone were each identified in over 1% of all cases.

Table 1.2	National case-level estimates

National case-level estimates
For substances identified in cases reported for the 25 most frequently identified drugs, January–March 2002

Drug	Count	Percentage*
Cannabis	126,836	40.97%
Cocaine	110,914	35.83%
Methamphetamine	34,052	11.00%
Heroin	21,828	7.05%
MDMA	4,581	1.48%
Hydrocodone	4,390	1.42%
Non-controlled, non-narcotic drug	4,037	1.30%
Alprazolam	3,941	1.27%
Oxycodone	3,285	1.06%
Diazepam	2,142	0.69%
Pseudoephedrine	1,376	0.44%
Clonazepam	1,127	0.36%
Phencyclidine	1,014	0.33%
Codeine	943	0.30%
Amphetamine	885	0.29%
Acetaminophen	863	0.28%
Methadone	791	0.26%
Morphine	634	0.20%
Psilocin	614	0.20%
Carisoprodol	603	0.19%
Propoxyphene	552	0.18%
Ephedrine	521	0.17%
Ketamine	471	0.15%
Methylphenidate	435	0.14%
Caffeine	273	0.09%
Top 25 Total	327,108	105.66%
All Other Substances	22,153	7.16%
Total All Substances	349,261	112.82%

*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 309,585.

# Section 2: Major Drug categories reported by NFLIS labs

Section 2 reflects nonweighted item counts for all NFLIS labs that reported 2 or more months of data between January 1, 2002, and March 31, 2002. During this period, a total of 231,399 drug items were reported by NFLIS labs.

Club drugs

Table 2.1 presents drug items identified as "club drugs" during the first quarter of 2002. Multiple data sources confirm that club drug use is on the rise, especially among teenagers and young adults (Monitoring the Future, 2002; National Household Survey on Drug Abuse [NHSDA], 2001;DAWN, 2002)

MDMA (Ecstasy) remains the most common club drug identified by labs, accounting for 82% of all club drug items reported for the quarter (Table 2.1). Among other club drugs identified by labs, ketamine (also referred to as "Special K") accounted for 9% of club drug items, 3,4-methylenedioxamphetamine (MDA) for 6%, and gamma hydroxybutyrate (GHB) for 3%.

By region, MDMA represented 85% of club drugs reported in the South, 84% in the Northeast, 74% in the West, and 73% in the Midwest. The Northeast (15%) and the West (12%) reported the highest relative percentages of ketamine. The highest relative percentage of MDA was reported in the Midwest (14%).

Legend	
■	MDMA
■	Ketamine
■	MDA
■	GHB/GBL*
■	Other
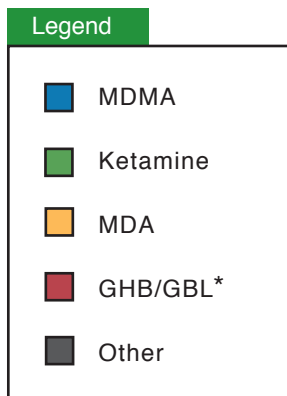
Includes items identified as hydroxybutyrate or gamma-butyrolactone.

