DRUG

# NFLIS-DRUG **2021** MIDYEAR REPORT

NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

# Contents

# Notice of Continued Decrease in Drug Reports

Although the number of drugs reported for the NFLIS-Drug 2021 Midyear Report increased from the number of drugs reported for the NFLIS-Drug 2020 Midyear Report, the total number of drugs reported continues to be noticeably lower than the number reported before the coronavirus disease 2019 (COVID-19) pandemic. The continued decrease in reports is likely due, in part, to the ongoing impacts of COVID-19 on drug availability within disrupted illicit markets and on law enforcement and laboratory caseloads, staffing, and operations. It is anticipated that law enforcement and laboratory operations will continue to return to more normal functioning throughout the coming year. However, because of the continued decrease in drug reports, readers should use caution when comparing the midyear 2020 and 2021 data with data from previous years. DEA will continue to explore the impacts of COVID-19 on reporting and would like to thank the participating and reporting NFLIS-Drug laboratories for their continued support and dedication to NFLIS, especially during the difficult times of the pandemic.

# Common Drug Names Used in This Publication

| NFLIS Substance Name | Chemical Name |
|---|---|
| 3,4-Methylenedioxy PV8 | 3,4-methylenedioxy-alpha-pyrrolidinoheptaphenone |
| 3Cl-PCP | 3-chloro-phencyclidine |
| 4CN-CUMYL-BUTINACA | 1-(4-cyanobutyl)-*N*-(2-phenylpropan-2-yl)-1*H*-indazole-3-carboxamide |
| 4F-3-Methyl-alpha-PVP | 4-fluoro-3-methyl-alpha-pyrrolidinopentiophenone |
| 4F-MDMB-BUTICA | methyl 2-(1-(4-fluorobutyl)-1*H*-indole-3-carboxamido)-3,3-dimethylbutanoate |
| 4F-MDMB-BUTINACA | methyl 2-(1-(4-fluorobutyl)-1*H*-indazole-3-carboxamido)-3,3-dimethylbutanoate |
| 5F-ADB | methyl 2-(1-(5-fluoropentyl)-1*H*-indazole-3-carboxamido)-3,3-dimethylbutanoate |
| 5F-EMB-PICA | ethyl 2-(1-(5-fluoropentyl)-1*H*-indole-3-carboxamido)-3-methylbutanoate |
| 5F-MDMB-PICA | methyl 2-(1-(5-fluoropentyl)-1*H*-indole-3-carboxamido)-3,3-dimethylbutanoate |
| ADB-4en-PINACA | *N*-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1*H*-indazole-3-carboxamide |
| ADB-BUTINACA | *N*-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1*H*-indazole-3-carboxamide |
| ADB-HEXINACA | *N*-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-hexyl-1*H*-indazole-3-carboxamide |
| alpha-PHP | alpha-pyrrolidinohexanophenone |
| alpha-PiHP | alpha-pyrrolidinoisohexanophenone |
| ANPP | 4-anilino-*N*-phenethyl-4-piperidine |
| BMDP | 3,4-methylenedioxy-*N*-benzylcathinone |
| FUB-AMB | methyl 2-(1-(4-fluorobenzyl)-1*H*-indazole-3-carboxamido)-3-methylbutanoate |
| MDA | 3,4-methylenedioxyamphetamine |
| MDMA | 3,4-methylenedioxymethamphetamine |
| MDMB-4en-PINACA | methyl 3,3-dimethyl-2-(1-(pent-4-en-1-yl)-1*H*-indazole-3-carboxamido)butanoate |
| Phenethyl 4-ANPP | *N*,1-diphenethyl-*N*-phenylpiperidin-4-amine |

# Highlights

- From January 1, 2021, through June 30, 2021, an estimated 362,948 distinct drug cases were submitted to State and local laboratories in the United States and analyzed by September 30, 2021. From these cases, an estimated 678,902 drug reports were identified. The total number of drugs reported to the National Forensic Laboratory Information System (NFLIS) for the NFLIS-Drug 2021 Midyear Report continues to be lower than the number reported before the coronavirus disease 2019 (COVID-19) pandemic. Please see the Notice of Continued Decrease in Drug Reports on page iii.
- Methamphetamine was the most frequently identified drug (207,980 reports), followed by cannabis/THC (88,686 reports), cocaine (81,087 reports), fentanyl (76,536 reports), and heroin (41,531 reports). These five most frequently identified drugs accounted for approximately 73% of all drug reports.
- Nationally, fentanyl reports dramatically increased from the first half of 2014 through the first half of 2021. Alprazolam reports continued to decrease from the first half of 2016 through the first half of 2021. Tramadol reports more than doubled in the first half of 2021 compared with the first half of 2020. Oxycodone reports steadily declined from the first half of 2010 through the first half of 2021.
- Between the first half of 2020 and the first half of 2021, reports of fentanyl and tramadol increased significantly ($p < .05$), while reports of alprazolam, oxycodone, buprenorphine, and amphetamine decreased significantly.
- Regionally, fentanyl reports increased substantially in all regions from 2014 or 2015 through the first half of 2021. For alprazolam, reports decreased from the first half of 2017 through the first half of 2021 in all regions except the West, which had a significant increase in reports in the first half of 2021. Tramadol reports in the Midwest, Northeast, and South increased from the first half of 2007 to the first half of 2019, then slightly decreased in the first half of 2020, then sharply increased in the first half of 2021. Oxycodone reports decreased in all regions from the first half of 2010 or 2011 through the first half of 2021. For buprenorphine, reports in the Northeast and the Midwest increased from the first half of 2007 through the first half of 2019, increased in the South through the first half of 2015, and increased in the West through the first half of 2021. Amphetamine reports increased from the first half of 2007 through the first half of 2015 in the South and the West, the first half of 2018 in the Midwest, and the first half of 2019 in the Northeast; these increases were followed by a decrease in reports in all regions through the first half of 2021.
- In the first half of 2021, methamphetamine accounted for 92% of identified phenethylamine reports, fentanyl accounted for 61% of identified narcotic analgesic reports, and alprazolam accounted for 35% of identified tranquilizer and depressant reports. Among identified synthetic cannabinoid reports, ADB-BUTINACA accounted for 33% and MDMB-4en-PINACA accounted for 32%.
- Methamphetamine increased from the first half of 2010 through the first half of 2019 and again in the first half of 2021. Cannabis/THC reports decreased from the first half of 2010 through the first half of 2021. Cocaine reports remained relatively steady from the first half of 2015 through the first half of 2019, then decreased in the first halves of 2020 and 2021. Heroin reports steadily decreased from the first half of 2015 through the first half of 2021. From the first half of 2017 to the first half of 2021, eutylone reports increased from fewer than 10 to more than 8,000. Psilocin/psilocybin reports more than doubled from the first half of 2018 through the first half of 2021.

# Introduction

The National Forensic Laboratory Information System (NFLIS) is a program of the U.S. Drug Enforcement Administration (DEA), Diversion Control Division. NFLIS-Drug systematically collects drug identification results and associated information from drug cases submitted to and analyzed by Federal, State, and local forensic laboratories. These laboratories analyze controlled and noncontrolled substances secured in law enforcement operations across the country, making NFLIS-Drug an important resource in monitoring illicit drug use and trafficking, including the diversion of legally manufactured pharmaceuticals into illegal markets. NFLIS-Drug includes information on the specific substance and 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 nationally and in local communities around the country.

NFLIS-Drug is a comprehensive information system that includes data from forensic laboratories that handle the Nation's drug analysis cases. The NFLIS-Drug participation rate, defined as the percentage of the national drug caseload represented by laboratories that have joined NFLIS, is currently more than 98%. NFLIS-Drug includes 50 State systems and 109 local or municipal laboratories/laboratory systems, representing a total of 284 individual laboratories. The NFLIS-Drug database also includes Federal data from DEA and U.S. Customs and Border Protection laboratories.

This publication presents the results of drug cases *submitted* to State and local laboratories from January 1, 2021, through June 30, 2021, that were *analyzed* by September 30, 2021. Data from Federal laboratories are also included in this publication. The data presented in this publication include *all* drugs mentioned in the laboratories' reported drug items.

Section 1 of this publication provides national and regional estimates for the 25 most frequently identified drugs, as well as national and regional trends for January through June of each year from 2007 through 2021. Section 2 presents estimates of specific drugs by drug category. Caution should be used when interpreting the estimates and trends for January through June 2021 and when comparing the midyear 2020 and 2021 trend data with data from previous years because of the continued decrease in reporting likely due to the impacts of coronavirus disease 2019 (COVID-19) (see the Notice of Continued Decrease in Drug Reports on page iii). All estimates are based on the NEAR approach (National Estimates Based on All Reports). A detailed description of the methods used in preparing these estimates is provided in the current NFLIS Statistical Methodology publication at https://www.nflis.deadiversion.usdoj.gov/nflisdata/docs/NFLIS-2017-StatMethodology.pdf.

Appendix A presents national and regional trends for 2001 through 2021 for both semiannual reference periods (i.e., January through June and July through December) each year. Appendix B includes a list of NFLIS-Drug participating and reporting laboratories. The benefits and limitations of NFLIS-Drug are presented in Appendix C.

# Participating Laboratories, by U.S. Census Region


*Note: See Appendix B for a list of NFLIS-Drug participating and reporting forensic laboratories.*

# Section 1: National and Regional Estimates

This section presents national and regional estimates of drugs *submitted* to State and local laboratories from January 1, 2021, through June 30, 2021, that were *analyzed* by September 30, 2021 (see Table 1.1). National and regional drug estimates include *all* drug reports mentioned in laboratories' reported drug items. National drug case estimates are also presented (see Table 1.2). In addition, trends are presented for selected drugs for January through June of each year from 2007 through 2021.

The NEAR approach (National Estimates Based on All Reports) was used to produce estimates for the Nation and for the U.S. census regions. The NEAR approach uses all NFLIS-Drug reporting laboratories. A detailed description of the methods used in preparing these estimates is provided in the current NFLIS Statistical Methodology publication.

**Table 1.1** *NATIONAL AND REGIONAL ESTIMATES FOR THE 25 MOST FREQUENTLY IDENTIFIED DRUGS*[1]
*Estimated number and percentage of total drug reports submitted to laboratories from January 1, 2021, through June 30, 2021, and analyzed by September 30, 2021*[2]

| Drug | National | | West | | Midwest | | Northeast | | South | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Methamphetamine | 207,980 | 30.63% | 54,777 | 44.10% | 48,975 | 29.99% | 9,761 | 8.66% | 94,468 | 33.90% |
| Cannabis/THC | 88,686 | 13.06% | 8,043 | 6.48% | 26,494 | 16.23% | 11,582 | 10.27% | 42,567 | 15.27% |
| Cocaine | 81,087 | 11.94% | 6,365 | 5.12% | 16,729 | 10.25% | 23,705 | 21.03% | 34,289 | 12.30% |
| Fentanyl | 76,536 | 11.27% | 12,362 | 9.95% | 19,795 | 12.12% | 23,536 | 20.88% | 20,843 | 7.48% |
| Heroin | 41,531 | 6.12% | 12,250 | 9.86% | 8,245 | 5.05% | 9,799 | 8.69% | 11,237 | 4.03% |
| Alprazolam | 9,281 | 1.37% | 2,137 | 1.72% | 1,710 | 1.05% | 1,121 | 0.99% | 4,312 | 1.55% |
| Eutylone | 8,379 | 1.23% | 51 | 0.04% | 1,107 | 0.68% | 609 | 0.54% | 6,612 | 2.37% |
| Tramadol | 8,169 | 1.20% | 245 | 0.20% | 2,322 | 1.42% | 3,298 | 2.93% | 2,304 | 0.83% |
| ANPP | 7,869 | 1.16% | 700 | 0.56% | 2,288 | 1.40% | 3,388 | 3.01% | 1,492 | 0.54% |
| Oxycodone | 7,866 | 1.16% | 750 | 0.60% | 1,577 | 0.97% | 1,649 | 1.46% | 3,890 | 1.40% |
| Buprenorphine | 7,785 | 1.15% | 933 | 0.75% | 1,476 | 0.90% | 1,522 | 1.35% | 3,856 | 1.38% |
| Amphetamine | 4,140 | 0.61% | 327 | 0.26% | 1,102 | 0.67% | 657 | 0.58% | 2,055 | 0.74% |
| Psilocin/psilocybin | 4,028 | 0.59% | 1,448 | 1.17% | 1,082 | 0.66% | 344 | 0.31% | 1,154 | 0.41% |
| Fluorofentanyl | 3,712 | 0.55% | 154 | 0.12% | 925 | 0.57% | 2,127 | 1.89% | 507 | 0.18% |
| Clonazolam | 3,559 | 0.52% | 362 | 0.29% | 1,445 | 0.88% | 437 | 0.39% | 1,315 | 0.47% |
| Hydrocodone | 3,446 | 0.51% | 572 | 0.46% | 767 | 0.47% | 156 | 0.14% | 1,951 | 0.70% |
| Xylazine | 3,312 | 0.49% | 24 | 0.02% | 716 | 0.44% | 1,403 | 1.24% | 1,170 | 0.42% |
| *para*-Fluorofentanyl | 2,775 | 0.41% | 161 | 0.13% | 957 | 0.59% | 1,124 | 1.00% | 533 | 0.19% |
| Etizolam | 2,722 | 0.40% | 387 | 0.31% | 402 | 0.25% | 350 | 0.31% | 1,583 | 0.57% |
| Clonazepam | 2,659 | 0.39% | 193 | 0.16% | 683 | 0.42% | 494 | 0.44% | 1,289 | 0.46% |
| MDMA | 2,578 | 0.38% | 823 | 0.66% | 798 | 0.49% | 232 | 0.21% | 725 | 0.26% |
| ADB-BUTINACA | 2,467 | 0.36% | 37 | 0.03% | 631 | 0.39% | 364 | 0.32% | 1,435 | 0.51% |
| MDMB-4en-PINACA | 2,382 | 0.35% | 63 | 0.05% | 877 | 0.54% | 366 | 0.33% | 1,076 | 0.39% |
| Acetyl fentanyl | 2,115 | 0.31% | 30 | 0.02% | 924 | 0.57% | 742 | 0.66% | 419 | 0.15% |
| Lysergic acid diethylamide (LSD) | 2,051 | 0.30% | 356 | 0.29% | 751 | 0.46% | 232 | 0.21% | 712 | 0.26% |
| *Top 25 Total* | 587,116 | 86.48% | 103,551 | 83.36% | 142,775 | 87.44% | 98,997 | 87.82% | 241,793 | 86.77% |
| *All Other Drug Reports* | 91,785 | 13.52% | 20,667 | 16.64% | 20,506 | 12.56% | 13,731 | 12.18% | 36,882 | 13.23% |
| *Total Drug Reports*[3] | 678,902 | 100.00% | 124,217 | 100.00% | 163,281 | 100.00% | 112,728 | 100.00% | 278,675 | 100.00% |

[1] *Sample n's and 95% confidence intervals for all estimates are available on request.*

[2] *For many drugs, the January through June 2021 estimate continues to show a noticeable decrease likely due, in part, to the impacts of COVID-19. Use caution when comparing data from January through June 2021 with data from previous years.*

[3] *Numbers and percentages may not sum to totals because of rounding.*

**Table 1.2**

***National Case Estimates***
*Top 25 estimated number of drug-specific cases and their percentage of distinct cases, January 1, 2021, through June 30, 2021*[1]

| Drug | Number | Percent |
|---|---|---|
| Methamphetamine | 160,995 | 44.36% |
| Cannabis/THC | 63,277 | 17.43% |
| Cocaine | 61,261 | 16.88% |
| Fentanyl | 56,569 | 15.59% |
| Heroin | 32,009 | 8.82% |
| Alprazolam | 7,839 | 2.16% |
| Buprenorphine | 6,903 | 1.90% |
| ANPP | 6,749 | 1.86% |
| Tramadol | 6,607 | 1.82% |
| Oxycodone | 6,345 | 1.75% |
| Eutylone | 5,526 | 1.52% |
| Amphetamine | 3,642 | 1.00% |
| Psilocin/psilocybin | 3,279 | 0.90% |
| Clonazolam | 3,085 | 0.85% |
| Hydrocodone | 3,077 | 0.85% |
| Xylazine | 2,753 | 0.76% |
| Fluorofentanyl | 2,670 | 0.74% |
| Clonazepam | 2,491 | 0.69% |
| Etizolam | 2,424 | 0.67% |
| *para*-Fluorofentanyl | 2,238 | 0.62% |
| ADB-BUTINACA | 2,159 | 0.59% |
| MDMB-4en-PINACA | 2,019 | 0.56% |
| MDMA | 1,910 | 0.53% |
| Lysergic acid diethylamide (LSD) | 1,847 | 0.51% |
| Acetyl fentanyl | 1,815 | 0.50% |
| *Top 25 Total* | 449,490 | 123.84% |
| *All Other Drugs* | 71,129 | 19.60% |
| *Total All Drugs*[2] | 520,619 | 143.44%[3] |

[1] *For many drugs, the January through June 2021 estimate continues to show a noticeable decrease likely due, in part, to the impacts of COVID-19. Use caution when comparing data from January through June 2021 with data from previous years.*

[2] *Numbers and percentages may not sum to totals because of rounding.*

[3] *Multiple drugs can be reported within a single case, so the cumulative percentage exceeds 100%. The estimated national total of distinct case percentages is based on 362,948 distinct cases submitted to State and local laboratories from January 1, 2021, through June 30, 2021, and analyzed by September 30, 2021.*

## *Drugs Reported by Federal Laboratories*

The majority of drug reports presented in this section are from the eight U.S. Drug Enforcement Administration (DEA) laboratories. The data reflect results of substance evidence from drug seizures, undercover drug buys, and other evidence analyzed at DEA laboratories located across the country. DEA data include results for drug cases submitted by DEA agents, other Federal law enforcement agencies, and select local police agencies. Although DEA data capture both domestic and international drug cases, the results presented in this section describe only those drugs obtained within the United States. In addition to drug reports from the DEA, reports from seven U.S. Customs and Border Protection laboratories are included.

