



New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

Phone: (603) 223.3859

NH.IAC@dos.nh.gov

Fax: (603) 271.0303



NHIAC Product #: 2016-2598

May 2016 Report

20 June 2016

Purpose: The NH Drug Monitoring Initiative (DMI) is a holistic strategy to provide awareness and combat drug distribution and abuse. In line with this approach the DMI will obtain data from various sources (to include, but not limited to, Public Health, Law Enforcement, and EMS) and provide monthly products for stakeholders as well as situational awareness releases as needed.

Drug Environment Report—UNCLASSIFIED

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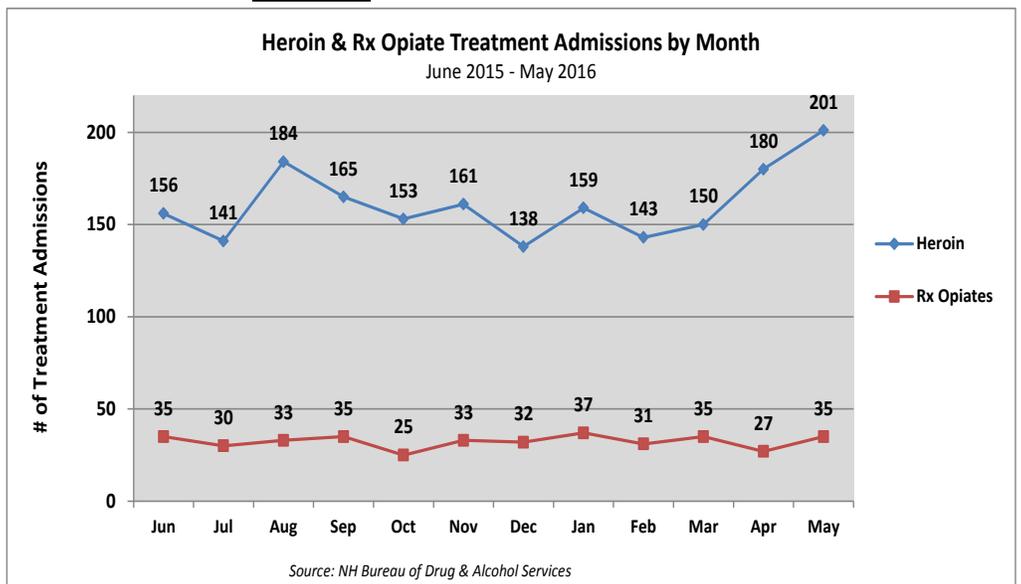
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Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:

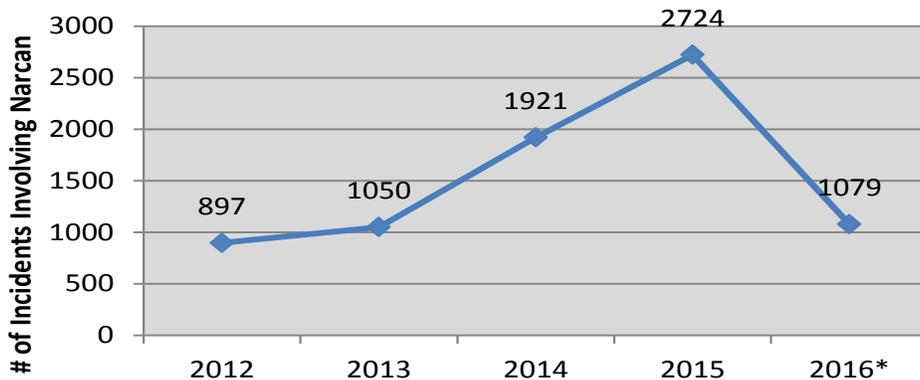
Annual Trends:

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month June 2015-May 2016) shows that the largest increase in heroin treatment admissions was from March 2016 to May 2016 with a 34% increase. The largest decrease was from November 2015 to December 2015 with a 14.3% decrease in heroin treatment admissions.

Unable to show annual trends as data is only available dating back to July 2014.



EMS Narcan Administration by Year 2012 - 2016



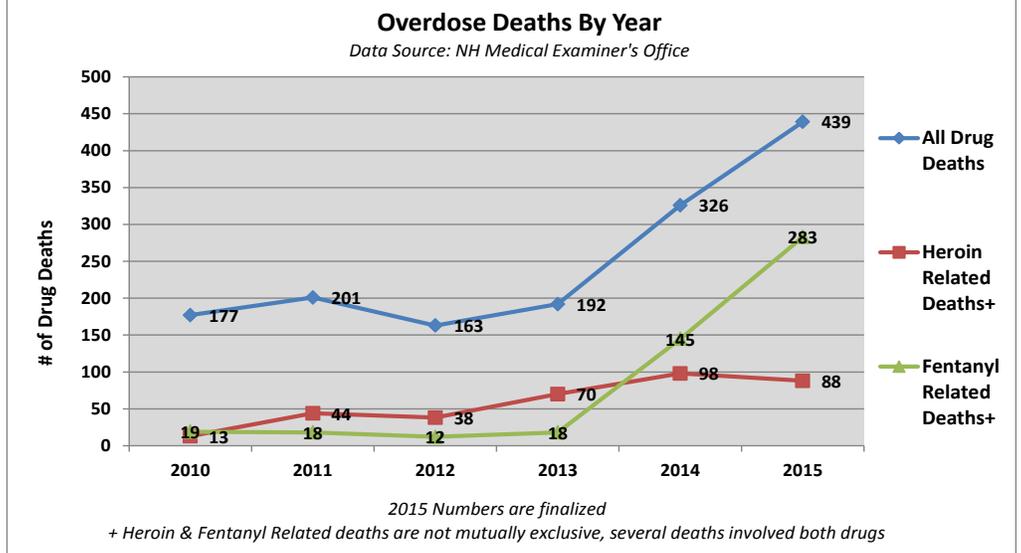
Source: NH Bureau of EMS
*2016 numbers as of May 2016

Annual Trends:

The chart at left (EMS Narcan Administration by Year 2012-2016) shows that from 2012 to 2015 there was a 203.7% increase in the number of incidents involving Narcan. The largest increase was from 2013 to 2014 with a 83% increase in incidents involving Narcan administration. May 2015 compared to May 2016 there has been a 3% increase.

Annual Trends:

The chart at right (Overdose Deaths by Year) shows that from 2013 to 2015 there was a 128.6% increase in the number of all drug deaths. From 2013 to 2015 there was a 1472% increase in the number of Fentanyl related deaths. From 2013 to 2015 there was a 25.7% increase in the number of Heroin related deaths. A chart of 2016 OD numbers is on page 10.

