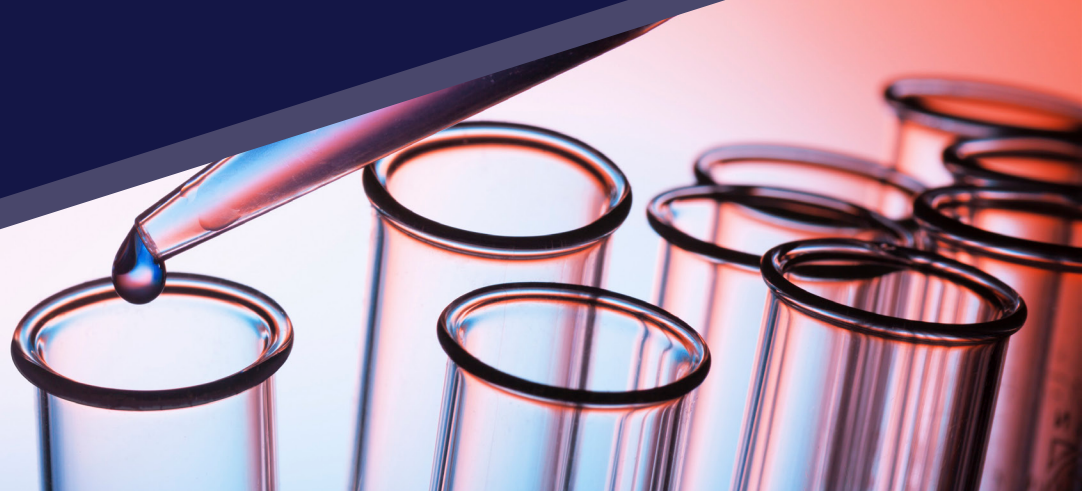




DRUG



NFLIS-DRUG 2021 MIDYEAR REPORT

NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM



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

Contents

<u>Notice of Continued Decrease in Drug Reports.....</u>	<u>iii</u>
<u>Common Drug Names Used in This Publication.....</u>	<u>iv</u>
<u>Highlights</u>	<u>1</u>
<u>Introduction</u>	<u>2</u>
<u>Section 1: National and Regional Estimates</u>	<u>4</u>
<u>Section 2: Major Drug Categories</u>	<u>16</u>
<u>Appendix A: Long-Term Trend Graphs</u>	<u>19</u>
<u>Appendix B: NFLIS-Drug Participating and Reporting Forensic Laboratories</u>	<u>25</u>
<u>Appendix C: NFLIS-Drug Benefits and Limitations</u>	<u>26</u>
<u>Public Domain Notice and Obtaining Copies of This Publication</u>	<u>28</u>

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- α -pyrrolidinoheptaphenone
3CI-PCP	3-chloro-phencyclidine
4CN-CUMYL-BUTINACA	1-(4-cyanobutyl)- <i>N</i> -(2-phenylpropan-2-yl)-1 <i>H</i> -indazole-3-carboxamide
4F-3-Methyl- α -PVP	4-fluoro-3-methyl- α -pyrrolidinopentiophenone
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-4en-PINACA	<i>N</i> -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1 <i>H</i> -indazole-3-carboxamide
ADB-BUTINACA	<i>N</i> -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-butyl-1 <i>H</i> -indazole-3-carboxamide
ADB-HEXINACA	<i>N</i> -(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-hexyl-1 <i>H</i> -indazole-3-carboxamide
α -PHP	α -pyrrolidinohexanophenone
α -PiHP	α -pyrrolidinoisohexanophenone
ANPP	4-anilino- <i>N</i> -phenethyl-4-piperidine
BMDP	3,4-methylenedioxy- <i>N</i> -benzylcathinone
FUB-AMB	methyl 2-(1-(4-fluorobenzyl)-1 <i>H</i> -indazole-3-carboxamido)-3-methylbutanoate
MDA	3,4-methylenedioxymphetamine
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> ,1-diphenethyl- <i>N</i> -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.

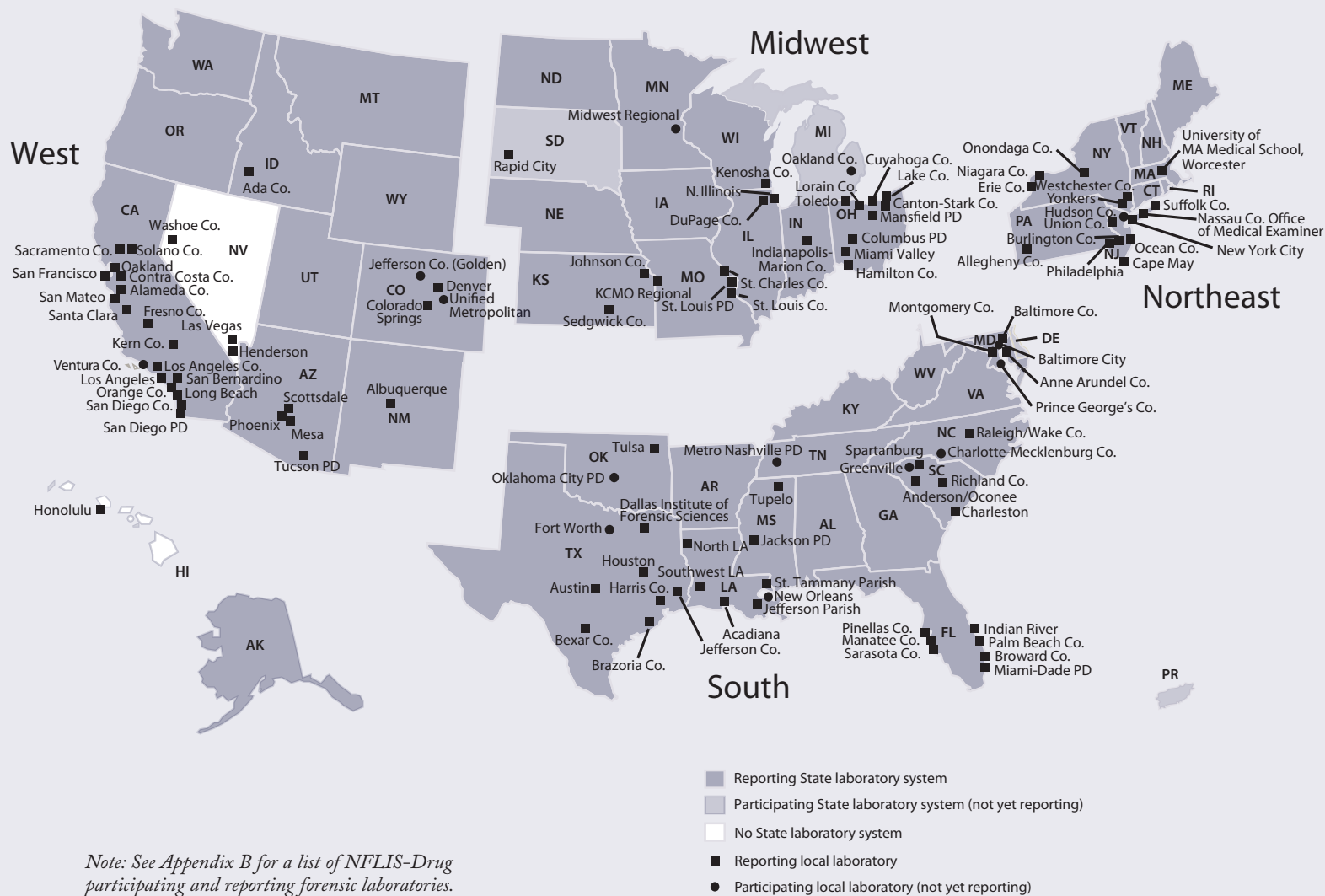
NFLIS-Drug is a comprehensive information system that includes data from forensic laboratories that handle the Nation's drug analysis cases. The NFLIS-Drug participation rate, defined as the percentage of the national drug caseload represented by laboratories that have joined NFLIS, is currently more 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



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 DRUGS¹
Estimated number and percentage of total drug reports submitted to laboratories from January 1, 2021, through June 30, 2021, and analyzed by September 30, 2021²

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%
Clonazepam	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%
<i>para</i> -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%
<i>Top 25 Total</i>	587,116	86.48%	103,551	83.36%	142,775	87.44%	98,997	87.82%	241,793	86.77%
<i>All Other Drug Reports</i>	91,785	13.52%	20,667	16.64%	20,506	12.56%	13,731	12.18%	36,882	13.23%
<i>Total Drug Reports³</i>	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, 2021¹

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%
Clonazepam	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%
<i>para</i> -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%
<i>Top 25 Total</i>	449,490	123.84%
<i>All Other Drugs</i>	71,129	19.60%
<i>Total All Drugs²</i>	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 LABORATORIES¹

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%
<i>para</i> -Fluorofentanyl	321	1.08%
ANPP	301	1.01%
Eutylone	148	0.50%
<i>All Other Drug Reports</i>	10,662	35.82%
<i>Total Drug Reports²</i>	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.