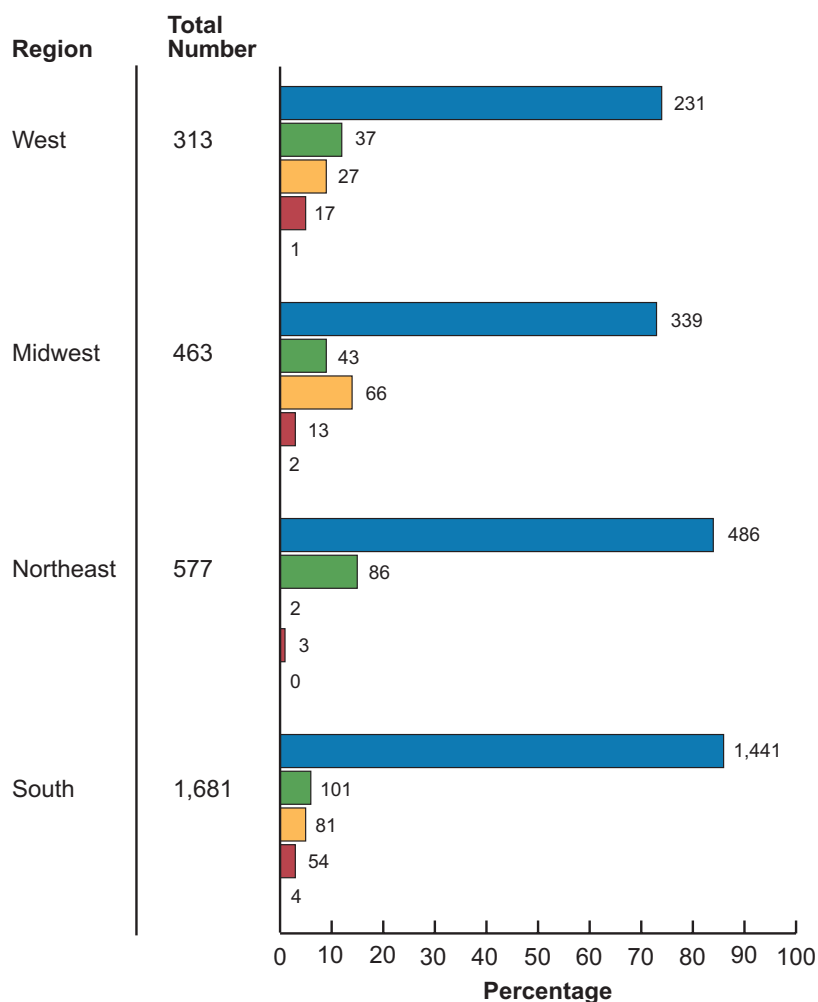| Table 2.1	Frequency of club drugs

Number and relative percentage of total identified club drugs

Club Drug	Total	Percentage
MDMA	2,497	82.30%
Ketamine	267	8.80%
MDA	176	5.80%
GHB/GBL*	87	2.87%
MDEA	5	0.16%
PMA	2	0.07%
Total club drugs	3,034	100%
Total analyzed items	231,399	

PMA = para-methoxyamphetamine

Includes items identified as hydroxybutyrate or gamma-butyrolactone

Figure 2.1	Distribution of club drugs by region

Region	Total Number	
West	313	MDMA 231, Ketamine 37, MDA 27, GHB/GBL 17, Other 1
Midwest	463	MDMA 339, Ketamine 43, MDA 66, GHB/GBL 13, Other 2
Northeast	577	MDMA 486, Ketamine 86, MDA 2, GHB/GBL 3, Other 0
South	1,681	MDMA 1,441, Ketamine 101, MDA 81, GHB/GBL 54, Other 4

Percentage

Analgesics

Table 2.2 describes results for pain relievers known as narcotic analgesics reported by NFLIS labs for the first quarter of 2002. The non-medical use of analgesics has emerged as a serious problem in this country. Deaths and emergency department visits, particularly those related to oxycodone and hydrocodone, have increased substantially in recent years. Emergency department mentions of oxycodone more than tripled from 1996 to 2000, reaching over 10,800 visits (DAWN, 2002). Hydrocodone mentions in emergency departments have also risen sharply in recent years, with over 20,000 visits estimated in 2000.

In NFLIS, a total of 4,849 drug items were identified as analgesics, representing slightly over 2% of all analyzed items. Overall, 35% of analgesics were identified as oxycodone, 35% as hydrocodone, 9% as codeine, 6% as propoxyphene, 6% as morphine, and 4% as dihydrocodeine.

