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INTER-AMERICAN DRUG ABUSE CONTROL COMMISSION

C I C A D

Secretariat for Multidimensional Security

SEVENTY-FOURTH REGULAR SESSION
December 11-14, 2023
Washington D.C.

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December 14, 2023
Original: English

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM (NFLIS)

LIQUN L. WONG, UNIT CHIEF
DRUG AND CHEMICAL EVALUATION SECTION
DRUG ENFORCEMENT ADMINISTRATION

National Forensic Laboratory Information System (NFLIS)

Liqun L. Wong, Unit Chief

Drug and Chemical Evaluation Section

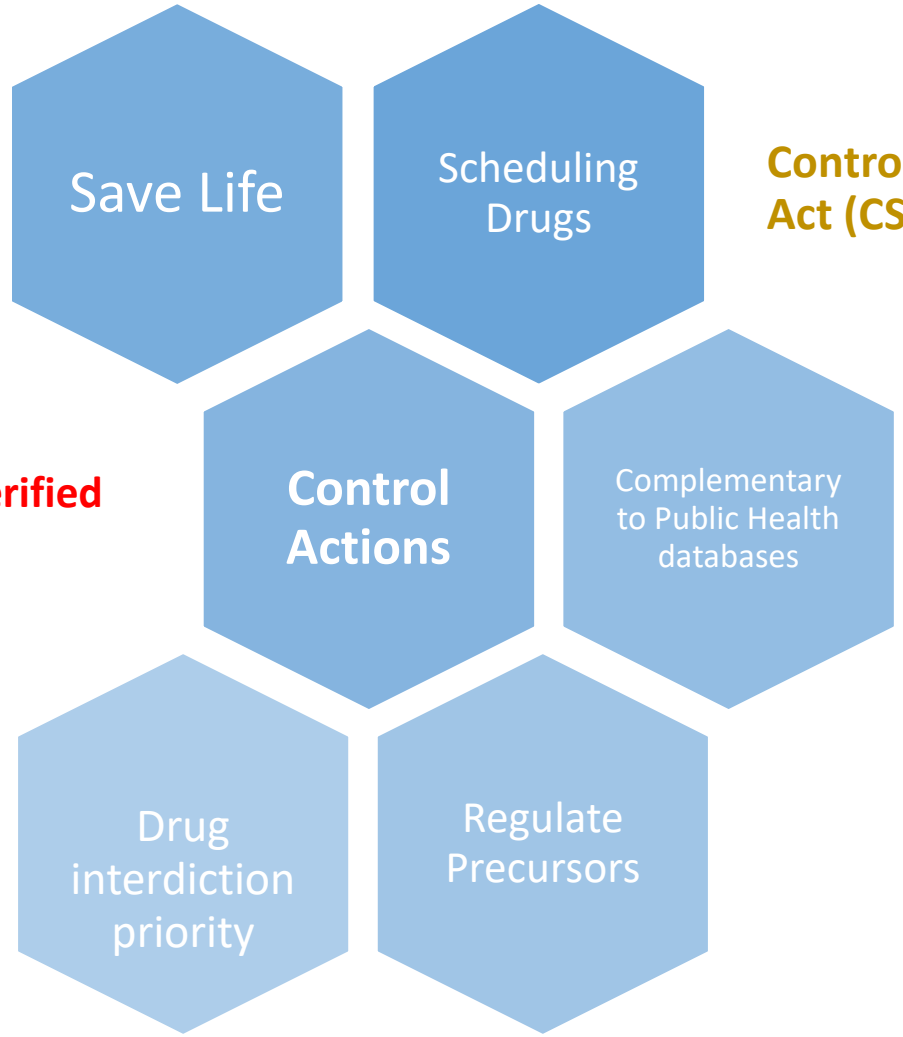
Drug Enforcement Administration

DRUG ENFORCEMENT ADMINISTRATION

NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

Primary Purpose of NFLIS



Controlled Substance Act (CSA)

Scientific Verified Data

DRUG

DRUG ENFORCEMENT ADMINISTRATION

NFLIS

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

MEC

TOX

NFLIS Components

NFLIS-Drug

Collects drug analysis results from Federal, State, and local crime laboratories

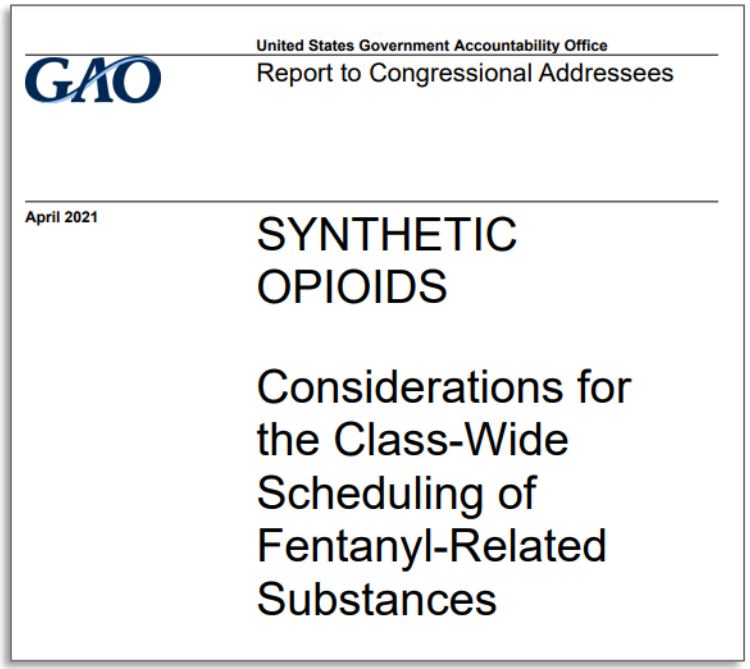
NFLIS-MEC

Medical examiner and coroner offices report deaths in which drugs were identified

NFLIS-Tox

Public and private toxicology laboratories report toxicological findings from ante mortem testing

NFLIS Impacts – Congressional Reports


United States Government Accountability Office

GAO

Report to Congressional Addressees

April 2021

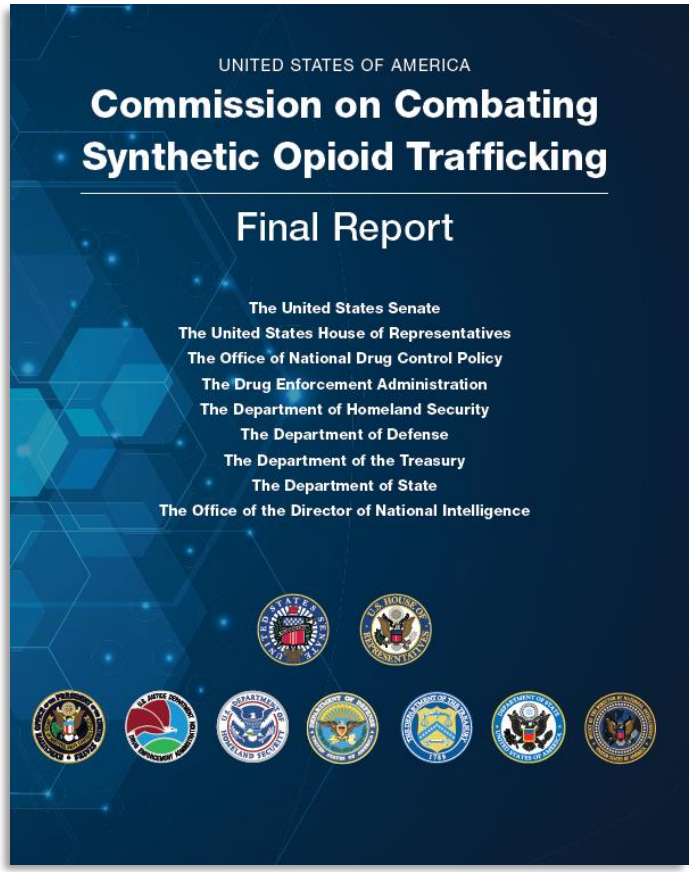
SYNTHETIC OPIOIDS

Considerations for the Class-Wide Scheduling of Fentanyl-Related Substances


REPORT TO CONGRESS

Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices

NIJ.OJP.GOV National Institute of Justice

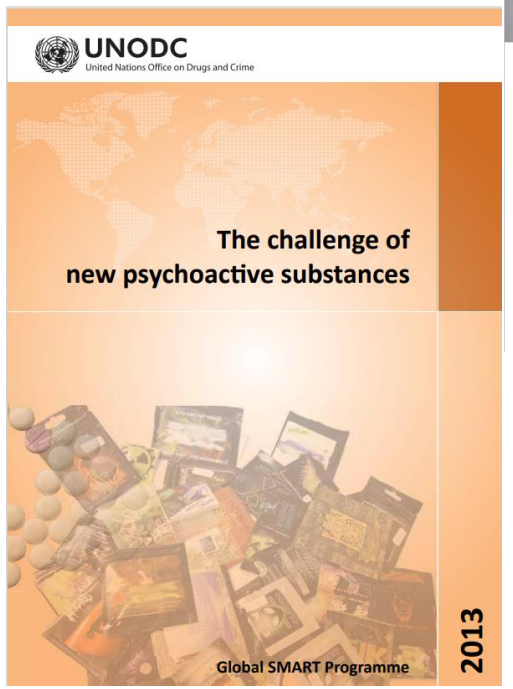

UNITED STATES OF AMERICA

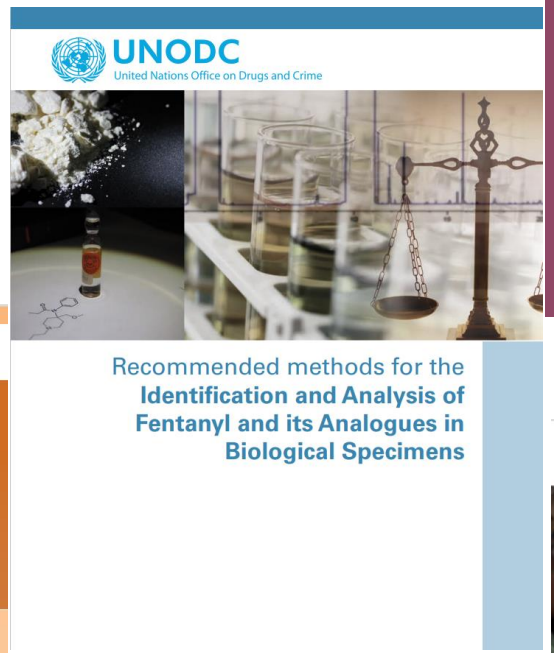
Commission on Combating Synthetic Opioid Trafficking

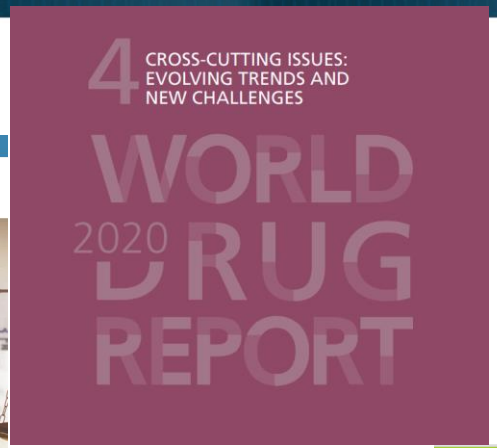
Final Report

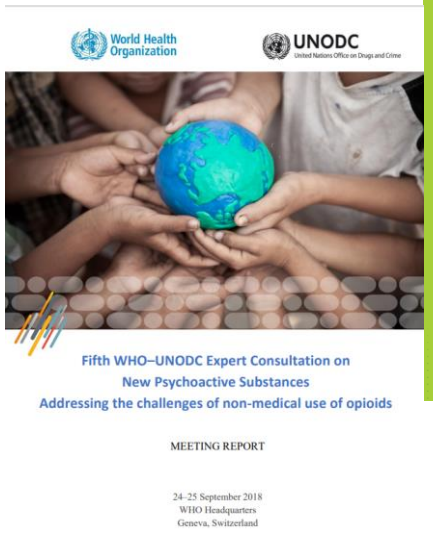
The United States Senate
The United States House of Representatives
The Office of National Drug Control Policy
The Drug Enforcement Administration
The Department of Homeland Security
The Department of Defense
The Department of the Treasury
The Department of State
The Office of the Director of National Intelligence

