Oklahoma Drug Threat Assessment

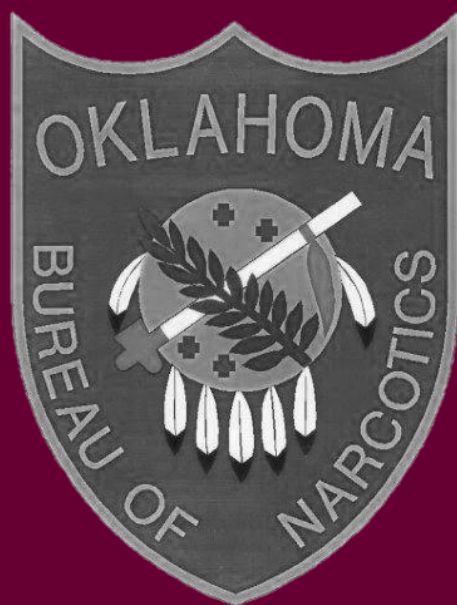# 2019

Oklahoma Bureau of Narcotics and Dangerous Drugs Control

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Acronyms and Abbreviations

COPS	Community Oriented Policing Services
DEA	Drug Enforcement Administration
DOC	Department of Corrections
DTAP	Drug Threat Assessment Project
DTO	Drug Trafficking Organization
EPIC	El Paso Intelligence Center
FDA	Food and Drug Administration
HIDTA	High Intensity Drug Trafficking Area
NDTA	National Drug Threat Assessment
OAC	Oklahoma Administrative Code
OCME	Office of the Chief Medical Examiner
ODEC	Oklahoma Drug Endangered Children
ODMAP	Overdose Detection Mapping Application Program
ODMHSAS	Oklahoma Department of Mental Health and Substance Abuse Services
OMMA	Oklahoma Medical Marijuana Authority
OSBI	Oklahoma State Bureau of Investigation
PMP	Oklahoma Prescription Monitoring Program
SAMHSA	Substance Abuse and Mental Health Services Administration
THC	Tetrahydrocannabinol

Executive Summary

The 2019 Oklahoma Drug Threat Assessment provides an overview of current drug trends and emerging drug threats in the state. The goal of this assessment is to provide public health and safety officials with data and information to assist them in making informed decisions about drug threats. This threat assessment is also beneficial to educators, community groups, parents, and the public as a resource to better understand the drug threats in Oklahoma.

This drug threat assessment includes state and county-level data for key drug indicators. Public safety indicators include drug arrests, drug-related fatality crashes, methamphetamine labs, interdiction activities, and drug lab submittals. Public health indicators include fatal drug-related overdoses, drug-related treatment admissions, and dispensed prescription opioids. This threat assessment also includes data and threat information from the National Drug Threat Assessment (NDTA) and the regional drug threat assessment published by the Texoma High Intensity Drug Trafficking Area (HIDTA) program. Survey responses collected from law enforcement are also included in this report.

This drug threat assessment is divided into three sections. The first section includes data and information about current drug trends and emerging drug threats in Oklahoma. The second section includes an overview of the agency's programs and initiatives. The final section includes county-level data and information for each judicial district.

Key findings from this year's drug threat assessment include:

- Methamphetamine remains the greatest drug threat in Oklahoma. The majority (90.4%) of law enforcement rated the seriousness of methamphetamine threat as "high" or "extremely high." The use, trafficking, and distribution of methamphetamine throughout the state continues to increase. Most methamphetamine available today in Oklahoma is produced in Mexico by large drug trafficking organizations. In 2018, Oklahoma reported 336 methamphetamine-related fatal overdoses, representing a 1.8% increase compared to 2017.
- The use of nonmedical marijuana and the diversion of medical marijuana continues to increase in Oklahoma. Over 75% of law enforcement rated the seriousness of the marijuana threat as "high" or "extremely high." Moreover, 90.2% of law enforcement rated the

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availability of marijuana in their jurisdiction as "high." Public safety and health officials are especially concerned about edibles and vaping products. Law enforcement from several counties reported an increase in the number of THC vapes and devices seized in 2018.

- The misuse and diversion of prescription opioids remains a threat in Oklahoma. Over 80% of law enforcement rated the seriousness of the prescription opioid threat in their jurisdiction as "high" or "extremely high." Over half (55.9%) of law enforcement reported no change in the amount of diverted prescription opioids available on the streets in their jurisdiction.

- In 2018, over 4.1 million opioid prescriptions were dispensed in Oklahoma, which equates to a prescribing rate of 105.1 opioid prescriptions per 100 people. The top five controlled prescriptions dispensed in Oklahoma included three opioids: hydrocodone, tramadol, and oxycodone. In 2018, the most common prescription opioids present in overdose deaths included oxycodone, hydrocodone, and fentanyl.

- The heroin threat continues to increase across the state. Almost 30% of law enforcement rated the seriousness of the heroin threat in their jurisdiction as "high" or "extremely high." Additionally, 40% of law enforcement rated the availability of heroin in their jurisdiction as "moderate." Drug lab submittals for heroin to the Oklahoma State Bureau of Investigation increased 8.2% in 2018, while heroin-related treatment admissions increased 24.8%. Oklahoma reported 56 heroin-related overdose deaths in 2018.

- When compared to other drug threats, cocaine remains a low drug threat in Oklahoma. The use of cocaine and crack cocaine has declined over the last two decades due, in part, to the popularity of methamphetamine in this part of the country. Just 10% of law enforcement rated the seriousness of the cocaine threat in their jurisdiction as "high" or "extremely high." Forty-five percent of law enforcement rated the availability of cocaine in their jurisdiction as "low."

- Other drug threats include the use and diversion of prescription stimulants and the production of counterfeit prescription pills. Almost half (48.7%) of law enforcement rated the seriousness of prescription stimulants in their jurisdiction as "high" or "extremely high." Mexico-based drug trafficking organizations traffic large quantities of counterfeit prescription pills in Oklahoma; in some instances, the pills were laced with fentanyl.

Table 1. Overview of Key Drug Indicators

Key Indicator	2016	2017	2018	% Change 2017 to 2018
Reported Arrests[1]				
Drug-related	22,413	20,782	18,981	-8.7%
Total arrests	119,179	114,135	108,858	-4.6%
% of total arrests related to drugs	18.8%	18.2%	17.4%	N/A
Reported Fatality Crashes[2]				
Drug-related	121	179	190	6.1%
Total fatality crashes	628	612	603	-1.5%
% of total fatality crashes related to drugs	19.3%	29.2%	31.5%	N/A
Lab Submittal Cases[3]				
Cocaine	374	506	473	-6.5%
Heroin	342	402	435	8.2%
Marijuana	4,841	5,945	5,064	-14.8%
Methamphetamine	8,000	9,110	7,703	-15.4%
Treatment Admissions[4]				
Cocaine	310	319	329	3.1%
Heroin	722	864	1,078	24.8%
Marijuana	3,114	2,979	3,006	0.9%
Methamphetamine	4,713	5,620	5,816	3.5%
Opiates	1,996	1,908	1,800	-5.7%
Prescription stimulants	494	407	489	20.1%
Fatal Overdoses[5]				
Prescription overdoses	519	412	296	-28.2%
Total overdoses	882	795	656	-17.5%
% of fatal overdoses related to prescription drugs	58.9%	51.8%	45.1%	N/A

[1] Crime in Oklahoma, Oklahoma State Bureau of Investigation
[2] Crash Facts, Oklahoma Highway Safety Office – Includes those crashes where at least one driver tested positive for drugs or where law enforcement suspected a driver was under the influence. Note: total number of fatality crashes, not number of individuals killed
[3] Yearly lab submittals to OSBI Forensic Laboratory, Oklahoma State Bureau of Investigation
[4] ODMHSAS Online Query System – includes counts of admissions at alcohol and drug certified providers with a service focus of alcohol or drug. Count is number of admissions, not number of unique persons. Primary drug of choice as reported. Published by fiscal year
[5] Office of the Chief Medical Examiner – analysis conducted by L. Baker, OBN. Data analyzed 02.04.20

Introduction

Oklahoma is located in the South Central region of the United States. The state is divided into 77 counties and 598 cities - the largest cities in Oklahoma are Tulsa and Oklahoma City. Oklahoma's Border States include Arkansas, Colorado, Kansas, Missouri, New Mexico, and Texas. An estimated 3.9 million people live in Oklahoma, representing an increase of 5.1% since 2010. The U.S. Census estimated the 2018 median household income in Oklahoma at $49,767, which is below the national average by almost $10,000. An estimated 16% of Oklahomans live in poverty according to the U.S. Census (see table 2).

Table 2. Oklahoma Demographics

Population	3,930,864
Land area (square miles)	68,595
Persons (per square mile)	54.7
Capital	Oklahoma City
Counties	77
Median household income	$49,767
Poverty line (% below)	15.8%
Unemployment rate	3.2%
Adult drug-related arrests*	17,798
Juvenile drug-related arrests*	1,183

Source: US Census Bureau; UCR Report, OSBI

* Includes drug possession and sales/manufacturing

Several factors contribute to the drug threat in Oklahoma. The extensive interstate highway system creates a unique challenge 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 to Duluth, Minnesota. Interstate 40, which extends east-west across Oklahoma, spans the nation from Barstow, California to Wilmington, North Carolina. State highways also make Oklahoma an ideal state to transport drugs.

