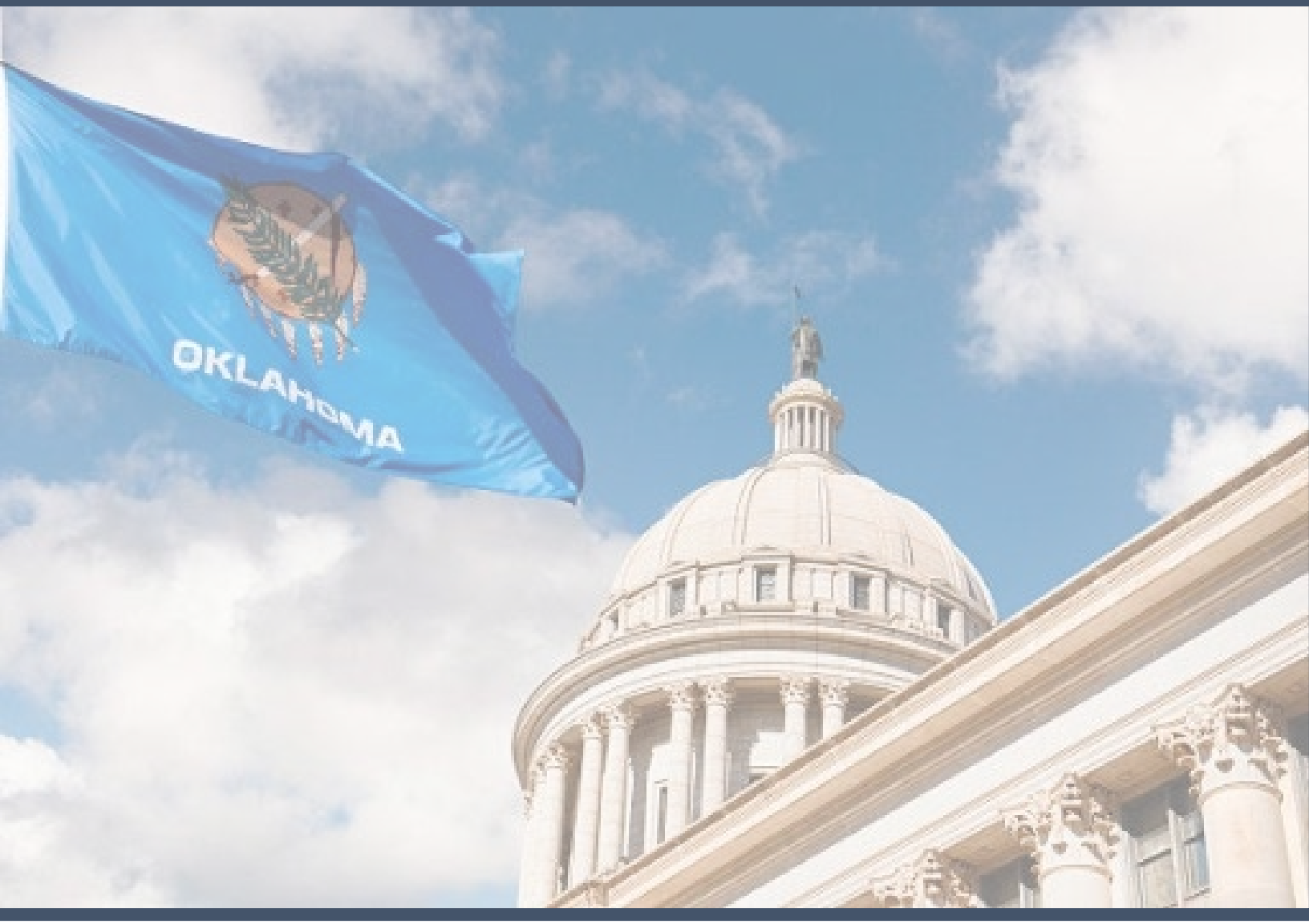

Oklahoma Drug Threat Assessment

2021

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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 2021 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 safety and health officials with data and information to assist them in making informed decisions about future and current drug threats. To reach a wider audience of educators, community groups, parents, and the public, we have separated this report 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 third and final section includes county-level data and information for each judicial district.

This report includes the strategic assessment of drug trends in the state of Oklahoma during 2020 and the first half of 2021. For a complete analysis, OBN collects data from the most recent law enforcement, public safety, and public health-related data sets. This assessment also includes the emerging drug threats and information included in the National Threat Assessment (NDTA) and the Texoma High Intensity Drug Trafficking Area (HIDTA) programs. 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. Survey responses collected from law enforcement are also included in this report.

Below are the key findings for 2021:

- Methamphetamine remains the greatest drug threat in Oklahoma. Law enforcement respondents rated the seriousness of the methamphetamine threat as "extremely high" (86.8%). Seemingly easy to obtain, the availability of methamphetamine was rated as "extremely high" (83.3%) by respondents. The use, trafficking, and distribution of methamphetamine continue to increase in Oklahoma. Methamphetamine overdoses continue to increase in Oklahoma. State officials reported 629 methamphetamine-related overdoses, which is a 20.3% increase compared to 2019.
- Nonmedical Marijuana and the diversion of medical marijuana continue to increase in Oklahoma and remain the most widely available and commonly used drug in

Oklahoma. Law enforcement respondents rated the seriousness of the marijuana threat in their jurisdiction as "high" (72.7%). (As medical marijuana use continues to increase in the state, respondents rate the availability of marijuana in their jurisdiction as extremely high (89.6%)). Oklahoma has seen an increase in the number of dispensaries (41.6%) and marijuana grow farms (65.7%) from 2019 to 2020, as well as an increase in marijuana seizures from black market sales.

