2017

Oklahoma Drug Threat Assessment

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Since 1975, the Oklahoma Bureau of Narcotics (OBN) has served the citizens of Oklahoma in the quest for a drug-free state. Our agency is committed to working with lawmakers, law enforcement, public health officials, and the citizens of Oklahoma to develop comprehensive strategies to fight drug abuse in communities across the state. We have seen firsthand the devastation caused by drug abuse. Drug abuse wreaks havoc on communities in Oklahoma. Not only do those addicted to drugs destroy their own lives, but they also destroy the lives of the ones they love. While we know many factors contribute to drug abuse, our agency is committed to reducing the availability of illegal drugs in Oklahoma.

OBN works to eradicate illegal drugs by enforcing drug laws, administering programs, and providing outreach to our stakeholders - lawmakers, law enforcement, public health officials, and the citizens of Oklahoma. OBN agents enforce drug laws across the state using aggressive investigation methods and electronic surveillance techniques. OBN also administers statewide drug diversion programs, including the Prescription Monitoring Program (PMP) which allows physicians and pharmacists to identify "doctor shoppers." We are working with other state agencies to incorporate PMP data into statewide prevention strategies aimed at reducing criminal drug diversion. Our goal is to identify individuals engaged in criminal drug diversion, and then provide them with the opportunity to seek substance abuse treatment and other social services. As a service to our communities, OBN also operates the Safe Trips for Scripts Drug Prevention Program, which provides citizens with a safe way to dispose of their unwanted medications by using one of our 177 take back boxes that are located around the state.

The purpose of this drug threat assessment is to provide officials and citizens with helpful information about the drug threats to our state. We understand the importance of communication and collaboration with other agencies and citizens as we work toward a safer and healthier Oklahoma. I urge you to work with your local law enforcement to fight drug abuse in your community. It is our pleasure and honor at OBN to work with each and every one of you. If you would like more information about our agency and our programs, please visit www.ok.gov/obndd or call (800) 822-8031. You may also visit our Facebook page.

Respectfully,

John M. Scully

John Scully, Director
Oklahoma Bureau of Narcotics

Committed to honor, integrity and excellence, the Oklahoma Bureau of Narcotics will Serve the citizens of Oklahoma in the quest for a drug-free state.

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Mission Statement

Committed to honor, integrity, and excellence, the Oklahoma Bureau of Narcotics will serve the citizens of Oklahoma in the quest for a drug free state.

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Executive Summary

The Oklahoma Drug Threat Assessment is a comprehensive report outlining current drug threats to the public health and safety of all Oklahomans. This report provides an analysis of the most significant drug threats and criminal drug activities impacting the state. The goal of this report is to provide law enforcement agencies, legislators, and other key stakeholders with information to assist them in making informed decisions about policy changes and resource allocation. Oklahoma's most significant drug threats are methamphetamine, diverted pharmaceuticals (e.g., opioid pain killers), marijuana, cocaine, and heroin.

Law enforcement intelligence data clearly suggests methamphetamine poses the most significant illicit drug threat to the state. While law enforcement has experienced a significant decrease in the number of clandestine methamphetamine labs, there are key indicators suggesting the availability of methamphetamine is greater than ever. In fact, Oklahoma has been flooded with cheap methamphetamine produced and imported from Mexico. Quantities of methamphetamine seizures continue to increase at an alarming rate.

Diverted pharmaceuticals, specifically opioid pain killers, continue to pose a significant threat to Oklahomans. Despite recent changes to law and statewide public awareness campaigns, Oklahoma continues to lead the nation in the sale of prescription pain killers. State health officials estimate one in twelve Oklahomans have abused painkillers. These drugs are also responsible for the majority of drug-related overdoses, both near fatal and fatal.

Marijuana remains the most prevalent illicit drug in Oklahoma due, in part, to the increase in availability of high-grade marijuana imported from California and Colorado. Since 1996, when California voters approved Proposition 215, Oklahoma law enforcement has reported large shipments of California "medical" marijuana imported into the state and across Oklahoma headed to the east coast for sale on the streets. Colorado voters approved the legalization of medical marijuana in 2010 and recreational marijuana in 2012. Growers are engineering strains of marijuana that are far more potent, which are grown under optimal conditions. Consequently, marijuana available on the street today contains THC at record-levels for Oklahoma.

Cocaine remains a threat in Oklahoma even though it isn't as available on the streets when compared to previous years. The number of lab submittals for cocaine has steadily declined since 2011. Cocaine is still available in Oklahoma in both powder form (cocaine HCL) and cocaine base ("crack"). The most popular form of cocaine distributed in most areas of Oklahoma is powder cocaine; however, crack cocaine is prevalent in the larger metropolitan areas.

Heroin is an emerging threat in Oklahoma. Since 2011, lab submittals and treatment admissions related to heroin have steadily increased. OSBI reported a 97.3% increase in the number of lab submittals for heroin from 2015 to 2016. Drug Trafficking Organizations (DTOs) contribute to the increase of heroin availability in Oklahoma. In the past, DTO's met the high demand for heroin.

The demand for heroin has increased due, in part, to the restrictive laws placed on prescription drugs. Prescription painkillers and heroin are derived from the opium plant. For those addicted to these painkillers, heroin provides a cheap alternative.

Introduction

Oklahoma is located in the South Central region of the United States and encompasses a land area of 68,594 square miles. An estimated 3.9 million people reside in Oklahoma, representing an increase of 8.6% since 2003. The demographics of Oklahoma are as follows: 74.6% of Oklahomans are Caucasian, followed by 10.3% Hispanic or Latino, 9.2% Native American, 7.8% African American, and 1.9% Asian (US Census, 2016*). The US Census estimated the 2016 median household income in Oklahoma at $46,879, which is below the national average by more than $8,000. Finally, approximately 16% of Oklahomans live in poverty.

Table 1. 2016 Demographics in Oklahoma

Population*	3,923,561
Land Area (square miles)*	68,594
Persons (per square mile)*	54.7
Capital*	Oklahoma City
Counties*	77
Median Household Income*	$46,879
Poverty Line (% below)*	16.1%
Unemployment Rate*	4.3%
Adult Drug-Related Arrests**	21,091
Juvenile Drug-Related Arrests**	1,322

*These figures are directly from the U.S. Census Bureau website and are 2016 population estimates. **Drug-Related Arrests are divided into sale/manufacturing and possession.

Several factors contribute to the drug problem in Oklahoma. The extensive interstate highway system creates a unique problem for law enforcement. Oklahoma has 935 miles of interstate. Interstate 35 extends north-south through the middle of the state. Nationally, Interstate 35 extends from Laredo, Texas (near US-Mexican Border) to Duluth, Minnesota. Interstate 40 extends east-west across the state; I-40 spans the nation, from Barstow, California to Wilmington, North Carolina. Other interstates, like Interstate 44, make Oklahoma an ideal transshipment state for sources of supply, including Mexican Drug Trafficking Organizations (DTOs). Increased gang activity in Oklahoma metropolitan areas further contributes to the drug problem in Oklahoma.

In addition to the interstate infrastructure challenge, Oklahoma also has a high rate of drug use as reflected in the alarming number of overdose deaths. The Centers for Disease Control and Prevention (CDC) reported Oklahoma had a rate of 19 per 100,000 overdose deaths in 2015, higher than the national

rate of 16.3. In 2016, the Office of the Chief Medical Examiner (OCME) reported 899 drug overdose deaths, representing a 68% increase compared to 2007. Historically, heroin, cocaine, and methamphetamine contributed to the majority of drug overdose deaths; however, prescription drugs (pharmaceuticals) were present in 66% of deaths in 2016 (OCME).

Substance abuse treatment and counter-drug enforcement consume considerable resources in Oklahoma. Despite the increase in prescription drug abuse, the state continues to see an increase of methamphetamine. Treatment Episode Data Sets (TEDS) reported 8.4% (128,884 out of the total of 1,537,027 nationwide) of substance abuse treatment admissions in 2015 were for methamphetamine addiction. These methamphetamine admissions were more than all other admissions combined to be referred to treatment by the court/criminal justice system.

Table 2. 2016 Lab Submittals, Treatment Admissions, and Overdose Deaths, by drug type

Drug Type	OSBI Lab Submittals*	Treatment Admissions**	Overdose Deaths
Methamphetamine	10,027	7,210	335
Opiates/Prescriptions	5,469	3,446	345***
Marijuana	6,561	7,491	--
Cocaine	496	864	37
Heroin	442	1,001	49
Total	22,995	20,012	766

Source: OSBI, CY16*
Source: ODMHSAS, FY16** (The total number of treatment admissions when calculated will not equal the number of admissions per drug of choice due to most individuals that seek treatment have more than one substance abuse problem.)
Includes fentanyl, oxycodone, and hydrocodone ***
-- Data unavailable

Methamphetamine

Background

Availability indicators suggest the supply of Mexican methamphetamine in Oklahoma is increasing, making it the greatest illicit drug threat to the state. Unlike other major drugs of abuse, methamphetamine, or "meth," is a synthetic drug, which means it is manufactured in a clandestine laboratory. Since methamphetamine is not a plant-based drug, its production is not affected by drought, flooding, growth cycles, or other natural elements that typically impact the production of most drugs, like marijuana. Instead, the production of methamphetamine is only dependent on the ability of traffickers to obtain the drug's precursors and other essential chemicals.

Most methamphetamine available in the United States is produced in Mexico and smuggled across the southwest border. As the production of methamphetamine shifts to Mexico, the number of methamphetamine labs seized by law enforcement in the United States has decreased 84.6% since 2013.

The use, trafficking, and distribution of methamphetamine poses a significant threat to law enforcement and the public in Oklahoma. Long-term use of methamphetamine may cause individuals to suffer from anxiety, confusion, insomnia, and mood disturbances. Individuals may also exhibit symptoms of psychosis including paranoia, visual and auditory hallucinations, and delusions (Street Drugs Guide, 2014).

The use of methamphetamine also contributed to arrest-related deaths in Oklahoma. The Oklahoma Statistical Analysis Center (SAC) is responsible for collecting data for all arrest-related deaths that occur in the state. In 2014, SAC researchers analyzed qualifying deaths that occurred in Oklahoma from 2003 to 2013. Researchers reported 45.8% of decedents tested positive for methamphetamine at the time of their death.

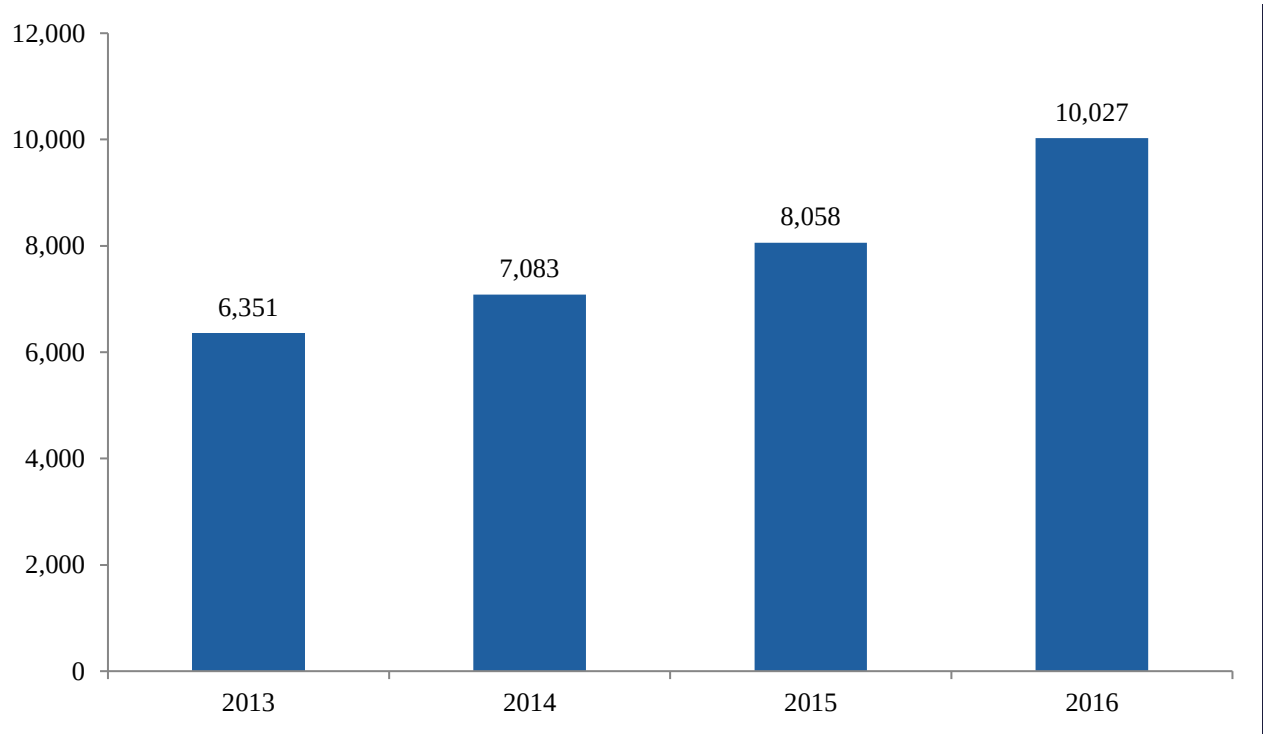
According to the 2016 National Drug Threat Survey (NDTA), 31.8% of law enforcement agency respondents considered methamphetamine to be their greatest drug threat. The survey also indicated methamphetamine was one of the drugs most likely to be involved with property crimes. Thirty-four percent of respondents identified methamphetamine as the drug that most contributes to violent crime.

