

Quarterly findings

Results presented in this report are for 155,992 individual solid drug items analyzed by 21 State lab systems (100 individual State labs) and 21 local labs between October 1, 2001, and December 31, 2001.¹ Overall, 291 distinct substances were identified among the analyzed items submitted.

The results approximate drug evidence seized by law enforcement agencies and sent to State and local forensic laboratories for analysis. Variation in State and local policies can influence when and whether drug items will be submitted to a lab and subsequently analyzed. For instance, some labs may not test drug evidence if a case is dismissed or if a defendant pleads guilty prior to trial. It should also be noted that the Northeast is currently underrepresented among NFLIS reporting labs.

Selected drugs of interest

NFLIS provides results of drugs identified and reported by participating labs. By providing timely data on specific analyses, NFLIS can identify relatively uncommon but emerging drugs that are of special interest to drug control and law enforcement agencies. For example, the system can be used to trace drugs such as hydrocodone, MDMA, oxycodone, methylphenidate, and ketamine over time and across jurisdictions.

About the System

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

- The top four drugs – cannabis/THC (37%), cocaine (31%), methamphetamine (12%), and heroin (6%) – accounted for 87% of all items reported by NFLIS labs during the quarter.
- Major drug categories reported varied across regions. Reported results of cocaine ranged from 38% in the South to 18% in the West, and heroin ranged from 15% in the Northeast to 4% in the South. The greatest relative frequency of stimulants (45%), mainly methamphetamine, continues to be reported in the West.
- A critical function of NFLIS is the identification and monitoring of emerging drugs of abuse including diverted pharmaceuticals. Five analgesics – hydrocodone, oxycodone, codeine, morphine, and dihydrocodeine – were among the Top 25 most commonly reported drug items for the quarter.
- Eighty-five percent of club drugs were identified as MDMA (or Ecstasy), with the highest relative frequencies reported in the South and West. Ketamine accounted for 7% of all club drugs reported for the quarter.
- Hydrocodone and oxycodone continue to represent the majority of analgesics reported. Two-thirds of analgesics in the Northeast were identified as oxycodone, while the greatest relative percentages of hydrocodone were found in the West and South.
- The vast majority of benzodiazepines were identified as alprazolam (e.g., Xanax), diazepam (e.g., Valium), or clonazepam. More than half of benzodiazepines in the Midwest and South were identified as alprazolam.

Exhibit 1

Selected drugs of interest, by census region

Number of analytic results^a

Drug	Census Region				Total
	W	MW	NE	S	
MDMA	151	242	110	1,339	1,842
Hydrocodone	106	77	55	917	1,155
Oxycodone	56	148	189	634	1,027
Methylphenidate	12	55	22	78	167
Ketamine	20	26	35	73	154
Carisoprodol	26	6	16	80	128
MDA	7	40	2	39	88
GHB/GBL ^b	1	10	0	43	54
Tramadol	0	1	11	16	28
Paramethoxyamphetamine (PMA)	1	0	0	0	1
Subtotal selected drugs	380	605	440	3,219	4,644
Total analyzed items					155,992

^aFor a small proportion of items, more than one substance was reported.

^bIncludes items identified as Gamma-Hydroxybutyric Acid or Gamma-Butyrolactone.

Exhibit 1 shows the number of times a selected drug of interest was identified by reporting labs during the quarter. Overall, 3,4-methylenedioxymethamphetamine (MDMA, or Ecstasy) was identified 1,842 times, hydrocodone 1,155 times, oxycodone 1,027 times, methylphenidate (e.g., Ritalin) 167 times, ketamine 154 times, and carisprodol 128 times. MDMA, hydrocodone, and oxycodone were each among the 10 most frequently reported items for the quarter.

Club drugs

Exhibit 2 presents results for “club drugs” reported during the quarter. This classification refers to drugs used at all-night “rave” parties and at dance clubs and bars, although their use has expanded to other settings as well. The sharp rise in club drug use since the mid-1990s, especially among teenagers and young adults, is confirmed by multiple data sources (The Drug Abuse Warning Network [DAWN], 2001; Monitoring the Future, 2002; The National Household Survey on Drug Abuse [NHSDA], 2001). According to DAWN, emergency department drug abuse-related mentions of MDMA and GHB nearly tripled from 1998 to 2000. Stimulating the increase in club drugs is their high availability and a misconception that the drugs have few long- or short-term health implications (Community Epidemiology Work Group [CEWG], 2001).

MDMA represents the vast majority of club drugs reported by NFLIS labs, accounting for 85% of all such items for the quarter. Ketamine accounted for 7% of

reported items, 3,4-methylenedioxymethamphetamine (MDA) for 4%, Gamma Hydroxy Butyrate (GHB) for 3%, and flunitrazepam (e.g. Rohypnol) for less than 1%.

The highest relative percentages of MDMA were reported in the South and the

West (Exhibit 2a). The Northeast reported the highest relative percentage of ketamine, which accounted for nearly a quarter of club drugs in this region, while the highest relative percentage of MDA was reported in the Midwest (13%).

