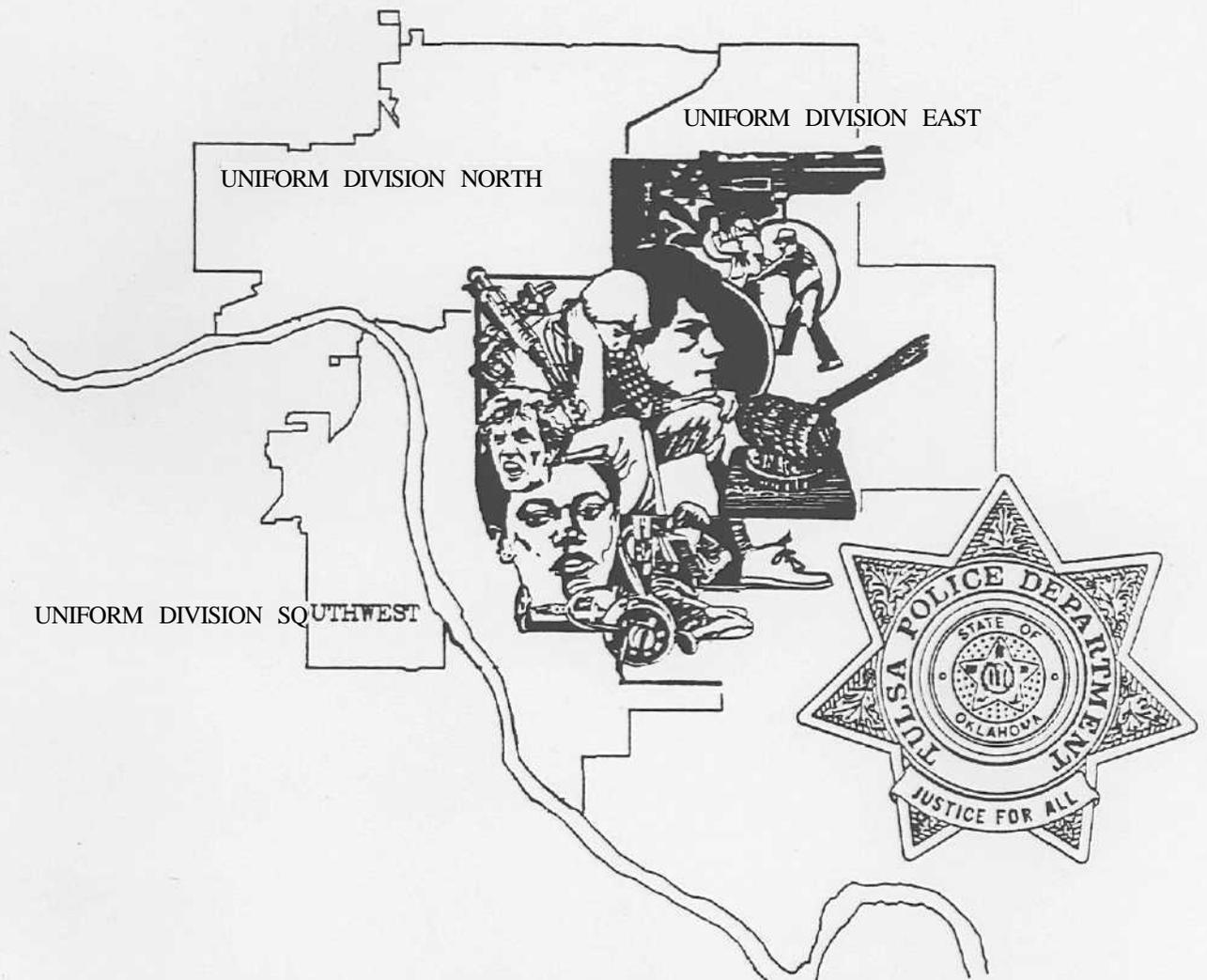


# DRUG-PROBLEM INVENTORY

TULSA POLICE DEPARTMENT



PROBLEM - ORIENTED APPROACH  
TO DRUG ENFORCEMENT

THE SCOPE AND EFFECT OF TULSA OKLAHOMAS DRUG PROBLEM  
DRUG PROBLEM INVENTORY

Tulsa, Oklahoma, Police Department

The Problem-Oriented Approach to Drug Enforcement project  
funded by the Bureau of Justice Assistance  
administered by the Police Executive Research Forum

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## The problem-oriented Approach to Drug Enforcement Project

The Police Executive Research Forum has a cooperative agreement with the Bureau of Justice Assistance to conduct a two year project applying the principles of problem-oriented policing to drug problems of five cities. The objectives of the project are three-fold:

- . To increase the effectiveness of police in battling drug problems by addressing the underlying problems that give rise to incidents that drive patrol time;
- . to increase the reliance on the knowledge and creative approaches of line officers to analyze problems and develop solutions; and,
- . to develop a closer involvement with the public to see that police address the needs of citizens.

Five cities are participating in the project—Atlanta, Tampa, Philadelphia, Tulsa, and San Diego. Each of the project sites has targeted a portion of its city that faces severe problems with a dimension of the comprehensive drug problem; street level dealing of crack cocaine is a major concern in each site. Four of the project cities have also focused predominantly upon areas which include large public housing complexes. Those cities are implementing project strategies that include an active role for both residents and management of the housing authorities. All of the cities are developing a cooperative interagency response to maximize the benefits of both public and private resources.

Each of the cities in the Problem-Oriented Approach to Drug Enforcement project has a formal task group or management committee that has conducted an inventory of the city's drug problem in a target area. In addition, those task groups are guiding the organizational application of the problem-oriented policing techniques. The strategies are being used by officers and supervisors involved in the project who were trained by the Forum staff. In each city, a Field Technical Assistance Coordinator provides technical assistance to the task group and to the officers who are using the problem-solving techniques.

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Comanche Park    Officers Ken Johnson & Vann FIJSS

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PROBLEM-ORIENTED APPROACH TO DRUG ENFORCEMENT  
TULSA POLICE DEPARTMENT  
DRUG PROBLEM INVENTORY

EXECUTIVE SUMMARY

The Tulsa Police Department became increasingly aware of a serious drug problem when calls concerning overt street dealing of drugs, men with guns and knives, shootings, and assaults escalated on the city's north side. Although it is known that the drug problem is not unique to any one class or one race, officers say that blatant "hand-to-hand" street dealing is most concentrated in low-income public housing in north Tulsa.

The purpose of this document is to describe Tulsa's drug problem by analyzing various factors in five north Tulsa public housing complexes: Morning Star, Vernon Manor, Comanche Park, Osage Hills, and Seminole Hills I & II. An analysis of these five complexes indicated that they were experiencing more drug-related incidents and crimes of violence than any other area in the city of Tulsa. A residential survey conducted by the Tulsa Police Department ascertained that the people living in these complexes, except for Osage Hills, are 91% to 96% black, and most are single female heads of households. The research and findings presented in this study indicate that this population is particularly vulnerable to those who deal crack cocaine in the streets of public housing neighborhoods.

The analysis of the drug problem in north Tulsa's housing complexes includes facts about the people involved: Who are the victims, and to what extent have they been victimized in the past? Who are the criminals, and why are they involved in illicit drugs? Other parties will also be addressed--the community at large, social service providers, and others who have felt the effects of drug trafficking.

This document describes many of the factors that contribute to the drug problem in the target complexes. The analysis of the underlying conditions surrounding the drug problem serves as the basis for developing responses designed to reduce the problem of drug trafficking and the accompanying violence in the target area. These responses will be comprehensive, including actions by the community at large--the police department, the residents in the target area, the service agencies in the city, the media, and the business community. Although drugs are most visible in north Tulsa, the inventory shows that the problem is not isolated to this community alone. The problem is city-wide, and it is incumbent that the entire community respond to the problem.

#### Barriers to Data Collection

A Management Team was formed in June 1988 to analyze the extent of the drug problems in the city by collecting data from various institutions, as well as the police records. Several problems were encountered in the collection of data. A few are listed as follows :

- . Lack of a single data source in the city
- . Fragmentary data
- . Lack of standardization of collected data by social service providers
- . Lack of historical data
- . Lack of computerized data bases
- . Lack of participation in the federal Drug Abuse Warning **Network (DAWN)**
- . Lack of standardization in data collection between police department uniform divisions

Several of the institutions that were approached to supply data for this document have become aware of the value of documenting drug-related statistics. In addition, they have pledged to work with the police department in future data collection efforts. A standardized form has been drafted for use by these institutions to provide a consistent data base.

#### Contribution in Data Analysis

Even though there are many deterrents to the analysis of Tulsa's drug problem, certain factors facilitated the evaluation of drug abuse in the city. A few are listed below:

- . Agency cooperation
- . Commitment of police department to community-based policing
- . Experience of the officers in the field
- . Implementation of foot patrols in target complexes
- . Grant monies from the Bureau of Justice Assistance
- . Technical support from the Police Executive Research Forum
- . Mayoral action support

#### Important Findings

Even though the extent of the drug abuse problem in Tulsa is not entirely known, there are some important findings that have surfaced as a result of the drug inventory analysis. Some of these findings are summarized as follows:

- I. Residents in public housing are often the victims of drug traffickers.
  - . 70% of people arrested for drug traffic in the 5 target complexes are non-residents.
  - . Residents are often assaulted and threatened in order for drug dealers to use their apartment for sales (data from police reports).
- II. Residents in the five target complexes have an unusually high victimization rate.
  - . 54% to 71% of the complex residents stated that drugs are the most serious crime problem in their complex.
  - . Data analysis from reported crime revealed that the number of crimes in the first ten months of 1988 exceeded the number of occupied units in 3.9 of the 5 target complexes during that same time.
  - . Over 60% of the complex residents are fearful of violence occurring while they are at home.
  - . Over 50% of the complex residents are fearful of being robbed outside their apartment.
- III. Residents in public housing are isolated from the community at large.
  - . Less than 30% of the complex residents have a telephone to access services.
  - . Less than 20% of the complex residents have their own transportation.
  - . Social service agencies are not located near north-side public housing.
  - . Interstate Highway 244 serves as a geographies] barrier, separating north Tulsa from south Tulsa.
- IV. Black male juveniles are becoming more involved in drug trafficking than their white counterpart.
  - . There was a 736% increase in black male juvenile arrests and a 5% decrease in white male juvenile arrests between 1978 and 1988.
  - . Blacks represented 43% of all drug violation arrests in 1988—blacks represent 11.6% of the city's population.
  - . Whites represented 56% of all drug violation arrests in the city in 1988 and represent 85% of Tulsa's population.
- V. There is a relationship between the large numbers of black school-age youth on Tulsa's north side who are not in school and the increasing number of black juveniles arrested for drug violations.

DROP OUTS:

- . The highest percentage of drop out students (65.5%) come from the most northern high schools.

SUSPENSIONS:

- . 42% of the students who are suspended from Tulsa high schools are black students; black students represent 28% of Tulsa's high school enrollment.
- . 23% of the students who are suspended from Tulsa Public Schools are white--whites represent 64% of the total enrollment.
- . The highest percentage (18%) of suspended students come from Tulsa's most northern high school which is 92% black. That school's enrollment equals 8.25% of all Tulsa high school enrollment.

DRUG VIOLATION ARRESTS:

- . Blacks represented 43% of all drug violation arrests in the city in 1988--Blacks represent 11.6% of Tulsa's population
- . There was a 736% increase in black male juvenile arrests for drug violations between 1978 and 1988

VI. There is a relationship among the increase in blacks arrested for drug violations on Tulsa's north side, the increase in numbers of people arrested for cocaine sales and possession, and the percentage of people in the county who are treated for cocaine addiction who are black.

- . County-wide and/or city-wide, blacks represent approximately 12% of the population.
  - . Blacks represented 43% of all drug violation arrests in the city in 1988.
  - . Between 1978 and 1988 drug violation arrests for blacks increased by 616% (with sharp increases beginning in 1984), while arrests for whites only increased by 62%.
  - . There was a 241% increase in arrests for the sale of cocaine/opium (Uniform Crime category) between 1985 and 1988.

- . There was a sharp increase in arrests for possession of cocaine/opium (510%) between 1984 and 1988.
- . There was a disproportionate number of blacks treated for cocaine addiction in Tulsa County in 1988—38% of those treated for cocaine addiction were black.

VII. From those hospitals reporting, more drug-addicted babies are born in the hospital serving the city's north side than elsewhere in the city.

- . 5% of babies born at the hospital serving target area are drug-addicted at birth.
- . 2.5% of babies born at the hospital serving south Tulsa are drug-addicted at birth.

VIII. Accidental over-dose deaths in Tulsa County are disproportionate to its population.

- . Between 1983 and 1987, Tulsa County represented 33%-50% of the state's accidental over-dose deaths.
- . Tulsa County represents 15% of the state's population.

The foregoing findings are not conclusive. As with epidemiological studies, the makeup of the drug problem is complex and has many contributing causes. These findings, however, serve as the intelligence base from which to develop responses to the drug problem.

#### Summary of Potential Responses

Developing a response to the drug problem involves careful planning. Because the foot patrol officers are still conducting analysis within the complexes, the list of potential responses is ongoing. However, a list is included here as officers and those involved in the Management Team have surveyed the existing problems and analysis.

- i. Reduce victimization of residents by drug traffickers
  - . Eliminate overt street dealing from target complexes through stepped-up police enforcement
    - . maintain high visibility of officers
    - . increase the writing of Field Investigation Reports
    - . arrest the dealers
  - . Assist Tulsa Housing Authority in becoming more aware of the drug-related problems within the complexes by keeping non-residents out of complexes and following up on drug-related charges.
    - . post No Trespassing signs
    - . work with management to evict drug dealers
    - . provide the housing authority with information on unsafe areas that need better lighting
    - . encourage the housing authority to issue photo I.D. cards to residents in all complexes
- ii. Reduce victimization by providing programs to encourage and enable the residents in public housing
  - . Encourage low-cost and no-cost substance abuse treatment agencies to target low-income public housing residents for extended services.
  - . Assess and help coordinate the need for social service agencies to bring programs to residents in public housing.
  - . Continue to offer foot patrol officers to troubled public housing complexes.
  - . Improve community relations between the tenants and police department to increase crime reporting and decrease the element of fear that exists within the complexes.
  - . Develop a strong tenant association in each complex so that residents can help assess their own needs and have redress with the housing management.
- III. Reduce isolation of residents in public housing
  - . Encourage service agencies to locate closer to the clients they serve through relocation, satellite offices, or provide mobile service centers.

- Assist with the Brokered Transportation Program to provide residents transportation to shop, visit the doctor, wash laundry, and obtain other needed services.
- Implement the recommendations of the Mayor's Ad Hoc Committee (See Chapter V).
  - Empowering tenants
  - Improved safety and security

#### IV. Reduce juvenile involvement in drugs

- Reenact the Truancy Statute so police can pick up students cutting classes, making the parent responsible and answerable to the courts.
- Encourage and assist enrollment of suspended and drop out students in alternative schools (Job Corp, Private Industry Training Council, Student Training and Reentry school (STAR), Project 12, and Street School).
- Work with the school system to determine and address the needs of students from Tulsa's north side to prevent suspensions and dropouts from occurring.
- Encourage tutoring programs in the target complexes as an aid to school work as well as offer help to obtain a GED.
- Encourage and assist youths to seek employment through training, assist in obtaining birth certificates and social security cards.
- Offer and/or encourage summer programs for disadvantaged youth from the target complexes.

#### The Future Plan

The implementation of the forgoing responses is receiving community-wide support in Tulsa. The Mayor's office is addressing the needs of people living in public housing through the Mayor's Ad Hoc Committee and the Mayor's Action Committee. Several social service agencies are now establishing satellite offices in north Tulsa. Other agencies and "self-help" groups

have agreed to do outreach in public housing. The residents of public housing are banding together to address specific problems in their neighborhoods and there is a move to establish a public /private partnership which would directly involve the residents in management of their complexes. As these tasks are undertaken, additional responses will be developed to meet needs that are redefined over time.

CHAPTER 1  
DRUG PROBLEM INVENTORY  
Introduction

In 1984, the Tulsa Police Department (TPD) created a five-year Plan of Excellence that changed the department's orientation from reactive patrol to community-based, proactive policing. The creation of this Plan of Excellence was intended to enhance the quality of life of the citizens of Tulsa by providing a better delivery of service by the TPD. Incorporated within the Plan of Excellence was the Area Commander Plan developed to restructure patrol divisions around neighborhood boundaries so that officers could identify neighborhood problems and work with the citizens in developing solutions to those problems. In addition, the plan called for field lieutenants to be assigned by territory rather than by shift.

To continue this plan, in June 1988 the TPD received a grant from the Bureau of Justice Assistance (BJA) administered by the Police Executive Research Forum (PERF). The grant addresses the problem of drug trafficking within the city, namely north-side, low-income housing complexes- Five complexes were chosen as a target site because of the high incidence of drug sales and drug possession. Comanche Park, Osage Hills, Serainole Hills I & II, Morning Star, and Vernon Manor were the complexes chosen to target with the grant.

The first phase of the project was to train officers from all levels of the police department in the concept of Problem-Oriented Policing. This method of policing would train officers to identify existing problems and use a system of analysis and

response that involved the community, not just the police department, in solving problems. The Tulsa Police Department's Plan of Excellence approach would then go hand-in-hand with the application of the grant.

The second phase of the grant program was two-pronged in nature: 1). conducting a drug inventory of the city, and 2). conducting an analysis of each target complex. First, the Tulsa Police Department established a Management Team to conduct a Drug Problem Inventory (DPI). Few cities, if any, know the full extent of the drug problem within their boundaries. An inventory of the various institutions within a police department's jurisdiction would enlighten all who are concerned with the issues of illicit drug use, sales, and manufacture. The establishment of this baseline data should more fully explain the nature of the drug problem and provide a measure to compare with future inventories in the city of Tulsa. The inventory would then guide police officers in establishing goals and objectives (phase three) for attacking the drug problem in Tulsa. The DPI is written for members of the Tulsa Police Department and those concerned with improving the quality of life for citizens living in low-income housing complexes in Tulsa's north side. In addition, the report will analyze data sources providing information on drug abuse. Conclusions will be drawn as to appropriate responses by social service agencies, businesses, private citizens, and city government.

The statistical data included in this report came from the following institutions:

- . Tulsa Police Department Uniform Crime Reports
- . Tulsa Police Department Property & Drug Seizure Reports

- . Tulsa Police Department Intelligence Information
- . Oklahoma State Bureau of Investigation
- . Oklahoma State Department of Mental Health
- . Tulsa City Hospitals and Drug Treatment Centers
- . Community Service Council/Helpline
- . Association of Occupational Health Nursing
- . County Medical Examiner's report for Drug-Related Deaths
- . Tulsa Public School system

In addition to contacting these agencies, the Management

Team conducted the following four surveys:

- . Resident surveys in five target housing complexes
- . Environmental surveys in five target housing complexes
- . Youth survey of middle school and high school age youth
- . In-Custody Jail Survey for all city/county arrestees

The results of these surveys will be included in this report.

Secondly, the foot patrol officers assigned to the target complexes were given the task of analyzing the underlying conditions of the drug problem within each of their respective complexes. This was accomplished through the use of the resident survey designed by the Management Team and an environmental survey. The foot patrol officers were also assigned the task of developing a rapport with the tenants and their tenant associations, as well as the management of the complex. Observation and interaction with these individuals help the officers to identify all the people involved and to better understand the social and environmental context of these individuals' lives.

The third phase of the program will involve the implementation of Problem-Oriented Policing. Foot patrol officers and their supervisors will develop goals and objectives from the analysis of their respective target complex and combine it with the data contained in this inventory. This concept permits officers to invite local agencies, businesses, residents, and other third parties to share in the solution to the drug problem.

## CHAPTER II

### POLICE IN-HOUSE DATA

The results of drug violation arrests from Tulsa's Uniform Crime Reports (UCR) for the years 1978 through 1988 are the basis for Chapter II. Comparisons of the city of Tulsa with the state of Oklahoma 's UCR drug violation arrests are included in this chapter. Discussions include a comparison of adult versus juvenile arrests, as well as addressing the race and sex of those involved in Tulsa's drug violations. Results of a first attempt to survey inmates in the City/County Jail for drug involvement, and the Oklahoma State Bureau of Investigation's drug-blood level testing for Driving Under the Influence (city of Tulsa) are analyzed. Also included are data on drug seizures, and asset forfeitures along with general arrest data.

#### Uniform Crime Reports

The current Uniform Crime Reporting (UCR) method of recording crime data is limited in scope, but offers the only method of systematic data collection short of conducting a victims' survey. The causes of crime have long been studied by many disciplines. It is suggested that the following phenomena affect the volume and type of crime occurring from place to place:

population density, variations in composition of population, mobility of residents, modes of transportation, economic conditions, cultural conditions, family conditions, climate, strength of law enforcement agencies, prosecutorial, judicial, correctional, and probational components, attitudes of citizens, and citizen crime reporting<sup>†</sup>

Because of the complexities of crime, many questions go unanswered about the underlying conditions that contribute to criminal acts. The foregoing list of conditions play a large part in the making of criminal acts. However, there is no current method of weighing these factors with the criminals' actions without the application of an indepth statistical analysis. The officer in the field is aware of many of the factors that are either present or absent in the environment of his/her beat that contribute to crime and are, therefore, a rich data source that can be applied to problem-solving.

Because arrests for marijuana sales, manufacture, and possession make up the largest percentage of drug violation arrests in the city and because of the rise in cocaine and crack cocaine usage, this report will primarily address these two categories of drug violation arrests. The UCR arrest data, however, only lists cocaine with opium and their derivatives. It is therefore impossible to isolate the cocaine data.

#### Drug Violation Arrests

Drug violation arrests in the city of Tulsa increased from 641 arrests in 1978 to 1,570 arrests in 1988—144%. 1982 was a record year for drug arrests (2,098 arrests) because of the concentrated enforcement of the Special Investigations Unit on marijuana usage during rock concerts (see Table I and Figure 1). Drug arrests remained fairly steady between 1985 and 1988 with some decrease in 1988. As a percentage of total arrests, however, violation arrests increased between 1987 and 1988.

Drug violation arrests for the state of Oklahoma increased overall by 5% from 1978 through 1988. Except for years 1981 and 1982, the arrest rate was relatively stable (see Table II and Figure 1). Figure 1 displays a comparison of trends of total drug violation arrests between the state of Oklahoma and the city of Tulsa.

In 1988, the city of Tulsa represented 17% of the state's total drug violations. Tulsa is the second largest city in the state, and represents approximately 15% of the state's population.

