



Asian Workgroup

(A Report on Alcohol & Drug Abuse among Asians in Oklahoma)

Submitted to Oklahoma Department of Mental Health and Substance Abuse Services

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Report Summary

In 2010 the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) did a community assessment to identify resources and gaps. A State plan was written and submitted to SAMHSA to share that the Oklahoma State will work toward addressing data and service gaps of substance abuse prevention. As a result SAMHSA gave ODMHSAS additional money in September 2011 through the Prevention Enhancement Grant for ODMHSAS to improve the 2010 plan.

The focus of the Asian Workgroup is to help ODMHSAS enhance the substance abuse prevention services in the Asian community including mental illness as well as the elderly. To accomplish this task the workgroup uses various data sources to define the Asian population, determine population distribution in rural and urban settings, prevalence substance use/abuse, reasons for substance consumption or abuse, gaps in data and services and recommendations for closing the gaps, as well as resources and partners.

The population distribution of the Asian population in the State of Oklahoma in 2000 to 2010 has an increase of 39.15%, which is 38,900 to 63,772 people, this census reflects the national growth trends. According to the ODMHSAS and SAMHSA the clients receiving public funded services from the ODMHSAS by age and drug of choice in 2002-2011 indicate alcohol is a number one problem for individuals age 12 years and older in both rural and urban settings. Other substances of choice in the order of most to least prevalence are marijuana/hashish and cocaine.

The workgroup identifies various reasons for substance choice of consumption; for instance some people view alcohol use is a social norm, status symbol or rite of passage; freedom from parents for the first time when attending college; “Save Face” issues, keep things in family; and Asians tend to stay away from “individual freedom” out of control behavior, so problems such as substance abuse or addiction is not visible.

The substance abuse prevention gaps in data and services among the Asian population includes the following, but are not limited to: Need to separate Asian data from “Other” category; Services specific to sub-Asian group cultural norms i.e. Korean and Japanese have data alcohol use; Lack of access to data sources from private services due to affordability to seek service elsewhere; Capacity to address substance abuse prevention and treatment i.e. determining resource availability, awareness of services, awareness of needs; Cultural norms not seeking outside help; Transferring old country law/attitude that is in conflict with drinking age in the U.S. i.e. some countries do not have drinking age or drinking maybe younger i.e. 18 years; Asian alcohol drinking has trend as the other population but there is less awareness of services and fewer services available that are cultural specific i.e. language and communication, comfort zone this maybe due to Asians being cautious and tend to avoid attention.

The workgroup recommends the ODMHSAS to create/enhance awareness to needs and services among the Asian population. The awareness tools could include fact sheet, helpline, website

because Asians tend to be tech savvy and prefer privacy. BBC.com is a model site for information dissemination. All segments of the population can use this tool and maintain some type of privacy. Distribute awareness information and tools through Physicians i.e. Dr. Patrick Lo (1506 S. Agnew Ave., OKC 73108), other health professions that accept cash, walk-ins with Asian background. Also retailers i.e. grocery stores, Asian Health Fair, Asian Cultural Day, Refugee Day (June 15), Churches, Temples, Schools i.e. universities. Population of focus will be parents, adults and young adults (college students).

And another gap closer is improving collaboration between prevention services and ODMHSAS-DSS (Decision Support Services) by continue working with current partnering agencies and adding others i.e. Catholic Charities “Refugee Resettlement Program”, The Spero Project, The Asian Pacific Resource Services, Crossings Community Church Celebrate Recovery, and Peer Support Group.

Section A: DEFINITIATION OF ASIAN POPULATION

According to OMB (Office of Management and Budget), “Asian” refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as “Asian” or reported entries such as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian” or provided other detailed Asian responses.

Section B: DEMOGRAPHICS INCLUDING DISTRIBUTION OF ASIAN ACROSS THE STATE

Table B1. Asian Population in the National Distribution:

