



New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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NHIAC Product #: 2016-2762

October 2016 Report

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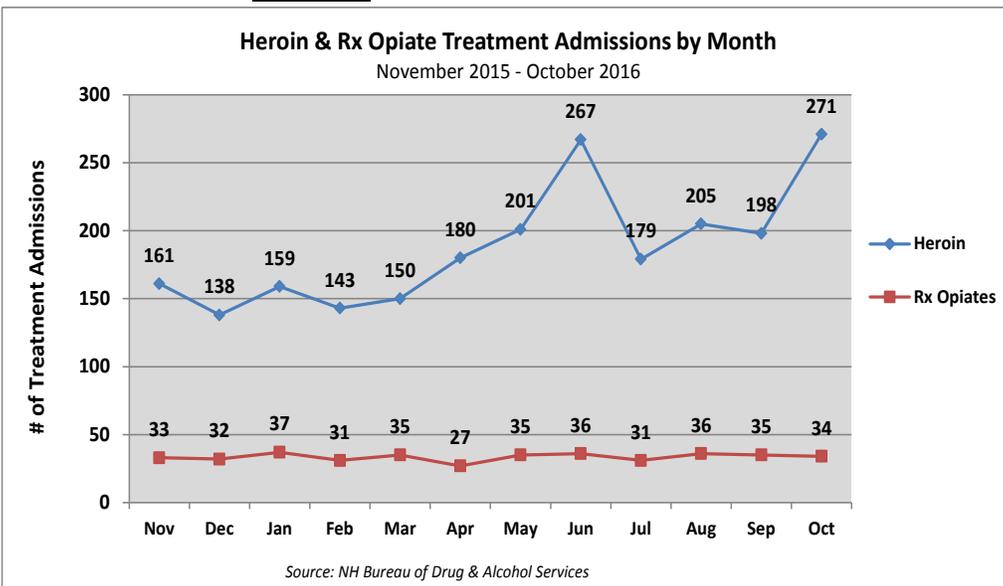
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Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:

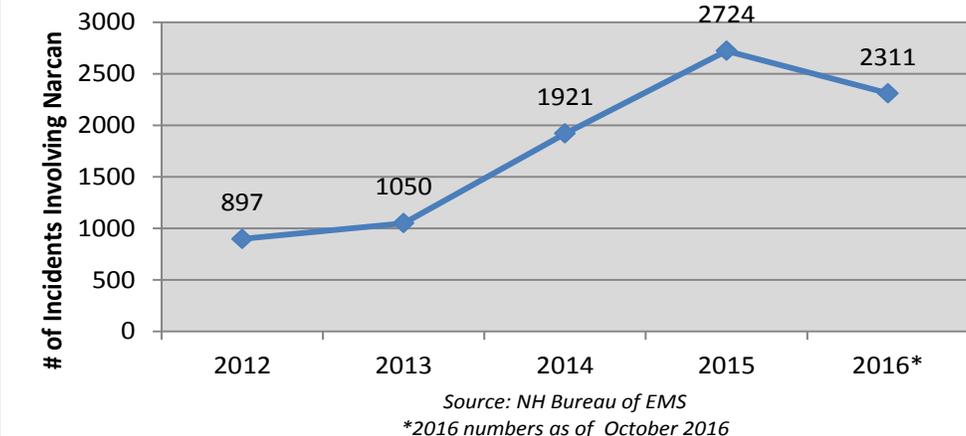
Annual Trends:

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month November 2015 – October 2016) shows that the largest increase in heroin treatment admissions was from September to October with a 37% increase. The largest decrease was from June to July with a 33% decrease.

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



EMS Narcan Administration by Year 2012 - 2016



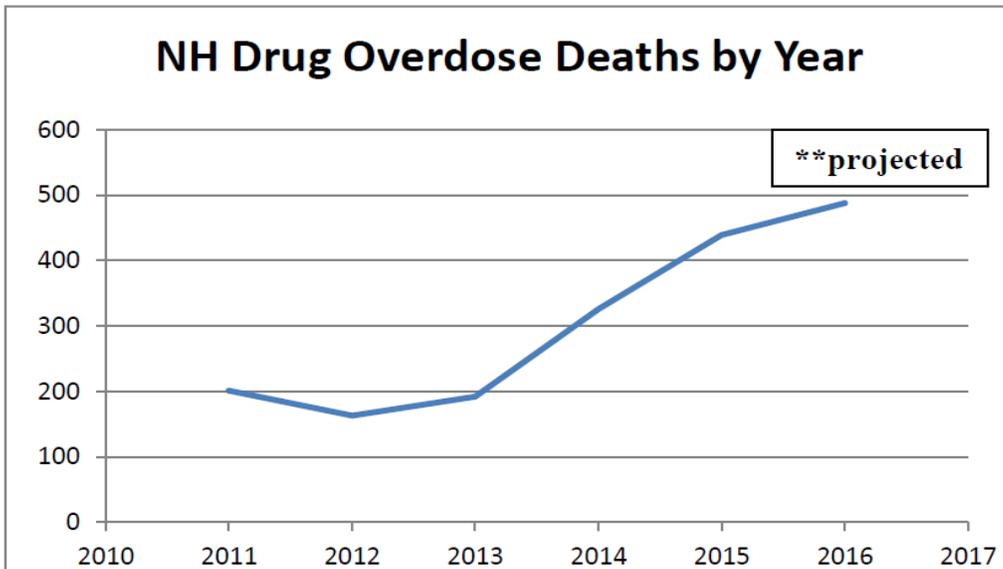
Annual Trends:

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 an 83% increase in incidents involving Narcan administration. October 2015 compared to October 2016 there has been a 3.7% increase.

Annual Trends:

The chart at right (NH Drug Overdose Deaths by Year) shows that from 2013 to 2015 there was a 128.6% increase in the number of all drug deaths. The Office of the Chief Medical Examiner projects that there will be **488** drug related deaths in 2016.