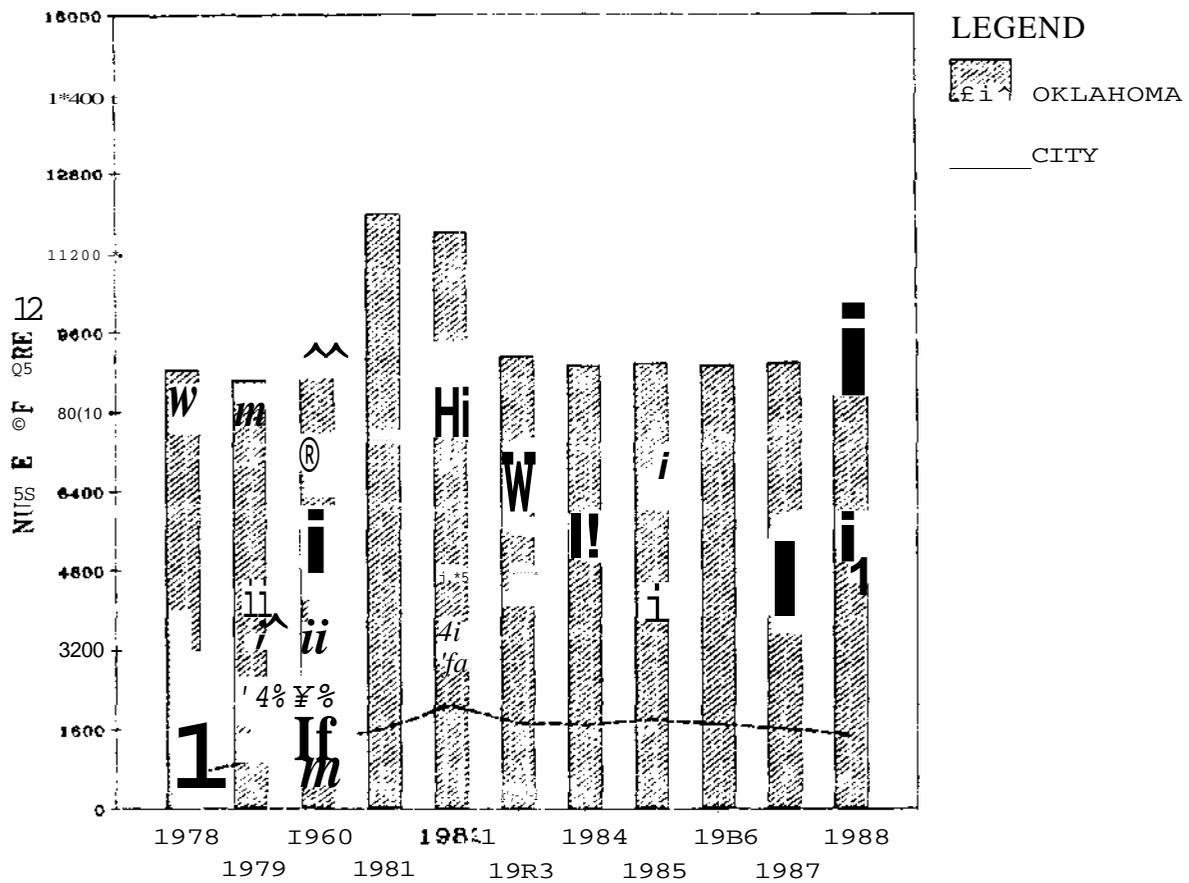


Figure 1. Total drug violation arrests for State of Oklahoma and Tulsa, Oklahoma, 1978-1988.

Drug Violation Arrests for Opium,

Cocaine and their Derivatives. Next to marijuana, cocaine is the second most abused drug in the United States. Cocaine is highly addictive and readily available. With the advent of "crack" the price of cocaine dropped and the drug is now no longer considered an upper class drug. Its use is said to have reached epidemic stages during the 1980s and by 1989 became the "drug of choice" in America.

The city of Tulsa began to experience a large increase in the sale, manufacture and possession of opium and cocaine derivatives between 1985 and 1986 (see Table I and Figure 2).

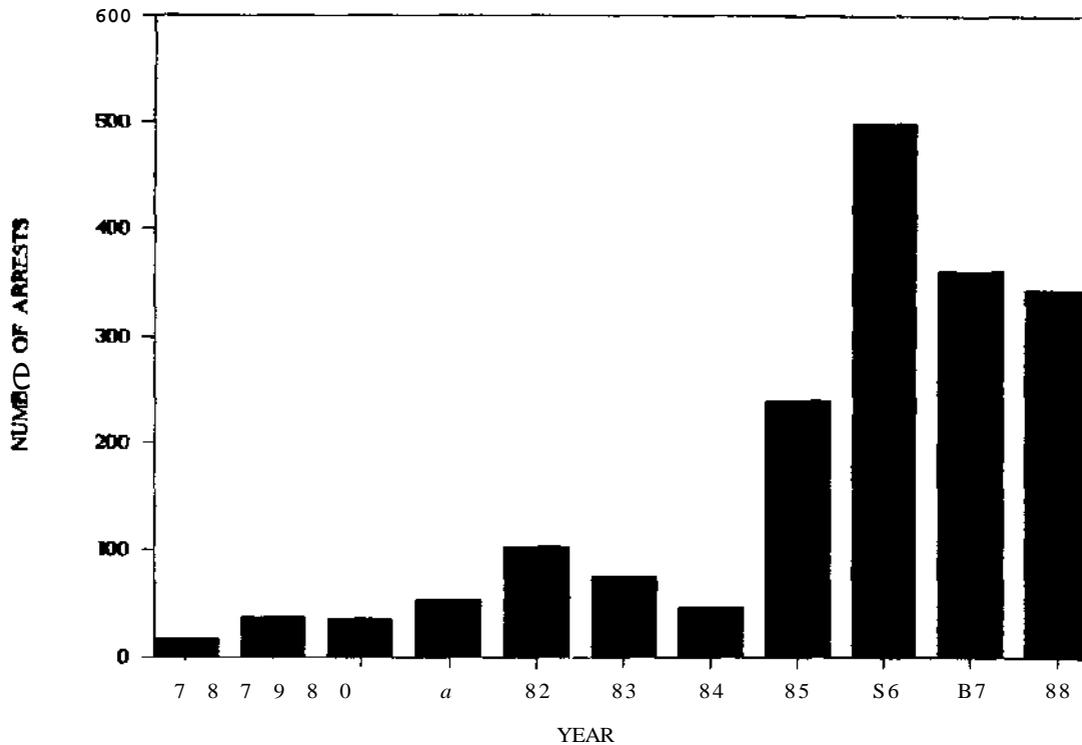


Figure 2. Arrests for opium, cocaine and their derivatives for sale, manufacture, and possession in Tulsa between 1978 and 1988

TABLE I  
TULSA POLICE DEPARTMENT  
UNIFORM CRIME REPORTS  
DRUG VIOLATION ARRESTS  
1978 - 1985

YEAR		78	79	80	81	82	83	84	85	86	87	88	TOTAL
LISALE/KFG													
OPIUM	JUV	0	0	1	0	0	1	2	1	9	1	2	28
COCAINE	ADULT	5	4	17	18	53	30	1	200	151	311	66	1111
TOTAL		5	4	18	18	53	31	3	201	152	312	68	1113
KABU													
	JUV	86	21	33	16	9	7	5	7	8	5	25	228
	ADULT	281	183	250	250	318	141	164	112	119	115	154	2373
TOTAL		367	204	283	266	327	148	169	119	127	120	169	2601
SMALL													
	JUV	6	5	2	0	0	0	2	0	4	0	19	38
	ADULT	30	39	50	50	4	2	4	5	31	28	12	255
TOTAL		36	44	52	50	4	2	6	5	34	28	12	293
OTHER													
	JUV	0	0	0	2	4	5	6	1	2	10	11	35
	ADULT	6	10	27	127	12	62	47	51	89	103	58	588
TOTAL		6	10	27	129	16	67	53	6	91	114	69	623
SALE													
	JUV	92	32	36	15	13	13	7	11	11	28	43	310
	ADULT	28	236	34	35	502	285	237	270	462	443	350	3536
TOTAL		120	268	70	50	515	298	244	281	473	471	423	3846
DFOSSHOK													
	JUV	0	11	1	1	1	1	1	1	9	18	19	63
	ADULT	1	22	17	34	49	43	31	183	263	183	201	1071
TOTAL		1	33	18	35	50	44	32	184	272	201	220	1134
HAEN													
	JUV	54	124	137	111	102	73	43	91	78	76	89	964
	ADULT	141	469	680	865	1021	915	809	926	615	620	512	1663
TOTAL		195	593	817	976	1123	988	852	1017	693	696	601	2627
SYNTHETIC													
	JUV	0	6	2	0	3	0	0	0	3	1	1	16
	ADULT	7	62	88	15	11	11	4	14	54	38	21	325
TOTAL		7	68	90	15	14	11	4	14	57	39	22	341
OTHER													
	JUV	0	2	1	9	10	1	8	7	3	11	26	85
	ADULT	2	26	42	203	372	380	552	250	117	187	169	2350
TOTAL		2	28	43	212	382	381	560	257	120	198	195	2435
POSSESSION													
	JUV	54	143	141	121	116	81	53	99	51	108	135	1148
	ADULT	158	579	827	1111	1353	1102	1418	3129	1028	839	11409	11409
TOTAL		212	722	968	1232	1469	1183	1471	3228	1079	947	12558	12558
VIOLATIONS													
	JUV	175	177	145	129	51	50	110	108	136	118	1458	1458
	ADULT	490	1111	1462	1955	1644	1639	1688	1591	1411	1319	15245	15245
TOTAL		665	1288	1607	2084	1774	1798	1798	1699	1507	1437	16703	16703

SOURCE: UNIFORM CRIME REPORTS, TULSA POLICE DEPARTMENT,  
1978-DB1, UCOBDS DIVISION

In 1985 the arrests for this drug totaled 240 and in 1988 the total was 405—a 69% increase in the three year period. In 1985 this category of drugs represented 13% of all the city drug violation arrests. However, by 1988 the total arrests for this category of drugs represented 25% of all the drug violation arrests.

The number of juveniles arrested for this drug increased dramatically between 1985 and 1988, from 2 to 61 arrests. In 1988 the juvenile arrests represented 20% of all the opium and cocaine sales arrests in the city (see Figure 3). Also in 1988, 87% of the state's juvenile arrests for this drug were made in the city of Tulsa. Adult arrests increased from 238 arrests to 344 arrests between 1985 and 1988. Adult arrests for this category represented 19% of the state's adult arrests in 1988.

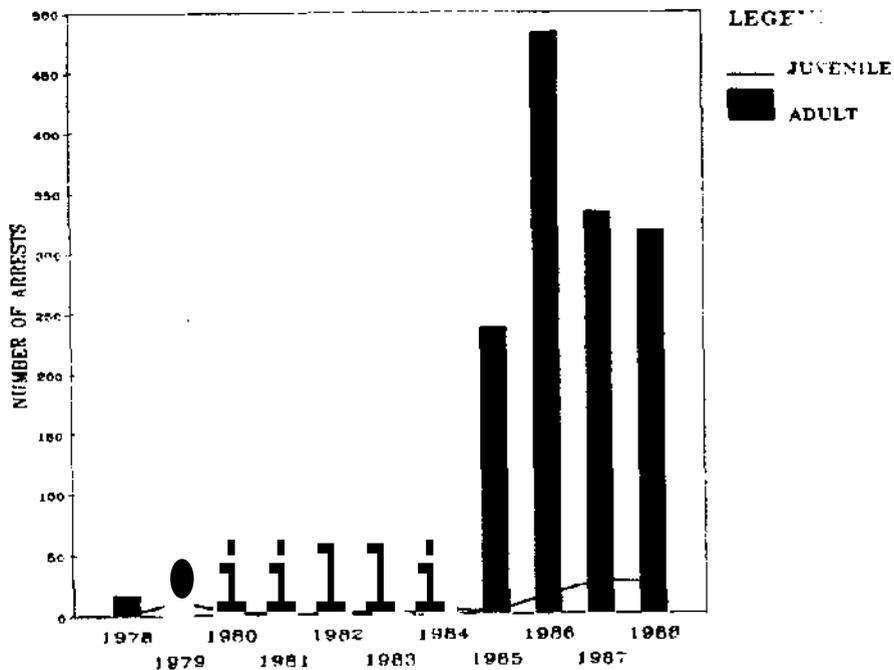


Figure 3. Juvenile and adult arrests for opium and cocaine in Tulsa between 1978 and 1988

**TABLE II**  
**MARIJUANA VERSUS COCAINE,**  
**OPIUM AND THEIR DERIVATIVES**  
**DRUG VIOLATION ARRESTS**  
**UNIFORM CRIME REPORTS**  
**STATE OF OKLAHOMA**  
**1978 - 1988**

TEARS		78	79	80	81	82	83	84	85	86	87	88	TOTAL
IISALB/HFC													
OPIUM OR	JUV	8	5	1	7	1	2	3	5	12	13	39	96
COCAINE	ADULT	94	169	133	212	349	302	279	390	716	719	772	4135
TOTAL		102	174	134	219	350	304	282	395	728	732	811	4231
HASH													
	JUV	214	152	92	227	68	47	60	66	74	56	64	1120
	ADULT	1089	1056	1086	1636	1513	1499	1363	1414	1261	1417	1140	14474
TOTAL		1303	1206	1178	1863	1581	1546	1423	1480	1335	1473	1204	15594
ZIPOSSESSION													
OPIUM OR	JUV	1	24	39	6	15	7	10	8	19	21	46	201
COCAINE	ADULT	136	394	162	459	665	765	935	1116	1520	1424	1563	9189
TOTAL		142	418	201	465	680	772	945	1174	1539	1445	1609	9390
HAEIJ													
	JUV	1279	1166	832	913	723	421	311	392	341	269	343	6990
	ADULT	4886	4529	4709	6503	6629	4622	4658	4594	3827	3775	3828	52560
TOTAL		6165	5695	5541	7416	7352	5043	4969	4986	4168	4044	4171	59550
TOTAL HAF.U/													
OPIUM OR	JUV	1507	1347	771	1153	807	477	384	471	446	359	492	8404
COCAINE	ADULT	6205	6148	6090	8810	9156	7188	7235	7564	7324	7335	7303	80358
TOTAL		7712	7495	7054	9963	9963	7665	7619	8035	7770	7694	7795	88765
TOTAL STATE													
DRUG ARRESTS	JUV	107	1513	1142	1360	937	570	433	517	515	420	528	9642
	ADULT	7151	7156	7812	10646	10687	8560	8515	8481	8437	8596	8806	94847
TOTAL		8858	8669	8954	12006	11624	9130	8948	8998	8952	9016	9334	104489

SOURCE: STATE UNIFORM CRIME REPORTS, 1978-1987,  
 OKLAHOMA STATE BUREAU OF INVESTIGATION

Arrests for the state of Oklahoma increased steadily for opium/cocaine between 1978 and 1988 (see Table II). A sharp increase occurred between 1985 and 1988. In 1985 the arrests for sale, manufacture, and possession totalled 1,569 and by 1988 the total arrests were 2,420.

#### Drug Violation

Arrests for Marijuana. Marijuana was not considered a large drug problem until the 1960's when its use began to escalate. Obtaining the drug has been easy because it is abundant and inexpensive. A study prepared for the 1985-1986 NNICC Report states that a reduction of four percent occurred in use of marijuana in the United States between 1982 (4,899.8 metric tons) and 1985 (4,693.9 metric tons).<sup>2</sup> Although hospital emergencies state a rise in admissions, the medical and law enforcement agencies anticipate a levelling off and reduction in marijuana usage in the late 1980s due to new education, interdiction, and enforcement practices.

Between 1978 and 1988, more people were arrested for marijuana violations than for any other type of drug in the city of Tulsa. However, there was a steady decrease in the sale, manufacture, and possession arrests of marijuana in Tulsa in those same years by 49% after peaking in 1982 (see Figure 4). In 1982, 1,464 people were arrested for possession and sales of this drug, representing 70% of all drug arrests in the city for that year. In 1988 the arrests totalled 873, representing 54% of the total drug arrests for that year.

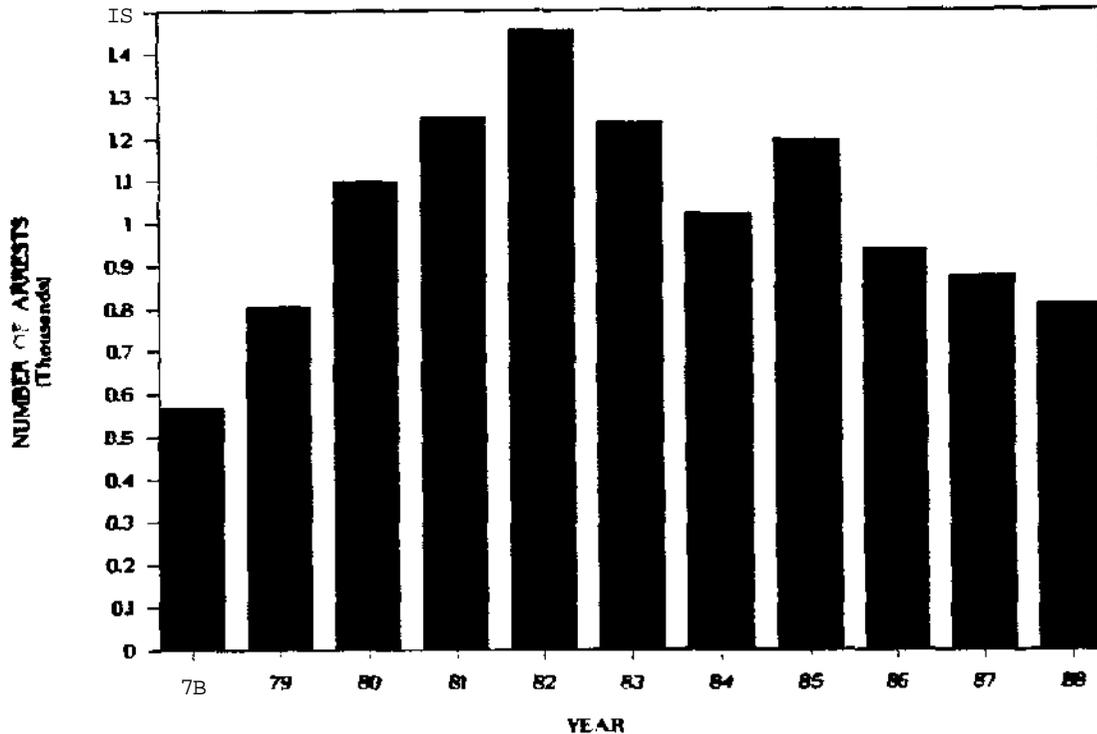


Figure 4. Arrests for marijuana sales, manufacture, and possession in Tulsa between 1978 and 1988

Juvenile arrests for marijuana violations decreased from 86 arrests in 1978 to 27 arrests in 1988--a 68% decrease. There was an average of 16 arrests per year for juveniles and 213 arrests for adults. The adult arrests declined from 287 to 164 arrests in the ten year period--a 42% decline (see Figure 5).

There was a 28% decrease in the state of Oklahoma for marijuana sales and possession arrests from 1978 to 1988. Table II). The state arrests peaked in 1961 with a total of 7,468, In 1988, the arrests totaled 5,375.

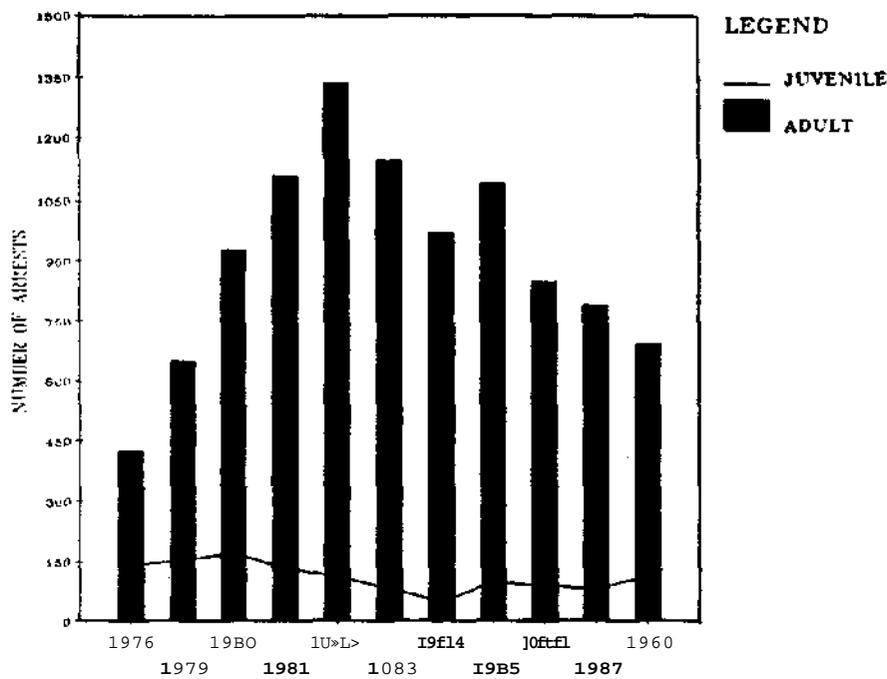


Figure 5. Juvenile and adult arrests for marijuana in Tulsa between 1978 and 1988

Other Drugs. There are two other categories of drug violations appearing under Sale/Manufacturing and Possession in the Uniform Crime Reports: (1) Synthetic Narcotics—Manufactured Narcotics which can cause true drug addiction (Demerol, Methadones), and (2) Other dangerous non-narcotic drugs (Barbiturates, Benzedrine). Except for the increase in possession and sales of (2) Other dangerous non-narcotic drugs (Barbiturates, Benzedrine), the other drug categories are not significant. Overall for the ten-year period, the possession and sales of the barbiturates and benzedrine increased from 8 arrests in 1978 to 309 arrests in 1988.

#### Summary of Drug Violation Arrests

Overall, drug violation arrests increased between 1978 and 1988 in Tulsa, Oklahoma. By the mid-1980s the drug arrests had begun to level off and decrease slightly. Richard Morin,

Director of Polling for The Washington Post reports that drug use is still at alarming levels, but is easing across the nation. Morin adds that surveys of high school seniors and the general population show significant drops in use of illegal drugs.<sup>3</sup>

~~Cocaine~~ and ~~opium~~ arrests for both adults and juveniles gained between 1985 and 1988, with large increases in 1986. The sale and manufacture plus possession category of this drug increased from 17 arrests in 1978 to 405 arrests in 1988 (2,282%). There was also a large increase in state arrests for sale and manufacture plus possession of this drug--244 arrests in 1978 and 2,015 in 1988 (2,440%).

Marijuana arrests began a decrease in the city and statewide in the early 1980s. Marijuana arrests for possession and sale in Tulsa comprised 54% of all drug violation arrests in 1988. In 1978, Marijuana arrests represented 89% of all drug arrests. The Tulsa County District Attorney reports that statewide, the number of marijuana plants eradicated by law enforcement doubled in just one year, from more than 700,000 plants in 1987 to nearly 1.5 million in 1988, thereby decreasing its availability on the market.<sup>4</sup>

Drug Arrest Data for  
Age, Race, and Sex

Table III lists a breakdown by race, sex, and age (over or under age 18) for years 1978 through 1988. Because the numbers are relatively insignificant for other races, those numbers are not tabulated here.

