



Document split into multiple parts

IN THE DISTRICT COURT OF CLEVELAND COUNTY
STATE OF OKLAHOMA

PART D

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiff,

v.

PURDUE PHARMA L.P., *et al.*,

Defendants.

Case No. CJ-2017-816

Judge Thad Balkman

William C. Hetherington
Special Discovery Master

**SUMMARY JUDGMENT MOTION OF DEFENDANTS JOHNSON & JOHNSON AND
JANSSEN PHARMACEUTICALS, INC. AND BRIEF IN SUPPORT**

REDACTED VERSION

THIS DOCUMENT WAS FILED IN ITS ENTIRETY APRIL 23, 2019,
UNDER SEAL
PER COURT ORDER DATED APRIL 16, 2018

STATE OF OKLAHOMA } S.S.
CLEVELAND COUNTY }

FILED

APR 24 2019

In the office of the
Court Clerk MARILYN WILLIAMS

EXHIBIT 28

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY

2 STATE OF OKLAHOMA

3 STATE OF OKLAHOMA, ex rel.,
4 MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

5 Plaintiff,

6 vs. Case No. CJ-2017-816

7 (1) PURDUE PHARMA, L.P.;
8 (2) PURDUE PHARMA, INC.;
9 (3) THE PURDUE FREDERICK COMPANY;
10 (4) TEVA PHARMACEUTICALS USA, INC.;
11 (5) CEPHALON, INC.;
12 (6) JOHNSON & JOHNSON;
13 (7) JANSSEN PHARMACEUTICALS, INC.;
14 (8) ORTHO-McNEIL-JANSSEN
15 PHARMACEUTICALS, INC., n/k/a
16 JANSSEN PHARMACEUTICALS, INC.;
17 (9) JANSSEN PHARMACEUTICA, INC.;
18 N/k/a JANSSEN PHARMACEUTICALS, INC.;
19 (10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,
20 f/k/a ACTAVIS, INC., f/k/a WATSON
21 PHARMACEUTICALS, INC.;
22 (11) WATSON LABORATORIES, INC.;
23 (12) ACTAVIS, LLC; and
24 (13) ACTAVIS PHARMA, INC.,
25 f/k/a WATSON PHARMA, INC.,

Defendants.

VIDEOTAPED DEPOSITION OF JOHNSON & JOHNSON

3230(c)(5) WITNESS KIMBERLY DEEM-ESHLEMAN, VOL. I

TAKEN ON BEHALF OF THE PLAINTIFF

ON FEBRUARY 5, 2019, BEGINNING AT 8:59 A.M.

IN OKLAHOMA CITY, OKLAHOMA

VIDEOTAPED BY: Gabriel Pack

REPORTED BY: D. Luke Epps, CSR, RPR

[REDACTED]

(Exhibit 9 marked for identification.)

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13 (Exhibit 18 marked for identification.)

14 MR. ALLAN: Do you have an extra copy?

15 MR. BECKWORTH: I'm sorry. I thought I
16 gave you a bunch.

17 MR. ALLAN: Thank you.

18 Q (BY MR. BECKWORTH) Let's move through
19 this quickly. Exhibit 18 says "Know Your Rights."

20 A I see that, yes.

21 Q And it says "Exercise Your Right. Ask for
22 what you want." Do you see that?

23 A I see that, yes.

24 Q And it says "Having the right to ask for
25 what you want and actually asking for it are two

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CERTIFICATE

I, D. Luke Epps, Certified Shorthand Reporter, do hereby certify that the above-named Kimberly Deem-Eshleman was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth, in the case aforesaid; that the above and foregoing deposition was by me taken in shorthand and thereafter transcribed; and that I am not an attorney for nor relative of any of said parties or otherwise interested in the event of said action.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 11th day of February, 2019.



D. Luke Epps, CSR, RPR

• •

EXHIBIT 29

IN THE DISTRICT COURT OF CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,
MIKE HUNTER,
ATTORNEY GENERAL OF OKLAHOMA,

Plaintiff,

vs.

Case No. CJ-2017-816

(1) PURDUE PHARMA, L.P.;
(2) PURDUE PHARMA, INC.;
(3) THE PURDUE FREDERICK COMPANY;
(4) TEVA PHARMACEUTICALS USA, INC.;
(5) CEPHALON, INC.;
(6) JOHNSON & JOHNSON;
(7) JANSSEN PHARMACEUTICALS, INC.;
(8) ORTHO-McNEIL-JANSSEN
PHARMACEUTICALS, INC., n/k/a
JANSSEN PHARMACEUTICALS, INC.;
(9) JANSSEN PHARMACEUTICA, INC.;
N/k/a JANSSEN PHARMACEUTICALS, INC.;
(10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,
f/k/a ACTAVIS, INC., f/k/a WATSON
PHARMACEUTICALS, INC.;
(11) WATSON LABORATORIES, INC.;
(12) ACTAVIS, LLC; and
(13) ACTAVIS PHARMA, INC.,
f/k/a WATSON PHARMA, INC.,

Defendants.

VIDEOTAPED DEPOSITION OF JOHNSON & JOHNSON
3230(c)(5) WITNESS KIMBERLY DEEM-ESHLEMAN, VOL. III

TAKEN ON BEHALF OF THE PLAINTIFF

ON FEBRUARY 7, 2019, BEGINNING AT 9:07 A.M.

IN OKLAHOMA CITY, OKLAHOMA

VIDEOTAPED BY: Gabriel Pack

REPORTED BY: D. Luke Epps, CSR, RPR

[REDACTED]

EXHIBIT 30

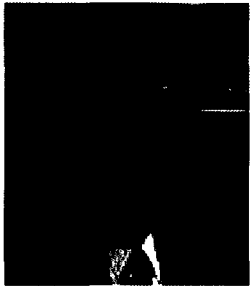
[FILED UNDER SEAL]

EXHIBIT 31

IN THE DISTRICT COURT OF CLEVELAND COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA, ex rel.,)
MIKE HUNTER, ATTORNEY GENERAL)
OF OKLAHOMA,)
)
Plaintiff,)
)
-vs-) No. CJ-2017-816
)
PURDUE PHARMA, L.P.; et al.,)
)
Defendants.)



* * * * *

VIDEOTAPED DEPOSITION OF MEL POHL, M.D., DFASAM

TAKEN ON BEHALF OF THE DEFENDANTS

IN OKLAHOMA CITY, OKLAHOMA

ON MARCH 8, 2019

COMMENCING AT 9:07 A.M.

* * * * *

REPORTED BY: BETH A. MCGINLEY, CSR, RPR

instaScript
101 Park Avenue, Suite 910
Oklahoma City, OK 73102
Phone: 405-605-6880 Fax: 405-605-6881

1 A Sorry. Yes.

2 Q Is that -- is that a yes?

3 A Yes.

4 Q Okay. Earlier today, counsel for Teva asked you
5 about a number of other factors, aside from opioid
6 exposure, that could lead to addiction; do you recall
7 that?

8 A Yes.

9 Q He asked you about things like genetic factors?

10 MR. ERCOLE: Objection to form.

11 Q (By Mr. Cutler) Do you recall that?

12 A Yes.

13 Q Environmental factors?

14 MR. ERCOLE: Same objection.

15 A Yes.

16 Q (By Mr. Cutler) And a handful of other
17 non-opioid exposure factors. Do you recall that
18 testimony?

19 MR. ERCOLE: Same -- same objection.

20 A Yes.

21 Q (By Mr. Cutler) Did all of the factors that he
22 asked you about today exist prior to 1995?

23 MR. ERCOLE: Objection to form.

24 A Well, that's a good question, and the answer is
25 yes.

1 Q (By Mr. Cutler) Okay. Based on your experience,
2 what was the increase in opioid-addicted patients that you
3 were seeing attributable to from 1995 to 2017?

4 MR. ERCOLE: Objection to form.

5 A One of the factors that I didn't mention, that
6 contributes, is exposure to the drug over the course of
7 time. And, clearly, exposure to opioids, based on my
8 testimony today and my understanding of the evolution of
9 the opioid epidemic, was directly related to the messaging
10 that came to physicians in their offices in their
11 practices, at their conferences, that said, "This is a
12 good idea, give these opioids to everybody who has chronic
13 pain, not just the people who have cancer." I think that
14 compelling message came through, it was convincing, there
15 was forms of evidence that, though not true or not
16 accurate, convinced many physicians to prescribe.

17 So I think it's the prescribed -- the increase
18 in prescriptions, as a result of the influence of many
19 factors, including the pharmaceutical industry, that
20 caused more drugs to be available, more drugs to be
21 prescribed, more drugs to be utilized, and the consequent
22 increase in opioid addiction.

23 Q (By Mr. Cutler) Doctor, have you seen -- and I
24 believe you've mentioned some things here and there today.
25 But have you seen anything to confirm your opinions,

1 regarding opioids and opioid addiction, applied to
2 Oklahoma, as well as nationally?

3 MR. ERCOLE: Objection to form.

4 A Well, I -- yes, I -- as I mentioned, I reviewed
5 call sheets that were pharmaceutical representatives
6 visiting physicians in Oklahoma and, really, some pretty
7 specific messages about what they were telling doctors in
8 Oklahoma. I reviewed data about Oklahoma and the
9 incidence of opioid overdose deaths in the state of
10 Oklahoma. And, finally, documentation of doctors, who
11 were coming to the state of Oklahoma and educating
12 Oklahoma physicians about opioids, that was supported by
13 pharmaceutical companies.

14 Q (By Mr. Cutler) Okay. And those are examples of
15 types of documents that you understand to have been
16 produced during the course of this litigation; is that
17 correct?

18 MR. ERCOLE: Objection to form.

19 A Yes, that's correct.

20 Q (By Mr. Cutler) And is it your understanding
21 that as a part of your expert disclosure and all of the
22 expert disclosures in this case, that the experts are
23 going to rely on and look at the ongoing discovery in this
24 case?

25 MR. ERCOLE: Objection to form.

EXHIBIT 32

2018

Oklahoma Drug Threat Assessment



Oklahoma Bureau of Narcotics and Dangerous Drugs
John Scully, Director



MARY FALLIN
Governor

JOHN SCULLY
Director

September 12, 2018

The Oklahoma Bureau of Narcotics has served the citizens of Oklahoma in the quest for a drug-free state since 1975. Our agency remains committed to working with lawmakers, law enforcement, public health officials, and the citizens of Oklahoma to develop comprehensive strategies to address drug abuse in communities across the state. While we know many factors contribute to drug abuse, OBN is committed to reducing the availability of illegal drugs in Oklahoma.

Our agency works to eradicate illegal drugs in Oklahoma by enforcing drug laws, administering statewide programs, and providing continual outreach to our stakeholders – lawmakers, law enforcement, public health officials, and the citizens of Oklahoma. OBN agents enforce drug laws by utilizing aggressive investigative methods and administering statewide drug diversion programs. The Prescription Drug Monitoring Program is a valuable tool for practitioners, pharmacists, and law enforcement in the prevention and detection of the diversion and abuse of pharmaceutical controlled substances. As a service to our communities, OBN also administers the Safe Trips for Scripts Drug Prevention Program. This program provides citizens a safe way to discard unwanted medications by disposing of them in one of our 177 take back boxes located around the state.

This drug threat assessment was created to help provide officials and citizens with helpful information about drug threats across our state. We will continue to collaborate with other agencies and the citizens to work toward a safer and healthier Oklahoma. We urge you to work with your local law enforcement to fight drug abuse in your community. If you would like more information about our agency and our programs, please visit www.ok.gov/obnnd or call (800) 522-8031. You may also visit our Facebook page.

Respectfully,

A handwritten signature in cursive script that reads "John M. Scully".

John Scully, Director
Oklahoma Bureau of Narcotics

Committed to honor, integrity and excellence, the Oklahoma Bureau of Narcotics will serve the citizens of Oklahoma in the quest for a drug-free state.

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Acronyms and Abbreviations

COPS	Community Oriented Policing Services
DEA	Drug Enforcement Agency
DOC	Department of Corrections
DTAP	Drug Threat Assessment Project
DTO	Drug Trafficking Organization
EPIC	El Paso Intelligence Center
FDA	Food and Drug Administration
HIDTA	High Intensity Drug Trafficking Area
NDTA	National Drug Threat Assessment
OAC	Oklahoma Administrative Code
OCME	Office of the Chief Medical Examiner
ODEC	Oklahoma Drug Endangered Children
ODMAP	Overdose Detection Mapping Application Program
ODMHSAS	Oklahoma Department of Mental Health and Substance Abuse Services
OSBI	Oklahoma State Bureau of Investigation
PDMP	Prescription Drug Monitoring Program
SAMHSA	Substance Abuse and Mental Health Services Administration
THC	Tetrahydrocannabinol

Executive Summary

The 2018 Oklahoma Drug Threat Assessment is a comprehensive assessment of current drug trends and emerging drug threats in the state. The goal of this threat assessment is to provide law enforcement, public health officials, lawmakers, and the citizens of Oklahoma with information to assist them in making informed decisions about policy changes and the allocation of resources.