Since the early 1990's, some of the most powerful drug trafficking organizations (DTOs) operating in Mexico have established distribution channels in Oklahoma. Law enforcement intelligence indicates Mexico-based DTOs transport and distribute large quantities of drugs throughout the

state. In its regional drug threat assessment, the Texoma HIDTA wrote, "Mexican DTO cells in Dallas and Oklahoma City often coordinate the transportation and distribution of methamphetamine, heroin, cocaine, and marijuana to other major cities in the Midwestern, Southeastern, and Northeastern United States, as the interstate highways that intersect North and West Texas and Oklahoma are natural transportation conduits" (p. 26).

In addition to the extensive highway system, the high rate of substance abuse in Oklahoma contributes to the drug threat. Oklahoma officials have limited resources to effectively address substance abuse; oftentimes, the demand for drug treatment exceeds the capacity of the treatment system. Data published by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) indicates drug-related treatment admissions increased 2.8% in fiscal year 2018. While treatment admissions increased in the state, the number of fatal drug-related overdoses decreased 17.8% compared to 2017. In 2018, Oklahoma's fatal overdose rate was 16.6 (per 100,000 people), representing a slight decrease compared to 2017. Pharmaceutical drugs were present in 45.1% of all fatal overdoses in 2018.

Figure 1. Fatal Drug Overdose Rates, by County - 2018
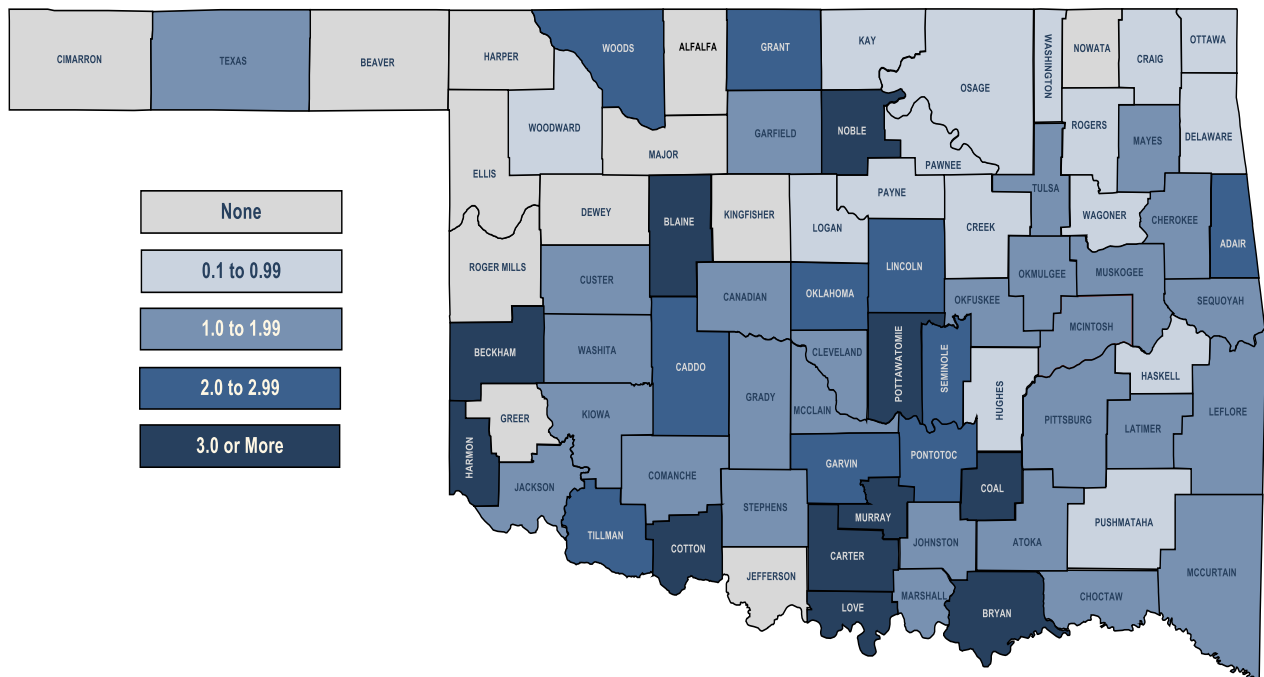
Source: Fatal Overdoses Dataset, OBN
* Per 10,000 people

Section 1: Current Threat Assessment

This section includes a current statewide threat assessment of the following drugs: methamphetamine, prescription opioids, heroin, cocaine, and non-medical marijuana. Methamphetamine remains the greatest illicit drug threat in Oklahoma, while non-medical marijuana remains the most widely available and commonly used drug in the state. The diversion of pharmaceutical drugs, namely prescription opioids, continues in Oklahoma. Heroin is emerging as a threat in our state. Finally, law enforcement and public health officials report that cocaine is an emerging drug threat in Oklahoma.

Methamphetamine

Methamphetamine remains the greatest illicit drug threat in Oklahoma. In fact, 90.4% of law enforcement rated the seriousness of the methamphetamine threat in their jurisdiction as "high" or "extremely high." The majority (81.3%) of law enforcement also rated the availability of methamphetamine in their jurisdiction as "high." Almost half (43.4%) of law enforcement reported an increase in the availability of methamphetamine compared to previous years. The use, trafficking, and distribution of methamphetamine throughout the state continues to increase as evidenced by the number of treatment admissions, fatal overdoses, and drug lab submittals.

Quick Facts: Methamphetamine	
Type	Stimulant
Appearance	Crystal-like powder, may come in large rock form – usually white or slightly yellow
Method of use	Smoked, ingested, snorted, injected
Common street names	Chalk, crank, croak, crypto, crystal, fire, glass, meth, tweek, or white cross
Primary source(s)	Mexico, surrounding states
Short-term effects	Insomnia, changes in appetite, irritability/agitation, anxiety, nervousness, convulsions, and heart attack
Long-term effects	Prolonged use of methamphetamine may cause paranoia, hallucinations, repetitive behavior, constant feeling of bugs crawling under skin

Source: http://www.drugfree.org/drug-guide/methamphetamine

Long-term use of methamphetamine may cause users to suffer from anxiety, confusion, insomnia, and mood disturbances. Individuals may also exhibit symptoms of psychosis while under the

influence of methamphetamine, including paranoia, visual and auditory hallucinations, and delusions.

The domestic production of methamphetamine continues to decline due to stricter laws, enforcement efforts, and the production of methamphetamine by Mexico-based DTOs. Most of the methamphetamine available in Oklahoma today is produced in Mexico and then smuggled across the Southwest Border by DTOs. In its annual regional threat assessment, the Texoma HIDTA wrote, "Methamphetamine is distributed throughout the Texoma HIDTA AOR in major metropolitan areas, residential communities, and rural towns. With the flood of cheap, high purity Mexican methamphetamine, drug production from non-Mexico based sources has continued to decline" (p. 11). Texoma HIDTA officials reported a 750% increase in the number of methamphetamine seizures from 2009 to 2017 (p. 8). In assessing the methamphetamine threat, the Texoma HIDTA determined:

> Methamphetamine entering the AOR is controlled almost entirely by Mexican DTOs. These DTOs oversee production of the drug in Mexico, subsequent importation into the United States, and finally the wholesale distribution by Mexican DTO operatives. Investigations by DEA in Oklahoma City have found direct links between Oklahoma cells and high-ranking members of the Sinaloa Cartel…Mexican DTO cells in Dallas and Oklahoma often coordinate the transportation and distribution of methamphetamine, heroin, cocaine, and marijuana to other major cities in the Midwestern, Southeastern, and Northeastern United States. (p. 26)

> Texoma HIDTA investigations have indicated that along with the DFW area, Oklahoma City, Tulsa, Lubbock, and Amarillo have become primary methamphetamine distribution points for Mexico-based DTOs (these cities were previously secondary locations, supplied via other US cities). The cell heads stationed in these cities now communicate directly with command and control elements in Mexico and it is increasing common for large methamphetamine shipments to be sent directly to these locations. (p. 9)

> In Oklahoma City and Tulsa, street level distribution of methamphetamine is predominately controlled by Hispanic gangs…the Irish Mob and Indian Brotherhood gangs dominate the Oklahoma Prison System and control a large portion of the retail methamphetamine trafficking in the region. (p. 10)

Drug lab data from the Oklahoma State Bureau of Investigation (OSBI) indicates a 15.4% decrease in the number of methamphetamine cases submitted by law enforcement from 2017 to 2018. Law

enforcement officials suspect this decrease is due, in part, to recent changes in Oklahoma's drug laws. Drug possession is now a misdemeanor in Oklahoma.

Even though the number of methamphetamine cases submitted by law enforcement decreased in 2018, other indicators suggest that methamphetamine remains the greatest drug threat in Oklahoma. For instance, the price of methamphetamine has significantly decreased in recent years. In 2014, OBN Agents paid $1,000 to $1,500 for an ounce of methamphetamine; today, agents pay $250 to $600 for an ounce of methamphetamine (OBN, 2019). The price of methamphetamine is a good indicator for understanding the level of availability – the price is so low right now because the illicit drug market in Oklahoma is flooded with methamphetamine.

Public health indicators also suggest methamphetamine is a major threat in the state. More Oklahomans are seeking treatment for methamphetamine addiction compared to previous years. Based on ODMHSAS data, the number of admissions in fiscal year 2018 for methamphetamine as primary drug of choice in Oklahoma increased 3.8% compared to fiscal year 2017. Likewise, the number of methamphetamine-related fatal overdoses continues to increase each year. In 2018, Oklahoma reported 336 methamphetamine-related fatal overdoses, representing a 1.8% increase compared to 2017 (OBN, 2019).

