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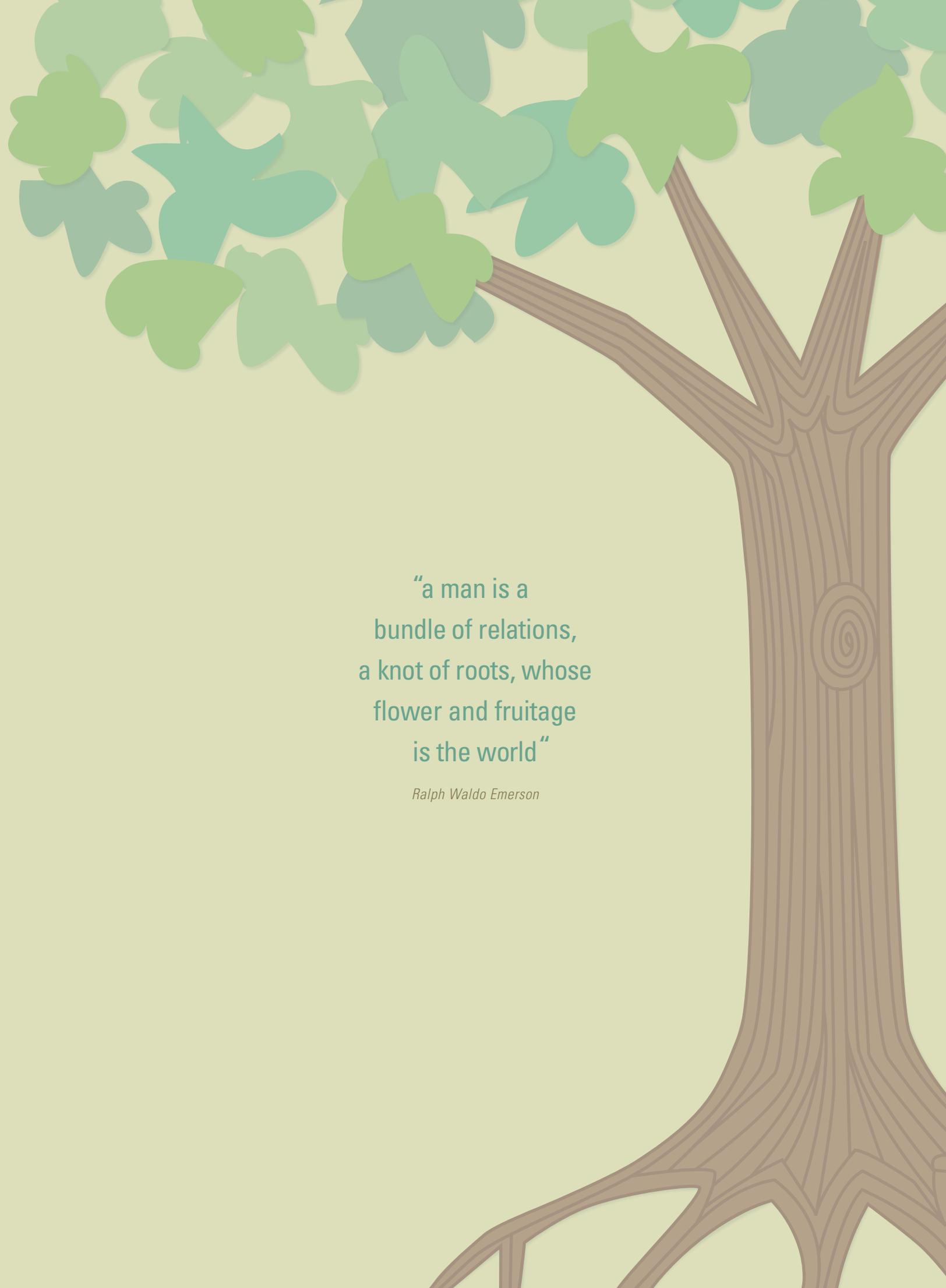
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“a man is a
bundle of relations,
a knot of roots, whose
flower and fruitage
is the world”

Ralph Waldo Emerson



seow charter

The Oklahoma State Epidemiological Outcomes Workgroup (SEOW) was created on August 3, 2006 and is modeled after the National Institute on Drug Abuse (NIDA) community epidemiological work group. The SEOW is housed in the Oklahoma Department of Mental Health & Substance Abuse Services (OD-MHSAS) and is funded through a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).

Members of the SEOW were invited to be part of the needs assessment process based upon their knowledge and capacity to work with substance-related data. This includes the ability to bring raw data sets and the analysts needed to evaluate the data sets to the group. Membership was also chosen to reflect as many State agencies as possible, while keeping the group relatively small. Diversity on the SEOW reflects this effort with a mix of data analysts, epidemiologists, prevention experts, community providers, university representatives, and State agency representatives.

The Oklahoma SEOW consists of nineteen members, three ex-officio members, and many valuable individuals who serve as resources. All members contribute a significant component that is necessary to complete the epidemiological profile.

MISSION

Our mission is to improve prevention assessment, planning, implementation, and monitoring efforts through the application of systematic, analytical thinking about the causes and consequences of substance abuse.

GOALS

Develop workgroup sub-committees for each substance of concern.

Promote systematic and analytical thinking to produce data and accurately assess the causes and consequences of the use of alcohol, tobacco, and other drugs.

Develop data-driven decision methods to effectively and efficiently utilize prevention resources throughout the state.

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executive summary

The Oklahoma State Epidemiology Profile of Substance Use is a planning tool for substance abuse prevention planners at the state, county and community level. The primary purpose is to support goals of reducing substance abuse in the state. The objectives of the SEOW is to provide a detailed statewide assessment regarding the consumption patterns and consequences of substance use; build capacity to address those needs; and plan, implement, and evaluate evidence-based programs, policies and practices designed to address the intervening variables related to identifying substance-related problems. Obtaining these objectives will be a multi-year process beginning in 2007 with a global assessment of how Oklahoma compares with the United States as a whole with regards to substance use. Future profiles will focus at a regional and county level for communities to better address their prevention efforts.

The main section of the profile presents several major indicators of substance use in Oklahoma. These major indicators include outcome indicators (major causes of alcohol-related death) and indicators of substance abuse consumption behavior (self-reported substance use behavior from statewide surveys). The presentation of each major indicator includes a text description of the major data findings; with results by gender, age-group, and race when available.

**assessment is the first
step toward prevention
and treatment**

The Oklahoma SEOW represents many different agencies and representatives working together towards a deeper understanding of Oklahoma substance consumption and consequences across the lifespan. The Oklahoma SEOW hopes to bridge the way for broader data sharing across multiple agencies that will benefit Oklahoma in the future.

alcohol

YOUTH

CONSUMPTION

36% of Oklahoma 9th graders reported drinking alcohol before age 13 (YRBS 2005).

In 2005, 41% of Oklahoma high school students reported drinking alcohol in the last month (YRBS).

12th grade students had the highest rate of binge drinking among high school students (YRBS 2005).

In 2004, 45% of Oklahoma youth age 18-20 reported drinking alcohol in the past 30 days. This percentage has increased from 30% in 1999 (BRFSS).

CONSEQUENCES

44,000 Oklahoma youth have a serious alcohol problem needing treatment (ESAP).

21% of Oklahoma 12th graders reported drinking and driving in the last month (YRBS 2005).

56 Oklahoma youth die each year as a result of alcohol consumption.

9% (20,118) of Oklahoma youth age 12-17 reported dependence on or abuse of alcohol in the past year (NSDUH 2003-2004).

44% of non-natural deaths for 13-20 year olds have a positive blood alcohol level (NSDUH 2003-2004).

In 2004, 24 minors were treated in the emergency room for alcohol-related problems (NSDUH).

ADULT

CONSUMPTION

42% of Oklahoma adults report recent alcohol consumption compared to 56% of US adults (BRFSS 2005).

13% of Oklahoma adults report binge drinking in the last month, a 133% increase since 1999 (BRFSS).

Oklahoma men (20%) are 4 times more likely to report binge drinking than women (5%) (BRFSS 2005).

CONSEQUENCES

3% of Oklahoma adults report heavy drinking (BRFSS 2005).

9% of Oklahoma adults reported dependence on or abuse of alcohol or any illicit drug in past year (NSDUH 2003-2004).

11% of Oklahoma adults with income less than 200 percent of Federal Poverty Level reported dependence on or abuse of alcohol or any illicit drugs in the past year (NSDUH 2003-2004).



tobacco

YOUTH

CONSUMPTION

Consistent with national data, recent declines in youth cigarette smoking rates have stalled and rates among girls have increased since 2003 (YRBS 2005).

29% of Oklahoma high school students report recent cigarette use. This is substantially higher than the US (23%) (YRBS 2005).

20% of Oklahoma males in 9th -12th grade report using spit tobacco compared to 14% for the US (YRBS 2005).

CONSEQUENCES

Tobacco addiction is a disease that typically begins in childhood. People who begin to smoke at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age (1994 Surgeon General's Report)

Tobacco use during adolescence produces significant health problems among young people and is generally the first drug used by young people who enter a sequence of drug use.

Secondhand smoke causes bronchitis or pneumonia in at least 2,250 Oklahoma infants each year (OSDH).

ADULT

CONSUMPTION

Oklahoma has one of the highest rates of tobacco use in the nation (BRFSS 2005).

25% of Oklahoma adults report current smoking (BRFSS 2005).

Currently, the smoking rate among males (27%) is higher than the smoking rate among females (24%) in Oklahoma (BRFSS 2005).

19% of Oklahoma adults reported smoking everyday compared to 15% for the US (BRFSS 2005).

CONSEQUENCES

Smoking is the leading behavioral cause of death in Oklahoma and the US, contributing significantly to deaths from cardiovascular disease, cancer, and COPD (chronic obstructive pulmonary disease) (OSDH 2006).

Smoking during pregnancy accounts for at least 10% of all infant deaths (OSDH 2006).

Given the higher-than-average rates of cigarette use among Oklahoma adults, it is unlikely the death rates from smoking will decrease significantly in the next several years.

illicit drugs

YOUTH

CONSUMPTION

19% of Oklahoma youth report using marijuana in the past 30 days (YRBS 2005).

More female youth report using inhalants in 2005 (13%) than in 2003 (8%) (YRBS).

More Oklahoma youth have used ecstasy or methamphetamines in their lifetime compared to the US (YRBS 2005).

CONSEQUENCES

Youth drug use is associated with suicide, violence, early unwanted pregnancy, school failure, delinquency, and transmissions of sexually transmitted diseases.

6% of Oklahoma youth aged 12-17 reported dependence on or abuse of any illicit drug in the past year (NSDUH 2003-2004).

ADULT

CONSUMPTION

39% of Oklahomans (aged 12 and older) report lifetime marijuana use (NSDUH 2005).

31% of Oklahomans (aged 12 and older) report lifetime use of illicit drugs other than marijuana use (NSDUH 2005).

15% of Oklahomans (aged 12 and older) report lifetime use of nonmedical pain relievers (NSDUH 2005).

CONSEQUENCES

3% of Oklahoma adults reported any illicit drug dependence or abuse in the past year (NSDUH 2003-2004).

66% of Oklahoma prison inmates and 67% of inmates in local jails have substance dependence or abuse (ADAM 2002-2004).

72% (3,019) of all arrestees in Oklahoma and Tulsa counties used at least one drug prior to arrest, with females slightly higher than males (74% vs. 72%, respectively) (ADAM 2002-2004).

11% of Oklahoma youth aged 12-17 reported dependence on or abuse of any illicit drug or alcohol in the past year (NSDUH 2003-2004).



oklahoma overview

population

The US Census estimated Oklahoma's total population as 3,523,546 as of July 1, 2004 (US Census 2006). The population of the two largest urban areas was 684,500 (19%) in Oklahoma City and 572,100 (16%) in Tulsa.

The 2004 population estimate showed a two percent increase since the 2000 Census. Of the total population, 1,740,252 (49%) were male and 1,783,240 (51%) were female. The majority, 82% were White (alone or in combination with another race), followed by 11% Native American or Alaskan Native, 9% Black, and 2% Asian or Pacific Islander. An estimated 6% were of Hispanic or Latino origin. Ninety-three percent (93%) of

Oklahoma families speak English at home, which is higher than the national rate of 82%. In 2004, approximately 243,125 (7%) were under five years of age, 859,745 (24%) were under the age of 18, and 465,108 (13%) were 65 years of age or older (US Census).