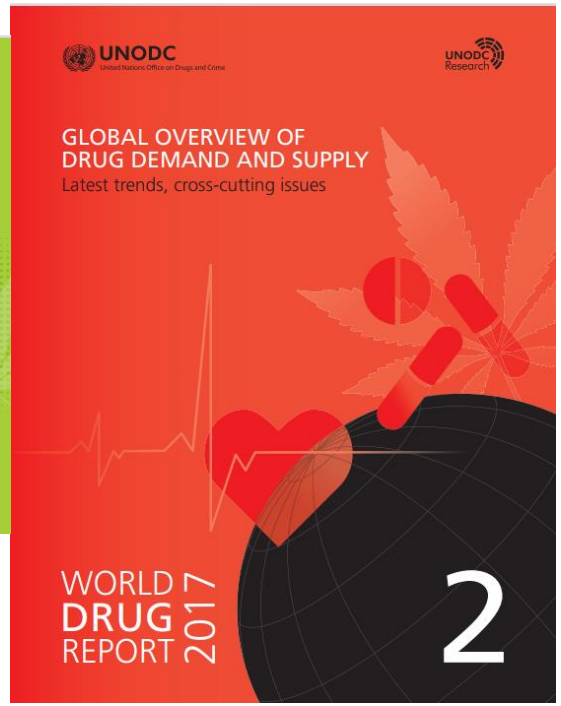
NFLIS Reports – Cited by UNODC Reports



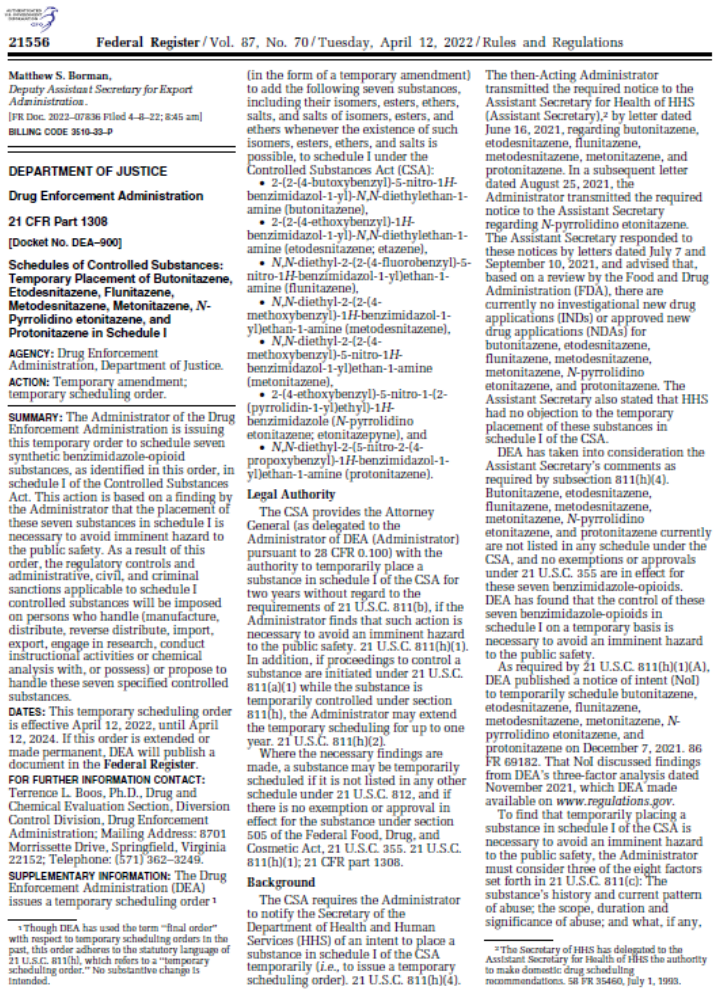








NFLIS Utilities – Support Control Actions



21556 Federal Register / Vol. 87, No. 70 / Tuesday, April 12, 2022 / Rules and Regulations

Matthew S. Borman,
Deputy Assistant Secretary for Export Administration.
[FR Doc. 2022–07836 Filed 4–8–22; 8:45 am]
BILLING CODE 3510–33–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA–900]

Schedules of Controlled Substances: Temporary Placement of Butonitazene, Etodesnitazene, Flunitazene, Metodesnitazene, Metonitazene, *N*-Pyrrolidino etonitazene, and Protonitazene in Schedule I

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Temporary amendment; temporary scheduling order.

SUMMARY: The Administrator of the Drug Enforcement Administration is issuing this temporary order to schedule seven synthetic benzimidazole-opioid substances, as identified in this order, in schedule I of the Controlled Substances Act. This action is based on a finding by the Administrator that the placement of these seven substances in schedule I is necessary to avoid imminent hazard to the public safety. As a result of this order, the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances will be imposed on persons who handle (manufacture, distribute, reverse distribute, import, export, engage in research, conduct instructional activities or chemical analysis with, or possess) or propose to handle these seven specified controlled substances.

DATES: This temporary scheduling order is effective April 12, 2022, until April 12, 2024. If this order is extended or made permanent, DEA will publish a document in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Terrence L. Boos, Ph.D., Drug and Chemical Evaluation Section, Diversion Control Division, Drug Enforcement Administration; Mailing Address: 8701 Morrissette Drive, Springfield, Virginia 22152; Telephone: (571) 362–3249.

SUPPLEMENTARY INFORMATION: The Drug Enforcement Administration (DEA) issues a temporary scheduling order [1] (in the form of a temporary amendment) to add the following seven substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible, to schedule I under the Controlled Substances Act (CSA):

- 2-[2-[4-butoxybenzyl)-5-nitro-1*H*-benzimidazol-1-yl)-*N*,*N*-diethylethan-1-amine (butonitazene),
- 2-[2-[4-ethoxybenzyl)-1*H*-benzimidazol-1-yl)-*N*,*N*-diethylethan-1-amine (etodesnitazene; etazene),
- *N*,*N*-diethyl-2-[2-[4-fluorobenzyl)-5-nitro-1*H*-benzimidazol-1-yl)ethan-1-amine (flunitazene),
- *N*,*N*-diethyl-2-[2-[4-methoxybenzyl)-1*H*-benzimidazol-1-yl)ethan-1-amine (metodesnitazene),
- *N*,*N*-diethyl-2-[2-[4-methoxybenzyl)-5-nitro-1*H*-benzimidazol-1-yl)ethan-1-amine (metonitazene),
- 2-[4-ethoxybenzyl)-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl)-1*H*-benzimidazole (*N*-pyrrolidino etonitazene; etonitazepyne), and
- *N*,*N*-diethyl-2-[5-nitro-2-[4-propoxybenzyl)-1*H*-benzimidazol-1-yl)ethan-1-amine (protonitazene).

Legal Authority

The CSA provides the Attorney General (as delegated to the Administrator of DEA (Administrator) pursuant to 28 CFR 0.100) with the authority to temporarily place a substance in schedule I of the CSA for two years without regard to the requirements of 21 U.S.C. 811(b), if the Administrator finds that such action is necessary to avoid an imminent hazard to the public safety. 21 U.S.C. 811(h)(1). In addition, if proceedings to control a substance are initiated under 21 U.S.C. 811(a)(1) while the substance is temporarily controlled under section 811(h), the Administrator may extend the temporary scheduling for up to one year. 21 U.S.C. 811(h)(2).

Where the necessary findings are made, a substance may be temporarily scheduled if it is not listed in any other schedule under 21 U.S.C. 812, and if there is no exemption or approval in effect for the substance under section 505 of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 355. 21 U.S.C. 811(h)(1); 21 CFR part 1308.

Background

The CSA requires the Administrator to notify the Secretary of the Department of Health and Human Services (HHS) of an intent to place a substance in schedule I of the CSA temporarily (*i.e.*, to issue a temporary scheduling order). 21 U.S.C. 811(h)(4). The then-Acting Administrator transmitted the required notice to the Assistant Secretary for Health of HHS (Assistant Secretary),[2] by letter dated June 16, 2021, regarding butonitazene, etodesnitazene, flunitazene, metodesnitazene, metonitazene, and protonitazene. In a subsequent letter dated August 25, 2021, the Administrator transmitted the required notice to the Assistant Secretary regarding *N*-pyrrolidino etonitazene. The Assistant Secretary responded to these notices by letters dated July 7 and September 10, 2021, and advised that, based on a review by the Food and Drug Administration (FDA), there are currently no investigational new drug applications (INDs) or approved new drug applications (NDAs) for butonitazene, etodesnitazene, flunitazene, metodesnitazene, metonitazene, *N*-pyrrolidino etonitazene, and protonitazene. The Assistant Secretary also stated that HHS had no objection to the temporary placement of these substances in schedule I of the CSA.

DEA has taken into consideration the Assistant Secretary's comments as required by subsection 811(h)(4). Butonitazene, etodesnitazene, flunitazene, metodesnitazene, metonitazene, *N*-pyrrolidino etonitazene, and protonitazene currently are not listed in any schedule under the CSA, and no exemptions or approvals under 21 U.S.C. 355 are in effect for these seven benzimidazole-opioids. DEA has found that the control of these seven benzimidazole-opioids in schedule I on a temporary basis is necessary to avoid an imminent hazard to the public safety.

As required by 21 U.S.C. 811(h)(1)(A), DEA published a notice of intent (NoI) to temporarily schedule butonitazene, etodesnitazene, flunitazene, metodesnitazene, metonitazene, *N*-pyrrolidino etonitazene, and protonitazene on December 7, 2021. 86 FR 69182. That NoI discussed findings from DEA's three-factor analysis dated November 2021, which DEA made available on *www.regulations.gov*.

To find that temporarily placing a substance in schedule I of the CSA is necessary to avoid an imminent hazard to the public safety, the Administrator must consider three of the eight factors set forth in 21 U.S.C. 811(c): The substance's history and current pattern of abuse; the scope, duration and significance of abuse; and what, if any,

[1] Though DEA has used the term "final order" with respect to temporary scheduling orders in the past, this order adheres to the statutory language of 21 U.S.C. 811(h), which refers to a "temporary scheduling order." No substantive change is intended.

[2] The Secretary of HHS has delegated to the Assistant Secretary for Health of HHS the authority to make domestic drug scheduling recommendations. 58 FR 35460, July 1, 1993.

48112 Federal Register / Vol. 88, No. 142 / Wednesday, July 26, 2023 / Rules and Regulations

various projects. A tool manufacturer sends the influencer an expensive full-size lathe in the hope that the influencer would post about it. The woodworker uses the lathe for several products and comments favorably about it in videos. If a significant minority of viewers are likely unaware that the influencer received the lathe free of charge, the woodworker should clearly and conspicuously disclose receiving it for free, a fact that could affect the credibility that viewers attach to the endorsements. The manufacturer should advise the woodworker at the time it provides the lathe that this connection should be disclosed, and it should have reasonable procedures in place to monitor the influencer's postings for compliance and follow those procedures. (*See* § 255.1(d).)

