

Drug Enforcement Administration
Office of Diversion Control



NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

Midyear Report 2005



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Result Highlights

- State and local laboratories in the United States analyzed an estimated 883,776 drug items between January 1, 2005, and June 30, 2005. Cannabis/THC was the most frequently identified drug (296,390 items), followed by cocaine (287,547 items), methamphetamine (120,808 items), and heroin (46,608 items).
- Overall, the estimated number of drug items analyzed by state and local laboratories declined from the 1st quarter of 2001 through the 2nd quarter of 2005, from 457,967 to 442,980. Among the top four drugs, methamphetamine reporting increased significantly in the Northeast and the South ($\alpha=.05$), but the West continues to report the most methamphetamine. Cannabis/THC reporting decreased significantly in the South, while heroin reporting decreased significantly in the Northeast and South ($\alpha=.05$).
- Nationally, reports of MDMA declined significantly from the 1st quarter of 2001 to the 2nd quarter of 2005, while reporting of oxycodone and hydrocodone experienced substantial increases during this time ($\alpha=.05$). Oxycodone increased from 2,771 items to 5,067 items, and hydrocodone increased from 2,742 to 5,219 items. The highest percentages of hydrocodone were reported in the South (46%) and West (38%). The Northeast reported the highest percentage of oxycodone (44%).
- Almost two-thirds of benzodiazepines were identified as alprazolam: alprazolam accounted for more than two-thirds of benzodiazepines in the South, more than half in the Northeast and Midwest, and more than a third in the West.
- From January 2005 to June 2005, 8,106 items contained two or more substances. Approximately 30% of drug combinations contained methamphetamine, 29% contained cocaine, and 18% contained heroin.

Introduction

NFLIS Overview

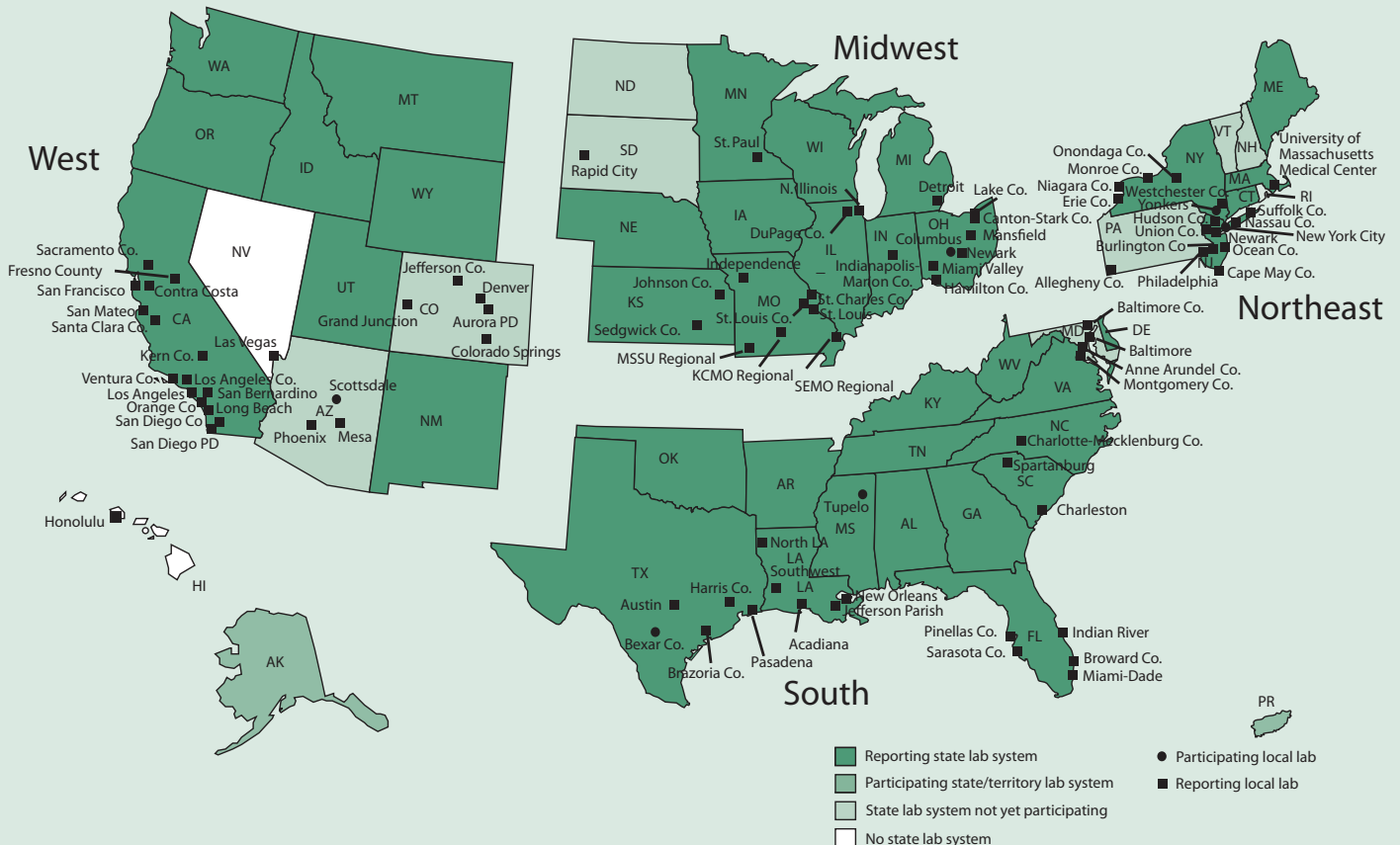
The National Forensic Laboratory Information System (NFLIS) is a program sponsored by the Drug Enforcement Administration's Office of Diversion Control. NFLIS systematically collects results from drug analyses conducted by state and local forensic laboratories. These laboratories analyze drug evidence secured in law enforcement operations across the country and represent an important resource for monitoring and understanding illicit drug abuse and trafficking, including the diversion of legally manufactured drugs into illegal markets. NFLIS data can identify not only the specific type of drug but also the characteristics of drug evidence such as purity, quantity, and drug combinations. These data are used to support drug scheduling efforts and to inform drug policy and drug enforcement initiatives.

Since its inception in September 1997, NFLIS has transformed into an operational information system that includes data from forensic laboratories that handle over 71% of the nation's nearly 1.2 million annual state and local drug analysis cases. As of November 2005, NFLIS included 41 state

systems, 88 local or municipal laboratories, and 1 territorial laboratory, representing a total of 258 individual labs. The NFLIS program continues to work toward recruiting all state and local labs while also incorporating labs from the DEA, the Federal Bureau of Investigation (FBI), the Customs & Border Protection, and other federal agencies into the system.

This report provides the results of substances analyzed by state and local laboratories from January 2005 through June 2005, including national and regional estimates for the most frequently identified drugs. Data from the DEA System To Retrieve Information from Drug Evidence II (STRIDE) are also presented in this report. Section 1 provides national and regional estimates for the most frequently identified drugs, as well as national and regional trends. These estimates are based on data reported among the NFLIS national sample of laboratories. Sections 2 and 3 present drug category and drug combination results for all state and local laboratories reporting 3 or more months of data to NFLIS during this 6-month period.

Participating Laboratories, by Census Region



Section 1: National and Regional Estimates

This section describes national and regional estimates for drug items analyzed by state and local laboratories from January 2005 through June 2005. Quarterly trends are presented for selected drugs from 2001 through 2005. National drug case estimates are also presented.

A national laboratory sample was used to produce estimates of drugs identified by forensic laboratories for the nation and for census regions. Appendix A provides a detailed description of the methods used in preparing these estimates. A list of NFLIS laboratories, including those in the national sample, can be found in Appendix B. Appendix C describes the benefits and limitations of NFLIS.

1.1 DRUG ITEMS ANALYZED

An estimated 883,776 drug items were analyzed by state and local forensic laboratories in the United States from January 2005 through June 2005. The 25 most frequently identified drugs accounted for an estimated 830,494 items, or 94% of all drug evidence analyzed during this period (Table 1.1). Cannabis/THC (296,390 items, or 34%), cocaine (287,547 items, or 33%), methamphetamine (120,808 items, or 14%), and heroin (46,608 items, or 5%) were the four most frequently identified drugs, accounting for 85% of all analyzed drug items.