Among the estimated 2,663,683 adults in Oklahoma in 2004, 821,742 (31%) have a reported household income of less than 200 percent of the Federal Poverty Level (FPL) (US Census 2000). The median income in 2003 was \$7,684 lower than the national average, and 15% of Oklahomans live below the poverty level, compared to 13% nationally (US Census).

health

Oklahoma has the unfortunate distinction of consistently falling toward the bottom of national health rankings. Despite efforts to reverse these trends during the mid-1980s and through the 1990s, health status indicators in Oklahoma failed to move in a significantly positive direction. In fact, Oklahoma has been the only state since 1988 in which age-adjusted death rates have increased (OSDH 2006). This caused great concern among Oklahoma’s health leaders, and innovative solutions are being sought to reverse these negative trends.

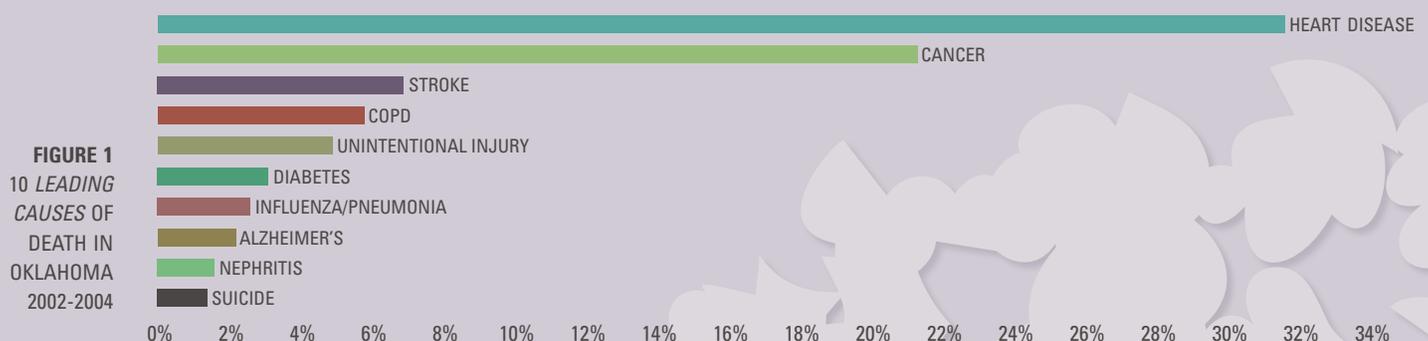
In 1997, an opportunity became available from The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. The program, Turning Point, issued a request for proposals that encouraged local and state applicants to rethink the delivery of public health, placing

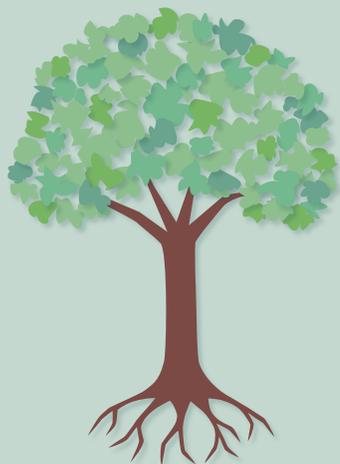
emphasis on state and local collaborative partnerships and eliciting ideas on intervention priorities from community partners. Implementation of these new approaches represents a radical change in how public health will be delivered in Oklahoma.

A brief profile of mortality in Oklahoma helps paint a clear picture of the hurdles Oklahoma faces ahead. This information is provided to help put the substance-related causes of death into a broader context. Figure 1 shows the ten leading causes of death in Oklahoma during the most recent three-year period for which data is available (2002-2004). According to the Oklahoma State Department of Health, heart disease and cancer replace accidents/unintentional injuries as the leading causes of death after age 40.

Of the 10 leading causes of death shown in Figure 1, most are at least partially caused by substance abuse. For example, the chronic lower respiratory diseases (emphysema, obstructive pulmonary disease) and several cancers are strongly associated with tobacco use. Chronic liver disease is strongly associated with chronic alcohol abuse, and many accidental deaths are associated with acute alcohol and drug abuse.

The consequences of alcohol abuse are severe in Oklahoma. The devastation caused by alcohol abuse in Oklahoma is not limited to death, but can also be linked to domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash, and assault injuries, mental illness, and a variety of other medical problems.





substances of concern

alcohol consumption · youth

KEY FINDINGS

Alcohol consumption by youth is a significant problem in Oklahoma and across the United States. Each year in the US, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drowning (NIAAA 2006). It is not only dangerous due to the risks associated with the impairment that results from alcohol consumption, but also from multiple threats to long-term development and well being. These risks have associated economic costs, and in 2005 it is estimated that underage drinking cost the citizens of Oklahoma \$778 million (PIRE 2006). This translates to a cost of \$2,146 per year for each young person in the state.

INITIAL USE

One of the precursors to adult problem drinking is early initiation of alcohol use, defined as an individual taking his or her first drink of alcohol (other than a few sips) before age 13 years. Using data from the National Survey of Drug Use and Health (NSDUH), the Substance Abuse and Mental Health Services Administration (SAMHSA) has reported a strong association between early age of first drinking (e.g., age 12 or younger) and subsequent development of adult alcohol dependence. These results suggest that focusing on age of initial use as a target of intervention is a reasonable prevention strategy.

In 2005, 25% of Oklahoma students in grades 9-12 had their first drink of alcohol before the age of 13. This is very similar to the national average (OK - 25%, US - 26%). Overall, males reported a slightly higher tendency to initiate alcohol use at an early age as compared to females (29% of

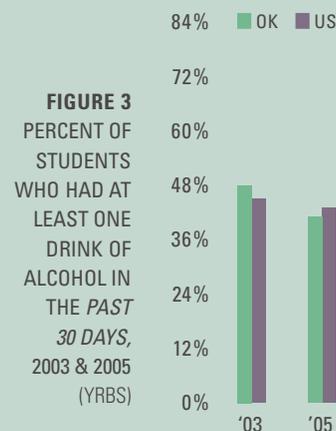
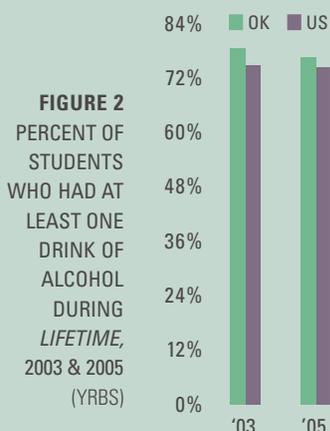
early initiation
an individual taking his or her first drink of alcohol (other than a few sips) before 13 years of age

current use
an individual reporting any use of alcohol within the past 30 days

binge
having five or more drinks of alcohol on the same occasion (i.e. at the same time, or within a couple of hours of each other) on at least one day in the past 30 days

heavy use
having five or more drinks of alcohol on the same occasion (i.e. at the same time, or within a couple of hours of each other) on five or more days in the past 30 days

youth
an individual between 12 and less than 21 years of age



males report first use before age 13 compared to 21% of females). According to self-report data from the 2005 Youth Risk Behavior Survey (YRBS), over one third (36%) of both males and females in 9th grade reported they had tried alcohol before age 13 years, this is higher than the national average of 34% for this age group.

LIFETIME USE

Seventy-seven percent of youth in grades 9-12 have had at least one drink on one or more days during their life compared to 74% nationally (YRBS 2005). More Oklahoma youth have consumed at least one drink of alcohol during their life compared to the US (Figure 2).

CURRENT CONSUMPTION

In general, fewer Oklahoma youth currently consume alcohol compared to the US as a whole. In 2003, 48% of Oklahoma youth in grades 9-12 reported any alcohol use in the past 30 days; decreasing to 41% in 2005 (Figure 3). This followed the national trend which

also decreased from 45% in 2003 to 43% in 2005. However, current use among Oklahomans age 18-20 was higher than the national average in both 2004 and 2005 (Figure 4).

BINGE DRINKING

Episodic heavy drinking by youth is associated with outcomes such as death and disability due to injury. Youth binge drinking is also associated with poor academic performance and other risk behaviors such as increased number of sexual partners and use of other illegal drugs.

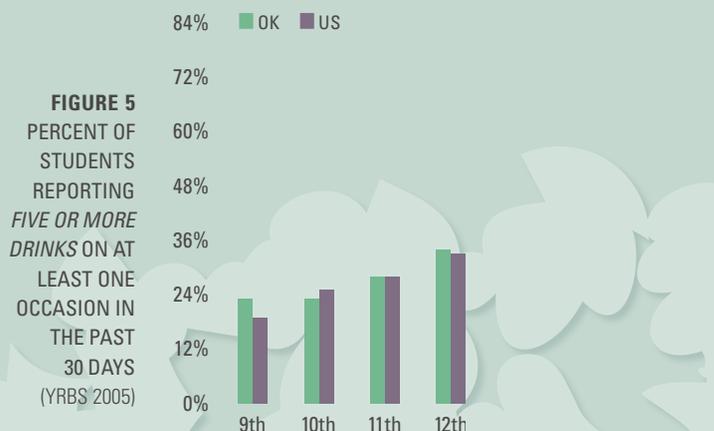
In 2005, binge drinking was slightly more prevalent in Oklahoma than the rest of the nation. Twenty-six percent of US high school students reported binge drinking, while 27% of Oklahoma high school students reported engaging in this behavior.

Young males (29%) were more likely to report engaging in binge drinking than females (24%) according to students in grades 9-11. However, according to the

2005 YRBS, by 12th grade both males and females report similar levels of binge drinking (approximately 33%).

In Oklahoma, students in 12th grade were more likely to report past 30-day binge drinking than students in lower grades (Figure 5). There is a 10% increase in students who report 30-day binge drinking in twelfth grade compared to ninth grade.

It is concerning that more 9th grade students in Oklahoma report engaging in binge drinking compared to the national average (OK - 23%, US - 19%). In addition, the percentage of female binge drinking in grades 9-11 is lower than male; however, by 12th grade females move slightly ahead of males (34% vs. 33%). This data implies that Oklahoma students initiate binge drinking at an earlier age than students in the United States as a whole and also that both males and females engage in this activity at similar levels.





alcohol consequences · youth

Oklahoma high school students were more likely to report driving after drinking alcohol than were all US students. Drinking after driving was more common among males than females, and was less common among White Non-Hispanic youth than among Black Non-Hispanic, American-Indian, or Hispanic youth. Eleventh and 12th grade students were more likely to report drinking and driving than 9th and 10th grade students.

driving after drinking alcohol within the thirty days preceding the survey, which is higher than the national percentage of 10% (YRBS 2005). As shown in Figure 7, driving after consuming alcohol was more common among both males and females in Oklahoma than among males and females in the US overall (15% of males and 10% of females in Oklahoma reported drinking and driving compared to 12% and 8% respectively in the US).

blood alcohol concentration (bac)
the concentration of alcohol in blood and is used to define intoxication and provides a rough measure of impairment

driving under the influence (dui)
the act or crime of driving while affected by any intoxicating substance

fetal alcohol syndrome (fas)
the manifestation of specific growth, mental, and physical birth defects associated with the mother's alcohol use during pregnancy

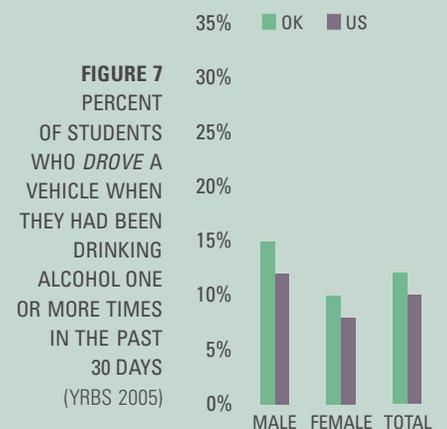
DRINKING & DRIVING

Motor vehicle-related injuries are the leading cause of death among fifteen to nineteen year olds (Figure 6). In 2000, 22% of 15-20 year old drivers involved in fatal crashes had been drinking alcohol. By 2005, 12% of Oklahoma high school students reported

Twenty-six percent (26%) of both male and female Oklahoma students reported riding in a car with someone who had been drinking alcohol (YRBS 2005). While this percentage is slightly lower than the national percentage (Figure 8), it does demonstrate that a high percentage of youth in Oklahoma

FIGURE 6 PERCENT OF ALCOHOL-INVOLVED DRIVERS IN FATAL CRASHES BY AGE AND GENDER 2000-2003 (FARS)

		AGE 12-17		AGE 18-20	
		M	F	M	F
'00	OK	9	11	28	12
	US	18	8	32	16
'01	OK	18	11	34	11
	US	18	10	31	15
'02	OK	12	1	30	8
	US	17	9	32	13
'03	OK	15	17	30	11
	US	19	11	32	14



are willing to ride in a vehicle with someone they know is under the influence of alcohol.

according to the CDC, alcohol consumption is the primary causal factor in more than one third of motor vehicle crash deaths