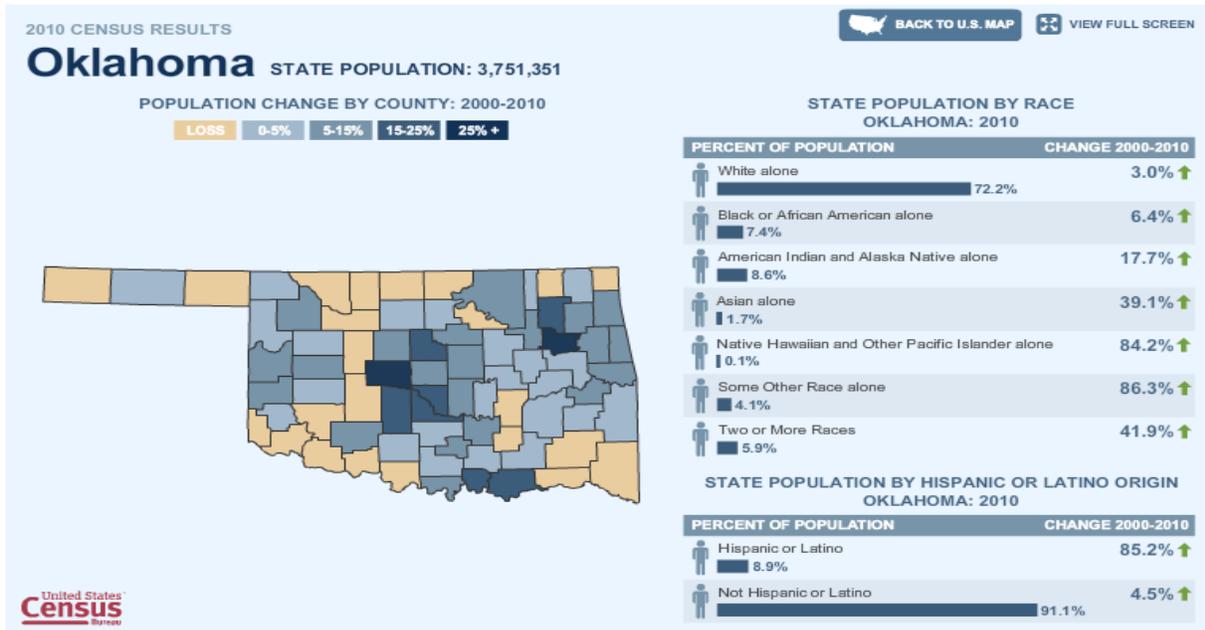
Asian Population: 2000 and 2010

(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/pl94-171.pdf)

Race	2000		2010		Change, 2000 to 2010	
	Number	Percentage of total population	Number	Percentage of total population	Number	Percent
Total population	281,421,906	100.0	308,745,538	100.0	27,323,632	9.7
Asian alone or in combination	11,898,828	4.2	17,320,856	5.6	5,422,028	45.6
Asian alone	10,242,998	3.6	14,674,252	4.8	4,431,254	43.3
Asian in combination	1,655,830	0.6	2,646,604	0.9	990,774	59.8
Asian; White	868,395	0.3	1,623,234	0.5	754,839	86.9
Asian; Some Other Race	249,108	0.1	234,462	0.1	-14,646	-5.9
Asian; Black or African American	106,782	-	185,595	0.1	78,813	73.8
Asian; Native Hawaiian and Other Pacific Islander ..	138,802	-	165,690	0.1	26,888	19.4
Asian; White; Native Hawaiian and Other Pacific Islander	89,611	-	143,126	-	53,515	59.7
All other combinations including Asian	203,132	0.1	294,497	0.1	91,365	45.0
Not Asian alone or in combination.....	269,523,078	95.8	291,424,682	94.4	21,901,604	8.1

Asian Population in the Oklahoma State Distribution from 2000 to 2010 census reflects the national trend of a growth from 38,900 To 63,772.

Table B2. Asian Population in Oklahoma in 2010.



The distribution of Asian population in Oklahoma is given in Fig. B1. Oklahoma Co. has the highest Asian population followed by Tulsa Co. and Cleveland Co.

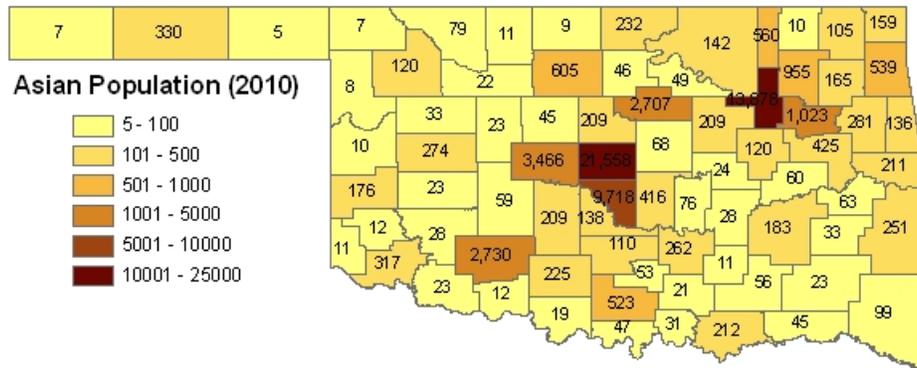


Figure B1. Asian population distribution in Oklahoma Data Source: U.S. Census Bureau

(http://quickfacts.census.gov/qfd/download_data.html)

Section C: SUBSTANCE USE/ABUSE BY ASIAN POPULATION

Data is broken down by age group for substance abuse population in public-funded services.

The below table indicates the Asian population by age and drug of choice in 2002-2011. The data shown is based on clients receiving public funded services from the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

Table C1. Asian population who received public-funded substance abuse services by age and drug of choice in 2002-2011.

Age Categories	Race	Drug of Choice	Clients	Percent
13-17	Asian	Alcohol	12	2.75
13-17	Asian	Marijuana/Hashish	35	8.03
18-25	Asian	Alcohol	61	13.99
18-25	Asian	Marijuana/Hashish	43	9.86
18-25	Asian	Methamphetamine	24	5.50
26-35	Asian	Alcohol	67	15.37
26-35	Asian	Cocaine	15	3.44
26-35	Asian	Heroin/Other Opiates	15	3.44
26-35	Asian	Marijuana/Hashish	21	4.82
26-35	Asian	Methamphetamine	26	5.96
36-64	Asian	Alcohol	71	16.28
36-64	Asian	Cocaine	14	3.21
36-64	Asian	Heroin/Other Opiates	11	2.52
36-64	Asian	Methamphetamine	11	2.52
36-64	Asian	None	10	2.29
Duplicated Total			436	100.00
Unduplicated Total			411	

National Data indicate alcohol is a problem for both urban and rural areas for Asian population across all ages of 12 years and older as indicated by the below summary and data.

