

Idaho State Police Forensic Services

Toxicology Program Trends Fiscal Year 2026



Overview and Methodology

This report summarizes trends in the **Toxicology** and **Alcohol/Volatiles** programs and case submissions to the Idaho State Police Forensic Services (ISPFS) laboratories in Coeur d'Alene (District 1), Pocatello (District 5), and Meridian (District 3; Volatiles analysis only) during fiscal year 2026 (FY2026).

For purposes of this report, **toxicology cases** are laboratory cases in which blood or urine is submitted for **drug toxicology analysis**. **Alcohol/Volatiles cases** are cases in which samples are submitted for alcohol or volatile-substance analysis and may also include blood or urine. Volatiles analysis may be performed on blood, urine, vitreous humor, and beverages or other submitted liquids suspected of containing ethyl alcohol. Volatiles analysis quantifies ethyl alcohol and detects a range of other alcohols and inhalants.

Laboratory services are divided into the following **separate analytical areas**:

- Alcohol/Volatiles: Analysis of ethyl alcohol and other volatile substances in blood, urine, or vitreous humor
- Blood Toxicology: Analysis of drugs in blood.
- Urine Toxicology: Analysis of drugs in urine.

Although Alcohol/Volatiles and Drug Toxicology are reported separately, a single case may include submissions for more than one analytical area. A case may also include multiple items or samples submitted for analysis. For example, blood and urine samples collected from both drivers in a two-vehicle collision constitute one case with four submitted items. Samples collected from passengers may also be associated with the same case number.

Case counts represent laboratory cases and do not account for the number of items within each case or for items that were not analyzed, such as samples with insufficient volume. The Alcohol/Volatiles and Drug Toxicology sections are based solely on items that were **actually tested** within their respective analytical areas. When multiple items are associated with a case, each tested item is included in the applicable Alcohol/Volatiles or Drug Toxicology results.

These statistics were compiled from the Idaho Laboratory Information Management System (ILIMS), which was used to log and track evidence submitted to the forensic laboratory system during FY2026. Case information was provided to the laboratory by the submitting agencies. ILIMS allows agencies to enter multiple charges rather than limiting a case to the highest charge; consequently, a case involving a drug charge may also be classified as a DUI case.

For this report, “juvenile” refers to a subject under 18 years of age on the incident date, except for alcohol/volatiles analyses. For alcohol statistics, subjects under 21 years of age are classified as juveniles because the applicable per se alcohol concentration for persons under 21 is 0.02 g%. Therefore, an individual who is under 21 but at least 18 years of age could be classified as a juvenile for alcohol statistics but as an adult for toxicology statistics. Cases without a date of birth (DOB) are classified as adult cases to avoid artificially changing the juvenile category.

General Breakdown for FY2026

	Alcohol/Volatiles	Blood Toxicology	Urine Toxicology	Total	FY2026 Percent
DUI					
Adult	1,315	827	10	2,152	66%
Juvenile	76	16	0	92	
Drug/Narcotic Violations					
Adult	55	139	21	215	7%
Juvenile	2	1	6	8	
Other	71	82	12	165	5%

Auto Accident Fatalities	47	48	0	95	3%
Accident Victim Kits	1	1	0	2	<1%
Death (non-homicide)	11	17	1	29	1%
Murder/Attempted Murder	1	1	1	3	<1%
Rape	18	19	42	79	2%
Cases Closed Before Analysis	77	456	7	540	16%
Total:	1,674	1,607	100	3,381	100%

Table 1. Statistical representation of the number and distribution of toxicology cases for FY2026.

Category definitions: DUI includes juvenile, misdemeanor, and felony DUI cases. Drug/Narcotic Violations includes possession of controlled substances or paraphernalia, trafficking, manufacturing, delivery, possession/distribution/use by a minor, and related offenses. Other includes assault or battery, domestic violence, probation violations, officer-involved shootings or accidents, injury accidents, injury to a child, grand theft, being under the influence in public, unlawful possession of a firearm, leaving the scene of an accident, manslaughter, and vehicular manslaughter. Rape includes rape, male rape, sexual abuse or battery of a child or minor, penetration with a foreign object, and lewd conduct.

Please note that cases listed as “auto accident fatalities” are initially categorized as such when they are received by the laboratory. This classification does not necessarily indicate that the incident was an accident. In some cases, the individuals involved may have been under the influence of alcohol and/or drugs. If alcohol and/or drugs are confirmed and suspected to be a factor, the driver may face criminal charges

Cases may be closed before analysis when testing is no longer necessary at the request of the submitting agency or when other evidence is sufficiently probative that additional testing is not warranted. For example, if both blood alcohol and blood toxicology are requested and the alcohol result is greater than 0.10 g%, the toxicology request may be closed without analysis. This allows laboratory resources to be focused on cases in which additional analysis is warranted.

The ISPFS laboratory system received 3,381 volatiles/toxicology cases during FY2026. This represents a 1.1% decrease from FY2025, which had the highest number of cases received during the last ten years. From FY2024 to FY2025, submissions increased by 373 cases, or approximately 12.25%.

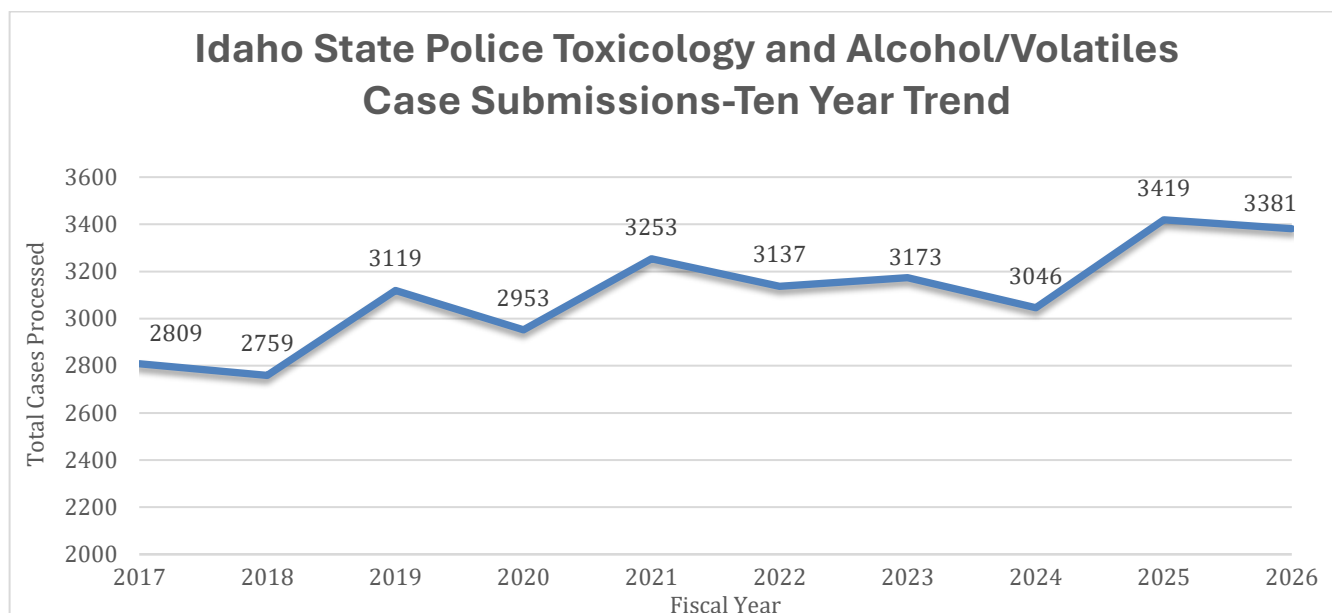


Figure 1a. Ten-Year Trend in Alcohol/Volatiles/Toxicology Case Submissions

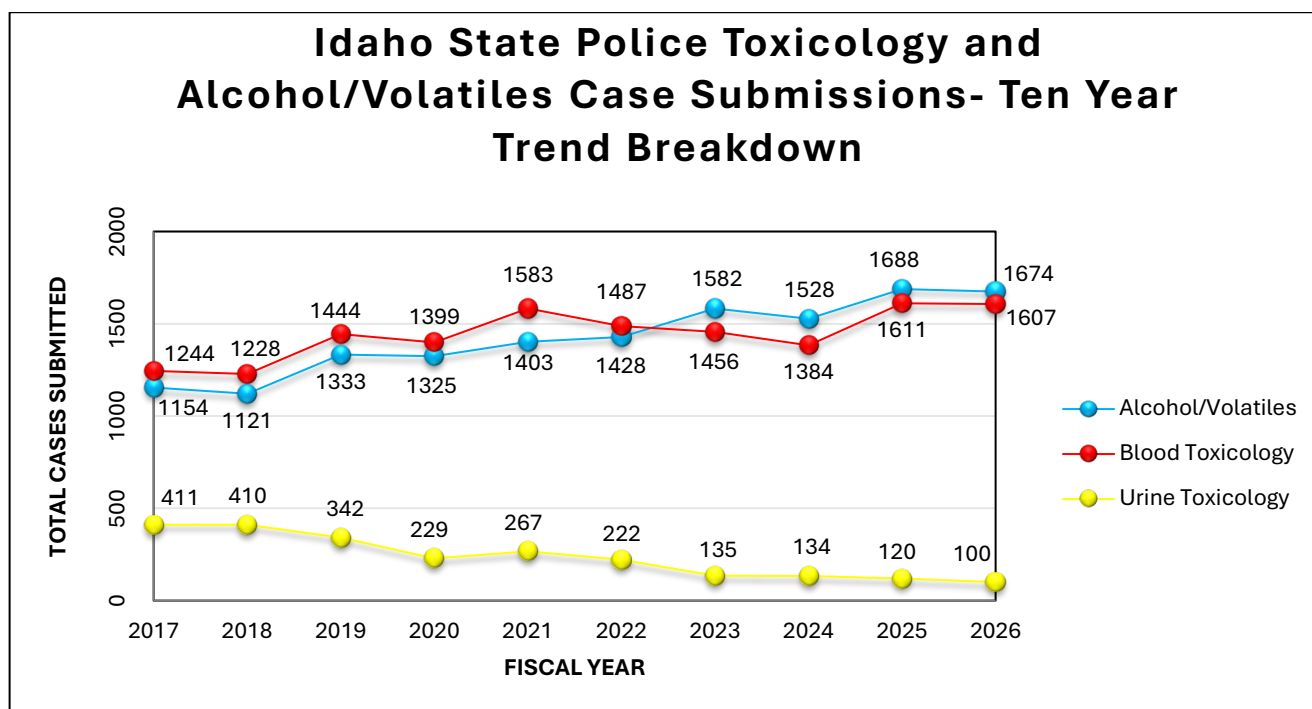


Figure 1b. Ten-Year Breakdown of Toxicology Case Submissions

Multiple items may be submitted under a single case and are not reflected separately in the case totals. A sample may also be represented in more than one testing category when, for example, a sample is submitted for both alcohol and toxicology testing. The average number of cases submitted to ISPFS was 3,231 during the most recent five-year period and 3,105 during the most recent ten-year period.

