Oklahoma
Drug Threat Assessment

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to Oklahoma. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat to Oklahoma.
Oklahoma Drug Threat Assessment

Executive Summary

Oklahoma is a destination and transit area for shipments of methamphetamine, cocaine, marijuana, and heroin. Located in the south central United States, Oklahoma is transected by numerous interstate highways and roads that support a high volume of traffic. Drug trafficking organizations and criminal groups use these highways to transport illicit drugs into and through the state from Mexico, California, and southwestern states.

Methamphetamine, the greatest drug threat to Oklahoma, is available throughout the state, and abuse of the drug is increasing. Violence associated with the production, distribution, and abuse of methamphetamine poses a significant threat to the safety of Oklahoma’s residents. Methamphetamine production is increasing in the state, and laboratory seizures increased dramatically from 1995 through 2001. In addition to being produced in the state, methamphetamine is transported into and through Oklahoma by Mexican drug trafficking organizations and Mexican criminal groups. They transport the drug from producers in Mexico, California, and Arizona. These Mexican drug trafficking organizations and criminal groups are also the primary wholesale distributors of the drug within the state. Mexican criminal groups, Caucasian criminal groups, street gangs, independent dealers and, to a lesser extent, outlaw motorcycle gangs distribute methamphetamine at the retail level.

Cocaine continues to pose a significant threat to Oklahoma. Cocaine abuse is prevalent in the state, and abuse among young people is a particular concern. Cocaine is available throughout Oklahoma, and its distribution frequently is associated with violence. The primary transporters and wholesale distributors of powdered cocaine are Mexican drug trafficking organizations and Mexican criminal groups; the latter also are involved in the midlevel and retail distribution of powdered cocaine. Street gangs, primarily Hispanic and African American, and independent dealers also distribute powdered cocaine at the retail level. African American criminal groups and African American street gangs are the primary distributors of crack cocaine at the retail level. Independent dealers and Hispanic street gangs also distribute crack cocaine at the retail level.
Marijuana is readily available and commonly abused throughout Oklahoma. Most of the marijuana available in the state is produced in Mexico; however, locally grown, higher-potency marijuana also is available. Mexican drug trafficking organizations, the primary suppliers to Oklahoma, produce marijuana in Mexico and transport it into the state. Mexican drug trafficking organizations use Oklahoma as a transshipment point for marijuana because of the state’s central location, well-developed transportation infrastructure, and proximity to the U.S.–Mexico border. Mexican drug trafficking organizations and Mexican criminal groups distribute Mexico-produced marijuana at the wholesale level. Mexican criminal groups, African American criminal groups, outlaw motorcycle gangs, and street gangs distribute Mexico-produced marijuana at the retail level. Caucasian independent dealers and Caucasian criminal groups produce and distribute most of the locally produced marijuana.

Heroin is available in Oklahoma, primarily in Oklahoma City and Tulsa, and the abuse of heroin poses a concern for law enforcement and healthcare professionals. Mexican black tar heroin is the most prevalent and abused type in Oklahoma. Mexican brown powdered heroin is available to a lesser extent. Mexican drug trafficking organizations and Mexican criminal groups are the primary transporters and wholesale distributors of Mexican black tar and brown powdered heroin. Hispanic and African American street gangs conduct most of the retail distribution that occurs in Oklahoma City and Tulsa.

Other dangerous drugs include club drugs, hallucinogens, inhalants, steroids, and diverted pharmaceuticals. Club drugs are synthetic drugs such as MDMA, Rohypnol, GHB and its analogs, LSD, and ketamine. Club drugs are used most frequently by teenagers and young adults at nightclubs and rave parties. The abuse of these drugs, along with the abuse of other hallucinogens, inhalants, and steroids, is a growing problem. The diversion and abuse of pharmaceuticals also pose a particular concern for law enforcement and healthcare professionals.
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Oklahoma Drug Threat Assessment

Overview

Oklahoma has approximately 3.4 million residents and ranks twenty-seventh in the nation in population. Approximately 76 percent of the residents are Caucasian, 8 percent American Indian, 8 percent African American, and 5 percent Hispanic or Latino. Residents younger than 18 years of age account for 26 percent of the population, and those 65 years of age and older account for 13 percent.

Oklahoma is the eighteenth largest state with a land area of 68,667 square miles. It has 35 state-owned recreational areas and over 4,400 miles of river and lake shoreline. Forests cover approximately 24 percent of Oklahoma.

Oklahoma has two large metropolitan areas. Oklahoma City, the capital, is located in the center of the state and has a population of over 500,000. Tulsa, located in the northeastern part of the state, has a population exceeding 300,000. The Arkansas River Basin encompasses most of the east central region, and the Red River Basin encompasses most of the southern region. Oklahoma is bordered by Arkansas, Colorado, Kansas, Missouri, New Mexico, and Texas.

Oklahoma has an extensive transportation infrastructure that includes an interstate highway system, public and private airports, rail lines, and two river ports. This transportation infrastructure supports increasing transportation demands. Most drugs available in the state are transported via private and commercial vehicles. The major highways are Interstates 35, 40, 44, and 75 (the Indian Nation Turnpike), and U.S. Highways 54, 56, 64, 69, 81, 83, 287, and 412. US 54, the main route from El Paso, Texas, to Missouri, transits Oklahoma. Interstate

<table>
<thead>
<tr>
<th>Fast Facts</th>
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<tr>
<td>U.S. population ranking (2000)</td>
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<td>Capital</td>
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<tr>
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<td>Principal industries</td>
<td>Manufacturing, mineral and energy exploration and production</td>
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35 and US 69 are the primary north-south routes, and I-40 is the main east-west route. Interstate 44 extends from the Texas-Oklahoma border to the Oklahoma-Missouri border.

To a lesser extent than highway transportation, private and commercial aircraft also are used to transport drugs into the state. Oklahoma has two international airports as well as numerous public and private airports and airstrips that may be used to transport drugs into and through the state. The international airports, located in Oklahoma City and Tulsa, offer connecting flights to Mexico and Canada. Other cities with passenger air service are Lawton, Enid, and Ponca City. According to the Federal Aviation Administration (FAA), Oklahoma has 149 public airports.

Drugs also may be transported into the state via rail, although there have been no recent documented seizures from railcars. The rail infrastructure in Oklahoma includes nearly 4,000 miles of railroad track used by 20 railway companies. Rail cargo includes foreign and domestic goods. Primary railroad centers include Clinton, Durant, El Reno, Enid, McAlester, Muskogee, Oklahoma City, and Tulsa.

Drugs may be transported into Oklahoma via its river ports; however, there have been no recent seizures at river ports. Two major ports are in the cities of Tulsa and Muskogee. These ports link Oklahoma with 25,000 miles of inland waterways stretching from the Gulf of Mexico and the Mississippi River to the Great Lakes and the Saint Lawrence Seaway. Drugs also may be transported into the state via package delivery services, although there have been no recent documented seizures.

Mexican drug trafficking organizations (DTOs) and Mexican criminal groups use Oklahoma as a transit area for shipments of methamphetamine, powdered cocaine, marijuana, and heroin because of the state’s proximity to the U.S.–Mexico border. These DTOs and criminal groups take advantage of the transportation infrastructure to transport drugs into and through the state.

Mexican DTOs and Mexican criminal groups are the primary wholesale distributors of illicit drugs in Oklahoma. Criminal groups, street gangs, independent dealers, and outlaw motorcycle gangs (OMGs) distribute drugs at the retail level. OMGs with chapters in Oklahoma include Bandidos, Mongols, Outlaws, Rolling 30 Bloods, and Rogues. The street gangs operating in the state include Bloods and Crips, which are primarily African American gangs, and Latin Kings, South Side Locos, and Mara Salvatrucha, which are primarily Hispanic gangs. Gang activity has been observed throughout Oklahoma.

Drug-related arrests are high in Oklahoma. In 2000 there were 22,114 arrests for drug-related violations; 9.4 percent of these arrests were individuals under the age of 18, according to the Oklahoma State Bureau of Investigation (OSBI). In addition, Oklahoma was one of 10 states identified as having the highest rates of incarceration in the nation from 1985 through 1998. In 1993 only Texas had a higher incarceration rate. Each year from 1994 through 1998, Oklahoma ranked third behind Texas and Louisiana. Reasons for the high rate of incarceration include increases in drug-related offenses, new antidrug laws with harsher penalties, and increased apprehension and adjudication efforts.

The Oklahoma Department of Corrections (DOC) random drug testing program appears to have affected the level of drug abuse among inmates, probationers, and parolees. The DOC conducted 14,889 random drug tests in fiscal year (FY) 1999 and 16,442 in FY2000. In FY1999, 9.9 percent of inmates, probationers, and parolees tested positive for drugs. In FY2000 the percentage declined to 8.7 percent. Drug abuse was higher among probationers and parolees than inmates. In addition, rates were higher among inmates in contract facilities than among those in state-run facilities.