Source: Office of the Chief Medical Examiner

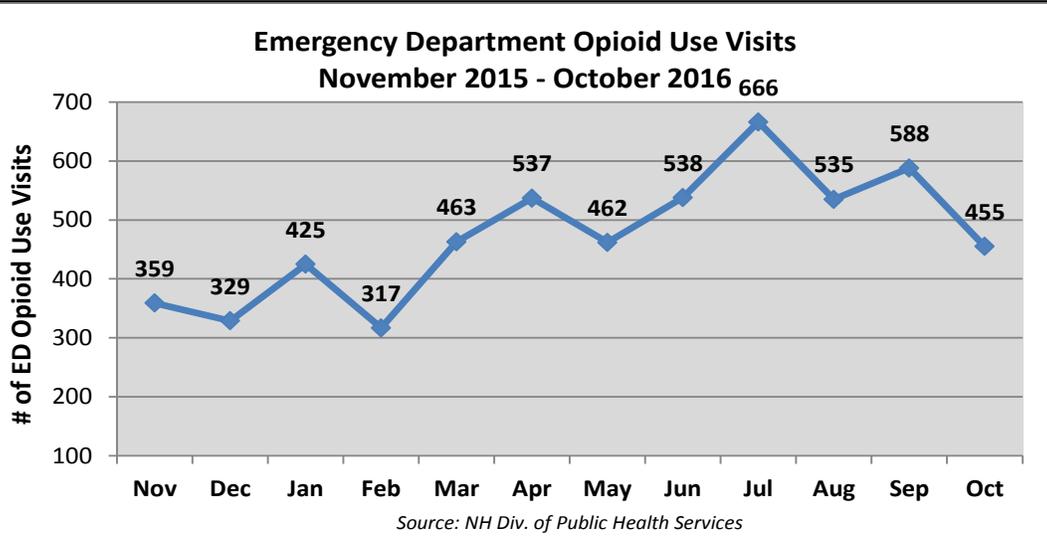


Opioid Related Emergency Department Visits*:

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 November 2015—October 2016) is based on the new query method described above. There was a 22% decrease in Opioid ED visits from September to October.

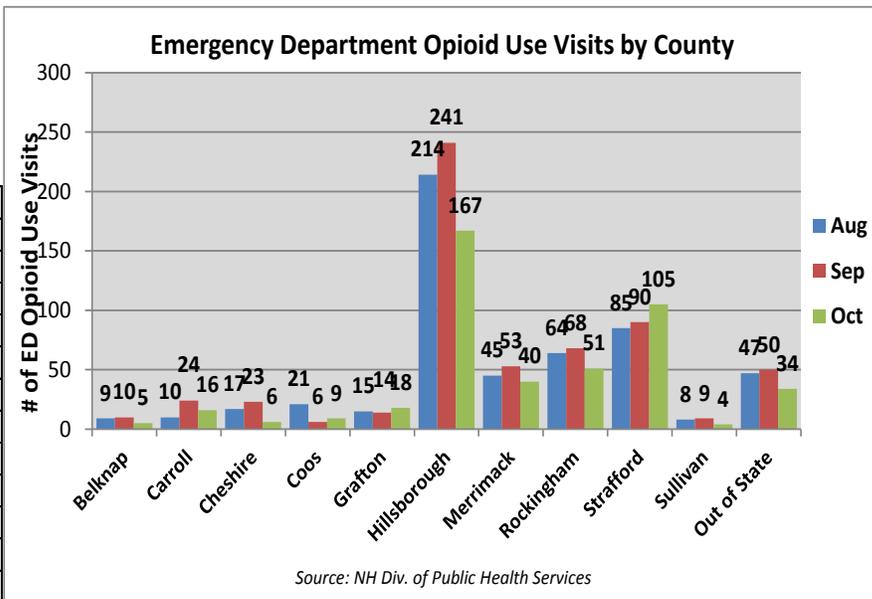


Geographic Trend: The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

Top Counties for October:
 1. Hillsborough 2. Strafford

Largest % decrease from Sep to Oct:
 1. Cheshire

County	Aug	Sep	Oct	% Change
Belknap	9	10	5	-50%
Carroll	10	24	16	-33%
Cheshire	17	23	6	-74%
Coos	21	6	9	50%
Grafton	15	14	18	29%
Hillsborough	214	241	167	-31%
Merrimack	45	53	40	-25%
Rockingham	64	68	51	-25%
Strafford	85	90	105	17%
Sullivan	8	9	4	-56%
Out of State	47	50	34	-32%
TOTAL	535	588	455	-23%



NOTE: County represents where the opioid use patient resides

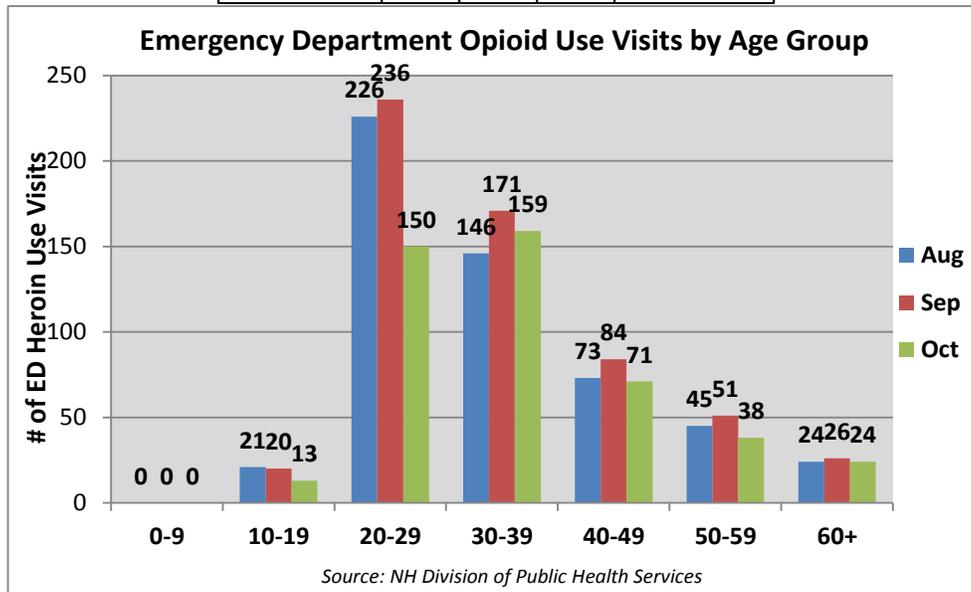
*The source of these data are New Hampshire's Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term "heroin, opioid, opiate, or fentanyl" listed as chief complaint 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.

