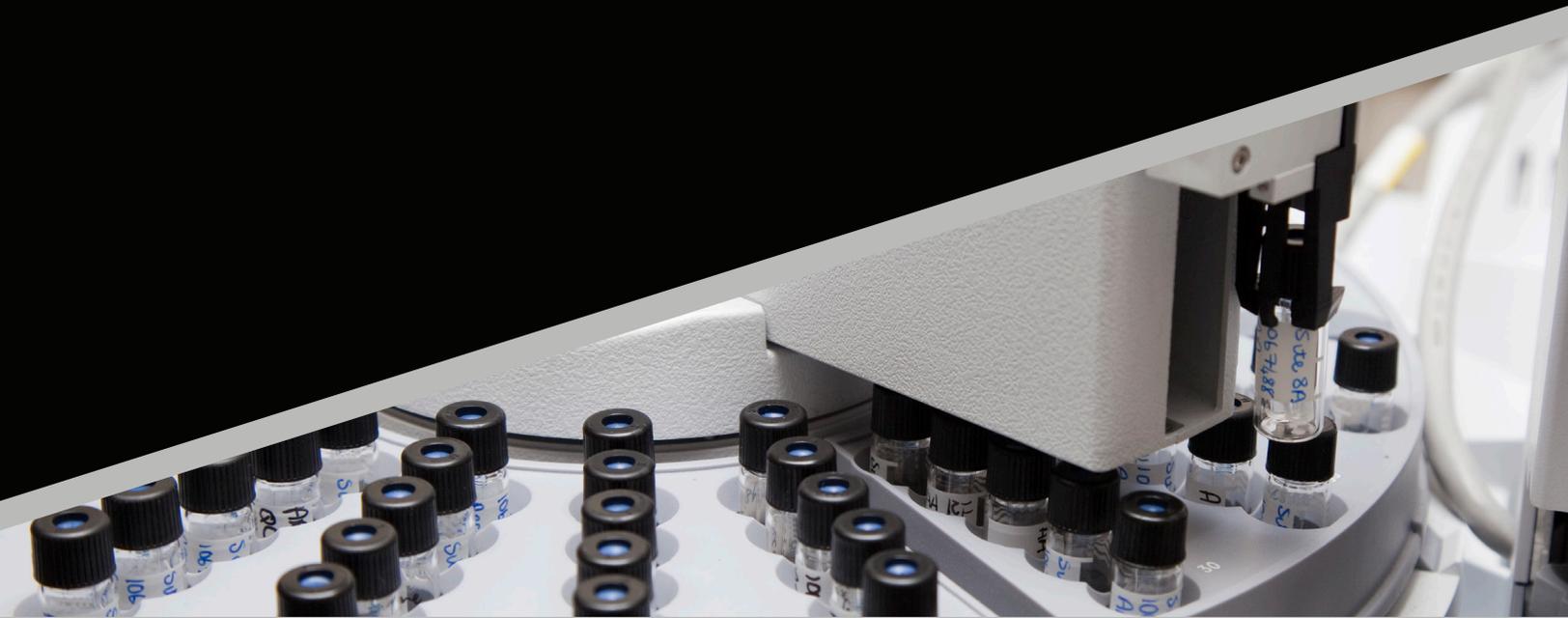




# DRUG



## NFLIS-DRUG 2022 MIDYEAR REPORT

# NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM



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

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## **NFLIS Public Data Query System**

The National Forensic Laboratory Information System (NFLIS) provides participating laboratories with secure access to their laboratory data and aggregate data from all participants through the NFLIS-Drug Data Query System (DQS). NFLIS is pleased to announce a new program enhancement: the release of a publicly accessible DQS (NFLIS-Drug Public DQS). More information on the Public DQS, including how to register for an account, can be found on the [NFLIS website](#).

## Special NFLIS Announcement: Updated Reporting on Isomers

Starting with this report, NFLIS-Drug is updating how it reports on isomers. In previous publications, each identified isomer was listed individually in the tables. For example, in the 2021 Midyear Report, fluorofentanyl and *para*-fluorofentanyl were both included in Table 1.1 as individual drugs. Increasingly, laboratories report substances to NFLIS-Drug as specific positional isomers and as undetermined or unspecified positional isomers. The number of specific isomers for emerging drugs has grown in recent years to the point that continuing to list them individually in the tables obscures the true estimate of affected drugs compared with other drugs and prevents other prevalent drugs from being included in the tables. For these reasons, NFLIS now combines reports for all positional isomers of a drug into a single listing with an explanation of which specific isomers are included in the total.



## Common Drug Names Used in This Publication

NFLIS Substance Name	Chemical Name
3-Hydroxy PCP	3-(1-(piperidin-1-yl)cyclohexyl)phenol
4-ANPP	4-anilino- <i>N</i> -phenethyl-4-piperidine
4CN-CUMYL-BUTINACA	1-(4-cyanobutyl)- <i>N</i> -(2-phenylpropan-2-yl)-1 <i>H</i> -indazole-3-carboxamide
4F-MDMB-BUTICA	methyl 2-(1-(4-fluorobutyl)-1 <i>H</i> -indole-3-carboxamido)-3,3-dimethylbutanoate
4F-MDMB-BUTINACA	methyl 2-(1-(4-fluorobutyl)-1 <i>H</i> -indazole-3-carboxamido)-3,3-dimethylbutanoate
5F-ADB	methyl 2-(1-(5-fluoropentyl)-1 <i>H</i> -indazole-3-carboxamido)-3,3-dimethylbutanoate
5F-EMB-PICA	ethyl 2-(1-(5-fluoropentyl)-1 <i>H</i> -indole-3-carboxamido)-3-methylbutanoate
5F-MDMB-PICA	methyl 2-(1-(5-fluoropentyl)-1 <i>H</i> -indole-3-carboxamido)-3,3-dimethylbutanoate
ADB-BUTINACA	<i>N</i> -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1 <i>H</i> -indazole-3-carboxamide
ADB-FUBIATA	<i>N</i> -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1 <i>H</i> -indole-3-acetamide
ADB-HEXINACA	<i>N</i> -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-hexyl-1 <i>H</i> -indazole-3-carboxamide
alpha-PHP	alpha-pyrrolidinohexanophenone
alpha-PiHP	alpha-pyrrolidinoisohexanophenone
BMDP	3,4-methylenedioxy- <i>N</i> -benzylcathinone
BZO-HEXOXIZID	<i>N</i> '-((3 <i>Z</i> )-1-hexyl-2-oxo-1,2-dihydro-3 <i>H</i> -indol-3-ylidene)benzohydrazide
BZO-POXIZID	<i>N</i> '-((3 <i>Z</i> )-1-pentyl-2-oxo-1,2-dihydro-3 <i>H</i> -indol-3-ylidene)benzohydrazide
CH-PIATA	<i>N</i> -cyclohexyl-2-(1-pentylindol-3-yl)acetamide
FUB-AMB	methyl 2-(1-(4-fluorobenzyl)-1 <i>H</i> -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 <i>H</i> -indazole-3-carboxamido)butanoate
Phenethyl 4-ANPP	<i>N</i> -phenyl- <i>N</i> ,1-bis(2-phenylethyl)piperidin-4-amine
XLR11	(1-(5-fluoropentyl)-1 <i>H</i> -indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone

## Highlights

- From January 1, 2022, through June 30, 2022, an estimated 313,428 distinct drug cases were submitted to State and local laboratories in the United States and analyzed by September 30, 2022. From these cases, an estimated 574,948 drug reports were identified.
- Methamphetamine was the most frequently identified drug (163,172 reports), followed by cocaine (82,670 reports), fentanyl (78,226 reports), cannabis/THC (71,288 reports), and heroin (22,450 reports). These five most frequently identified drugs accounted for approximately 73% of all drug reports.
- Nationally, methamphetamine reports increased from the first half of 2008 through the first half of 2019, decreased through the first half of 2020, increased again in the first half of 2021, and decreased in the first half of 2022. Cocaine reports decreased from the first half of 2008 through the first half of 2015, decreased again in the first half of 2020, then remained steady through the first half of 2022. Fentanyl reports increased significantly from the first half of 2014 through the first half of 2022. Cannabis/THC reports decreased from the first half of 2011 through the first half of 2022. Heroin reports steadily decreased from the first half of 2016 through the first half of 2022.
- At the national level, fluorofentanyl reports dramatically increased in the first half of 2021 and again in the first half of 2022. Oxycodone reports dramatically increased from the first half of 2008 to the first half of 2010, then steadily declined through the first half of 2022. Alprazolam reports increased from the first half of 2014 to the first half of 2016, then continued to decrease through the first half of 2022. Buprenorphine reports increased from the first half of 2013 to the first half of 2019, then continued to decrease through the first half of 2022. Psilocin/psilocybin reports more than doubled from the first half of 2018 through the first half of 2021 and continued to increase through the first half of 2022.
- Between the first half of 2021 and the first half of 2022, reports of fentanyl, fluorofentanyl, and psilocin/psilocybin increased significantly ( $p < .05$ ), while reports of methamphetamine, cannabis/THC, heroin, alprazolam, and buprenorphine decreased significantly.
- From the first half of 2021 to the first half of 2022, fluorofentanyl reports increased significantly in all regions, while reports of methamphetamine, cannabis/THC, heroin, and alprazolam decreased significantly across all regions. From the first half of 2021 to the first half of 2022, cocaine reports increased significantly in the Midwest and Northeast but decreased significantly in the West. Fentanyl reports increased significantly in the West but decreased significantly in the Northeast. During this same time, psilocin/psilocybin reports increased in all regions except the West, where reports decreased significantly. Buprenorphine reports decreased significantly in the South and West, and oxycodone reports significantly decreased in the West only.
- In the first half of 2022, methamphetamine accounted for 92% of identified phenethylamine reports, fentanyl accounted for 61% of identified narcotic analgesic reports, and alprazolam accounted for 31% of identified tranquilizer and depressant reports. Among identified synthetic cannabinoid reports, MDMB-4en-PINACA accounted for 31% and ADB-BUTINACA accounted for 23%.

# Introduction

The National Forensic Laboratory Information System (NFLIS) is a program of the 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 111 local or municipal laboratories/laboratory systems, representing a total of 286 individual laboratories.<sup>i</sup> The NFLIS-Drug database also includes Federal data from DEA and U.S. Customs and Border Protection (CBP) laboratories.

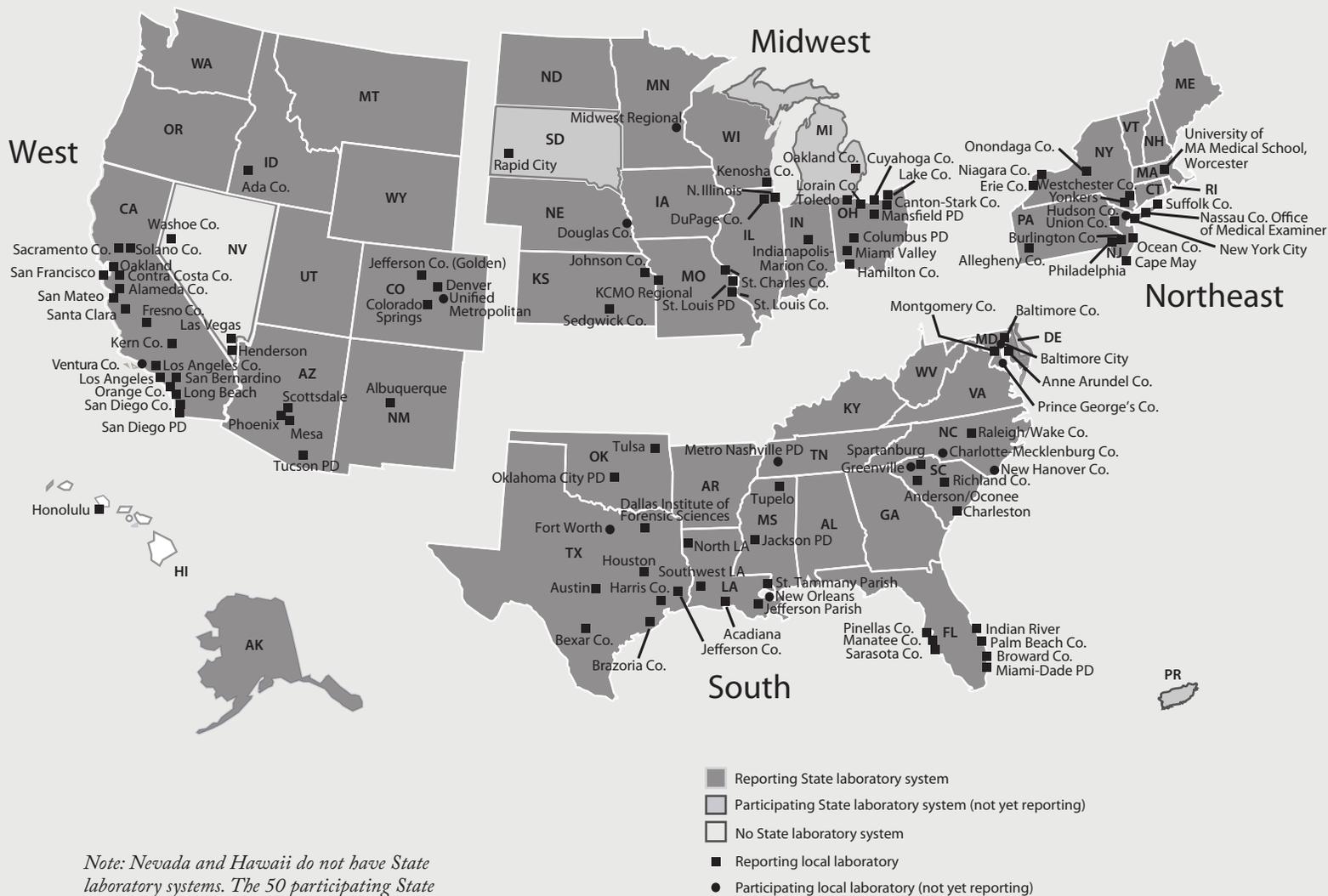
This publication presents the results of drug cases *submitted* to State and local laboratories from January 1, 2022, through June 30, 2022, that were *analyzed* by September 30, 2022. Data from Federal laboratories are also included in this publication. The data presented in this publication include *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 2008 through 2022. Section 2 presents estimates of specific drugs by drug category. Beginning with this publication, NFLIS changed how it reports on isomers. NFLIS now combines reports for all positional isomers of a drug into a single listing with an explanation of which specific isomers are included in the total (see [Special NFLIS Announcement: Updated Reporting on Isomers](#)). 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.dea/diversion.usdoj.gov/nflisdata/docs/NFLIS-2017-StatMethodology.pdf>.