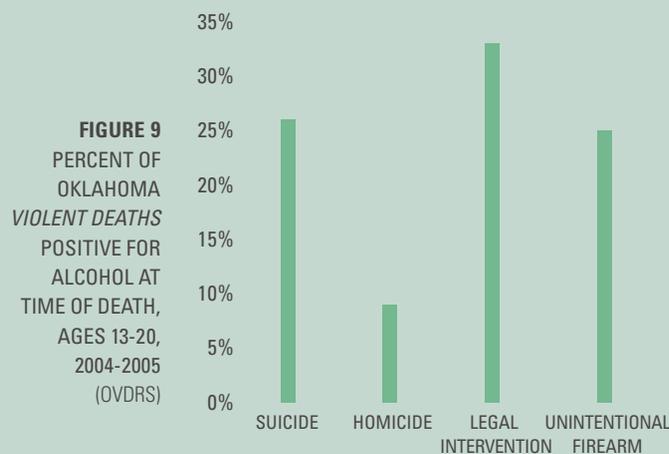
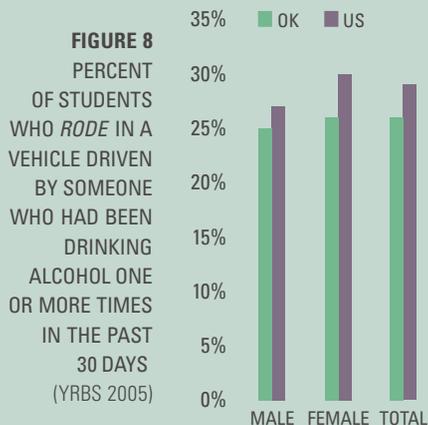
Students in higher grades were more likely to report past 30-day drinking and driving compared to students in lower grades. The prevalence of drinking and driving among 12th grade males (25%) was higher than among 12th grade females (17%). The number of DUI for 21 and under has decreased from 3,076 in 2000 to 1,483 in 2004. For all races/ethnicities, drinking and driving was more common in 11th and 12th

grade than in 9th and 10th grade (YRBS 2005). Of Oklahoma youth who reported drinking and driving, 12% were White, 3% Black and 19% Hispanic compared to 11% White, 5% Black and 11% Hispanic for the US.

ALCOHOL-RELATED PROBLEMS

The number of Oklahoma youth with a serious alcohol problem is estimated to be 44,000 (ERAS 2006). Youth with untreated alcohol problems face many increased risks. Currently reported, 88% of 12-15, 83% of 16-17, and 84% of 18-20 year olds with an alcohol problem do not receive treatment (ESAP). This data suggests that only a small fraction of those needing help with their substance abuse problems are receiving treatment.

In 2002, 17% of Oklahoma’s population aged 18-25 years drank so regularly that they met diagnostic criteria for alcohol abuse or dependence disorder. Over the past five years, 280 youth in Oklahoma have died after drinking alcohol, and 3 times as many males die after consuming alcohol than females. Oklahoma minors with alcohol problems are also more likely to participate in negative behaviors — they are 9.4 times more likely to drive a car after drinking alcohol, 8.5 times more likely to use other drugs, and are 5 times more likely to attempt suicide. Alcohol consumption plays a significant role in violent deaths (Figure 9). In 2004, sixty-nine youth died by suicide, 26% of those deaths tested positive for alcohol (OSDH 2006).



alcohol consumption · adult

KEY FINDINGS

About 1 in every 12 adults abuse alcohol or are alcohol dependent. In general, more men than women are alcohol dependent or have alcohol problems. Alcohol problems are highest among young adults ages 18-29 and lowest among adults ages 65 and older. People who start drinking at an early age are at much higher risk of developing alcohol problems at some point in their lives compared to someone who starts drinking at age 21 or after.

CURRENT CONSUMPTION

Oklahoma currently ranks 39th in the nation for 'current' drinking and has fewer adults reporting recent drinking than the US as a whole. While over half (56%) of US adults reported drinking in the past 30-days, only 42% of Oklaho-

ma adults reported this behavior (BRFSS 2005). Oklahoma males consumed more in the past 30 days compared to females (53% vs. 32%), this is similar to the US average.

As seen in Figure 10, the age groups with the highest percentage of current drinking are 21-29 and 30-34 year olds (55% of both groups report current use). The racial/ethnic groups with the highest percentage of current drinking reported in the 2005 BRFSS are Blacks (48%), Hispanics (47%), and Whites (42%). For all racial/ethnic groups, Oklahoma is below the national average, except for Blacks who report higher levels of consumption compared to the national average (OK - 48%; US - 43%).

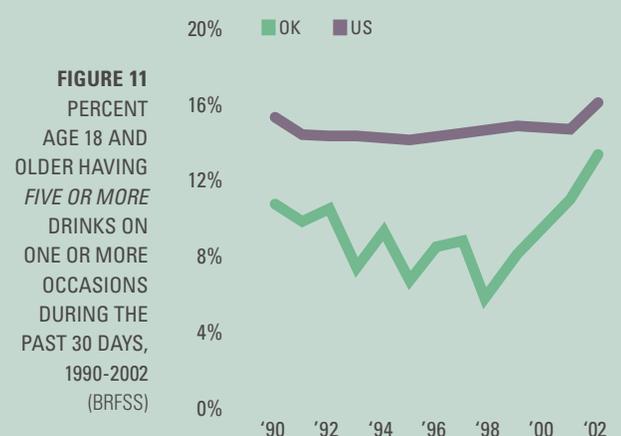
BINGE DRINKING

According to the 2005 BRFSS, adult binge drinking was less commonly reported in Oklahoma than in the rest of the nation. While 14% of adults across the entire US reported binge drinking in the past 30 days, only 13% of Oklahoma adults reported this behavior. Currently, Oklahoma is ranked 31st in the nation for binge drinking.

Despite being below national levels, adult self-reports of binge drinking have increased 133% between 1998 and 2002 (Figure 11). By 2005, Oklahoma rates of binge drinking among adults had almost reached national levels, with 13% of Oklahomans age 18 or older reporting engaging in binge drinking compared to 14% at the national level (BRFSS 2005).

FIGURE 10
PERCENT REPORTING ANY ALCOHOL USE IN THE PAST 30 DAYS BY AGE 2001-2005 (BRFSS)

		AGE 21-29	AGE 30-34	AGE 35-54	AGE 55-64	AGE 65+
'01	OK	61.9	50.7	43.5	29.8	18.7
	US	64.8	60.8	56.4	47.3	38.6
'02	OK	57.0	51.2	43.8	31.2	20.6
	US	64.6	61.2	58.2	49.9	39.3
'03	OK	59.5	51.2	48.3	32.2	21.7
	US	65.6	61.0	59.7	52.4	41.4
'04	OK	57.1	51.4	46.9	36.1	21.7
	US	63.2	59.4	57.6	50.1	40.5
'05	OK	55.1	54.6	45.9	35.0	21.8
	US	61.2	59.1	57.5	50.3	40.5



Binge drinking is more prevalent among younger age groups, with 25% of adults aged 21-29 years reporting past-month binge drinking, compared to only 2% of adults age 65 or older reporting binge drinking (BRFSS 2005).

Oklahoma men were almost four times more likely to report binge drinking than women (20% vs. 5%), and Hispanics were more likely to report binge drinking (22%) than other racial/ethnic groups (BRFSS 2005). These patterns (higher binge drinking rates among younger male drinkers) parallel the national results.

CHRONIC DRINKING

Adult 'chronic' or 'heavy' drinking is associated with significant higher rates of alcohol-related chronic disease death and morbidity. According to the latest

estimates from the Centers for Disease Control and Prevention (CDC), numerous chronic disease conditions (e.g., alcoholic liver disease, alcohol dependence syndrome), and a significant proportion of many other conditions (e.g., unspecified liver cirrhosis, pancreatitis) are alcohol related. For each of these causes, it is chronic heavy drinking (as opposed to acute short-term, or binge drinking) that is attributed to the alcohol-related chronic disease deaths. Chronic drinking is also associated with a wide range of other social problems, including domestic violence and family disruption.

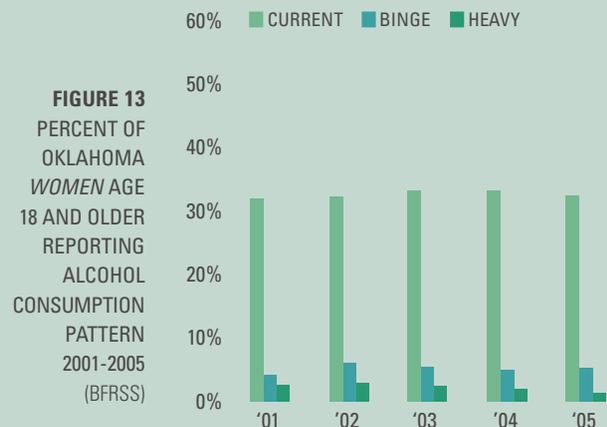
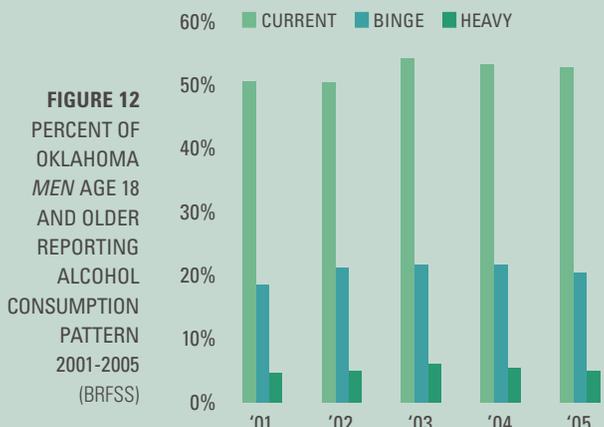
In 2005, adult chronic drinking was less commonly reported in Oklahoma than in the rest of the nation. While 5% of US adults reported heavy drinking, only 3%

of Oklahoma adults reported this behavior. Currently, Oklahoma is ranked 29th in the nation for chronic/heavy drinking.

chronic drinking is associated with a wide range of social problems, including domestic violence and family disruption

Chronic drinking was most prevalent among younger age groups compared to lower rates in older age groups. Oklahoma men were more likely to report chronic drinking than women (Figures 12 & 13).

When the 2005 BRFSS data were broken down by race/ethnicity, Blacks had the highest prevalence of chronic/heavy drinking (6%), followed closely by Hispanics (5%), American Indian (3%), Whites (2%), and lastly Other race/ethnicity (2%).





alcohol consequences - adult

DRINKING & DRIVING

Adult drinking and driving is associated with injury outcomes such as alcohol-related motor vehicle crash injury and death (Figure 14). According to 2005 estimates from the CDC, alcohol consumption is the primary causal factor in roughly 39% of motor vehicle crash deaths. Among drivers involved in fatal crashes, those with BAC levels of 0.08% or higher were 9 times more likely to have a prior conviction.

In 2004, 3% of adults aged 18-20 and 2% aged 21-29 reported driving when they had “perhaps had too much to drink.” This compares

to 4% for this age group across the US (BRFSS 2004). In both Oklahoma and the United States overall, males are more likely to be involved in fatal drinking and driving accidents than females across all ages (Figure 15).

BINGE DRINKING

Adult ‘binge’ drinking is associated with significant rates of alcohol-related injury death and disability.

According to the latest estimates from the CDC, almost 50% of homicides and more than 20% of suicides are alcohol-related. Likewise, alcohol consumption is the

FIGURE 14
NUMBER OF
DRUG OR
ALCOHOL
CONVICTIONS
BY MOTOR
VEHICLE
VIOLATION
2000-2004
(FARS)

	'00	'01	'02	'03	'04
DUI	4,098	4,111	5,627	7,419	5,511
FELONY DRUG POSSESSION	1,222	1,817	1,956	2,912	1,954
MISDEMEANOR DRUG POSSESSION	2,408	2,427	2,833	2,989	2,024
DRINKING OR USING DRUGS IN PUBLIC PLACE	2,663	2,892	2,527	4,223	3,878
REFUSED TEST IN PUBLIC PLACE	7,090	6,748	7,367	7,022	6,675
TOTAL	20,557	19,799	21,940	26,108	21,525

FIGURE 15
PERCENT OF
ALCOHOL-
INVOLVED
DRIVERS
IN FATAL
CRASHES BY
AGE AND
GENDER
2000-2003
(FARS)

		AGE 21-29	AGE 30-34
		M	F
'00	OK	26	17
	US	29	19
'01	OK	29	22
	US	29	18
'02	OK	27	11
	US	29	18
'03	OK	25	17
	US	28	16

primary causal factor in roughly 50% of motor vehicle crash deaths among males aged 20-44; and in more than a third of motor vehicle crash deaths among females in this age range.