Table C2. Admitted Clients served by ODMHSAS by Sex and Drug from fiscal year 2002 to 2011.

Sex	Drug of Choice	Clients	Percent
Female	Alcohol	72	15.00
Female	Amphetamines/Other Stimulants	14	2.92
Female	Cocaine	10	2.08
Female	Heroin/Other Opiates	11	2.29
Female	Marijuana/Hashish	33	6.88
Female	Methamphetamine	31	6.46
Female	None	12	2.50
Male	Alcohol	135	28.13
Male	Cocaine	24	5.00
Male	Heroin/Other Opiates	26	5.42
Male	Marijuana/Hashish	69	14.38
Male	Methamphetamine	28	5.83
Male	None	15	3.13
Duplicated Total		480	100.00
Unduplicated Total		461	

Table C3. Oklahoma admissions for substance abuse services reported by Substance Abuse and Mental Health Services Administration (SAMHSA).

Table 3.35. Oklahoma admissions aged 12 and older, by gender, age at admission, and race/ethnicity, according to primary substance: 2009
Percent distribution

Gender, age at admission, and race/ethnicity	All admissions aged 12 and older	Primary substance at admission													
		Alcohol		Opiates		Cocaine		Marijuana/hashish	Methamphetamine/amphetamines	Tranquilizers	Sedatives	Hallucinogens	PCP	Inhalants	Other/none specified
		Alcohol only	With Secondary drug	Heroin	Other opiates	Smoked cocaine	Other route								
Total admissions aged 12 and older	16,930	3,390	3,304	246	1,533	817	309	3,673	2,965	169	119	30	69	27	279
Gender															
Male	61.6	72.1	70.0	64.6	51.8	47.1	58.9	64.3	48.7	41.4	41.2	70.0	43.5	81.5	58.1
Female	38.4	27.9	30.0	35.4	48.2	52.9	41.1	35.7	51.3	58.6	58.8	30.0	56.5	18.5	41.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of admissions	16,930	3,390	3,304	246	1,533	817	309	3,673	2,965	169	119	30	69	27	279
Age at admission															
12 to 19 years	10.1	3.9	6.9	6.5	4.9	0.9	3.2	29.3	2.7	11.8	13.4	20.0	5.8	40.7	9.7
20 to 24 years	16.1	9.1	15.0	26.8	23.7	5.4	11.0	23.0	14.6	21.3	16.0	33.3	23.2	18.5	19.4
25 to 29 years	18.4	12.5	17.9	22.8	21.9	11.4	17.2	19.4	24.0	24.9	21.8	23.3	17.4	18.5	18.6
30 to 34 years	14.4	12.1	14.8	16.3	17.4	11.5	19.1	11.0	19.5	13.6	12.6	13.3	24.6	3.7	14.0
35 to 39 years	12.2	13.3	13.5	9.3	9.4	16.6	12.3	7.1	17.1	7.7	12.6	6.7	4.3	7.4	9.0
40 to 44 years	10.0	14.0	11.4	6.1	7.8	19.1	13.6	4.0	10.2	6.5	5.9	--	8.7	--	11.8
45 to 49 years	9.8	17.0	11.4	4.9	7.3	17.9	15.9	3.7	7.1	5.3	10.1	3.3	8.7	--	7.9
50 to 54 years	5.7	10.4	5.9	2.4	5.2	11.9	4.9	1.9	3.9	4.7	6.7	--	2.9	7.4	5.4
55 to 59 years	2.3	5.0	2.7	2.0	1.9	4.4	2.6	0.6	0.6	3.6	0.8	--	4.3	3.7	2.2
60 years and older	0.9	2.6	0.6	2.8	0.7	1.0	0.3	0.1	0.2	0.6	--	--	--	--	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of admissions	16,930	3,390	3,304	246	1,533	817	309	3,673	2,965	169	119	30	69	27	279
Race/ethnicity															
White (non-Hispanic)	68.5	70.5	66.8	87.8	87.5	35.7	57.0	57.0	81.3	87.0	74.8	56.7	7.2	59.3	70.6
Black (non-Hispanic)	14.6	10.6	15.2	5.3	2.9	54.6	28.5	23.3	2.0	3.6	5.0	36.7	88.4	--	10.0
Hispanic origin	3.8	4.5	3.4	3.7	2.0	1.6	6.5	5.6	2.6	2.4	5.0	3.3	1.4	11.1	3.9
American Indian/Alaska	9.1	11.5	10.9	2.8	4.8	4.7	4.2	8.5	9.7	4.7	8.4	3.3	1.4	29.6	12.5
Asian/Pacific Islander	0.8	0.8	0.9	--	0.6	0.5	0.3	0.7	0.9	0.6	0.8	--	--	--	0.7
Other	3.1	2.1	2.8	0.4	2.1	2.9	3.6	5.0	3.4	1.8	5.9	--	1.4	--	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of admissions	16,930	3,390	3,304	246	1,533	817	309	3,673	2,965	169	119	30	69	27	279

Data source from SAMHSA:

http://www.samhsa.gov/data/DASIS/teds09st/TEDS2009StTbl3_35.htm

Substance Abuse among Asian Population: Alcohol, Marijuana/Hashish, and Cocaine (in order of most to least)