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

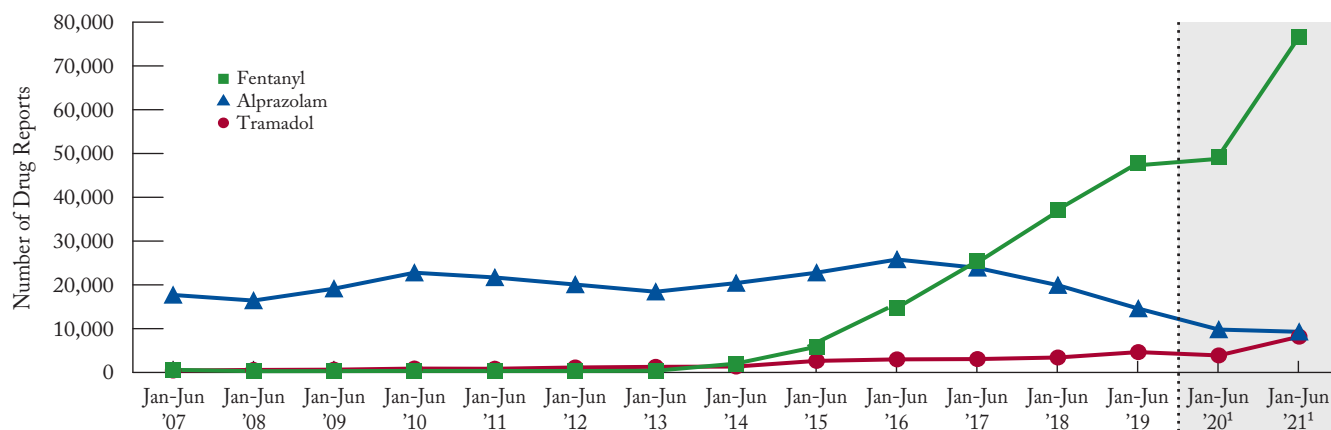
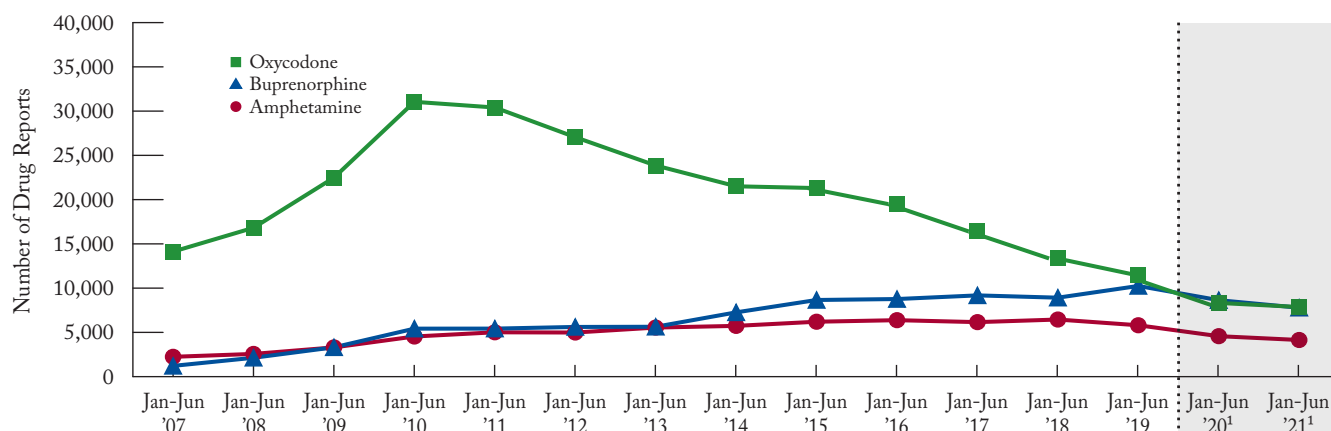


Figure 1.2 National trend estimates for oxycodone, buprenorphine, and amphetamine, January 2007–June 2021



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

¹For 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

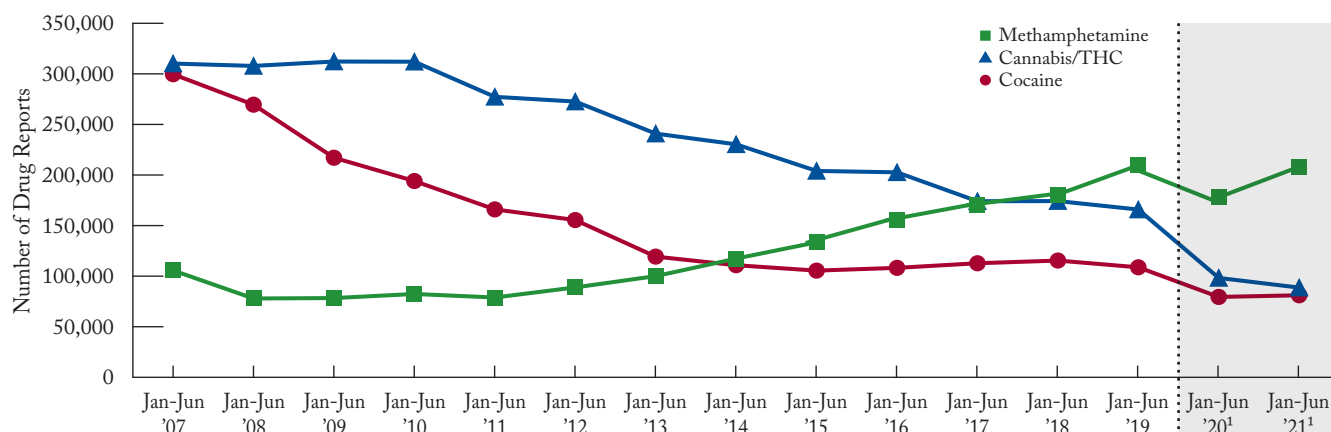
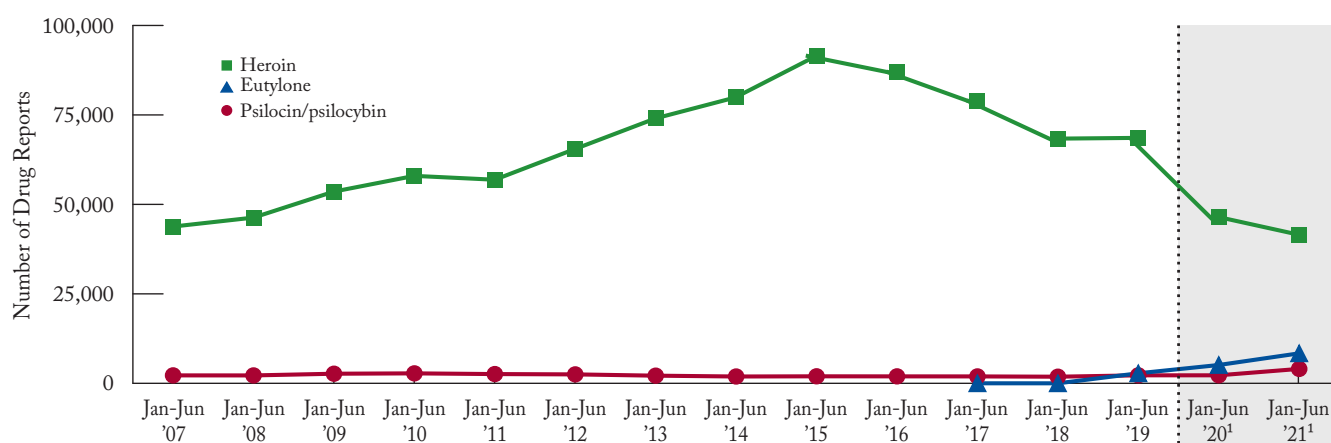


Figure 1.4 National trend estimates for heroin, eutylone, and psilocin/psilocybin, January 2007–June 2021



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.

¹For 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

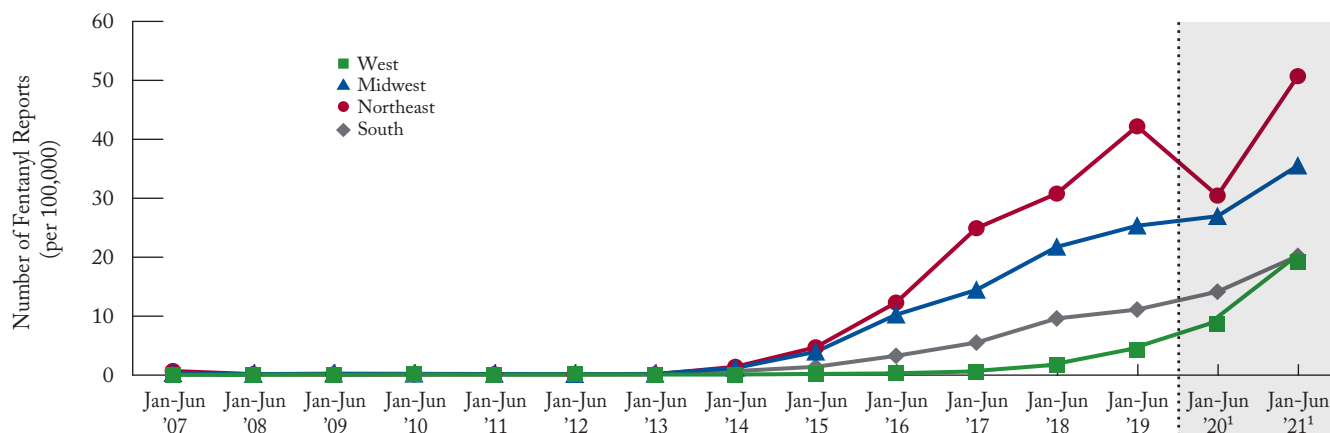


Figure 1.6 Regional trends in alprazolam reported per 100,000 people aged 15 or older, January 2007–June 2021

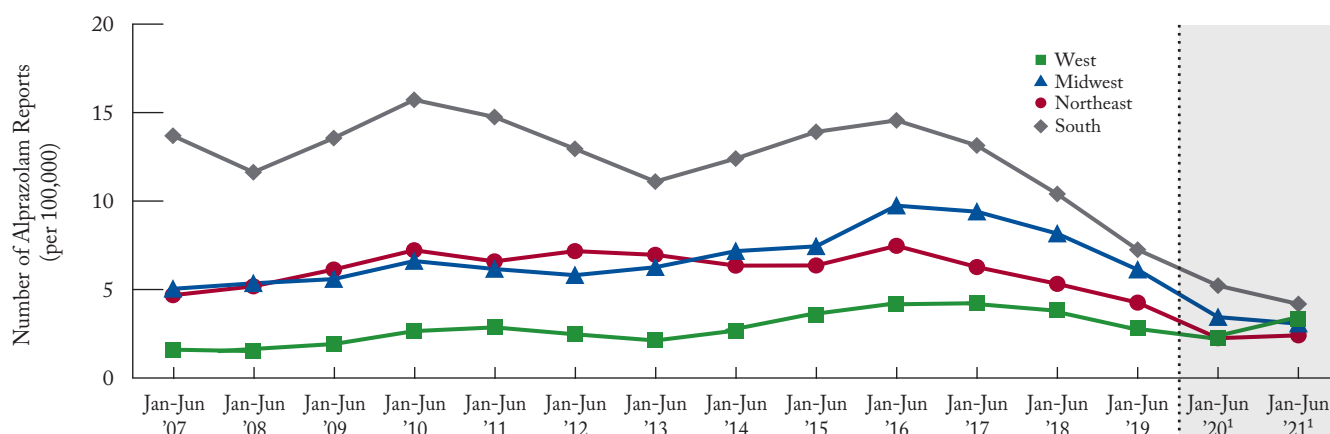
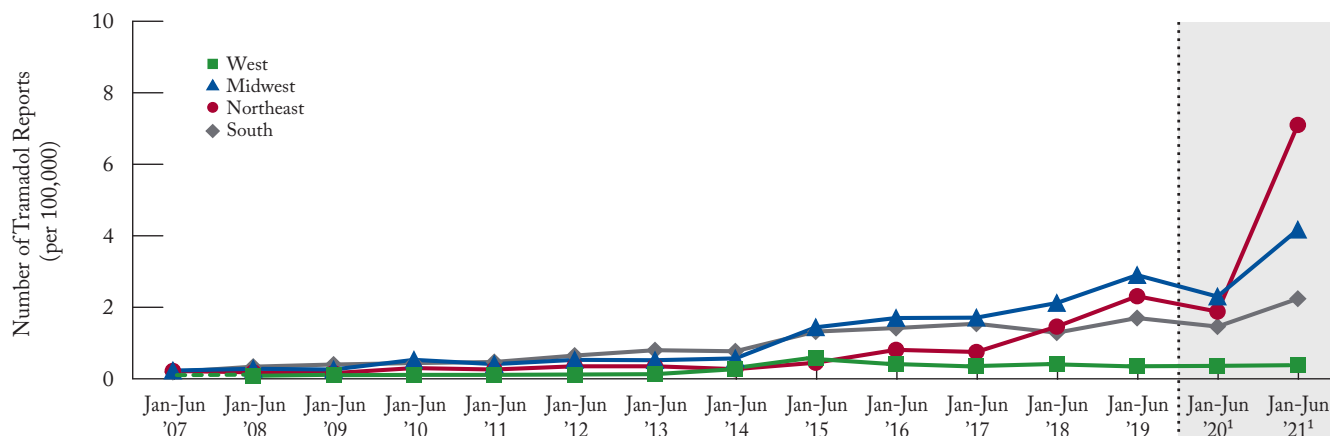


Figure 1.7 Regional trends in tramadol reported per 100,000 people aged 15 or older, January 2007–June 2021²



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.