For each of these causes, it is acute short term, or binge, drinking (as opposed to chronic heavy drinking) that is considered responsible for the majority of alcohol related injuries and deaths. Binge drinking is also associated with a wide range of other social problems, including domestic and sexual violence, crime, and risk for sexually transmitted disease.

ALCOHOL-RELATED PROBLEMS

As with youth, adults who consume alcohol are more likely to experience other problems, including engaging in high risk behaviors and facing serious health problems (Figure 16).

From 2000 to 2003, the number of adults per 1000 who died from chronic liver disease in Oklahoma has increased 135 to 155, and the number of adult males dying from chronic liver disease in 2003 was almost 4 times that of females. In addition, 24% of victims of violent deaths in Oklahoma during 2004 and 2005 tested positive for alcohol (OKVDRS).

As shown in Figure 16, 26% of all suicide deaths between 2004 and 2005 involved alcohol. Among youth, 33% of suicides among American Indians and 26% among Whites involved alcohol. Among adults, 35% of suicides among American Indians, 25% among Whites, and 23% among Blacks involved alcohol (OKVDRS 2004-2005).

As shown in Figure 17, the number of adults receiving treatment for alcohol use has declined since 2000. This is in contrast to those in need of treatment.

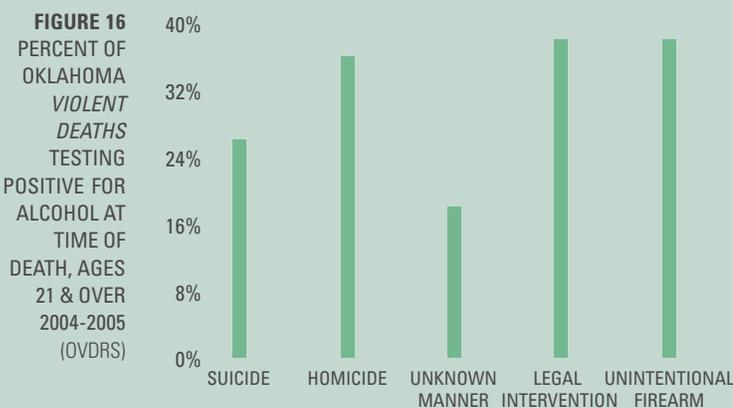
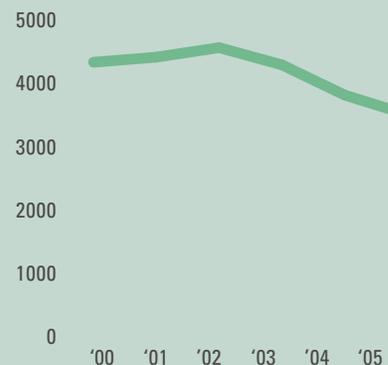


FIGURE 17
NUMBER OF OKLAHOMA ADULTS 21 & OVER WHO RECEIVED TREATMENT FOR ALCOHOL USE, 2000-2005 (ODMHSAS)





alcohol · conclusions

Many minors in Oklahoma are drinking alcohol.

Many Oklahoma youth are exposed to alcohol at an early age (36% of 9th graders report consumption before age 13).

Though some improvement has been seen since 2001, a large proportion (41%) of Oklahoma high school students reported alcohol consumption in the past 30 days.

Twenty-seven percent of Oklahoma high school students reported binge drinking, and 12th grade girls are just as likely to partake in binge drinking as boys.

In general, Oklahoma alcohol consumption patterns mirror or are slightly better than those seen in the US as a whole. However, there are many findings that provoke concern in this report.

Alcohol consumption by Oklahoma youth has many important consequences.

Many of Oklahoma's youth have serious alcohol problems that are widely left untreated.

About a quarter of high school seniors in Oklahoma reported drinking and driving in the last month.

On average 56 Oklahoma youth die as a result of alcohol consumption annually.

Trends that provoke concern are seen in the riskiest types of drinking behavior among Oklahoma adults.

Thirteen percent of adults reported binge drinking, up 133% since 1999.

Three percent of adults reported heavy drinking.

Alcohol consumption by Oklahoma adults had some serious health consequences.



“for a tree to
become tall, it
must grow tough
roots among
the rocks”

Friedrich Nietzsche



tobacco consumption · youth

INITIAL USE

Initial tobacco use before age 13 is more prevalent in Oklahoma than the US overall (Figure 18). Gender also plays a significant role in the percentage of youth using tobacco before age 13. Males (22%) tend to use tobacco earlier than females (18%). The prevalence of early use has declined from 24% in 2003 to 20% in 2005. Tobacco use among middle school students in Oklahoma has also been consistently higher than the national average. However, the trend has been towards lower levels of cigarette use, from 1999-2005. Oklahoma middle school students reported greater use of cigarettes than their counterparts at the national level (Figure 20).

CURRENT USE

According to the 2005 YRBS, 29% of Oklahoma high school students reported smoking cigarettes within the previous 30 days. In Oklahoma, females are as likely as males to report current smoking (28% of females and 29% of males), and both males and females in Oklahoma are more likely than their national counterparts to report current smoking (YRBS 2005). Students in grades 9th and 12th were more likely to report cigarette use than students in the US overall, with 12th grade students reporting the highest rates of cigarette smoking (Figure 19).

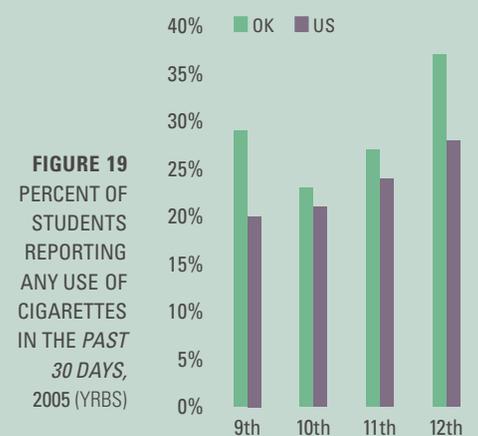
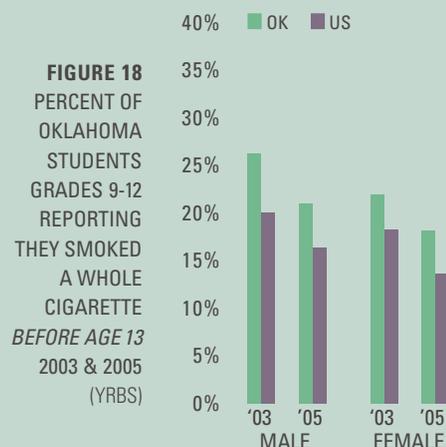
current cigarette use
having smoked at
least one cigarette on
one or more occasions
in the past 30 days

current smokers
all respondents 18 and
older who have ever
smoked at least 100
cigarettes in their
lifetime and reported
currently smoking
every day or some days

lifetime cigarette use
having ever tried
cigarette smoking,
even one or two puffs

spit tobacco
chewing tobacco,
chew, chaw, dip, plug.
The two most popular
forms are snuff and
chewing tobacco

youth
an individual less
than 19 years of age



Among Oklahoma males, the prevalence of current cigarette smoking increased by grade level. While 26% of 9th grade males reported current smoking, 39% of 12th grade males reported cigarette use. There was less fluctuation in the current smoking rate by grade level among females. However, 9th grade females reported higher current use of cigarettes than males (32% vs. 26%). Consistent with national data, recent declines in youth cigarette smoking rates have stalled and rates among girls have increased since 2003 (YRBS).

SPIT TOBACCO

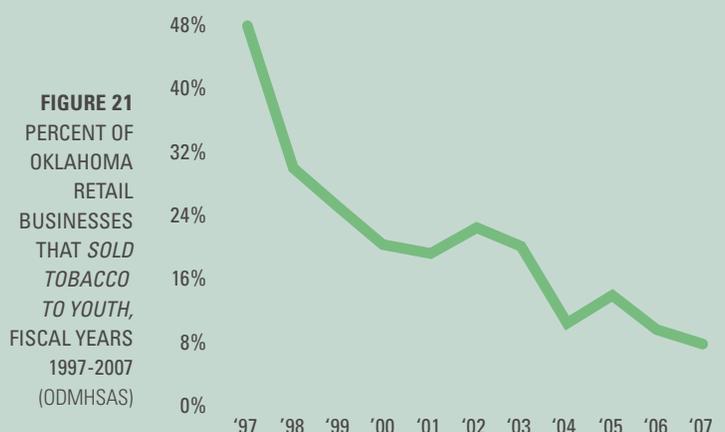
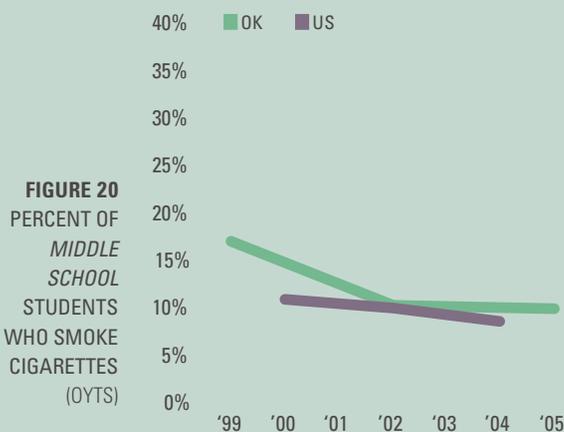
In addition to cigarette use, Oklahoma youth also reported using other forms of tobacco. In 2005, 24% of high school students who have ever used spit tobacco (chewing tobacco, snuff, or dip) reported first use before age 11 (OYTS).

Current use of spit tobacco was higher for males in Oklahoma compared to the US. Twenty percent (20%) of Oklahoma high school males reported using spit tobacco in 2005, compared to 14% nationally (YRBS).

Environmental strategy efforts to decrease the availability of tobacco

products to youth have been successful in reducing the prevalence of tobacco use. As seen in Figure 21, Oklahoma currently has an 8% non-compliance rate for retail establishments selling tobacco products to youth under the age of 18 compared to 48% in 1997.

Since 2005, 50% of Oklahoma high school students and 55% of middle school students reported trying to quit smoking during the past 12 months. Thirty-seven percent of the high school smokers and 42% of the middle school smokers made serious attempts to quit for at least 30 days (OYTS).





tobacco consequences · youth

People who begin to smoke at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age. Cigarette smoking during childhood and adolescence produces significant health problems among young people, including asthma, cough and phlegm production, an increased number and severity of respiratory illnesses, decreased physical fitness, an unfavorable lipid

profile, and potential retardation in the rate of lung growth and the level of maximum lung function. Figure 22 represents the percentage of Oklahoma students who report having asthma. According to the National Heart, Lung and Blood Institute, children exposed to tobacco smoke are more likely to develop asthma. According to the CDC, youth who smoke are less physically fit and will have more respiratory illnesses than non-smokers.

asthma

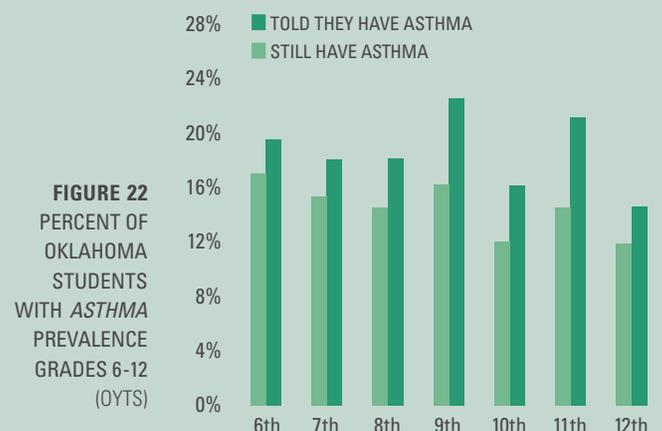
chronic disease that affects the lungs airways

periodontal degeneration

chronic bacterial infection that affects the gums and bone supporting the teeth

secondhand smoke

a complex mixture of gasses and particles that includes smoke from the burning cigarette, cigar, or pipe tip and exhaled mainstream smoke



Spit tobacco use by adolescents is associated with early indicators of periodontal degeneration and with lesions in the oral soft tissue. Spit tobacco use can lead to nicotine addiction and dependence. Adolescent smokeless tobacco users are more likely than nonusers to become cigarette smokers.