***Most Frequently Reported Drugs by Federal Laboratories***[1]
*Number and percentage of drug reports submitted to laboratories from January 1, 2021, through June 30, 2021, and analyzed by September 30, 2021*

| Drug | Number | Percent |
|---|---|---|
| Methamphetamine | 7,291 | 24.49% |
| Cocaine | 4,136 | 13.89% |
| Fentanyl | 3,575 | 12.01% |
| Heroin | 1,818 | 6.11% |
| Cannabis/THC | 592 | 1.99% |
| Xylazine | 493 | 1.66% |
| Tramadol | 432 | 1.45% |
| *para*-Fluorofentanyl | 321 | 1.08% |
| ANPP | 301 | 1.01% |
| Eutylone | 148 | 0.50% |
| *All Other Drug Reports* | 10,662 | 35.82% |
| *Total Drug Reports*[2] | 29,769 | 100.00% |

[1] *Federal drug reports in this table include 27,425 reports from U.S. Drug Enforcement Administration laboratories and 2,344 reports from U.S. Customs and Border Protection laboratories.*

[2] *Numbers and percentages may not sum to totals because of rounding.*

# Drug Trends

The remainder of this section presents national and regional trends for selected drugs submitted to State and local laboratories from January 1 through June 30 and analyzed by September 30 of each year from 2007 through 2021. Figures 1.1 through 1.4 present national trends, and Figures 1.5 through 1.16 present regional trends. National and regional trends for 2001 through the first half of 2021 for both semiannual reference periods (i.e., January through June and July through December) each year are presented in Appendix A. The trend analyses test the data for the presence of linear and curved trends using statistical methods described in more detail in the current NFLIS Statistical Methodology publication. Because the trends are determined through regression modeling, the descriptions of the trends detailed in this section may differ slightly from the plotted lines of estimates featured in Figures 1.1 through 1.16. Estimates include all drug reports identified among the NFLIS-Drug laboratories' reported drug items. The total number of drugs reported to NFLIS for the NFLIS-Drug 2021 Midyear Report continues to be lower than the number reported before the COVID-19 pandemic. The decrease in reporting is likely due, in part, to the impacts of COVID-19 on drug availability and law enforcement and laboratory operations. As a result, use caution when comparing the midyear 2020 and 2021 data with data from previous years.

## National drug trends

Figures 1.1 and 1.2 present national trends for the estimated number of prescription drug reports that were identified as fentanyl, alprazolam, tramadol, oxycodone, buprenorphine, and amphetamine. Note that laboratories do not identify whether reports are for prescription drugs that are licitly or illicitly manufactured. Notable results include the following:

- Fentanyl reports remained steady from the first half of 2007 to the first half of 2013, then dramatically increased from the first half of 2014 through the first half of 2021.
- Alprazolam reports showed an overall increase from the first half of 2007 to the first half of 2010, then decreased through the first half of 2013. Alprazolam reports increased considerably from the first half of 2014 to the first half of 2016, then continued to decrease through the first half of 2021.
- Tramadol reports steadily increased from the first half of 2007 to the first half of 2014. Reports increased to more than 2,000 by the first half of 2015 and to more than 4,000 by the first half of 2019. After decreasing to under 4,000 in the first half of 2020, tramadol reports more than doubled to over 8,000 in the first half of 2021.
- Oxycodone reports dramatically increased from the first half of 2007 to the first half of 2010, then steadily declined through the first half of 2021.
- Buprenorphine reports increased from the first half of 2007 through the first half of 2010 and from the first half of 2013 to the first half of 2019 to over 10,000; reports decreased by approximately 20% from the first half of 2019 to the first half of 2021 to fewer than 8,000.
- Amphetamine reports steadily increased from the first half of 2007 through the first half of 2018, then decreased through the first half of 2021.

Significance tests were also performed on differences between the first half of 2020 and the first half of 2021 to identify more recent changes. Across these two periods, reports of fentanyl (from 49,284 to 76,536 reports) and tramadol (from 3,886 to 8,169 reports) increased significantly ($p < .05$). Reports of alprazolam (from 9,792 to 9,281 reports), oxycodone (from 8,331 to 7,866 reports), buprenorphine (from 8,638 to 7,785 reports), and amphetamine (from 4,571 to 4,140 reports) decreased significantly.


Brick of fentanyl

**Figure 1.1** National trend estimates for fentanyl, alprazolam, and tramadol, January 2007–June 2021

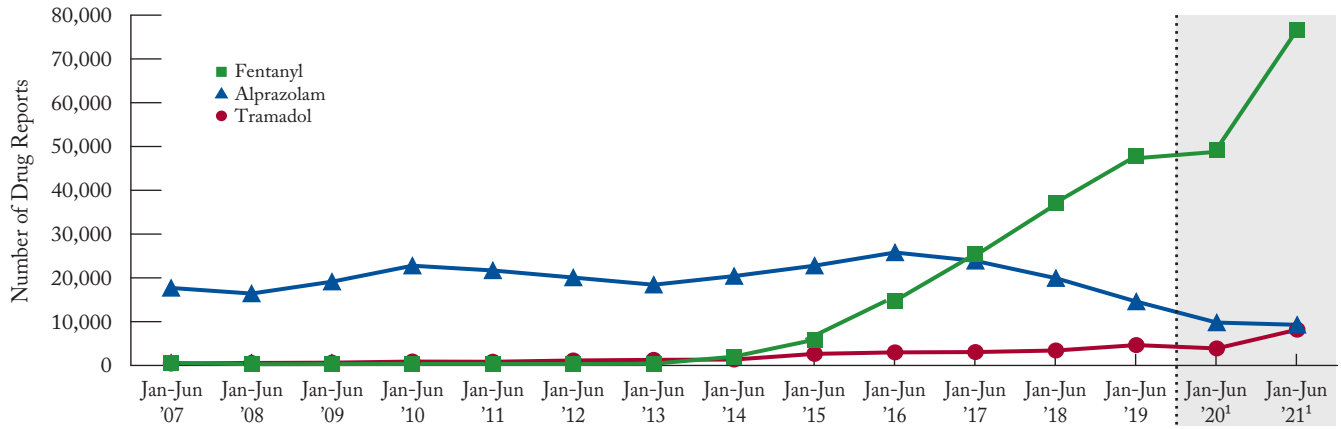
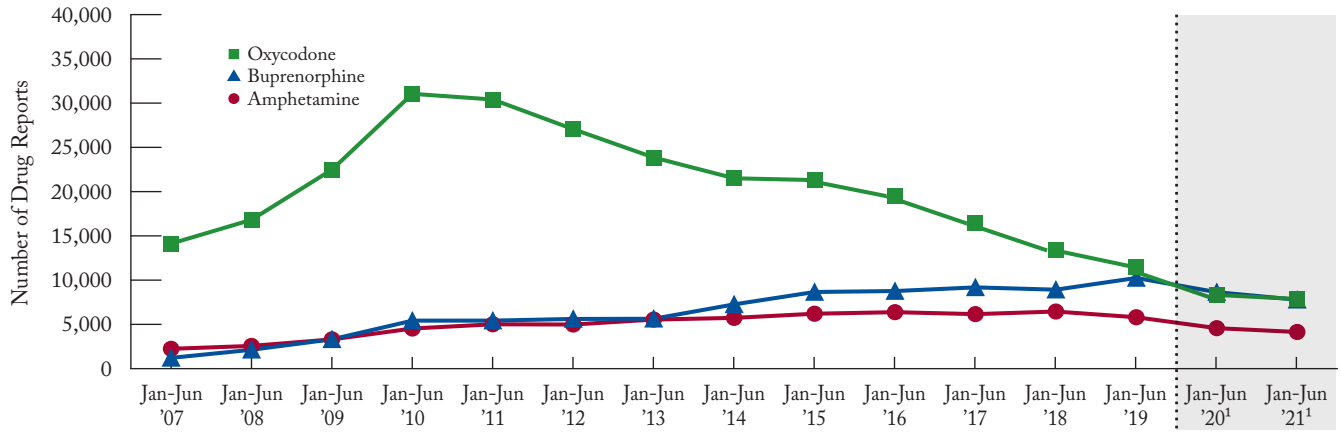



**Figure 1.2** National trend estimates for oxycodone, buprenorphine, and amphetamine, January 2007–June 2021




*Note: Estimates are shown for the first half of each year from January to June 2007 through January to June 2021.*

*[1]For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

Figures 1.3 and 1.4 present national trends for reports of methamphetamine, cannabis/THC, cocaine, heroin, eutylone, and psilocin/psilocybin. Notable results include the following:

- Methamphetamine reports decreased from the first half of 2007 to the first half of 2010, then increased through the first half of 2019 to more than 209,000. Reports decreased through the first half of 2020, then increased again in the first half of 2021.
- Cannabis/THC reports slightly increased from the first half of 2007 to the first half of 2010, then decreased through the first half of 2021.
- Cocaine reports decreased from the first half of 2007 through the first half of 2015, then remained relatively steady through the first half of 2019. Reports decreased in the first half of 2020 and in the first half of 2021.
- Heroin reports increased from the first half of 2007 through the first half of 2015, followed by a steady decrease through the first half of 2021.
- From the first half of 2017 to the first half of 2021, eutylone reports increased from fewer than 10 to more than 8,000.
- Psilocin/psilocybin reports increased slightly from the first half of 2007 to the first half of 2010, then generally decreased through the first half of 2018. Reports more than doubled from the first half of 2018 through the first half of 2021 to a high of slightly more than 4,000.

More recently, from the first half of 2020 to the first half of 2021, reports of methamphetamine (from 177,794 to 207,980 reports), eutylone (from 5,118 to 8,379 reports), and psilocin/psilocybin (from 2,237 to 4,028 reports) increased significantly ($p < .05$). Reports of cannabis/THC (from 98,243 to 88,686 reports) and heroin (from 46,476 to 41,531 reports) decreased significantly. The increase in reports of cocaine (from 79,467 to 81,087 reports) was not statistically significant.

**Figure 1.3** National trend estimates for methamphetamine, cannabis/THC, and cocaine, January 2007–June 2021

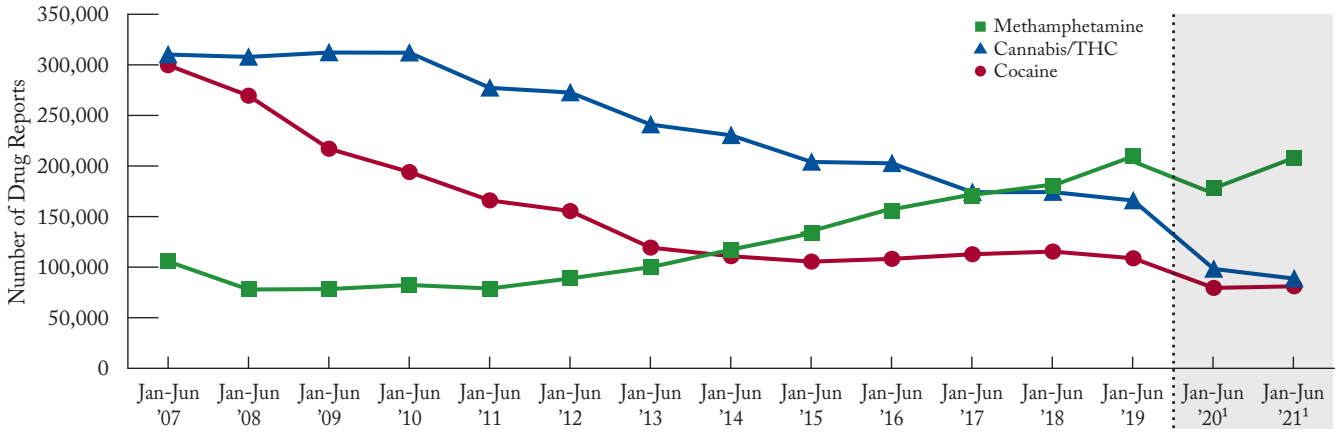
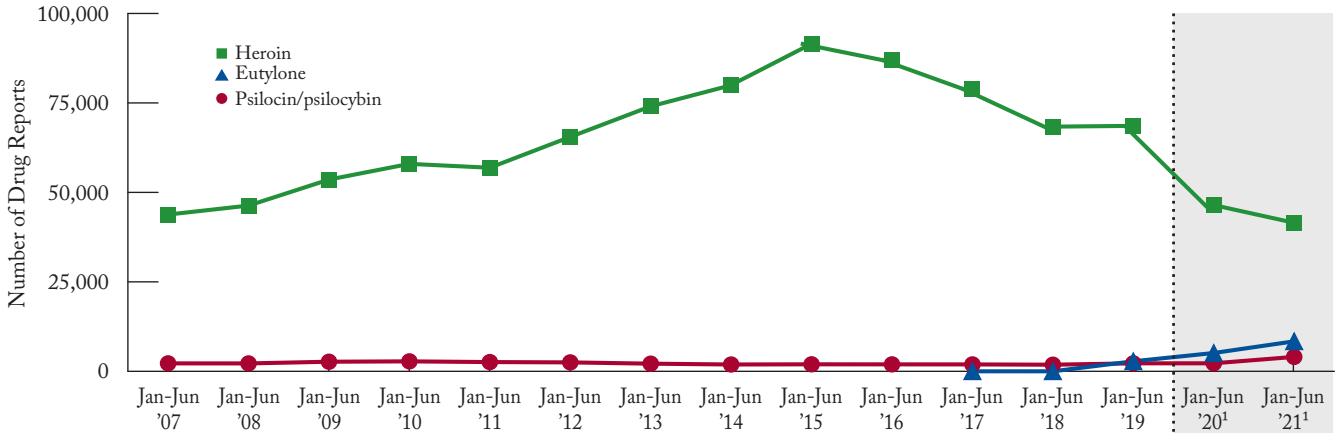



