



OKLAHOMA STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP  
OKLAHOMA EPIDEMIOLOGICAL PROFILE · 2009 UPDATE  
INCLUDING AMERICAN INDIAN & INCARCERATED WOMEN PROFILES  
CONSUMPTION & CONSEQUENCES OF ALCOHOL, TOBACCO AND OTHER DRUGS

Oklahoma State Epidemiological Outcomes Workgroup  
Oklahoma Department of Mental Health & Substance Abuse Services  
Prevention Services Division

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# seow charter

The Oklahoma State Epidemiological Outcomes Workgroup (SEOW) was created August 3, 2006 and modeled after the National Institute on Drug Abuse (NIDA) community epidemiological work group. The SEOW is housed in the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and is funded through a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). ODMHSAS contracted with the Southern Plains Inter-Tribal Epidemiology Center to complete the SEOW deliverables.

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. Members were also selected based on their ability to evaluate and understand various data sets. Membership was chosen to reflect as many State agencies as possible, while keeping the group relatively small. The diversity of SEOW membership reflects this effort with a mix of data analysts,

epidemiologists, prevention experts, community providers, universities and State agency representatives.

Oklahoma SEOW membership included representatives of 20 organizations and many individuals who provide information. All organizations and members made significant contributions that were necessary to complete the epidemiological profile.

## mission

The mission of Oklahoma SEOW 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

- 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 is a 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 role of the SEOW is to provide a detailed statewide assessment regarding the consumption patterns and consequences of substance use/abuse, 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 identify substance-related problems. This report is a supplemental portion of the existing state and community level profile that was published in 2008. The supplemental report serves as an update to the state profile and includes two selected populations: American Indians and Alaskan Natives (AI/AN) and incarcerated women population.

The profile presents several major indicators of substance abuse in Oklahoma for 2009. 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 key data findings with results by gender, age group and race when available.

The Oklahoma SEOW represents many different agencies and representatives working together toward 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 to improve health outcomes in Oklahoma.



## alcohol

### YOUTH

Alcohol consumption by youth is a significant problem in Oklahoma and across the United States (CDC 2007)

In 2008, it is estimated that 48% of Oklahoma Prevention Needs Assessment (OPNA)\* participants in grades 6, 8, 10 and 12 had taken their first drink of alcohol before the age of 13 (OPNA)

Sixteen percent of OPNA participants in grades 6, 8, 10 and 12 reported binge drinking in the last two weeks (OPNA 2008)

Oklahoma high school students were more likely to report driving after drinking alcohol than U.S. students (YRBS 2007)

Alcohol misuse is the leading and perhaps most costly risk factor among AI/AN youth today (CDC 2007)

AI/AN OPNA survey participants in grades 8, 10 and 12 reported greater alcohol use in their lifetime compared to all races combined (OPNA 2008)

### ADULT

Oklahoma men were almost three times more likely to report binge drinking than women (BRFSS 2007)

In Oklahoma and the U.S. overall, males were more likely to be involved in fatal drinking and driving incidents than females across all ages (OHSO 2007)

More AI/AN adults reported binge drinking (17%) compared to all races combined (13%) (BRFSS 2007)

AI/AN had substantially greater alcohol-related arrests than all races combined (OSBI 2007)

AI/AN had a significantly higher rate of admissions to treatment for alcohol use into ODMHSAS-funded facilities from FY 2001-FY 2008 compared to all races combined (ODMHSAS 2009)



## tobacco

### YOUTH

In 2008, 13% of OPNA participants in grades 6, 8, 10 and 12 reported smoking cigarettes within the past 30 days (OPNA 2008)

The percent of middle school students who smoked cigarettes decreased from 18% in 2000 to 8% in 2007 (OYTS 2007)

AI/AN OPNA participants in grades 6, 8, 10 and 12 reported higher levels of lifetime cigarette use compared to all races combined (OPNA 2008)

### ADULT

In 2007, 20% of Oklahoma adults reported smoking everyday, which was greater than the national rate of 15% (BRFSS 2007)

The number of deaths from lung cancer has gradually increased from 2003 through 2006 (OSDH 2006)

AI/AN adults reported greater current tobacco consumption, every day smokers and some day smokers compared to all races combined (BRFSS 2007)



## other drugs

### YOUTH

Use of illegal drugs among Oklahoma students was slightly less than or equal to U.S. students (YRBS 2007)

In 2008, 17% of OPNA participants in grades 6, 8, 10 and 12 reported they had used marijuana during their lifetime (OPNA 2008)

Methamphetamine use among Oklahoma high school students in 2007 was greater than the U.S. average (YRBS 2007)

12th grade AI/AN OPNA participants reported the highest level of methamphetamine use in their lifetime compared to 6th, 8th and 10th grade participants (OPNA 2008)

AI/AN OPNA participants reported greater levels of lifetime marijuana use compared to all races combined (OPNA 2008)

### ADULT

Possession of marijuana constituted 51% of the total adult drug violation arrests, while the sale of marijuana accounted for 6% of arrests (OSBI 2007)

AI/AN had higher rates of persons served for methamphetamine use into ODMHSAS-funded substance abuse treatment from FY 2001-FY 2008 compared to all races combined (ODMHSAS 2009)

Overall rates of persons served for marijuana use increased dramatically for American Indians and for all races combined from FY 2001-FY 2008 (ODMHSAS 2009)



# oklahoma overview

Among the 50 states, Oklahoma ranks 20th in land mass size with 69,898 square miles. The distance across the state is 230 miles east to west and 298 miles from north to south. The U.S. Census estimated Oklahoma's total population as 3,617,316 as of July 1, 2007 (U.S. Census, 2007). The population of the two largest urban areas was 691,266 (19%) in Oklahoma City and 577,795 (16%) in Tulsa. Oklahoma ranks 28th in population size nationally.

The 2007 population estimate showed a 3% increase since the 2000 Census. Of the total population, 1,787,488 (49%) were male and 1,829,828 (51%) were female. The majority, 78% were White (alone), followed by 8% Native American or Alaska Native, 8% Black, 4% Hispanic or Latino and 2% Asian. Ninety-three percent of Oklahoma families spoke English at home, which was greater than the national rate of 82% (U.S. Census, 2007). In 2007, approximately 261,146 (6%) were under five years of age, 899,507 (25%) were under the age of 18, and 480,140 (13%) were 65 years of age or older (U.S. Census).

# state profile · 2009 update

## alcohol consumption & consequences: youth



Alcohol consumption by youth is a significant problem in Oklahoma and across the United States. It is not only dangerous due to the risks associated with the impairment that results from alcohol consumption, but also from the social and economic costs. In 2005 it was estimated that underage drinking cost the citizens of Oklahoma \$778 million (Pacific Institute for Research & Evaluation 2006).

### CURRENT DRINKING

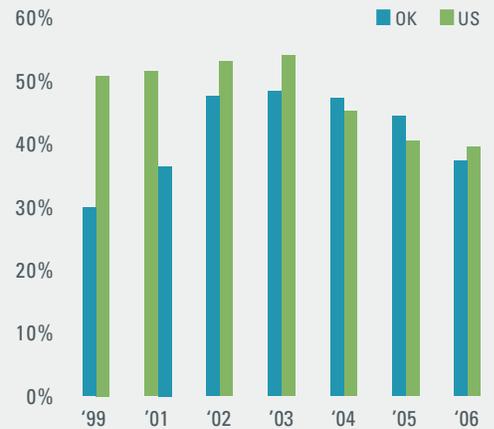
In general, fewer Oklahoma youth consume alcohol compared to the U.S. as a whole. In 2003, 48% of Oklahoma youth in grades 9 through 12 reported any alcohol

use in the past 30 days. In 2007 that percentage decreased to 43% (YRBS). The national trend also decreased from 45% in 2003 to 43% in 2005 and back to 45% in 2007 (Figure 1). According to Behavioral Risk Factor Surveillance System data, current alcohol use among Oklahomans age 18 to 20 was greater than the national average in both 2004 and 2005. The national average surpassed current alcohol use among Oklahomans in 2006 (Figure 2). The Uniform Crime Report (UCR) reported 1,661 juvenile arrests for alcohol-related incidents, which included driving under the influ-

**FIGURE 1**  
PERCENT OF STUDENTS WHO HAD AT LEAST ONE DRINK OF ALCOHOL IN THE PAST 30 DAYS, 2003, 2005, 2007 (YRBS)



**FIGURE 2**  
PERCENT AGES 18-20 REPORTING ALCOHOL USE IN PAST 30 DAYS 1999-2006 (BRFSS)





ence, liquor law violations, and drunkenness (OSBI 2007).

As seen in Figure 3, 48% of Oklahoma Prevention Needs Assessment (OPNA) survey participants in grades 6, 8, 10 and 12 had taken more than a sip of alcohol before the age of 13. Overall, male OPNA participants reported a slightly greater tendency to try alcohol at an earlier age than female OPNA participants (54% of males reported their first use before age 13 compared to 43% of females).