All major drugs of abuse are available and abused in Oklahoma. According to the 1999 National Household Survey on Drug Abuse (NHSDA), 5.1 percent of Oklahoma residents abused an illicit drug at least once in the month prior to the survey. Oklahoma residents aged 18 to 25 represented the largest group of current users,
with 12.1 percent reporting past month use. According to a survey conducted by the Oklahoma Department of Mental Health and Substance Abuse Services during the 1999–2000 school year, drug abuse is a continuing problem among Oklahoma high school students. Of 10,179 students surveyed, 44.7 percent reported using marijuana during their lifetime, 11.5 percent reported using methamphetamine, 9.2 percent reported using cocaine, and 2.4 percent reported using heroin. In addition, 12.0 percent of students surveyed reported that they had used inhalants during their lifetime, and 4.7 percent reported steroid use. Drug Abuse Warning Network (DAWN) mortality data for Oklahoma County indicate that deaths in which drugs were a factor increased from 168 in 1996 to 226 in 1999, then decreased to 196 in 2000.

A significant portion of Oklahoma’s budget is used to combat the problems associated with drug abuse. The state government spent approximately 10.5 percent of its 1998 budget—$705 million—on substance abuse-related programs that focused on justice, education, health, child/family assistance, mental health/developmental disabilities, employment, and public safety issues. The National Center on Addiction and Substance Abuse at Columbia University reported that Oklahoma spent $201 per capita on substance abuse-related services in 1998. Oklahoma ranked thirty-sixth in per capita drug-related spending for that year.

Methamphetamine

Methamphetamine, the greatest drug threat to Oklahoma, is available throughout the state, and abuse of the drug is increasing. Violence associated with the production, distribution, and abuse of methamphetamine poses a significant threat to the safety of Oklahoma’s residents. Methamphetamine production is increasing in the state, and laboratory seizures increased dramatically from 1995 through 2001. In addition to being produced in the state, methamphetamine is transported into and through Oklahoma by Mexican DTOs and Mexican criminal groups. They transport the drug from producers in Mexico, California, and Arizona. These Mexican DTOs and criminal groups are also the primary wholesale distributors of the drug within the state. Mexican criminal groups, Caucasian criminal groups, street gangs, independent dealers and, to a lesser extent, OMGs distribute methamphetamine at the retail level.

Abuse

In Oklahoma methamphetamine abuse is a serious concern, and there are indications that abuse of the drug is increasing. The Treatment Episode Data Set (TEDS) indicates that the number of methamphetamine-related treatment admissions to publicly funded facilities in Oklahoma was higher in 2001 (3,231) than in 1997 (2,191). (See Table 1 on page 4.) According to TEDS data, most methamphetamine-related admissions involved Caucasian and American Indian/Alaskan Native abusers who accounted for 97.6 percent of methamphetamine-related treatment admissions in 2001. According to the Oklahoma Department of Mental Health and Substance Abuse Services, 25 percent of substance abuse treatment admissions in FY2001 reported abusing methamphetamine as the primary drug of choice—a dramatic increase from 11 percent in FY1996. According to treatment data, when asked to list their primary drug of choice, individuals were allowed to report more than one drug (including alcohol) and, on average, reported 1.7 drugs of choice.

Methamphetamine-related overdoses and deaths have increased. The Oklahoma Poison Control Center reports that nonfatal methamphetamine-related overdoses increased from 40 in 1999 to 44 in 2000. According to DAWN mortality data, methamphetamine-related deaths (deaths in which methamphetamine was a contributing factor but not necessarily the sole cause of death)
in Oklahoma County increased overall from 39 in 1996 to 56 in 2000. Methamphetamine was the only drug detected in 12 of the 56 methamphetamine-related deaths in 2000. The remaining deaths involved methamphetamine in combination with one or more drugs. For example, methamphetamine and amphetamine were present in 28 of the 56 methamphetamine-related deaths reported in 2000.

In Oklahoma lifetime methamphetamine/amphetamine use among high school students surveyed during the 1999–2000 school year was second only to marijuana use. The Oklahoma Department of Mental Health and Substance Abuse Services reports that 11.5 percent of Oklahoma high school students surveyed reported using methamphetamine/amphetamine at least once in their lifetime. Twelfth graders reported the highest percentage (13.1%) of lifetime use.

According to a National Transportation Safety Board report, a pilot who crashed a small plane in December 2000 killing his teenage passenger and himself had methamphetamine and amphetamine in his system. After the crash, authorities found plastic bags containing white powder in the pilot's luggage. Test results indicated that the substances were methamphetamine and cocaine.

The percentage of adult male arrestees in Oklahoma City who tested positive for methamphetamine in 2000 was relatively high. According to the 2000 Arrestee Drug Abuse Monitoring (ADAM) Program for Oklahoma City, 11.3 percent of adult male arrestees tested positive for methamphetamine.

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<th>Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities, Oklahoma, 1997–2001</th>
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Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, TEDS.

### Availability

Methamphetamine is available throughout Oklahoma. The most common type is powdered methamphetamine. Crystal methamphetamine, a colorless, odorless, smokable form of d-methamphetamine commonly known as ice, also is available in the state.

The price of methamphetamine in Oklahoma is stable. The Drug Enforcement Administration (DEA) Dallas Division, which oversees the state of Oklahoma, reports that the price of methamphetamine throughout Oklahoma remained stable from the third quarter of FY2000 to the first quarter of FY2002. Methamphetamine in Oklahoma City sold for $65 to $90 per gram, $350 to $1,600 per ounce, and $12,000 to $20,000 per kilogram in the first quarter of FY2002. The price per pound was not available. In Tulsa the drug sold for $600 to $1,200 per ounce ($1,500 per ounce for crystal methamphetamine) and $8,500 to $15,000 per
In McAlester methamphetamine sold for $100 per gram, $1,000 per ounce, and $10,000 to $12,000 per pound. In Duncan the drug sold for $30 to $60 per gram and $700 to $1,000 per ounce.

Law enforcement personnel throughout Oklahoma reported a record number of methamphetamine seizures in 2000, the most recent data available. The Oklahoma Department of Public Safety reported that seizures of methamphetamine by the Oklahoma Highway Patrol more than doubled from 54 pounds in 1999 to 128 pounds in 2000. During the first quarter of 2000, agents with the District 27 Drug Task Force, which serves Adair, Cherokee, Sequoyah, and Wagoner Counties, seized 281 pounds of methamphetamine with an estimated street value of $12.5 million.

The number of federal sentences for methamphetamine-related offenses in Oklahoma remained relatively stable from FY1997 through FY2000, the most recent data available. According to the U.S. Sentencing Commission (USSC), there were 60 methamphetamine-related federal sentences in FY1997, 63 in FY1998, 60 in FY1999, and 59 in FY2000. In FY2000 methamphetamine accounted for the largest percentage (36.9%) of drug-related federal sentences in Oklahoma.

Violence

Violence associated with methamphetamine production, distribution, and abuse is a significant threat to Oklahoma. Mexican criminal groups and street gangs use violence to protect drug shipments and maintain control over drug territories. Street gangs also commit assaults, drive-by shootings, vehicle thefts, robberies, and homicides. Many of these street gangs, such as Bloods, Crips, Mara Salvatrucha, and Latin Kings, have nationwide connections and ties to family-based criminal groups in Mexico.

Methamphetamine users experience paranoia, hallucinations or mood disturbances, and exhibit a tendency toward violence. Mental health agencies warn that methamphetamine abuse can be directly associated with domestic violence—including spousal and child abuse—and homicide.

In September 1999 an Oklahoma Highway Patrol trooper was killed and his partner was wounded while serving a search warrant for methamphetamine at a rural Sequoyah County home.

Source: Oklahoma Highway Patrol.

Production

Methamphetamine production continues to be a significant problem in Oklahoma. According to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, methamphetamine laboratory seizures increased dramatically from 34 in 1995 to 1,193 in 2001. (See Chart 1 on page 6.) In the first 3 months of 2002, there were 231 methamphetamine laboratories seized in the state. In the first 6 months of 2002, there were 131 methamphetamine laboratory seizures in Oklahoma City alone.

Most laboratories in Oklahoma are small operations that produce 1 ounce or less of methamphetamine per production cycle. Caucasian males are the primary methamphetamine producers in the state. The most popular production process, particularly in western Oklahoma, is the Birch reduction method—also known as the Nazi method—which involves the use of anhydrous ammonia and is a fairly simple process. It requires less than 1 hour to produce a finished
product that is about 95 percent pure. In eastern Oklahoma the most common method used is the hydriodic acid/red phosphorus method. This method takes over 3 hours to produce methamphetamine that is approximately 90 percent pure.

Methamphetamine laboratories are easily assembled and may be located at various sites including residences and motels. Because these laboratories are small, they can be set up in vehicles and transported from one place to another, making detection by law enforcement difficult. Methamphetamine laboratory operators attempt to disguise their activities in a variety of ways. For example, on May 5, 2002, federal, state, and local law enforcement authorities seized two interrelated methamphetamine laboratories operating in motels located in Sulphur, south of Oklahoma City. The methamphetamine producers used one motel for the pseudoephedrine extraction process and the second motel for the final production process. Authorities confiscated 4 gallons of methamphetamine oil, an undetermined amount of powdered methamphetamine, various hazardous chemicals such as sulfuric acid and muriatic acid, and approximately $500 in cash. Although methamphetamine laboratory operators in other areas of the country have been known to compartmentalize their operations in an effort to elude discovery and seizure by law enforcement officials, this is the first time that a compartmentalized operation was identified in Sulphur.