¹For 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.

²A 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

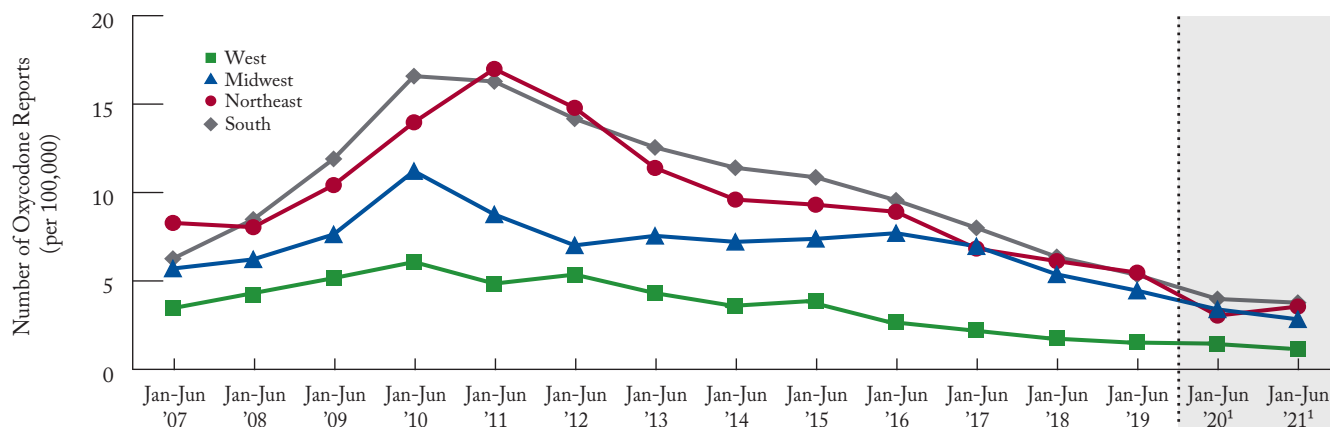


Figure 1.9 Regional trends in buprenorphine reported per 100,000 people aged 15 or older, January 2007–June 2021

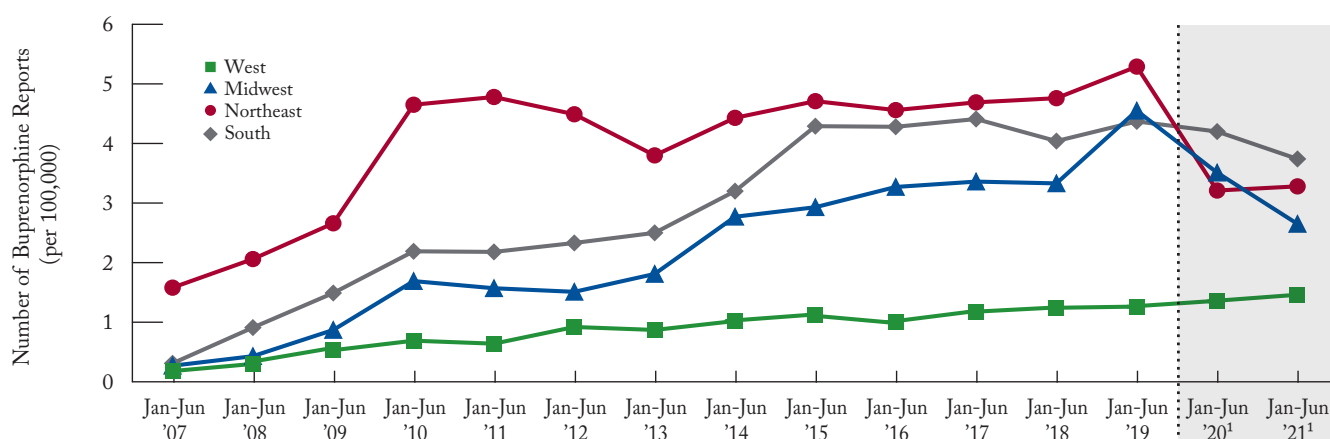
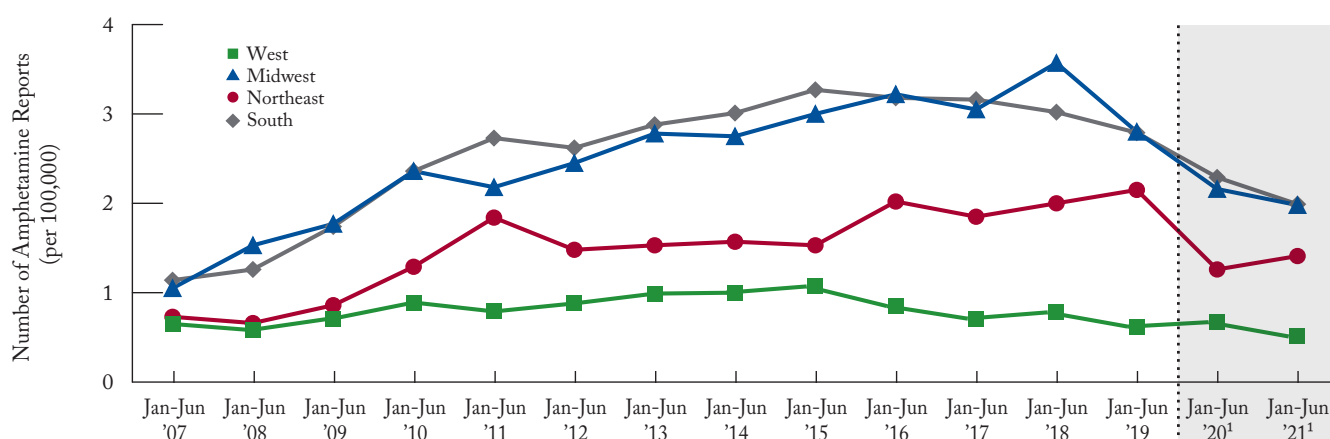


Figure 1.10 Regional trends in amphetamine reported per 100,000 people aged 15 or older, January 2007–June 2021



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.

¹For 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.



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

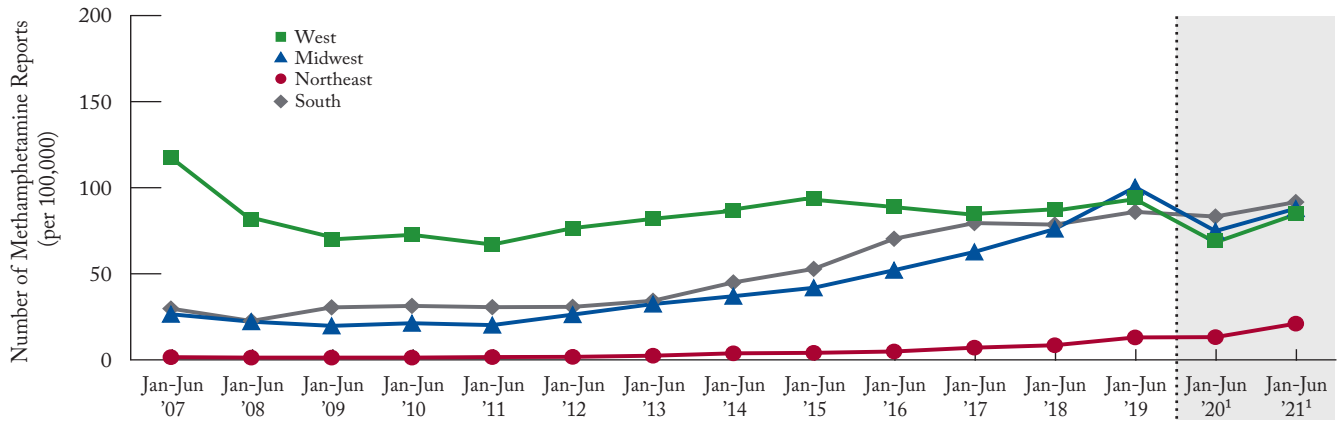


Figure 1.12 Regional trends in cannabis/THC reported per 100,000 people aged 15 or older, January 2007–June 2021