Overall, 12 of the top 25 were controlled substances available mainly in pharmaceutical products. Included in this group of controlled pharmaceuticals were six narcotic analgesics: hydrocodone (11,225 items), oxycodone (9,716 items), methadone (3,684 items), codeine (1,965 items), morphine (1,618 items), and propoxyphene (1,088 items). Benzodiazepines included alprazolam (11,294 items), diazepam (3,309 items), clonazepam (3,291 items), and lorazepam (706 items). The top 25 also included two club drugs: 3,4-methylenedioxymethamphetamine (MDMA) (6,238 items) and 3,4-methylenedioxyamphetamine (MDA) (698 items). In addition, three non-controlled pharmaceuticals were reported in the top 25: pseudoephedrine (4,412 items), acetaminophen (2,857 items), and carisoprodol (1,438 items).

System To Retrieve Information from Drug Evidence II (STRIDE)

The DEA's System To Retrieve Information from Drug Evidence II (STRIDE) reflects results of substance evidence from drug seizures, undercover drug buys, and other evidence analyzed at all the DEA laboratories located across the country. STRIDE includes results for drug cases submitted by DEA agents, other federal law enforcement agencies, and select local police agencies. While STRIDE captures both domestic and international drug cases, the following results describe only those drugs obtained within the United States.

From January 2005 through June 2005, 27,764 drug exhibits (or items) were reported in STRIDE, compared with an estimated 883,776 drug exhibits reported by state and local labs during this same period. Similar to NFLIS, a large proportion of substances in STRIDE were identified as the top four drugs: cocaine (33%), cannabis/THC (26%), methamphetamine (14%), and heroin (9%). In addition, 3% of drugs in STRIDE were reported as MDMA and 2% as pseudoephedrine.

Compared to state and local labs participating in NFLIS, DEA federal labs reported similar percentages of cocaine (33% in both STRIDE and NFLIS) and methamphetamine (14% in both STRIDE and NFLIS) but a lower percentage of cannabis/THC (26% in STRIDE vs. 34% in NFLIS). A slightly higher percentage of heroin (9% vs. 5%) was reported by DEA labs.

MOST FREQUENTLY IDENTIFIED DRUGS IN STRIDE, January 2005–June 2005

Drug	Number	Percent
Cocaine	9,163	33.00%
Cannabis	7,299	26.29%
Methamphetamine	3,897	14.04%
Heroin	2,389	8.60%
MDMA	837	3.01%
Pseudoephedrine	579	2.09%
Non-controlled, non-narcotic drug	533	1.92%
Hydrocodone	299	1.08%
Alprazolam	224	0.81%
Dimethylsulfone	192	0.69%
<i>All Other Drugs</i>	2,352	8.47%
Total Analyzed Items	27,764	100.00%

Table 1.1**NATIONAL AND REGIONAL ESTIMATES FOR THE 25 MOST FREQUENTLY IDENTIFIED DRUGS****Estimated number and percentage of total analyzed drug items, January 2005–June 2005.*

Drug	National		West		Midwest		Northeast		South	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Cannabis/THC	296,390	33.54%	39,837	21.38%	101,411	46.63%	45,335	32.28%	109,807	32.34%
Cocaine	287,547	32.54%	39,922	21.43%	55,991	25.75%	57,734	41.11%	133,899	39.43%
Methamphetamine	120,808	13.67%	73,113	39.25%	20,105	9.25%	441	0.31%	27,150	8.00%
Heroin	46,608	5.27%	6,968	3.74%	11,964	5.50%	16,362	11.65%	11,314	3.33%
Alprazolam	11,294	1.28%	***	***	2,401	1.10%	1,584	1.13%	6,495	1.91%
Hydrocodone	11,225	1.27%	1,245	0.67%	1,816	0.84%	1,524	1.09%	6,639	1.96%
Oxycodone	9,716	1.10%	1,333	0.72%	2,152	0.99%	2,579	1.84%	3,652	1.08%
Non-controlled, non-narcotic drug	9,935	1.12%	***	***	3,345	1.54%	2,114	1.51%	2,492	0.73%
MDMA	6,238	0.71%	1,509	0.81%	991	0.46%	864	0.62%	2,874	0.85%
Methadone	3,684	0.42%	523	0.28%	467	0.21%	1,240	0.88%	1,454	0.43%
Diazepam	3,309	0.37%	541	0.29%	899	0.41%	352	0.25%	1,517	0.45%
Pseudoephedrine**	4,412	0.50%	734	0.39%	1,890	0.87%	0	0.00%	1,787	0.53%
Clonazepam	3,291	0.37%	363	0.19%	899	0.41%	877	0.62%	1,153	0.34%
Acetaminophen	2,857	0.32%	***	***	993	0.46%	***	***	323	0.10%
Codeine	1,965	0.22%	317	0.17%	314	0.14%	209	0.15%	1,125	0.33%
Amphetamine	1,703	0.19%	214	0.12%	473	0.22%	248	0.18%	767	0.23%
Morphine	1,618	0.18%	426	0.23%	430	0.20%	244	0.17%	518	0.15%
Carisoprodol	1,438	0.16%	***	***	***	***	94	0.07%	918	0.27%
Psilocin	1,420	0.16%	491	0.26%	433	0.20%	42	0.03%	454	0.13%
Phencyclidine	1,317	0.15%	241	0.13%	152	0.07%	601	0.43%	323	0.10%
Propoxyphene	1,088	0.12%	68	0.04%	504	0.23%	99	0.07%	417	0.12%
Methylphenidate	729	0.08%	95	0.05%	208	0.10%	161	0.11%	265	0.08%
Lorazepam	706	0.08%	117	0.06%	236	0.11%	121	0.09%	233	0.07%
MDA	698	0.08%	152	0.08%	79	0.04%	202	0.14%	265	0.08%
Iodine	498	0.06%	256	0.14%	139	0.06%	0	0.00%	102	0.03%
<i>Top 25 Total</i>	830,494	93.97%	172,721	92.72%	208,418	95.84%	133,410	94.99%	315,943	93.04%
<i>All Other Analyzed Items</i>	53,282	6.03%	13,570	7.28%	9,040	4.16%	7,030	5.01%	23,644	6.96%
<i>Total Analyzed Items</i>	883,776	100.00%	186,291	100.00%	217,458	100.00%	140,440	100.00%	339,587	100.00%

* *Sample n's and 95% confidence intervals for all estimates are available from the DEA or RTI.*** *Includes items from a small number of laboratories that do not specify between pseudoephedrine and ephedrine.**** *These elements 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. 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. National estimates for cases containing the 25 most commonly identified drugs are presented in Table 1.2. This table illustrates the number of cases that contained at least one item of the specified drug.

More than 90% of drug cases reported from January 2005 through June 2005 contained at least one cocaine (39%), cannabis/THC (38%), or methamphetamine (15%) item. Nationally, approximately 6% of cases contained at least one heroin item. Alprazolam was estimated to have been included in 9,651 cases (1.7%), followed by hydrocodone (9,118 cases), and oxycodone (7,840 cases).

Table 1.2 NATIONAL CASE ESTIMATES
Number and percentage of cases containing the 25 most frequently identified drugs, January 2005–June 2005.

Drug	Number	Percent
Cocaine	225,931	38.68%
Cannabis/THC	221,479	37.92%
Methamphetamine	88,065	15.08%
Heroin	35,936	6.15%
Alprazolam	9,651	1.65%
Hydrocodone	9,118	1.56%
Oxycodone	7,840	1.34%
Non-controlled non-narcotic drug	5,133	0.88%
MDMA	3,207	0.55%
Methadone	3,184	0.55%
Pseudoephedrine*	3,021	0.52%
Diazepam	3,021	0.52%
Clonazepam	2,852	0.49%
Acetaminophen	2,454	0.42%
Codeine	1,571	0.27%
Amphetamine	1,458	0.25%
Morphine	1,364	0.23%
Carisoprodol	1,319	0.23%
Psilocin	1,229	0.21%
Phencyclidine	1,186	0.20%
Propoxyphene	1,067	0.18%
Methylphenidate	654	0.11%
Lorazepam	639	0.11%
MDA	622	0.11%
Iodine	414	0.07%
<i>Top 25 Total</i>	<i>636,854</i>	<i>109.03%**</i>
<i>All Other Drugs</i>	<i>42,316</i>	<i>7.25%</i>
Total All Drugs	679,170	116.28%**

* Includes cases from a small number of laboratories that do not distinguish 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 584,096.