Enforcement Efforts

Law enforcement expends considerable resources to combat the use, trafficking, and distribution of methamphetamine. The price and purity of methamphetamine seized in the United States suggests the drug is widely available to users. Southwest border patrol officials reported a 305% increase in methamphetamine seizures in 2015. Seizures of methamphetamine have also increased across the south central region. According to the most recent DEA data, methamphetamine per-gram purity levels averaged above 90% even though per-gram prices remained low and stable.

Oklahoma is part of the Texoma High Intensity Drug Trafficking Area (HIDTA). Data from the most recent HIDTA report indicated an 880% increase in methamphetamine seizures in 2014 compared to 2009. State seizure data also pointed to an increase in the availability of methamphetamine. According to the Oklahoma State Bureau of Investigation (OSBI), lab submittals of methamphetamine increased 57.9% between 2013 and 2016. In the first 6 months of 2017, OBN agents seized over 42 pounds of methamphetamine that was potentially headed for the streets of Oklahoma.

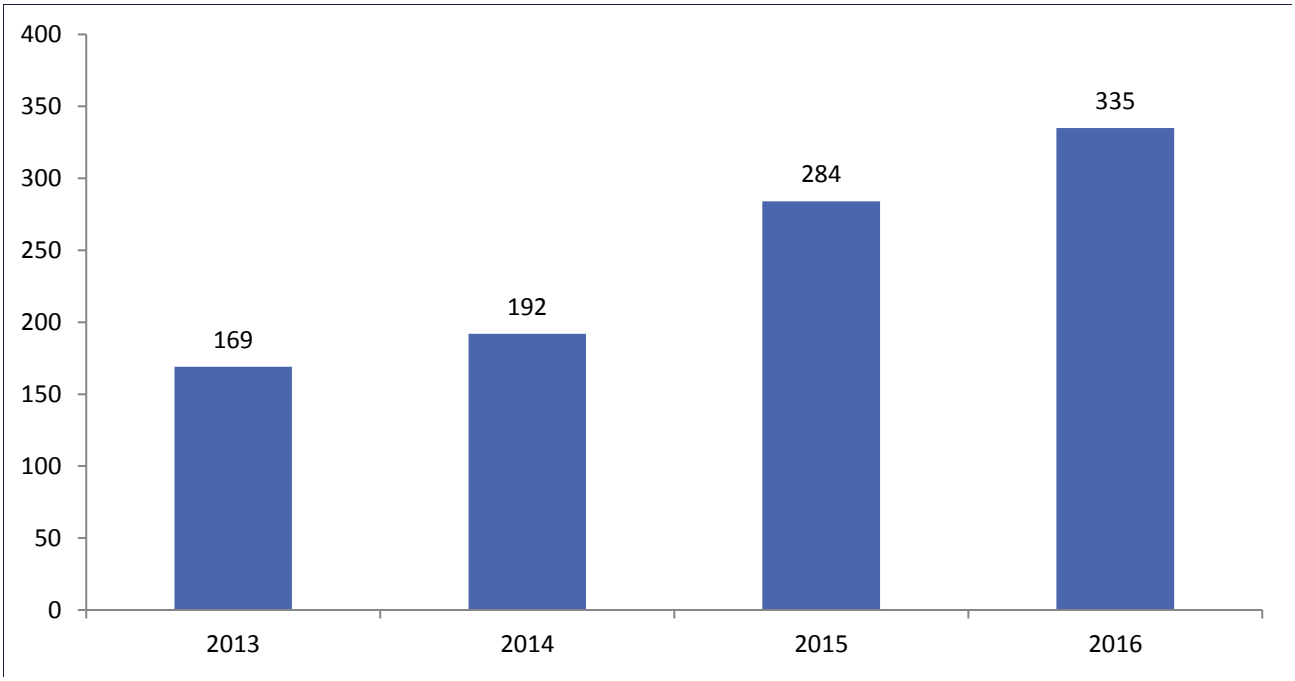
Table 3. Methamphetamine Submittals, by year



Treatment

Treatment providers also expend significant resources to help individuals overcome the negative health outcomes created by their use of methamphetamine. Treatment admissions related to methamphetamine addiction continues to increase in Oklahoma. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) reported that admissions related to methamphetamine addiction for those ages 12 and older increased 38% since 2013. Overdose deaths are an unfortunate reality for some users. In Oklahoma, overdose deaths related to methamphetamine have increased 98.2% since 2013 (OCME and OBN, 2016).

Table 4. Methamphetamine Overdose Deaths, by year

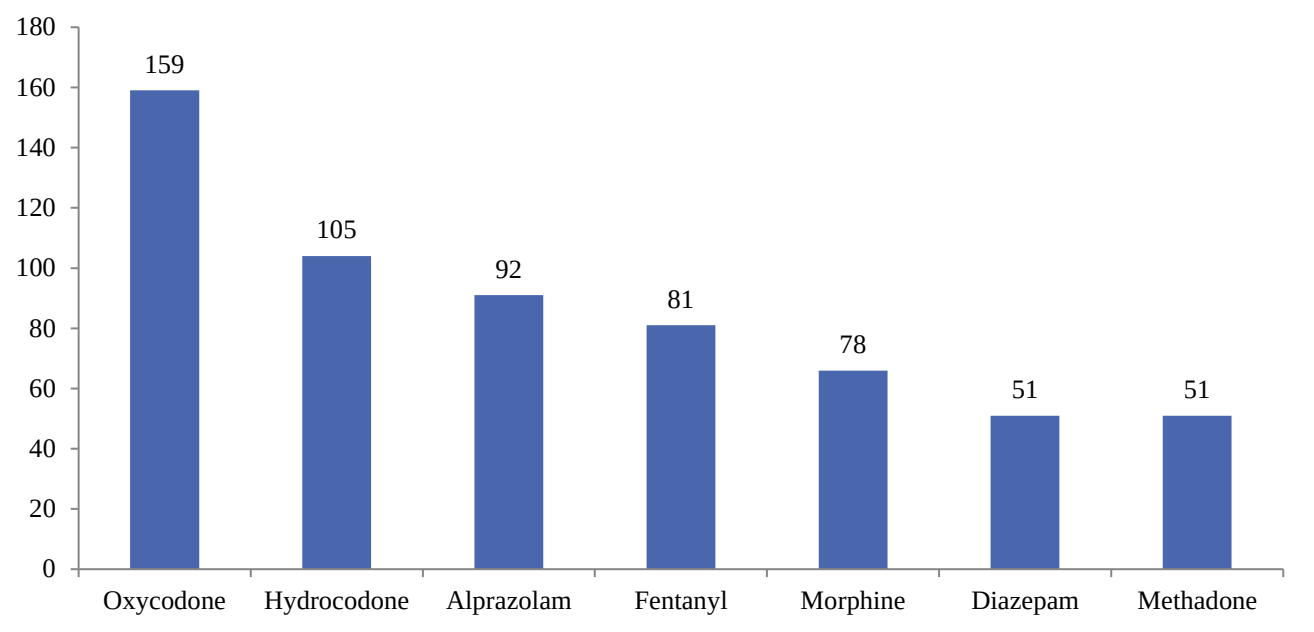


Diverted Pharmaceuticals

Background

The diversion of pharmaceutical drugs continues to increase in Oklahoma. Pharmaceutical diversion is the transfer of legal prescription drugs for illicit use. According to the Center of Disease Control (CDC), Oklahoma consistently ranks higher than the national average for overdose deaths. In a recent report, the Oklahoma State Department of Health (OSDH) stated, "In 2010, Oklahoma had the fourth highest unintentional poisoning death rate in the nation. The pattern for drug overdose deaths has changed considerably over the past 40 years. Heroin, cocaine, and methamphetamine were most commonly associated with unintentional poisoning deaths, but in the late 1990's the most common cause of overdoses became prescription drugs" (OSDH, 2012). The Office of the Chief Medical Examiner (OCME) reported 435 prescription opioid-related drug overdose deaths in 2016.

Table 5. Most Common Prescription Drugs Present in Overdose Deaths - 2016, by drug name



Source: OCME, 2016 overdose deaths

Educating the public about prescription drug abuse is challenging for many reasons. Unlike heroin or methamphetamine, many people think prescription pills are safe because they are prescribed by a member of the medical community. Historically, prescription pills have been relatively easy to obtain from the medical community, both legally and illegally. Some prescription drug abusers obtain medicine by doctor shopping, visiting emergency rooms, stealing prescription pads, or calling pharmacies with fraudulent phone orders.

Opioid pain relievers (e.g., hydrocodone and oxycodone) and benzodiazepines (e.g., alprazolam and diazepam) are the most common prescriptions obtained by fraud or forgery. CDC data from 2009 ranked Oklahoma number one for nonmedical use of opioid pain relievers. There was a time when rogue pain management and weight loss clinics, known as “pill mills," profited from individuals with prescription drug addictions. Those operating "pill mills" prescribed these highly-addictive medications to patients without conducting a comprehensive assessment or developing a clear understanding of patient needs. Doctors working in "pill mills" would only spend a few minutes with each patient, so, they were able to see 20 to 30 patients an hour, ensuring high profits. In response, stricter prescribing laws have reduced the number of "pill mills" operating in the state.

Employee theft is another method of obtaining prescription pills. In fact, employee theft is a significant problem for pharmacies, hospitals, and long-term care facilities. In some instances, employees who are terminated at one pharmacy for stealing medication just move to another pharmacy. Other than word of mouth, no system exists to track pharmacy employees who are terminated for diverting pharmaceuticals, unless a criminal conviction occurs. Officials are also concerned about pharmacy burglaries, especially in rural Oklahoma, as well as use of the internet to obtain prescriptions in an illicit manner.

Public safety and health officials are particularly concerned with the abuse of fentanyl. Fentanyl is a Schedule II synthetic opioid originally developed by drug manufacturers to serve as both a painkiller

and an anesthetic, but because of its strong opioid properties, fentanyl has become an increasingly attractive drug of abuse. Illicit fentanyl is usually mixed into heroin products or pressed into counterfeit prescription pills.

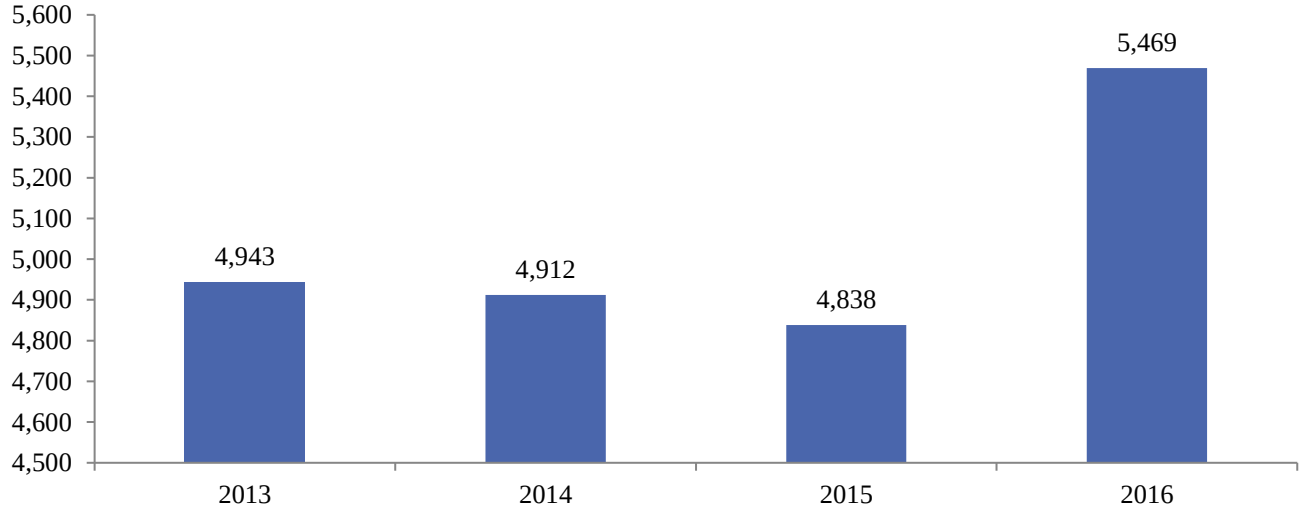
The Center for Disease Control (CDC) reported a 79% increase in deaths related to synthetic opioids in 2014 in the United States. According to the DEA report, *Fentanyl a Briefing Guide for First Responders*, the CDC reported 33,091 deaths in 2015 were the result of opioid overdoses alone in the United States. Of those, 9,580 deaths were caused by synthetic opioids other than methadone, which includes fentanyl and fentanyl-related substances – an increase of 72.2% over previous years. The Office of the Chief Medical Examiner (OCME) reported fentanyl contributed to 81 overdose deaths in 2016 in Oklahoma.