Adult Arrests. Black adult female arrests increased more than any category between 1978 and 1988--from 11 to 119 arrests or 1,144%. Black adult male arrests increased from 70 to 448 (540%) in this time period.

The white adult male arrests increased from 344 arrests in 1978 to 564 arrests in 1985 (186%), and then began a gradual decline. Overall for the ten-year period, white adult male arrests increased by 64%. White adult female arrests increased from 59 arrests in 1978 to 181 arrests in 1988 (206%). The white adult female arrests peaked in 1982 with 404 arrests and slowly declined each year. Overall, adult arrests increased in the ten years, but declined between 1985 and 1988 by 26% (See Figure 6).

Juvenile Arrests. Overall for the ten-years, drug violations for juveniles increased from 143 to 220 arrests--54%. Between 1978 and 1984 juvenile arrests declined to 55 arrests and gradually increased to the 220 arrests in 1988 (see Figure 6).

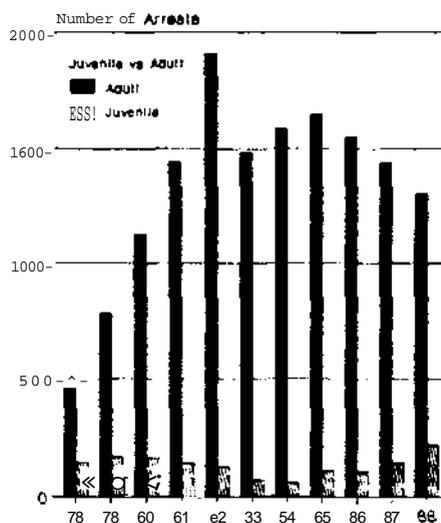


Figure 6. Juvenile and adult drug arrests in Tulsa, 1978 to 1988

TABLE III

DEMOGRAPHICS OF ARRESTEE  
DRUG VIOLATION ARRESTS  
TULSA POLICE DEPARTMENT  
UNIFORM CRIME REPORTS  
1978 - 1988

RACE/SEX		78	79	80	81	82	83	84	85	86	87	88	TOTAL
WHITE	JUV	102	130	118	103	85	43	36	13	11	81	97	339
MALES	ADULT	341	534	740	937	1249	909	891	987	855	725	864	8735
TOTAL		443	664	858	1040	1334	952	927	1060	926	806	861	9674
WHITE	JUV	28	30	40	23	27	18	6	19	18	26	24	255
FEMALES	ADULT	59	136	211	242	404	289	236	217	267	236	181	2528
TOTAL		87	166	251	265	431	305	242	286	283	262	205	2783
WHITE MALE		443	664	856	1040	1334	952	927	1060	926	806	861	9674
WHITE FEMALE		87	166	251	265	431	305	242	286	283	262	205	2783
TOTAL		530	830	1107	1305	1765	1257	1169	1346	1209	1068	866	12457
BLACK	JUV	11	9	7	12	14	8	13	16	13	27	92	222
MALES	ADULT	70	53	139	214	213	232	326	324	344	404	446	2804
TOTAL		81	62	146	226	227	240	339	340	357	431	540	3026
BLACK	JUV	2	0	0	3	2	2	1	4	4	9	7	30
FEMALES	ADULT	9	17	40	51	43	52	133	72	83	71	112	683
TOTAL		11	17	40	54	45	54	133	73	87	80	119	713
BLACK	JUV	81	99	186	226	227	240	338	340	357	431	540	3026
MALES	ADULT	11	17	40	54	45	54	133	73	87	80	119	713
TOTAL		92	116	226	280	272	294	472	413	444	511	659	3739
WHITE/BLACK	JUV	143	169	165	141	128	69	55	109	104	143	220	1446
ARRESTS	ADULT	482	777	1130	1444	1909	1586	1650	1549	1436	1305	14750	
TOTAL		625	946	1295	1585	2037	1551	1641	1758	1653	1525	18196	

Black male juvenile arrests increased from 11 to 92 arrests in the ten-year period. The greatest increase in juvenile arrests from 1978 through 1988 occurred among the black male juveniles—27 arrests in 1978 and 92 arrests in 1988, a 240% increase. Black male juveniles were responsible for 6% of all drug violation arrests in 1988. Black female juvenile arrests did not increase significantly in the ten years—2 arrests in 1978 and 7 arrests in 1988. Increased enforcement in the target area is

suggested as the reason for the increase in black juvenile arrests.

White male juvenile arrests decreased from 102 to 97 arrests between 1978 and 1988-5%. Juvenile **white female violations** decreased from 28 to 24 arrests (14%) in the ten-year period.

### Summary of Demographics

Blacks are disproportionately represented in the foregoing figures as they constitute 11.8% of the city's population and represented 43% of all arrests in 1988 (see Figure 7). In 1978,

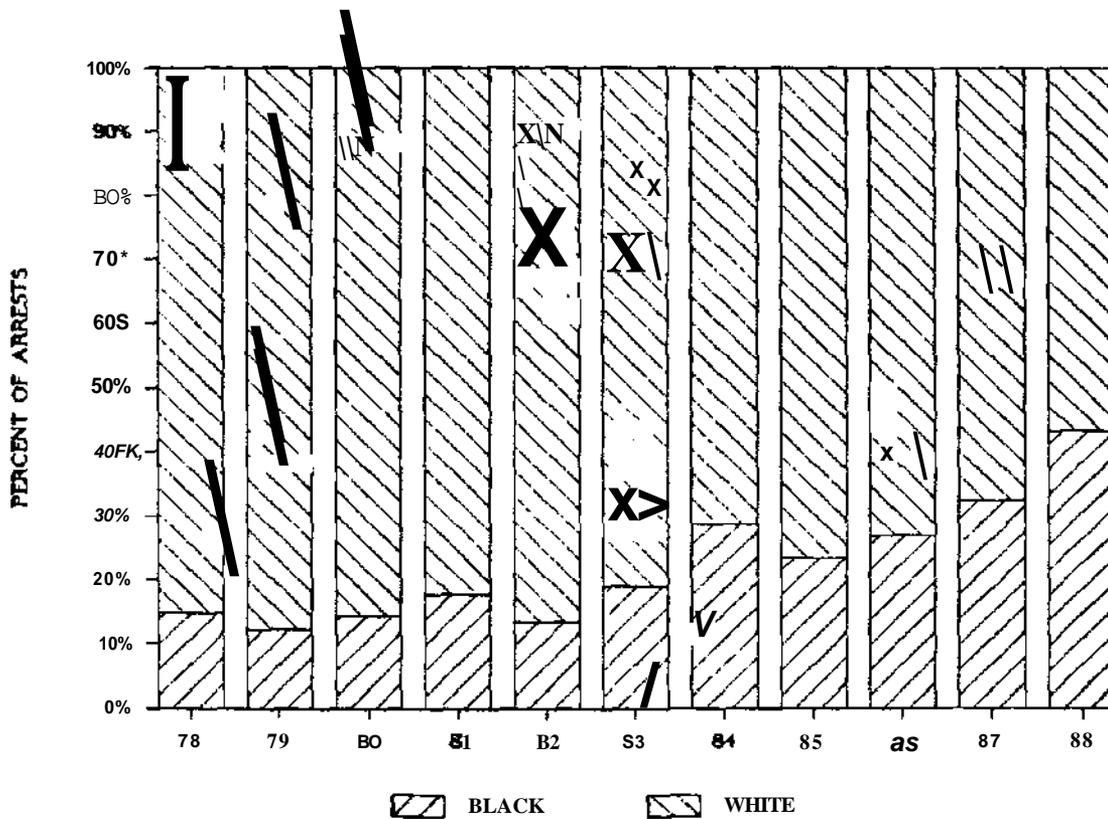


Figure 7. A comparison of arrests for black and white people by percent of total arrests in Tulsa, 1978 through 1988

the black population represented 14% of all arrests and 9% of the city's population. Black adult female arrests increased from 9 to 119 (1,144%) in the ten-year study and black adult male arrests increased from 70 to 448-540%. In addition, black male and female juvenile arrests increased from 13 arrests in 1978 to 99 arrests in 1988--661%.

Overall, white juvenile arrests (both male and female) declined in the ten-year study. From 1985 through 1988, however, there was an increase in white juvenile male arrests.

Of all the white population, the white adult females experienced the greatest increase from 1978 to 1988--206%; however, their numbers decreased between 1983 to 1988. Although white adult males made up the largest group of arrestees in 1988, their numbers declined between 1982 and 1988. White arrestees, both adult male and female and juvenile females declined in 1988.

#### Overall Arrests in Tulsa Uniform Crime Reports

Table I and Figure 1 indicate a slight decrease in the city of Tulsa for drug arrests of adults and an increase in drug arrests of juveniles between 1985 and 1988. Table IV shows that between 1985 and 1988 there was a decline of 51% in the overall arrest rate for adults for all crime. However, like the drug violation arrests, the overall juvenile arrests increased (225%), making up a larger percentage of total arrests each year. Although the drug arrests decreased slightly after 1982, the drug arrests made up an increasingly larger percent of total arrests each year---7.6% in 1986, 8.3% in 1987 and 9% in 1988.

TABLE IV  
 ALL ARRESTS - CITY OF TULSA  
 TULSA POLICE DEPARTMENT  
 1984 - 1988

	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	% Change
Adult	20,324	20,324	19,258	16,416	13,374	-51%
Jvnls	1,776	2,482	3,042	3,232	3,999	+125%

A recent U.S. Department of Justice Bulletin reports that juveniles are becoming more involved in criminal activity through gang activities. The competition for illegal drug trade has led to more recruitment of juveniles in suburban areas as well as small and medium-size cities. In addition, the bulletin states that many nine through eleven year-olds will earn up to \$200 per week just being lookouts for crack cocaine houses.<sup>5</sup> Officers at Uniform Division North of the TPD report that these statements are true for many of the youths living in the target complexes in Tulsa.

Robert Martin, director of Chicago Intervention Network, states, that the police do a good job of apprehending and moving hardcore juveniles off the street and into the judicial system. He adds however, "...there are ten other youngsters... just waiting to take their place." In 1984, the average age of a gang member was 15, and in 1987 the average age was 13.5.<sup>6</sup> Lt. Carolyn Robison of Uniform Division North of the TPD states,

..."proof does indicate that Tulsa is faced with a growing number of juvenile offenders and the courts are ill equipped to handle and/or prosecute those arrested."

### Crime Reporting

Tulsa's overall reported crime decreased by 2% between 1987 and 1988. Table V indicates this is the first decrease in crime reports since 1984. Robbery (-6%) and larceny (-11%) experienced the largest decreases in the last two year report, 1987 and 1988. Violent crimes, however, increased in 1988. The largest increases from 1987-1988 were assaults by 23% and rape by 11%.

The state crime rate also fell in 1988 by 7.4% (See Table VI). Like the city crime rate, there was an increase in some violent crimes, mostly assaults, from 1987 reporting. 1988 was the first significant year to have a measurable drop in the state crime rate in the last decade.

TABLE V

CITY OF TULSA  
CRIME REPORTS  
1984 - 1988

REPORTED CRIME	1984	1985	1986	1987	% Change	
					1987 - 1988	1988
Homicide	30	35	44	37	40	+8 %
Rape	246	268	289	234	260	+11 %
Assault*	2,495	3,044	3,775	3,331	4081	+23 %
Robbery	904	796	892	1,074	1008	-6 %
Burglary	8,712	9,078	9,500	9,054	9648	+7 %
Auto Theft	4,359	5,142	7,009	5,558	5909	+6 %
Larc+50	15,919	15,530	16,740	18,322	16280	-11 %
Total	32,665	33,893	37,546	38,060	37226	-2 %

Source: Annual Reports of the Tulsa Police Department  
increases from 1987-1988, were assaults by 23%, and rape by 11%.

TABLE VI  
STATE OF OKLAHOMA  
CRIME REPORTS  
1988

	Total Reported	Change
Murder	243	0
Rape	1,229	+ 4.9%
Robbery	3,428	-4.3
Aggravated Assault	9,278	+ 7.2
Burglary	53,617	-8.0
Larceny	96,419	-8.4
Auto Theft	<u>18,152</u>	<u>-8.3</u>
Total]	182,366	~ 4%

#### Drug Related Arrests

In-Custody Jail Survey. In a study conducted by the Bureau of Justice Statistics in 1986, it is reported that 43% of prison inmates used drugs on a daily basis before being incarcerated. Thirty-five percent (35%) reported they were under the influence of drugs at the time they committed their current offense.<sup>7</sup> Other research indicates that heroin usage is directly related to property crimes.<sup>8</sup> Tulsa County Chief Prosecutor, Tom Gillert estimates that nearly half the 7,500 criminal charges filed annually in Tulsa County in recent years involved some kind of drug charge. In addition, Gillert stated that when counting other crimes induced by drugs, such as assaults and property crimes, perhaps three-fourths of the caseload involved drugs. Gillert felt this may be a conservative estimate.<sup>9</sup>

Because there was no reliable method to measure the number of arrests that might be linked to drugs in Tulsa, the Problem-Oriented Policing Management Team devised an In-Custody Jail Survey. A 30-day trial was conducted to ascertain the

effectiveness of the survey. The results appear in Table **VII**. NEW DAY, a pre-trial release project at the Tulsa City/County Jail, administered the survey to determine the rate of crime **that** is linked with drugs.

Of those responding, 16% said they had been arrested previously for possession of drugs, and 8% were currently in custody for selling or possessing drugs. There were 7% who said they were under the influence of drugs when they were arrested. Only 4% said that they had been arrested for using drugs.

These percentages are somewhat lower when compared to national studies where lab testing and better measures of control were applied to the survey. The national study quoted in this research was conducted on convicted felons. The Tulsa survey was administered to misdemeanants and felons whose charges were pending.

The Tulsa survey was given on a voluntary basis, and (15%) of the target group refused to respond. There was no training or pervasion given to the NEW DAY people on proper methods of survey administration. This was a first attempt on the part of the Tulsa Police Department to determine the percent of all crime that might be driven by drugs. The Management Team of the TPD will reevaluate the current form and measures of administration before reimplementation.

TABLE VII

IN-CUSTODY JAIL SURVEY  
 DRUG-RELATED ARRESTS  
 DECEMBER 12, 1988-  
 JANUARY 12, 1988  
 TRIAL

QUESTION	NUMBER OF RESPONDENTS	Percent Answering Yes
In Custody for Selling or Possession	53	8 %
In Custody for theft of goods to buy drugs	28	5
Under Influence when arrested	47	8
Ever arrested for possession or use of drugs	103	16
Ever arrested for selling or using drugs	23	4
Do you use: Cocaine	35	6
Marijuana	94	15
Amphetamines	27	4
Barbiturates	22	3
Number refusing to participate	114	
Number participating	625	

Several respondents answered yes to more than one question

Arrests for Driving Under the Influence  
of Drugs

When law enforcement officers stop vehicles suspected of being driven by persons under the influence (DUI) of drugs, and when that individual is arrested and it is deemed necessary, that person is taken to a participating hospital for a blood test to determine intoxicant level and type of drug. Those samples are sent to the Oklahoma State Bureau of investigation (OSBI) for

toxicology testing. In Tulsa County, the Oklahoma Highway Patrol, Tulsa Police Department, and other county and city police departments send the blood samples to the OSBI. The OSBI cooperated with the TPD drug inventory by supplying the toxicology log sheets for the entire state of Oklahoma for 1988.

In 1988 there were 434 blood tests made for suspected drug activity in the state of Oklahoma. Tulsa County law enforcement officials made 31 arrests (7% of the state's DUI arrests) in 1988, 20 of which tested positive for drugs. Only one person tested positive for cocaine and none tested positive for marijuana. One test was positive for PCP and two were positive for methamphetamines. The balance of positive tests were for a variety of prescription drugs.

When officers suspect a person is driving under the influence of alcohol, the standard procedure is to administer a breathalyzer test. If a positive .10 reading is obtained, the person is arrested. Officers believe that many people are probably intoxicated with both alcohol and drugs, but the charge is only recorded as driving under the influence of alcohol if the breathalyzer test proves positive. Therefore, many arrests for driving under the influence of drugs are probably not recorded.

#### Narcotics Laboratory Testing

The following report includes only drugs that were tested in the PD lab from November 1985 through December 1988. The drug samples have been divided into two general categories, clandestine drugs and pharmaceutical drugs (see Tables VIII and IX).

Clandestine Drugs. Marijuana samples were not included in this report because patrol officers are considered expert in identifying this drug. Those samples, then, are not submitted to the lab for testing. All weights are expressed in grams, unless otherwise noted. Reports of samples collected and tested before November 1985 were not easily retrievable from the files. Therefore, that data is not included in this inventory.

Officer Paul Schroeder, Forensic Lab Technician, said that he noted a great increase in the number of samples examined for clandestine drugs in the last three months of 1988. He attributed the increase to the stepped-up enforcement with the added foot patrol on the city's north side. Table VIII shows that cocaine, methamphetamine, and mushrooms were the only clandestine drugs that increased in seized samples between 1987 and 1988,

The large number of LSD micro dots (hits) for 1987 represent one airport interdiction. One suspect possessed 99% of those micro dots and was transporting the drug from California to an eastern city. The weight of samples seized in 1988, 259 doses, was less than the 382 doses seized in 1986. Schroeder attributes this increase to the stepped-up police activity in north Tulsa.

Cocaine seized between November of 1985 through 1988 amounted to 8,964 grams. The 1988 cocaine weights are about 1 1/2 times more than the 1986 weights—161% increase. Methamphetamine samples also increased by a total of 93% in 1988. Heroin confiscation showed a marked decline in materials turned in for laboratory testing during the last three years. In 1986 there were 48.67 grams tested and in 1988 there was .07 grams tested.

Street officers have stated that PCP activity slowed considerably from 1985 and 1988. This is confirmed by the decrease, noted in Table VIII, from 323 grams in 1986 to 58 grams in 1988. Officer Russell Whittington of Tulsa's Uniform Division North stated that cocaine is easier to handle, transport, sell, use, and has, therefore, overtaken PCP drug use. In addition, Officer Mike Nance of Uniform Division North states that rock cocaine became popular in late 1986 and early 1987. He further notes that a convicted drug dealer informed him that PCP sells for \$10 (dime dip), and that it takes ten dime dips to make \$100, and only 4 quarter (\$25) rocks of crack to make \$100.

Pharmaceutical Drugs. Table IX is included in this report as a matter of record and for purposes of comparing future reports. Observation of the numbers of the confiscated drugs Darvon, Valium, and Phenobarb indicate large quantities of these drugs were tested. These drugs are popular and well-known to the general public. Dilaudid, a powerful Schedule II drug, has increased in amounts seized in the past two years. Percodan, Demerol, Tylox, and Empirin are also Schedule II drugs which indicate large quantities taken over the past three years. The total number of samples received in 1987 is less than one-half of the 1986 samples received.

TABLE VIII  
TULSA POLICE DEPARTMENT  
FORENSIC LABORATORY  
CLANDESTINE DRUGS  
NOVEMBER 20, 1985-  
DECEMBER 31, 1988

<u>DBDG NAME</u>	1986		1987		1988		1989	
	<u>SAMPLES EXAMINED</u>	<u>TOTAL WEIGHT</u>						
COCAINE	405	4820.91	528	1145.11	634	2999.15	178	1401.12
METHAMPHET.	240	535.11	155	134.26	224	258.94	74	140.66
AMPHETAMINE	87	45.18	143	130.96	59	76.04	61	65.15
HEROIN	66	48.67	100	39.05	4	.07	1	.07
MUSHROOMS	3	189.00	1	12.00	3	33.00		
KDA	1	.25						
LSD	9	382 DOSES	15	8586 DOSES	7	259 DOSES		
PCP	323		257		58		7	
MEPERIDINE	11	RESIDUE						
PHENMETRAZINE	6	RESIDUE						
PHENTERMINE	1	RESIDUE						
P2P							3	
NONCONTROLLED	812		573		396		127	
<b>TOTALS</b>	<b>1964</b>		<b>1772</b>		<b>1385</b>		<b>442</b>	

TABLE IX  
TULSA POLICE DEPARTMENT  
FORENSIC LABORATORY  
PHARMACEUTICAL  
DRUGS  
1986-1988

TRADE NAME	1966		1987		1*88		1*89	
	<u>SAMPLES EXAMINED</u>	<u>TOTAL RECEIVED</u>						
VALIUM	129	4893	52	629	29	210	5	17
DILAUDID	16	186	25	317	7	163		
PEBCODAM	15	88	32	214	2	14		
TYLENOL #3	13	31	4	100	2	15		
DEMEBOL	12	77	30	244	3	47		
DARVON	6	192	6	26				
IONAMIN	6	36	3	8				
FIORINAL	6	21	2	7				
DARVOCT-N	4	29			1	5	1	4
TYLOX	4	35			2	11	1	2
ATIVAN	4	78			2	23		
PLACIDYL	3	16	3	45				
PHENOBARB	3	251						
EMPIRIN 12			2	123				
EMPIRIN t3			2	200				
EMPIRIN t4			2	210				
PHENAPHEN *3			3	29				
MYGESIC			4	32				
DEXEDRIFJE			4	32				
DESOXYN			10	111	1	24		
PHEENTERMINE <G)			3	23	2	5	1	16
PHEHDIMETRAZINE (G)			5	37			3	3000
MISCELLANEOUS	6	43	12	50	22	119		
DIAZEPAM (G)							3	217
LORAZEPAM (G)							1	79
BUTALBIAL (G)							2	14
CENTRAX							1	10
FASTIN							1	2
NEKBUTAL							1	24
VALRELEASE							1	5
<b>TOTALS</b>	<b>231</b>	<b>5990</b>	<b>205</b>	<b>2401</b>	<b>73</b>	<b>636</b>	<b>21</b>	<b>3393</b>

## Tulsa Police Department

### Asset Forfeiture Law

Illicit drug traffic continues to flourish in every part of the country. The cash received by the traffickers is often converted to assets that can be used by drug dealers in ways that suit their individual tastes. Since 3981, federal authorities have increased their attack on these assets through both criminal and civil forfeiture proceedings with remarkable success. The recent passage and use of state asset forfeiture laws offers an excellent means for state and local jurisdictions to emulate the federal success.<sup>10</sup>

The Tulsa Police Department uses federal and state statutes to seize the assets of criminals. Narcotic arrests account for the majority of assets confiscated. Burglary and auto theft arrests contribute a smaller but growing amount to the TPD.

The police department has two monetary accounts in which awarded monies are placed--the Chief's Fund and the District Attorney's Revolving Drug Fund.

The Chief's Fund is controlled by the Chief of Police. All cash and assets that are seized and confiscated federally are placed in this fund. Assets, other than cash that cannot be utilized by the PD, i.e., residences, vehicles, real estate, etc., are sold at auction and the money placed in the Chief's fund.