**Figure 1.4** National trend estimates for heroin, eutylone, and psilocin/psilocybin, January 2007–June 2021




*Note: Estimates are shown for the first half of each year from January to June 2007 through January to June 2021. Estimates are not available for eutylone for 2007 through 2016 because eutylone was first reported to NFLIS in the second half of 2017.*

*[1]For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

## *Regional drug trends*

Figures 1.5 through 1.10 show regional trends per 100,000 people aged 15 or older for reports of fentanyl, alprazolam, tramadol, oxycodone, buprenorphine, and amphetamine from the first half of 2007 through the first half of 2021. These figures illustrate changes in prescription drugs reported over time, taking into account the population aged 15 years or older in each U.S. census region. Notable trend results include the following:

- For fentanyl, the West showed a more gradual increase from the first half of 2007 to the first half of 2014 than the other regions showed. This increase was followed by another, considerable, increase in reports through the first half of 2021. Reports remained steady through the first half of 2013 for the Midwest, Northeast, and South until substantial increases began in the first half of 2014 and continued through the first half of 2021.
- For alprazolam, the South had the highest number of reports across all four regions, with the highest rates occurring in the first halves of 2010, 2011, and 2016. Reports in the Midwest, Northeast, and South decreased from the first half of 2017 through the first half of 2021, while the West showed a similar decrease, then exhibited a significant increase in reports in the first half of 2021.
- Tramadol reports in the Midwest, Northeast, and South increased from the first half of 2007 to the first half of 2019. Reports decreased slightly in the first half of 2020, then sharply increased in the first half of 2021. The West had substantially lower numbers of reports than the other regions did, except in 2014 and 2015, when numbers were similar to those in the Northeast.
- For oxycodone, reports in the West, Midwest, and South increased from the first half of 2007 to the first half of 2010, while reports in the Northeast increased through the first half of 2011. Oxycodone reports in all regions then decreased through the first half of 2021.
- Buprenorphine reports in the Northeast and the Midwest increased from the first half of 2007 to the first half of 2019, then decreased through the first half of 2021. Reports in the South increased through the first half of 2015, then remained fairly steady through the first half of 2021. The West had the lowest number of reports, with moderate increases from the first half of 2007 through the first half of 2021.
- For amphetamine, reports in the Midwest steadily increased from the first half of 2007 through the first half of 2018, then decreased through the first half of 2021. Reports in the South and West increased through the first half of 2015, then decreased through the first half of 2021. The Northeast had a similar increasing trajectory that continued through the first half of 2019, followed by a decrease in reports through the first half of 2021.

More recently, from the first half of 2020 to the first half of 2021, fentanyl reports increased significantly in all regions, and tramadol reports increased significantly in all regions except the West ($p < .05$). Alprazolam reports increased significantly in the West but decreased significantly in the Midwest and South. Amphetamine reports increased significantly in the Northeast but decreased significantly in the South and West. Oxycodone reports decreased significantly in the West and Midwest, while buprenorphine reports decreased significantly in the South and Midwest.

**Figure 1.5** Regional trends in fentanyl reported per 100,000 people aged 15 or older, January 2007–June 2021

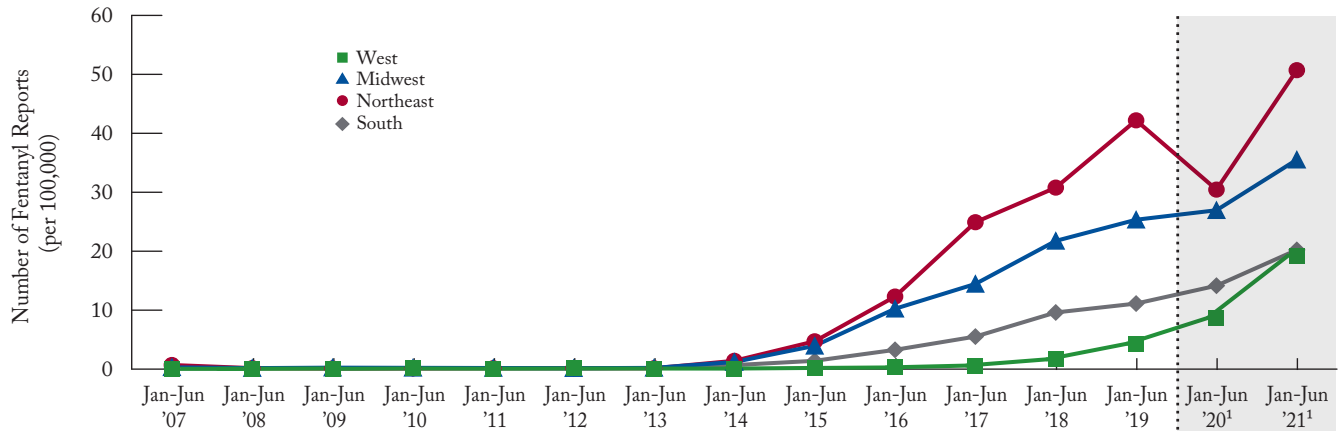



**Figure 1.6** Regional trends in alprazolam reported per 100,000 people aged 15 or older, January 2007–June 2021

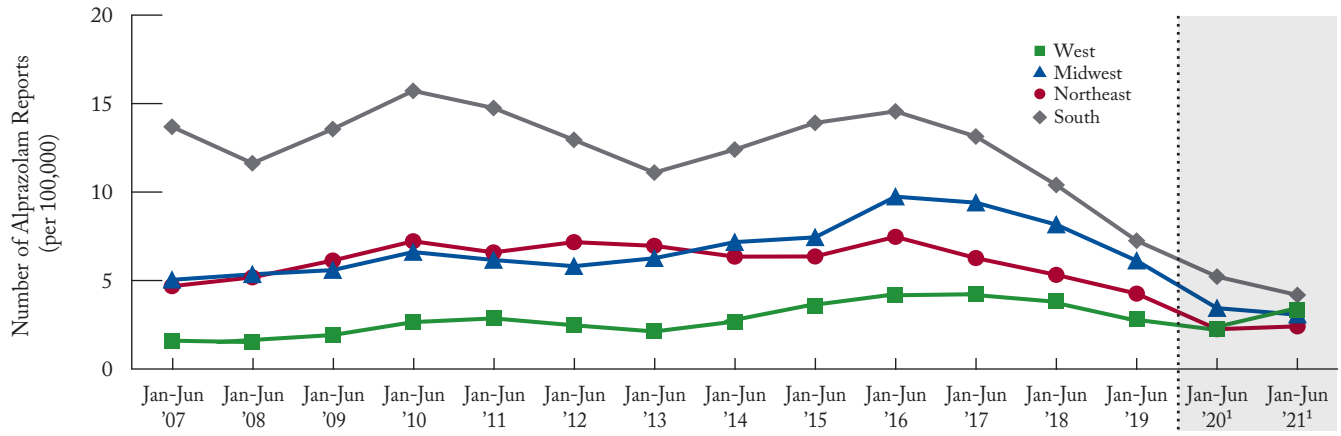
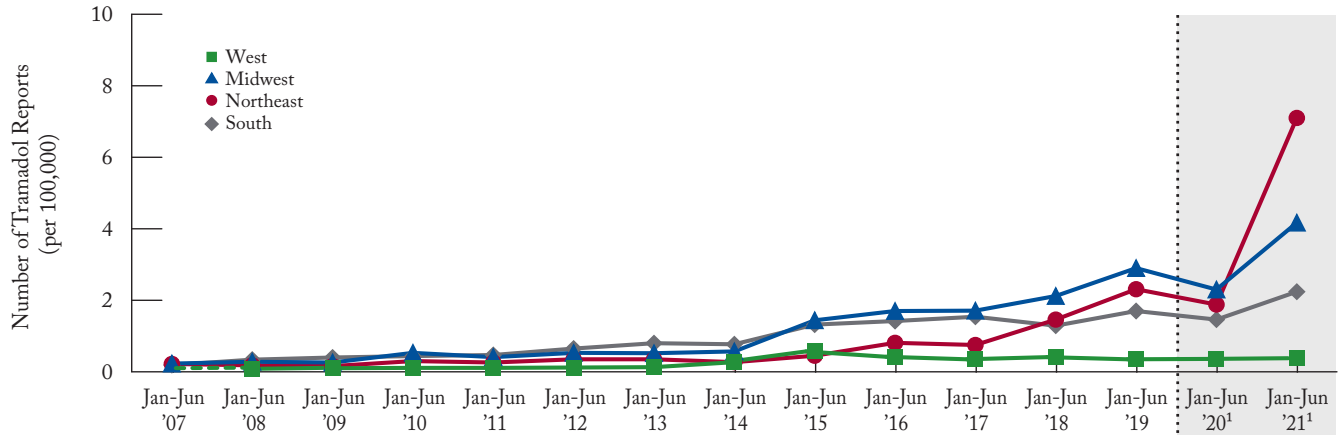



**Figure 1.7** Regional trends in tramadol reported per 100,000 people aged 15 or older, January 2007–June 2021[2]




*Note: Estimates are shown for the first half of each year from January to June 2007 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

[1] *For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

[2] *A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current NFLIS Statistical Methodology publication for a more detailed description of the methods used in preparing these estimates.*

**Figure 1.8** Regional trends in oxycodone reported per 100,000 people aged 15 or older, January 2007–June 2021

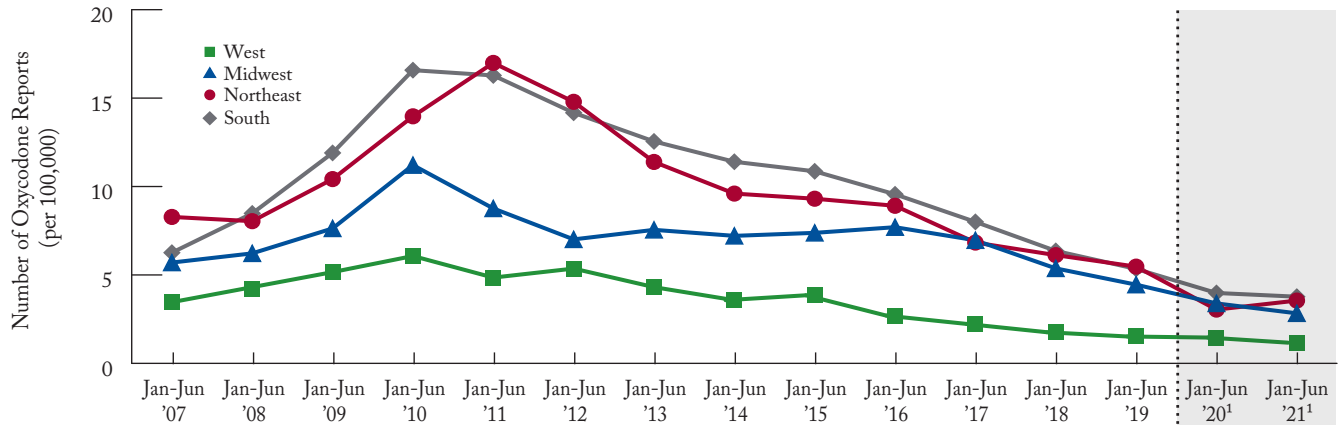



**Figure 1.9** Regional trends in buprenorphine reported per 100,000 people aged 15 or older, January 2007–June 2021

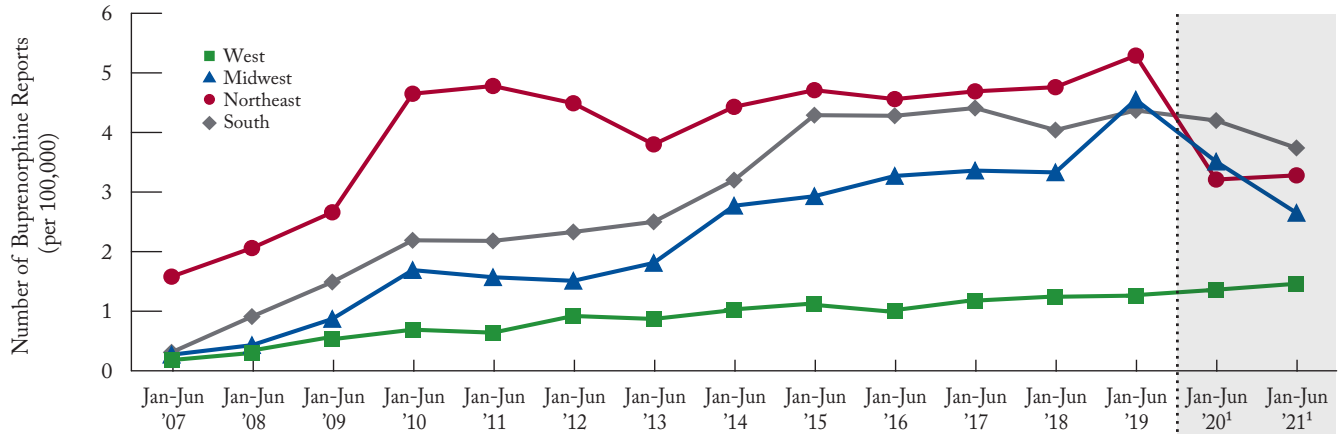
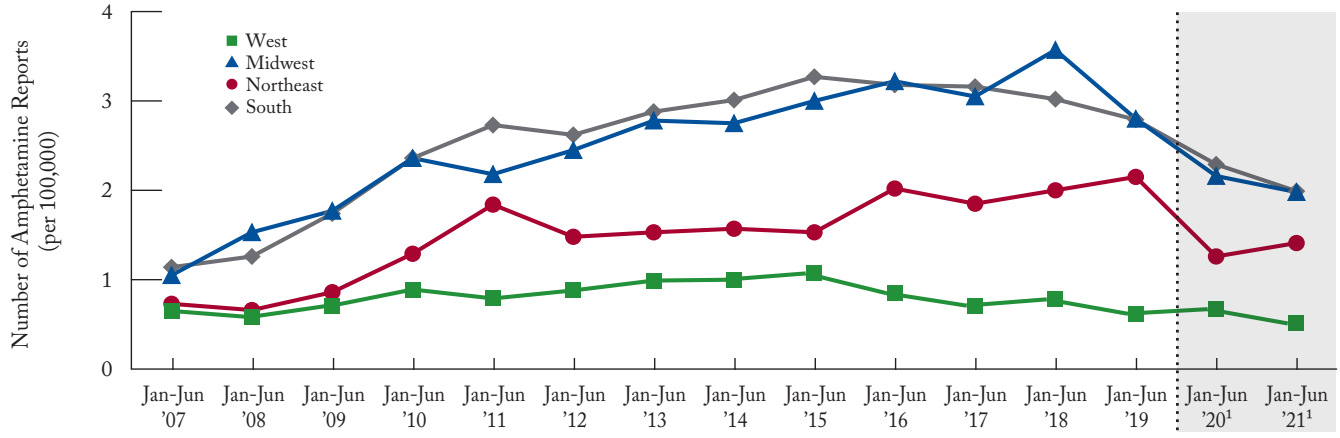



**Figure 1.10** Regional trends in amphetamine reported per 100,000 people aged 15 or older, January 2007–June 2021




*Note: Estimates are shown for the first half of each year from January to June 2007 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

*[1]For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

Figures 1.11 through 1.16 present regional trends per 100,000 people aged 15 or older for methamphetamine, cannabis/THC, cocaine, heroin, eutylone, and psilocin/psilocybin reports from the first half of 2007 through the first half of 2021. Notable trends include the following:

- For methamphetamine reports, the West had more pronounced decreases than the other regions from the first half of 2007 through the first half of 2011. All regions showed increases beginning in 2011 or 2012 and continuing through the first half of 2019. Reports continued to increase in the South and Northeast through the first half of 2021, while reports in the West and Midwest decreased in the first half of 2020, then significantly increased in the first half of 2021.
- Cannabis/THC reports decreased across all regions from the first half of 2007 to the first half of 2021. In the first half of 2007, the number of reports in the Midwest was considerably higher than the numbers of reports in the other three regions, but by the first half of 2019, the numbers of cannabis/THC reports were similar in the Midwest, Northeast, and South. The West had the lowest number of reports from the first half of 2007 through the first half of 2021.
- Cocaine reports in the Midwest and Northeast steadily decreased from the first half of 2007 through the first half of 2014, with slight increases in reports through the first half of 2018. The West and South had steadier declines through the first half of 2021. The West had the lowest number of reports among all the regions throughout the reporting period.
- For heroin reports, the Northeast, Midwest, and South had increases from the first half of 2007 through the first half of 2015, then had steady decreases through the first half of 2021. Reports in the West increased through the first half of 2019, then slightly decreased through the first half of 2021.
- Eutylone reports dramatically increased from the first half of 2017 through the first half of 2021 in all regions except the West. The West had more modest increases during the same time.
- For psilocin/psilocybin, reports in the West decreased from the first half of 2007 to the lowest number of reports per 100,000 in the first half of 2017, then steadily increased until a more dramatic increase occurred in the first half of 2021. Reports in the other three regions remained steady from the first half of 2007 through the first half of 2018, then increased through the first half of 2021.