Photo by Romulaz, 2005, Erowid.org

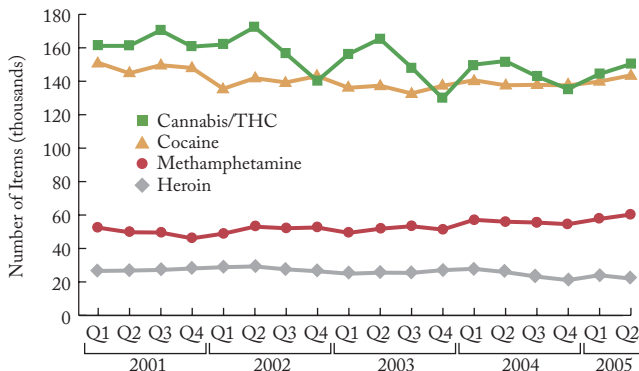
1.3 NATIONAL AND REGIONAL QUARTERLY DRUG TRENDS

National drug trends

Figure 1.1 presents national trends for the top four drugs reported in NFLIS in 3-month increments from January 2001 through June 2005. While these data may describe trafficking and abuse patterns, they may also reflect differing drug enforcement priorities and laboratory policies. Total analyzed items declined from 457,967 items during the 1st quarter of 2001 to 442,980 items during the 2nd quarter of 2005.

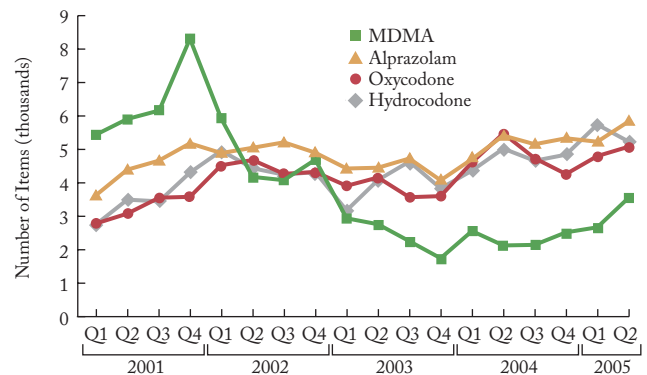
Among the top four reported drugs, cannabis/THC and heroin items declined significantly from the 1st quarter of 2001 to the 2nd quarter of 2005 ($\alpha=.05$). Cannabis/THC declined from 161,343 items to 150,485 items, while heroin decreased from 26,750 items to 22,196 items (Figure 1.1). During this same period, there was a slight decrease in cocaine items and a slight increase in methamphetamine items, though the changes were not significant.

Figure 1.1 National estimates for top four drugs by quarter, January 2001–June 2005.



National reporting trends for MDMA, alprazolam, oxycodone, and hydrocodone were more varied (Figure 1.2). Among these drugs, reports of MDMA experienced a significant decrease (from 5,427 items to 3,541 items), whereas reports of oxycodone and hydrocodone experienced significant increases. Oxycodone reporting increased from 2,771 items in the 1st quarter of 2001 to 5,067 items in the 2nd quarter of 2005. Hydrocodone reporting increased from 2,742 items to 5,219 items in the same period.

Figure 1.2 National estimates for other selected drugs by quarter, January 2001–June 2005.



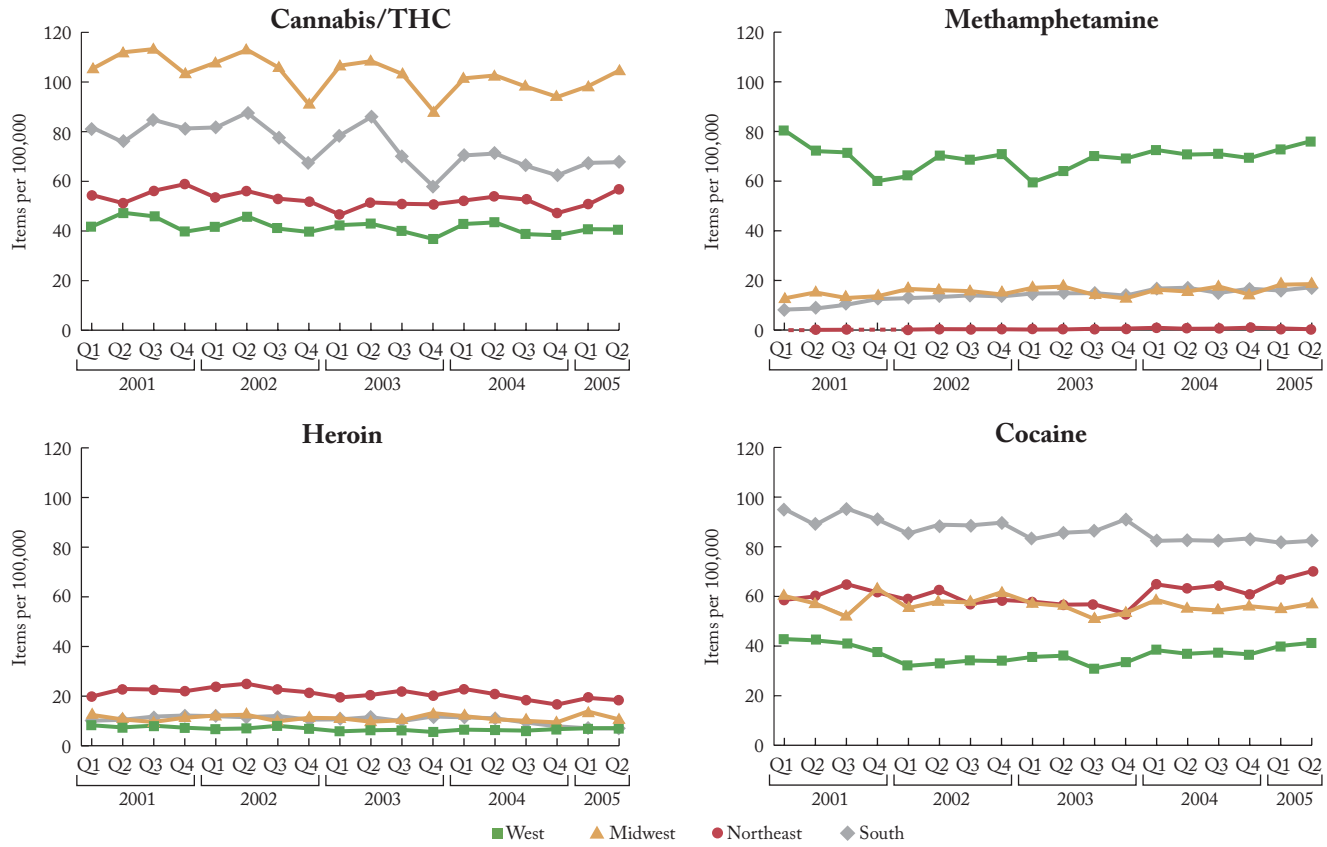
Regional drug trends, adjusted for population

Figure 1.3 presents regional trends for the top four drug items analyzed per 100,000 persons aged 15 or older. Changes in drugs reported over time take into account the population of each region.

Cannabis/THC reporting declined significantly in the South ($\alpha=.05$), and the highest rate of cannabis/THC continues to be reported in the Midwest. Methamphetamine reporting increased significantly 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 13,661 items). Heroin reporting decreased significantly from 8,454 items to 7,844 items in the Northeast and from 7,953 to 5,492 in the South. There were no significant changes for reports of cocaine from the 1st quarter of 2001 to the 2nd quarter of 2005.