Law enforcement personnel and civilians—including children—are exposed to the dangers of explosion, toxic chemicals, and lethal by-products of the methamphetamine production process. Law enforcement personnel must wear special breathing devices, chemical detectors, and protective chemical-resistant suits, boots, and gloves when they are in or near methamphetamine laboratories.

Cleanup costs for methamphetamine production sites are high. In 1999 DEA estimated that the average cleanup cost per site in Oklahoma was $2,500. In that year the total cost for cleanup of methamphetamine production sites in the state was over $600,000. This cost normally does not include removing the contaminants from the water supply, soil, or laboratory structures. For each 1 pound of methamphetamine produced, 5 to 7 pounds of toxic waste are generated. Laboratory operators often dispose of this waste in sewers or rivers or on the ground, contaminating water and soil.

Diversion of precursor chemicals used in the methamphetamine production process is another challenge facing Oklahoma law enforcement. Some methamphetamine producers in western Oklahoma use “smurfs”—individuals who purchase small amounts of the chemicals used to produce methamphetamine—to acquire pseudoephedrine and hydriodic acid in Kansas. Anhydrous ammonia, a colorless, pungent gas legitimately used as a fertilizer and illegally used in methamphetamine production, is abundantly available throughout most of Oklahoma. Thefts of anhydrous ammonia are increasing throughout the state.


Source: Oklahoma Bureau of Narcotics and Dangerous Drugs Control.

Methamphetamine Production Group Dismantled

In a 1998 investigation by the DEA Tulsa Resident Office, 16 members of a local Caucasian criminal group were arrested for producing hundreds of pounds of methamphetamine. The leader of the group also taught methamphetamine production methods to others, allegedly charging $10,000 per individual for the service.

Source: DEA Dallas Division.
the state, particularly in western Oklahoma. Typically, anhydrous ammonia is stolen directly from storage tanks on farms and ranches. Law enforcement officials report that thieves commonly use thermos bottles and stainless steel soda syrup containers to transport the anhydrous ammonia. In some cases laboratory operators may transfer the anhydrous ammonia directly from the tank to a methamphetamine mix that is already in process. This is referred to as gassing the mix. Medical examiners have reported some deaths related to anhydrous ammonia inhalation. When the chemical is inhaled, it destroys water-absorbing fibers and the lungs fill with fluid, resulting in death.

Iodine crystals also are diverted for use in methamphetamine production. Iodine crystals have many commercial and veterinary uses and are readily available at feed and tack stores as well as chemical supply stores. Federal legislation mandates reporting of all sales of iodine crystals if an individual purchases more than 0.4 kilogram per month—a threshold set by DEA in 2000. Federal laws impose stringent penalties for failing to report iodine crystal sales or selling iodine crystals with the knowledge or belief that the chemical

On May 15, 2002, a federal grand jury convicted a Sallisaw feed store owner on 12 criminal charges for selling iodine crystals to methamphetamine producers. The charges included conspiracy to distribute listed chemicals, possession and distribution of listed chemicals, conspiracy to commit money laundering, and money laundering. From January 1998 through September 2000, the store owner purchased nearly 5,000 pounds of iodine crystals at a cost of $8 per ounce and resold the crystals for $50 per ounce to individuals from Arkansas, Kansas, Missouri, and Oklahoma. During the trial witnesses testified that the store owner knew the crystals were to be used to produce methamphetamine.

Source: U.S. Attorney Eastern District of Oklahoma; Associated Press.

would be used to produce a controlled substance. According to DEA, iodine crystals were sold for $130 to $160 per pound in Oklahoma City in the first quarter of FY2002. In Tulsa iodine crystals sold for $200 per pound, $125 per one-half pound, and $25 per ounce.
Lithium, a precursor chemical used in the Birch reduction method, also is diverted in Oklahoma. OSBI reports that methamphetamine laboratory operators in Oklahoma are stealing electronic flowmeters from gas and oil wells to obtain lithium. The operators, many of whom are current or former gas or oil field employees, obtain the lithium from batteries in the meters. According to OSBI, these batteries contain significantly more lithium than batteries that are commercially available.

**Transportation**

Oklahoma is a transit area and destination point for methamphetamine. Mexican DTOs and Mexican criminal groups transport methamphetamine into Oklahoma. These DTOs and criminal groups typically transport methamphetamine in large quantities from Mexico through Arizona, California, New Mexico, and Texas for local distribution and further transportation to other states. Methamphetamine produced in Arizona and California also is transported into and through Oklahoma.

Methamphetamine generally is transported into and through Oklahoma in private and commercial vehicles. The drug typically is concealed in suitcases, boxes, trunks, consoles, and also in hidden compartments. Law enforcement personnel report that hidden compartments built into firewalls, truck beds, camper shell roof liners, bumpers, and gas tanks often are used to conceal drugs. Methamphetamine also may be intermingled with cargo in commercial vehicles. Oklahoma law enforcement officers report a trend toward the use of rental vehicles to transport drugs into Oklahoma. The types of rental vehicles used range from small compact cars to luxury sedans. In addition to land conveyances, private aircraft and couriers on commercial aircraft are used to transport the drug into the state. Methamphetamine is, in all likelihood, shipped into Oklahoma via package delivery services, although there have been no recent documented seizures.

**Distribution**

The Mexican DTOs and Mexican criminal groups that dominate methamphetamine transportation also distribute methamphetamine at the wholesale level in Oklahoma. These DTOs and criminal groups obtain methamphetamine from sources in Mexico and from states such as Arizona.
and California and then sell the drug to retail distributors. In 1998 the DEA Tulsa Resident Office identified 15 Mexican criminal groups distributing methamphetamine, cocaine, and marijuana in its jurisdiction. Each group typically included three to five retail distributors.

Mexican criminal groups, Caucasian criminal groups, street gangs, independent dealers and, to a lesser extent, OMGs—most notably Mongols and Rogues—distribute methamphetamine at the retail level. Bloods, Crips, Latin Kings, and Mara Salvatrucha are street gangs involved in methamphetamine distribution. Independent dealers produce methamphetamine for personal use but also sell small quantities in order to support their habits. Retailers typically sell methamphetamine from their residences and at nightclubs throughout the larger cities in the state.

**Cocaine**

Cocaine continues to pose a significant threat to Oklahoma. Cocaine abuse is prevalent in the state, and abuse among young people is a particular concern. Cocaine is available throughout Oklahoma, and its distribution frequently is associated with violence. The primary transporters and wholesale distributors of powdered cocaine are Mexican DTOs and Mexican criminal groups; the latter also are involved in the midlevel and retail distribution of powdered cocaine. Street gangs, primarily Hispanic and African American, and independent dealers also distribute powdered cocaine at the retail level. African American criminal groups and African American street gangs are the primary distributors of crack cocaine at the retail level. Independent dealers and Hispanic street gangs also distribute crack cocaine at the retail level.

**Abuse**

Cocaine abuse remains a threat to Oklahoma, although abuse indicators are mixed. According to TEDS, cocaine-related treatment admissions to publicly funded facilities decreased from 1,982 in 1997 to 1,345 in 2000, then increased to 1,654 in 2001. (See Table 1 on page 4.) In 2001 African Americans accounted for the highest percentage (59.2%) of admissions for smoked cocaine, and Caucasians accounted for the highest percentage (72.1%) of admissions for cocaine administered by other routes. According to the Oklahoma Department of Mental Health and Substance Abuse Services, 18 percent of substance abuse-related treatment admissions in FY2001 reported abusing cocaine as the primary drug of choice. According to treatment data, when asked to list their primary drug of choice, individuals were allowed to report more than one drug (including alcohol) and, on average, reported 1.7 drugs of choice.

In 1999 the Oklahoma Department of Mental Health and Substance Abuse Services conducted a survey of three populations—general adult, Native American, and corrections (prisoners, probationers, and parolees)—to determine the extent of drug abuse among Oklahoma residents. The Department estimated that over 200,000 members (8.5%) of the general adult population and over 15,000 members (9.4%) of the Native American population had used cocaine at least once in their lifetime. It also estimated that more than 12,000 prisoners (61.2%) and 14,000 probationers and parolees (45.6%) had used cocaine at least once in their lifetime. In the general adult population, the highest rate of use was found among males and females aged 18 to 29. Among the Native American population, the highest rate was found among males and females aged 30 to 44.

Cocaine use is prevalent among teenagers in Oklahoma. According to the Oklahoma Department of Mental Health and Substance Abuse Services 1999–2000 school year survey, 9.2 percent of high school students surveyed reported that they had used cocaine at least once during their lifetime. Regarding past month abuse, 4.3 percent reported that they had used cocaine during the 30
days prior to the survey. Overall use was lowest among tenth graders and highest among twelfth graders. A separate survey conducted by the Army Substance Abuse Program at Fort Sill in January 2000 indicates that 7.9 percent of teenage respondents abused cocaine at least once in their lifetime. Oklahoma teenagers continue to use cocaine, particularly crack, according to respondents to a teen drug use questionnaire from the National Drug Intelligence Center (NDIC) in April 2001. These respondents included a healthcare service in Enid, Youth Services for Oklahoma County, McCurtin County Educational Co-op, and the Moore Alcohol and Drug Center.