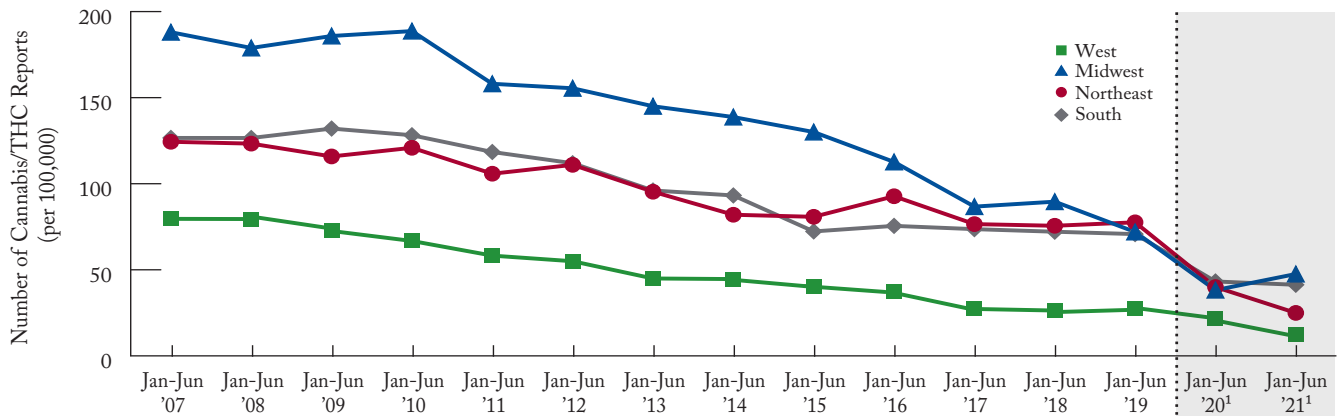
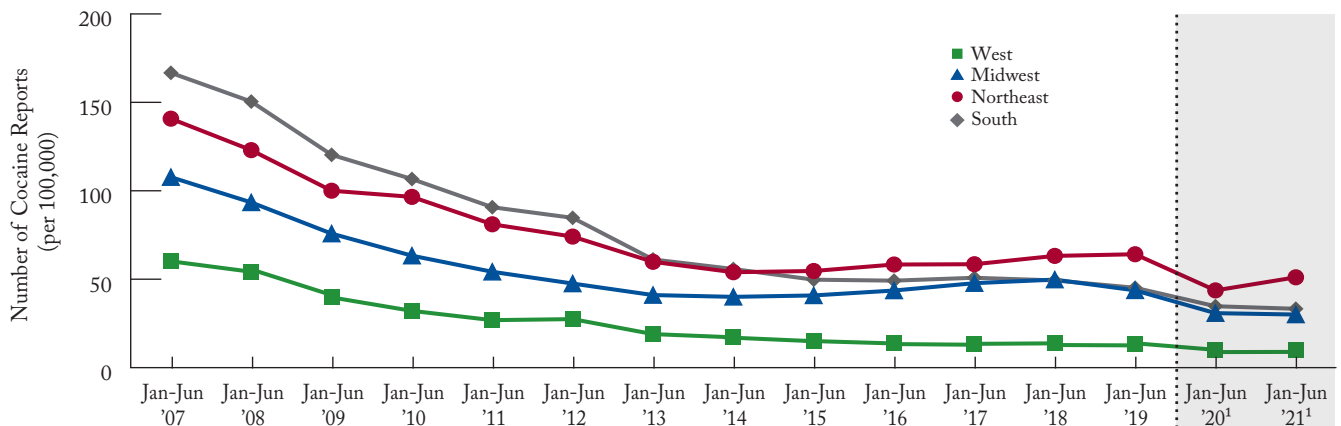


Figure 1.13 Regional trends in cocaine reported per 100,000 people aged 15 or older, January 2007–June 2021



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.

¹For 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

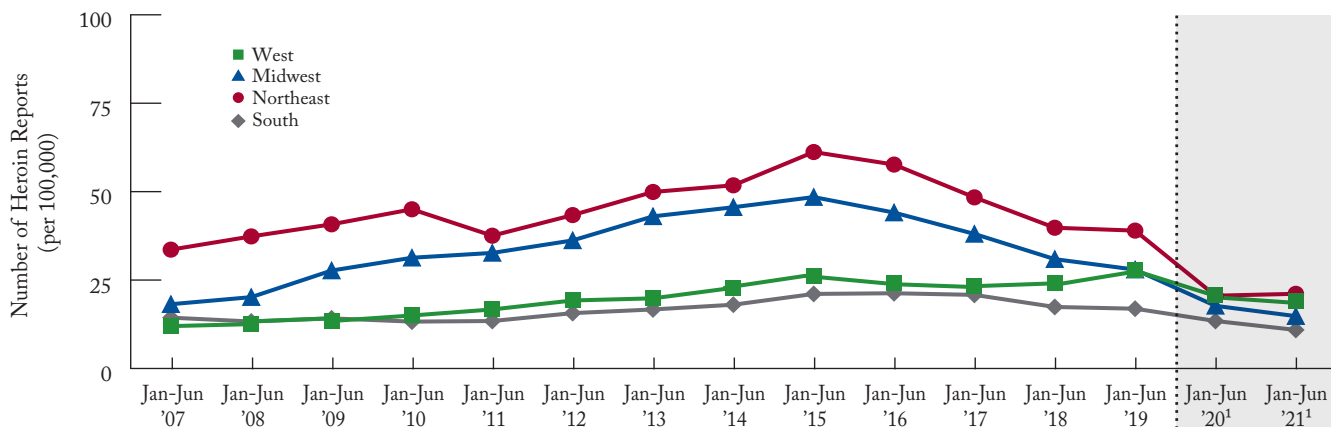


Figure 1.15 Regional trends in eutylone reported per 100,000 people aged 15 or older, January 2007–June 2021

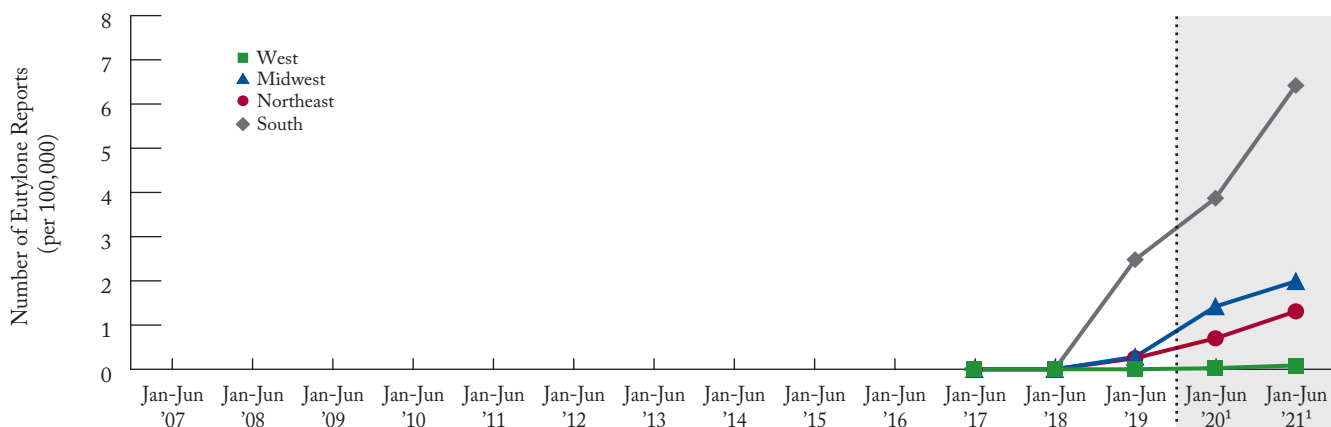
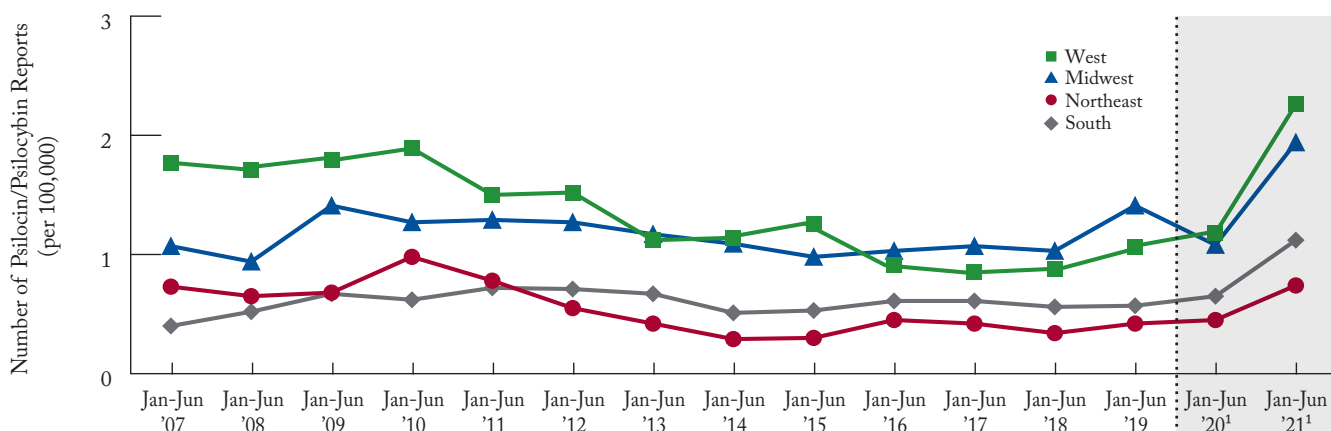


Figure 1.16 Regional trends in psilocin/psilocybin reported per 100,000 people aged 15 or older, January 2007–June 2021



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.

¹For 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.

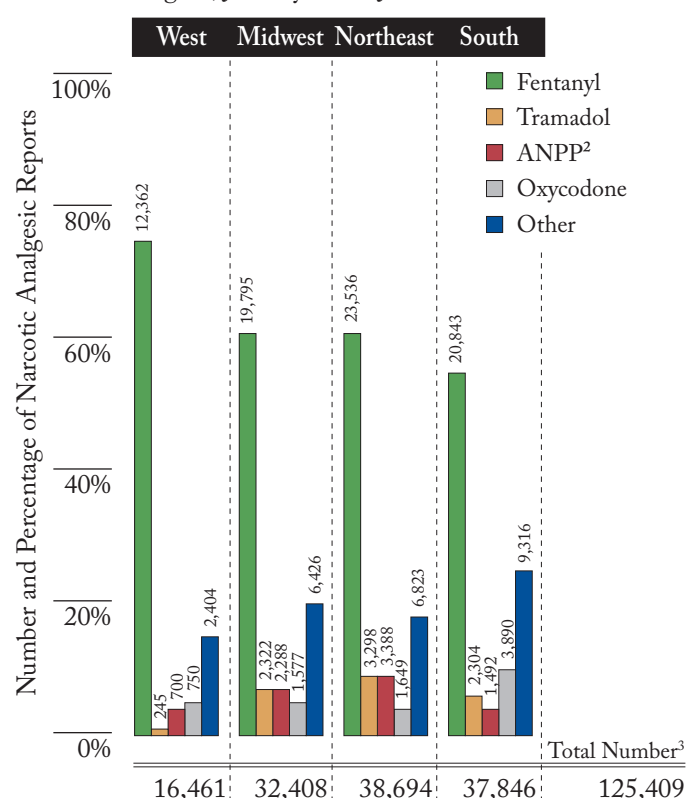
Table 2.1

NARCOTIC ANALGESICS

Number and percentage of narcotic analgesic reports in the United States, January 2021–June 2021¹

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%
<i>para</i> -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 Reports³	125,409	100.00%
Total Drug Reports	678,902	

Figure 2.1 Distribution of narcotic analgesic reports within region, January 2021–June 2021¹



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 2021¹

Tranquilizer and Depressant Reports	Number	Percent
Alprazolam	9,281	34.93%
Clonazepam	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%
3CI-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 Reports²	26,568	100.00%
Total Drug Reports	678,902	