Exhibit 2

Frequency of club drugs

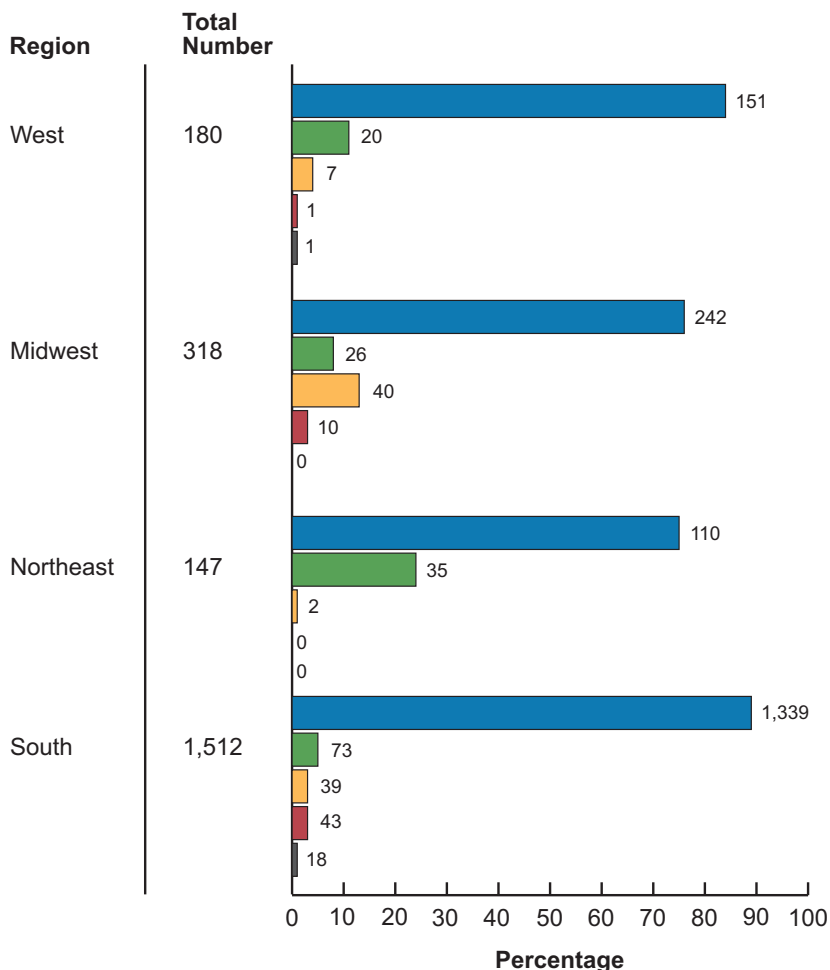
Number and percentage of total identified club drugs

Club Drug	Total	Percentage
MDMA	1,842	85.40%
Ketamine	154	7.14%
MDA	88	4.08%
GHB/GBL ^a	54	2.50%
Flunitrazepam (Rohypnol)	11	0.51%
MDEA	7	0.32%
Paramethoxyamphetamine (PMA)	1	0.05%
Total club drugs	2,157	100%
Total analyzed items	155,992	

^aIncludes items identified as Gamma-Hydroxybutyric Acid or Gamma-Butyrolactone.

Exhibit 2a

Distribution of club drugs by region



Legend

■	MDMA
■	Ketamine
■	MDA
■	GHB/GBL [*]
■	Other

^{*}Includes items identified as Gamma-Hydroxybutyric Acid or Gamma-Butyrolactone.

Analgesics

Exhibit 3 describes results for common pain relievers known as analgesics reported in the NFLIS data. The non-medical use of analgesics is a growing problem in this country. Emergency department mentions of oxycodone more than tripled from 1996 to 2000, reaching over 10,800 visits (DAWN, 2001). Hydrocodone mentions in emergency departments have also risen sharply in recent years, with over 19,000 visits estimated in 2000.

In NFLIS, 3,126 drug items were identified as analgesics, representing about 2% of all analyzed items. Overall, 37% of analgesics were identified as hydrocodone, 33% as oxycodone, 8% as codeine, 6% as propoxyphene, 5% as morphine, 4% as dihydrocodeine, and 3% as hydromorphone.

Regional reporting, including the distribution of hydrocodone versus oxycodone reporting, is shown in Exhibit 3a. Oxycodone represents 66% of analgesics reported in the Northeast, compared to 31%, 27%, and 24% in the South, Midwest, and West respectively. The highest relative frequency of hydrocodone was reported in the West (46%) and the South (45%). The Midwest reported the highest relative frequency of codeine (19%), while the Northeast reported the highest frequency of propoxyphene (9%).

Exhibit 3

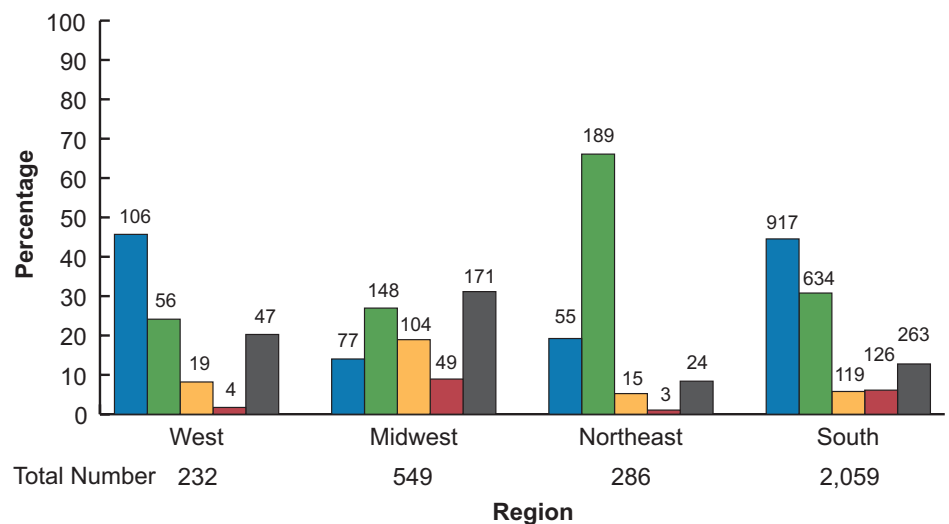
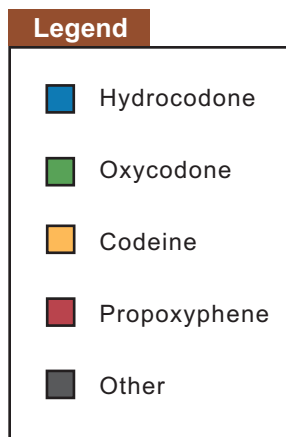
Frequency of analgesics