The District Attorney's Revolving Drug Fund is administered by the Tulsa District Attorney. Assets (cash and money received from auctioned property) that are seized and confiscated under state statutes are placed in this fund.

In the majority of the asset forfeiture cases, the TPD is awarded all the forfeited assets. However, there are instances

when the department, in cooperation with other agencies, will share in the assets dependent upon the other's amount of participation in the case. Both the **the federal government and** District Attorney's office levy a 10% fee to administrate the funds.

It is becoming increasingly easier for law enforcement agencies to confiscate monies and assets. The October 1988 Asset Forfeiture Bulletin states, "The theory behind asset forfeiture is to seize as often as possible the huge spoils from drug trafficking so that current and aspiring traffickers will be deterred." The bulletin adds that quite often large drug rings are only set back temporarily by disorganized seizures. For asset seizures to make inroads into large drug syndicates, the enforcement agencies must, therefore, work to totally dismantle criminal drug rings.<sup>11</sup>

#### Property and Drug Seizure Reports

The Tulsa Police Department maintains Street Crimes Units at each of the three uniform divisions. A special Drug Task Force was in place at Uniform Division North from January 1 to August 31, 1988. In addition, a Special Investigation Division (SID) exists that is responsible for conducting indepth investigations of vice, narcotics, and organized crime activity. This division practices airport interdictions, seizing drug proceeds and/or drug-buy money. Each of these divisions is responsible for property and drug seizures. In addition, each of these units, at present, drafts and maintains its own data collection

instrument. Only total values were available in some cases for this study. Beginning January 1989 a standardized instrument for collection of data from confiscations will be utilized by all uniform divisions and SID.

The Street Crime Units and SID meet weekly to keep each division abreast of their individual endeavors as well as coordinate efforts. The total combined assets and currency seized by SID and Street Crimes for the three-year period of November 1985 through December 1988 were \$11,089,377 (see Tables X and XI). It is becoming increasingly less profitable for drug dealers to accumulate large assets, as law enforcement agencies are able to procure these large assets for their agencies for training, equipment, and other department needs.

Special Investigations Division (SID). SID seizures are listed in Table X. There was a general increase in confiscated property and monies from 1985 through 1988. Properties valuing \$1,261,341, including a nightclub and three homes, were confiscated from one individual in 1985. Also, there was a very large amount of marijuana confiscated in that same year. Likewise, the 1986 narcotics' total estimation of \$4,120,965 included a very large quantity of methamphetamines. The three-year period had a net value over 10 million dollars in seized monies and assets.

Uniform Division Street Crime Units. A third uniform division came into being in September 1988--Uniform Division Southwest. Before that time, this area was serviced by Uniform Division North, formerly known as Uniform Division West. The data appearing in Table XI will, therefore, only include figures

TABLE X

SPECIAL INVESTIGATIONS DIVISION  
 ASSETS SEIZED BETWEEN  
 NOVEMBER 1985 AND  
 DECEMBER 1988

ASSETf	19 8 5	19 8 6	19 8 7	19 8 8
Currency	\$ 60,236	543,319	308,077	660,554
Other	1,261,341	248,160	479,856	577,682
VALUES ESTIMATED:				
Marijuana	609,000	194,123	218,449	343,964
Narcotics	90,407	3,135,363	623,098	763,179
YEARLY TOTALS	\$ 2,020,984	4,120,965	1,629,480	2,345,379
	Total Seizure Amounts 198 5-1988		\$	10,116,808

Incluucs Vehicles, Real Property, and Other

from September 1988 for Uniform Division Southwest.

Because the data were not standardized before this inventory, the data in Table XI are listed only by estimated value of the confiscated goods, and are not broken down by kind as are the SID figures, with the exception of the North Drug Task Force. The North Drug Task Force was only in existence from January through September 1988. In the three-year period, a total of \$972,569 was seized by the three uniform divisions. The 2988 figures (including the Drug Task Force figures for Uniform Division North) represent a 597% increase from 1986.

New seizure laws are giving law enforcement agencies greater powers of confiscation and easing the burdens associated with asset forfeiture in the past. Perfecting the skills of the street officer and training the officer on asset forfeiture, will help to deter drug kingpins. The TPD has taken advantage of these laws and trains and encourages its officers in drug seizure techniques.

TABLE XI  
 UNIFORM DIVISION-STREET CRIME VHL' 1Z  
 ASSETS SEIZED  
 1985 - 1988

UNIFORM DIVISION	1986	1987	1988	TOTALS	
North	64,388	182,243	167,631	414,262	
East		114,345	198,240	312,585	
Southwest*			38,288	38,288	
YEARLY TOTALS	64,388	296,588	404,159	765,135	
	<i>Hare.</i>	Property	Vehicles	Currency	
North Drug Task Force Jan-Sept 1988	46,965	8,510	107,117	44,842	207,434
	TOTAL FOR ALL YEARS/DIVISIONS			972,569	

\* Southwest Division became a new division in September 1988

CHAPTER III  
SUBSTANCE ABUSE

General

Intervention in the destructive lifestyle of people who abuse drugs is necessary to reduce frequency of substance abuse generations. However, before implementing intervention programs, target populations must be defined. To provide a profile of the abuser, one needs to develop a data base that includes demographic information of populations at risk. Such variables include age, sex, race, and drug of choice. The profile of the typical substance abuse client, if such exists, will allow local government and health agency planners to target populations and areas of high risk.

The information contained in this chapter will address the following institutional reports:

- . Hospital reports on drug-addicted newborns
- . Emergency room reports on accidents due to drugs
- . Occupational Nursing Records on testing for pre-employment and testing for cause
- . State Mental Health Department data on persons treated for substance abuse within Tulsa County and the state of Oklahoma
- . County Medical Examiner's records on accidental over-dose deaths
- . Community Service Council of Tulsa--Helpline referrals for persons seeking help for substance abuse

The data obtained from the above listed institutions are not conclusive, but merely suggest the extent of the drug abuse problem. There is a general lack of available information at all levels of the city, county, state, and nation about the extent of the drug abuse problem. Some reports indicate that the

drug problem is levelling off or decreasing, while other reports indicate that the problem is increasing at alarming rates. As agencies become more aware of the extent of the drug problem and begin to collect accurate data, appropriate action can be taken to attack the drug problem. One of the most recent attempts to identify drug addiction is the testing of newborns in some Tulsa hospitals.

#### Newborn Testing for Drug Addiction

Tulsa hospitals are reporting a phenomenal increase in the occurrence of the "cocaine baby." Two Tulsa hospitals are currently testing newborn babies for drugs—Hillcrest Medical Center and St. Francis Medical Center. These hospitals only screen the baby when there is a strong suspicion that the mother abuses drugs. Hospital officials say that the numbers reported to be addicted or affected by drugs before birth and after birth represent a small fraction of the fetuses that are exposed to drugs in the womb.<sup>12</sup>

Mothers whose babies test positive for drugs are not allowed to keep their babies. The Department of Human Services Child Welfare Unit takes custody of the baby; drug abuse of the unborn baby is considered a form of child abuse. A medical social worker for Hillcrest makes this statement: "Giving a baby cocaine a month before it is born is just as bad as giving it cocaine a month after it is born."<sup>13</sup> Marijuana testing is not conducted on the babies. Dr. Vernon Smith of Tulsa's Hillcrest Medical Center Special Care Nursery estimated that if all new babies born in the city of Tulsa were tested for marijuana, 15%

would test positive. The state does not have the resources to provide foster care for this number of new babies.<sup>14</sup>

Hillcrest Medical Center is the only reporting hospital **that** serves the catchment area of the northern sector of the city, where officials report that one of every twenty (5%) newborn baby tests positive for cocaine, heroin, or some other illegal drug in its body at birth. St. Francis Medical Center reported that 2.6% of all newborns test positive for illegal substances other than marijuana. St. Francis is geographically located in the southern sector of the city.

The number of maladies that a newborn suffers because of the drug abuse of his/her mother is extensive; among those known **are:**

seizures, unstable temperatures, variable heart rates, extremely high nutritional needs, premature births, growth retardation, abnormal kidney systems, heart, defects, and other major birth defects, dead brain tissue, developmental and learning disabilities, more likely to die from sudden infant death syndrome

The Tulsa District Child Welfare Unit reports that the state does not maintain statistics showing how many infants have been taken from their parents because of maternal drug abuse. Child abuse records for substance abuse, at the state level, are not separated from other forms of child abuse. Therefore, it is currently impossible to determine the numbers of babies that are testing positive for drugs at the state level.

## Occupational Testing for Cause and Pre-employment

The Association of Occupational Health Nurses was approached for their cooperation in collecting data from the testing of company employees. Letters were written to all businesses that employed nurses belonging to the Occupational Health Nurses Area Association in Tulsa Oklahoma. Most of the businesses were cooperative in offering their help. Barbara Morrow, President of the Tulsa Chapter, collected company reports and aggregated the data for the Tulsa Police Department. Five companies responded to the request for data, representing over 7,000 employees.

Many people are tested for drugs as a pre-employment condition or for cause during employment. In the current study, of 278 prospective employees who were tested for drugs, 15 tested positive—(5%). Of the 16 people tested for cause, 15 tested positive—94%.

The data that were returned to Mrs. Morrow covered an age range of 19 to 43 years. In addition, the data were not broken down for demographic information between pre-employment versus for-cause testing. Of those tested, 60% were male and 40% were female. Of the females, 18.8% tested positive for drugs, and 7.52% of the males tested positive for drugs. Overall, 30 people tested positive for drugs.

There were 20 people who tested positive for marijuana, and 13 who tested positive for cocaine. Of those tested, 50% had a combination of drugs appear in the test results. The race breakdown for people testing positive was as follows:

40% Black  
 25% White  
 25% Indian  
 10% Not Known

Employee Assistance Programs

In Tulsa, many employers refer addicted employees to assistance programs for substance abuse rehabilitation. There **are** approximately four such programs in Tulsa.

One assistance program supplied the following data for this inventory:

Between January 1, 1987 and November 20, 1988, one assistance program helped 121 employees from 38 different companies. This agency operates programs for 49 companies. Of the 121 people, 30 were women and 91 were men. The major drugs of choice were as follows:

marijuana - PCP - cocaine, crack cocaine  
 designer drugs - prescription drugs

Many of the employees were cross-addicted to alcohol. This particular assistance agency assesses the patient's needs and oversees the treatment. The treatment consists of referring to Alcoholics Anonymous, Drugs and Narcotics Anonymous and various in patient/outpatient programs. This agency refers to approximately 20 different treatment providers. The following age groups were assisted:

<u>AGE</u>	<u># Treated</u>
15 - 17	11
18 - 21	11
22 - 25	17
26 - 30	27
31 - 40	29
41 - 50	7
51 - 60	1
61 - 70	1

Some employees contact the assistance programs for spouses, children, and relatives. These people are also referred for treatment and the ages are not always known. Therefore, the foregoing numbers do not total 121.

#### Substance Abuse Treatment Centers

The Oklahoma Department of Mental Health has developed a method of collecting data in the state through a program called OMHIS, (Oklahoma Mental Health Information System). The agencies that participate are state-funded agencies. The Oklahoma Department of Mental Health agreed to supply selected statistics for this inventory for all state-funded agencies in Tulsa County. In addition, Tulsa clients who have been treated outside Tulsa County are included in the study via a search of the client's file for zip code of residence.

Private agencies are not required to submit statistics to the Oklahoma Department of Mental Health and, therefore, are not required to record the same statistics. Many of these agencies do not have a computerized data base file, and do not record a variety of data. However, these same agencies have agreed to standardize their data collection, in a format developed by the Tulsa Police Department, for future inventories.

The 1988 OMHIS report for the state of Oklahoma provides an overview of the state profile for drug abuse. The following information was extracted from the 1988 Fiscal Year End. Summary of Alcohol and Drug Abuse Treatment Agency Epidemiological Data of the Oklahoma Department of Mental Health.

Epidemiological Report on Substance

Abuse For the State of Oklahoma. The Oklahoma Department of Mental Health reports in an epidemiological study , that from January through August of 1986 12,310 people were treated for substance abuse in Oklahoma. Of this total, 79% were white (52% of which are white males-27% are white females). Table XII lists the seven highest age groups by race and sex of those receiving treatment.

Of those treated, 30% received treatment for pharmaceutical and clandestine drugs alone; 54% received treatment for a combination of alcohol and drugs. Many patients are polyusers and received treatment for alcohol as well as a combination of other drugs.

White males who are 25-34 years of age represent the highest percentage (18%) of patients treated by state-supported clinics. This age group of white males also represents the highest number of arrestees for drug violations in the city of Tulsa.

Black males, age 25-34 represent 3.2% of the state's patients. Blacks represent 12% of the state's population, and the percent of all blacks treated in the state is 10.6%. According to statistics collected by the Oklahoma Department of Mental Health from state-funded substance treatment agencies, as a person's income increases, the less likely it is that person will need or seek drug abuse treatment. Women with higher incomes receive drug treatment 39% more often than men with higher incomes. The Oklahoma Department of Mental Health also reports that of all drug abuse patients treated in state-supported institutions, 72.8% earn incomes less than \$5,000. In addition, 66% of all

patients treated for marijuana abuse and 66% of all patients treated for cocaine abuse earn incomes less than \$5,000. Hallucinogen and PCP patients with incomes of less than \$5,000 comprise 82% of all treatment for these drugs.

TABLE XII  
SEVEN HIGHEST PERCENTAGES OF  
RECIPIENTS OF SUBSTANCE  
ABUSE TREATMENT FROM  
STATE-FUNDED AGENCIES  
STATE OF OKLAHOMA  
JANUARY-AUGUST  
1988

Percentage	Race	Sex	Age Group
18 %	W	M	25-34
11	W	M	18-24
10	W	M	35-44
9.9	W	F	25-34
6	W	F	35-44
5	W	M	45-55
3.2	B	M	25-34

Source: Oklahoma Department of Mental Health

Of those being treated for substance abuse in the state of Oklahoma, 78% of all males and 50% of all females are treated for alcoholism—many of whom are polyusers. After alcohol, both men and women are treated for the following drugs in rank order: marijuana/hashish, cocaine, and amphetamines. Barbituates and heroin rank next for men, and tranquilizers and heroin rank next for women.

Drug care spending in Oklahoma (fiscal year 1987) was \$3.58 per capita or \$11.6 million for the state, averaging around \$937 per patient. These figures do not include the private sources of treatment. There is a large variation in spending among all states, with Oklahoma being in the lower one-third. According to Pete Stark, chairman of the House Ways and Means Health Subcommittee, "States are spending far too little on treatment programs." Stark plans to "...reintroduce a bill in 1989 that will guarantee on-demand treatment for all drug dependencies and require ongoing evaluations designed to weed out wasteful or ineffective approaches."<sup>16</sup>

On a national level, a report from the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse states that responses from 47 state agencies confirmed that there were major needs in the areas of prevention and/or treatment, especially for women and youth, for which there were not adequate facilities and/or resources.<sup>17</sup> In Tulsa there are few state-funded facilities that treat youth and the private treatment centers charge between \$20,000 and \$40,000 for juvenile treatment. There are, however, benefits for young people completing these programs and who stay drug-free. College education is sometimes subsidized in state-supported schools in Oklahoma for successfully treated young people who stay drug-free.

In November 1988 a meeting of the "297" Board met at Tulsa's Community Service Council. This board assures that all state-funded substance abuse agencies meet the specifications required by the state of Oklahoma Department of Mental Health, as well as

supplying the needed data for OHMIS. At the time of this meeting, all of the agencies reported that more beds, out-patient treatment programs, and counselors to work with the patients are needed.

EDIdemioloaical Report on Substance

Abuse in Tulsa County. Oklahoma. The Oklahoma State Department of Mental Health collects data on substance abuse from those agencies within the state of Oklahoma that are state-funded. This department supplied the data in Table XIII for the Tulsa Police Department to be included in the Drug Problem Inventory. It was only possible to obtain 1988 data, therefore, only current data and not trends in drug abuse treatment will be discussed in this section. The data from thirteen agencies in Tulsa County are represented in the following table and text.

In 1988 there were 8,936 people living in Tulsa County who were treated for substance abuse by state-funded agencies. Whites represented 77%, blacks represented 17%, American Indians represented 5%, and Asians represented .3% of those treated in the county for substance abuse.

Youths represented 10% and females represented 51% of those who received treatment. Females also represented 51% of those treated for drug addiction from prescription and over-the-counter drugs.

Of those treated, 29.7% (21% =males and 8.6%= females) received treatment for alcoholism--the highest percentage receiving treatment for any drug. Of the 2,699 who were treated

TABLE XIII

SUBSTANCE ABUSE TREATMENT,  
 BY DRUG OF CHOICE, SEX, RACE,  
 WHETHER JUVENILE OR ADULT  
 TULSA COUNTY - 1988

	Alcohol	Heroin	Other Sedatives and Tranquilizers	Amphetamines	Cocaine	NO. of Mental Cases	Other Opioids and Synthetico	Barbiturates	Marijuana	Other Hallucinogens	Inhalants	Over-the-Counter Drugs	Tranquilizers	PCP	Other	Unknown
Male	1,923	64	36	218	384	4	77	47	849	54	21	3	40	114	AA	15
Female	776	41	34	156	241	2	80	32	365	22	5	6	66	49	29	30
Juvenile	167	2	A	15	22	-	1	7	123	7	3	-	A	4	1	3
Adult	2,532	103	66	359	603	6	156	72	1,091	69	23	9	102	159	72	A2
White	1,969	88	58	335	367	5	151	64	835	53	21	5	100	37	47	31
Black	464	11	7	IA	238	-	I	9	298	20	-	A	6	124	18	11
American Indian	265	6	5	25	19	1	5	6	78	2	5	-	1	2	8	1
Asian	1	-	-	-	1	-	-	1	3	1	-	-	-	-	-	2

Source: State Department of Mental Health  
 Oklahoma City, Oklahoma

for alcoholism, 6% were people under the age of 18, and 73% were white.

There were 365 females and 649 males treated for abuse of Marijuana. This drug, second in choice next to alcohol, represented 14% of all those treated for substance abuse in the county—males=9.5% and females=4.08%. The white population represented 68% of those treated for marijuana abuse and the black population represented 24% of those treated for marijuana abuse. Youths under 18 represented 10% of those who received treatment for this drug.

There were 384 males and 241 females treated for cocaine addiction, representing 7% of the total who were treated for substance abuse in 1988. Of the 625 total who were treated for cocaine addiction, 38% were black. Blacks represent 12% of the county's population. Youths under 18 represented 1% of the number treated for cocaine addiction.

Amphetamines rank fourth as the drug of choice for both males and females. However, their numbers amount to only 4% of the total for those treated. PCP, other opiates/synthetics, and heroin are the next drugs of choice for males. Other opiates/synthetics, tranquilizers, PCP, and heroin are the next drugs of choice for females.

More blacks receive treatment for PCP than the white population. Of the 163 people treated for PCP abuse, 76% were black. This is the only category of drug abuse treatment in which the black population ranked first in numbers treated. Females represented 30% of those people treated for PCP abuse. Youths represented 2% of the population treated for PCP abuse.

## Emergency Room Admissions

### Incidents/Mentions

Reports indicate that many hospitals across the USA in major cities are svamped with drug-related emergencies. These incidents are said to be cocaine-related illnesses. Representative Charles Rangel, chairman of the House Narcotics Committee, reported a few of the findings:

- Atlanta: Cocaine overdose deaths up more than 250% between 1986 and 1987
- Philadelphia: Cocaine deaths increased 259% between the first and fourth quarters of 1987
- San Diego: Emergency room cocaine-related illness <sup>fi</sup> reports rose from 86 in 1983 to 270 in 1987

The increase is said to be caused by a cocaine glut as dealers increase the purity/quality to insure they keep their customers. Some users overdose because they don't expect high purity levels.

Only one Tulsa hospital responded to the TPD request for emergency room admission statistics. Because general statistics were not kept in this hospital, the log sheets were pulled and submitted to the Management Team for analysis. The validity of such reporting is not guaranteed, as some sheets could have been overlooked. However, Table XV is submitted as drug-related statistics from one Tulsa hospital. This hospital is centrally located in Tulsa and does not necessarily serve the target catchment area.

TABLE XIV  
HOSPITAL EMERGENCY ROOM  
DRUG-RELATED INCIDENTS  
1986-1988

DRUG	1986	1987	1988*
Alcohol	49	15	1
Marijuana	15	10	1
Cocaine	10	4	1
Amphetamines	2	0	0
TOTAL	76	29	3

1988 includes records through mid-November

The collection of data listed in the above table could very well be an example of the need for better record keeping if the drug problem is to be studied in its entirety. The phenomenal drop in emergency room incidents and mentions of drugs between 1986 and 1988 coincide with the decrease in drug arrests and fewer accidental deaths that are drug-related in the county (see Table XVI). However, it is doubted that there would be this large of a decrease. Alcohol is and has been for many years, the major drug abused. It would not seem possible that those figures would drop to the extent that is reported in this table.

Tulsa County Medical Examiner's Office

The office of the Chief Medical Examiner supplied data from the State Bureau of Narcotics and Dangerous Drugs on accidental drug overdose deaths in Tulsa. The Medical Examiner's records were not specific for the city but included the county as a

whole. The Medical Examiner stated that to test for drugs when there was no information to warrant testing was too costly. It is probable that other deaths such as heart attacks and other organ malfunctions occur because of drug overdoses. Those deaths are usually not tested for drugs and are, therefore, not attributed to drug overdose. Table XV includes Information from ... state of Oklahoma and Tulsa County. The Chief Medical Examiner sends his reports to the Oklahoma State Bureau of Narcotics.

TABLE XV  
 ACCIDENTAL DEATHS  
 DRUG OVERDOSES  
 1\*83 - 1988

Year	State of Oklahoma <sup>*</sup>	Tulsa County
1983	32	18
1984	34	n/a
1986	25	14
1987	35	12
1988	n/a	14

\* State data does not differentiate between drugs and poisons  
 Source: Oklahoma State Bureau of Narcotics and Dangerous Drugs

Most of the accidental drug overdose deaths in 1988 were due to prescription drugs. There was one cocaine and one methamphetamine accidental death each for these drugs. The breakdown for the previous years was not supplied for this inventory. It is noted that Tulsa County, even with deaths decreasing, repre-

sents from 33% to 50% of all the state deaths, for the years reporting.

The state data included poisons with the drug data and did not differentiate between the type of drugs or list a breakdown. The state accidental drug overdose deaths have remained fairly steady since 1983.

#### Help Line Referrals

The Community Service Council (CSC) of Tulsa coordinates the efforts of the human service agencies in the city. One of the services that CSC offers is a 24 per day Helpline. Volunteers answer the phones and refer the callers to agencies that fit their needs. Jim Lyle, Helpline Coordinator, provided the figures for Table XVI.