By region, the highest relative frequency of oxycodone continues to be reported in the Northeast (59%), a finding collaborated by other drug sources (Pulse Check, ONDCP, 2001). Oxycodone represents smaller relative proportions of analgesics in the South (35%), the Midwest (28%), and the West (19%). The highest relative frequency of hydrocodone was reported in the West (49%) and the South (38%). The West (14%) and the Midwest (12%) reported the highest relative frequency of codeine.
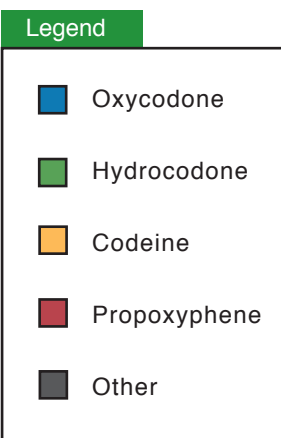
Table 2.2	Frequency of analgesics

Number and relative percentage of total identified analgesics

Analgesic	Total	Percentage
Oxycodone	1,695	34.95%
Hydrocodone	1,676	34.56%
Codeine	421	8.68%
Propoxyphene	301	6.21%
Morphine	277	5.70%
Dihydrocodeine	207	4.27%
Hydromorphone	114	2.34%
Meperidine	56	1.15%
Nalbuphine	46	0.95%
Tramadol	33	0.68%
Fentanyl	18	0.37%
Pentazocine	6	0.12%
Oxymorphone	1	0.02%
Total analgesics	**4,851**	**100%**
Total analyzed items	**231,399**	

Figure 2.2	Distribution of analgesics by region

Legend

- Oxycodone
- Hydrocodone
- Codeine
- Propoxyphene
- Other
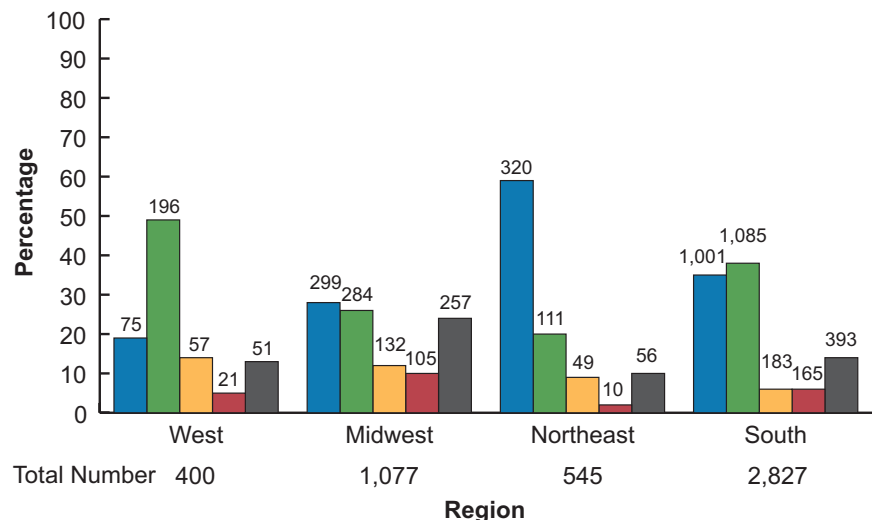
Benzodiazepines

Benzodiazepines, medically prescribed to treat anxiety, stress, panic attacks, and short-term sleep disorders, continue to represent one of the most dangerous and most commonly abused pharmaceutical drug categories (CEWG, 2001).