Between the first half of 2020 and the first half of 2021, methamphetamine reports and psilocin/psilocybin reports increased significantly in all regions, while eutylone reports increased significantly in all regions except the West ($p < .05$). Cannabis/THC reports increased significantly in the Midwest but decreased significantly in the West and Northeast. Heroin reports decreased significantly in the South. There were no significant changes in cocaine reports across the four regions.

Crack cocaine

**Figure 1.11** Regional trends in methamphetamine reported per 100,000 people aged 15 or older, January 2007–June 2021

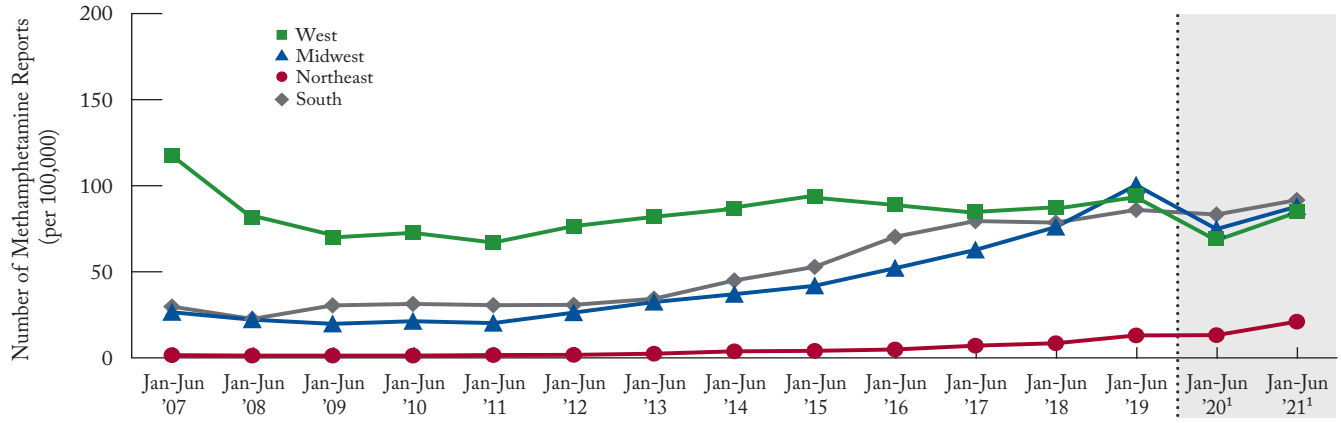



**Figure 1.12** Regional trends in cannabis/THC reported per 100,000 people aged 15 or older, January 2007–June 2021

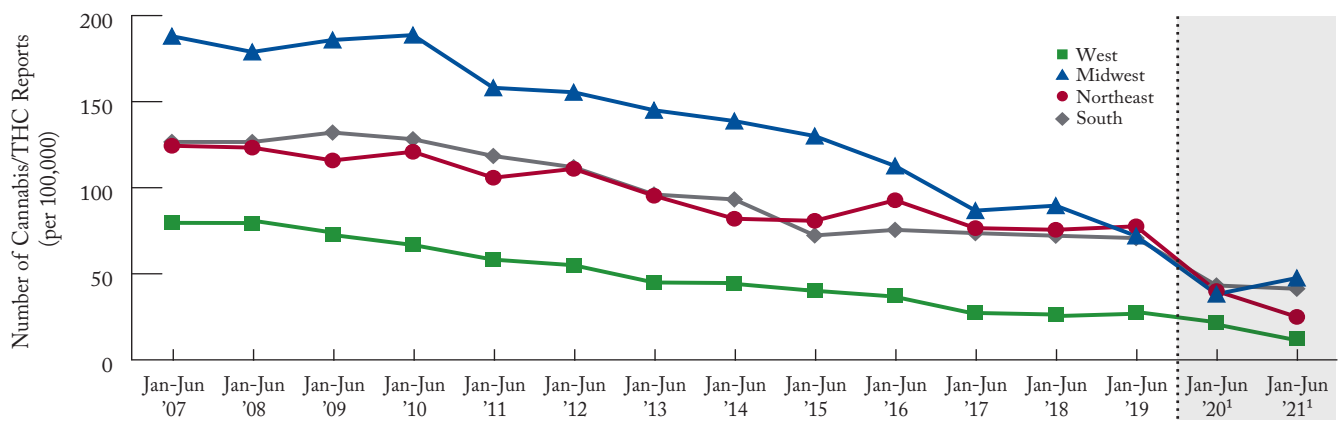
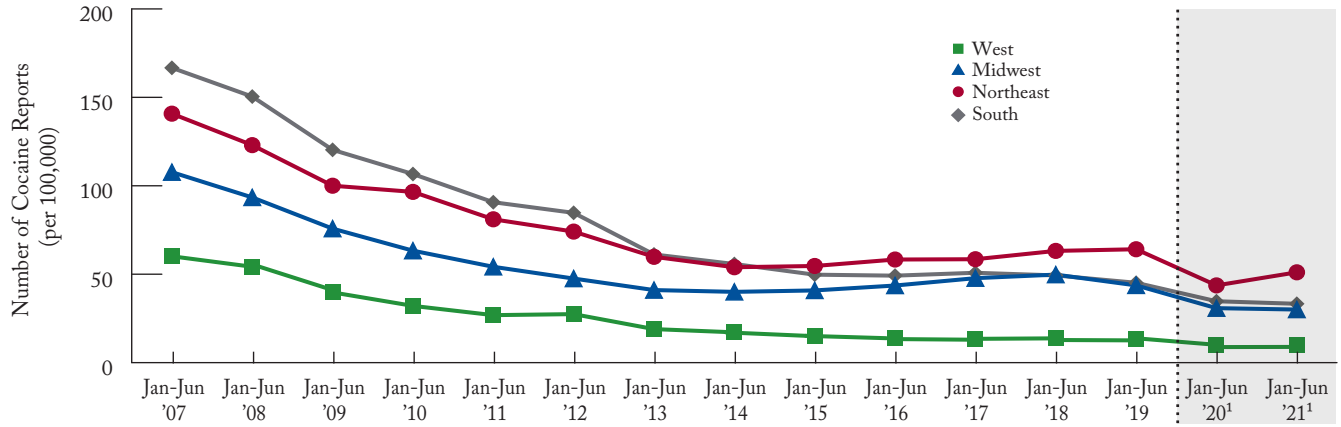



**Figure 1.13** Regional trends in cocaine reported per 100,000 people aged 15 or older, January 2007–June 2021




*Note: Estimates are shown for the first half of each year from January to June 2007 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

*[1]For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

**Figure 1.14** Regional trends in heroin reported per 100,000 people aged 15 or older, January 2007–June 2021

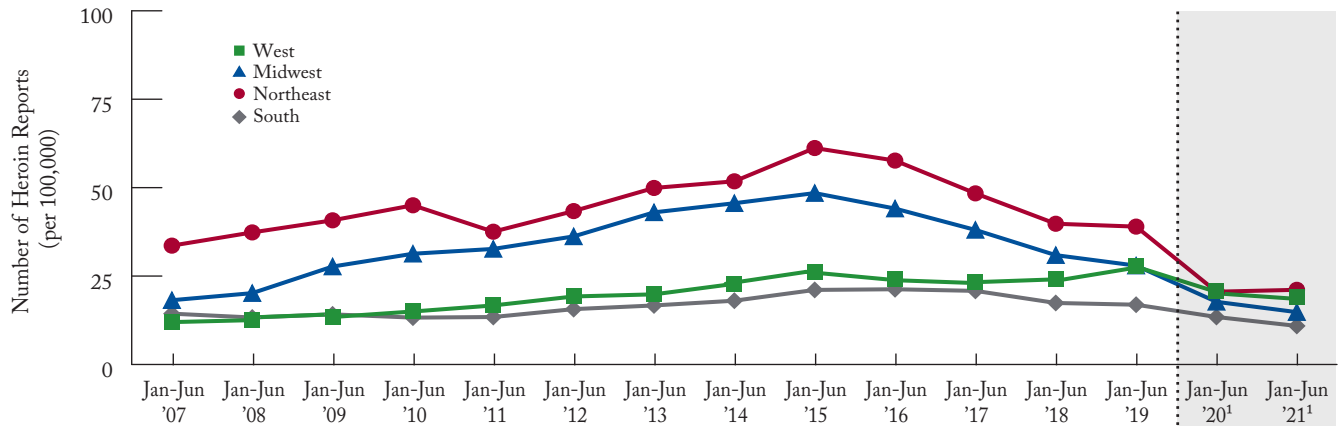



**Figure 1.15** Regional trends in eutylone reported per 100,000 people aged 15 or older, January 2007–June 2021

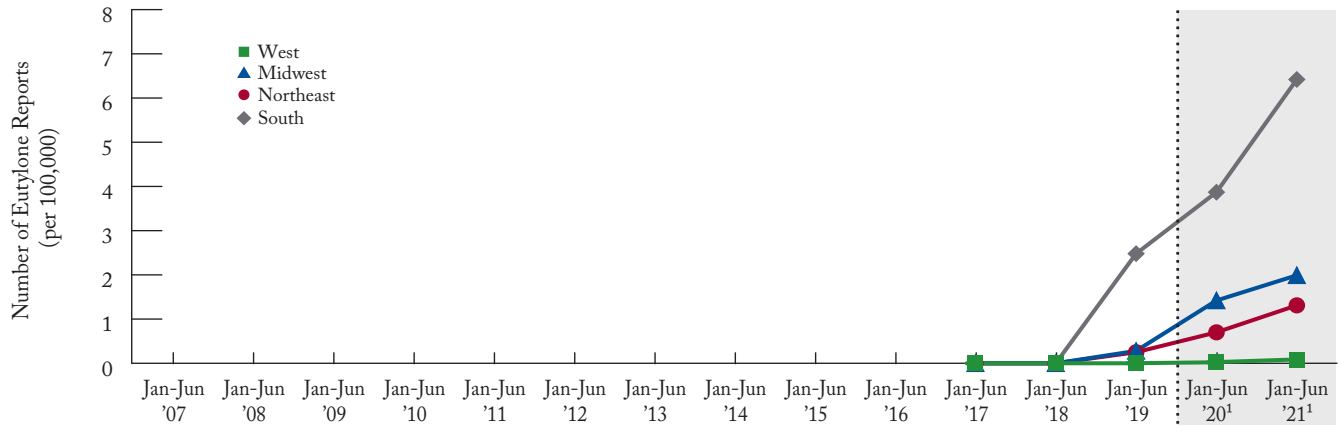
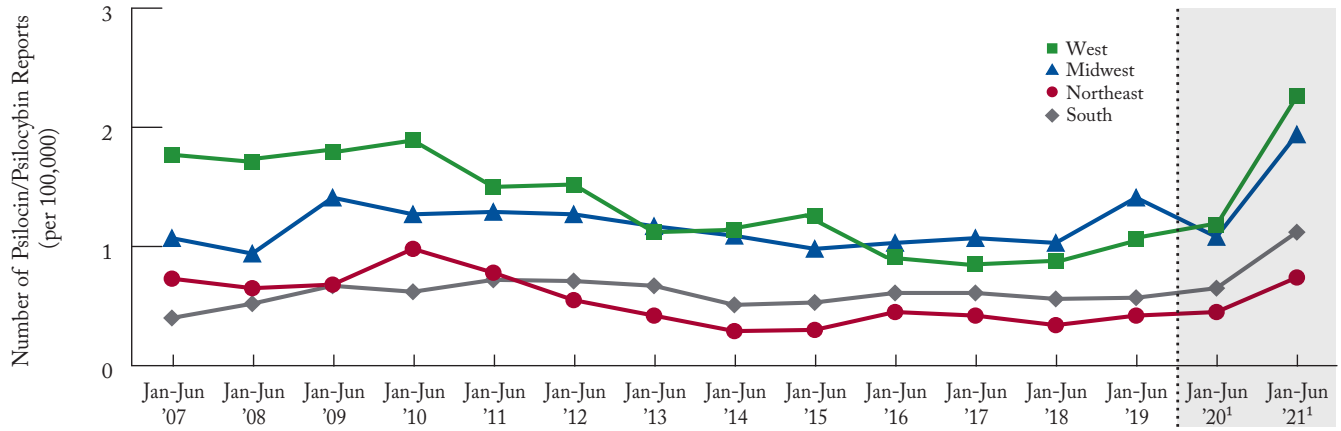



**Figure 1.16** Regional trends in psilocin/psilocybin reported per 100,000 people aged 15 or older, January 2007–June 2021




*Note: Estimates are shown for the first half of each year from January to June 2007 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed. Estimates are not available for eutylone for 2007 through 2016 because eutylone was first reported to NFLIS in the second half of 2017.*

*[1]For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

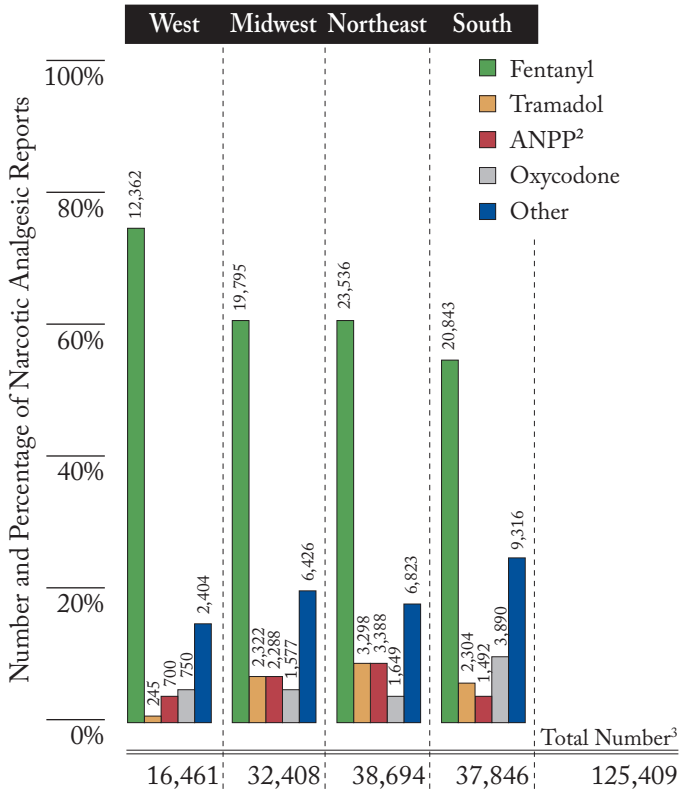
# Section 2: Major Drug Categories

This section presents results for major drug categories. Specifically, this section presents estimates of reports of specific drugs by drug category using the NEAR approach. All drugs mentioned in laboratories' drug items are included in the counts. Drug categories presented in this section include narcotic analgesics, tranquilizers and depressants, anabolic steroids, phenethylamines, and synthetic cannabinoids. A total of 678,902 drug reports were submitted to State and local laboratories from January 1, 2021, through June 30, 2021, and analyzed by September 30, 2021.