Number and percentage of total identified analgesics

Analgesic	Total	Percentage
Hydrocodone	1,155	36.95%
Oxycodone	1,027	32.85%
Codeine	257	8.22%
Propoxyphene	182	5.82%
Morphine	150	4.80%
Dihydrocodeine	132	4.22%
Hydromorphone	85	2.72%
Meperidine (Pethidine)	57	1.82%
Nalbuphine	34	1.09%
Tramadol	28	0.90%
Pentazocine	13	0.42%
Fentanyl	5	0.16%
Buprenorphine	1	0.03%
Total analgesics	3,126	100%
Total analyzed items	155,992	

Exhibit 3a

Distribution of analgesics by region



Benzodiazepines

Benzodiazepines, medically prescribed to treat anxiety, stress, panic attacks, and short-term sleep disorders, are among the most dangerous and most commonly abused pharmaceutical drug categories (CEWG, 2001). In 2000, there were more than 50,000 drug abuse episodes in emergency departments involving alprazolam, diazepam, or clonazepam (DAWN, 2001).

A total of 2,786 benzodiazepines were reported by NFLIS labs during this quarter (Exhibit 4). More than half of benzodiazepines were identified as alprazolam (e.g., Xanax) and nearly a quarter as diazepam (e.g., Valium). About 18% of benzodiazepines were identified as clonazepam (e.g., Rivotril, Clonopin, Klonopin).

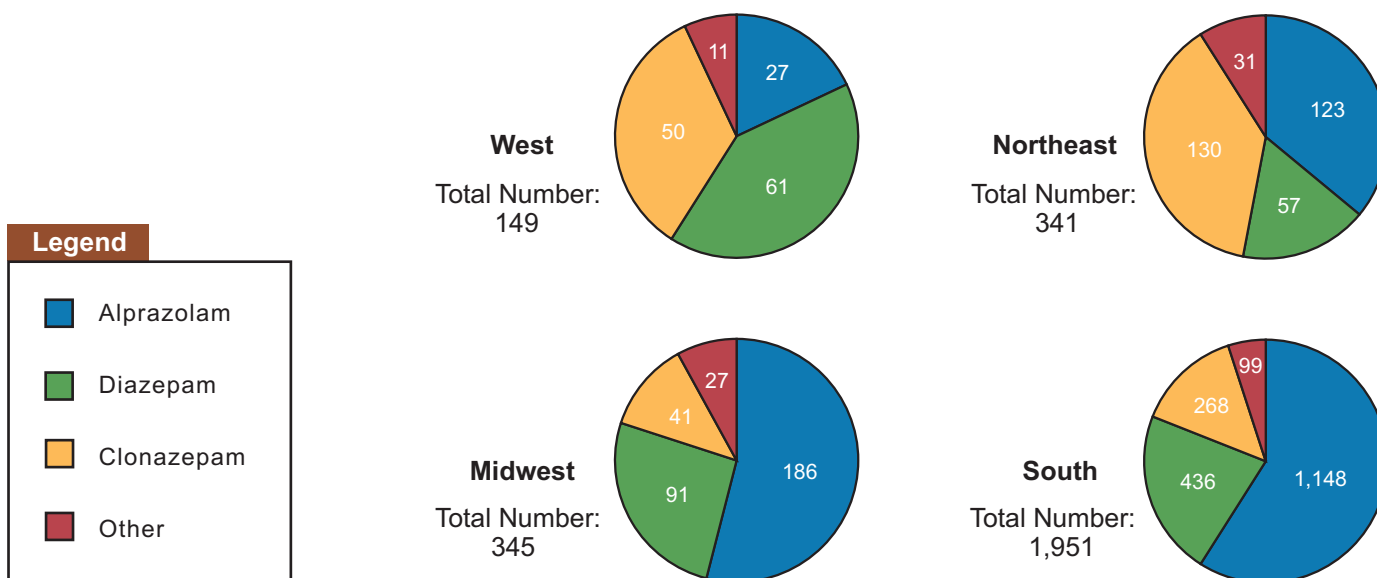
By region, more than half of benzodiazepines reported in the Midwest and South were identified as alprazolam (Exhibit 4a). The greatest relative frequency of diazepam (41%) was reported in the West. The most common benzodiazepine reported in the Northeast was clonazepam.

