NFLIS-Tox

Common Recruitment Questions and Answers

The National Forensic Laboratory Information System (NFLIS) is a program of the Drug Enforcement Administration's (DEA's) Diversion Control Division. For over 20 years, NFLIS has collected drug chemistry analysis results from seized substances analyzed by the Nation's Federal, State, and local forensic laboratories. This component is now known as NFLIS-Drug. NFLIS-Drug data are used by DEA for drug scheduling, policy development, law enforcement, and tracking drug trends and emerging drugs. The data are also used by many Federal, State, and local public health professionals and researchers to monitor drug trends in and around geographic areas of interest.

Recognizing the value that drug seizure data have brought to DEA and other Federal, State, and local entities, the NFLIS program expanded to include public and private toxicology laboratories. These toxicology laboratories include both forensic (postmortem and antemortem) and clinical laboratories. The collection of these toxicology data into one centralized program, known as NFLIS-Tox, helps to complement the existing NFLIS-Drug component. Prior to the launch of this data collection effort, NFLIS sent surveys to public and private toxicology laboratories in 2017 to gather profiles of each laboratory and collect important information such as organizational characteristics, caseload, capability of collecting and reporting core data items, and resources needed to participate in a national toxicology data collection program.[1] This survey was instrumental in drawing a national sample and determining a recruitment plan for laboratories. Beginning in February 2021, an updated survey is being conducted and includes a hard copy of the fifth edition of *Principles of Forensic Toxicology* as a token of appreciation.

[1] U.S. Drug Enforcement Administration, Diversion Control Division. (2018). *2017 Toxicology Laboratory Survey Report*. Springfield, VA: U.S. Drug Enforcement Administration.

With insight from the survey, the NFLIS-Tox expansion officially began with recruitment of toxicology laboratories in 2019. To date, 60 toxicology laboratories, including 47 publicly funded and 13 private laboratories, have joined the NFLIS-Tox component. Of the 47 publicly funded toxicology laboratories, 42 are also participants in NFLIS-Drug.

Both NFLIS-Drug and NFLIS-Tox are voluntary programs, and much of their success relies on participation from laboratories. The dynamic team of NFLIS recruiters, data managers, laboratory information management system (LIMS) liaisons, statisticians, and subject matter experts work diligently to reduce burden on participating laboratories. NFLIS works directly with the laboratory in-house data management system or commercial LIMS to develop reporting routines to report 10–15 core data elements (e.g., drug name, concentration, submission and completion date, and sample matrix).

Many agencies, businesses, and individuals have been impacted in some way by COVID-19 and had to adjust quickly. NFLIS-Tox recruitment efforts have also been impacted, and many of our recruitment activities have shifted to a virtual platform. A set of FAQs for laboratories considering participation in the program is included at the end of this flyer. One question we often get asked is, "Why my laboratory, as we do not analyze for new drugs such as synthetic cannabinoids and fentanyl-related compounds?" The answer is that drug trend data are not just relevant to emerging drugs. For example, over the years, NFLIS-Drug data have shown an increase in methamphetamine,[2] decreases in prescription benzodiazepine drug seizure submissions, and increases in other drugs. All of this information from drug seizure data and toxicology data provide a more complete picture of drug use, abuse, and diversion.

One benefit to laboratory participation in NFLIS-Tox is access to a Data Query System, which allows for an aggregate-level view of State, local, and regional toxicology data. However, without more toxicology laboratory participation, we cannot offer this resource as we do for the NFLIS-Drug component. We look forward to working with your toxicology laboratory through NFLIS-Tox participation. If you want more information on the program or have any questions, please contact us at DEANFLIS@rti.org or 1-888-966-3547.

[2] U.S. Drug Enforcement Administration, Diversion Control Division. (2019). *NFLIS-Drug Special Report: Methamphetamine Reported in NFLIS, 2001–2017*. Springfield, VA: U.S. Drug Enforcement Administration.

Please note that Health and Human Services–certified laboratories are not required to share toxicology data with the NFLIS program. A laboratory's decision on whether to participate in the NFLIS program in no way affects laboratory certification under the National Laboratory Certification Program.