**Table 2.1** *NARCOTIC ANALGESICS*
*Number and percentage of narcotic analgesic reports in the United States, January 2021–June 2021*[1]

| Narcotic Analgesic Reports | Number | Percent |
|---|---|---|
| Fentanyl | 76,536 | 61.03% |
| Tramadol | 8,169 | 6.51% |
| ANPP[2] | 7,869 | 6.27% |
| Oxycodone | 7,866 | 6.27% |
| Buprenorphine | 7,785 | 6.21% |
| Fluorofentanyl | 3,712 | 2.96% |
| Hydrocodone | 3,446 | 2.75% |
| *para*-Fluorofentanyl | 2,775 | 2.21% |
| Acetyl fentanyl | 2,115 | 1.69% |
| Morphine | 811 | 0.65% |
| Methadone | 727 | 0.58% |
| Codeine | 635 | 0.51% |
| Phenethyl 4-ANPP[2] | 454 | 0.36% |
| Hydromorphone | 425 | 0.34% |
| Metonitazene | 359 | 0.29% |
| Other narcotic analgesics | 1,723 | 1.37% |
| *Total Narcotic Analgesic Reports*[3] | 125,409 | 100.00% |
| *Total Drug Reports* | 678,902 | |

**Figure 2.1** Distribution of narcotic analgesic reports within region, January 2021–June 2021[1]




[1] *Includes drug reports submitted to laboratories from January 1, 2021, through June 30, 2021, that were analyzed by September 30, 2021. For many drugs, the January through June 2021 estimate continues to show a noticeable decrease likely due, in part, to the impacts of COVID-19. Use caution when comparing data from January through June 2021 with data from previous years.*

[2] *Because of the interest in fentanyl and fentanyl-related compounds, ANPP and phenethyl 4-ANPP, immediate precursors of fentanyl and not narcotic analgesics, are shown in the table and the figure.*

[3] *Numbers and percentages may not sum to totals because of rounding.*

**Table 2.2** *TRANQUILIZERS AND DEPRESSANTS*

*Number and percentage of tranquilizer and depressant reports in the United States, January 2021–June 2021*[1]

| Tranquilizer and Depressant Reports | Number | Percent |
|---|---|---|
| Alprazolam | 9,281 | 34.93% |
| Clonazolam | 3,559 | 13.40% |
| Etizolam | 2,722 | 10.24% |
| Clonazepam | 2,659 | 10.01% |
| Phencyclidine (PCP) | 1,917 | 7.21% |
| Diazepam | 1,266 | 4.77% |
| Flualprazolam | 1,120 | 4.22% |
| Ketamine | 911 | 3.43% |
| 3Cl-PCP | 548 | 2.06% |
| Lorazepam | 429 | 1.62% |
| Flubromazolam | 375 | 1.41% |
| Carisoprodol | 295 | 1.11% |
| Bromazolam | 242 | 0.91% |
| Zolpidem | 237 | 0.89% |
| Cyclobenzaprine | 221 | 0.83% |
| Other tranquilizers and depressants | 785 | 2.96% |
| *Total Tranquilizer and Depressant Reports*[2] | 26,568 | 100.00% |
| *Total Drug Reports* | 678,902 | |

**Figure 2.2** Distribution of tranquilizer and depressant reports within region, January 2021–June 2021[1]

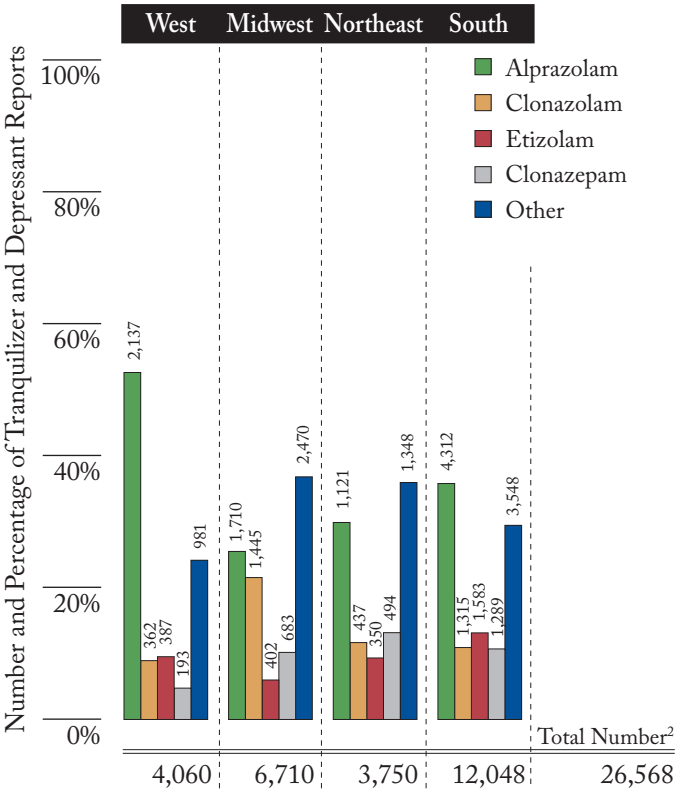
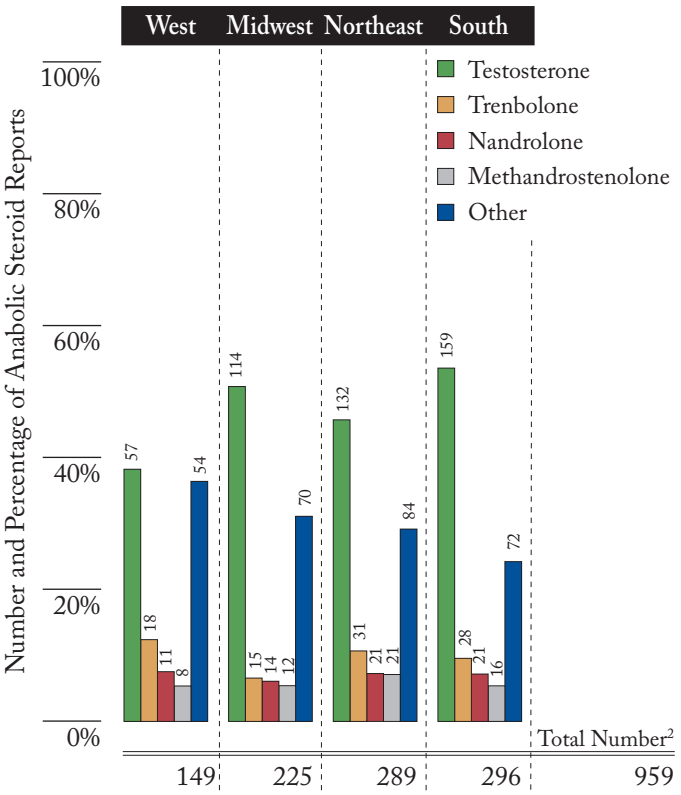



**Table 2.3** *ANABOLIC STEROIDS*

*Number and percentage of anabolic steroid reports in the United States, January 2021–June 2021*[1]

| Anabolic Steroid Reports | Number | Percent |
|---|---|---|
| Testosterone | 462 | 48.19% |
| Trenbolone | 93 | 9.65% |
| Nandrolone | 67 | 7.01% |
| Methandrostenolone | 57 | 5.92% |
| Oxandrolone | 52 | 5.44% |
| Stanozolol | 49 | 5.09% |
| Drostanolone | 28 | 2.96% |
| Oxymetholone | 27 | 2.81% |
| Boldenone | 24 | 2.47% |
| Methenolone | 16 | 1.67% |
| Methasterone | 7 | 0.78% |
| Mesterolone | 5 | 0.52% |
| Dehydrochloromethyltestosterone | 4 | 0.42% |
| Desoxymethyltestosterone | 2 | 0.21% |
| Methyltestosterone | 2 | 0.21% |
| Other anabolic steroids | 64 | 6.67% |
| *Total Anabolic Steroid Reports*[2] | 959 | 100.00% |
| *Total Drug Reports* | 678,902 | |

**Figure 2.3** Distribution of anabolic steroid reports within region, January 2021–June 2021[1]




[1] *Includes drug reports submitted to laboratories from January 1, 2021, through June 30, 2021, that were analyzed by September 30, 2021. For many drugs, the January through June 2021 estimate continues to show a noticeable decrease likely due, in part, to the impacts of COVID-19. Use caution when comparing data from January through June 2021 with data from previous years.*

[2] *Numbers and percentages may not sum to totals because of rounding.*

**Table 2.4** *PHENETHYLAMINES*

*Number and percentage of phenethylamine reports in the United States, January 2021–June 2021*[1]

| Phenethylamine Reports | Number | Percent |
|---|---|---|
| Methamphetamine | 207,980 | 92.11% |
| Eutylone | 8,379 | 3.71% |
| Amphetamine | 4,140 | 1.83% |
| MDMA | 2,578 | 1.14% |
| MDA | 418 | 0.19% |
| Lisdexamfetamine | 330 | 0.15% |
| BMDP | 196 | 0.09% |
| alpha-PiHP | 158 | 0.07% |
| Phentermine | 119 | 0.05% |
| alpha-PHP | 117 | 0.05% |
| 3,4-Methylenedioxy PV8 | 80 | 0.04% |
| 4F-3-Methyl-alpha-PVP | 51 | 0.02% |
| *N*-Ethylpentylone | 51 | 0.02% |
| *N*-Methylethylone | 42 | 0.02% |
| Pentylone | 40 | 0.02% |
| Other phenethylamines | 1,122 | 0.50% |
| *Total Phenethylamine Reports*[2] | 225,801 | 100.00% |
| *Total Drug Reports* | 678,902 | |

**Figure 2.4** Distribution of phenethylamine reports within region, January 2021–June 2021[1]

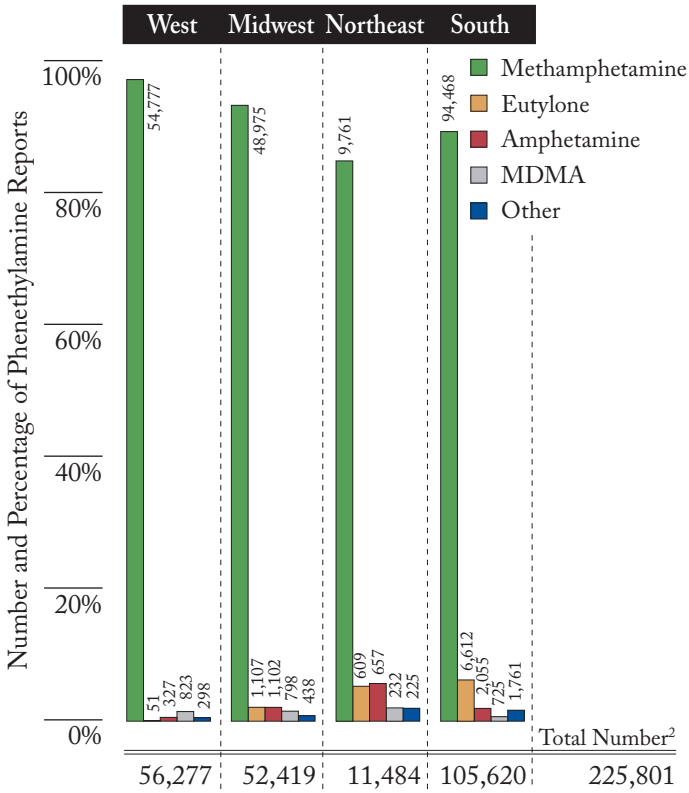
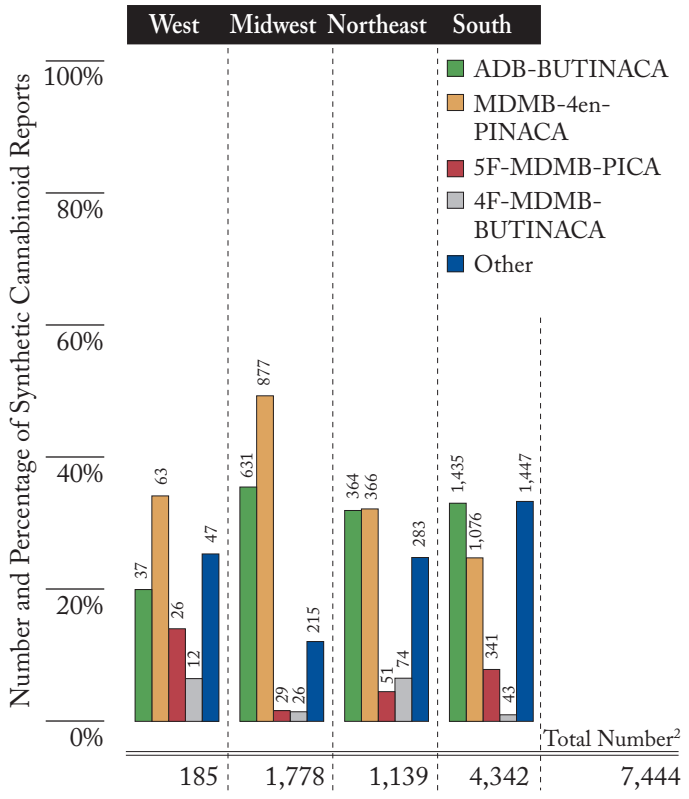



**Table 2.5** *SYNTHETIC CANNABINOIDS*

*Number and percentage of synthetic cannabinoid reports in the United States, January 2021–June 2021*[1]

| Synthetic Cannabinoid Reports | Number | Percent |
|---|---|---|
| ADB-BUTINACA | 2,467 | 33.14% |
| MDMB-4en-PINACA | 2,382 | 32.00% |
| 5F-MDMB-PICA | 448 | 6.01% |
| 4F-MDMB-BUTINACA | 156 | 2.09% |
| ADB-4en-PINACA | 78 | 1.05% |
| 4F-MDMB-BUTICA | 77 | 1.03% |
| 5F-EMB-PICA | 74 | 0.99% |
| 4CN-CUMYL-BUTINACA | 70 | 0.94% |
| Fluoro-EMB-PICA | 65 | 0.87% |
| 5F-ADB | 55 | 0.74% |
| ADB-HEXINACA | 55 | 0.74% |
| FUB-AMB | 54 | 0.73% |
| Fluoro-MDMB-BUTICA | 52 | 0.70% |
| Fluoro-MDMB-PICA | 49 | 0.66% |
| Fluoro-ABUTINACA | 37 | 0.50% |
| Other synthetic cannabinoids | 1,325 | 17.80% |
| *Total Synthetic Cannabinoid Reports*[2] | 7,444 | 100.00% |
| *Total Drug Reports* | 678,902 | |

**Figure 2.5** Distribution of synthetic cannabinoid reports within region, January 2021–June 2021[1]




[1] *Includes drug reports submitted to laboratories from January 1, 2021, through June 30, 2021, that were analyzed by September 30, 2021. For many drugs, the January through June 2021 estimate continues to show a noticeable decrease likely due, in part, to the impacts of COVID-19. Use caution when comparing data from January through June 2021 with data from previous years.*