Exhibit 4 Frequency of benzodiazepines

Number and percentage of total identified benzodiazepines

Benzodiazepines	Total	Percentage
Alprazolam	1,484	53.27%
Diazepam	645	23.15%
Clonazepam	489	17.55%
Lorazepam	112	4.02%
Temazepam	18	0.65%
Chlordiazepoxide	16	0.57%
Flunitrazepam	11	0.39%
Triazolam	10	0.36%
Midazolam	1	0.04%
Total benzodiazepines	2,786	100%
Total analyzed items	155,992	

Exhibit 4a Distribution of benzodiazepines by region



Steroids

Anabolic steroid use is reported to be rising among adolescents across the county (NIDA Community Drug Alert Bulletin, 2000). According to the 2001 Monitoring the Future Study, 2.8% of 8th graders, 3.5% of 10th graders, and 3.7% of 12th graders reported using steroids at least once during their lifetime. As shown in Exhibit 5, a total of 147 of the analyzed items for this quarter were identified as an anabolic steroid. Nearly half of steroids were reported as testosterone (45%). An additional 18% were reported as methandrostenolone, 12% as stenzozolol, and 10% as nandrolone.

Summary of results

Exhibit 6 lists the 25 most commonly identified substances for the quarter. The top four drugs – cannabis/THC, cocaine, methamphetamine, and heroin – constitute 87% of all items, while the top 25 drugs made up 94%. Among the next most commonly reported drugs were MDMA (1.2%), alprazolam (.95%), hydrocodone (.74%), and oxycodone (.66%). In addition, 1,460 items (.94%) were reported as non-controlled non-narcotic substances.

Drugs from previous exhibits that are of special interest to law enforcement agencies are represented among the Top 25. These include several categories of diverted pharmaceutical drugs as well as several types of club drugs. Among the diverted pharmaceuticals are five types of analgesics (hydrocodone, oxycodone, codeine, morphine, and dihydrocodeine) and three types of benzodiazepines (alprazolam, diazepam, and clonazepam). Two types of club drugs, MDMA and ketamine, were also included among the most frequently reported drug items for the quarter.

Exhibit 5 Frequency of anabolic steroids

Number and percentage of total identified anabolic steroids

Steroid	Total	Percentage
Testosterone	66	44.90%
Methandrostenolone	27	18.37%
Stenzozolol	18	12.24%
Nandrolone	15	10.20%
Boldenone	7	4.76%
Anabolic Steroids	3	2.04%
Methenolone	3	2.04%
Fluoxymesterone	2	1.36%
Oxandrolone	2	1.36%
Oxymetholone	2	1.36%
Androstenedione	1	0.68%
Mesterolone	1	0.68%
Total anabolic steroids	147	100%
Total analyzed items	155,992	

Exhibit 6

25 most frequently identified drugs

Number and percentage of total analyzed items

Drug	Number	Percentage
Cannabis/THC	58,035	37.20%
Cocaine	48,270	30.94%
Methamphetamine	18,675	11.97%
Heroin	10,029	6.43%
MDMA	1,842	1.18%
Alprazolam	1,484	0.95%
Non-controlled non-narcotic drug	1,460	0.94%
Hydrocodone	1,155	0.74%
Oxycodone	1,027	0.66%
Pseudoephedrine	751	0.48%
Diazepam	645	0.41%
Clonazepam	489	0.31%
Phencyclidine	381	0.24%
Amphetamine	366	0.23%
Psilocin	312	0.20%
Codeine	257	0.16%
Methadone	201	0.13%
Propoxyphene	182	0.12%
Acetaminophen	174	0.11%
Methylphenidate	167	0.11%
Phosphorus	164	0.11%
Ketamine	154	0.10%
Morphine	150	0.10%
Iodine	149	0.10%
Dihydrocodeine	132	0.08%
Total	146,651	94.01%
Total analyzed items	155,992	

Major drug categories by region

As shown in previous NFLIS reports, drug categories reported by labs vary across regions. 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 in variation in lab procedures. For example, many California law enforcement agencies do not actively prosecute misdemeanor cannabis charges.

As a result, the frequency of analytic results for California, and for the Western region as a whole, are almost certainly lower than if policies were similar to States in other regions.

For this quarter, cannabis/THC was the most common substance identified in the Midwest and Northeast. In the South, labs reported a similar number of marijuana/THC (38%) and cocaine (38%) items. Stimulants, mainly methamphetamine, were by far the most frequent drug item report by labs in the

West, accounting for 45% of all items in this region. The concentration of methamphetamine in the western U.S. is corroborated by other drug sources (DAWN, 2001; CEWG, 2001). The percentage of cocaine items reported varied from 38% in the South to 18% in the West (Exhibit 7). The relative frequency of heroin among reported items continues to be the highest in the Northeast and lowest in the South.