In Oklahoma County the number of deaths in which cocaine was a factor increased steadily from 37 in 1996 to 56 in 1998, then decreased to 28 in 2000, according to DAWN mortality data.

Cocaine abuse is prevalent among adult male arrestees in Oklahoma City. According to ADAM data, over one-fifth (22.4%) of adult male arrestees tested positive for cocaine in 2000.

Availability

Cocaine is available throughout Oklahoma, according to law enforcement. Powdered cocaine and crack cocaine are widely available in Oklahoma City and Tulsa—crack cocaine is available primarily in urban areas. Cocaine also is available in the Panhandle, which is composed of Beaver, Cimarron, Harper, and Texas Counties. According to the District 1 Drug Task Force of the District Attorney’s Office, cocaine is available in the Panhandle in quantities as large as kilograms.

The price of powdered cocaine in Oklahoma is stable. The DEA Dallas Division reports that the price of cocaine throughout the state remained stable from the third quarter of FY2000 to the first quarter of FY2002. Powdered cocaine in Oklahoma City sold for $90 per gram, $550 to $900 per ounce, and $18,000 to $20,000 per kilogram in the first quarter of FY2002. In Tulsa powdered cocaine sold for $80 to $100 per gram, $750 to $1,200 per ounce, and $14,000 to $24,000 per kilogram. In Duncan it sold for $100 per gram and $1,000 to $1,200 per ounce in the first quarter of FY2001. FY2002 prices for Duncan were not available.

Retail prices for crack cocaine are stable. The DEA Dallas Division reports that the price of crack cocaine throughout the state remained stable from the third quarter of FY2000 to the first quarter of FY2002. Crack cocaine in Oklahoma City sold for $5 to $50 per rock, $25 per vial, and $750 per ounce in the first quarter of FY2002. In Tulsa crack cocaine sold for $80 to $120 per gram and $700 to $1,000 per ounce. The purity level of ounce quantities in Tulsa ranged from 20 to 65 percent. In Duncan crack cocaine sold for $70 to $120 per gram and $900 to $1,200 per ounce. In McAlester crack cocaine sold for $20 per rock, $100 per gram, and $800 to $1,200 per ounce.


Violence

Crack cocaine often is associated with violence in Oklahoma City and Tulsa. The DEA Oklahoma City District Office reports a steady increase in the number of major crack distributors who are associated with violent Los Angeles-based street gangs such as Bloods and Crips.

Gangs operating in Oklahoma City are involved in violent acts such as drug-related shootings,
drive-by shootings, and robberies. Bloods, Crips, and South Side Locos present the greatest challenge to Oklahoma City law enforcement. South Side Locos is considered one of the city’s most violent gangs. The Tulsa Area Response Gang Enforcement Team (TARGET) in 1999 identified 284 gang sets with 915 gang members and 1,437 associate members. Crips, consisting of 117 gang sets with 1,084 members and associate members, was the largest street gang identified in Tulsa, followed by Bloods, consisting of 50 gang sets with 464 members and associate members. In 1999 approximately 40 percent of Bloods members and approximately 23 percent of the associate members were arrested on drug charges.

**Production**

Coca is not cultivated nor is cocaine produced in Oklahoma. However, some powdered cocaine is converted to crack cocaine within the state. The conversion of powdered cocaine into crack takes place primarily in Duncan, Hugo, McAlester, and Tulsa. Reprocessing crack cocaine is a common practice among retail distributors in the Duncan area. The DEA Dallas Division reports that some producers believe reprocessing (recooking) the crack cocaine will remove more impurities.

**Transportation**

Mexican DTOs and Mexican criminal groups, the primary transporters of cocaine into and through Oklahoma, transport cocaine shipments from transshipment points in southwestern states and California. These DTOs and criminal groups typically transport cocaine via private and rental vehicles, which often are outfitted with hidden compartments. Most of the cocaine transported into and through Oklahoma is smuggled across the Southwest Border from Mexico and transported through cities in Texas such as Dallas, El Paso, Fort Worth, and Houston. Cocaine also is transported from Cactus and Amarillo, Texas. Cocaine transshipped from these cities usually is en route to Guymon, located in Texas County, which borders Texas. Some cocaine also is transported into Oklahoma from California. To a lesser extent, other criminal groups transport cocaine into Oklahoma. The DEA Dallas Division reports that some African American criminal groups are purchasing inexpensive automobiles and outfitting them with hidden compartments to transport cocaine.

Seizures of cocaine along Oklahoma highways increased from 1999 through 2000, the most recent data available. Operation Pipeline data indicate that in 1999, there were eight powdered cocaine seizures and two crack cocaine seizures along Oklahoma highways. In 2000 there were 23 powdered cocaine seizures and 2 crack cocaine seizures. The total amount of cocaine seized as part of Operation Pipeline in 1999 was 162.8 kilograms, compared with 463.8 in 2000.

**Street Gangs and Violence**

Drug-related violence often is associated with street gang activity. Street gangs that distribute cocaine use violence and intimidation to protect their turf or to impose “taxes” on other drug distributors. Intimidation often includes threats of violence against family members and, in some cases, against law enforcement personnel. In January 1998 gang members in a rural community in Muskogee County murdered a cooperating source when his involvement with federal law enforcement was discovered. In some cases Mexican criminal groups hire street gang members as enforcers to protect their cocaine distribution markets.

Source: U.S. Attorney Western District of Oklahoma.
On March 2, 2002, law enforcement personnel seized 5.9 kilograms of cocaine from behind the front seat and dashboard of a four wheel drive vehicle traveling eastbound on I-40. The shipment was destined for Langston, Oklahoma.

Source: EPIC, Operations Pipeline and Convoy.

On July 25, 2001, the Oklahoma Highway Patrol seized 827 pounds of cocaine in what is believed to be the state’s largest cocaine seizure. The cocaine was seized from a motor home that was traveling eastbound on I-40 near Elk City in Beckham County. Eighteen boxes containing a total of 349 packages of cocaine were concealed in secret compartments of the vehicle. Some of the packages were double-wrapped in plastic and smeared with axle grease. The cocaine had an estimated street value of $50 million. This drug shipment, which had originated in Tijuana, Mexico, was destined for Allentown, Pennsylvania.


In November 2000 the Oklahoma Highway Patrol seized 10 kilograms of cocaine from four individuals traveling eastbound on I-40 in Creek County. The individuals were en route to St. Louis, Missouri, from McAllen, Texas. The cocaine was found in a compartment behind the rear seat of the vehicle.

Source: DEA Dallas Division.

In November 2000 the Oklahoma Highway Patrol seized 10 kilograms of cocaine from two males traveling eastbound on I-40 in Canadian County. The individuals were en route to Birmingham, Alabama, from Los Angeles, California. The cocaine was found behind the vehicle’s firewall.

Source: DEA Dallas Division.

Interdictions involving buses and aircraft operating in the state. Interdictions involving cocaine transported on aircraft in Oklahoma have yielded nominal amounts of cocaine. From 1996 through 1999 over 51 pounds of cocaine were seized on the one major bus line operating in the state. Interdictions involving cocaine transported on aircraft in Oklahoma yielded approximately 20 pounds of cocaine during the same period.

Distribution

Mexican DTOs and Mexican criminal groups are the primary wholesale distributors of powdered cocaine in Oklahoma. They typically supply powdered cocaine to midlevel and retail distributors including other Mexican criminal groups, African American criminal groups, Hispanic and African American street gangs, and independent dealers. Mexican criminal groups and Hispanic street gangs such as South Side Locos and Juaritos (a gang with connections to Juarez, Mexico) distribute powdered cocaine at the retail level in the Oklahoma City area. In the

In May 2001, authorities in Altus arrested 32 members of a crack distribution ring. According to law enforcement officials, the ring transported cocaine to the Altus area from Texas and California.

Source: District 3 Drug Task Force.

Panhandle cocaine distribution activities are concentrated in Guymon. Mexican criminal groups and Mexican independent dealers control all levels of cocaine distribution in that area.
African American criminal groups and African American and Hispanic street gangs distribute crack cocaine at the retail level. Crack cocaine typically is converted locally; however, some distributors also purchase the drug from suppliers in Texas. Crack cocaine distribution occurs more frequently in the eastern portion of Oklahoma City where several public housing developments are located. In Oklahoma City African American street gangs, such as Bloods and Crips, and Hispanic street gangs, such as South Side Locos and Juaritos, are the primary retail distributors of crack cocaine. Bloods and Crips also distribute crack cocaine in the Tulsa area.