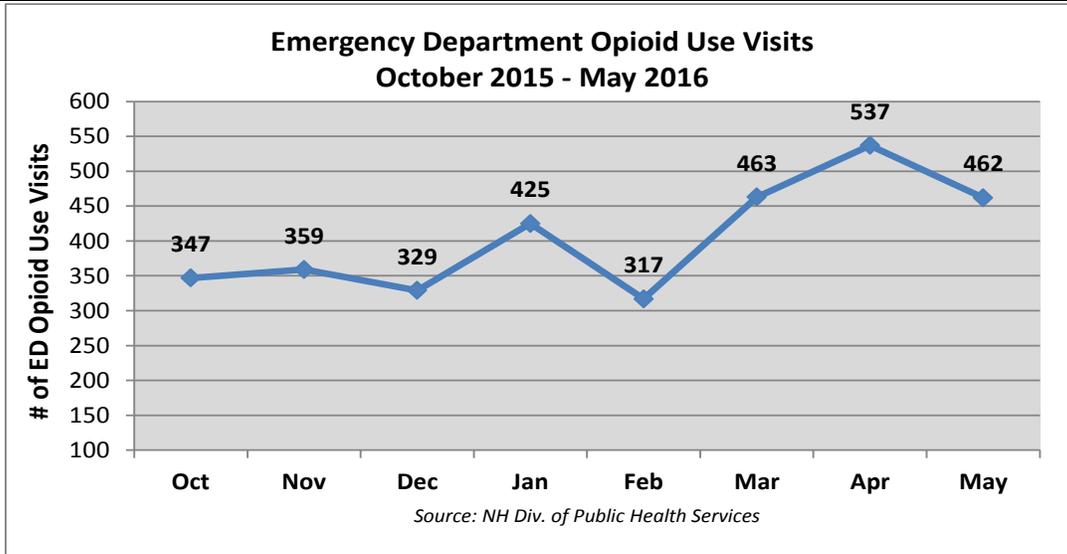


Opioid Related Emergency Department Visits*:

Data Source: NH Division of Public Health Services

IMPORTANT NOTE— Data Source Change!!! The ER visit data has been expanded beyond heroin to include all opioids. Also in addition to a query of the chief complaint text, the Division of Public Health is conducting queries on ICD-10 diagnostic codes designated for heroin and opioids. This results in an apparent increase in the number of ER visits, which is NOT necessarily indicative of an actual increase, but rather due to a more representative way of tracking the information using ICD-10 codes beginning in October of 2015.

Monthly Trends: The chart below (ED Opioid Use Visits October 2015—May 2016) is based on the new query method described above. There was a 14% decrease in Opioid ED visits from April to May.

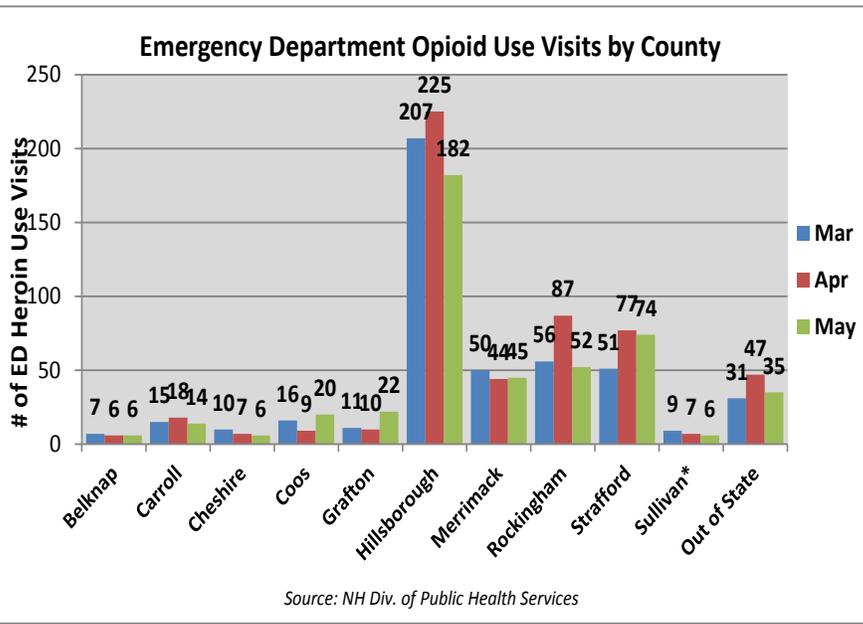


Geographic Trend: The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

Top Counties for May:
1. Hillsborough 2. Strafford

Largest % Increase from April to May:
1. Coos

County	Mar	Apr	May	% Change
Belknap	7	6	6	0%
Carroll	15	18	14	-22%
Cheshire	10	7	6	-14%
Coos	16	9	20	122%
Grafton	11	10	22	120%
Hillsborough	207	225	182	-19%
Merrimack	50	44	45	2%
Rockingham	56	87	52	-40%
Strafford	51	77	74	-4%
Sullivan*	9	7	6	-14%
Out of State	31	47	35	-26%
TOTAL	463	537	462	-14%



NOTE: County represents where the opioid use patient resides

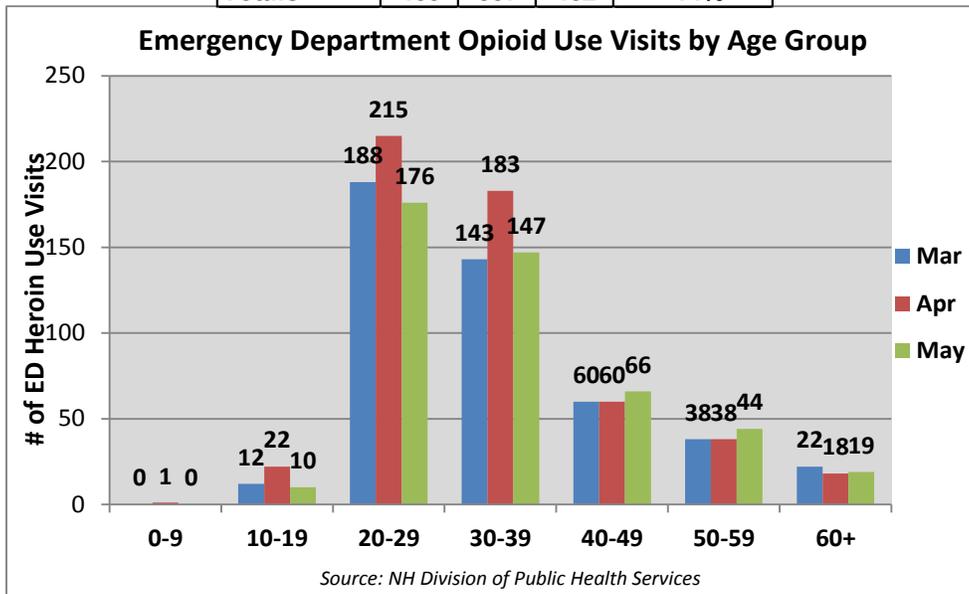
*The source of these data are New Hampshire’s Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term “heroin, opioid, opiate, or fentanyl” listed as chief complaint text and may represent various types of incidents including accidental poisonings, suicide, or other related types of events. These data also represent any encounter with an ICD-10 code that was designated for heroin and opioids. Currently all but two of the hospitals are sending ICD-10 data. Chief complaint and ICD-10 codes were combined to capture the maximum representation of opioid data in NH hospitals and de-duplicated so encounters could only be counted once for a visit.