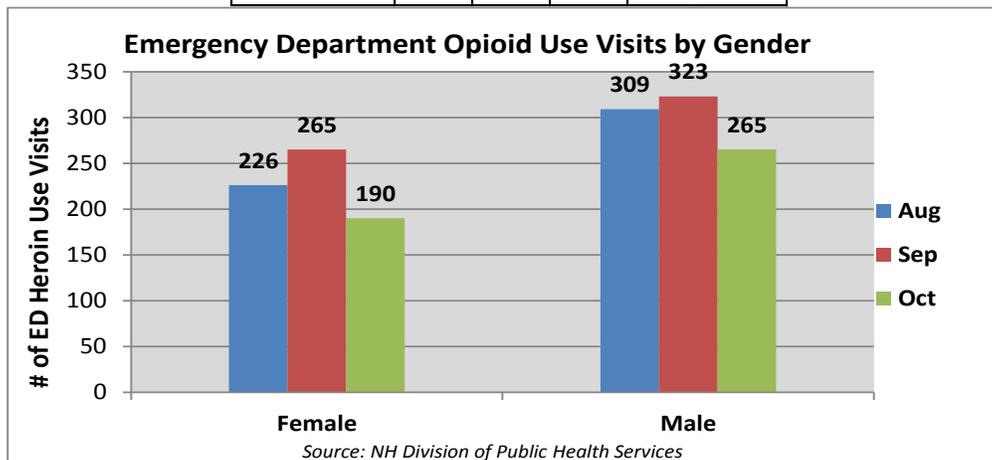
Age Trends: The age group with the largest number of Opioid related emergency department visits for October was 20 to 39 years of age. The largest percent decrease from Sep to Oct was 20-29 years of age with a 36% decrease.

Age	Aug	Sep	Oct	% Change
0-9	0	0	0	Incalculable
10-19	21	20	13	-35%
20-29	226	236	150	-36%
30-39	146	171	159	-7%
40-49	73	84	71	-15%
50-59	45	51	38	-25%
60+	24	26	24	-8%
Totals	535	588	455	-23%



Gender Trends: The gender with the largest number of opioid related emergency department visits for October was male. The largest percent decrease from September to October was female with a 28% decrease. Male opioid related emergency department visits also decreased by 18% from September to October.

Gender	Aug	Sep	Oct	% Change
Female	226	265	190	-28%
Male	309	323	265	-18%
Totals	535	588	455	-23%



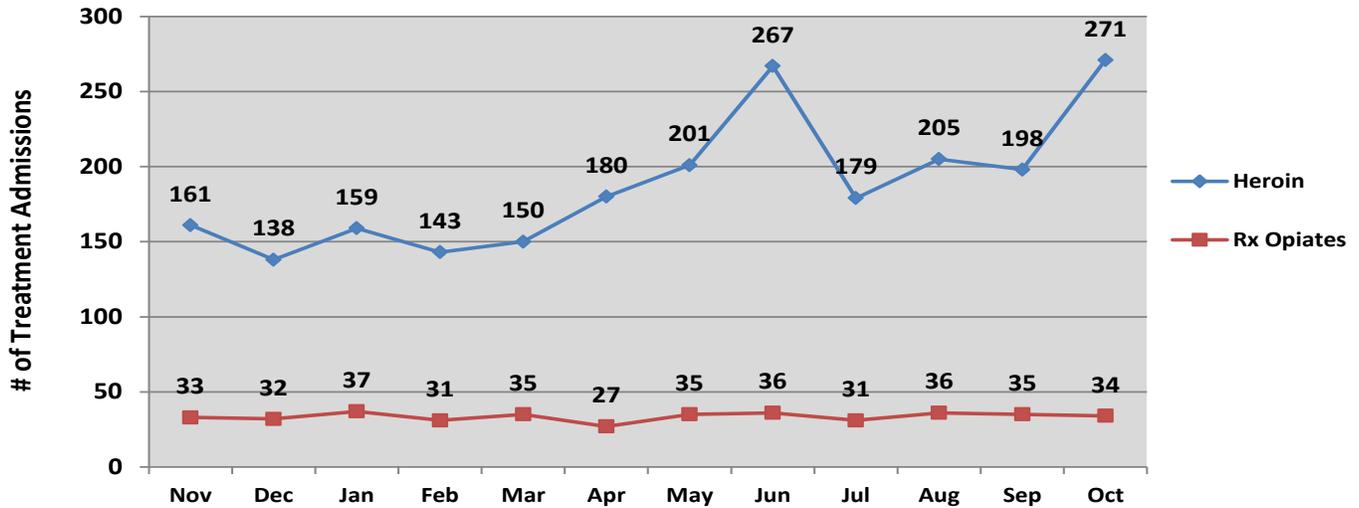
Heroin & Rx Opiate Treatment Admissions:

Data Source: NH Bureau of Drug & Alcohol Services

Monthly Trends: As displayed in the charts below, the number of treatment admissions for heroin increased from February to June. The number of admissions for prescription opiates increased by 37% from September to October. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions increased by 31% from Sep to October. **It is unknown what attributed to the large increase in admissions for the months of Jun and Oct. Although, there have been new initiatives put in place to make treatment more available.**