Overall, blood toxicology and volatiles case submissions show an upward trend over the ten-year period. Urine toxicology submissions have generally declined. The decline in urine toxicology may be associated with increased use of blood collection in DUI investigations, because blood is generally the preferred specimen when recent drug use is at issue. The increased use of blood specimens is consistent with current forensic guidelines for evaluating recent drug use and potential impairment. The increase in blood toxicology may also reflect increased medication use and the corresponding number of individuals driving after taking prescription medications. Population growth may contribute to increases in both blood toxicology and alcohol/volatiles submissions.

Alcohol and Other Volatiles

Alcohol/volatiles case submissions decreased slightly in FY2026, by 0.83%, but remained 9.55% higher than in FY2024. Over the ten-year period, submissions declined in FY2017 and FY2018 and then returned to levels observed in the preceding years before continuing an overall upward trend.

A substantial increase beyond that associated with population growth is not necessarily expected because ISPFS also supports breath-testing activities in Idaho. Laboratory scientists have reported increased breath-testing workload. As breath-testing instruments become more widely available and easier to use, law-enforcement agencies may choose breath testing rather than obtain warrants for blood draws when alcohol is the primary suspected substance. Blood collection is more likely when drugs or inhalants are also suspected.

In addition to ethanol, the laboratory can detect and qualitatively report methanol, isopropyl alcohol, acetone, toluene, dimethyl ether, and certain inhalants. Fluorinated hydrocarbons, such as 1,1-difluoroethane (DFE), are commonly associated with air-duster inhalation. This is the most common type of inhalants detected in case samples. Acetone and toluene may be detected following inhalation of products such as paints, thinners, removers, glues, and adhesives. ISPFS does not currently have a method for detecting nitrous oxide.

Alcohol statistics are expressed in g% because the samples analyzed are not limited to blood. For this report, g% encompasses blood (g/100 cc blood), urine (g/67 mL urine), and vitreous humor (g/100 cc vitreous humor). Liquid alcohol samples are excluded from the statistical analysis.

Alcohol analysis requests span DUI investigations, sexual-assault investigations, accident investigations, death investigations, and other offenses. Alcohol results are grouped as less than 0.02 g%, 0.02 g% to less than 0.08 g%, 0.08 g% or greater, and inhalants (other volatiles such as acetone, DFE, and toluene).

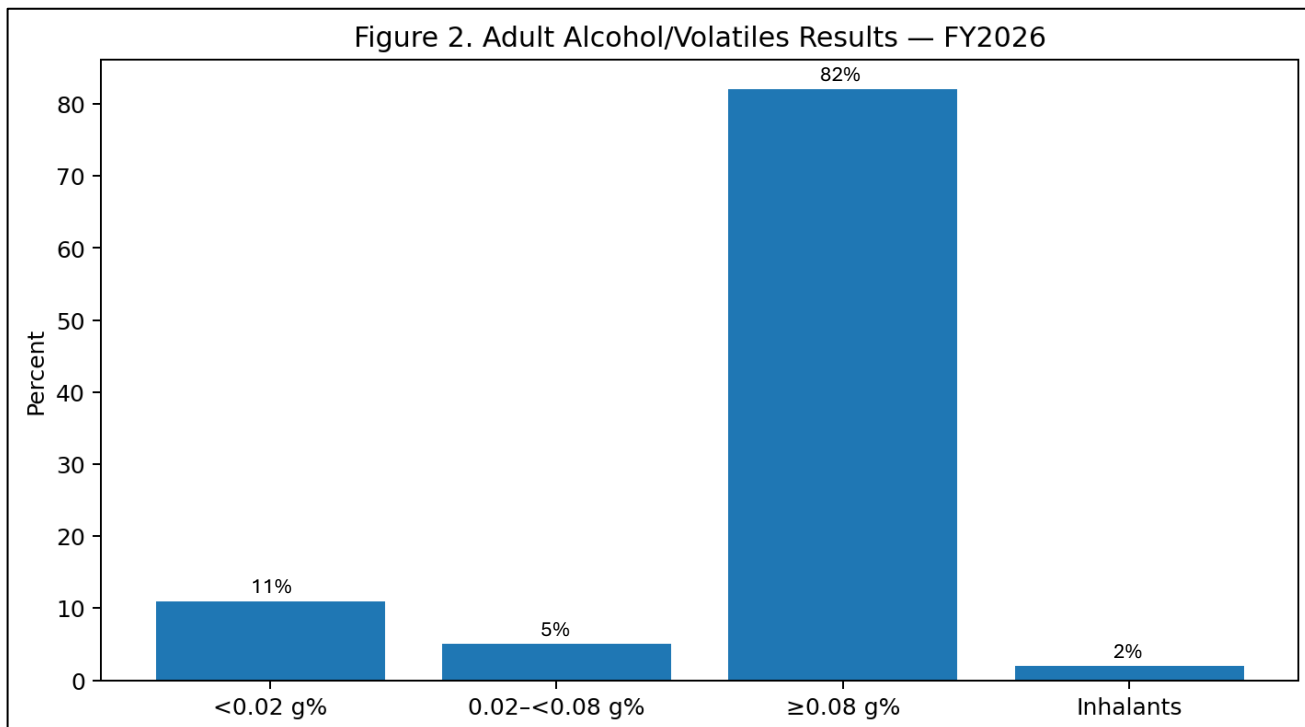
Adult Alcohol Results

The adult alcohol statistics are based on individual alcohol results rather than total case counts. The totals may therefore differ from the case counts in Table 1 because a case may contain multiple items and some submitted items are not analyzed.

Result Category	Number of Adult Samples
<0.02 g%	232
≥0.02 g% and <0.08 g%	69
≥0.08 g%	1,153
Inhalant(s)	31
Total	1,485

There were 1,526 adult samples processed for alcohol and inhalants in FY2025 and 1,485 in FY2026. The category table above reflects the FY2026 result distribution.

For purposes of this report, alcohol results reported as “none detected” or “below reportable limit” are categorized as less than 0.02 g%. When both alcohol and toxicology testing are requested, a sample with a result of less than 0.10 g% may also be analyzed for drugs.



Thirty-one adult samples were positive for inhalants. Twenty-eight samples were positive for fluorinated hydrocarbons and three were positive for acetone. The FY2026 inhalant total represents approximately 2% of the 1,485 adult alcohol samples.

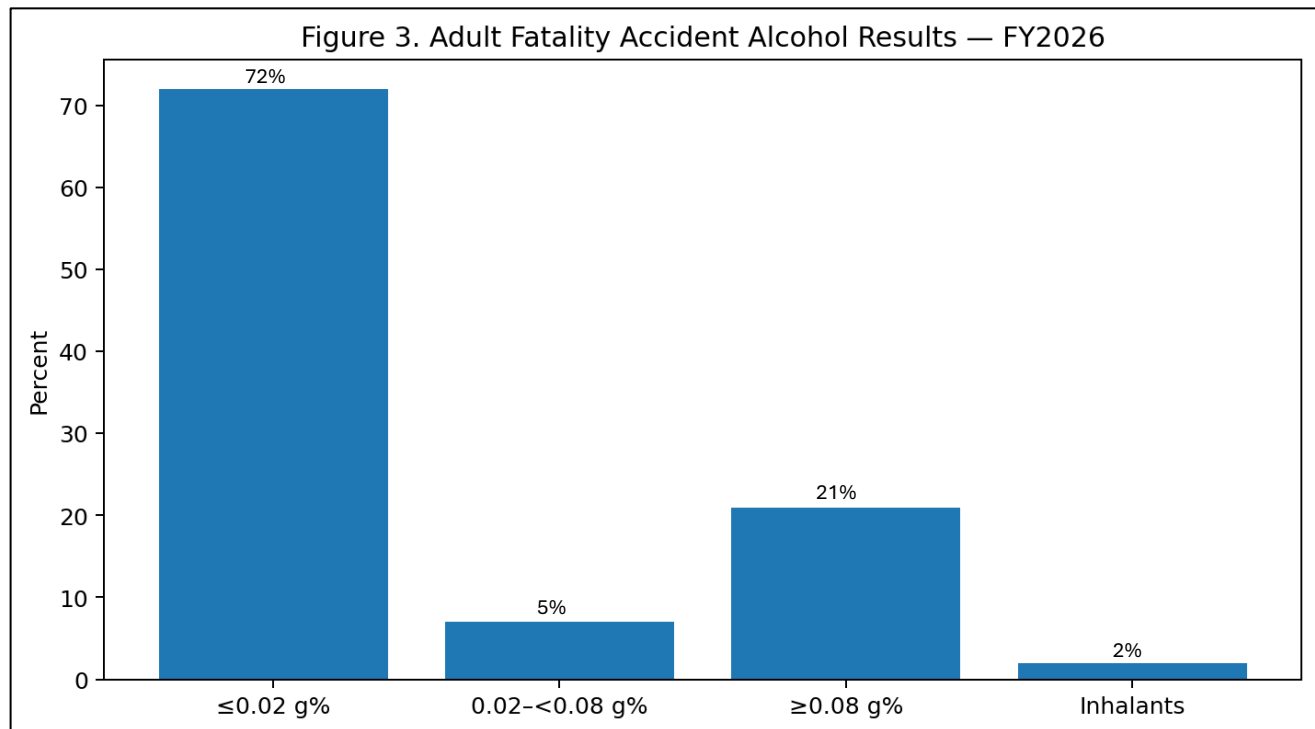
Adult samples associated with pending DUI charges accounted for 1,384 of the 1,485 adult alcohol/volatiles samples, or 93%. Of those samples, 82% had alcohol concentrations at or above the 0.08 g% per se limit. When both alcohol and toxicology testing are requested, samples with alcohol results below 0.10 g% are generally forwarded for drug testing. ISPFS may also perform toxicology testing on samples at or above 0.10 g% when circumstances warrant, including sexual assault, death investigations, injury accident (to someone other than the driver), injury to a child, or aggravated offenses.