In 2008, 26% of OPNA participants in grades 6, 8, 10 and 12 reported drinking an alcoholic beverage in

the past 30 days (OPNA). As seen in Figure 4, 46% of 12th grade OPNA participants reported drinking an alcoholic beverage in the past 30 days, and 76% reported drinking an alcoholic beverage during their lifetime. More Oklahoma youth have consumed at least one drink of alcohol during their lifetime compared to the national average. The percent of Oklahoma youth who reported having had at least one drink of alcohol during their lifetime has been decreasing since 2003 (YRBS).

When OPNA participants were asked how they obtained alcohol, 19% said they obtained it from

someone over the age of 21, 10% said they obtained it from someone under the age of 21, 7% said they obtained it from home with their parents' permission, 6% said they obtained it from home without their parents' permission and 5% said they obtained it from another relative (Figure 5).

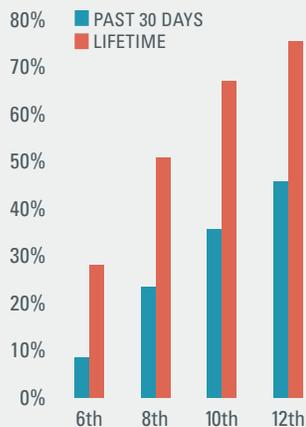
### BINGE DRINKING

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 illegal

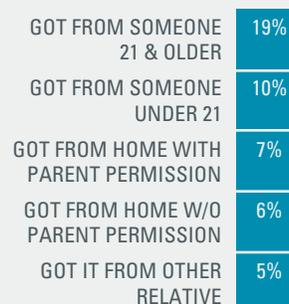
**FIGURE 3**  
PERCENT OF YOUTH REPORTING AGE OF FIRST ALCOHOL USE (OPNA 2008)



**FIGURE 4**  
PERCENT OF STUDENTS REPORTING ALCOHOL USE IN THE PAST 30 DAYS OR LIFETIME (OPNA 2008)



**FIGURE 5**  
TOP 5 MOST COMMON WAYS YOUTH OBTAIN ALCOHOL (OPNA 2008)





drugs (CDC 2006). Sixteen percent of OPNA participants in grades 6, 8, 10 and 12 reported binge drinking in the past two weeks (OPNA 2008). Young male OPNA participants were more likely to report engaging in binge drinking than young female OPNA participants. Seventeen percent of male OPNA participants and 14% of female OPNA participants reported binge drinking. OPNA participants in 12th grade were more likely to report binge drinking within the past two weeks than OPNA participants in lower grades (Figure 6). Seventeen percent more OPNA partici-

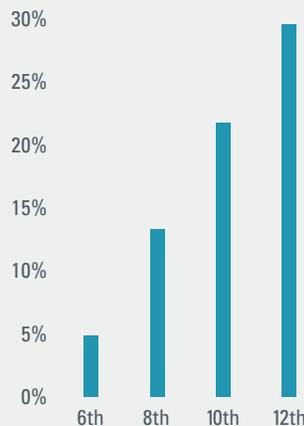
pants in 12th grade reported binge drinking within the past two weeks than 8th grade OPNA participants.

### DRINKING & DRIVING

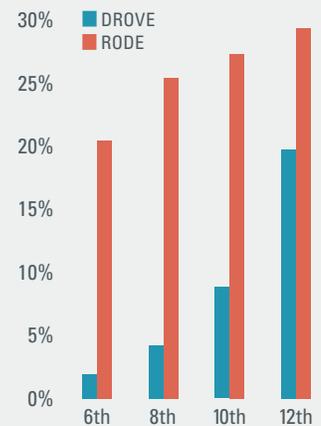
Oklahoma high school students were more likely to report driving after drinking alcohol than were U.S. students. Drinking and driving was more common among males than females and was less common among White youth than among Black, American Indian or Hispanic youth. Twelfth grade students were more likely to report drinking and driving than other high school students (YRBS 2007).

In 2008, 20% of the OPNA participants in 12th grade reported they have driven after drinking alcohol in the past 30 days and 29% reported they had been a passenger with a drinking driver in the past 30 days (Figure 7). Nearly 25% of both male and female OPNA participants reported riding in a car with someone who had been drinking alcohol (OPNA 2008). This demonstrates that a high percentage of youth in Oklahoma are willing to ride in a vehicle with someone they know is under the influence of alcohol.

**FIGURE 6**  
PERCENT OF STUDENTS REPORTING *BINGE DRINKING* IN THE PAST TWO WEEKS (OPNA 2008)



**FIGURE 7**  
PERCENT OF STUDENTS REPORTING *DRIVING DRUNK OR RIDING WITH SOMEONE WHO WAS DRUNK* IN PAST 30 DAYS (OPNA 2008)



## alcohol consumption & consequences: adults



### CURRENT DRINKING

Oklahoma is currently ranked 39th in the nation for current drinking (adults who have had at least one drink of alcohol within the past 30 days). Fewer Oklahoma adults reported current drinking than the U.S. as a whole. While over half (55%) of U.S. adults reported drinking in the past 30 days, only 41% of Oklahoma adults reported this behavior (BRFSS 2007). More adult males than females in Oklahoma reported drinking alcohol in the past 30 days (49% vs. 33%). These percentages were similar to the U.S. percentages for males and females.

As seen in Figure 8, the age groups with the highest percentage of current drinking were 21 to 29 year-olds and 30 to 34 year-olds at 56% and 50% respectively (OSBI 2007).

Alcohol-related arrests, which consist of driving under the influence, drunkenness, and other liquor law violations, accounted for 32% of all arrests in 2007. This percentage represents 45,226 arrests (OSBI 2007).

### BINGE DRINKING

Adult binge drinking (defined as having five or more drinks of alcohol on a single occasion for males and four or more drinks of

**FIGURE 8**  
PERCENT REPORTING ANY ALCOHOL USE IN THE PAST 30 DAYS BY AGE 2001-2006 (BRFSS)

		21-29	30-34	35-54	55-64	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
'06	OK	56.0	20.1	45.3	34	24.1
	US	63.6	57.7	59.1	52.1	38.4



alcohol for females) is associated with significant rates of alcohol-related injury deaths and disabilities. According to the 2007 BRFSS, adult binge drinking was slightly less common in Oklahoma than the rest of the nation. While 16% of adults across the entire U.S. reported binge drinking in the past 30 days, only 13% of Oklahoma adults reported this behavior. In 2007, Oklahoma was ranked 31st in the nation for binge drinking. Binge drinking was more prevalent among younger age groups with 23% of adults age 21 to 29 reported past-month binge drinking in 2007, compared to only 2% of adults age 65 and older (BRFSS).

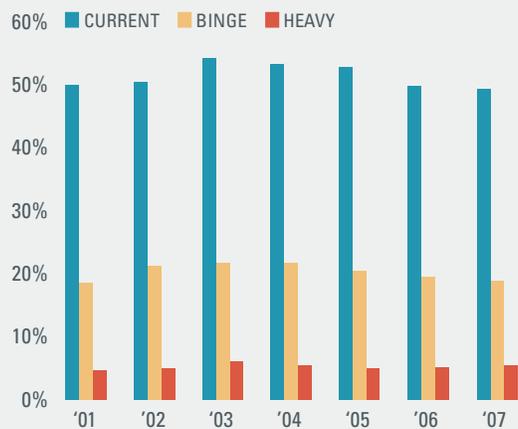
Oklahoma men were almost three times more likely to report binge drinking than women (19% vs. 7%). Hispanics reported higher rates of binge drinking than other racial/ethnic groups (BRFSS 2007).

According to the latest estimates from the CDC, almost 50% of homicides and more than 20% of suicides are alcohol-related (CDC, 2006). Likewise, alcohol consumption is the primary causal factor in roughly 50% of motor vehicle crash deaths among males age 20 to 44; and in more than one-third of motor vehicle crash deaths among females in this age range (CDC).