TABLE XVI  
HELPLINE REQUESTS FOR SERVICE  
SUBSTANCE ABUSE REFERRALS  
1978 and 1988

Referral	1987	1988	% Change
Advocacy Coord. Planning & Training	59	35	-41%
Halfway House	76	39	-49
Substance Abuse Treatment - Inpatient	289	312	+ 8
Substance Abuse Treatment - Outpatient	318	490	+54
Support and Self-Help Groups	167	167	0
Support/Self-Help Groups, Signif. Others	<u>98</u>	<u>152</u>	+55
	1007	1185	

Lyle reports because of the large number of substance abuse treatment referrals and the lack of facilities that are able to handle more clients, it is becoming increasingly more difficult to offer assistance to the callers. Outpatient referrals increased by 54% in 1988, but with inadequate numbers of outpatient services, the number of people going untreated will continue to grow. The growing requests for support groups that offer treatment at no cost or costs lower than inpatient/ outpatient treatment centers, indicate a need to enlarge existing facilities or add additional support groups/agencies.

CHAPTER IV  
TULSA PUBLIC SCHOOLS

The Tulsa Public School System consists of 56 elementary schools, 14 middle schools, and 9 high schools. In addition, four alternative schools are assisted and/or funded by Tulsa Public Schools—Project 12, The Learning School, Street School, and Margaret Hudson (for school-age parents).

In order to obtain a greater understanding of the drug problem in Tulsa, and specifically the target area in north Tulsa, the TPD decided to study what drug problems existed in the Tulsa Public School System. This chapter will address this issue by looking at drug suspensions from 1984 through 1988, all suspensions by school and area of the city in 1986/1987, and the rate of students dropping out of school in 1987/1988. Programs relating to drugs and decision making that are in place in the school system will also be discussed.

Drug Suspensions

and Regulations. Tulsa Public Schools follow a strict code enforcement for drug abuse. It is the policy of the Tulsa Public Schools to suspend any student who violates the substance abuse regulations. However, Tulsa's suspension program for drug abuse is not as harsh as the state of Oklahoma's drug suspension policy. The state policy permits suspension of a student for the balance of the semester and the entire next semester. The Tulsa Public School Board is cognizant that this harsh expulsion could contribute to the drug problems of the expelled youth, resulting in his/her dropping out

of school. In Tulsa Public Schools, students are suspended for an immediate 10 days; the punishment is reduced to 5 days if the student completes a drug assessment by a participating hospital and the school notified by an approved rehabilitation provider. The following material is a reprint from the Tulsa Public School's Code Enforcement Manual:

### XIII. CHEMICAL AND SUBSTANCE USE--

#### A. Regulation

##### 1. Chemicals;

Any student found selling, possessing or under the influence of a narcotic or dangerous drug including but not limited to, marijuana, LSD, PCP, barbiturates and heroin, or non-narcotic intoxicants such as glue, non-prescription cough medicine, gasoline or alcohol, while on school premises or school bus, or while participating in or attendance at a school sponsored activity shall be suspended. The student will be reported to the principal in accordance with the law of the State of Oklahoma and school board policy.

##### 2. Alcoholic Beverages:

A student may not have a beverage containing alcohol in his/her possession or be under its influence in school, on school property or grounds, on a school bus or at a school-sponsored function. The student will be reported to the principal in accordance with the law of the State of Oklahoma and school board policy.

##### 3. Simulated Drugs:

A student may not sell, possess, distribute or display any pills or capsules which are intended to give the appearance of being prohibited drugs.

#### Action to be taken:

Teacher reports to school principal or designee  
Principal reports to superintendent or designee  
Principal or designee contacts parent or guardian  
Immediate removal from school or student contact  
Immediate JO-day suspension

This suspension will be reduced to 5 days if the student completes an assessment and the school has

been notified by an approved rehabilitation provider such as Hillcrest Medical Center, Adolescent Care Unit.

Report to the school's IMPACT Core Team

#### 4. Smoking By Students (Use or Possession of Tobacco):

The use of tobacco or tobacco products by students is prohibited on the premises of any elementary school, middle school or high school.

##### Action Alternatives:

Referral to guidance dean, parents notified and advised of the infraction.

Student withheld from school until parental conference is held

Detention, in-house suspension or a three to five day off-campus suspension.

Continued or flagrant violation of this regulation may result in extended off-campus suspension.

Parents and students encouraged to seek advice and counsel regarding health hazards resulting from the use of tobacco or tobacco products. <sup>20</sup>

Table XVII gives an accounting of the numbers of suspensions in Tulsa Public Schools for the period of 1984-1988 for drug violations. Overall, for race and sex combined, there was a 93% decline in drug suspensions from 1984 to 1988, and 48% from 1986 to 1988. Enrollment did drop between 1984 and 1988, but only by 5%. The rise in numbers of suspensions between 1985 and 1986 is not totally understood. However, the assessment program with Hillcrest Medical Center was implemented in 1986. Before that time students had no recourse with the school system other than to be suspended. Now, when a student agrees to go through the assessment and evaluation, he/she is not suspended. This accounts for much of the reason that drug suspensions have decreased in Tulsa Public Schools.

In the city of Tulsa, drug violation arrests for opium, cocaine and their derivatives rose from a total of 2 juvenile

arrests in 1905 to 16 arrests 3n 1986. Although the arrests for juveniles involved in this type of drug violation continued to rise since 1986, the school suspensions have decreased. It is a possible consideration that the juveniles who **are being arrested** are suspended students or school dropouts.

Drug-related white male suspensions increased only in 1986 and black male suspensions increased only in 1987. Female suspensions increased for whites, blacks, and Indians in 1966 and 1988.

TABLE XVII  
TULSA PUBLIC SCHOOLS  
DRUG VIOLATION  
SUSPENSIONS  
RACE AND SEX  
June 1984 -  
June 1988

	<u>1984</u>		<u>1985</u>		<u>1986</u>		<u>1987</u>		<u>1988</u>	
<u>SEX:</u>	M	F	M	F	M	F	M	F	M	F
<b>RACE:</b>										
White	70	31	65	20	89	28	61	14	39	16
Black	40	7	21	5	8	35	15	1	12	3
Indian	7	3	9	3	7	4	7	0	6	4
Spanish	0	0	0	1	2	0	0	1	1	1
TOTAL	158		124		173		160		82	

Along with the assessment program, the many programs offered by Tulsa Public Schools may be effective in decreasing drug problems within the school system. However, an overall look at total school suspensions by area of the city might provide a clue as to what students are being suspended from school.

All Suspensions. In computing the rate of students who were suspended from school in the Tulsa Public School system, the most northern high school which also serves a portion of the catchment area for the target housing complexes had the highest suspension rate for all high schools during the 1986/1987 school year. In that year, 4.36% of the students were suspended. It is also reported that this high school has the highest number of pregnant teens of any school in the school system. Of the students attending this school, 96% are black.

Black students represent 28% of the student enrollment in Tulsa's high schools. However, 42% of the students suspended in 1986/ 1987 were black students. The white students represent 64% of the student enrollment and 23% were suspended in 1986/1987.

School Dropouts. School officials report that over 900 students drop out of school in Tulsa each year. In 1984-85, there were 1,600 school dropouts from the Tulsa system. It is reported that the 1988-89 school year will probably experience a larger number of dropouts than the 900 per year figure. In the fall of 1988, 622 students dropped out of school. If this were projected to May of 1989, the figure would equal approximately 1,250 dropouts for that one year.

The Tulsa Public Schools Dropout Prevention Program is considering considering expanding to include a task force to study each drop out. The rise in dropouts coupled with the rise in black youths involved in drug arrests could point to the possibility of involvement in drugs by black drop-outs.

It was learned that 7% of the black and 7% of the white student population dropped out of school in 1987/1988. Of the Native American students, 17% of their student population dropped out of school and 12% of the hispanic student population dropped out of school in this same year. The number of black students who dropped out of high school in 1987/1988 represented 25% of the student enrollment. Because blacks represent 28% of the high school enrollment, these drop out numbers are not disproportionate. The northern most schools in the city have the highest rates of students dropping out of schools; 9.64% - 11.38% of the student enrollment dropped out of school in 1987/1988.

#### Anti-drug Programs Offered

by Tulsa Public Schools. The Tulsa Public School System has been offering programs of education on drug abuse to its pupils (kindergarten through twelfth grades) for the past few years. This section will briefly discuss these programs.

Drug Awareness Program - Kindergarten - 12th Grade  
general education program on drug abuse

Operation Aware - 4th - 5th Grade  
discussing the many problems, including drugs,  
that face young people

Quest - Middle School (1989/89-only 4 schools participating)  
A nation-wide program on healthy living and decision  
making

Impact-Intervention Programs - Tulsa Public Schools in conjunction with Hillcrest Hospital-Referral agent of the schools for young people making changes in life patterns. A free assessment is given and referrals are made according to the young person's needs.

Drug Abuse Resistance Education (DARE) - 6th, 7th & 8th Grades - DARE is an intensive 17 week program given by Tulsa Police Department Officers who are trained to educate young people about drug abuse.

Another program in the planning stage is for the Tulsa Public Schools to work with Urban 4-H, as well as the Tulsa Police Department in producing a summer camp experience at a ranch outside of Tulsa for kids at risk.

When a student does not respond to the education that is offered by the Tulsa Public School System, he/she may possibly attend one of the alternative school programs such as Project 12, Street School, The Learning Center, or the Margaret Hudson program which is offered for school-age parents.

Street School serves suspended students or possible dropout students, while Project 12 serves students who have been out of school at least six months or one semester. The Learning Center offers a half-day program for students 6th through 8th grades who have behavior or attendance problems. These students attend the home school for the other half of the day.

Simply expelling students from class presents more problems to the student and the community. Street officers working the foot patrol in the target complexes on Tulsa's north side, tell of the many truant, suspended, or dropout students who are

dealing drugs during the daylight (school) hours in the target complexes. Tulsa's alternative schools provide support for students in trouble.

Youth Survey. The DARE officers designed a survey to be administered to young people between the ages of 12 and 19 in the Tulsa Public School System.

The drug survey was designed to determine the youths' use and perception of drugs. Questions were asked about cigarette use, alcohol use, drug use, school grades, part-time jobs, and drug treatment. There were 12,939 students who responded to the drug survey--6,212 middle school students and 6,727 high school students. The complete survey with responses is contained in the Appendix A of this report. A discussion of a select number of questions is given in the following text:

It was determined that 1,118 (18%) of middle school students (the highest percentage for middle school students) and 941 (14%) of high school students used alcohol by the age of 10 or younger. The largest percent (37%) of high school students started using alcohol between age 13 and 15. This might suggest that students today are trying alcohol at a much younger age.

At what age did you first use alcohol?

M.	H.	
61%	28%	Not at all
18	14	10 years old or younger
14	12	11 or 12 years old
7	37	13, 14, or 15 years old
0.4	9	16, 17, or 18 years old

\*  
M = Middle School response

\*  
H = High School response

The students were asked how often they used alcoholic beverages. Of the middle school students, 3,453 (56%) said "never" and 1,870 (28%) of the high school students answered "never." Both middle school and senior high students answered with 28% having tried alcoholic beverages once or twice. Of the middle school students, 8% responded with monthly use and 24% of the senior high students responded with monthly use. Both the middle and senior high students responded with 2% using alcoholic beverages daily.

How often do you use alcoholic beverages?

M.	H.	
56%	28%	Never
28	28	I tried it once or twice
8	24	About monthly
4	16	About weekly
2	2	Daily

Middle school students in Tulsa Public Schools are being offered the use of illegal drugs at an earlier age in (5,777 or 9% at age 11 and 12) compared to the high school student (2,139 or 3 2% between the ages of 14 and 15). The survey shows, however, that 4,839 (78%) of all the middle high school students and 2,959 (44.0%) of high school students have never been offered illegal drugs.

At what age were you first offered illegal drugs other than alcohol? (marijuana, cocaine, etc..)

M.	H.	
78%	44%	Not at all
6	6	10 years old or younger
9	10	11 or 12 years old
6	32	13, 14, or 15 years old
0.2	8	16, 17, or 18 years old

When asked "At what age did you first use illegal drugs?" 5,466 (88%) of the middle school students and 4,305 (64%) of the high school students answered "Not at all." The middle school age with the highest percentage was age 11 and 12-4%. The highest percentage for high school students was age 13 to 15 with 20%.

At what age did you first use illegal drugs? (marijuana, cocaine, etc...)

M.	H.	
88%	64%	Not at all
3	4	10 years old or younger
4	5	11 or 12 years old
3	20	13, 14, 15 years old
0.2	6	16, 17, 18 years old

Students have tried or used marijuana more than any other type of drug. Of the middle school students 14% (869 students) and 35% (2,354 students) of the senior high students had tried or used marijuana. There were 99 (2%) of the middle school students who answered "yes" to daily use of marijuana; 309 (5%) senior high students answered "yes" to daily marijuana use.

How often do you use marijuana?

M.	H.	
86%	65%	Never
7	17	I tried it once or twice
2	7	About monthly
1	5	About weekly
2	5	Daily

In 1987, the state of Minnesota administered a test similar to the test given to the Tulsa students. In comparing the results of the use of marijuana, 25% of all the Tulsa students had tried marijuana while 35% of the Minnesota students had tried this drug.

Inhalants (glue poppers, gas, paint) were the only other form of drugs that had a similar rating for use by middle school

students in Tulsa--5,379 (87%) had never tried inhalants. Of all the other drug choices, 90%+ of the middle school students said they had never tried them at all.

Amphetamines/speed had been tried by 621 (10%) of the middle school students and 1,479 (22%) of the high school students. Approximately 1.5% of both middle school students (93) and senior high students (100) use amphetamines /speed on a daily basis. Comparing the Minnesota results, 13% of the Minnesota students had tried amphetamines/speed and 16% of all the Tulsa students had tried this drug.

How often do you use speed/amphetamines?

M.	H.	
90%	79%	Never
4	12	I tried it once or twice
2	4	About monthly
0.8	2	About weekly
1	2	Daily

Heroin had been tried by both 7% (434) of the middle and (7%) (470) of the high school students in Tulsa. In Minnesota, 1% of the students had tried this drug.

How often do you use heroin?

M.	H.	
93%	94%	Never
2	2	1 tried it once or twice
0.7	1	About monthly
0.5	0.6	About weekly
1	0.9	Daily

The students were asked about their use of alcohol and some other drugs before, during, or right after school. The average of the two school levels indicated that (9%) of all the students (or 1,164) responding, drank beer, wine, or hard liquor before school. An average 7% of the two school levels (905 students) used these beverages during school. There was an average of 12%

(or 1,552) of the students who said they used these beverages right after school.

When asked about marijuana use before school, 8% (1,035) of all students answered yes; 8% (1,035) said they used marijuana during school and 10% or 1,293 students said they used marijuana right after school. In Minnesota, the survey results showed that 18% used the drug before school, 22% used the drug during school, and 31% of the students used marijuana right after school.

Do you ever drink beer, wine, or hard liquor before school?

M.	H.	
8%	10%	Yes
88	87	No

Do you ever drink beer, wine, or hard liquor during school?

5%	9%	Yes
92	88	No

Do you ever drink beer, wine, or hard liquor right after school?

9%	15%	Yes
88	83%	No

The students were also asked about riding in vehicles with a driver who had been drinking or taking drugs. There were 1,035 (8)% students who said that they often rode in a vehicle with a driver who had been drinking alcohol or taking drugs.

How often do you ride with a driver who has been drinking alcohol or taking drugs?

M.	H.	
8%	8%	Often
9	15%	Sometimes
18	25	Rarely
60%	48%	Never

When asked about school problems stemming from drinking or the use of drugs, 842 or 6.5% of a31 students had experienced failing grades or trouble with teachers. Of all students who had experienced trouble with the police because of drinking or drug use, 841 or 6% replied, "yes." When asked if the student had

ever been in a treatment center or a program for drugs or alcohol, 1,940 (15.5%) of the students said, "yes"; 103 students had been in treatment three times or more.

Have you ever had a school problem (failing grades or trouble with teachers) because you drank or used drugs?

M.	H.	
5%	8%	Yes
88%	88%	No

Have you ever been in trouble with the police because of drinking or drug use?

M.	H.	
4%	8%	Yes
89	88	No

How many times have you been in a treatment center or a program for drugs or alcohol?

M.	H.	
83%	86%	Never
3	4	Once
1	0.8	Twice
2	1.3	times or more

The students were asked about attendance in two of the trainings that are offered at the school--Drug Abuse Resistance Training (DARE/Tulsa Police Department) and Operation Aware/Tulsa Public Schools. There were 4,907 (79%) of the middle school and 1,304 (21%) of the senior high students who had attended DARE training; 3,888 (63%) of the middle school students, and 2,569 (38.%) of the high school students had attended Operation Aware Training. DARE training started in 1986 and the Operation Aware program was begun in 1979.

The foregoing survey results are not to be considered conclusive for the youth in the Tulsa area. Tulsa Public School officials felt that the survey answers were consistent with the known drug problems of the youth.

The Tulsa Police Department participates with the Tulsa Public School System in the Adopt-a-School program. Through this program officers tutor students and deliver other programs of interest to the students. The police department also participates in the New Friend Program. Through this program young children adopt the officer as a friend and resource. The student can call on the officer if a situation occurs when the student might need the help and advice of a friend/police officer.

Tulsa Public Schools states that they are dedicated to increasing awareness about alcohol and drug abuse through instructional programs. They are concerned that students make good decisions relating to their health and welfare and will, therefore, continue to offer programs to help attain this goal.

## CHAPTER V

### TARGET AREA

#### The Environment

Low to middle-income, predominantly black families live in the northern portion of the city of Tulsa. Their educational facilities include two high schools; one is a magnet school which draws gifted students from the entire city, and the other is a neighborhood school. Several elementary and junior high schools are also in the area along with one of the Tulsa County Vocational-Technical Training Centers. There is very little industrial activity in this area of the city. There are several small strip shopping centers doing business, but there are just as many with windows boarded up and the premises vacated.

For the most part, the neighborhoods are composed of single-family frame houses. Intermixed with the occupied dwellings are boarded-up houses, some of which have been burned and which neighbors frequently complain about as havens for illegal activity. There are a few neighborhoods that have large stone or brick houses, one exclusive neighborhood west of the Osage Expressway, and then there are the neighborhoods created by public housing complexes. According to an Environmental Survey conducted in four of these housing complexes by foot patrol officers in November 1988, there was a considerable amount of deterioration, graffiti, litter, and an overall lack of good general maintenance within these complexes (see Table XVIII). There are seven of these housing complexes located within two miles of one another in this section of town. In the heart of

**TABLE XVIII**  
**TULSA POLICE DEPARTMENT**  
**ENVIRONMENTAL SURVEY,**  
**NOVEMBER 17, 1988**

	Morning Star *	Vernon Manor *	Seminole Hills	Conanche Park
<u>Condition of Buildings/Units: Exterior</u>				
Structural problems	20%	0%	20%	10%
Broken fixtures	50%	40%	20%	90%
Graffiti	30%	80%	10%	40%
Overall lack of general maintenance	40%	90%	40%	50%
Vacant units	60%	20%	15%	30%
Overall condition and appearance	Poor	Poor	Fair	Poor
<u>Condition of Grounds/Landscaping</u>				
Litter, trash or broken glass problem	50%	80%	100%	20%
Large pieces of junk lying around	40%	10%	10%	10%
Problems with unkept lawns	0%	100%	0%	10%
Missing, cracked or sunken sidewalks	50%	20%	50%	10%
Open spaces clean of litter?	Yes	Yes	No	Yes
Any abandoned autos in zone?	Yes (2)	Yes (11)	Yes (2)	Yes (20)
Any recreational equipment in zone?	Yes	Yes	Yes	Yes
Recreational equipment used regularly?	Yes	No	No	Yes
Recreational equipment in good condition?	Yes	No	Yes	Yes
Adequate lighting in zone?	No	NO	No	Ho
Overall condition and appearance of grounds	Fair	Poor	Poor	Fair

(The higher the percentage, the poorer the environmental condition)

\* Not Tulsa Housing Authority complexes

this area is Uniform Division North, one of three police sub-stations in the city of Tulsa (see Figure 8).

The Report on Services to North Tulsa County published in March 1988, reveals that virtually no social service agencies are located in this area.<sup>19</sup> The same report indicates that there is a great need for such services, citing a high rate of juvenile delinquency, unemployment, and the predominance of children living in one-parent homes as characteristics of this area.

#### General Crime Trends

Tulsa Police Department statistics for the first three quarters of 1988 reveal that 48% of all crimes of violence (homicide, rape, robbery, assault, weapons violations, disorderly conduct, and miscellaneous threats) occur in this northern section of the city. Studies indicate that there is a correlation between victimization and income level. In a Bureau of Justice Statistics Special Report, "The Risk of Violent Crime," the statement is made, "there is a direct relationship between family income and victimization for both whites and blacks: the lower the income, the greater the victimization." This relationship exists in north Tulsa. The crime rate is high, and according to the Report on Services to North Tulsa, County, March 1988, "the poverty population tends to be clustered in the central city area and north Tulsa...The poverty rate exceeds 25% in some census tracts in North Tulsa."