Appendix A presents national and regional trends for 2001 through 2022 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.

<sup>i</sup> Nevada and Hawaii do not have State laboratory systems. The 50 participating State systems include two Ohio State systems and Puerto Rico. Data from Puerto Rico are not included in the estimates for this publication. Appendix B includes the list of NFLIS-Drug participating State laboratory systems.

## Participating Laboratories, by U.S. Census Region



*Note: Nevada and Hawaii do not have State laboratory systems. The 50 participating State laboratory systems include two Ohio State systems and Puerto Rico. Data from Puerto Rico are not included in the estimates for this publication. 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, 2022, through June 30, 2022, that were *analyzed* by September 30, 2022 (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 2008 through 2022.

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<sup>1</sup>**  
*Estimated number and percentage of total drug reports submitted to laboratories from January 1, 2022, through June 30, 2022, and analyzed by September 30, 2022<sup>1</sup>*

Drug	National		West		Midwest		Northeast		South	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Methamphetamine	163,172	28.38%	38,368	39.41%	41,674	28.53%	8,634	8.26%	74,495	32.83%
Cocaine	82,670	14.38%	5,435	5.58%	18,840	12.90%	24,882	23.79%	33,513	14.77%
Fentanyl	78,226	13.61%	17,796	18.28%	19,090	13.07%	20,674	19.77%	20,665	9.11%
Cannabis/THC	71,288	12.40%	7,154	7.35%	23,286	15.94%	9,739	9.31%	31,109	13.71%
Heroin	22,450	3.90%	4,423	4.54%	5,066	3.47%	6,782	6.48%	6,179	2.72%
Fluorofentanyl	12,174	2.12%	915	0.94%	3,863	2.64%	4,523	4.33%	2,874	1.27%
Fluorofentanyl (unspecified isomer)	7,027	1.22%	531	0.55%	1,685	1.15%	3,684	3.52%	1,127	0.50%
para-Fluorofentanyl	5,134	0.89%	383	0.39%	2,177	1.49%	830	0.79%	1,744	0.77%
ortho-Fluorofentanyl	8	0.00%	*	*	0	0.00%	4	0.00%	3	0.00%
meta-Fluorofentanyl	6	0.00%	0	0.00%	1	0.00%	5	0.00%	0	0.00%
4-ANPP	9,025	1.57%	694	0.71%	2,675	1.83%	3,503	3.35%	2,153	0.95%
Oxycodone	7,591	1.32%	619	0.64%	1,572	1.08%	1,799	1.72%	3,601	1.59%
Alprazolam	7,018	1.22%	1,227	1.26%	1,531	1.05%	1,028	0.98%	3,232	1.42%
Buprenorphine	6,661	1.16%	733	0.75%	1,390	0.95%	1,559	1.49%	2,979	1.31%
Psilocin/psilocybin <sup>2</sup>	4,630	0.81%	1,082	1.11%	1,515	1.04%	555	0.53%	1,479	0.65%
Tramadol	4,618	0.80%	258	0.27%	1,425	0.98%	1,486	1.42%	1,448	0.64%
Xylazine	4,482	0.78%	65	0.07%	889	0.61%	1,614	1.54%	1,914	0.84%
Amphetamine	4,156	0.72%	322	0.33%	1,029	0.70%	819	0.78%	1,987	0.88%
Hydrocodone	2,991	0.52%	361	0.37%	734	0.50%	131	0.13%	1,764	0.78%
Dipentylone	2,962	0.52%	1	0.00%	134	0.09%	31	0.03%	2,796	1.23%
Clonazepam	2,301	0.40%	156	0.16%	624	0.43%	488	0.47%	1,034	0.46%
Naloxone	1,910	0.33%	110	0.11%	356	0.24%	373	0.36%	1,072	0.47%
MDMA	1,629	0.28%	369	0.38%	567	0.39%	181	0.17%	512	0.23%
Clonazolam	1,454	0.25%	130	0.13%	663	0.45%	188	0.18%	472	0.21%
Phencyclidine (PCP)	1,358	0.24%	82	0.08%	240	0.16%	265	0.25%	770	0.34%
Gabapentin	1,318	0.23%	52	0.05%	237	0.16%	404	0.39%	625	0.28%
Lysergic acid diethylamide (LSD)	1,300	0.23%	218	0.22%	530	0.36%	180	0.17%	372	0.16%
Fluorobutyryl fentanyl (unspecified isomer) <sup>3</sup>	1,169	0.20%	0	0.00%	0	0.00%	0	0.00%	1,169	0.52%
Eutylone	1,133	0.20%	27	0.03%	271	0.19%	123	0.12%	713	0.31%
<i>Top 25 Total</i>	497,685	86.56%	80,597	82.79%	128,201	87.75%	89,959	86.02%	198,928	87.66%
<i>All Other Drug Reports</i>	77,263	13.44%	16,753	17.21%	17,891	12.25%	14,618	13.98%	28,001	12.34%
<i>Total Drug Reports<sup>4</sup></i>	574,948	100.00%	97,350	100.00%	146,092	100.00%	104,577	100.00%	226,929	100.00%

<sup>1</sup> Sample n's and 95% confidence intervals for all estimates are available on request.

<sup>2</sup> Some laboratories report psilocin and psilocybin together; others report them separately.

<sup>3</sup> Although the NFLIS-Drug database contains specified and unspecified isomers of reported drugs, the isomers included in the table are the only ones reported during the first half of 2022.

<sup>4</sup> Numbers and percentages may not sum to totals because of rounding.

\* The estimate for this drug does not meet the standards of precision and reliability. See Appendix A for a more detailed methodology discussion.

**Table 1.2**

**NATIONAL CASE ESTIMATES**

*Top 25 estimated number of drug-specific cases and their percentage of distinct cases, January 1, 2022, through June 30, 2022*

<b>Drug</b>	<b>Number</b>	<b>Percent</b>
Methamphetamine	132,390	42.24%
Cocaine	64,089	20.45%
Fentanyl	60,711	19.37%
Cannabis/THC	50,117	15.99%
Heroin	18,825	6.01%
Fluorofentanyl	10,019	3.20%
Fluorofentanyl (unspecified isomer)	5,173	1.65%
<i>para</i> -Fluorofentanyl	4,838	1.54%
<i>ortho</i> -Fluorofentanyl	5	0.00%
<i>meta</i> -Fluorofentanyl	3	0.00%
4-ANPP	7,690	2.45%
Oxycodone	6,143	1.96%
Alprazolam	6,095	1.94%
Buprenorphine	5,946	1.90%
Psilocin/psilocybin <sup>1</sup>	4,332	1.38%
Xylazine	3,970	1.27%
Tramadol	3,848	1.23%
Amphetamine	3,555	1.13%
Hydrocodone	2,832	0.90%
Clonazepam	2,231	0.71%
Dipentylone	2,221	0.71%
Naloxone	1,920	0.61%
MDMA	1,347	0.43%
Clonazolam	1,286	0.41%
Phencyclidine (PCP)	1,248	0.40%
Gabapentin	1,215	0.39%
Lysergic acid diethylamide (LSD)	1,169	0.37%
Fluorobutyl fentanyl (unspecified isomer) <sup>2</sup>	1,091	0.35%
Acetyl fentanyl	916	0.29%
<i>Top 25 Total</i>	406,313	129.64%
<i>All Other Drugs</i>	52,606	16.78%
<i>Total All Drugs</i>	458,918 <sup>3</sup>	146.42% <sup>4</sup>

<sup>1</sup> Some laboratories report psilocin and psilocybin together; others report them separately.

<sup>2</sup> Although the NFLIS-Drug database contains specified and unspecified isomers of reported drugs, the isomers included in the table are the only ones reported during the first half of 2022.

<sup>3</sup> Numbers and percentages may not sum to totals because of rounding.

<sup>4</sup> 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 313,428 distinct cases submitted to State and local laboratories from January 1, 2022, through June 30, 2022, and analyzed by September 30, 2022.

**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<sup>1</sup>**

*Number and percentage of drug reports submitted to laboratories from January 1, 2022, through June 30, 2022, and analyzed by September 30, 2022*

<b>Drug</b>	<b>Number</b>	<b>Percent</b>
Methamphetamine	7,368	22.36%
Fentanyl	5,689	17.27%
Cocaine	4,132	12.54%
Heroin	1,564	4.75%
Fluorofentanyl	1,424	4.32%
<i>para</i> -Fluorofentanyl	1,408	4.27%
Fluorofentanyl (unspecified isomer)	14	0.04%
<i>meta</i> -Fluorofentanyl	2	0.01%
Phenylimidothiazole (unspecified isomer) <sup>2</sup>	1,063	3.23%
Xylazine	1,010	3.07%
Tramadol	507	1.54%
Cannabis/THC	442	1.34%
4-ANPP	208	0.63%
<i>All Other Drug Reports</i>	9,540	28.96%
<i>Total Drug Reports</i>	32,947	100.00% <sup>3</sup>

<sup>1</sup> Federal drug reports in this table include 32,038 reports from U.S. Drug Enforcement Administration laboratories and 909 reports from U.S. Customs and Border Protection laboratories.

<sup>2</sup> Although Federal data contain specified and unspecified isomers of reported drugs, the isomers included in the table are the only ones reported during the first half of 2022.

<sup>3</sup> 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 2008 through 2022. [Figures 1.1](#) through [1.4](#) present national trends, and [Figures 1.5](#) through [1.14](#) present regional trends for the top 10 most frequently identified drugs from [Table 1.1](#), except precursors such as 4-ANPP National and regional trends for 2001 through the first half of 2022 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 [1.14](#). Estimates include all drug reports identified among the NFLIS-Drug laboratories' reported drug items.

## National drug trends

[Figures 1.1](#) and [1.2](#) present national trends for the estimated number of drug reports identified as methamphetamine, cocaine, fentanyl, cannabis/THC, and heroin. Significant ( $p < .05$ ) results include the following:

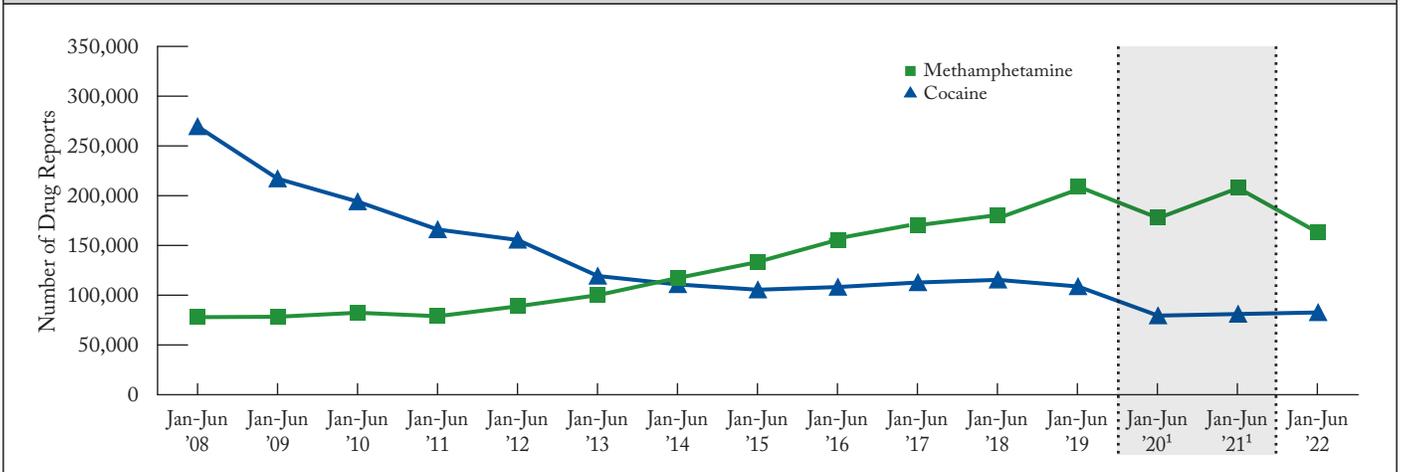
- Methamphetamine reports increased from the first half of 2008 through the first half of 2019 to more than 209,000. Reports decreased through the first half of 2020, increased again in the first half of 2021, and decreased in the first half of 2022.
- Cocaine reports decreased from the first half of 2008 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 remained steady through the first half of 2022.
- Fentanyl reports remained steady from the first half of 2008 to the first half of 2013, then increased significantly from the first half of 2014 through the first half of 2022.

- Cannabis/THC reports slightly increased from the first half of 2008 to the first half of 2010, then decreased through the first half of 2022.
- Heroin reports increased from the first half of 2008 through the first half of 2015, followed by a steady decrease through the first half of 2022.

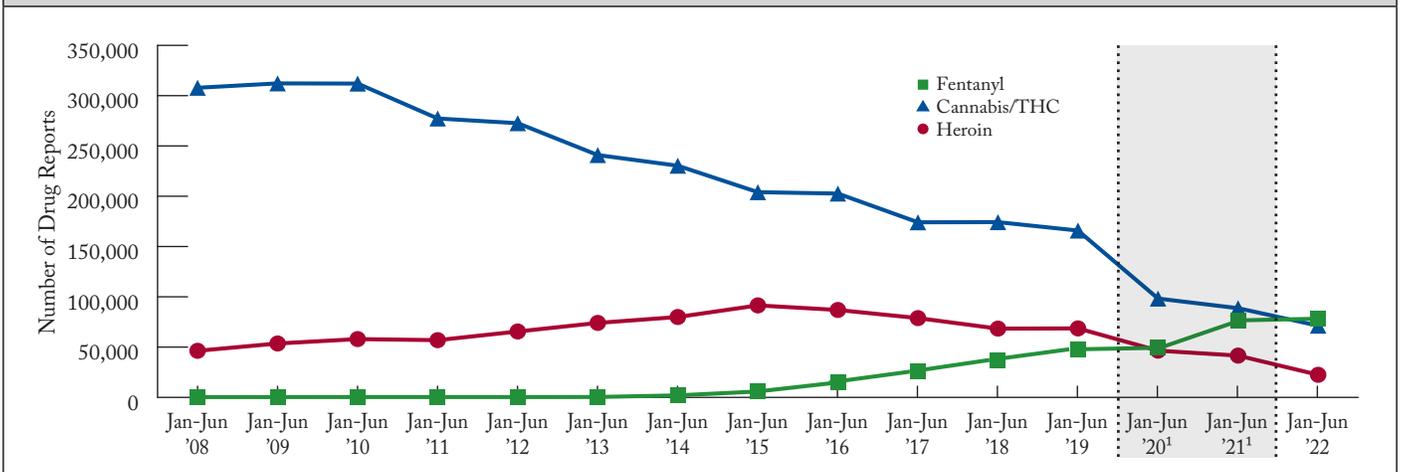
Significance tests were also performed on differences between the first half of 2021 and the first half of 2022 to identify more recent changes. Across these two periods, reports of fentanyl (from 76,536 to 78,226 reports) increased significantly, while reports of methamphetamine (from 207,980 to 163,172 reports), cannabis/THC (from 88,686 to 71,288 reports), and heroin (from 41,531 to 22,450 reports) decreased significantly. There were no significant changes in reports of cocaine.