- Diverted prescription opioids remain a threat in Oklahoma. Law enforcement respondents rated the seriousness of the prescription opioid threat in their jurisdictions as "high" (60.0%). Law enforcement respondents rated the availability of prescriptions in their jurisdiction as "high" (65.5%). In 2020, over 3.2 million opioid prescriptions were dispensed in Oklahoma, which equates to a dispensation rate of 81.7 opioid prescriptions per 100 people. The number of opioid prescriptions dispensed by pharmacies decreased by 3.1% in 2020. The top five controlled prescriptions dispensed in Oklahoma in 2020 included three opioids: hydrocodone, tramadol, and oxycodone. Hydrocodone prescriptions decreased 8.5% from 2019 to 2020. The number of prescriptions for oxycodone and tramadol also decreased in 2020 (4.3% and 11.5%).
- Heroin continues to pose a serious threat to Oklahoma. Over 30% of law enforcement respondents rated the seriousness of the heroin threat in their jurisdiction as "high," while 80% of law enforcement respondents rated the availability of heroin in their jurisdiction as"moderate" or "high." Many respondents indicated heroin was a rising threat in their community, more so than in recent years. Heroin lab submittal cases submitted by law enforcement to OSBI increased in 2020. Heroin-related treatment admissions and overdose deaths also increased in 2020.
- Cocaine remains a low drug threat in Oklahoma. The majority (66.2%) of law enforcementrespondents rated the seriousness of the cocaine threat in their jurisdiction as "not a threat" or "a slight threat." Almost half (44.3%) of respondents rated the availability of cocaine (both powder and crack) in their jurisdiction as "low."
- Synthetic opioids and fentanyl-laced counterfeit prescription pills have become more common in Oklahoma and continue to be a threat to the state. Oklahoma has seen a steady increase of fentanyl cases submitted to OSBI.

Table 1. Overview of Key Drug Indicators

	2018	2019	2020	% Change 2019 to 2020
Reported Arrests[1]				
Drug-related	18,981	16,362	12,396	-24.2%
Total arrests	108,858	107,518	92,109	-14.3%
% of total arrests related to drugs	17.4%	15.2%	13.5%	N/A
Reported Fatality Crashes[2]				
Drug-related	190	216	255	18.1%
Total fatality crashes	603	584	602	3.1%
% of total fatality crashes related to drugs	31.5%	37.0%	42.4%	N/A
Lab Submittal Cases[3]				
Cocaine	473	365	332	-9.0%
Heroin	435	594	866	45.8%
Marijuana	5,064	3,384	2,831	-16.3%
Methamphetamine	7,703	7,175	7,075	-1.4%
Treatment Admissions[4]				
Cocaine	329	289	257	-11.1%
Heroin	1,076	1,259	1,520	20.7%
Marijuana	3,006	2,610	1,946	-25.4%
Methamphetamine	5,816	5,623	5,841	3.9%
Fatal Overdoses[5]				
Prescription overdoses	--	197	302	53.3%
Total overdoses	--	883	1,009	14.3%
% overdoses related to prescription drugs	--	22.3%	29.9%	--

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[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 the 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 on alcohol or drug. Count is the number of admissions, not the number of unique persons. The primary drug of choice as reported. Published by fiscal year.

[5]Office of the Chief Medical Examiner – analysis conducted by S. Fletcher, OBN. 2018 overdose data are unavailable.

Introduction

Oklahoma is in the south-central region of the United States. The State is divided into 77counties and 598 cities – the largest cities in Oklahoma are Tulsa and Oklahoma City. Oklahoma'sborder states include Arkansas, Colorado, Kansas, Missouri, New Mexico, and Texas. An estimated 3.9 million people live in Oklahoma, representing a 5.5% increase compared to 2010. The U.S. Census Bureau estimates the median household income in Oklahoma is $52,919 – this is approximately $11,000 less than the national average ($62,843). Approximately 15% of Oklahomans live in poverty according to the US Census Bureau (see table 2).

Table 2. Oklahoma Demographics

Fact	Figure
Population	3,959,353
Land area (square miles)	68,595
Persons (per square mile)	54.7
Counties	77
Median household income	$52,919
Persons in poverty (%)	15.2%
Unemployment rate (%)	3.7%
Adult drug-related arrests*	11,797
Juvenile drug-related arrests*	599

Source: US Census Bureau; UCR Report, OSBI; Bureau of Labor Statistics
*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. There are 935 miles of interstate highways in Oklahoma. 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 1990s, some of the most powerful drug trafficking organizations (DTOs) operating in Mexico have established

distribution channels in Oklahoma. Law enforcement intelligence indicates that Mexico-based DTOs transport and distribute large quantities of drugs throughout the state.

In addition to the extensive highway system, the high rate of substance abuse in Oklahoma contributes to the drug threat. Although many efforts have been made, Oklahoma officials still do not have sufficient resources to effectively address substance abuse. Often, the demand for drug treatment exceeds the capacity of the treatment system. Overall, the number of reported treatment admissions decreased by 4.3% from 2019 to 2020. Nearly one-half of reported treatment admissions in 2020 were due to methamphetamine (ODMHSAS, 2021).

While drug treatment admissions remained stable in 2020, the number of reported drug overdoses increased in the state. In 2020, officials reported 1,009 fatal overdoses; methamphetamine was the most common drug present at the time of death (OBN, 2021). Despite the decreasing number of deaths involving prescription drugs in 2019, 2020 has seen a spike in the number of overdose death – this may be attributed to the increase in M30 fentanyl pills in the state. In fact, the number of prescription deaths has increased by 53%. In 2020, Oklahoma's overdose rate was about 25 per 100,000 people (OBN, 2021).

Current Assessment

The purpose of this section is to provide an assessment of current drug trends and emerging drug threats in Oklahoma, specifically methamphetamine, non-medical marijuana, prescription opioids, heroin, and cocaine. 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 and abuse of prescription opioids continue in Oklahoma as they remain readily available throughout the state. Fentanyl-laced counterfeit pills are of special concern to public safety and health officials. Heroin remains a drug threat in the state. Compared to other drugs, cocaine remains a low threat in Oklahoma.

Methamphetamine

Methamphetamine is the greatest illicit drug threat in Oklahoma. The majority (86.8%) of law enforcement respondents rated the seriousness of the methamphetamine threat in their jurisdiction as "high." Most (83.3%) of law enforcement respondents also rated the availability of methamphetamine in their jurisdiction as "high," which means the drug is easy to obtain at any time. The use, trafficking, and distribution of methamphetamine continue to increase in Oklahoma.

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.