Heroin & Rx Opiate Treatment Admissions by Month

November 2015 - October 2016

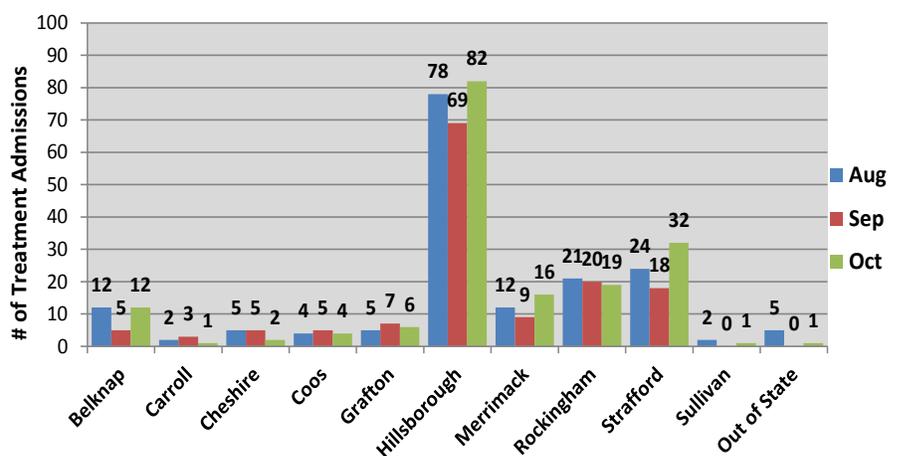


Source: NH Bureau of Drug & Alcohol Services

Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of October was Hillsborough. Carroll county experienced the largest percent decrease with a decrease of 67% in the number of residents admitted to treatment programs from September to October. Belknap county had the largest percent increase with an increase of 140% during the same time period.

County	Aug	Sep	Oct	% Change
Belknap	12	5	12	140%
Carroll	2	3	1	-67%
Cheshire	5	5	2	-60%
Coos	4	5	4	-20%
Grafton	5	7	6	-14%
Hillsborough	78	69	82	19%
Merrimack	12	9	16	78%
Rockingham	21	20	19	-5%
Strafford	24	18	32	78%
Sullivan	2	0	1	Incalculable
Out of State	5	0	1	Incalculable
Not provided	71	92	129	40%
Totals	241	233	305	31%

Heroin & Rx Opiate Treatment Admissions by County



Source: NH Bureau of Drug & Alcohol Services

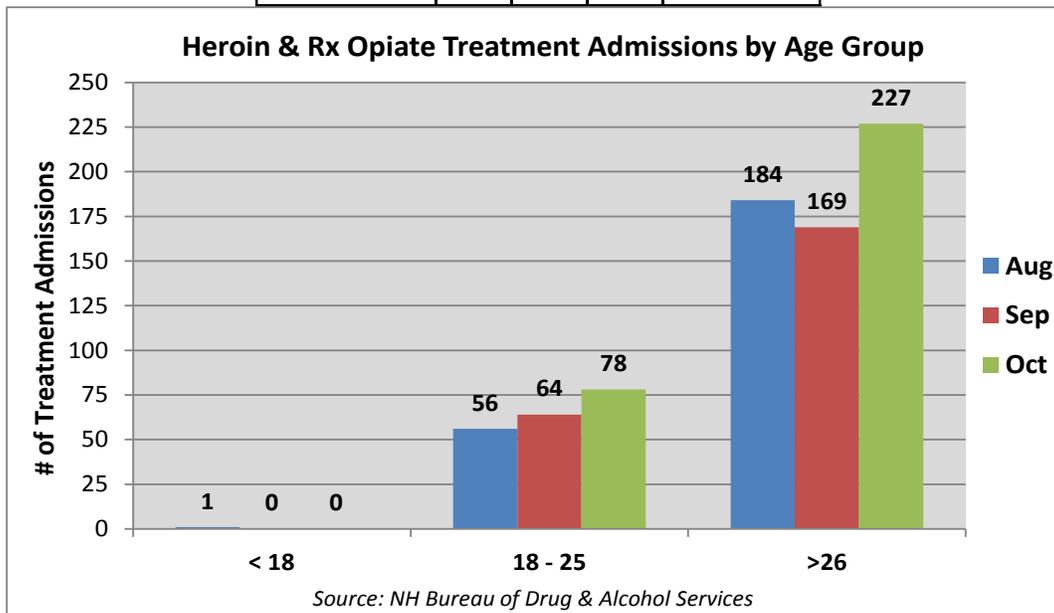
NOTE: County represents where the patient resides

Heroin & Rx Opiate Treatment Admissions (Continued):

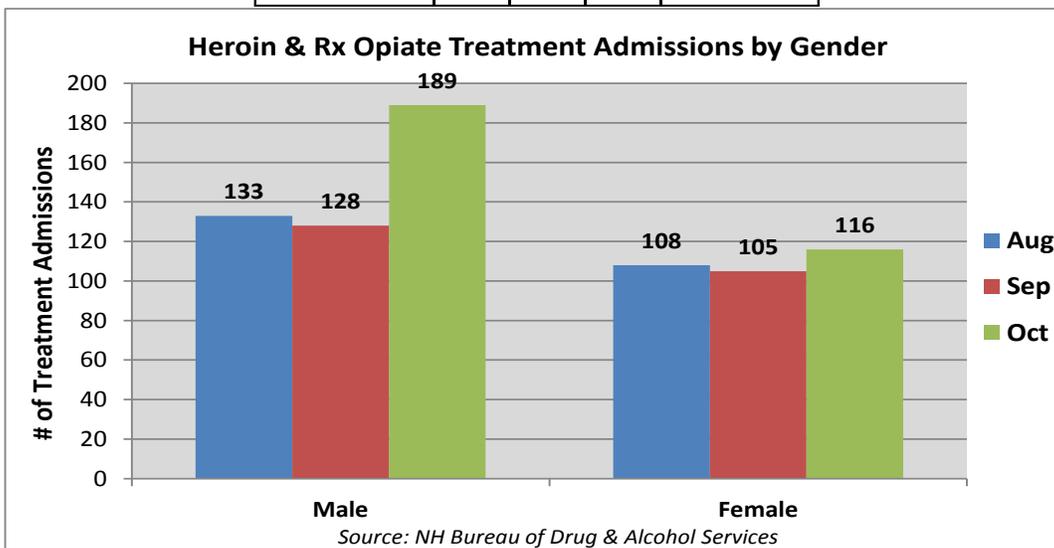
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of August, September and October.

- There were more males than females admitted to treatment programs during the month of October. The number of males admitted to treatment programs increased by 48% from September to October and the number of females admitted to treatment programs increased by 10% during the same time period.