A total of 4,154 benzodiazepine drug items were reported by NFLIS labs during the first quarter of 2002 (Table 2.3). Fifty-five percent of benzodiazepines were identified as alprazolam (e.g., Xanax), 24% as diazepam (e.g., Valium), and 15% as clonazepam (e.g., Rivotril).
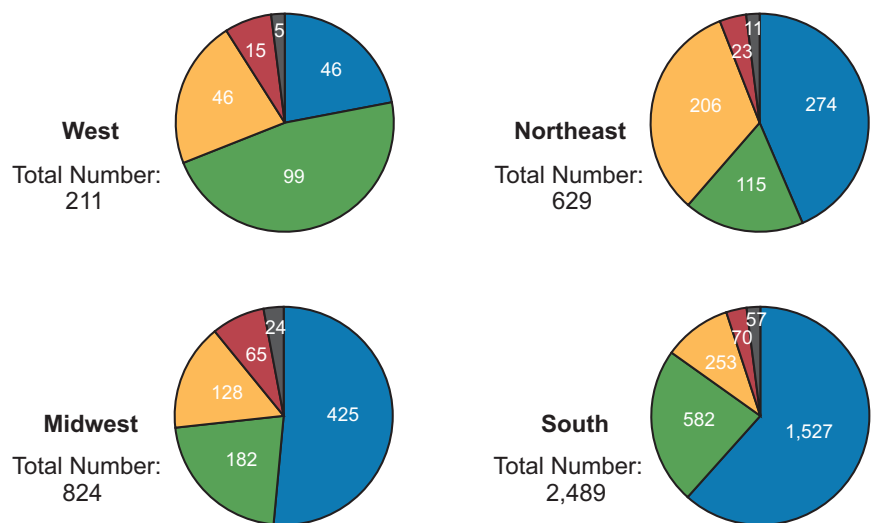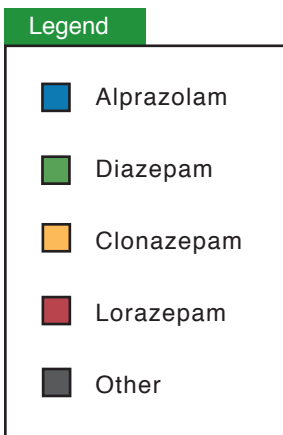
The types of benzodiazepines reported by labs differed across regions. In the South, 61% of benzodiazepines were identified as alprazolam and 23% as diazepam, while in the Midwest 52% were identified as alprazolam and 22% as diazepam. The greatest relative frequency of diazepam (47%) continues to be reported in the West. In the Northeast, 33% of benzodiazepines were identified as clonazepam and 44% as alprazolam.

| Table 2.3 | **Frequency of benzodiazepines** Number and relative percentage of total identified benzodiazepines |

Benzodiazepines	Total	Percentage
Alprazolam	2,272	54.71%
Diazepam	978	23.55%
Clonazepam	633	15.24%
Lorazepam	173	4.17%
Temazepam	42	1.01%
Chlordiazepoxide	23	0.55%
Flunitrazepam	22	0.53%
Triazolam	10	0.24%
Total benzodiazepines	**4,153**	**100%**
Total analyzed items	**231,399**	

Figure 2.3 — Distribution of benzodiazepines by region

Legend:
- Alprazolam
- Diazepam
- Clonazepam
- Lorazepam
- Other

West — Total Number: 211 (Alprazolam 46, Diazepam 99, Clonazepam 46, Lorazepam 15, Other 5)

Northeast — Total Number: 629 (Alprazolam 274, Diazepam 115, Clonazepam 206, Lorazepam 23, Other 11)

Midwest — Total Number: 824 (Alprazolam 425, Diazepam 182, Clonazepam 128, Lorazepam 65, Other 24)

South — Total Number: 2,489 (Alprazolam 1,527, Diazepam 582, Clonazepam 253, Lorazepam 70, Other 57)

Steroids

Anabolic steroids are medically prescribed for conditions such as breast cancer, anemia, testicular cancer, and impotence. Because of the effects that steroids have on muscle development, athletes and body builders commonly use them to increase strength and performance.

Anabolic steroid use is reported to be rising among adolescents across the country (NIDA Community Drug Alert Bulletin, 2000). In 2001, 3.7% of high school seniors reported having previously used anabolic steroids, a higher proportion than at any time over the past decade (Monitoring the Future, 2001).