**Figure 1.1** National trend estimates for methamphetamine and cocaine, January 2008–June 2022



**Figure 1.2** National trend estimates for fentanyl, cannabis/THC, and heroin, January 2008–June 2022



Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022.

<sup>1</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

Figures 1.3 and 1.4 present national trends for reports of fluorofentanyl, oxycodone, alprazolam, buprenorphine, and psilocin/psilocybin. Significant ( $p < .05$ ) results include the following:

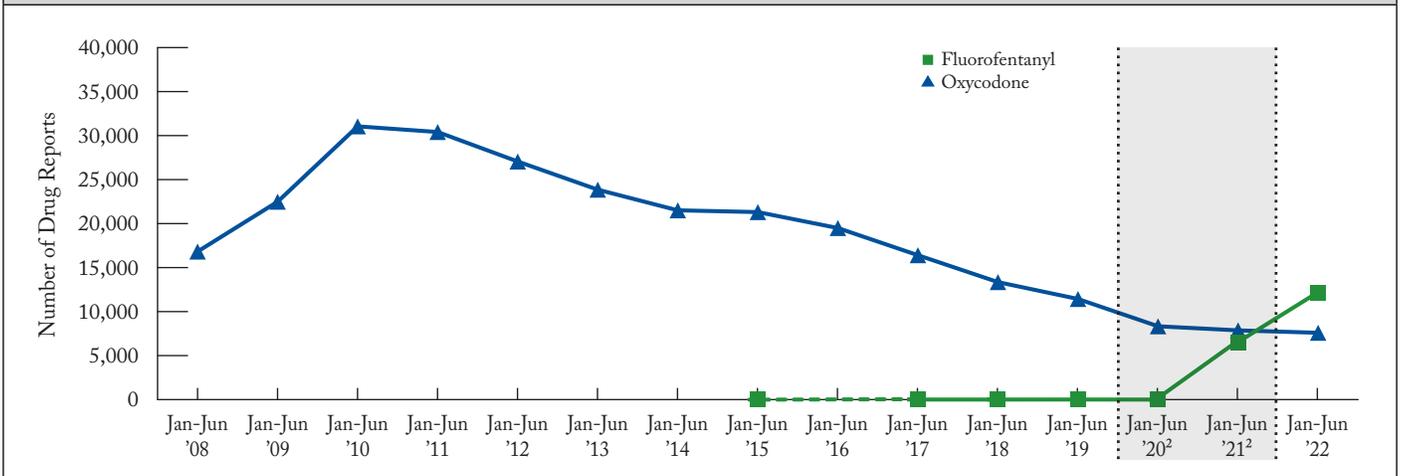
- Fluorofentanyl reports first appeared in NFLIS in the first half of 2015. Reports dramatically increased from fewer than 10 reports annually to over 6,500 reports in the first half of 2021 and to more than 12,000 reports in the first half of 2022.
- Oxycodone reports dramatically increased from the first half of 2008 to the first half of 2010, then steadily declined through the first half of 2022.
- Alprazolam reports showed an overall increase from the first half of 2008 to the first half of 2010, then decreased through the first half of 2013. Alprazolam reports increased from the first half of 2014 to the first half of 2016, then continued to decrease through the first half of 2022.

- Buprenorphine reports increased from the first half of 2008 through the first half of 2010 and from the first half of 2013 to the first half of 2019 to over 10,000. Since then, reports have continued to decrease through the first half of 2022.
- Psilocin/psilocybin reports increased slightly from the first half of 2008 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 and continued to increase through the first half of 2022.

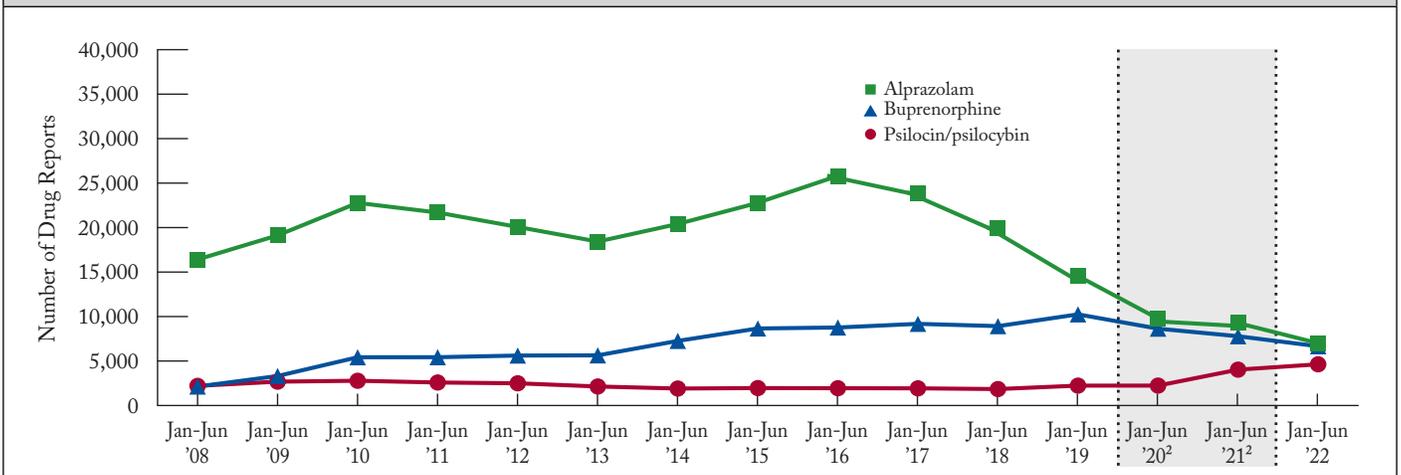
More recently, from the first half of 2021 to the first half of 2022, reports of fluorofentanyl (from 6,509 to 12,174 reports) and psilocin/psilocybin (from 4,028 to 4,630 reports) increased significantly, while reports of alprazolam (from 9,281 to 7,018 reports) and buprenorphine (from 7,785 to 6,661 reports) decreased significantly. There were no significant changes in reports of oxycodone at the national level.



**Figure 1.3** National trend estimates for fluorofentanyl and oxycodone, January 2008–June 2022<sup>1</sup>



**Figure 1.4** National trend estimates for alprazolam, buprenorphine, and psilocin/psilocybin, January 2008–June 2022



Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022. Estimates are not available for fluorofentanyl for 2008 through 2014 because fluorofentanyl was first reported to NFLIS in the first half of 2015. Fluorofentanyl isomers reported to NFLIS from January 2015 through June 2022 were ortho-fluorofentanyl, meta-fluorofentanyl, para-fluorofentanyl, and fluorofentanyl (unspecified isomer). Some laboratories report psilocin and psilocybin together; others report them separately.

<sup>1</sup>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.

<sup>2</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

## Regional drug trends

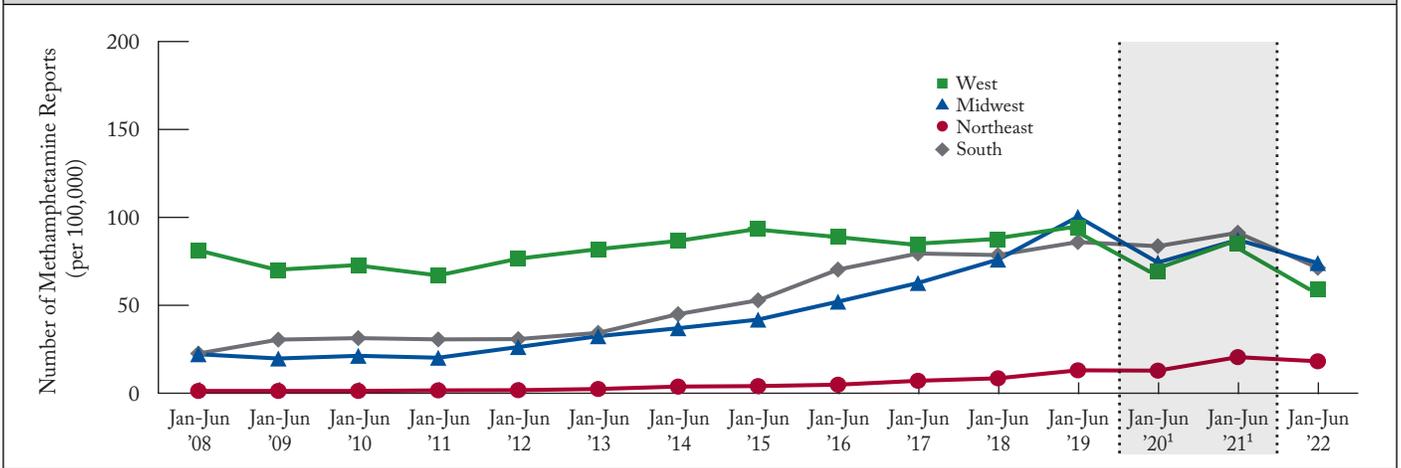
Figures 1.5 through 1.9 show regional trends per 100,000 people aged 15 or older for reports of methamphetamine, cocaine, fentanyl, cannabis/THC, and heroin from the first half of 2008 to the first half of 2022. These figures illustrate changes in drugs reported over time, taking into account the population aged 15 years or older in each U.S. census region. Significant ( $p < .05$ ) trend results include the following:

- For methamphetamine reports, the West had more pronounced decreases than the other regions from the first half of 2008 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. In the first half of 2022, reports in all regions decreased significantly.
- Cocaine reports in the Midwest and Northeast steadily decreased from the first half of 2008 through the first half of 2014, with slight increases in reports through the first half of 2018. The West and South had steady declines through the first half of 2022, while the Northeast and Midwest had increases in the first half of 2022. The West had the lowest number of reports among all the regions throughout the reporting period.
- For fentanyl reports, the West showed a more gradual increase from the first half of 2008 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 2022. 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 2022.
- Cannabis/THC reports decreased across all regions from the first half of 2008 to the first half of 2022. In the first half of 2008, 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, 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 2008 through the first half of 2022.
- For heroin reports, the Northeast, Midwest, and South had increases from the first half of 2008 through the first half of 2015, then had steady decreases through the first half of 2022. Reports in the West increased through the first half of 2019, then decreased through the first half of 2022.

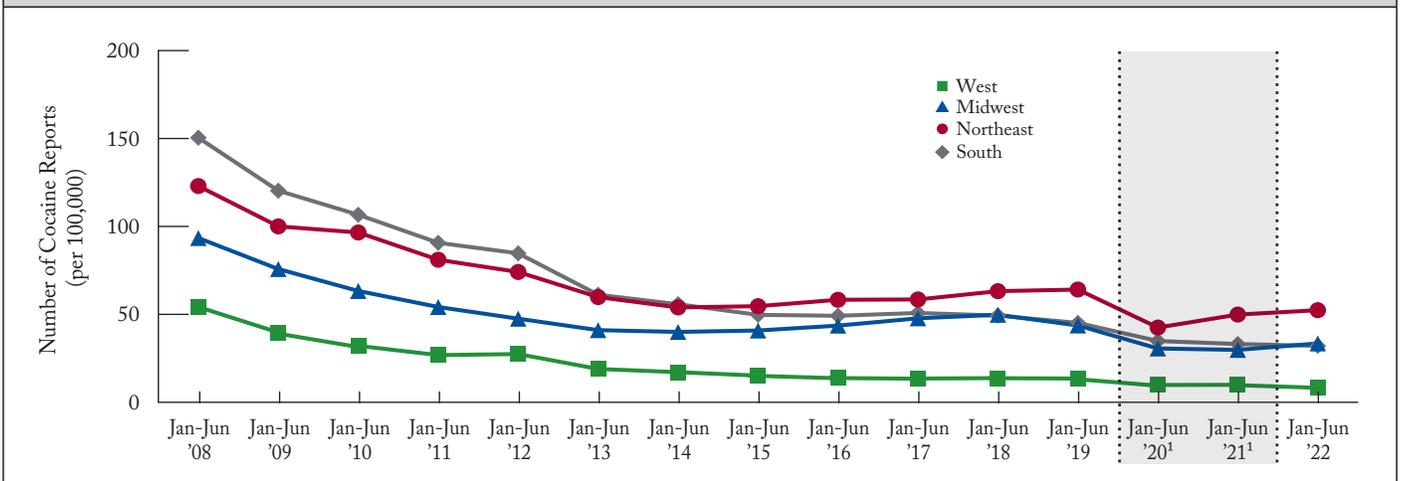
More recently, from the first half of 2021 to the first half of 2022, cocaine reports increased significantly in the Midwest and Northeast but decreased significantly in the West. Fentanyl reports increased significantly in the West but decreased significantly in the Northeast. Methamphetamine, cannabis/THC, and heroin decreased significantly across all regions.