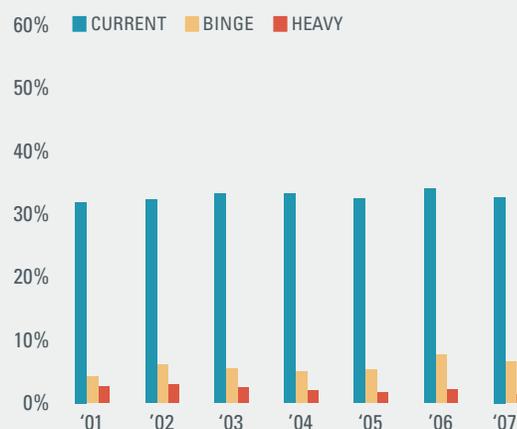
### HEAVY DRINKING

Adult heavy drinking (defined as males having more than two alcoholic drinks per day and females having more than one alcoholic drink per day) is associated with significant rates of alcohol-related chronic diseases (CDC 2006). According to BRFSS data from 2007, adult chronic drinking was less commonly reported in Oklahoma than in the rest of the nation. While 5% of U.S. adults reported heavy drinking, only 4% of Oklahoma adults reported this behavior. In 2007, Oklahoma was ranked 29th in the nation for chronic/heavy drinking. Chronic drink-

**FIGURE 9**  
PERCENT OF OKLAHOMA *MEN* AGE 18 AND OLDER REPORTING ALCOHOL CONSUMPTION PATTERN 2001-2007 (BRFSS)



**FIGURE 10**  
PERCENT OF OKLAHOMA *WOMEN* AGE 18 AND OLDER REPORTING ALCOHOL CONSUMPTION PATTERN 2001-2007 (BRFSS)





ing was more prevalent among younger age groups compared to older age groups. Oklahoma men were more likely to report chronic drinking than women (Figures 9 and 10).

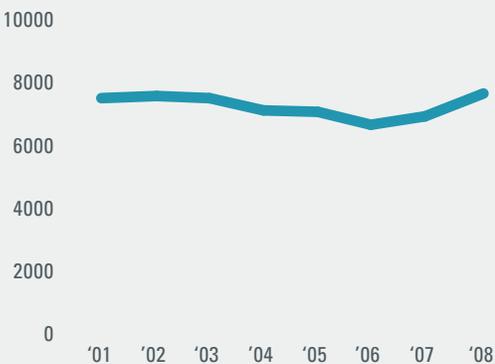
Adult drinking and driving is associated with injury outcomes such as alcohol-related motor vehicle crash injury and death. In 2006, 4% of adults age 18 to 20 and 6% of adults age 21 to 29 reported driving when they “perhaps had too much to drink.” This compares to 4% and 6% respectively for these age groups across the U.S. (BRFSS 2006).

### TREATMENT

In FY 2008, 7,672 persons were served in ODMHSAS-funded treatment facilities for alcohol; a slight increase can be seen from FY 2006-FY 2008 in Figure 11. Of the 7,672 persons served, 69% were males and 31% were females. The White race made up 71% of the total served in ODMHSAS-funded treatment facilities for alcohol in FY 2008; followed by 13% American Indian, 12% Black, and 2% Multi-Race. The largest age group entering ODMHSAS-funded treatment facilities for alcohol in FY 2008 was 36 to 64 year olds (48%), followed by 26 to 35 year olds

(26%), 18 to 25 year olds (16%), and 13 to 17 year olds (4%). The average age of first alcohol use for persons in ODMHSAS-funded treatment facilities in FY08 was as follows: 48% first used between ages 14 and 17; 21% first used between ages 11 and 13; 20% first used between ages 18 and 25; 9% first used when they were under 10 years of age; and 3% first used at 26 years of age or older. In Oklahoma, the top three drugs of choice for persons served in ODMHSAS-funded substance abuse treatment facilities during FY 2008 were alcohol, marijuana/hashish and methamphetamine.

**FIGURE 11**  
NUMBER OF PERSONS SERVED IN ODMHSAS-FUNDED  
SUBSTANCE ABUSE TREATMENT FOR ALCOHOL,  
FY 2001-FY 2008 (ODMHSAS)



## tobacco consumption & 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 levels, an unfavorable lipid profile and potential retardation in the rate of lung growth and the level of maximum lung function.

As seen in Figure 12, 58% of the OPNA participants in grades 6, 8, 10 and 12 reported initial tobacco use before the age of 13. Male

OPNA participants tended to use tobacco at an earlier age than female OPNA participants (OPNA 2008).

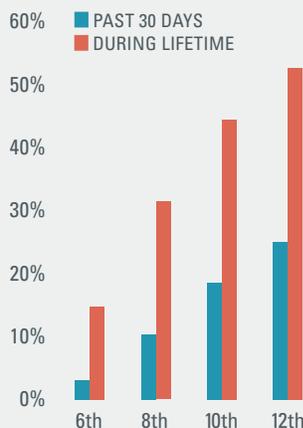
### CURRENT SMOKING

According to the 2008 OPNA, 13% of survey participants in grades 6, 8, 10 and 12 reported smoking cigarettes within the past 30 days. Male OPNA participants and female OPNA participants had similar percentages of past 30-day smoking (13%). Twelfth grade OPNA participants had the highest percentage of past 30-day smoking and lifetime smoking (Figure 13). Among OPNA participants in grades 6, 8, 10 and 12, the prevalence of past 30-day cigarette smoking increased by grade level.

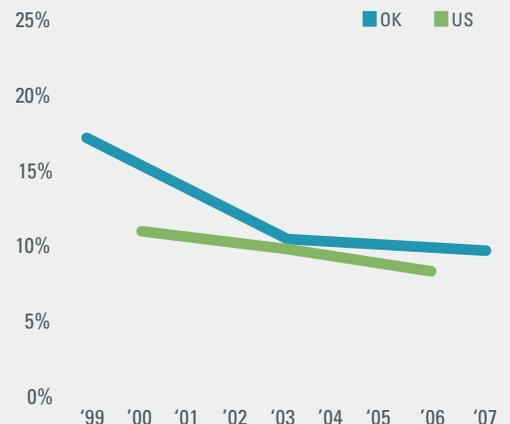
**FIGURE 12**  
PERCENT OF YOUTH REPORTING AGE OF FIRST CIGARETTE USE (OPNA 2008)



**FIGURE 13**  
PERCENT OF STUDENTS REPORTING CIGARETTE USE IN PAST 30 DAYS OR DURING LIFETIME (OPNA 2008)



**FIGURE 14**  
PERCENT OF MIDDLE SCHOOL STUDENTS WHO SMOKE CIGARETTES 1999-2007 (OYTS)





While 10% of 8th grade OPNA participants reported past 30 day smoking, 25% of 12th grade OPNA participants reported past 30 day cigarette use. As seen in Figure 14, the percent of middle school students who smoke cigarettes decreased from 18% in 2000 to 8% in 2007 (OYTS).

According to YRBS data in 2007, smoking was more prevalent among Oklahoma high school students (29%) than in the rest of the nation (23%). Oklahoma females were as likely as males to report current smoking (28% vs. 29%). As seen in Figure 15, the percent of Oklahoma retail businesses that sold tobacco to youth has

decreased since 1997 according to Synar data (ODMHSAS 2008).

When OPNA participants were asked how they obtained cigarettes, 12% said they received them from someone over the age of 18, 7% said they received them from someone under the age of 18, 6% said they obtained them themselves without a fake ID, 4% said they obtained them from home without their parents' permission, 3% said they received them from a brother or sister and 3% said they received them from another relative (Figure 16). Fifty-four percent of students in grades 6, 8, 10 and 12 reported that it was easy to obtain cigarettes (OPNA 2008).

## CONSEQUENCES

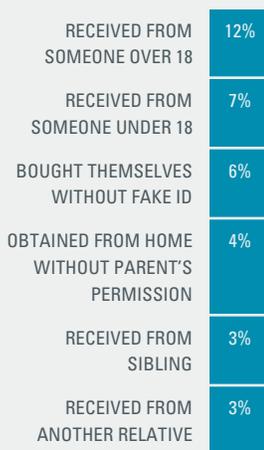
Figure 17 represents the percentage of Oklahoma students who reported having asthma (OYTS 2007). According to the National Heart, Lung and Blood Institute, children exposed to tobacco smoke are more likely to develop asthma. Youth who smoke are less physically fit and will have more respiratory illnesses than non-smokers.

Figure 18 represents the percent of students who were exposed to secondhand smoke either at home or in the car. In 2006, youth were more likely to be exposed to secondhand smoke while in the same room with someone who was smoking. Secondhand smoke

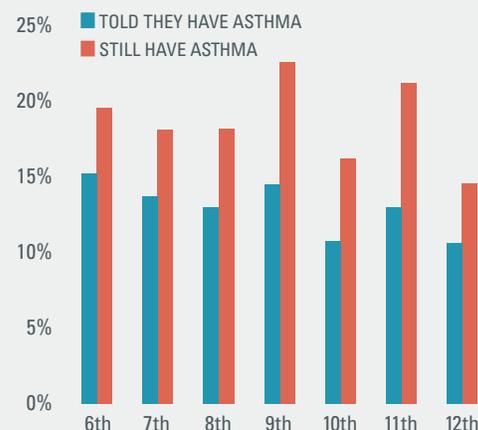
**FIGURE 15**  
PERCENT OF OKLAHOMA RETAIL BUSINESSES THAT SOLD TOBACCO TO YOUTH, FY 1997-FY 2007 (ODMHSAS)



**FIGURE 16**  
MOST COMMON WAYS YOUTH OBTAIN TOBACCO (OPNA 2008)



**FIGURE 17**  
PERCENT OF OKLAHOMA STUDENTS WITH ASTHMA GRADES 6-12 2007 (OYTS)



causes bronchitis or pneumonia in at least 2,250 Oklahoma infants each year (OSDH 2006). An estimated 216,000 Oklahoma children are exposed to secondhand smoke at home each day, including 40% of all 2-year olds (OSDH, 2006). 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 (CDC 2006). Youth found possessing tobacco products can be subject to school suspensions and/or civil penalties. In 2008, 7% of the OPNA participants in grades 6, 8, 10 and 12 reported smoking on school property within the last year (OPNA).