This threat assessment includes state and county-level data for key public safety and public health indicators. Public safety indicators include drug arrests, drug-related fatality crashes, methamphetamine labs, interdictions, and drug lab submittals. Public health indicators include fatal overdoses, treatment admissions, and dispensed prescription opioids.

This threat assessment includes district profiles for each of the 27 judicial districts. These profiles can be found at the end of this report. This report also includes data and threat information from the National Drug Threat Assessment (NDTA) and the regional drug threat assessment published by the Texoma High Intensity Drug Trafficking Area (HIDTA). Results from a law enforcement needs assessment conducted by OBN in early spring are also included in this report.

The threat assessment is divided into three sections. The first section includes data and intelligence on current drug trends and emerging drug threats in Oklahoma. The second section includes an overview of OBN programs and initiatives. The final section includes the district profiles. Key findings from this year's threat assessment include:

- Methamphetamine remains the greatest threat in Oklahoma, followed by prescription opioids and marijuana. Law enforcement intelligence suggests heroin is an emerging threat across the state, while cocaine remains a low threat in Oklahoma;
- While the number of methamphetamine labs seized by law enforcement has declined over the past few years, the availability and purity of methamphetamine in Oklahoma continues to increase;
- Oklahoma continues to lead the nation in the abuse of prescription opioids. Over 4.1 million opioid prescriptions were dispensed in Oklahoma in 2017, which equates to a prescribing rate of 106.7 opioid prescriptions per 100 people;
- Fatal overdoses decreased 11.5% from 2016 to 2017; fatal overdoses involving prescription drugs also decreased 27.1% in 2017.

Table 1. Overview of Key Drug Indicators

Key Indicator	2015	2016	2017	% Change 2016 to 2017
Reported Arrests¹				
Drug-related	18,565	22,413	20,782	-7.3%
Total arrests	123,157	119,179	114,135	-4.2%
% of total arrests related to drugs	15.1%	18.8%	18.2%	N/A
Reported Fatality Crashes²				
Drug-related	72	121	179	47.9%
Total fatality crashes	590	628	612	-2.5%
% of total fatality crashes related to drugs	12.2%	19.3%	29.2%	N/A
Lab Submittal Cases³				
Cocaine	468	374	506	35.3%
Heroin	224	342	402	17.5%
Marijuana	5,646	4,841	5,945	22.8%
Methamphetamine	8,058	8,000	9,110	13.9%
Treatment Admissions⁴				
Cocaine	315	310	319	2.9%
Heroin	483	722	864	19.7%
Marijuana	3,388	3,114	2,979	-4.3%
Methamphetamine	3,938	4,713	5,620	19.2%
Opiates	2,170	1,996	1,908	-4.4%
Prescription stimulants	583	494	407	-17.6%
Fatal Overdoses⁵				
Prescription overdoses	462	435	317	-27.1
Total overdoses	835	899	796	-11.5
% of fatal overdoses related to prescription drugs	55.3%	48.4%	39.8%	N/A

¹ Crime in Oklahoma, Oklahoma State Bureau of Investigation

² Crash Facts, Oklahoma Highway Safety Office – Includes those crashes where at least one driver tested positive for drugs or where law enforcement suspected a driver was under the influence. Note: total number of fatality crashes, not number of individuals killed

³ Yearly lab submittals to OSBI Forensic Laboratory, Oklahoma State Bureau of Investigation

⁴ ODMHSAS Online Query System – includes counts of admissions at alcohol and drug certified providers with a service focus of alcohol or drug. Count is number of admissions, not number of unique persons. Primary drug of choice as reported. Published by fiscal year

⁵ Office of the Chief Medical Examiner – analysis conducted by L. Baker, OBN. 2017 data are preliminary

Introduction

Oklahoma is located in the South Central region of the United States. Oklahoma is divided into 77 counties and 598 cities - the largest cities in Oklahoma are Tulsa and Oklahoma City. Oklahoma's Border States include Arkansas, Colorado, Kansas, Missouri, New Mexico, and Texas. An estimated 3.9 million people live in Oklahoma, representing an increase of 8.6% since 2003. The US Census reported the 2016 median household income in Oklahoma was \$48,038, which is below the national average by more than \$10,000. The US Census estimates that approximately 16% of Oklahomans live in poverty (see table 2).

Table 2. Oklahoma Demographics

Population	3,930,864
Land Area (square miles)	68,595
Persons (per square mile)	54.7
Capital	Oklahoma City
Counties	77
Median Household Income	\$48,038
Poverty Line (% below)	16.3%
Unemployment Rate	4.0%
Adult Drug-Related Arrests*	19,498
Juvenile Drug-Related Arrests*	1,284

Source: US Census Bureau; UCR Report, OSBI

* Includes drug possession and sales/manufacturing

Several factors contribute to the drug threat in Oklahoma. The extensive interstate highway system creates a unique challenge for law enforcement. Oklahoma has 935 miles of interstate. Interstate 35 extends north-south through the middle of the state. Nationally, Interstate 35 extends from Laredo, Texas (near US-Mexico border) to Duluth, Minnesota. Interstate 40 spans the nation from Barstow, California to Wilmington, North Carolina; it extends east-west across Oklahoma. Other state highways also make Oklahoma an ideal transportation state for drug trafficking.

Since the early 1990's, some of the most powerful drug trafficking organizations (DTOs) operating in Mexico have established distribution channels in Oklahoma. They utilize Oklahoma's close proximity to the Mexico border and Oklahoma's highway system to traffic drugs across the United

Section 1: Current Threat Assessment

This section includes the most current threat assessment for the following drugs: methamphetamine, marijuana, prescription opioids, heroin, and cocaine. Methamphetamine remains the greatest illicit drug threat to Oklahoma, while marijuana remains the most widely available and commonly used drug in the state. Diversion of pharmaceutical drugs, the transfer of legal prescription drugs for illegal use, continues to increase in Oklahoma. The heroin threat in Oklahoma is increasing, likely due to changes in the supply and demand of other drugs, namely prescription opioids. Cocaine remains a low drug threat in the Oklahoma.

Methamphetamine

Methamphetamine remains the greatest illicit drug threat to Oklahoma. The use, trafficking, and distribution of methamphetamine poses a significant threat to law enforcement and the citizens of Oklahoma. Use of methamphetamine remains high as evidenced by the number of treatment admissions, fatal overdoses, and drug lab submittals in Oklahoma.

Long-term use of methamphetamine may cause individuals to suffer from anxiety, confusion, insomnia, and mood disturbances. Individuals may also exhibit symptoms of psychosis while under the influence of methamphetamine, including paranoia, visual and auditory hallucinations, and delusions.

The domestic production of methamphetamine has decreased over the past few years due to stricter laws, enforcement efforts, and Mexico-produced methamphetamine. Unlike other illicit drugs,

Quick Facts: Methamphetamine	
Type	Stimulant
Appearance	Crystal-like powder, may come in large rock form – usually white or slightly yellow
Method of use	Smoked, ingested, snorted, injected
Common street names	Chalk, crank, croak, crypto, crystal, fire, glass, meth, tweek, or white cross
Primary source(s)	Mexico, surrounding states
Short-term effects	Insomnia, changes in appetite, irritability/agitation, anxiety, nervousness, convulsions, and heart attack
Long-term effects	Prolonged use of methamphetamine may cause paranoia, hallucinations, repetitive behavior, constant feeling of bugs crawling under skin

Source: <http://www.drugfree.org/drug-guide/methamphetamine>

methamphetamine, or "meth," is a synthetic drug, which means it is manufactured in clandestine laboratories. Methamphetamine is not a plant-based drug, so its production is not impacted by drought, flooding, growth cycles, or other factors that typically impact the production of other illicit drugs (e.g., heroin).

Most methamphetamine available in Oklahoma today is produced in Mexico, and then smuggled across the Southwest Border by Mexico-based DTOs. In its annual regional threat assessment, the Texoma HIDTA reported, "Oklahoma law enforcement continues to encounter small methamphetamine laboratories in the northeastern part of the state. However, since 2011, El Paso Intelligence Center (EPIC) Clandestine lab seizure reporting for Oklahoma shows a steady downward trend in the number of seized laboratories and dump sites, likely due to the increasing supply of cheap Mexico-produced methamphetamine" (p. 11).

According to the 2017 NDTA, Mexico-based DTOs exploit the extensive US transportation infrastructure to transport large amounts of methamphetamine. In its annual regional threat assessment, the Texoma HIDTA wrote, "From 2009 to 2016, Texoma HIDTA Initiative seizures of methamphetamine increased approximately 750%, from 112 kilograms in 2009 to 950 kilograms in 2016" (p. 7). In assessing the methamphetamine threat, the Texoma HIDTA determined:

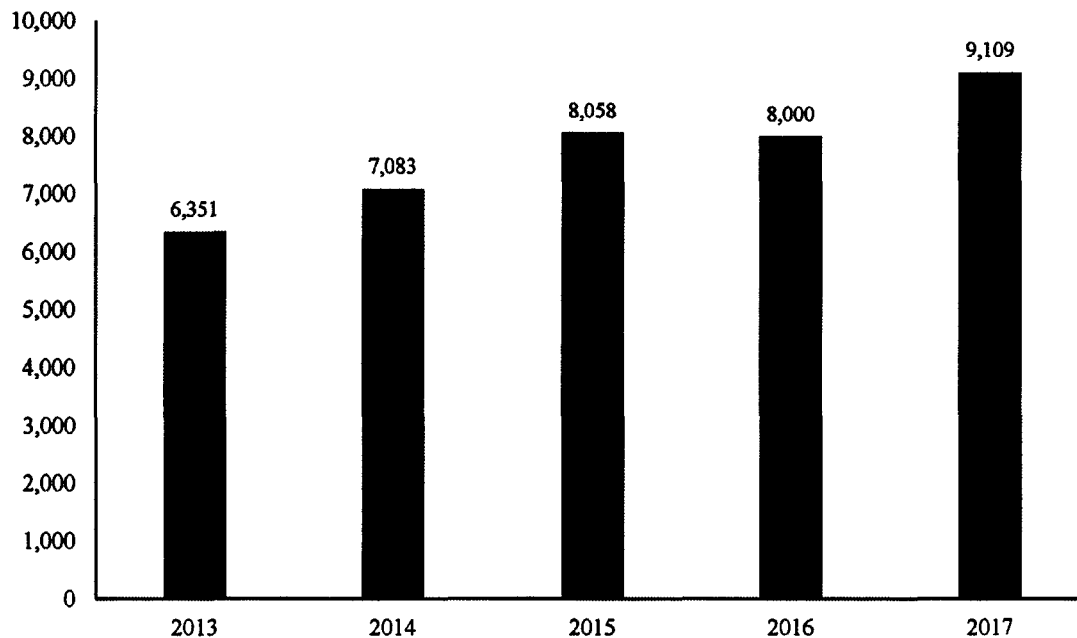
Methamphetamine has been the most pervasive drug threat in Oklahoma for several years. Mexican DTOs oversee the production of methamphetamine in Mexico and import it in bulk quantities into Oklahoma. The last several years have seen a significant drop in the wholesale price as the market has been saturated with low cost, but high purity, methamphetamine produced in Mexico and transported to Oklahoma. The drug's wholesale price has more or less been halved over the past two years, with current prices only a fraction of the \$40,000 per kilogram price the drug commanded back in 2008. The tumbling prices have coincided with increased methamphetamine availability in the region, particularly as DTOs have perfected the movement of methamphetamine in solution ("liquid meth") and the use of local conversion laboratories used to convert and "clean" liquid methamphetamine from liquid to crystal.

Intelligence from law enforcement agencies in Texas and Oklahoma have suggested that due to the arrest of high-ranking Sinaloa Cartel managers in the Chicago area, the Sinaloa Cartel has begun to increase its operational presence and organizational command elements in Oklahoma City...most importantly, both Oklahoma City and Tulsa have, in their own rights, become primary distribution points for Mexico-based DTOs, with cell heads communicating directly with

command and control elements in Mexico as opposed to secondary distribution locations supplied via other states” (p.11)

While methamphetamine labs have decreased in recent years, the availability and purity of methamphetamine in Oklahoma has significantly increased. Data from the Oklahoma State Bureau of Investigation (OSBI) indicated a 13.9% increase in methamphetamine lab submittal cases in 2017 (see figure 2). At the same time, the price of methamphetamine has significantly decreased since 2014. In 2014, an ounce of methamphetamine sold for \$1,000.00 to \$1,500.00; today, an ounce of methamphetamine typically sells for \$250.00 to \$800.00 in Oklahoma (OBN, 2018).