As shown in Table 2.4, a total of 267 items were identified as anabolic steroids during the first quarter of 2002. About 43% of steroids were reported as testosterone, 17% as methandrostenolone, 13% as nandrolone, and 9% as stenozolol.
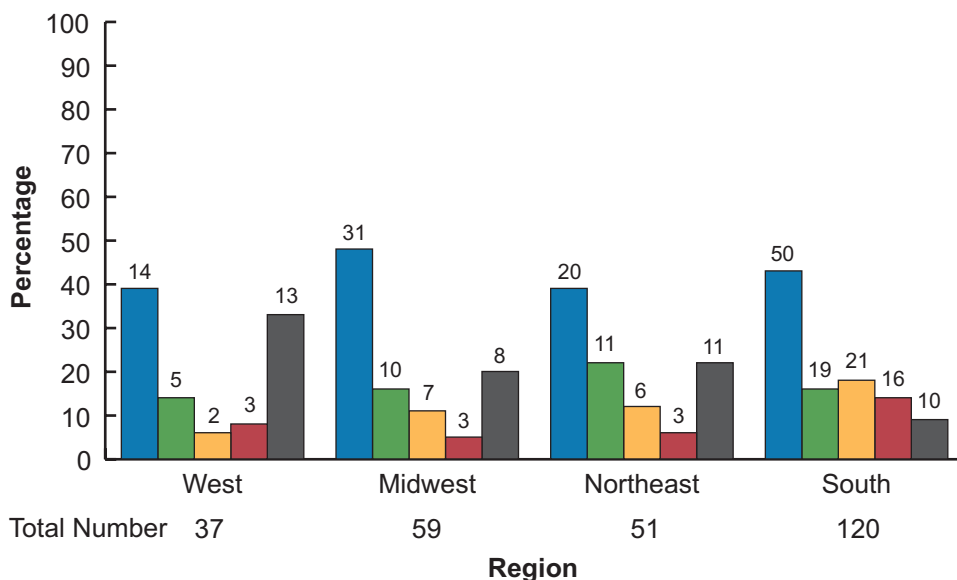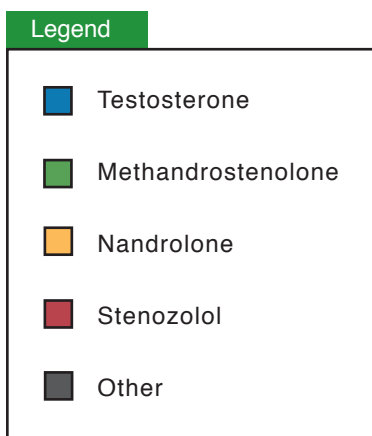
Testosterone was the most common steroid identified in each of the four regions, representing 52% of steroids in the Midwest, 42% in the South, 39% in the Northeast, and 38% in the West.

Table 2.4	Frequency of anabolic steroids	
Number and relative percentage of total identified anabolic steroids		
Steroid	**Total**	**Percentage**
Testosterone	115	43.06%
Methandrostenolone	45	16.85%
Nandrolone	36	13.48%
Stenozolol	25	9.36%
Anabolic steroid, non-specified	17	6.39%
Oxymetholone	10	3.74%
Oxandrolone	7	2.62%
Boldenone	4	1.50%
Fluoxymesterone	3	1.12%
Methenolone	2	0.75%
Mesterolone	1	0.37%
Methandriol	1	0.37%
Methyltestosterone	1	0.37%
Total anabolic steroids	**267**	**100%**
Total analyzed items	**231,399**	

Figure 2.4 Distribution of anabolic steroids by region

Legend:
- Testosterone
- Methandrostenolone
- Nandrolone
- Stenozolol
- Other

West — Testosterone 14, Methandrostenolone 5, Nandrolone 2, Stenozolol 3, Other 13
Midwest — Testosterone 31, Methandrostenolone 10, Nandrolone 7, Stenozolol 3, Other 8
Northeast — Testosterone 20, Methandrostenolone 11, Nandrolone 6, Stenozolol 3, Other 11
South — Testosterone 50, Methandrostenolone 19, Nandrolone 21, Stenozolol 16, Other 10

Total Number: West 37, Midwest 59, Northeast 51, South 120

Benefits & Limitations of NFLIS data

Benefits

The systematic collection and analysis of solid dosage drug analysis data can improve our understanding of the changes and trends in the Nation's illegal drug problem. The information system can also be a critical resource for supporting drug enforcement and a critical resource for supporting drug policy and drug enforcement initiatives both nationally and in specific communities around the country. 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 will be served by the NFLIS database. The data can also benefit State, regional, and local task forces as well as single-agency operations. Specifically, NFLIS will help the drug control community achieve 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;

- improving statistical estimates of local, State, and national drug availability;

- providing regional, State, and local trends of drug trafficking and abuse;