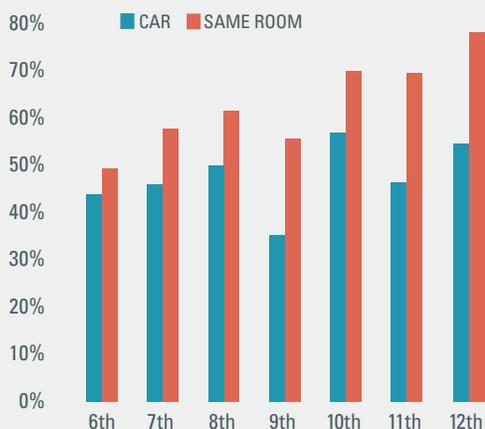
## tobacco consumption & consequences: adults



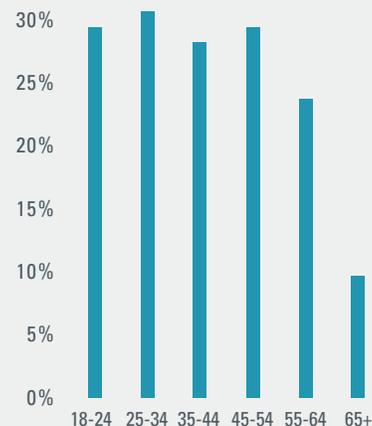
Oklahoma has one of the highest smoking prevalence rates among adults in the nation. In 2007, smoking was more commonly reported in Oklahoma than in the rest of the nation with 26% of Oklahoma adults reporting this behavior compared to 20% of adults across the U.S. (BRFSS).

As shown in Figure 19, current smoking was most prevalent among younger age groups, with 29% of ages 18 to 24 reporting current smoking and 31% of ages 25 to 34 reporting current smoking. Oklahoma men were only slightly more likely to smoke than women (28% vs. 24% respectively). As seen in Figure 20, Oklahomans with a high school education or less were more likely to be current

**FIGURE 18**  
PERCENT OF OKLAHOMA STUDENTS EXPOSED TO SECONDHAND SMOKE GRADES 6-12 (2006 OYTS)



**FIGURE 19**  
PERCENT OF OKLAHOMANS WHO ARE CURRENT CIGARETTE SMOKERS BY AGE (BRFSS 2007)





smokers than those with some post high school education.

### CURRENT SMOKING

In 2007, 20% of Oklahoma adults reported smoking every day, which was greater than the national rate of 15%. Fifty-five percent of U.S. adults reported they had never smoked, compared to only 51% of Oklahoma adults. The rate of former smokers in Oklahoma has increased in recent years and is now approaching the national rate — 24% of adults in the U.S. and 23% in Oklahoma, report being former smokers (BFRSS 2007). As shown in Figure 21, the percentage of adults who smoke every day is decreasing, and the percentage of former smokers is increasing.

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 greater prevalence of smoking than White males (26%). For females, the highest prevalence of smoking was among American Indians (31%), Blacks (28%), followed by Whites (23%), and Hispanics (15%) (BRFSS 2007).

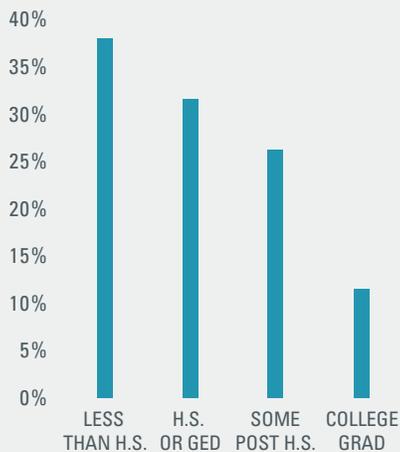
### CONSEQUENCES

Adult smoking (defined as persons having smoked more than 100 cigarettes in their lifetime and currently smoking) is associated with significantly greater rates of smoking-related death and morbidity. According to the CDC's Smoking Attributable Mortality,

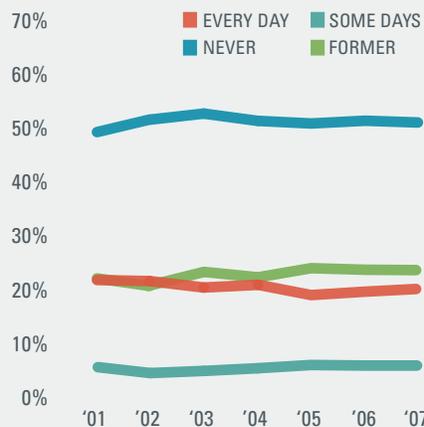
Morbidity and Economic Costs (SAMMEC), smoking is responsible for a significant proportion of the deaths from numerous types of malignant neoplasms (lung, esophageal, and laryngeal cancers); from numerous cardiovascular diseases (ischemic heart disease, cerebrovascular disease); and from several respiratory diseases (bronchitis, emphysema, and chronic airway obstruction). Combined, these smoking-related deaths make smoking the leading behavioral cause of death in the United States.

As shown in Figure 22, adult deaths from lung cancer in Oklahoma have remained high. There has been a gradual increase in the number of deaths from lung cancer from 2003 through 2006.

**FIGURE 20**  
PERCENT OF OKLAHOMA ADULTS WHO ARE CURRENT CIGARETTE SMOKERS BY EDUCATION (BRFSS 2007)



**FIGURE 21**  
PERCENT OF OKLAHOMA ADULTS WHO SMOKE EVERY DAY, SOME DAYS, NEVER, OR ARE FORMER SMOKERS, 2001-2007 (BRFSS)



**FIGURE 22**  
LUNG CANCER DEATH RATES PER 100,000 POPULATION, 2000-2006 (OSDH)



## other drug consumption & consequences: youth & adult



Youth drug use is associated with suicide, violence, early unwanted pregnancy, school failure, delinquency and transmission of sexually transmitted diseases. Fifty-seven percent of youth said they had talked to their parents about the dangers of alcohol, tobacco and other drug use in the past year according to the 2008 OPNA.

Illicit drug use among Oklahomans age 12 and older was slightly less than or equal to the U.S. population as a whole (NSDUH 2004). Lifetime use of non-medical prescription medications in Oklahoma was greater than in the U.S.. However, use of marijuana, hallucinogens and ecstasy was slightly lower in Oklahoma com-

pared to the national data (Figure 23). The most commonly used drugs were marijuana with 39% of Oklahomans reporting lifetime use and 9% reporting past year use, and cocaine with 14% reporting lifetime use and 2% reporting past year use (NSDUH 2004).

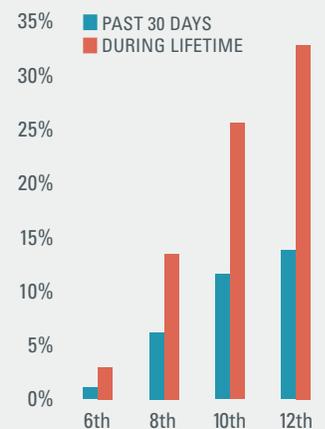
### TREATMENT DATA

In FY 2008, 12,682 persons entered into ODMHSAS-funded substance abuse treatment facilities for drugs, excluding alcohol. Seventy-one percent of those served for drug use were White, 16% were Black, 10% were American Indian and 3% were Multi-Race. Fifty-six percent of those served for drug use were male and 44% were female. The age

**FIGURE 23**  
PERCENT OF *ILLCIT DRUG USE* IN LIFETIME AND PAST YEAR, AMONG PERSONS AGE 12 & OLDER, 2002-2004 (NSDUH)

	LIFETIME		PAST YEAR	
	OK	US	OK	US
ILLCIT DRUG	46%	46%	14%	15%
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%

**FIGURE 24**  
PERCENT OF STUDENTS REPORTING ANY USE OF *MARIJUANA* IN THE PAST 30 DAYS OR DURING LIFETIME (OPNA 2008)





of persons in ODMHSAS-funded substance abuse treatment facilities for drugs were as follows: 10% were under the age of 18; 26% were ages 18 to 25; 32% were ages 26 to 35; and 32% were ages 36 to 64.

### MARIJUANA

In 2008, 17% of OPNA participants in grades 6, 8, 10 and 12 reported they had used marijuana during their lifetime. Male OPNA participants reported a slightly higher lifetime marijuana use of 17% compared to female OPNA participants who reported a lifetime marijuana use of 16%. Thirty-three percent of OPNA participants in 12th grade reported they had used marijuana during their lifetime.