**Marijuana**

Marijuana is readily available and commonly abused throughout Oklahoma. Most of the marijuana available in the state is produced in Mexico; however, locally grown, higher-potency marijuana also is available. Mexican DTOs, the primary suppliers to Oklahoma, produce marijuana in Mexico and transport it into the state. Mexican DTOs use Oklahoma as a transshipment point for marijuana because of the state’s central location, well-developed transportation infrastructure, and proximity to the U.S.–Mexico border. Mexican DTOs and Mexican criminal groups distribute Mexico-produced marijuana at the wholesale level. Mexican criminal groups, African American criminal groups, OMGs, and street gangs distribute Mexico-produced marijuana at the retail level. Caucasian independent dealers and Caucasian criminal groups produce and distribute most of the locally produced marijuana.

**Abuse**

Marijuana is abused frequently throughout Oklahoma. According to TEDS data, marijuana-related treatment admissions to publicly funded facilities decreased from 2,423 in 1997 to 2,018 in 1999, then increased to 2,832 in 2001. (See Table 1 on page 4.) In 2001 individuals 17 years old and younger accounted for 21 percent of marijuana-related treatment admissions. Treatment data from the Oklahoma Department of Mental Health and Substance Abuse Services indicate that 43 percent of substance abuse-related treatment admissions in FY2001 reported abusing marijuana as the primary drug of choice—a higher percentage than for any other illicit drug. According to treatment data, when asked to list their primary drug of choice, individuals were allowed to report more than one drug (including alcohol) and, on average, reported 1.7 drugs of choice.

Marijuana abuse is high among Oklahoma residents over the age of 18. In 1999 the Oklahoma Department of Mental Health and Substance Abuse Services conducted a survey of three populations—general adult, Native American, and corrections (prisoners, probationers, and parolees)—to determine the extent of drug abuse among Oklahoma residents. Of the general adult population surveyed, 44 percent of those aged 18 to 29, 53 percent of those aged 30 to 44, and 33 percent of those aged 45 to 54 reported using marijuana at least once during their lifetime. Among the Native American population, 48 percent of those aged 18 to 29, 60 percent of those aged 30 to 44, and 39
percent of those aged 45 to 54 reported using marijuana during their lifetime. The report also indicated that 88 percent of the prison inmates surveyed had used marijuana during their lifetime. Among probationers and parolees, 48 percent of Native Americans, 34 percent of Caucasians, and 28 percent of African Americans reported using marijuana in the last 18 months. Over 44 percent of female inmates and 40 percent of male inmates surveyed reported that they had used marijuana within the last 18 months.

The Oklahoma Poison Control Center reports that although nonfatal marijuana overdoses are low, they are increasing. In 1998 there were 8 cases of nonfatal marijuana overdoses, 10 in 1999, and 17 in 2000.

**Availability**

Marijuana is widely available in Oklahoma. Mexico-produced marijuana is the predominant type, but locally produced marijuana is also available throughout the state. Most of the marijuana seized within the jurisdiction of the DEA Oklahoma City District Office is smuggled from the Ciudad Juarez, Mexico area. Estimates of the amount of Mexico-produced marijuana that is transported into or through Oklahoma are not available.

Vehicle searches initiated through Operation Pipeline indicate that large quantities of marijuana are transported into and through the state. Seizures of marijuana on Oklahoma highways increased from FY1999 to FY2000, the most recent data available. In FY1999 Operation Pipeline interdiction efforts resulted in the seizure of 5,043 kilograms of marijuana. In FY2000 there were 96 marijuana seizures along Oklahoma highways, totaling 8,675 kilograms of marijuana.

Marijuana seized in Oklahoma and neighboring states typically has low levels of THC (tetrahydrocannabinol). In 2000 DEA reported that marijuana submitted by its South Central Regional Laboratory to the University of Mississippi had an average potency of 3.3 percent. The DEA South Central Regional Laboratory, which covers seven southern states including Oklahoma, randomly selects marijuana samples from the marijuana seized in its area and provides them to the University of Mississippi for analysis and processing. The Marijuana Potency Monitoring Project at the University of Mississippi is engaged in cannabis/hashish/hash oil research and potency analysis.

Prices for marijuana in Oklahoma are stable. According to the DEA Dallas Division, commercial-grade marijuana in Oklahoma City sold for $2 to $5 per cigarette, $10 per gram, $75 to $90 per ounce, and $500 to $600 per pound in the first quarter of FY2002. In Tulsa commercial-grade marijuana sold for $2 to $5 per cigarette, $10 to $15 per gram, $80 to $120 per ounce, $250 to $350 per one-quarter pound, and $600 to $1,200 per pound ($1,800 to $2,000 per pound for locally grown). In McAlester commercial-grade (Mexico-produced) marijuana sold for $75 per ounce and $700 to $1,200 per pound, and locally grown marijuana sold for $2,000 to $4,000 per pound.

In Oklahoma marijuana-related federal sentences increased from 23 in FY1997 to 40 in FY1998, decreased to 19 in FY1999, and then...
increased to 40 in FY2000, according to the USSC. In FY2000 the percentage of drug-related federal sentences for marijuana violations (26.9%) was greater than the percentage of sentences for any other drug except methamphetamine (36.9%).

Violence

Marijuana abuse normally is not associated with violent behavior. However, ADAM data for Oklahoma City reveal that in 2000, 63.6 percent of the males arrested for violent crimes tested positive for marijuana.

The potential for violence is great at cannabis cultivation sites. Domestic cannabis growers often are heavily armed and commonly use booby traps and warning devices to protect their cultivation sites. The U.S. Forest Service reports that visitors to public lands may be endangered by the presence of cannabis cultivation sites, which routinely are booby-trapped with explosives, trip wires, hanging fishhooks, punji sticks, and other dangerous devices. Oklahoma law enforcement officials frequently seize weapons at cannabis grow sites.

Production

Most of the marijuana available in Oklahoma is produced in Mexico, but locally produced marijuana also is available throughout the state. Although there is no estimate of the amount of marijuana that is produced locally, it continues to be a concern to Oklahoma law enforcement officials. Independent Caucasian dealers and Caucasian criminal groups are responsible for most of the locally produced marijuana in Oklahoma.

The northeastern and southeastern regions of Oklahoma are major cannabis cultivation areas for high quality marijuana. Growers continue to cultivate cannabis in the rugged, forested terrain of southeastern Oklahoma in areas such as the Ouachita National Forest, which is located along the Arkansas border. Within Oklahoma cannabis grows usually consist of 100 or fewer plants and typically are located near a water source. In the rugged, remote areas of northeastern Oklahoma, cannabis is grown in individual plots consisting of 20 or fewer plants with one person overseeing numerous plots at different locations. This method is used primarily to minimize the number of plants lost to eradication. Once harvested, this marijuana is distributed locally or, to a lesser extent, transported out of state. In the Oklahoma City and Tulsa areas, locally grown cannabis is in high demand due to its high quality and because local residents prefer to deal with known local suppliers.

In 2001 the DEA Domestic Cannabis Eradication/Suppression Program (DCE/SP) targeted outdoor cannabis grows. From mid-July to mid-September 2001, 6,149 cannabis plants were eradicated, and 15.8 million ditchweed (wild marijuana) plants were eradicated. According to the DCE/SP data, in 2000, 8,540 outdoor plants in 400 plots, 112 plants in 4 indoor grow sites, and more than 10 million ditchweed plants were eradicated. Ditchweed lacks sufficient levels of THC.
Oklahoma Drug Threat Assessment

Cannabis eradication efforts by state officials as well as a recent drought have caused many outdoor growers to shift their operations to indoor grow locations. Depending on the cultivation methods used, there may be as many as four to six crops harvested per year. Hydroponics and aeroponics are just two types of cultivation methods that are currently used by local growers. In a hydroponic operation, marijuana is not grown in soil; instead, growers use an inert growing medium to support the plant and its root system. Some popular media include rock wool, vermiculite, perlite, and clay pellets. In an aeroponic operation, growers suspend the plants in the air and attach the stems to a structure; they then spray the roots with nutrients. Both methods require a specialized lighting system.

Some growers automate indoor cannabis cultivation using computers and multitask controllers. Computers can be used to monitor development of the plants and environmental factors such as light, water, and temperature. Multitask automatic controllers are fully programmable with timers and sensors to monitor and control the grow environment. The operation of computers and controllers from a remote location enables cannabis growers to distance themselves from the grow operation and allows them to use more than one location. Controllers that can be programmed require minimum oversight, and computers can be accessed from a separate site. Electronically controlled cannabis operations also require less manpower during the growing phase.

In June 2001, law enforcement personnel from the Creek County Sheriff’s Department, Oklahoma Highway Patrol, and Bristow Police Department seized a multimillion-dollar, family-operated marijuana business. This business used three separate houses for the cultivation of cannabis and distribution of marijuana. One house contained 84 small seedlings. Another contained approximately 200 plants, 5 to 6 feet tall, which were nearly ready for harvest. These plants were nurtured by a watering and light system. The third house apparently was used to dry and package the marijuana for distribution. Investigators believe each plant could have yielded about 2 pounds of marijuana. Police confiscated the plants and seedlings, which had an estimated street value of $2 million.

Source: Bristow Police Department.

Transportation

Mexican DTOs and Mexican criminal groups transport Mexico-produced marijuana into and through Oklahoma. These DTOs and criminal groups transport marijuana using private and commercial vehicles, aircraft, and package delivery services. Private and commercial vehicles are the primary means used to transport marijuana into and through Oklahoma. Operation Pipeline data for 2000—the most recent available—indicate that there were 96 marijuana seizures along Oklahoma’s highways.