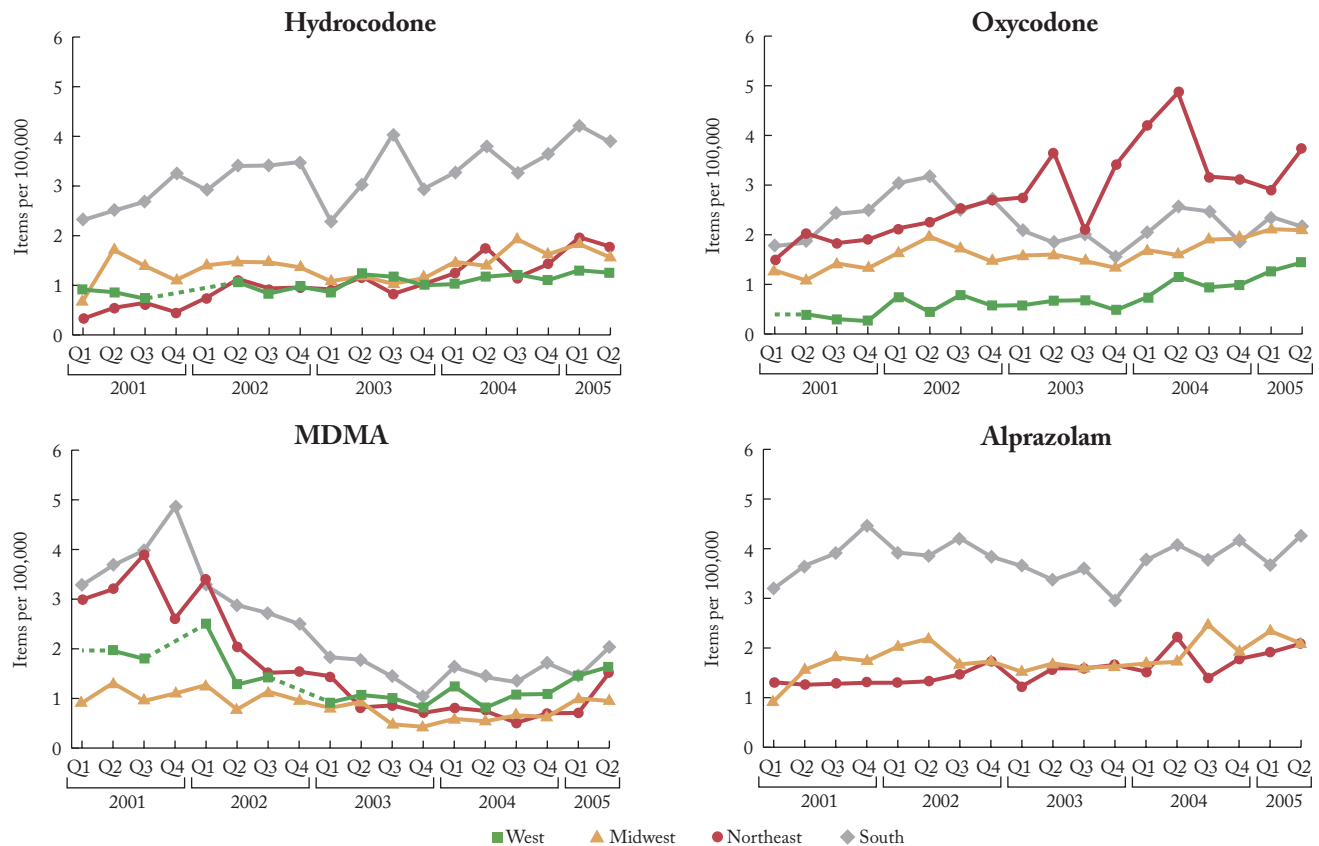
Figure 1.4 shows regional trends from January 2005 through June 2005 for other selected drugs—hydrocodone, oxycodone, MDMA, and alprazolam—per 100,000 persons aged 15 or older. Reports of MDMA declined significantly across all census regions, and reports of oxycodone increased significantly in the West, Midwest, and Northeast ($\alpha=.05$). The reported rate of oxycodone items analyzed more than doubled in the Northeast, from 1.5 to 3.7 per 100,000 (636 items to 1,594 items). Reports of hydrocodone increased significantly in the Northeast (from 0.3 to 1.8 per 100,000) and South (from 2.3 to 3.9 items per 100,000). Reports of alprazolam also increased significantly in the Northeast, from 1.3 to 2.1 items per 100,000.

Figure 1.3 Trends in the top four drugs reported per 100,000 population 15 and older, January 2001–June 2005.*



*A dashed line implies unstable estimates due to small sample sizes.

Figure 1.4 Trends in other selected drugs reported per 100,000 population 15 and older, January 2001–June 2005.*



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

Section 2: Major Drug Categories

Section 2 presents results for major drug categories reported by NFLIS labs from January 2005 through June 2005. 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 were based on data reported by the NFLIS national sample. Section 2 and subsequent sections reflect data reported by all NFLIS labs that provided 3 or more months of data during the first 6 months of 2005. During this 6-month period, NFLIS labs analyzed 663,327 drug items.

2.1 NARCOTIC ANALGESICS

The abuse of narcotic analgesics, a category of pain medications, has increased substantially since the mid-1990s. According to the 2003 National Survey on Drug Use and Health (NSDUH), 31.2 million persons aged 12 or older (13%) used pain relievers for non-medical reasons in their lifetime, while 11.6 million did so during the past year.¹

Figure 2.1 Distribution of narcotic analgesics within region, January 2005–June 2005.

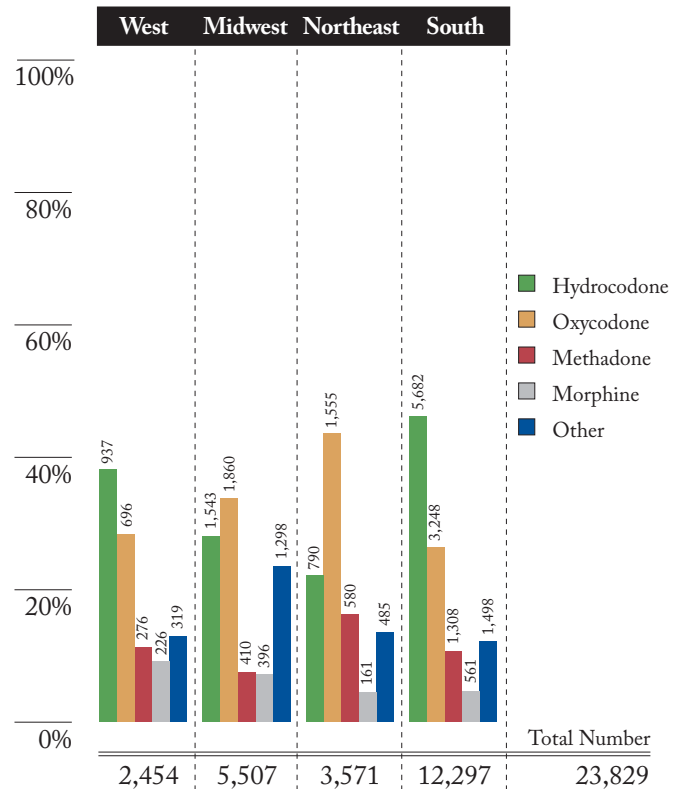


Table 2.1 NARCOTIC ANALGESICS
Number and percentage of total identified narcotic analgesics, January 2005–June 2005.

Analgesics	Number	Percent
Hydrocodone	8,952	37.57%
Oxycodone	7,359	30.88%
Methadone	2,574	10.80%
Morphine	1,344	5.64%
Codeine	1,234	5.18%
Propoxyphene	751	3.15%
Dihydrocodeine	559	2.35%
Hydromorphone	406	1.70%
Tramadol*	213	0.89%
Buprenorphine	163	0.68%
Meperidine	119	0.50%
Fentanyl	114	0.48%
Pentazocine	25	0.10%
Oxymorphone	10	0.04%
Nalbuphine*	4	0.02%
Butorphanol	2	0.01%
Total Narcotic Analgesics	23,829	100.00%

*Non-controlled narcotic analgesics.

From January 2005 through June 2005, NFLIS labs identified a total of 23,829 narcotic analgesics (Table 2.1), representing nearly 4% of all items analyzed. Hydrocodone (38%) and oxycodone (31%) accounted for more than two-thirds of all narcotic analgesics reported. In addition, 11% of narcotic analgesics reported were identified as methadone, 6% as morphine, and 5% as codeine.

During the first 6 months of 2005, the highest percentages of hydrocodone were reported in the South (46%) and West (38%). The Northeast continued to report the highest relative percentages of oxycodone (44%) and methadone (16%). In the Midwest, 34% of narcotic analgesics were reported as oxycodone and 28% as hydrocodone. The West reported the highest percentage of morphine (9%).

¹Substance Abuse and Mental Health Services Administration (SAMHSA). (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.

2.2 BENZODIAZEPINES

Abuse of benzodiazepines is associated with amnesia, hostility, irritability, and disturbing dreams. Benzodiazepine abuse is most common among adolescents and young adults and particularly high among heroin and cocaine abusers. A large percentage of people entering treatment for narcotic or cocaine addiction also report abusing benzodiazepines.²

A total of 15,118 items, about 2% of all analyzed drugs, were identified in NFLIS from January 2005 through June 2005 as benzodiazepines (Table 2.2). Approximately 60% of benzodiazepines were identified as alprazolam (e.g., Xanax), and nearly 18% were identified as diazepam (e.g., Valium). About 16% of benzodiazepines were reported as clonazepam (e.g., Rivotril).

