Guidance for Writing the National Forensic Laboratory Information System (NFLIS) Public Data Table Findings

The National Forensic Laboratory Information System (NFLIS) represents an important Drug Enforcement Administration (DEA) resource in monitoring illicit drug abuse and trafficking. Currently available NFLIS data reflect the results from drug chemistry analyses conducted by Federal, State, and local forensic laboratories across the country (NFLIS-Drug).[1] To provide easy access to the most frequently requested NFLIS-Drug data, DEA publishes certain tables that interested parties can use to obtain information about the most commonly reported substances found in drug seizure samples from the NFLIS-Drug data.

This guide provides NFLIS-Drug data users with direction about how to interpret and best present the results found in the public NFLIS-Drug data tables. For more information about NFLIS, DEA encourages all NFLIS users to read the Questions and Answers (Q&A) document (https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLISPublicDataQA.pdf) and the current *NFLIS Statistical Methodology* report (https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS-2017-StatMethodology.pdf).

Note that the NFLIS-Drug data tables are in the public domain and may be reproduced or copied without permission from DEA. However, these tables may *not* be reproduced or distributed for a fee without the specific, written authorization of DEA within the U.S. Department of Justice. Moreover, DEA would appreciate appropriate citation of these data. An example of the appropriate citation of the NFLIS-Drug data tables is provided as follows:

> U.S. Drug Enforcement Administration, Diversion Control Division. (2017). *Table 2. State counts for the most frequently identified drugs: 2016*. Retrieved from the NFLIS Public Resource Library at https://www.nflis.deadiversion.usdoj.gov/Resources/NFLISPublicResourceLibrary.aspx

For more information about citing NFLIS data and publications, please see DEA's Citations Guide (https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/2k17NFLISCitationsGuide.pdf).

In the NFLIS Public Resource Library at https://www.nflis.deadiversion.usdoj.gov/Resources/NFLISPublicResourceLibrary.aspx, starting with the 2013 data, DEA has released a common set of data tables that includes the following from the NFLIS-Drug dataset:

[1] DEA is planning to expand the NFLIS program to include two additional continuous data collections that will systematically gather drug-related mortality data from medical examiner and coroner offices ("NFLIS-MEC") and drug testing results from toxicology laboratories ("NFLIS-Tox"). The two new data collections will supplement and complement the current NFLIS-Drug collection. Recruitment of medical examiner and coroner offices and toxicology laboratories will begin in 2018.

Table 1. National Estimates for the Most Frequently Identified Drugs
Table 2. State Counts for the Most Frequently Identified Drugs
Table 3. State Counts for Fentanyl and Fentanyl-Related Compounds
Table 4. State Counts for Synthetic Cannabinoids
Table 5. State Counts for Synthetic Cathinones

Descriptions and example text for these tables are provided as follows using the 2016 data.

Table 1. National Estimates for the Most Frequently Identified Drugs: 2016

Table 1 presents the *estimated* number and percentage of total drug reports *submitted* to State and local laboratories from January 1, 2016, through December 31, 2016, and *analyzed* by March 31, 2017. Estimates are statistically adjusted (i.e., weighted and imputed) drug counts that account for nonreporting and nonsampled laboratories' data. This allows for inferences to be made of the total number of analyzed drug reports in the entire NFLIS-Drug "universe" of State and local forensic drug laboratories. For additional information on NFLIS-Drug statistical methodology, please see the current *NFLIS Statistical Methodology* report at https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLIS-2017-StatMethodology.pdf.

If the drug of interest from Table 1 is oxycodone, the following would be an appropriate representation of the data:

> "In 2016, an estimated 37,906 reports of oxycodone were identified by State and local laboratories, representing about 2.4% of the national caseload."

Tables 2 to 5. State Counts

Tables 2 to 5 present the State *counts* for the most frequently identified drugs, fentanyl and fentanyl-related compounds, synthetic cannabinoids, and synthetic cathinones. Counts identified by Federal, State, and local laboratories are included in the raw counts. Raw counts have not undergone any weighting or imputation adjustments to account for laboratory nonresponse and are simply the number of reports of drugs recorded and submitted by State and local laboratories.

If the reader is interested in drug counts from Tennessee, for example, the following would be appropriate representations of the data:

> "In 2016, 2,085 drug reports were identified by Federal, State, and local laboratories as oxycodone, 7 reports were identified as carfentanil, 20 reports were identified as AB-FUBINACA, and 3 reports were identified as methylone in Tennessee."

> "In 2016 in Tennessee, there were 2,085 reports of oxycodone, 7 reports of carfentanil, 20 reports of AB-FUBINACA, and 3 reports of methylone identified by Federal, State, and local laboratories."

For additional context when using or referencing these public data tables, DEA's Q&A document (https://www.nflis.deadiversion.usdoj.gov/DesktopModules/ReportDownloads/Reports/NFLISPublicDataQA.pdf) provides answers to the following common questions (in addition to other important questions):

- What does "estimate" mean?
- Each of the public NFLIS-Drug tables indicates that the results are only data that were submitted to the laboratories and analyzed by a certain date. Are there remaining cases that have not been analyzed by the date provided in the table?
- Some of the NFLIS-Drug tables do not provide an estimate for a particular substance or drug. Instead, there is a note that the estimate does not meet the "standards of precision and reliability." What does this mean?
- Is it acceptable to combine drug estimates if I am interested in understanding a set of drugs?
- Why do the raw counts differ from the annual and midyear estimates?