Marijuana

The use of nonmedical marijuana and the diversion of medical marijuana continues to increase in Oklahoma. Over 75% of law enforcement agencies rated the seriousness of the marijuana threat in their jurisdiction as "high" or "extremely high." The majority (90.2%) of law enforcement also rated the availability of marijuana in their jurisdiction as "high." Furthermore, 57.9% of law enforcement reported an increase in the availability of marijuana compared to previous years. Marijuana remains the most widely available and commonly used drug in Oklahoma.

While marijuana remains illegal under federal law, many states (including Oklahoma) have passed legislation or passed referendums/initiatives legalizing the cultivation, possession, and use of marijuana for medicinal and/or recreational purposes. In June 2018, Oklahomans approved State Question 788, the Medical Marijuana Legalization Initiative, which legalized the medical use of marijuana by patients who have state-issued medical marijuana cards. Oklahoma is unique in that patients can receive a medical marijuana card for any medical condition. Oklahoma is also a "home

grow" state, which means that patients and caregivers are allowed to grow marijuana for personal use.

SQ788 did not address many of the regulatory and logistical issues of the state's medical marijuana program. In response, Oklahoma lawmakers passed the Oklahoma Medical Marijuana and Patient Protection Act, or "Unity Bill," in 2019. This Act created the Oklahoma Medical Marijuana Authority (OMMA). OMMA is responsible for regulating the medical marijuana program in Oklahoma. Lawmakers also established requirements related to the testing, labeling, and tracking of medical marijuana products.

The use of marijuana for nonmedicinal purposes is still illegal in Oklahoma. Marijuana is the most widely available and commonly used drug in the state. The illicit marijuana market in Oklahoma is supplied by domestic-produced marijuana, diverted domestic state-approved marijuana, and foreign-produced marijuana trafficked into the U.S. (DEA, 2019). According to the NDTA, "The majority of marijuana available in the United States is illicitly produced in the U.S. by growers purportedly licensed at the state level to serve "medical" or personal use products, or by drug trafficking organizations producing marijuana in the United States" (p. 81).

Quick Facts: Marijuana	
Type	Cannabis
Appearance	Multiple forms: 1) green leafy substance; 2) wax; 3) edible products
Method of use	Smoked and ingested
Common street names	Mary Jane, Aunt Mary, Boom Chronic, Dope, Grass, Hash, Herb, Pot, Reefer, Skunk, Weed
Primary source(s)	Mexico, surrounding states
Short-term effects	Learning and memory problems, distorted thinking, problem solving difficulty, loss of motor coordination, hallucinations, anxiety
Long-term effects	Prolonged use of marijuana may cause depression, paranoia, respiratory problems, impaired learning and memory functions.

Source: http://www.drugfree.org/drug/marijuana

Public safety and health officials in Oklahoma are concerned about the use of nonmedical marijuana and the diversion of medical marijuana, especially among youth. An emerging trend is the use of electronic cigarettes to ingest or "vape" marijuana. Electronic cigarettes, or e-cigarettes, use a battery-powered device to heat a liquid that releases chemicals in an inhalable aerosol. Users can purchase vape pens or cartridges that contain marijuana. Law enforcement from several

counties reported an increase in the number of THC vapes and devices seized in 2018. Public health officials and researchers do not fully understand the short and long-term effects of vaping marijuana.

Public safety and health officials are also concerned about edible marijuana products. Edibles contain high levels of THC and are often packaged as popular candy products or pastries. In some instances, users do not experience the effects of edible marijuana for 30 minutes to an hour because the drug must first pass through the digestive system. This delayed effect may cause some users to consume more product, when may then cause serious adverse side effects like intense anxiety, fear, panic, hallucinations, vomiting, and even psychosis.

In 2018, law enforcement submitted 5,064 seizures of marijuana to OSBI, representing a 14.8% decrease compared to 2017 (OSBI, 2018). Overall, law enforcement reported fewer marijuana-related arrests in 2018. Arrests for the possession of marijuana decreased 8.3% in 2018, but arrests for the sale or manufacturing of marijuana increased 5.5% (OSBI, 2018). Treatment admissions increased 0.9% in 2018 with 3,006 reported admissions where marijuana was listed as the primary drug of choice (ODMHSAS, 2019).

Prescription Opioids

The misuse and diversion of prescription opioids remains a threat in Oklahoma. Over 80% of law enforcement rated the seriousness of the prescription opioid threat in their jurisdiction as "high" or "extremely high." The majority (73.9%) of law enforcement also rated the availability of prescription

Opioid Prescriptions in Oklahoma, 2018	
Total number dispensed	**4,130,352**
Average number per month	344,196
Average number per week	79,430
Average number per day	11,316
Average number per hour	472

Source: Oklahoma PMP

opioids in their jurisdiction as "high." Over half (55.9%) of law enforcement reported no change in the availability of prescription opioids compared to previous years. As for demand, 51% of law enforcement reported no change in the demand for prescription opioids in their jurisdiction.

Doctors prescribe opioids to patients who are experiencing pain. While effective at treating pain, prescription opioids also make people feel "high." In the past, the public was misinformed about the potential risks associated with prescription opioids. Many people viewed prescription opioids as "safe" because they were prescribed by a medical provider. In recent years, public health and public safety officials have worked to educate the public about the harmful effects of prescription opioids.

The misuse and diversion of prescription opioids leads to an increase in the number of treatment admissions, hospitalizations, and overdose deaths. Those who misuse prescription opioids may exhibit drug seeking behaviors, including "doctor shopping," visiting multiple emergency rooms in a short time period, stealing medication from family or friends, stealing prescription pads from a doctor's office, or calling a pharmacy to make a fraudulent phone order.

Quick Facts: Prescription Opioids	
Type	Narcotics
Appearance	Multiple forms: tablets/capsules, liquids, and patches
Method of use	Smoked and ingested
Common street names	Percs, Vike, Apache, China Girl, China White, Mister Blue, Morpho, Dillies, Sizzurp, Purple Drank, Oxy, Hillbilly Heroin
Common opioids	Hydrocodone, Oxycodone, Tramadol, Buprenorphine, Fentanyl, Morphine, Codeine
Short-term effects	Drowsiness, slowed breathing, constipation, nausea, confusion, paranoia
Long-term effects	Prolonged abuse of opioids may lead to liver damage, brain damage, dependence and addiction

Source: http://www.drugfree.org/drug/prescription-pain-relievers-opioids

According to data from the Oklahoma Prescription Monitoring Program (PMP), over 4.1 million opioid prescriptions were dispensed in Oklahoma in 2018, which equates to a prescribing rate of 105.1 opioid prescriptions per 100 people. Johnston County had the highest prescribing rate of opioid prescriptions at 174.6 per 100 people, while Grant County had the lowest prescribing rate at 21.2 per 100 people (see figure 2). Other counties with high prescribing rates in 2018 included McIntosh (168.7), Muskogee (167.3), Pontotoc (164.0), and Choctaw (159.8).

In 2018, the top five controlled prescriptions dispensed in Oklahoma included three opioids: hydrocodone, tramadol, and oxycodone. While the prescribing rate of opioid prescriptions remains high, the actual number of prescriptions dispensed is decreasing throughout the state. From 2017

to 2018, prescriptions for hydrocodone decreased 12.4%. The number of prescriptions for tramadol and oxycodone also decreased in 2018 (8.4% and 9.6%). Treatment admissions related to prescription opioids also decreased in 2018. According to ODMHSAS data, the number of admissions for opioids as primary drug of choice in Oklahoma decreased 6.1% in fiscal year 2018. In 2018, the most common prescription opioids present in overdose deaths included oxycodone (56 deaths), hydrocodone (51 deaths), and fentanyl (39 deaths).

Figure 2. County Opioid Prescribing Rates, 2018
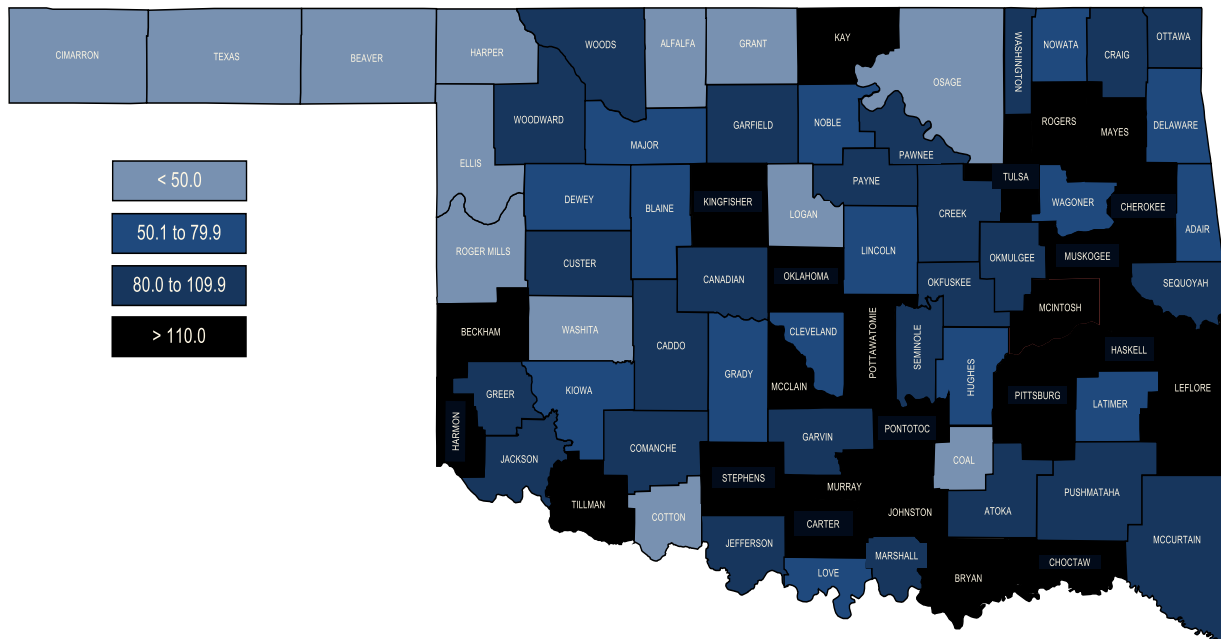
Source: Oklahoma PMP