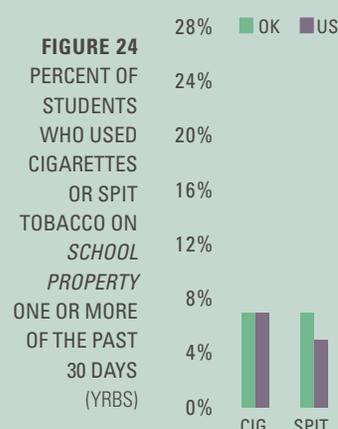
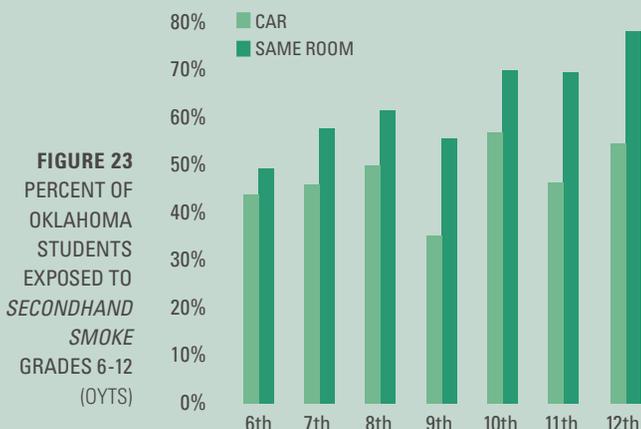
Figure 23 represents the percent of students who are exposed to secondhand smoke either at

home or in the car. In 2005, youth were more likely to be exposed to secondhand smoke while in the same room with someone who was smoking.

Tobacco use is associated with alcohol and illicit drug use and is generally the first drug used by young people who enter a sequence of drug use that can include tobacco, alcohol, marijuana, and other illicit drugs.

Youth caught possessing tobacco products can be subject to school suspensions and/or civil penalties (Figure 24).

In 2001, 18% of teenage mothers smoked during pregnancy (CDC). Smoking while pregnant increases the risk of pregnancy complications.





tobacco consumption · adult

CURRENT USE

Oklahoma has one of the highest adult smoking prevalence rates in the nation. In 2005, adult smoking was more commonly reported in Oklahoma than in the rest of the nation with 25% of Oklahoma adults reporting this behavior compared to 21% of adults across the US (BRFSS).

As shown in Figure 25, smoking was most prevalent among younger age groups, with 33% of young adults aged 18-24 reporting current smoking. Oklahoma men were only slightly more likely to smoke than women

(27% vs. 24% respectively). Oklahomans with a high school education or less (65%) were more likely to be current smokers than those with some post high school education.

SMOKING STATUS

In 2005, 19% of Oklahoma adults reported smoking everyday, which is higher than the national rate of 15%. Fifty-four percent (54%) of US adults reported they had never smoked, compared to only 51% in Oklahoma (BRFSS 2005). On a positive note, the rate of former smokers in Oklahoma

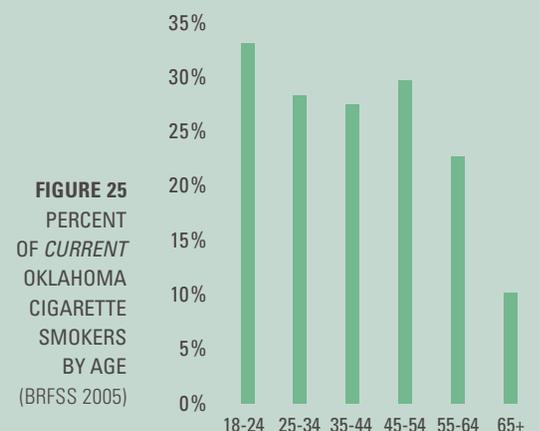


FIGURE 25
PERCENT
OF CURRENT
OKLAHOMA
CIGARETTE
SMOKERS
BY AGE
(BRFSS 2005)

has increased in recent years and is now approaching the national rate — 25% of adults in the US and 24% in Oklahoma report being former smokers (BRFSS 2005).

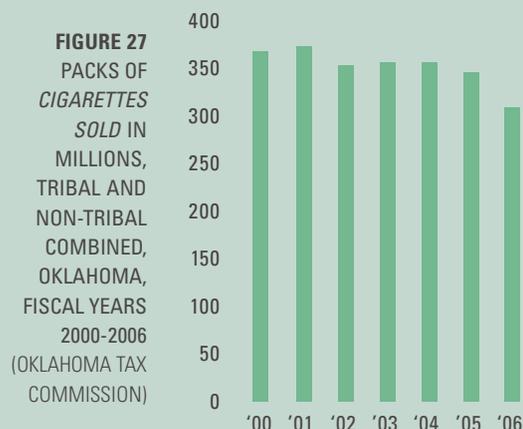
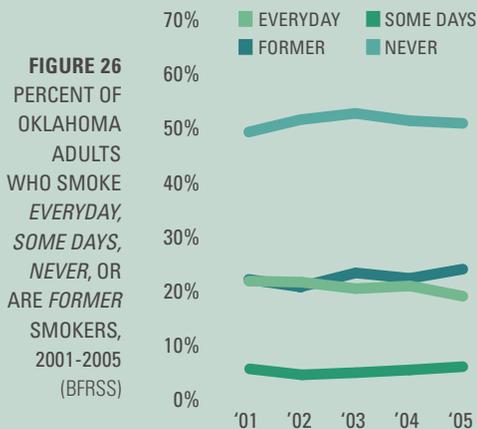
As shown in Figure 26, the percentage of everyday smokers is decreasing and the percentage of former smokers is increasing.

As reported in the 2005 BRFSS, some Oklahomans continue to use tobacco everyday or some-days, even when they have significant health problems. Of everyday users, 5% had a previous

heart attack, 4% stroke, 26% high blood pressure and 16% had 15+ unhealthy days in the past month. Of someday users, 6% had a previous heart attack, 3% stroke, 24% high blood pressure, and 16% had 15+ unhealthy days. This is in contrast to 3% heart, 3% stroke, and eight or more unhealthy days for people or individuals who have never smoked.

Approximately 30% of Oklahoma mothers smoked during pregnancy, 18% smoked during the last three months and 59% of those who quit during pregnancy began

again post-partum (PRAMS 2000-2003). The prevalence of smoking by race/ethnicity was different for adult males than for adult females. Among males, Hispanics (33%) and American Indians (28%) reported a higher prevalence of smoking than White-Non-Hispanic males (26%). For females, the highest prevalence of smoking was among American Indians (31%) and Black-Non-Hispanics (28%), followed by Whites (23%), and Hispanics (15%) (BRFSS 2005). As shown in Figure 27, the number of packs of cigarettes sold since 2000 has declined.





tobacco consequences · adult

low birthweight
a fetus that weighs less than 2500 grams (5 lb 8 oz) regardless of gestational age

copd
chronic bronchitis and emphysema characterized by obstruction to airflow that interferes with normal breathing

Adult smoking (defined as having smoked more than 100 cigarettes in their lifetime and currently smoking) is associated with significant higher rates of smoking-related death and morbidity. According to the CDC's Smoking Attributable Mortality, Morbidity, and Economic Costs, smoking is responsible for a significant proportion of the deaths from numerous types of malignant neoplasms (lung, esophageal, and laryngeal cancers); from numerous cardiovascular diseases (ischemic heart disease, cerebrovascular disease); and from several respiratory diseases (bronchitis, emphysema, chronic airway obstruction).

Combined, these smoking-related deaths make smoking the leading behavioral cause of death in the United States.

As shown in Figures 28-30, adult deaths from lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and emphysema, and Cardiovascular Disease (CVD) in Oklahoma have remained high among older adults. Men are more likely than women to die of lung cancer; however women age 65 and older surpass males in the number of deaths from CVD per 1000 each year from 2000 through 2003. Given the higher-than-average rates of cigarette use among

FIGURE 28
LUNG CANCER
DEATHS
PER 1000
POPULATION
BY AGE AND
GENDER
2000-2003
(NVSS)

	AGE 35-54		AGE 55-64		AGE 65+	
	M	F	M	F	M	F
'00	134	93	283	203	946	662
'01	123	93	298	162	980	658
'02	120	85	317	199	982	691
'03	123	90	318	195	928	655

FIGURE 29
COPD AND
EMPHYSEMA
DEATHS
PER 1000
POPULATION
BY AGE &
GENDER
2000-2003
(NVSS)

	AGE 35-54		AGE 55-64		AGE 65+	
	M	F	M	F	M	F
'00	28	34	109	127	871	757
'01	33	26	98	91	828	791
'02	32	35	116	124	835	797
'03	29	26	131	130	902	885

Oklahoma adults, it is unlikely the death rates from smoking will decrease significantly in the next several years.

The negative impact of smoking on maternal and child health is also tremendous. Currently, the percentage of Oklahoma women who smoke while pregnant is 18% compared to 11% nationwide. For pregnant women, smoking dramatically increases heartbeat and blood pressure, which in turn can have a negative impact on both her own health and that of her baby. Even more dangerous is the crossover of poisons in inhaled cigarette smoke to the placenta.

Smoking during pregnancy nearly triples the risk of low birthweight babies, increases the risk of miscarriages, pre-term birth, and stillbirth and accounts for at least 10% of all infant deaths. As seen in Figure 31, women who reported smoking before or during pregnancy were more likely to give birth to a low birthweight baby than non-smokers (9% vs. 6%). Smoking during pregnancy and infant exposure to secondhand smoke both directly increase the risk of sudden infant death syndrome (SIDS). The economic impact of prenatal tobacco use is estimated to be \$5.7 million annually.

In total, tobacco use cost Oklahomans over \$2.2 billion in medical expenses and lost productivity every year, or an average of about \$600 per person (SAMMEC).

Secondhand smoke causes bronchitis or pneumonia in at least 2,250 Oklahoma infants each year. An estimated 216,000 Oklahoma children are exposed to secondhand smoke at home each day, including 40% of all 2-year-olds.

In general, Oklahoma tobacco use patterns and, therefore, the extent of the consequences are worse compared to the US as a whole.

FIGURE 30
CVD DEATHS PER 1000 POPULATION BY AGE AND GENDER 2000-2003 (NVSS)

	AGE 35-54		AGE 55-64		AGE 65+	
	M	F	M	F	M	F
'00	145	91	152	99	901	1520
'01	123	99	142	93	871	1434
'02	143	82	140	105	886	1548
'03	144	94	137	98	866	1402

FIGURE 31
PERCENT OF LOW BIRTHWEIGHT AMONG OKLAHOMA WOMEN WHO SMOKED BEFORE AND DURING PREGNANCY, 2000-2003 (OK PRAMS)





illicit drug consumption

KEY FINDINGS

Youth drug use is associated with suicide, violence, early unwanted pregnancy, school failure, delinquency, and transmissions of sexually transmitted diseases.

Illicit drug use among Oklahoma students was slightly less than or equal to US students. Lifetime use of crack cocaine, many prescription medications, and illicit drugs other than marijuana in Oklahoma was higher than in the US overall, however, use of marijuana, hallucinogens, and ecstasy was slightly lower in Oklahoma compared to the national average (Figure 32). The most commonly used drugs, with 39% of Oklahomans reporting lifetime use, 9% reporting past year use, and 5% report past month use.

MARIJUANA

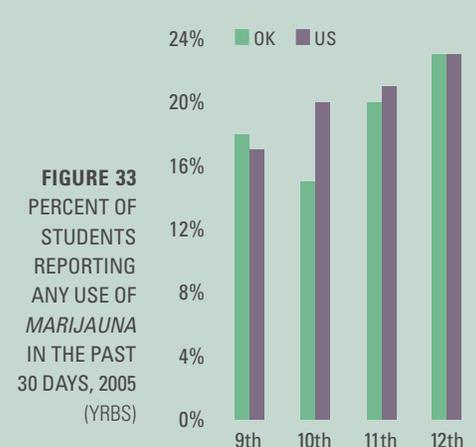
Between 2003 and 2005, youth lifetime marijuana use declined from 43% to 40%. In 2005, past 30-day marijuana use by high school students was as prevalent in Oklahoma (19%) as in the rest of the US (20%). This was true for both males and females — 21% of Oklahoma males and 16% of Oklahoma females reported recent marijuana use, compared to 22% and 18% respectively in the United States (YRBS 2005).

As with alcohol-related behaviors, marijuana use was more prevalent among students in higher grades than in lower grades (Figure 33). Among males, marijuana use increased with each grade level, from 19% in 9th grade to 26% in 12th grade. Marijuana use among females varied only slightly by grade level, and these

key terms
see glossary on p.39
for definition of
illicit drugs by type

FIGURE 32
PERCENT OF ILLICIT DRUG USE IN LIFETIME AND PAST YEAR, AMONG PERSONS AGE 12 & OLDER, 2002-2004 (NSDUH)

ILLCIT DRUG	LIFETIME		PAST YEAR	
	OK	US	OK	US
MARIJUANA	39%	40%	9%	11%
COCAINE	14%	14%	2%	2%
HALLUCINOGENS	13%	14%	2%	2%
ECSTASY	4%	5%	1%	1%
INHALANTS	9%	10%	1%	1%
NON MEDICAL USE OF PSYCHOTHERAPEUTICS	23%	20%	7%	6%
TRANQUILIZERS	12%	8%	3%	2%
STIMULANTS	11%	8%	2%	1%
SEDATIVES	5%	4%	0%	0%
ILLCIT DRUG (OTHER THAN MARIJUANA)	31%	29%	8%	8%



differences were not statistically significant (YRBS 2005).