(8) *Example 8.* An online community has a section dedicated to discussions of robotic products. Community members ask and answer questions and otherwise exchange information and opinions about robotic products and developments. Unbeknownst to this community, an employee of a leading home robot manufacturer has been posting messages on the discussion board promoting the manufacturer's new product. Knowledge of this poster's employment likely would affect the weight or credibility of the endorsements. Therefore, the poster should clearly and conspicuously disclose their relationship to the manufacturer. To limit its own liability for such posts, the employer should engage in appropriate training of employees. To the extent that the employer has directed such endorsements or otherwise has reason to know about them, it should also be monitoring them and taking other steps to ensure compliance. (*See* § 255.1(d).) The disclosure requirements in this example would apply equally to employees posting their own reviews of the product on retail websites or review platforms.

(9) *Example 9.* A college student signs up to be part of a program in which points are awarded each time a participant posts on social media about a particular advertiser's products. Participants can then exchange their points for prizes, such as concert tickets or electronics. These incentives would materially affect the weight or credibility of the college student's endorsements. They should be clearly and conspicuously disclosed, and the advertiser should take steps to ensure that these disclosures are being provided.

(10) *Example 10.* Great Paper Company sells photocopy paper with packaging that has a seal of approval from the No Chlorine Products Association, a non-profit third-party association. Great Paper Company paid the No Chlorine Products Association a reasonable fee for the evaluation of its product and its manufacturing process. Consumers would reasonably expect that marketers have to pay for this kind of certification. Therefore, there is no unexpected material connection between the company and the association, and the use of the seal without disclosure of the fee paid to the association would not be deceptive.

(11) *Example 11.* A coffee lover creates a blog that reviews coffee makers. The blogger writes the content independently of the marketers of the coffee makers but includes affiliate links to websites on which consumers can buy these products from their marketers. Whenever a consumer clicks on such a link and buys the product, the blogger receives a portion of the sale. Because knowledge of this compensation could affect the weight or credibility site visitors give to the blogger's reviews, the reviews should clearly and conspicuously disclose the compensation.

(12) *Example 12.* (i) Near the beginning of a podcast, the host reads what is obviously a commercial for a product. Even without a statement identifying the advertiser as a sponsor, listeners would likely still expect that the podcaster was compensated, so there is no need for a disclosure of payment for the commercial. Depending upon the language of the commercial, however, the audience may believe that the host is expressing their own views in the commercial, in which case the host would need to hold the views expressed. (*See* § 255.0(b).)

(ii) Assume that the host also mentions the product in a social media post. The fact that the host did not have to make a disclosure in the podcast has no bearing on whether there has to be a disclosure in the social media post.

(13) *Example 13.* An app developer gives a consumer a game app to review. The consumer clearly and conspicuously discloses in the review that they were given the app, which normally costs 99 cents, for free. That disclosure suggests that the consumer did not receive anything else for the review. If the app developer also gave the consumer $50 for the review, the mere disclosure that the app was free would be inadequate.

(14) *Example 14.* Speed Ways, an internet Service Provider, advertises that it has the "Fastest ISP Service" as determined by the "Data Speed Testing Company." If Speed Ways commissioned and paid for the analysis of its and competing services, it should clearly and conspicuously disclose its relationship to the testing company because the relationship would likely be material to consumers in evaluating the claim. If the "Data Speed Testing Company" is not a bona fide independent testing organization with expertise in judging ISP speeds or it did not conduct valid tests that supported the endorsement message, the endorsement would also be deceptive. (*See* § 255.3(c)(3))

§ 255.6 Endorsements directed to children.

Endorsements in advertisements addressed to children may be of special concern because of the character of the audience. Practices that would not ordinarily be questioned in advertisements addressed to adults might be questioned in such cases.

By direction of the Commission.
April J. Tabor,
Secretary.
[FR Doc. 2023–14795 Filed 7–25–23; 8:45 am]
BILLING CODE 6750–01–P

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Part 1308

[Docket No. DEA–989]

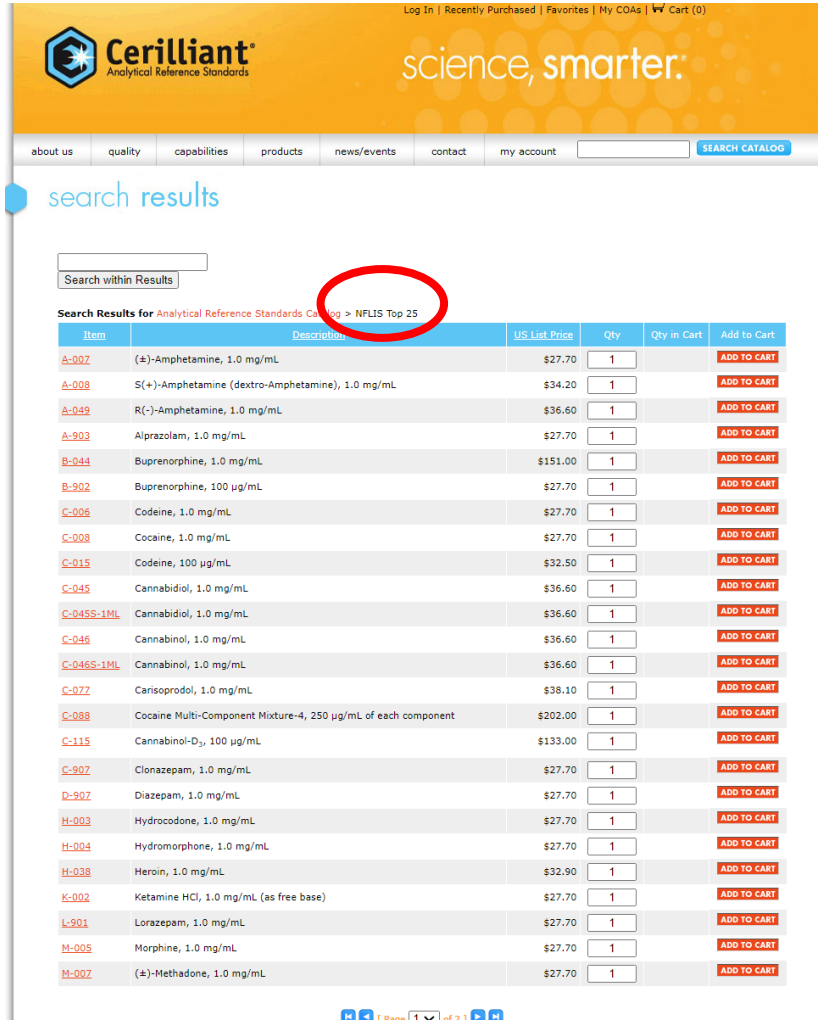
Schedules of Controlled Substances: Temporary Placement of Etizolam, Flualprazolam, Clonazolam, Flubromazolam, and Diclazepam in Schedule I

AGENCY: Drug Enforcement Administration, Department of Justice.

ACTION: Temporary amendment; temporary scheduling order.

SUMMARY: The Administrator of the Drug Enforcement Administration is issuing this temporary order to schedule five synthetic benzodiazepine substances: etizolam, flualprazolam, clonazolam, flubromazolam, and diclazepam, in schedule I of the Controlled Substances Act. This action is based on a finding by the Administrator that the placement of these five substances in schedule I is necessary to avoid imminent hazard to the public safety. As a result of this order, the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule I controlled substances will be imposed on persons who handle (manufacture, distribute, reverse distribute, import, export, engage in research, conduct instructional activities or chemical

NFLIS Impacts – Private Sector



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Search within Results

Search Results for Analytical Reference Standards Catalog > NFLIS Top 25

Item	Description	US List Price	Qty	Qty in Cart	Add to Cart
A-007	(±)-Amphetamine, 1.0 mg/mL	$27.70	1		ADD TO CART
A-008	S(+)-Amphetamine (dextro-Amphetamine), 1.0 mg/mL	$34.20	1		ADD TO CART
A-049	R(-)-Amphetamine, 1.0 mg/mL	$36.60	1		ADD TO CART
A-903	Alprazolam, 1.0 mg/mL	$27.70	1		ADD TO CART
B-044	Buprenorphine, 1.0 mg/mL	$151.00	1		ADD TO CART
B-902	Buprenorphine, 100 µg/mL	$27.70	1		ADD TO CART
C-006	Codeine, 1.0 mg/mL	$27.70	1		ADD TO CART
C-008	Cocaine, 1.0 mg/mL	$27.70	1		ADD TO CART
C-015	Codeine, 100 µg/mL	$32.50	1		ADD TO CART
C-045	Cannabidiol, 1.0 mg/mL	$36.60	1		ADD TO CART
C-045S-1ML	Cannabidiol, 1.0 mg/mL	$36.60	1		ADD TO CART
C-046	Cannabinol, 1.0 mg/mL	$36.60	1		ADD TO CART
C-046S-1ML	Cannabinol, 1.0 mg/mL	$36.60	1		ADD TO CART
C-077	Carisoprodol, 1.0 mg/mL	$38.10	1		ADD TO CART
C-088	Cocaine Multi-Component Mixture-4, 250 µg/mL of each component	$202.00	1		ADD TO CART
C-115	Cannabinol-D_3, 100 µg/mL	$133.00	1		ADD TO CART
C-907	Clonazepam, 1.0 mg/mL	$27.70	1		ADD TO CART
D-907	Diazepam, 1.0 mg/mL	$27.70	1		ADD TO CART
H-003	Hydrocodone, 1.0 mg/mL	$27.70	1		ADD TO CART
H-004	Hydromorphone, 1.0 mg/mL	$27.70	1		ADD TO CART
H-038	Heroin, 1.0 mg/mL	$32.90	1		ADD TO CART
K-002	Ketamine HCl, 1.0 mg/mL (as free base)	$27.70	1		ADD TO CART
L-901	Lorazepam, 1.0 mg/mL	$27.70	1		ADD TO CART
M-005	Morphine, 1.0 mg/mL	$27.70	1		ADD TO CART
M-007	(±)-Methadone, 1.0 mg/mL	$27.70	1		ADD TO CART

AEGIS Sciences Corporation

Clinical Update: August 2023

SYNTHETIC CANNABINOIDS

Novel Psychoactive Substances (NPS) are a diverse group of synthetic substances created to mimic the effects of prescription or illicit drugs that are often abused.[1] There are various classes of NPS including synthetic cannabinoids, synthetic stimulants, designer opioids, designer benzodiazepines, hallucinogens/dissociatives, and others. NPS may change frequently as legislation to control specific chemical structures or classes of NPS is introduced. Once an NPS has been deemed a controlled substance, often new, modified, non-regulated NPS appear. This remains a challenge for regulatory and enforcement agencies, monitoring institutions, clinical and toxicology laboratories, as well as healthcare providers.

Synthetic cannabinoids and synthetic stimulants were among the first classes of NPS available in the United States. However, reports of detection of these two classes of NPS have been declining in recent years (Figure 1). This is likely due to legislation that targets specific chemical structures and entire classes of substances. In 2021, China, often a source of synthetic drugs, issued a class-wide ban of synthetic cannabinoid receptor agonists.