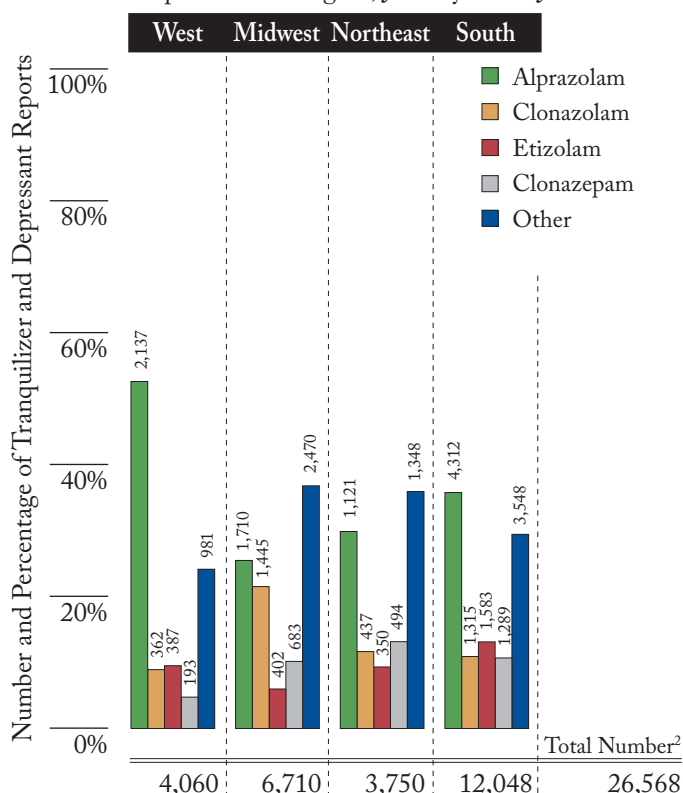
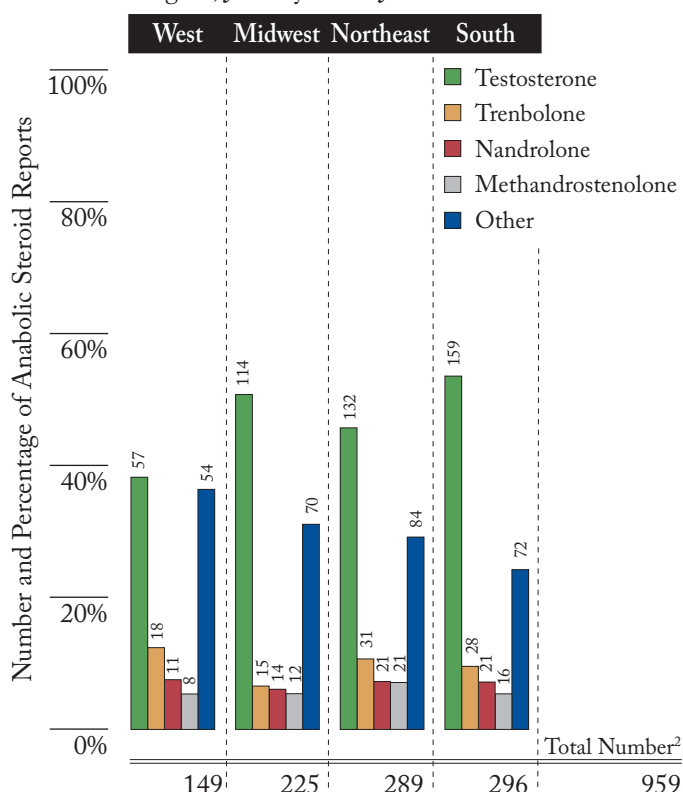
Figure 2.2 Distribution of tranquilizer and depressant reports within region, January 2021–June 2021¹

Table 2.3

ANABOLIC STEROIDS
Number and percentage of anabolic steroid reports in the United States, January 2021–June 2021¹

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 Reports²	959	100.00%
Total Drug Reports	678,902	

Figure 2.3 Distribution of anabolic steroid reports within region, January 2021–June 2021¹

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 2021¹

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 PVP	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 Reports²	225,801	100.00%
Total Drug Reports	678,902	

Figure 2.4 Distribution of phenethylamine reports within region, January 2021–June 2021¹

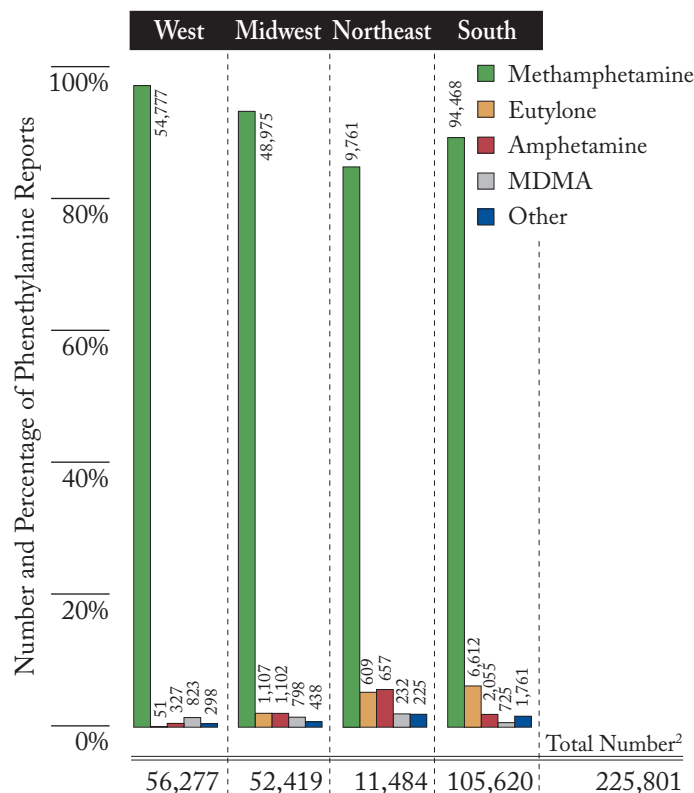


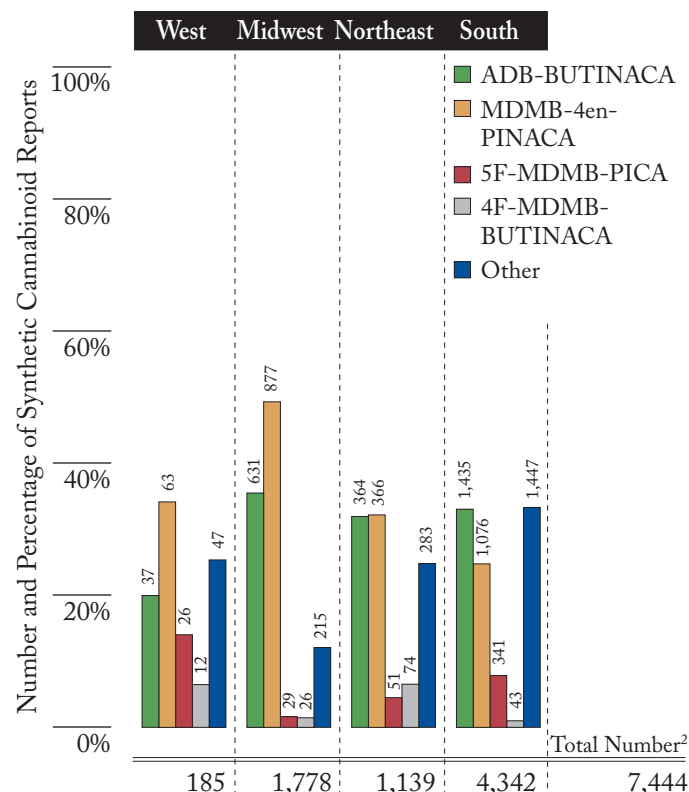
Table 2.5

SYNTHETIC CANNABINOIDS

Number and percentage of synthetic cannabinoid reports in the United States, January 2021–June 2021¹