Figure 2. Methamphetamine Lab Submittals, by Year



Source: OSBI, 2018

Oklahomans are also seeking treatment for methamphetamine addiction at higher rates compared to previous years. Based on ODMHSAS data, the number of admissions in FY17 for methamphetamine as primary drug of choice in Oklahoma increased 19.2% compared to FY16. Likewise, the number of methamphetamine-related fatal overdoses continues to increase. In 2017, Oklahoma reported 330 methamphetamine-related deaths, representing a 71.9% increase since 2014 (OBN, 2018).

Marijuana

Marijuana remains the most widely available and commonly used illicit drug in Oklahoma. Shifting public opinions and the legalization of marijuana in several states has strongly influenced the marijuana threat in Oklahoma. While marijuana remains illegal under federal law, many states – including Oklahoma – have passed legislation (or voted on referendums/initiatives) approving the cultivation, possession, and use of marijuana for medicinal or recreational purposes. Law enforcement in Oklahoma have reported a decrease in both locally-grown marijuana and Mexico-produced marijuana. Most marijuana on the streets of Oklahoma today is high-grade hydroponic marijuana grown legally in states like California and Colorado.

Quick Facts: Marijuana	
Type	Cannabis
Appearance	Multiple forms: 1) green leafy substance; 2) wax; 3) edible products
Method of use	Smoked and ingested
Common street names	Mary Jane, Aunt Mary, Boom Chronic, Dope, Grass, Hash, Herb, Pot, Reefer, Skunk, Weed
Primary source(s)	Mexico, surrounding states
Short-term effects	Learning and memory problems, distorted thinking, problem solving difficulty, loss of motor coordination, hallucinations, anxiety
Long-term effects	Prolonged use of marijuana may cause depression, paranoia, respiratory problems, impaired learning and memory functions.

Source: <http://www.drugfree.org/drug/marijuana>

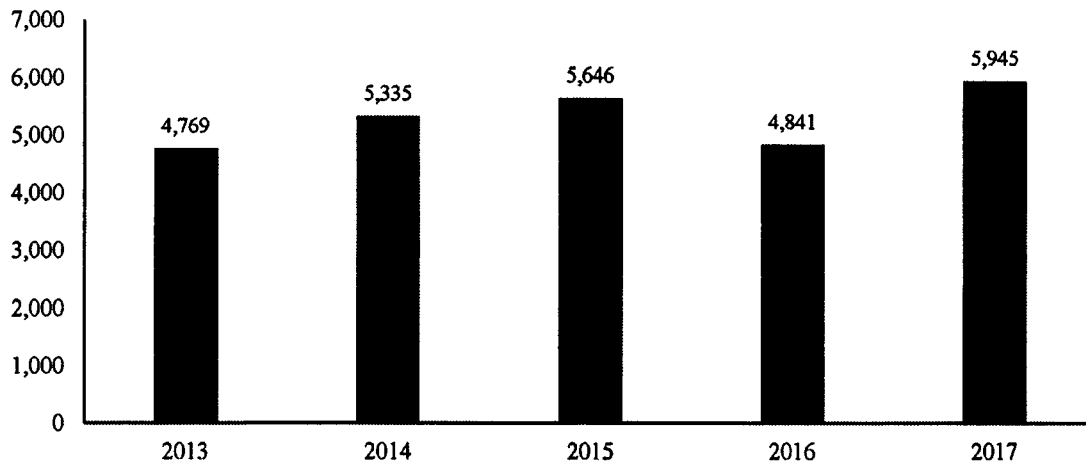
The potency of marijuana has more than tripled in the last 20 years. In the past, marijuana seized by law enforcement in Oklahoma contained six to eight percent Tetrahydrocannabinol (THC); however, recent black market shipments of high-grade marijuana from medical and recreational marijuana states contained 20% THC (Texoma HIDTA, 2017). Oklahoma law enforcement also seized THC oil and edible products diverted from pharmacies in neighboring states containing 50% THC. Marijuana extracts (e.g., hash, wax, and other THC-infused products) are also prevalent in Oklahoma.

Marijuana lab submittals to OSBI increased 22.8% in 2017 (see figure 3).

OBN Interdiction Agents seized 2,132 pounds of marijuana from vehicles traveling through Oklahoma in 2017 alone, representing a 42.9% increase compared to 2016. Law enforcement in Oklahoma reported fewer marijuana-related arrests in 2017. Arrests for possession of marijuana

decreased 4.1% in 2017, and arrests for the sale or manufacturing of marijuana decreased 5.3% (OSBI, 2018).

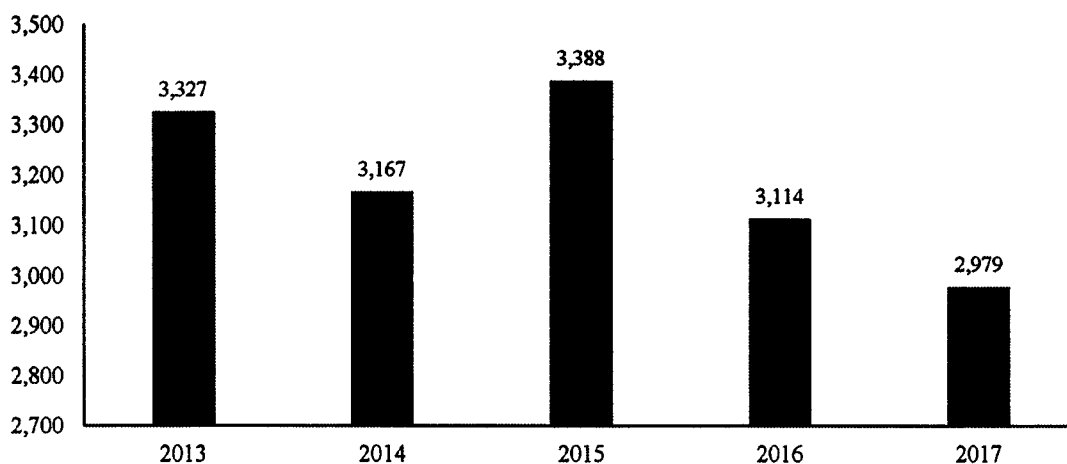
Figure 3. Marijuana Lab Submittals, by Year



Source: OSBI, 2018

Treatment admissions where marijuana was self-reported by the patient as the primary drug of choice decreased 4.3% in FY17 (ODMHSAS, 2018). However, treatment admissions where marijuana was self-reported by the patient as a drug of choice increased 1.3% in FY17.

Figure 4. Marijuana Treatment Admissions – Primary Drug of Choice, by Fiscal Year



Source: ODMHSAS, 2018

Diverted Pharmaceutical Drugs

Diversion of pharmaceutical drugs, the transfer of legal prescription drugs for illicit purposes, remains a threat in Oklahoma. Common diversion methods include doctor shopping, visiting emergency rooms, stealing prescription pads, and calling pharmacies with fraudulent phone orders.

Unlike the stigma attached to heroin and methamphetamine, people often think prescription drugs are safe because they are prescribed by medical professionals. Law enforcement and public health officials still struggle to educate the public about the harmful effects of prescription drug misuse and abuse.

In the 1990's healthcare providers began prescribing opioid pain relievers at a high rate; consequently, the practice of overprescribing opioids led to widespread diversion and abuse of these

medications. In response to the prescription opioid epidemic in Oklahoma, lawmakers passed more restrictive prescribing laws for opioids. Consequently, it is now more difficult for users to purchase opioids on the street.

Hydrocodone is the most frequently diverted opioid in Oklahoma – it is also one of the most commonly abused drugs present in fatal overdoses (OBN, 2018). Oklahoma is also a source of diverted opioids for other parts of the country. The Texoma HIDTA reported, “Customers are known to come from neighboring states, like Arkansas, into Oklahoma to obtain prescriptions and pills” (p. 21). Law enforcement in Oklahoma consistently report prescription drugs as one of the main drug threats in their communities.

Quick Facts: Opioids	
Type	Narcotics
Appearance	Multiple forms: tablets/capsules, liquids, and patches
Method of use	Smoked and ingested
Common street names	Percs, Vike, Apache, China Girl, China White, Mister Blue, Morpho, Dillies, Sizzurp, Purple Drank, Oxy, Hillbilly Heroin
Common opioids	Hydrocodone, Oxycodone, Tramadol, Buprenorphine, Fentanyl, Morphine, Codeine
Short-term effects	Drowsiness, slowed breathing, constipation, nausea, confusion, paranoia
Long-term effects	Prolonged abuse of opioids may lead to liver damage, brain damage, dependence and addiction

Source: <http://www.drugfree.org/drug/prescription-pain-relievers-opioids>

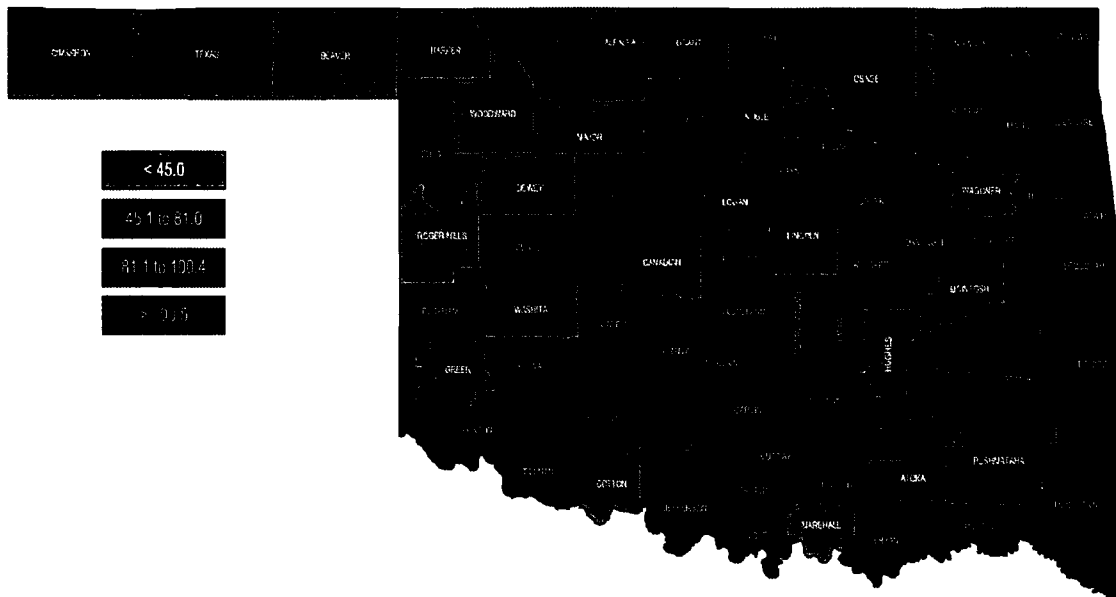
According to the Oklahoma Prescription Drug Monitoring Program (PDMP), over 4.1 million opioid prescriptions were dispensed in Oklahoma in 2017, which equates to a prescribing rate of 106.7 opioid prescriptions per 100 people. Harmon County had the highest prescribing rate of opioid prescriptions at 293.8 per 100 people, while Grant County had the lowest prescribing rate at 7.3 per 100 people (see figure 5).

Other counties with high opioid prescribing rates included Johnston (190.1), Choctaw (189.6), Tulsa (170.9), Oklahoma (158.7), Carter (147.9), Kingfisher (145.7), and Pontotoc (142.5).

Opioid Prescriptions in Oklahoma, 2017	
Total number dispensed	4,194,792
Average number per month	349,566
Average number per week	80,669
Average number per day	11,493
Average number per hour	479

Source: Oklahoma PDMP

Figure 5. County Opioid Prescribing Rates, 2017



Source: Oklahoma PDMP * See Appendix for list of opioids

The top five controlled prescription drugs dispensed in Oklahoma in 2017 included Hydrocodone, Oxycodone, Alprazolam, Tramadol, and Zolpidem (see table 3). Prescriptions for Hydrocodone are the most frequently filled opioid in every county in Oklahoma, followed by Oxycodone and Alprazolam. Prescriptions filled for all of these drugs decreased in 2017. Hydrocodone prescriptions decreased 6.9% from 2016 to 2017, while oxycodone prescriptions decreased 2.7%. Prescriptions filled for Zolpidem decreased six percent.

Table 3. Top Five Prescriptions, by Year

	2013	2014	2015	2016	2017
Hydrocodone	2,916,208	2,624,911	2,231,711	2,048,734	1,907,347
Oxycodone	717,484	783,166	888,028	899,290	874,692
Alprazolam	823,594	816,273	819,863	782,353	728,284
Tramadol	735,054	753,672	807,675	811,103	776,373
Zolpidem	649,009	631,275	608,725	578,768	543,801

Source: Oklahoma PDMP

Current research suggests a relationship exists between opioid abuse and the eventual transition to heroin (HIDTA, p. 21). Data suggests Oklahomans may be turning to heroin as a substitute to prescription opioids. According to ODMHSAS data, the number of admissions for opioids as primary drug of choice in Oklahoma decreased 4.4% in FY17. In contrast, the number of admissions for heroin as primary drug of choice in Oklahoma increased 19.7% in FY17.