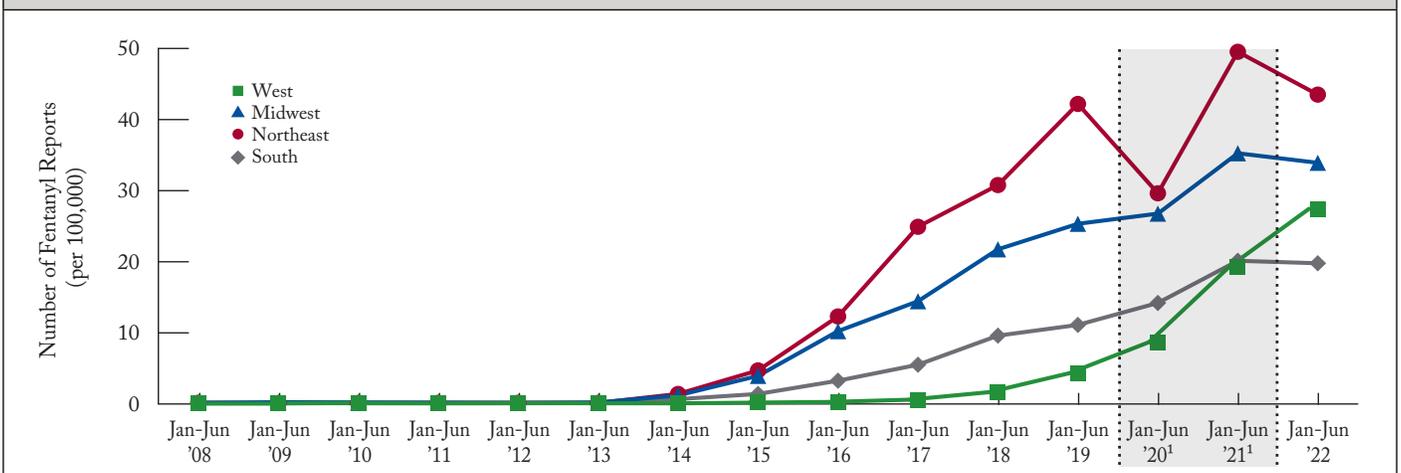
**Figure 1.5** Regional trends in methamphetamine reported per 100,000 people aged 15 or older, January 2008–June 2022



**Figure 1.6** Regional trends in cocaine reported per 100,000 people aged 15 or older, January 2008–June 2022



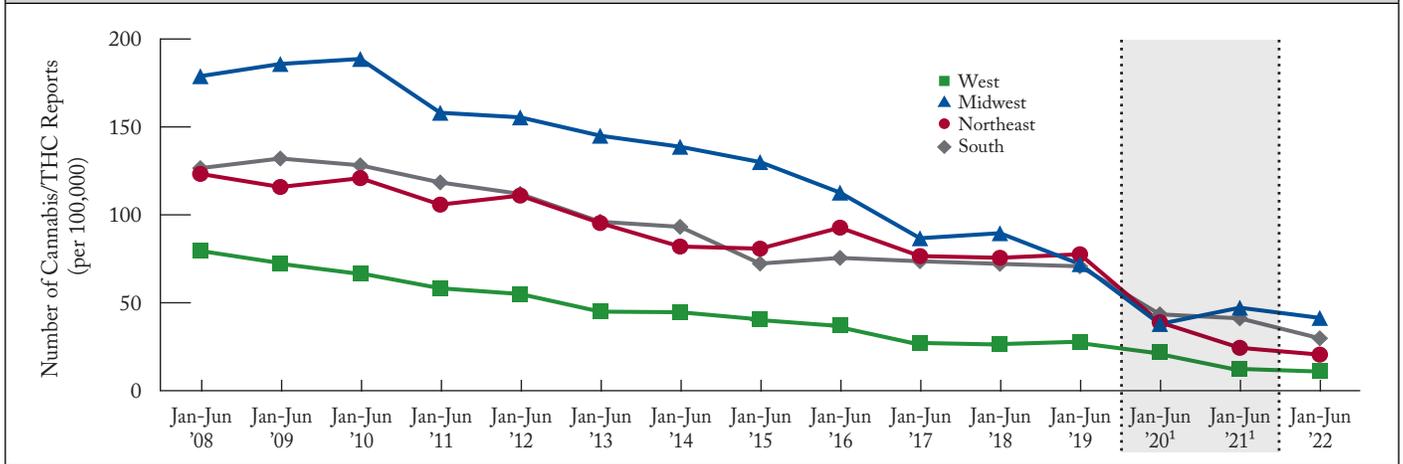
**Figure 1.7** Regional trends in fentanyl reported per 100,000 people aged 15 or older, January 2008–June 2022



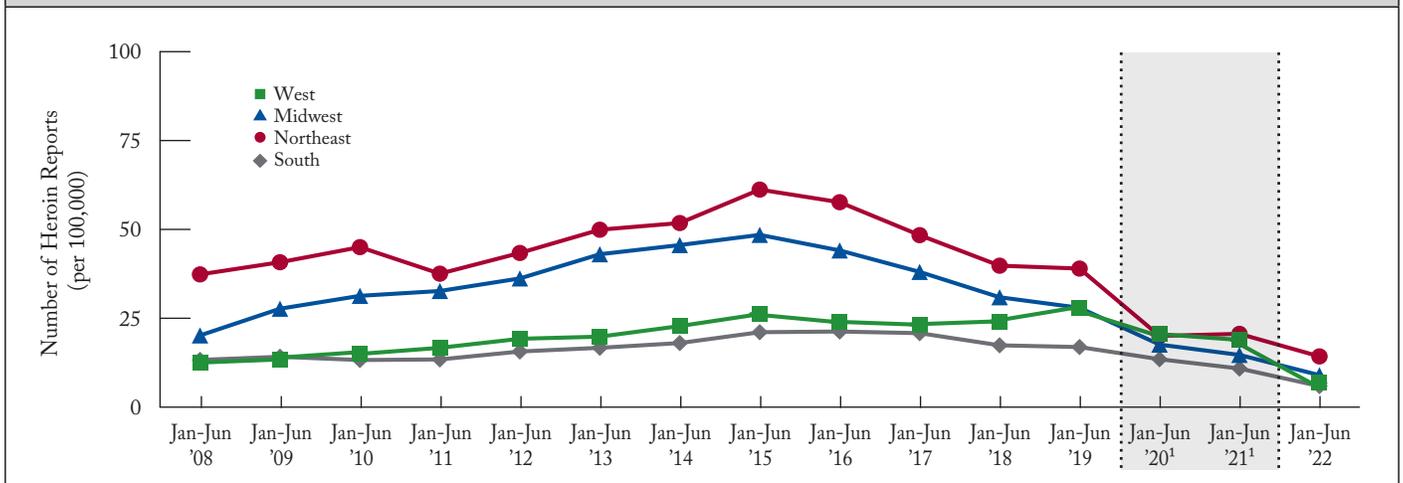
Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed.

<sup>1</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

**Figure 1.8** Regional trends in cannabis/THC reported per 100,000 people aged 15 or older, January 2008–June 2022



**Figure 1.9** Regional trends in heroin reported per 100,000 people aged 15 or older, January 2008–June 2022



Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed.

<sup>1</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.



**Packets of liquid heroin**

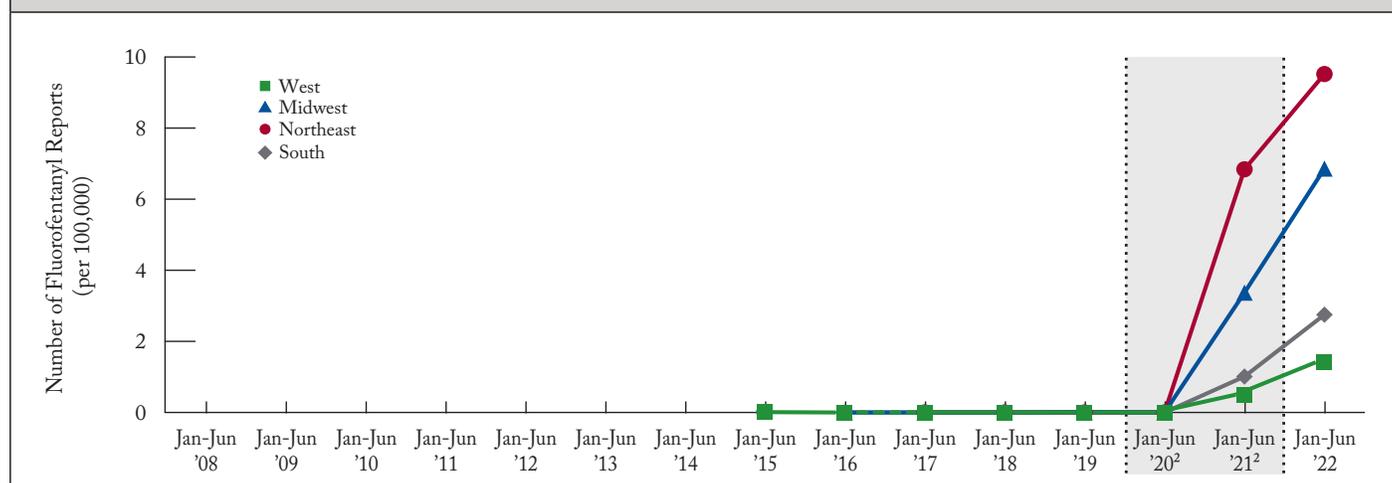
Figures 1.10 through 1.14 present regional trends per 100,000 people aged 15 or older for fluorofentanyl, oxycodone, alprazolam, buprenorphine, and psilocin/psilocybin reports from the first half of 2008 through the first half of 2022. Significant ( $p < .05$ ) trends include the following:

- Fluorofentanyl reports were first observed in NFLIS in the first half of 2015. Across all regions, reports increased significantly in the first half of 2021 and in the first half of 2022.
- For oxycodone, reports in the West, Midwest, and South increased from the first half of 2008 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 2020. Reports in the Northeast then increased through the first half of 2022, while reports in all other regions continued to decrease.
- For alprazolam, the South had the highest number of reports across all four regions, with the highest numbers 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 2022, while the West showed a similar decrease, then exhibited a significant increase in the first half of 2021, followed by a significant decrease in the first half of 2022.

- Buprenorphine reports in the Northeast and Midwest increased from the first half of 2008 to the first half of 2019, then decreased through the first half of 2020. Reports in the Northeast remained steady through the first half of 2022, while reports in the Midwest continued to decrease. Reports in the South increased through the first half of 2015, then remained steady until they decreased from the first half of 2021 through the first half of 2022. The West had the lowest number of reports, with moderate increases from the first half of 2008 until reports decreased in the first half of 2022.
- For psilocin/psilocybin, reports in the West decreased from the first half of 2008 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, followed by a significant decrease in the first half of 2022. Reports in the other three regions remained steady from the first half of 2008 through the first half of 2018, then increased through the first half of 2022.

More recently, from the first half of 2021 to the first half of 2022, fluorofentanyl reports increased significantly in all regions. Psilocin/psilocybin reports increased in all regions except the West, where reports decreased significantly. Alprazolam reports decreased significantly across all regions, while buprenorphine reports decreased significantly in the South and West, and oxycodone reports significantly decreased in the West only.

**Figure 1.10** Regional trends in fluorofentanyl reported per 100,000 people aged 15 or older, January 2008–June 2022<sup>1</sup>

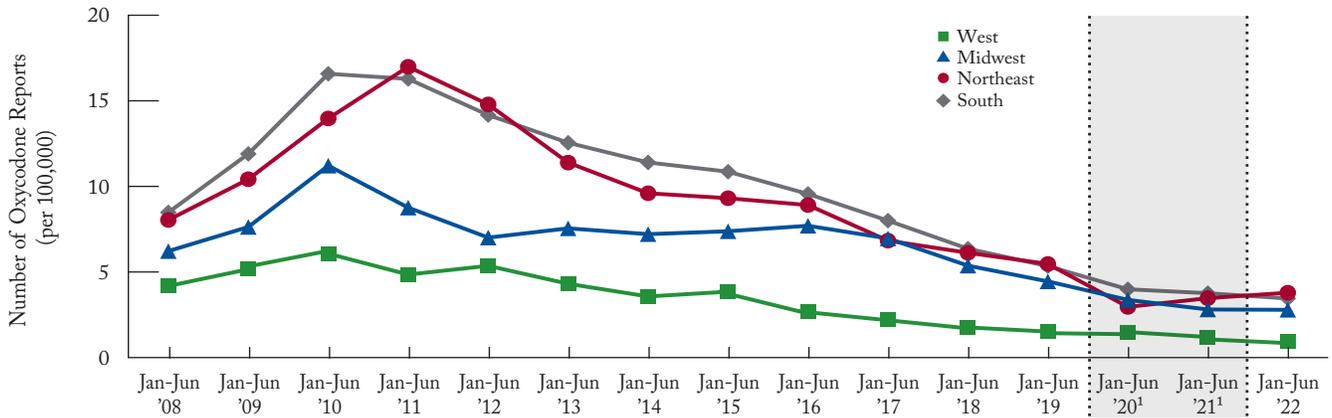


Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed. Estimates are not available for fluorofentanyl for 2008 through 2014 because fluorofentanyl was first reported to NFLIS in the first half of 2015. Fluorofentanyl isomers reported to NFLIS from January 2015 through June 2022 were ortho-fluorofentanyl, meta-fluorofentanyl, para-fluorofentanyl, and fluorofentanyl (unspecified isomer).

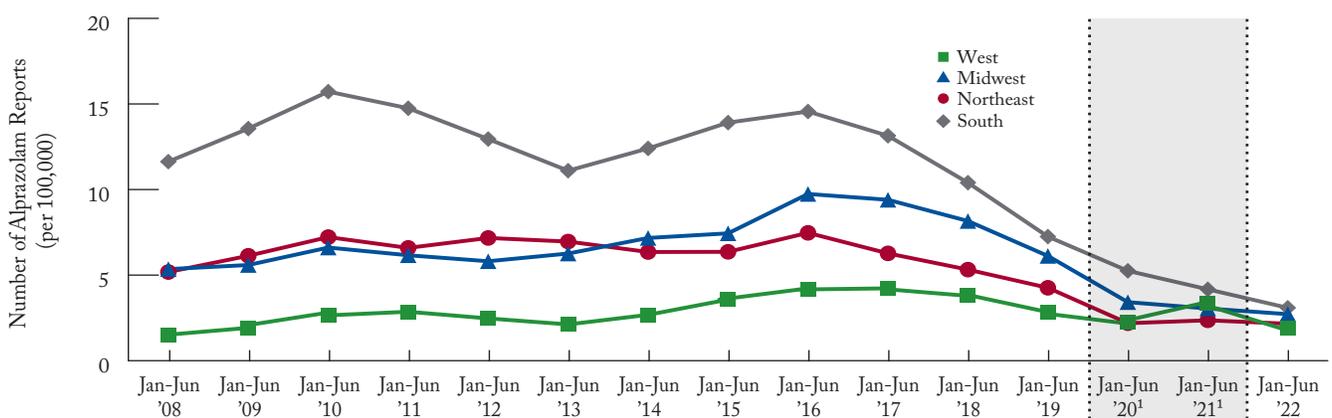
<sup>1</sup>A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current [NFLIS Statistical Methodology publication](#) for a more detailed description of the methods used in preparing these estimates.