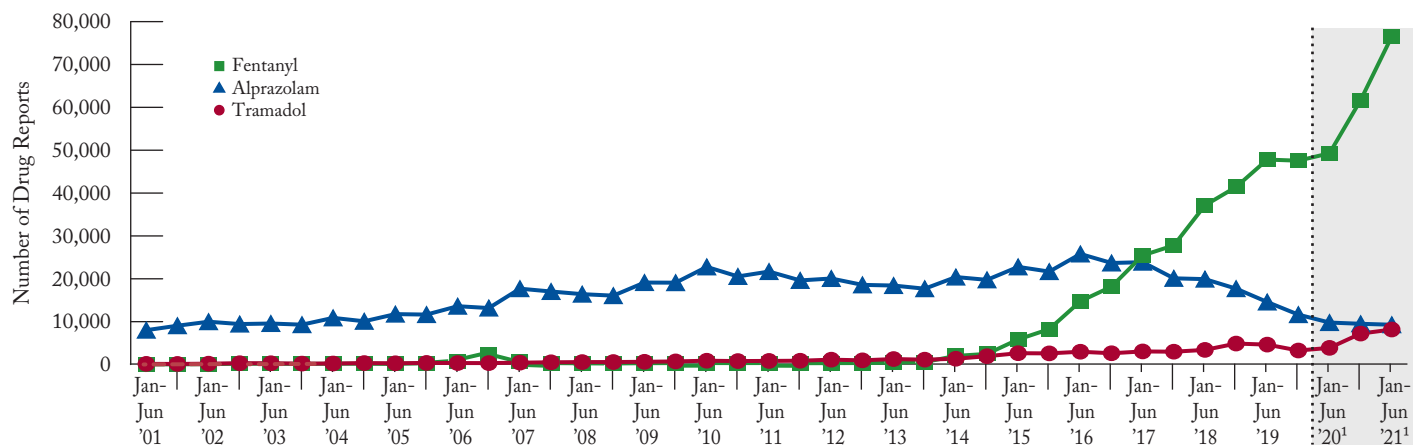
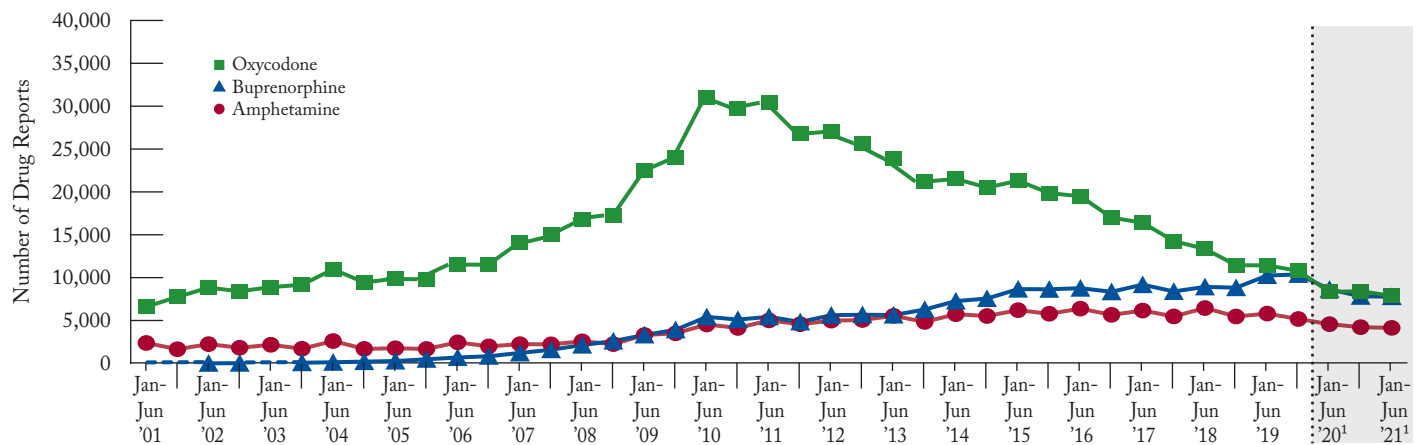
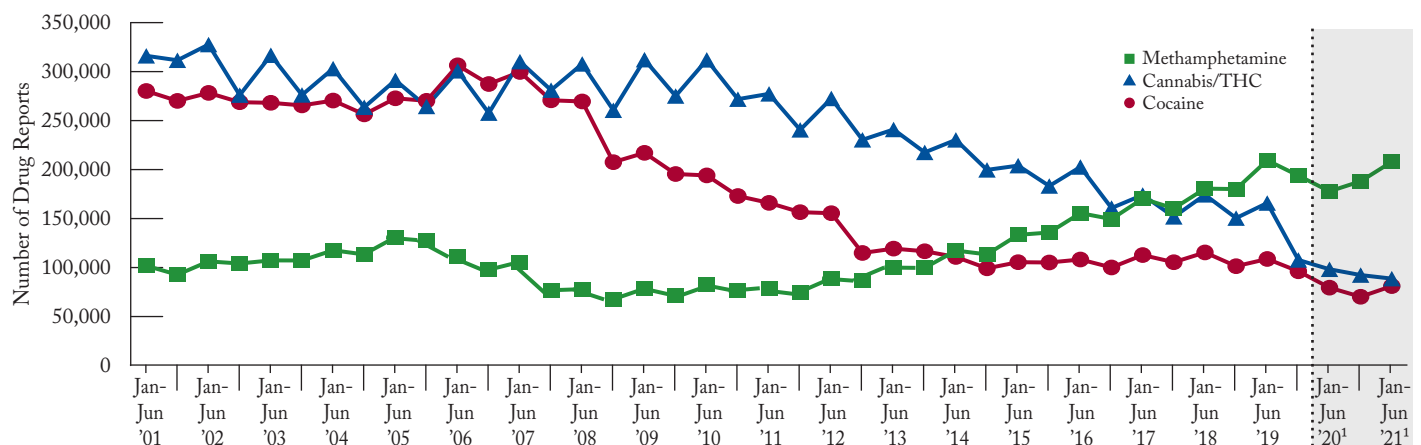
Synthetic Cannabinoid Reports	Number	Percent
ADB-BUTINACA	2,467	33.14%
MDMB-4en-PINACA	2,382	32.00%
5F-MDMB-PICA	448	6.01%
4F-MDMB-BUTINACA	156	2.09%
ADB-4en-PINACA	78	1.05%
4F-MDMB-BUTICA	77	1.03%
5F-EMB-PICA	74	0.99%
4CN-CUMYL-BUTINACA	70	0.94%
Fluoro-EMB-PICA	65	0.87%
5F-ADB	55	0.74%
ADB-HEXINACA	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 Reports²	7,444	100.00%
Total Drug Reports	678,902	

Figure 2.5 Distribution of synthetic cannabinoid reports within region, January 2021–June 2021¹



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.

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 2021²**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 2021¹

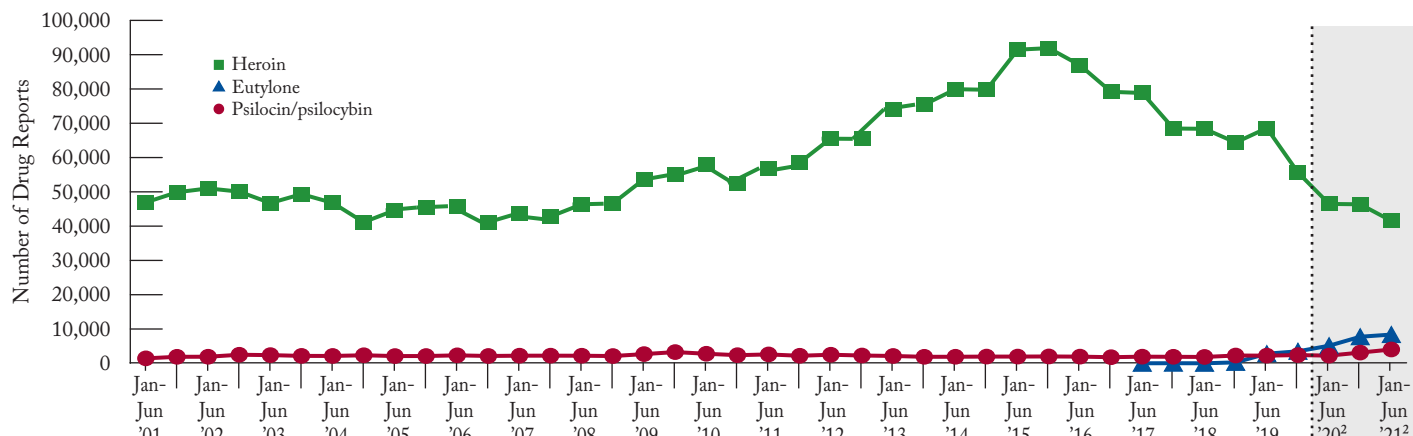


Figure A.5 Regional trends in fentanyl reported per 100,000 people aged 15 or older, January 2001–June 2021³

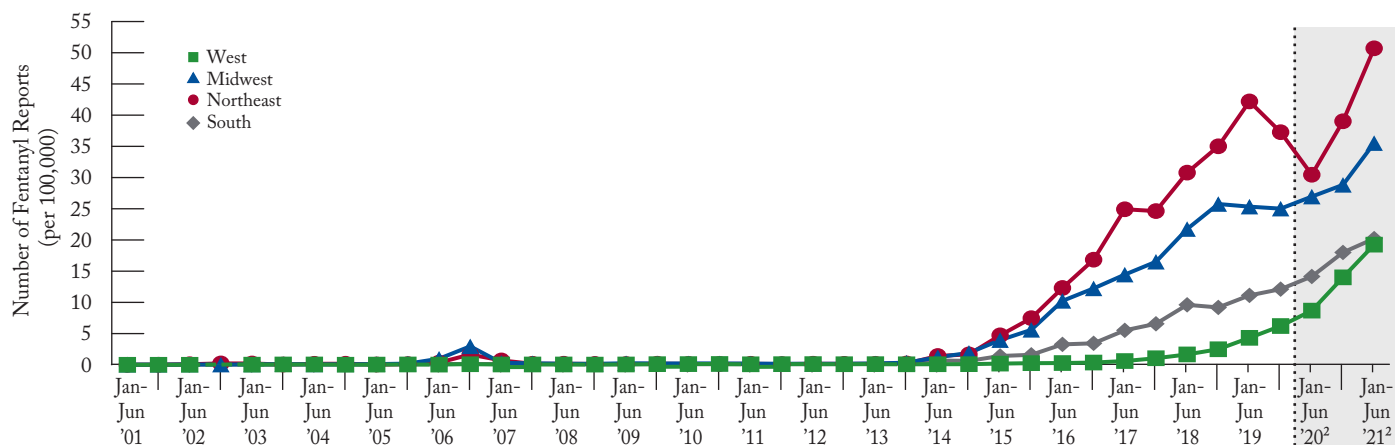
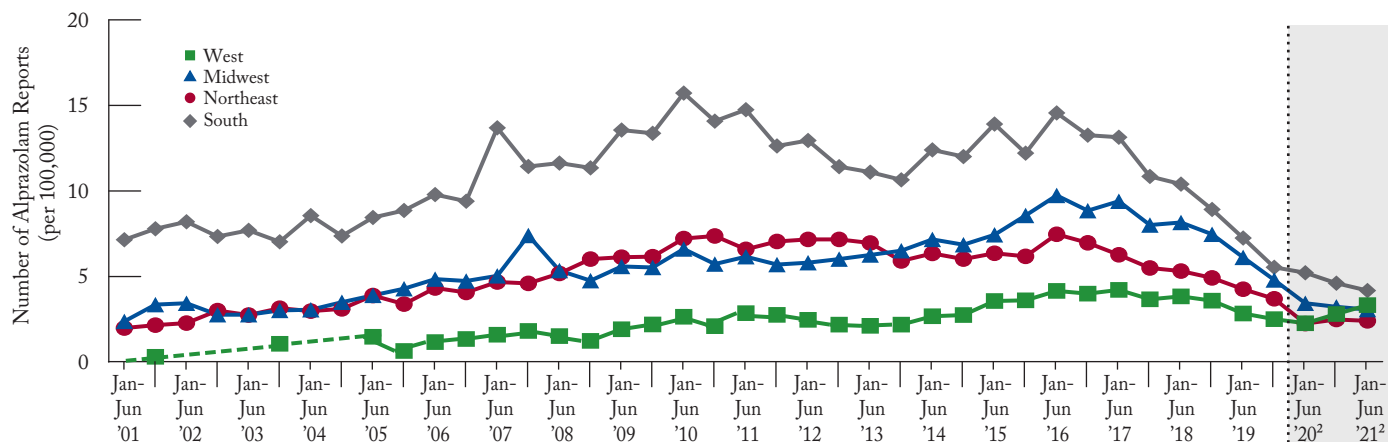


Figure A.6 Regional trends in alprazolam reported per 100,000 people aged 15 or older, January 2001–June 2021³