Public safety and public health officials are particularly concerned with the abuse of fentanyl. Fentanyl is a Schedule II synthetic opioid originally developed by drug manufacturers to serve as both a pain killer and an anesthetic. Because of its strong opioid properties, fentanyl has become an increasingly attractive drug of abuse. Fentanyl is often mixed into heroin or pressed into counterfeit prescription drugs. In 2017, fentanyl contributed to 56 fatal overdose deaths (OBN, 2018).

The most common prescription drugs present in overdose deaths in 2017 included Oxycodone (98 deaths), Alprazolam (73 deaths), Hydrocodone (73 deaths), Morphine (63 deaths), Fentanyl (56 deaths), Methadone (30 deaths), and Diazepam (26 deaths) (OBN, 2018).

Heroin

The heroin threat in Oklahoma is increasing. This emerging threat is likely due to changes in the supply and demand of other drugs, namely prescription opioids. In response to the growing prescription opioid abuse epidemic, Oklahoma lawmakers have worked to pass laws aimed at reducing the availability of prescription opioids. Consequently, prescription opioids are expensive and harder to find on the streets. In some instances, those addicted to prescription opioids have turned to heroin, a less expensive alternative that provides a similar effect. In fact, heroin is cheaper, easier to obtain, and it provides users with a more intense high.

Heroin is derived from the opium poppy plant. While poppy plants are grown in Mexico and Columbia, the majority of illicit opium poppy is grown in Southeast Asia or the mountainous areas of Afghanistan, Iran, and Pakistan. Mexico-based DTOs supply heroin to Oklahoma. In its annual regional drug threat assessment, the Texoma HIDTA found, "Mexican brown and black tar heroin remains the most prevalent form of heroin available in Oklahoma, but white heroin is on the increase" (pg. 16). In assessing the heroin threat, the Texoma HIDTA determined:

Texoma HIDTA initiatives based in Oklahoma and DEA Oklahoma City have noted the presence of entrenched distribution cells supplied by sources of supply in Nayarit and Sinaloa, Mexico; these organizations often rotate personnel between Oklahoma City and Nayarit, and utilize a dispatch system that allows the operational cell head to control the distribution operations from locations outside Oklahoma in California or Mexico. The Oklahoma-based workers receive multi-kilogram shipments of heroin and then repackage the heroin for distribution at the street level in \$40 and \$90 balloons. One street-level distributor in Oklahoma City estimated selling, on average, 20 small balloons and 30 to 40 large balloons a day (p.17).

Quick Facts: Heroin	
Type	Opiate
Appearance	Two forms: 1) white or brown powder or 2) tar-like substance
Method of use	Injected, snorted, or smoked
Common street names	H, Smack, Junk, Black Tar, Doojee, Brown Sugar, Dope, and Skag
Primary source(s)	Asia and Mexico
Short-term effects	Constricted blood vessels; drowsiness, dry mouth, slowed and slurred speech, and apathy
Long-term effects	Prolonged use of heroin may cause collapsed veins, abscesses, pulmonary complications, liver disease, and death.

Source: <http://www.drugfree.org/drug/drug-heroin>

Heroin is generally distributed in balloons, bindles, or in glassine envelopes. Balloons are more commonly seen at the street level in Oklahoma. Based on recent undercover purchases, a small heroin balloon (1/4 gram) costs \$40.00, while a larger balloon (1/2 gram) costs \$90.00. Heroin prices vary by region, but an ounce of heroin in Oklahoma costs around \$2,000.00.

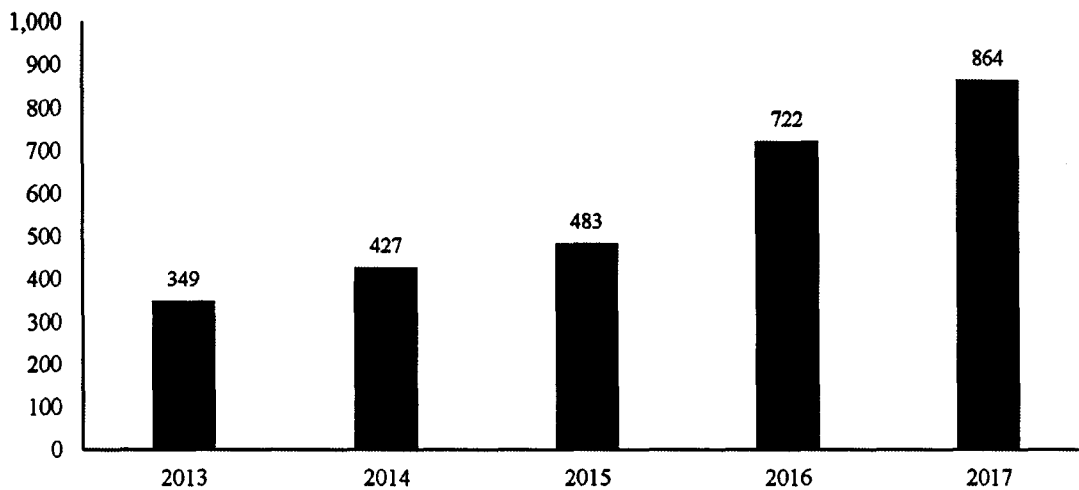
In 2017, Oklahoma law enforcement submitted 402 seizures of heroin to the OSBI, representing a 17.5% increase compared to 2016.

Nationally, law enforcement report an increase in the amount of heroin available on the streets. In Oklahoma, the number of heroin cases submitted by law enforcement increases each year. In 2017, Oklahoma law enforcement submitted 402 seizures of heroin to the OSBI, representing a 17.5% increase compared to 2016.

Almost 70% of those heroin submittals were submitted by law enforcement from Canadian, Cleveland, Oklahoma, and Tulsa counties. In 2017, OBN Interdiction Agents seized 15.8 pounds of heroin from vehicles driving through Oklahoma.

Treatment admissions for heroin also increased in Oklahoma. Treatment admissions increased 19.7% in FY17, with 864 reported admissions for heroin listed as the primary drug of choice. In 2017, Oklahoma reported 59 heroin-related fatal overdoses, which is a 62.5% increase compared to 2016 (OBN, 2018).

Figure 6. Heroin Primary Treatment Admissions, by Fiscal Year



Source: ODMHSAS

Cocaine

Cocaine remains a low drug threat in Oklahoma. Use of cocaine and crack cocaine has decreased over the years in Oklahoma due to the popularity of methamphetamine in this part of the country. The most prevalent form of cocaine distributed in Oklahoma is powder cocaine; however, crack cocaine is found by law enforcement in Oklahoma City, Tulsa, and Lawton.

Cocaine is a highly addictive drug. Cocaine abusers may experience both short and long-term physiological and psychological effects. Physical effects may include constricted blood vessels, dilated pupils, and fluctuation in body temperature. Psychological effects may include erratic behavior, irritability, anxiety, and violent behavior.

Columbia is the primary source for cocaine in the United States; in fact, 90% of cocaine in the US is imported from Columbia. Mexico-based DTOs

control the retail distribution of powder cocaine, while street gangs control much of the distribution of crack cocaine. According to the 2016 Texoma HIDTA Threat Assessment, crack cocaine distribution is one of the driving forces behind acts of violence by the Hoover Crips, a large street gang controlling an estimated 70% of cocaine distribution in Tulsa (p. 25).

Oklahoma law enforcement submitted 506 seizures of cocaine to the OSBI in 2017; of those, almost half (49.6%) were submitted by law enforcement from Cleveland, Comanche, Oklahoma, and Tulsa counties. While arrests for possession of cocaine decreased 16.4% in 2017, arrests for the sale and manufacturing of cocaine increased 45.8% (OSBI, 2018). Treatment admissions increased slightly in FY17, with 319 reported admissions for cocaine listed as the primary drug of choice (ODMHSAS, 2018).

Quick Facts: Cocaine	
Type	Stimulant
Appearance	Two forms: 1) white crystalline powder or 2) hard chips, chunks, or rocks
Method of use	Injected, snorted, or smoked
Common street names	Big C, Blow, Coke, Flake, Freebase, Lady, Nose Candy, Rock, Snow, Snowbirds, White Crack
Primary source(s)	Columbia, Mexico
Short-term effects	Constricted blood vessels; dilated pupils; increased temperature, heart rate, and blood pressure; insomnia; loss of appetite; anxiety; and irritability
Long-term effects	Prolonged use of cocaine may cause paranoid behavior. If snorted, cocaine may cause ulceration of the nose.

Source: <http://www.drugfree.org/drug/cocaine-crack>

Outlook

The purpose of the 2018 Oklahoma Drug Threat Assessment is to provide law enforcement, public health officials, lawmakers, and the citizens of Oklahoma with information to assist them in making informed decisions. This report includes state and county-level data for key public safety and public health indicators. This year's outlook is based on the information and intelligence included in this report.

- Methamphetamine will remain the greatest illicit threat to Oklahoma. Availability indicators (including price, purity, and availability) clearly suggest Mexico-based DTOs will continue trafficking and distributing methamphetamine. In the past, most highway interdiction seizures in Oklahoma were transient loads of drugs passing through the state destined for larger cities; however, recent intelligence and drug seizure amounts indicate Oklahoma has become a destination state. In fact, law enforcement in neighboring states (e.g., Texas and New Mexico) have interdicted large shipments destined for Oklahoma. Current intelligence indicates this trend will persist for the foreseeable future.
- The diversion of pharmaceutical drugs will increase in Oklahoma. While lawmakers and public officials have worked to address the opioid crisis, the key public health and public safety indicators suggest the illegal market for pharmaceutical drugs is strong. Of particular concern to public safety and public health officials is the emerging threat of fentanyl.
- The heroin threat in Oklahoma is increasing. The demand for cheaper alternatives to prescription opioids has led to the heroin epidemic at the national level. Oklahoma is not immune from this epidemic or its effects.
- Marijuana use will increase in Oklahoma. Through a state ballot initiative, Oklahomans voted to legalize marijuana for medicinal purposes. Voters approved SQ788, the *Medical Marijuana Legalization Initiative*, in June 2018. SQ788 allows doctors to recommend medical use of marijuana for any medical condition. Despite changes to state laws in Oklahoma and around the country, the Drug Enforcement Agency (DEA) still classifies marijuana as a Schedule 1 drug, which means it is a substance with no accepted medical use and a high potential for abuse. Public safety and public health officials will spend considerable resources to implement the provisions of SQ788.

Section 2: OBN Programs

OBN is the primary drug enforcement agency in Oklahoma. The agency's mission is to eliminate the abuse of illicit drugs and controlled dangerous substances through enforcement directed at emerging and pervasive drug threats, human trafficking, and money laundering. OBN enforces the Uniform Controlled Dangerous Substances Act, codified in Title 63 O.S. §2-101 et seq. and Oklahoma Administrative Code (OAC) 475:1-1-1 et seq.

OBN provides logistical and technical support to local, state, federal, and tribal law enforcement agencies for drug enforcement. To do this, OBN collaborates with public safety and public health partners to implement multi-jurisdictional law enforcement and intelligence initiatives designed to identify and dismantle major drug trafficking organizations operating in Oklahoma and surrounding states.

One of the agency's top priorities is to collect, analyze, and share drug-related information and intelligence with law enforcement, public health service providers, and other public sectors. Lawmakers, law enforcement, and other decision makers use this information to develop and implement data-driven strategies to reduce drug activity in Oklahoma. Other OBN programs designed to achieve the agency's mission include the Prescription Drug Monitoring Program, the Marijuana Eradication Program, the Safe Trips for Scripts Drug Prevention Program, and the Oklahoma Drug Endangered Children Program.

Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) is a valuable tool for practitioners, pharmacists, and law enforcement in the prevention and detection of diversion and abuse of pharmaceutical controlled substances. PDMPs are state-based electronic databases that contain information about controlled substance prescriptions dispensed by prescribers and pharmacists. Currently, OBN maintains the only real-time prescription drug monitoring program in the nation.