Opioid Related Emergency Department Visits (Continued):

Demographic Trends: The following information identifies observable trends in opioid related Emergency Department visits on the basis of age, and gender of patients.

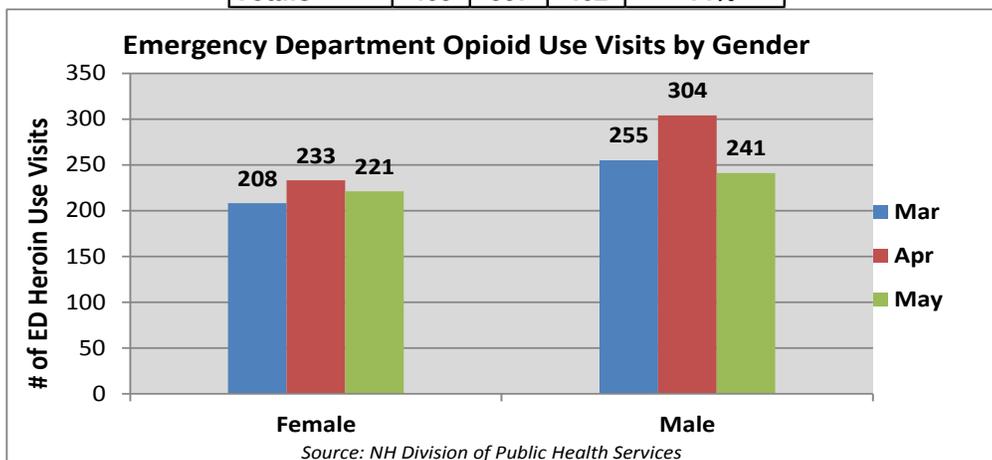
Age Trends: The age group with the largest number of Opioid related emergency department visits for May was 20 to 29 years of age. The largest percent increase from April to May was 50-59 years of age with a 16% increase.

Age	Mar	Apr	May	% Change
0-9	0	1	0	-100%
10-19	12	22	10	-55%
20-29	188	215	176	-18%
30-39	143	183	147	-20%
40-49	60	60	66	10%
50-59	38	38	44	16%
60+	22	18	19	6%
Totals	463	537	462	-14%



Gender Trends: The gender with the largest number of Opioid related emergency department visits for May was male. The largest percent decrease from April to May was male with a 21% decrease. Female Opioid related emergency department visits decreased by 5% from April to May.

Gender	Mar	Apr	May	% Change
Female	208	233	221	-5%
Male	255	304	241	-21%
Totals	463	537	462	-14%



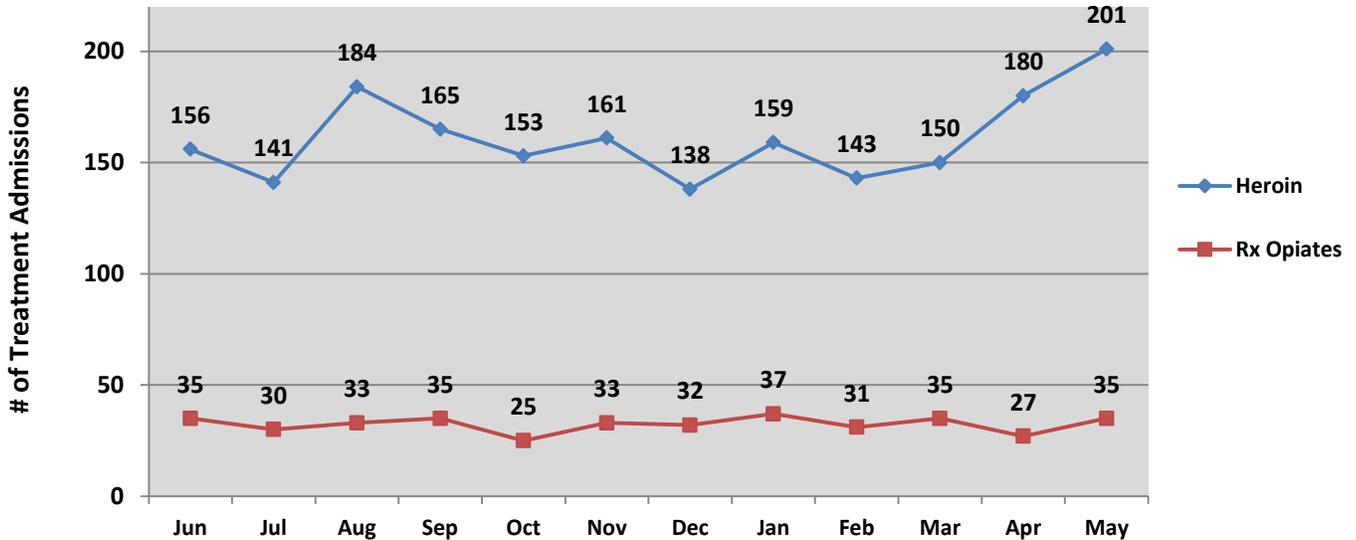
Heroin & Rx Opiate Treatment Admissions:

Data Source: NH Bureau of Drug & Alcohol Services

Monthly Trends: As displayed in the charts below, the number of treatment admissions for heroin has been increasing since February. The number of admissions for prescription opiates increased by 30% from April to May. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions increased by 14% from April to May.

Heroin & Rx Opiate Treatment Admissions by Month

June 2015 - May 2016



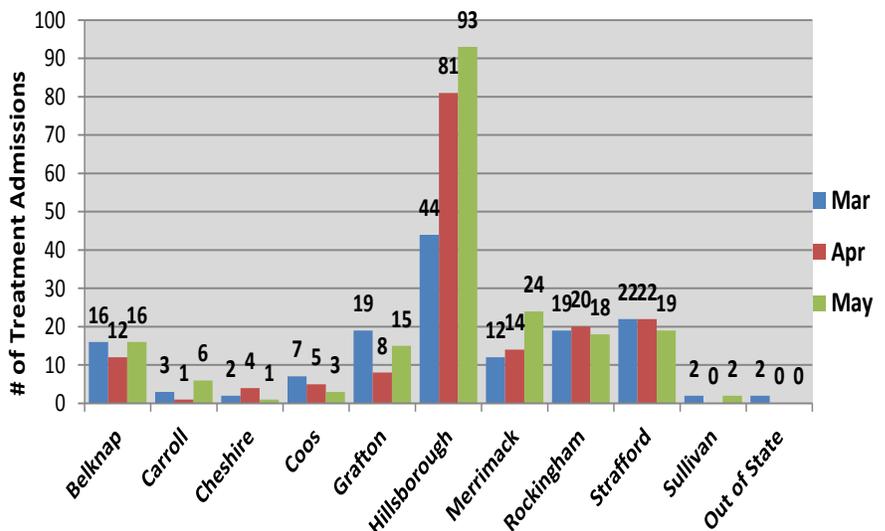
Source: NH Bureau of Drug & Alcohol Services

Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of May was Hillsborough. Carroll county experienced the largest percent increase with an increase of 500% in the number of residents admitted to treatment programs from April to May.