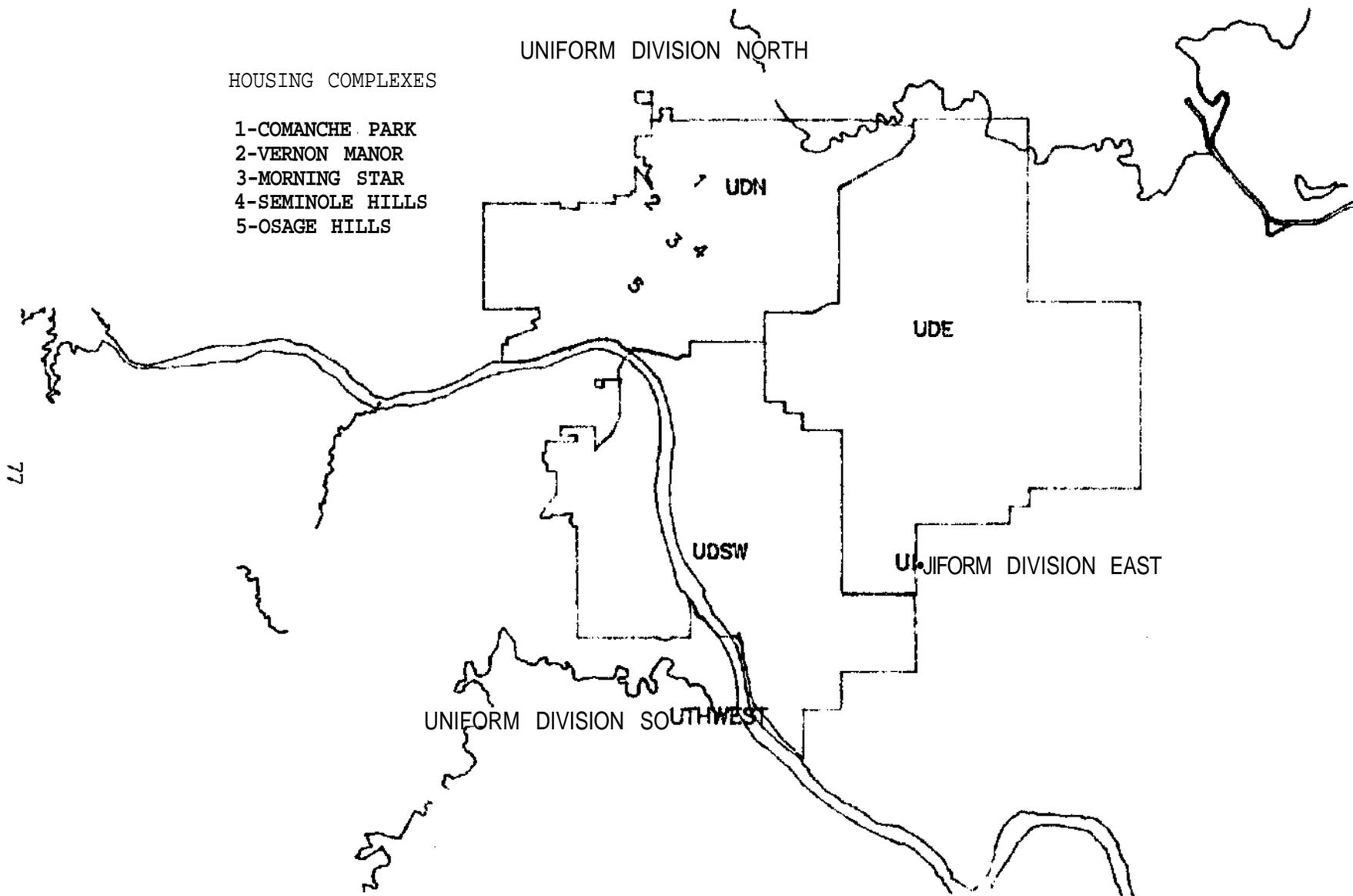


Figure 8, City of Tulsa indicating the three police uniform divisions and locations of the 5 target public housing complexes

The greater the poverty in this area, the greater is the evidence of this correlation existing. In the targeted public housing complexes (Comanche Park, Seminole Hills, Vernon Manor, Morning Star, and Osage Hills) a residential survey revealed that over 41% of those responding had an income below the poverty level (under \$6,000 per year) (see Appendix B). Correspondingly, the crime rate as determined by reported crime in each complex approaches or exceeds 100% of the occupied units in 3.9 of the target complexes (see Figure 9). A resident of one of those complexes has over a 100% chance of being the victim of a crime during the year.

Drug arrests are also greater in the northern section of **the** city than in the southern and eastern sections (See Figure 10). Several reasons can be offered for this trend. Visible street dealing in public housing seems to be a phenomena restricted to the northern complexes. Because this type of dealing is done in the open, uniformed officers frequently are able to make drug delivery and/or possession arrests. In other divisions, drug arrests are almost the exclusive activity of the undercover officers. In addition to uniform officer enforcement, the Tulsa Police Department formed a drug task force for the purpose of dealing with the drug problem in public housing. The added volume of their arrests could also contribute to this disparity.

Although there are no studies which can establish a direct link between violence and the level of drug activity, the graph

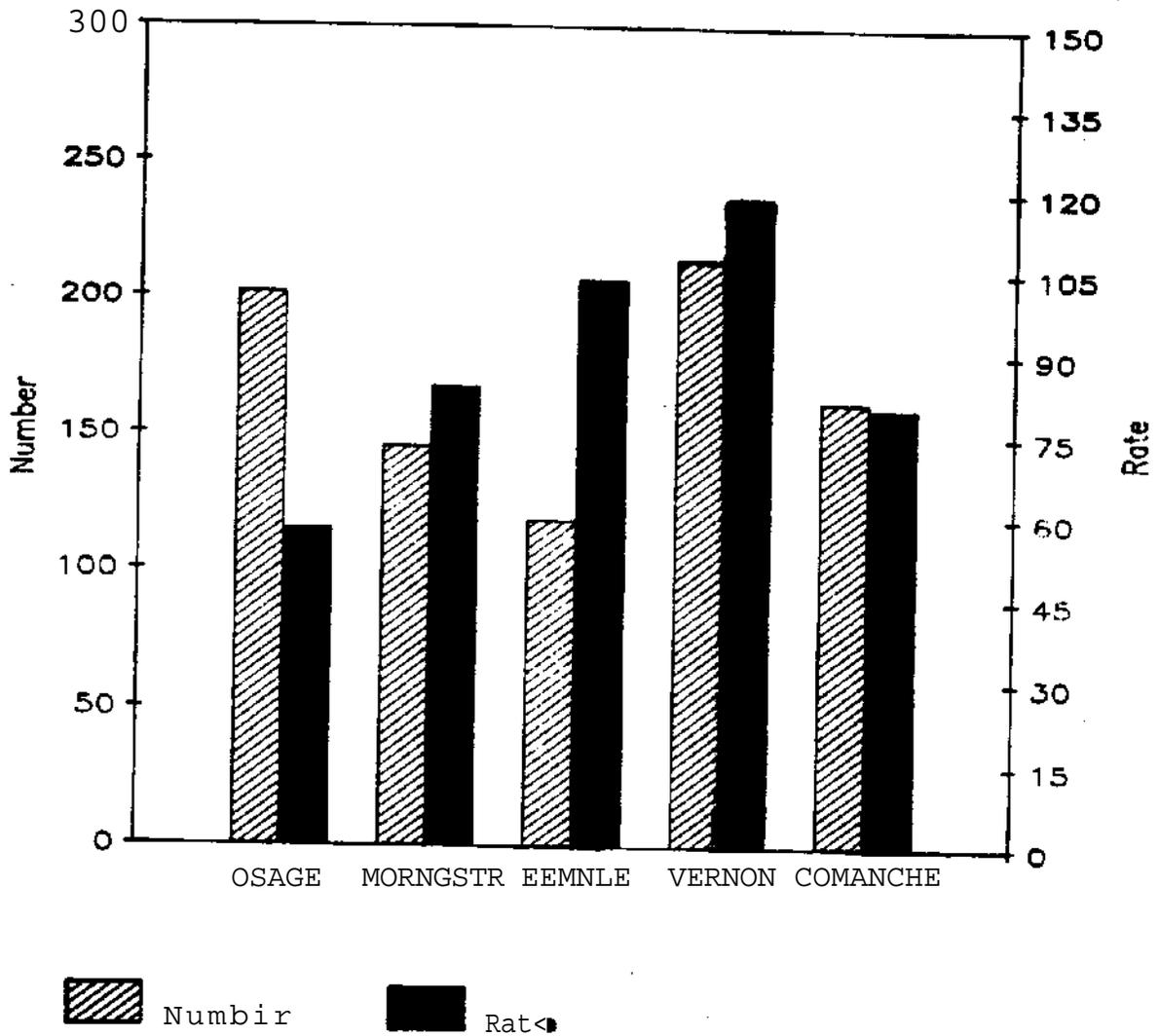


Figure 9. Reported crime and rate of crime per occupied housing unit for the five target complexes

comparing the two phenomena (drugs and violence) in each sector of the city of Tulsa suggests that the correlation may exist (see Figure 9). Since the correlation between level of income and level of violence has already been established through research, it may be the correlation that should be established is one between level of income and level of drug activity rather than between drugs and violence.

#### Analysis of The Target Complexes

Five of the seven complexes in the north Tulsa area were selected as the targets of the problem-oriented approach to drug enforcement project: Comanche Park, Morning Star, Vernon Manor, Seminole Hills I & II, and Osage Hills (see Figure 8). Of the five complexes selected, three are Tulsa Housing Authority properties: Comanche Park, Seminole Hills I & II, and Osage Hills. Vernon Manor and Morning Star are privately owned and managed HUD properties.

Actors: According to a residential survey conducted in each of the complexes, the occupants are predominantly black female heads of household. Based on information received from tenants over the telephone, verbally to beat officers, in tenant association meetings, and in the residential survey, it became apparent that the tenants themselves are victims. Not only are they victims of the high crime rate, but also of the drug dealers who use them to facilitate their business.

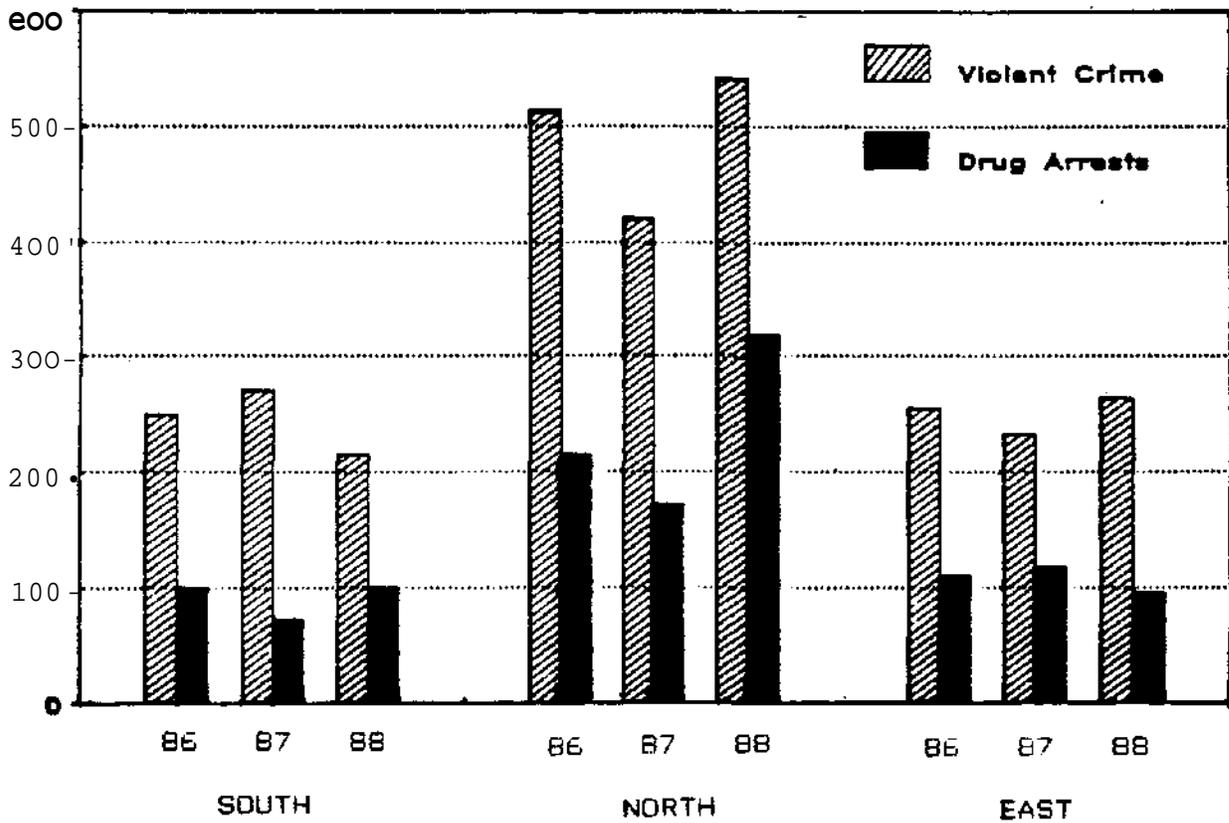


Figure 10. Number of violent crimes and drug arrests by Tulsa Police Department by Uniform Division 1986-1988

The police officers who work in this area feel that the tenants have a sense of hopelessness about their future. Officers have also learned how pressing every day problems **are** in the life of public housing tenants. A trip to the laundry mat is difficult when there is not one within walking distance and there are young children to be considered. Grocery shopping can be expensive at the corner quick-stop store for someone on a fixed income. However, it may be all that is available if the nearest discount grocery is several miles away and bus transportation is a complex undertaking. Frequently, a tenant's friend will offer a ride to the grocery store for \$5 or \$10—catch-22 for those with limited incomes.

Other actors are the drug dealers. Tenants frequently state to officers that drug dealers do not live in the complexes. To verify this claim, a foot patrol experiment in Morning Star and Comanche during the summer of 1987 was conducted. The participating officers conducted field interviews of persons roaming the complexes and arrested several for drug charges. This information confirmed the allegations that the majority of the drug dealers don't live in the complexes. This finding was further validated by the residential survey. Of those surveyed in Morning Star, Vernon Manor, Comanche and Seminole, 61% stated that the troublemakers don't live in the complex. In addition, drug arrests in the complexes from May to December 1988 indicated that 70% of those arrested for drug charges do not live in the complexes (See Table XIX).

TABLE XIX

REPORT OF RESIDENT/NONRESIDENT ARRESTS  
 IN FOUR NORTH TULSA HOUSING COMPLEXES  
 MAY - DECEMBER 1966

Complex	Resident	Non-Resident	Unknown
MAY			
Commanche		1	
Morning Star	4	4	
Seminole	4	7	
Vernon Manor	5		
JUNE			
Morning Star		1	
Seminole	2	4	
Vernon Manor	4	9	2
JULY			
Morning Star	2	4	
Seminole	3	10	
Vernon Manor	1	1	
AUGUST			
Commanche		2	
Morning Star	1	4	1
Seminole	1	12	2
Vernon Manor	4	4	
SEPTEMBER			
Comanche	1		
Morning Star	1	4	
Seminole	3	19	
Vernon Manor	2		
Osage Hills	3		
OCTOBER			
Comanche	1	1	
Morning Star	2	8	
Seminole	2	6	
Vernon Manor	1		
Osage Hills	1	4	
NOVEMBER			
Comanche	1	1	
Morning Star	4	14	
Seminole	5	8	
Vernon Manor		4	
Osage Hills		1	
DECEMBER			
Comanche	2	3	
Morning Star	4	12	
Seminole	1	1	
Vernon Manor	1	5	
Osage Hills		1	
TOTAL	67 (30%)	154 (70%)	= 221 arrests

The drug dealers establish their position in public housing through fear and intimidation of the residents. Street information indicates that the dealers bribe the tenants by supplying them with crack or giving them money for the use of their apartment for drug sales. Those tenants who do not cooperate are frequently the victims of vandalism, assaults, and burglaries where their uninsured possessions are taken or trashed.

The other segment that has a contributing role to the problems of the complexes is the Juvenile population. There are a large number of truants loitering at each of these complexes according to the tenants. The tenants say these juveniles are either expelled or are simply out of school because they missed the bus or because their parent doesn't care enough to make them go. The drug dealers captivate the attention of the youth by flashing large rolls of money, expensive jewelry, name-brand clothing, and luxurious automobiles luring them into the drug sales business as spotters or holders of the cash or goods. The juveniles are attracted to the money and the physical presentation of wealth that drug dealing seems to afford those involved.

The management or owners also affect the quality of life in public housing. Their stated role is that of property manager and rent collector. They say that the crime problem is a police problem. According to the Housing Act of 1937, however, the role of management was designed to be much more comprehensive. In Section 3C, the Act defines operation of public housing to include the "development and maintenance of tenant organizations which participate in the management of lower income housing projects; the training of tenants...; counseling

of household management, housekeeping, budgeting, money management, child care, and similar matters; advice as to resources for job training and placement, education, welfare, health, and other community services..."

The Tulsa Housing Authority does employ counselors to meet the social service needs of the residents. However the duties of the personnel hired by the Housing Authority are numerous and varied. They are, therefore, unable to attend to specific problems. According to information given at a Housing Authority Board meeting by the Executive Director on January 10, 1989, two counselors are responsible for the residents in 720 units. Their job description includes accompanying the pest control man on monthly visits to each of these units. After these tasks, there is little time left for counseling those who live in the units. A Tulsa Tribune editorial writer stated, "Many who know the extent of the problems in the projects—tenants, police, social service workers, program volunteers—privately point to Tulsa Housing Authority management as the heart of the problem. Most say little will change unless attitudes, approaches, and personnel at the authority change."<sup>20</sup>

Incidents: Field officers report that drive-through drug sales are a common sight in the five target complexes. Criminal activity abounds as illustrated by the number of criminal incidents exceeding the number of occupied units in all the apartment complexes except Osage Hills, where the rate is around 50% (See Figure 9). Drug dealers still use tenants to further their efforts (apartment take-overs, etc.). The tenants who are

victimized in this way have asked the officer for help. But the police cannot protect residents from the abuse they will receive if they fail to cooperate with the criminal. During arrest incidents, rocks and bottles have been thrown at the police from crowds who quickly gather when the police show up. The crowds protect those who assault the police.

Responses: The typical response has been to invoke the criminal justice system through citation or arrest, or to avoid the complex unless on call. In 1986 with the implementation of the Area Commander Plan a community-based policing concept, a few other types of responses were developed to bridge the gap between the tenants and the police. The Citizen-Oriented Policing Seminars (COPS) program paid off-duty police officers to go into low income housing complexes and educate the people about the responsibilities of the police and the responsibilities of the citizens in crime control. The officers worked in pairs and were to spend two hours a month working with the tenant association to build its membership the residents<sup>1</sup> trust and confidence in working with the system.

Taking a more aggressive stance against drug dealing in the complexes, a temporary foot patrol experiment was tried the summer of 1987 which reduced street dealing considerably. While it was in operation, the foot patrol gave the tenants a taste of what a safe and secure environment was like. After the foot patrol was removed, the level of activity picked up again and as a result, the drug task force was formed in January 1988. This task force remained operational until shift change in September 1988.

During the summer of 1988, the Tulsa Police Department received a grant from the Bureau of Justice Assistance and administered by the Police Executive Research Forum. Through this grant, a residential survey was conducted in October 1988, in the five target complexes to give the department a clearer view of the problem in public housing so that appropriate responses could be developed. A survey was also completed at Mohawk Manor apartment complex, a complex close to the other target complexes, but not experiencing street dealing. The survey revealed the following information:

- . 80% Were black female heads of household
- . 53% High school graduates
- . 32% Had their own telephone
- . 23% Had their own vehicle
- . 70% Were very worried or somewhat worried about crime
- . 66% Named drugs as the most serious crime problem in their complex
- . 67% Had never been a victim of crime

Differences were observed that would indicate why Mohawk Manor had not been besieged by street drug dealing as had the other complexes. The results of the survey indicated that the two main differences in Mohawk's residents were the sense of control they felt they possessed, and the number who were enrolled in school. Mohawk Manor residents felt that they had more control with only 12% feeling they had no control at all. Enrollment in school may indicate a future-orientation which would contribute to more self esteem, hence more control.

When these residents were asked what were the major problems in their apartments, Mohawk Manor complex was the only group to give a sizeable percentage reply to poverty and lack of jobs. It

may be that when drug trafficking does not envelope a person totally, he/she may be able to give greater thought to his/her real problems.

One officer speculated that more people at Mohawk were employed than at the other complexes, but the survey revealed the following information:

- . 11% Average who work full time at all complexes
- . 12% Work full time at Mohawk Manor
- . 23% Work full time at Seminole Hills
- . 15.6% Work full time at Comanche Park
- . 8.5% Work full time at Osage Hills
- . 6.8% Work full time at Morning Star
- . 3.9% Work full time at Vernon Manor

Seminole Hills, with the highest employment rate, also had the highest rate of crime of the five complexes. Mohawk, on the other hand, only indicated an average rate of employment when compared to the other complexes. Although there are no definite answers, the differences in level of drug activity appears to be related to the residents' perception of control of their lives.

Community. Service providers were also working to bring the plight of the residents of low income housing to the attention of the public. The Report on Services to North Tulsa examined inadequate services in North Tulsa County, lack of service coordination, the need for prevention services and the need for greater awareness throughout the county about concerns in north Tulsa and the commitment to address them. The report identified five problem areas in the general service delivery field:

- . Lack of coordination of services
- . Lack of outreach to low-income populations
- . Increasing substance abuse
- . Stress in public housing
- . Lack of transportation

In the area of substance abuse, the report recognized continuing and growing substance abuse among black teens and young adults and the increasing need for extensive adolescent outreach services for drug abuse. The report further stated that "Cooperative actions between the police/ area residents, social agencies, churches, public authorities, and businesses need to be continued and strengthened to discourage the availability of illicit drugs."

Another group, the Tulsa Metropolitan Ministry (TMM), agreed to be the parent agency for a pilot program, the tenant services coordinator program. A task force sought and received a United Way Venture Grant to hire a tenant services coordinator in Comanche Park on an experimental basis. The position was designed for someone who would assist the tenants in developing leadership skills, a positive self image, and a sense of control over their environment. This position was funded for 1988 and received continuation funding for 1989. According to the residential survey conducted in October 1988, the residents of Comanche felt much more in control of their environment than did the residents of the other complexes. Of those surveyed, 26% at Comanche Park felt as if they had no control, while an average of 46% in the other complexes felt as if they had no control over their environment. The tenant services coordinator's positive influence may also have contributed to the stabilized vacancy rate at Comanche.

Through the tenant services coordinator's interaction with the tenants, another problem was identified and brought to the attention of the Tulsa Metropolitan Ministry (TMM) Task Force--inadequate transportation. In the grant application for a pilot project, the task force states:

At Comanche Park, built in 1969 and upgraded in 1982, 30.7% of the project's 300 apartments are vacant due to negative publicity about drug problems. The majority of those 728 residents who have chosen to live in Comanche Park endure inadequate public transportation services, a confusing myriad of provider services, negative public impressions of their residence, a small but significant criminal element, and lingering doubt of their own empowerment.

Discussion among tenants and the Tulsa Metropolitan Ministry Tenant Services Task Force identified the greatest gap as being the lack of transportation for tenants to reach basic services such as grocery stores, the post office, laundry facilities, and utility companies in addition to health care and social service programs.

#### Response to the Target Complexes

The Tulsa Police Department implemented permanent foot patrols in the five target areas in October 1988. The purpose of the foot patrol was/is to increase the sense of safety and security among the tenants, to facilitate community relations between the police and occupants of public housing, and to serve as an information source to social service agencies about needs in the community. Their presence in the complexes also serves as role models for the younger children who live there. In addition, the foot patrol officers handle all crime problems that come to their attention while they are on duty.

Their skills as investigators have been honed through training in problem-oriented policing, drug testing procedures,

courtroom testimony, documentation principles, computer information access through TRACIS, and the dynamics of denial and gang membership. Some of their responses to the underlying issues of drug abuse in public housing include the establishment of a boy scout troop in Morning Star and Comanche Park, a Young Ladies Awareness Group in five of the complexes, the presentation of a program by Planned Parenthood in Vernon Manor, becoming acquainted with community services such as Narcotics Anonymous and Street School, Job Corp and the Private Industry Training Council, and networking with the community churches to assume some responsibility for the reeducation of the tenants of public housing. As a result, one church, Antioch Baptist, has taken on an intensive outreach program at Comanche Park that includes tutoring, helping to develop parenting skills, housekeeping skills, and developing access for any other needs a family living in Comanche may have.

In addition, the foot patrol responded in a direct way to the drug problem. They enforced trespassing against outsiders with the cooperation of complex managers. They observed drug transactions on the playground while watching from a vacant apartment. They identified drug hot spots, coordinated with the Uniform Division North Street Crimes Unit to obtain and serve search warrants at those locations. They provided the managers information to substantiate cause for eviction.