<sup>2</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

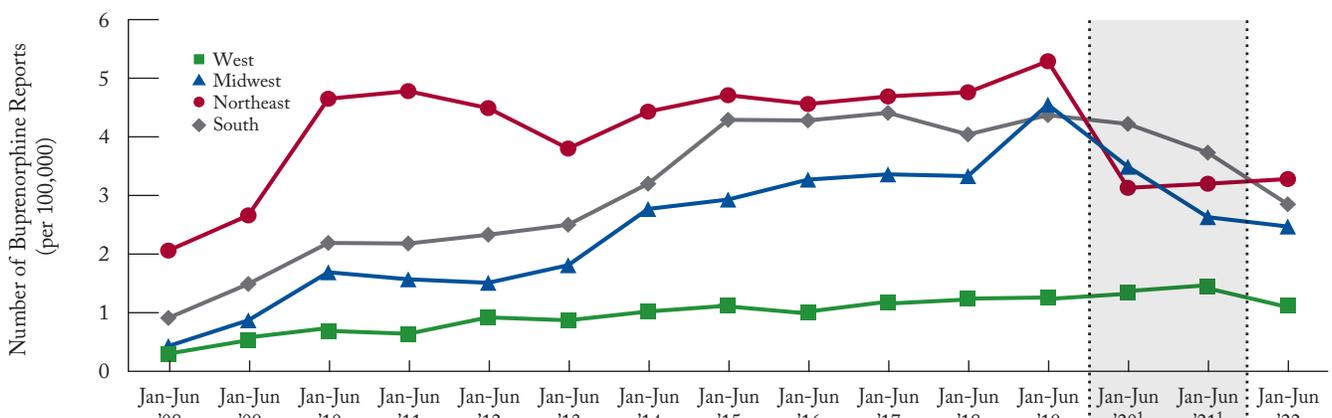
**Figure 1.11** Regional trends in oxycodone reported per 100,000 people aged 15 or older, January 2008–June 2022



**Figure 1.12** Regional trends in alprazolam reported per 100,000 people aged 15 or older, January 2008–June 2022



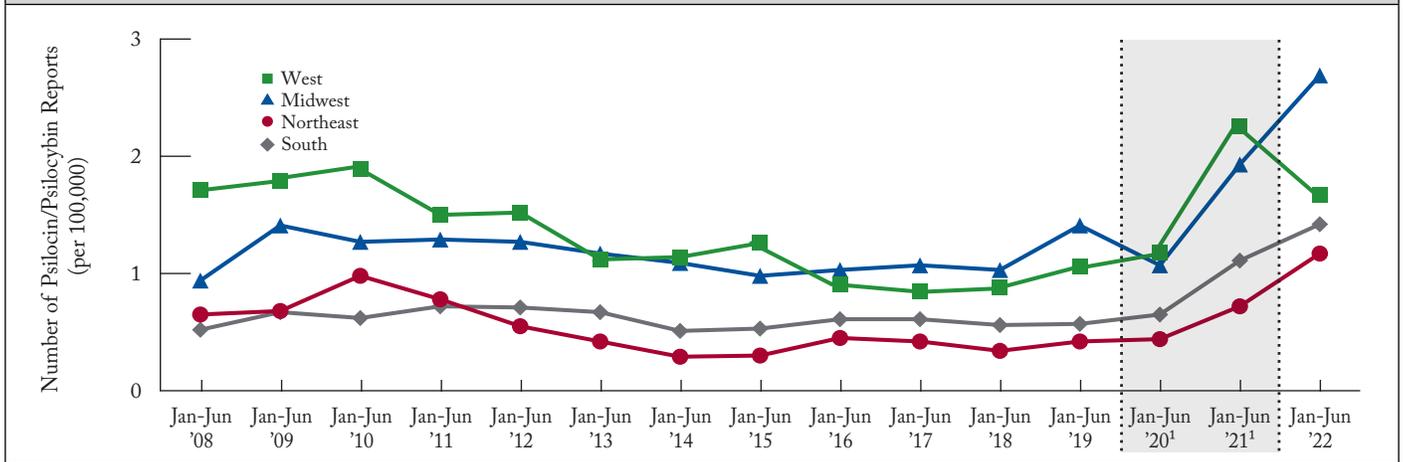
**Figure 1.13** Regional trends in buprenorphine reported per 100,000 people aged 15 or older, January 2008–June 2022



Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed.

<sup>1</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

**Figure 1.14** Regional trends in psilocin/psilocybin reported per 100,000 people aged 15 or older, January 2008–June 2022



Note: Estimates are shown for the first half of each year from January to June 2008 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed. Some laboratories report psilocin and psilocybin together; others report them separately.

<sup>1</sup>There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.



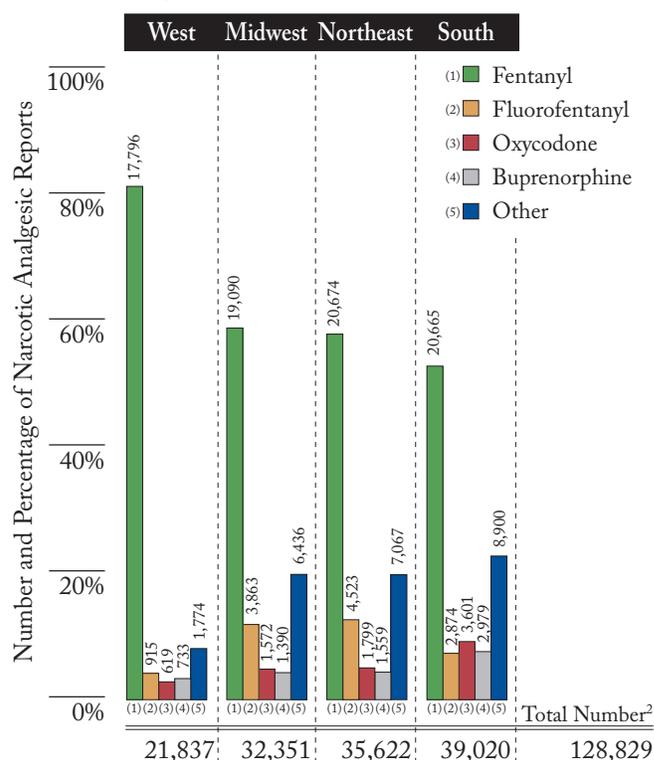
# Section 2: Major Drug Categories

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 574,948 drug reports were submitted to State and local laboratories from January 1, 2022, through June 30, 2022, and analyzed by September 30, 2022.

<b>Table 2.1</b>		
<b>NARCOTIC ANALGESICS</b>		
<i>Number and percentage of narcotic analgesic reports in the United States, January 2022–June 2022<sup>1</sup></i>		
<b>Narcotic Analgesic Reports</b>	<b>Number</b>	<b>Percent</b>
Fentanyl	78,226	60.72%
Fluorofentanyl	12,174	9.45%
Fluorofentanyl (unspecified isomer)	7,027	5.45%
para-Fluorofentanyl	5,134	3.99%
ortho-Fluorofentanyl	8	0.01%
meta-Fluorofentanyl	6	0.00%
4-ANPP	9,025	7.01%
Oxycodone	7,591	5.89%
Buprenorphine	6,661	5.17%
Tramadol	4,618	3.58%
Hydrocodone	2,991	2.32%
Fluorobutryl fentanyl (unspecified isomer)	1,169	0.91%
Acetyl fentanyl	1,089	0.85%
Phenethyl 4-ANPP	782	0.61%
Morphine	695	0.54%
Methadone	565	0.44%
Codeine	552	0.43%
Hydromorphone	351	0.27%
Metonitazene	248	0.19%
Other narcotic analgesics	2,093	1.62%
<i>Total Narcotic Analgesic Reports<sup>2</sup></i>	128,829	100.00%
<i>Total Drug Reports</i>	574,948	

**Figure 2.1** Distribution of narcotic analgesic reports within region, January 2022–June 2022<sup>1</sup>



Note: 4-ANPP and phenethyl 4-ANPP are immediate precursors of fentanyl and not narcotic analgesics. They are included in [Table 2.1](#) due to the interest in fentanyl and fentanyl-related compounds. However, they are not included in [Figure 2.1](#) because it represents the geographic distribution of narcotic analgesics. Although the NFLIS-Drug database contains specified and unspecified isomers of reported drugs, the fluorofentanyl isomers included in [Table 2.1](#) are the only ones reported during the first half of 2022. For [Figure 2.1](#), the fluorofentanyl isomers reported to NFLIS during the first half of 2022 are listed under "Fluorofentanyl" in [Table 2.1](#).

<sup>1</sup> Includes drug reports submitted to laboratories from January 1, 2022, through June 30, 2022, that were analyzed by September 30, 2022.

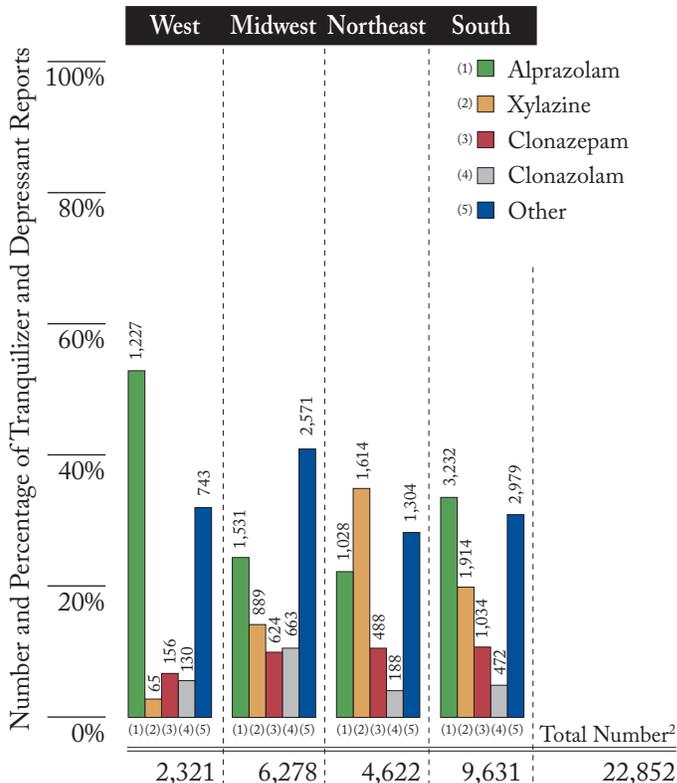
<sup>2</sup> Numbers and percentages may not sum to totals because of rounding.

**Table 2.2**

**TRANQUILIZERS AND DEPRESSANTS**  
 Number and percentage of tranquilizer and depressant reports in the United States, January 2022–June 2022<sup>1</sup>

Tranquilizer and Depressant Reports	Number	Percent
Alprazolam	7,018	30.71%
Xylazine	4,482	19.61%
Clonazepam	2,301	10.07%
Clonazolam	1,454	6.36%
Phencyclidine (PCP)	1,358	5.94%
Ketamine	1,025	4.48%
Etizolam	963	4.22%
Bromazolam	780	3.41%
Diazepam	620	2.71%
Flualprazolam	529	2.32%
Lorazepam	376	1.64%
3-Hydroxy PCP	242	1.06%
Cyclobenzaprine	211	0.93%
Carisoprodol	176	0.77%
Zolpidem	172	0.75%
Other tranquilizers and depressants	1,145	5.01%
<b>Total Tranquilizer and Depressant Reports<sup>2</sup></b>	<b>22,852</b>	<b>100.00%</b>
<b>Total Drug Reports</b>	<b>574,948</b>	

**Figure 2.2** Distribution of tranquilizer and depressant reports within region, January 2022–June 2022<sup>1</sup>

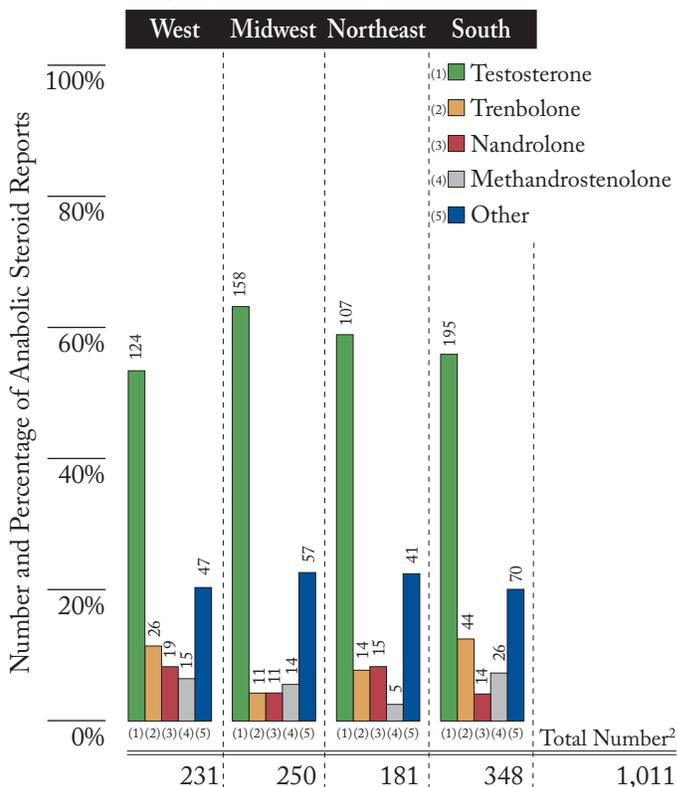


**Table 2.3**

**ANABOLIC STEROIDS**  
 Number and percentage of anabolic steroid reports in the United States, January 2022–June 2022<sup>1</sup>

Anabolic Steroid Reports	Number	Percent
Testosterone	583	57.71%
Trenbolone	95	9.37%
Nandrolone	59	5.86%
Methandrostenolone	59	5.84%
Stanozolol	52	5.11%
Oxandrolone	32	3.17%
Boldenone	28	2.75%
Drostanolone	15	1.51%
Oxymetholone	10	1.02%
Mesterolone	5	0.45%
Methasterone	4	0.44%
Mestanolone	4	0.41%
Dehydrochloromethyltestosterone	3	0.30%
Methenolone	2	0.21%
Androstenedione	2	0.20%
Other anabolic steroids	57	5.64%
<b>Total Anabolic Steroid Reports<sup>2</sup></b>	<b>1,011</b>	<b>100.00%</b>
<b>Total Drug Reports</b>	<b>574,948</b>	

**Figure 2.3** Distribution of anabolic steroid reports within region, January 2022–June 2022<sup>1</sup>



<sup>1</sup> Includes drug reports submitted to laboratories from January 1, 2022, through June 30, 2022, that were analyzed by September 30, 2022.