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 pain killer and an anesthetic. Because of its strong opioid effects, fentanyl is an attractive drug of abuse for some users. In 2018, fentanyl contributed to 39 overdose deaths in Oklahoma (OBN, 2019). In assessing the fentanyl threat, the Texoma HIDTA wrote:

> What is particularly alarming with recent fentanyl encounters in the Texoma HIDTA region is the comingling of fentanyl and fentanyl-related opioids by some traffickers alongside the distribution of other controlled substances, including marijuana, diverted pharmaceuticals, methamphetamine, heroin, and cocaine. This suggests a growing interest on the part of the poly-drug street distributors and/or

gang members to add fentanyl or other synthetic opioids to their illicit retail businesses. (p. 15)

Fentanyl is often mixed into heroin or pressed into counterfeit prescription drugs. In August 2017, law enforcement in Oklahoma seized 26 pounds of suspected fentanyl during a traffic stop in Oklahoma City. The fentanyl was concealed in a false compartment, and the driver was destined for New Jersey (Texoma HIDTA, 2019).

Heroin

The heroin threat continues to increase in Oklahoma. Almost 30% of law enforcement rated the seriousness of the heroin threat in their jurisdiction as "high" or "extremely high." Forty percent of law enforcement rated the availability of heroin in their jurisdiction as "moderate." Law enforcement from the state's largest cities – Oklahoma City and Tulsa – reported an increase in the availability of heroin in their jurisdiction. Law enforcement also reported that the demand for heroin has increased on the streets compared to previous years.

Heroin is derived from the opium poppy plant. The majority of illicit opium poppy is grown in Southeast Asia or in the mountains of Afghanistan, Iran, and Pakistan; however, Mexico-based DTOs also grow opium poppy plants in Mexico and Columbia. In the national threat assessment, DEA officials wrote, "Mexico remains the primary source of heroin available in the United States according to all available sources of intelligence, including law enforcement investigations and scientific data. Further, significant increases in opium poppy cultivation and heroin production in Mexico allow Mexican DTOs to

Quick Facts: Heroin	
Type	Opiate
Appearance	Two forms: 1) white or brown powder or 2) tar-like substance
Method of use	Injected, snorted, or smoked
Common street names	H, Smack, Junk, Black Tar, Doojee, Brown Sugar, Dope, and Skag
Primary source(s)	Asia and Mexico
Short-term effects	Constricted blood vessels; drowsiness, dry mouth, slowed and slurred speech, and apathy
Long-term effects	Prolonged use of heroin may cause collapsed veins, abscesses, pulmonary complications, liver disease, and death.

Source: http://www.drugfree.org/drug/drug-heroin

supply high-purity, low-cost heroin, even as U.S. demand has continued to increase" (p. vi).

In its annual regional drug threat assessment, the Texoma HIDTA wrote, "Mexican black tar heroin, and, to a lesser extent, Mexican brown heroin, remain the most prevalent forms of heroin encountered in the Texoma HIDTA AOR" (p. 11). In Oklahoma, most heroin sold on the street is packaged in balloons. In assessing the heroin threat, the Texoma HIDTA wrote:

> Texoma HIDTA initiatives based in Oklahoma and DEA Oklahoma City have noted the presence of entrenched distribution cells being supplied by Mexican DTOs based in Nayarit and Sinaloa. These organizations often rotate personnel between Oklahoma City and Nayarit, utilizing a dispatch system that allows operational cell heads to manage distribution activity in Oklahoma from remote locations (in California or Mexico). Oklahoma-based DTO workers receive multi-kilogram shipments of heroin and then repackage the drug for street-level distribution, generally in $40 and $90 balloons. (p. 13)

The number of heroin cases submitted by law enforcement to the OSBI increased in 2018. Oklahoma law enforcement submitted 435 seizures of heroin to the OSBI, representing an 8.2% increase compared to 2017. Law enforcement from counties with larger populations – Tulsa, Oklahoma, Cleveland, McClain, and Canadian – submitted over 70% of heroin seizures to the OSBI in 2018. OBN Interdiction Agents seized 3.4 pounds of heroin from vehicles driving through Oklahoma in 2018.

Public health indicators also suggest heroin is an emerging threat in Oklahoma. Heroin-related treatment admissions continue to increase each year. According to ODMHSAS data, the number of admissions for heroin as primary drug of choice in Oklahoma increased 24.6% in fiscal year 2018. Oklahoma also reported 56 heroin-related fatal overdoses in 2018 (OBN, 2019).

Cocaine

Based on current law enforcement information and intelligence, cocaine remains a low drug threat in Oklahoma. Approximately 10% of law enforcement rated the seriousness of the cocaine threat in their jurisdiction as "high" or "extremely high." Almost half (45%) of law enforcement rated the availability of cocaine (both powder and crack) in their jurisdiction as "low." Seventy-two percent of law enforcement reported no change in the availability of cocaine compared to previous years.

The use of cocaine and crack cocaine has declined over the last two decades due to the popularity of methamphetamine in this part of the country. However, several indicators suggest cocaine is emerging as a drug threat in the state. In its national threat assessment, DEA officials wrote, "Cocaine availability and use in the United States have rebounded, in large part due to the significant increases in coca cultivation and cocaine production in Columbia" (p. vi).

Cocaine is a highly addictive drug. Cocaine abusers 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.

Columbia is the primary source for cocaine in the United States; in fact, 90% of cocaine in the US is imported from Columbia. Mexico-based DTOs control the retail distribution of powder cocaine, while street gangs control much of the distribution of crack cocaine. The most prevalent form of cocaine distributed in Oklahoma is powder cocaine; however, law enforcement in Oklahoma City, Tulsa, and Lawton seized small amounts of crack cocaine. In assessing the crack cocaine threat, the Texoma HIDTA determined:

Quick Facts: Cocaine	
Type	Stimulant
Appearance	Two forms: 1) white crystalline powder or 2) hard chips, chunks, or rocks
Method of use	Injected, snorted, or smoked
Common street names	Big C, Blow, Coke, Flake, Freebase, Lady, Nose Candy, Rock, Snow, Snowbirds, White Crack
Primary source(s)	Columbia, Mexico
Short-term effects	Constricted blood vessels; dilated pupils; increased temperature, heart rate, and blood pressure; insomnia; loss of appetite; anxiety; and irritability
Long-term effects	Prolonged use of cocaine may cause paranoid behavior. If snorted, cocaine may cause ulceration of the nose.

Source: http://www.drugfree.org/drug/cocaine-crack

> Crack cocaine in Tulsa has been dominated by the Hoover Crips street gang. Past investigations have identified links between the leadership of the Tulsa Hoover Crips and Oklahoma City and Tulsa-based Mexican sources of supply for cocaine and marijuana. Within Tulsa, the Hoover Crips and Neighborhood Crips have a long-standing feud, leading to all-out war from time to time. Other African American gang sets affiliated with the Bloods operate in Tulsa, including Pirus and Red Mob Gangsters. (p.32)

Law enforcement in Oklahoma submitted 473 seizures of cocaine to the OSBI in 2018; of those, over half (52.9%) of submittals were submitted by law enforcement from Canadian, Cleveland, Comanche, Oklahoma, and Tulsa counties. Arrests for the possession, sale, and manufacturing of cocaine decreased 25.1% in 2018 when compared to 2017 (OSBI, 2018). Treatment admissions increased slightly in fiscal year 2018 with 329 reported admissions for cocaine listed as the primary drug of choice (ODMHSAS, 2019).

Outlook

The 2019 Oklahoma Drug Threat Assessment provides an overview of current drug trends and emerging drug threats in the state. The purpose of this assessment is to provide public health and safety officials with data and information to assist them in making informed decisions about drug threats. This threat assessment is also beneficial to educators, community groups, parents, and the public as a resource to better understand the drug threats in Oklahoma. This year's outlook is based on the information included in this assessment.

- Methamphetamine will remain the greatest drug threat in Oklahoma. Availability indicators (including price and purity) suggest Mexico-based DTOs will continue to traffic and distribute large quantities of methamphetamine throughout the state.
- The use of nonmedical marijuana and the diversion of medical marijuana will continue to increase. Public safety and public health officials will continue to spend considerable resources to implement the medical marijuana program.
- The misuse and diversion of prescription opioids will remain a threat in Oklahoma. While lawmakers and public officials have worked to address the opioid crisis, key public safety and public health indicators suggest the illegal market for prescription opioids is strong.
- The heroin threat remains an emerging threat in Oklahoma. The demand for cheaper alternatives to prescription opioids contributed to the heroin abuse epidemic across the nation, and Oklahoma is not immune from this epidemic or its effects.
- Threats related to the diversion of prescription stimulants, the production of counterfeit pills, and the importation of cocaine will continue to increase in Oklahoma.