Section D: REASONS FOR ALCOHOL CONSUMPTION OR ABUSE

- High expectation/pressure of self and family.
- School counselors do not see Asian seeking help.
- “Save Face” issues, keep things in family.
- Feeling alcoholism is not an addiction.
- View alcohol use is a social norm i.e. first year college view alcohol drinking as an entertainment.
- Alcohol use is a status symbol, rites of passage.
- Conflict between cultural of origin and main stream culture.
- Underage drinking is provided by parents or parents may not know.
- Freedom from parents for the first time when attending college, start to experiment with alcohol with peers
- Community check and balance i.e. one person in a group make sure everyone gets home safely.
- Family elders provide consultation and guidance
- Asian tend to stay away from “individual freedom” out of control behavior so when there’s problem

Section E: NATIONAL SUBSTANCE USE/ABUSE IN RURAL AND URBAN SETTINGS

Van Gundy (2006) summarized the status of rural and urban U.S. substance abuse as the followings:

- Alcohol abuse in rural area far exceeds illicit drug abuse.
- Drug use in rural US was 7 percent less than in urban US from 1979 to 1985. However only two percent difference was observed since 1991. It seems clear that rural areas are by no means a “safe haven” (Fig. E1).
- Not many differences in underage alcohol use were observed among rural and urban U.S (Fig. E2).
- the
- The self-reported meth use is elevated in rural America from 1999 to 2003 and rural/urban urban differences seem to rise in 2003 (Fig. E3).
- The highest rates of *alcohol abuse* tend to be concentrated among most rural states (Fig. E4).

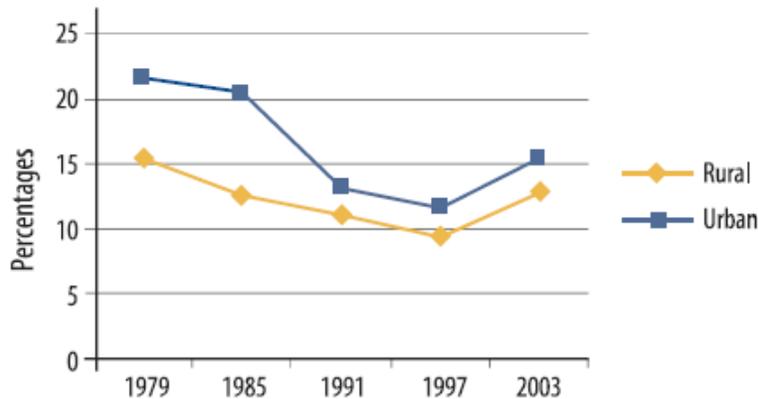


Figure E1. Trends in Illicit drug use among rural and urban U.S. Residents ages 12 and older (NSDUH 1979-2003)

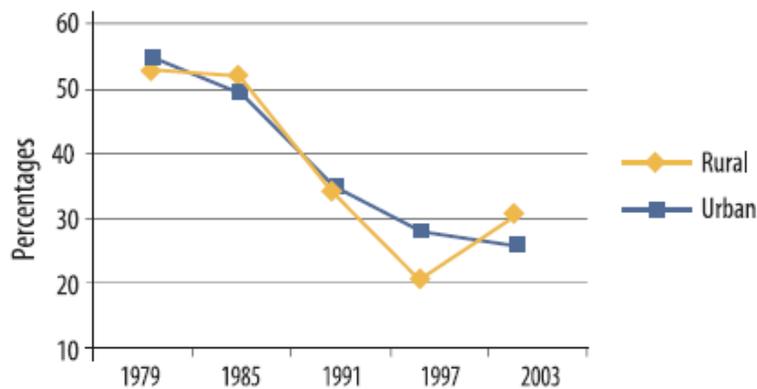


Figure E2. Trends in alcohol use among rural and urban U.S. Residents ages 12-17 (NSDUH 1979-2003)

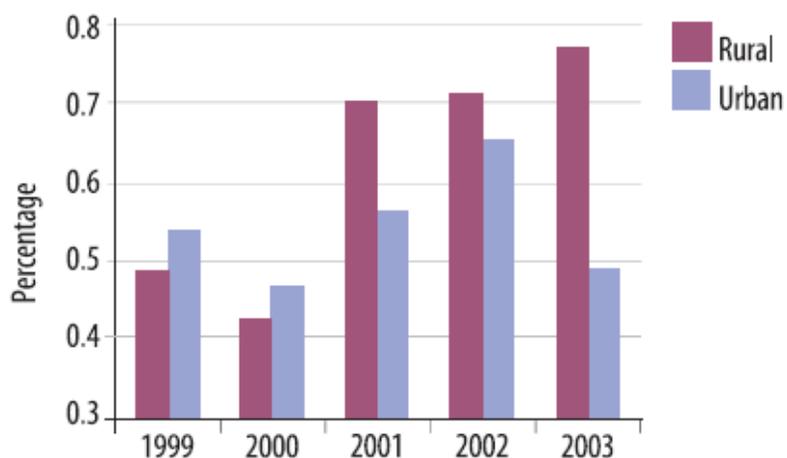


Figure E3. Meth use among rural and urban U.S. Residents ages 12 and over (NSDUH 1999-2003)