Enforcement Efforts

Law enforcement continues to direct resources at combatting prescription drug abuse and fentanyl. According to the National Drug Threat Assessment* (NDTA), approximately 167 kilograms of illicit fentanyl was seized by law enforcement across the United States in 2015. It should be noted that as little as two milligrams can cause a lethal dose. In 2016, OBN seized approximately seven pounds of heroin laced with fentanyl. In 2017, OBN agents also dismantled a fentanyl lab in rural Cleveland County. The individuals were receiving raw fentanyl from overseas and mixing it with other compounds to make fentanyl edibles for resale. Oklahoma law enforcement has seen fentanyl mixed into Xanax, Hydrocodone, powder and edibles.

OBN's Diversion Section includes ten agents and two supervisors. Diversion agents are assigned to Oklahoma City, Tulsa, Lawton, Ardmore, and McAlester. Agents have the authority to conduct compliance inspections and administrative investigations on Oklahoma registrants. Practitioners who handle, prescribe, administer, or dispense controlled drugs are required to obtain an OBN registration. Currently, there are 21,000 registrants in the state, who are prescribing/dispensing over nine million scheduled prescriptions per year.

Table 6. Diverted Pharmaceutical Submittals, by year

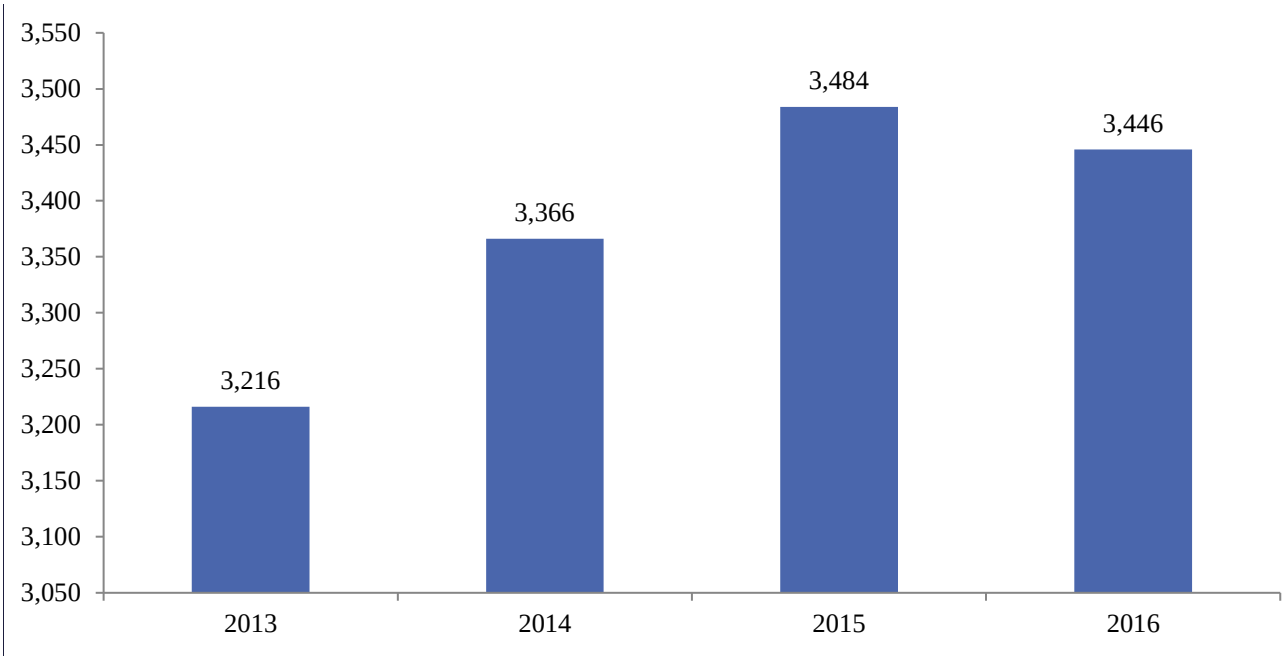


*The NDTA contains a yearly assessment of the various challenges local communities throughout the U.S. face related to drug abuse and trafficking.

Treatment

Data from the Treatment Episode Data Set (TEDS) showed a steady increase in treatment admissions for prescription drug abuse since 2001. In fact, treatment admissions have increased 332% since 2001. Health officials estimated 50% of those admitted for treatment were between the ages 21 to 30.

Table 7. Opiate Admissions, by year



Marijuana

Background

Marijuana is the most widely available and commonly used illicit drug in Oklahoma. While marijuana remains illegal under federal law, many states have passed legislation (or voted on referendum/initiatives) approving the cultivation, possession, and use of marijuana. It is too early to assess the full impact of state approval of personal use and medical use of marijuana. According to the National Drug Threat Assessment (NDTA), state laws legalizing marijuana have had several observable effects, including an increase in marijuana use, the production of marijuana domestically, and the demand for higher quality marijuana. Laws have also contributed to an increase in the number of seizures of marijuana concentrates (liquids/oils), an increase in the number of Tetrahydrocannabinol (THC) extraction laboratories, and a decline in the overall weights of Mexican-sourced marijuana seized on the southwest border.

Marijuana is the most commonly used illicit drug in the United States. The estimated 22.2 million people aged 12 or older who were current users in 2015 represent 8.3% of the U.S. population. The percentage of people aged 12 or older who were current marijuana users in 2015 was similar to the percentage in 2014, but it was higher than the percentages from 2002 to 2013 (National Survey on Drug Use and Health, 2015). According to the Journal of the American Medical Association (JAMA) article

"Prevalence of Marijuana Use Disorders in the United States Between 2001-2002 and 2012-2013, the prevalence of marijuana use more than doubled from 4.1% in 2001 to 9.5% in 2013" for adults.

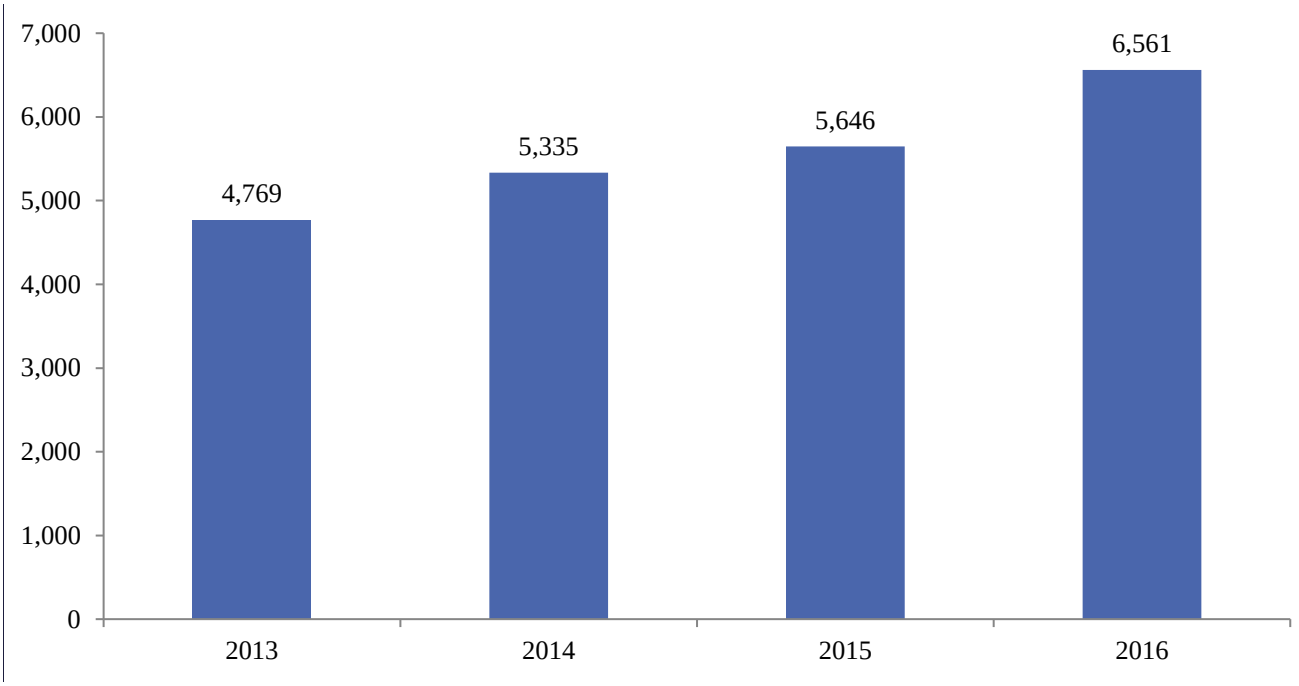
The two main cannabinoids of the cannabis plant are Tetrahydrocannabinol (THC) and Cannabinoid oil (CBD oil). THC is a psychoactive compound (i.e. it affects the central nervous system) while CBD is a non-psychoactive compound. According to the National Drug Threat Assessment (NDTA) and the University of Mississippi's Potency Monitoring Program, the THC content of marijuana has increased from 4% in 1995 to approximately 12% in 2014. The highest level of THC tested for traditional marijuana was 37%.

Enforcement Efforts

Oklahoma law enforcement continues to enforce laws related to marijuana. Marijuana is one of the most abundant and accessible illicit drugs in our state. Multiple sources support the marijuana market in Oklahoma. Drug Trafficking Organizations (DTOs) smuggle large quantities of highly-potent marijuana into the state. High-potency marijuana is transported into the state from bordering states. According to OSBI, submittals for marijuana by law enforcement increased 37.6% since 2013. In 2016, the OBN Interdiction Unit seized approximately 1,490 pounds of marijuana from vehicles traveling Oklahoma interstates.

Law enforcement continues to aggressively address the availability of marijuana in Oklahoma. The most recent Crime in Oklahoma Report, an annual publication of official crime statistics for the state, reported 41.1% of adult and juvenile drug-related arrests in 2016 were for possession of marijuana. Last year, law enforcement arrested 1,048 juveniles and 9,128 adults for possessing, selling, or cultivating marijuana (OSBI, 2016). In all, 8.5% of all adult arrests in Oklahoma were related to the sale/manufacturing and possession of marijuana.

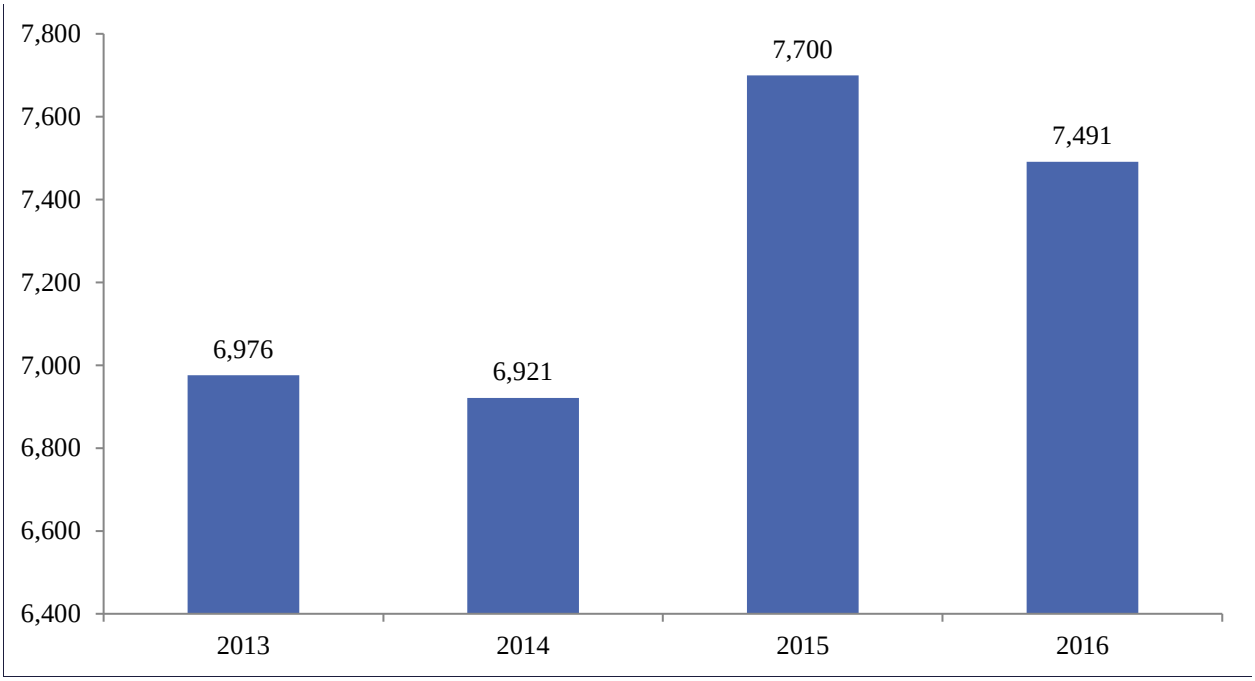
Table 8. Marijuana Submittals, by year



Treatment

Marijuana/hashish was reported as the primary substance of abuse by 14% of Treatment Episode Data Set (TEDS) admissions aged 12 and older in 2015 nationwide. The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) reported 7,491 treatment admissions related to marijuana in 2016 in the state.

Table 9. Marijuana Admissions, by year



Cocaine

Background

Due to the growing popularity of methamphetamine, the presence of cocaine in Oklahoma had been slowly declining. According to the National Drug Threat Assessment (NDTA), the availability and use of cocaine by Americans started to increase between 2014 and 2015. Resurgence of cocaine is due, in part, to the increase in coca cultivation in Columbia. In fact, 90% of cocaine is imported from Columbia.