Section 2: OBN Programs

OBN is the primary drug enforcement agency in Oklahoma. The agency's mission is to eliminate the abuse of illicit drugs and controlled dangerous substances through enforcement directed at emerging and pervasive drug threats, human trafficking, and money laundering. OBN enforces the Uniform Controlled Dangerous Substances Act, codified in Title 63 O.S. §2-101 et seq. and Oklahoma Administrative Code (OAC) 475:1-1-1 et seq.

OBN provides logistical and technical support to local, state, federal, and tribal law enforcement agencies for drug enforcement. To do this, OBN collaborates with public safety and public health partners to implement multi-jurisdictional law enforcement and intelligence initiatives designed to identify and dismantle major drug trafficking organizations operating in Oklahoma and surrounding states.

One of the agency's top priorities is to collect, analyze, and share drug-related information and intelligence with law enforcement, public health service providers, and other public sectors. Lawmakers, law enforcement, and other decision makers use this information to develop and implement data-driven strategies to reduce drug activity across Oklahoma. Other OBN programs designed to achieve the agency's mission include the Prescription Drug Monitoring Program, the Marijuana Eradication Program, the Safe Trips for Scripts Drug Prevention Program, and the Oklahoma Drug Endangered Children Program.

Oklahoma Prescription Monitoring Program

The Oklahoma Prescription Monitoring Program (PMP) is a valuable tool for medical providers and law enforcement to prevent and detect the diversion and abuse of controlled prescription drugs. PMPs are state-based electronic databases that allow pharmacies to enter prescription and dispensation data. PMP data are then used by medical professionals to make informed prescribing decisions. Medical boards use PMP data to assist them in providing administrative oversight, while law enforcement use the data to conduct both administrative and criminal investigations.

While prescription monitoring programs have been in place since the 1930's to help control diversion, states did not collect or store prescribing and dispensing information until the early

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1990's. OBN implemented the web-based PMP in 2006, and Oklahoma lawmakers mandated the use of the PMP system by prescribers in 2015.

Table 3. Top Five Prescriptions, by Year

	2014	2015	2016	2017	2018
Hydrocodone	2,624,911	2,231,711	2,048,734	1,907,347	1,667,590
Oxycodone	783,166	888,028	899,290	874,692	788,720
Alprazolam	816,273	819,863	782,353	728,284	629,245
Tramadol	753,672	807,675	811,103	776,373	710,156
Zolpidem	631,275	608,725	578,768	543,801	496,122

Source: Oklahoma PMP

Safe Trips for Scripts Drug Prevention Program

OBN started the Safe Trips for Scripts Prevention Program in 2011. The purpose of the program is to provide citizens with a safe way to dispose of unwanted medications. OBN maintains 181 take-back boxes that are located in lobbies of police departments and sheriffs' offices around the state. In the last five years, OBN has collected and disposed more than 65 tons of unwanted medication.

OBN partnered with *Oklahoma Roll-Off*, a private storage container company that provides a free metal storage container to collect and transport the medications. Each quarter, OBN escorts an Oklahoma Roll-Off vehicle filled with unwanted medications from the Oklahoma City warehouse to Covanta Energy in Tulsa, Oklahoma. Covanta Energy then converts the medication into clean energy for the state.

Interdiction Unit

OBN's Interdiction Unit works to reduce drug trafficking in Oklahoma by enforcing drug laws on the highways. Because of the extensive highway system, DTOs prefer to transport illegal drugs through Oklahoma to other drug markets across the nation. Typically, DTOs employ cell members who are responsible for smuggling drugs to Oklahoma from Mexico through the Laredo and El Paso/Juarez plazas.

DTOs use technology, concealed compartments, and other techniques to avoid detection by law enforcement. In the past, most highway interdiction seizures in Oklahoma were transient loads of drugs passing through the state destined for larger cities; however, drugs from recent drug seizures were destined for Oklahoma. In fact, law enforcement in neighboring states (e.g., Texas and New Mexico) have interdicted large shipments of drugs destined for Oklahoma. In 2018, OBN Interdiction Agents seized 881 pounds of marijuana, 15 pounds of methamphetamine, 20 pounds of cocaine, and 3.4 pounds of heroin.

Methamphetamine Waste Container Program

In 2003, OBN implemented the Methamphetamine Waste Container Program as part of a grant for Community Oriented Policing Services (COPS). With assistance from the Drug Enforcement Administration (DEA), OBN developed the program to provide law enforcement with a safe method to dispose toxic waste created by those cooking methamphetamine. Using federal grant funds, OBN installed five methamphetamine waste containers in secure locations around the state. Since then, OBN partnered with DEA and the Oklahoma Department of Corrections (DOC) to install seven additional containers.

Prior to this program, local law enforcement agencies were burdened with high clean-up costs; on average, environmental companies charged law enforcement $1,800 to dispose of clandestine lab waste. Today, law enforcement is able to dispose of methamphetamine lab waste into one of the 12 waste containers. There is no charge to law enforcement for this service. An environmental company is responsible for transporting the waste from the lab container to a facility for safe destruction. To date, law enforcement has disposed of over 1,600 methamphetamine labs.

Oklahoma Drug Endangered Children

Established in 2011, the Oklahoma Drug Endangered Children (ODEC) is a nationally-recognized and certified outreach program based on the National Alliance for Drug Endangered Children Model. The purpose of the program is to reduce child abuse and neglect related to drug abuse. 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 drugs.

The Drug Threat Assessment Project

OBN is committed to collecting, analyzing, and sharing drug-related information and intelligence with law enforcement, medical providers, and other stakeholders. In 2018, OBN implemented the Drug Threat Assessment Project (DTAP). The project, which is modeled after New Jersey's Drug Monitoring Initiative, is a drug incident and information sharing project. OBN analysts use information collected as part of this project to develop intelligence bulletins and other publications.

OBN continues to work toward the five main goals of this project. First, OBN collects timely and accurate statewide public safety and public health data to understand drug trends and assess current threats. Second, OBN continues to develop and maintain working relationships with public safety and public health partners. Third, OBN provides intelligence bulletins and other products to increase the state's awareness of drug threats in Oklahoma. Fourth, OBN continues to work toward creating comprehensive response plans based on project findings and best practices. For example, OBN secured funds last year to support the creation of two statewide drug task forces. Finally, OBN continues to find ways to influence the development of effective drug policy and practices in Oklahoma.

Overdose Detection Mapping Application Program (ODMAP)

OBN continues to work with local and state officials to implement the Overdose Detection Mapping Application Program (ODMAP). Originally created by the Washington/Baltimore HIDTA, ODMAP is a free mobile tool for first responders to enter and share real-time overdose data across jurisdictions. OBN's goal is for all law enforcement and first responders to enter overdose information in ODMAP. To date, 96 agencies in Oklahoma have registered for ODMAP. Sixty-two percent of Oklahoma's counties have at least one agency registered for ODMAP, and over half of all Oklahomans live in a jurisdiction where at least one agency is registered for ODMAP.

Section 3: District Profiles

The district profiles below provide county-level data for each of the 27 judicial districts. OBN collected data from the best available sources for each data source. District profiles include data for reported arrests, drug lab submittals, fatal crashes, treatment admissions, and fatal overdoses. The Oklahoma State Bureau of Investigation provided arrest data and drug lab submittal data. The Oklahoma Highway Safety Office provided fatal crash data. The Oklahoma Department of Mental Health and Substance Abuse Services provided treatment admission data – treatment admissions are based on fiscal year. The Oklahoma Office of Chief Medical Examiner, in cooperation with OBN analysts, provided fatal overdose data. Law enforcement feedback is also provided in the report.

District 1 Profile

Counties: Beaver, Cimarron, Harper, and Texas
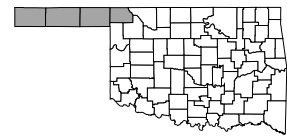
District 1 is located in the panhandle of Oklahoma. With an estimated population of 31,724, District 1 includes Cimarron, Texas, Beaver, and Harper counties. The largest city in District 1 is Guymon. Law enforcement reported an increase in the availability of methamphetamine, marijuana, and prescription opioids. In 2018, drug lab submittals, fatal crashes, and treatment admissions decreased in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Beaver	28.6	23	0	3	0
Cimarron	**	0	0	0	0
Harper	**	6	0	6	0
Texas	16.8	42	1	23	3
District Total	**16.9**	**71**	**1**	**32**	**3**

** No drug-related arrests reported for 2018

District 2 Profile

Counties: Beckham, Custer, Ellis, Roger Mills, and Washita

District 2, located in western Oklahoma, includes Beckham, Custer, Ellis, Roger Mills, and Washita counties. With an estimated population of 69,480, the largest city in District 2 is Sayre. District 2 respondents identified methamphetamine as the top drug threat, followed by prescription opioids, and heroin. Treatment admissions increased in 2018.
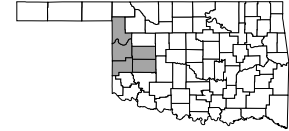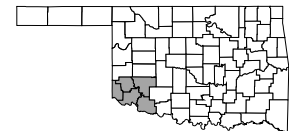
Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Beckham	20.9	115	2	100	9
Custer	17.0	190	2	145	2
Ellis	6.7	13	0	6	0
Roger Mills	26.1	10	0	5	0
Washita	18.4	26	0	44	5
District Total	**18.5**	**354**	**4**	**300**	**16**