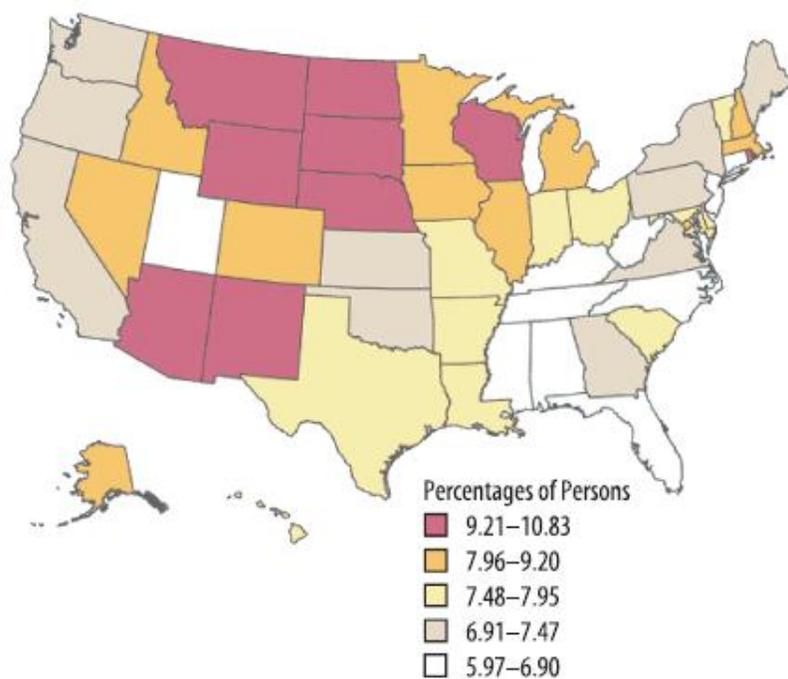


Figure E4. Alcohol abuse among persons ages 12 or older by state: percentages, annual averages based on 2002 and 2003 NSDUH (Source: Wright and Sathe 2005).

Section F: ADULT ARRESTS/INCARCERATION OF SUBSTANCE ABUSE CRIMES IN OKLAHOMA

Similar to the substance use in Oklahoma, the adult arrest/incarceration (OSBI, 1990, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 1020) in Oklahoma show that less alcohol/drug dependence and prevalence of substance abuse for Asian Americans than other racial groups

1. Asian has less adult arrests of drug abuse/DUI crimes than other racial groups from 1990-2010, but the arrest of liquor law violations among the races are similar in 2000s. (Fig. F1-F3)
2. Asian has less incarceration rate than other racial groups (Fig. F4) in 2008-2010.

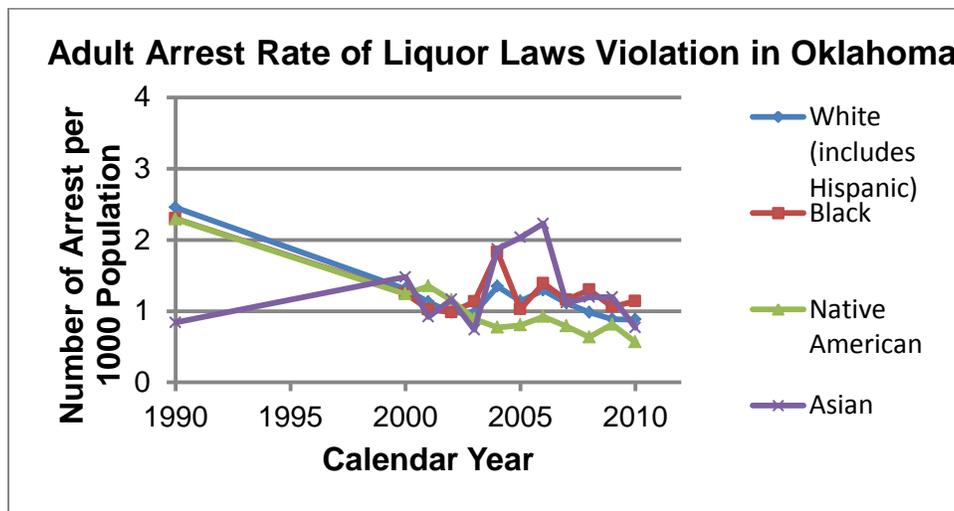


Figure F1. Adult arrest rates of liquor law violations among racial groups in Oklahoma.

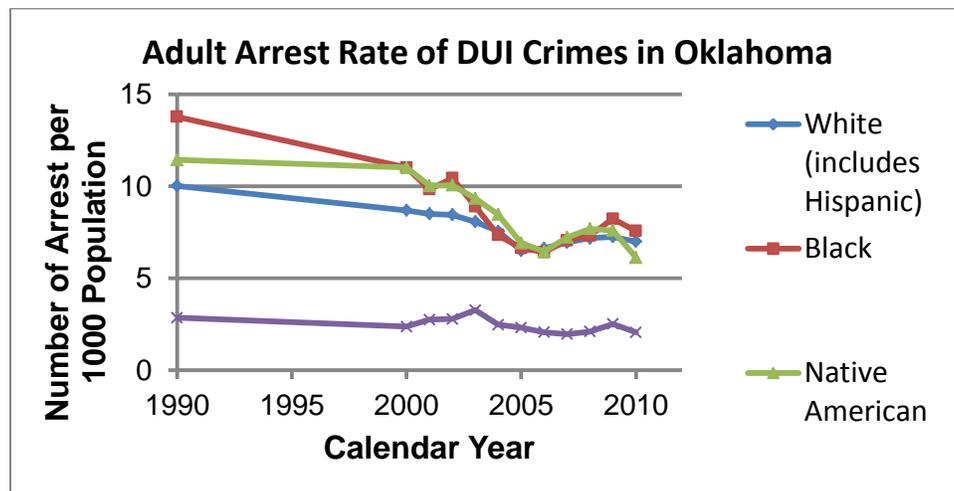


Figure F2. Adult arrest rates of DUI among racial groups in Oklahoma.