County	Mar	Apr	May	% Change
Belknap	16	12	16	33%
Carroll	3	1	6	500%
Cheshire	2	4	1	-75%
Coos	7	5	3	-40%
Grafton	19	8	15	88%
Hillsborough	44	81	93	15%
Merrimack	12	14	24	71%
Rockingham	19	20	18	-10%
Strafford	22	22	19	-14%
Sullivan	2	0	2	Incalculable
Out of State	2	0	0	0%
Not provided	37	40	39	-3%
Totals	185	207	236	14%

NOTE: County represents where the patient resides

Heroin & Rx Opiate Treatment Admissions by County



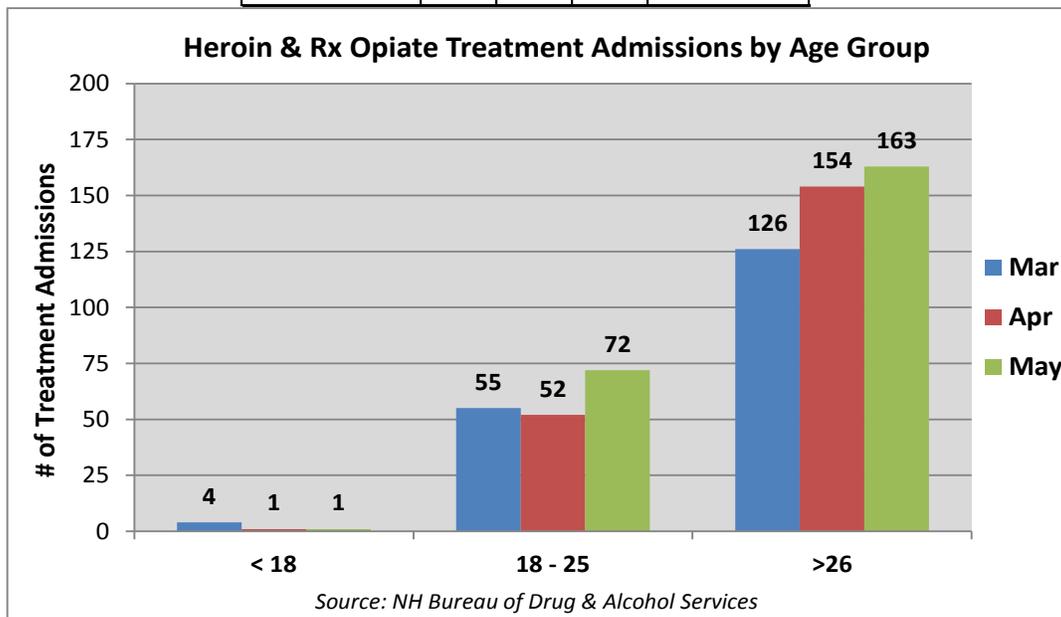
Source: NH Bureau of Drug & Alcohol Services

Heroin & Rx Opiate Treatment Admissions (Continued):

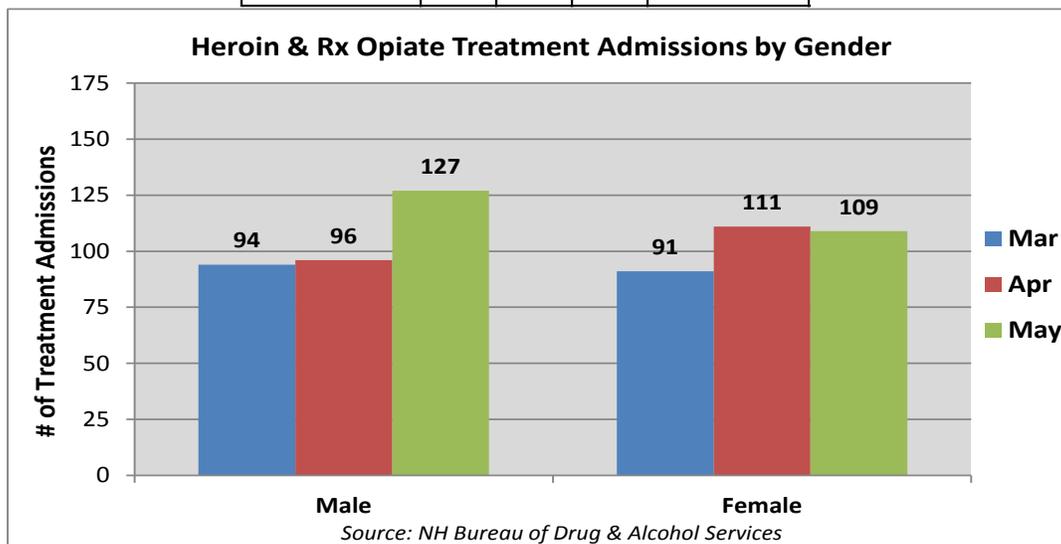
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of March, April, and May.

- There were more males than females admitted to treatment programs during the month of May. The number of males admitted to treatment programs increased by 32% from April to May and the number of females admitted to treatment programs decreased by 2% during the same time period.

Age Group	Mar	Apr	May	% Change
< 18	4	1	1	0%
18 - 25	55	52	72	38%
>26	126	154	163	6%
Totals	185	207	236	14%



Gender	Mar	Apr	May	% Change
Male	94	96	127	32%
Female	91	111	109	-2%
Totals	185	207	236	14%



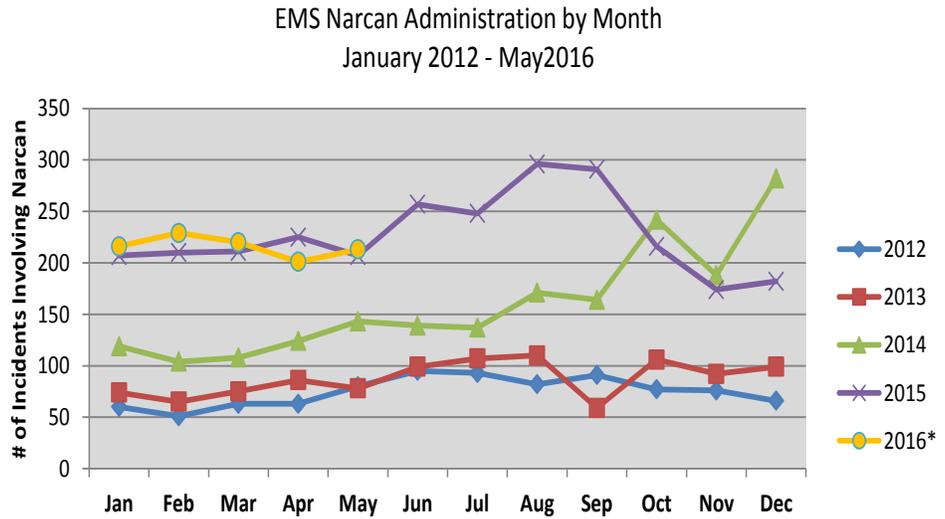
EMS Narcan Administration*:

Data Source: NH Bureau of Emergency Medical Services (EMS)

Monthly Trends:

Incidents involving EMS Narcan administration increased by 6% from April 2016 to May 2016.

