



# National Drug Threat Survey 2013



U.S. Department of Justice  
Drug Enforcement Administration  
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DEA Use Only	
Process Date:	<input type="text"/>
Process Code:	<input type="text"/>
Survey Number:	<input type="text"/>

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.

**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**  
(Choose only ONE)

**Violent Crime**  
(Choose only ONE)

**Property Crime**  
(Choose only ONE)

Powder cocaine	<input type="radio"/>
Crack cocaine	<input type="radio"/>
Heroin	<input type="radio"/>
Methamphetamine	<input type="radio"/>
Marijuana	<input type="radio"/>
Other illicit Drugs	<input type="radio"/>
Controlled prescription drugs	<input type="radio"/>
Not applicable	<input type="radio"/>
Don't know	<input type="radio"/>

Powder cocaine	<input type="radio"/>
Crack cocaine	<input type="radio"/>
Heroin	<input type="radio"/>
Methamphetamine	<input type="radio"/>
Marijuana	<input type="radio"/>
Other illicit drugs	<input type="radio"/>
Controlled prescription drugs	<input type="radio"/>
Not applicable	<input type="radio"/>
Don't know	<input type="radio"/>

Powder cocaine	<input type="radio"/>
Crack cocaine	<input type="radio"/>
Heroin	<input type="radio"/>
Methamphetamine	<input type="radio"/>
Marijuana	<input type="radio"/>
Other illicit drugs	<input type="radio"/>
Controlled prescription drugs	<input type="radio"/>
Not applicable	<input type="radio"/>
Don't know	<input type="radio"/>

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

	Low	Moderate	High	NA	DK		Low	Moderate	High	NA	DK
Powder cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MDMA (ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GHB/GBL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bath salts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controlled prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Synthetic cannabinoids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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

**Diversions/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.

	<b>Level of Diversion</b>					<b>Level of Illicit Use</b>				
	Low	Moderate	High	NA	DK	Low	Moderate	High	NA	DK
Narcotics (e.g., Vicodin, OxyContin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressants (e.g., Valium, Xanax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (e.g., Adderall, Ritalin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (e.g., Anadrol, Oxandrin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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)			

Thank you for your participation!

Submit by E-mail



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