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 2018 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). This fact remains true to this day but in their most recent threat assessment, Texoma HIDTA recognize that while production has decreased, the market for methamphetamine has remained stable over the past twelve months in "almost all of North Texas and the state of Oklahoma, with incredibly low prices for the illicit drug compared to decades past" (HIDTA, 2020; 9).

The Texoma HIDTA concluded:

> Methamphetamine entering the AOR is controlled almost entirely by Mexican DTOs. These DTOs oversee the 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, andmarijuana 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 increasingly common for large methamphetamine shipments to be sent directly to these locations. (p. 9)

The importation and transportation of drugs from the southwest border have increased from 2019 to 2020 into Oklahoma. In 2020, OBN interdiction seized 217 more pounds of methamphetamine than in 2019 (OBN, 2021). In contrast to the highway interdiction reports, the number of methamphetamine cases submitted by law enforcement in Oklahoma to the OSBI decreased in 2020. Oklahoma law enforcement submitted 7,075 seizures of methamphetamine to the OSBI, representing a 1.4% decrease compared to 2019 (OSBI, 2021). Law enforcement officials suspect this decrease is due, in part, to recent changes to Oklahoma's drug laws. Drug possession is considered a misdemeanor in Oklahoma.

The National Drug Threat Assessment (NDTA) summarizes if the potency and purity of methamphetamine remain high with relatively low prices), drug poising deaths involving methamphetamine will continue to rise. This data is supported by public health data in Oklahoma. In 2020, methamphetamine-related treatment admissions remained stable. The number of admissions where the patient reported methamphetamine as their primary drug of choice increased by 4.1% in FY 2020 (ODMHSAS,2020). Methamphetamine-related deaths increased in 2020. The number of methamphetamine-related deaths increased by 20.3% from 523 deaths reported in 2019 to 629 deaths reported in 2020 (OBN, 2020).

Marijuana

The use of nonmedical marijuana and the diversion of medical marijuana continues to increase in Oklahoma. The majority (72.7%) of law enforcement respondents rated the seriousness of the marijuana threat in their jurisdiction as "high." The majority (89.6%) of respondents also rated the availability of marijuana in their jurisdiction as "high." Marijuana continues to remain the most widely available and commonly used drug in Oklahoma.

While marijuana remains illegal underfederal 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 can grow marijuana for personal

use. Oklahoma is home to 6,446 active marijuana grows, which has nearly doubled in number from 3,891 active grows in 2019 (OBN, 2021).

SQ788 did not address many of the regulatory and logistical issues of the state's 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), which is responsible for regulating the medical marijuana program in Oklahoma. Lawmakers also established requirements for the testing, labeling, and tracking of products.

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

The use of marijuana for nonmedicinal purposes is still illegal in Oklahoma. 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). Currently, Mexico remains the most significant foreign source of marijuana in the United States; however, in U.S. markets, marijuana has largely been supplanted by domestic-produced marijuana (DEA, 2020). DEA determined that both state-licensed and illicit domestic marijuana production continue to increase. Expanding the domestic production of marijuana has led to saturated markets and a decline in prices for illicit marijuana (p. 50). Regarding illicit marijuana markets, the DEA wrote:

> State-approved medical marijuana is diverted to the illicit market in several ways. Some marijuana allowances to produce or acquire marijuana or marijuana products. Instead of using what they purchase or grow, they sell some or all of it, often in markets where marijuana is not legal at the state level, thus increasing their profit.

> Additionally, some marijuana produced by state-licensed growers is diverted and sold illicitly rather than through state-licensed retailers (p. 50).

Public safety and health officials in Oklahoma are concerned about the use of nonmedical marijuana and the diversion of medical marijuana, especially among youth. Several law enforcement agencies in Oklahoma have reported an increase in use from kids, citing the ease with which young adults can gain access to the drug. In 2019, a trend regarding the use of electronic cigarettes to ingest or "vape" marijuana emerged and largely contributed to the widespread access to the consumption of marijuana products.

The most prominent trend public safety and health officials are concerned about, however, are 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 users to consume more products, which then may lead to serious adverse side effects like intense anxiety, fear, panic, hallucinations, vomiting, and even psychosis. Another concern is the potency levels of THC in marijuana concentrate products. Oklahoma has not placed limits on the level of THC potency on the marijuana products sold within the state.

The legalization of marijuana has, in part, contributed to a decrease in the number of drug-related seizures and arrests made regarding medical marijuana use. In 2020, law enforcement in Oklahoma submitted 2,831 seizures of marijuana to the OSBI, representing a 16.3% decrease compared to 2019 (OSBI, 2021). Law enforcement also reported fewer marijuana-related arrests in 2020. The number of reported arrests for possession of marijuana decreased by 23.2%, while the number of reported arrests for the sale/manufacturing of marijuana decreased by 17.9% in 2019. Marijuana-related treatment admissions decreased 25.4% in FY 2020 (ODMHSAS, 2021).

Prescription Opioids

The misuse and diversion of prescription opioids remain a threat in Oklahoma. Over 60% of law enforcement respondents rated the seriousness of the prescription opioid threat in their jurisdiction as "high." The majority of (65.5%) of respondents also rated the availability of prescription opioids in their jurisdiction as "high."

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

Doctors prescribe opioids to patients who are experiencing pain. While effective at treating pain, prescription opioids also make people feel "high." In the past, there were many misconceptions and potential risks regarding prescription opioids prescribed by a medical professional. In recent years, however, 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 often lead 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. Overall, the number of opioid prescriptions dispensed in Oklahoma continues to decrease. According to data from the prescription monitoring program (PMP), pharmacies dispensed over 3.2 million opioid prescriptions in 2020, which equates to a dispensation rate of 81.7 opioid prescriptions per 100 people. McIntosh County has the highest rate of opioid prescriptions dispensed at 148.7 per 100 people, while Grant County had the lowest rate at 17.6 per 100 people

(see figure 2.) Other counties with high dispensation rates in 2020 included Muskogee (133.3), Johnston (128.4), Harmon (119.6), and Pontotoc (116.0).