More than two-thirds of benzodiazepines in the South, more than half in the Northeast and Midwest, and more than a third in the West were identified as alprazolam (Figure 2.2). The West reported the highest percentage of diazepam (30%), while the Northeast reported the highest percentage of clonazepam (26%), while the Northeast reported the highest percentage of clonazepam (26%).

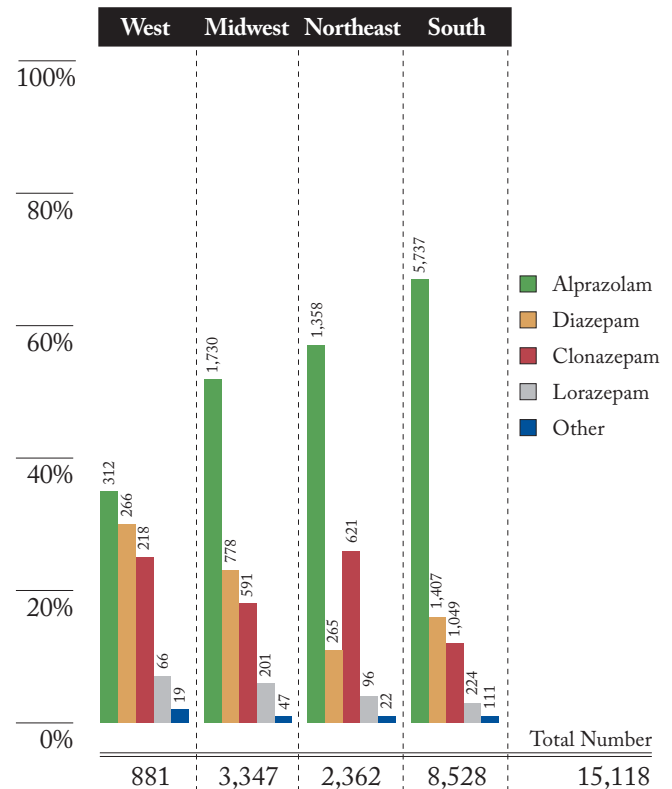


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Table 2.2 **BENZODIAZEPINES**
Number and percentage of total identified benzodiazepines, January 2005–June 2005.

Benzodiazepines	Number	Percent
Alprazolam	9,137	60.44%
Diazepam	2,716	17.97%
Clonazepam	2,479	16.40%
Lorazepam	587	3.88%
Temazepam	126	0.83%
Chlordiazepoxide	42	0.28%
Triazolam	18	0.12%
Flunitrazepam	8	0.05%
Midazolam	5	0.03%
Total Benzodiazepines	15,118	100.00%

Figure 2.2 Distribution of benzodiazepines within region, January 2005–June 2005.



²Drug Enforcement Administration. (no date). *Briefs and Background: Benzodiazepines.*

2.3 CLUB DRUGS

In 2002, MDMA (4,026 visits) and GHB/GBL (3,330 visits) were the most common club drugs involved in drug-related emergency department (ED) visits.³ From 2000 to 2002, ED visits associated with GHB/GBL declined by one-third while ED visits associated with MDMA and ketamine remained stable.⁴

Of the 663,327 drug items reported in NFLIS from January 2005 through June 2005, MDMA was the most common club drug reported by labs, representing 83% (4,459 items) of the club drugs reported (Table 2.3). Among other club drugs reported, 9% were identified as MDA, 5% as ketamine, and 3% as GHB/GBL.

MDMA continues to be the most common club drug reported by region, representing 88% in the West, 86% in the South, 84% in the Midwest, and 64% in the Northeast (Figure 2.3). In the Northeast, 19% of club drugs were identified as MDA and 16% were identified as ketamine, the highest percentages of any region. The West reported the highest percentage of GHB/GBL (4%).

Table 2.3 CLUB DRUGS
Number and percentage of total identified club drugs, January 2005–June 2005.

Club Drug	Number	Percent
MDMA	4,459	82.59%
MDA	505	9.35%
Ketamine	263	4.87%
GHB/GBL	157	2.91%
MDEA	12	0.22%
AMT	2	0.04%
PMA	1	0.02%

Total Club Drugs 5,399 100.00%

GHB/GBL = gamma-hydroxybutyrate or gamma-butyrolactone

MDEA = 3,4-methylenedioxyethylamphetamine

AMT = α -methyltryptamine

PMA = p-methoxyamphetamine

³SAMHSA, Office of Applied Studies. (2003). *Emergency Department Trends from the Drug Abuse Warning Network, Final estimates 1995–2002*. DAWN Series D-24, DHHS Publication No. (SMA) U3-3790. Rockville, MD.

⁴SAMHSA, Office of Applied Studies. (2004). *Drug Abuse Warning Network (DAWN). The DAWN Report: Club Drugs, 2002 Update*.

Figure 2.3 Distribution of club drugs within region, January 2005–June 2005.

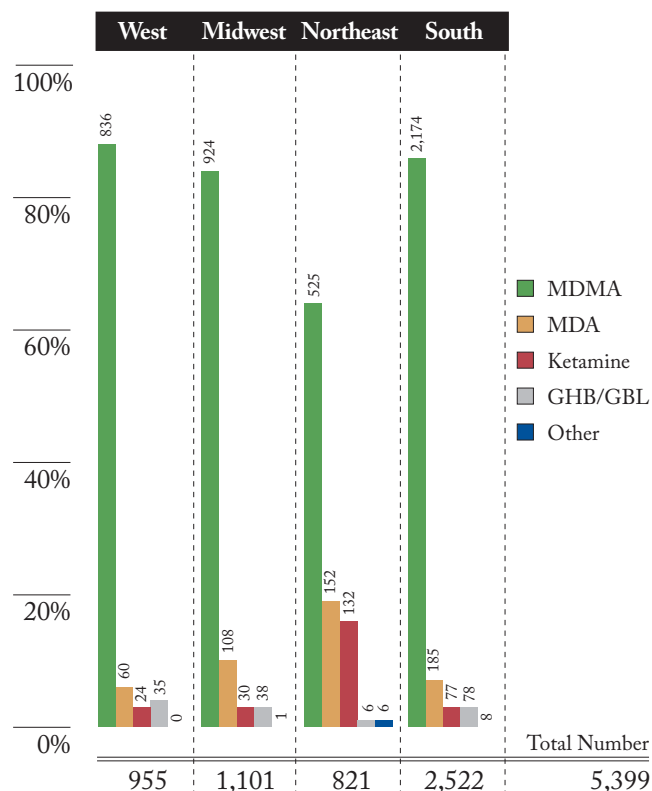


Photo by Erowid, ©2004 Erowid.org

2.4 ANABOLIC STEROIDS

Anabolic steroids, synthetic versions of the male hormone testosterone, can be injected, taken orally, or used transdermally to improve muscle mass and strength. According to the 2004 Monitoring the Future survey, 2.5% of 12th graders reported anabolic steroid use during the past 12 months and 43% reported that it was fairly easy or very easy to obtain anabolic steroids.⁵

During the first half of 2005, 694 anabolic steroid items were reported in NFLIS (Table 2.4). Anabolic steroids were most commonly identified as testosterone (32%), methandrostenolone (20%), nandrolone (13%), or stenzozolol (12%). The highest percentage of testosterone was reported in the South (38%) and Midwest (37%) (Figure 2.4). The Midwest and South reported the highest percentages of methandrostenolone.

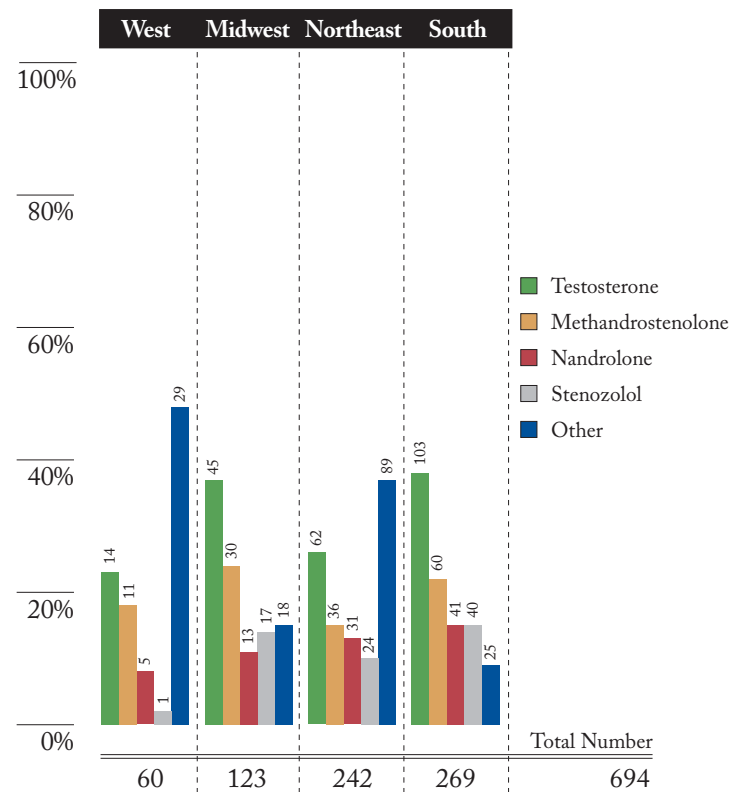


Table 2.4 ANABOLIC STEROIDS
Number and percentage of identified anabolic steroids, January 2005–June 2005.

