



National Drug Threat Survey 2014

**U.S. Department of Justice
Drug Enforcement Administration**



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Phone: (202) 353-1112 or (202) 276-9871
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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 enhancing the collective understanding of the drug situation during the past year in your jurisdiction and across the country. Your voluntary input, when combined with similar data collected nationwide, will be invaluable in preparing the annual National Drug Threat Assessment, periodic regional drug threat assessments, and other strategic drug-related intelligence reports.

The National Drug Threat Survey 2014 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. If you have any questions related to this survey or need assistance in completing your response, please contact DEA at (202) 353-1112 or (202) 276-9871. The deadline for responding is **November 15, 2013**.

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 2014.

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 15 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 or DEA.drug.survey@usdoj.gov.

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"/>
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"/>
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"/>
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 drugs listed? If so, please choose whether the change is an INCREASE (Inc), a DECREASE (Dec), or has REMAINED THE SAME (Same) for each drug and each attribute. Choose NA for not applicable.

	Availability				Demand				Distribution				Transportation			
	Inc	Dec	Same	NA	Inc	Dec	Same	NA	Inc	Dec	Same	NA	Inc	Dec	Same	NA
Example Drug	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powder Cocaine	<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"/>	<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"/>	<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"/>	
Heroin	<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"/>	<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"/>	<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"/>	
Marijuana	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
MDMA	<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"/>	<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"/>	<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"/>	
Synthetic Cathinones (Bath Salts)	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Synthetic Cannabinoids (Spice, K2)	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Drug Availability

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

- High availability** - drug is easily obtained at any time;
- Moderate availability** - drug is easily obtained most of the time;
- Low availability** - drug is difficult to obtain most of the time.

	High	Moderate	Low	Not Available	Don't Know		High	Moderate	Low	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"/>
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Synthetic Cathinones (Bath Salts)	<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"/>	Synth. Cannabinoids (Spice, K2)	<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"/>	MDMA	<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"/>	Hallucinogens (LSD, PCP, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drug Production

4. Please indicate the level of the methamphetamine production problem in your jurisdiction using the following definitions:

High production - methamphetamine is frequently produced in your area;

Moderate production - methamphetamine is sometimes produced in your area;

Low production - methamphetamine is rarely produced in your area.

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

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

Indoors Outdoors Hydroponically Not cultivated Don't know

Diversion/Illicit Use of Controlled Prescription Drugs

6. Please indicate the levels of diversion (e.g. doctor shopping, fraud, forgery) and illicit use for the following types of controlled prescription drugs in your jurisdiction using the following definitions:

High diversion/illicit use - drugs are frequently diverted/used illicitly in your area;

Moderate diversion/illicit use - drugs are sometimes diverted/used illicitly in your area;

Low diversion/illicit use - drugs are rarely diverted/used illicitly in your area.

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

Thanks for your participation!