In 2020, the number of opioid prescriptions dispensed by pharmacies decreased by 3.1%. The top five controlled prescriptions dispensed in Oklahoma included three opioids: hydrocodone, tramadol, and oxycodone. The number of prescriptions for hydrocodone decreased by 8.5% from 2019 to 2020. The number of prescriptions for oxycodone and tramadol also decreased in 2020 (4.3% and 11.5% respectively).

Opiate-related treatment admissions in Oklahoma decreased slightly in 2020. According to data from the ODMHSAS, the number of admissions for opiates as the primary drug of choice decreased by 10.6% in FY 2020. Officials reported 302 prescription-related fatal overdoses in 2020 (OBN, 2021). Last year, the most common prescription opioids related to overdose deaths included Fentanyl (137 deaths), Oxycodone (44 deaths), and Hydrocodone (30 deaths) (OBN, 2021).

Significant Drug Threat in Oklahoma: Fentanyl-Laced Fake Pills

Overdoses linked to fake prescription pills continue to increase in Oklahoma. Most of the counterfeit pills seized in the state of Oklahoma contain fentanyl. Fentanyl is a powerful and cheap drug that can be 100 to 1,000 times more potent than morphine or heroin. Adding fentanyl to heroin allows distributors to greatly increase their profits while maintaining product quality. Drug organizations often purchase fentanyl to use as a cutting agent in heroin, or to press the powder into pills that resemble prescription pills. Most of the pills found in Oklahoma are blue and stamped to look like 30 mg Oxycodone.

The DEA reports “the spread of fentanyl-laced counterfeit pills in the U.S. is likely due to Mexican TCOs seeking to further distribute fentanyl into prescription opioid user populations as there is no licit production of pills containing fentanyl (2021; 12)”. Oklahoma has seen a steady increase of fentanyl cases from 2017-2019 at around 30 cases per year before a sudden spike in 2020 at 122 cases for the year (OSBI, 2021). This trend is likely to continue. In 2019 OBN seized 784 pills of fentanyl and nearly 26x that many pills in 2020 (20,507 pills). Fentanyl-related deaths also increased by 153.7% from 2019 to 2020 (OBN, 2021).

Heroin

Heroin continues to pose a serious threat to Oklahoma. Over 30% of law enforcement respondents rated the seriousness of the heroin threat in their jurisdiction as "high," while 80% of law enforcement respondents rated the availability of heroin in their jurisdiction as "moderate" or "high."

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

Heroin is derived from the opium poppy plant. The majority of illicit opium poppy is grown in Southeast Asia or the mountains of Afghanistan, Iran, and Pakistan; however, Mexico-based DTOs also grow opium poppy plants in Mexico and Columbia. Mexico has been identified as the "primary source of origin for heroin encountered in the United States, for the seventh consecutive year," (DEA, 2021;13). The DEA reports, however, that with the rise in fentanyl in the United States, poppy cultivation producing heroin in Mexico has become significantly less in the last year.

Law enforcement reported an increase in the availability of heroin in their area and the data concurs. The number of heroin cases submitted by law enforcement to OSBI increased in 2020. Oklahoma law enforcement submitted 866 seizures of heroin to OSBI, representing a 45.8% increase compared to 2019 (OSBI, 2021). Law enforcement from six counties primarily in the Oklahoma City and Tulsa metro area – Cleveland, Oklahoma, McClain, Tulsa, Pottawatomie, and Wagoner – submitted a majority (63.4%) of heroin lab submittals to OSBI in 2020. OBN Agents seized 19.2 pounds of heroin in 2020.

In 2020, heroin-related treatment admissions increased in Oklahoma. The number of admissions where the patient reported heroin as their primary drug of choice increased by 20.7% in FY 2020

(ODMHSAS, 2021). Heroin-related deaths also increased. The number of heroin-related deaths increased by 21.1% from 2019 to 2020 (OBN, 2021).

Cocaine

Cocaine remains a low threat in Oklahoma. The majority (66.2%) of law enforcement respondents rated the seriousness of the cocaine/crack threat in their jurisdiction as "not a threat" or "a slight threat,"while 44.3% of respondents rated the availability of cocaine (both powder and crack) in their jurisdictions as "low." 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, cocaine is an emerging threat in other parts of the country.

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

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 fluctuations in body temperature. Psychological effects may include erratic behavior, irritability, anxiety, and violent behavior. Columbia is the primary source of 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 number of cocaine cases submitted by law enforcement to OSBI decreased in 2020. Oklahoma law enforcement submitted 289 seizures of cocaine to OSBI in 2020, representing a 12.5% decrease compared to 2019 (OSBI, 2021). Arrests for the possession, sale, and manufacturing of cocaine also decreased by 20.6% in 2019 (OSBI, 2020).

Outlook

The purpose of the 2021 Oklahoma Drug Threat Assessment is to provide an overview of current drug trends and emerging drug threats in our state. We hope that public safety and public health officials will use this data and information to assist them in making informed decisions when developing strategies to address the drug threats in Oklahoma. The 2021 threat assessment is also beneficial to educators, community groups, parents, and the public as a resource to better understand current threats and trends. This year's outlook is based on the data and 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 administering and monitoring the medical marijuana program.
- The misuse and diversion of prescription opioids will remain a threat in Oklahoma. While lawmakers and public health 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 abuse of prescription stimulants continues to increase across the state.
- Heroin is still 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.
- Fake prescription pills laced with fentanyl are a significant drug threat in Oklahoma. These pills have been linked to multiple fatal overdoses in the state and are likely to increase in the future.
- Cocaine is a steady threat in the state of Oklahoma. With the consistency of the production in Columbia, law enforcement will continue to encounter this drug in Oklahoman markets.

OBN Programs

OBN is the primary drug enforcement agency in Oklahoma. The agency's mission is to serve the citizens of Oklahoma in the quest for a drug-free state. OBN works toward this mission through enforcement efforts that are directed at emerging drug threats, human trafficking, and money laundering. OBN agents enforce the Uniform Controlled Dangerous Substances Act and the Anti-Drug Diversion Act.

OBN provides investigative and logistical support to local, state, federal, and tribal law enforcement. To do this, OBN works with its law enforcement partners to implement multi-jurisdictional law enforcement and intelligence initiatives designed to identify and dismantle major drug trafficking organizations operating in Oklahoma and the surrounding states. OBN also collaborates with public health professionals, the medical community, social service providers, and other key stakeholder groups.

