



National Drug Threat Survey 2013

U.S. Department of Justice
Drug Enforcement Administration



Attn: Fran Wiegand, Project Manager
8701 Morrisette Drive
Springfield, VA 22152
Phone: (202) 353-1112
Fax: (202) 307-8955

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: _____ **City:** _____ **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 NDIC.

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.)

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"/>

Violent 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"/>

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"/>

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 above drugs? Please explain by indicating the drug, attribute, and whether the change is an increase or a decrease.

Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>
Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>
Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>
Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>
Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>
Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>
Drug	<input type="text"/>	Attribute	<input type="text"/>	Change	<input type="text"/>

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.

	Low	Moderate	High	Not Available	Don't Know		Low	Moderate	High	Not Available	Don't Know
Powder cocaine	<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"/>
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"/>
MDMA (ecstasy)	<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.

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.

	<u>Level of Diversion</u>					<u>Level of Illicit Use</u>				
	Low	Moderate	High	None	Don't Know	Low	Moderate	High	None	Don't Know
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 distribution level.

Powder cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crack cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>
Methamphetamine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marijuana	<input type="text"/>	<input type="text"/>	<input type="text"/>
Controlled prescription drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 distribution level.

Powder cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crack cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>
Methamphetamine	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marijuana	<input type="text"/>	<input type="text"/>	<input type="text"/>
Controlled prescription drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Thanks for your participation!



DEA Headquarters, 8701 Morrisette Drive, Springfield, VA 22152

(202) 353-1112