District 3 Profile

Counties: Greer, Harmon, Jackson, Kiowa, and Tillman

District 3 is located in southwest Oklahoma. With an estimated population of 49,511, District 3 includes Greer, Harmon, Jackson, Kiowa, and Tillman counties. Law enforcement reported an increase in prescription opioids, methamphetamine, and marijuana. Treatment admissions and fatal overdoses decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Greer	20.0	18	0	18	0
Harmon	15.0	25	0	10	3
Jackson	11.4	100	0	46	3
Kiowa	33.7	17	1	34	1
Tillman	25.0	15	1	20	2
District Total	**16.5**	**175**	**2**	**128**	**9**

District 4 Profile

Counties: Blaine, Canadian, Garfield, Grant, and Kingfisher
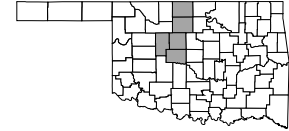
District 4 is located in the west central region of Oklahoma. With an estimated population of 234,987, District 4 includes Blaine, Canadian, Garfield, Grant, and Kingfisher counties. Law enforcement identified methamphetamine, marijuana, and prescription opioids as top drug threats. Drug lab submittals and treatment admissions decreased in 2018, while the number of overdose deaths increased from 31 to 35.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Blaine	12.3	45	1	42	3
Canadian	24.0	432	2	282	20
Garfield	15.5	372	1	150	11
Grant	37.1	27	0	10	1
Kingfisher	34.1	43	1	31	0
District Total	**20.2**	**919**	**5**	**515**	**35**

District 5 Profile

Counties: Comanche and Cotton

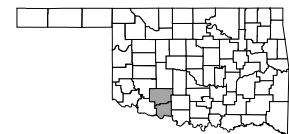District 5 is located in south central Oklahoma. With an estimated population of 126,198, District 5 includes Comanche and Cotton counties. Lawton is the largest city in District 5. Law enforcement reported an increase in methamphetamine and marijuana. One officer wrote, "Meth remains the most prominently used drug in the Lawton area." Treatment admissions, overdose deaths, and fatal crashes decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Comanche	17.8	668	2	196	17
Cotton	29.6	21	1	15	2
District Total	**17.9**	**689**	**3**	**211**	**19**

District 6 Profile

Counties: Caddo, Grady, Jefferson, and Stephens
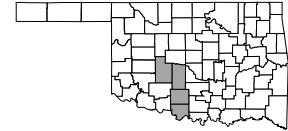
District 6 is located in west central Oklahoma. With an estimated population of 133,916, District 6 includes Caddo, Grady, Jefferson, and Stephens counties. Law enforcement identified methamphetamine as the top drug threat, followed by marijuana and prescription opioids. Fatal crashes and fatal overdoses increased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Caddo	17.2	163	3	99	7
Grady	22.5	142	6	136	10
Jefferson	31.4	40	1	8	0
Stephens	21.7	265	2	59	6
District Total	**21.0**	**610**	**12**	**302**	**23**

District 7 Profile

Counties: Oklahoma
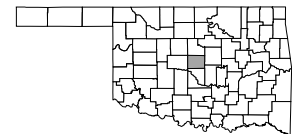
District 7 is located in central Oklahoma and includes Oklahoma County. Many of the state's largest cities are located in Oklahoma County, including Oklahoma City, Edmond, and Midwest City. Law enforcement reported an increase in marijuana, prescription opioids, heroin, and methamphetamine. One law enforcement officer wrote, "There is an extreme increase in the Mexican cartels influence in the distribution of methamphetamine in Oklahoma." Treatment admissions and fatal crashes increased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Oklahoma	16.8	1,024	17	3,482	205
District Total	**16.8**	**1,024**	**17**	**3,210**	**205**

District 8 Profile
Counties: Kay and Noble
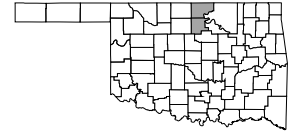
District 8 is located in northern Oklahoma. With an estimated population of 55,450, District 8 includes Kay and Noble counties. Kay County shares its northern border with Kansas. Law enforcement reported an increase in methamphetamine and marijuana. They also reported an increased in drug-related property crimes. Fatal crashes and treatment admissions increased in 2018, while overdose deaths and drug lab submittals decreased in District 8.

Select Drug-Related Data - 2018, by County

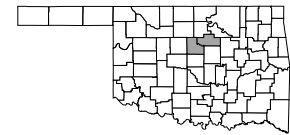|	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Kay	13.2	280	2	209	3
Noble	46.3	27	4	16	4
District Total	**18.0**	**307**	**6**	**225**	**7**

District 9 Profile
Counties: Logan and Payne

District 9, which includes Logan and Payne counties, is located in north central Oklahoma. With an estimated population of 129,331, the largest cities in the district are Guthrie and Stillwater. Law enforcement from Logan County reported an increase in methamphetamine and heroin, while Payne County reported an increase in marijuana and heroin. Law enforcement in Payne County also reported increased use of THC vape products by minors.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Logan	21.3	111	2	123	2
Payne	22.1	484	4	130	4
District Total	**21.9**	**595**	**6**	**253**	**6**

District 10 Profile

Counties: Osage and Pawnee
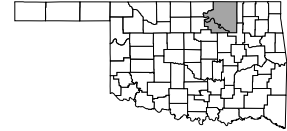
District 10, which includes Osage and Payne counties, is located in northeast Oklahoma. The largest cities in District 10 are Pawnee and Pawhuska, and the estimated population is 63,404. Law enforcement from District 10 identified methamphetamine and prescription opioids as top drug threats. Drug lab submittals, fatal crashes, treatment admissions, and overdoses deaths decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Osage	27.5	139	4	62	4
Pawnee	27.5	72	2	23	1
District Total	**27.5**	**211**	**6**	**85**	**5**

District 11 Profile

Counties: Nowata and Washington
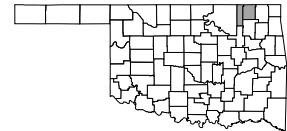
District 11, located in northeast Oklahoma, includes Nowata and Washington counties. The largest communities in District 11 are Bartlesville and Nowata, and the estimated population is 62,061. Law enforcement in District 11 identified methamphetamine and marijuana as top drug threats. Law enforcement from Washington County also reported heroin as an emerging threat in the area. Drug lab submittals, treatment admissions, and overdose deaths decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Nowata	46.3	35	0	13	0
Washington	12.3	48	0	110	3
District Total	**19.3**	**83**	**0**	**123**	**3**

District 12 Profile

Counties: Craig, Mayes, and Rogers
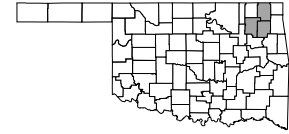
Located in northeast Oklahoma, District 12 includes Craig, Mayes, and Rogers counties. The largest cities in District 12 are Claremore, Catoosa, and Vinita, and estimated population of the district is 147,397. Law enforcement identified prescription opioids, methamphetamine, and marijuana as the top drug threats. Law enforcement from Craig County identified heroin as an emerging threat. Drug lab submittals and overdose deaths decreased in 2018, while fatal crashes and treatment admissions increased.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Craig	25.1	50	0	43	1
Mayes	17.0	118	3	78	5
Rogers	19.8	190	7	215	7
District Total	**19.3**	**358**	**10**	**336**	**13**

District 13 Profile

Counties: Delaware and Ottawa
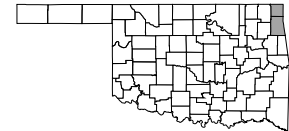
District 13, which includes Delaware and Ottawa counties, is located in far northeast Oklahoma. With an estimated population of 73,908, District 13 shares its borders with Kansas, Missouri, and Arkansas. The largest cities include Miami and Grove. Similar to most counties in Oklahoma, law enforcement from District 13 identified marijuana and methamphetamine as the top drug threats, followed by prescription opioids. Fatal crashes, treatment admissions, and overdoses decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Delaware	20.3	145	2	76	3
Ottawa	27.9	295	0	94	2
District Total	**25.7**	**440**	**2**	**170**	**5**

District 14 Profile

Counties: Tulsa
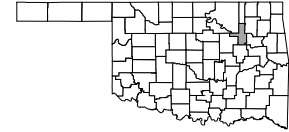
District 14 is located in northeast Oklahoma and includes the city of Tulsa. With an estimated population of 648,360, District 14 also includes Collinsville, Glenpool, and Collinsville. One respondent wrote, "heroin, methamphetamine, prescription opioids, and marijuana are readily available in the Tulsa area…first responders are also reporting more overdoses and having to administer Narcan." District 14 respondents identified prescription opioids as the top drug threat in their area, followed by methamphetamine and heroin. Over half (57.1%) of respondents reported heroin as an emerging drug threat. Several respondents reported an increase in drug cartel activities.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Tulsa	10.2	854	20	1,779	81
District Total	**10.2**	**854**	**20**	**1,779**	**81**

District 15 Profile

Counties: Muskogee
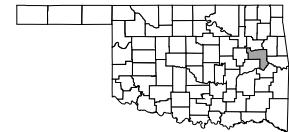
District 15 is located in northeast Oklahoma. With an estimated population of 68,362, Muskogee County includes Muskogee and Ft. Gibson. Law enforcement from District 15 identified marijuana, methamphetamine, and prescription opioids as the top drug threats. Treatment admissions and fatal crashes increased, while drug submittals and drug overdoses decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Muskogee	16.1	314	3	459	9
District Total	**16.1**	**314**	**3**	**459**	**9**