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 in Oklahoma. Other programs implemented by OBN to achieve its mission include the Prescription Monitoring Program, the Marijuana Eradication Program, the Safe Trips for Scripts Drug Prevention Program, the Oklahoma Drug Endangered Children Program, the Drug Threat Assessment Project, and the Overdose Detection Mapping Application 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.

States began implementing prescription monitoring programs in the 1930s; however, states did not collect or store prescribing and dispensing information until the early 1990s. OBN implemented Oklahoma's web-based PMP in 2006. Oklahoma lawmakers mandated the use of the PMP system by prescribers in 2015.

Table 3. Top Five Prescriptions, by Year

	2016	2017	2018	2019	2020
Hydrocodone	2,048,734	1,907,347	1,667,590	1,439,182	1,316,689
Oxycodone	899,290	874,692	788,720	684,680	655,460
Alprazolam	782,353	728,284	629,245	539,731	510,602
Tramadol	811,103	776,373	710,156	592,540	524,589
Zolpidem	578,768	543,801	496,122	447,903	423,050

Source: Oklahoma PMP

Prescription Take Back Program

In 2011, OBN started the Prescription Take Back Program. The purpose of the program is to provide citizens with a safe way to dispose of unwanted medications. OBN maintains 183 disposal boxes that are securely housed in police departments and sheriffs' offices around Oklahoma. OBN has disposed of more than 116 tons of unwanted medication since 2011.

OBN partnered with *Sooner Roll-Off,* a private storage container company that provides a free metal storage container to collect and transport the medications. Regularly, OBN escorts an Oklahoma Roll-Off vehicle filed with unwanted medications from Oklahoma City to Covanta Energy in Tulsa, Oklahoma. For ten years, Covanta Energy has and continues to convert the medication into clean energy.

Interdiction Unit

The Interdiction Unit works to reduce drug trafficking in Oklahoma by enforcing drug laws on the highways. DTOs transport illegal drugs through Oklahoma to other drug markets because of the extensive highway system. 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 other states regularly interdict large shipments of drugs destined for Oklahoma. In 2020, OBN Interdiction Agents seized 34 pounds of cocaine, 259 pounds of methamphetamine, 2,929 pounds of marijuana (plant, edibles, concentrate, and wax combined), and two 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 of toxic waste created by methamphetamine cooks. Using federal grant funds, OBN installed five methamphetamine waste containers in secure locations around the state. Before this program, local law enforcement agencies were burdened with high clean-up costs and a substantial toll on available manpower. Today, law enforcement can dispose of methamphetamine lab waste into one of the 12 waste containers at no cost. Since 2003, the waste containers have been used by law enforcement to dispose of more than 2,600 meth labs.

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). OBN Analysts use information collected as part of this project to develop intelligence bulletins and other publications.

Overdose Detection Mapping Application Program (ODMAP)

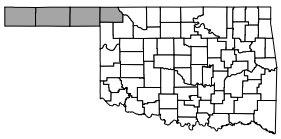
OBN continues to work with local and state officials to implement the Overdose Detection Mapping Application Program (ODMAP). Created by the Washington/Baltimore HIDTA, ODMAP is a free Mobile tool for first responders to enter and share real-time overdose data across jurisdictions. Public safety and public health officials use the data entered into ODMAP to track overdoses across jurisdictions, identify hot spots, respond to overdose spikes, target, investigate drug dealers and educate the public.

District Profiles

The district profiles below provide county-level data for each of the 27 judicial districts in Oklahoma. OBN collected data from the best available sources for each drug indicator. 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 (via its online query system) provided treatment data for admissions related to heroin, marijuana, cocaine, and opiates (by fiscal year). The Oklahoma Office of the Chief Medical Examiner, in cooperation with OBN analysts, provided fatal overdose data. Population estimates are based on published data from the U.S. Census Bureau. OBN also collected feedback from law enforcement.

District 1 Profile

Counties: Beaver, Cimarron, Harper, and Texas



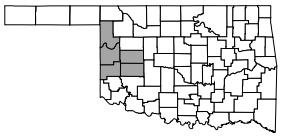
District 1 is in the panhandle of Oklahoma. With an estimated population of 31,724, District 1 includes Cimarron, Texas, Beaver, and Harper counties. The largest city in District 1 is Guymon.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Beaver	33.3	14	0	6	1
Cimarron	13.6	10	0	4	0
Harper	0.0	8	0	8	0
Texas	10.4	28	0	29	1
District Total	11.3	60	0	47	2

District 2 Profile

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



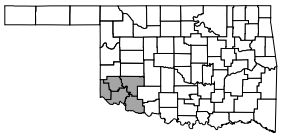
District 2, located in western Oklahoma, includes Beckham, Custer, Ellis, Roger Mills, and Washita counties. With an estimated population of 69,480, the largest city in District 2 is Sayre.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Beckham	10.9	69	1	127	6
Custer	19.3	235	3	161	7
Ellis	6.9	1	0	8	0
Roger Mills	25.0	2	0	9	0
Washita	10.8	28	0	60	5
District Total	15.8	335	4	365	18

District 3 Profile

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



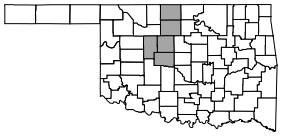
District 3 is in southwest Oklahoma. With an estimated population of 49,511, District 3 includes Greer, Harmon, Jackson, Kiowa, and Tillman counties.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Greer	7.1	1	0	20	1
Harmon	15.8	5	0	4	1
Jackson	16.9	108	1	58	3
Kiowa	10.3	8	0	44	5
Tillman	11.2	9	1	6	3
District Total	14.8	131	2	132	13