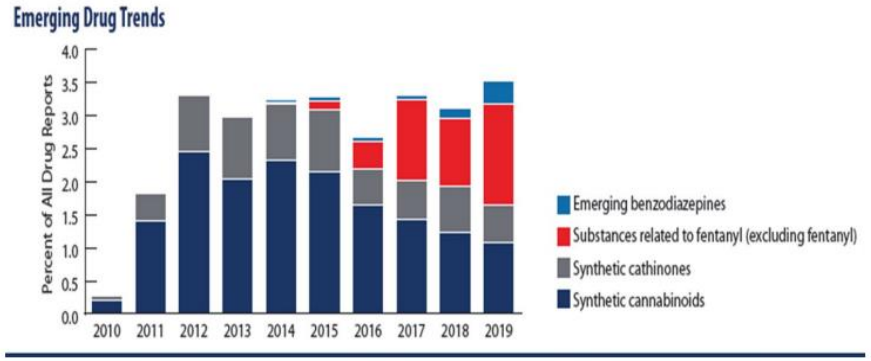


Figure 1. *National Forensic Laboratory Information System (NFLIS)-Drug*

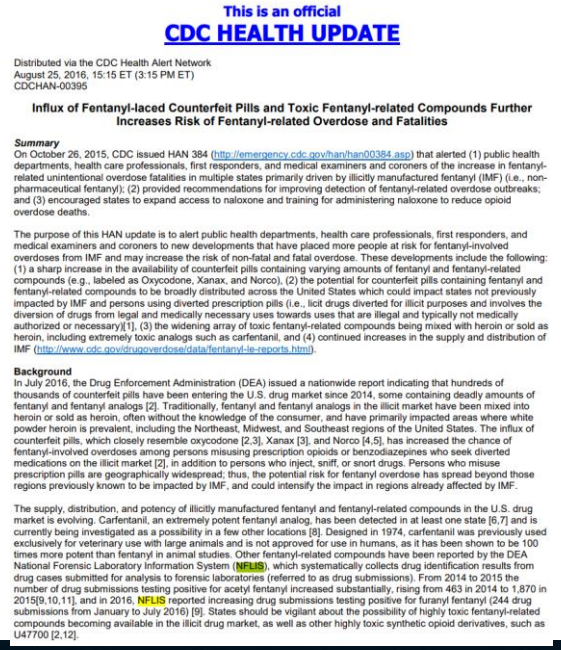
NFLIS Impacts – State Drug Policy

LOUISIANA OPIOID SURVEILLANCE INITIATIVE
Bureau of Health Informatics

LOUISIANA DEPARTMENT OF HEALTH
Public Health

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM (NFLIS)
March 2019

The National Forensic Laboratory Information System (NFLIS) is a program that systematically collects drug chemistry analysis results from cases where drugs have been seized in law enforcement operations and analyzed by state, local, and federal forensic laboratories.[1] NFLIS data provide valuable information related to the types of substances found in illegal markets and changes in substances over time, but the NFLIS system is not a reliable source for tracking trends in volume or quantity of drugs in the state. Laboratories can only analyze samples that are sent to them, meaning there may be an undercount of identified drugs if all law enforcement agencies do not send all samples to the lab. Different labs may also have varying procedures for handling drug evidence; some labs analyze all evidence submitted, whereas others only analyze selected drugs.



This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
August 25, 2016, 15:15 ET (3:15 PM ET)
CDCHAN-00395

Influx of Fentanyl-laced Counterfeit Pills and Toxic Fentanyl-related Compounds Further Increases Risk of Fentanyl-related Overdose and Fatalities

Summary
On October 26, 2015, CDC issued HAN 384 (http://emergency.cdc.gov/han/han00384.asp) that alerted (1) public health departments, health care professionals, first responders, and medical examiners and coroners of the increase in fentanyl-related unintentional overdose fatalities in multiple states primarily driven by illicitly manufactured fentanyl (IMF) (i.e., non-pharmaceutical fentanyl); (2) provided recommendations for improving detection of fentanyl-related overdose outbreaks; and (3) encouraged states to expand access to naloxone and training for administering naloxone to reduce opioid overdose deaths.

The purpose of this HAN update is to alert public health departments, health care professionals, first responders, and medical examiners and coroners to new developments that have placed more people at risk for fentanyl-involved overdoses from IMF and may increase the risk of non-fatal and fatal overdose. These developments include the following: (1) a sharp increase in the availability of counterfeit pills containing varying amounts of fentanyl and fentanyl-related compounds (e.g., labeled as Oxycodone, Xanax, and Norco), (2) the potential for counterfeit pills containing fentanyl and fentanyl-related compounds to be broadly distributed across the United States which could impact states not previously impacted by IMF and persons using diverted prescription pills (i.e., licit drugs diverted for illicit purposes and involves the diversion of drugs from legal and medically necessary uses towards uses that are illegal and typically not medically authorized or necessary)[1], (3) the widening array of toxic fentanyl-related compounds being mixed with heroin or sold as heroin, including extremely toxic analogs such as carfentanil, and (4) continued increases in the supply and distribution of IMF (http://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html).

Background
In July 2016, the Drug Enforcement Administration (DEA) issued a nationwide report indicating that hundreds of thousands of counterfeit pills have been entering the U.S. drug market since 2014, some containing deadly amounts of fentanyl and fentanyl analogs [2]. Traditionally, fentanyl and fentanyl analogs in the illicit market have been mixed into heroin or sold as heroin, often without the knowledge of the consumer, and have primarily impacted areas where white powder heroin is prevalent, including the Northeast, Midwest, and Southeast regions of the United States. The influx of counterfeit pills, which closely resemble oxycodone [2,3], Xanax [3], and Norco [4,5], has increased the chance of fentanyl-involved overdoses among persons misusing prescription opioids or benzodiazepines who seek diverted medications on the illicit market [2], in addition to persons who inject, sniff, or snort drugs. Persons who misuse prescription pills are geographically widespread; thus, the potential risk for fentanyl overdose has spread beyond those regions previously known to be impacted by IMF, and could intensify the impact in regions already affected by IMF.

The supply, distribution, and potency of illicitly manufactured fentanyl and fentanyl-related compounds in the U.S. drug market is evolving. Carfentanil, an extremely potent fentanyl analog, has been detected in at least one state [6,7] and is currently being investigated as a possibility in a few other locations [8]. Designed in 1974, carfentanil was previously used exclusively for veterinary use with large animals and is not approved for use in humans, as it has been shown to be 100 times more potent than fentanyl in animal studies. Other fentanyl-related compounds have been reported by the DEA National Forensic Laboratory Information System (NFLIS), which systematically collects drug identification results from drug cases submitted for analysis to forensic laboratories (referred to as drug submissions). From 2014 to 2015 the number of drug submissions testing positive for acetyl fentanyl increased substantially, rising from 463 in 2014 to 1,870 in 2015[9,10,11], and in 2016, NFLIS reported increasing drug submissions testing positive for furanyl fentanyl (244 drug submissions from January to July 2016) [9]. States should be vigilant about the possibility of highly toxic fentanyl-related compounds becoming available in the illicit drug market, as well as other highly toxic synthetic opioid derivatives, such as U47700 [2,12].

STATE OF OHIO BOARD OF PHARMACY

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OHIO DRUG LAB STATISTICS

The National Forensic Laboratory Information System (NFLIS) is a Drug Enforcement Administration (DEA) program that systematically collects drug chemistry analysis results, as well as other related information, from cases analyzed by state, local and federal forensic laboratories. These laboratories analyze substances secured in law enforcement operations across the country. NFLIS offers a valuable resource for monitoring illegal drug abuse and trafficking, including the diversion of legally manufactured pharmaceutical drugs into illegal markets.

To assist law enforcement and public health in monitoring illegal drug abuse and trafficking, the State of Ohio Board of Pharmacy created an online search tool of NFLIS data collected by forensic laboratories in Ohio.

> Ohio Drug Lab Statistics

NFLIS Availability/Accessibility

NFLIS Website – Dashboard & Analysis Tools

NFLIS
U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION
NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

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NFLIS COMPONENTS | DATA RESOURCES | QUICK LINKS | CONTACT US

NFLIS-Drug DQS Queries

The NFLIS-Drug DQS can generate useful data sets aggregated and filtered across multiple variables of the NFLIS-Drug data. Data can either be analyzed ad hoc or use predefined analysis queries and reports.

Analysis types include the following:

- All drugs selected individually or by drug group(s)
- Top 25 drugs reported to NFLIS-Drug
- Individual base drugs
- Drug categories (e.g., synthetic cannabinoids)

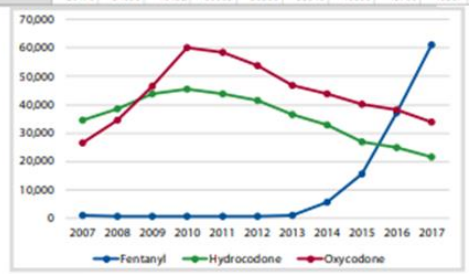
Query results are rendered in a separate browser window in a customizable Microsoft Excel-like grid format. Users can hide unneeded columns or move other columns, such as "time period being reported," to create a cross-tab of the original data set. Once the data are shaped to the user's preferences, they can then be exported and downloaded in either Excel or text formats and used to support the user's objectives.

Drop Filter Fields Here

Total Count | Lab Type Criteria | YYYY | Period Type

Local/Municipal, State and Federal

Base Description	2007 Annual	2008 Annual	2009 Annual	2010 Annual	2011 Annual	2012 Annual	2013 Annual	2014 Annual	2015 Annual
FENTANYL	1010	589	635	675	671	694	1044	5536	15454
HYDROCODONE	34449	38381	43917	45592	43935	41516	36548	32824	27025
OXYCODONE	26476	34650	46452	60063	58380	53940	46806	43766	40317



The analysis of NFLIS-Drug DQS data can have a number of benefits, including

- **In-depth analysis of data for your own laboratory**
- **Comparisons with national, regional, and State numbers**
- **Identification and tracking of emerging drugs, including those in adjacent jurisdictions and States**

NFLIS-DRUG FORENSIC LABORATORIES WITH DRUG CHEMISTRY SECTIONS

DISTINCT DRUG CASES SUBMITTED TO STATE AND LOCAL LABORATORIES FROM JANUARY 1, 2022, THROUGH DECEMBER 31, 2022

648,738

Drug cases from January 1, 2022, through December 31, 2022, identified an estimated 1,181,750 drug reports.

Methamphetamine was the most frequently identified drug (29%). Fentanyl was the most frequently identified narcotic analgesic, alprazolam was the most frequently identified tranquilizer/depressant, and MDMB-en-PINACA was the most frequently identified synthetic cannabinoid.

Link to annual report

9 NEW NFLIS-DRUG REPORTS

The following 9 drugs were reported for the first time between July 1, 2023 and September 30, 2023:

- 3′4′-Methylenedioxy-alpha-dimethylamino-isovalerophenone
- 3′4′-Methylenedioxy-alpha-ethylamino-isovalerophenone
- Cannabidibutol
- CHO-4′Me-5′Br-FUBOXPYRA
- Delta-9-THCP
- Ethyleneoxynitazene
- *N*-Desethyl etonitazene
- NMDMSB
- *ortho*-Methyl-1-boc-4-AP

NFLIS-Drug Snapshot (September 2023)

NFLIS-DRUG **2022** ANNUAL REPORT FINDINGS:

Top 25

Most Frequently Identified Drugs Submitted to laboratories from January 1, 2022, through December 31, 2022, and analyzed by March 31, 2023.

Methamphetamine:	*341,049*
Cocaine:	*169,972*
Fentanyl:	*163,201*
Cannabis/THC:	*146,631*
Heroin:	*41,227*

NFLIS began in September 1997 as a single data collection effort of drug chemistry analysis results from local, State, and Federal forensic laboratories (now called NFLIS-Drug). These laboratories analyze substances secured in law enforcement operations across the country. Since its inception, NFLIS-Drug has become an operational information system that includes data from forensic laboratories that conduct analyses of about 98 percent of the Nation's approximate 1.2 million annual drug cases. As of July 31, 2023, NFLIS-Drug includes voluntary participation from 50 State systems and 111 local or municipal laboratories/laboratory systems, representing a total of 284 individual laboratories. The NFLIS program is expanding the scope of data collection to include public and private toxicology laboratory data on toxicological findings from antemortem and postmortem drug testing (NFLIS-Tox) and medical examiner and coroner office data regarding deaths in which drugs were identified (NFLIS-MEC). NFLIS-Tox recruitment is currently underway with close to 100 laboratories signing on to participate. NFLIS-MEC recruitment began in January 2022.