District 16 Profile

Counties: Latimer and LeFlore
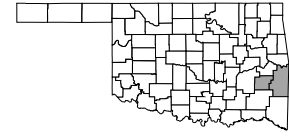
Located in southeast Oklahoma, District 16 includes Latimer and Leflore counties. With an estimated population of 60,211, the largest cities in District 16 include Heavener, Poteau, and Wilburton. Law enforcement from District 16 identified methamphetamine as the greatest drug threat in their communities. Fatal crashes and fatal overdoses decreased in 2018, while lab submittals and treatment admissions increased.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Latimer	19.1	133	0	55	1
LeFlore	18.5	322	2	123	8
District Total	**18.7**	**455**	**2**	**178**	**9**

District 17 Profile

Counties: Choctaw, McCurtain, and Pushmataha
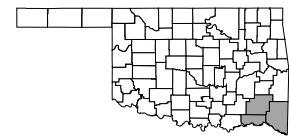
Located in far southeast Oklahoma, District 17 includes Choctaw, McCurtain, and Pushmataha counties. District 17 shares it border with Arkansas and Texas. With an estimated population of 58,550, District 17 includes Hugo, Broken Bow, Idabel, and Antlers. Law enforcement identified methamphetamine and prescription drugs as the biggest threat in District 17. In 2018, drug lab submittals and overdose deaths decreased, while fatal crashes and treatment admissions increased in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Choctaw	6.4	58	2	160	2
McCurtain	22.2	133	2	154	4
Pushmataha	25.2	70	3	55	1
District Total	**13.3**	**261**	**7**	**369**	**7**

District 18 Profile

Counties: Haskell and Pittsburg
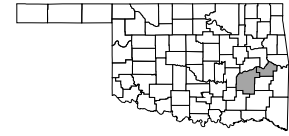
District 18, which includes Haskell and Pittsburg counties, is located in southeast Oklahoma. With an estimated population of 56,545, District 18 includes McAlester, Krebs, and Stigler. Law enforcement from District 18 identified methamphetamine and prescription drugs as the greatest threat in their communities. Several law enforcement agencies reported an influx of prescription drugs "laced" with illicit drugs. In 2018, lab submittals, treatment admissions, and overdose deaths decreased in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Haskell	38.8	182	0	46	1
Pittsburg	24.0	441	4	211	8
District Total	**26.0**	**623**	**4**	**257**	**9**

District 19 Profile

Counties: Atoka, Bryan, and Coal
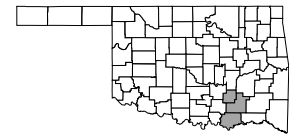
District 19, which includes Atoka, Bryan, and Coal counties, is located in southeast Oklahoma. With an estimated population of 66,550, the largest cities in the district include Durant, Atoka, and Coalgate. Law enforcement identified methamphetamine as the top drug threat. Law enforcement also reported an influx in LSD and ecstasy. In 2018, lab submittals and treatment admissions decreased in 2018, while fatal crashes and overdose deaths increased in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Atoka	42.8	30	2	34	2
Bryan	9.8	339	6	149	18
Coal	48.3	28	1	8	2
District Total	**14.8**	**397**	**9**	**191**	**22**

District 20 Profile

Counties: Carter, Johnston, Love, Marshall, and Murray
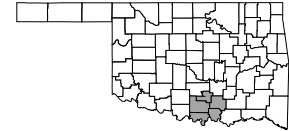
District 20 is located in south central Oklahoma and includes Carter, Johnston, Love, Marshall, and Murray counties. With an estimated population of 100,019, District 20 includes Marietta, Ardmore, Lone Grove, Tishomingo, Madill, and Davis. Law enforcement identified methamphetamine, marijuana, and prescription opioids as the greatest drug threats in District 20.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Carter	20.0	266	1	213	16
Johnston	18.0	11	3	28	2
Love	25.9	228	2	12	5
Marshall	20.1	52	3	31	3
Murray	25.0	89	1	36	5
District Total	**20.7**	**646**	**10**	**320**	**31**

District 21 Profile

Counties: Cleveland, Garvin, and McClain
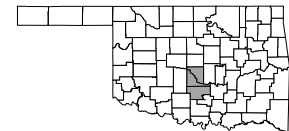
Located in the south central region of the state, District 21 includes Garfield, Garvin, and McClain counties. With an estimated population of 349,465, the largest cities in District 21 are Norman, Blanchard, Purcell, and Pauls Valley. Law enforcement identified methamphetamine, marijuana, and heroin as the greatest threats in the district. Drug lab submittals and overdose deaths increased in 2018, while treatment admissions decreased in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Cleveland	17.8	691	8	522	44
Garvin	13.4	111	2	71	7
McClain	26.2	330	6	53	4
District Total	**17.7**	**1,132**	**16**	**646**	**55**

District 22 Profile

Counties: Hughes, Pontotoc, and Seminole
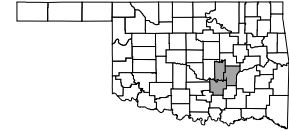
District 22, which is located in south central Oklahoma, includes the counties of Hughes, Pontotoc, and Seminole. With an estimated population of 76,160, the largest cities in District 22 include Ada, Holdenville, and Wewoka. Law enforcement identified methamphetamine and marijuana as the greatest drug threats in the district. Drug lab submittals, fatal crashes, and treatment admissions increased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Hughes	20.7	20	0	59	1
Pontotoc	12.8	322	4	150	10
Seminole	15.0	68	3	172	7
District Total	**13.9**	**410**	**7**	**381**	**18**

District 23 Profile

Counties: Lincoln and Pottawatomie
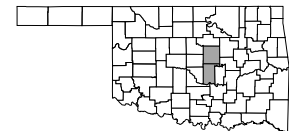
Located in south central Oklahoma, District 23 includes Lincoln and Pottawatomie counties. The largest cities in the district include Shawnee, Tecumseh, and Chandler. Law enforcement identified methamphetamine and heroin as the greatest threats in District 23. Law enforcement from Pottawatomie reported an influx in heroin mixed with fentanyl. While drug lab submittals, fatal crashes, and treatment admissions decreased in 2018, the number of fatal overdoses increased 73.8% in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Lincoln	19.7	49	3	113	8
Pottawatomie	19.2	496	4	373	25
District Total	**19.3**	**545**	**7**	**486**	**33**

District 24 Profile

Counties: Creek and Okfuskee

District 24 is located in north central Oklahoma. With an estimated population of 83,702, the largest cities in District 24 include Sapulpa, Bristow, and the town of Okemah. Law enforcement identified methamphetamine and prescription opioids as the top drug threats. Drug lab submittals and overdose deaths decreased in 2018, while fatal crashes and treatment admissions increased in District 24.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Creek	26.3	276	7	360	6
Okfuskee	9.7	20	1	33	2
District Total	**24.6**	**296**	**8**	**393**	**8**

District 25 Profile

Counties: McIntosh and Okmulgee
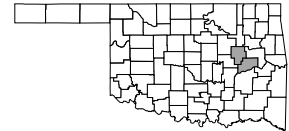
District 25 is located in east central Oklahoma, and it includes McIntosh and Okmulgee counties. With an estimated population of 58,150, the largest cities in District 25 include Okmulgee, Eufaula, and Checotah. Law enforcement identified methamphetamine, heroin, and marijuana as the top drug threats. Lab submittals, treatment admissions, and overdose deaths decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
McIntosh	24.9	171	4	78	2
Okmulgee	22.3	213	1	134	5
District Total	**25.3**	**384**	**5**	**212**	**7**

District 26 Profile

Counties: Alfalfa, Dewey, Major, Woods, and Woodward
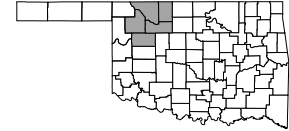
District 26 is located in northwest Oklahoma and includes the counties of Alfalfa, Dewey, Major, Woods, and Woodward. The largest cities in the district include Alva, Cherokee, and Woodward. Law enforcement identified methamphetamine, marijuana, and prescription drugs as the top threats in the district. Drug lab submittals, fatal crashes, and overdose deaths decreased in 2018.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Alfalfa	35.0	20	0	15	0
Dewey	21.9	7	0	22	0
Major	43.6	4	1	9	0
Woods	37.6	9	1	37	2
Woodward	10.6	129	1	35	1
District Total	**20.4**	**169**	**3**	**118**	**3**

District 27 Profile

Counties: Adair, Cherokee, Sequoyah, and Wagoner
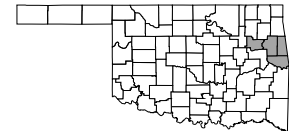
Located in northeast Oklahoma, District 27 includes Adair, Cherokee, Sequoyah, and Wagoner counties. With an estimated population of 192,046, the largest counties include Sallisaw, Tahlequah, and Wagoner. Law enforcement identified prescription opioids and methamphetamine as the top drug threats. In 2019, lab submittals and overdose deaths decreased in the district.