Between 2003 and 2005, reported past-month marijuana use decreased an average of 3% for Oklahoma high school students (YRBS).

COCAINE

In 2005 Oklahoma youth in grades 10-11 reported less than or similar levels of lifetime cocaine use as youth across the US, but 9th and 12th grade Oklahoma students reported a higher frequency of any cocaine use than the national average (Figure 34). However, from 2003 to 2005, the level of any cocaine use among Oklahoma youths has decreased for all high school students except those in the 12th grade.

Similar to lifetime use, the Oklahoma prevalence of past 30-day cocaine use is almost the same as

the national rate. Three percent (3%) of Oklahoma youths report recent use of cocaine, compared to 4% in the US. This holds true for both males and females in Oklahoma, with 3% of males and 2% of females reporting current cocaine use compared to 4% and 3% respectively for the US (YRBS 2005).

Reported use of methamphetamines among Oklahoma 9th to 11th grade students decreased between 2003 and 2005.

INHALANTS

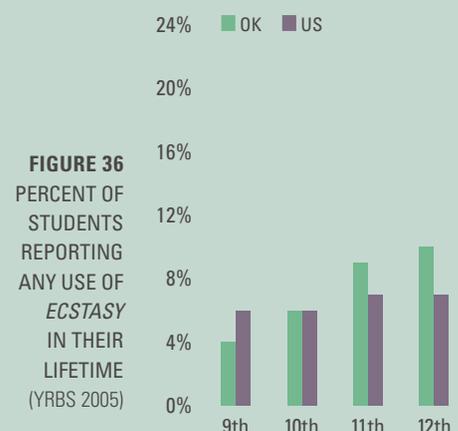
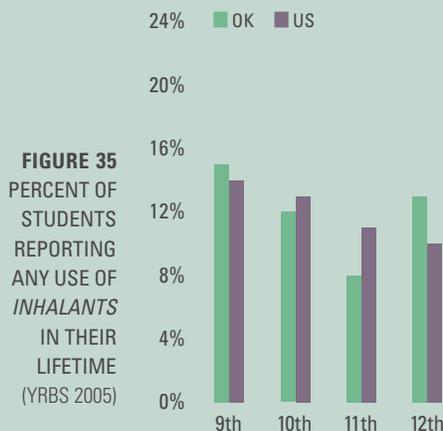
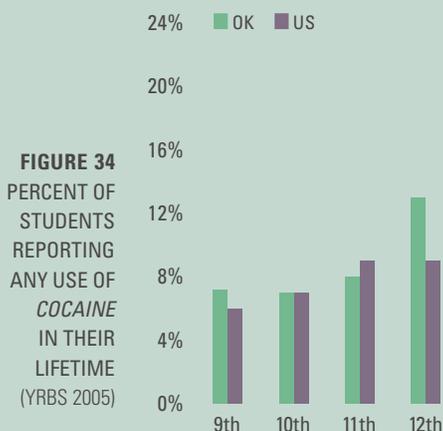
Between 2003 and 2005, Oklahoma students in 10th and 11th grade reported decreased levels of any inhalant use in their lifetime while students in 9th and 12th grades reported increased levels of lifetime inhalant use. In 2005, 9th grade females were almost 3 times more likely to report ever us-

ing inhalants than males (21% vs. 9%) (YRBS 2005).

Compared to the United States, Oklahoma high school students reported lower levels of any use of inhalants for grades 10th and 11th. Oklahoma 9th and 12th grade students reported a higher percentage of inhalant use compared to the US as a whole (Figure 35).

ECSTASY

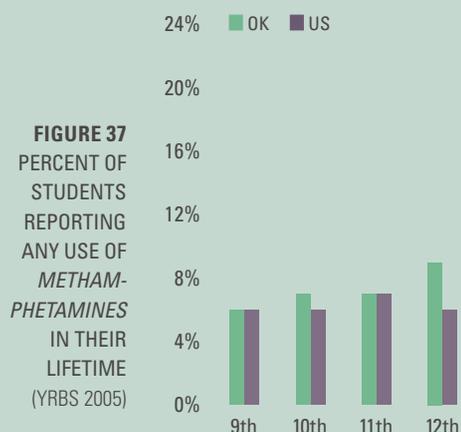
Oklahoma students in grades 9th through 11th reported decreased levels of any ecstasy use in their lifetime between 2003 and 2005 while students in 12th grade reported an increase in lifetime ecstasy use (Figure 36). In 2005, 12th grade males were almost 4 times more likely to report ever using ecstasy than females (15% vs. 4%) (YRBS 2005).



Compared to the US, Oklahoma 9th grade students reported lower levels of any use of ecstasy in 2005 while students in 11th and 12th grades were more likely than their US counterparts to report ecstasy use in their lifetime — 9% of Oklahoma 11th grade students and 10% of 12th grade students report trying ecstasy compared to 7% for both grades in the US (Figure 36).

METHAMPHETAMINES

Methamphetamine use among Oklahoma high school students in 2005 was comparable to the average levels across the United States, except for 12th grade where Oklahoma students were 3% more likely to report using methamphetamines once or more in their lifetimes (Figure 37). By

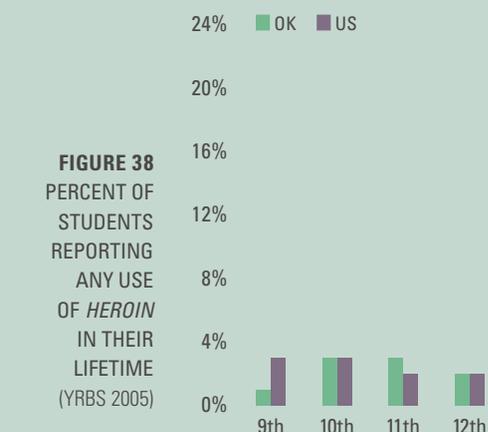


gender, both males and females in Oklahoma were slightly more likely to report trying methamphetamines than in the United States (YRBS 2005).

There was a substantial decrease in reported use of methamphetamines among Oklahoma students in grades 9-11 between 2003 (10%) and 2005 (7%), while 12th grade use remained stable.

HEROIN

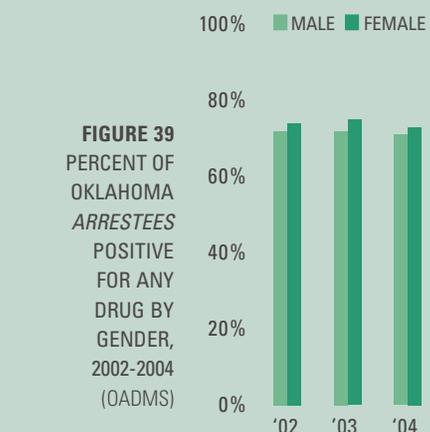
Oklahoma students in grades 10 through 12 were more likely than students in the same grades across the US to report heroin use one or more times in their lifetime (Figure 38). Male high school students were more than twice as likely to report trying heroin than females in Oklahoma — 3% of Oklahoma males reported using



heroin at least once compared to 1% of females.

In 2005, Oklahoma students in grades 9 and 10 reported slightly lower levels of heroin use than in 2003 (a decline of 2% in 9th grade and 1% in 10th grade). By comparison, students in grades 11 and 12 reported a 1% increase over the same time period.

Substance abuse consumption behaviors are important to examine for reasons beyond the fact that substance use leads to negative consequences in the short term. For example, while drinking by youth is a behavior that can lead to death or injury, it is also a behavior that, if continued into adulthood, may lead to very serious consequences from chronic drinking.





“ if what I say
resonates with you,
it is merely because
we are both branches
on the same tree ”

William Butler Yeats



illicit drug consequences

KEY FINDINGS

According to the Oklahoma Department of Corrections, among all states, Oklahoma had the highest rate of female imprisonment rates in 2004: 129 per 100,000 female residents were imprisoned, totaling 2,300 imprisoned females (Frost, Greene & Pranis 2004).

The State of Oklahoma, 2004 Uniform Crime Report (UCR), reported 22,714 arrests for drug abuse violations in Oklahoma in 2004. Possession of marijuana constituted 49% of the total drug abuse arrests, while sale of marijuana accounted for 5% of arrests. Possession of opium, cocaine and derivatives comprised 15% of the total drug abuse arrests;

sale of opium, cocaine and derivatives equaled 3% of the total drug abuse arrests. Alcohol-related arrests (driving under the influence, drunkenness, and other liquor law violations) accounted for 29% of all arrests in 2004. This percentage represents the arrest of 45,920 adults and 1,773 juveniles (OSBI 2006).

The results from the Arrestee Drug Abuse Monitoring Program (ADAM) studies indicate that 72% of all arrestees in Oklahoma used at least one drug prior to arrest, with females slightly higher than males (Figure 39). As shown in Figure 40, drug use after release from prison remains a serious problem.

FIGURE 40
PERCENT OF
ILLCIT DRUG
USE AMONG
PRISON
PROBATIONERS
AND PAROLEES
IN OKLAHOMA
BY DRUG
(ADAM)

	PAST 18 LIFETIME	MONTHS
ALCOHOL	97%	71%
ILLCIT DRUG	85%	40%
MARIJUANA	82%	34%
COCAINE	46%	11%
INHALANTS	13%	1%
HALLUCINOGENS	38%	6%
STIMULANTS	43%	11%
SEDATIVES	28%	9%
HEROIN	28%	1%

FIGURE 41
PERCENT OF
OKLAHOMANS
WHO RECEIVED
SUBSTANCE
ABUSE
SERVICES
BY AGE, 2006
(ODMHSAS)

AGE 0-6	3%
AGE 7-12	1%
AGE 13-17	6%
AGE 18-25	24%
AGE 26-35	28%
AGE 36-64	37%
AGE 65+	1%

FIGURE 42
DRUG
OVERDOSE
DEATHS IN
OKLAHOMA,
2000-2006
(OVDRS)

'00	268
'01	344
'02	470
'03	467
'04	527
'05	522

Nine of the 10 leading causes of death in Oklahoma are at least partially caused by alcohol, tobacco, or other drug use.

DRUG-RELATED DEATHS

If left untreated, drug use can have disastrous results, including serious injury or death. While some individuals are seeking treatment (Figure 41), others face the more serious consequences of drug use.

Since 2000, the number of Oklahomans dying annually from drug overdoses has almost doubled from 268 to 522 (Figure 42). In addition, 18% of suicide victims in Oklahoma between 2004 and 2005 tested positive for drugs (Figure 43), with 8% of those testing posi-

tive for antidepressants. Thirty-eight percent of victims with an unknown manner of death tested positive for drugs including, 21% that tested positive for an antidepressant. Among all violent death victims, 19% tested positive for drugs including cocaine (2%), amphetamines (2%), and opiates (8%) (Figure 43).

DRUG SEIZURES

In an effort to decrease the amount of drugs available, Oklahoma has implemented measures to limit the sale of drugs. One of these measures was House Bill 2176, passed in April 2004, which restricts the availability of pseudoephedrine, a component

in the making of methamphetamine. This was accompanied by an increase in the number of methamphetamine labs seized by the Oklahoma Bureau of Narcotics (OBN) (Figure 44). By 2005, the number of operating methamphetamine labs had dropped dramatically, and the majority of existing labs were only dumpsites or equipment and not actual operating labs (OBN 2005).

The amount of other drugs purchased and seized by the OBN has generally increased since 2000. As shown in Figure 45, seizures of cocaine and crack have increased substantially, while seizures of marijuana have decreased.

FIGURE 43
VICTIMS OF VIOLENT DEATHS IN OKLAHOMA TESTING POSITIVE FOR A DRUG 2004-2005 (OVDRS)

SUICIDE	1018
HOMICIDE	423
UNDETERMINED MANNER DEATH	308
LEGAL INTERVENTION	29
UNINTENTIONAL FIREARM DEATH	17
TOTAL	1795

FIGURE 44
METH LABS SEIZED BY THE OKLAHOMA BUREAU OF NARCOTICS 1994-2004 (OBN)



FIGURE 45
DRUGS PURCHASED & SEIZED BY THE OKLAHOMA BUREAU OF NARCOTICS, 2002-2004 (OBN)

	'00	'01	'02	'03	'04
MARIJUANA (LBS)	3059	173	631	342	317
METH. (GRAMS)	1406	2134	11361	2281	6039
COCAINE (GRAMS)	2891	7256	4663	4778	3457
CRACK (GRAMS)	1220	335	597	367	567



appendix

methodology

INCLUSION CRITERIA

The Oklahoma SEOW followed the same methodology supplied as technical assistance from SAMHSA, CSAP through the Pacific Institute for Research and Evaluation when possible.