[2] *Numbers and percentages may not sum to totals because of rounding.*

# Appendix A LONG-TERM TREND GRAPHS

**Figure A.1** National trend estimates for fentanyl, alprazolam, and tramadol, January 2001–June 2021

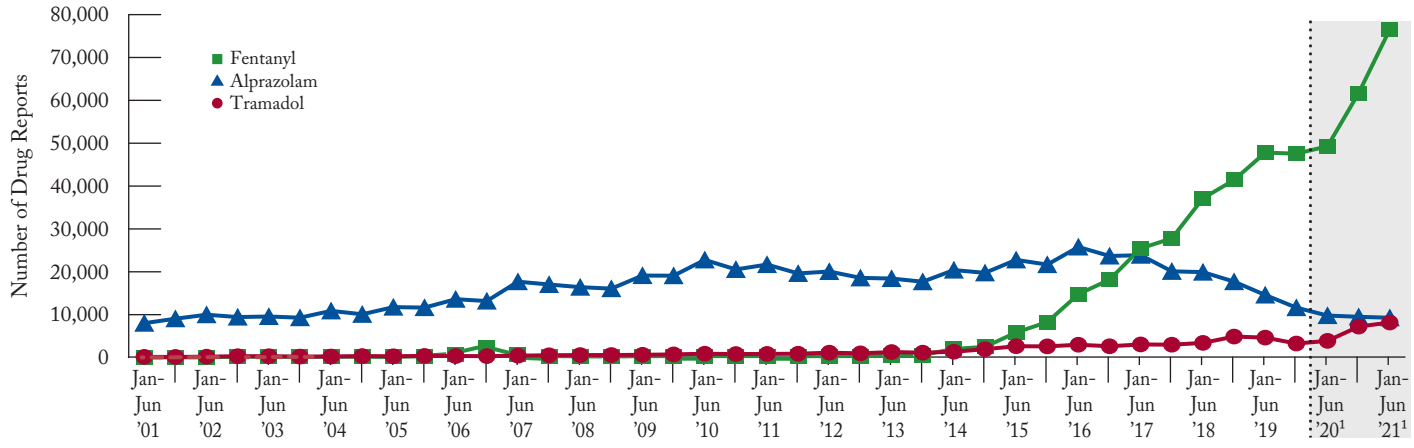



**Figure A.2** National trend estimates for oxycodone, buprenorphine, and amphetamine, January 2001–June 2021[2]

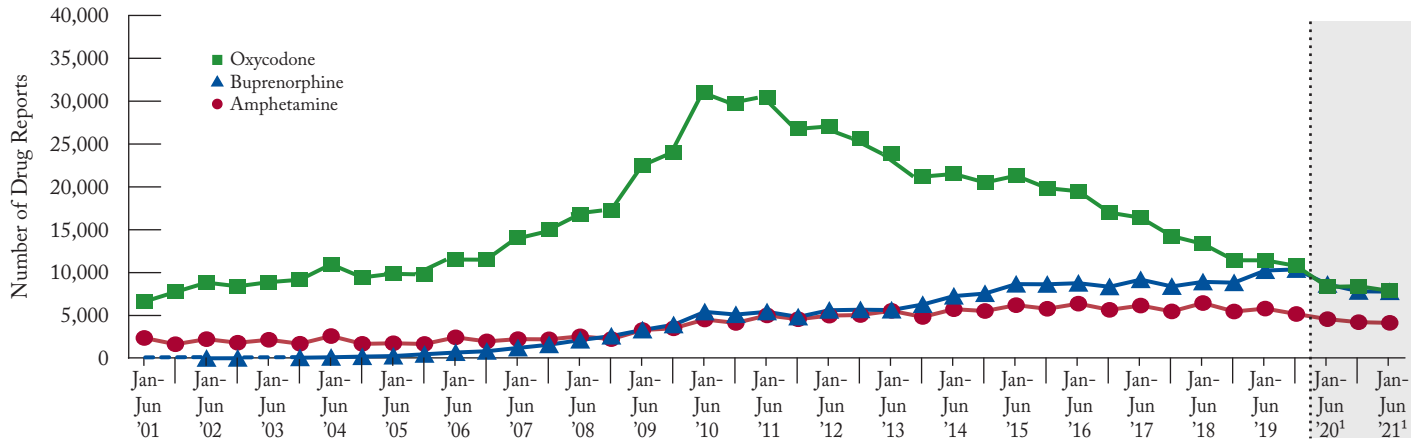
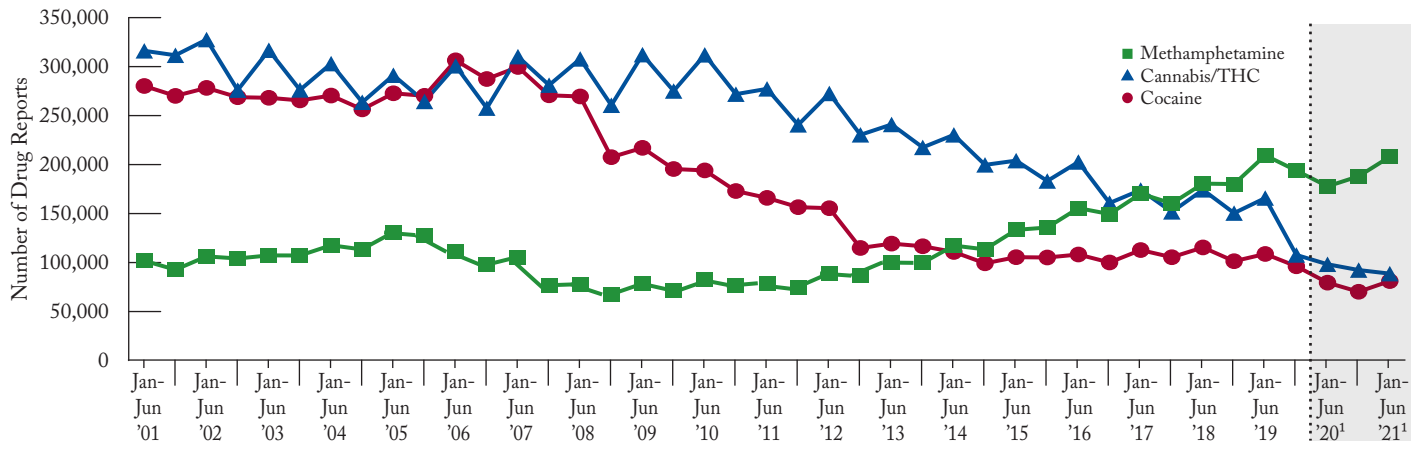



**Figure A.3** National trend estimates for methamphetamine, cannabis/THC, and cocaine, January 2001–June 2021




*Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021.*

[1] *For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

[2] *A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current NFLIS Statistical Methodology publication for a more detailed description of the methods used in preparing these estimates.*

**Figure A.4** National trend estimates for heroin, eutylone, and psilocin/psilocybin, January 2001–June 2021[1]

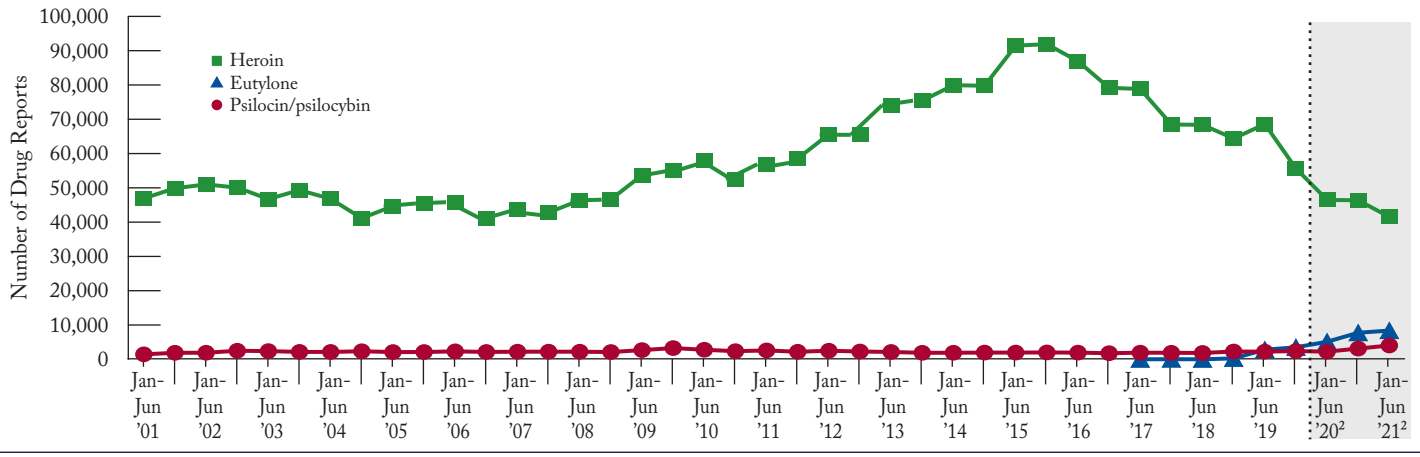



**Figure A.5** Regional trends in fentanyl reported per 100,000 people aged 15 or older, January 2001–June 2021[3]

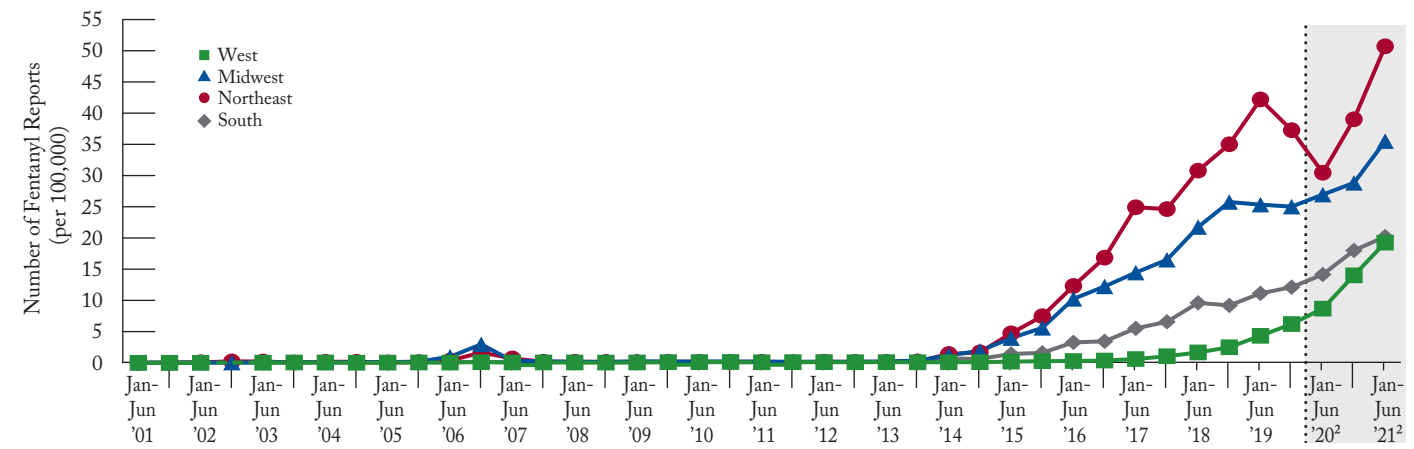
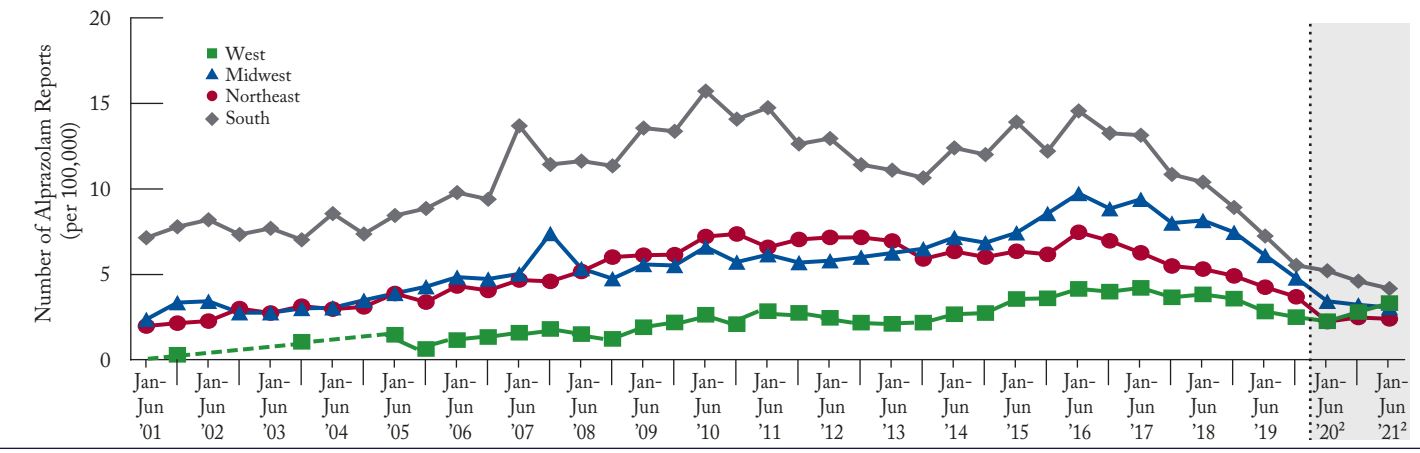



**Figure A.6** Regional trends in alprazolam reported per 100,000 people aged 15 or older, January 2001–June 2021[3]




*Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021. For Figures A.5 and A.6, U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

*[1] Estimates are not available for eutylone for 2006 through 2016 because eutylone was first reported to NFLIS in the first half of 2017.*

*[2] For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

*[3] A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current NFLIS Statistical Methodology publication for a more detailed description of the methods used in preparing these estimates.*