As with alcohol-related behaviors, marijuana use was more prevalent among OPNA participants in higher grades than in lower grades (Figure 24). As seen in Figure 25, approximately 51% of OPNA participants in 12th grade reported that their friend had smoked marijuana in the past year.

### METHAMPHETAMINE

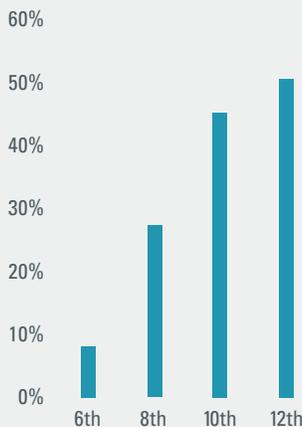
According to the YRBS, methamphetamine use among Oklahoma high school students in 2007 was greater than the U.S. average. Both males and females in Oklahoma reported slightly higher rates of methamphetamine use than in the U.S. (YRBS 2007). Oklahoma male high school students were more likely to report any use of

methamphetamine than Oklahoma female students. According to OPNA participants, 4% of Oklahoma 12th graders reported using methamphetamine at least once in their lifetime, which was much higher than the other grades (Figure 26).

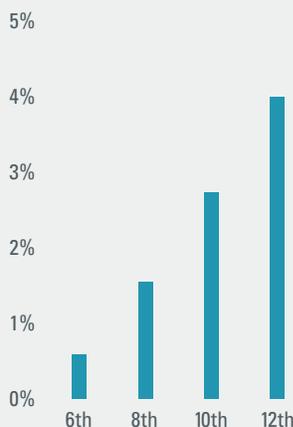
### PRESCRIPTION DRUGS

The non-medical use of prescription drugs is a serious public health concern. Non-medical use of prescription drugs like opioids, central nervous system (CNS) depressants and stimulants can lead to abuse and addiction, characterized by compulsive drug seeking and use. As seen in Figure 27, 23% of OPNA participants in 12th grade, 21% of OPNA partici-

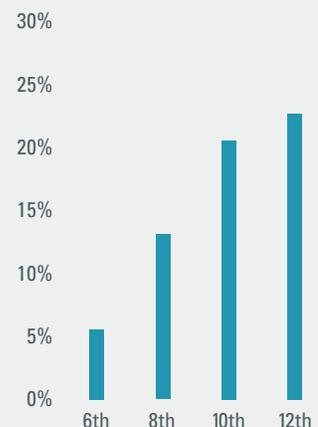
**FIGURE 25**  
PERCENT OF STUDENTS REPORTING A FRIEND SMOKED MARIJUANA IN PAST YEAR (OPNA 2008)



**FIGURE 26**  
PERCENT OF STUDENTS REPORTING ANY USE OF METH DURING LIFETIME (OPNA 2008)



**FIGURE 27**  
PERCENT OF STUDENTS REPORTING NON-MEDICAL PRESCRIPTION DRUG USE DURING LIFETIME (OPNA 2008)





pants in 10th grade, 13% of OPNA participants in 8th grade and 6% of OPNA participants in 6th grade reported taking prescription drugs during their lifetime without a doctor's prescription. In 2006, Oklahoma had the highest percentage (7%) of persons age 12 or older using pain relievers for non-medical purposes in the past year. Eleven percent of Oklahoma youth aged 12 to 17 reported past year non-medical use of prescription psychotherapeutic drugs compared to 9% of all the 12 to 17 year-olds in the U.S. (NSDUH 2004).

### CONSEQUENCES · YOUTH

In 2007, the State of Oklahoma Uniform Crime Report (UCR)

reported 2,023 juvenile arrests for drug-related violations. Drug-related crimes are arrests reported as selling, manufacturing or possessing any drug. Possession of marijuana constituted 77% of the total drug-related arrests, while sale of marijuana accounted for 6% of these arrests.

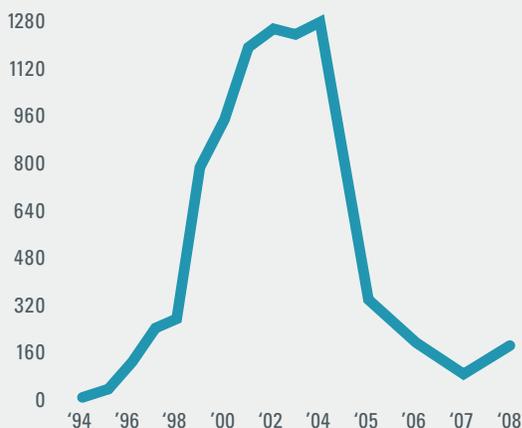
### CONSEQUENCES · ADULT

The 2007 UCR reported 20,301 adult arrests for drug-related violations in Oklahoma. Possession of marijuana constituted 51% of the total drug violation arrests, while the sale of marijuana accounted for 6% of these arrests. Possession of opium, cocaine and their derivatives comprised 13% of the total drug violation arrests;

sale of opium, cocaine and their derivatives equaled 2% of the total drug violation arrests.

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 restricted the availability of pseudoephedrine, a component used in the making of methamphetamine. The passage of the law was accompanied by a decrease in the number of methamphetamine labs seized by the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) (Figure 28). By 2008, the number of operating methamphetamine labs had dropped

**FIGURE 28**  
METH LABS SEIZED BY THE OKLAHOMA BUREAU OF NARCOTICS 1994-2008 (OBND)



**FIGURE 29**  
DRUGS PURCHASED & SEIZED BY THE OKLAHOMA BUREAU OF NARCOTICS, 2000-2008 (OBND)

	'00	'01	'02	'03	'04	'05	'06	'07	'08
MARIJUANA (LBS)	3,059	173	631	342	317	300	1,936	3,066	2,024
METH. (GRAMS)	1,406	2,134	11,361	2,281	6,039	561	16,104	85,835	22,075
COCAINE (GRAMS)	2,891	7,256	4,663	4,778	3,457	4,355	31,102	33,687	42,633
CRACK (GRAMS)	1,220	335	597	367	567	500	5,074	896	6,159

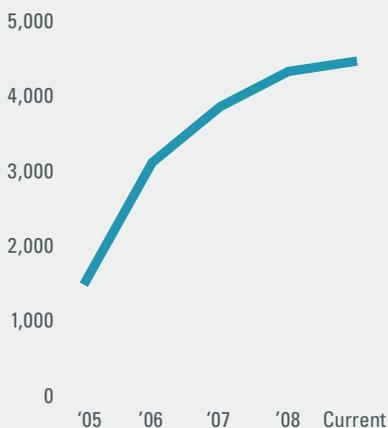


dramatically, and the majority of existing labs were only dump-sites or equipment and not actual operating labs (OBNDD, 2008). The amount of illicit drugs purchased and seized by OBNDD has generally increased since 2000. Figure 29 shows the amount of drugs purchased and seized by the OBNDD from 2000 to 2008.

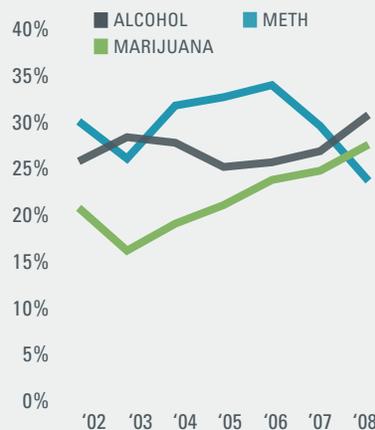
Drug court offers nonviolent, felony offenders with a substance abuse addiction an opportunity to enter into a district court supervised treatment program in lieu of prison. An offender can be referred to the drug court program by anyone at any time during the participant’s criminal proceedings, from arrest through trial. As seen

in Figure 30, the number of active participants in Oklahoma drug court programs has increased almost 200% since FY 2005. More males than females were active in drug court. In FY 2008, 65% of the active drug court participants were White, followed by 17% American Indian, 16% Black and 2% Hispanic. The top three drugs of choice for drug court participants admitted in FY 2008 were alcohol, marijuana and methamphetamine. However, data between FY 2002 and FY 2008, as seen in Figure 31, indicates that methamphetamine was the first drug of choice for every year except FY 2003 and FY 2008.