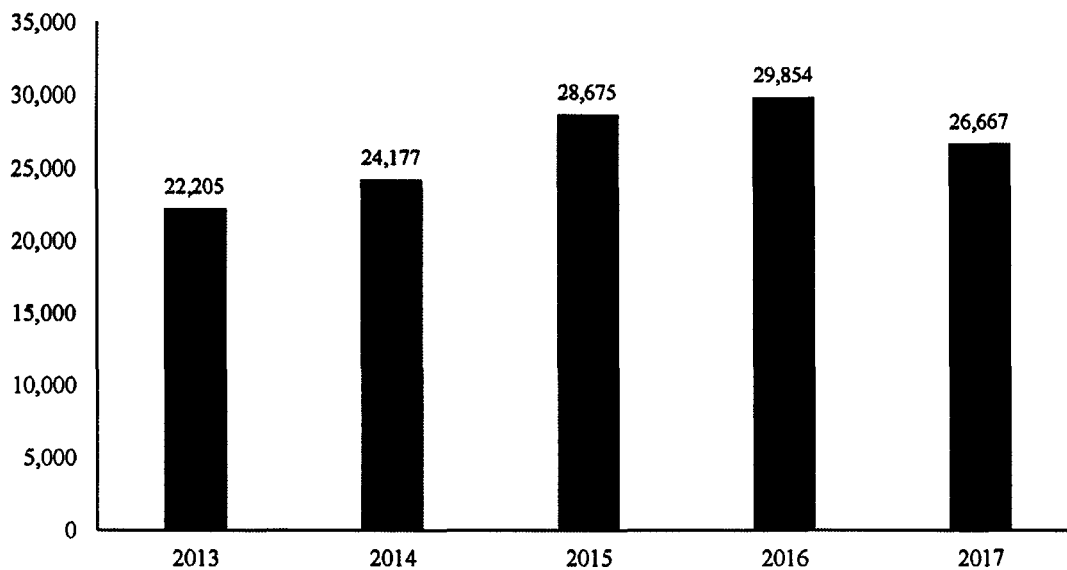
While prescription monitoring programs have been in place since the 1930's to help control diversion, states did not collect or store prescribing and dispensing information until the early 1990's. OBN implemented the web-based PDMP in 2006, and Oklahoma lawmakers mandated the use of the PDMP system by prescribers and pharmacists in 2015.

Safe Trips for Scripts Drug Prevention Program

OBN started the Safe Trips for Scripts Prevention Program (also referred to as the Drug Take Back Program) in 2011. The program's purpose is to provide citizens with a safe method to remove and destroy expired and unwanted medications. Currently, OBN maintains 177 take-back boxes that are strategically located in law enforcement agencies across Oklahoma. OBN collected more than 65 tons of medication over the last five years.

OBN partnered with *Oklahoma Roll-Off*, a private storage container company that provides a free metal storage container to collect and transport the medications. Each quarter, OBN escorts an Oklahoma Roll-Off vehicle filled with unwanted medications from the Oklahoma City warehouse to Covanta Energy in Tulsa, Oklahoma. Covanta Energy then converts the medication into clean energy for the state.

Figure 7. Safe Trips for Scripts Drug Prevention Program, by Pounds



Marijuana Eradication Program

In the past, the cultivation of marijuana flourished in parts of Oklahoma. By the 1980's, Oklahoma had the dubious and deserved reputation in the United States as a commercial producer of high-quality marijuana. In response, OBN developed the nation's first Aerial Marijuana Eradication

program in 1989. In 1997, OBN agents seized 89,000 cultivated marijuana plants in Oklahoma. The program was a success and by 2010, the average number of plants eradicated during a typical growing season dropped to 10,000.

Since the early 1990's, many of the most powerful DTOs operating in Mexico have established distribution channels in Oklahoma. They utilize Oklahoma's close proximity to the Mexico border and Oklahoma's highway system to traffic drugs across the United States. Over the past decade, OBN has also identified and dismantled marijuana growing operations in Oklahoma tied to Mexico-based DTOs. OBN agents have arrested several high-ranking associates tied to both the Juarez and Sinaloa cartels attempting to establish drug cell groups in Oklahoma. These cartel cell groups no longer answer to regional traffickers in other states; instead, they communicate directly to mid and upper level drug trafficking organizations in Mexico (Texoma HIDTA, 2017).

Interdiction Unit

OBN's Interdiction Unit works to reduce drug trafficking in Oklahoma by utilizing interdiction techniques on the highways throughout the state. Because of the extensive highway system, DTOs prefer to transport illegal drugs through Oklahoma to other drug markets across the nation. Typically, DTOs employ cell members who are responsible for smuggling drugs to Oklahoma from Mexico through the Laredo and El Paso/Juarez plazas.

DTOs use technology, concealed compartments, and other techniques to avoid detection by law enforcement. They smuggle drugs in private and commercial vehicles that have concealed compartments. Many DTOs also arrange for children or the elderly to be in vehicles that are transporting drugs to avoid suspicion from law enforcement. In its 2017 NDTA, the DEA described how DTOs often operate in the US:

US-Based Mexican DTOs are composed of various compartmentalized cells assigned with specific functions such as distribution, transportation, consolidation of drug proceeds, or money laundering. Mexican operations in the United States typically function as a supply chain – operators in the chain are aware of their specific function, but they are unaware of other aspects of an operation. In most cases, individuals hired to transport drug shipments within the US are independent, third-party contractors who may be working for multiple Mexican DTOs (p. 5)

In the past, most highway interdiction seizures in Oklahoma were transient loads of drugs passing through the state destined for larger cities; however, recent intelligence and drug seizure amounts suggests Oklahoma has become a destination state. In fact, law enforcement in neighboring states (e.g., Texas and New Mexico) have interdicted large shipments destined for Oklahoma. Current intelligence indicates this trend will only continue. In 2017, OBN Interdiction Agents seized 2,131.4 pounds of marijuana on Oklahoma highways, representing a 42.9% increase compared to 2016. Agents also seized 131.5 pounds of methamphetamine, 15.8 pounds of heroin, 33.3 pounds of cocaine, and 8.8 pounds of fentanyl (see table 4).

Table 4. OBN Interdiction Seizures, by Pounds

Drug Type	2016	2017	% Change
Marijuana	1,491.6	2,131.4	42.9
Methamphetamine	51.2	131.5	156.8
Heroin	8.5	15.8	85.9
Cocaine	0.08	33.3	**
Fentanyl	**	8.8	**

Source: ACISS Case Management System, OBN

Oklahoma Drug Endangered Children

Established in 2011, the Oklahoma Drug Endangered Children (ODEC) is a nationally-recognized and certified outreach program based on the National Alliance for Drug Endangered Children Model. The purpose of the program is to reduce child abuse and neglect related to drug abuse. Research suggests children who live in homes where others are abusing drugs are more likely to suffer from abuse and neglect. OBN works with other law enforcement, social service providers, medical professionals, legal professionals, and members of the non-profit community to advance evidence-based strategies in working with children exposed to drugs.

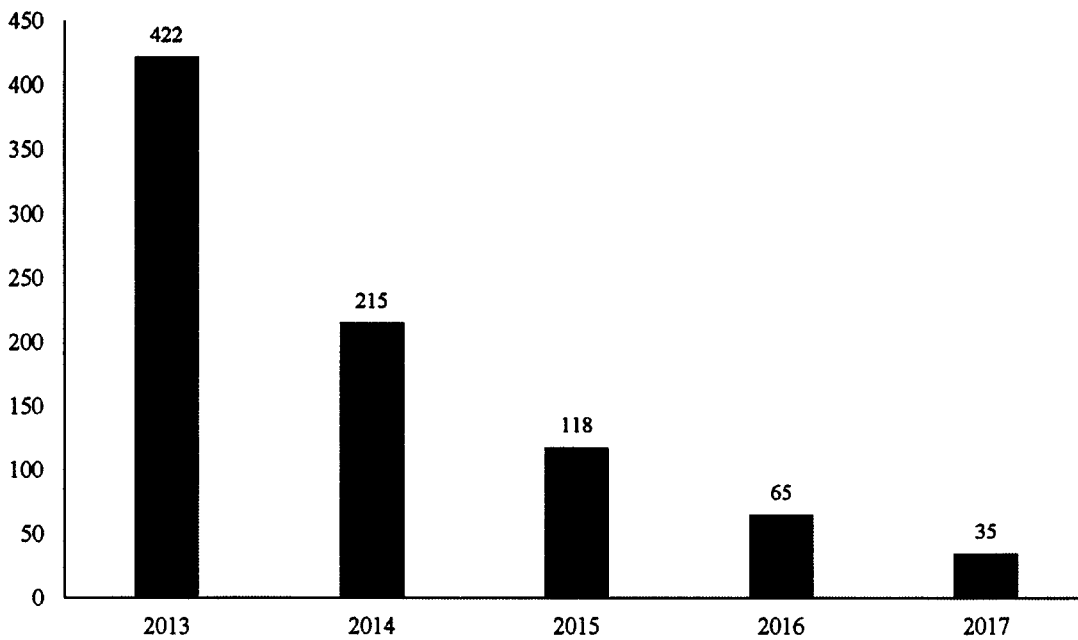
Methamphetamine Waste Container Program

OBN implemented the Methamphetamine Waste Container Program in 2003 as part of a grant from Community Oriented Policing Services (COPS). With the assistance and support of DEA, OBN developed the program to provide law enforcement agencies with a safe method to dispose

toxic waste created by the production of methamphetamine. Using the federal grant money, OBN purchased five methamphetamine waste containers and installed them in strategic locations around the state. Since that time, OBN partnered with DEA and Oklahoma Department of Corrections (DOC) to purchase and install seven additional containers.

While the number of methamphetamine labs seized in Oklahoma has declined over the years (see figure 8), lab cleanup remains expensive and labor intensive. Before the program was implemented, local law enforcement agencies were burdened with high clean-up costs; on average, environmental companies charged law enforcement \$1,800 to safely dispose of clandestine lab waste. Today, law enforcement can dispose of methamphetamine lab waste at one of the 12 waste containers located around the state free of charge. An environmental company is responsible for transporting the waste from the lab container to a facility for safe destruction. Since 2011, local law enforcement have disposed of approximately 1,650 methamphetamine labs using this program.

Figure 8. Methamphetamine Labs Seized, 2013 to 2017



Source: Methamphetamine Tracker Lab Reports, OBN

The Drug Threat Assessment Project (DTAP)

One of the agency's top priorities is to collect, analyze, and share drug-related information and intelligence with law enforcement, public health service providers, and other public sectors. To that end, OBN recently implemented the Drug Threat Assessment Project (DTAP). This project is a drug incident information sharing project modeled after New Jersey's Drug Monitoring Initiative. OBN plans to use the information and intelligence created by this project to develop products and publications.

OBN's leadership developed five goals for this project. First, the agency will collect timely and accurate statewide public safety and health data to understand drug trends and assess current threats. Second, OBN will develop and maintain working relationships with public safety and public health partners. Third, the agency will provide real-time awareness of drug threats impacting Oklahoma. Fourth, OBN will create comprehensive response plans based on project findings and best practices. Finally, the agency hopes to influence the development of effective drug policy and practices in Oklahoma.

Overdose Detection Mapping Application Program (ODMAP)

Recently, OBN began working with local law enforcement to implement the Overdose Detection Mapping Application Program (ODMAP). Originally created by the Washington/Baltimore HIDTA, ODMAP is a free mobile tool for first responders to enter and share real-time overdose data across jurisdictions. OBN's goal is for all law enforcement and first responders to enter overdose information in ODMAP. The Custer County Sheriff's Office, Weatherford Police Department, Garvin County Sheriff's Office, and the Oklahoma Medical Examiner's Office have agreed to serve as pilot agencies for the initiative.

Section 3: District Profiles

For this year’s drug threat assessment, OBN completed a brief drug threat profile for each of the 27 judicial districts. OBN collected data from the best available sources for each data source. District profiles include data for reported arrests, drug lab submittals, fatal crashes, treatment admissions, and fatal overdoses. The Oklahoma State Bureau of Investigation provided arrest data and drug lab submittal data. The Oklahoma Highway Safety Office provided fatal crash data. The Oklahoma Department of Mental Health and Substance Abuse Services provided treatment admission data – treatment admissions are based on fiscal year. The Oklahoma Office of Chief Medical Examiner, in cooperation with OBN analysts, provided fatal overdose data. Law enforcement feedback is also provided in the report. OBN collected this feedback from its annual needs assessment survey.

District 1 Profile

Counties: Beaver, Cimarron, Harper, and Texas



District 1 is located in the panhandle of Oklahoma. With an estimated population of 32,177, District 1 includes Cimarron, Texas, Beaver, and Harper counties. The largest city in District 1 is Guymon. District 1 respondents identified methamphetamine and marijuana as the top drug threats in their area, followed by prescription opioids and prescription stimulants.