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 2021¹

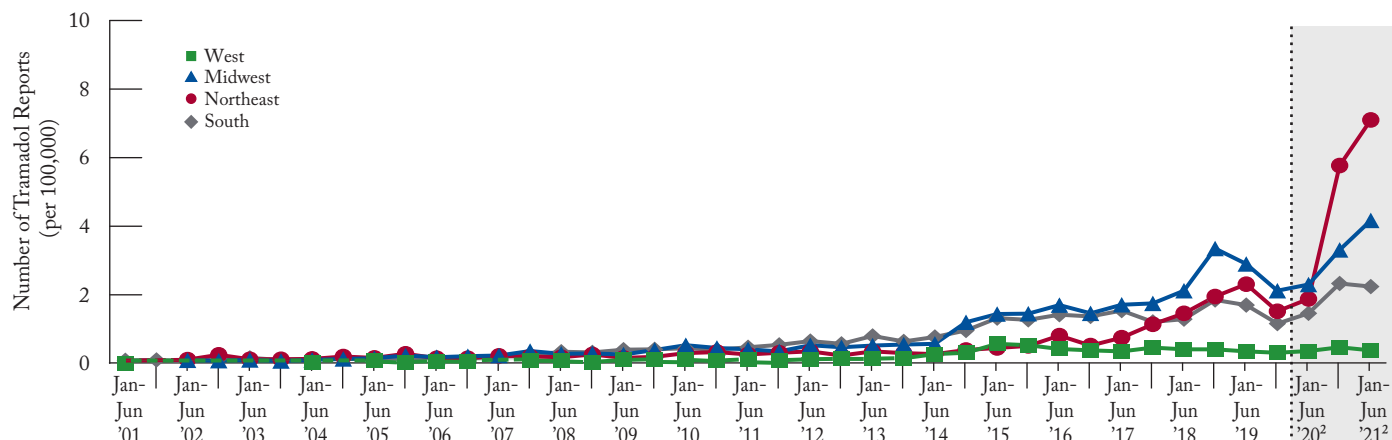


Figure A.8 Regional trends in oxycodone reported per 100,000 people aged 15 or older, January 2001–June 2021¹

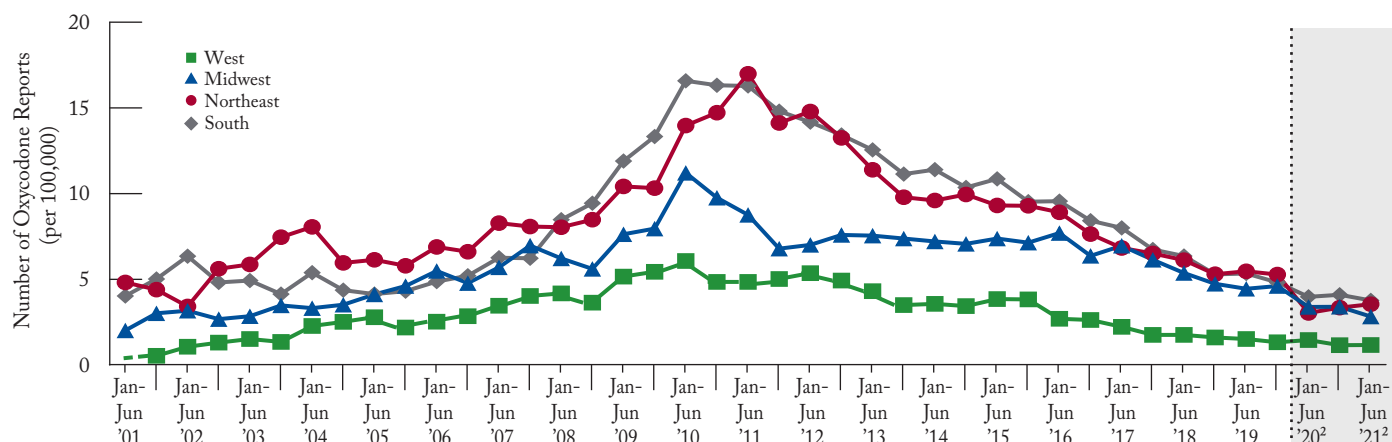
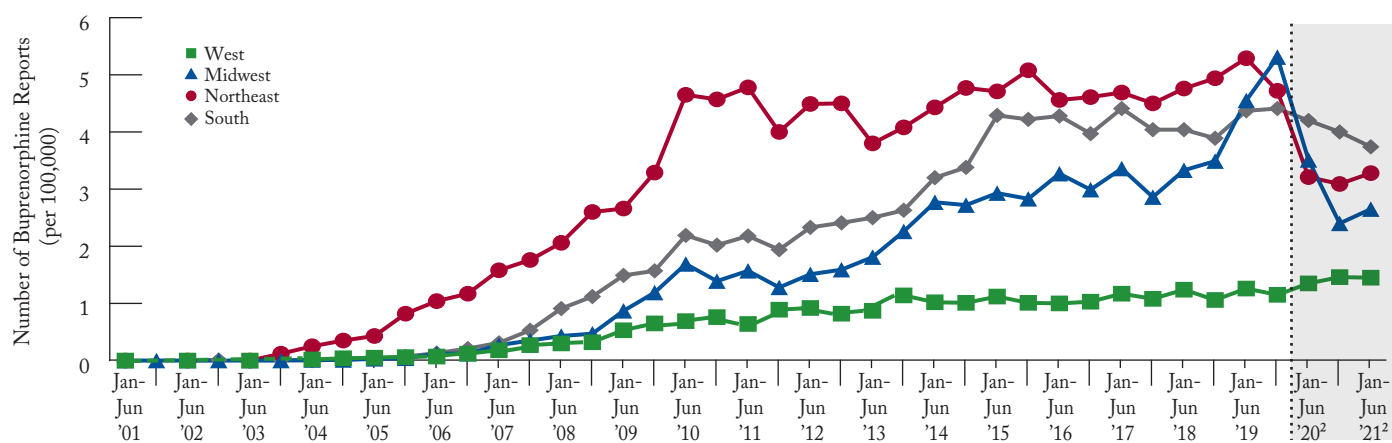


Figure A.9 Regional trends in buprenorphine reported per 100,000 people aged 15 or older, January 2001–June 2021¹



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

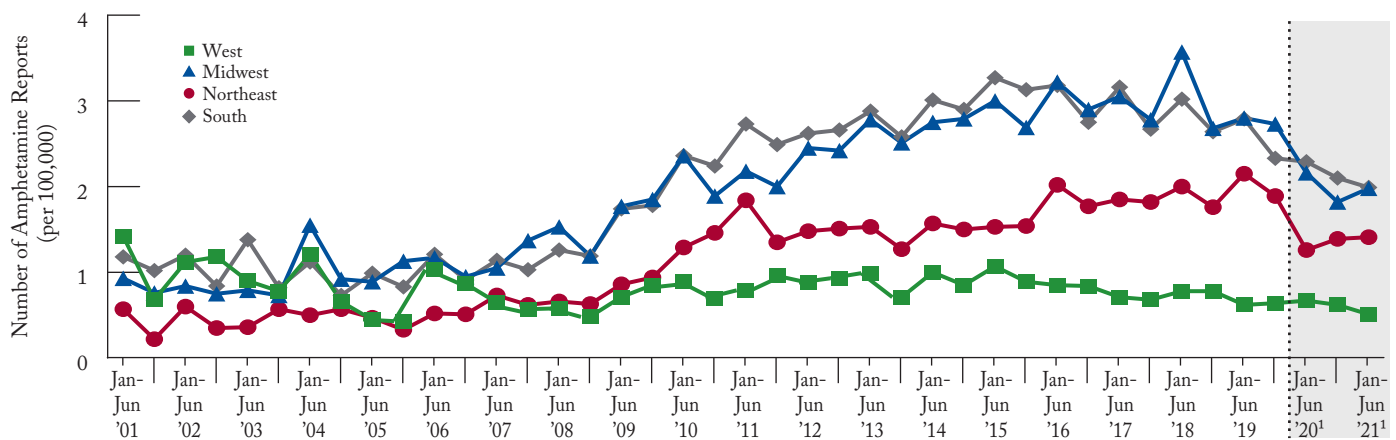


Figure A.11 Regional trends in methamphetamine reported per 100,000 people aged 15 or older, January 2001–June 2021²

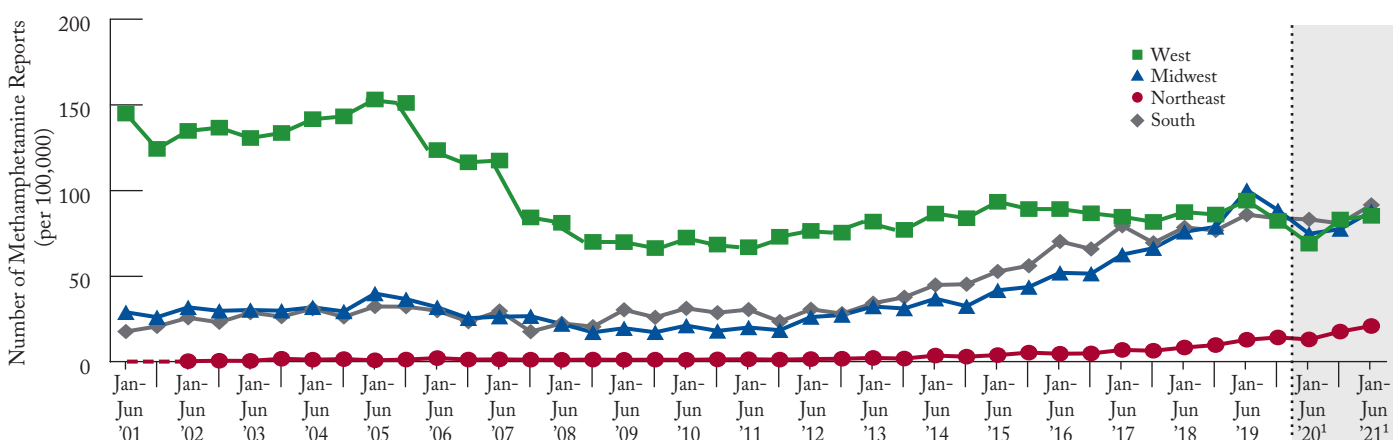
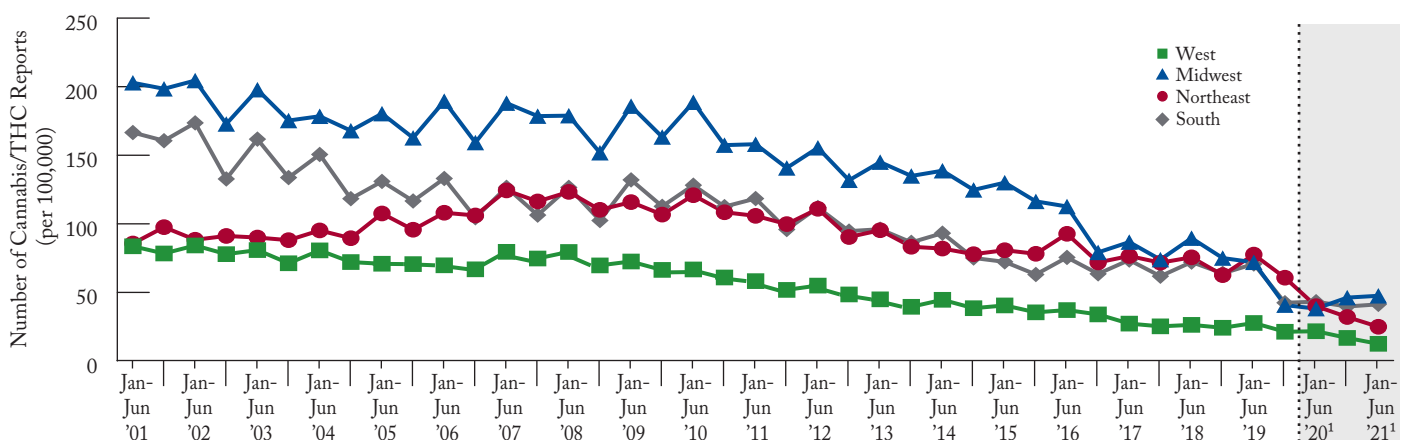