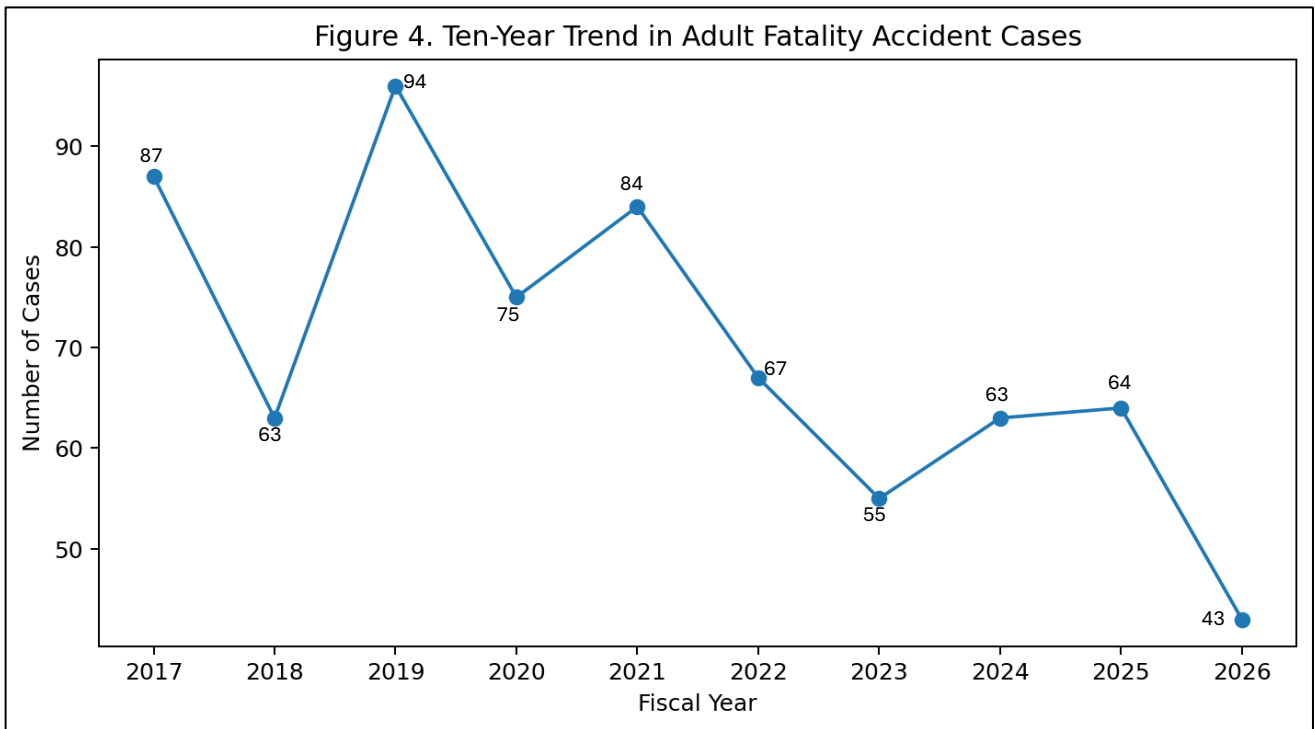
Urine Alcohol Testing

When urine is submitted for alcohol/volatiles testing, the laboratory report includes a disclaimer that urine alcohol results are of questionable value. Several factors contribute to this limitation. Bacteria and yeast are commonly present in urine and can produce alcohol as they grow or metabolize sugars. Collection procedures are also important: the bladder should be emptied, followed by a 15-minute waiting period before a fresh specimen is collected for alcohol analysis. ISPFS discourages the use of urine for alcohol analysis because of these limitations, consistent with IDAPA 11.03.01; however, urine samples are occasionally submitted for alcohol and/or inhalant testing.

Adult Auto Accident Fatalities

Adult auto accident fatality cases are a category of particular interest. ISPFS received 63 adult fatality alcohol samples in FY2025 and 43 in FY2026. Of the 43 FY2026 samples, approximately 72% had alcohol results of 0.02 g% or less, 5% were between 0.02 g% and 0.08 g%, and 21% were at or above 0.08 g%. One sample, or less than 2% of the cases, were positive for an inhalant (acetone). The distribution was generally consistent with the distributions observed in the preceding five years.

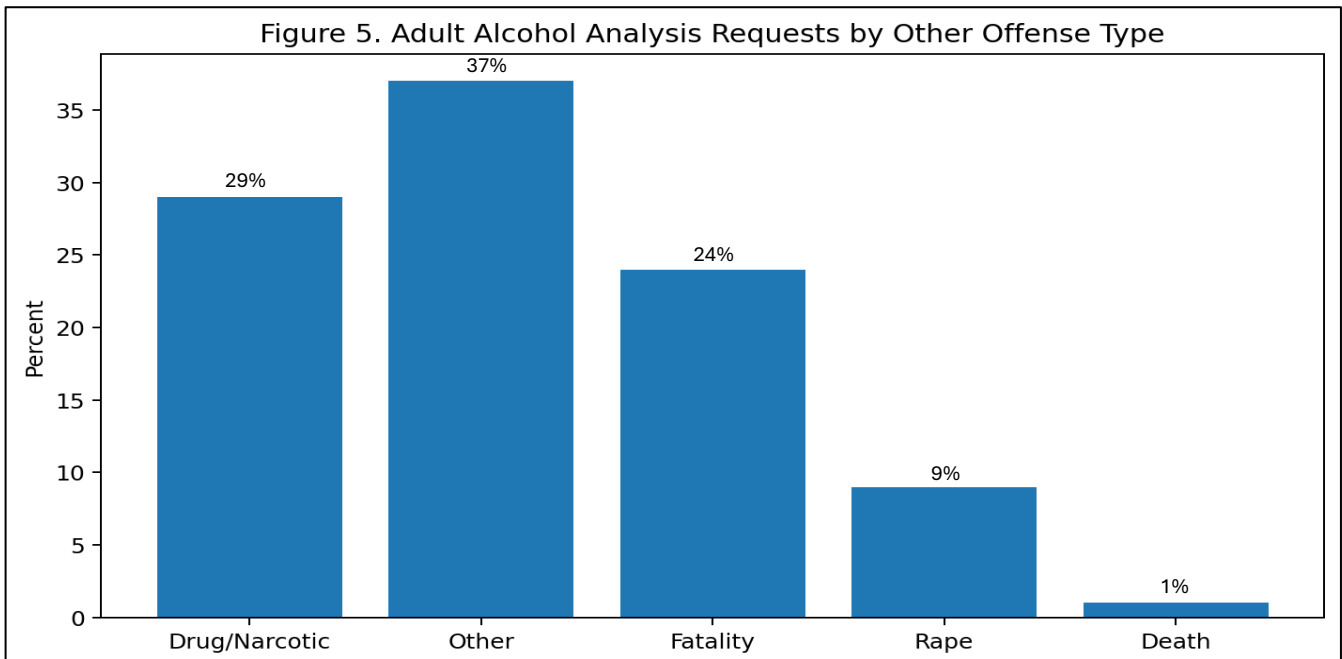




Adult fatality accident submissions varied substantially from year to year during the ten-year period. The average number of adult fatality accident cases submitted during the period was 70. Adult auto accident fatality cases submitted for alcohol testing dropped to a **10-year low of 43 cases in FY2026**—a **54.3%** decrease from the peak of 94 cases in FY2019.

Other Offense Alcohol Concentrations — Adults

FY2026 alcohol submissions included offenses other than DUI. These included drug/narcotic violations, other offenses, auto accident fatalities, death investigations, and rape-related offenses. Death investigations include suicides, unattended deaths, and other deaths determined to be non-criminal but requiring investigation.



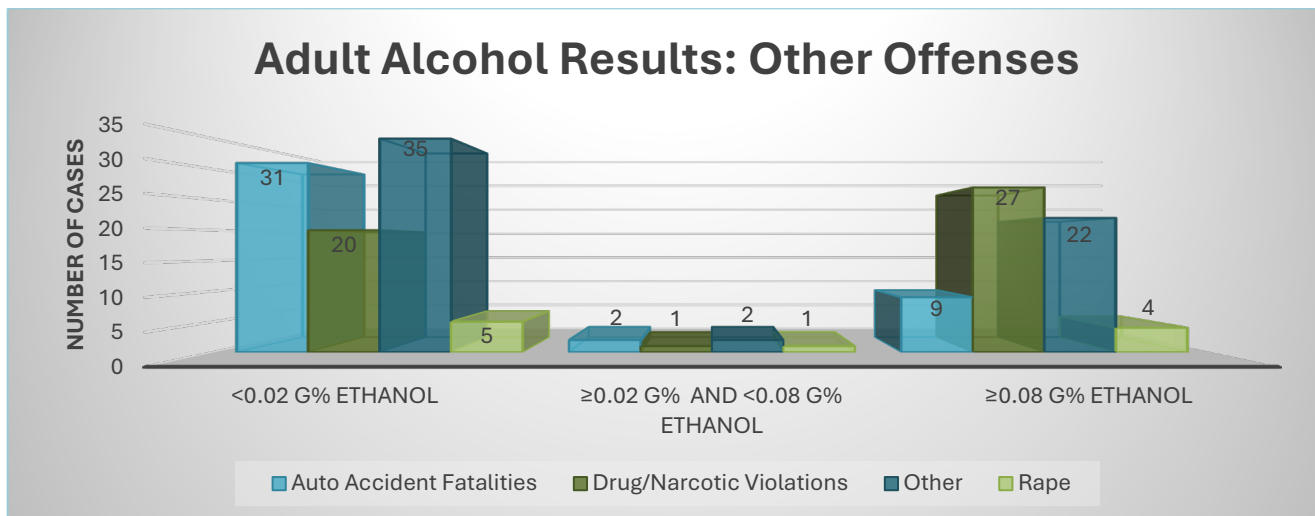


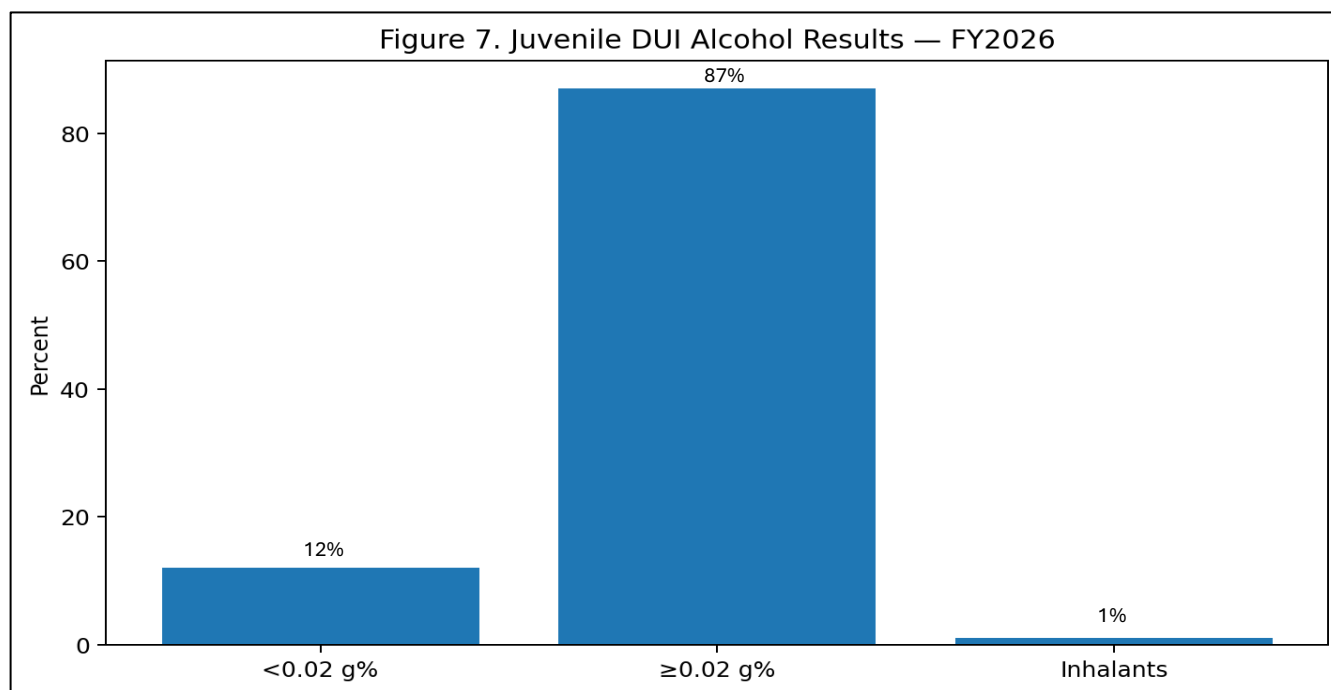
Figure 6. Adult Alcohol Results for Other Offenses

Many cases with negative or low alcohol concentrations may have positive drug results that are addressed in the toxicology section. Only about 5% of the adult other-offense samples had alcohol concentrations between 0.02 g% and 0.08 g%.