Common Recruitment Questions and Answers

Why should I participate in the National Forensic Laboratory Information System (NFLIS)?

As a NFLIS-Tox participant, you will provide valuable information about the impact that drugs and substance use have on public health. Toxicology laboratories are a vital source for identifying drugs used by the public. Data from toxicology laboratories can serve as early warning indicators to alert the public health community and law enforcement of the drugs they may encounter, leading to improved treatment, prevention, and enforcement policies. The addition of toxicology data to NFLIS is vital for helping the Drug Enforcement Administration (DEA) improve drug scheduling by identifying dangerous drugs earlier, enhance available drug intelligence, and better engage its public health partners.

Once enough NFLIS-Tox laboratories begin reporting, you will have access to the participant section of the NFLIS website and the interactive Data Query System (DQS). The DQS can generate State, regional, and national data summaries and reports of drug trends.

How much does it cost to participate in NFLIS?

There is no fee for joining NFLIS and accessing NFLIS data. There may be costs associated with the initial setup and monthly data transfer to NFLIS (often associated with the information management system used by laboratories), but our team works hard to minimize the financial burden on participants. DEA may accommodate support requests to cover these costs (e.g., software, hardware, or financial assistance for staff time spent entering data for NFLIS).

Does NFLIS collect any protected health information (PHI)?

No. We do not collect any PHI. We are not requesting any information that is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Although NFLIS asks for case IDs as one of the core data elements, your laboratory or NFLIS can change the case IDs to unique identifiers that are not the same as the laboratory case IDs. If, for any reason, PHI is accidentally transferred to the NFLIS team, it will be destroyed immediately, the transferring laboratory will be notified of the transfer, and the DEA privacy official will be alerted to the issue.

We are concerned with data sharing and the impact it could have on our clients if a data breach occurred. How will NFLIS keep the data secure?

We recognize this is a concern and strive to ensure that data breaches do not occur. We have physical, network, and procedural security measures in place to ensure that your data are safely handled, secured, and stored. The memorandum of understanding states, "DEA agrees to implement security procedures especially developed for NFLIS Tox (e.g., file encryption, https/SSL, compliance with Federal Information Processing Standards and applying recommended security controls for federal information systems) for receiving, storing and disseminating data."

In the event that a toxicology laboratory does provide DEA with identifiable information, DEA has established the following procedures: (1) the file containing PHI will be deleted from the DEA server and, if applicable, will be deleted from the e-mail inbox and the e-mail "deleted items" file; (2) a designated individual from the toxicology laboratory and the DEA privacy official will be notified about the transfer of identifiable data; and (3) DEA will request a replacement data file without identifiable information. It will be the toxicology laboratory's responsibility to determine whether notification is required in accordance with HIPAA.

If a data breach occurs after data are submitted to NFLIS, DEA will investigate and implement procedures to fix the identified issues. A summary of the findings and steps taken to prevent additional breaches will be shared with the affected laboratories.

How will the data reported by toxicology laboratories be used?

The data you provide will allow DEA to quickly identify and target new and emerging drugs of abuse. The addition of toxicology data to NFLIS is vital for helping DEA improve drug scheduling, enhance available drug intelligence, and better engage its public health partners.

As more laboratories participate in NFLIS-Tox, we will be able to report aggregated data in Midyear and Annual Reports like those that have been generated by NFLIS-Drug from drug chemistry analysis data submitted by drug laboratories. Your laboratory may benefit from seeing these new drugs from other laboratories and being able to compare your laboratory's findings against aggregated statistics.

What type of data delivery system will be used to send my laboratory's data to NFLIS?

Our team strives to minimize the burden of reporting on participating laboratories. DEA provides a secure file transfer protocol site to the NFLIS project that allows participating laboratories to upload their data directly to the DEA servers. However, other options are available, including encrypted e-mail, and your laboratory ultimately chooses the data delivery system. The NFLIS developers will work with your team or your laboratory information management system (LIMS) provider to develop a data delivery method. In some cases, NFLIS is already working with LIMS providers and already has established reporting routines.

Your toxicology laboratory's data are vital for helping DEA improve drug scheduling, enhance available drug intelligence, and better engage public health partners.