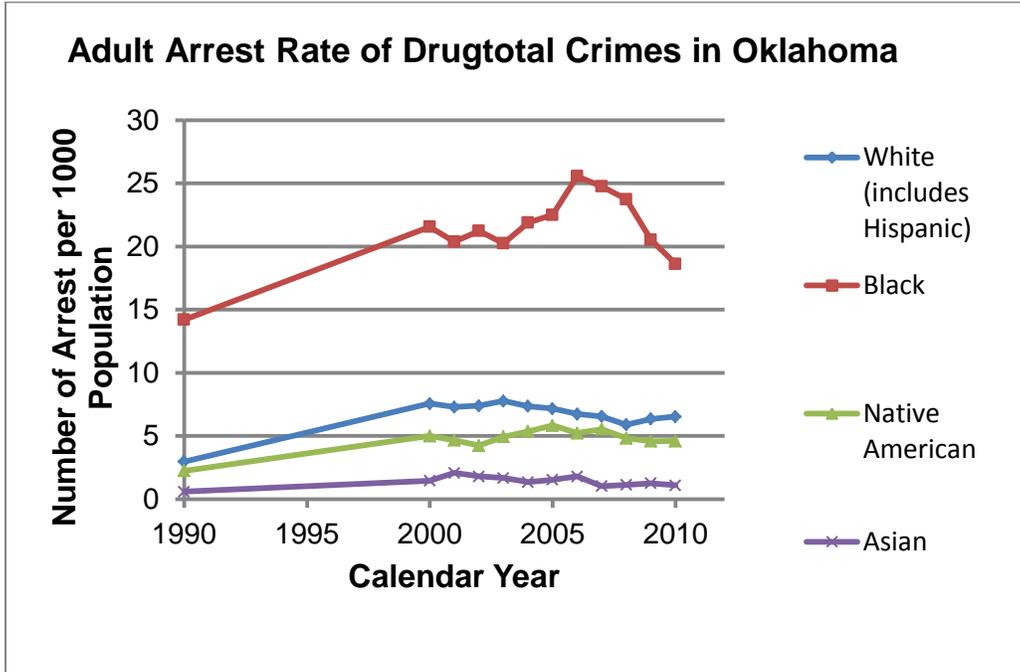


Figure F3. Adult arrest rates of drug total (possession & sale) among racial groups in Oklahoma.

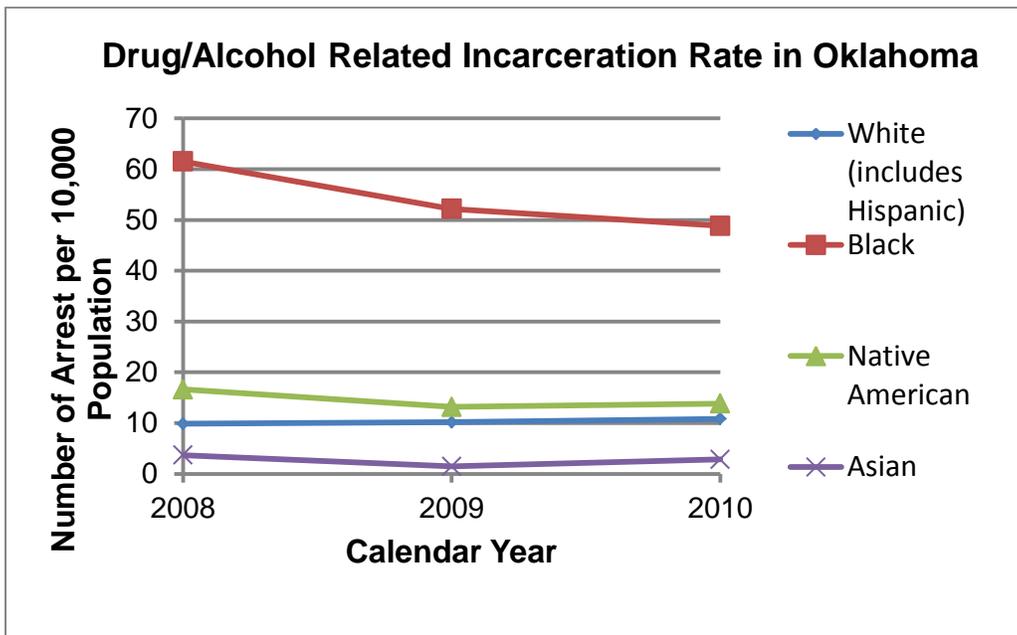


Figure F4. Substance abuse incarceration rates among racial groups in Oklahoma.