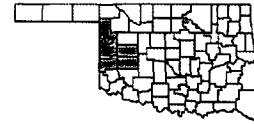
Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Beaver	30.0%	28	2	4	2
Cimarron	79.3%	14	1	0	0
Harper	**	1	0	2	0
Texas	15.6%	52	1	32	1
District Total	19.8%	95	4	38	3

** Harper County did not report any drug-related arrests in 2017

District 2 Profile

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



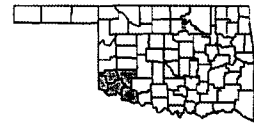
District 2, located in western Oklahoma, includes Beckham, Custer, Ellis, Roger Mills, and Washita counties. With an estimated population of 69,409, the largest city in District 2 is Sayre. District 2 respondents identified methamphetamine as the top drug threat, followed by marijuana and prescription opioids.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Beckham	18.8%	125	1	83	9
Custer	19.9%	226	2	83	2
Ellis	21.1%	7	0	5	0
Roger Mills	10.5%	5	0	8	0
Washita	20.0%	25	2	26	5
District Total	19.4%	388	5	205	16

District 3 Profile

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



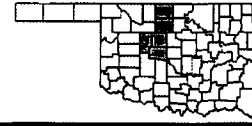
District 3 is located in southwest Oklahoma. With an estimated population of 49,983, District 3 includes Greer, Harmon, Jackson, Kiowa, and Tillman counties. District 3 respondents identified methamphetamine and prescription opioids as the top drug threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Greer	5.0%	7	0	31	1
Harmon	14.3%	6	0	7	1
Jackson	12.8%	130	2	83	8
Kiowa	31.3%	27	2	47	3
Tillman	17.7%	19	0	18	0
District Total	15.3%	189	4	186	13

District 4 Profile

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



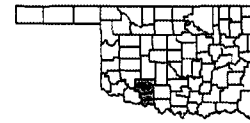
District 4 is located in the west central region of Oklahoma. With an estimated population of 231,069, District 4 includes Blaine, Canadian, Garfield, Grant, and Kingfisher counties. The largest cities in District 4 include Enid, El Reno, Mustang, and Yukon. District 4 respondents identified marijuana as the top drug threat, followed by methamphetamine and prescription opioids.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Blaine	11.7%	48	2	39	2
Canadian	17.2%	388	3	250	13
Garfield	14.4%	391	1	226	11
Grant	37.7%	37	0	4	0
Kingfisher	30.0%	59	4	21	5
District Total	16.3%	923	10	540	31

District 5 Profile

Counties: Comanche and Cotton



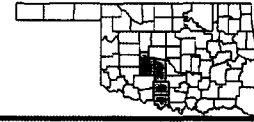
District 5, which is located in south central Oklahoma, includes Comanche and Cotton counties. With an estimated population of 127,349, the largest city in the district is Lawton. District 5 respondents identified prescription opioids and methamphetamine as the top drug threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Comanche	19.2%	595	7	223	22
Cotton	23.5%	50	1	19	0
District Total	19.3%	645	8	242	22

District 6 Profile

Counties: Caddo, Grady, Jefferson, and Stephens



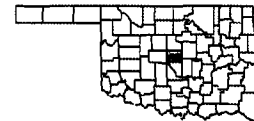
District 6 is located in the west central Oklahoma. With an estimated population of 133,631, District 6 includes Caddo, Grady, Jefferson, and Stephens counties. District 6 respondents identified methamphetamine as the top drug threat in their area, followed by marijuana and prescription opioids. Several respondents reported they have experienced an increase in heroin availability and use in communities.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Caddo	15.4%	207	2	79	4
Grady	17.9%	167	6	141	4
Jefferson	31.3%	42	0	13	2
Stephens	14.4%	233	1	94	7
District Total	16.5%	649	9	327	17

District 7 Profile

Counties: Oklahoma



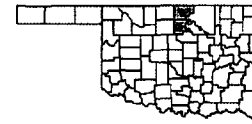
District 7 is located in central Oklahoma and includes Oklahoma County. With an estimated population of 787,958, many of the state's largest cities are located in Oklahoma County, including Bethany, Edmond, Midwest City, Nichols Hills, Warr Acres, and Oklahoma City – the state's largest city. District 7 respondents identified prescription opioids as the top drug threat in their area, followed by marijuana and methamphetamine. Several respondents identified heroin, Fentanyl, and LSD as emerging threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Oklahoma	20.4%	1,494	12	3,210	212
District Total	20.4%	1,494	12	3,210	212

District 8 Profile

Counties: Kay and Noble



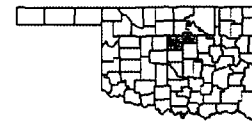
District 8, which is located in northern Oklahoma, includes Kay and Noble counties. Kay County shares its northern border with Kansas. With an estimated population of 55,821, the largest cities in District 8 are Blackwell, Newkirk, Perry, and Ponca City. District 8 respondents identified marijuana and methamphetamine as top drug threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Kay	15.2%	432	1	176	12
Noble	20.6%	49	3	13	1
District Total	15.6%	481	4	189	13

District 9 Profile

Counties: Logan and Payne



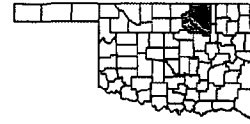
Located in north central Oklahoma, District 9 includes Logan and Payne counties. With an estimated population of 128,359, the largest cities in District 9 are Guthrie and Stillwater. District 9 respondents reported marijuana as the top drug threats, followed by prescription opioids and methamphetamine.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Logan	27.0%	104	0	124	5
Payne	21.1%	561	3	123	3
District Total	22.2%	665	3	247	8

District 10 Profile

Counties: Osage and Pawnee



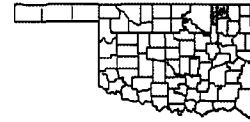
Located in northeast Oklahoma, District 10 includes Osage and Pawnee counties. With an estimated population of 63,705, the largest communities in District 10 are Pawhuska and Pawnee. District 10 respondents identified methamphetamine and prescription opioids as top drug threats. Respondents also reported an increase in opioids and “heroin-opioid derivatives.”

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Osage	26.2%	266	6	57	11
Pawnee	21.0%	95	2	36	5
District Total	24.2%	361	8	93	16

District 11 Profile

Counties: Nowata and Washington



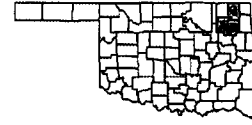
District 11 is located in the northeast region of the state and shares its border with Kansas. With an estimated population of 62,238, District 11 includes Nowata and Washington counties. The largest communities in District 11 are Nowata and Bartlesville. Respondents from District 11 reported methamphetamine and marijuana as top drug threats. Two respondents reported that they are starting to see more heroin on the streets.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Nowata	41.8%	76	2	23	0
Washington	5.1%	116	3	133	9
District Total	36.1%	192	5	156	9

District 12 Profile

Counties: Craig, Mayes, and Rogers



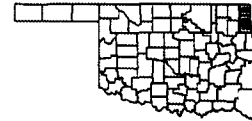
Located in northeast Oklahoma, District 12 includes Craig, Mayes, and Rogers counties. With an estimated population of 146,692, the largest cities in District 12 are Claremore, Catoosa, and Vinita. District 12 respondents identified prescription opioids and marijuana as top drug threats in their area.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Craig	23.3%	69	0	27	2
Mayes	18.2%	178	2	86	7
Rogers	21.5%	364	2	199	5
District Total	20.6%	611	4	312	14

District 13 Profile

Counties: Delaware and Ottawa



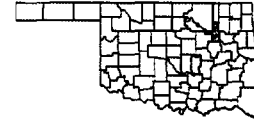
District 13 is located in the far northeast region of the state and shares its borders with Kansas, Missouri, and Arkansas. With an estimated population of 73,914, District 13 includes Delaware and Ottawa counties. The largest cities in District 13 are Grove and Miami. District 13 respondents identified marijuana and methamphetamine as the top drug threats in their area, followed by prescription opioids.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Delaware	25.1%	174	2	64	8
Ottawa	26.0%	202	7	116	6
District Total	25.6%	376	9	180	14

District 14 Profile

Counties: Tulsa



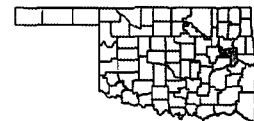
District 14 is located in northeast Oklahoma and serves the city of Tulsa. With an estimated population of 646,266, District 14 includes Collinsville, Glenpool, Collinsville, and Tulsa – the state’s second largest city. District 14 respondents identified prescription opioids as the top drug threat in their area, followed by methamphetamine and heroin. Over half (57.1%) of respondents reported heroin as an emerging drug threat. Several respondents reported an increase in drug cartel activities. One respondent reported they have “several cartel cells operating heroin trafficking rings.”

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Tulsa	11.9%	876	24	1,749	157
District Total	11.9%	876	24	1,749	157

District 15 Profile

Counties: Muskogee



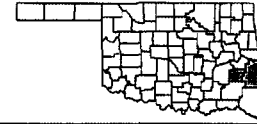
District 15 is located in northeast Oklahoma. With an estimated population of 69,086, Muskogee County includes Muskogee, Fort Gibson, Boynton, and Webbers Falls. Law enforcement in Muskogee County did not respond to the survey.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Muskogee	12.7%	347	2	402	13
District Total	12.7%	347	2	402	13

District 16 Profile

Counties: Latimer and LeFlore



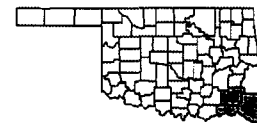
Located in southeast Oklahoma, District 16 includes Latimer and LeFlore counties. With an estimated population of 60,142, the largest cities in District 16 include Heavener, Poteau, and Wilburton. District 16 respondents identified prescription opioids as the top drug threat in their area, followed by methamphetamine.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Latimer	37.3%	146	2	49	3
LeFlore	15.9%	297	4	111	14
District Total	20.8%	443	6	160	17

District 17 Profile

Counties: Choctaw, McCurtain, and Pushmataha



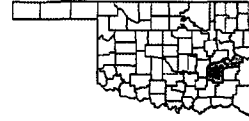
Located in far southeast Oklahoma, District 17 includes Choctaw, McCurtain, and Pushmataha counties. District 17 shares its borders with Arkansas and Texas. With an estimated population of 58,844, District 17 includes Hugo, Broken Bow, Idabel, and Antlers. District 17 respondents reported methamphetamine and marijuana as the top drug threats in their area, followed by prescription opioids.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Choctaw	12.4%	118	2	142	1
McCurtain	18.9%	211	2	154	7
Pushmataha	33.7%	160	0	37	2
District Total	16.0%	489	4	333	10

District 18 Profile

Counties: Haskell and Pittsburg



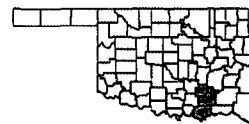
District 18, which includes Haskell and Pittsburg counties, is located in southeast Oklahoma. With an estimated population of 56,947, District 18 includes McAlester, Krebs, and Stigler. District 18 respondents reported prescription stimulants as the top drug threat in their communities, followed by methamphetamine, marijuana, and prescription opioids.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Haskell	28.4%	111	0	67	3
Pittsburg	22.1%	520	3	218	8
District Total	22.9%	631	3	285	11

District 19 Profile

Counties: Atoka, Bryan, and Coal



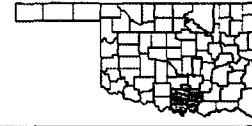
Located in southeast Oklahoma, District 19 includes Atoka, Bryan, and Coal counties. With an estimated population of 65,848, the largest cities in District 19 are Coalgate, Atoka, and Durant. District 19 respondents reported methamphetamine and prescription opioids as top drug threats. One respondent wrote, "Prescription drugs are more deadly, but methamphetamine causes more crime."