NFLIS-Drug provides the community with midyear and annual reports highlighting trends in seized drug data submitted to and analyzed by laboratories. Special reports and briefs respond to national drug crises such as fentanyl and fentanyl-related compounds, and synthetic cannabinoids and synthetic cathinones. The NFLIS-Drug *Snapshots* highlight new and emerging drugs, and the public data tables show drug reports by state from 2007-2022.

If your laboratory would like to participate in NFLIS, review DEA's FAQs document to determine your entity's eligibility to participate in NFLIS and to review other information about each NFLIS component and the next steps for participation. You may also contact DEA at DEANFLIS@rti.org.

Participating Laboratories, by U.S. Census Region

Map | Table

Overview of NFLIS-Drug

- 1997 Started to recruit forensic labs
- 2000 Published 1st Report
- 2001 Fully functional
- 2018 Expansion to Tox and MEC
- 2022 Public Data Query System

NFLIS-Drug Participation

- ✓ **50** State systems and **111** local laboratories
- ✓ **284** individual laboratories

- ✓ **98.4%** participation rate / drug cases

NFLIS-Drug by Numbers

38,558,598	• Drug Encounters Processed since NFLIS-Drug was established
1,412,947	• Annual Average Drug Encounters Processed (2005–2021)
3,289	• Base Drugs Identified in NFLIS-Drug (e.g., Cocaine, Heroin)
35	• Drug Categories (e.g., narcotic analgesics, benzodiazepines)
91	• Reports Published
31	• Public Data Sets and Map Libraries

NFLIS Resources

Publications

- Peer reviewed articles
- Conference proceedings

NFLIS Reports

- Annual Reports
- Mid-Year Reports
- Quarterly Reports
- Special Reports

Data Query System

- Dashboard
- Pre-set Queries
- Customized Queries
- Data Visualization
- Data Set Export

Real-Time Communication Network

NFLIS Reports – Annual, Mid-Year, Quarterly

NFLIS Reports – Special Report

NFLIS Reports – Survey Reports

DRUG ENFORCEMENT ADMINISTRATION
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NFLIS
NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

MEC

2022 Medical Examiner and Coroner Survey Report

Highlights

The National Forensic Laboratory Information System (NFLIS) Medical Examiner and Coroner Survey was administered from September 2022 through March 2023. The survey collected information on medical examiner and coroner office (MEC) caseloads, policies, and practices for calendar year 2021. Overall, a total of 1,606 out of 2,071 MECs completed the survey, for an overall response rate of 77.5%. Of the MECs that completed the survey, 78.6% completed the full survey, and the remaining MECs provided responses to identified critical items.

In 2021, 1,440,580 human death cases were referred to responding MECs. Of these, 7[illegible] were accepted by MECs. On average, [illegible] cases were referred to MECs, and an[illegible] 453 cases were accepted.

MECs reported that 101,582 overdos[illegible] among the accepted cases in 2021; 88[illegible] overdose cases were classified as accident[illegible]

More than half of MECs (62%) reported that they request toxicology testing for specific drugs based on the type of case.

The average turnaround time among responding MECs to complete a case when an autopsy was performed was 58 days.

Of MECs, 76% or more reported "routinely" requesting toxicology testing for the following drugs or drug classes: alcohol, amphetamines/methamphetamines, cocaine, fentanyl, heroin, marijuana/THC, and opiates or opioids other than heroin and fentanyl. Amphetamines/[illegible]ethamphetamines was the only drug or drug [illegible]or which 76% or more of MECs reported [illegible]y" requesting quantitative testing.

[illegible]esponding MECs, 79% reported having [illegible]onic records management system (solely [illegible]mbination with manual recordkeeping), [illegible]0% of those with an electronic records management system had a networked system. Of all responding MECs, 20% reported exclusively using a manual records management system.

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TOX

2021 Toxicology Laboratory Survey Report

Highlights

The National Forensic Laboratory Information System (NFLIS) Survey of Toxicology Laboratories (NFLIS-Tox Survey) was administered from March through August 2021. The survey collected information on toxicology caseloads, policies, and practices for calendar year 2019. A total of 196 toxicology laboratories (TLs) completed the full survey, and an additional 8 TLs responded to the critical items related to caseload information and types of toxicology testing services offered. Overall, 204 out of 281 TLs provided the required data, yielding an overall response rate of 73%.

During calendar year 2019, slightly more than 28 million toxicology cases were submitted to responding TLs. On average, public TLs accepted a small fraction of the submitted cases that private TLs accepted (16,068 vs. 298,204).

Of responding TLs, 56% conducted human perfo[illegible] testing, 45% performed postmortem testing, a[illegible] performed clinical drug testing. The most co[illegible] reported testing types offered by public TLs [illegible] performance and postmortem testing, where[illegible] commonly reported testing types offered by pr[illegible] were clinical drug and workplace drug testing.

Immunoassay was used by 88% of responding TLs to conduct presumptive drug screening.

The average turnaround time to complete a toxicology case was 33.3 days. The average for private TLs was fewer than five days.

TLs reported "routinely" conducting qualitative toxicology testing for the following drugs or drug classes more than 50% of the time: amphetamines, antidepressants, barbiturates, benzodiazepines, buprenorphine, carisoprodol, cocaine, ethanol, fentanyl, heroin, marijuana/THC, muscle relaxants, opiates and opioids (other than heroin and fentanyl), phencyclidine (PCP), and Z-drugs (e.g., zolpidem).

[illegible]ponded that they send samples to a reference [illegible]benethylamine, piperazine, synthetic [illegible]ynthetic cathinone testing than for [illegible]s or drug classes.

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NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

DRUG

NFLIS-Drug 2019 Survey of Crime Laboratory Drug Chemistry Sections Report

Highlights

The NFLIS-Drug 2019 Survey of Crime Laboratory Drug Chemistry Sections was implemented from April through August 2019. The survey collected information on laboratory caseloads, policies, and practices for calendar year 2018. Overall, 94% of publicly funded State systems and local laboratories in the United States participated in the survey.

About 59% of responding laboratories reported loss of staff or full-time employees as a major contributor to their backlogs, and 53% of responding laboratories reported an influx of emerging drugs as a major contributor to their backlogs.

More than half (58%) of responding laboratories reported that their drug chemistry caseloads had increased compared with one year ago, whereas only 28% reported that their drug chemistry caseloads had decreased.

Not all the cases involving drug seizures or drugs fo[illegible] by the agencies served were submitted to laborat[illegible] analysis. The most frequently reported reasons fo[illegible] being submitted to the laboratories were if the de[illegible] pled guilty or a plea bargain was reached before or[illegible] submission to a laboratory (61%) and if the case was [illegible] dismissed before submission (61%).

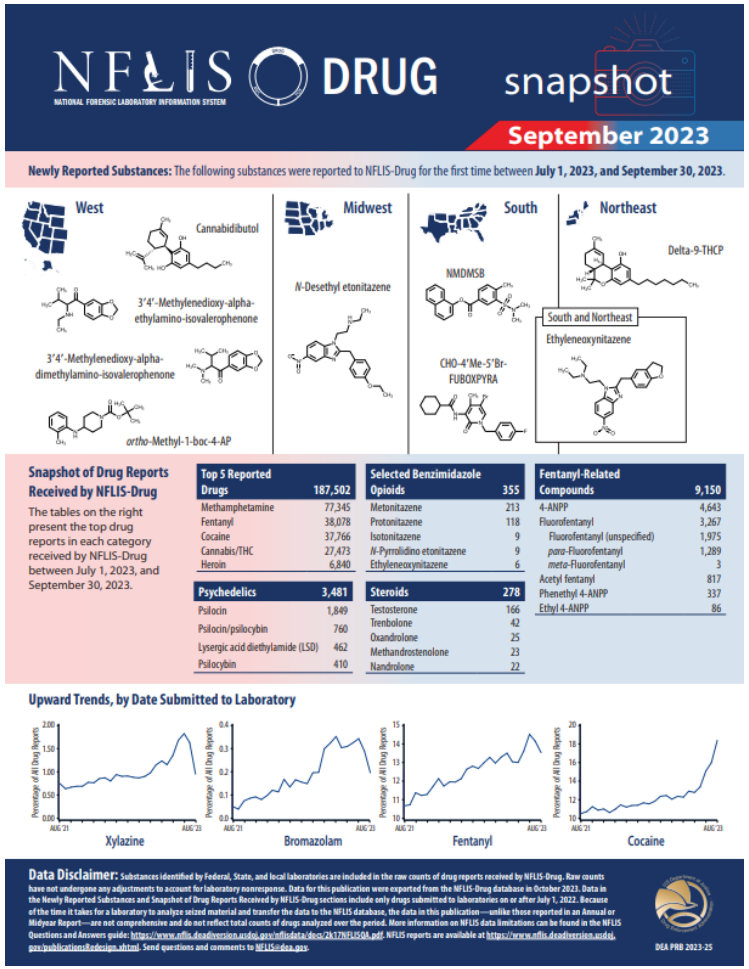
Only 19% of responding laboratories reported that they analyzed all drug cases submitted to them. The most common reasons cited for not analyzing a case included if the case was dismissed or there was no defendant (52%), if a guilty plea or plea bargain was reached (51%), and if the case was adjudicated without forensic evidence testing (44%).

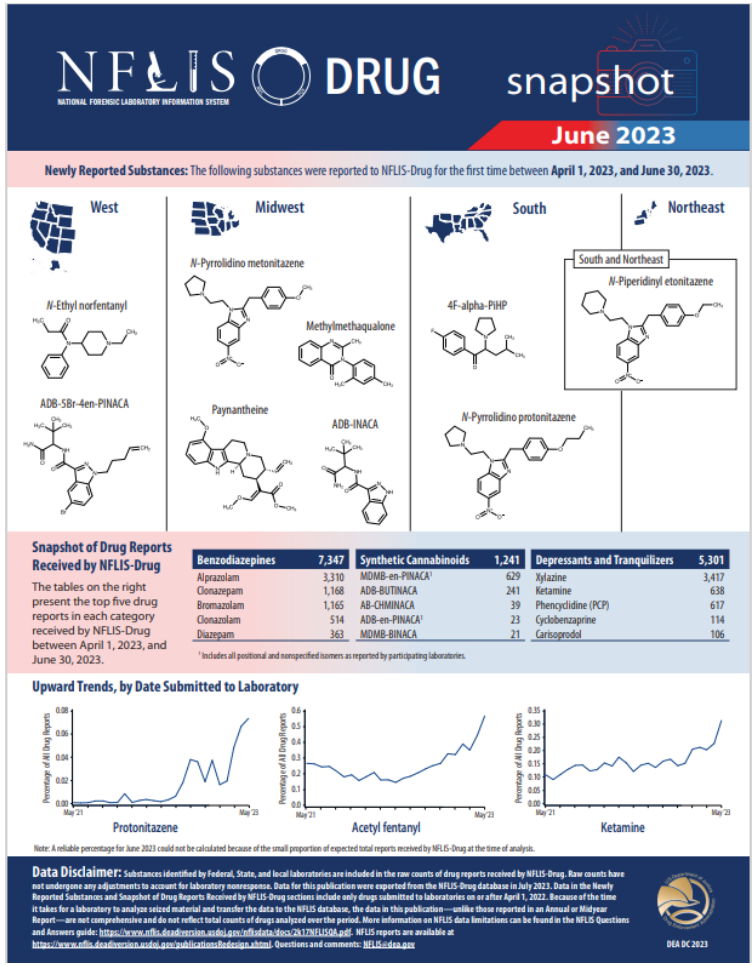
Approximately 82% of responding laboratories reported identifying noncontrolled drugs. The most common reasons these laboratories reported for identifying noncontrolled drugs included that it was a drug of interest (62%) or it was a special request made by a local official or other entity (47%).