Select Drug-Related Data - 2018, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Adair	19.0	127	3	119	5
Cherokee	26.2	575	6	106	6
Sequoyah	15.5	460	1	148	4
Wagoner	27.9	276	5	169	5
District Total	**21.2**	**1,438**	**15**	**542**	**20**

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Appendix

Drug Prices in Oklahoma, 2018

Street Drugs	Price Range	Prescription Drugs	Price Range
Cocaine - Powder		Depressants	
Gram	$50-$100	Alprazolam	$5-$10
Ounce	$600-$1,500	Diazepam	$2-$10
Pound	$8,000-$15,000	Zolpidem	$5-$10
Cocaine - Crack		Narcotics	
Gram	$50-$100	Carisoprodol	$2-$3
Ounce	$600-$1,500	Fentanyl	$50-$150
Pound	$9,600-$16,000	Hydrocodone	$5-$30
Heroin		Methadone	$10-$80
Gram	$80-$150	Morphine	$10-$150
Ounce	$2,000-$2,240	Oxycodone	$5-$100
Pound	$20,000-$24,000	Tramadol	$5-$30
Marijuana (Plant)		Stimulants	
Gram	$10-$20	Amphetamine (Adderall)	$15-$25
Ounce	$150-$400	Methylphenidate (Ritalin)	$5-$20
Pound	$1,000-$6,000	Phentermine	$60-$80
Marijuana (Wax/Concentrates)		Other Drugs	Price Range
Gram	$30-$60		
Dose	$2-$5	MDMA/Ecstasy	
		Dosage	$10-$30
Methamphetamine		PCP	
Gram	$40-$100	Hit	$15-$20
Ounce	$250-$800	Gram	$100-$150
Pound	$3,000-$10,000	Ounce	$1,500-$1,700
		Psilocybin (Mushrooms)	
		Gram	$5-$10
		Ounce	$150-$200

Overdose Deaths, by County

County	2014	2015	2016	2017	2018
Adair	7	5	9	6	5
Alfalfa	0	2	1	0	0
Atoka	2	3	5	2	2
Beaver	3	1	0	2	0
Beckham	1	5	7	9	8
Blaine	1	4	4	2	3
Bryan	8	11	18	10	18
Caddo	3	0	8	4	7
Canadian	17	10	11	13	20
Carter	13	17	12	15	16
Cherokee	14	13	16	7	6
Choctaw	4	5	7	1	2
Cimarron	1	0	0	0	0
Cleveland	35	45	42	36	44
Coal	2	1	0	4	2
Comanche	36	20	25	22	17
Cotton	0	0	1	0	2
Craig	1	4	3	2	1
Creek	20	10	14	12	6
Custer	3	6	2	2	3
Delaware	7	4	12	8	3
Dewey	0	0	1	1	0
Ellis	1	0	0	0	0
Garfield	12	5	5	11	11
Garvin	3	11	8	9	7
Grady	8	7	9	4	10
Grant	1	1	0	0	1
Greer	0	1	1	1	0
Harmon	0	0	0	1	3
Harper	0	0	0	0	0
Haskell	3	3	2	3	1
Hughes	4	1	0	5	1
Jackson	2	7	6	8	3
Jefferson	1	0	1	2	0
Johnston	5	3	3	3	2
Kay	4	7	8	12	3
Kingfisher	0	1	1	5	0
Kiowa	1	2	0	3	1
Latimer	1	6	3	3	1

County	2014	2015	2016	2017	2018
LeFlore	10	12	15	14	8
Lincoln	4	9	5	6	8
Logan	4	5	4	5	2
Love	1	1	4	2	5
Major	0	0	0	3	0
Marshall	2	2	4	5	3
Mayes	12	16	7	7	5
McClain	6	13	8	5	4
McCurtain	8	3	17	7	4
McIntosh	7	7	6	4	2
Murray	5	3	5	4	5
Muskogee	27	24	32	13	9
Noble	1	1	2	1	4
Nowata	0	1	1	0	0
Okfuskee	6	2	1	1	2
Oklahoma	194	184	203	211	205
Okmulgee	9	8	7	9	5
Osage	3	4	7	11	4
Ottawa	6	11	4	6	2
Pawnee	2	4	3	5	1
Payne	3	11	16	3	4
Pittsburg	15	11	9	8	8
Pontotoc	8	5	9	6	10
Pottawatomie	10	16	16	13	25
Pushmataha	2	4	6	2	1
Roger Mills	0	1	1	0	0
Rogers	13	13	8	5	7
Seminole	4	4	3	4	7
Sequoyah	14	10	12	12	4
Stephens	13	14	7	7	6
Texas	6	1	1	1	3
Tillman	2	1	0	0	2
Tulsa	130	182	182	157	81
Wagoner	16	12	14	12	5
Washington	13	7	10	9	3
Washita	6	1	1	5	2
Woods	1	3	3	1	2
Woodward	3	1	4	3	1
Total	790	828	882	795	658

Prescription Opioid Deaths, by County

County	2014	2015	2016	2017	2018
Adair	6	2	2	4	0
Alfalfa	0	0	1	0	0
Atoka	2	1	4	1	1
Beaver	2	1	0	1	0
Beckham	0	3	5	5	2
Blaine	0	3	3	2	0
Bryan	6	9	11	5	6
Caddo	1	0	4	1	0
Canadian	12	4	5	6	10
Carter	7	8	8	6	6
Cherokee	9	6	8	3	1
Choctaw	3	3	3	0	2
Cimarron	1	0	0	0	0
Cleveland	24	21	18	16	10
Coal	1	1	0	2	1
Comanche	25	10	10	10	7
Cotton	0	0	1	0	1
Craig	1	2	1	1	0
Creek	16	7	9	5	2
Custer	2	3	1	0	1
Delaware	6	2	4	4	1
Dewey	0	0	0	1	0
Ellis	0	0	0	0	0
Garfield	5	4	0	2	3
Garvin	2	2	3	7	3
Grady	7	5	6	2	5
Grant	1	0	0	0	0
Greer	0	0	0	1	0
Harmon	0	0	0	1	1
Harper	0	0	0	0	0
Haskell	1	2	0	1	0
Hughes	3	0	0	1	1
Jackson	1	1	3	4	1
Jefferson	1	0	1	2	0
Johnston	4	2	1	1	1
Kay	3	4	3	3	1
Kingfisher	0	1	0	3	0
Kiowa	0	1	0	2	0
Latimer	0	3	1	1	0

County	2014	2015	2016	2017	2018
LeFlore	5	8	10	10	6
Lincoln	4	6	3	4	2
Logan	2	4	2	2	0
Love	1	0	2	1	2
Major	0	0	0	2	0
Marshall	1	2	1	2	1
Mayes	8	10	5	4	1
McClain	5	7	5	1	2
McCurtain	3	1	6	1	1
McIntosh	3	5	1	1	1
Murray	4	2	3	0	2
Muskogee	16	19	14	4	2
Noble	1	0	0	0	3
Nowata	0	1	1	0	0
Okfuskee	3	2	1	0	1
Oklahoma	98	78	90	63	59
Okmulgee	4	4	4	2	2
Osage	1	2	3	3	2
Ottawa	3	4	2	3	0
Pawnee	1	2	3	3	0
Payne	1	6	6	0	2
Pittsburg	9	4	4	3	1
Pontotoc	6	3	3	2	6
Pottawatomie	8	9	7	5	8
Pushmataha	0	4	5	1	0
Roger Mills	0	0	0	0	0
Rogers	10	10	4	2	2
Seminole	2	2	2	2	1
Sequoyah	8	6	6	7	1
Stephens	10	7	3	4	2
Texas	4	1	1	0	1
Tillman	1	1	0	0	1
Tulsa	73	82	68	59	19
Wagoner	11	9	11	9	3
Washington	8	2	5	3	0
Washita	3	1	1	3	2
Woods	0	1	2	1	1
Woodward	2	1	3	2	0
Total	471	417	403	313	204

Opioid Drug List – Drug Generic Name

Drug AHFS Class Description	Drug Generic Name
opiate agonists	hydrocodone bitartrate/acetaminophen
opiate agonists	tramadol hcl
opiate agonists	oxycodone hcl/acetaminophen
opiate agonists	oxycodone hcl
opiate agonists	morphine sulfate
opiate agonists	acetaminophen with codeine phosphate
opiate agonists	fentanyl
opiate partial agonists	buprenorphine hcl/naloxone hcl
opiate partial agonists	buprenorphine hcl
opiate agonists	methadone hcl
opiate agonists	hydromorphone hcl
opiate agonists	oxymorphone hcl
opiate agonists	hydrocodone/ibuprofen
opiate agonists	tramadol hcl/acetaminophen
opiate agonists	hydrocodone bitartrate
opiate partial agonists	buprenorphine
opiate agonists	meperidine hcl
opiate agonists	tapentadol hcl
opiate agonists	butalbital/acetaminophen/caffeine/codeine phosphate
opiate partial agonists	pentazocine hcl/naloxone hcl
opiate agonists	codeine phosphate/butalbital/aspirin/caffeine
opiate partial agonists	butorphanol tartrate
opiate agonists	acetaminophen/caffeine/dihydrocodeine bitartrate
opiate agonists	fentanyl citrate
opiate agonists	morphine sulfate/naltrexone hcl
opiate agonists	codeine sulfate
opiate agonists	oxycodone hcl/aspirin
opiate agonists	meperidine hcl/pf
opiate agonists	hydromorphone hcl/pf
opiate agonists	oxycodone myristate
opiate partial agonists	pentazocine hcl/acetaminophen
opiate agonists	fentanyl citrate/pf
opiate agonists	opium/belladonna alkaloids
opiate agonists	codeine phosphate
opiate agonists	aspirin/caffeine/dihydrocodeine bitartrate
opiate agonists	levorphanol tartrate
opiate agonists	morphine sulfate/pf
opiate agonists	ibuprofen/oxycodone hcl
opiate agonists	oxycodone hcl/oxycodone terephthalate/aspirin
opiate partial agonists	nalbuphine hcl
opiate agonists	sufentanil citrate
opiate agonists	propoxyphene napsylate/acetaminophen
opiate agonists	remifentanil hcl