- identifying emerging drug problems 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 Household Survey on Drug Abuse (NHSDA), 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.
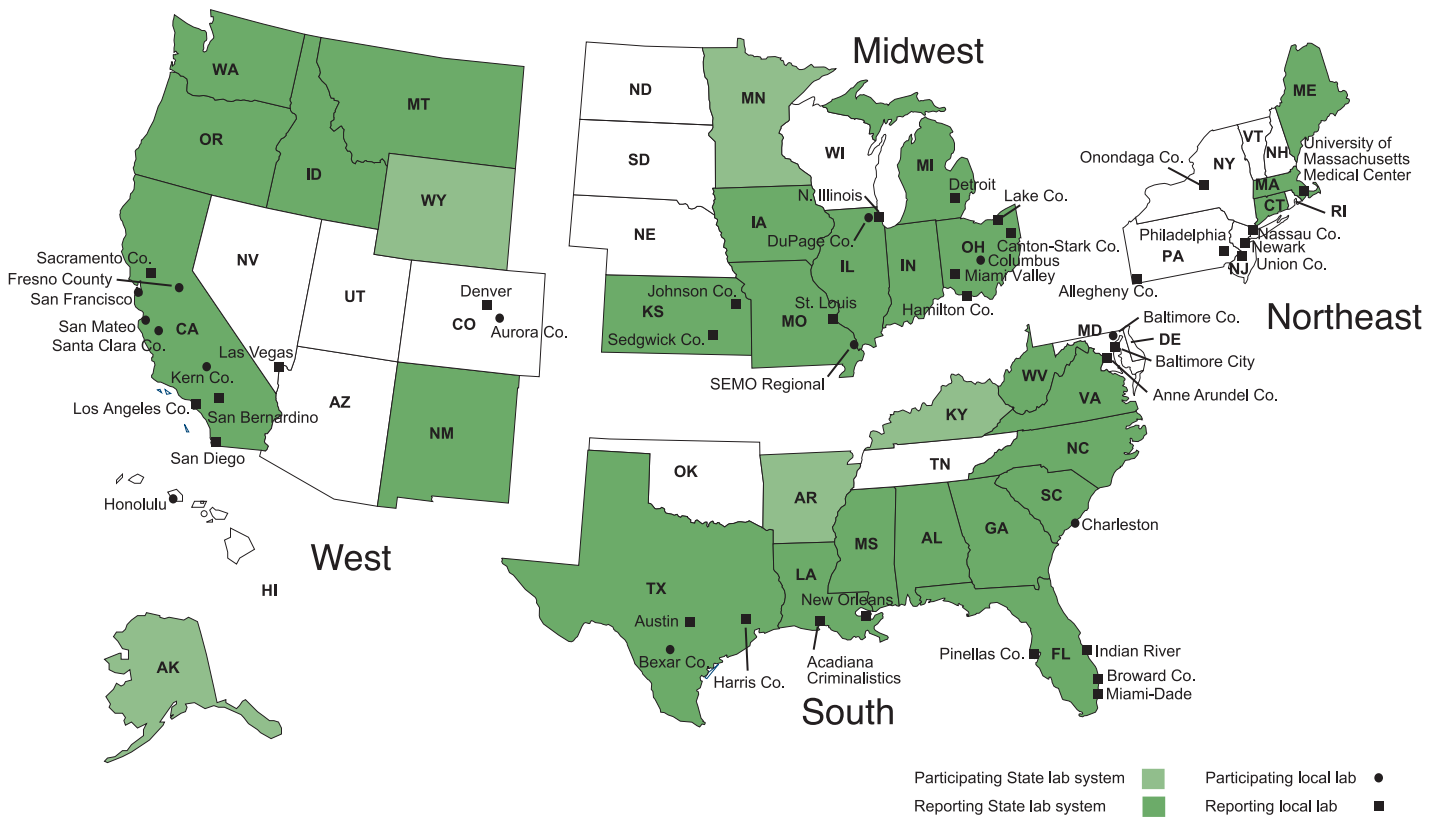
Limitations

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

- NFLIS includes results from completed lab analyses only. Evidence secured 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 nonweighted results, the absolute and relative frequency of analyzed results for individual drugs 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.

- 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.