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Atoka	40.7%	96	2	38	2
Bryan	10.5%	384	4	158	10
Coal	55.6%	52	0	23	4
District Total	15.6%	532	6	219	16

District 20 Profile

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



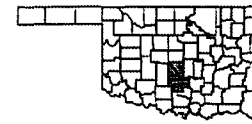
Located in south central Oklahoma, District 20 includes Carter, Johnston, Love, Marshall, and Murray counties. With an estimated population of 99,571, District 20 includes Marietta, Ardmore, Lone Grove, Tishomingo, Madill, and Davis. District 20 respondents reported methamphetamine and marijuana as the top drug threats in their area, followed by prescription opioids.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Carter	23.3%	451	0	171	15
Johnston	15.5%	38	0	18	3
Love	26.4%	210	1	15	2
Marshall	20.6%	106	0	25	5
Murray	34.4%	150	2	19	4
District Total	23.9%	995	3	248	29

District 21 Profile

Counties: Cleveland, Garvin, and McClain



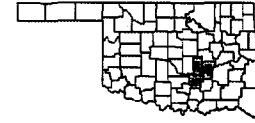
Located in the south central region, District 21 includes Cleveland, Garvin, and McClain counties. With an estimated population of 346,893, the largest cities in District 21 are Norman, Blanchard, Purcell, and Pauls Valley. District 21 respondents reported prescription opioids, methamphetamine, and marijuana as top drug threats. Several respondents reported an increase in heroin on the streets.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Cleveland	15.9%	568	7	528	36
Garvin	10.2%	200	3	58	9
McClain	31.3%	331	3	75	5
District Total	16.1%	1,099	13	661	50

District 22 Profile

Counties: Hughes, Pontotoc, and Seminole



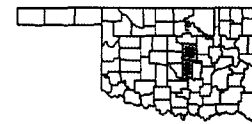
District 22 is located in south central Oklahoma and includes the counties of Hughes, Pontotoc, and Seminole. With an estimated population of 76,404, the largest cities in District 22 are Ada, Holdenville, and Wewoka. District 22 respondents reported methamphetamine and marijuana as top drug threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Hughes	22.2%	78	0	73	5
Pontotoc	13.9%	273	5	173	6
Seminole	13.6%	67	3	163	4
District Total	14.7%	418	8	409	15

District 23 Profile

Counties: Lincoln and Pottawatomie



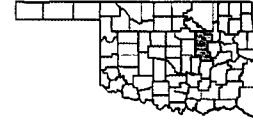
Located in south central Oklahoma, District 23 includes Lincoln and Pottawatomie counties. With an estimated population of 107,368, the largest cities in District 23 are Shawnee, Tecumseh, and Chandler. District 23 respondents reported methamphetamine and prescription opioids as top drug threats, followed by marijuana. Over half of respondents in this district reported heroin as an emerging drug threat.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Lincoln	9.9%	84	3	133	6
Pottawatomie	20.4%	522	3	374	13
District Total	18.6%	606	6	507	19

District 24 Profile

Counties: Creek and Okfuskee



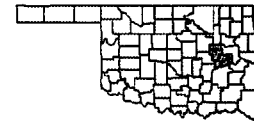
District 24, which includes Creek and Okfuskee counties, is located in north central Oklahoma. With an estimated population of 83,844, the largest cities in District 24 are Sapulpa, Bristow, and the town of Okemah. District 24 respondents reported methamphetamine and prescription opioids as the top drug threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Creek	28.7%	331	4	261	12
Okfuskee	9.1%	41	2	65	1
District Total	26.9%	372	6	326	13

District 25 Profile

Counties: Okmulgee and McIntosh



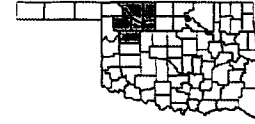
Located in east central Oklahoma, District 25 includes Okmulgee and McIntosh counties. With an estimated population of 58,672, Okmulgee, Eufaula, and Checotah are the largest cities in the district. Respondents from District 25 reported marijuana as the top drug threat, followed by prescription opioids. One respondent wrote, "CBD oil is becoming more prevalent in vape form."

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Okmulgee	17.9%	254	0	183	9
McIntosh	24.9%	149	2	81	4
District Total	19.9%	403	2	264	13

District 26 Profile

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



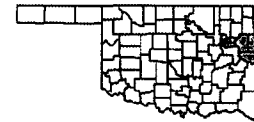
District 26 is located in northwest Oklahoma and includes the counties of Alfalfa, Dewey, Major, Woods, and Woodward. With an estimated population of 47,968, the largest cities in District 26 include Alva, Cherokee, Fairview, and Woodward. District 26 respondents reported prescription opioids, methamphetamine, and marijuana as top drug threats.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Alfalfa	17.2%	28	1	6	0
Dewey	27.0%	4	0	13	1
Major	17.4%	2	0	7	3
Woods	39.1%	4	0	22	1
Woodward	13.8%	143	4	64	3
District Total	20.0%	181	5	112	8

District 27 Profile

Counties: Adair, Cherokee, Sequoyah, and Wagoner



District 27 is located in northeast Oklahoma. With an estimated population of 190,706, District 27 includes Adair, Cherokee, Sequoyah, and Wagoner counties. The largest cities in District 27 include Stilwell, Sallisaw, Tahlequah, and Wagoner. Interstate 40 runs east-west through Sequoyah County. Respondents from District 27 reported prescription opioids and methamphetamine as top drug threats. When asked about emerging drug threats, respondents reported an increase in the amount of heroin and LSD on the streets.

Select Drug-Related Data - 2017, by County

	% of All Arrests Related to Drugs	OSBI Drug Lab Submittals	Fatal Crashes	Treatment Admissions	Overdose Deaths
Adair	14.1%	127	1	117	6
Cherokee	20.2%	449	2	81	7
Sequoyah	30.4%	603	1	136	12
Wagoner	21.9%	363	2	149	12
District Total	24.2%	1,542	6	483	37

References

- Hedegaard H, Warner M, Miniño AM. *Drug overdose deaths in the United States, 1999–2016*. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics.
- Oklahoma Bureau of Narcotics and Dangerous Drugs (2018). *Overdose Deaths in Oklahoma*. Oklahoma City, Oklahoma.
- Oklahoma Department of Mental Health and Substance Abuse Services (2018). *ODMHSAS Online Query System: Primary Drug Admissions*. Retrieved from http://www.odmhsas.org/eda/oonqus_drug.htm
- Oklahoma Office of the Chief Medical Examiner (2017). *Annual Report*. Retrieved from <https://www.ok.gov/ocme/>.
- Oklahoma State Bureau of Investigation (2018). *An Analysis of OSBI Lab Submittals*. Oklahoma City, Oklahoma.
- Oklahoma State Bureau of Investigation (2018). *Crime in Oklahoma*. Oklahoma City, Oklahoma.
- United States Census Bureau (2017). *U.S. Census Quick Facts: Oklahoma*. Retrieved from <https://www.census.gov/quickfacts/OK>.
- United States Department of Justice Drug Enforcement Administration (2017). *National Drug Threat Assessment*. Retrieved from https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf.
- United States Department of Justice Drug Enforcement Administration (2017). *Texoma HIDTA 2017 Threat Assessment*. Washington, D.C.

Appendix

Drug Prices in Oklahoma, 2017

Street Drugs	Price Range	Prescription Drugs	Price Range
Cocaine - Powder		Depressants	
Gram	\$50-\$100	Alprazolam	\$5-\$10
Ounce	\$600-\$1,500	Diazepam	\$2-\$10
Pound	\$8,000-\$15,000	Zolpidem	\$5-\$10
Cocaine - Crack		Narcotics	
Gram	\$50-\$100	Carisoprodol	\$2-\$3
Ounce	\$600-\$1,500	Fentanyl	\$50-\$150
Pound	\$9,600-\$16,000	Hydrocodone	\$5-\$30
Heroin		Methadone	\$10-\$80
Gram	\$80-\$150	Morphine	\$10-\$150
Ounce	\$2,000-\$2,240	Oxycodone	\$5-\$100
Pound	\$20,000-\$24,000	Tramadol	\$5-\$30
Marijuana (Plant)		Stimulants	
Gram	\$10-\$20	Amphetamine (Adderall)	\$15-\$25
Ounce	\$150-\$400	Methylphenidate (Ritalin)	\$5-\$20
Pound	\$1,000-\$6,000	Phentermine	\$60-\$80
Marijuana (Wax/Concentrates)		Other Drugs	Price Range
Gram	\$30-\$60	MDMA/Ecstasy	
Dose	\$2-\$5	Dosage	\$10-\$30
Methamphetamine		PCP	
Gram	\$40-\$100	Hit	\$15-\$20
Ounce	\$250-\$800	Gram	\$100-\$150
Pound	\$3,000-\$10,000	Ounce	\$1,500-\$1,700
		Psilocybin (Mushrooms)	
		Gram	\$5-\$10
		Ounce	\$150-\$200

Overdose Deaths, by County

County	2013	2014	2015	2016	2017
Adair	3	7	5	9	6
Alfalfa	0	0	2	1	0
Atoka	1	2	3	5	2
Beaver	0	3	1	0	2
Beckham	5	1	5	7	9
Blaine	0	1	4	4	2
Bryan	11	8	11	18	10
Caddo	6	4	0	8	4
Canadian	10	18	11	11	13
Carter	20	13	17	12	15
Cherokee	13	14	13	15	7
Choctaw	1	4	5	9	1
Cimarron	1	1	0	0	0
Cleveland	43	35	45	42	36
Coal	2	2	1	0	4
Comanche	17	36	20	25	22
Cotton	0	0	0	1	0
Craig	1	1	4	3	2
Creek	15	20	10	15	12
Custer	6	3	6	2	2
Delaware	7	7	4	12	8
Dewey	0	0	0	1	1
Ellis	1	1	0	0	0
Garfield	16	12	5	5	11
Garvin	10	3	11	8	9
Grady	7	8	7	9	4
Grant	1	1	1	0	0
Greer	0	0	1	1	1
Harmon	0	0	0	0	1
Harper	0	0	0	0	0
Haskell	2	3	3	1	3
Hughes	4	4	1	0	5
Jackson	4	2	7	6	8
Jefferson	3	1	0	1	2
Johnston	4	5	3	3	3
Kay	8	4	7	8	12
Kingfisher	1	0	1	1	5
Kiowa	5	1	2	0	3
Latimer	0	1	6	3	3

County	2013	2014	2015	2016	2017
LeFlore	12	10	13	17	14
Lincoln	6	4	9	5	6
Logan	9	4	5	4	5
Love	3	1	1	4	2
Major	0	0	0	0	3
Marshall	3	2	2	4	5
Mayes	5	12	16	7	7
McClain	7	6	13	8	5
McCurtain	6	8	4	15	7
McIntosh	3	7	7	6	4
Murray	1	5	3	5	4
Muskogee	18	27	24	33	13
Noble	1	1	1	2	1
Nowata	0	0	1	1	0
Okfuskee	4	6	2	1	1
Oklahoma	205	197	185	199	212
Okmulgee	4	9	8	6	9
Osage	6	4	4	8	11
Ottawa	4	6	11	4	6
Pawnee	6	2	5	3	5
Payne	9	3	11	16	3
Pittsburg	14	15	11	12	8
Pontotoc	8	8	5	9	6
Pottawatomie	12	10	16	16	13
Pushmataha	4	2	4	6	2
Roger Mills	1	0	1	1	0
Rogers	11	13	13	9	5
Seminole	5	4	4	3	4
Sequoyah	12	14	10	12	12
Stephens	12	13	14	6	7
Texas	4	6	1	1	1
Tillman	2	2	1	0	0
Tulsa	124	132	184	193	157
Wagoner	15	16	12	16	12
Washington	8	14	7	13	9
Washita	1	6	1	1	5
Woods	1	1	3	3	1
Woodward	5	3	1	4	3
Total	779	799	835	899	796

Prescription Opioid Deaths, by County

County	2013	2014	2015	2016	2017
Adair	3	6	2	3	4
Alfalfa	0	0	0	1	0
Atoka	1	2	1	4	1
Beaver	0	2	1	0	1
Beckham	2	0	3	5	5
Blaine	0	0	3	3	2
Bryan	10	6	10	12	5
Caddo	4	1	0	4	1
Canadian	6	13	5	5	6
Carter	16	7	9	8	6
Cherokee	8	9	7	9	3
Choctaw	0	3	4	5	0
Cimarron	1	1	0	0	0
Cleveland	31	24	26	21	17
Coal	2	1	1	0	2
Comanche	4	25	11	10	10
Cotton	0	0	0	1	0
Craig	0	0	3	1	1
Creek	11	17	7	9	5
Custer	5	2	4	1	0
Delaware	5	6	2	6	4
Dewey	0	0	0	0	1
Ellis	1	0	0	0	0
Garfield	10	4	4	0	2
Garvin	8	2	3	3	7
Grady	3	7	5	7	2
Grant	1	1	0	0	0
Greer	0	0	0	0	1
Harmon	0	0	0	0	1
Harper	0	0	0	0	0
Haskell	2	1	2	0	1
Hughes	1	3	0	0	1
Jackson	4	1	1	3	4
Jefferson	1	1	0	1	2
Johnston	2	4	2	1	1
Kay	4	3	4	3	3
Kingfisher	0	0	1	0	3
Kiowa	4	0	1	0	2
Latimer	0	0	4	1	1

County	2013	2014	2015	2016	2017
LeFlore	6	5	8	10	10
Lincoln	1	4	6	3	4
Logan	6	2	4	2	2
Love	3	1	1	2	1
Major	0	0	0	0	2
Marshall	2	1	2	2	2
Mayes	1	8	12	5	4
McClain	4	6	7	5	1
McCurtain	2	3	2	5	1
McIntosh	2	3	5	1	1
Murray	1	4	2	3	0
Muskogee	13	16	20	14	4
Noble	1	1	1	0	0
Nowata	0	0	1	1	0
Okfuskee	1	3	2	1	0
Oklahoma	131	114	83	94	65
Okmulgee	2	4	5	4	2
Osage	3	1	3	3	3
Ottawa	3	3	4	2	3
Pawnee	3	1	3	3	3
Payne	5	1	6	6	0
Pittsburg	8	9	5	6	3
Pontotoc	5	6	4	4	2
Pottawatomie	7	8	10	7	5
Pushmataha	4	0	4	5	1
Roger Mills	1	0	1	0	0
Rogers	10	10	9	5	2
Seminole	3	2	3	2	2
Sequoyah	10	9	6	6	7
Stephens	7	10	8	4	4
Texas	4	4	1	1	0
Tillman	1	1	1	0	0
Tulsa	84	76	92	78	60
Wagoner	10	11	9	13	9
Washington	6	10	3	5	3
Washita	1	3	1	1	3
Woods	1	0	1	2	1
Woodward	5	2	1	3	2
Total	507	494	462	435	317