(Note: Narcan is administered in cases of cardiac arrest when the cause of the arrest cannot be determined. It therefore cannot be concluded that all of the reported Narcan cases involved drugs.)

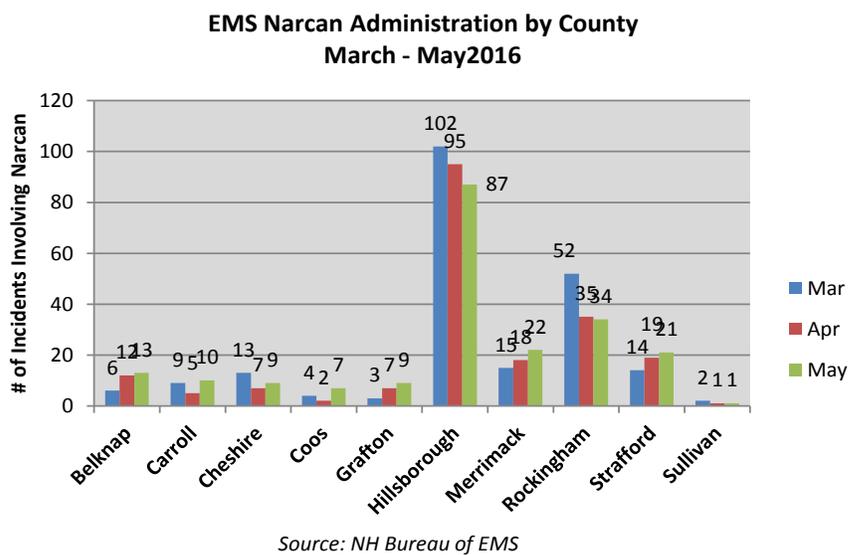


Source: NH Bureau of EMS
*2016 Numbers are based on analysis completed as of May, 2016

Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of March, April, and May. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 102, 95 and 87 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between March and April was observed in Coos County at 250%.

See page 9 for a map of EMS Narcan Administration Incidents by Town for the last 12 months, June 2015 through May 2016.

County	Mar	Apr	May	% Change
Belknap	6	12	13	8%
Carroll	9	5	10	100%
Cheshire	13	7	9	29%
Coos	4	2	7	250%
Grafton	3	7	9	29%
Hillsborough	102	95	87	-8%
Merrimack	15	18	22	22%
Rockingham	52	35	34	-3%
Strafford	14	19	21	11%
Sullivan	2	1	1	0%
Total	220	201	213	6%



Source: NH Bureau of EMS

*Narcan data in this report involves the number of incidents where Narcan was administered, NOT the number of doses of Narcan during a certain time period. Multiple doses may be administered during an incident.

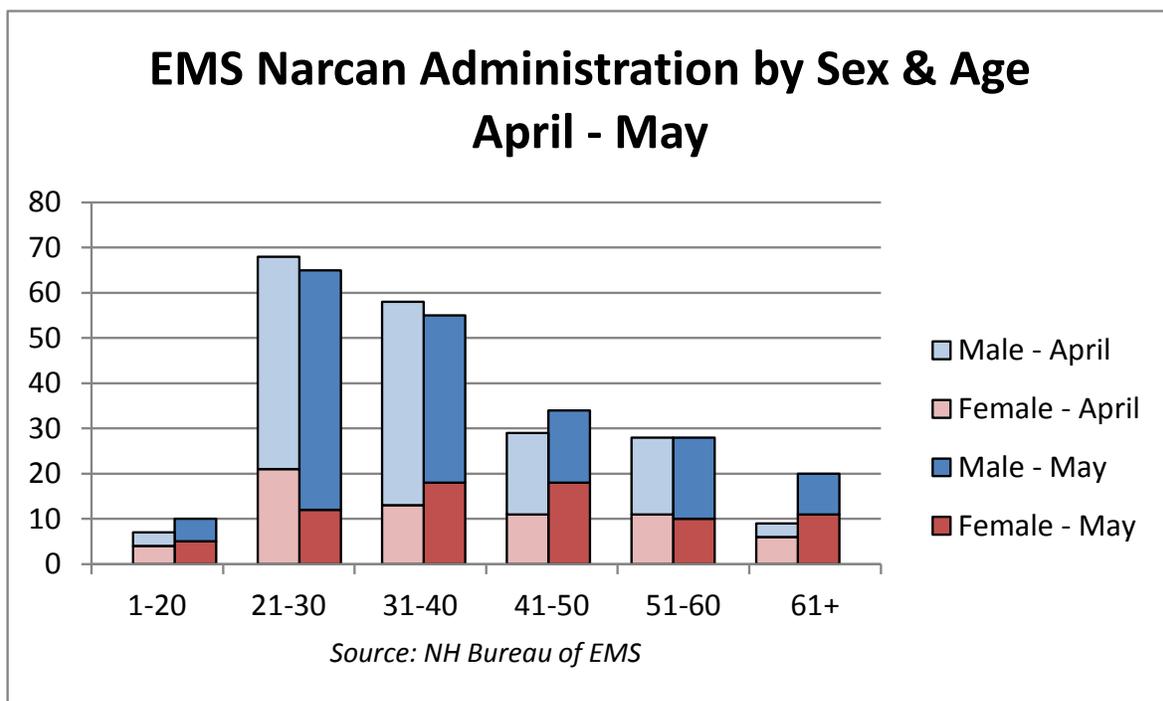
EMS Narcan Administration* (Continued):

Data Source: NH Bureau of Emergency Medical Services (EMS)

Demographic Trends: EMS incidents involving Narcan Administration were broken down by age and gender as displayed in the charts below. Males and females 21-40 years of age were administered Narcan the most often during the months of March, April and May.

- More males than females were administered Narcan during the months of March, April and May. The number of males that were administered Narcan increased by 3.7% from April to May and the number of females administered Narcan increased by 12% during the same time period.

Age	March		April		May	
	Male	Female	Male	Female	Male	Female
1-20	12	2	3	4	5	5
21-30	51	33	47	21	53	12
31-40	39	22	45	13	37	18
41-50	13	16	18	11	16	18
51-60	16	4	17	11	18	10
61+	7	4	3	6	9	11
Total	138	81	133	66	138	74



*Narcan data in this report involves the number of incidents where Narcan was administered, NOT the number of doses of Narcan during a certain time period. Multiple doses may be administered during an incident.