Age Group	Aug	Sep	Oct	% Change
< 18	1	0	0	Incalculable
18 - 25	56	64	78	22%
>26	184	169	227	34%
Totals	241	233	305	31%



Gender	Aug	Sep	Oct	% Change
Male	133	128	189	48%
Female	108	105	116	10%
Totals	241	233	305	31%



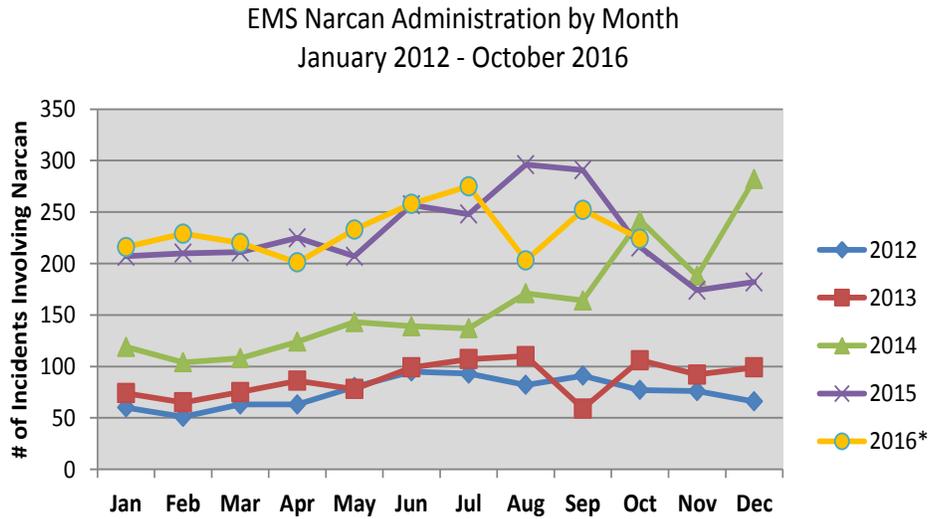
EMS Narcan Administration*:

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

Monthly Trends:

Incidents involving EMS Narcan administration decreased by 11% from September 2016 to October 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.)



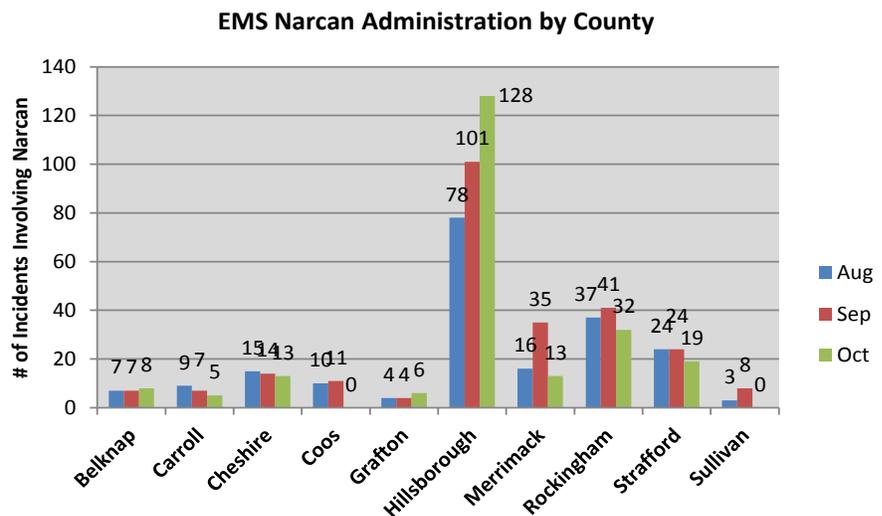
Source: NH Bureau of EMS

*2016 Numbers are based on analysis completed as of September, 2016

Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of August, September and October. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 78, 101 and 128 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between September and October was observed in Grafton County with a 50% increase. The largest percentage decrease in Narcan administrations was seen in Coos and Sullivan Counties with a 100% decrease.

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

County	Aug	Sep	Oct	% Change
Belknap	7	7	8	14%
Carroll	9	7	5	-29%
Cheshire	15	14	13	-7%
Coos	10	11	0	-100%
Grafton	4	4	6	50%
Hillsborough	78	101	128	27%
Merrimack	16	35	13	-63%
Rockingham	37	41	32	-22%
Strafford	24	24	19	-21%
Sullivan	3	8	0	-100%
Total	203	252	224	-11%



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.

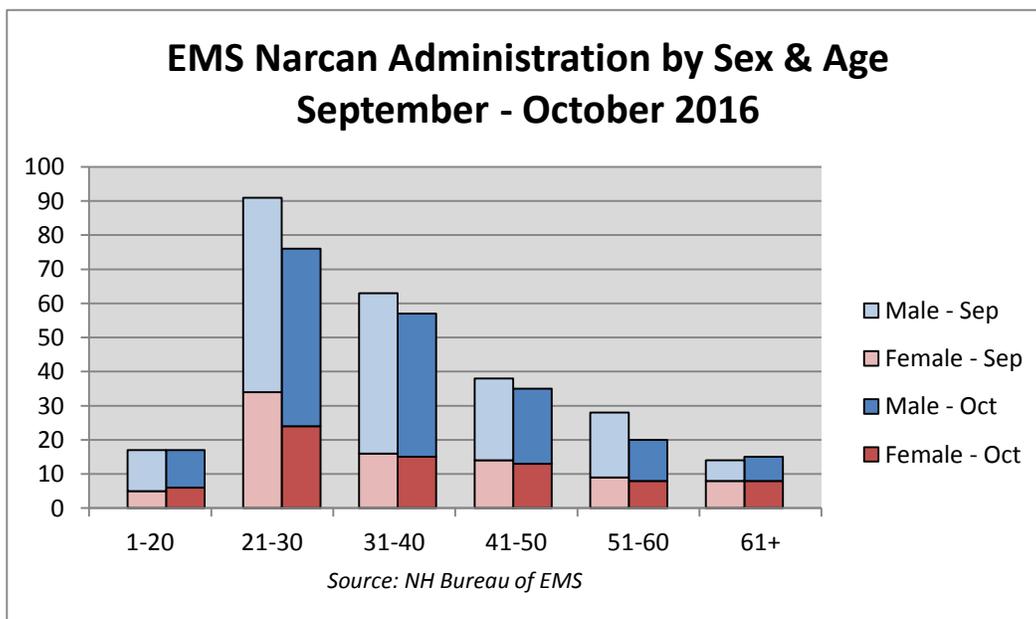
EMS Narcan Administration* (Continued):

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 August, September and October.