Exhibit 7 Frequency of analyzed items, by census region and drug category

Number and percentage of total analyzed items

Drug Category	Census Region				Total
	West	Midwest	Northeast	South	
Marijuana/THC ^a	4,446 (16.44%)	18,773 (48.33%)	7,684 (41.62%)	27,132 (37.87%)	58,035 (37.20%)
Cocaine	4,738 (17.52%)	10,660 (27.45%)	5,731 (31.04%)	27,141 (37.88%)	48,270 (30.94%)
Stimulants	12,053 (44.56%)	2,987 (7.69%)	66 (0.36%)	4,251 (5.93%)	19,357 (12.41%)
Heroin	1,488 (5.50%)	2,646 (6.81%)	2,818 (15.26%)	3,077 (4.29%)	10,029 (6.43%)
No substance identified	1,929 (7.13%)	894 (2.30%)	631 (3.42%)	3,071 (4.29%)	6,525 (4.18%)
Other substances	1,586 (5.86%)	1,460 (3.76%)	664 (3.60%)	1,219 (1.70%)	4,929 (3.16%)
Narcotics (other than heroin)	259 (0.96%)	593 (1.53%)	299 (1.62%)	2,142 (2.99%)	3,293 (2.11%)
Depressants/tranquilizers	164 (0.61%)	390 (1.00%)	372 (2.02%)	2,018 (2.82%)	2,944 (1.89%)
Hallucinogens	384 (1.42%)	437 (1.13%)	196 (1.06%)	1,593 (2.22%)	2,610 (1.67%)
Total	27,047 (100%)	38,840 (100%)	18,461 (100%)	71,644 (100%)	155,992 (100%)

^aIncludes items identified as "Cannabis with Phencyclidine (PCP)."

NFLIS Interactive Data Site Access

In January 2001, the NFLIS Interactive Data Site (IDS) was made available to all NFLIS labs. The IDS allows these labs to run parameterized queries against the NFLIS database. Labs can run queries for their own data at the individual case level and can also calculate aggregate regional and national results. Generally, labs will not have access to other labs' individual data. However, multiple labs within a State system, such as the Illinois State Police labs, will have access to each others data consistent with policies set by the headquarters lab. Enlisted NFLIS labs that have not begun submitting data files are limited to regional and national-level queries.

The IDS is implemented as a secure web site located on a restricted server that is accessible only through a direct dial-in connection. RTI provides a toll-free telephone number for participating labs to use. The IDS system is not presently accessible via the Internet. To access it, lab staff must dial into the NFLIS server directly and then use either Netscape or Internet Explorer to view the IDS. Each participating lab is provided with a lab-specific username and password as well as detailed instruction on how to use the IDS.

The IDS provides the capacity to query the data using standardized queries that generate customized reports. Lab staff can specify the time period, region, type of lab, and drug

type in order to customize these queries. For example, Exhibit 9 is a screen shot of an IDS query that can be used to generate a table of specific drug counts by lab type, lab region, and specific drug(s) of interest.²

The IDS is continually being improved and developed. While the system is fully operational, new query options and other features will continue to be added over the next several months. Participating labs 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.

Exhibit 8 A parameterized IDS query

The screenshot shows a web browser window titled "National Forensic Laboratory Information System - Microsoft Internet Explorer". The main content area is titled "Specific Drug Counts" and contains a "Show Me Detailed Instructions" button. The form is divided into five numbered sections:

- 1. Specify Time Period**: Includes radio buttons for "Submission Date" and "Completion Date". The "Completion Date" is selected. The "Start Date" is set to "July 2001" and the "End Date" is set to "September 2001".
- 2. Select Labs by Type and Region**: Includes radio buttons for "State Labs", "Local/Regional Labs", and "Both Types of Labs". "State Labs" is selected. Below are radio buttons for "Northeast", "Midwest", "South", "West", and "All Regions". "South" is selected. To the right, there is a "Select Specific Labs" section with a list of labs to select from (IL ISP Carbondale, IL ISP Chicago, IL ISP Joliet, IL ISP Metro East, IL ISP Morton, IL ISP Rockford) and a "Selected Labs" box.
- 3. Select Substances**: Includes a list of substances to select from (modafinil, monoacetylmorphine, montelukast sodium, morphine, morphine acetate, morphine sulfate) and a "Selected Substances" box containing codeine, dexamethorphan, hydrocodone, hydromorphone, and morphine.
- 4. Select Count Type**: Includes radio buttons for "by Item" and "by Case". "by Item" is selected.
- 5. Run the Query**: A button to execute the query.

A left sidebar contains navigation links: Home, Database Characteristics, 25 Most Frequently Identified Drugs, Drug Categories, DEA Drugs of Interest, Specific Drug Counts, Select Data Records, Drug Table, and Feedback. The top left corner features the U.S. Department of Justice Drug Enforcement Administration logo.

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 major resource for supporting drug enforcement and drug policy initiatives both nationally and in specific communities around the country. 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. NFLIS will help the drug control community achieve its mission by:

- highlighting the extent and variations of controlled substances over time and across geographic areas,
- improving access to recent estimates of drug availability by local, State, and national agencies,
- identifying emerging drug problems in a timely fashion, and
- providing current information about the diversion of licit drugs into illicit channels.

The DEA, the Office of National Drug Control Policy (ONDCP), and other Federal agencies will be served by the NFLIS database. The data will benefit State, regional, and local task forces and single-agency operations as well.

NFLIS provides 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. Labs also have 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. Participating labs are also able to run customized queries on their own data, a feature useful for managing current workloads and 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.
- The absolute and relative frequency of analyzed results for individual drugs is in part a function of labs participating in NFLIS, as well as State and local policies that relate to the enforcement and prosecution of specific drugs.
- Lab policies and procedures for handling drug evidence vary. Some labs analyze all evidence submitted, while others analyze only selected items. For

example, a lab may analyze only the items that are likely to contain substances associated with higher legal penalties (e.g., cocaine versus marijuana).