Oklahoma, particularly Tulsa and Oklahoma City, is used as a transshipment point for marijuana, primarily due to its central location, well-developed transportation infrastructure, and proximity to the U.S.–Mexico border. According to the DEA Tulsa Resident Office, bulk quantities of marijuana are often smuggled across the U.S.–Mexico border near McAllen, Texas. In one documented instance, marijuana was transported via tractor-trailer from McAllen to the Houston area and then to Tulsa. In Tulsa it was repackaged for further distribution in the Midwest as well as in the area surrounding Tulsa.

In October 1999 the Oklahoma Bureau of Narcotics and Dangerous Drugs Control arrested nine individuals known to be members of one of Mexico’s largest DTOs. These individuals routinely
In August 2001 an Oklahoma Highway Patrol officer stopped a tractor-trailer on US 54. The tractor-trailer was en route from California to Maryland. During the vehicle stop, the trooper searched the tractor-trailer and found 2,625 pounds of marijuana with an estimated street value of $3.15 million. 

Source: Oklahoma Highway Patrol.

Transported 200- to 2,000-pound shipments of marijuana into Oklahoma from Mexico. The marijuana was then transported from Oklahoma to other states such as Illinois, Michigan, and Missouri.

Interdiction efforts by the Oklahoma State Highway Patrol have forced drug traffickers to use alternate methods for transporting marijuana into and through the state. These methods include private and commercial buses and aircraft. From 1996 through 1997 authorities seized 2,204 pounds of marijuana during interdiction efforts at bus terminals in Oklahoma City and Tulsa. Authorities also seized 656 pounds of marijuana at the Oklahoma City and Tulsa airports during the same period. In 1998 the Tulsa Police Department seized 175 pounds of marijuana during a search of a single-engine aircraft bound for the Great Lakes area. Marijuana also is shipped into the state via package delivery services, although there have been no recent seizures reported.

In April 2000 an Oklahoma County Deputy Sheriff arrested two male Mexican nationals during a traffic stop on I-35. The deputy found 75 bundles of marijuana weighing 180 pounds in the sport-utility vehicle they were driving. The marijuana had an estimated street value of $216,000. The men, both from Chihuahua, Mexico, were en route to Wichita, Kansas.

Source: Central Oklahoma Metro Interdiction Team.

**Distribution**

Mexican DTOs and Mexican criminal groups are the primary wholesale distributors of Mexico-produced marijuana available in Oklahoma. These DTOs and criminal groups often restrict membership to family, lifelong friends, and trusted associates. Some operate through midlevel distributors who then sell wholesale quantities to retail distributors.

Mexican and African American criminal groups, OMGs—primarily Mongols and Rogues—and street gangs control the retail distribution of Mexico-produced marijuana in the Oklahoma City and Tulsa areas. In 1999 the DEA Tulsa Resident Office identified 15 Mexican criminal groups that were involved in wholesale marijuana distribution in the Oklahoma City and Tulsa areas. Each group generally supplied three to five retail distributors.

The street gangs responsible for retail distribution in the Oklahoma City area are Bloods, Crips, South Side Locos, and Juaritos. Bloods and Crips also distribute marijuana in the Tulsa area. Although local law enforcement authorities identify street gangs as retail marijuana distributors, the DEA Tulsa Resident Office indicates that Mexican and African American criminal groups are the primary retail distributors of marijuana in that area. Caucasian independent dealers and Caucasian criminal groups distribute locally produced marijuana within the state. Marijuana often is sold in nightclubs and from private residences.
**Heroin**

Heroin is available in Oklahoma, primarily in Oklahoma City and Tulsa, and the abuse of heroin poses a concern for law enforcement and healthcare professionals. Mexican black tar heroin is the most prevalent and abused type in Oklahoma. Mexican brown powdered heroin is available to a lesser extent. Mexican DTOs and Mexican criminal groups are the primary transporters and wholesale distributors of Mexican black tar and brown powdered heroin. Hispanic and African American street gangs conduct most of the retail distribution that occurs in Oklahoma City and Tulsa. Local independent dealers also are involved in retail distribution, but to a much lesser extent.

**Abuse**

Heroin abuse remains a problem in Oklahoma even though, according to TEDs, the number of heroin-related treatment admissions to publicly funded facilities in 2001 (180) was lower than in 1997 (250). (See Table 1 on page 4.) According to the Oklahoma Department of Mental Health and Substance Abuse Services, 5.0 percent of substance abuse-related treatment admissions in FY2001 reported heroin/other opiates as their primary drug of choice. According to treatment data, when asked to list their primary drug of choice, individuals were allowed to report more than one drug (including alcohol) and, on average, reported 1.7 drugs of choice.

In 1999 the Oklahoma Department of Mental Health and Substance Abuse Services conducted surveys of three populations—general adult, Native American, and corrections (prisoners, probationers, and parolees)—to determine the extent of drug abuse among Oklahoma residents. The Department estimated that over 30,000 members (1.3%) of the general adult population and over 3,500 members (2.1%) of the Native American population had used heroin at least once in their lifetime. It also estimated that more than 5,000 prisoners (25.6%) and 3,000 probationers and parolees (10.5%) had used heroin at least once in their lifetime. In both the general adult and Native American populations, the highest rate of use was found among males and females in the 30 to 44 age group.

According to DAWN mortality data, the number of deaths in which heroin was a factor in Oklahoma County decreased from 37 in 1996 to 16 in 1997, then increased to 26 in 1998. The number of deaths subsequently decreased to 25 in 1999 and 19 in 2000, the most recent data available.

Over 2 percent of Oklahoma high school students surveyed reported heroin use. The Oklahoma Department of Mental Health and Substance Abuse Services reports that 2.4 percent of Oklahoma high school students surveyed during the 1999–2000 school year indicated that they had used heroin at least once in their lifetime. Reported use was highest among ninth grade students (3.0%) and lowest among eleventh grade students (1.7%). Reported lifetime heroin use was 2.6 percent among tenth grade students and 2.3 percent among twelfth grade students.

The percentage of male arrestees in Oklahoma City testing positive for heroin in 2000 was relatively low. According to 2000 ADAM data, 3.2 percent of adult male arrestees in Oklahoma City tested positive for heroin.
Availability

Heroin is available in major metropolitan areas in Oklahoma, particularly Oklahoma City and Tulsa. Mexican black tar heroin is the most prevalent type, accounting for a substantial portion of the available supply. The purity of Mexican black tar heroin varies widely from 7 to 75 percent. To a lesser extent, Mexican brown powdered heroin also is available.

Heroin prices in Oklahoma City and Tulsa, Oklahoma’s two largest metropolitan areas, have remained relatively stable, according to the DEA Dallas Division. In Oklahoma City in the first quarter of FY2002, Mexican black tar heroin sold for $25 per bag, $200 per bundle (10 bags), $150 to $250 per gram, $4,500 per ounce, and $30,000 per kilogram. In Tulsa in the first quarter of FY2002, Mexican black tar heroin sold for $90 to $125 per gram and $1,500 to $2,500 per ounce.


Violence

Street gangs, which are responsible for most retail heroin distribution in Oklahoma, are known to use violence to protect drug shipments or to maintain control over distribution in a given area. Most federal, state, and local law enforcement agencies in Oklahoma cite the violent crime associated with street gang drug activity as a serious threat to the state. Most of the violence associated with heroin involves disputes over distribution areas.

Production

Opium is not cultivated nor is heroin produced in Oklahoma. Heroin is produced primarily in four source regions—South America, Southeast Asia, Southwest Asia, and Mexico. Virtually all of the heroin available in Oklahoma is produced in Mexico.

Transportation

Mexican DTOs and Mexican criminal groups are the primary transporters of heroin into and through Oklahoma. These organizations and groups typically smuggle heroin across the U.S.–Mexico border. They transport it overland in commercial and private vehicles into Oklahoma through southwester states, particularly Texas. Interstates 35, 40, and 44 and US 54 and 69 are frequently used to transport heroin within Oklahoma. Statewide, law enforcement officials report that rented or leased vehicles are increasingly being used to transport heroin.

Heroin also is transported into Oklahoma via package delivery services and by couriers aboard buses, trains, and private and commercial airlines. Law enforcement officials in Oklahoma report the increased use of migrant workers as drug couriers.
Oklahoma Drug Threat Assessment

In September 2000 a New Mexico man pled guilty to distributing heroin in Tulsa. The individual reported that he picked up heroin in El Paso, Texas, and traveled by plane to Tulsa where he distributed it.

In a separate incident, in July 2000 an individual was charged with distributing heroin in Tulsa. The individual picked up the drug in El Paso, Texas, and then traveled by bus to Tulsa where he distributed it.

Source: Tulsa Police Department.

Distribution

Mexican DTOs operating from Mexico and Mexican criminal groups operating from Texas distribute heroin, primarily Mexican black tar, at the wholesale level in Oklahoma. These DTOs and criminal groups distribute heroin to Hispanic and African American street gangs, primarily in Oklahoma City and Tulsa, that distribute the drug at the retail level. These street gangs package heroin in balloons, aluminum foil, and paper. Local independent dealers also are involved in retail distribution, but to a much lesser extent. Heroin typically is sold from private residences and at businesses such as nightclubs.