District 4 Profile

Counties: Blaine, Canadian, Garfield, Grant, and Kingfisher



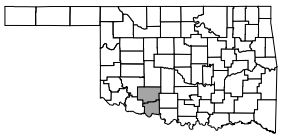
District 4 is in the west-central region of Oklahoma. With an estimated population of 234,987, District 4 includes Blaine, Canadian, Garfield, Grant, and Kingfisher counties.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Blaine	20.8	60	0	64	3
Canadian	20.5	297	11	235	25
Garfield	10.1	245	4	204	7
Grant	4.5	3	1	5	0
Kingfisher	15.7	22	0	48	1
District Total	16.4	627	16	556	36

District 5 Profile

Counties: Comanche and Cotton



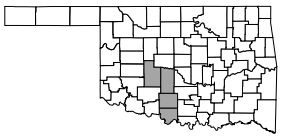
District 5 is in south central Oklahoma. With an estimated population of 126,198, District 5 includes Comanche and Cotton counties. Lawton is the largest city in District 5.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Comanche	17.6	591	3	193	45
Cotton	24.0	10	1	7	1
District Total	17.8	601	4	200	46

District 6 Profile

Counties: Caddo, Grady, Jefferson, and Stephens



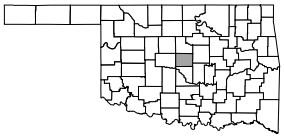
District 6 is in west central Oklahoma. With an estimated population of 133,916, District 6 includes Caddo, Grady, Jefferson, and Stephens counties.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Caddo	19.3	137	4	61	8
Grady	20.9	112	7	110	12
Jefferson	26.1	40	4	11	3
Stephens	20.8	222	3	78	5
District Total	20.5	511	18	260	28

District 7 Profile

County: Oklahoma

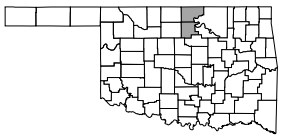


District 7 is in central Oklahoma and includes Oklahoma County. Many of the state's largest cities are in Oklahoma County, including Oklahoma City, Edmond, and Midwest City.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Oklahoma	13.8	1,117	22	2,916	278
District Total	13.8	1,117	22	2,916	278

District 8 Profile
Counties: Kay and Noble



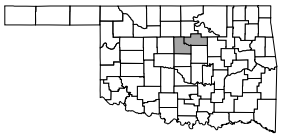
District 8 is in northern Oklahoma. With an estimated population of 55,450, District 8 includes Kay and Noble counties. Kay County shares its northern border with Kansas.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Kay	11.6	208	1	115	12
Noble	30.3	37	2	9	1
District Total	14.3	245	3	124	13

District 9 Profile

Counties: Logan and Payne



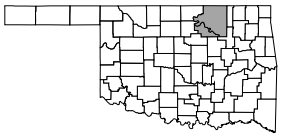
District 9, which includes Logan and Payne counties, is in north-central Oklahoma. With an estimated population of 129,331, the largest cities in the district are Guthrie and Stillwater.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Logan	21.1	41	6	119	4
Payne	12.9	253	4	116	12
District Total	14.5	294	10	235	16

District 10 Profile

Counties: Osage and Pawnee



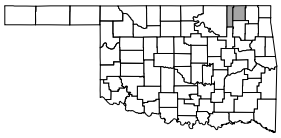
District 10, which includes Osage and Payne counties, is in northeast Oklahoma. The largest cities in District 10 are Pawnee and Pawhuska, and the estimated population is 63,404.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Osage	16.9	109	1	48	5
Pawnee	15.2	28	1	23	2
District Total	16.2	137	2	71	7

District 11 Profile

Counties: Nowata and Washington



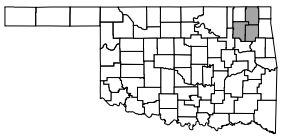
District 11, located in northeast Oklahoma, includes Nowata and Washington counties. The largest communities in District 11 are Bartlesville and Nowata, and the estimated population is 62,061.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Nowata	29.1	9	2	16	1
Washington	10.8	63	1	105	9
District Total	12.3	72	3	121	10

District 12 Profile

Counties: Craig, Mayes, and Rogers



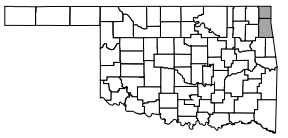
Located in northeast Oklahoma, District 12 includes Craig, Mayes, and Rogers counties. The largest cities in District 12 are Claremore, Catoosa, and Vinita, and the estimated population of the district is 147,397.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Craig	24.9	50	0	34	2
Mayes	13.0	77	3	56	7
Rogers	15.9	148	9	156	6
District Total	15.8	275	12	246	15

District 13 Profile

Counties: Delaware and Ottawa



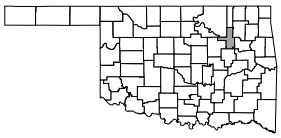
District 13, which includes Delaware and Ottawa counties, is in far northeast Oklahoma. With an estimated population of 73,908, District 13 shares its borders with Kansas, Missouri, and Arkansas. The largest cities include Miami and Grove.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Delaware	16.1	66	5	52	8
Ottawa	20.3	174	5	65	7
District Total	18.5	240	10	117	15

District 14 Profile

County: Tulsa



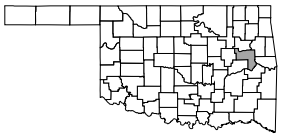
District 14 is in northeast Oklahoma and includes the city of Tulsa. With an estimated population of 648,360, District 14 also includes Collinsville, Glenpool, and Collinsville.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Tulsa	6.9	553	30	1,762	248
District Total	6.9	553	30	1,762	248

District 15 Profile

County: Muskogee



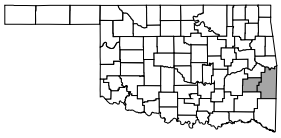
District 15 is in northeast Oklahoma. With an estimated population of 68,362, Muskogee County includes Muskogee and Ft. Gibson.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Muskogee	15.4	332	4	378	22
District Total	15.4	332	4	378	22

District 16 Profile

Counties: Latimer and Leflore



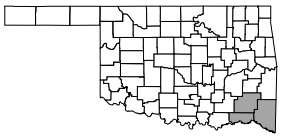
Located in southeast Oklahoma, District 16 includes Latimer and Leflore counties. With an estimated population of 60,211, the largest cities in District 16 include Heavener, Poteau, and Wilburton.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Latimer	15.9	108	1	51	3
Leflore	11.8	241	4	182	13
District Total	12.4	349	5	233	16