- 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.
- Chemical analysis practices differ among labs. For example, an unusual substance may be explicitly identified by one lab, while another lab may indicate "no controlled drug found." Although these differences in practice are unlikely to affect findings for the most prevalent drugs such as cocaine or methamphetamine, they may impact the reporting of less common substances such as GHB, ketamine, or other drugs of interest.
- Currently, NFLIS includes only State and local labs. Drug analyses conducted by Federal forensic labs are not included.
- The type of evidence submitted for analysis is affected by differing law enforcement strategies for targeting specific types of drug trafficking.

Behind the data

RTI, under contract to the DEA, began the planning, design, and implementation of NFLIS in September 1997. A survey of 308 State and local forensic labs conducted in mid-1998 identified 276 individual labs that routinely perform solid dosage drug analyses.* Results from the survey and information from other sources were used to establish a sampling frame to identify the State lab systems and local labs that make up the NFLIS sample.

Thirty-one State lab systems and 31 local labs were sampled by NFLIS. These State systems and local labs include 165 individual labs that analyzed more than 1 million items in 1997. Some labs were considered to be important for strategic reasons, such as geographic location or caseload size, and were included in the sample with certainty. Other labs were randomly selected to generate a sample that will be used to make national and regional estimates. Geographic region, type of lab (State lab system or local lab), and estimated annual drug caseload were used in establishing the sample and sample weights. Enlistment of labs for NFLIS began in 1998 and efforts to secure participation agreements (memoranda of understanding) are ongoing. The DEA and RTI provide modest assistance to labs to facilitate their participation in NFLIS. This includes computer

hardware and software as well as the design and implementation of basic lab information systems (LIMS) for use in establishing automated drug analysis databases.

As of February 2002, 49 of the 62 sampled State lab systems and local labs (a total of 137 individual labs) had signed formal agreements to participate in NFLIS. Of the remaining sampled labs, some are in the process of upgrading their LIMS or require another specific data entry system to facilitate their reporting to NFLIS.

In addition to the sampled labs, other labs have volunteered to contribute data to NFLIS. To date 19 non-sampled labs have agreed to participate. Because these labs are not part of the NFLIS sample, their data will not be used to generate national and regional estimates. However, these labs represent an initial step toward the ultimate goal of including data from all State and local forensic labs that conduct solid dosage drug analyses. In some cases, these additional participants will provide NFLIS with the results of all drug analyses conducted in some States, adding to the ability of the system to report on drug analyses at the State and local levels. Data from these additional participants will be included in NFLIS analyses and reports, as appropriate.

The following table presents an overview of the anticipated and current coverage of NFLIS. As shown, 49 of the State lab sys-

tems and local labs (together totaling 130 individual labs) that have joined NFLIS have begun to regularly report their drug analyses data. These reporting labs represent an annual caseload of more than 600,000 cases. Once a sufficient number of sampled labs is reporting regularly, statistically representative national estimates will be generated and reported.

The core NFLIS data elements include lab case number (or other identifier), submission number, lab item/exhibit number, date case was received, location of submitting agency, form of item/exhibit (e.g., powder), total quantity of item/exhibit, date case was completed or reported, and substance(s) identified. Optional NFLIS data elements include name of the submitting agency, submitting agency case number, how the evidence was acquired (e.g., seized, purchased), origin of drug (legal or illegal manufacturer), unique packaging or markings, drug purity, secondary active drugs (adulterants) or diluents, and non-controlled substance(s) identified. The data are reported to NFLIS, recoded, reformatted into a standard format, validated and edited as necessary, and stored in a database.

**1998 Survey of State and Local Forensic Laboratories, Research Triangle Institute, August 1999.*

Planned and current NFLIS coverage, by census region^a

State Lab Systems	West		Midwest		Northeast		South		Total	
	No.	Caseload ^b	No.	Caseload	No.	Caseload	No.	Caseload	No.	Caseload
Sampling Frame ^c	10	99,300	13	169,300	10	104,300	16	355,200	49	728,100
Sample ^d	6	85,500	6	136,472	6	83,536	13	298,641	31	604,149
Enlisted ^e										
Sampled	4	65,400	6	136,472	3	41,033	12	301,599	25 ^g	544,504
Non-Sampled	4	10,542	0	0	1	550	0	0	5	11,092
Reporting ^f										
Sampled	3	62,500	6	136,472	3	41,033	9	243,784	21 ^h	483,789
Non-Sampled	1	1,700	0	0	1	550	0	0	2	2,250
Local Labs										
Sampling Frame ^c	34	152,800	31	120,300	19	216,300	32	163,900	116	653,300
Sample ^d	9	93,745	8	51,672	6	172,031	9	90,353	31	407,801
Enlisted ^e										
Sampled	6	66,735	6	28,210	5	32,031	7	68,846	24	195,822
Non-Sampled	2	5,500	5	21,100	2	15,650	5	18,801	14	61,051
Reporting ^f										
Sampled	4	26,217	5	25,010	5	32,031	6	65,401	20	148,659
Non-Sampled	0	0	2	8,700	2	15,650	2	5,738	6	30,088

^a The overall NFLIS sample is being expanded to include all State Lab systems and approximately 55 local municipal labs.

^b Estimated 1997 caseloads derived from the 1998 Survey of State and Local Forensic Laboratories, Research Triangle Institute, August 1999.

^c Total number of identified State lab systems and local labs that perform solid dosage drug analyses.

^d A statistical sample of State lab systems and local labs that will allow for regional and national estimates of drug analyses results.