Community response has also impacted public housing. The Tulsa Metropolitan Ministry Task Force received funding for a pilot brokered transportation program to be implemented in Comanche in 1989. Churches in the area that have vans purchased

with government funds participate in this program. A nominal fee is charged to the tenants and buses run from Comanche to basic businesses such as grocery stores, laundry mats, utility companies, and health care providers.

The city has also responded to the management problems in public housing. The city's former mayor stated that the original cooperation agreement between the Tulsa Housing Authority and the city did not define precisely enough the role and responsibility of the city to THA. Consequently, the mayor said, because people in subsidized housing communities need greater or more intensive services than other people in the city, the city has probably not carried its proper share of the load in meeting those needs over the years.

In response to meeting these needs, on November 16, 1988, the present mayor mandated an Ad Hoc Committee on Public Housing to make specific recommendations concerning the roles and responsibilities of the city and the Housing Authority in providing housing and related services.

The Committee presented recommendations to the Mayor in December 1988. Those recommendations dealt with four areas:

- The mission, objectives, and relationship of the Housing Authority with city government
- Empowering tenants
- Improving safety and security
- Operations/management Issues

An Action Team was appointed to work out implementation of the plan. At the writing of this document, the committee is still working out the recommendations. Among their strategies are the rewriting of the Tulsa Housing Authority grievance procedures in language that the tenants can understand. The

Department of Justice Community Relations Division is assisting with this project. Another goal is the establishment of a public/private partnership which will allow the tenants to have more say in the management of their neighborhoods. Another goal is redefining the relationship between the Housing Authority and the city. Replication of the tenant services coordinator position has also been recommended for all complexes. The Tulsa Housing Authority participated in the Mayor's Committee on Public Housing and is part of the new community-wide cooperative effort to effect change.

Social service agencies are also in the process of redefining their priorities and providing for outreach services in north Tulsa. Some are establishing satellite offices in the area to facilitate access to services. Star Mental Health, Planned Parenthood, Palmer Drug Abuse and others are making plans to move north. The Department of Human Services announced in February 1989 that a north side office would soon be in place. Morton Health Center, a north side medical clinic, has hired an outreach worker for prenatal care in public housing. This outreach worker is a former Tenant Association President of the Comanche Park complex. It, therefore appears that the community is mobilizing to address the underlying causes of the problems in public housing.

CHAPTER VI  
FINDINGS AND RECOMMENDATIONS

Data Collection

The Tulsa Police Department has attempted to analyze drug trafficking in the northern area of the city of Tulsa to better understand the problem of blatant street dealing in the five target complexes. The contents of this chapter will summarize the findings and suggest recommendations to decrease the problems contributing to the drug problems on Tulsa's north side.

Collecting the drug-related data from various sources within the police department as well as with agencies outside of the police department was difficult for several reasons. There was a lack of standardization between the different uniform divisions in the police department, social service providers, and clinical groups. A comprehensive study had not been attempted in the past and there were no past inventories in place to set a precedence. However, there have been several positive results from this attempt to collect drug-related data.

Police Inhouse. It was determined during the collection of data from asset forfeiture, that the different uniform division street crime units and Special Investigations Department needed a uniform tool to report these seizures. In January of 1989 a data collection instrument was developed that would standardize the reporting of seized goods, property, drugs, and monies among all divisions.

Because crime analysis is a key factor in the problem-oriented approach to drug enforcement, several suggestions have been made for the improving of the TPO's Crime Analysis Units. New mapping software has been purchased to help delineate hot spots for crime and a grant proposal has been written to utilize mapping software and involve multi-jurisdictions in problem solving as well as acquiring other state of the art equipment.

Social Service Providers. Chief Drew Diamond and the Field Technical Assistance Coordinator for the Problem-Oriented Approach to Drug Enforcement Grant, Karen Allen, serve on the State Epidemiological Work Group (SEWG) Committee for the state of Oklahoma. As a result of attending these state-wide meetings and sharing the concerns of the Tulsa Police Department, a workshop has been planned to standardize the data collection for all providers of substance abuse treatment through the state.

The Oklahoma State Department for Mental Health sponsors the SEWG committee which consists of several agencies that are attempting to collect drug-related data. This state department collects standardized data from those agencies in the state which receive state funding. Private agencies are not required to submit data. These private agencies would be included in the summer workshop to provide a complete overview of the substance abuse treatment for the entire state of Oklahoma.

In addition, this workshop plans to bring other agencies together such as the Oklahoma State Bureau of Investigation, the State Board of Pharmacy, the State Medical Examiner's Office, and several other agencies that are concerned with the drug problem.

It is hoped that these agencies will help in the collection and output of data. Such a database will help planners determine the extent of the drug problem state-wide and locally. More efficient data will help to provide for programs of education and prevention.

#### Findings and Recommendations

The information contained in this inventory has revealed that the residents in public housing are often the victims of drug traffickers. Crime analysis (May through December 1988) revealed that of the people who are arrested in the five target complexes, 70% are non-residents. Police reports also revealed that the residents are threatened and/or assaulted in order for the drug dealers to use their apartments for the sale of illicit drugs.

The police department implemented stepped-up enforcement by placing a team of foot patrol officers in the target complexes, increasing the writing of Field Investigation Reports, and arresting the dealers. The police department also began to work more closely with the housing management to become more aware of the drug-related problems in the complexes. This was accomplished by posting "No Trespassing" signs, evicting the drug dealers, providing the management with maps of needed lighting, and encouraging the management to issue photo I.D. cards to the residents in all complexes. Officers have also been able to work more closely with the residents of public housing to help reduce drug trafficking. This has been accomplished through the tenant associations in each of the complexes as well as on one-on-one

contact.

To assist in the reduction of victimization of the residents, the police department has/is encouraging low-cost and no-cost substance abuse treatment agencies to target low-income public housing residents for extended services. The police department is also helping coordinate and assess the needs for social service providers to bring programs to improve living skills into public housing complexes. Some social service agencies have begun to locate their offices or open satellite offices near the troubled complexes. This response will help to lessen the isolation of the residents.

The police department has also assisted with the Brokered Transportation Program to provide residents transportation to shop, visit the doctor, wash laundry, and obtain other needed services. Several members of the police department have served on the Mayor's Ad Hoc Committee for Public Housing. This committee is dedicated to providing security to the residents, helping to empower the residents, and overall improving the quality of life for those living in low-income public housing.

Analyzing the Uniform Crime Reports provided information on the increasing numbers of juveniles arrested for drug sales and/or possession. There was a 736% increase in black male juvenile arrests between 1978 and 1988. Crack cocaine, a highly addictive drug, is the drug of choice for most of the blacks in the target area. Since 1985 the numbers of juveniles and adults arrested for cocaine possession and sales has risen from 240 arrests to 749 arrests, or an increase of 212%. It was learned that a disproportionate number of blacks are being arrested for

drug violations in Tulsa--43%. The black population represent 11.8% of the city's population. It was also learned that a disproportionate number of blacks are treated for cocaine addiction in Tulsa County--38% of those treated for cocaine addiction were black. Blacks represent 9.3% of the county's population.

In looking at the suspension records of high schools serving the target area, it was discovered that 42% of the students who are suspended from Tulsa's high schools are black students. Blacks represent 28% of the high school population. The highest percentage of suspended students (18%) come from Tulsa's most northern high school which is 92% black and represents 8.25% of all Tulsa's high school enrollment.

The foot patrol officers verified the large numbers of juveniles arrested or observed who were dealing drugs, especially crack cocaine, in the target complexes. The Tulsa Police Department is working to reenact the Truancy Statute so that police can pick up students cutting classes, making the parent responsible and answerable to the courts. Foot patrol officers are encouraging and assisting in the enrollment of suspended and drop out students in alternative schools and job training such as Job Corp, Private Industry Training Council, Project 12, and Street School.

The police department is also working with the Tulsa Public Schools and the Urban 4-H Program to identify troubled youth and involve them in summer programs at the Y.W.C.A., and the police department's summer day camp at the Police Ranch.

It is recommended that the city of Tulsa address the problems of troubled youth on the city's north side. The solutions should come from within the youth's homes, the housing management, the school system, social service providers, the Tulsa Police Department, local business, and the community at large. Many of these agencies have become aware of the problems and are beginning to coordinate efforts to alleviate the drug problem.

Other important findings are that of two hospitals reporting, the one that serves patients closest to the target area delivers twice as many drug-addicted babies as the hospital located in south Tulsa. This discovery was brought to the attention to the State Department of Mental Health's SEWG committee and will be addressed at a summer workshop. It is hoped that a state mandate can be given to all health care providers to insure prospective and pregnant mothers knowledge of the dangers of drug use and addiction. This committee will also work for the provision that statistics be kept on the numbers of child abuse cases that involve drug abuse by the mother.

Reports from the Tulsa County Medical Examiner's office identified accidental over-dose death trends between 1983 and 1987. Although the numbers of accidental over-dose deaths have decreased slightly during the four years, Tulsa represented between 33% and 50% of the state's over-dose deaths. The number of deaths is disproportionate for Tulsa County, as the county's population represents 15% of the state's population.

## Conclusion

The Tulsa Police Department is optimistic concerning the results of using the problem-oriented approach to drug enforcement. As of late spring 1989, results of the officers using problem-oriented policing were measurable and deemed successful. The following data reflects the percent of decrease or increase in reported violent crime in the five target complexes from the inception of problem-oriented policing in late October 1988 to the end of April 1989:

Seminole Hills	decrease	73%
Osage Hills	increase	32%
Comanche Park	increase	20%
Vernon Manor	decrease	30%
Morning Star	decrease	18%

The Comanche Park and Osage Hills Apartments are the two complexes where reported violent crimes increased. Comanche served as a pilot project to initiate a Tenant Services Coordinator, photo I.D. cards, "No Trespassing" signs, a transportation program, and a stronger linkage between the tenant association and the police department. Supervisors at the police department's Uniform Division North believe that the increase in crime may be a result of improved crime reporting.

The Osage Hills complex did not have a stabilized foot patrol team until April 1989. Prior to that time, the foot patrol was intermittent and Osage suffered displacement of drug activities from Seminole Hills.

Because the drug problem is so pervasive, the foregoing findings and recommendations cannot be and are not conclusive. The Tulsa Police Department is committed to continue analyzing

the problems surrounding drugs, as well as supplying responses and working with the community to affect change in the lives of those people who are victims of the drug problem as well as those who use and/or sell drugs.

SELECTED BIBLIOGRAPHY

- 1 "Crime in the United States." Uniform Crime Reports. 1987
- 2 National Narcotics Intelligence Consumers Committee. "The National Narcotics Intelligence Consumers Committee Report." (Washington, D.C.: U.S. Government, June 1987)
- 3 Morin, Richard. "Are We Shooting Ourselves in the Foot in the War on Drugs?" Washington Post July 26, 1988.
- 4 Tulsa County District Attorney's Office. "Drug War Victory Glimpsed." Tulsa World, December 27, 1988.
- 5 United States. Department of Justice. Juvenile of Justice Bulletin Washington: September 1988.
- 6 Martin, Robert. Department of Justice. Juvenile of Justice Bulletin Washington: September 1988.
- 7 ---.
- 8 Robert P. Gandossy et al., Drug Use and Crime, National Institute of Justice, 1980.
- 9 Pearson, Janet. "Drug War Victory Glimpsed." Tulsa Tribune 27 December 1988.
- 10 Smith, Charles P. Bureau of Justice Assistance. Asset Forfeiture U.S. Department of Justice, November, 1988.
- 11 Booth, Frank R. Bureau of Justice Assistance. Asset Forfeiture U.S. Department of Justice, November, 1988.
- 12 Milam, Cathy. "More Tulsa Newborns Testing Positive for Drugs." Midwest 29 January 1989, Final Home Edition: 1.
- 13\_\_\_\_\_. (Social Worker quoted: Diane Scargall of Hillcrest Medical Center.
- 14 Smith, Vernon. Director of Special Care Nurseries at Hillcrest Medical Center. (Interview with Cpl Jerry Isaacs, 7 February 1989).
- 15 Oklahoma Department of Mental Health Research and Evaluation Section. Half Year End Summary Alcohol, and Drug Abuse Treatment Agency Epidemiological Data FY88, August 1988.
- 16 Washington. "Drug Care Spending Blasted." Tulsa Tribune 29 December 1988, Final Edition

- 17 Butynski, William, **and Diane** Canova. State Resources and Services  
National Institute on Alcohol Abuse and Alcoholism **and** the  
National Institute on Drug Abuse- Fiscal Year 1987.
- 18 Meddis, Sam, "Many Cases Result from Cocaine Use." LLS..A. Today.  
7 October 1988.
- 19 Metropolitan Human Services Commission. "Report on Services to  
North Tulsa County," March 1988.
- 20 Witt, Susan. "No One Should Live This Way," Tulsa Tribune  
11 November 1988.

**A P P E N D I X E S**

**A P P E N D I X    A**

**RESULTS OF SCHOOL SURVEY**



6. At what age did you first use illegal drugs? (marijuana, cocaine, etc..)

	<u>MS</u>	<u>US</u>
A. Not at all	88.3	63.9
B. 10 years old or younger	3.3	4.2
C. 11 or 12 years old	4.2	5.3
D. 13, 14 or 15 years old	3.3	19.8
E. 16, 17 or 18 years old	0.2	6.1

7. Have you ever been through Project D.A.R.E. drug resistance training?

	<u>MS</u>	<u>HS</u>
A. Yes	79.1	21.0
B. No	15.5	72.9
C. Don't know	4.7	5.1

8. Have you ever been through Operation Aware drug resistance training?

	<u>MS</u>	<u>HS</u>
A. Yes	62.6	38.2
B. No	26.5	56.0
C. Don't know	9.8	4.7

9. Have you ever been through any other drug resistance training?

	<u>MS</u>	<u>HS</u>
A. Yes	20.2	14.0
B. No	68.2	78.6
C. Don't know	10.4	6.3

10. Compared with friends your age, how well do you do in school?

	<u>MS</u>	<u>HS</u>
A. Much above average	11.5	11.9
B. Above average	27.4	29.2
C. Average	47.2	48.7
D. Below average	8.6	6.6
E. Much below average	2.9	1.5

11. During the school year, how many hours a week do you work at a part-time job?

	<u>MS</u>	<u>HS</u>
A. I don't work	82.9	60.8
B. 1-4 hours	8.9	5.0
C. 5-9 hours	4.3	6.1
D. 10-20 hours	1.6	13.5
E. Over 20 hours per week	1.6	13.5

12. How do you feel about going to school?

	<u>MS</u>	<u>HS</u>
A. I like school very much	18.0	14.2
B. I like school quite a bit	21.2	25.2
C. I like school some	37.1	39.8
D. I don't like school very much	10.6	11.3
E. I hate school	11.8	7.9

13. Which of the following statements best describes you?

	<u>MS</u>	<u>HS</u>
A. I am not involved in a gang <u>and</u> I do not have friends who are in gangs	51.9	45.9
B. I have friends or know people in gangs <u>but</u> I am <u>not</u> in a gang	37.4	46.0
C. I spend some time in gangs	5.9	4.3
D. I spend a lot of time in gangs	3.3	2.5

14. How often do you see students using illegal drugs at school?

	<u>MS</u>	<u>HS</u>
A. Not at all	64.5	37.9
B. Little	19.2	27.0
C. Some	8.0	17.0
D. Quite a bit	3.9	10.2
E. Very much	3.5	7.3

15. How often do you see students using alcoholic beverages at school?

	<u>MS</u>	<u>HS</u>
A. Not at all	77.8	45.5
B. Little	12.5	29.1
C. Some	4.7	13.8
D. Quite a bit	2.0	6.5
E. Very much	1.9	4.3

16. In general, would you say your health is excellent, good, fair or poor?

	<u>MS</u>	<u>HS</u>
A. Excellent	43.4	41.0
B. Good	43.5	47.0
C. Fair	10.7	9.9
D. Poor	1.1	1.3

17. Do you think you are healthier than most people your age, not as healthy as most of them, or do you think that your health is just about the same as most people your age?

	<u>MS</u>	<u>HS</u>
A. Healthier than others	30.3	37.2
B. About the same	62.6	56.0
C. Not as healthy as others	5.6	5.7

18. How often do you use cigarettes?

	<u>MS</u>	<u>HS</u>
A. Never	84.4	79.9
B. I tried it once or twice	10.2	23.3
C. About monthly	4.6	5.9
D. About weekly	2.8	3.7
E. Daily	5.2	12.6

19. How often do you chewing tobacco or snuff?

	<u>MS</u>	<u>HS</u>
A. Never	84.4	79.9
B. I tried it once or twice	10.2	10.9
C. About monthly	1.7	2.9
D. About weekly	0.9	1.9
E. Daily	1.6	3.7

20. How often do you use alcoholic beverages?

	<u>MS</u>	<u>HS</u>
A. Never	55.6	27.8
B. I tried it once or twice	28.3	27.5
C. About monthly	7.8	24.4
D. About weekly	3.7	15.6
E. Daily	1.6	1.9

21. How often do you use marijuana?

	<u>MS</u>	<u>HS</u>
A. Never	86.2	64.6
B. I tried it once or twice	7.1	17.0
C. About monthly	2.2	7.3
D. About weekly	1.4	5.1
E. Daily	1.6	4.6

22. How often do you use PCP/angel dust?

	<u>MS</u>	<u>HS</u>
A. Never	93.0	92.0
B. I tried it once or twice	2.0	3.3
C. About monthly	0.9	1.0
D. About weekly	0.4	0.6
E. Daily	1.1	1.1

23. How often do you use acid/LSD/psychedelics, etc.?

	<u>MS</u>	<u>HS</u>
A. Never	93.1	88.0
B. I tried it once or twice	2.6	5.6
C. About monthly	0.8	2.5
D. About weekly	0.5	1.1
E. Daily	1.0	1.2

24. How often do you use stars/hex?

	<u>MS</u>	<u>HS</u>
A. Never	93.5	94.0
B. I tried it once or twice	1.9	2.1
C. About monthly	0.7	0.9
D. About weekly	0.7	1.7
E. Daily	1.0	0.9

25. How often do you use glue/poppers/gas/paint?

	<u>MS</u>	<u>US</u>
A. Never	86.6	87.6
B. I tried it once or twice	7.1	7.7
C. About monthly	1.9	1.4
D. About weekly	0.9	1.0
E. Daily	1.3	1.1

26. How often do you use speed/amphetamines?

	<u>MS</u>	<u>HS</u>
A. Never	90.0	78.8
B. I tried it once or twice	1.3	11.8
C. About monthly	1.6	1.1
D. About weekly	0.8	2.0
E. Daily	1.4	1.7

27. How often do you use sedatives (without a doctor telling you to)?

	<u>MS</u>	<u>H5</u>
A. Never	89.8	85.2
B. I tried it once or twice	4.8	8.0
C. About monthly	1.6	3.0
D. About weekly	0.9	1.5
E. Daily	0.9	1.1

28. How often do you use heroin?

	<u>MS</u>	<u>HS</u>
A. Never	93.3	93.5
B. I tried it once or twice	2.3	2.2
C. About monthly	0.7	1.0
D. About weekly	0.5	0.6
E. Daily	1.0	0.9

29. How often do you use codeine/morphine/other opiates?

	<u>MS</u>	<u>HS</u>
A. Never	92.2	86.9
B. I tried it once or twice	3.3	6.9
C. About monthly	1.2	2.5
D. About weekly	0.6	1.2
E. Daily	0.9	1.2

30. How often do you use look-alike drugs (turkey drugs)?

	<u>MS</u>	<u>HS</u>
A. Never	90.8	90.7
B. I tried it once or twice	3.2	3.0
C. About monthly	0.7	0.8
D. About weekly	0.4	0.6
E. Daily	0.8	0.8

31. If you drink beer/wine/hard liquor, generally, how much do you drink at one time?

	<u>MS</u>	<u>HS</u>
A. I don't drink beer/wine/hard liquor	67.2	36.9
B. One glass/can/drink	18.2	18.6
C. Two or three glasses/cans/drinks	5.7	15.4
D. Four or five glasses/cans/drinks	2.3	10.0
E. Six or more glasses/cans/drinks	4.3	16.8

12. Do you ever drink beer, wine, or hard liquor before school?

	<u>MS</u>	<u>HS</u>
A. Yes	8.0	9.9
B. No	88.2	86.5

33. Do you ever drink beer, wine, or hard liquor during school?

	<u>MS</u>	<u>HS</u>
A. Yes	5.0	8.9
B. No	91.6	<u>88.4</u>

34. Do you ever drink beer, wine, or hard liquor right after school?

	MS	HS
A. Yes	8.9	15.0
B. No	87.5	<u>82.5</u>

35. Do you ever use marijuana or other drugs before school?

	MS	HS
A. Yes	5.7	<u>12.3</u>
B. No	<u>90.1</u>	<u>85.1</u>

36. Do you ever use marijuana or other drugs during school?

	MS	HS
A. Yes	4.5	<u>11.5</u>
B. No	<u>91.2</u>	<u>85.6</u>

37. Do you ever use marijuana or other drugs right after school?

	MS	HS
A. Yes	6.4	13.9
B. No	88.8	82.8

38. Do you ever drive after you've been drinking or taking drugs?

	<u>MS</u>	<u>HS</u>
A. Yes	5.0	14.7
B. No	41.7	50.2
C. I don't drink/take drugs	48.5	31.1

39. How long has it been since you were drunk? Mark only one answer.

	<u>MS</u>	<u>HS</u>
A. Never	70.0	41.3
B. Within past day	4.8	5.4
C. Within past week	4.8	14.1
D. Within past month	7.1	19.9
E. Within past year	9.6	19.1

40. How often do you get drunk?

	<u>MS</u>	<u>HS</u>
A. Never	75.4	47.5
B. Daily	3.6	3.3
C. Once or twice a week	3.0	10.5
D. Once or twice a month	6.0	16.8
E. Less than monthly	6.6	17.1

41. Have you ever drunk something like cough medicine or mouthwash to get high?

	<u>MS</u>	<u>HS</u>
A. Yes	7.4	6.3
B. No	87.1	88.9

42. How often do you ride with a driver who has been drinking alcohol or taking drugs?

	<u>MS</u>	<u>HS</u>
A. Often	7.6	8.3
B. Sometimes	9.3	14.5
C. Rarely	18.1	24.9
D. Never	59.9	47.7

43. Would you feel it was okay for you to drive after: (choose only one answer)

	<u>MS</u>	<u>HS</u>
A. 1 drink	15.7	28.0
B. 2 drinks	7.2	13.8
C. 3 or more drinks	3.1	5.8
D. I wouldn't drive after drinking any alcohol	68.1	54.4

44. Have you ever had an accident or injury from drinking or drug use?

	<u>MS</u>	<u>HS</u>
A. Yes	4.0	8.0
B. No	89.4	89.2

45. Have you ever had a school problem (failing grades or trouble with teachers) because you drank or used drugs?

	<u>MS</u>	<u>HS</u>
A. Yes	5.1	8.0
B. No	88.1	87.9

46. Have you ever had a family problem because you drank or used drugs?

	<u>MS</u>	<u>HS</u>
A. Yes	6.3	9.8
B. No	84.8	85.5

47. Have you ever lost a friend because you drank or used drugs?

	<u>MS</u>	<u>HS</u>
A. Yes	4.8	7.4
B. No	88.2	88.0

48. Have you ever lost a job because you drank or used drugs?

	<u>MS</u>	<u>HS</u>
A. Yes	2.0	2.2
B. No	90.5	91.7

49. Have you ever been in trouble with the police because of drinking or drug use?

	<u>MS</u>	<u>HS</u>
A. Yes	4.2	7.9
B. No	88.6	87.8

50. Have you ever become violent because you drank or used drugs?

	<u>MS</u>	<u>HS</u>
A. Yes	9.3	15.6
B. No	80.7	77.7

51. How many times have you been in a treatment center or a program for drugs or alcohol?

	<u>MS</u>	<u>HS</u>
A. Never	82.5	86.1
B. Once	2.6	4.0
C. Twice	1.2	0.8
D. 3 times or more	1.9	1.1

**A P P E N D I X      B**  
**RESULTS OF RESIDENT SURVEY FOR TARGET COMPLEXES**

## RESULTS OF RESIDENTIAL SURVEY

"Hello, my name as \_\_\_\_\_ . I'm with the city police department and we're working on a study of neighborhood problems and crime here in your neighborhood. Our goal is to improve the quality of life in this area. Are you the head of the household? (OR flay I speak with the head of the household?)