**FIGURE 30**  
OKLAHOMA DRUG COURT ACTIVE COUNTS BY FISCAL YEAR



**FIGURE 31**  
TOP THREE DRUGS OF CHOICE FOR DRUG COURT PARTICIPANTS ADMITTED FY 2002-FY 2008



# american indian profile

In 2000, American Indian and Alaska Natives (AI/AN) had a population of 266,801, which made up 8% of Oklahoma's total population. Oklahoma had the second highest population of AI/AN. Of the total AI/AN population 49% were male and 51% were female. In 2000, approximately 29,647 (11%) were under five years of age, 100,486 (38%) were under the age of 18 and 18,316 (7%) were 65 years of age and older (U.S. Census). The AI/AN population reported a median age of 28 years, which was less than the Oklahoma median age of 37 years for all races combined. The following rates are expressed as 1,000 per population per year. As seen in Figure 32, the

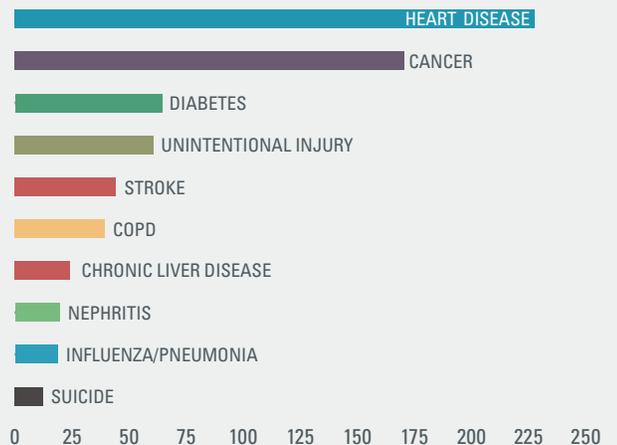
birth and death rates for American Indians were 19.0 and 6.8 respectively, compared to the birth and death rates of 15.1 and 9.9 for all races combined. AI/AN reported a higher teen birth rate of 19.2 compared to all races combined of 14.8. AI/AN reported a greater infant mortality rate and a lower child mortality rate compared to all races combined (10.6 and 2.0 vs. 8.0 and 2.6, respectively). The median household income for AI/AN in Oklahoma was \$27,359 in 2007 compared to all races combined, which was \$41,567.

Figure 33 shows the 10 leading causes of death for AI/AN during the most recent five-year period for which data were available

**FIGURE 32**  
BIRTH & DEATH RATES PER 1,000 POPULATION, 2002-2006 (OSDH)

	AI/AN	ALL RACES COMBINED
BIRTH RATE	19.0	15.1
DEATH RATE	6.8	9.9
TEEN BIRTH RATE	19.2	14.8
INFANT MORTALITY RATE	10.6	8.0
CHILD MORTALITY RATE	2.0	2.6

**FIGURE 33**  
10 LEADING CAUSES OF DEATH FOR AI/AN (AGE-ADJUSTED RATE PER 100,000) 2002-2006 (OSDH)



(2002-2006). For AI/AN the age-adjusted death rates for heart disease (227.9) and cancer (170.5) were lower than the age-adjusted death rates of heart disease (276.0) and cancer (197.2) for all races combined.

Of the 10 leading causes of death (Figure 33), most are at least partially caused by substance abuse. For example, chronic obstructive pulmonary disease, also known as COPD, and several cancers are strongly associated with tobacco use. Diabetes and unintentional injuries were the third and fourth leading causes of death for AI/AN from 2002-2006 compared to all races combined, which had unintentional injuries and diabetes

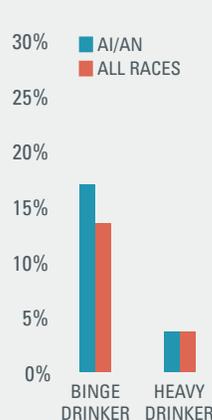
listed as the fifth and sixth leading causes of death.

Violent deaths include homicides, suicides, legal intervention, undetermined manner and unintentional firearms. Figure 34 summarizes the violent deaths for AI/AN and for all races combined from 2004 through 2006. The overall violent death rate for AI/AN (27.6) was greater than the rate for all races combined (25.1). AI/AN reported a slightly higher death rate of homicides and deaths by an undetermined manner. More than 50% of the violent deaths were by suicide. Of the remaining deaths, 26% were by an undetermined manner, 23% were homicide, 1% were legal

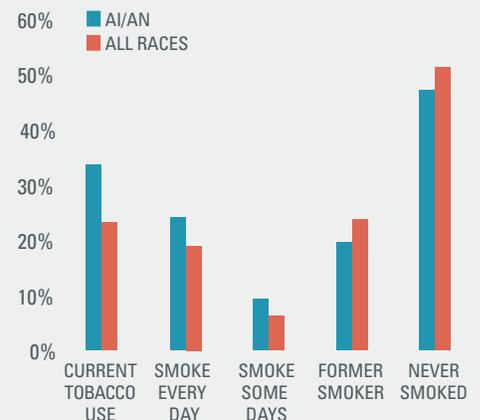
**FIGURE 34**  
NUMBER AND RATE OF *VIOLENT DEATHS*  
2004-2006 COMBINED (OKVDRS)

	AI/AN		ALL RACES COMBINED	
	#	RATE	#	RATE
VIOLENT DEATHS	265	27.6	2,673	25.1
HOMICIDE	60	6.2	629	5.9
SUICIDE	133	13.9	1,544	14.5
UNDETERMINED MANNER	68	7.1	434	4.1
UNINTENTIONAL FIREARM INJURY	1	0.6	30	0.3
LEGAL INTERVENTION	3	0.3	36	0.3

**FIGURE 35**  
PERCENT OF *ALCOHOL CONSUMPTION*, 2006  
(BRFSS)



**FIGURE 36**  
PERCENT OF *TOBACCO CONSUMPTION*, 2006 (BRFSS)

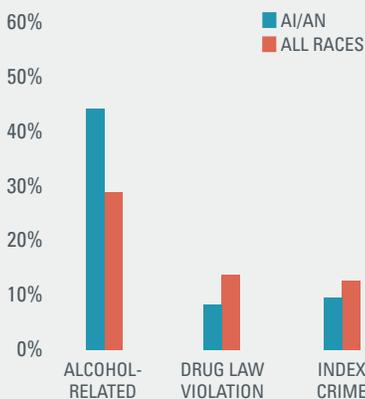


intervention and 1% were by an unintentional firearm.

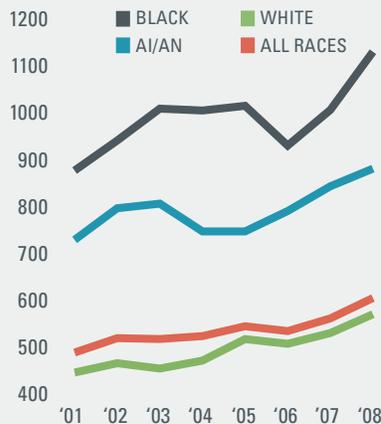
Alcohol and tobacco consumption is a significant problem in Oklahoma. According to BRFSS data from 2006 shown in Figure 35, more AI/AN adults reported binge drinking (17%) compared to all races combined (13%) and similar heavy drinking (4%) was reported compared to all races combined (4%). AI/AN adults reported greater current tobacco consumption, everyday smokers and some day smokers. AI/AN adults reported fewer former smokers and adults who have never smoked compared to all races combined (Figure 36).

Alcohol-related arrests consist of driving under the influence, liquor law violations and drunkenness; drug law violations consist of all drug arrests reported as sale/ manufacturing and possession; index crime arrests consist of murder, rape, robbery, aggravated assault, burglary, larceny and motor vehicle theft. Data from the Oklahoma State Bureau of Investigation (OSBI) in Figure 37 shows that AI/AN had substantially greater alcohol-related arrests (44%) and lower drug law violation arrests (8%) and index crime arrests (10%) compared to all races combined (29%, 14% and 13% respectively).

**FIGURE 37**  
PERCENT OF ARRESTS RELATED TO ALCOHOL, DRUG LAW VIOLATION, AND INDEX CRIME 2006 (OSBI 2007)



**FIGURE 38**  
RATES OF PERSONS SERVED BY ETHNICITY BY ODMHSAS-FUNDED SUBSTANCE ABUSE TREATMENT FROM FY 2001-FY 2008



**FIGURE 39**  
RATES OF PERSONS SERVED BY ODMHSAS-FUNDED SUBSTANCE ABUSE TREATMENT FOR METH FROM FY 2001-FY 2008



The top three drugs of choice for AI/AN entering ODMHSAS-funded substance abuse treatment facilities during 2007 were alcohol, marijuana/hashish and methamphetamine. All races combined reported the same top three drugs of choice. In Oklahoma, from FY 2001-FY 2008 (Figure 38), AI/AN had consistently high rates of persons served in substance abuse treatment facilities compared to Whites and people of all races combined. Blacks had the highest rates of persons served in state-funded substance abuse treatment. An overall increase in rates of persons served for substance abuse can be seen for AI/AN from FY 2001-FY 2008. As seen in Fig-

ure 39, AI/AN had a higher rate of persons served in treatment for methamphetamine use compared to all races from FY 2001-FY 2008. A decrease in the rate for persons treated for methamphetamine use was reported from FY 2006-FY 2008 for AI/AN and all races combined. As seen in Figure 40, AI/AN had a significantly higher rate of persons served for alcohol use by ODMHSAS-funded treatment from FY 2001-FY 2008. A decrease in rates of persons treated for alcohol use was reported for AI/AN from FY 2003-FY 2006, yet from FY 2006-FY 2008 an increase of alcohol treatment rates occurred. As seen in Figure 41, AI/AN had a slightly higher rate of persons