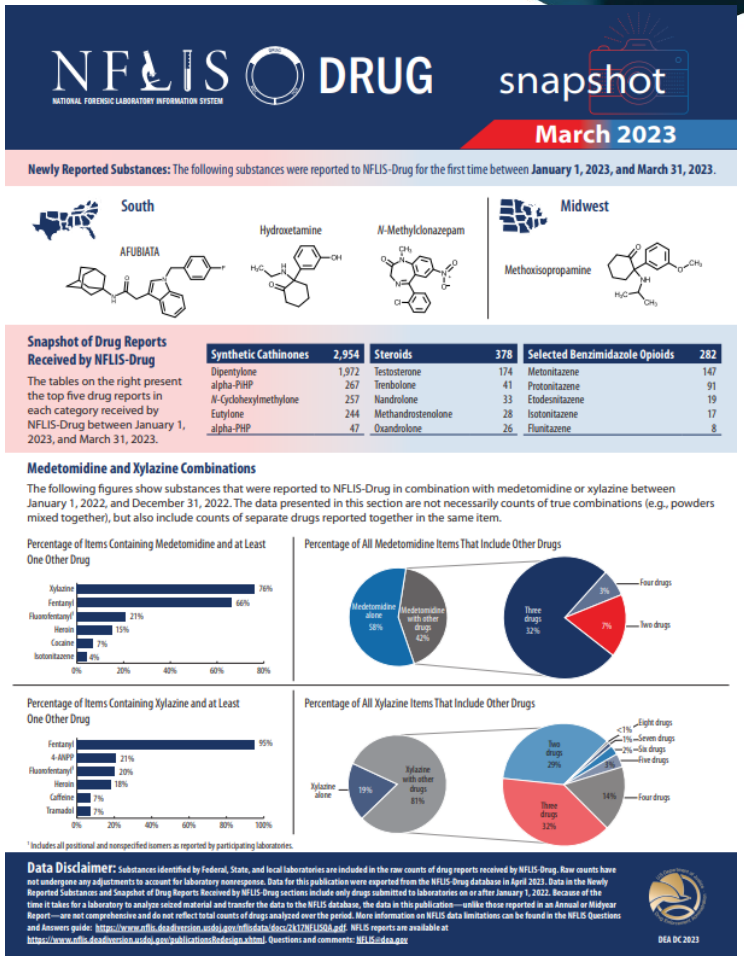
The most critical issues moving forward concerning the testing of emerging drugs were reported to be available reference spectra for initial identification (91% rated as "very important"), procurement of standards (89% rated as "very [illegible] and validation of the procedures (56% rated as [illegible]).

[illegible]28%) of responding laboratories [illegible]nduct quantitative analyses. The [illegible]rug classes for which responding [illegible]equently reported that they "always" [illegible]nduct quantitative analyses included [illegible]es (65%), cocaine (38%), and cannabis/THC (24%).