"We're interested in your opinions about what can be done to help improve living conditions here. We sent you a letter that described the study and mentioned how important your participation is to the study. Did you receive that letter?"

IF NO, GIVE RESPONDENT A COPY OF THE LETTER AND TIME TO READ.

"Participation in the study is completely voluntary. All of your answers will be kept secret. Our study will in no way identify you or your household. Your address was selected at random to give us feedback about your neighborhood."

IF POSSIBLE, INTERVIEW THE HEAD OF THE HOUSEHOLD. IF NOT AVAILABLE, INTERVIEW ANOTHER ADULT LIVING AT THE ADDRESS. IF INCONVENIENT, SCHEDULE AN APPOINTMENT AND RECORD THE DATE FOR FOLLOW-UP.

Address \_\_\_\_\_  
Date of first visit \_\_\_\_\_  
Time of first visit \_\_\_\_\_  
Date of appointment \_\_\_\_\_  
Tim© of appointment \_\_\_\_\_

RECORD THE FOLLOWING FROM VISUAL INFORMATION IF INTERVIEW PROCEEDS.  
CLARIFY VERBALLY IF NECESSARY.

The survey results appearing on the following pages are given in percentages of respondents who answered the question with that given response. Five public housing complexes were surveyed and 289 different households responded.

Head of household?	8% C30 No
	87% C31 Yes
Sex of respondent?	19% C30 hale
	76% M1 Female
Race of respondent?	80% E30 Black
	13% C31 White
	.3% C32 Hispanic
	2% C33 Other

Section I. Identifying the Problems

1. "First, I'd like to ask you a few questions about problems in your neighborhood. In your opinion, what is the most serious problem in this *Mrm*? We're interested in any social or neighborhood problems, not Just crime." (DO NOT READ THE FOLLOWING LIST OUT LOUD)

£30 Crime	12%	£35 Living Conditions	2%	C310 Government	.4%
M1 Burglaries	12%	C36 Garbage/trash		C311 Health	
£32 Robberies	1%	C37 Maintenance	.4%	C 312 Lack of Jobs	3%
£33 Drugs	54%	C38 Family trouble	.4%	C 313 Poverty	.8%
£34 Violence	3%	C39 Truancy	.4%	C 314 Vandalism	
£315 Other	2.8%	-----			
C316 Don't know	4%				
C317 Refused to answer	1%				

2. "What is the second most serious problem in the *area*? Not Just crime..." (DO NOT READ THE FOLLOWING LIST OUT LOUD)

C30 Crime	7%	£35 Living Conditions	6%	£310 Government	.4%
C31 Burglaries	10%	C36 Garbage/trash	2%	£311 Health	.4%
£32 Robberies	4%	£37 Maintenance	4%	£312 Lack of Jobs	6%
C33 Drugs	16%	E3B Family trouble	2%	£313 Poverty	2%
C34 Violence	14%	£39 Truancy	3%	£314 Vandalism	4%
C315 Other	8%	-----			
£316 Don't know	5%				
£317 Refused to answer	1%				

3. "And what is the third most serious problem in the *area*? Again, not Just crime..." (DO NOT READ THE FOLLOWING LIST OUT LOUD)

£30 Crime	6%	£35 Living Conditions	8%	£310 Government	.4%
£31 Burglaries	10%	£36 Garbage/trash	3%	£311 Health	.4%
£32 Robberies	3%	£37 Maintenance	2%	£312 Lack of Jobs	9%
£33 Drugs	9%	£36 Family trouble	2%	£313 Poverty	3%
£34 Violence	12%	£39 Truancy	4%	£314 Vandalism	7%
£315 Other	4%	-----			
£316 Don't know	8%				
£317 Refused to answer	2%				

4. "The problem you think is most serious .... what do you feel is the cause of this problem?"

-----

5. "How would you rate this problem on a scale of 0 to 9, where 9 is a very serious problem and 0 is no problem at all?" (Circle the answer)

0 .4% 1 12% 2 22% 3 33% 4 13% 5 2a 6 4% 7 9% 8 10% 9 22%

6. "What about the problem of people breaking into apartments and stealing things? How would you rate the problem of break-ins on the same scale from 0 to 9?"

0 4% 1 6% 2 6% 3 7% 4 5% 5 10% 6 12% 7 9% 8 10% 9 22%  
 No problem <-----> Serious problem

7. "What about the problem of violent crimes such as mugging and assault? How would you rate the problem of hold-ups on the street, people being threatened or beaten up, or anything of that sort in this neighborhood?"

0 4% 1 4% 2 6% 3 6% 4 3% 5 10% 6 7% 7 7% 8 14% 9 32%  
 No problem <-----> Serious problem

8. "What about the problem of drugs? How would you rate the problems with drugs in this neighborhood?"

0 1% 1 3% 2 2% 3 2% 4 2% 5 2% 6 4% 7 4% 8 9% 9 63%  
 No problem <-----> Serious problem

9. "Overall, what would you say is the most serious crime problem in your neighborhood?"

C30 Burglary or break-ins	13%
E31 Robbery or mugging	4%
C32 Drugs	69%
C33 Vandalism	2%
C34 Other	2%
C35 Don't know	4%
E36 Refused to answer	2%

Section 11. Concerns of residents

"Now I'd like to ask you a couple of questions about how worried you personally are about crime in your neighborhood."

10. "How worried are you about your home being broken into or entered illegally when no one is at home? Would you say you are very worried, somewhat worried, just a little worried, or not at all worried?"

C30 Very worried	44%
C31 Somewhat worried	18%
C32 Just a little worried	18%
CD3 Not at all worried	13%
E34 Don't know	2%
C35 Refused to answer	1%
C31 Somewhat worried	.4%

11. "How worried are you about yourself or your relatives being held up on the street, threatened, beaten up, or anything of that sort in the neighborhood? Would you say you are very worried, somewhat worried, just a little worried, or not at all worried?"

E30	Very worried	47%
C32	Just a little worried	32%
C33	Not at all worried	17%
[34	Don't know	2%
[J5	Refused to answer	2%

12. "How worried are you about violence occurring while you're at home -- nearby shooting, violent arguments with friends or relatives, and so forth? Would you say you are very worried, somewhat worried, just a little worried, or not at all worried?"

[30	Very worried	48%
[31	Somewhat worried	26%
£32	Just a little worried	10%
C33	Not at all worried	11%
E34	Don't know	2%
[35	Refused to answer	2%

13. "How worried are you about your children or the children of friends getting involved with drugs in your neighborhood? Would you say you are very worried, somewhat worried, just a little worried, or not at all worried?"

[30	Very worried	56%
[31	Somewhat worried	13%
C32	Just a little worried	8%
[33	Not at all worried	18%
C34	Don't know	2%
[35	Refused to answer	2%

### Section III. Exposure to Crime

"These next few questions will be about things that have happened to you or members of this household in the last year in your community. We're not interested in crimes that were committed outside your neighborhood. Now I'd like you to think back to June 1987, about a year ago."

14. "Since June 1987, has anyone damaged or defaced the building where you live in this community, for example, by writing on the walls, breaking windows, setting fires or anything like that?"

<b>C30</b>	<b>No</b>	<b>42%</b>	
<b>CM</b>	<b>Yes</b>	<b>4%</b>	<b>"How many times did this happen?" _____</b>
<b>C32</b>	<b>Don't know</b>	<b>13%</b>	
<b>£33</b>	<b>Refused to answer</b>	<b>1%</b>	

15. "Since June 1987, has Anyone broken into or somehow illegally gotten into your home?"

C DO No 72%  
C31 Yes 21% "How many times did this happen?" \_\_\_\_\_  
C32 Don't know 3%  
£33 Refused to answer 1%

16. "Since June 1987, has anyone stolen anything from you or someone in ytools, money, a purse or wallet?"

C30 No 67%  
C31 Yes 25% "How many times did this happen?" \_\_\_\_\_  
C32 Don't know 3%  
C33 Refused to answer 1%

17. "Since June 1987 in your neighborhood, has anyone taken money or other belongings from you or from other members of your household by force? For example, did someone use a gun or knife, or in any other way force one of you to give them something that did not belong to them?"

C30 No 82%  
C31 Yes 9% "How many times did this happen?" \_\_\_\_\_  
C32 Don't know 5%

IB. "Since June 1987, has anyone used violence against you or members of your household in an argument or quarrel, or in any other way attacked or assaulted one of you in your neighborhood?"

C30 No 71%  
C31 Yes 21% "How many times did this happen?" \_\_\_\_\_  
C32 Don't know 3%  
C33 Refused to answer 2%

19. "Since June 1987 in your neighborhood, has anyone tried to sell you or members of your family drugs?"

C30 No 52%  
C31 Yes 40% "How many times did this happen?" \_\_\_\_\_  
C32 Don't know 4%  
C33 Refused to answer 2%

20. "Since June 1987 in your neighborhood, has anyone tried to get you or members of your family to help them sell drugs?"

MO No 78%  
C31 Yes 15% "How many times did this happen?" \_\_\_\_\_  
C32 Don't know 3%  
C33 Refused to answer 2%

IF RESPONDENT WAS NOT A VICTIM OF ANY CRIME, SKIP TO QUESTION 24.

21. "We've talked about several crimes. Let me ask you a few questions about the most recent of these incidents. Which of these crimes happened most recently?"

(What)	(When)
£30 Don't know 17%	
£31 Refused to answer 3%	

22. "Were the police informed or did they find out about this crime in any way?"

25% C30 No, the police were not informed  
25% [31 yes, the police were informed (SKIP TO QUESTION 24)  
14% [32 Don't know

23. "What was the reason this incident was not reported to the police? Was it because you felt there was no need to call, didn't think the police could do anything, didn't think the police would do anything, or was there some other reason?"

6% C30 No need to call the police (Property recovered, unimportant matter, private or personal matter)  
14% £31 Police couldn't do anything (No proof, no way to identify offender, difficult to recover property, unwilling to press charges)  
2% C32 Police wouldn't do anything (Police wouldn't want to be bothered, or would think unimportant; police would be ineffective, inefficient or insensitive)  
3% C33 Fear of retaliation from offender  
6% £34 Any other reason  
13% £35 Don't know  
2% £36 Refused to answer

24. "Suppose your apartment were broken into while you weren't at home. If your neighbors saw the burglar break in, what do you think they would do?" (DO NOT READ LIST; MARK ALL THAT APPLY.)

44% £30 They would call the police  
2% £31 They would call someone else (RECORD WHO)  
1% E32 They would try to stop the crime themselves  
6% E33 They would watch the crime and investigate  
5% £34 They wouldn't know what to do  
22% E35 They would ignore it  
3% £36 Other (RECORD ANSWER)  
-----  
10% E37 Don't know  
1% E38 Refused to answer

25. "Suppose you were robbed or assaulted somewhere on the street in your neighborhood. If your neighbors saw the attack, what do you think they would do?"

- 46% C30 They would call the police
- .4% C31 They would call someone else (RECORD WHO)\_\_\_\_\_
- 7% C32 They would try to stop the crime themselves
- 6% C33 They would watch the crime and investigate
- 6% [34 They wouldn't know what to do
- 20% C35 They would ignore it
- 2% C36 Other (RECORD ANSWER)\_\_\_\_\_
- 
- 7% C37 Don't know
- 1% C38 Refused to answer

26. "In the last year have you done any of the following to avoid trouble or protect yourself against crime in this neighborhood? Have you -.-?"  
(READ THE LIST AND CHECK ALL THAT APPLY)

- 2% C30 Avoided taking the bus
  - 48% t31 Stayed in your home in the evening and night
  - 0% C32 Arranged to have someone go with you in the neighborhood
  - 2% c33 Had a neighbor pick up your mail while you were away
  - 8% c34 Had a neighbor watch your home while you were away
  - 2% c35 Engraved identification on your valuables
  - t36 Bought additional insurance
  - 2% c37 Secured your home by adding locks, nailing windows shut  
or putting timers on lights
  - 2% C38 Kept a dog
  - 8% [39 Kept a gun or weapon in your home
  - .8\* £310 Taken a course in self defense
  - 2% C311 Joined a neighborhood Crime Watch
  - 4% c312 Done something else to avoid crime or protect yourself  
against crime in your neighborhood (ASK WHAT?)\_\_\_\_\_
- 

27. "Is there anywhere in your neighborhood that you avoid because of crime problems or other trouble?"

- 42% C30 No
- 45% C31 Yes - ASK WHERE? \_\_\_\_\_
- 6% C32 Don't know
- 2% C33 Refused to answer

IF RESPONDENT ANSWERS 'NO,' SKIP TO QUESTION 30.

28. "Do you avoid this area during the day?"

- 27% C30 No
- 34% C31 Yes
- 4% C32 Don't know
- 2% C33 Refused to answer

29. "What about at night?"

14% C30 No  
50% C31 Yes  
4% C32 Don't know  
2% C33 Refused to answer

"In every neighborhood, there are some people who cause trouble for the other residents. They may have loud parties, leave trash around the Aresif bother people as they walk down the street, or even commit crimes such as selling drugs. I'd like to ask you a few questions about the people who make trouble in this neighborhood. We don't need to know their names but we would like to know a little about them."

30. "In your estimate, do most of the people who cause trouble in your neighborhood live in these apartments, or do most of them live elsewhere?"

26% C30 Most live in this neighborhood  
50% C31 Most live somewhere else (GO TO QUESTION 32)  
4% E32 There Are no troublemakers (GO TO QUESTION 35)  
14% C33 Don't know where they live (GO TO QUESTION 35)  
2% C34 Refused to answer (GO TO QUESTION 35)

31. "Is there any particular part of this neighborhood where these troublemakers live?"

25% C30 No, they live all over.  
20% C31 Yes -- ASK WHERE? \_\_\_\_\_  
18% C32 Don't know where they live  
4% C33 Refused to answer

32. "Is there any other particular place - say one particular apartment complex or housing development where these troublemakers come from?"

32% C30 No, they live all over.  
18% C31 Yes -- ASK WHERE? \_\_\_\_\_  
34% C32 Don't know where they live  
3% C33 Refused to answer

33. "We're interested in knowing how old these troublemakers are. Are they mostly ... (READ LIST 0 - 3>?"

6% [30 Under 14 years of age,  
28% C31 between 14 and 17 years old,  
30% C32 between 18 and 24 years old,  
6% E33 or older than 25?  
15% C34 Don't know  
2% E35 Refused to answer

34. "Is there a regular place in thim neighborhood where these people tend to 'hang out'?"

26% MO No, there's no regular place  
45% M1 Yes, ASK "Where?"  
14% M2 Don't know  
2% M3 Refused to answer

---

35. "How visible do you feel that drug dealing and other crimes mre in this neighborhood?"

51% MO Very visible  
15% M1 Somewhat visible  
16% M2 Hidden from the view of most people  
11% M3 Don't know  
3% M4 Refused to answer

36. "Do you know of anyone in this neighborhood who has been bullied into having their apartment used for selling drugs?"

85% MO No  
8% M1 Yes (ASK TO DESCRIBE SITUATION)

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-----  
-----  
2% E33 Refused to answer

37. Would you say that you and your neighbors have a lot of control, some control, or no control over what goes on in your neighborhood? (CHECK ONE)

11% 0 A lot of control  
2p% 1 Some control  
124% 2 Little control  
38% 3 No control at all

38. "Are you usually at home during the daytime hours?"

26% E30 No  
67% C31 Yes  
2% M2 Don't know  
1% M3 Refused to answer

39. "Are you usually at home during the evening hours (6 p.m. to later)?"

9% MO No  
84% MI Yes  
1% M2 Don't know  
2% M3 Refused to answer

40. "Do you have a telephone?"

63% E30 No  
32% C31 Yes  
1\* C32 Refused to answer

Section IV. Attitudes about Police and other Government Agencies

"Now I'd like to ask you a couple of questions about how you feel about police services and the services of other government agencies. Your answers Mrs important, because we can't improve our services unless people tell us what they really think."

41. "Are you satisfied or dissatisfied with police activities in this neighborhood?"

If satisfied, ask "Is that ...?"

42% C30 Very satisfied  
28% C31 Moderately satisfied, or  
16% C32 Slightly satisfied

If dissatisfied, ask "Is that ...?"

1% C33 Slightly dissatisfied  
3% C34 Moderately dissatisfied, or  
4% C35 Very dissatisfied  
1% E36 Don't know  
1% C37 Refused to answer

42. "When you last call the police?"

25% C30 Within the last month  
26% C31 Within the last year  
13% E32 More than a year ago  
16% C33 Never -- SKIP TO 48  
10% C34 Don't know  
2% C35 Refused to answer

43. "Why did you last call the police - was it for an emergency, a crime being committed, to report suspicious activity, or another reason?"

16% C30 Emergency  
17% C31 Crime being committed  
12% C32 Suspicious activity  
21% C33 Other reason \_\_\_\_\_  
9% C34 Don't know  
3% C35 Refused to answer

44. "Did the police come when they were called?"

7% C30 No  
64% C31 Yes  
4% C32 Don't know  
3% [33 Refused to answer

45. "How often do you talk to a police officer - either through casual contact on the street in your neighborhood or when the police are on call for a crime? Would you say...(Read the following list 0 - 2)?"

33% £30 . At least once a month  
18% £31 Several times a year  
14% £32 Less than once a year  
10% E33 Never  
7% £34 Don't know  
2% £35 Refused to answer

46. "How often do you see the police in your neighborhood - either on patrol (on foot or in cars) or when they are on call for a crime? Would you say...(Read the following list 0 - 2)?"

48% £30 At least once a month  
20% E31 Several times a year  
2% E32 Less than once a year  
.8% E33 Never  
3% E34 Don't know  
2% £35 Refused to answer

47. "How often do the police treat citizens in your neighborhood with respect? Would you say they treat people with respect ...(Read 0 - 3)?"

44% £30 Almost all the time  
15% £31 Usually  
15% £32 Sometimes  
2% E33 Hardly ever  
6% £34 Don't know  
2% E35 Refused to answer

48. "Do the police enforce the laws in your neighborhood? Would you say they enforce the law ...(Read 0-3)?"

46% £30 Almost all the time  
21% £31 Usually  
14% E32 Sometimes  
6% £33 Hardly ever  
6% E34 Don't know  
2% £35 Refused to answer

49. "Are you satisfied or dissatisfied with the way the Housing Authority runs your neighborhood?"

If satisfied, ask "Is that ...?"

17% C30 Very satisfied  
23% £31 Moderately satisfied, or  
15% £32 Slightly satisfied

If dissatisfied, ask "Is that ...?"

6% £33 Slightly dissatisfied  
6% E34 Moderately dissatisfied, or  
25% £35 Very dissatisfied  
4% E36 Don't know  
E35 Refused to answer

50. "How frequently do you call the housing authority management?"

28% C30 Once a month or more  
23% C31 Several times a year  
17% C 32 Less than once a year  
19% C 33 Never  
5% C 34 Don't know  
2% C 35 Refused to answer

51. "What is the most usual reason you call the management -- would it be to report needed repairs, to report suspicious activity, to complain about conditions, or another reason?"

67% C30 To report needed repairs  
3% C 31 Suspicious activity  
13% C 32 To complain about conditions  
7% I 33 Other reason  
4% I34 Don't know

52. "How often does the management make repairs or improve conditions when they are reported?"

30% C30 Always  
19% t31 Usually  
32% C32 Sometimes  
11% I33 Never  
2% t34 Don't know  
2% z 35 Refused to answer

53. How often does the management treat citizens in your neighborhood with respect? Would you say ... (Read the list 0 - 3)?"

43% C30 Almost all the time  
21% C31 Usually  
16% C32 Sometimes  
6% C33 Never  
9% C34 Don't know  
2% C35 Refused to answer

54. "Does the management enforce the leases and rules in your neighborhood? Would you say ... (Read the list 0 - 3)?"

37% C30 Almost all the time  
16% C31 Usually  
15% C 32 Sometimes  
14% C 33 Hardly ever  
10% C 34 Don't know  
2% C 35 Refused to answer

55. "Are you satisfied or dissatisfied with trash and garbage collection in your neighborhood?"

If satisfied, ask "Is that ...?"

39% £30 Very satisfied  
26% £31 Moderately satisfied, or  
11% £32 Slightly satisfied

If dissatisfied, ask "Is that ...?"

3% £33 Slightly dissatisfied  
2% £34 Moderately dissatisfied, or  
12% £35 Very dissatisfied  
1% £36 Don't know  
2% £37 Refused to answer

56. "Are you satisfied or dissatisfied with the Job done by your local health department?"

If satisfied, ask "Is that ...?"

20% £30 Very satisfied  
27% £31 Moderately satisfied, or  
14% £32 Slightly satisfied

If dissatisfied, ask "Is that ...?"

3% £33 Slightly dissatisfied  
2% £34 Moderately dissatisfied, or  
13% £35 Very dissatisfied  
12% £36 Don't know  
1% £37 Refused to answer

57. "Are you satisfied or dissatisfied with the job done by your local social services department?"

If satisfied, ask "Is that ...?"

26% £30 Very satisfied  
27% £31 Moderately satisfied, or  
10% £32 Slightly satisfied

If dissatisfied, ask "Is that ...?"

4% £33 Slightly dissatisfied  
4% £34 Moderately dissatisfied, or  
8% £35 Very dissatisfied  
12% £36 Don't know  
1% £37 Refused to answer

#### Section V. Family information

"Finally, for statistical purposes, I would like to ask some questions about you and your family."

58. "First, in what year were you born?" \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_