^e Sampled and non-sampled State lab systems and local labs that have signed memoranda of understanding agreeing to regularly contribute data to NFLIS, as of February 2002.

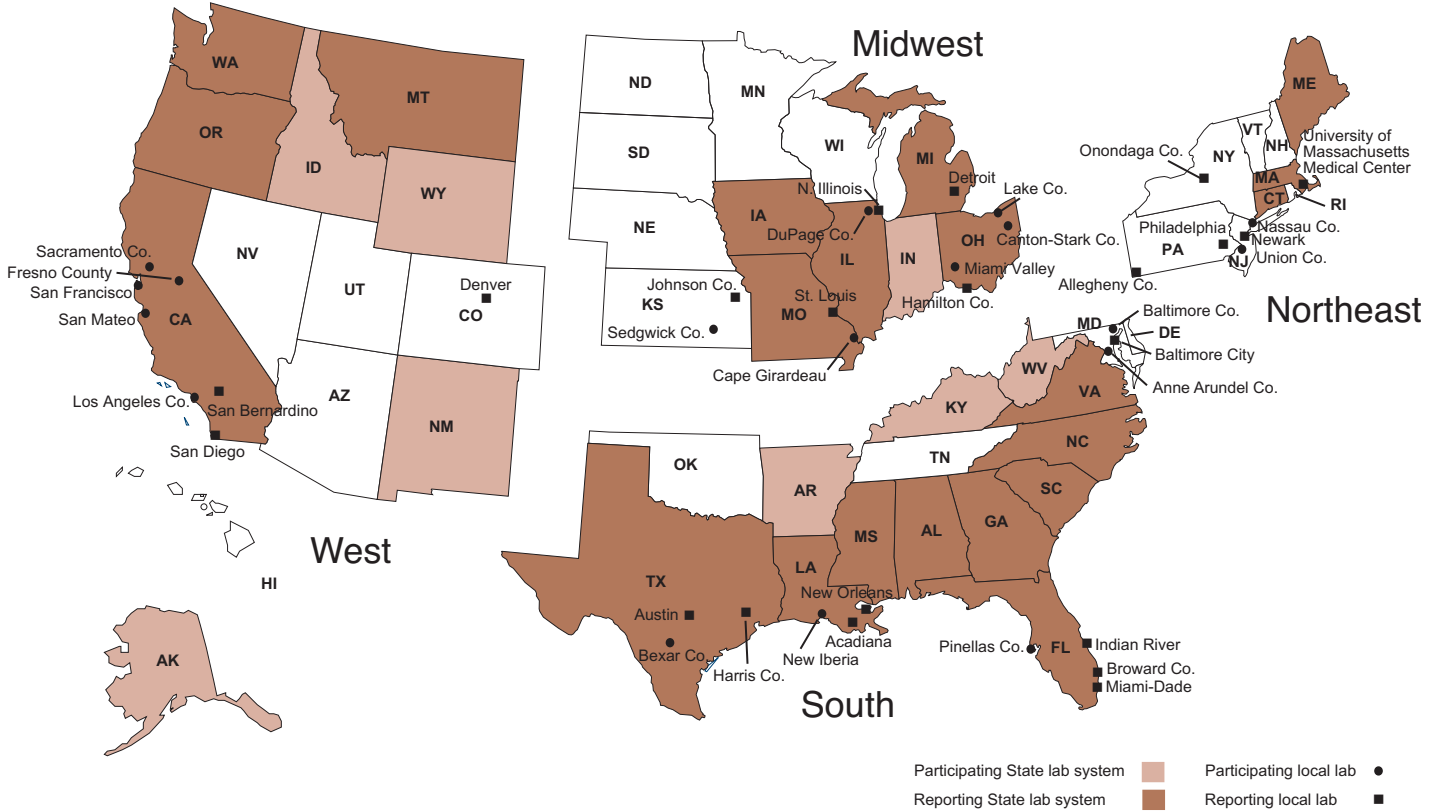
^f Sampled and non-sampled State lab systems and local labs that submitted data for at least part of the fourth quarter of 2001.

^g These enlisted State lab systems represent 120 individual labs.

^h Regularly reporting State lab systems represent 104 individual labs.

Appendix

Participating labs, by census region



This quarterly report summarizes data reported by 21 State labs (100 individual State labs) and 21 local labs from October 1, 2001 to December 31, 2001.³ A number of additional labs and lab systems have formally joined NFLIS and are considered “participating” in the program but have not yet begun to report solid dosage drug analysis data on a regular basis. RTI is working with all of these enlisted

labs towards various lab information system solutions to ensure that reporting can begin as soon as possible. Overall, 30 State lab systems and 38 local labs had formally joined NFLIS and agreed to regularly report data to the system as of the end of 2001.

The State lab systems and local labs that have begun regular NFLIS reporting do not necessarily reflect the trends of their respective regions or the

Nation. Although the data represent all analyses submitted to NFLIS by the reporting labs for the quarter, extrapolation from these data to national or regional estimates is not currently possible. Statistically representative national and regional estimates of drug analysis results are expected to be available by mid-2002, when a sufficient number of labs are regularly reporting their data.

Notes

¹Results were received for 164,109 items, including 7,964 for which the result was “No Analysis” and 153 for which the result was “Non-Drug Evidence”; these items were excluded from the analyses reported in this report. Some items may include multiple substances. Unless otherwise specified, the results reported here are for the first sub-

stance identified in an item. Throughout the report, results for Texas State labs are for the period September 1 - November 30, 2001.