Steroids	Number	Percent
Testosterone	224	32.28%
Methandrostenolone	137	19.74%
Nandrolone	90	12.97%
Stenzozolol	82	11.82%
Anabolic steroids, not specified	70	10.09%
Boldenone	29	4.18%
Oxymetholone	23	3.31%
Oxandrolone	21	3.03%
Mesterolone	7	1.01%
Methyltestosterone	5	0.72%
Methandriol	2	0.29%
Androstenedione*	1	0.14%
Drostanolone	1	0.14%
Fluoxymesterone	1	0.14%
Methenolone	1	0.14%
Total Anabolic Steroids	694	100.00%

*Non-controlled anabolic steroid.

Figure 2.4 Distribution of anabolic steroids within region, January 2005–June 2005.



⁵Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2005). *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2004*. (NIH Publication No. 05-5726). Bethesda, MD: National Institute on Drug Abuse.

2.5 STIMULANTS

Stimulants are typically prescribed for treating only a few health conditions, such as obesity, asthma, narcolepsy, attention-deficit hyperactivity disorder (ADHD), and depression that has not responded to other treatments.⁶ In 2003, nearly 21 million, or 9%, of persons aged 12 or older reported having used prescription-type stimulants nonmedically at least once in their lifetime; this includes 1 million, or 4%, of adolescents aged 12 to 17.⁷

A total of 106,524 stimulants, or 16% of all items reported, were identified in NFLIS from January 2005 through June 2005 (Table 2.5). About 97% of stimulants (103,669 items)

were identified as methamphetamine. An additional 1,355 items were identified as amphetamine, 700 as methylphenidate (e.g., Ritalin), and 324 as ephedrine (a precursor to making methamphetamine).

Methamphetamine accounted for more than 9 out of 10 stimulants reported in the West, Midwest, and South (Figure 2.5). Methamphetamine represented 99% of the stimulants reported in the West, 96% in the Midwest, and 95% in the South. In the Northeast, slightly more than half of stimulants were reported as methamphetamine, 27% as amphetamine, and 14% as methylphenidate.

Table 2.5 **STIMULANTS**
Number and percentage of total identified stimulants, January 2005–June 2005.

Stimulants	Number	Percent
Methamphetamine	103,669	97.32%
Amphetamine	1,355	1.27%
Methylphenidate	700	0.66%
Ephedrine*	324	0.30%
Caffeine**	182	0.17%
Phentermine	145	0.14%
N,N-Dimethylamphetamine	48	0.05%
Cathinone	36	0.03%
Benzphetamine	17	0.02%
Phendimetrazine	15	0.01%
Modafinil	10	0.01%
Diethylpropion	3	<.01%
Methcathinone	3	<.01%
Pemoline	3	<.01%
Cathine	2	<.01%
Chlorphentermine	2	<.01%
Phenylpropanolamine*	2	<.01%
Propylhexedrine	2	<.01%
Sibutramine	2	<.01%
Clobenzorex	1	<.01%
Fenfluramine	1	<.01%
Mazindol	1	<.01%
Phenmetrazine	1	<.01%

Total Stimulants

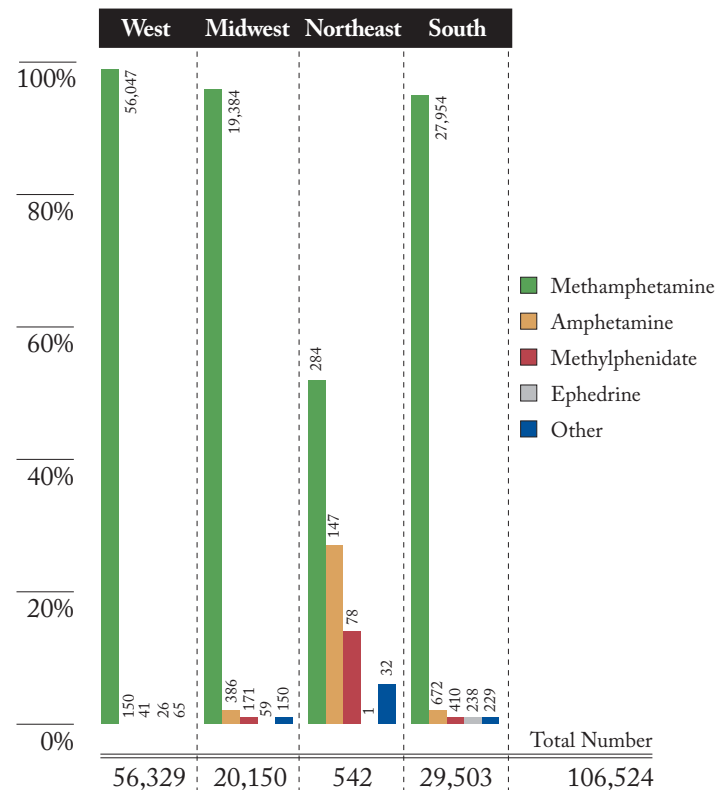
106,524

100.00%

*Listed chemical.

**Non-controlled stimulant.

Figure 2.5 Distribution of stimulants within region, January 2005–June 2005.



⁶National Institute on Drug Abuse. (Revised February 2005). NIDA InfoFacts: Prescription Painkillers and Other Medications.

⁷SAMHSA. (2005). 2003 National Survey on Drug Use and Health. The NSDUH Short Report: Stimulant Use, 2003.

Section 3: Drug Combinations

In addition to tracking the types of substances identified by forensic laboratories, NFLIS can provide information on drug combinations or multiple substances reported within a single drug item. Mixing substances or taking multiple drugs simultaneously can have serious health consequences. Medical examiner data from the Drug Abuse Warning Network (DAWN) shows that approximately three-quarters of drug-related deaths during 2002 involved two or more substances. The most common drug combinations involved in drug-related deaths were cocaine and heroin/morphine; heroin/morphine and narcotic analgesics; and cocaine and narcotic analgesics.⁸

From January 2005 through June 2005, 8,106 items identified in NFLIS contained two or more substances. The three most common combined substances—cannabis/cocaine (9%), heroin/cocaine (8%), and methamphetamine/MDMA (6%)—represented nearly one-quarter of all combinations reported (Figure 3.1).



Photo by K4-3, © 2001 Erowid.org

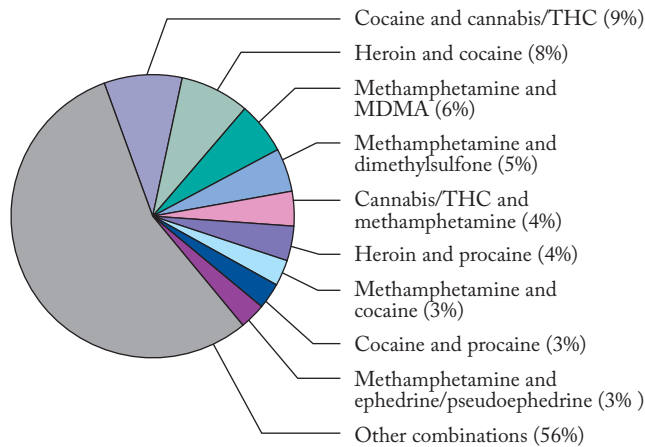
Drug Combinations Reported in STRIDE, January 2005–June 2005

In STRIDE, which includes results from substances analyzed at DEA laboratories, 10,738 drug combinations were reported during the first 6 months of 2005. Methamphetamine was present in 31% of combinations identified in STRIDE, including methamphetamine/dimethylsulfone (20%), methamphetamine/MDMA (3%), and methamphetamine/pseudoephedrine (2%). Cocaine was present in 25% of combinations, most commonly cocaine/procaine (5%), cocaine/caffeine (4%), and cocaine/sodium bicarbonate (4%). Heroin was present in 23% of combinations, including heroin/caffeine (5%), heroin/procaine (4%), heroin/quinine (3%), and heroin/lidocaine (3%).