Section G: INFLUENCES OF CULTURAL HERITAGE/ACCULTURATION STATUS ON BEHAVIORS OF ASIAN AMERICANS ON SUBSTANCE ABUSE

Investigations on substance use by Asian American reports (Choi and Lahey, 2006; Sakai and Shore, 2005; Tosh and Simmons, 2007; USDE 2011) showed that once the cultural heritage gets lost or the substance abuse initiated, or acculturation established, substance use patterns of Asian Americans became similar to other racial groups. The same cultural acculturation appears to happen to the Asian Americans. For example, among the substance abuse incarceration/drug court offenders/participants in Oklahoma, the proportion of younger age group (18-25 and 26-34 age groups) in Asian Americans is much higher than the white/all race group while the proportion of older age group (35-49 and 50 over age groups) in Asian Americans is lower than the white/all race group observed (Figs. G1-G2).

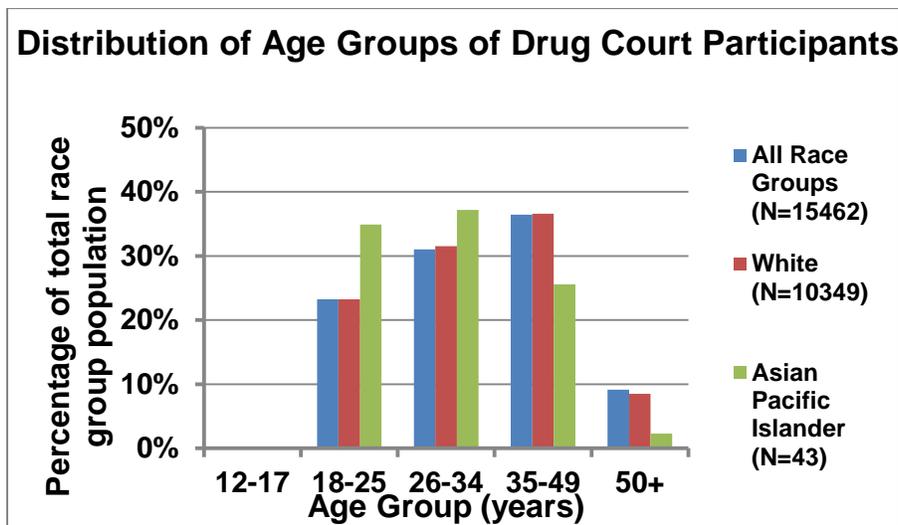


Figure G1. Proportions of age groups of drug court participants among racial groups.

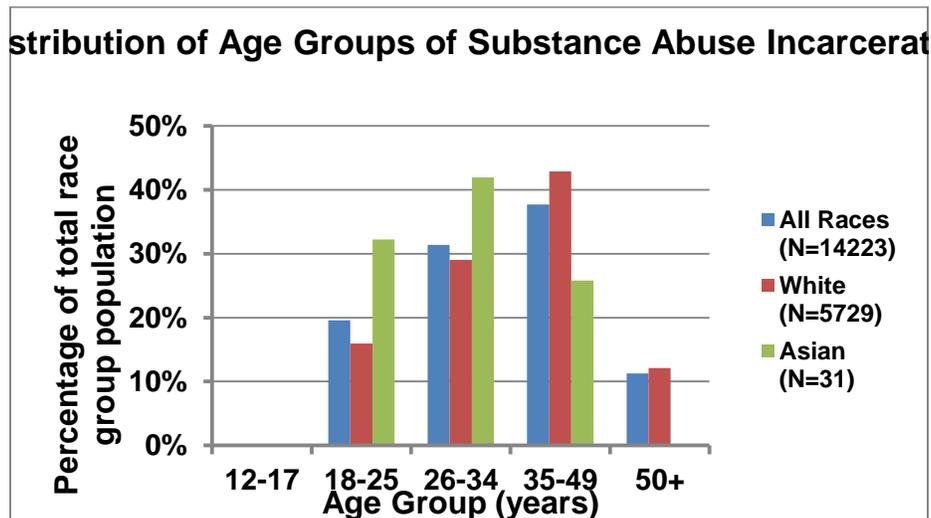


Figure G2. Proportions of age groups of substance abuse incarceration among racial groups.

Section H: GAPS IN DATA AND SERVICES

- Need to separate Asian data from “Other” category.
- Services specific to sub-Asian group cultural norms i.e. Korean and Japanese have data alcohol use.
- Lack of access to data sources from private services due to affordability to seek services elsewhere.
- Capacity to address substance abuse prevention and treatment i.e. determining resource availability, awareness of services, awareness of needs
- Cultural norms not seeking outside help.
- Transferring old country law/attitude that is in conflict with drinking age in U.S. i.e. some countries do not have drinking age or drinking maybe younger i.e. 18 years.
- Asian alcohol drinking has trend as the other population but there is less awareness of services and less serve available that are cultural specific i.e. language and communication, comfort zone this maybe due Asian being cautious and tend to avoid attention

Section I: CLOSING THE GAPS

- The workgroup recommends the ODMHSAS to create/enhance awareness to needs and services among the Asian population.
- Awareness tools: fact sheet, helpline, website because Asian tend to be tech savvy and need for privately. BBC.com is a model site for information dissemination. All segments of population can use tool and maintain some type of privacy.
- Improve collaboration between prevention services and ODMHSAS-DSS (Decision Support Services).