EMS/Narcarn Administration By Town

6/1/2015 - 5/31/2016

Data source: New Hampshire Bureau of EMS

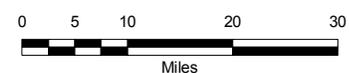
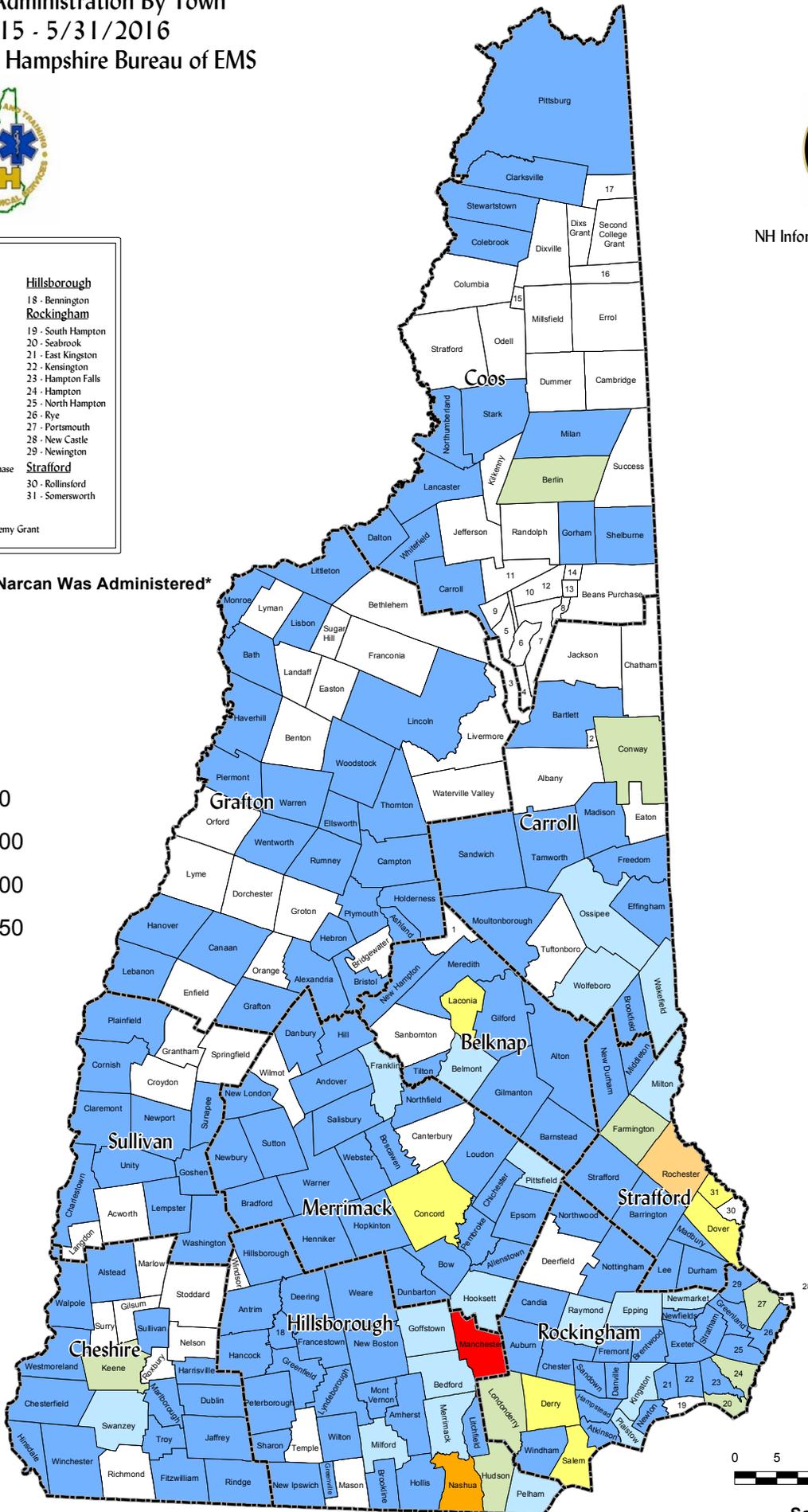
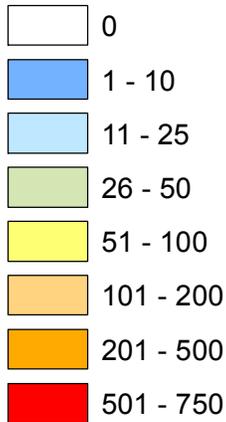


Prepared by:
NH Information & Analysis Center

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Belknap	Hillsborough
1 - Center Harbor	18 - Bennington
Carroll	Rockingham
2 - Hales Location	19 - South Hampton
3 - Harris Location	20 - Seabrook
Coos	21 - East Kingston
4 - Hadleys Purchase	22 - Kennington
5 - Beans Grant	23 - Hampton Falls
6 - Cutts Grant	24 - Hampton
7 - Sargents Purchase	25 - North Hampton
8 - Pinkhams Grant	26 - Rye
9 - Crawlords Purchase	27 - Portsmouth
10 - Chandlers Purchase	28 - New Castle
11 - Low & Burbanks Grant	29 - Newington
12 - Thompson & Meserves Purchase	Strafford
13 - Greens Grant	30 - Rollinsford
14 - Martins Location	31 - Somersworth
15 - Ervings Grant	
16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

Incidents Where Narcan Was Administered



Scale: 1:1,150,000

Drug Overdose Deaths:

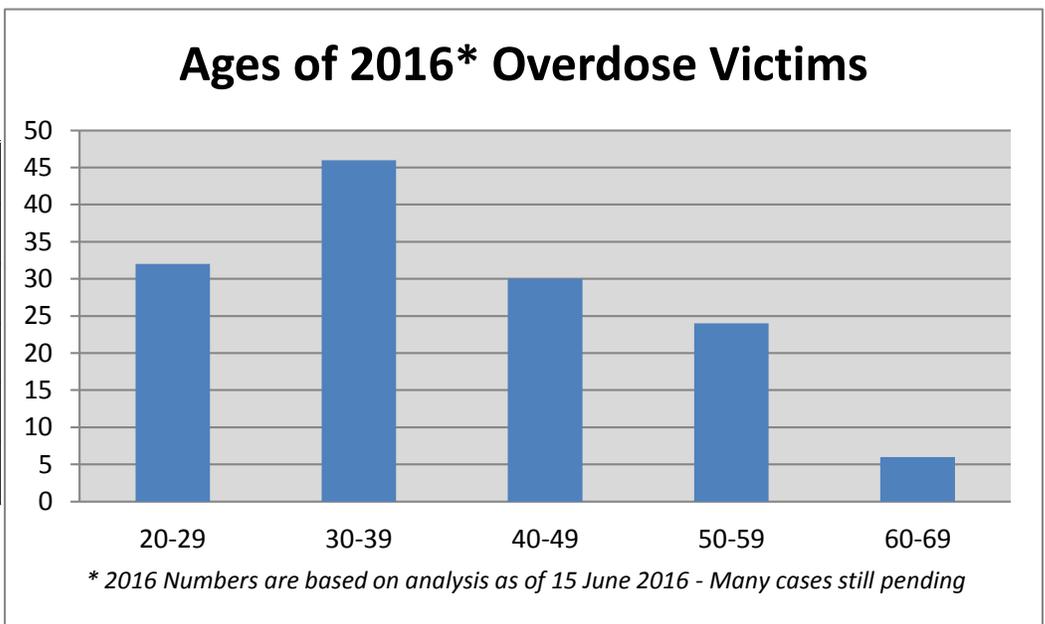
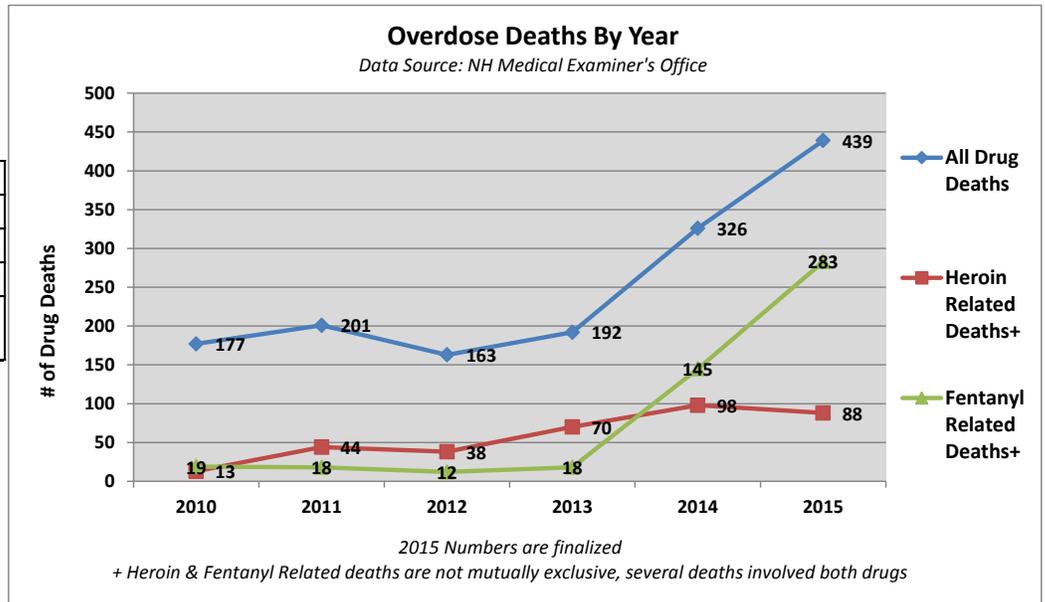
Data Source: NH Medical Examiner's Office

Annual Trends: The chart below displays overdose deaths annually from 2010 through 2015. 2015 numbers are finalized. The total number of drug related deaths is represented as well as deaths related to Heroin and/or Fentanyl.+ There was one confirmed death from U-47700 in 2016. Based on current numbers, the projected number of drug overdose deaths in 2016 is 478. **Please see page 11 for a map of 2016 overdose deaths by town where the individual is believed to have used the drug(s).**

+Heroin and Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs.

2016* Overdose Deaths	
All Drug Deaths	141
Heroin Related	9
Fentanyl Related	90
*numbers reported as of 6/15/2016, 84 cases still pending	

NOTE: 2016 numbers are not shown on the chart but are mapped on page 11.



Age	2016*
20-29	32
30-39	46
40-49	30
50-59	24
60-69	6

*2016 Numbers are based on analysis as of 15 June 2016

Overdose Deaths by Town * - 2016+

(Data Source: NH Medical Examiner's Office)

*Location where the drug(s) is suspected to have been used.

+2016 data was reported on June 16, 2016.
There are many more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received.