Figure A.12 Regional trends in cannabis/THC reported per 100,000 people aged 15 or older, January 2001–June 2021



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

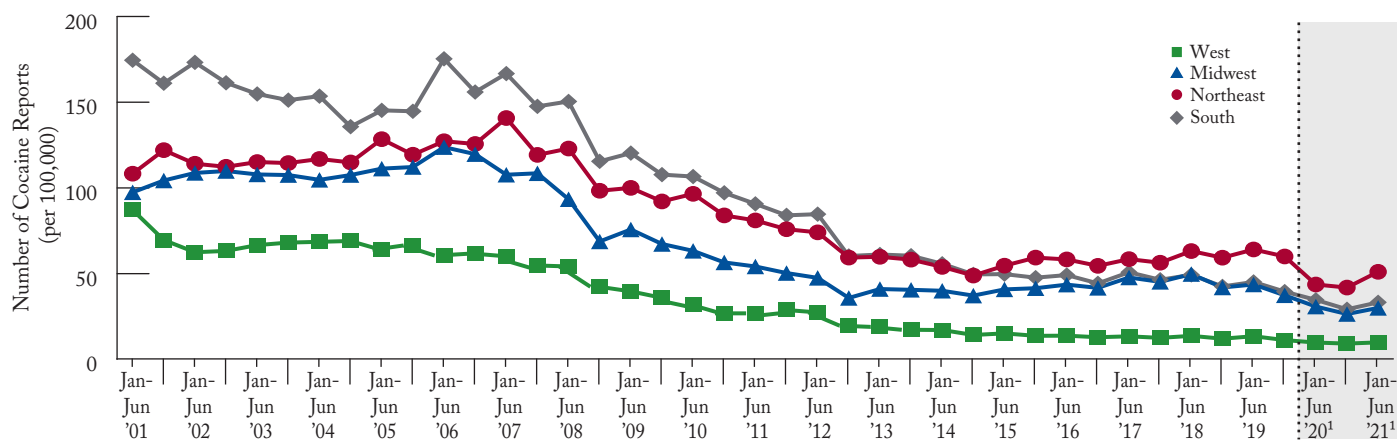


Figure A.14 Regional trends in heroin reported per 100,000 people aged 15 or older, January 2001–June 2021

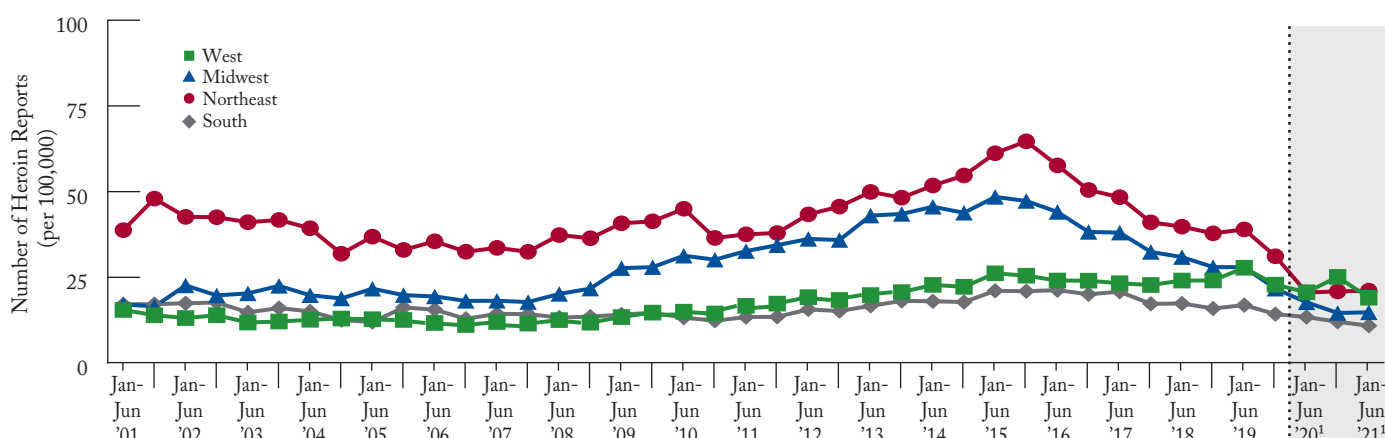
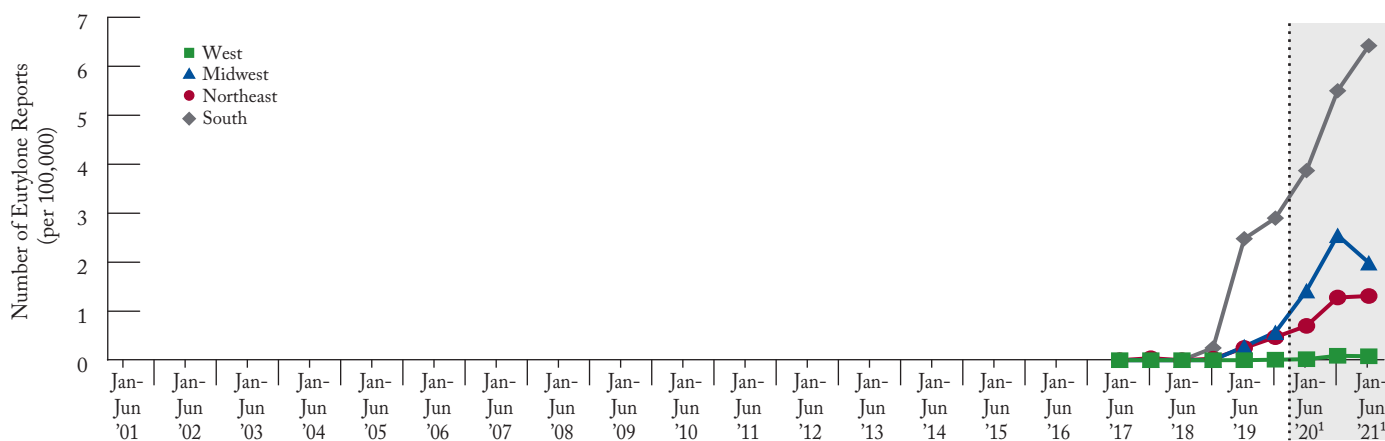


Figure A.15 Regional trends in eutylone reported per 100,000 people aged 15 or older, January 2001–June 2021²

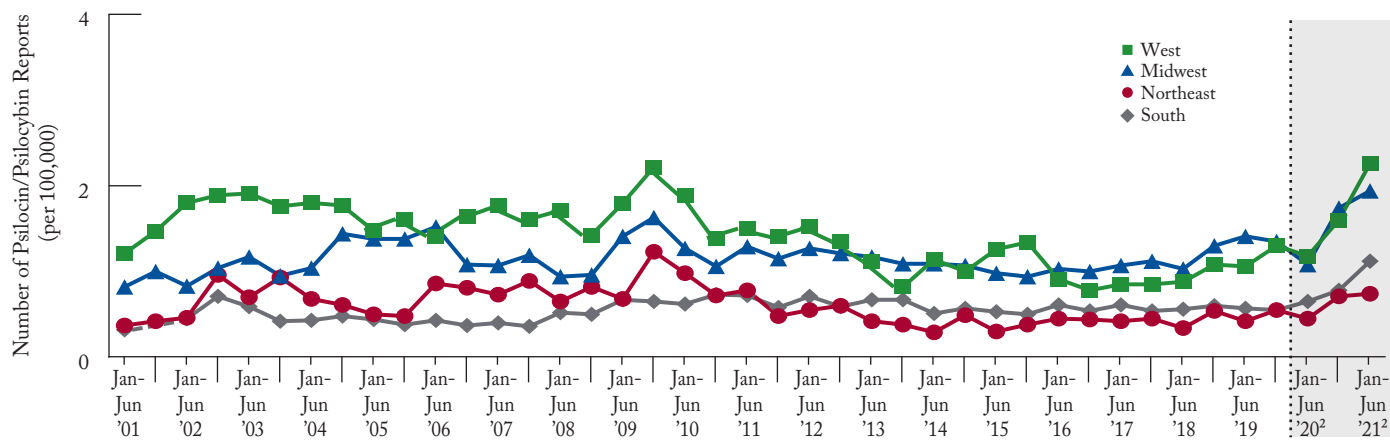


Note: Estimates are shown in half-year increments for each year from January to June 2001 through January to June 2021. U.S. Census 2021 population data by age were not available for this publication. Population data for 2021 were imputed.

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 2021¹



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.



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)	✓
GA	State	Georgia State Bureau of Investigation (6 sites)	✓
	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)	✓

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.

State	Lab Type	Laboratory Name	Reporting
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 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)	✓
OH	Local	Yonkers Police Department Forensic Science Laboratory	✓
	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	✓
OK	Local	Miami Valley Regional Crime Laboratory (Dayton)	✓
	Local	Toledo Police Forensic Laboratory	✓
OR	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)	✓
SD	Local	Spartanburg Police Department	✓
	State	South Dakota Department of Public Health Laboratory	✓
TN	Local	Rapid City Police Department	✓
	State	Tennessee Bureau of Investigation (3 sites)	✓
TX	Local	Metro Nashville Police Department (Madison)	✓
	State	Texas Department of Public Safety (13 sites)	✓
VA	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)	✓

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

All material appearing in this publication is in the public domain and may be reproduced or copied without permission from the DEA. However, this publication may *not* be reproduced or distributed for a fee without the specific, written authorization of the U.S. Drug Enforcement Administration, U.S. Department of Justice. Citation of the source is appreciated.

Suggested citation:

Diversion Control Division. (2022). *National Forensic Laboratory Information System: NFLIS-Drug 2021 midyear report*. U.S. Department of Justice, U.S. Drug Enforcement Administration.

OBTAINING COPIES OF THIS PUBLICATION

Electronic copies of this publication can be downloaded from the NFLIS website at <https://www.nflis.deadiversion.usdoj.gov>.



U.S. Drug Enforcement Administration
Diversion Control Division
8701 Morrisette Drive
Springfield, VA 22152