Latest figures published by the United Nations showed a 44% increase in coca cultivations in 2014 to 170,503 acres in the South American nation, a jump the U.N. linked to the peace talks, suspension of aerial spraying and rising prices for coca. In October 2015, the Columbian Government ended over 15 years of aerial eradication of coca because of concerns that the herbicide, glyphosate, could cause health problems. Data from numerous DEA coca yield studies indicates the aerial spray program in Columbia helped reduce coca yields in the affected regions (NDTA). The most popular form of cocaine distributed in most areas of Oklahoma is powder cocaine; however, crack cocaine is prevalent in the larger metropolitan areas, such as Oklahoma City and Tulsa.

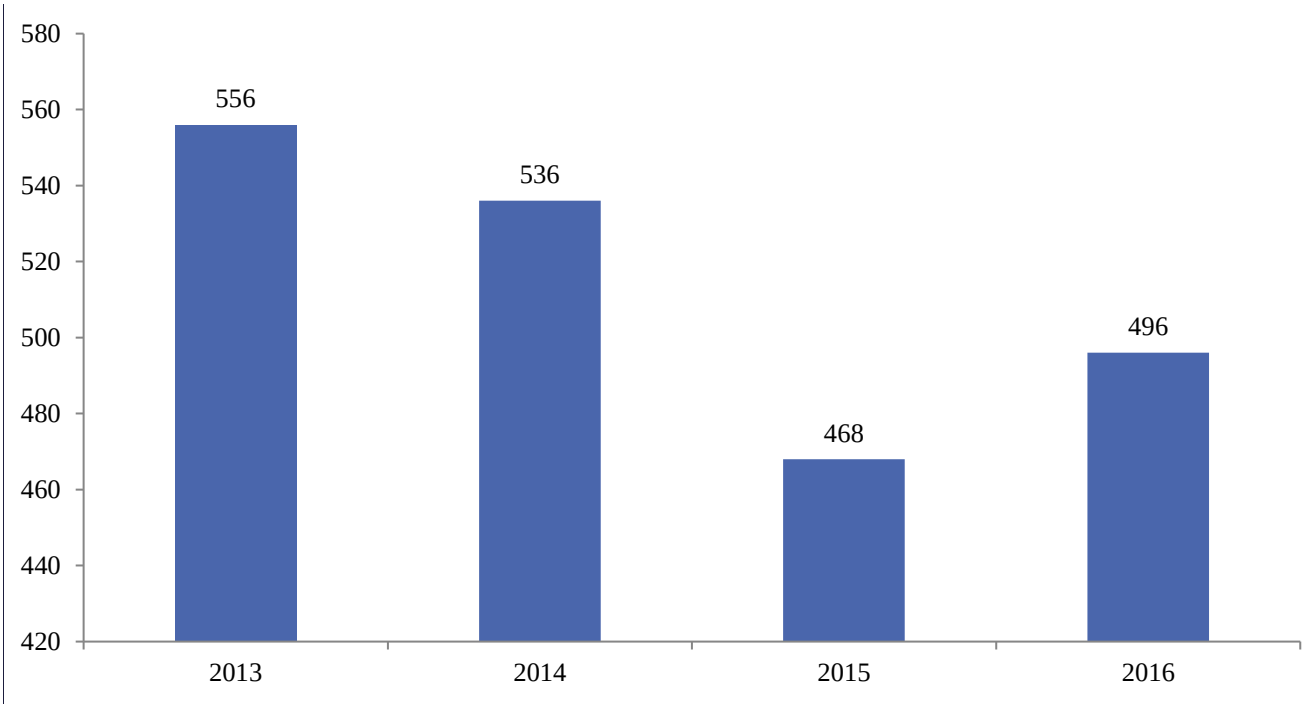
Mexican Drug Trafficking Organizations (DTOs) dominate the retail distribution of powder cocaine while street level gangs control much of the distribution of crack cocaine. The National Drug Threat Assessment (NDTA) reported 4% of respondents identified crack cocaine as their greatest drug threat; however, 14.2% of respondents identified crack cocaine as a drug that contributes to violent crime in their areas. According to the 2016 Texoma High Intensity Drug Trafficking Area (HIDTA) Threat Assessment*, crack cocaine distribution is one of the driving forces behind acts of violence by the Hoover Crips, a large street gang controlling an estimated 70% of cocaine distribution in Tulsa.

Cocaine is a highly addictive drug. Cocaine users may experience both short and long-term physiological and psychological effects. Physical effects may include constricted blood vessels, dilated pupils, and fluctuation in body temperature. Psychological effects may include erratic behavior, irritability, anxiety, and violent behavior.

Enforcement Efforts

Cocaine is becoming more readily available in Oklahoma. Law enforcement submitted 496 seizures of cocaine to the Oklahoma State Bureau of Investigation Lab (OSBI) in 2016, representing a slight increase compared to previous years. Cocaine prices are increasing also. The average retail price of a gram of cocaine increased 149% in 2013 compared to 2007. Today, the national average retail price of a gram of cocaine is between $98.00 and $244.00 (NDTA).

Table 10. Cocaine Submittals, by year

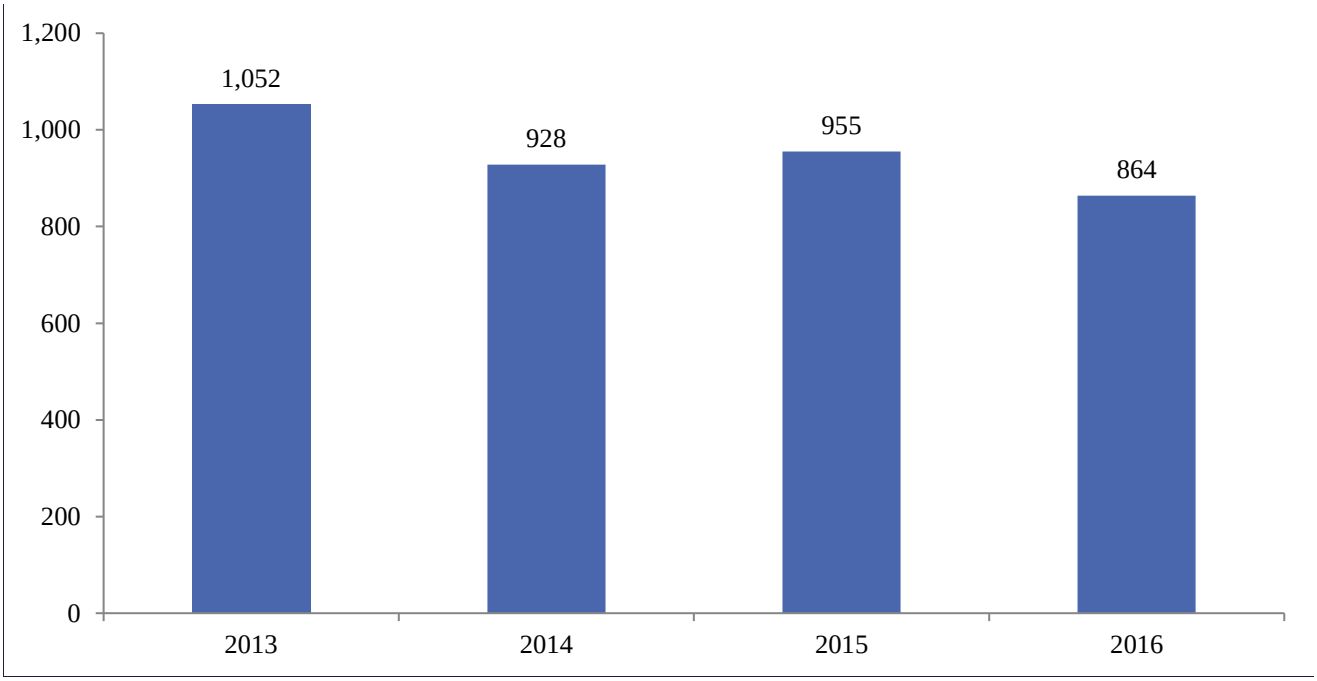


*The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to federal, state, local and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. The Texoma HIDTA has task forces located in Oklahoma and the northern parts of Texas.

Treatment

Treatment admissions related to the use of cocaine continued to decline in 2015. According to Treatment Episode Data Set (TEDS) data, cocaine-related treatment admissions to publicly-funded facilities across the nation declined from 14% of admissions aged 12 or older in 2005 to 5% in 2015. In Oklahoma, the number of treatment admissions related to the use of cocaine also decreased by 28.2% during the same time period. The Center for Disease Control (CDC) reported 6,784 cocaine-related deaths in the United States in 2015, representing a 62.2% increase compared to 2010. This data suggests those needing cocaine related substance abuse treatment are not receiving treatment.

Table 11. Cocaine Admissions, by year



Heroin

Background

Oklahoma has experienced an increase in the availability of heroin due to the changes in supply and demand of other drugs, namely opioid pharmaceutical drugs and methamphetamine. In response to the prescription pill abuse epidemic in Oklahoma, lawmakers passed more restrictive laws on opioid pharmaceutical drugs. Because of the increase in regulation, prescription pills are more difficult to obtain, increasing their street value. In response, some abusers have turned to heroin, a less expensive alternative, which produces a similar effect as prescription pain pills on the body.

Mexican Drug Trafficking Organizations (DTOs) are also contributing to the increased availability of heroin in Oklahoma. In the past, the demand for methamphetamine has been high, and DTOs supported the market. Competing DTOs flooded the market, which drove down the street value. Consequently, DTOs identified heroin as a new market caused by the restrictive laws placed on prescription drugs.

Heroin, like Hydrocodone and Oxycodone, is derived from the opium plant. An increase in opium production has made manufacturing heroin easier. Most of the U.S. heroin is derived from opium poppy grown in Mexico and Columbia, but the vast majority of illicit opium poppy is grown in either the so-called "Golden Triangle" in Southeast Asia which covers the mountainous area around Myanmar, Laos and Thailand or in the area known as the "Golden Crescent" located in the mountainous areas of Afghanistan, Iran and Pakistan (worldatlas.com).

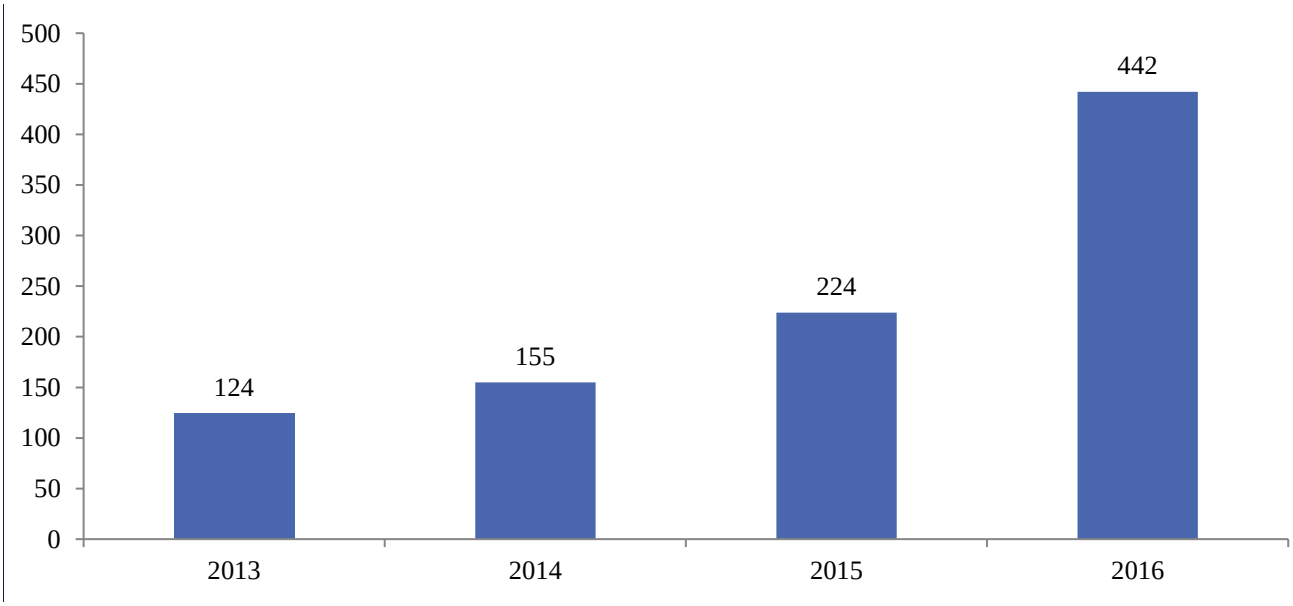
Almost half (45%) of U.S. law enforcement reported heroin as the greatest threat in their region (National Drug Threat Assessment, 2016). In this same survey, 20% of law enforcement respondents identified heroin as the drug that contributes most to violent crimes.

Enforcement Efforts

Law enforcement in Oklahoma reported an increase of heroin available on the streets throughout the state. Heroin is generally distributed in balloons, bindles, or in glassine envelopes. Balloons are commonly seen at the street level in Oklahoma. Based on purchases made by undercover narcotics agents, a small balloon of heroin costs $40 and is generally sold in ¼ gram quantities. A large balloon, approximately ½ gram in weight, costs approximately $90. In contrast, pharmaceutical drugs are sold for approximately $1 per milligram. This cost ratio makes heroin a cheaper option.