**Figure A.7** Regional trends in tramadol reported per 100,000 people aged 15 or older, January 2001–June 2021[1]

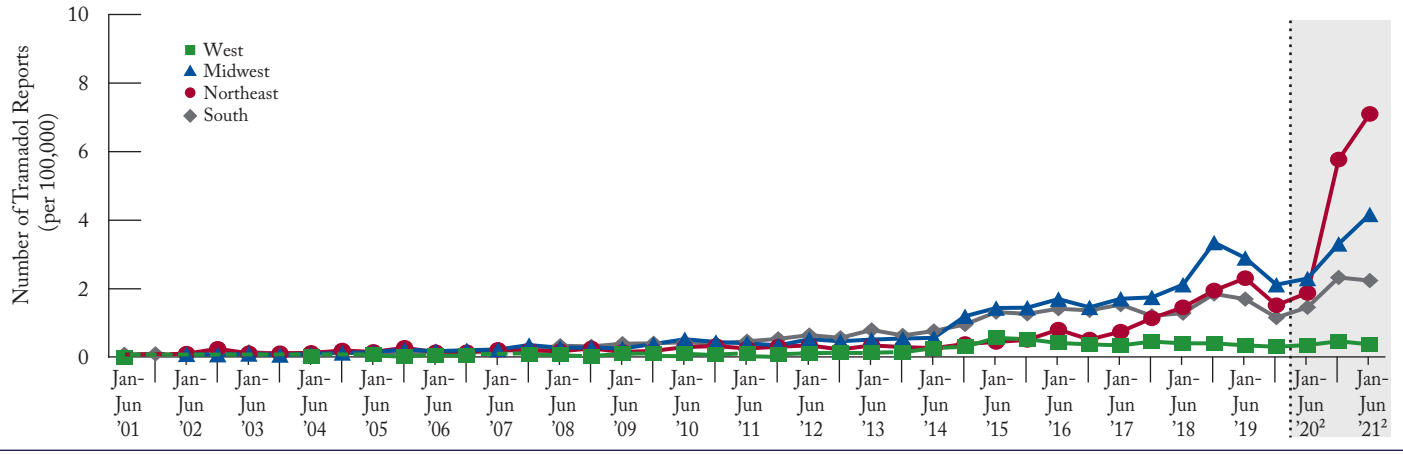



**Figure A.8** Regional trends in oxycodone reported per 100,000 people aged 15 or older, January 2001–June 2021[1]

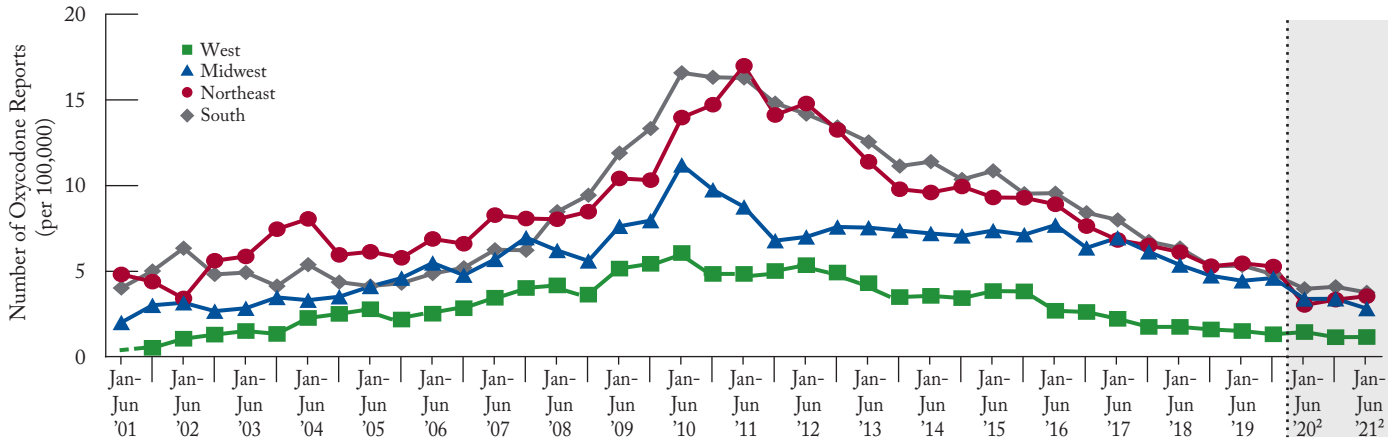
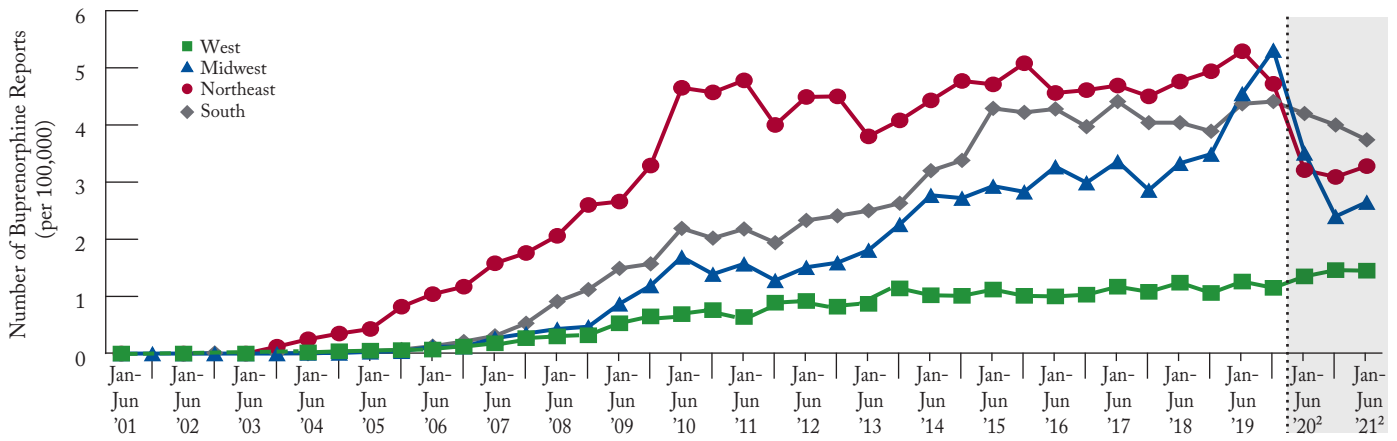



**Figure A.9** Regional trends in buprenorphine reported per 100,000 people aged 15 or older, January 2001–June 2021[1]




*Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

*[1] A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current NFLIS Statistical Methodology publication for a more detailed description of the methods used in preparing these estimates.*

*[2] For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

**Figure A.10** Regional trends in amphetamine reported per 100,000 people aged 15 or older, January 2001–June 2021

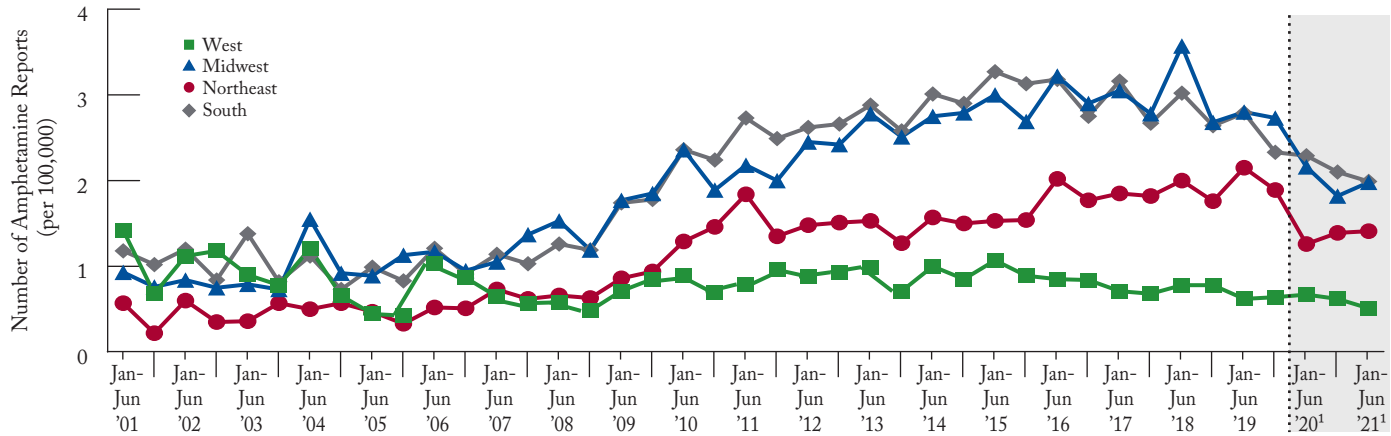



**Figure A.11** Regional trends in methamphetamine reported per 100,000 people aged 15 or older, January 2001–June 2021[2]

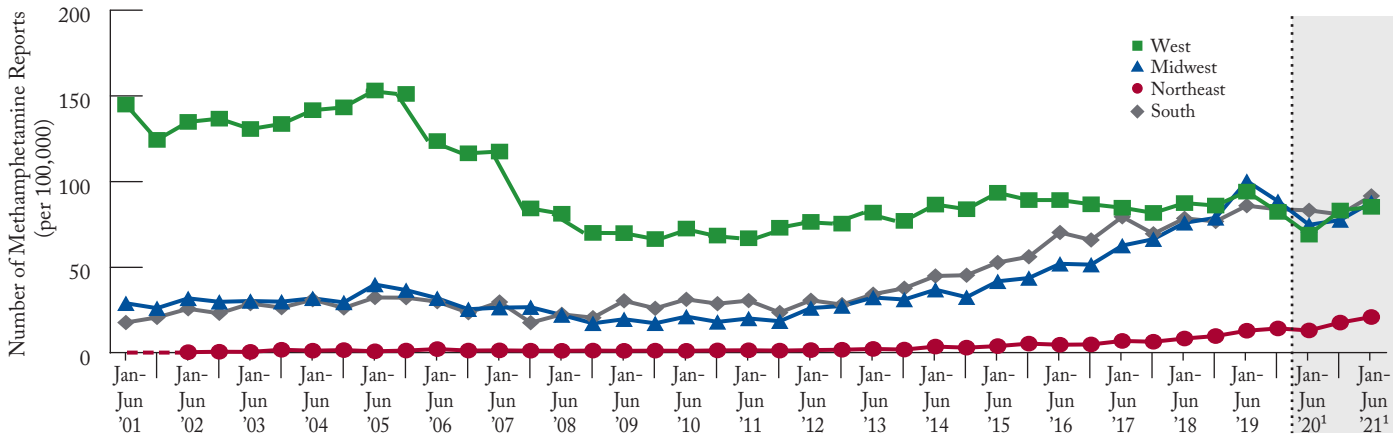
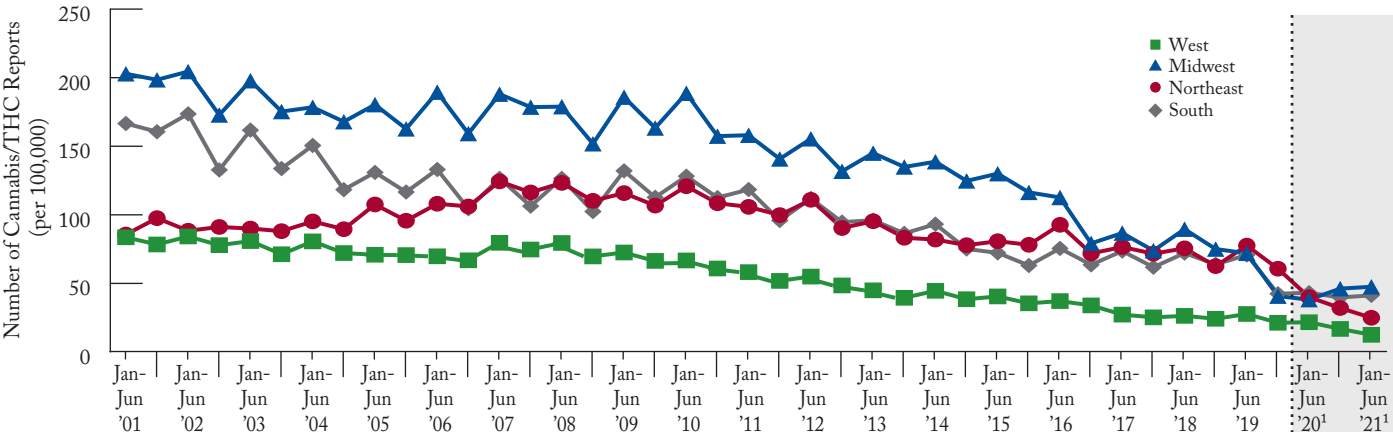



**Figure A.12** Regional trends in cannabis/THC reported per 100,000 people aged 15 or older, January 2001–June 2021




*Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

*[1] For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

*[2] A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current NFLIS Statistical Methodology publication for a more detailed description of the methods used in preparing these estimates.*

**Figure A.13** Regional trends in cocaine reported per 100,000 people aged 15 or older, January 2001–June 2021

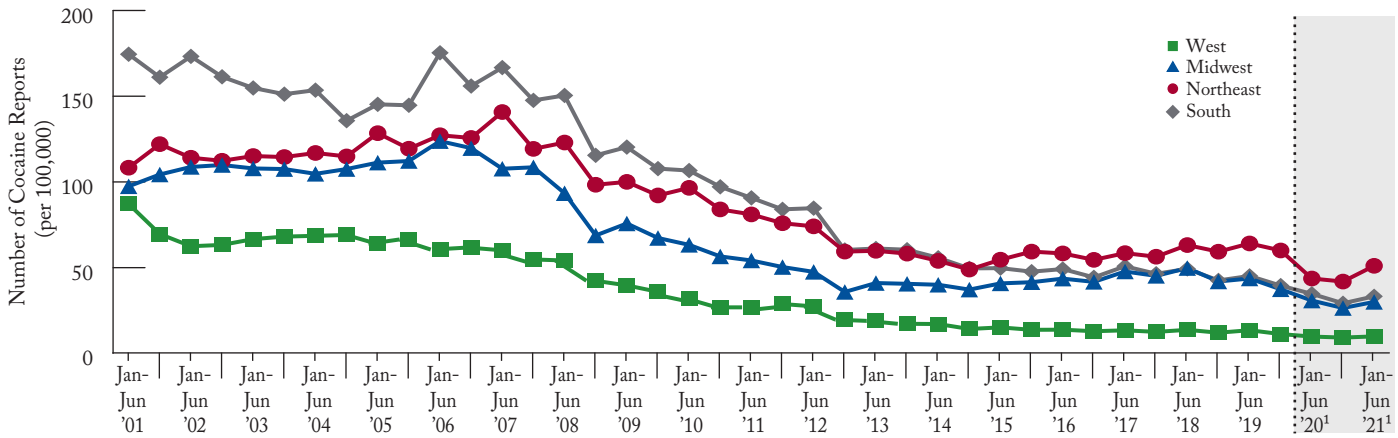



**Figure A.14** Regional trends in heroin reported per 100,000 people aged 15 or older, January 2001–June 2021

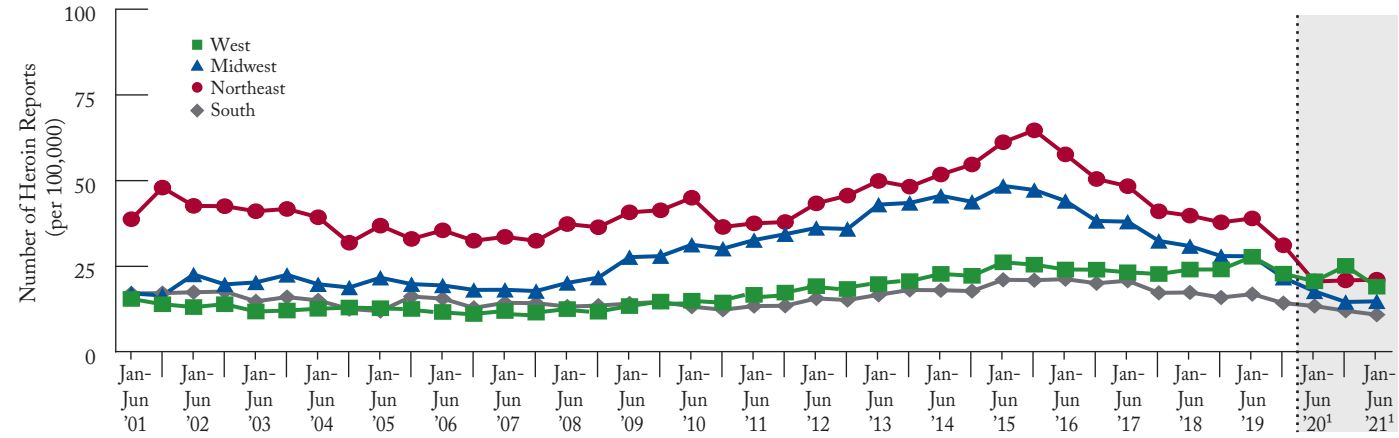
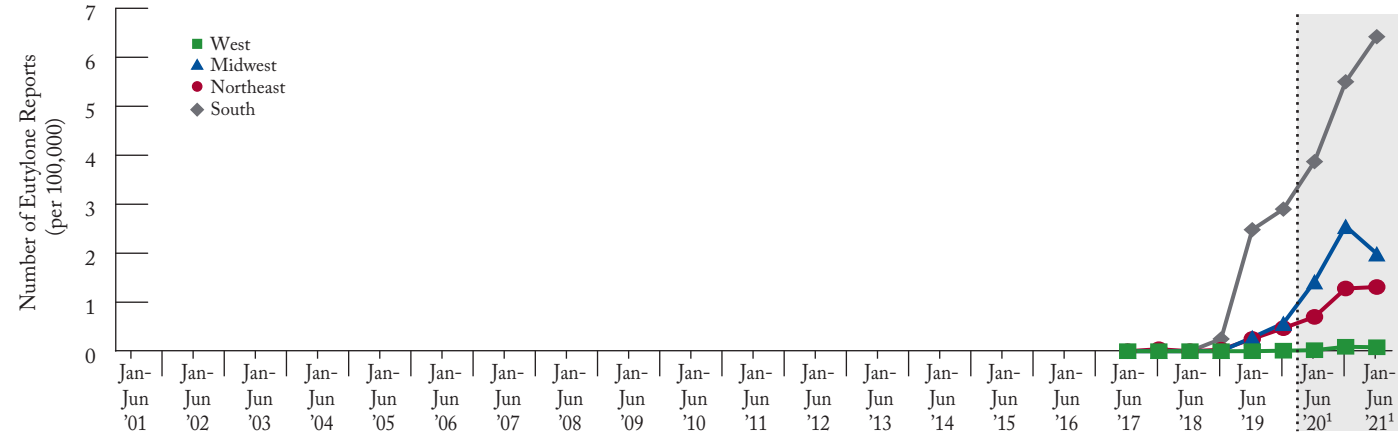