²Data in this report will not match comparable data that are run using the IDS because the database has expanded since the report was prepared and because special arrange-

ments were made for the data used in the report for one State system.

³Due to technical and/or other issues, a few labs listed as regularly reporting on pg. 9 were unable to contribute data for this report. The above map lists as “reporting” only those labs that contributed data for this report.

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

Participating NFLIS State lab systems (sampled and non-sampled)

As of February 2002

State	State System Name
AK	Alaska DPS Crime Detection Lab (Anchorage)
AL	Alabama Department of Forensic Sciences (9 sites)
AR	Arkansas State Crime Laboratory (Little Rock)
CA	California Department of Justice Bureau of Forensic Services (10 sites)
CT	Connecticut Department of Public Safety Controlled Substances/Toxicology Laboratory (Hartford)
FL	Florida Department of Law Enforcement (7 sites)
GA	Georgia State Bureau of Investigation Forensic Sciences Division (7 sites)
IA	Iowa Division of Criminal Investigation Laboratory (Des Moines)
ID	Idaho State Police Forensic Services (3 sites)
IL	Illinois State Police Division of Forensic Services (8 sites)
IN	Indiana State Police Laboratory (4 sites)
KY	Kentucky State Police Central Lab (6 sites)
LA	Louisiana State Police Crime Laboratory (Baton Rouge)
MA	Massachusetts Department of Public Health Drug Analysis Laboratory (2 sites)
MA	Massachusetts Department of State Police Crime Laboratory (Sudbury)
ME	Maine Department of Human Services Laboratory (Augusta)
MI	Michigan Department of State Police Forensic Science Division (7 sites)
MO	Missouri State Highway Patrol Crime Laboratory Division (6 sites)
MS	Mississippi Department of Public Safety Crime Laboratory (4 sites)
MT	Montana State Forensic Science Division Laboratory (1 site)
NC	North Carolina State Bureau of Investigation Crime Laboratory (2 sites)
NM	New Mexico Department of Public Safety Crime Laboratory (2 sites)
OH	Ohio State Highway Patrol (Columbus)
OR	Oregon State Police Forensic Services Division (8 sites)
SC	South Carolina Law Enforcement Division Crime Laboratory (Columbia)
TX	Texas Department of Public Safety Crime Laboratory Service (13 sites)
VA	Virginia Division of Forensic Sciences (4 sites)
WA	Washington State Patrol Forensic Laboratory Services Bureau (6 sites)
WV	West Virginia State Police Forensic Laboratory (South Charleston)
WY	Wyoming State Crime Laboratory (Cheyenne)

Participating NFLIS local labs (sampled and non-sampled)

As of February 2002

State	Lab Name
CA	Fresno County Sheriff's Forensic Lab (Fresno)
CA	Los Angeles County Sheriffs Department (Downey)
CA	Sacramento County Laboratory of Forensic Services (Sacramento)
CA	San Bernardino Sheriffs Office (San Bernardino)
CA	San Diego Police Department Crime Laboratory (San Diego)
CA	San Francisco Police Department Crime Laboratory (San Francisco)
CA	San Mateo County Sheriffs Forensic Laboratory (San Mateo)
CO	Denver Police Department Crime Laboratory Bureau (Denver)
FL	Broward County Sheriffs Crime Laboratory (Ft. Lauderdale)
FL	Regional Crime Laboratory at Indian River Community College (Ft. Pierce)
FL	Miami-Dade Police Department Crime Laboratory Bureau (Miami)
FL	Pinellas County Forensic Laboratory (Largo)
IL	DuPage County Crime Laboratory (Wheaton)
IL	Northern Illinois Police Crime Lab (Chicago)
KS	Johnson County Crime Laboratory (Mission)
KS	Sedgwick County Regional Forensic Science Center (Wichita)
LA	Acadiana Criminalistics Laboratory (New Iberia)
LA	New Orleans Department of Police Scientific Criminal Investigations Division (New Orleans)
MA	University of Massachusetts Medical Center Drugs of Abuse Laboratory (Worcester)
MD	Anne Arundel County Police Crime Laboratory (Millersville)
MD	Baltimore City Police Crime Laboratory (Baltimore)
MD	Baltimore County Police Department Forensic Investigation Division (Towson)
MI	Detroit Police Department Crime Laboratory (Detroit)
MO	St. Louis Police Department Crime Laboratory (St. Louis)
MO	South East Missouri Regional Crime Lab (Cape Girardeau)
NJ	Newark Department of Police Forensic Laboratory (Newark)
NJ	Union County Prosecutors Office Laboratory (Westfield)
NY	Nassau County Police Department Scientific Investigation Bureau (Mineola)
NY	Onondaga County Center for Forensic Sciences (Syracuse)
OH	Canton-Stark Co. Crime Lab (Canton)
OH	Hamilton County Coroners Laboratory (Cincinnati)
OH	Lake County Regional Forensic Laboratory (Painesville)
OH	Miami Valley Regional Crime Laboratory (Dayton)
PA	Allegheny County Division of Laboratories (Pittsburgh)
PA	Philadelphia Police Department Crime Laboratory (Philadelphia)
TX	Austin Police Department Crime Laboratory (Austin)
TX	Bexar County Forensic Science Center Criminal Investigation Laboratory (San Antonio)
TX	Harris County Medical Examiner Office (Houston)

Contact us

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

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