Other Dangerous Drugs

Other dangerous drugs include club drugs, hallucinogens, inhalants, steroids, and diverted pharmaceuticals. Club drugs are synthetic drugs such as MDMA, Rohypnol, GHB, LSD, and ketamine. Club drugs are used most frequently by teenagers and young adults at nightclubs and rave parties. The abuse of these drugs, along with the abuse of other hallucinogens, inhalants, and steroids, is a growing problem. The diversion and abuse of pharmaceuticals also pose a particular concern for law enforcement authorities and healthcare professionals.

Club Drugs

MDMA. Also known as ecstasy, E, X, XTC, and Adam, MDMA (3,4-methylenedioxyamphetamine) is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. The effects of MDMA usually last from 4 to 6 hours, although they vary by individual. Use of the drug may cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleeplessness, anxiety, and paranoia. Physical reactions include increased heart rate, body temperature, and blood pressure, as well as nausea and cramping.

MDMA is becoming increasingly popular in Oklahoma City and Tulsa, especially among teenagers and young adults. MDMA also is readily available in western and northwestern Oklahoma City nightclubs. In the Tulsa area MDMA is distributed in the form of gel caps. It is also sold in
Raves
Throughout the 1990s, high energy, all-night dances known as raves, which feature hard-pounding techno-music and flashing laser lights, increased in popularity among teens and young adults. Raves occur in most metropolitan areas of the country. They can be either permanent dance clubs or temporary “weekend event” sites set up at various locations including abandoned warehouses, open fields, empty buildings, and civic centers. Raves often are promoted through flyers and advertisements distributed at clubs, record shops, clothing stores, on college campuses, and over the Internet.

Raves have become key locations for club drug distribution. MDMA is one of the most popular club drugs. Rave club owners and managers often sell items at rave parties that are associated with MDMA use such as bottled water, pacifiers, menthol nasal inhalers, and glow sticks. “Ravers” drink water to offset dehydration caused by MDMA; use pacifiers to prevent the grinding of teeth, which is a side effect of MDMA use; and wave glow sticks in front of their eyes because MDMA stimulates light perception.

tablet, capsule, or powdered form and usually is taken orally. In Oklahoma City in the second quarter of FY2002, MDMA sold for $10 to $40 per tablet, according to DEA.

In April 2001 the Governor of Oklahoma approved Senate Bill 441 making MDMA a Schedule I drug. The law establishes a maximum penalty of 20 years in prison for possession of MDMA. Prior to the enactment of this law, MDMA was classified as a designer drug. Laws governing designer drugs are complex, and penalties vary according to the type and quantity of the drug possessed. According to a spokesperson for the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, the new law makes it clear that MDMA is illegal and ensures that the penalties are clearly defined.

Rohypnol. Also called roofies, rophies, Roche, and the forget-me-pill, Rohypnol (flunitrazepam) belongs to a class of drugs known as benzodiazepines (Valium, Halcion, Xanax, and Versed). Rohypnol is not approved for prescription use in the United States; however, it is sold legally in Latin America and Europe as a treatment for insomnia and as a preanesthetic medication. In Oklahoma it is abused primarily by young adults at raves and nightclubs. According to DEA, Rohypnol sold for $3 to $5 per dose in Oklahoma City in the first quarter of FY2002. Rohypnol produces sedative-hypnotic effects including muscle relaxation and inhibits an individual’s ability to recall events that occurred while under the influence of the drug. Rohypnol abuse may also cause physiological and psychological dependence.

In March 2002 a Tulsa man was fined and sentenced to 5 years probation for conspiring to distribute MDMA in Oklahoma. Authorities identified two other men in the alleged conspiracy—one from Poland and the other from Kansas. Both men are currently in jail. The case was the second involving MDMA in the Northern District of Oklahoma in 2001 and was the first case in Oklahoma with an international connection. Between December 2000 and April 2001, the three men allegedly arranged for the transportation of nearly 1,000 MDMA tablets from Poland.

The use of Rohypnol in sexual assaults has been reported in Oklahoma. In March 2000 a jury imposed sentences totaling 25 years on a man convicted of three sex crimes. This case was the first in Tulsa County and the first in the state of Oklahoma to admit scientific evidence regarding the use of Rohypnol in a sexual assault.

**GHB and Analogs.** GHB (gamma-hydroxybutyrate) and its analogs are abused for their euphoric, sedative, and anabolic effects. GHB analogs include GBL, BD, GVL, and GHV, which have chemical structures that closely resemble GHB. Also known as liquid ecstasy, scoop, grievous bodily harm, and Georgia homeboy, GHB and its analogs are central nervous system depressants and can induce coma and cause insomnia, anxiety, tremors, and sweating. Teenagers and young adults attending rave parties may take GHB or its analogs to lessen the “crash” associated with coming down from other drugs.

<table>
<thead>
<tr>
<th>Analog</th>
<th>Chemical/Alternative Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBL</td>
<td>gamma-butyrolactone</td>
</tr>
<tr>
<td></td>
<td>furanone di-hydro</td>
</tr>
<tr>
<td></td>
<td>dihydrofuranone</td>
</tr>
<tr>
<td>BD</td>
<td>1,4 butanediol</td>
</tr>
<tr>
<td></td>
<td>tetramethylene glycol</td>
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<td></td>
<td>sucol-B</td>
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<td>butylene glycol</td>
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<tr>
<td>GVL</td>
<td>gamma-valerolactone</td>
</tr>
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<td></td>
<td>4-pentanolide</td>
</tr>
<tr>
<td>GHV</td>
<td>gamma-hydroxyvalerate</td>
</tr>
<tr>
<td></td>
<td>methyl-GHB</td>
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</tbody>
</table>

GHB, along with its analogs, has become a significant problem, particularly on college campuses. Because GHB is odorless and colorless, it is virtually undetectable when mixed in beverages. GHB and its analogs are quickly eliminated from the body and may be difficult to detect in overdose patients or victims of sexual assault. GHB often is referred to as a date rape drug and has been used to facilitate sexual assaults. When even small amounts of GHB or its analogs are mixed with alcohol, the intended victim loses consciousness for several hours. GHB is available in Oklahoma and has been associated with at least one sexual assault. In August 2001 an Oklahoma City man was arrested for allegedly raping a woman after giving her a drink laced with GHB. According to the Assistant District Attorney for Tulsa County, this is the first known sexual assault case in Oklahoma involving GHB.

GHB can be made from the easily obtainable analogs GBL (a solvent commonly used as a paint stripper) and BD (a chemical used in the production of plastics and adhesives). GBL, which is converted into GHB upon ingestion, is a legal substance sold over the counter as a dietary supplement and is touted as a muscle-building supplement or as a means of enhancing sexual experiences. On January 21, 1999, the Food and Drug Administration issued a warning about food supplement products that contain GBL and requested that manufacturers recall all products containing the additive. Despite the recall, GBL is sold illegally in both powdered and liquid forms at gyms, fitness centers, and some disreputable health food stores.

Although it is unlawful to produce or distribute GHB in the United States, recipes and do-it-yourself kits are available on several Internet sites. According to anecdotal reporting, several individuals in the Oklahoma City area have purchased multigallon quantities of GBL over the Internet and received these shipments via package delivery services.

According to DEA, in the first quarter of FY2002, GHB sold for $10 to $20 per dose in Oklahoma City.

In April 2000 the Governor of Oklahoma signed into law Senate Bill 1467, which made the chemical gamma-butyrolactone (GBL) a Schedule I substance and also made it illegal to sell for human consumption. Violation of the law is a felony that carries a $20,000 fine and a prison sentence of 2 years to life.

**LSD.** Commonly known as acid, boomers, and yellow sunshine, LSD (lysergic acid diethylamide) is a hallucinogen that induces abnormalities in sensory perceptions. It is sold on the street in tablet, capsule, and liquid forms. LSD, which usually is taken orally, is odorless and colorless with a slightly bitter taste. The effects of LSD often depend on the amount taken and the user’s personality and expectations. The user typically feels the first effects of the drug within 30 to 90 minutes of ingestion. Large doses produce delusions and visual hallucinations. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. Some fatalities have resulted from LSD use.

LSD is increasingly popular as a club drug. It is also available on college campuses and in high schools in Oklahoma. The Comanche County Sheriff’s Department notes that LSD is available in its jurisdiction, and the Broken Arrow Police Department reports a slight increase in LSD seizures in that city. Enid law enforcement officials report that LSD is available in liquid form and has been sold at raves in breath freshener bottles.

Prices for a single dose of LSD vary within the state. In Oklahoma City a single dose of LSD sold for $5 to $7 in the first quarter of FY2002, according to DEA. In Tulsa a single dose sold for $1 to $10. In Enid liquid LSD sold for $5 to $10 per drop—a drop is considered a single dose. DEA reports that the potency of LSD samples ranges from 20 to 80 micrograms of LSD per dose.