- More males than females were administered Narcan during the months of August, September and October. The number of males that were administered Narcan decreased by 10% from September to October and the number of females administered Narcan decreased by 14% during the same time period.

	August		September		October	
Age	Male	Female	Male	Female	Male	Female
1-20	4	5	12	5	11	6
21-30	45	17	57	34	52	24
31-40	30	20	47	16	42	15
41-50	19	10	24	14	22	13
51-60	21	10	19	9	12	8
61+	10	10	6	8	7	8
Total	129	72	165	86	146	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/Narcan Administration by Town 11/1/2015 - 10/31/2016

Data Source: New Hampshire Bureau of EMS

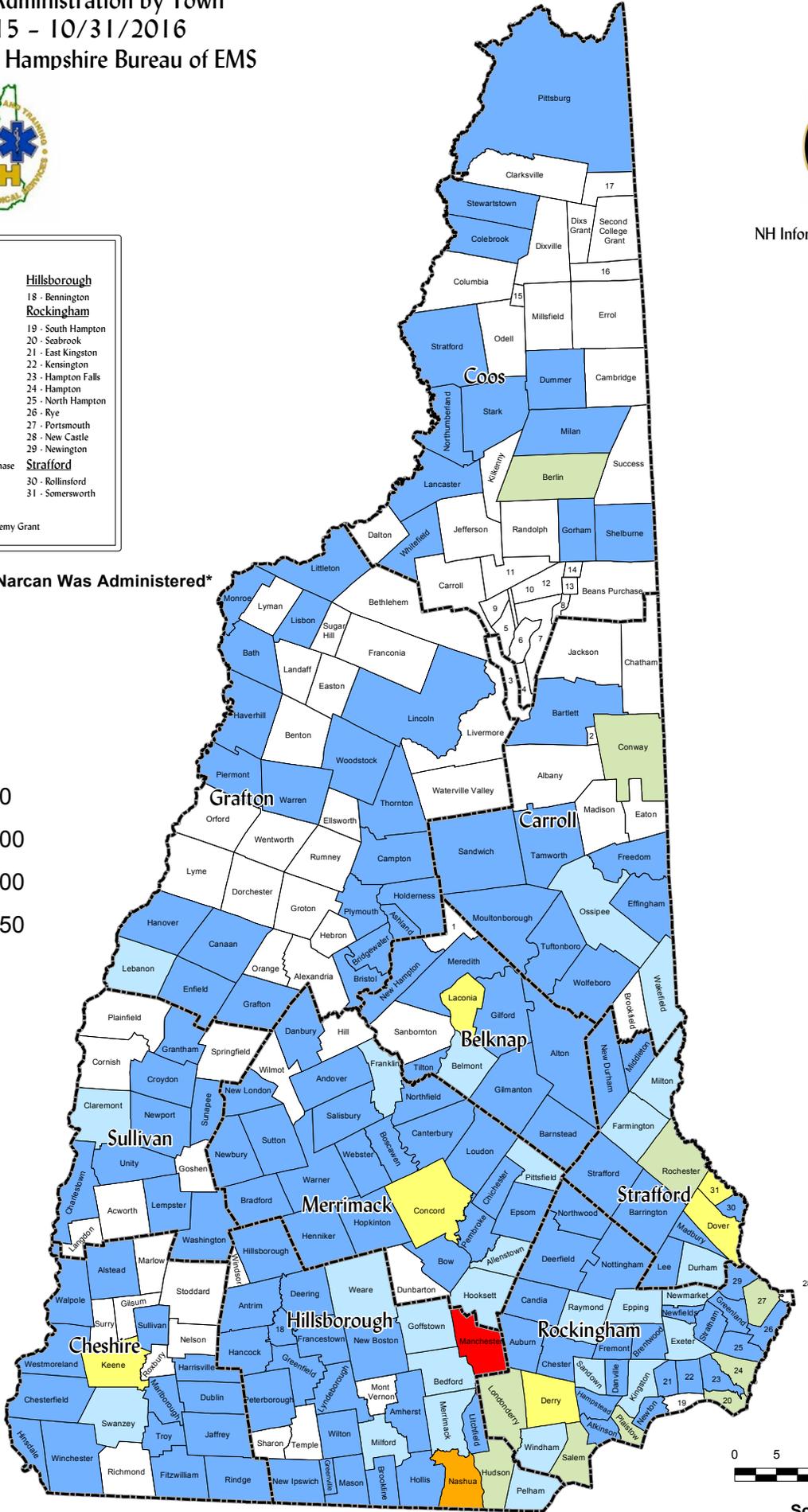
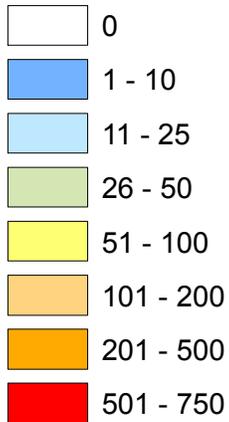


Prepared by:
NH Information & Analysis Center

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Belknap	Hillsborough
1 - Center Harbor	18 - Bennington
Carroll	Rockingham
2 - Hales Location	19 - South Hampton
3 - 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
11 - Low & Burbanks Grant	29 - Newington
12 - Thompson & Meserves Purchase	Strafford
13 - Greens Grant	30 - Rollinsford
14 - Martins Location	31 - Somersworth
15 - Erving Grant	
16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

Incidents Where Narcan Was Administered



Scale: 1:1,150,000

Drug Overdose Deaths:

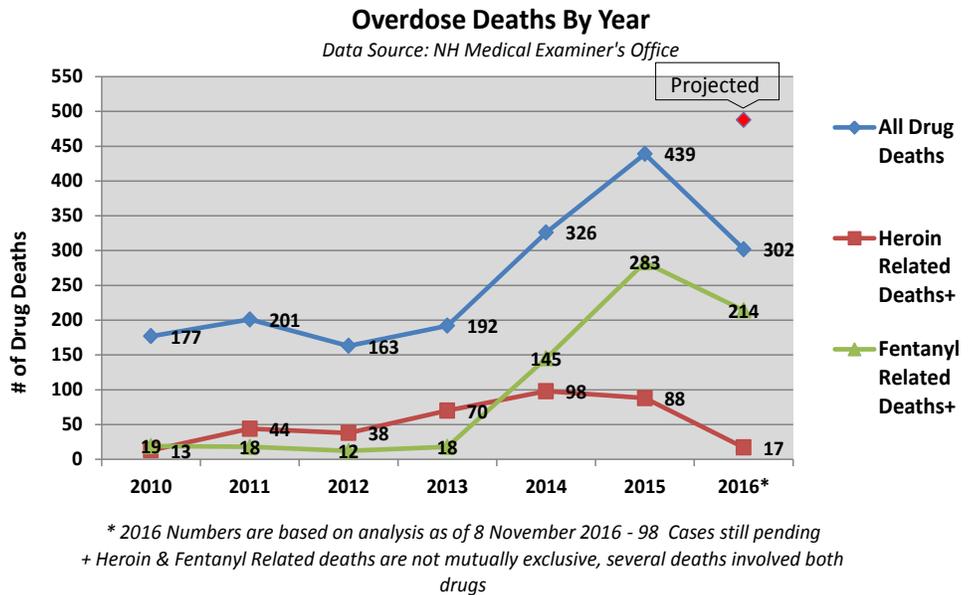
Data Source: NH Medical Examiner's Office

Annual Trends: The chart below displays overdose deaths annually from 2011 through 2016. 2016 numbers are as of 8 November 2016. The projected number of drug related deaths for 2016 is **488**. 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.

Year	All Drug Deaths	Heroin Related Deaths+	Fentanyl Related Deaths+
2010	177	13	19
2011	201	44	18
2012	163	38	12
2013	192	70	18
2014	326	98	145
2015	439	88	283
2016*	302	17	214

*numbers reported as of 11/8/16

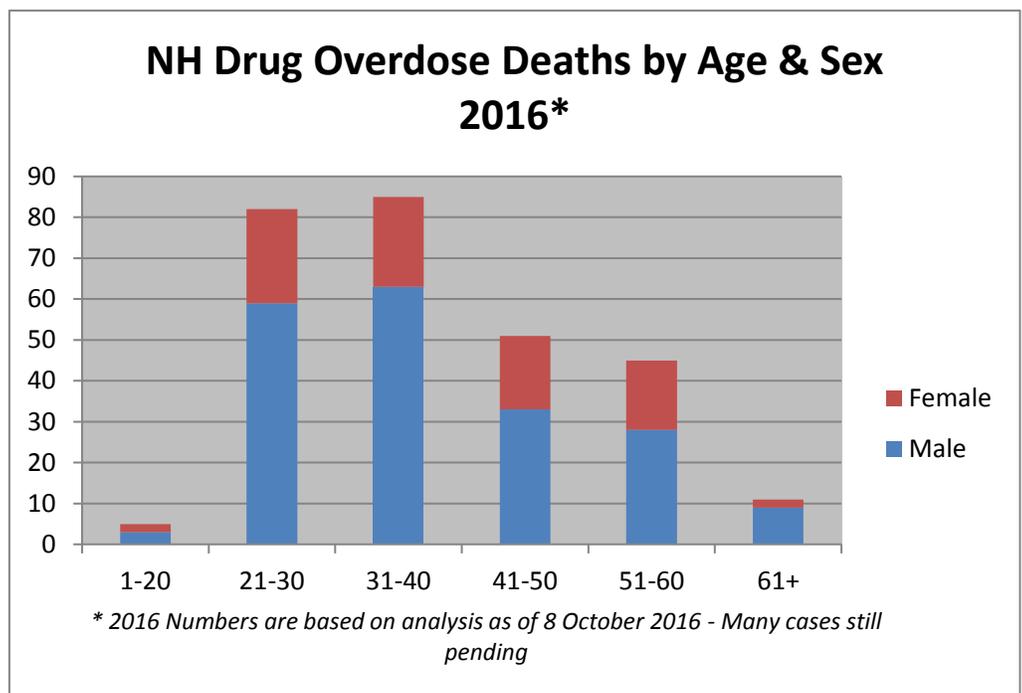


Fentanyl Analogues in NH in 2016:
 U-47700—1 Death
 Furanyl Fentanyl—1 death
 Acetyl Fentanyl—26 deaths
 Fluoro-fentanyl—1 death

Source: Office of the Chief Medical Examiner

Age	October 2016	
	Male	Female
1-20	4	2
21-30	68	27
31-40	71	23
41-50	39	19
51-60	31	18
61+	9	3
Total	222	92

*2016 Numbers are based on analysis as of 8 November 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 November 8, 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