Prepared by:
NH Information & Analysis Center

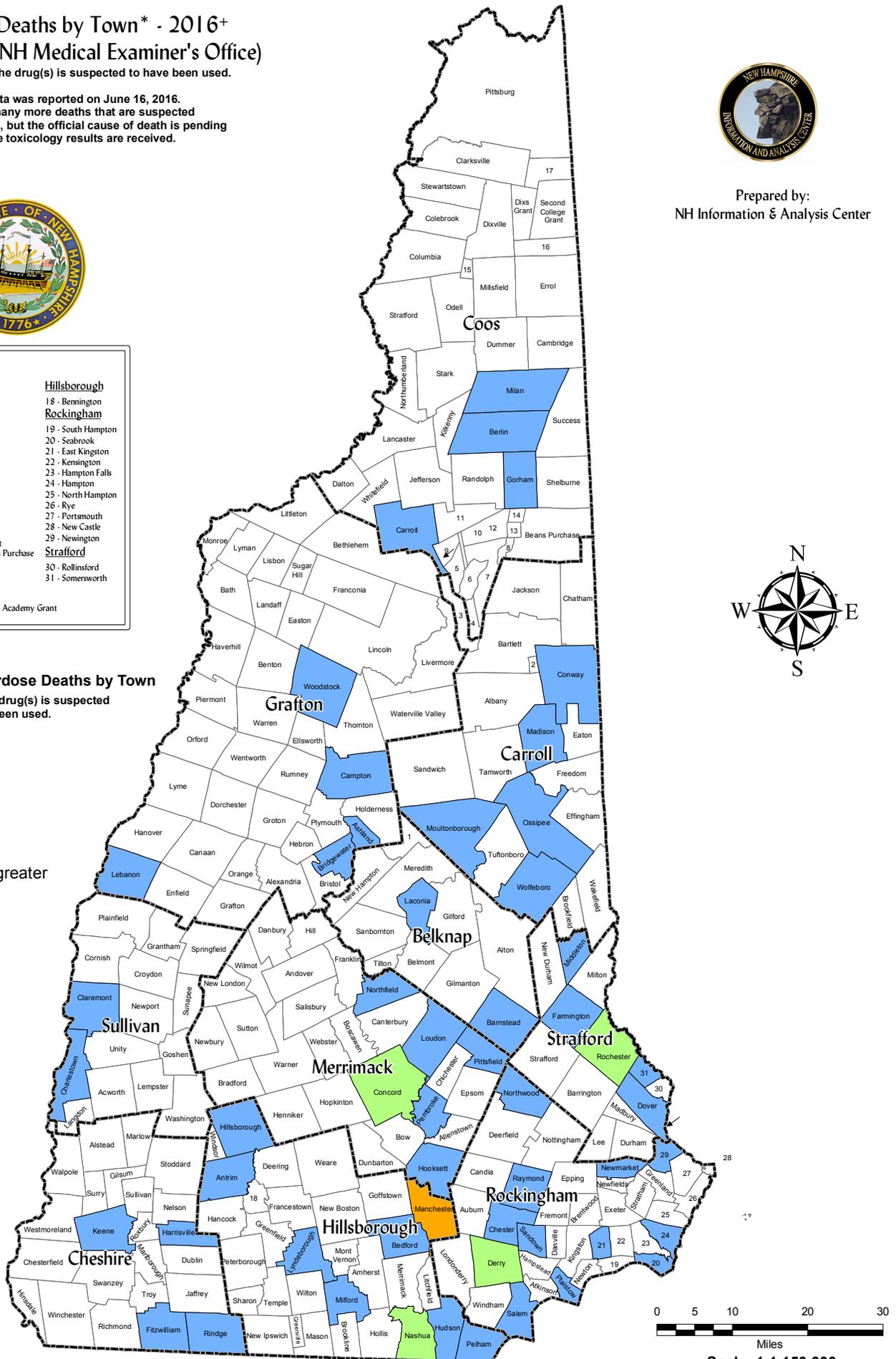


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Belknap	Hillsborough
1 - Center Harbor	18 - Bennington
Carroll	Rockingham
2 - Hales Location	19 - South Hampton
3 - Harts Location	20 - Seabrook
Coos	21 - East Kingston
4 - Hadleys Purchase	22 - Kensington
5 - Beans Grant	23 - Hampton Falls
6 - Cutts Grant	24 - Hampton
7 - Sargents Purchase	25 - North Hampton
8 - Pinkhams Grant	26 - Rye
9 - Crawfords Purchase	27 - Portsmouth
10 - Chandlers Purchase	28 - New Castle
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14 - Martins Location	31 - Somersworth
15 - Ervings Grant	
16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

Number of Overdose Deaths by Town

*Location where the drug(s) is suspected to have been used.



Scale: 1:1,150,000

SAFE STATION

May 2016

- Number of requests at MFD for Safe Station: 114
- Number of participants placed within the Hope System: 71 (known)
- Number of participants transported to Hospitals: 11
- Average Length of Time MFD Company “Not Available”: 16 minutes
- Number of UNIQUE participants: 79
- Number of REPEAT participants: 10
- Age Range of Participants: 18-55

In the News...

Franklin Drug Raid Yields Six Arrests

According to WMUR, on 31 May 2016 a state police SWAT raid in Franklin resulted in six arrests. Police arrested New Hampshire residents from Franklin, Rumney, and Plymouth at a residence at 17 Plains Court. The Attorney General’s Drug Task Force and Franklin police had been investigating suspicious activity at the home for several months. State police were called for assistance after numerous reports of drug activity were received, officials said. Among those charged were Ashley McDonald, 23, and Courtney Bennett, 22, both of Franklin. They were charged with the sale of a controlled drug. Laura Atwood, 25, is charged with intent to distribute. Shawn Belch, 36, is charged with attempted robbery. Police did not specify how or if he is connected to the drug activity. Two other suspects are facing charges for possession of a controlled drug.

Gov. Hassan Signs Law Allowing Pharmacies to Run Drug-Take Back Boxes

According to the Concord Monitor, people in New Hampshire will soon be able to dispose of unused prescription drugs in more locations. On 7 June 2016 Gov. Maggie Hassan signed a law that allows pharmacies to set up drug take-back programs, so long as they comply with federal regulations. Currently, only government entities or those overseen by law enforcement agencies can run the take-back programs. The new state law takes effect in 60 days. “Drug take-back programs can help promote the proper disposal of expired, unused or unwanted medicine, and this bipartisan bill will give Granite Staters more options to safely dispose of addictive prescription opioids,” Hassan said in a statement.

Hassan signed another bill into law Tuesday that requires state medical boards to update their opioid prescribing rules. Hassan is expected to soon sign a bill that funds upgrades to the state’s prescription drug monitoring program, meant to prevent doctor shopping.

Tracked by NHIAC/HSEC SINS: 03,16 / 05,06

Substance Abuse Treatment/Recovery Directory:*State funded treatment facilities in NH (NOT a complete list)—Source NH Department of Health & Human Services***CONCORD****Concord Hospital****The Fresh Start Program**

(Intensive Outpatient 18 years and older and Outpatient Services.)

250 Pleasant Street, Suite 5400

Concord, NH 03301

Phone: 603-225-2711 ext. 2521

Fax: 603-227-7169

DOVER**Southeastern NH Alcohol and Drug Abuse Services (Dover)**

(Outpatient and Intensive Outpatient Services.)

272 County Farm Road

Dover, NH 03820

Crisis Center: 603-516-8181

Main: 603-516-8160

Fax: 603-749-3983

GILFORD**Horizons Counseling Center**

(Intensive Outpatient 18 years and older and Outpatient Services.)

25 Country Club Road Suite #705

Gilford, NH 03249

Phone: 603-524-8005

Fax: 603-524-7275

LEBANON**Headrest**

12 Church Street

PO Box 247

Lebanon, NH 03766

Hotline: 603-448-4400 or 800-639-6095

Phone: 603-448-4872

Fax: 603-448-1829

MANCHESTER**Child and Family Services****Adolescent Substance Abuse Treatment Program (ASAT)**

(Intensive Outpatient Services for Adolescents.)

404 Chestnut Street

Manchester, NH 03105

Phone: 800-640-6486

or 603-518-4001

Fax: 603-668-6260

Families in Transition

(Provides services for parenting women including pregnant women, intensive outpatient services; housing and comprehensive social services.)

122 Market Street

Manchester, NH 03104

Phone: 603-641-9441

Fax: 603-641-1244

The Mental Health Center of Greater Manchester

(Outpatient Adolescent and Families.)

1228 Elm Street, 2nd Floor

Manchester, NH 03101

Phone: 603-668-4111

Fax: 603-628-7733

Manchester Alcoholism and Rehabilitation Center Easter Seals Farnum**Outpatient Services**

(Intensive Outpatient 18 years and older and Outpatient Services.)

140 Queen City Avenue

Manchester, NH 03101

Phone: 603-263-6287

Fax: 603-621-4295

NASHUA**Greater Nashua Council on Alcoholism****Keystone Hall**

(Outpatient and Intensive Outpatient Services for Adults, Adolescents and Their Families.)

12 & 1/2 Amherst Street

Nashua, NH 03063

Phone: 603-943-7971 Ext. 3

Fax: 603-943-7969

The Youth Council

(Outpatient for Adolescents and Families.)

112 W. Pearl Street

Nashua, NH 03060

Phone: 603-889-1090

Fax: 603-598-1703

PORTSMOUTH**Families First of the Greater Seacoast**

(Pregnant and Parenting Women, Primary Care Setting, Outpatient.)

100 Campus Drive, Suite 12

Portsmouth, NH 03801

Phone: 603-422-8208 Ext. 150

Fax: 603-422-8218

A full list of Substance Abuse and Treatment Facilities can be found [here](#).

A treatment locator can be found [here](#).