Nationally Law enforcement reported an increase in the amount of heroin on the streets. The National Drug Threat Assessment (NDTA) reported seizures of heroin on the southwest border have steadily increased since 2008. From 2008 to 2015, border seizures of heroin have increased 352% (559 kg in 2008 compared to 2,524 kg in 2015). National Seizure System (NSS) data also showed an 80% increase in the quantity of heroin seized since 2011. OSBI reported the number of lab submittals for heroin from law enforcement across the state has also increased 360.4% since 2011. Since 2015, OBN has seized over 12 pounds of heroin destined for Oklahoma streets.

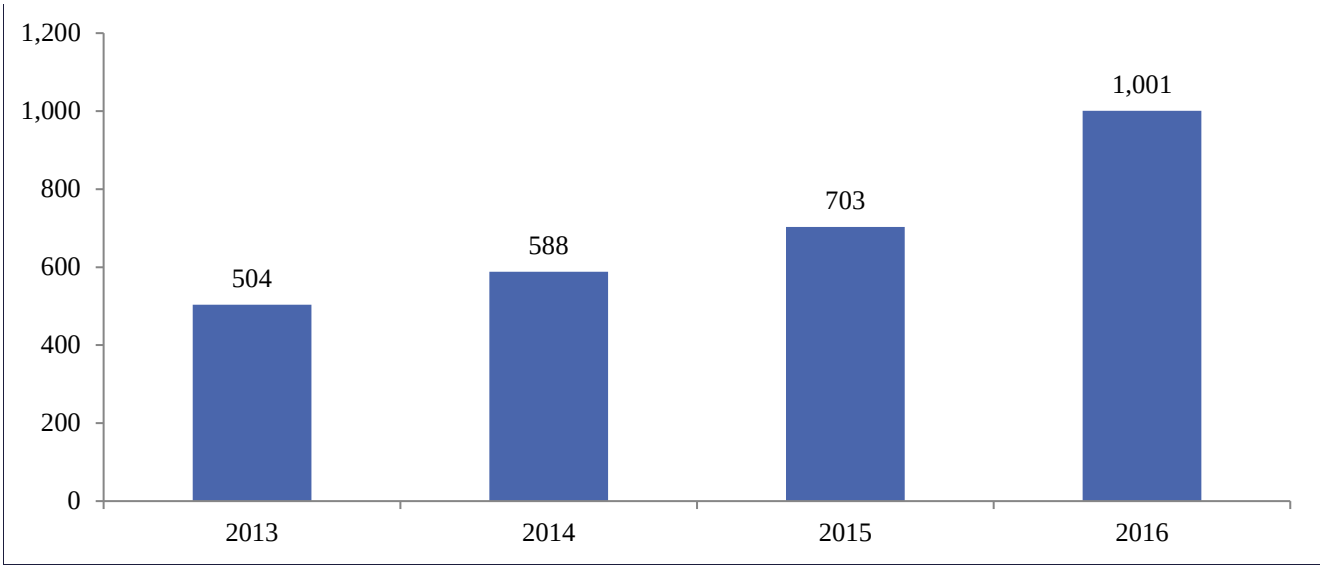
Table 12. Heroin Submittals, by year



Treatment

Treatment Episode Data Set (TEDS) data also indicated an increase in the number of heroin admissions across the country since 2005. In 2015, 401,743 individuals sought treatment for heroin addiction nationally (compared to 260,902 in 2005). In 2016, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) reported 1,001 treatment admissions for heroin addiction, representing a 98.6% increase when compared to 2013.

Table 13. Heroin Admissions, by year



According to the Center for Disease Control (CDC), heroin-related overdose deaths in the United States increased 327.8% between 2010 and 2015. U.S. health officials reported 12,989 poisoning deaths related to heroin in 2015. At the state level, Office of the Chief Medical Examiner (OCME) reported a 113% increase in overdose deaths from 2013 to 2016 related to heroin.

Outlook

OBN completed a comprehensive analysis of drug trends and other key indicators to better understand the most significant drug threats to the state. Law enforcement data clearly suggests methamphetamine poses the most significant threat. Drug trend data suggests this threat will persist in the coming years if not destructed. The state will continue to be flooded with methamphetamine smuggled from Mexico. The methamphetamine will be cheap, but pure. Law enforcement will continue to see a decline in the number of methamphetamine labs.

Diverted pharmaceuticals will continue to be a challenge for Oklahoma. Opioid pain relievers and benzodiazepines are the most common prescriptions obtained by fraud and forgery. No indications suggest this will change. Unintentional drug overdose deaths due to controlled prescription drugs will continue to be a concern for public safety and health officials. Public safety and health officials are particularly concerned about fentanyl. Demand for a cheaper high has led to the heroin epidemic at the national level. Oklahoma is not immune from this overall opioid epidemic.

Marijuana is the most widely available and commonly used illicit drug in Oklahoma. As more states pass legislation to decriminalize and legalize recreational marijuana, more Oklahomans will have access to high-grade products. Cocaine is emerging as a new drug threat in Oklahoma. Until recently, demand for cocaine was down due to the popularity of methamphetamine and diverted pharmaceuticals. Trend data suggests there is a re-emerging market for cocaine, particularly crack cocaine.

Communities in Oklahoma and across the U.S. are highly impacted by the abuse and trafficking of illegal and prescription drugs. Drug abuse causes a negative societal trend that has a devastating effect on the abuser's health, family and society as a whole. Research has shown approximately 60% of individuals in the U.S. arrested for most types of crimes test positive for illegal drugs at arrest, according to the National Council on Alcoholism and Drug Dependence, Inc. (NCADD).

OBN Programs

The primary mission of OBN is to enforce the Controlled Dangerous Substance Act as outlined in Title 63 of the Oklahoma Statutes. Created in 1975, OBN is charged with enforcing state drug laws, training and assisting local law enforcement agencies, increasing public awareness about drug threats through outreach, and implementing statewide programs to address emerging drug threats. OBN programs designed to achieve the mission include the Prescription Monitoring Program, the Marijuana Eradication Program, the Interdiction Unit, and the Oklahoma Drug Endangered Children Program.

Prescription Monitoring Program

The abuse of opioids, sedatives, and tranquilizers increased dramatically across the state in 2002. Over the span of a decade, this abuse led to a significant increase in overdose deaths; consequently, the Center for Disease Control (CDC) officials declared prescription drug abuse an epidemic. Overdoses caused by prescription drug abuse exceeded traffic deaths in Oklahoma in 2009.

By 2010, Oklahoma ranked first in the elicit use of prescription pain killers and second in overdoses per capita. In 2013, Oklahoma doctors prescribed patients enough hydrocodone to provide a 30-day supply to every man, woman, and child in the state - more than 200 million pills each year. Public health officials reported a spike of more than 800 overdose deaths the same year.

While Prescription Monitoring Programs (PMPs) have been in place since the 1930's to help curb diversion, states did not start collecting and storing prescription data until 1990. By 2006, Oklahoma (along with other states) moved the PMP to the Internet, thereby increasing access to prescription data by law enforcement, physicians (prescribers), and pharmacists. The medical community was slow to utilize PMP systems, which eventually led to a nationwide movement to mandate the use of the PMP patient care. Oklahoma lawmakers mandated the use of the PMP system in 2015.

Table 14. Most Prescribed Controlled Prescription Drug, by dosage unit

Prescription Drug	2013	2014	2015	2016	TOTAL
Alprazolam	57,778,142	55,694,130	54,386,758	50,842,115	218,701,145
Amphetamine	13,577,433	14,356,592	15,476,428	22,350,250	65,760,703
Hydrocodone	191,548,714	177,185,450	155,159,965	145,132,902	669,027,031
Oxycodone	62,088,167	66,465,208	71,755,177	71,153,640	271,462,192
Tramadol	65,458,672	65,418,401	66,463,179	65,660,379	263,000,631

Source: OK PMP system

In response to the mandate, OBN worked to improve capabilities of the PMP and develop a strategic state plan to reduce the harm caused by pain killers, benzodiazepines, and muscle relaxers (specifically soma). Doctors prescribed this combination of drugs, known in the South as the "Holy Trinity" or "Unholy Trinity", in large quantities throughout the state.

In 2014, CDC officials published the first prescribing guidelines. They revised the guidelines in 2016. Federal agencies, including Veterans Affairs and Indian Health Clinics, began reporting to the Oklahoma PMP about the same time. The Department of Defense is expected to begin reporting by 2018.

Oklahoma Governor Mary Fallin formed the Governor's Task Force on Controlled Drug Abuse in 2016. Task force officials were charged with developing strategies to increase the use of the PMP system as a source of information for medical professionals. This paradigm shift allowed law enforcement, mental health, and public health officials to work together to develop comprehensive strategies addressing abuse.

OBN, Oklahoma State Department of Health (OSDH), and Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) partnered to collect and analyze PMP data to develop strategies to reduce the abuse of prescription pills by the citizens of Oklahoma. This partnership has proved effective. Oklahoma is no longer ranked among the top 10 states for the illicit use of pain killers. According to the Center of Disease Control (CDC), Oklahoma was ranked 19th in overdose deaths in the U.S. in 2015. Officials also focused on increasing awareness among the medical community to the practice of "doctor shopping" (fraudulently visiting multiple physicians to obtain prescription drugs). At least one Native American tribe has filed suit against drug manufacturers to recover costs related to treating tribal members who are addicted to prescription pills. Some states have also announced their intent to file law suits against drug manufacturers.

Officials believe the increase in prescriptions written for pain killers likely contributes to spikes in overdose deaths across the country. Researchers from Virginia Commonwealth University (2015) estimate more than 65% of all opioids dispensed to patients go unused; instead, many patients leave their unused prescriptions unsecured in their homes, usually in medicine cabinets. In some instances, the patient's pills are taken by a family member or friend. In response, states are moving toward restricting

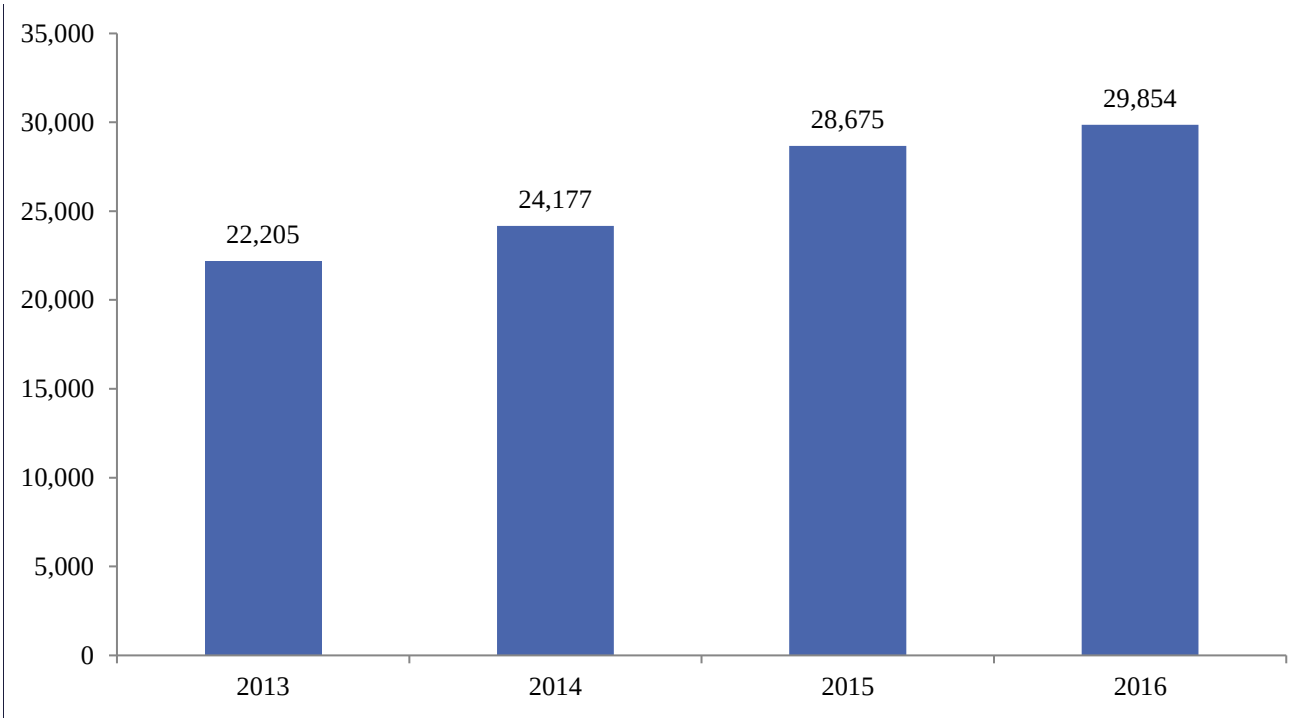
the quantities that doctors can prescribe to patients. However, many doctors around the nation continue to resist efforts to impose stricter prescribing laws.

Safe Trips for Scripts Drug Prevention Program

Many citizens addicted to pills raid home medicine cabinets to obtain the drugs needed to feed their addiction. In response, OBN created a program for Oklahomans to safely dispose of unwanted medication that is often targeted by teens or by friends/relatives with an opioid addiction. Called the "Safe Trip for Scripts" program, OBN contracted with a company to purchase mailbox-type containers to be placed in the lobbies of law enforcement agencies for the public to drop off home medication to be disposed of safely. The program was officially launched in February, 2011 with a press conference at OBN Headquarters to notify the media and public about this new, more convenient method for disposing medication.