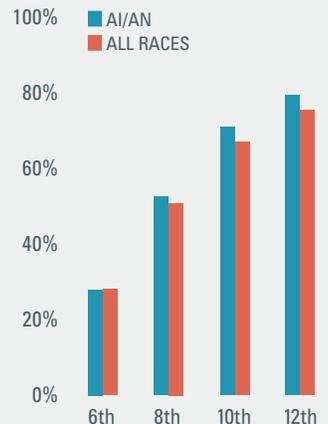
**FIGURE 40**  
RATES OF PERSONS SERVED BY ODMHSAS-FUNDED SUBSTANCE ABUSE TREATMENT FOR ALCOHOL FROM FY 2001-FY 2008



**FIGURE 41**  
RATES OF PERSONS SERVED BY ODMHSAS-FUNDED SUBSTANCE ABUSE TREATMENT FOR MARIJUANA FROM FY 2001-FY 2008



**FIGURE 42**  
PERCENT OF STUDENTS (BY GRADE) REPORTING ANY USE OF ALCOHOL IN THEIR LIFETIME (OPNA 2008)



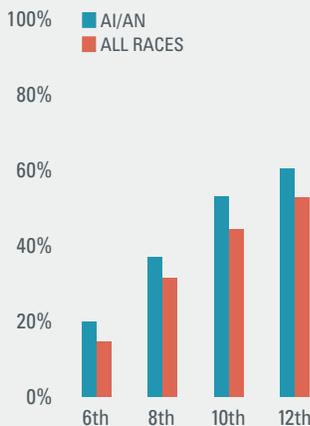
served for marijuana use into ODMHSAS-funded treatment facilities from FY 2001-FY 2008. Overall rates of persons served for marijuana increased dramatically for AI/AN and for all races combined from FY 2001-FY 2008.

Alcohol misuse is the leading and perhaps most costly risk factor among AI/AN youth today, underlying many major causes of AI/AN deaths and contributing to an array of physical conditions including premature death (CDC 2007). According to 2008 OPNA participants, AI/AN students in grades 8, 10 and 12 reported greater alcohol use in their lifetime compared to all races combined (Figure 42). As

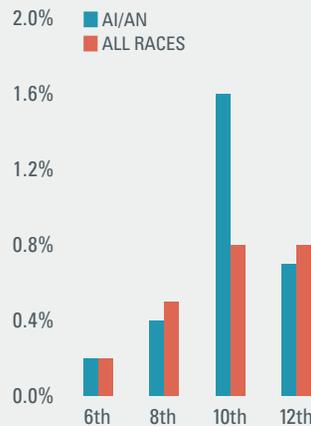
seen in Figure 43, AI/AN OPNA participants in grades 6, 8, 10 and 12 reported higher levels of lifetime cigarette use.

As seen in Figure 44, AI/AN OPNA participants in 10th grade reported the highest levels of methamphetamine use in their lifetime compared to the other grades. AI/AN OPNA participants in grades 6, 8 and 12 reported similar or slightly lower percentages of methamphetamine use in their lifetime compared to all races combined. As seen in Figure 45, AI/AN OPNA participants reported greater levels of lifetime marijuana use compared to all races combined.

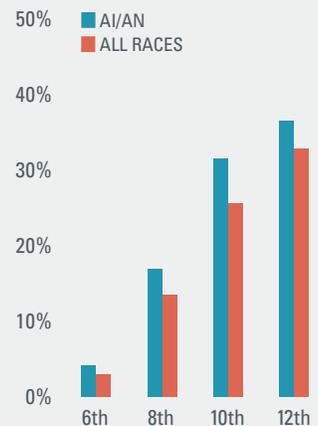
**FIGURE 43**  
PERCENT OF STUDENTS (BY GRADE) REPORTING ANY USE OF CIGARETTES IN THEIR LIFETIME (OPNA 2008)



**FIGURE 44**  
PERCENT OF STUDENTS (BY GRADE) REPORTING ANY USE OF METH IN THE PAST 30 DAYS (OPNA 2008)



**FIGURE 45**  
PERCENT OF STUDENTS (BY GRADE) REPORTING ANY USE OF MARIJUANA IN THEIR LIFETIME (OPNA 2008)





# incarcerated women profile

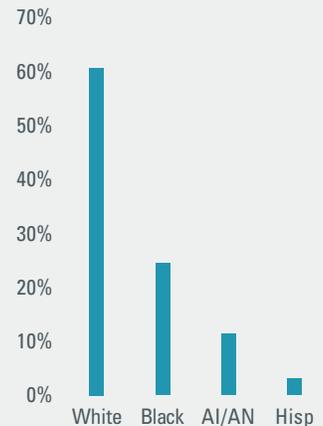
According to the Oklahoma Department of Corrections (ODOC), Oklahoma leads the nation in the rate of female offender incarceration at 131 per 100,000 population, which is much higher than the national average of 69 per 100,000 population. As of 2006 there were 2,213 women incarcerated in the state of Oklahoma. The Oklahoma female inmate population is growing more rapidly than that of the male inmate population. Analogous to this rise in incarcerated females is a rise in incarcerated female drug use both for personal use, as well as drug-related crimes. While it is possible that involvement in criminal activities may precede drug use, it appears that serious drug use can make criminal behavior worse in many cases.

Between the years 2001 and 2007, there were a total of 8,753 female prison admissions to the state of Oklahoma. Approximately 50% of these female prison admissions occurred due to a felony conviction in either Oklahoma or Tulsa counties. Figure 46 shows the total number of female prison admissions. From 2001 to 2007 the number of female prison admissions per year increased by 136 (12%). Of the total female prison admissions during this time period, 5,308 (61%) were White, 2,141 (24%) were Black, 998 (11%) were American Indian or Alaska Native (AIAN) and 274 (3%) were Hispanic (Figure 47). Figure 48 shows the change in percent of each year's total incarcerated women by race. All races stay somewhat

**FIGURE 46**  
TOTAL NUMBER OF FEMALES ADMITTED TO PRISON (ODOC 2001-2007)



**FIGURE 47**  
TOTAL FEMALE PRISON ADMISSIONS BY RACE (ODOC 2001-2007)



constant from 2001 to 2007. Whites decreased by 1%, Blacks decreased by 3%, AI/AN increased by 1% and Hispanics increased by 2%.

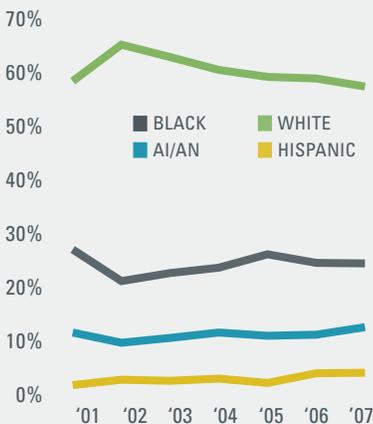
The median age at time of admission into prison for the years 2001 through 2007 and for all races combined was 34 years. The ages of the women admitted to prison ranged from 15 to 78 years old. Median ages for each race individually are 35 for Asians, 34 for Blacks, 29 for Hispanics, 32 for AI/AN and 34 for Whites. Approximately 50% of the females admitted to prison were between the ages of 21 and 35. There were 506 (6%) females admitted to prison between 2001 and 2007 who were under the age of 21, and 135 (2%) who were over the age of 55.

According to the Bureau of Justice Statistics (2002), 52% of the nation's female inmates are dependent on drugs or alcohol. Of all the offenses listed for incarcerated women between 2001 and 2007 in Oklahoma, a large percentage (approximately 70%) was associated with a controlled substance, alcohol or both. A controlled substance is defined as a drug or chemical substance whose possession and use are controlled by law.

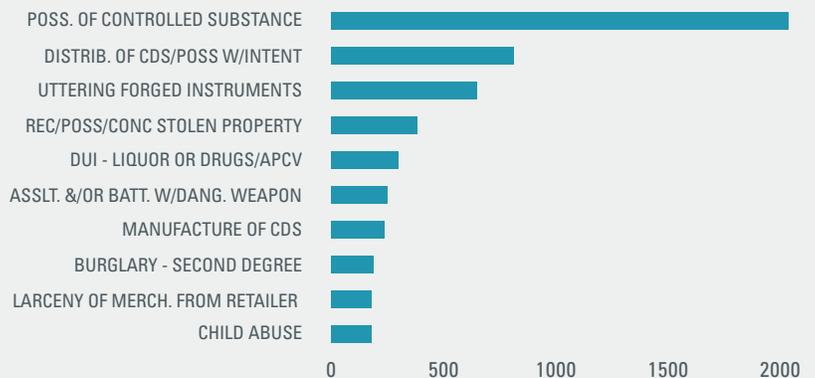
Figure 49 shows the top 10 controlling offenses for females admitted to prison between the years of 2001 and 2007. The number one controlling offense for female admissions to prison from 2001 through 2007 was possession of

a controlled substance, which makes up approximately 23% of the total prison admissions. This offense is followed by distribution of a controlled substance (9%), uttering forged instruments (7%), possession of stolen property (4%) and driving under the influence of drugs or alcohol (3%). All races individually had the same number one offense compared with all races combined except for Hispanics, whose number one offense was the distribution of controlled substances. According to the ODOC, 59% of the female inmate population is incarcerated for non-violent crimes and 41% for violent crimes.