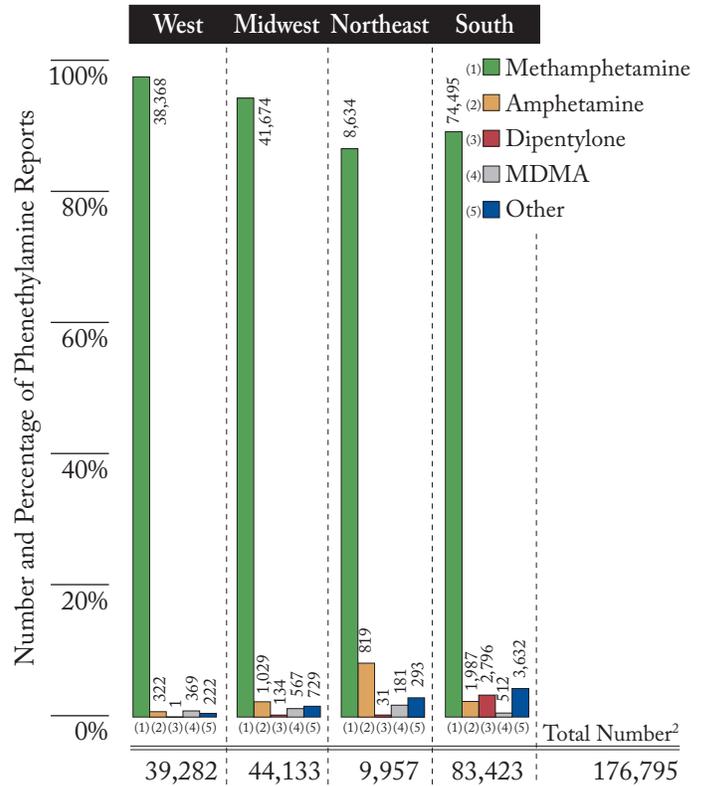
<sup>2</sup> Numbers and percentages may not sum to totals because of rounding.

**Table 2.4**

**PHENETHYLAMINES**  
 Number and percentage of phenethylamine reports  
 in the United States, January 2022–June 2022<sup>1</sup>

Phenethylamine Reports	Number	Percent
Methamphetamine	163,172	92.29%
Amphetamine	4,156	2.35%
Dipentylone	2,962	1.68%
MDMA	1,629	0.92%
Eutylone	1,133	0.64%
alpha-PiHP	730	0.41%
MDA	542	0.31%
Lisdexamfetamine	284	0.16%
N-Cyclohexylmethylone	283	0.16%
Phentermine	89	0.05%
N-Propylbutylone	88	0.05%
alpha-PHP	66	0.04%
N-Ethylpentylone	62	0.04%
N,N-Dimethylamphetamine	56	0.03%
BMDP	54	0.03%
Other phenethylamines	1,488	0.84%
<b>Total Phenethylamine Reports<sup>2</sup></b>	<b>176,795</b>	<b>100.00%</b>
<b>Total Drug Reports</b>	<b>574,948</b>	

**Figure 2.4** Distribution of phenethylamine reports within region, January 2022–June 2022<sup>1</sup>



<sup>1</sup> Includes drug reports submitted to laboratories from January 1, 2022, through June 30, 2022, that were analyzed by September 30, 2022.

<sup>2</sup> Numbers and percentages may not sum to totals because of rounding.

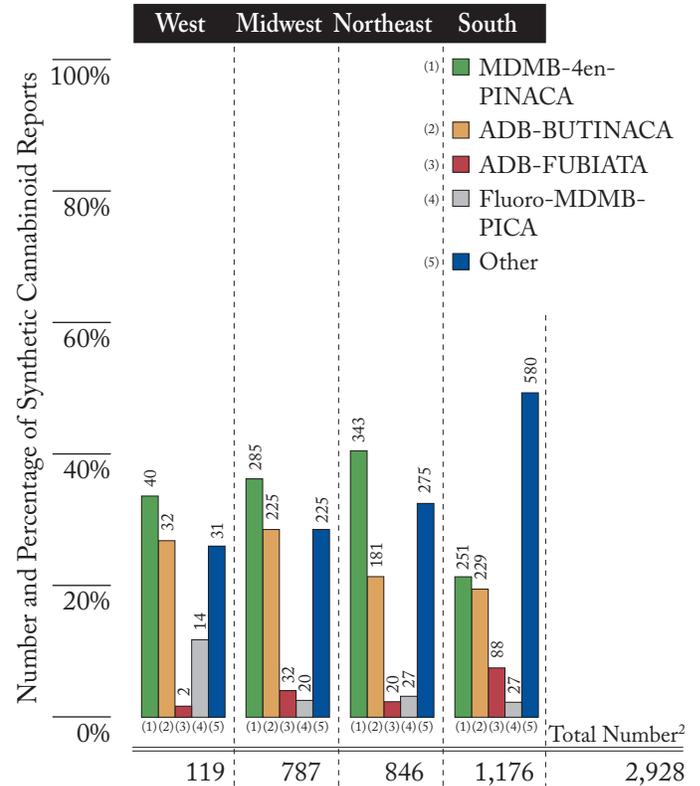


**Table 2.5**

**SYNTHETIC CANNABINOIDS**  
 Number and percentage of synthetic cannabinoid reports in the United States, January 2022–June 2022<sup>1</sup>

Synthetic Cannabinoid Reports	Number	Percent
MDMB-4en-PINACA	920	31.41%
ADB-BUTINACA	667	22.78%
ADB-FUBIATA	142	4.85%
Fluoro-MDMB-PICA	88	3.01%
5F-MDMB-PICA	69	2.36%
Fluoro-MDMB-PICA (unspecified isomer)	19	0.65%
FUB-AMB	83	2.84%
BZO-HEXOXIZID	74	2.54%
Fluoro-MDMB-BUTICA	53	1.80%
4F-MDMB-BUTICA	30	1.02%
Fluoro-MDMB-BUTICA (unspecified isomer)	23	0.78%
CH-PIATA	45	1.55%
5F-ADB	44	1.52%
ADB-HEXINACA	44	1.49%
Fluoro-MDMB-BUTINACA	42	1.42%
Fluoro-MDMB-BUTINACA (unspecified isomer)	2	0.07%
4F-MDMB-BUTINACA	40	1.35%
BZO-POXIZID	40	1.35%
4CN-CUMYL-BUTINACA	25	0.85%
XLR11	25	0.85%
Fluoro-EMB-PICA	24	0.82%
5F-EMB-PICA	9	0.32%
Fluoro-EMB-PICA (unspecified isomer)	15	0.50%
Other synthetic cannabinoids	612	20.91%
<b>Total Synthetic Cannabinoid Reports<sup>2</sup></b>	<b>2,928</b>	<b>100.00%</b>
<b>Total Drug Reports</b>	<b>574,948</b>	

**Figure 2.5** Distribution of synthetic cannabinoid reports within region, January 2022–June 2022<sup>1</sup>

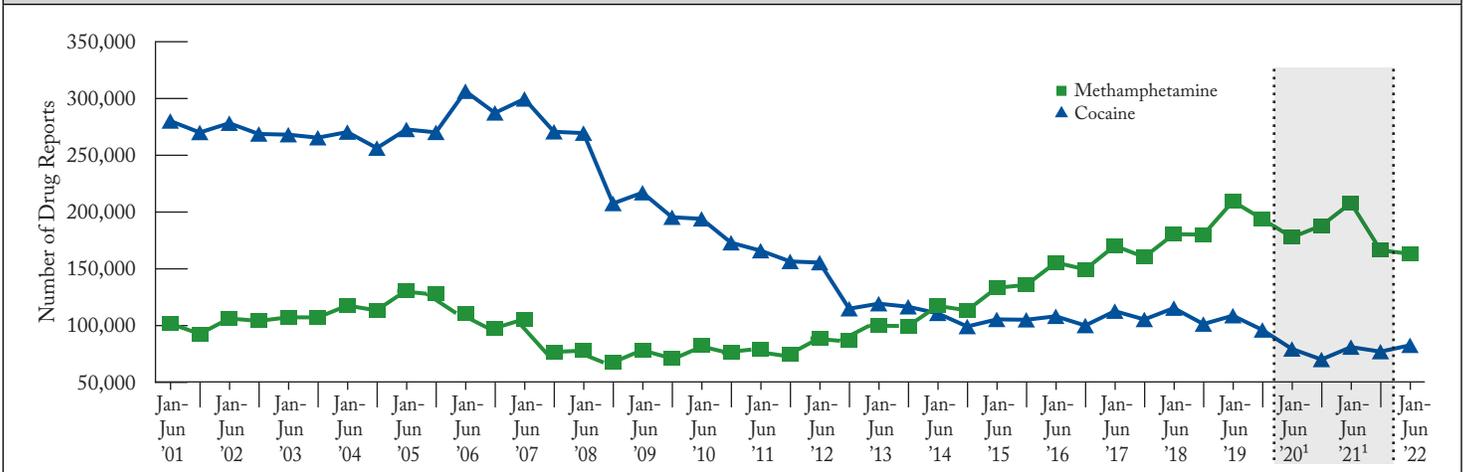


Note: Although the NFLIS-Drug database contains specified and unspecified isomers of reported drugs, the isomers included in Table 2.5 are the only ones reported during the first half of 2022. In Figure 2.5, the fluoro-MDMB-PICA isomers reported to NFLIS during the first half of 2022 are listed under “Fluoro-MDMB-PICA” in Table 2.5.

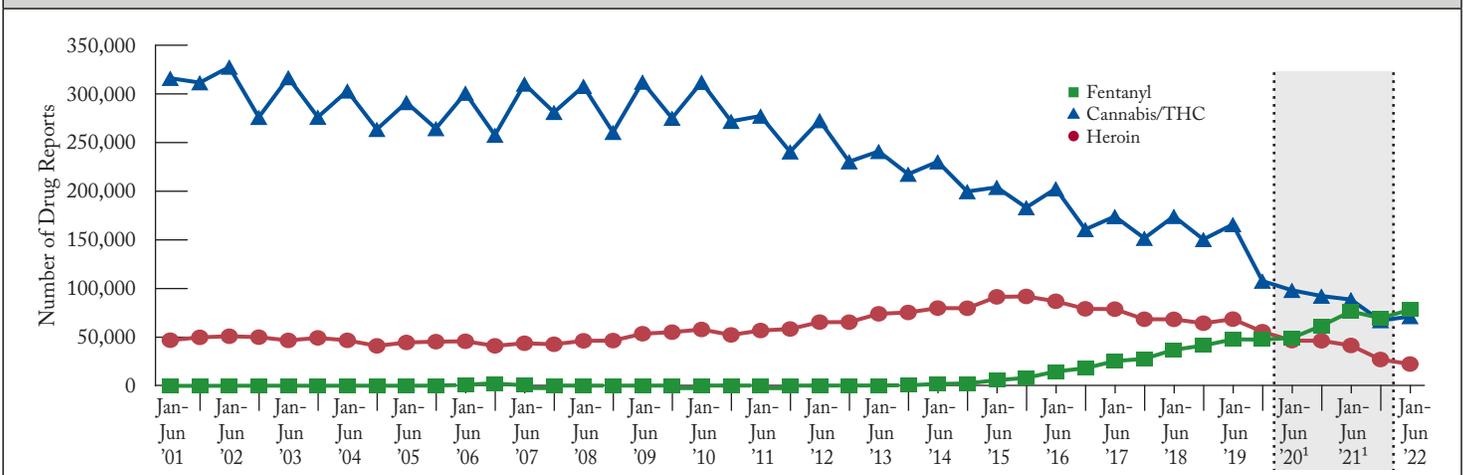
<sup>1</sup> Includes drug reports submitted to laboratories from January 1, 2022, through June 30, 2022, that were analyzed by September 30, 2022.

<sup>2</sup> Numbers and percentages may not sum to totals because of rounding.

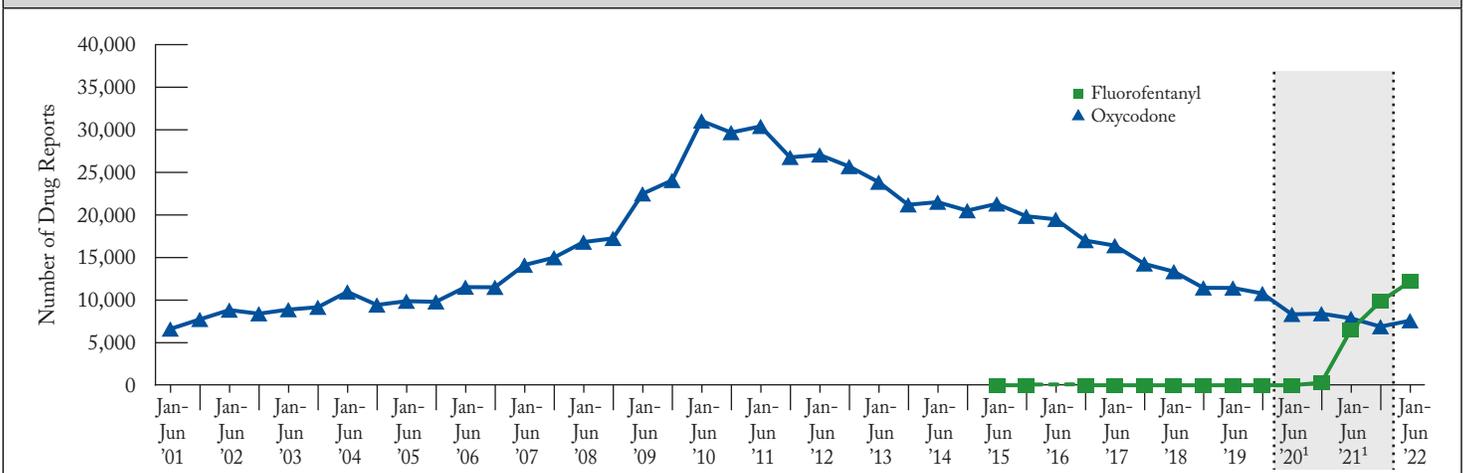
**Figure A.1** National trend estimates for methamphetamine and cocaine, January 2001–June 2022