The first OBN box was installed at the Harrah Police Department in March of 2011. Harrah PD was selected in response to a recent case involving three teens from the area who experienced non-fatal overdoses from medication they later admitted to authorities they had stolen from their home medicine cabinets. Eventually, OBN Rx Take-Back Boxes were installed in police and sheriff's department lobbies in all 77 Oklahoma counties. In the first year, OBN collected 20,000 pounds of drugs. In July of 2011, OBN partnered with Covanta Energy in Tulsa to destroy the drugs and convert the waste material into clean energy at **NO COST** to OBN or the state of Oklahoma. This partnership earned OBN and Covanta Energy the prestigious Henry Bellmon Award in 2012. As of June 2017, more than 140,000 pounds have been collected from these containers since inception. There are now 176 Take Back Boxes spread throughout Oklahoma and serviced by OBN.

Table 15. Safe Trips for Scripts Drug Prevention Program, by pounds



Marijuana Eradication Program

Historically, the cultivation of marijuana flourished in Oklahoma. In the 1980's, Oklahoma had the dubious and deserved reputation in the United States as a commercial producer of high-quality marijuana. In response, OBN developed the nation's first Aerial Marijuana Eradication program in 1989. In 1997, OBN agents seized 89,000 cultivated marijuana plants in Oklahoma. By 2010, the average number of plants eradicated during a typical growing season dropped to near 10,000.

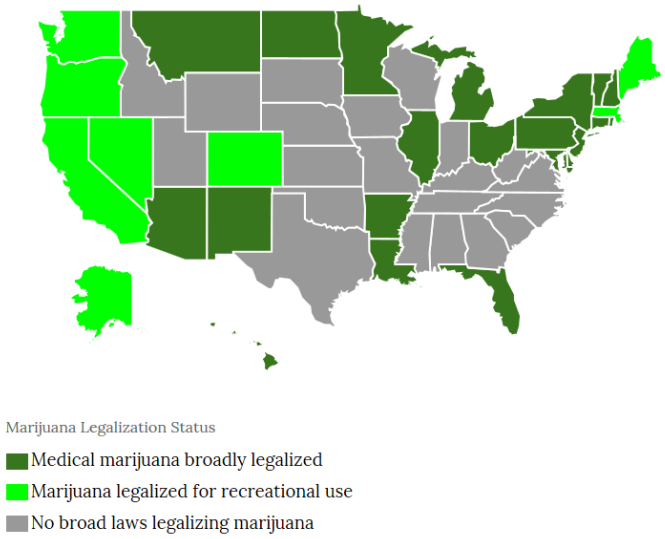
Since the early 1990's, some of the most powerful drug trafficking organizations (DTO) operating in Mexico have established distribution channels in Oklahoma. They utilize Oklahoma's close proximity to the Mexican border and Oklahoma's highway system to traffic drugs across the United States. Over the past decade, OBN has also identified and dismantled marijuana growing operations in Oklahoma tied to the Mexican DTOs. OBN agents have arrested several high-ranking associates tied to both the Juarez and Sinaloa cartels attempting to establish drug cell groups in Oklahoma. These cartel cell groups no longer answer to regional traffickers in other states; instead, they communicate directly to mid and upper level drug trafficking organizations in Mexico.

The legalization of marijuana movement in the United States over the past several years has dramatically changed the marijuana landscape in Oklahoma. Oklahoma has seen a sharp decline in both locally-grown marijuana and Mexican marijuana. Much of the marijuana on the streets of Oklahoma today is high-grade hydroponic marijuana grown legally and commercially in California and Colorado. In the past, Oklahoma-grown marijuana had six to eight percent Tetrahydrocannabinol (THC); however, recent black market shipments of high-grade marijuana from California and Colorado tested at 20% THC.

Law enforcement in Oklahoma has also seized THC oil and edible products diverted from dispensaries in legalization states that reach 50% THC or higher. According to the National Institute on Drug Abuse, the popularity of edibles also increases the chance of harmful reactions. Edibles take longer to digest and produce a high. Therefore, people may consume more to feel the effects faster, leading to dangerous results. Higher THC levels may mean a greater risk for addiction if people are regularly exposing themselves to strong doses.

Twenty-six states and the District of Colombia currently have laws broadly legalizing marijuana in some form. Three other states will soon join them after recently passing measures permitting use of medical marijuana. Seven states and the District of Columbia have adopted the most expansive laws legalizing marijuana for recreational use. Most recently, California, Massachusetts, Maine and Nevada all passed measures in November 2016 legalizing recreational marijuana. Alabama and Mississippi passed laws to permit the use of medical marijuana for severe epileptic conditions. In 2015, the Oklahoma legislature approved a measure providing for the medical use of an oil derived from the cannabis plant. The treatment allows the medically-supervised use of Cannabidiol (CBD oil), a non-intoxicating derivative of the cannabis plant.

Figure 16. Marijuana Legalization Status, by state



Interdiction Unit

Drug traffickers prefer transporting illegal drugs through Oklahoma using the extensive interstate highway system. The interstate system provides traffickers with many routes to transport drugs through the state. Associates working with Mexican Drug Trafficking Organizations (DTOs) often ship illicit drugs from Oklahoma to other drug markets in neighboring states in the southeast. These DTOs employ cell members in their transportation networks to smuggle most illicit drugs available in Oklahoma from Mexico through the Laredo and El Paso/Juarez plazas. They usually smuggle drugs over land in private and commercial vehicles that have concealed compartments. To prevent detection by law enforcement, drug traffickers driving through the state will often have children or elderly in the car in an effort to reduce suspicion.

Trucking companies – both Oklahoma-based companies and out-of-state companies, also transport drugs into Oklahoma. The US Department of Transportation (DOT) requires all trucking companies display their names on the door of the tractor. DEA reports some traffickers actually create trucking companies to move drugs without detection. Traffickers will use a company name once or twice before abandoning the "company" to start a new one. US DOT estimates half of tractor-trailer companies involved in drug trafficking are legitimate trucking companies, but turn to the illegal transportation of drugs for the higher profit.

In the past, most highway interdiction seizures made in Oklahoma were transient loads of drugs passing through the state destined for larger cities; however, recent intelligence suggests Oklahoma has become a destination state. In fact, law enforcement in neighboring states (e.g., Texas and New Mexico) have interdicted large shipments destined for Oklahoma.

Table 17. OBN Interdiction, 2016

Drug Type	Total lbs.
Marijuana	1,491.60
Methamphetamine	26.12
Heroin	8.52
Cocaine	0.08
Prescription Pills	895 pills

Oklahoma Drug Endangered Children

Established in 2011, the Oklahoma Drug Endangered Children (ODEC) program is a nationally-recognized and certified outreach program based on the national model. The purpose of the program is to reduce child abuse and neglect related to drug abuse. Research suggests children who live in homes where others are abusing drugs are more likely to suffer abuse and neglect. From November 2012 to March 2016, the Oklahoma Department of Human Services (DHS) received 40,938 referrals.

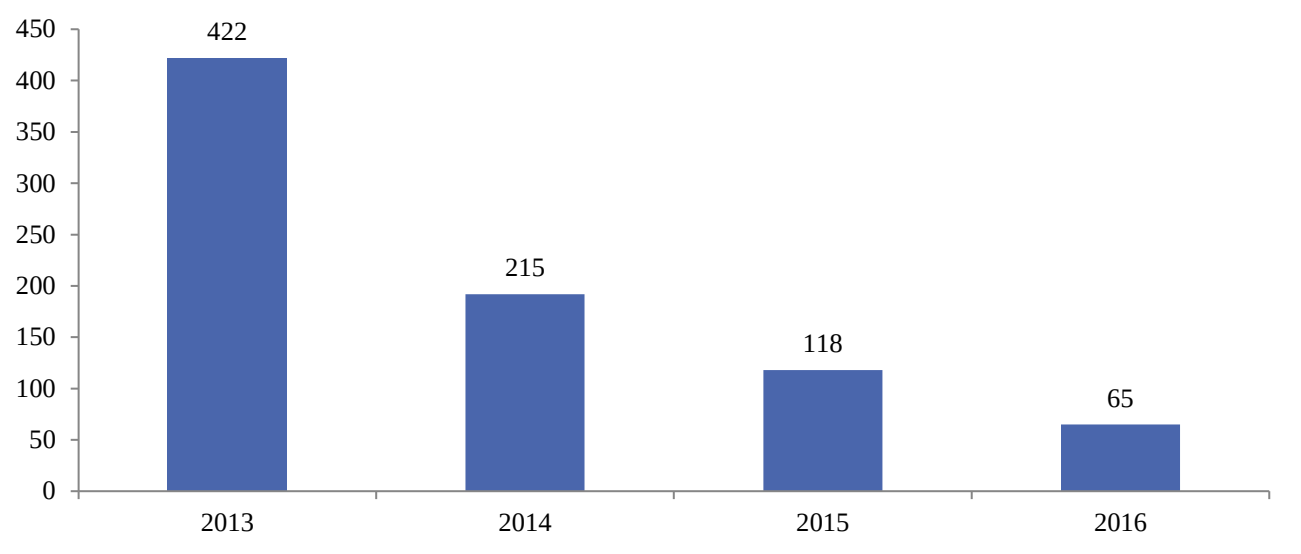
OBN works with other law enforcement, social service providers, medical professionals, legal professionals, and members of the non-profit community to advance evidence-based strategies in working with children exposed to the dangers of living in an environment where drugs are present. OBN and DHS worked with lawmakers in 2011 to pass legislation to define a drug endangered child, outline the appropriate use of assessments and investigations, and require regular reporting. The ODEC program proactively trains those professionals involved with keeping Oklahoma's children safe and healthy. In 2016, ODEC conducted 31 training programs across the state, including 8 regional trainings. ODEC provided 193.5 hours of free training to 1,158 attendees.

Methamphetamine Waste Container Program

OBN secured federal funding to implement the Methamphetamine Waste Container Program in 2011. OBN developed the program to assist law enforcement agencies across the state dispose of toxic waste created by the production of methamphetamine. Production of methamphetamine creates large amounts of hazardous waste. To make methamphetamine, meth cooks mix highly-flammable and toxic chemicals at clandestine lab sites. When they are finished, meth cooks abandon the lab site and leave behind the toxic waste.

In 1994, methamphetamine labs posed a significant threat to communities when the domestic production of methamphetamine increased around the state. In 1994, law enforcement seized 781 methamphetamine labs. The number of labs steadily increased, peaking in 2002 when law enforcement seized 1,254 methamphetamine labs. Because of stricter laws, the domestic production of methamphetamine significantly declined – law enforcement seized 64 labs in 2016.

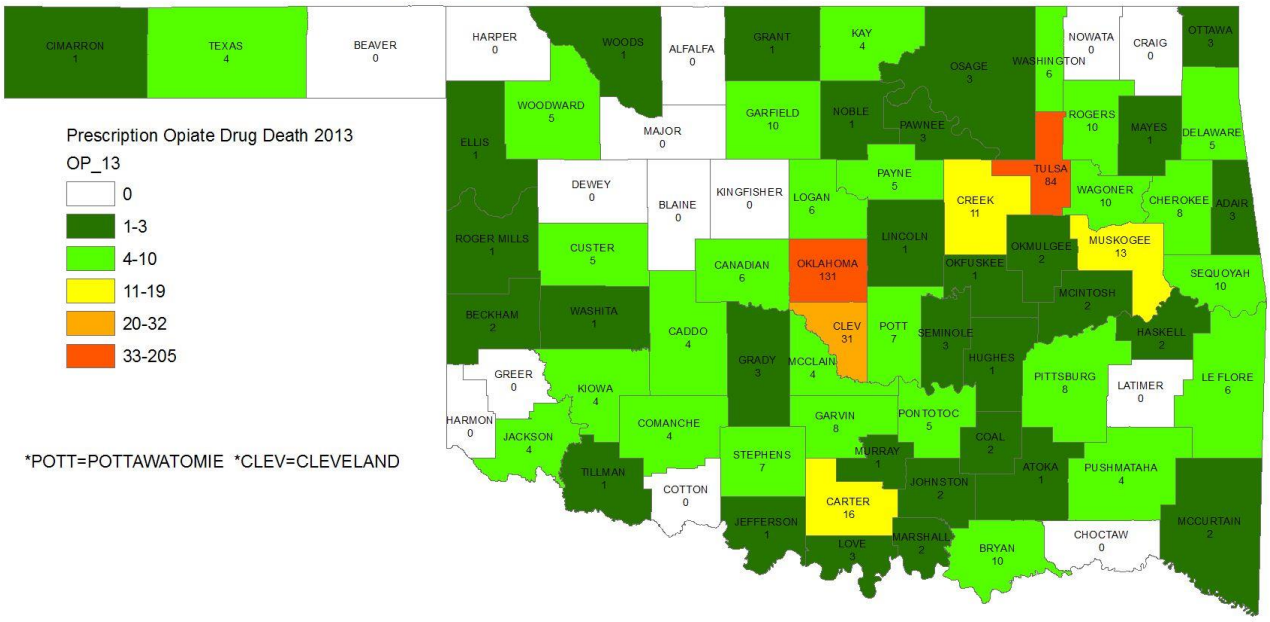
Table 18. Methamphetamine Labs Seized, 2013 to 2016