District 17 Profile

Counties: Choctaw, McCurtain, and Pushmataha



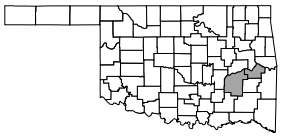
Located in far southeast Oklahoma, District 17 includes Choctaw, McCurtain, and Pushmataha counties. District 17 borders Arkansas and Texas. With an estimated population of 58,550, District 17 includes Hugo, Broken Bow, Idabel, and Antlers.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Choctaw	12.2	37	2	34	1
McCurtain	19.9	144	7	85	9
Pushmataha	29.1	47	3	29	2
District Total	18.0	228	12	148	12

District 18 Profile

Counties: Haskell and Pittsburg



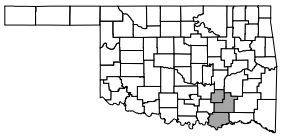
District 18, which includes Haskell and Pittsburg counties, is in southeast Oklahoma. With an estimated population of 56,545, District 18 includes McAlester, Krebs, and Stigler.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Haskell	36.9	109	2	88	3
Pittsburg	22.9	405	2	194	7
District Total	24.5	514	4	282	10

District 19 Profile

Counties: Atoka, Bryan, and Coal



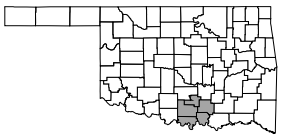
District 19, which includes Atoka, Bryan, and Coal counties, is in southeast Oklahoma. With an estimated population of 66,550, the largest cities in the district include Durant, Atoka, and Coalgate.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Atoka	50.2	92	1	21	3
Bryan	9.8	221	2	176	7
Coal	52.9	3	1	7	1
District Total	15.5	316	4	204	11

District 20 Profile

Counties: Carter, Johnston, Love, Marshall, and Murray



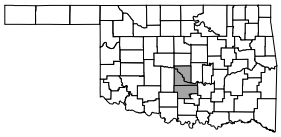
District 20 is in south-central Oklahoma and includes Carter, Johnston, Love, Marshall, and Murray counties. With an estimated population of 100,019, District 20 includes Marietta, Ardmore, Lone Grove, Tishomingo, Madill, and Davis.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Carter	14.7	197	6	262	15
Johnston	16.1	26	2	32	4
Love	34.5	326	2	26	4
Marshall	22.0	66	3	33	6
Murray	21.6	55	0	46	1
District Total	18.7	670	13	399	30

District 21 Profile

Counties: Cleveland, Garvin, and McClain



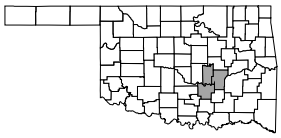
Located in the south-central region of the state, District 21 includes Garfield, Garvin, and McClain counties. With an estimated population of 349,465, the largest cities in District 21 are Norman, Blanchard, Purcell, and Pauls Valley.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Cleveland	11.0	630	9	457	38
Garvin	7.9	71	3	45	6
McClain	16.2	413	5	39	4
District Total	11.0	1114	17	541	48

District 22 Profile

Counties: Hughes, Pontotoc, and Seminole



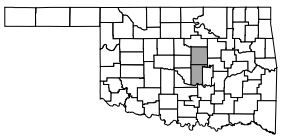
District 22, which is in south-central Oklahoma, includes the counties of Hughes, Pontotoc, and Seminole. With an estimated population of 76,160, the largest cities in District 22 include Ada, Holdenville, and Wewoka.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Hughes	20.8	58	1	67	2
Pontotoc	11.9	170	2	130	7
Seminole	9.6	72	9	128	8
District Total	12.7	300	12	325	17

District 23 Profile

Counties: Lincoln and Pottawatomie



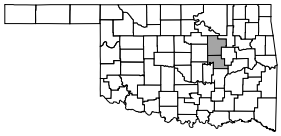
Located in south-central Oklahoma, District 23 includes Lincoln and Pottawatomie counties. The largest cities in the district include Shawnee, Tecumseh, and Chandler.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Lincoln	15.4	81	5	133	3
Pottawatomie	12.6	436	5	334	17
District Total	13.2	517	10	467	20

District 24 Profile

Counties: Creek and Okfuskee



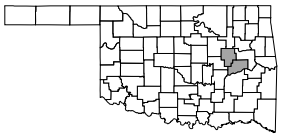
District 24 is in north-central Oklahoma. With an estimated population of 83,702, the largest cities in District 24 include Sapulpa, Bristow, and the town of Okemah.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Creek	22.6	153	5	216	19
Okfuskee	5.9	80	5	36	2
District Total	19.7	233	10	252	21

District 25 Profile

Counties: McIntosh and Okmulgee



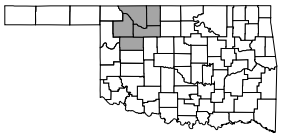
District 25 is in east central Oklahoma, and it includes McIntosh and Okmulgee counties. With an estimated population of 58,150, the largest cities in District 25 include Okmulgee, Eufaula, and Checotah.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
McIntosh	23.2	42	7	134	9
Okmulgee	9.8	40	3	83	1
District Total	13.8	82	10	217	10

District 26 Profile

Counties: Alfalfa, Dewey, Major, Woods, and Woodward



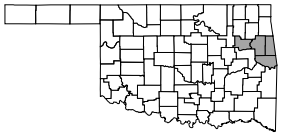
District 26 is in northwest Oklahoma and includes the counties of Alfalfa, Dewey, Major, Woods, and Woodward. The largest cities in the district include Alva, Cherokee, and Woodward.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Alfalfa	10.3	3	1	8	0
Dewey	13.7	7	1	17	1
Major	24.0	7	1	22	1
Woods	20.6	8	0	32	1
Woodward	13.2	111	1	75	0
District Total	14.6	136	4	154	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.