**FIGURE 48**  
PERCENT OF YEARLY ADMISSIONS BY RACE (ODOC 2001-2007)



**FIGURE 49**  
TOP 10 CONTROLLING OFFENSES FOR ALL RACES (ODOC 2001-2007)



# appendix

## methodology

### INCLUSION CRITERIA

The Oklahoma SEOW followed the methodology supplied 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

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 at 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 five 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)

### TOBACCO CONSUMPTION

- 30-day tobacco use (YRBS; BRFSS; OYTS; NSDUH)
- Percent of businesses that sold tobacco to youth
- Age of first use of tobacco (YRBS; OYTS)
- Percent tobacco users by status (BRFSS)
- Percent exposed to secondhand smoke (OYTS)
- Percent of students with asthma (OYTS)

### TOBACCO CONSEQUENCES

- Number of deaths from lung cancer per 1,000 population (SEDS)

### OTHER DRUG CONSUMPTION

- Percent of students reporting any use of marijuana in the past 30 days (YRBS)
- 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 reporting any use of classes of illicit drugs in their lifetime (YRBS, OPNA)
- Percent of students in grades 9-12 reporting first use of marijuana before age 13 (YRBS)

### OTHER DRUG CONSEQUENCES

- Treatment admission data (ODMHSAS)
- Drugs purchased and seized (OBN)

## data sources

The data presented here comes 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:

**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 2007 BRFSS data to give a current picture of substance use/abuse in Oklahoma. <http://www.cdc.gov/brfss/about.htm>

**Bureau of Justice** · The Bureau of Justice Statistics was first established on December 27, 1979 under the Justice Systems Improvement Act of 1979. The Bureau of Justice Statistics (BJS) is a component of the Office of Justice Programs in the U.S. Department of Justice.

**Center for Disease Control and Prevention (CDC)** · The CDC, a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting public health activities in the United States. CDC's focus is not only on scientific excellence but also on the essential spirit that

is CDC – to protect the health of all people. CDC keeps humanity at the forefront of its mission to ensure health protection through promotion, prevention, and preparedness.

**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 U.S. 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 YRBS 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.

**Oklahoma Department of Corrections (ODOC)** · Following the enacting of the Oklahoma Corrections Act of 1967, the new Department of Corrections was created on July 1, 1967. The ODOC is a network of facilities comprised

of 17 institutions, seven Community Corrections Centers, and 15 Community Work Centers. The incarcerated women data was obtained from the ODOC.

**Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)** · The ODMHSAS was established in 1953 and continues to evolve to meet the needs of all Oklahomans. Collaborating with leaders from multiple state agencies, advocacy organizations, consumers and family members, providers, community leaders and elected officials, the way has been paved for meaningful mental health and substance abuse services transformation in Oklahoma. The ODMHSAS is responsible for providing services to Oklahomans who are affected by mental illness and substance abuse.

**Oklahoma Prevention Needs Assessment Survey (OPNA)** · The Oklahoma Prevention Needs Assessment is a paper/pencil survey administered in opposite years of the YRBS in schools to 6th, 8th, 10th and 12th grade students. The survey is designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. In 2008, 60,720 students were surveyed from 686 schools across 74 of Oklahoma's 77 counties.\* The major limitation of this survey is that it is not a random sample; schools choose whether or not they participate, making it a convenience sample.

**Oklahoma State Bureau of Investigation (OSBI)** · The Oklahoma State Bureau of Investigation Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort

administered by the Federal Bureau of Investigation. The UCR Program was conceived, developed and implemented to serve law enforcement as a tool for operational and administrative purposes.

**Oklahoma State Department of Health (OSDH)** · The OSDH is a department of the government of Oklahoma responsible for protecting the health of all Oklahomans and providing other essential human services and through its system of local health services delivery, is ultimately responsible for protecting and improving the public's health status through strategies that focus on preventing disease. The OSDH serves as the primary public health protection agency in the state.

**Oklahoma Tax Commission** · Since 1931, the Oklahoma Tax Commission has held the responsibility of the collection and administration of taxes, licenses and fees that impact every Oklahoman. Under the direction of the state legislature, the Tax Commission manages not only the collection of taxes and fees, but also the distribution and apportionment of revenues to various state funds. The collected revenues fuel such state projects as education, transportation, recreation, social welfare and a myriad of other services.

**Oklahoma Violent Death Reporting System (OKVDRS)** · 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 OKVDRS 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.

**Pacific Institute for Research and Evaluation (PIRE)** · PIRE is one of the nation's preeminent independent, nonprofit organizations focusing on individual and social problems associated with the use of alcohol and other drugs. PIRE is dedicated to merging scientific knowledge and proven practice to create solutions that improve the health, safety, and well-being of individuals, communities, nations and the world.

**Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)** · SAMMEC is an internet-based, computational application. SAMMEC calculates annual state and national-level smoking-attributable deaths and years of potential life lost for adults and infants in the United States. The Adult application also calculates medical expenditures and productivity costs among adults. Likewise, Maternal and Child Health (MCH) SAMMEC estimates annual state and national-level smoking-attributable deaths and years of potential life lost for infants

**Substance Abuse and Mental Health Services Administration (SAMHSA)** · The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with or at risk for mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

**The Uniform Crime Report (UCR)** · The UCR was conceived, developed, and implemented by law enforcement for the express purpose of serving as a tool for operational and administrative purposes. Under the auspices of the International Association of Chiefs of Police, the UCR Program was developed in 1930. Prior to that date, no comprehensive system of crime information on a national scale existed. The Oklahoma State Bureau of Investigation assumed the statewide administration of the UCR Program on September 1,

1973. Statistical information was collected and compiled through the year 2007 with a comparative analysis of the years 2006 and 2005.

#### **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. <http://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.

## **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 six 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 on at least one day in the past 30 days.

**Blood Alcohol Concentration (BAC)** is 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.

**Child Mortality Rate** · number of deaths for five years of age and under per 1,000 population.

**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 six 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.

**Drugs Other Than Marijuana** These drugs include cocaine (including crack), inhalants, hallucinogens (including phencyclidine [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.

**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 high levels of 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 five 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.

**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.

**Infant Mortality Rate** · Number of deaths for one year of age and under per 1,000 population.

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

**Lifetime Daily Cigarette Use** · A respondent was defined as having lifetime daily cigarette use if he or she ever smoked part or all of a cigarette every day for at least 30 days.

**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<sup>®</sup>, or Methedrine<sup>®</sup> 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], and 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/alcohol rehabilitation facilities [inpatient /outpatient], hospitals [inpatient], mental health centers).

**Nicotine (Cigarette) Dependence** A respondent was defined with nicotine (cigarette) dependence if he or she met either the dependence criteria derived from the Nicotine Dependence Syndrome Scale (NDSS) or the Fagerstrom Test of Nicotine Dependence (FTND).

**Non-medical Use of Prescription Drugs** · Using drugs that were not prescribed to you by a doctor, or using drugs in a manner not intended by the prescribing clinician (e.g., to get high). Nonmedical use does not include taking prescription medications as directed by a health practitioner or the use of over-the-counter medications.

**Other Drugs** · Illicit drugs include marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including phencyclidine [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.

**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 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.

**Psychotherapeutic Drugs** · Psychotherapeutic drugs are prescription-type medications with legitimate medical uses as pain relievers, tranquilizers, stimulants, and sedatives.

**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, and pipe tobacco. Tobacco product use in the past year includes past month pipe tobacco use. Tobacco product use in the past year does not include use of pipe tobacco more than 30 days ago but within 12 months of the interview because the survey did not capture this information. 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.

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Alcoholic Beverage Laws Enforcement Commission

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Oklahoma Commission on Children & Youth

Oklahoma Department of Corrections

Oklahoma Department of Education

Oklahoma Department of Health, Disease  
and Prevention Services

Oklahoma Department of Human Services

Oklahoma Department of Mental Health  
and Substance Abuse Services

Oklahoma Department of Public  
Safety/Highway Patrol

Oklahoma Health Care Authority

Oklahoma Office of Juvenile Affairs

Oklahoma Association of Police Chiefs

Oklahoma City Area Inter-Tribal Health Board

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