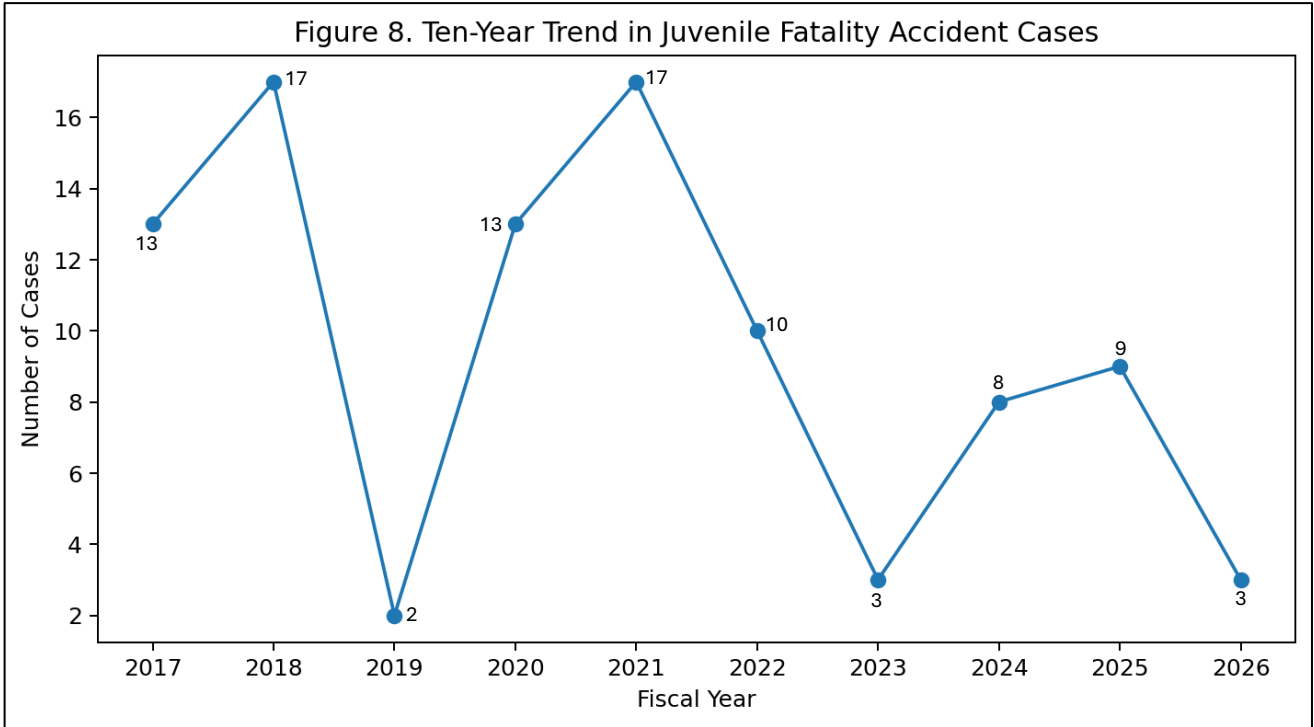
Juvenile Alcohol Results

ISPFS processed 121 juvenile alcohol cases in FY2026, the same number reported for FY2025. This was three more than FY2024, 22 more than FY2023, and 27 more than FY2022. Seventy-four percent of the juvenile samples were above the 0.02 g% legal threshold applicable to persons under 21.

Of the 121 juvenile alcohol samples, 91 were associated with DUI cases. Eighty-seven percent of juvenile DUI alcohol samples exceeded the 0.02 g% legal limit for minors, and 38.5% of those cases (35 out of 91) exceeded the adult per se limit of 0.08 g%. One sample was positive for fluorinated hydrocarbons. These percentages were generally consistent with prior years.



Juvenile fatality accident submissions varied substantially during the ten-year period. There was a low of two cases in FY2019 and a high of 17 cases in FY2018 and FY2021, with an average of approximately 10 juvenile fatality accident cases over the ten-year period. FY2026 had three cases submitted for alcohol testing.



There were 41 juvenile non-DUI alcohol cases in FY2024, 31 in FY2025, and 28 in FY2026. The FY2026 results for those cases are shown below.

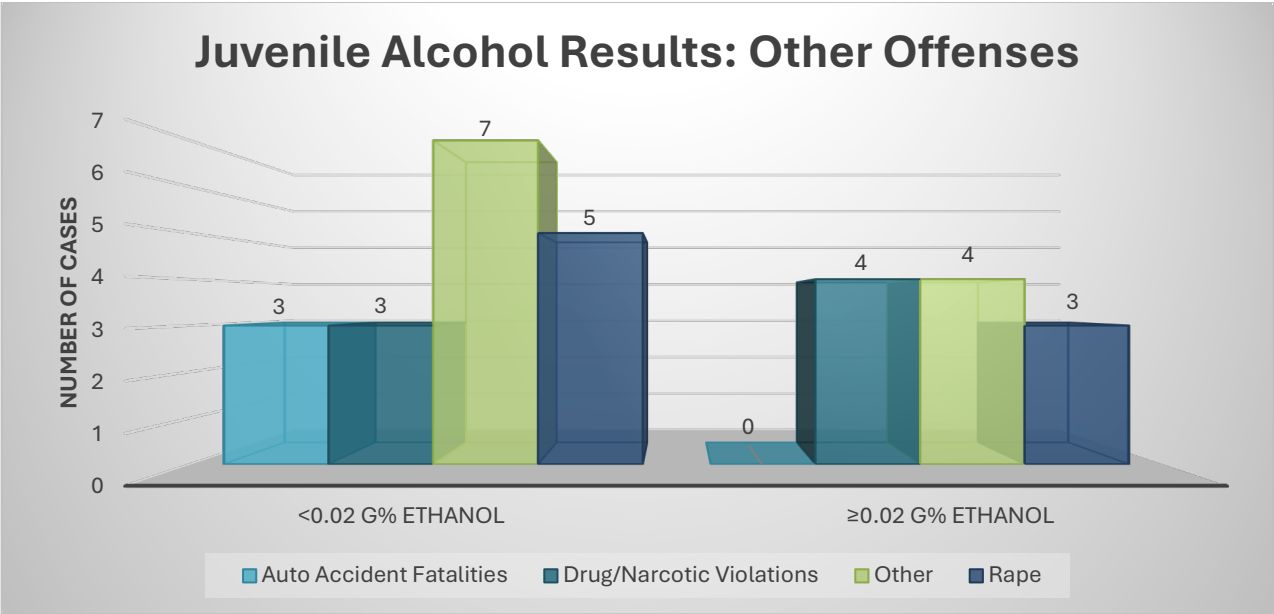


Figure 9. Juvenile Alcohol Results for Other Offenses

Toxicology: Drugs in Blood and Urine

Terms and Categories

After a drug enters the body, it is metabolized, or broken down, into compounds that are generally easier for the body to eliminate. These compounds are called metabolites. Some metabolites are inactive, meaning that they do not cause an effect in the body, while others retain pharmacological activity and may contribute to a drug's effects. Depending on the substance, both the parent drug and one or more metabolites may be present at the same time.

The central nervous system (CNS) consists of the brain and spinal cord. Drugs that increase CNS activity are classified in this report as central nervous system stimulants (CNS-S). Highly impairing CNS stimulants include methamphetamine and cocaine. Amphetamine is available by prescription and may also be present as an active metabolite of methamphetamine.

Cocaine is rapidly eliminated from the body, so it may not be detected when substantial time has elapsed between use and specimen collection. Benzoylcegonine, an inactive cocaine metabolite, has a longer detection window and may provide evidence of recent cocaine use even when cocaine itself is no longer detected.

Drugs that slow CNS activity are classified as central nervous system depressants (CNS-D). This category includes a broad range of therapeutic drugs, including antidepressants, anti-anxiety medications, antihistamines, benzodiazepines, and other sedating substances.

The psychoactive component of marijuana is tetrahydrocannabinol (THC). THC has several metabolites, including hydroxy-THC and carboxy-THC. ISPFS testing allows THC and hydroxy-THC quantities to be reported in blood. For simplicity, the graphs in this report use "THC" as a general label for cannabinoids, although a reported cannabinoid result may represent THC, hydroxy-THC, or carboxy-THC.

Narcotic analgesics (NA) are medications used primarily to relieve pain. Excessive use can result in significant central nervous system depression, including stupor, convulsions, and coma. Morphine and fentanyl are among the narcotic analgesics commonly identified in Idaho DUI cases. Fentanyl and norfentanyl were added to the blood reporting panel in recent years, along with acetyl fentanyl and acetyl norfentanyl.

Drug combinations are considered because combined substances may produce additive or synergistic effects. An additive effect occurs when the combined effect is approximately equal to the sum of the individual effects of the drugs. A synergistic effect occurs when the combined effect is substantially greater than the sum of the individual effects.

Interpretation and Testing Limitations

A negative result in one testing discipline reflects only the testing performed in that discipline. A sample with a negative alcohol result may have a positive drug result, and a sample negative by blood toxicology may have a different result when urine is tested.

ISPFS generally does not perform toxicology testing on a sample when the blood alcohol concentration exceeds 0.10 g%. Exceptions may be made for circumstances such as sexual assault, death investigations, injury accident (to someone other than the driver), injury to a child, or suspected overdose.

A negative toxicology result does not necessarily establish that no drug was present. A drug may be present but outside the laboratory's analytical scope, below the applicable limit of confirmation, or otherwise not detectable by the method used. Testing limitations should therefore be considered when interpreting a negative result.