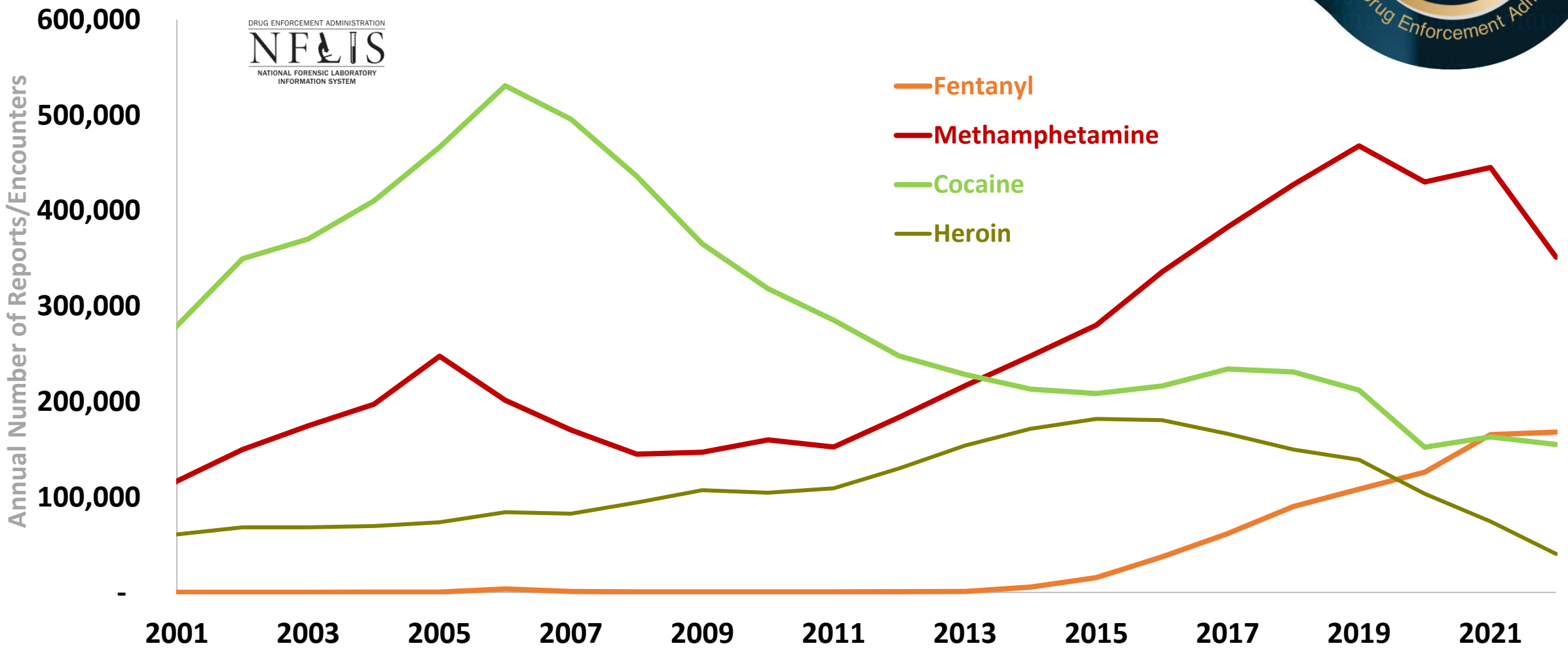
NFLIS Snapshots – Early Warning





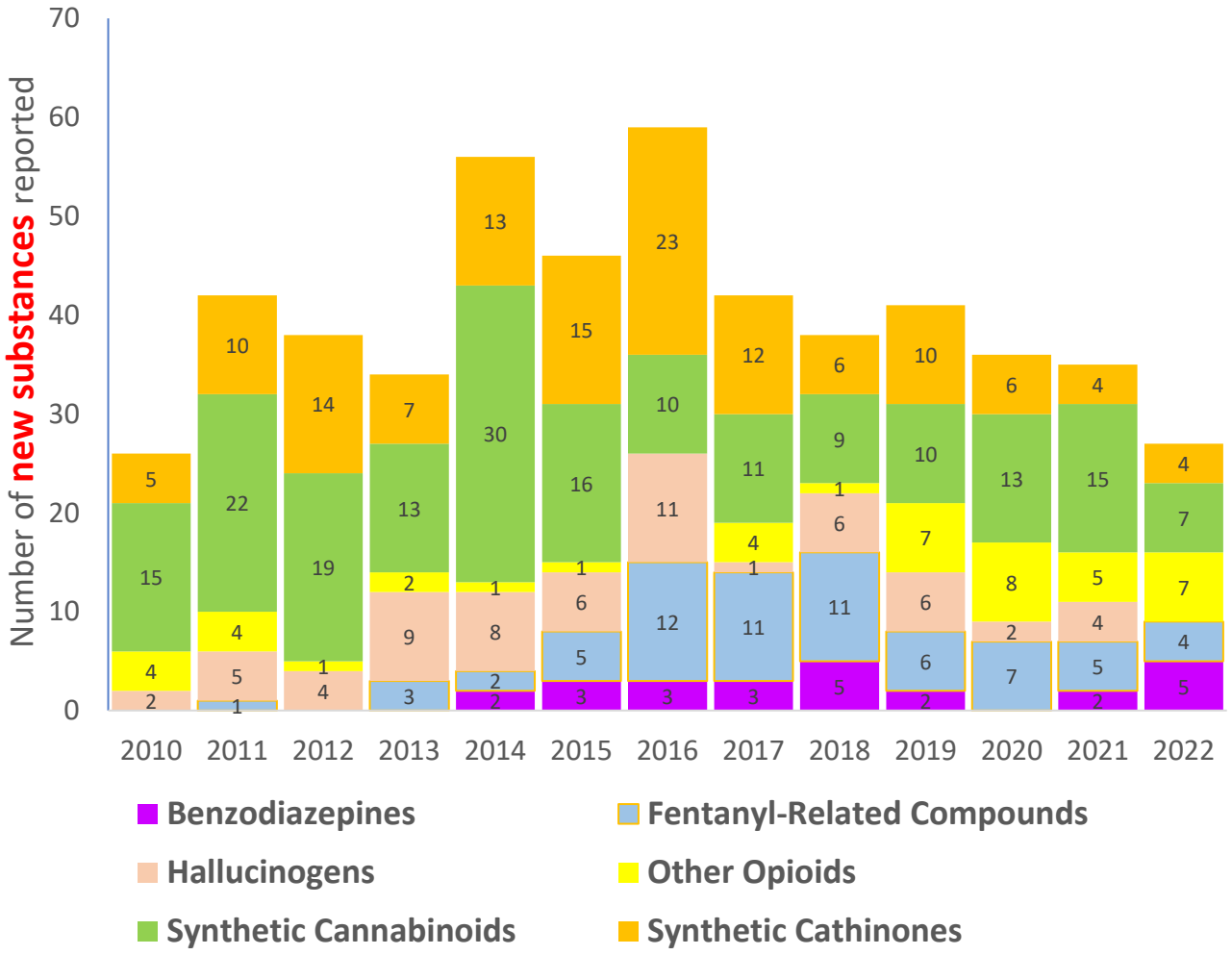


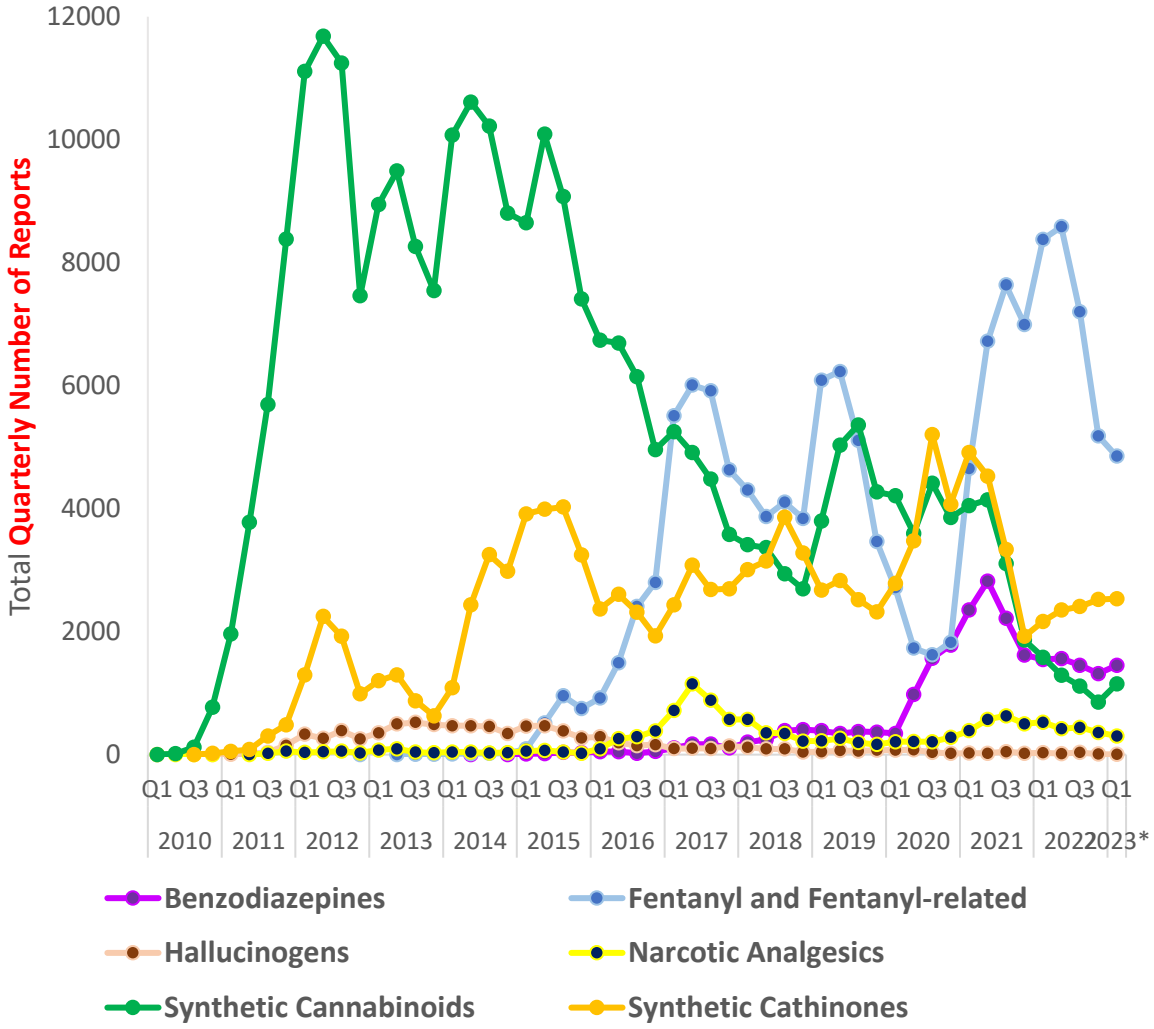
NFLIS Trend Analysis – Synthetic vs Plant Based Drugs



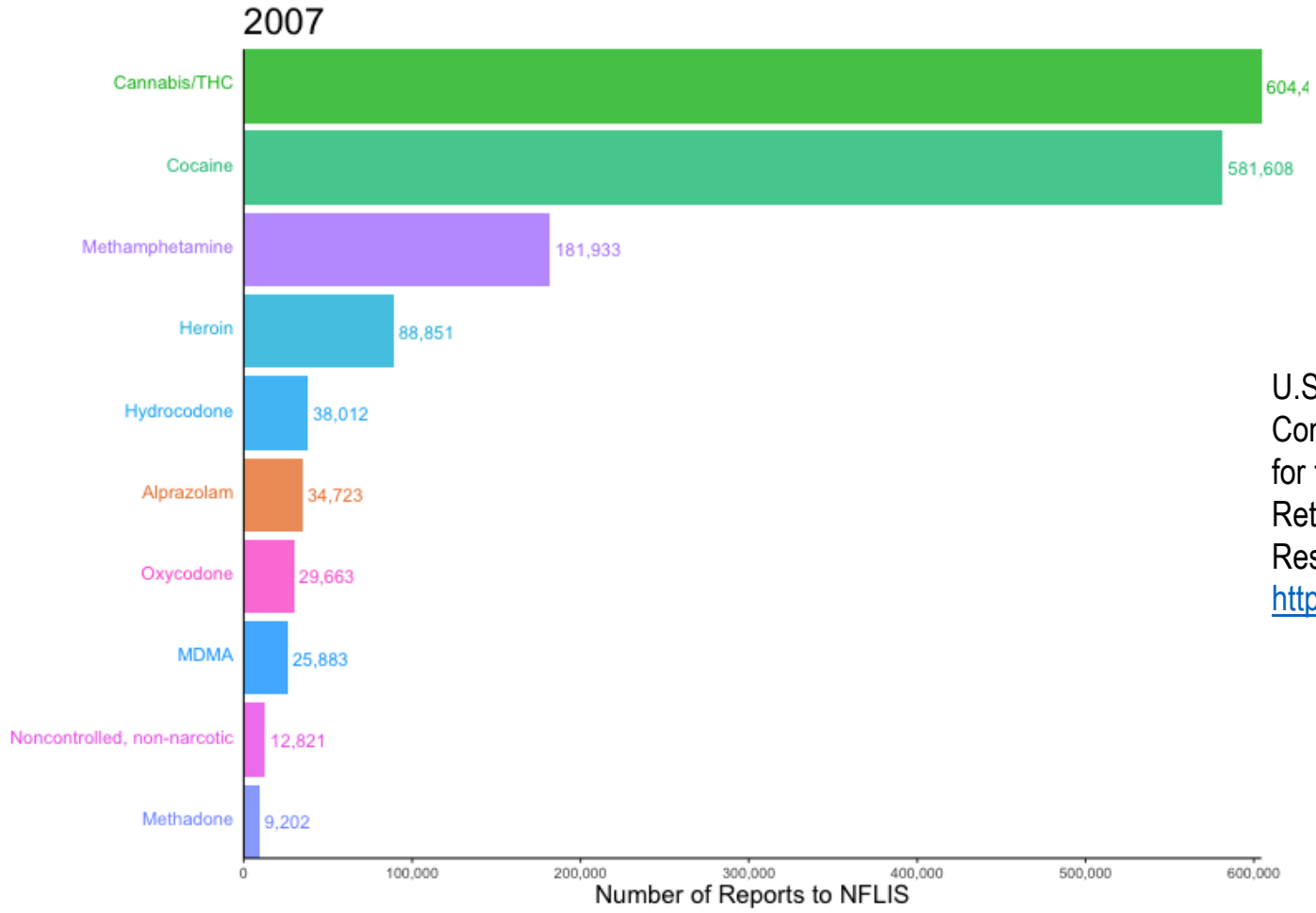
Source: DEA, National Forensic Laboratory Information System (NFLIS-Drug), queried on 12 October 2023.

NFLIS – Monitoring NPS



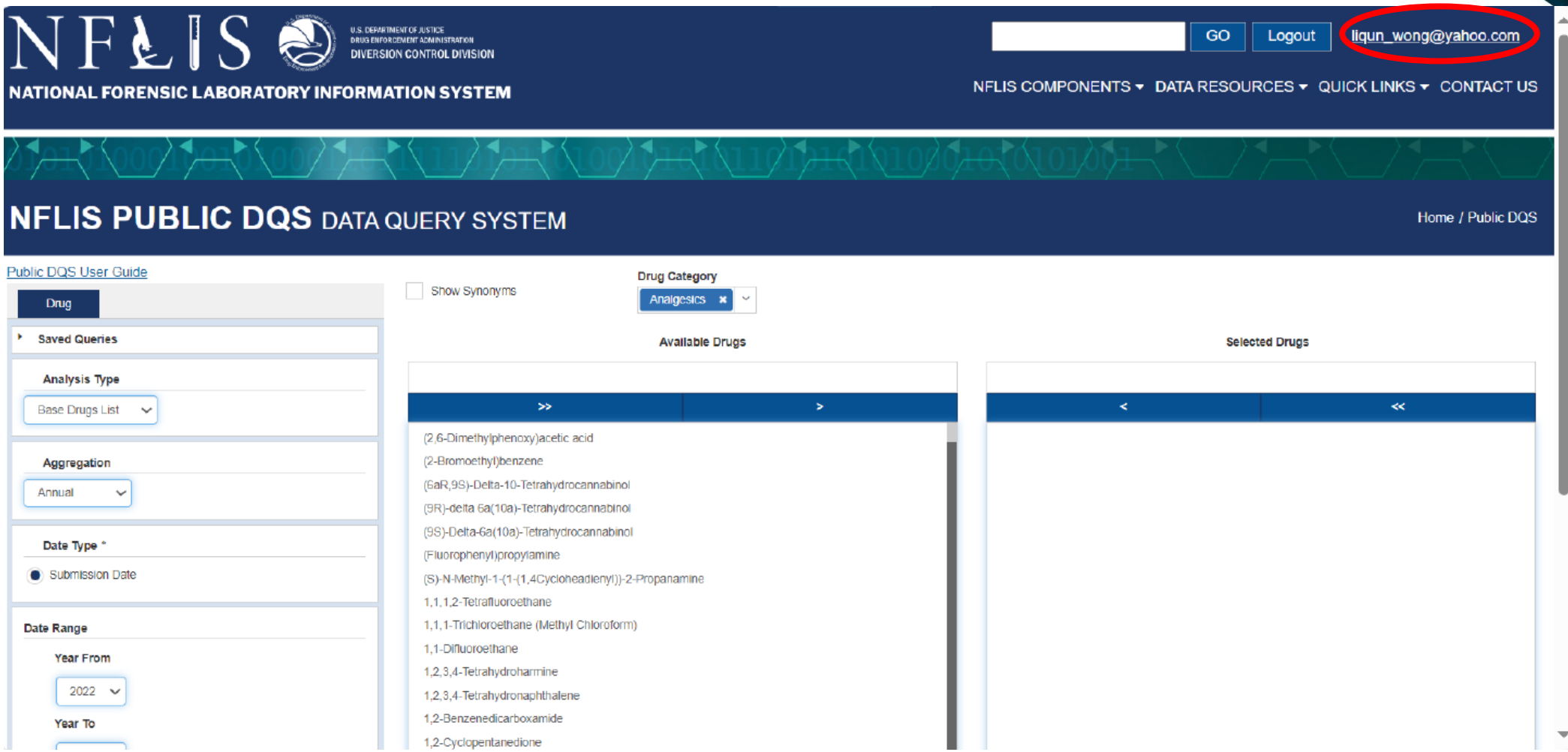


NFLIS – Long Term Trends



U.S. Drug Enforcement Administration, Diversion Control Division. (2022). Table 1. National Estimates for the Most Frequently Identified Drugs: 2007-2021. Retrieved from the NFLIS Public Resource Library at https://www.nflis.deadiversion.usdoj.gov/