**Figure A.2** National trend estimates for fentanyl, cannabis/THC, and heroin, January 2001–June 2022



**Figure A.3** National trend estimates for fluorofentanyl and oxycodone, January 2001–June 2022<sup>2</sup>

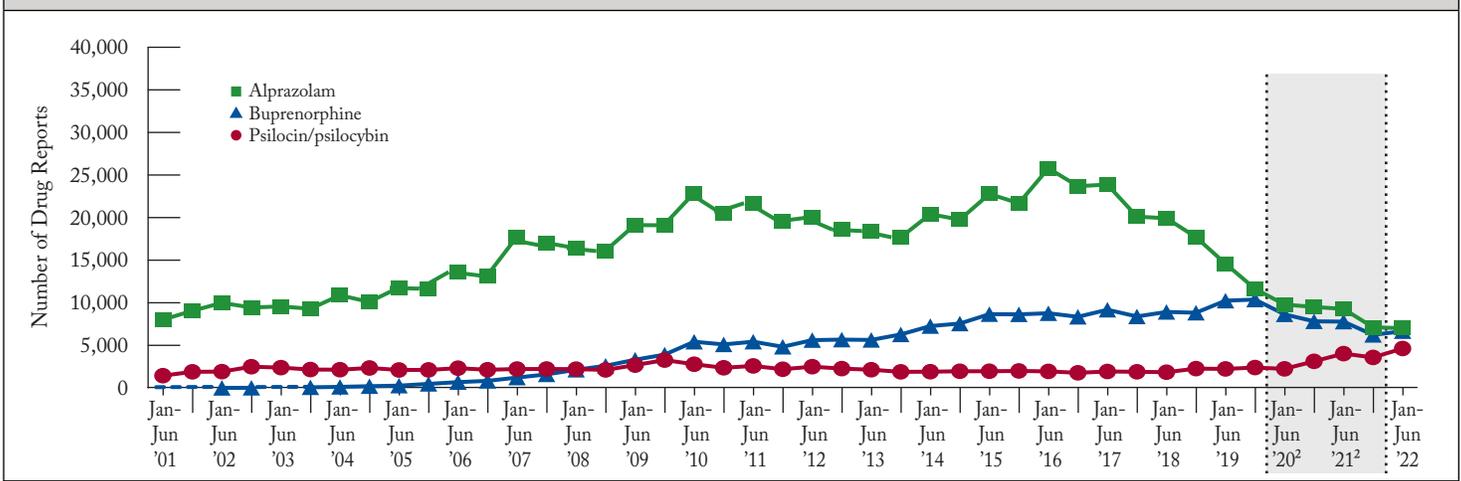


Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2022. Estimates are not available for fluorofentanyl for 2008 through 2014 because fluorofentanyl was first reported to NFLIS in the first half of 2015. Fluorofentanyl isomers reported to NFLIS from January 2015 through June 2022 were ortho-fluorofentanyl, meta-fluorofentanyl, para-fluorofentanyl, and fluorofentanyl (unspecified isomer).

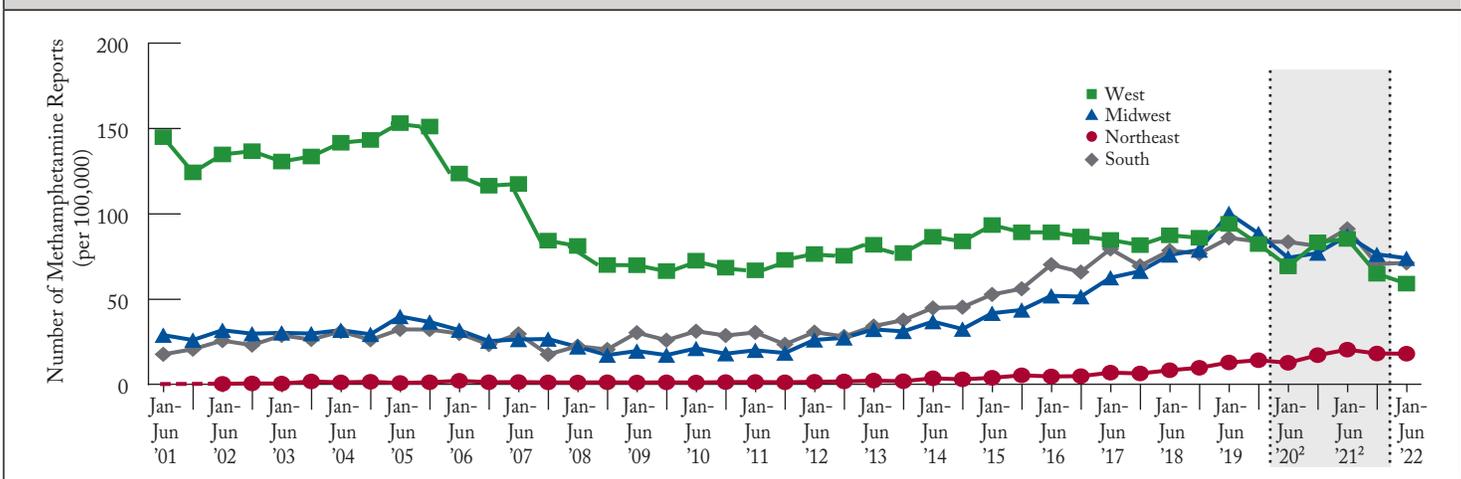
<sup>1</sup> There was a noticeable decrease in the number of cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

<sup>2</sup> 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.

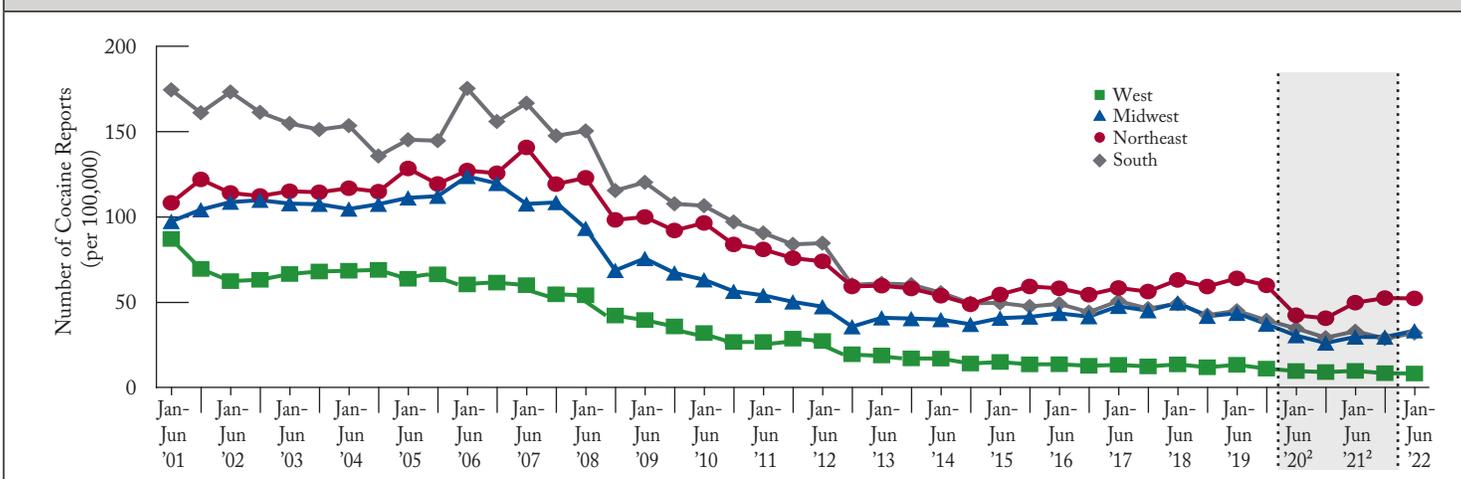
**Figure A.4** National trend estimates for alprazolam, buprenorphine, and psilocin/psilocybin, January 2001–June 2022<sup>1</sup>



**Figure A.5** Regional trends in methamphetamine reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>



**Figure A.6** Regional trends in cocaine reported per 100,000 people aged 15 or older, January 2001–June 2022

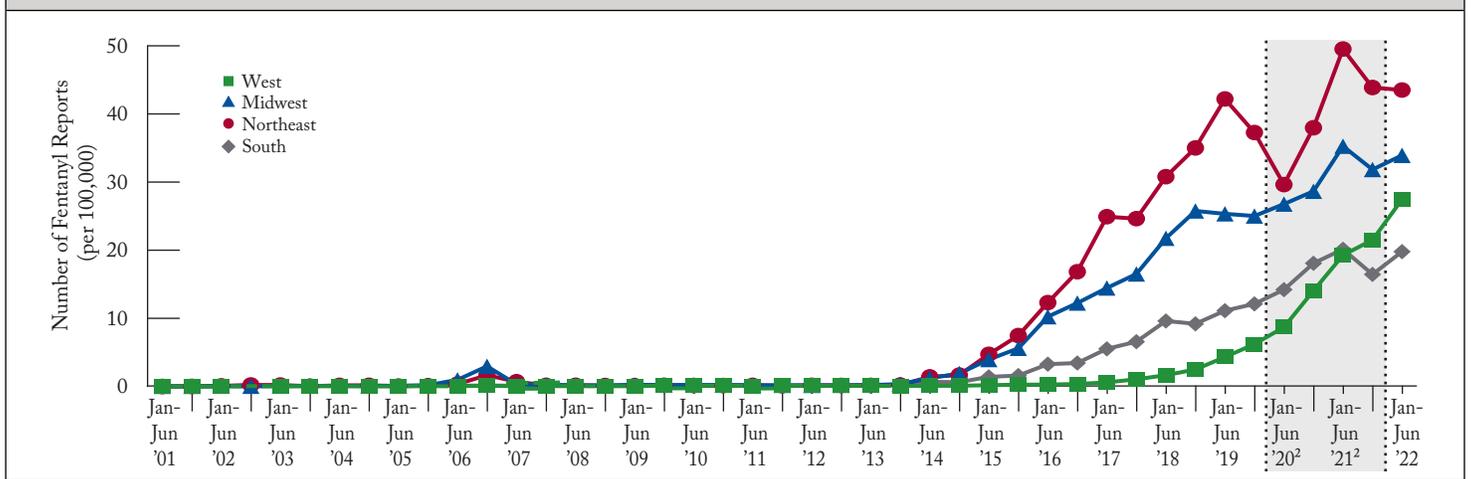


Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2022. Some laboratories report psilocin and psilocybin together; others report them separately. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed.

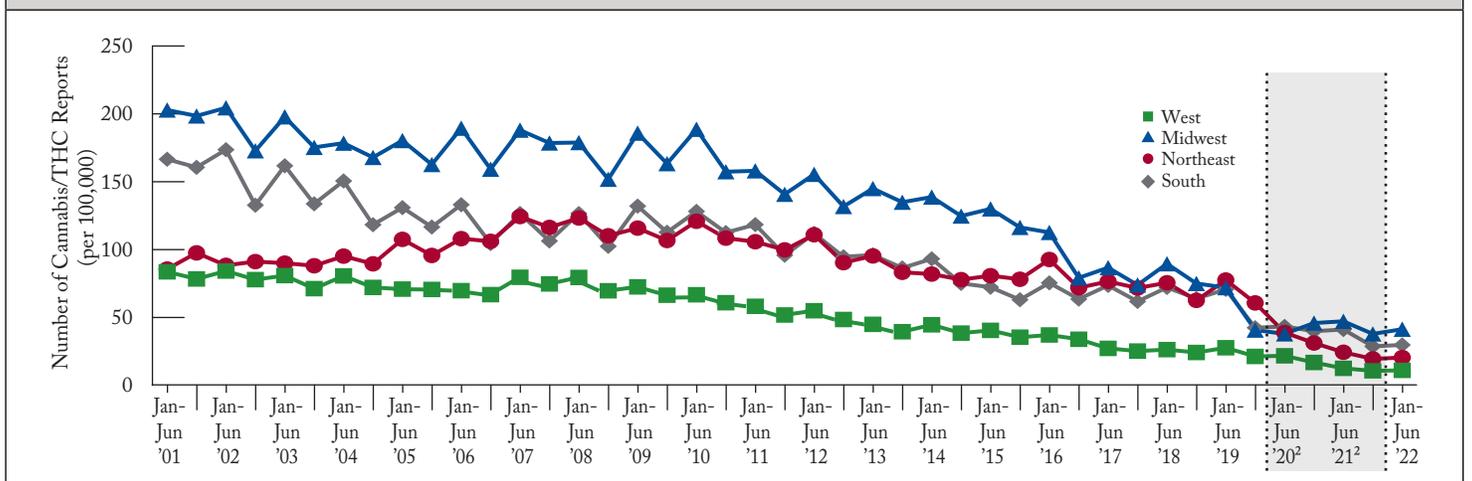
<sup>1</sup> A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current [NFLIS Statistical Methodology](#) publication for a more detailed description of the methods used in preparing these estimates.