Blood and urine have different characteristics, including differences in pH, metabolism, detection windows, and analytical behavior. Some substances may therefore be detected in one matrix but not the other. For example GHB (gamma-hydroxybutyrate) has a very short detection window in blood, so only urine samples are tested for GHB (and the sample had to be collected within 12 hours of the suspected dosing incident).

The appropriate specimen may also depend on the investigative circumstances. Blood is generally preferred for alcohol testing and, when impairment is at issue, for toxicology because it can provide a better indication of recent drug use and substances that may have been pharmacologically active near the time of collection. Urine is generally preferred in sexual-assault investigations because collection may occur hours or days after the assault, when drugs may have declined substantially in blood but remain detectable in urine.

Toxicology Case Submissions

ISPFS accepted 1,607 blood toxicology cases and 100 urine toxicology cases during FY2026. The corresponding FY2025 figures were 1,611 blood toxicology cases and 120 urine toxicology cases. Over the ten-year period, blood toxicology submissions show an overall upward trend, while urine toxicology submissions show an overall downward trend.

In the figures below, “Single Drug” refers to a sample containing drugs from only one drug category. A sample may contain multiple individual drugs within that category. For example, a sample containing diphenhydramine and zolpidem would be classified as “Single Drug” because both are CNS-D drugs. Conversely, “Multiple Drugs” refers to two or more drugs that belong to different drug categories. For example, a sample with a CNS-S drug and cannabinoids, would be categorized under multiple drugs. The number of drugs confirmed is not indicative of the category as there could be 15 different drugs confirmed, but if they are all from one drug category (for instance CNS-D drugs), the case would still be categorized as under the single drug designation.

Adult Toxicology

In FY2026, 1,198 adult samples were **tested** for toxicology. Approximately 68% were associated with DUI charges. The remaining cases included accident victim kits, auto accident fatalities, non-homicide death investigations, drug/narcotic violations, probation violations, murder or attempted murder, rape, and other offenses. Other offenses include charges such as assault and battery, burglary, injury accidents, and being under the influence in public.

Among non-DUI adult toxicology cases, drug/narcotic violations represented the largest category, accounting for 43% of those cases that were not related to a DUI charge.

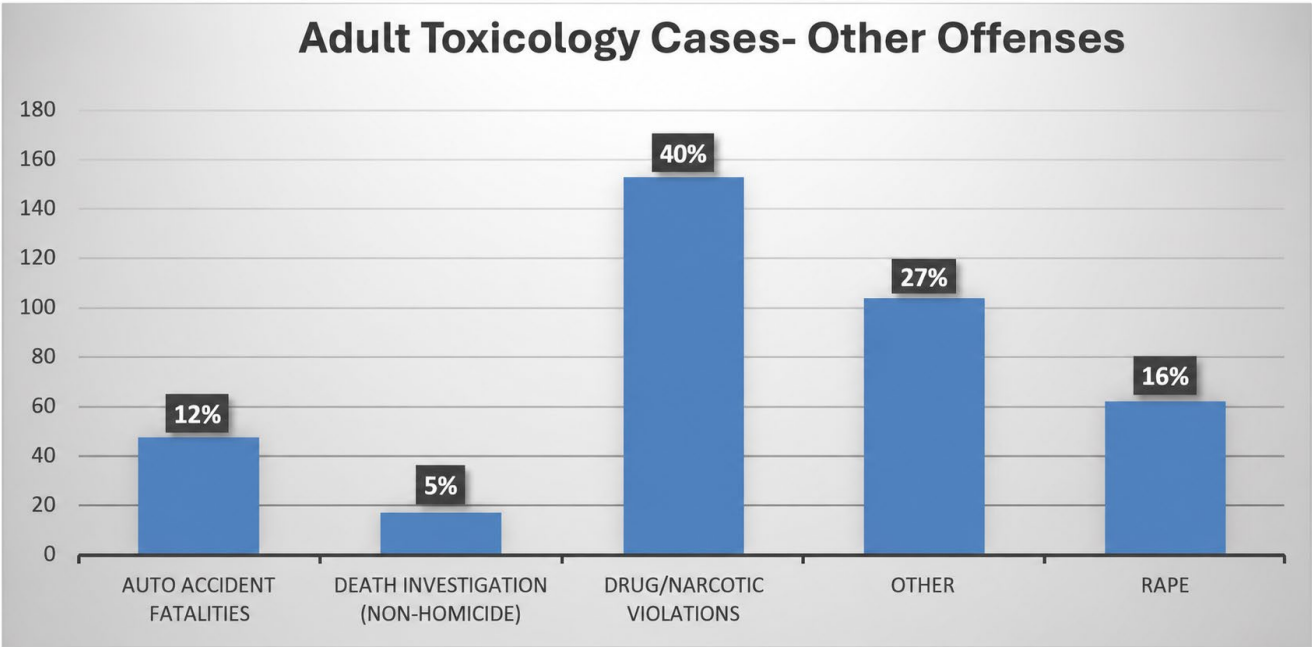


Figure 10. Adult Toxicology Cases — Non-DUI Offenses

For overall adult toxicology results, 16% were none detected, 39% contained drugs from a single drug category, and 45% contained drugs from multiple drug categories.

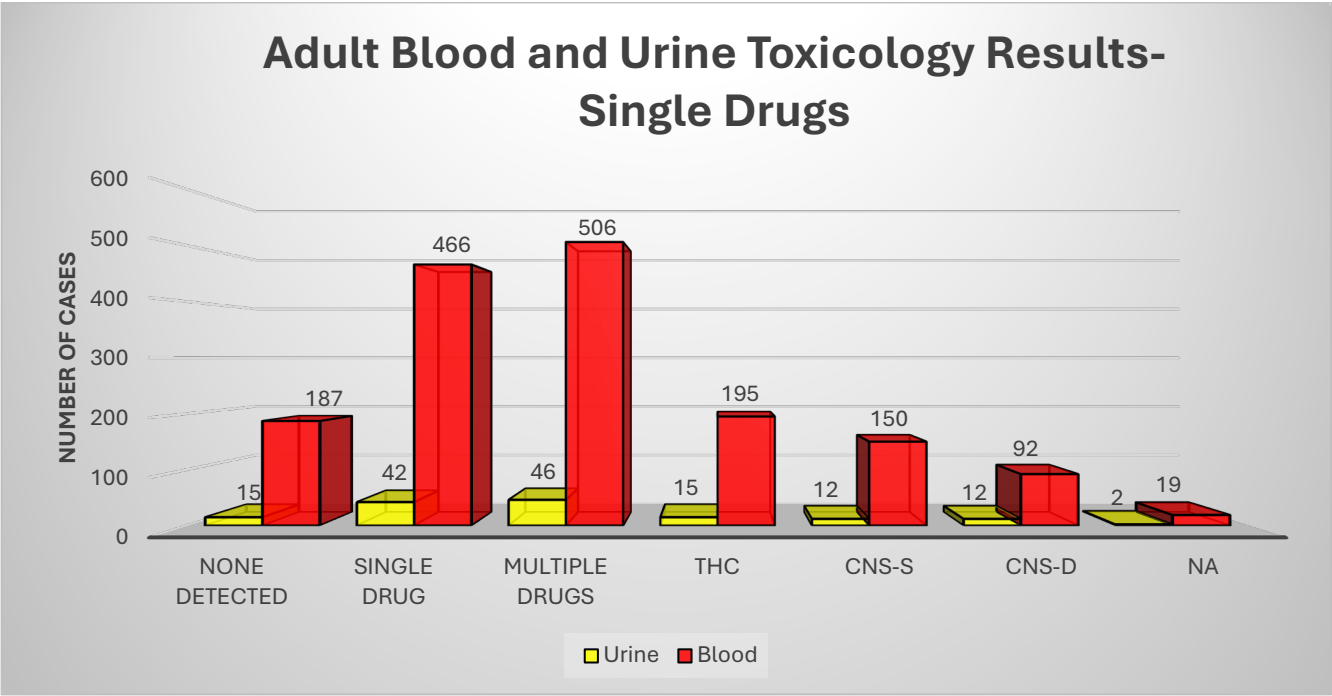


Figure 11a. Adult Blood and Urine Toxicology Results by Category

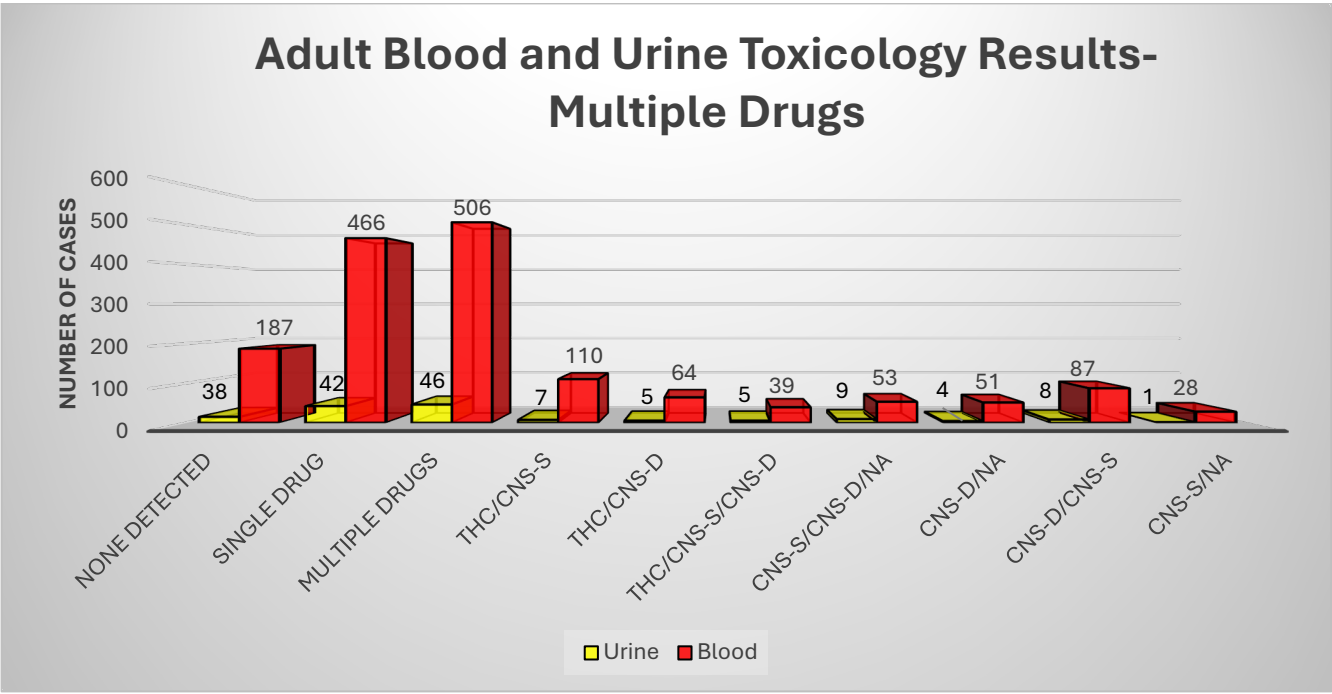


Figure 11b. Adult Blood and Urine Toxicology — Selected Multiple-Drug Categories

When interpreting these results, it is important to recognize that some blood and urine samples were submitted for both alcohol and toxicology testing. When the alcohol result was 0.10 g% or higher, the toxicology request was generally closed without analysis. Consequently, additional drug-positive cases may have existed among samples that were not tested.