3.1 COCAINE COMBINATIONS

Cocaine, including powder and crack cocaine, was present in 29% of drug combinations reported during this 6-month period (Table 3.1). A total of 750 items (9% of all combinations) contained cocaine and cannabis and 679 items (8% of all combinations) contained cocaine and heroin, a combination commonly referred to as a “speedball.” Cocaine and methamphetamine, a combination referred to as “zoom,” was reported in 254 items, while a small number of items contained cocaine and oxycodone. All of the remaining cocaine-related combinations reported in Table 3.1 were excipients used to dilute cocaine. These include non-controlled substances such as procaine (a local anesthetic), inositol, caffeine, boric acid, benzocaine, and lactose.

Figure 3.1 Distribution of drug combinations, January 2005–June 2005.



Numbers do not total to 100% due to rounding.

⁸SAMHSA (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.

Table 3.1 COCAINE COMBINATIONS
*Total items identified as cocaine combinations,
 January 2005–June 2005.*

Substance One	Substance Two	Number	Percent
Cocaine	Cannabis	750	9.25%
Cocaine	Heroin	679	8.38%
Cocaine	Methamphetamine	254	3.13%
Cocaine	Procaine	229	2.83%
Cocaine	Inositol	145	1.79%
Cocaine	Caffeine	49	0.60%
Cocaine	Boric acid	46	0.57%
Cocaine	Benzocaine	24	0.30%
Cocaine	Lactose	22	0.27%
Cocaine	Oxycodone	16	0.20%
Other cocaine combinations		143	1.76%
<i>Total Cocaine Combinations</i>		2,357	29.08%
<i>All Combinations</i>		8,106	

3.2 HEROIN COMBINATIONS

Heroin was present in 1,496 items, representing 18% of drug combinations reported from January 2005 through June 2005 (Table 3.2). Nearly half of the heroin combinations reported were identified as heroin and cocaine. Many of the other substances combined with heroin were excipients designed to dilute heroin and provide bulk to the material. The most commonly reported excipients were procaine, mannitol, caffeine, and lidocaine.

Table 3.2 HEROIN COMBINATIONS
*Total items identified as heroin combinations,
 January 2005–June 2005.*

Substance One	Substance Two	Number	Percent
Heroin	Cocaine	679	8.38%
Heroin	Procaine	284	3.50%
Heroin	Cannabis	99	1.22%
Heroin	Mannitol	66	0.81%
Heroin	Caffeine	57	0.70%
Heroin	Lidocaine	56	0.69%
Heroin	Methamphetamine	36	0.44%
Heroin	Diphenhydramine	26	0.32%
Heroin	Lactose	15	0.19%
Heroin	Inositol	14	0.17%
Other heroin combinations		164	2.02%
<i>Total Heroin Combinations</i>		1,496	18.46%
<i>All Combinations</i>		8,106	

3.3 METHAMPHETAMINE COMBINATIONS

Over one-quarter of drug combinations contained methamphetamine (Table 3.3). The most commonly reported combinations were methamphetamine and MDMA (457 items), methamphetamine and dimethylsulfone (381 items), methamphetamine and ephedrine/pseudoephedrine (332 items), and methamphetamine and cannabis (288 items). Cocaine was reported in combination with methamphetamine in 254 items. Methamphetamine combinations that include pseudoephedrine or phosphorus may reflect impurities resulting from a clandestine manufacturing process.

Table 3.3 METHAMPHETAMINE COMBINATIONS
*Total items identified as methamphetamine
 combinations, January 2005–June 2005.*

Substance One	Substance Two	Number	Percent
Methamphetamine	MDMA	457	5.64%
Methamphetamine	Dimethylsulfone	381	4.70%
Methamphetamine	Ephedrine and pseudoephedrine	332	4.10%
Methamphetamine	Cannabis	288	3.55%
Methamphetamine	Cocaine	254	3.13%
Methamphetamine	Amphetamine	203	2.50%
Methamphetamine	MDA	50	0.62%
Methamphetamine	Chlorpheniramine	40	0.49%
Methamphetamine	Heroin	36	0.44%
Methamphetamine	Tripolidine	14	0.17%
Other methamphetamine combinations		359	4.43%
<i>Total Methamphetamine Combinations</i>		2,414	29.78%
<i>All Combinations</i>		8,106	

Numbers do not total to 100% due to rounding.



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DEA Message

Dispensing and Purchasing Controlled Substances Over the Internet

The following questions and answers are being published by the Drug Enforcement Administration's (DEA's) Office of Diversion Control to educate the public and raise public awareness about using the Internet to purchase, prescribe, dispense, and import controlled substances. The DEA recognizes that while some Internet sites facilitate legitimate prescribing and dispensing practices, other sites facilitate the illegal sale of controlled substances. These sites of illicit activity enable some consumers to illegally purchase controlled substances without realizing they are committing a crime. The DEA regards this as a critical issue and is taking steps to address it. This document is intended to serve as general guidance to practitioners, pharmacists, the regulatory and law enforcement communities, and the general public regarding the application of current laws and regulations to controlled substances transactions conducted via the Internet.

What are the basic requirements for dispensing controlled substances?

Pharmacies filling prescriptions for controlled substances must be registered with DEA and licensed to dispense controlled substances by the state(s) in which they operate. A prescription not issued in the usual course of professional practice or not for legitimate and authorized research is not considered valid. Both the practitioner and the pharmacy have a responsibility to ensure that only legitimate prescriptions are written and filled.

Must my Internet pharmacy be registered with the DEA?

The actual physical location of the pharmacy that purchases, stores, and dispenses controlled substances pursuant to prescription orders processed by the Internet site must be registered with the DEA. The Web site would not require a separate registration since the Web site itself does not store or dispense controlled substances.

Does the label on a prescription I fill indicate the Internet pharmacy or the registered location that filled the prescription?

The label must list the registered location that dispensed the controlled substance.

Does being an Internet pharmacy change my responsibilities under DEA regulations?

No, you are still authorized to sell controlled substances only when there is a valid prescription from a DEA-registered practitioner who issued the prescription in the usual course of his or her professional practice.

Is it possible for my Internet pharmacy to fill prescriptions for Schedule II substances?

You may fill valid prescriptions for Schedule II substances if the patient or prescriber provides you with the signed original prescriptions prior to dispensing.

Is it possible for my Internet pharmacy to fill prescriptions for Schedule III–V substances?

You may receive an original signed prescription or a facsimile of the original signed prescription, or an oral prescription, where allowed, which you verify and immediately write down. You have the responsibility to ensure the legitimacy of the prescription and the prescriber. At this time, the DEA does not permit a prescription received via the Internet to be filled.

Some Internet pharmacies have doctors who prescribe substances based on an online questionnaire. Is this legal?

Federal law requires that “[a] prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.” Under federal and state law, for a doctor to be acting in the usual course of professional practice, there must be a bona fide doctor-patient relationship.

Are the rules different for “lifestyle drugs”?

Some people have applied the phrase “lifestyle drugs” to certain medications, such as Viagra, weight control medications, and tranquilizers. Many of the so-called lifestyle drugs are not controlled substances. If a lifestyle drug is a controlled substance, however, it is still subject to all regulations for controlled substances. You must obtain a prescription from a DEA-registered prescriber and have it filled by a DEA-registered pharmacy.

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 B for a list of sampled and nonsampled NFLIS labs). Only the data for those laboratories that reported drug analysis data for 3 or more months during the first 6 months of 2005 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 from January 2005 through June 2005.

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 item-level 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 the first 6 months of 2005. 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 all 6 months 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 drug-specific 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 drug-specific 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 June 2005 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 ($\alpha=.05$). In other words, if the first reported quarter was found to be statistically different from the last reported quarter, the probability of observing the same or larger difference (under the assumption that no difference existed) was less than 5%.