**Ketamine.** Also known as special K, vitamin K, or kit-kat, ketamine is a chemical derivative of PCP developed primarily as a veterinary anesthetic. Ketamine is gaining in popularity in Oklahoma as a club drug. Typically, abusers of ketamine are students and young adults. Ketamine can be used in its pharmaceutical liquid form or dried by evaporation or in a microwave oven to produce a white powder. Ketamine has an unpleasant taste in either form, but as a liquid it has little or no smell and looks like water. Ketamine can be injected, smoked, swallowed, snorted, or mixed in drinks. It is available in liquid, powder, or pill form and as a powder often is snorted or smoked with marijuana or tobacco products.

Ketamine produces a hallucinogenic effect similar to LSD. The effects of ketamine are similar to those of PCP or LSD but much less intense and of shorter duration, lasting an hour or less. A small dose of ketamine acts as a mild sedative, while a larger dose can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Low-dose intoxication from ketamine results in impaired attention, learning ability, and memory.

There have been a number of ketamine seizures in Oklahoma. Oklahoma authorities reported two seizures of ketamine in February and March 2000. In February 2000 law enforcement authorities in Oklahoma City seized a shipment of 154 bottles of ketamine, which had an estimated street value of $30,000. In March 2000 the Central Oklahoma Metro Interdiction Team seized 150 bottles of the drug.

**Diverted Pharmaceuticals**

Diverted pharmaceuticals are available throughout most parts of Oklahoma. Of the 10 law enforcement agencies in Oklahoma that responded to the NDIC National Drug Threat Survey 2001, 6 reported that diverted pharmaceuticals are available within their jurisdictions. The most commonly diverted prescription drugs in Oklahoma are Lortab, Vicodin, OxyContin, Percocet, Percodan, and Tylox. Pharmacies in the Oklahoma City and Tulsa areas have reported thefts of OxyContin and Lortab.

Other diverted pharmaceuticals include Valium and Xanax. These drugs sometimes are seized during methamphetamine investigations. Methamphetamine abusers commonly use Valium and Xanax to mitigate the negative effects of methamphetamine.
Ritalin also is being diverted. According to authorities in Broken Arrow, the diversion and abuse of Ritalin and other pharmaceuticals are emerging threats. In February 2001, police in Broken Arrow arrested a 15-year-old student for selling Ritalin tablets that had been prescribed for him. Teens crush the Ritalin tablets, which are prescribed for hyperactivity, and snort the powder like cocaine. It produces a high similar to methamphetamine.

Pharmaceutical drugs have been involved in a number of deaths in Oklahoma. According to DAWN mortality data, narcotic analgesics (excluding heroin/morphine)—OxyContin, Percocet, Percodan, Darvocet, Fentanyl, and others—were a factor in 78 of the 196 drug-related deaths in Oklahoma County in 2000. Of those 78 deaths, 13 were drug-induced (overdose) deaths in which narcotic analgesics were the only substances detected. Benzodiazepines (Valium and Xanax) were a factor (not necessarily the cause of death) in 27 drug-related deaths, and antidepressants were a factor in 23 drug-related deaths.

Other

PCP. The hallucinogen PCP (phencyclidine) originally was used as an intravenous anesthetic in humans; however, this use was discontinued in 1965 because patients became agitated, delusional, and irrational while recovering from the drug’s effects. PCP is produced illegally in laboratories and is sold on the street as angel dust, ozone, wack, and rocket fuel. PCP is addictive; its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. Users cite feelings of strength, power, invulnerability, and a numbing effect on the mind. At low to moderate doses, physiological effects include a slight increase in respiration and a pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, flushing and profuse sweating occur, and generalized numbness of the extremities and lack of muscle coordination also may occur. PCP use by adolescents may interfere with hormones related to normal growth and development and the learning process. Long-term abusers may suffer memory loss, difficulties with speech and thinking, depression, and weight loss.

PCP is available throughout the state of Oklahoma. According to the Tulsa County Sheriff’s Department, PCP is transported into Oklahoma from California. PCP users in the Tulsa area are increasingly using “fry,” marijuana or tobacco cigarettes dipped in embalming fluid laced with PCP. The Tulsa County Sheriff’s Department reports that cigarettes with brown paper wrapping often are used because the PCP stains are less noticeable. Funeral home owners in the area have reported thefts of embalming fluid. High school and college students are the primary abusers of PCP. It is also commonly available at raves and may be used in combination with other club drugs. Prices for a single dose of PCP vary within the state. According to DEA, in the first quarter of FY2002, the wholesale price of PCP in Tulsa was $600 to $900 per ounce, and the retail price was $25 to $50 per dose. In Oklahoma City retail quantities sold for $10 to $15 per dose.

In August 2001 a yearlong investigation into a PCP distribution network culminated in the arrests of 12 individuals from Oklahoma City. The suspects were accused of conspiracy to possess with the intent to distribute PCP. The suspects regularly obtained PCP in California and transported it to Oklahoma City.

In April 2001 an individual from Tulsa was sentenced to life in prison for possession with intent to distribute liquid PCP with an estimated street value of $11 million.

Source: Tulsa Police Department; U.S. Attorney Northern District of Oklahoma.

Source: U.S. Attorney Western District of Oklahoma; Oklahoma City Police Department.
DXM. Developed as a cough suppressant that would be less addictive and have fewer side effects than the narcotic codeine, DXM (dextromethorphan) is a legal substance found in many over-the-counter cough syrups. When used in the doses recommended on cough syrup and tablet packaging, it is a very effective cough suppressant. In high doses it acts as a dissociative anesthetic like ketamine or PCP. High doses cause the user to feel “spacey” and may result in loss of motor control and even immobility. It also can produce auditory and visual hallucinations and can sometimes cause nausea and itchy skin. At high doses, DXM also is a central nervous system depressant.

In January 2001, law enforcement authorities in Broken Arrow apprehended a high school student with an unidentified substance. Testing proved the drug to be DXM. Authorities suspect that students had been extracting DXM from cough syrup, converting it into powder, and repackaging it in capsules to be taken orally.

Source: Broken Arrow Police Department.

Abuse of DXM is an emerging problem among teenagers and young adults in Oklahoma. Young people are attracted to DXM because it is available over the counter and is inexpensive. It often is used as an alternative to MDMA. Intoxication results from swallowing large doses of cough syrup, known as robodosing or robotripping, or taking handfuls of cough suppressant pills, sometimes called skittles because they resemble the popular fruit candy. Users also extract the DXM from cough syrup and drink it or convert it to powder and place it in capsules. Since the drug is available without a prescription, it is easy to obtain. It is known by the street names robo, skittles, vitamin D, dex, and tussin. Individuals who use DXM to get high are sometimes called dexers or syrup heads.

Inhalants. According to the Oklahoma Department of Mental Health and Substance Abuse Services, the abuse of inhalants is a significant problem among young people in the state. Twelve percent of high school students surveyed during the 1999–2000 school year reported abusing inhalants during their lifetime.

Steroids. According to the Oklahoma Department of Mental Health and Substance Abuse Services, in the 1999–2000 school year 4.7 percent of Oklahoma high school students surveyed reported using steroids without a doctor’s approval at least once during their lifetime. Ninth grade respondents reported the highest use with 6.8 percent reporting that they had used steroids at least once without doctor approval, and 3.6 percent of twelfth grade students indicated that they had used steroids during their lifetime. Steroid use among twelfth graders is likely lower as a result of students that have dropped out of school.

Outlook

Methamphetamine will continue to pose the greatest illicit drug threat to Oklahoma. Because of the ready availability of the drug, continuing demand, and the ease with which it can be produced, it will remain a significant threat for the foreseeable future. Increases in production, distribution, and abuse of methamphetamine will lead to increasing demands on Oklahoma’s social, economic, and environmental programs. Meeting these demands will require additional financial resources at both the state and local levels.

Cocaine will remain a significant threat to Oklahoma. Barring any changes in drug flow patterns, Mexican DTOs and criminal groups will ensure a steady supply of powdered cocaine to distributors within the state, and the price and purity of cocaine likely will remain relatively unchanged. Based on identified drug preferences among Oklahoma substance abusers, cocaine abuse most likely will continue at or near current levels.

Marijuana will continue to be the most widely abused drug in Oklahoma. Cannabis eradication
efforts by state officials will continue to contribute to the increase in indoor cannabis cultivation. Oklahoma’s proximity to the U.S.–Mexico border combined with local production of marijuana will ensure a steady supply of the drug to the state’s user population.

Mexican black tar heroin, which accounts for a substantial portion of the heroin market, will remain the dominant type available in the state. Barring any changes in drug flow or abuse patterns, prices and purity will remain relatively stable.

Other dangerous drugs, primarily club drugs such as MDMA, GHB, LSD, ketamine, and PCP, likely will gain in popularity in Oklahoma, particularly among young adults and teenagers in urban areas and college towns. Increases in the number of raves will provide adolescents and young adults easy access to these and other illicit substances. Because of their ready availability, DXM and Ritalin also may gain in popularity among younger users. The abuse of steroids and inhalants also will pose a threat to Oklahoma’s younger residents. The diversion and abuse of pharmaceuticals will continue to be a concern.
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   District 20 Drug Task Force
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