Beginning in FY2021, blood toxicology samples more frequently contained drugs from multiple categories than from a single category. The same pattern had previously been observed in urine toxicology. The detection of substances from multiple drug classes may reflect, among other factors, intentional co-use, therapeutic use of multiple medications, unintentional exposure, or combinations resulting from illicit drug adulteration or contamination. Toxicology findings alone cannot determine the individual's intent or circumstances of use.

Among samples containing drugs from a single category, cannabinoids were most prevalent, followed by CNS stimulants. CNS-S drugs include compounds such as amphetamine, methamphetamine, and cocaine. In urine, cannabinoids were most frequently detected, followed by CNS stimulants and CNS depressants. CNS-D drugs include a broad range of depressant-type drugs including anti-depressants, anti-anxiety drugs, and antihistamines.

Eleven drug combinations accounted for the majority of samples; the seven most prevalent combinations are shown in Figure 11b. Narcotic analgesics became more prevalent in blood beginning around FY2021. Their prevalence increased through FY2025 and declined in FY2026, corresponding with a decline in fentanyl confirmations.

Adult DUI Toxicology

Approximately 68% of adult blood and urine toxicology cases were associated with DUI charges. Because cases may include multiple charges, the results will be listed as being associated with the highest charge listed.

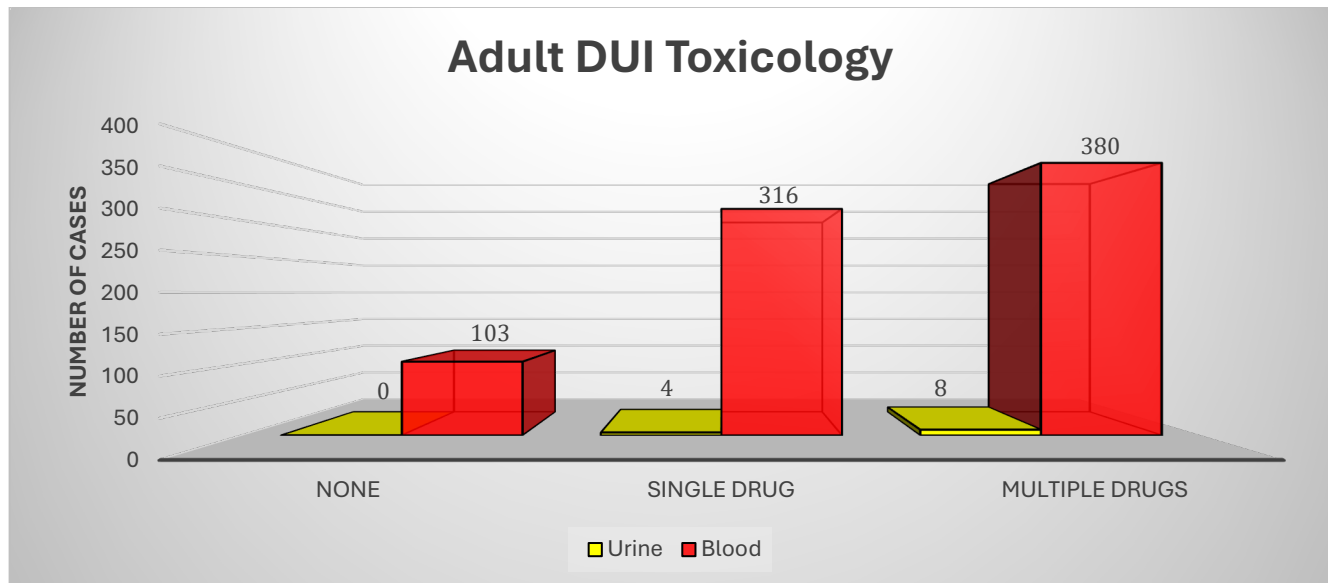


Figure 12. Adult DUI Toxicology Results

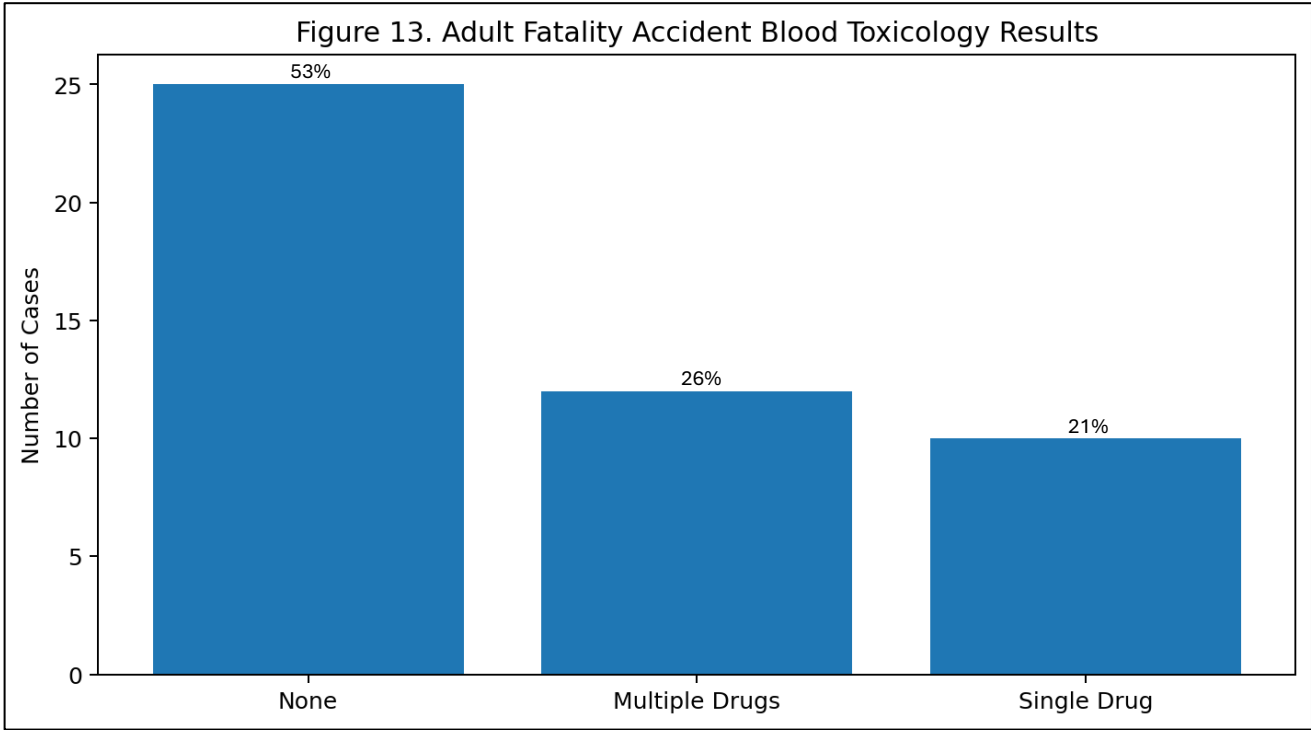
Approximately 87% of adult DUI toxicology cases tested in FY2026 were positive for one or more drugs. This was similar to the preceding five years and higher than the percentages reported for FY2019 and FY2020.

For adult DUI blood samples, the proportion reported as none detected was approximately 10% or less from FY2021 through FY2026, compared with approximately 31% in FY2020. Among adult DUI urine samples, no FY2026 sample was reported as containing no drugs.

Multiple drug categories remained more prevalent than single categories in urine DUI samples. Approximately 33% of urine DUI samples contained drugs from a single category, while more than 66% contained drugs from multiple categories. A similar pattern was observed in adult blood DUI samples beginning in FY2021.

Adult Auto Accident Fatalities

There were 47 adult toxicology cases classified as auto accident fatalities in FY2026, compared with 64 in FY2024 and 63 in FY2025. Figure 13 summarizes the FY2026 blood toxicology results.



Approximately 21% of adult fatality blood samples contained drugs from a single category and approximately 26% contained drugs from multiple categories. Approximately 53% had no drugs detected. Among single-category positive samples, approximately 60% contained CNS-D drugs, 10% cannabinoids, 10% CNS stimulants, and 10% narcotic analgesics.

Other Adult Non-DUI Cases

Number of Cases	Offense	Toxicology Results
138	Drug/Narcotic Violations	16 negative; 122 positive. Most positive cases involved cannabinoids, CNS stimulants, or a combination of these categories.
63	Rape	14 negative; 49 positive. Most positive cases involved cannabinoids, CNS stimulants, CNS depressants, or combinations of these categories.
56	Other Offenses	24 negative; 32 positive. Most positive cases involved cannabinoids, CNS stimulants, CNS depressants, or combinations of these categories.

Juvenile Toxicology

Juvenile toxicology submissions decreased from 61 cases in FY2025 to 54 cases in FY2026. For comparison, submissions were 60 in FY2019, 83 in FY2020, 85 in FY2021, 59 in FY2022, and 40 in both FY2023 and FY2024.

Of the 54 juvenile toxicology cases tested in FY2026, 46% were associated with DUI charges. The remaining cases included auto accident fatalities, non-homicide death investigations, drug/narcotic violations, rape, and other offenses. Rape or sexual assault charges accounted for approximately 45% of non-DUI juvenile cases.