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

Map of the United States showing participating labs by census region (West, Midwest, South, Northeast).

West: WA, OR, ID, MT, WY, NV, UT, CO (Denver, Aurora Co.), AZ, NM, CA (Sacramento Co., Fresno County, San Francisco, San Mateo, Santa Clara Co., Kern Co., Los Angeles Co., San Bernardino, San Diego, Las Vegas), HI (Honolulu), AK

Midwest: ND, SD, NE, MN, WI, MI (Detroit, Lake Co.), IA (N. Illinois, DuPage Co.), IL, IN, OH (Canton-Stark Co., Columbus, Miami Valley, Hamilton Co.), KS (Johnson Co., Sedgwick Co.), MO (St. Louis, SEMO Regional)

South: OK, AR, TX (Austin, Bexar Co., Harris Co.), LA (New Orleans, Acadiana Criminalistics), MS, AL, GA, FL (Pinellas Co., Indian River, Broward Co., Miami-Dade), SC (Charleston), NC, TN, KY, WV, VA, MD (Baltimore Co., Baltimore City, Anne Arundel Co.), DE

Northeast: ME, VT, NH, NY (Onondaga Co.), MA (University of Massachusetts Medical Center), CT, RI, PA (Philadelphia, Allegheny Co.), NJ (Nassau Co., Newark, Union Co.)

Legend:
- Participating State lab system (light green)
- Reporting State lab system (dark green)
- Participating local lab (●)
- Reporting local lab (■)

This quarterly report summarizes data reported by 26 State labs and 31 local labs (a total of 147 individual State and local labs) from January 1, 2002, to March 31, 2002. The national and regional estimates presented in Section 1 reflect data reported among the 29 State labs systems and 31 local labs selected as the NFLIS national sample in 1997 (see Methodology). Of the labs in the national sample, 24 State labs systems and 25 local labs reported data for this report (see list of labs on page 11).

A number of additional labs and lab systems have formally joined NFLIS and are considered to be "participating" in the program but have not yet begun to report drug analyses data on a regular basis.

RTI is working with all of these enlisted labs toward various lab information system solutions to ensure that reporting can begin as soon as possible. Overall, 174 forensic laboratories, including 32 State lab systems and 45 local or municipal labs, had joined NFLIS as of August 2002.

The DEA and RTI will continue to improve NFLIS in the next year through several major goals. A key enhancement is the continued recruitment of all U.S. forensic laboratories, with the goal of integrating Federal forensic labs into the NFLIS partnership. We will also continue to expand the types of analyses presented in NFLIS reports. For instance, in addition to national estimates, the 2001 NFLIS Annual Report provides information on commonly reported drug combinations, data on drug purity, and drugs identified by labs in strategically relevant locations, including border "points of entry." Finally, 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.

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)	
CA	State	California Department of Justice (10 sites)*	X
	Local	Fresno County Sheriffs Forensic Lab (Fresno)	
	Local	Los Angeles County Sheriffs Department (4 sites)*	X
	Local	Kern County District Attorney's Office (Bakersville)	X
	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)	
	Local	Johnson County Sheriff's Office (Mission)	X
	Local	Sedgwick County (Wichita)	X
KY	State	Kentucky State Police (6 sites)*	
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 (Worchester)	X
MD	Local	Anne Arundel County Police Department (Millersville)	X
	Local	Baltimore City Police Department (Baltimore)*	X
	Local	Baltimore County Police Department (Towson)	
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)	
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)	
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 (2 sites)*	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
VA	State	Virginia Division Forensic Science (4 sites)*	X
WA	State	Washington State Patrol (6 sites)*	X
WV	State	West Virginia State Police (South Charleston)	
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

The January – March Quarterly Report is the first NFLIS report to compute national and regional estimates of the prevalence of drug cases and drug items analyzed by State and local forensic laboratories on a quarterly basis. This section discusses the methods used for producing these estimates, 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 11 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 two 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 post-stratified 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, a CV greater than 0.5 for drug prevalence values was used to establish a drug cutoff point.

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 three 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, yet a few labs 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 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 ratio were then used to adjust the drug item counts for the relevant labs.

Contact us

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