Section J: IDENTIFY RESOURCES/PARTNERS

- **Catholic Charities** “Refugee Resettlement Program”: A case manager in Refugee Resettlement assists new refugees to meet their needs. In addition, a case manager provides ongoing supports for refugees. If a refugee needs professional consultation to address his or her pressure, case managers will refer him or her to St. Joseph’s Counseling Center. St. Joseph’s Counseling Center provides short-term professional outpatient counseling. In addition, it includes up to six sessions free of charge for individuals, families, and couples. (Contact information: Monica Palmer, 405-524-0969, 1501 N. Classen Blvd. Oklahoma City, OK 73106)
- **The Spero Project** can communicate and implement some preventive measures for the refugees. There are some valuable channels that Spero can make this happen. Their small groups can be used as platform to educate these refugees on the potentials of substance abuse.
We can also partner with Spero through their methods. Spero uses volunteers to help refugees resettle. Our challenge will be how to communicate in a way that speaks their language and for them to understand about this particular issue. You can visit their website at [with www.thesperoprojects.com](http://www.thesperoprojects.com) for more information.
- **Asian Pacific Resource Services:** use as resource linkage and information dissemination *[National Asian Pacific American Families Against Substance Abuse (NAPAFASA) was formed in 1987 to address the growing substance abuse problems in the Asian American, Native Hawaiian and other Pacific Islander (AANH&PI) populations. NAPAFASA Facts and Resources can be located at <http://www.napafasa.org/resources/main.htm>.]*
- **Crossings Community Church** *Celebrate Recovery* through faith-based model.
- **Peer Support Groups** (*Alcoholics Anonymous* : <http://www.aa.org>; *Nicotine Anonymous*: <http://www.nicotine-anonymous.org/>)
- **Distribute awareness information and tools through Physicians** i.e. Dr. Patrick Lo (1506 S. Agnew Ave., OKC 73108), other health professions that accept cash, walk-in with Asian background. Also retailers i.e. grocery stores, Asian Health Fair, Asian Cultural Day, Refugee Day (June 15), Churches, Temples, Schools i.e. universities. Population of focus will be parents, adults and young adults (college students).

CONCLUSION

The group would like to meet quarterly to monitor ODMHSAS' progress and to provide additional feedback. The members would like to hear from ODMHSAS on SAMHSA's Actions.

Like any other population group within Oklahoma, Alcohol and Drug abuse do exist among the Asian population too. The work group discussed, identified and listed out various reasons for such high alcohol consumption among Asians, particularly youth. The group performed first hand data analysis on different data sources from ODMHSAS, Oklahoma State Bureau of Investigation, Oklahoma Department of Corrections, Drug Court etc and validated the high rate of alcohol and drug abuse among Asians.

The group also discussed and documented the influence of cultural heritage and process of acculturation for Asian immigrants; they discussed and highlighted different demographics [substance abuse related arrest/incarceration] within the Asian group and their behavioral pattern towards alcohol and drug use.

Asian population is one of the fastest growing populations in the country and in Oklahoma (39% positive change from 2000-2010), the workgroup realized that in order to fully understand the problem more data is required, some of those glaring 'Gaps in the data or study' is also documented here.

Lastly, it was a very diverse group, members of the workgroup comprised of people from Asia namely from countries like India, Taiwan, Lao, Vietnam. During each workgroup meeting, members brought in their own experiences of living within the Asian community in Oklahoma, they very well understand the existing problem of A/D in the Asian community, based on their own experiences and knowledge they came up with recommendations which may alleviate A/D problem in the Asian problem to some extent.

Going forward, members of the work group would be eagerly looking for steps that follows this study and hence request the ODMHSAS to provide them any feedback. Although the workgroup has concluded the requirement for the study, in order to help the Asian community rid itself of the A/D problem, members of the workgroup expressed their desire to continue to meet which will further help refine ideas and recommendations.

The group would like to continue to meet but on a quarterly basis to monitor ODMHSAS' progress and to provide additional feedback. The members would like to hear from ODMHSAS on SAMHSA's Actions.

References

- Choi, Y., and B.B. Lahey, 2006. Testing the Model Minority Stereotype: Youth Behaviors across Racial and Ethnic Groups. *Soc. Serv. Rev.* 80(3):419-452.
- OSBI, 2010. State of Oklahoma uniform crime report annual report January-December 2010. Oklahoma State Bureau of Investigation.
- Sakai, J.T., P.M. HO, J.H. Shore, N.K. Risk, and R.K. Price. 2005. Asians in the United States_Substance Dependence and Use of Substance-Dependence Treatment. *Journal of Substance Abuse Treatment.* 29:75084.
- Tosh, A. and P. Simmons. 2007, Sexual Activity and Other Risk-Taking Behaviors among Asian-American Adolescents. *Journal of Pediatric and Adolescent Gynecology.* 20(1):29-34.
- USDE. 2011. Prevention Update, Asian Americans and Pacific Islanders. The Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention. August 2011 issue.
- Van Gundy, Karen, 2006. Substance Abuse in Rural and Small Town American, *Reports on Rural America* 1:2. Durham, University of New Hampshire, The Carsey Institute.
- Wright, Douglas, and Neeraja Sathe. 2005. *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health.* DHHS Publication No. SMA 05-3989, NSDUH Series H-26. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Data Sources

- National Survey on Drug Use and Health (NSDUH), 1979-2003
- Office of Management and Budget (OMB), 2010
- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), 2011
- Oklahoma State Bureau of Investigation (OSBI), 1990-2010
- Substance Abuse and Mental Health Services Administration (SAMHSA), 2011
- U.S. Census Bureau, 2010