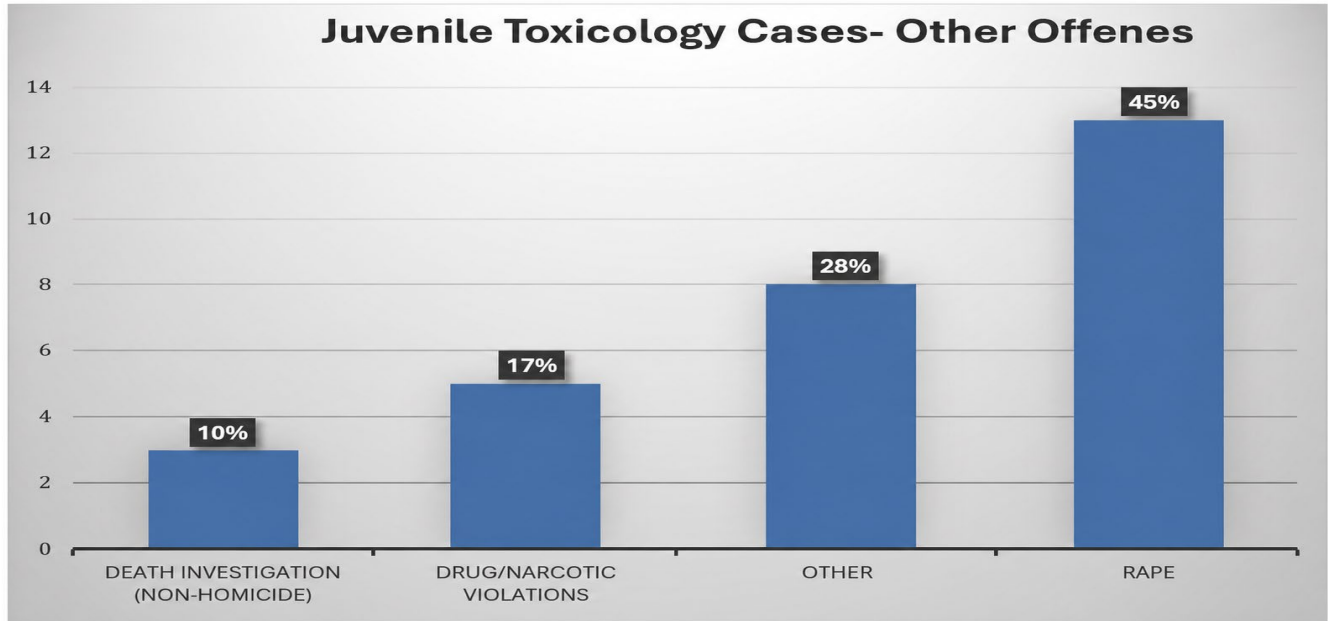


Figure 14. Juvenile Toxicology Cases — Non-DUI Offenses

Cannabinoids continued to be the most commonly detected drug category in juvenile samples containing drugs. Cannabinoids were present alone or in combination with another drug category in 75% of juvenile cases in FY2026, compared with 63% in FY2025, 52% in FY2024, and 60% in FY2023.

Seventy-five percent of juvenile samples submitted for toxicology testing were positive for at least one drug in FY2025; this remained nearly the same at 74% in FY2026. Nine different drug combinations were identified in juvenile blood and urine samples. After cannabinoids, CNS depressants were the next most commonly reported drugs, followed by CNS stimulants.

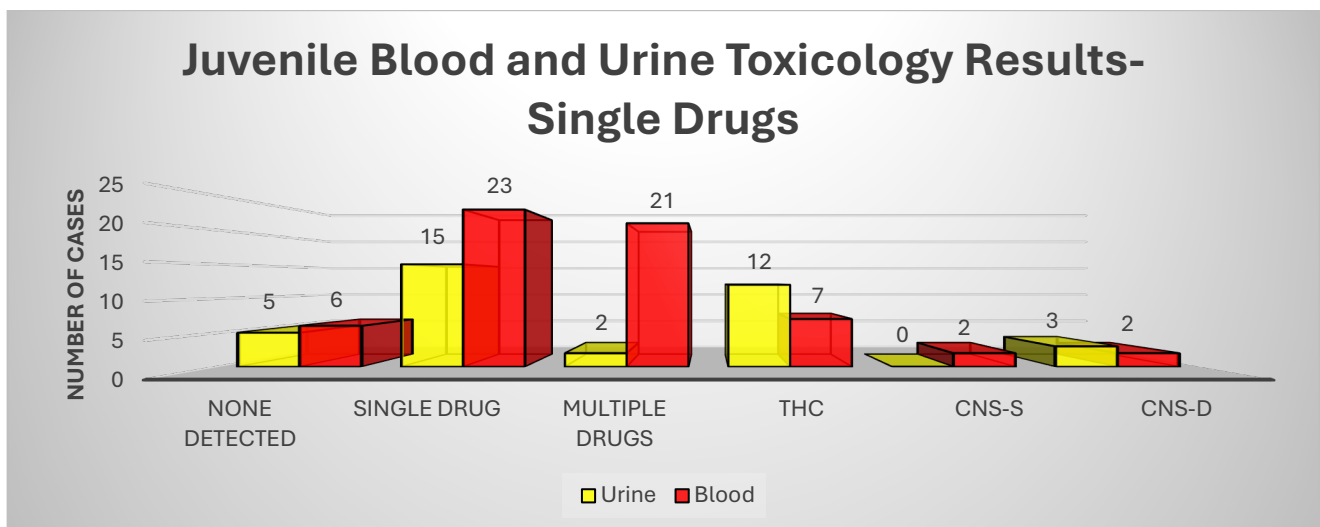


Figure 15a. Juvenile Blood and Urine Toxicology Results — Single Categories

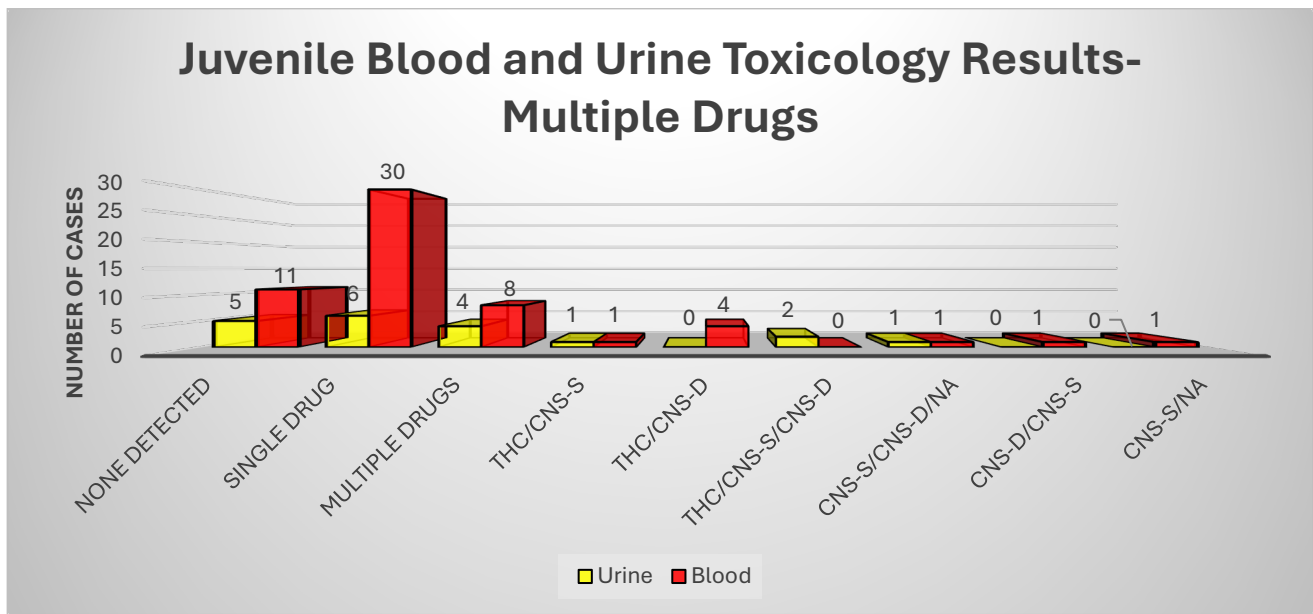
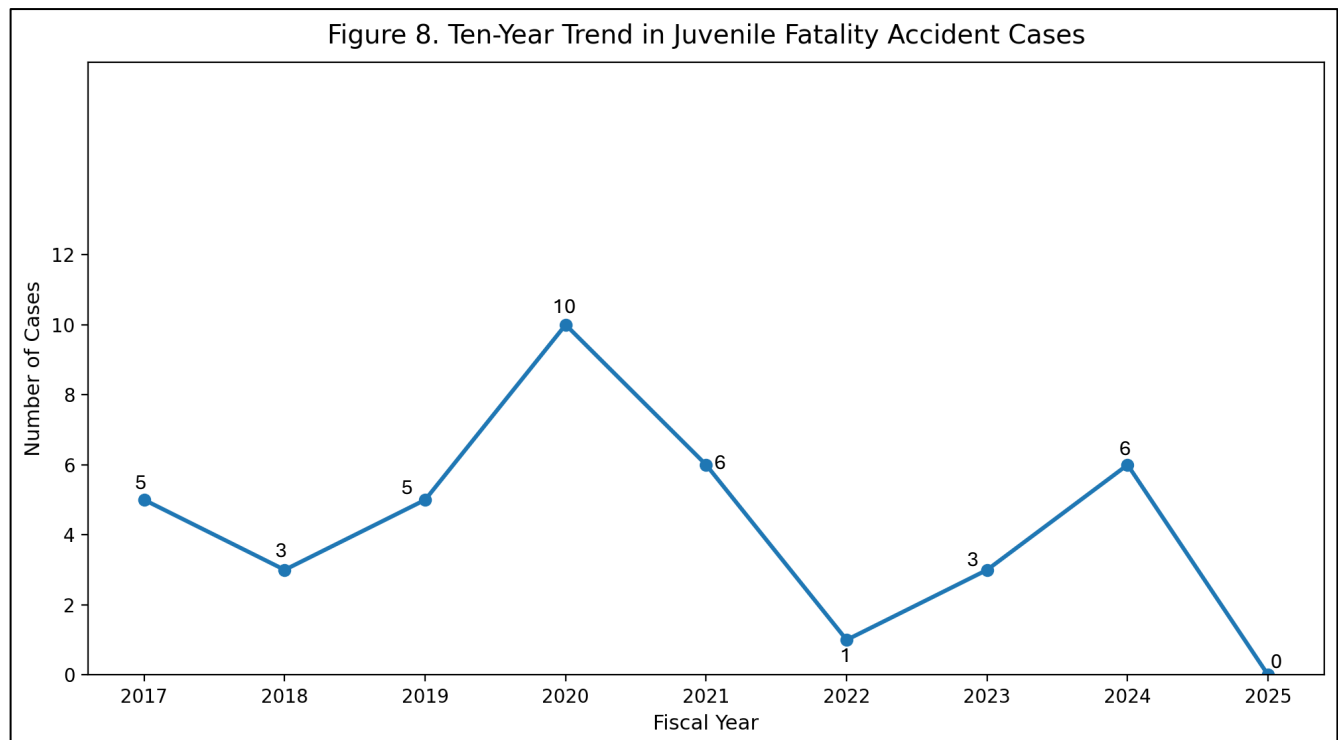


Figure 15b. Juvenile Blood and Urine Toxicology Results — Multiple Categories

Juvenile fatality accident submissions varied substantially during the ten-year period. There were no juvenile fatality cases submitted for toxicology testing for FY2026.



Juvenile DUI Toxicology

The proportion of juvenile toxicology cases associated with DUI varied from year to year. It was 65% in FY2017, 38% in FY2018, 68% in FY2019, 52% in FY2020, 50% in FY2021, 48% in FY2022, 57% in FY2023, 50% in FY2024, 69% in FY2025, and 46% in FY2026.