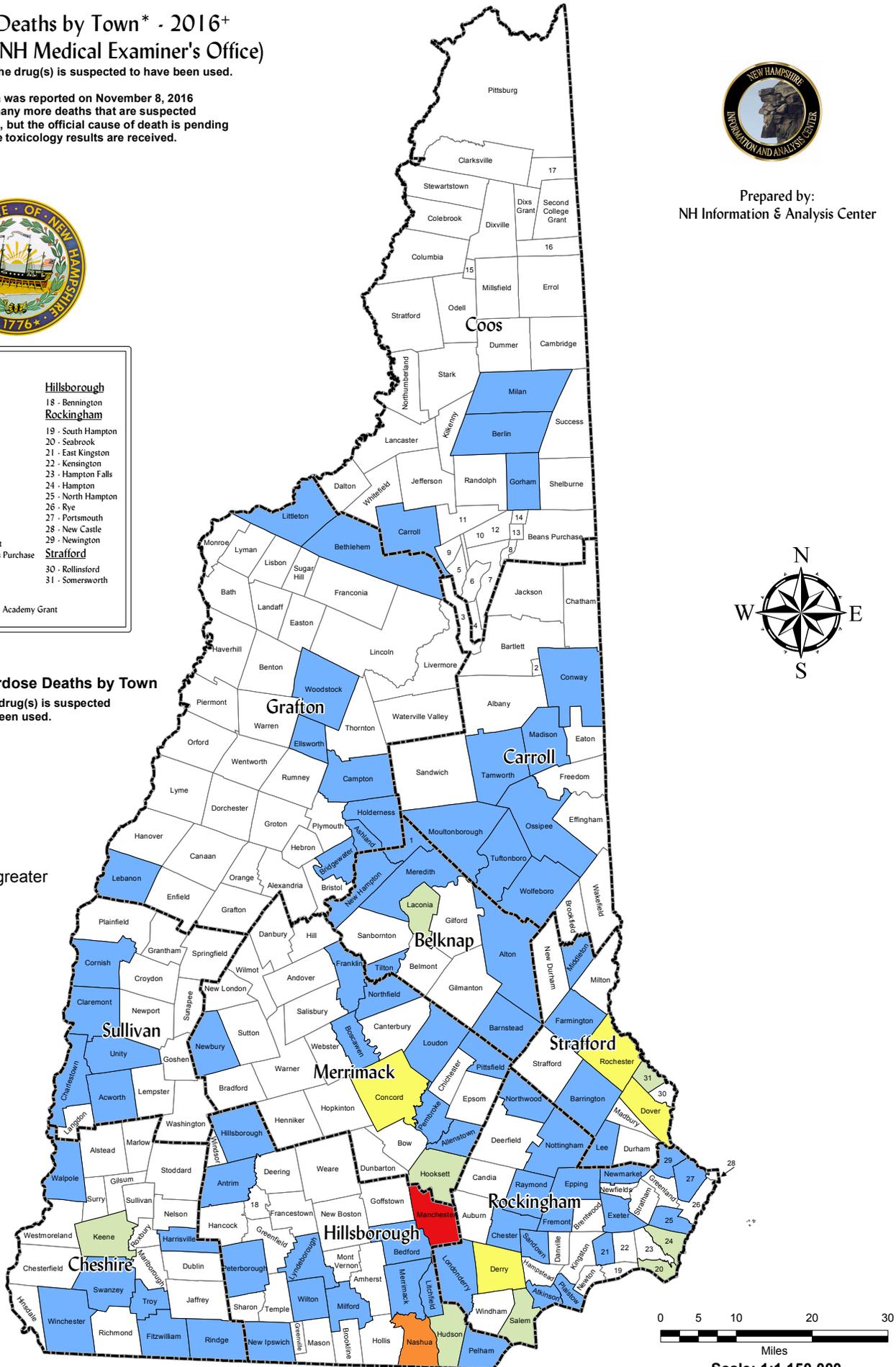
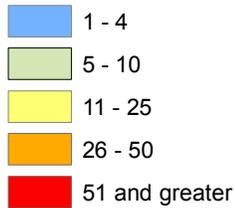


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17 - Atkinson & Gilmanton Academy Grant	

Number of Overdose Deaths by Town

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



SAFE STATION

As of November, 10 2016

- Number of requests at MFD for Safe Station: 733
- Number of participants transported to Hospitals: 59
- Number of participants taken to HOPE in NH: 347
- Number of participants taken to Serenity Place: 323
- Number of participants seen for ODs prior to seeking SS Help: 137
- Average Length of Time MFD Company “Not Available”: 12 minutes
- Number of UNIQUE participants: 579
- Number of REPEAT participants: 153
- Age Range of Participants: 18-69

In the News...

712 Seek Drug Help at Manchester Fire Stations

According to the Union Leader, Manchester’s Safe Station program welcomed its 700th visitor on November 1, as the program continues to draw attention from substance abuse professionals and first providers across the country. According to the City Director of Emergency Services Christopher Hickey, Safe Station received 150 visits in October, the program’s largest number of visits in a month to date. Hickey said 712 people have visited the Safe Station program in six months, outpacing the 668 suspected opiate-related emergency calls that city firefighters and AMR personnel have responded to over the same time. As of November 1, 81 people have died in the city this year from suspected drug overdoses, according to Hickey’s latest statistics. A total of 668 people have overdosed ; 483 of them were administered Narcan. Last year, 106 people died from drug overdoses in the city. If the 2016 trend continues, the city could see about 10 fewer deaths this year.

Source: <http://www.unionleader.com>

Police Discover Driver’s \$21,000 Pot Stash, Cash

According to the Concord Monitor, a driver stopped for speeding on the Seacoast has been accused of keeping \$21,000 worth of marijuana in his car. The car, driven by 27-year-old Nicholas Leone, of Worcester, Mass., was stopped on I-95 in North Hampton on November 10. A Trooper said he clocked the car traveling 90 mph in a 65 mph zone. The Trooper detected a strong odor of marijuana. Leone said he had some marijuana, which he showed the Trooper, before being taken into custody.

According to WMUR, the state trooper then obtained a search warrant on the car and recovered seven pounds of marijuana, packaging material and \$31,262 in cash. Leone faces charges of possession of a controlled drug, transportation of a controlled drug and possession of a controlled drug with intent to distribute.

Source: *Concord Monitor Print Edition*

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***BERLIN****Tri-County Community Action Programs Inc.**

30 Exchange Street
Berlin, NH 03570

CANNAN**HALO Educational Systems**

44 Roberts Road
Canaan, NH 03741

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**

(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

HAVERHILL**Grafton County House of Corrections**

Dartmouth College Road
Haverhill, NH 03765

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**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

Manchester Alcoholism and Rehabilitation Center

(Intensive Outpatient 18 years and older and Outpatient Services.)
555 Auburn Street
Manchester, NH 03101
Phone: 603-263-6287
Fax: 603-621-4295

National Council on Alcoholism and Drug Dependence—Greater Manchester

101 Manchester St.
Manchester, NH 03101

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

(Outpatient and Intensive Outpatient Services for Adults, Adolescents and Their Families.)
615 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

SOMERSWORTH**Goodwin Community Health Center**

311 NH-108
Somersworth, NH 03878

Phoenix Houses of New England

Locations in: Dublin, Keene, Northfield

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

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