For each construct included one or more specific measures or 'indicators' have been identified to quantify consumption and substance related consequences.

Unlike the underlying constructs, indicators have specific data sources and precise definitions. Thus, while "alcohol-related mortality" is a relevant construct for monitoring trends of an important consequence of use, it does not provide a precise definition of how this construct can be measured.

There are several indicators available, however, that provide specific measures of this construct (e.g., annual incidence rate of deaths attributable to alcohol related chronic liver disease, suicide, homicide, or crash fatalities).

A complete list of the constructs and indicators available is provided on the following page.

AVAILABILITY

The data should be readily available and accessible. The measure must be available in disaggregated form at the State level (or lower geographic level).

CONSISTENCY

The measure must be consistent, i.e., the method or means of collecting and organizing data should be relatively unchanged over time.

Alternatively, if the method of measurement has changed, sound studies or data should exist that determine and allow adjustment for differences resulting from data collection changes.

VALIDITY

The measure must meet basic criteria for validity. That is, there must be research-based evidence that the indicator accurately measures the specific construct and yields a true snapshot of the phenomenon at the time of assessment.

Periodic collection over at least three to five past years: The measure should be available for the past 3 to 5 past years, preferably on an annual or least biennial basis. This enables the State to determine not only the level of an indicator but also its trends.

SENSITIVITY

For monitoring, the measure must be sufficiently sensitive to detect change over time that might be associated with changes in alcohol, tobacco, or illicit drug use.

Supplementing with additional data from state sources: Due to some limitations in the availability of measures from national data sources, Oklahoma chose to identify additional constructs and indicators relevant to substance abuse prevention and for which appropriate data from within the State were available.

indicators

ALCOHOL CONSUMPTION

- Percent reporting heavy alcohol consumption (BRFSS)
- 30-day alcohol use (YRBS; BRFSS; NSDUH)
- Percent reporting drinking 5 or more drinks on at least one occasion in the past 30 days (YRBS; BRFSS)
- Lifetime alcohol use (YRBS)
- Age of first use of alcohol (YRBS; NSDUH)
- Per capita consumption (all beverages), based on population >14 years (SEDS)

ALCOHOL CONSEQUENCES

- Percent of students who during the past 30 days rode in a car or other vehicle driven by someone who had been drinking alcohol (YRBS)
- Percent of students who during the past 30 days drove a car or other vehicles when they had been drinking alcohol (YRBS)
- Percent of adults (18 & older) reporting driving after having “perhaps too much to drink” in past 30 days (BRFSS)
- Chronic liver disease/cirrhosis (OVDRS)
- Suicides (OVDRS; OSDH)
- Homicides (OVDRS)
- DUI convictions (FARS)
- Percent of fatal motor vehicle crashes that are alcohol related (FARS)
- Alcohol-related vehicle death rate (FARS)
- Percent of violent deaths that are alcohol-related (OVDRS)

TOBACCO CONSUMPTION

- 30-day tobacco use (YRBS; BRFSS; OYTS; NSDUH)
- Percent of businesses that sold tobacco to youth
- 30-Day smokeless tobacco use (YRBS; OYTS)
- Age of first use of tobacco (YRBS; OYTS)
- Percent who smoke during pregnancy (PRAMS)
- Percent tobacco users by status (BRFSS)
- Percent of students who used tobacco on school property (YRBS)

- Percent exposed to secondhand smoke (OYTS)
- Percent of students with asthma (OYTS)

TOBACCO CONSEQUENCES

- Number of deaths from lung cancer per 1000 population (SEDS)
- Number of deaths from COPD per 1000 population (SEDS)
- Number of deaths from CVD per 1000 population (SEDS)
- Percent of low birthweight births (PRAMS)

ILLCIT DRUG CONSUMPTION

- Percent of students in grades 9-12 reporting any use of marijuana in the past 30 days (YRBS)
- Percent of students in grades 9-12 reporting any use of cocaine in the past 30 days (YRBS)
- Percent of students in grades 9-12 reporting any use of inhalants in the past 30 days (YRBS)
- Percent of persons aged 12 and older reporting any use of marijuana in the past 30 days (NSDUH)
- Percent of persons aged 12 and over reporting use of any illicit drug other than marijuana, or an abusable product that can be obtained legally, in the past 30 days (NSDUH)
- Percent of students in grades 9-12 report any use of classes of illicit drugs in their lifetime (YRBS)
- Percent of students in grades 9-12 reporting first use of marijuana before age 13 (YRBS)

ILLCIT DRUG CONSEQUENCES

- Number of deaths from illicit drug use per 1000 population (NVSS)
- Percent of persons aged 12 and over meeting DSM-IV criteria for drug abuse or dependence (NSDUH)
- Treatment admission data (ODMHSAS)
- Arrestee data (ADAM)
- Number of drug overdoses (OVDRS)
- Drugs purchased and seized (OBN)

data sources

The data presented here come from various sources. Other valuable publications have been written utilizing these data sources. The Oklahoma State Epidemiology Profile should be seen as complementary to these other publications, and serious program planners will want to refer to these documents for further information. These publications include:

Arrestee Drug Abuse Monitoring Program (ADAM) · In 2002-2004 Oklahoma participated in a research program of the National Institute of Justice (NIJ) that provides drug use and other characteristics of arrestees in Oklahoma. The information gained from ADAM has demonstrated the prevalence of alcohol and drug abuse among the criminal justice population and the relationship between substance abuse and criminal activity in Oklahoma.

Behavioral Risk Factor Surveillance Survey (BRFSS) · Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. Oklahoma has participated in BRFSS since 1995. This report focused on 2005 BRFSS data to give a current picture of substance use/abuse in Oklahoma. <www.cdc.gov/brfss/about.htm>

Fatality Analysis Reporting System (FARS) contains data on all vehicle crashes in the United States that occur on a public roadway and involve a fatality. <www.fars.nhtsa.dot.gov>

National Survey on Drug Use and Health (NSDUH) · The National Survey on Drug Use and Health (NSDUH) provides annual data on drug use in the United States. The NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the US Public Health Service and a part of



the Department of Health and Human Services (DHHS). The survey provides yearly national and state level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use. Other health-related questions also appear from year to year, including questions about mental health. The NSDUH findings were used to evaluate substance use/abuse from the age of 12. This survey is not a school based survey so it provides a different perspective than the Youth Risk Behavior Survey (YRBS) or Oklahoma Prevention Needs Assessment (OPNA) for youth.
<<https://nsduhweb.rti.org>>

Oklahoma Bureau of Narcotics and Dangerous Drugs (OBN) · The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control is a law enforcement agency with a goal of minimizing the abuse of controlled substances through law enforcement measures directed primarily at drug trafficking, illicit drug manufacturing, and major suppliers of illicit drugs.
<www.obn.state.ok.us/obnabt>

Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS)
The Oklahoma Department of Mental Health and Substance Abuse Services is responsible for providing treatment, early intervention, prevention, and recovery support services to Oklahomans who are affected by mental illness and substance abuse. In fiscal year 2006, the department provided services to approximately 61,000 individuals.
<www.odmhsas.org>

Oklahoma Medical Examiner (OME)
Oklahoma has a statewide, centralized and computerized ME system. All injuries and unattended deaths are included in the ME system. Information from the ME report of investigation is compiled in an electronic database. Currently, the database includes data from 1987-2004 and includes demographic information on victims, manner of death, toxicological data on drug and alcohol blood content of victims, firearm information, premises of injury, narratives on the incident including suspect information when available, injury description, and other information.

Oklahoma Violent Death Reporting System (OVDRS) · Oklahoma and 16 other states (Massachusetts, Maryland, New Jersey, Oregon, South Carolina, North Carolina, Virginia, Alaska, Colorado, Georgia, Wisconsin, Rhode Island, Kentucky, Utah, New Mexico, and California) participate in the National Violent Death Reporting System. Violent deaths include homicides, suicides, deaths from legal intervention, unintentional firearm deaths, deaths of undetermined manner, and deaths from acts of terrorism. Data for OVDRS are collected from death certificates, medical examiner reports, police reports, supplemental homicide reports, and crime labs. Standardized methodology and coding are used to collect the data and enter into a database that is housed at the Oklahoma State Department of Health (OSDH). The OSDH partners with the Oklahoma State Bureau of Investigation and the Oklahoma Medical Examiner's Office to collect the data.

Oklahoma Youth Tobacco Survey (OYTS)
Designed to provide comprehensive data for planning and evaluating progress toward reducing tobacco use among youth. Items measured as part of the OYTS survey include correlates of tobacco use such as demographics, minors' access to tobacco, and exposure to secondhand smoke. It provides data representative of Oklahoma middle school and high school youth's tobacco-related beliefs, attitudes and behaviors, and exposure to pro- and anti-tobacco influences such as curricula and media. The data can be compared to results from the National Youth Tobacco Survey and results from other states. Oklahoma data is available for surveys conducted in 2002 and 2005. National data is available for 1999, 2000, 2002, and 2004.

Pregnancy Risk Assessment Monitoring System (PRAMS) · A surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments that was initiated in 1987 because infant mortality rates were no longer declining as rapidly as they had in prior years. PRAMS collect state-specific, population-based data on maternal attitudes and experiences before, during,

and shortly after pregnancy. <www.cdc.gov/prams>

State Epidemiological Data System (SEDS)
The Substance Abuse and Mental Health Services Administration (SAMHSA) is making epidemiological data available to States for purposes of substance use/abuse prevention needs assessment, planning, and monitoring. This data is provided as a resource for State Epidemiology Workgroups (SEWs) funded by the Center for Substance Abuse Prevention (CSAP) in support of its Strategic Prevention Framework (SPF). <www.epidcc.samhsa.gov>

United States Census Bureau · The Census Bureau serves as the leading source of quality data about the nation's people and economy. The bureau of the Commerce Department, responsible for taking the census, provides demographic information and analyses about the population of the United States. Census data was used for all Oklahoma demographics. <www.census.gov/main/www/aboutus.html>

Youth Risk Factor Behavioral Survey (YRBS) · The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity. YRBSS includes a national school-based survey conducted by CDC and state and local school-based surveys conducted by state and local education and health agencies. Oklahoma has participated in the YRBS since 2003. Therefore there are only two years of data to date (2003, 2005). The YRBS is still used for this report since we will continue to collect more data points. As soon as there are three plus data points we will be able to look at youth trends.
<www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>

glossary

Abuse · A respondent was defined with abuse of a substance if he or she met one or more of the four criteria for abuse included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association [APA], 1994) and did not meet the definition for dependence for that substance. Additional criteria for alcohol and marijuana abuse are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on 6 or more days in that period. These questions have been included in the survey since 2000.

Alcohol Use · Measures of use of alcohol in the respondent's lifetime, the past year, and the past month.

Binge Use of Alcohol · Binge use of alcohol was defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days

Blood Alcohol Concentration (BAC) · The concentration of alcohol in blood and is used to define intoxication and provides a rough measure of impairment.

Blunts · Blunts were defined as cigars with marijuana in them

Cigar Use · Measures of use of cigars (including cigarillos and little cigars) in the respondent's lifetime, the past year, and the past month.

Cigarette Use · Measures of use of cigarettes in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigarette use in the past 30 days and the recency of use.

Cirrhosis · result of chronic liver disease that causes scarring of the liver and liver dysfunction. This often has many complications, including accumulation of fluid in the abdomen, bleeding disorders, increased pressure in the blood vessels, and confusion or a change in the level of consciousness.

Cocaine Use · Measures of use of cocaine in the respondent's lifetime, the past year, and the past month.

Crack Use · Measures of use of crack cocaine in the respondent's lifetime, the past year, and the past month.

Current Use · Any reported use of a specific drug in the past 30 days.

Dependence · A respondent was defined with dependence on illicit drugs or alcohol if he or she met three out of seven dependence criteria (for substances that included questions to measure a withdrawal criterion) or three out of six criteria (for substances that did not include withdrawal questions) for that substance, based on criteria included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994). Additional criteria for alcohol and marijuana dependence since 2000 are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on 6 or more days in that period. This definition did not apply to Nicotine (Cigarette) Dependence.

Driving Under the Influence · Respondents were asked whether in the past 12 months they had driven a vehicle while under the influence of alcohol and illegal drugs used together, alcohol only, or illegal drugs only.

Ecstasy Use · Measures of use of Ecstasy or MDMA (methylenedioxy - methamphetamine) in the respondent's lifetime, the past year, and the past month.

Fetal Alcohol Syndrome (FAS) · the manifestation of specific growth, mental, and physical birth defects associated with the mother's alcohol use during pregnancy.

Hallucinogen Use · Measures of use of hallucinogens in the respondent's lifetime, the past year, and the past month.