**Figure A.15** Regional trends in eutylone reported per 100,000 people aged 15 or older, January 2001–June 2021[2]

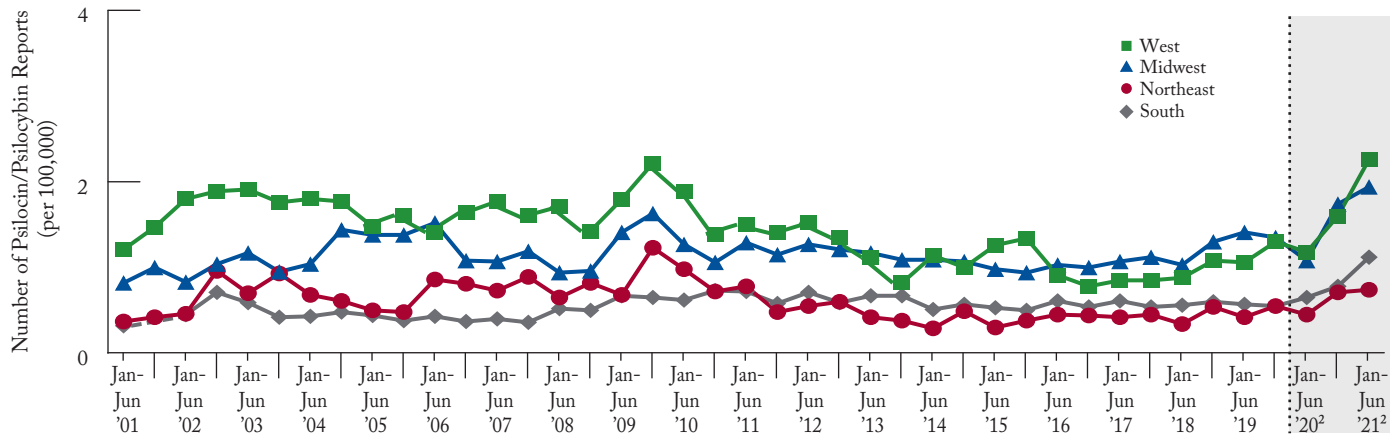



*Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

[1] *For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

[2] *Estimates are not available for eutylone for 2006 through 2016 because eutylone was first reported to NFLIS in the first half of 2017.*

**Figure A.16** Regional trends in psilocin/psilocybin reported per 100,000 people aged 15 or older, January 2001–June 2021[1]




*Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.*

*[1] A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current NFLIS Statistical Methodology publication for a more detailed description of the methods used in preparing these estimates.*

*[2] For many drugs, there continues to be a noticeable decrease in the number of cases submitted and analyzed during the first half of 2021 compared with the first half of 2019 and earlier, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with previous years' estimates.*

# Appendix B

# NFLIS-Drug Participating and Reporting Forensic Laboratories

| State | Lab Type | Laboratory Name | Reporting |
|---|---|---|---|
| AK | State | Alaska Department of Public Safety | ✓ |
| AL | State | Alabama Department of Forensic Sciences (5 sites) | ✓ |
| AR | State | Arkansas State Crime Laboratory (3 sites) | ✓ |
| AZ | State | Arizona Department of Public Safety, Scientific Analysis Bureau (4 sites) | ✓ |
| | Local | Mesa Police Department | ✓ |
| | Local | Phoenix Police Department | ✓ |
| | Local | Scottsdale Police Department | ✓ |
| | Local | Tucson Police Department Crime Laboratory | ✓ |
| CA | State | California Department of Justice (10 sites) | ✓ |
| | Local | Alameda County Sheriff's Office Crime Laboratory (San Leandro) | ✓ |
| | Local | Contra Costa County Sheriff's Office (Martinez) | ✓ |
| | Local | Fresno County Sheriff's Forensic Laboratory | ✓ |
| | Local | Kern County District Attorney's Office (Bakersfield) | ✓ |
| | Local | Long Beach Police Department | ✓ |
| | Local | Los Angeles County Sheriff's Department (4 sites) | ✓ |
| | Local | Los Angeles Police Department | ✓ |
| | Local | Oakland Police Department Crime Laboratory | ✓ |
| | Local | Orange County Sheriff's Department (Santa Ana) | ✓ |
| | Local | Sacramento County District Attorney's Office | ✓ |
| | Local | San Bernardino County Sheriff's Department | ✓ |
| | Local | San Diego County Sheriff's Department | ✓ |
| | Local | San Diego Police Department | ✓ |
| | Local | San Francisco Police Department* | ✓ |
| | Local | San Mateo County Sheriff's Office (San Mateo) | ✓ |
| | Local | Santa Clara District Attorney's Office (San Jose) | ✓ |
| | Local | Solano County District Attorney, Bureau of Forensic Services | ✓ |
| | Local | Ventura County Sheriff's Department | |
| CO | State | Colorado Bureau of Investigation (4 sites) | ✓ |
| | Local | Colorado Springs Police Department | ✓ |
| | Local | Denver Police Department Crime Laboratory | ✓ |
| | Local | Jefferson County Sheriff's Office (Golden) | |
| | Local | Unified Metropolitan Forensic Crime Laboratory (Englewood) | |
| CT | State | Connecticut Department of Public Safety | ✓ |
| DE | State | Chief Medical Examiner's Office | |
| FL | State | Florida Department of Law Enforcement (5 sites) | ✓ |
| | Local | Broward County Sheriff's Office (Fort Lauderdale) | ✓ |
| | Local | Indian River Crime Laboratory (Fort Pierce) | ✓ |
| | Local | Manatee County Sheriff's Office (Bradenton) | ✓ |
| | Local | Miami-Dade Police Department Crime Laboratory | ✓ |
| | Local | Palm Beach County Sheriff's Office Crime Laboratory (West Palm Beach) | ✓ |
| | Local | Pinellas County Forensic Laboratory (Largo) | ✓ |
| | Local | Sarasota County Sheriff's Office | ✓ |
| GA | State | Georgia State Bureau of Investigation (6 sites) | ✓ |
| HI | Local | Honolulu Police Department | ✓ |
| IA | State | Iowa Division of Criminal Investigations | ✓ |
| ID | State | Idaho State Police (3 sites) | ✓ |
| | Local | Ada County Sheriff's Office Forensic Lab (Boise) | ✓ |
| IL | State | Illinois State Police (6 sites) | ✓ |
| | Local | DuPage County Forensic Science Center (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 | ✓ |
| | Local | Acadiana Criminalistics Laboratory (New Iberia) | ✓ |
| | Local | Jefferson Parish Sheriff's Office (Metairie) | ✓ |
| | Local | New Orleans Police Department Crime Laboratory | |
| | Local | North Louisiana Criminalistics Laboratory System (3 sites) | ✓ |
| | Local | Southwest Louisiana Criminalistics Laboratory (Lake Charles) | ✓ |
| | Local | St. Tammany Parish Sheriff's Office Crime Laboratory (Slidell) | ✓ |
| MA | State | Massachusetts State Police | ✓ |
| | Local | University of Massachusetts Medical School (Worcester) | ✓ |
| MD | State | Maryland State Police Forensic Sciences Division (3 sites) | ✓ |
| | Local | Anne Arundel County Police Department (Millersville) | ✓ |
| | Local | Baltimore City Police Department | |
| | Local | Baltimore County Police Department (Towson) | ✓ |
| | Local | Montgomery County Police Department Crime Laboratory (Rockville) | ✓ |
| | Local | Prince George's County Police Department (Landover) | |
| ME | State | Maine Department of Health and Human Services | ✓ |
| MI | State | Michigan State Police (7 sites) | |
| | Local | Oakland County Sheriff's Office Forensic Science Laboratory (Pontiac) | ✓ |
| MN | State | Minnesota Bureau of Criminal Apprehension (2 sites) | ✓ |
| | Local | Midwest Regional Forensic Laboratory (Andover) | |
| MO | State | Missouri State Highway Patrol (8 sites) | ✓ |
| | Local | KCMO Regional Crime Laboratory (Kansas City) | ✓ |
| | Local | St. Charles County Police Department Criminalistics Laboratory (O'Fallon) | ✓ |
| | Local | St. Louis County Police Department Crime Laboratory (Clayton) | ✓ |
| | Local | St. Louis Police Department | ✓ |
| MS | State | Mississippi Department of Public Safety (4 sites) | ✓ |
| | Local | Jackson Police Department Crime Laboratory | ✓ |
| | Local | Tupelo Police Department | ✓ |
| MT | State | Montana Forensic Science Division | ✓ |
| NC | State | North Carolina State Bureau of Investigation (3 sites) | ✓ |
| | Local | Charlotte-Mecklenburg Police Department | |
| | Local | Raleigh/Wake City-County Bureau of Identification | ✓ |
| ND | State | North Dakota Crime Laboratory Division | ✓ |
| NE | State | Nebraska State Patrol Criminalistics Laboratory | ✓ |
| NH | State | New Hampshire State Police Forensic Laboratory | ✓ |
| NJ | State | New Jersey State Police (4 sites) | ✓ |
| | Local | Burlington County Forensic Laboratory (Mt. Holly) | ✓ |
| | Local | Cape May County Prosecutor's Office | ✓ |
| | Local | Hudson County Prosecutor's Office (Jersey City) | |
| | Local | Ocean County Sheriff's Department (Toms River) | ✓ |
| | Local | Union County Prosecutor's Office (Westfield) | ✓ |
| NM | State | New Mexico Department of Public Safety (3 sites) | ✓ |
| | Local | Albuquerque Police Department | ✓ |
| NV | Local | Henderson City Crime Laboratory | ✓ |
| | Local | Las Vegas Metropolitan Police Crime Laboratory | ✓ |
| | Local | Washoe County Sheriff's Office Crime Laboratory (Reno) | ✓ |
| NY | State | New York State Police (4 sites) | ✓ |
| | Local | Erie County Central Police Services Laboratory (Buffalo) | ✓ |
| | Local | Nassau County Office of Medical Examiner (East Meadow) | ✓ |
| | Local | New York City Police Department Crime Laboratory** | ✓ |
| | Local | Niagara County Sheriff's Office Forensic Laboratory (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 | ✓ |
| OH | State | Ohio Bureau of Criminal Identification & Investigation (4 sites) | ✓ |
| | State | Ohio State Highway Patrol | ✓ |
| | Local | Canton-Stark County Crime Laboratory (Canton) | ✓ |
| | Local | Columbus Police Department | ✓ |
| | Local | Cuyahoga County Regional Forensic Science Laboratory (Cleveland) | ✓ |
| | Local | Hamilton County Coroner's Office (Cincinnati) | ✓ |
| | Local | Lake County Regional Forensic Laboratory (Painesville) | ✓ |
| | Local | Lorain County Crime Laboratory (Elyria) | ✓ |
| | Local | Mansfield Police Department | ✓ |
| | Local | Miami Valley Regional Crime Laboratory (Dayton) | ✓ |
| | Local | Toledo Police Forensic Laboratory | ✓ |
| OK | State | Oklahoma State Bureau of Investigation (4 sites) | ✓ |
| | Local | Oklahoma City Police Department Laboratory Services Division | |
| | Local | Tulsa Police Department Forensic Laboratory | ✓ |
| OR | State | Oregon State Police Forensic Services Division (5 sites) | ✓ |
| PA | State | Pennsylvania State Police Crime Laboratory (6 sites) | ✓ |
| | Local | Allegheny Office of the Medical Examiner Forensic Laboratory (Pittsburgh) | ✓ |
| | Local | Philadelphia Police Department Forensic Science Laboratory | ✓ |
| RI | State | Rhode Island Forensic Sciences Laboratory | ✓ |
| SC | State | South Carolina Law Enforcement Division | ✓ |
| | Local | Anderson/Oconee Regional Forensics Laboratory | ✓ |
| | Local | Charleston Police Department | ✓ |
| | Local | Greenville County Crime Laboratory | |
| | Local | Richland County Sheriff's Department Forensic Sciences Laboratory (Columbia) | ✓ |
| | Local | Spartanburg Police Department | ✓ |
| SD | State | South Dakota Department of Public Health Laboratory | |
| | Local | Rapid City Police Department | ✓ |
| TN | State | Tennessee Bureau of Investigation (3 sites) | ✓ |
| | Local | Metro Nashville Police Department (Madison) | |
| TX | State | Texas Department of Public Safety (13 sites) | ✓ |
| | Local | Austin Police Department | ✓ |
| | Local | Bexar County Criminal Investigations Laboratory (San Antonio) | ✓ |
| | Local | Brazoria County Sheriff's Office Crime Laboratory (Angleton) | ✓ |
| | Local | Dallas Institute of Forensic Sciences | ✓ |
| | Local | Fort Worth Police Department Criminalistics Laboratory | |
| | Local | Harris County Institute of Forensic Sciences Crime Laboratory (Houston) | ✓ |
| | Local | Houston Forensic Science Center | ✓ |
| | Local | Jefferson County Sheriff's Regional Crime Laboratory (Beaumont) | ✓ |
| UT | State | Utah Department of Public Safety (3 sites) | ✓ |
| VA | State | Virginia Department of Forensic Science (4 sites) | ✓ |
| VT | State | Vermont Forensic Laboratory | ✓ |
| WA | State | Washington State Patrol (6 sites) | ✓ |
| WI | State | Wisconsin Department of Justice (3 sites) | ✓ |
| | Local | Kenosha County Division of Health Services | ✓ |
| WV | State | West Virginia State Police | ✓ |
| WY | State | Wyoming State Crime Laboratory | ✓ |
| PR | Territory | Institute of Forensic Science of Puerto Rico Criminalistics Laboratory (3 sites) | |

This list identifies laboratories that are participating in and reporting to NFLIS-Drug as of February 10, 2022.

*This laboratory is not currently conducting drug chemistry analyses. Cases for the agencies it serves are being analyzed via contracts or agreements with other laboratories.

**The New York City Police Department Crime Laboratory currently reports summary data.

# Appendix C NFLIS-Drug Benefits and Limitations

## Benefits

The systematic collection and analysis of drug identification data aid our understanding of the Nation's illicit drug problem. NFLIS-Drug serves as a resource for supporting drug scheduling policy and drug enforcement initiatives nationally and in specific communities around the country.

Specifically, NFLIS-Drug 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; and
- supplementing information from other drug sources, including the National Survey on Drug Use and Health (NSDUH) and the Monitoring the Future (MTF) study.

NFLIS-Drug is an opportunity for State and local laboratories to participate in a useful, high-visibility initiative. Participating laboratories regularly receive reports that summarize national and regional data. In addition, the Data Query System (DQS) is a secure website that allows NFLIS-Drug participants—including State and local laboratories, the DEA, and other Federal drug control agencies—to run customized queries on the NFLIS-Drug data.

## Limitations

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

- Currently, NFLIS-Drug includes data from Federal, State, and local forensic laboratories. Federal data are shown separately in this publication. Efforts are under way to enroll additional Federal laboratories.
- NFLIS-Drug includes drug chemistry results from completed analyses only. Drug evidence secured by law enforcement but not analyzed by laboratories is not included in the database.
- National and regional estimates may be subject to variation associated with sample estimates, including nonresponse bias.
- State and local policies related to the enforcement and prosecution of specific drugs may affect drug evidence submissions to laboratories for analysis.
- Laboratory policies and procedures for handling drug evidence vary. Some laboratories analyze all evidence submitted to them, whereas others analyze only selected case 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), whereas others record total weight.

## *Public Domain Notice*



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