For FY2026 juvenile blood DUI toxicology cases, 52% contained drugs from a single category, 28% contained drugs from multiple categories, and 20% contained no drugs. The fact that there were more cases that were categorized as single drugs versus multiple drugs was unusual and did not follow the trend of the preceding years.

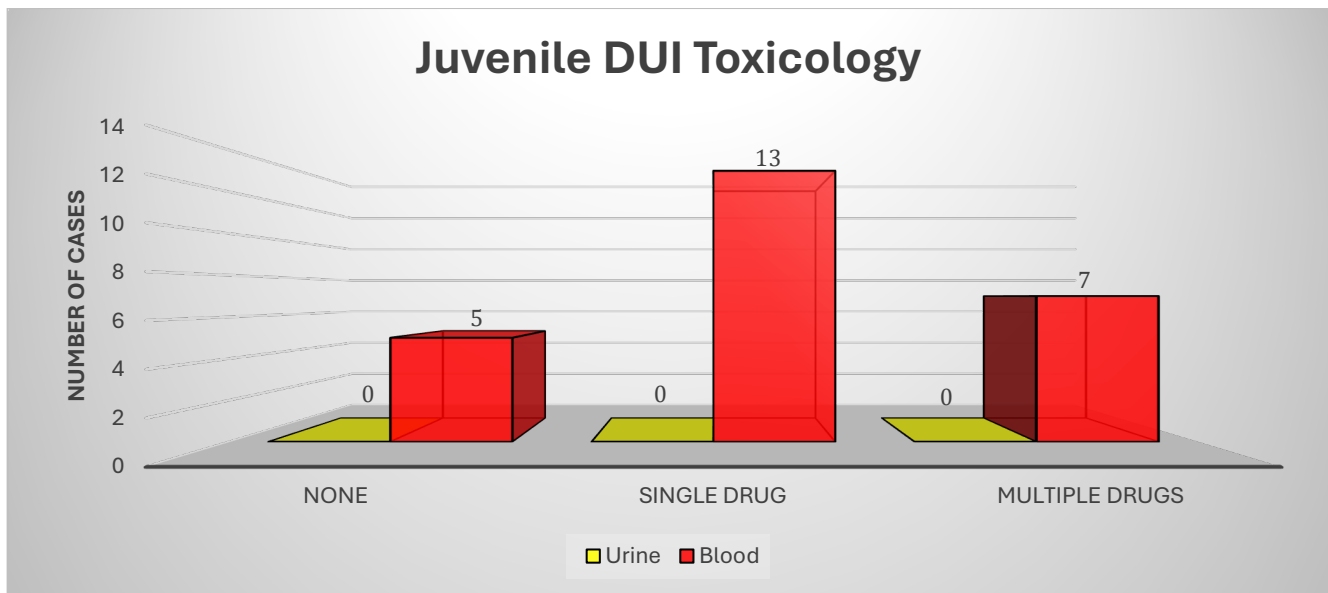


Figure 17. Juvenile DUI Toxicology Results

Other Juvenile Non-DUI Cases

There were twenty nine juvenile cases processed that had charges listed that were not DUI-related. The table below describes the results for those cases.

Number of Cases	Offense	Toxicology Results
13	Rape	4 negative; most positive cases involved cannabinoids or CNS-D drugs alone or in combination with other drugs.
8	Other Offenses	4 negative; the positive cases involved cannabinoids alone or in combination with other drugs.
5	Drug/Narcotic Violations	1 negative; most positive cases involved cannabinoids alone or in combination with other drugs.
3	Death Investigation (Non-Homicide)	2 negative; the one positive was a narcotic analgesic.

Top Ten Reported Drugs in Toxicology (Adult and Juvenile) — FY2026

Rank	Drug	Category
1	Carboxy-THC	Cannabinoid
2	Amphetamine	CNS-S
3	THC (tetrahydrocannabinol)	Cannabinoid
4	Methamphetamine	CNS-S
5	Hydroxy-THC	Cannabinoid
6	Benzoyllecgonine / cocaine breakdown product	CNS-S
7	Diphenhydramine	CNS-D
8	Trazodone	CNS-D
9	Fentanyl	NA
10	Norfentanyl	NA

NOTE: Amphetamine may be present as a metabolite of methamphetamine.

The top four reported compounds remained consistent across the previous five fiscal years, although their rankings changed. Methamphetamine, amphetamine, carboxy-THC, and THC have remained among the top four compounds in each year shown.

Diphenhydramine remained among the top ten compounds. Alprazolam was replaced by trazodone in FY2025, and trazodone remained in the top ten in FY2026. Alprazolam ranked 14th in FY2026.

Fentanyl first appeared in the top ten in FY2021 at number 10 and rose to number 5 in FY2022, FY2023, and FY2024. Norfentanyl entered the top ten in FY2022 at number 6 and remained in the top ten through FY2025 before declining in FY2026. The number of fentanyl and norfentanyl confirmations decreased in FY2025 and again in FY2026.

Rank	FY2022	FY2023	FY2024	FY2025	FY2026
1	Amphetamine	Amphetamine	Amphetamine	Carboxy-THC	Carboxy-THC
2	Methamphetamine	Methamphetamine	Carboxy-THC	Amphetamine	Amphetamine
3	Carboxy-THC	Carboxy-THC	Methamphetamine	THC	THC
4	THC	THC	THC	Methamphetamine	Methamphetamine
5	Fentanyl	Fentanyl	Fentanyl	Hydroxy-THC	Hydroxy-THC
6	Norfentanyl	Norfentanyl	Norfentanyl	Fentanyl	Benzoyllecgonine / cocaine breakdown product
7	Alprazolam	Hydroxy-THC	Hydroxy-THC	Norfentanyl	Diphenhydramine
8	Diphenhydramine	Diphenhydramine	Diphenhydramine	Benzoyllecgonine / cocaine breakdown product	Trazodone
9	7-aminoclonazepam	Alprazolam	Benzoyllecgonine / cocaine breakdown product	Diphenhydramine	Fentanyl
10	Citalopram	Benzoyllecgonine / cocaine breakdown product	Alprazolam	Trazodone	Norfentanyl

Drug Confirmation Counts

The number of drug confirmations is not equivalent to the number of cases because a single case may contain multiple confirmed drugs. There were 2,590 drug confirmations in FY2017, 3,578 in FY2018, 3,383 in FY2019, 3,675 in FY2020, 4,378 in FY2021, 4,287 in FY2022, 3,510 in FY2023, 3,642 in FY2024, 3,636 in FY2025, and 3,379 in FY2026.

FY2026 Drug	Confirmation Count
Carboxy-THC	527
Amphetamine	463
THC	444
Methamphetamine	382
Hydroxy-THC	215
Benzoyllecgonine / cocaine breakdown product	91
Diphenhydramine	70
Trazodone	66
Fentanyl	64
Norfentanyl	56

The decline in fentanyl confirmations continued in FY2026. Fentanyl was confirmed 91 times in FY2025, compared with 160 times in FY2024, and 64 times in FY2026. Norfentanyl was confirmed 74 times in FY2025, compared with 132 times in FY2024, and 56 times in FY2026.

Instrumentation, Method Development, and Laboratory Capacity

Toward the end of FY2019, the toxicology section received two liquid chromatography–mass spectrometry quadrupole time-of-flight (LCMS-QTOF) instruments, one for the Pocatello laboratory and one for the Coeur d'Alene laboratory. Validation was completed and the instruments were placed into service for casework in June 2020. Instrument issues and analyst availability subsequently delayed routine casework use. Troubleshooting and verification activities continue as resources permit.

The LCMS-QTOF instruments are intended to support preliminary screening of blood and urine samples while providing a second analytical technology for screening and confirmatory testing. Unlike the LCMS-QQQ instruments currently used for preliminary screening, the QTOF instruments can also allow previously acquired data to be retrospectively searched for compounds outside the original targeted screening panel. This capability may help identify emerging drugs that were not included in the original screening method.

In July 2023, the Meridian laboratory validated a Randox MultiSTAT instrument for rapid screening of suspected overdose blood samples submitted by coroners. Funding for the instrument and supplies was provided by the Idaho Department of Health and Welfare.

The MultiSTAT can screen individual blood samples in less than one hour. The target turnaround time is 24–48 hours, excluding weekends and holidays, from laboratory receipt. The screening results indicate whether drugs may be present and can assist coroners in deciding whether confirmatory testing should be requested from ISPFS or a private laboratory. This service may reduce unnecessary confirmatory testing costs. ISPFS continues to compare screening results with confirmatory results to evaluate the instrument's performance.

For FY2026, continued investment in funding, training, personnel, instrumentation, and method development remains important to expanding ISPFS's drug-testing scope and quantitative reporting capabilities. The laboratory frequently receives requests for analysis of designer and synthetic drugs, including fentanyl analogs, that may not be detectable with current methods.

Workload and backlog-reduction efforts have limited the time available for development of new methods and expansion of existing methods. Additional personnel would allow experienced scientists to devote more time to method development while maintaining casework capacity. Additional instrumentation may also be required as case volume increases and existing instruments approach maximum operating capacity.

Summary

The ISPFS laboratory system received 3,381 toxicology cases in FY2026, a 1.1% decrease from FY2025. FY2025 represented the highest number of toxicology cases received in the last ten years.

Alcohol/volatiles submissions decreased by 0.83% in FY2026 but remained 9.55% above FY2024 levels. Adult DUI samples accounted for 1,384 of the 1,485 adult alcohol/volatiles samples, or 93%, and 82% of those samples had alcohol concentrations at or above 0.08 g%.

ISPFS processed 121 juvenile alcohol cases in FY2026, the same number reported for FY2025. Seventy-four percent were above the 0.02 g% threshold applicable to persons under 21. Among the 91 juvenile DUI samples, 87%, were above 0.02 g%. One juvenile alcohol sample was positive for fluorinated hydrocarbons.

ISPFS accepted 1,607 blood toxicology cases and 100 urine toxicology cases in FY2026. Blood toxicology submissions continue to show an overall upward trend over the ten-year period, while urine toxicology submissions continue to show an overall downward trend.

Of the 1,198 adult toxicology samples **tested** in FY2026, approximately 68% were associated with DUI charges. Approximately 87% of adult DUI toxicology cases tested were positive for one or more drugs. Multiple drug categories were more prevalent than single categories in both adult blood and urine DUI samples.

Juvenile toxicology submissions decreased from 61 cases in FY2025 to 54 cases in FY2026. Approximately 74% of juvenile samples were positive for at least one drug, compared with 75% in FY2025. Cannabinoids remained the most commonly detected drug category.

The FY2026 top ten reported compounds were carboxy-THC, amphetamine, THC, methamphetamine, hydroxy-THC, benzoylecgonine/cocaine breakdown product, diphenhydramine, trazodone, fentanyl, and norfentanyl. Fentanyl and norfentanyl confirmations continued to decline in FY2026.

Continued investment in personnel, training, instrumentation, and methods will be important in maintaining laboratory capacity and expanding analytic capabilities.