Heavy Use of Alcohol · Heavy use of alcohol was defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on 5 or more days in the past 30 days. Heavy alcohol users also were defined as binge users of alcohol.

Heroin Use · Measures of use of heroin in the respondent's lifetime, the past year, and the past month.

Illicit Drugs · Illicit drugs include marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including phenylcyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or prescription-type psychotherapeutics used nonmedically, which include stimulants, sedatives, tranquilizers, and pain relievers. Illicit drug use refers to use of any of these drugs.

Illicit Drugs Other Than Marijuana · These drugs include cocaine (including crack), inhalants, hallucinogens (including phenylcyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or prescription-type psychotherapeutics used nonmedically, which include stimulants, sedatives, tranquilizers, and pain relievers. This measure includes marijuana users who used any of the above drugs in addition to using marijuana, as well as users of those drugs who have not used marijuana.

Incidence · Substance use incidence refers to the use of a substance for the first time (new use). Incidence estimates are based on questions about age at first use of substances, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. Incidence statistics in this report reflect first use occurring within the 12 months prior to the interview. This is referred to as past year incidence. For these statistics, respondents who are immigrants are included regardless of whether their first use occurred inside or outside the United States.



Inhalant Use · Measures of use of inhalants in the respondent's lifetime, the past year, and the past month.

Lifetime Use · Lifetime use indicates use of a specific drug at least once in the respondent's lifetime. This measure includes respondents who also reported last using the drug in the past 30 days or past 12 months

LSD Use · Measures of use of lysergic acid diethylamide (LSD) in the respondent's lifetime, the past year, and the past month.

Marijuana Use · Measures of use of marijuana in the respondent's lifetime, the past year, and the past month.

Methamphetamine Use · Measures of use of methamphetamine (also known as crank, crystal, ice, or speed), Desoxyn®, or Methedrine® in the respondent's lifetime, the past year, and the past month.

Need for Alcohol Use Treatment · Respondents were classified as needing treatment for an alcohol use problem if they met at least one of three criteria during the past year: (1) dependence on alcohol; (2) abuse of alcohol; or (3) received treatment for an alcohol use problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Need for Illicit Drug or Alcohol Use Treatment · Respondents were classified as needing treatment for an illicit drug or alcohol use problem if they met at least one of three criteria during the past year: (1) dependence on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for an illicit drug or alcohol use problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

Need for Illicit Drug Use Treatment

Respondents were classified as needing treatment for an illicit drug use problem if they met at least one of three criteria during the past year: (1) dependence on illicit drugs; (2) abuse of illicit drugs; or (3) received treatment for an illicit drug use problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers).

Past Month Daily Cigarette Use · A respondent was defined as having past month daily cigarette use if he or she smoked part or all of a cigarette on each of the past 30 days.

Past Month Use · This measure indicates use of a specific drug in the 30 days prior to the interview. Respondents who indicated past month use of a specific drug also were classified as lifetime and past year users.

Past Year Use · This measure indicates use of a specific drug in the 12 months prior to the interview. This definition includes those respondents who last used the drug in the 30 days prior to the interview. Respondents who indicated past year use of a specific drug also were classified as lifetime users.

Prevalence · Prevalence is a general term used to describe the estimates for lifetime, past year, and past month substance use, dependence or abuse, or other behaviors of interest within a given period (e.g., the past 12 months). The latter include delinquent behavior, driving under the influence of alcohol or drugs, perceived need for alcohol or illicit drug use treatment, serious psychological distress, treatment for mental health problems, treatment for a substance use problem, and unmet need for treatment for mental health problems.

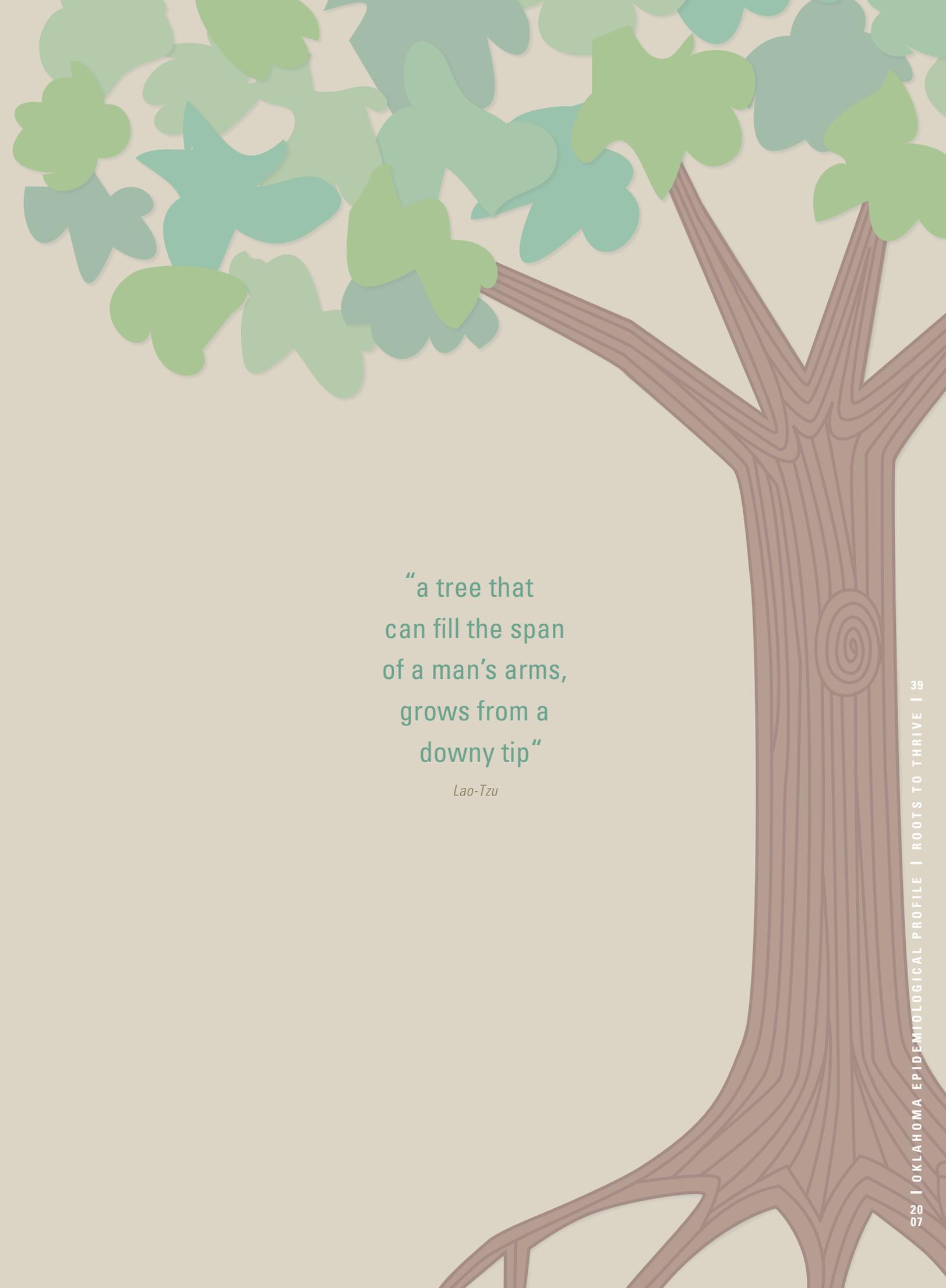
Prior Year Marijuana Use · A respondent was defined as engaging in prior year marijuana use if he or she used marijuana or hashish 12 to 23 months prior to the interview date.

Psychoactive Drugs · Psychotherapeutic drugs are generally prescription medications that also can be used illicitly to "get high" or for other effects. These include pain relievers, sedatives, stimulants, tranquilizers.

Smokeless Tobacco Use · Measures of use of smokeless tobacco in the respondent's lifetime, the past year, and the past month.

Tobacco Product Use · This measure indicates use of any tobacco product: cigarettes, chewing tobacco, snuff, cigars, pipe tobacco, bidis, and kreteks in the respondent's lifetime, the past year, and the past month. Tobacco product use in the past year includes past month pipe tobacco use. Measures of tobacco product use in the respondent's lifetime, the past year, or the past month also do not include use of cigars with marijuana in them (blunts).

Treatment for a Substance Use Problem · Respondents were asked if they had received treatment for illicit drug use, alcohol use, or both illicit drug and alcohol use in the past 12 months in any of the following locations: a hospital overnight as an inpatient, a residential drug or alcohol rehabilitation facility where they stayed overnight, a drug or alcohol rehabilitation facility as an outpatient, a mental health facility as an outpatient, an emergency room, a private doctor's office, prison or jail, a self-help group, or some other place.



“a tree that
can fill the span
of a man’s arms,
grows from a
downy tip”

Lao-Tzu

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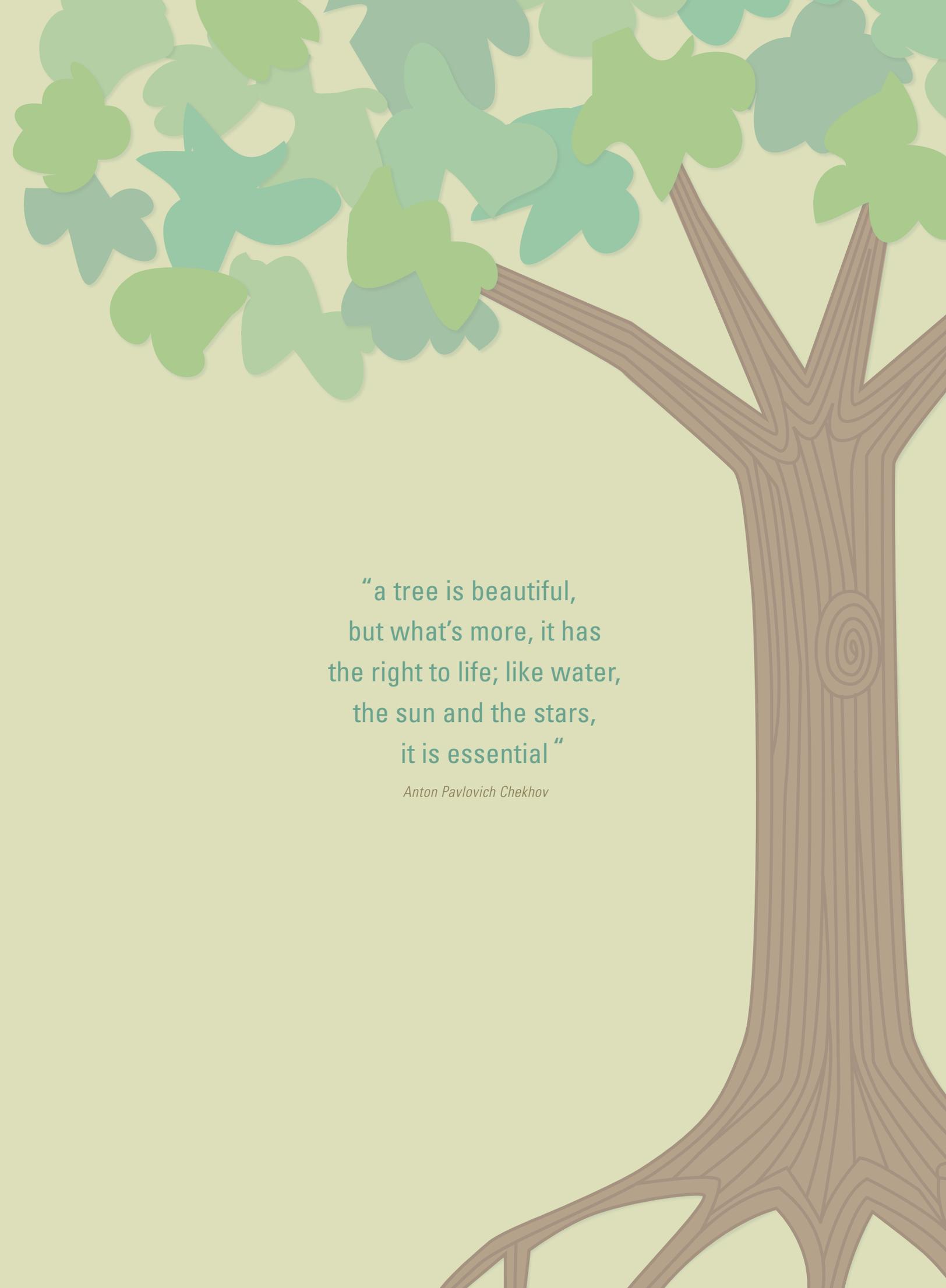
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“a tree is beautiful,
but what’s more, it has
the right to life; like water,
the sun and the stars,
it is essential”

Anton Pavlovich Chekhov