<sup>2</sup> There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

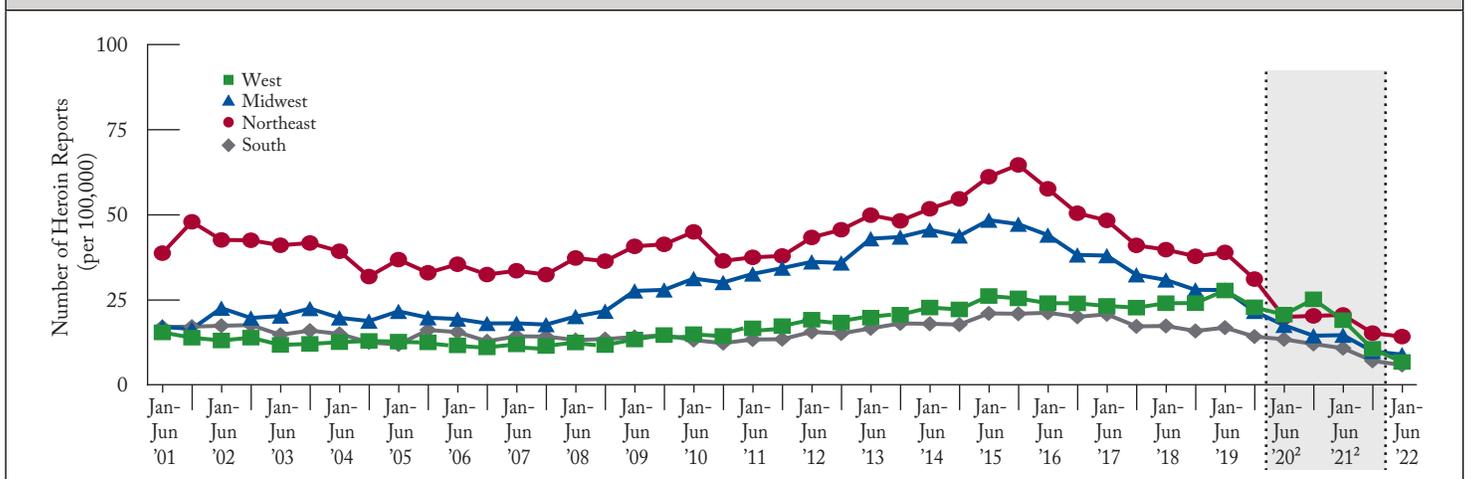
**Figure A.7** Regional trends in fentanyl reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>



**Figure A.8** Regional trends in cannabis/THC reported per 100,000 people aged 15 or older, January 2001–June 2022



**Figure A.9** Regional trends in heroin reported per 100,000 people aged 15 or older, January 2001–June 2022

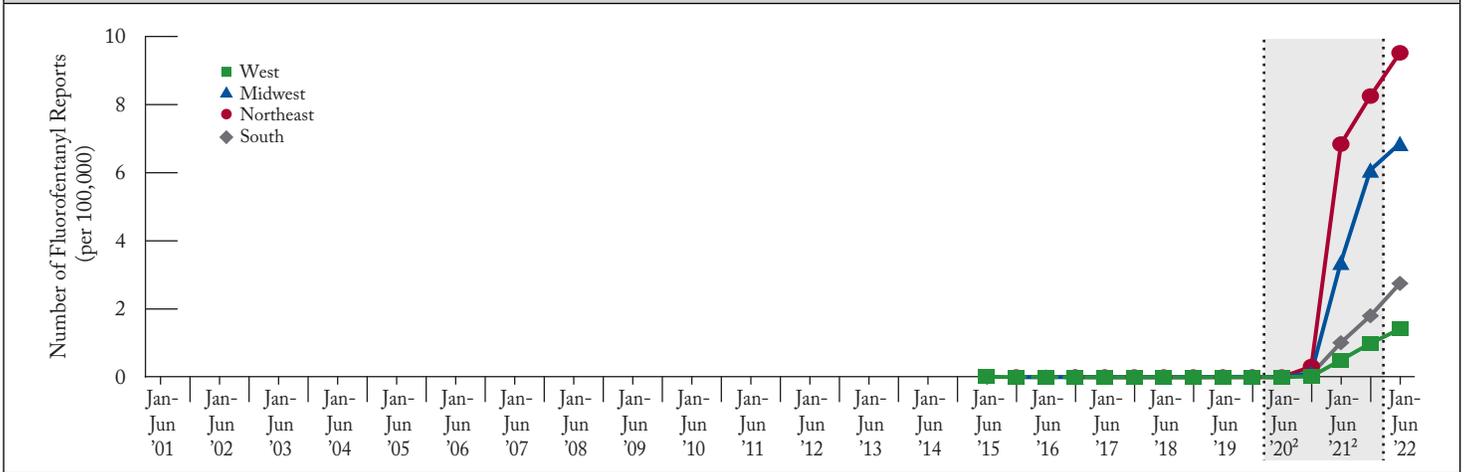


Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed.

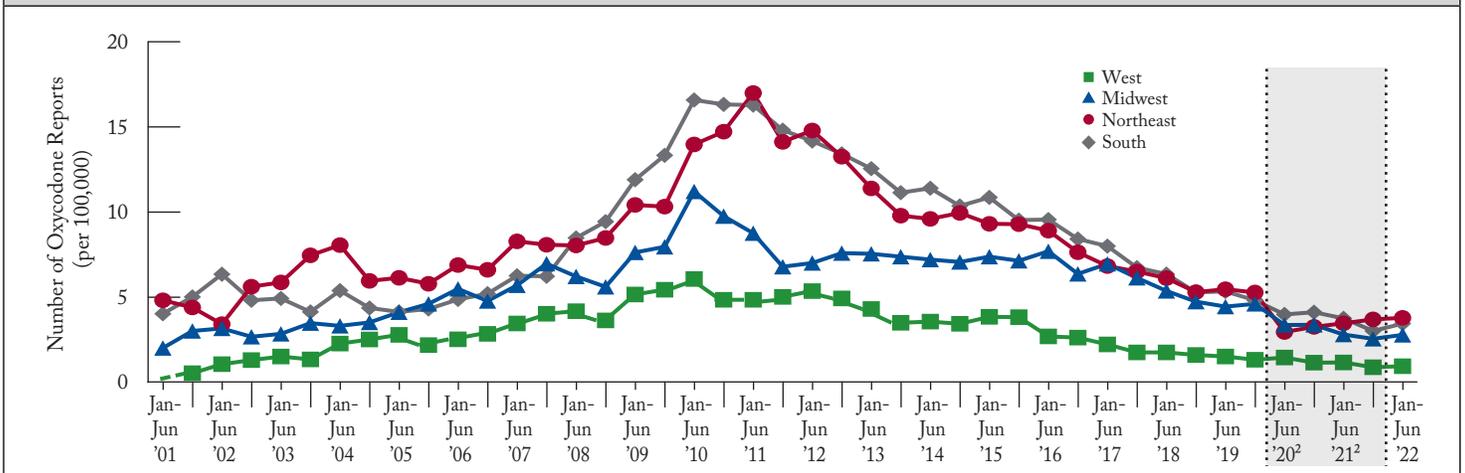
<sup>1</sup> A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current [NFLIS Statistical Methodology publication](#) for a more detailed description of the methods used in preparing these estimates.

<sup>2</sup> There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

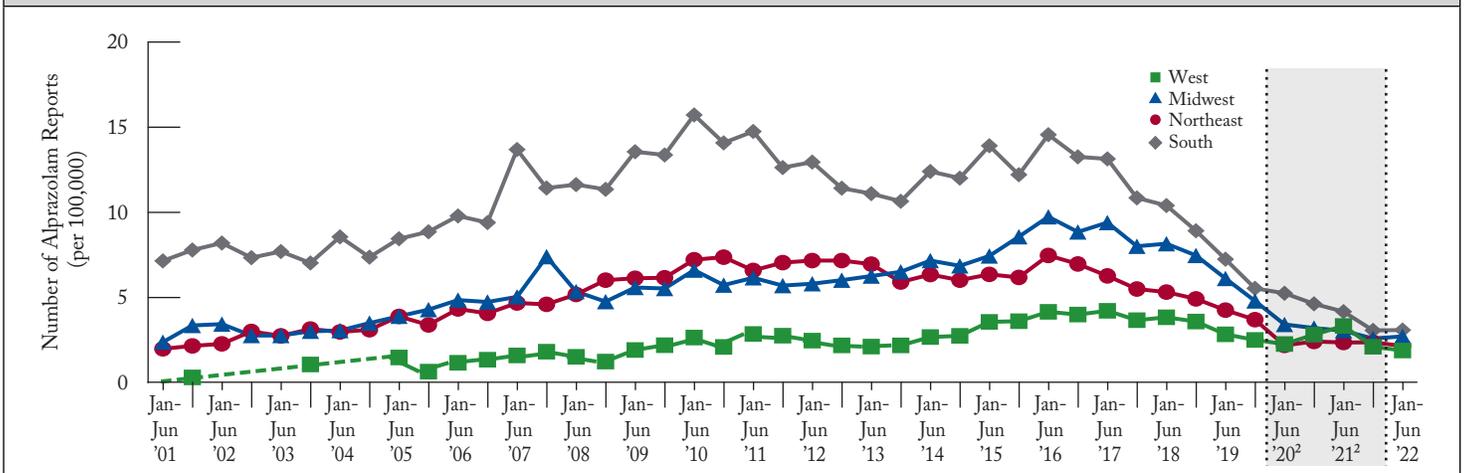
**Figure A.10** Regional trends in fluorofentanyl reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>



**Figure A.11** Regional trends in oxycodone reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>



**Figure A.12** Regional trends in alprazolam reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>

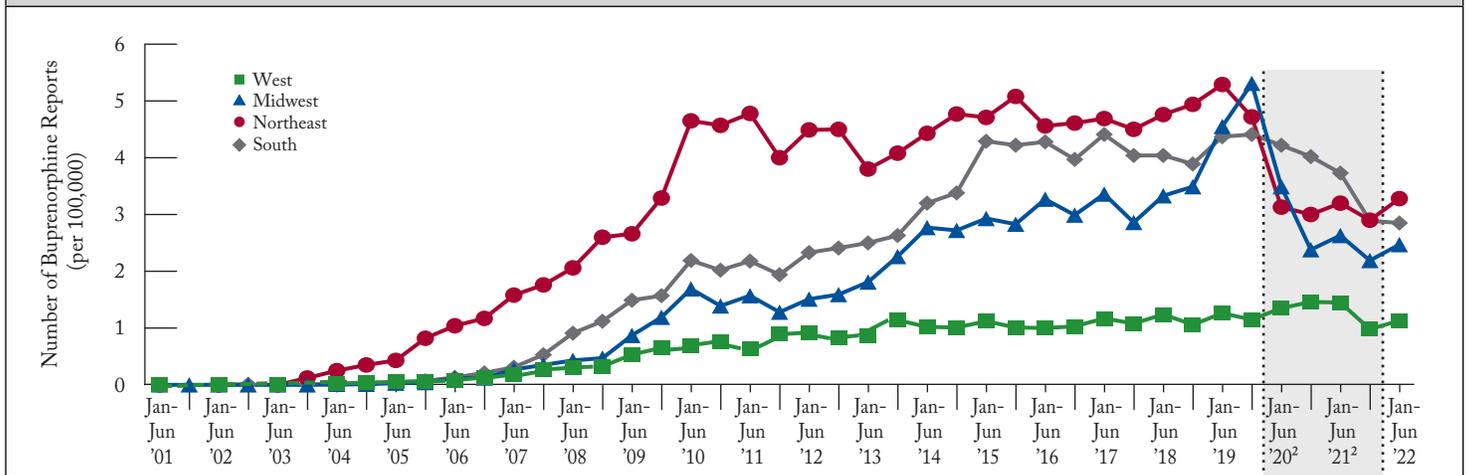


Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed. Estimates are not available for fluorofentanyl for 2008 through 2014 because fluorofentanyl was first reported to NFLIS in the first half of 2015. Fluorofentanyl isomers reported to NFLIS from January 2015 through June 2022 were ortho-fluorofentanyl, meta-fluorofentanyl, para-fluorofentanyl, and fluorofentanyl (unspecified isomer).

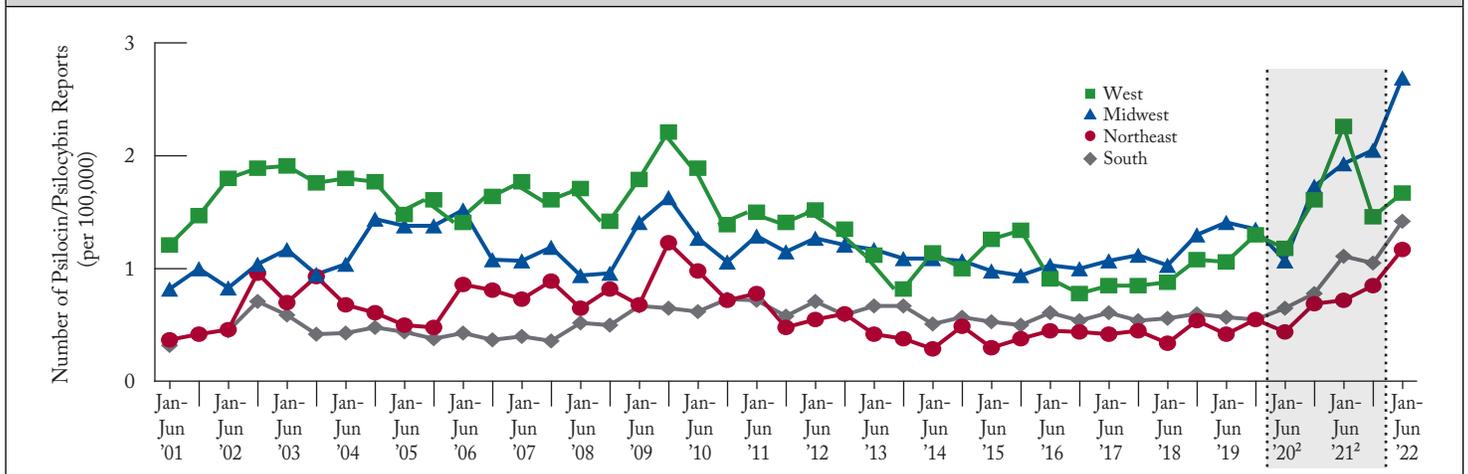
<sup>1</sup> A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See the current [NFLIS Statistical Methodology publication](#) for a more detailed description of the methods used in preparing these estimates.

<sup>2</sup> There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

**Figure A.13** Regional trends in buprenorphine reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>



**Figure A.14** Regional trends in psilocin/psilocybin reported per 100,000 people aged 15 or older, January 2001–June 2022<sup>1</sup>



Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2022. U.S. Census 2022 population data by age were not available for this publication. Population data for 2022 were imputed. Some laboratories report psilocin and psilocybin together; others report them separately.

<sup>1</sup> 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.

<sup>2</sup> There was a noticeable decrease in the number of drugs reported and drug cases submitted and analyzed during 2020 and 2021 compared with earlier years, which is likely due, in part, to the impacts of COVID-19. Use caution when comparing the shaded estimates with other years' estimates.

# 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	✓

State	Lab Type	Laboratory Name	Reporting
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	New Hanover County Sheriff's Office (Castle Hayne)	✓
	Local	Raleigh/Wake City-County Bureau of Identification	✓
ND	State	North Dakota Crime Laboratory Division	✓
NE	State	Nebraska State Patrol Criminalistics Laboratory	✓
	Local	Douglas County Sheriff's Office Forensic Services Division (Omaha)	✓
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 were participating in and reporting to NFLIS-Drug as of February 28, 2023.

\*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.

## 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 underway 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.
- Laboratories also vary with respect to identifying and reporting specific isomers. Data submitted to NFLIS include reports of unspecified isomers (e.g., fluorofentanyl, fluoro-AB-PINACA). These unspecified isomer reports are counted and estimated separately from any specific isomer reports. For NFLIS-Drug Annual and Midyear Reports, reports for all positional and unspecified isomers of a drug are combined into a single listing with an explanation of which individual isomers are included in the total.



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