Select Drug-Related Data - 2020, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Adair	12.7	55	4	83	4
Cherokee	15.7	346	2	84	14
Sequoyah	28.1	341	1	127	13
Wagoner	21.7	373	7	141	13
District Total	20.8	1,115	14	435	44

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Appendix

Overdose Deaths, by County

County	2016	2017	2018	2019	2020
Adair	9	6	5	5	4
Alfalfa	1	0	0	0	0
Atoka	5	2	2	0	3
Beaver	0	2	0	0	1
Beckham	7	9	8	7	6
Blaine	4	2	3	2	3
Bryan	18	10	18	11	7
Caddo	8	4	7	7	8
Canadian	11	13	20	11	25
Carter	12	15	16	13	15
Cherokee	16	7	6	11	14
Choctaw	7	1	2	4	1
Cimarron	0	0	0	0	0
Cleveland	42	36	44	45	38
Coal	0	4	2	2	1
Comanche	25	22	17	30	45
Cotton	1	0	2	2	1
Craig	3	2	1	1	2
Creek	14	12	6	17	19
Custer	2	2	3	6	7
Delaware	12	8	3	1	2
Dewey	1	1	0	1	1
Ellis	0	0	0	1	0
Garfield	5	11	11	8	7
Garvin	8	9	7	13	6
Grady	9	4	10	9	12
Grant	0	0	1	0	0
Greer	1	1	0	0	1
Harmon	0	1	3	0	1
Harper	0	0	0	0	0
Haskell	2	3	1	1	3
Hughes	0	5	1	4	2
Jackson	6	8	3	9	3
Jefferson	1	2	0	1	3
Johnston	3	3	2	6	4
Kay	8	12	3	10	12
Kingfisher	1	5	0	2	1
Kiowa	0	3	1	3	5
Latimer	3	3	1	1	3

County	2016	2017	2018	2019	2020
Leflore	15	14	8	7	13
Lincoln	5	6	8	6	3
Logan	4	5	2	3	4
Love	4	2	5	4	4
Major	0	3	0	0	1
Marshall	4	5	3	0	6
Mayes	7	7	5	14	7
McClain	8	5	4	5	4
McCurtain	17	7	4	3	9
McIntosh	6	4	2	1	1
Murray	5	4	5	3	1
Muskogee	32	13	9	13	22
Noble	2	1	4	1	1
Nowata	1	0	0	1	1
Okfuskee	1	1	2	2	2
Oklahoma	203	211	205	233	278
Okmulgee	7	9	5	11	9
Osage	7	11	4	9	5
Ottawa	4	6	2	0	3
Pawnee	3	5	1	4	2
Payne	16	3	4	11	12
Pittsburg	9	8	8	14	7
Pontotoc	9	6	10	13	7
Pottawatomie	16	13	25	16	17
Pushmataha	6	2	1	1	2
Roger Mills	1	0	0	1	0
Rogers	8	5	7	9	6
Seminole	3	4	7	7	8
Sequoyah	12	12	4	11	13
Stephens	7	7	6	8	5
Texas	1	1	3	1	1
Tillman	0	0	2	0	3
Tulsa	182	157	81	198	242
Wagoner	14	12	5	9	13
Washington	10	9	3	10	9
Washita	1	5	2	0	5
Woods	3	1	2	1	1
Woodward	4	3	1	2	0
Total	882	795	658	876	993

Prescription Opioid Deaths, by County

County	2016	2017	2018	2019	2020
Adair	2	4	0	0	0
Alfalfa	1	0	0	0	0
Atoka	4	1	1	0	1
Beaver	0	1	0	0	1
Beckham	5	5	2	1	3
Blaine	3	2	0	0	0
Bryan	11	5	6	1	1
Caddo	4	1	0	1	2
Canadian	5	6	10	2	5
Carter	8	6	6	1	8
Cherokee	8	3	1	2	1
Choctaw	3	0	2	2	0
Cimarron	0	0	0	0	0
Cleveland	18	16	10	13	20
Coal	0	2	1	0	1
Comanche	10	10	7	3	9
Cotton	1	0	1	1	1
Craig	1	1	0	0	0
Creek	9	5	2	5	4
Custer	1	0	1	0	2
Delaware	4	4	1	1	2
Dewey	0	1	0	0	1
Ellis	0	0	0	0	0
Garfield	0	2	3	2	4
Garvin	3	7	3	3	1
Grady	6	2	5	5	4
Grant	0	0	0	0	0
Greer	0	1	0	0	0
Harmon	0	1	1	0	0
Harper	0	0	0	0	0
Haskell	0	1	0	0	0
Hughes	0	1	1	0	0
Jackson	3	4	1	2	1
Jefferson	1	2	0	1	0
Johnston	1	1	1	1	1
Kay	3	3	1	4	1
Kingfisher	0	3	0	0	1
Kiowa	0	2	0	1	1
Latimer	1	1	0	0	1

County	2016	2017	2018	2019	2020
Leflore	10	10	6	2	4
Lincoln	3	4	2	1	1
Logan	2	2	0	0	1
Love	2	1	2	1	2
Major	0	2	0	0	0
Marshall	1	2	1	0	1
Mayes	5	4	1	4	0
McClain	5	1	2	2	1
McCurtain	6	1	1	0	1
McIntosh	1	1	1	0	1
Murray	3	0	2	1	0
Muskogee	14	4	2	2	6
Noble	0	0	3	0	1
Nowata	1	0	0	0	0
Okfuskee	1	0	1	0	0
Oklahoma	90	63	59	58	86
Okmulgee	4	2	2	3	2
Osage	3	3	2	0	5
Ottawa	2	3	0	0	3
Pawnee	3	3	0	1	0
Payne	6	0	2	2	0
Pittsburg	4	3	1	2	0
Pontotoc	3	2	6	4	2
Pottawatomie	7	5	8	3	5
Pushmataha	5	1	0	1	1
Roger Mills	0	0	0	0	0
Rogers	4	2	2	3	2
Seminole	2	2	1	4	2
Sequoyah	6	7	1	3	2
Stephens	3	4	2	2	1
Texas	1	0	1	0	1
Tillman	0	0	1	0	1
Tulsa	68	59	19	43	83
Wagoner	11	9	3	2	6
Washington	5	3	0	1	2
Washita	1	3	2	0	2
Woods	2	1	1	0	0
Woodward	3	2	0	0	0
Total	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