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

PARTICIPATING AND REPORTING LABORATORIES

State	Lab Type	Lab Name	Reporting
AK	State	Alaska Department of Public Safety (Anchorage)	
AL	State	Alabama Department of Forensic Sciences (9 sites)	✓
AR	State	Arkansas State Crime Laboratory (Little Rock)	✓
AZ	Local	Mesa Police Department	✓
	Local	Phoenix Police Department	✓
	Local	Scottsdale Police Department	✓
CA	State	California Department of Justice (10 sites)	✓
	Local	Contra Costa County Sheriff's Office	✓
	Local	Fresno County Sheriff's Forensic Laboratory (Fresno)	✓
	Local	Kern County District Attorney's Office (Bakersfield)	✓
	Local	Long Beach Police Department	✓
	Local	Los Angeles Police Department (2 sites)	✓
	Local	Los Angeles County Sheriff's Department (4 sites)	✓
	Local	Orange County Sheriff's Department	✓
	Local	Sacramento County District Attorney's Office (Sacramento)	✓
	Local	San Bernardino Sheriff's Office (2 sites)	✓
	Local	San Diego County Sheriff's Department	✓
	Local	San Diego Police Department (San Diego)	✓
	Local	San Francisco Police Department (San Francisco)	✓
	Local	San Mateo County Sheriff's Office (San Mateo)	✓
	Local	Santa Clara District Attorney's Office (San Jose)	✓
	Local	Ventura County Sheriff's Department (Ventura)	✓
CO	Local	Aurora Police Department (Aurora)	✓
	Local	Colorado Springs Police Department (Colorado Springs)	✓
	Local	Denver Police Department (Denver)	✓
	Local	Grand Junction Police Department (Grand Junction)	✓
	Local	Jefferson County Sheriff's Office (Golden)	✓
CT	State	Connecticut Department of Public Safety (Hartford)	✓
DE	State	Chief Medical Examiner's Office (Wilmington)	✓
FL	State	Florida Department of Law Enforcement (8 sites)	✓
	Local	Broward County Sheriff's Office (Ft. Lauderdale)	✓
	Local	Miami-Dade Police Department (Miami)	✓
	Local	Indian River Crime Laboratory at Indian River Community College	✓
	Local	Pinellas County Forensic Laboratory (Largo)	✓
	Local	Sarasota County Sheriff's Office (Sarasota)	✓
GA	State	Georgia State Bureau of Investigation (7 sites)	✓
HI	Local	Honolulu Police Department (Honolulu)	✓
IA	State	Iowa Division of Criminal Investigation (Des Moines)	✓
ID	State	Idaho State Police (3 sites)	✓
IL	State	Illinois State Police (8 sites)	✓
	Local	DuPage County Sheriff's Office (Wheaton)	✓
	Local	Northern Illinois Police Crime Laboratory (Chicago)	✓
IN	State	Indiana State Police Laboratory (4 sites)	✓
	Local	Indianapolis-Marion County Forensic Laboratory (Indianapolis)	✓
KS	State	Kansas Bureau of Investigation (3 sites)	✓
	Local	Johnson County Sheriff's Office (Mission)	✓
	Local	Sedgwick County Regional Forensic Science Center (Wichita)	✓
KY	State	Kentucky State Police (6 sites)	✓
LA	State	Louisiana State Police (Baton Rouge)	✓
	Local	Acadiana Criminalistics Laboratory (New Iberia)	✓
	Local	Jefferson Parish Sheriff's Office (Metairie)	✓
	Local	New Orleans Police Department Crime Laboratory (New Orleans)	✓
	Local	North Louisiana Criminalistics Laboratory System (3 sites)	✓
	Local	Southwest Louisiana Regional Laboratory	✓
MA	State	Massachusetts Department of Public Health (2 sites)	✓
	State	Massachusetts State Police (Sudbury)	✓
	Local	University of Massachusetts Medical Center (Worcester)	✓
MD	Local	Anne Arundel County Police Department (Millersville)	✓
	Local	Baltimore City Police Department (Baltimore)	✓
	Local	Baltimore County Police Department (Towson)	✓
	Local	Montgomery County Crime Laboratory	✓
ME	State	Maine Department of Human Services (Augusta)	✓
MI	State	Michigan State Police (7 sites)	✓
	Local	Detroit Police Department (Detroit)	✓
MN	State	Minnesota Bureau of Criminal Apprehension (2 sites)	✓
	Local	St. Paul Police Department (St. Paul)	✓
MO	State	Missouri State Highway Patrol (6 sites)	✓
	Local	Independence Police Department (Independence)	✓
	Local	KCMO Regional Crime Laboratory	✓
	Local	MSSU Regional Crime Laboratory (Joplin)	✓
	Local	St. Charles County Criminalistics Laboratory (St. Charles)	✓
	Local	St. Louis County Crime Laboratory (Clayton)	✓
	Local	St. Louis Police Department (St. Louis)	✓
	Local	South East Missouri Regional Crime Laboratory (Cape Girardeau)	✓
MS	State	Mississippi Department of Public Safety (4 sites)	✓
	Local	Tupelo Police Department	✓
MT	State	Montana Forensic Science Division (Missoula)	✓
NC	State	North Carolina State Bureau of Investigation (2 sites)	✓
	Local	Charlotte-Mecklenburg Police Department (Charlotte)	✓
NE	State	Nebraska State Patrol Criminalistics Laboratory (2 sites)	✓
NJ	State	New Jersey State Police (4 sites)	✓
	Local	Burlington County Forensic Laboratory (Mt. Holly)	✓
	Local	Cape May County Prosecutor's Office (Cape May)	✓
	Local	Hudson County Prosecutor's Office (Jersey City)	✓
	Local	Newark Police Department (Newark)	✓
	Local	Ocean County Sheriff's Department (Toms River)	✓
	Local	Union County Prosecutor's Office (Westfield)	✓
NM	State	New Mexico Department of Public Safety (Sante Fe)	✓
NV	Local	Las Vegas Police Department (Las Vegas)	✓
NY	State	New York State Police (4 sites)	✓
	Local	Erie County Central Police Services Laboratory (Buffalo)	✓
	Local	Monroe County Department of Public Safety (Rochester)	✓
	Local	Nassau County Police Department (Mineola)	✓
	Local	New York City Police Department Crime Laboratory*	✓
	Local	Niagara County Police Department (Lockport)	✓
	Local	Onondaga County Center for Forensic Sciences (Syracuse)	✓
	Local	Suffolk County Crime Laboratory (Hauppauge)	✓
	Local	Westchester County Forensic Sciences Laboratory (Valhalla)	✓
	Local	Yonkers Police Department Forensic Science Laboratory (Yonkers)	✓
OH	State	Ohio Bureau of Criminal Identification & Investigation (3 sites)	✓
	State	Ohio State Highway Patrol (Columbus)	✓
	Local	Canton-Stark County Crime Laboratory (Canton)	✓
	Local	Columbus Police Department (Columbus)	✓
	Local	Hamilton County Coroner's Office (Cincinnati)	✓
	Local	Lake County Regional Forensic Laboratory (Painesville)	✓
	Local	Mansfield Police Department (Mansfield)	✓
	Local	Miami Valley Regional Crime Laboratory (Dayton)	✓
	Local	Newark Police Department Forensic Services (Newark)	✓
OK	State	Oklahoma State Bureau of Investigation (5 sites)	✓
OR	State	Oregon State Police Forensic Services Division (8 sites)	✓
PA	Local	Allegheny County Coroner's Office (Pittsburgh)	✓
	Local	Philadelphia Police Department (Philadelphia)	✓
SC	State	South Carolina Law Enforcement Division (Columbia)	✓
	Local	Charleston Police Department (Charleston)	✓
	Local	Spartanburg Police Department	✓
SD	Local	Rapid City Police Department (Rapid City)	✓
TN	State	Tennessee Bureau of Investigation (3 sites)	✓
TX	State	Texas Department of Public Safety (13 sites)	✓
	Local	Austin Police Department (Austin)	✓
	Local	Bexar County Criminal Investigations Laboratory (San Antonio)	✓
	Local	Brazoria County Crime Laboratory	✓
	Local	Harris County Medical Examiner's Office (Houston)	✓
	Local	Pasadena Police Department (Pasadena)	✓
UT	State	Utah State Crime Laboratory (4 sites)	✓
VA	State	Virginia Division Forensic Science (4 sites)	✓
WA	State	Washington State Patrol (6 sites)	✓
WI	State	Wisconsin Department of Justice (3 sites)	✓
WV	State	West Virginia State Police (South Charleston)	✓
WY	State	Wyoming State Crime Laboratory (Cheyenne)	✓
PR	Territory	Puerto Rico Crime Laboratory	

Laboratories in bold are part of our national sample.

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

*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 noncontrolled 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 is 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 Web site 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 interagency 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 non-response bias.
- For results presented in Sections 2 and 3, 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.

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