NFLIS Access



NFLIS Public DQS – Data Analysis, Visualization…

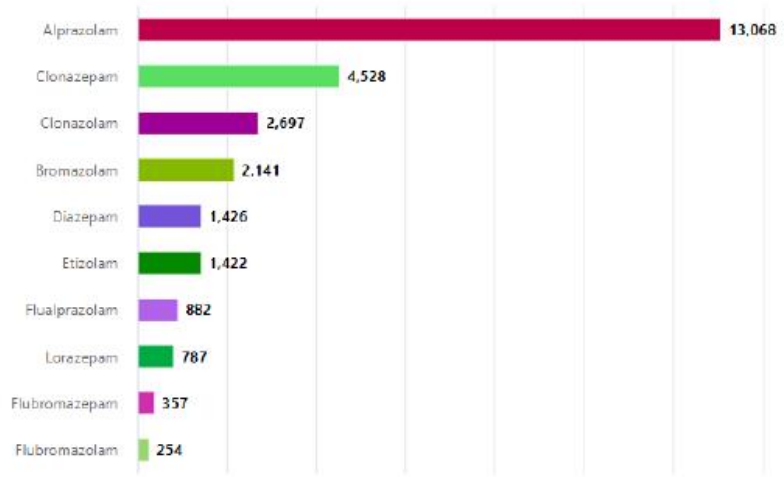
NFLIS-DRUG DATA QUERY SYSTEM RESULTS

Pivot | Visualization

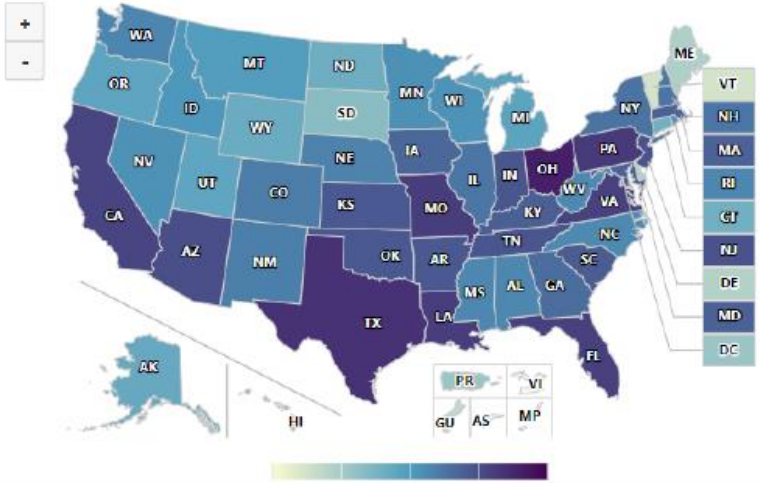
NFLIS DQS Dashboard | Region Comparison

Filters

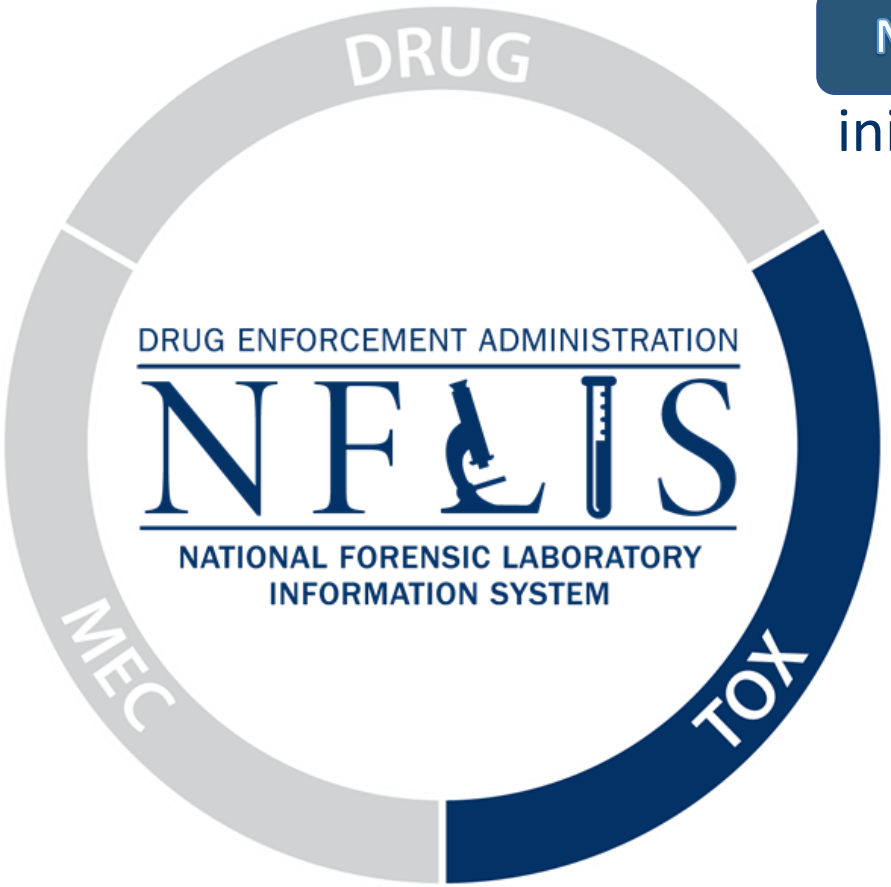
Top 10 Queried Drugs
Selected States, All Years



Queried Drugs Map
Selected States, All Years



Toxicology



NFLIS-Tox informs public health initiatives and drug policies

NFLIS-Tox enhances drug surveillance capability, provides early warning to public heath agencies and law enforcement

NFLIS-Tox vidences to improved treatment, prevention, and enforcement priorities

NFLIS-Tox

NFLIS-TOX TOXICOLOGY LABORATORIES

204 Toxicology Laboratories participated in the most recent 2021 NFLIS-Tox Survey.

Quantitative Analysis Frequency Reported as "Routinely" by Toxicology Laboratories, 2021 NFLIS-Tox Survey

DURING CALENDAR YEAR 2019, SLIGHTLY MORE THAN

28 million

toxicology requests were referred to responding Toxicology Laboratories (TLs).

56% responding laboratories performed human performance testing, 45% performed postmortem testing, and 41% performed clinical drug testing.

IN 2019, TLs REPORTED "ROUTINELY" CONDUCTING QUALITATVE TOXICOLOGY TESTING FOR THE FOLLOWING DRUGS OR DRUG CLASSES 50% OR MORE OF THE TIME:

- Amphetamines
- Antidepressants
- Barbiturates
- Benzodiazepines
- Buprenorphine
- Carisoprodol
- Cocaine
- Ethanol
- Fentanyl
- Heroin
- Marijuana/THC
- Muscle
- relaxants
- Opiates and opioids (other than heroin

90

Total participants (9/27/2023)

70

Public toxicology laboratories (9/27/2023)

20

Private toxicology laboratories (9/27/2023)

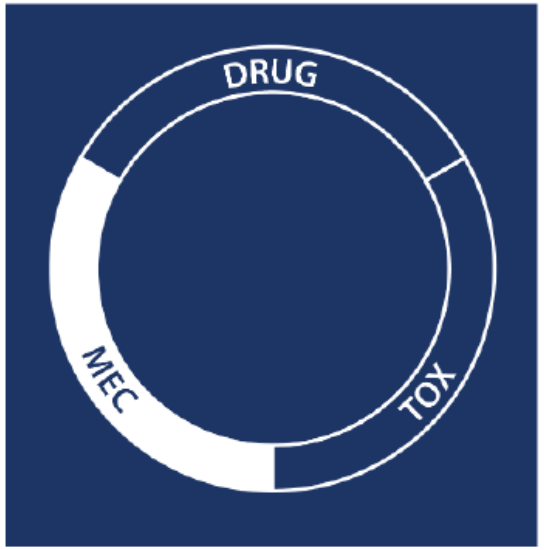
Medical Examiner and Coroner Offices

NFLIS-MEC enhances DEA's ability to identify new and emerging substances that are a threat to public health and safety.

NFLIS-MEC data will directly inform DEA's drug scheduling actions.

NFLIS–MEC

NFLIS-MEC MEDICAL EXAMINER AND CORONER OFFICES



1,606 medical examiner and coroner offices participated in the most recent 2022 NFLIS-MEC Survey, including full surveys and those completing only critical items.

Qualitative Analysis Frequency reported as "routinely" requested from toxicology laboratories by MECs, 2022 NFLIS-MEC survey

DURING CALENDAR YEAR 2021,

1,440,580

death cases were referred to responding MECs. Of these, 703,049 were accepted by MECs. Overall, 101,582 overdose cases were accepted by responding MECs.

2022 Medical Examiner and Coroner Survey Report

IN 2021, MECs REPORTED "ROUTINELY" REQUESTING TOXICOLOGY TESTING FOR THE FOLLOWING DRUGS OR DRUG CLASSES MORE THAN 75% OF THE TIME:

- Alcohol
- Amphetamines/methamphetamines
- Cocaine
- Fentanyl
- Heroin
- Marijuana/THC
- Opiates or opioids other than heroin or fentanyl

In 2018, DEA expanded the NFLIS program to include two additional continuous drug surveillance components that collect drug-related mortality data from medical examiner and coroner offices (NFLIS-MEC) and drug testing results from toxicology laboratories (NFLIS-Tox) to supplement and complement the current NFLIS-Drug data from drug cases submitted to and analyzed by the Nation's forensic laboratories.

If your office would like to participate in NFLIS-MEC, please review DEA's FAQs document to determine your entity's eligibility to participate in NFLIS and to review other information about each NFLIS component and the next steps for participation. If you have any questions or would like to participate in NFLIS-MEC, please contact the NFLIS team at DEANFLIS@rti.org.

NFLIS DEA Synth-Opioids - Participants

Join the conversation *with over* **500 Synth-Opioids members** *and growing...*

- forensic chemistry,
- toxicology,
- pathology,
- jurisprudence,
- research,
- public health,
- law enforcement…

NFLIS NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM
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DEA Synth-Opioids
Real-Time Communication Network

NFLIS

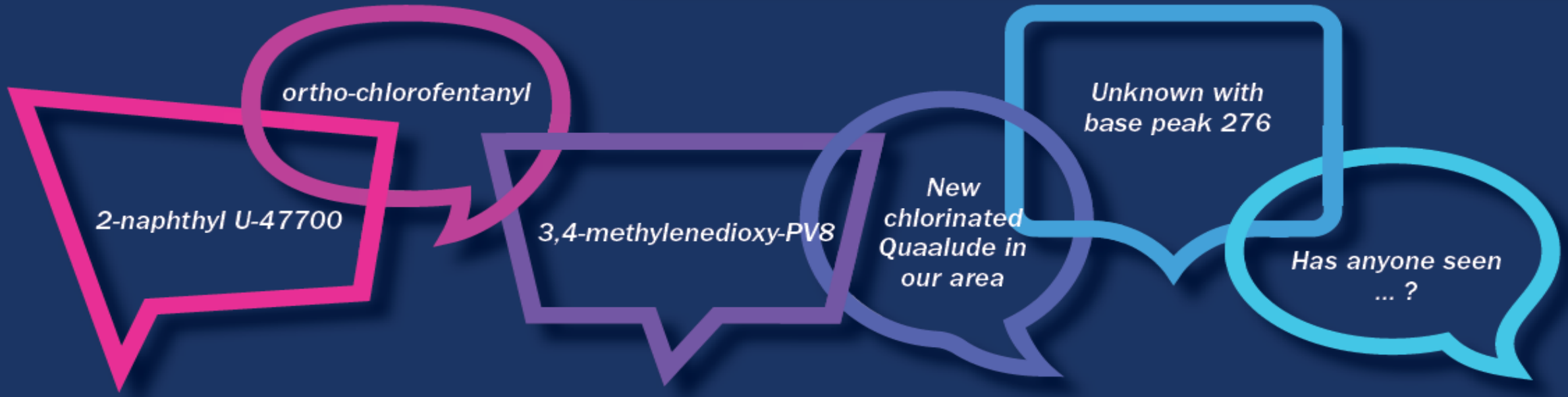
U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

NATIONAL FORENSIC LABORATORY INFORMATION SYSTEM

DEA Synth-Opioids

Real-Time Communication Network

Practitioner-driven, real-time communication on emerging drugs



join the conversation

Go to: **https://synthopioids.nflis.deadiversion.usdoj.gov/**

National Forensic Laboratory Information System (NFLIS)

Contact Us:

Drug Enforcement Administration

https://www.nflis.deadiversion.usdoj.gov/

Email: NFLIS@dea.gov

DRUG ENFORCEMENT ADMINISTRATION

NFLIS

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