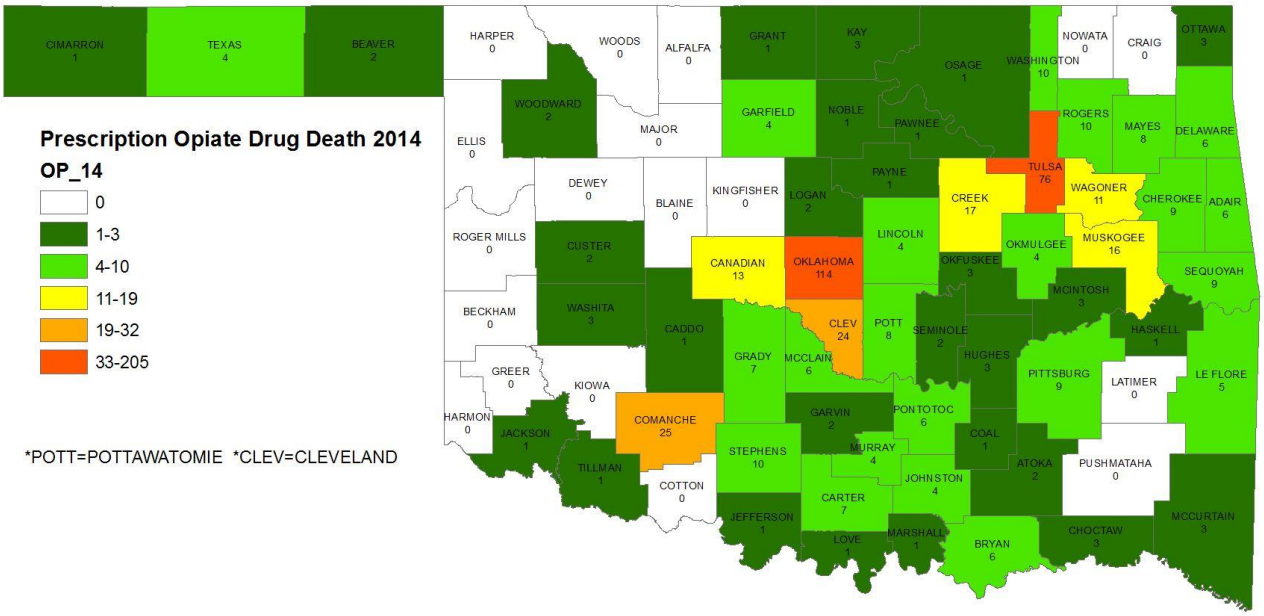
Cleanup of clandestine lab sites are expensive and labor intensive. Before the program was implemented, local law enforcement agencies across the state were burdened with high clean-up costs – on average environmental companies charged $1,800 to safely dispose of clandestine lab waste. In partnership with DEA and the Oklahoma Department of Corrections (DOC), OBN placed 12 waste containers across the state, trained law enforcement in the safe disposal of methamphetamine waste, and contracted with an environmental company. Law enforcement can now store lab waste at one of the 12 waste containers until an environmental company can transport the waste to a safe facility for destruction. Under this program, DEA pays for the safe disposal of the waste. To date, law enforcement has submitted more than 1,650 labs to a waste container site. Since its inception, OBN has trained over 350 officers on the safe use of waste container sites. Program administrators estimate this program has saved the state over $3,664,000.00.