Opioid Drug List – Drug Generic Name

Drug AHFS Class Description	Drug Generic Name
opiate agonists	hydrocodone bitartrate/acetaminophen
opiate agonists	tramadol hcl
opiate agonists	oxycodone hcl/acetaminophen
opiate agonists	oxycodone hcl
opiate agonists	morphine sulfate
opiate agonists	acetaminophen with codeine phosphate
opiate agonists	fentanyl
opiate partial agonists	buprenorphine hcl/naloxone hcl
opiate partial agonists	buprenorphine hcl
opiate agonists	methadone hcl
opiate agonists	hydromorphone hcl
opiate agonists	oxymorphone hcl
opiate agonists	hydrocodone/ibuprofen
opiate agonists	tramadol hcl/acetaminophen
opiate agonists	hydrocodone bitartrate
opiate partial agonists	buprenorphine
opiate agonists	meperidine hcl
opiate agonists	tapentadol hcl
opiate agonists	butalbital/acetaminophen/caffeine/codeine phosphate
opiate partial agonists	pentazocine hcl/naloxone hcl
opiate agonists	codeine phosphate/butalbital/aspirin/caffeine
opiate partial agonists	butorphanol tartrate
opiate agonists	acetaminophen/caffeine/dihydrocodeine bitartrate
opiate agonists	fentanyl citrate
opiate agonists	morphine sulfate/naltrexone hcl
opiate agonists	codeine sulfate
opiate agonists	oxycodone hcl/aspirin
opiate agonists	meperidine hcl/pf
opiate agonists	hydromorphone hcl/pf
opiate agonists	oxycodone myristate
opiate partial agonists	pentazocine hcl/acetaminophen
opiate agonists	fentanyl citrate/pf
opiate agonists	opium/belladonna alkaloids
opiate agonists	codeine phosphate
opiate agonists	aspirin/caffeine/dihydrocodeine bitartrate
opiate agonists	levorphanol tartrate
opiate agonists	morphine sulfate/pf
opiate agonists	ibuprofen/oxycodone hcl
opiate agonists	oxycodone hcl/oxycodone terephthalate/aspirin
opiate partial agonists	nalbuphine hcl
opiate agonists	sufentanil citrate
opiate agonists	propoxyphene napsylate/acetaminophen
opiate agonists	remifentanil hcl

EXHIBIT 33

1 IN THE DISTRICT COURT OF CLEVELAND COUNTY
2 STATE OF OKLAHOMA

3 STATE OF OKLAHOMA, ex rel.,
4 MIKE HUNTER, ATTORNEY GENERAL
OF OKLAHOMA,

5 Plaintiff,
6 vs.

No. CJ-2017-816

- 7 (1) PURDUE PHARMA, L.P.,
- 8 (2) PURDUE PHARMA, INC.,
- 9 (3) THE PURDUE FREDERICK COMPANY;
- 10 (4) TEVA PHARMACEUTICALS USA, INC.;
- 11 (5) CEPHALON, INC.;
- 12 (6) JOHNSON & JOHNSON;
- 13 (7) JANSSEN PHARMACEUTICALS, INC.;
- 14 (8) ORTHO-McNEIL-JANSSEN
PHARMACEUTICALS, INC., n/k/a
- 15 JANSSEN PHARMACEUTICALS, INC.;
- 16 (9) JANSSEN PHARMACEUTICA, INC.;
- 17 n/k/a JANSSEN PHARMACEUTICALS, INC.;
- 18 (10) ALLERGAN, PLC, f/k/a ACTAVIS PLC,
- 19 f/k/a ACTAVIS, INC., f/k/a WATSON
- 20 PHARMACEUTICALS, INC.;
- 21 (11) WATSON LABORATORIES, INC.;
- 22 (12) ACTAVIS LLC; and
- 23 (13) ACTAVIS PHARMA, INC.;
- 24 f/k/a WATSON PHARMA, INC.;
- 25 Defendants.

19 VIDEOCONFERENCE DEPOSITION OF BRUCE BAGLEY, PhD.
20 TAKEN ON BEHALF OF THE PLAINTIFFS
21 ON MARCH 26, 2019, BEGINNING AT 10:20 A.M. EST
22 IN OKLAHOMA CITY, OKLAHOMA

24 VIDEOTAPED BY: George Vallejo

25 REPORTED BY: Lacy Antle, CSR, RPR

1 semantics, I don't normally use the term "epidemic,"
2 but opioid crisis, if you're meaning the same thing,
3 in various parts of the United States they're
4 certainly suffering an opioid crisis, and in the
5 state of Oklahoma, yes, they are suffering from
6 that.

7 Q (BY MS. REEVES) Dr. Bagley, when, in your
8 opinion, did the opioid crisis start in Oklahoma?

9 MS. STRONG: Objection to form.

10 THE WITNESS: Well, I think, if we look at
11 the data, that there was a gradual increase in
12 opioid use in late 1990's and incremental, but
13 noticeable increase over the first decade of the
14 21st century and I would mark the spike that has led
15 to the overdose crisis, I would indicate that it was
16 2013 and beyond, which is when illicit fentanyl
17 became a prevalent synthetic drug added to both
18 counterfeit pills and to heroin, as well as cocaine
19 and methamphetamine, but specifically to counterfeit
20 opioid pills and illicit or illegal heroin imported
21 from Mexico into the United States, and the data
22 indicate very clearly from 2013 a spike in the
23 number of overdose deaths related to or involved in
24 the opioid crisis, yes.

25 Q (BY MS. REEVES) In your opinion, what

1 **caused Oklahoma's opioid crisis?**

2 MS. STRONG: Objection to form. And I
3 would object to the extent that you're seeking
4 information from him outside the scope of his expert
5 opinion, of course, he does have -- he is here to
6 testify about his opinions, but your question seems
7 to call for, potentially, topics that go outside the
8 scope of his opinion as well.

9 **Q (BY MS. REEVES) You may answer, Doctor.**

10 A There are -- yeah, there are a
11 multiplicity of factors that have contributed to the
12 current opioid crisis and they range across the
13 board from illegal activity in terms of deviation of
14 drugs, theft, misuse of pills by patients, a variety
15 of domestic factors, but my expertise leads me to
16 focus on the international dimensions of the opioid
17 crisis, and specifically, I think that one of the
18 major drivers in the current opioid crisis in
19 Oklahoma and in various parts of the United States
20 is directly related to the illegal activities of key
21 transnational criminal organizations in Mexico and
22 Columbia that are the principal suppliers of heroin,
23 illicit fentanyl, counterfeit pills that are often
24 laced with fentanyl, and that this is the factor
25 that has led specifically to the spike since 2013 in

1 the overdose deaths that we have seen ratchet up
2 across the United States and certainly in Oklahoma
3 as well.

4 Q Doctor, can you list for me all of the
5 various factors which, in your opinion, have either
6 caused or contributed to the opioid crisis in
7 Oklahoma? And I'd like for you to list, I'm going
8 to number them one through whatever, could you list
9 those factors for me?

10 MS. STRONG: Objection to form. Asked and
11 answered. And again, to the extent that you're
12 seeking testimony from him about factors that would
13 be outside the scope of his particular expert
14 opinion, then I would object on the grounds that
15 it's outside the scope. To the extent you're asking
16 about his opinions and his area of expertise with
17 respect to the cause, he ought to answer on that
18 basis.

19 THE WITNESS: As I stated earlier, there
20 are a complex set of factors that are involved and I
21 cannot provide you with a list from one until
22 whatever number it is. Many of these areas involve
23 practices of medical professionals, pharmacies, of
24 distributors, of any number of other factors that I
25 simply can't even list for you, but from my

1 perspective is that the questions you asked me has
2 got a much more complicated answer. There is a kind
3 of indirect relationship when one drug is no longer
4 available, other drugs, right, may well be used to
5 fill in that space and in some senses the United
6 States law enforcement authorities created a kind of
7 void that allowed a flow of illicit drugs into the
8 United States to take place and contributed, in some
9 senses, to that process, there are obviously
10 increased pressures on the illicit or illegal
11 obtention of opioids in other fashions, that is both
12 counterfeit pills from abroad and obtaining through
13 theft and illegal prescription and all kind --
14 doctor shopping and all other kinds of things taking
15 place, so it is really quite a complex question, it
16 would take us much longer than I have to extend my
17 answer.

18 Q (BY MS. REEVES) If you turn to page 6 of
19 your expert disclosures.

20 A Page 6, yes.

21 Q In Paragraph 16 you state that, "According
22 to DEA reports from 2014 to the present, U.S. law
23 enforcement agencies failures to interdict illicit
24 opioids that originate outside" --

25 A I'm not quite following you. Excuse me.

1 I'm not quite following. You said page 6?

2 Q No, page 8, Paragraph 16.

3 A Okay. Page 8, all right. I'm now on page
4 8 and I now see Paragraph 16, yes.

5 Q In Paragraph 16 you state, "According to
6 DEA reports from 2014 through the present, U.S. law
7 enforcement agencies failures to interdict illicit
8 opioids that originate outside the United States has
9 been the major drivers beyond the opioid overdose
10 crises."

11 Do you see where I'm reading?

12 A Yes, I do.

13 Q Do you agree with those DEA reports?

14 A Yes, I think --

15 MS. STRONG: Objection to form.

16 Q (BY MS. REEVES) I believe I --

17 A I read DEA reports and use them
18 frequently, so I agree the DEA, in a sense, is
19 indulging in its criticism, if you like, that they
20 have very difficult challenges in attempting to slow
21 or in any way halt meaningfully the flow of illegal
22 drugs, especially from Mexico into the United
23 States, and that those, if you like, failures, to be
24 able to control this flow have made much more
25 available illicit opioids, such as heroin, fentanyl

1 and the others that we have mentioned, including
2 counterfeit pills, so yes, I agree with these
3 reports and they've been quite consistent over the
4 last several years.

5 Q In reaching that opinion, did you rule out
6 any other potential drivers behind the opioid
7 overdose crisis in Oklahoma?

8 MS. STRONG: Objection to form. Again,
9 asked and answered. And object to the extent you're
10 seeking information about causes outside the scope
11 of this expert's opinion.

12 THE WITNESS: As I said before, I
13 recognize a multiplicity of factors that are
14 contributors to this. From my perspective, one of
15 the underestimated basic points here, I think, that
16 allows me to bring some relevant expertise to this
17 is the significant flows that have taken place from
18 abroad into the United States. According to our own
19 governmental reports, the DEA, and by the way,
20 others from the office of National Drug Control
21 Policy, as well as reports from nongovernmental
22 organizations, the flows that we see coming into the
23 United States have greatly expanded the availability
24 of illegal or illicit opioids of all sorts in the
25 United States, they are very important, significant

1 contributors. There's a clear correlation between
2 the expanded supply that the United States has had
3 and the spikes, particularly in opioid related
4 fentanyl-laced, of opioid deaths in the United
5 States, which is why the DEA reports and many others
6 have all highlighted the critical role that fentanyl
7 has been playing in the current opioid overdose
8 crisis that the United States has been experiencing,
9 so in that sense it seems to me that there is an
10 important correlation and an important causal
11 relationship between the external flows of these
12 illicit opioids into the United States and the
13 opioid crisis that we have suffered, but I don't
14 discard or discount all of the other possible
15 contributing factors, although I think that they're
16 less important than the one that I'm highlighting.
17 I don't know enough about the practice of medicine
18 in Oklahoma, I don't know a whole bunch of things
19 about how pharmacies work and other things.

20 So in my reading of the available
21 literature, in my reading of the U.S. government
22 documents on this, the external sources here have
23 clearly coincided with and driven, as I say several
24 times, the uptake, the spike in opioid overdose
25 deaths. That doesn't mean that I am a single cause,

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CERTIFICATE

STATE OF OKLAHOMA)
) SS:
COUNTY OF OKLAHOMA)

I, Lacy Antle, Certified Shorthand Reporter within and for the State of Oklahoma, do hereby certify that the above-named BRUCE BAGLEY was by me first duly sworn to testify the truth, the whole truth, and nothing but the truth, in the case aforesaid; that the above and foregoing deposition was by me taken in shorthand and thereafter transcribed; and that I am not an attorney for nor relative of any of said parties or otherwise interested in the event of said action.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 28th day of March, 2019.



Lacy Antle, CSR RPR