National Drug Threat Survey 2013

U.S. Department of Justice

Drug Enforcement Administration

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Springfield, VA 22152

Phone: (202) 353-1112

DEA Use Only

Process Date:

Process Code:

Survey Number:

Fax: (202) 307-8955

Please provide the following information:

Law Enforcement Agency:

Title (of person completing survey):

First Name: MI: Last Name:

Address: State: Zip:

Telephone: Fax:

E-mail Address:

**General Instructions**

Your response to this survey is vital to assisting the Drug Enforcement Administration in understanding the drug situation during the past year in your jurisdiction. Your voluntary input, when combined with similar data collected across the country, will be invaluable in preparing our annual National Drug Threat Assessment, periodic regional drug threat assessments and other strategic drug-related intelligence reports.

The National Drug Threat Survey 2013 form is a PDF file that can be filled out, saved, and emailed to DEA. Please fill out the survey as thoroughly as possible by clicking on the appropriate response for each question and by typing in your response for the open-ended questions. If you have any questions related to this survey or need assistance in completing your response, please contact DEA at (202) 353-1112. The deadline for responding is **November 30, 2012.**

You may wish to print a paper copy of your responses before returning your completed survey to DEA.

**Thank you for participating in the DEA National Drug Threat Survey 2013.**

Paperwork Reduction Act Notice – A person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create instructions and forms that are accurate and easily understood and that impose the least possible burden. The estimated average time to complete the form is 20 minutes. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, please contact the Drug Enforcement Administration, Domestic Strategic Intelligence Unit, at (202) 353-1112.

OMB No.: XXXXXXXXX (Expiration date XXXXXXX) Rev: XXXXXXXXX DEA Form XXXX

***Greatest Drug Threat and Drug-Related Crime***

1. For your jurisdiction, please indicate the drug that poses the greatest threat, the drug that most contributes to violent crime and the drug that most contributes to property crime. (Choose only ONE drug on each list.)

***Greatest Drug Threat******Violent Crime******Property Crime***

(Choose only ONE) (Choose only ONE) (Choose only ONE)

Powder cocaine

Crack cocaine

Heroin

Methamphetamine

Marijuana

Other illicit drugs

Controlled prescription drugs

Not applicable

Don’t know

Powder cocaine

Crack cocaine

Heroin

Methamphetamine

Marijuana

Other illicit drugs

Controlled prescription drugs

Not applicable

Don’t know

Powder cocaine

Crack cocaine

Heroin

Methamphetamine

Marijuana

Other illicit Drugs

Controlled prescription drugs

Not applicable

Don’t know

1a. Over the past year, has your agency experienced a significant change in a drug trafficking attribute (availability, demand, distribution, production, transportation) for any of the listed drugs? Please explain by indicating next to the appropriate drug the attribute and whether the change is an increase or decrease.

|  |  |  |
| --- | --- | --- |
| **Drug** | **Attribute** | **Change** |
| Powder cocaine |  |  |
| Crack cocaine |  |  |
| Heroin |  |  |
| Methamphetamine |  |  |
| Marijuana |  |  |
| Controlled prescription drugs |  |  |
| Bath salts |  |  |
| Synthetic cannabinoids |  |  |
| Other (specify) |  |  |

***Drug Availability***

2. Indicate the level of availability of the following drugs in your jurisdiction using the following definitions:

***Low*** availability – drug is difficult to obtain most of the time

***Moderate*** availability – drug is easily obtained most of the time

***High*** availability – drug is easily obtained at any time

***NA*** – drug is not available at any time

***DK*** – don’t know if drug is available

Powder cocaine

Crack cocaine

Heroin

Methamphetamine

Marijuana

Controlled prescription drugs

Low

Moderate

High

NA

DK

MDMA (ecstasy)

GHB/GBL

LSD

PCP

Bath salts

Synthetic cannabinoids

Low

Moderate

High

NA

DK

***Drug Production***

3. Please indicate how cannabis is cultivated in your jurisdiction. (Check ALL that apply.)

Indoors Outdoors Hydroponically Not cultivated Don’t know

4. Please indicate the level of methamphetamine production in your jurisdiction. (Check only ONE.)

Low production Moderate production High production Not produced Don’t know

4a. If methamphetamine is produced in your jurisdiction, please indicate the past year change in the level of production.

Increased Decreased Remained the same Not applicable Don’t know

***Diversion/Illicit Use of Controlled Prescription Drugs***

5. Indicate the levels of diversion and illicit use for the following types of controlled prescription drugs in your jurisdiction.

Narcotics (e.g., Vicodin, OxyContin)

Depressants (e.g., Valium, Xanax)

Stimulants (e.g., Adderall, Ritalin)

Steroids (e.g., Anadrol, Oxandrin)

Low

Moderate

High

NA

DK

Low

Moderate

High

NA

DK

***Level of Diversion***

***Level of Illicit Use***

***Drug Trafficking Activities***

6. What are the racial and/or ethnic backgrounds of organizations that are the principal **wholesale** drug distributors in your jurisdiction (e.g., African American, Caucasian, Dominican, Hispanic, Mexican)? List up to three types for each drug.

|  |  |  |  |
| --- | --- | --- | --- |
| Powder Cocaine |  |  |  |
| Crack Cocaine |  |  |  |
| Heroin |  |  |  |
| Methamphetamine |  |  |  |
| Marijuana |  |  |  |
| Controlled prescription drugs |  |  |  |
| Other (specify) |  |  |  |

6a. What are the racial and/or ethnic backgrounds of organizations that are the principal **retail** drug distributors in your jurisdiction (e.g., African American, Caucasian, Dominican, Hispanic, Mexican)? List up to three types for each drug.

|  |  |  |  |
| --- | --- | --- | --- |
| Powder Cocaine |  |  |  |
| Crack Cocaine |  |  |  |
| Heroin |  |  |  |
| Methamphetamine |  |  |  |
| Marijuana |  |  |  |
| Controlled prescription drugs |  |  |  |
| Other (specify) |  |  |  |

Submit by E-mail

Thank you for your participation!



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