Appendix

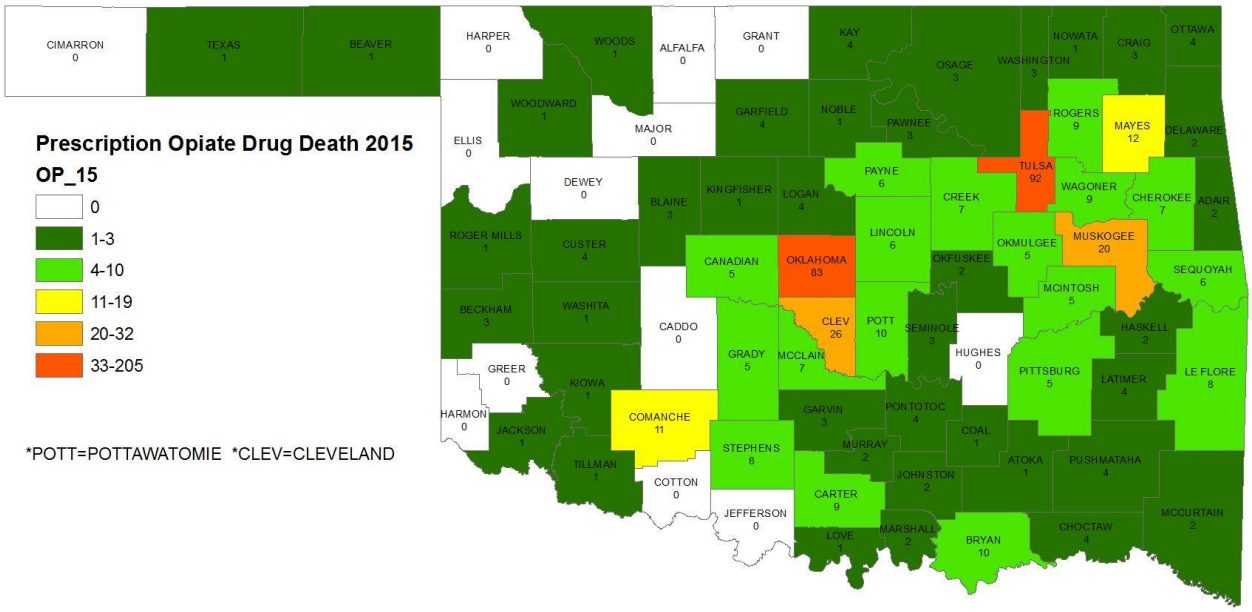
PRESCRIPTION OPIATE DRUG DEATHS 2013



PRESCRIPTION OPIATE DRUG DEATHS 2014



PRESCRIPTION OPIATE DRUG DEATHS 2015



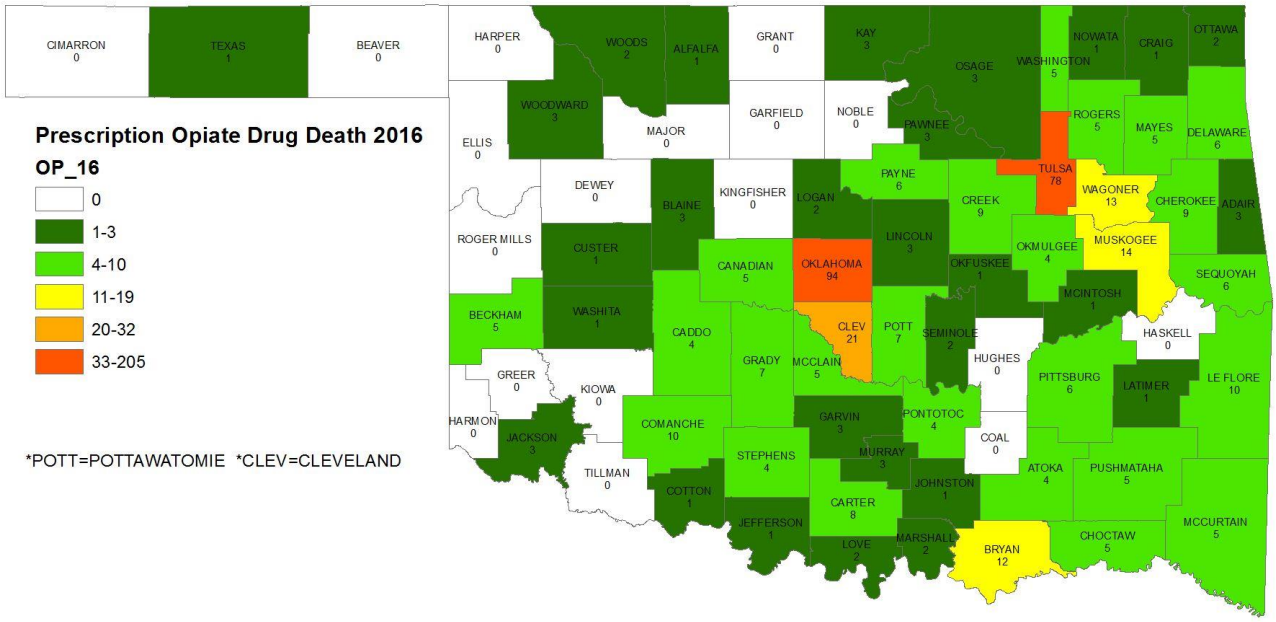
Prescription Opiate Drug Death 2015

OP_15

- 0
- 1-3
- 4-10
- 11-19
- 20-32
- 33-205

*POTT=POTTAWATOMIE *CLEV=CLEVELAND

PRESCRIPTION OPIATE DRUG DEATHS 2016



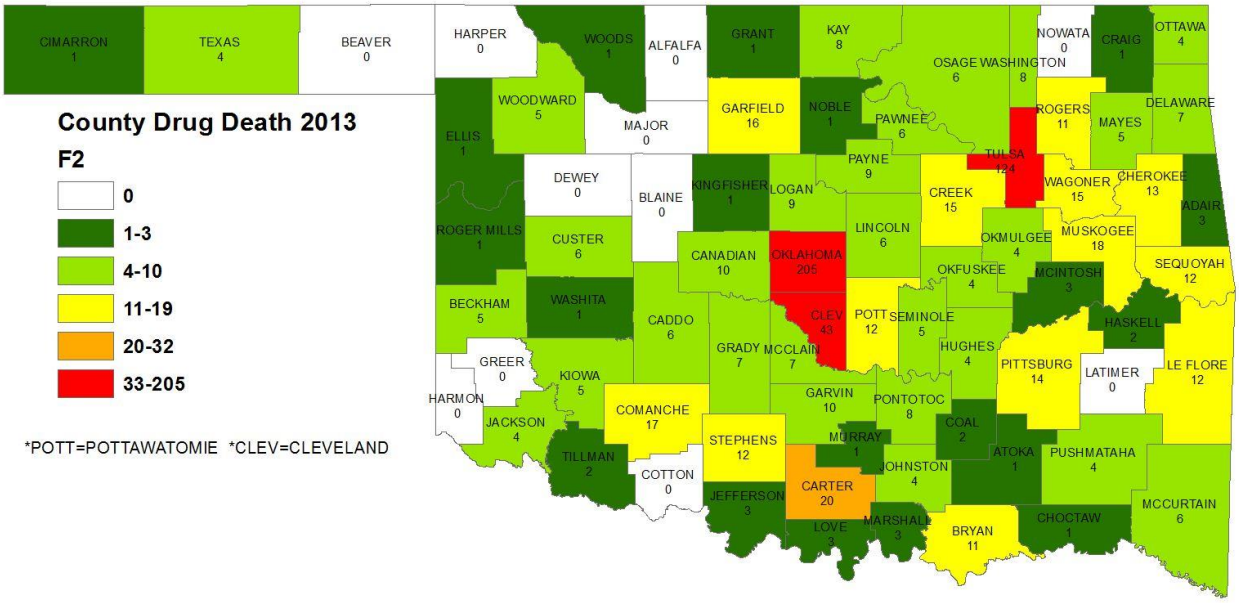
Prescription Opiate Drug Death 2016

OP_16

- 0
- 1-3
- 4-10
- 11-19
- 20-32
- 33-205

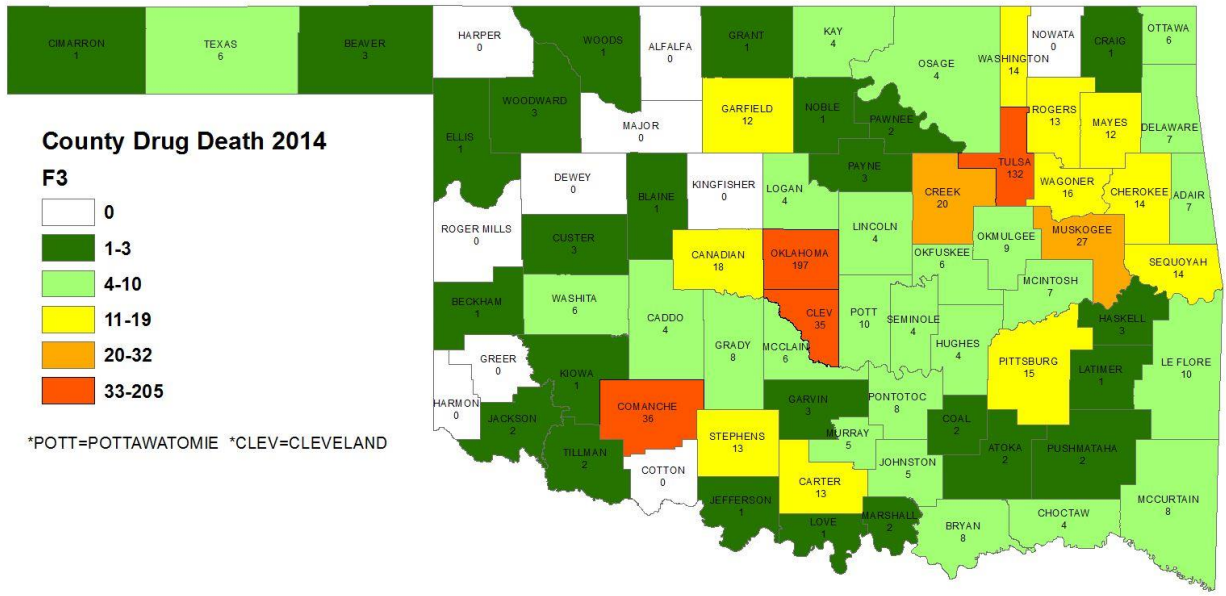
*POTT=POTTAWATOMIE *CLEV=CLEVELAND

DRUG DEATHS 2013



*POTT=POTTAWATOMIE *CLEV=CLEVELAND

DRUG DEATHS 2014



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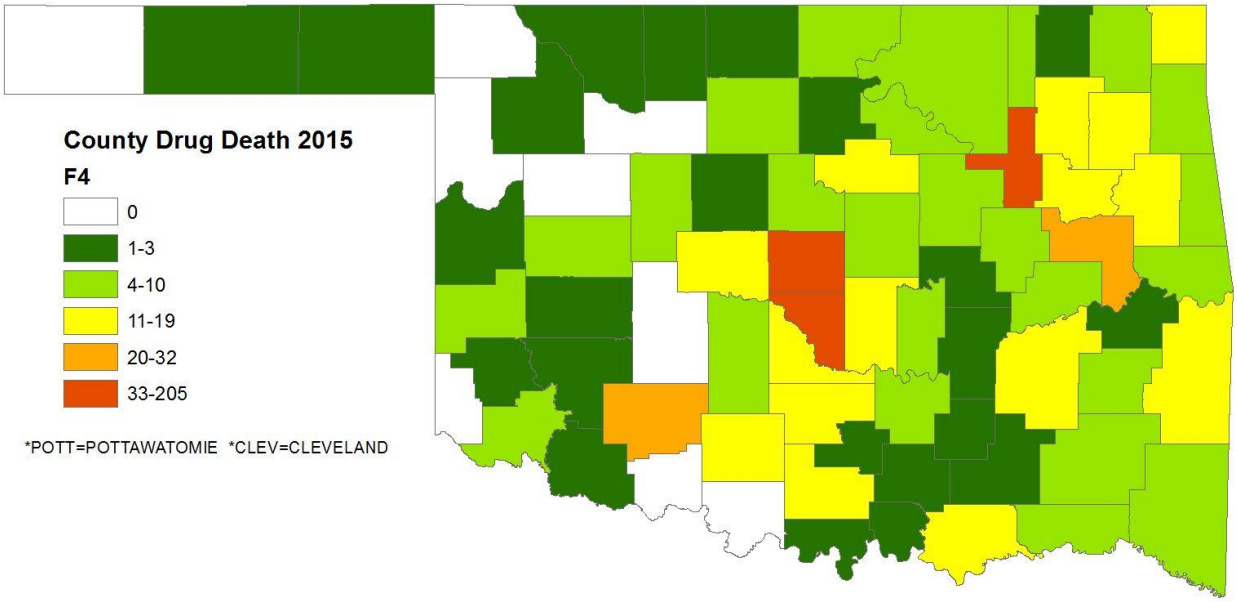
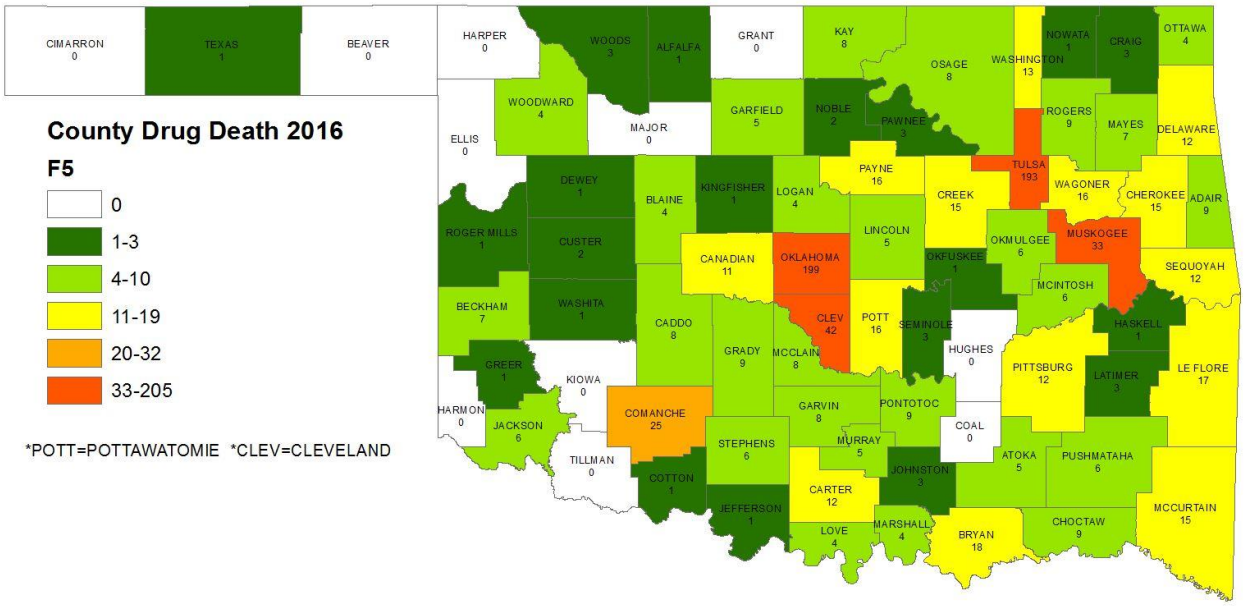
DRUG DEATHS 2015



DRUG DEATHS 2016



State of Oklahoma

Drug Deaths by County

County Name	2013	2014	2015	2016	County Name	2013	2014	2015	2016
Adair	3	7	5	9	McClain	7	6	13	8
Alfalfa	0	0	2	1	McCurtain	6	8	4	15
Atoka	1	2	3	5	McIntosh	3	7	7	6
Beaver	0	3	1	0	Murray	1	5	3	5
Beckham	5	1	5	7	Muskogee	18	27	24	33
Blaine	0	1	4	4	Noble	1	1	1	2
Bryan	11	8	11	18	Nowata	0	0	1	1
Caddo	6	4	0	8	Okfuskee	4	6	2	1
Canadian	10	18	11	11	Oklahoma	205	197	185	199
Carter	20	13	17	12	Okmulgee	4	9	8	6
Cherokee	13	14	13	15	Osage	6	4	4	8
Choctaw	1	4	5	9	Ottawa	4	6	11	4
Cimarron	1	1	0	0	Pawnee	6	2	5	3
Cleveland	43	35	45	42	Payne	9	3	11	16
Coal	2	2	1	0	Pittsburg	14	15	11	12
Comanche	17	36	20	25	Pontotoc	8	8	5	9
Cotton	0	0	0	1	Pottawatomie	12	10	16	16
Craig	1	1	4	3	Pushmataha	4	2	4	6
Creek	15	20	10	15	Roger Mills	1	0	1	1
Custer	6	3	6	2	Rogers	11	13	13	9
Delaware	7	7	4	12	Seminole	5	4	4	3
Dewey	0	0	0	1	Sequoyah	12	14	10	12
Ellis	1	1	0	0	Stephens	12	13	14	6
Garfield	16	12	5	5	Texas	4	6	1	1
Garvin	10	3	11	8	Tillman	2	2	1	0
Grady	7	8	7	9	Tulsa	124	132	184	193
Grant	1	1	1	0	Wagoner	15	16	12	16
Greer	0	0	1	1	Washington	8	14	7	13
Harmon	0	0	0	0	Washita	1	6	1	1
Harper	0	0	0	0	Woods	1	1	3	3
Haskell	2	3	3	1	Woodward	5	3	1	4
Hughes	4	4	1	0					
Jackson	4	2	7	6					
Jefferson	3	1	0	1	TOTAL	779	799	835	899
Johnston	4	5	3	3					
Kay	8	4	7	8					
Kingfisher	1	0	1	1					
Kiowa	5	1	2	0					
Latimer	0	1	6	3					
LeFlore	12	10	13	17					
Lincoln	6	4	9	5					
Logan	9	4	5	4					
Love	3	1	1	4					
Major	0	0	0	0					
Marshall	3	2	2	4					
Mayes	5	12	16	7					

State of Oklahoma

Prescription Opioid Drug Deaths by County

County Name	2013	2014	2015	2016	County Name	2013	2014	2015	2016
Adair	3	6	2	3	McClain	4	6	7	5
Alfalfa	0	0	0	1	McCurtain	2	3	2	5
Atoka	1	2	1	4	McIntosh	2	3	5	1
Beaver	0	2	1	0	Murray	1	4	2	3
Beckham	2	0	3	5	Muskogee	13	16	20	14
Blaine	0	0	3	3	Noble	1	1	1	0
Bryan	10	6	10	12	Nowata	0	0	1	1
Caddo	4	1	0	4	Okfuskee	1	3	2	1
Canadian	6	13	5	5	Oklahoma	131	114	83	94
Carter	16	7	9	8	Okmulgee	2	4	5	4
Cherokee	8	9	7	9	Osage	3	1	3	3
Choctaw	0	3	4	5	Ottawa	3	3	4	2
Cimarron	1	1	0	0	Pawnee	3	1	3	3
Cleveland	31	24	26	21	Payne	5	1	6	6
Coal	2	1	1	0	Pittsburg	8	9	5	6
Comanche	4	25	11	10	Pontotoc	5	6	4	4
Cotton	0	0	0	1	Pottawatomie	7	8	10	7
Craig	0	0	3	1	Pushmataha	4	0	4	5
Creek	11	17	7	9	Roger Mills	1	0	1	0
Custer	5	2	4	1	Rogers	10	10	9	5
Delaware	5	6	2	6	Seminole	3	2	3	2
Dewey	0	0	0	0	Sequoyah	10	9	6	6
Ellis	1	0	0	0	Stephens	7	10	8	4
Garfield	10	4	4	0	Texas	4	4	1	1
Garvin	8	2	3	3	Tillman	1	1	1	0
Grady	3	7	5	7	Tulsa	84	76	92	78
Grant	1	1	0	0	Wagoner	10	11	9	13
Greer	0	0	0	0	Washington	6	10	3	5
Harmon	0	0	0	0	Washita	1	3	1	1
Harper	0	0	0	0	Woods	1	0	1	2
Haskell	2	1	2	0	Woodward	5	2	1	3
Hughes	1	3	0	0					
Jackson	4	1	1	3					
Jefferson	1	1	0	1	Total	507	494	462	435
Johnston	2	4	2	1					
Kay	4	3	4	3					
Kingfisher	0	0	1	0					
Kiowa	4	0	1	0					
Latimer	0	0	4	1					
LeFlore	6	5	8	10					
Lincoln	1	4	6	3					
Logan	6	2	4	2					
Love	3	1	1	2					
Major	0	0	0	0					
Marshall	2	1	2	2					
Mayes	1	8	12	5					

2016 National Drug Threat Survey (NDTS) Respondents Reporting Greatest Drug Threat, by Drug, by Region (Percentage)

OCDETF Region	Heroin	Methamphetamine	CPDs*	Marijuana	Crack Cocaine	Powder Cocaine
Florida/Caribbean	15.2	21.7	11.3	23.7	19.5	2.6
Great Lakes	65.7	17	10.1	2.5	2.4	0.1
Mid-Atlantic	84.6	3.2	6.1	1.9	0.7	0
New England	74	2.8	13.5	6.2	0	0
New York/New Jersey	75.7	0.3	12.1	5.5	3.4	0
Pacific	37.1	49.6	4.9	4.8	0.2	1.7
Southeast	20.6	43.4	23.9	2.3	6.7	0.9
Southwest	4.7	70.5	3	12.3	0.3	0.6
West Central	26.9	56.3	9.8	3	1.8	1.2
Nationwide	**44.7**	**31.8**	**11.5**	**4.9**	**3.4**	**0.6**

Source: 2016 National Drug Threat Survey

*CPDs = Controlled Prescription Drugs

2016 National Drug Threat Survey (NDTS) Respondents Reporting Drug That Most Contributes to Violent Crime, by Region (Percentage)

OCDETF Region	Heroin	Methamphetamine	CPDs*	Marijuana	Crack Cocaine	Powder Cocaine
Florida/Caribbean	12.8	6.1	35.1	2.1	14.7	5.9
Great Lakes	25.4	35.1	11.3	3.5	7.3	1
Mid-Atlantic	22.5	34.9	12.5	5.1	5.9	5.9
New England	6.3	31.6	10.7	13.5	3.1	5.6
New York/New Jersey	5.5	33	22	5.8	3.7	2.9
Pacific	63.6	9.1	7.6	4	8.5	3.2
Southeast	34.7	6.5	23.9	8.7	2	4.6
Southwest	58.4	1.7	7	3.8	7.2	2.6
West Central	60.6	9	5.2	3.6	4.8	5
Nationwide	**33.7**	**20.2**	**14.2**	**5.5**	**5.4**	**3.5**

Source: 2016 National Drug Threat Survey

*CPDs = Controlled Prescription Drugs

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