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 #: 2016-2740 *September 2016 Report* *24 October 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

Table of Contents:

Section Title **Page #**

Overview — 2

Opioid Related Emergency Department Visits — 3
Source: NH Division of Public Health Services

Heroin and Rx Opiate Treatment Admissions — 5
Source: NH Bureau of Drug & Alcohol Services

EMS Narcan Administration — 7
Source: NH Bureau of Emergency Medical Services (EMS)

EMS Narcan Administration Map — 9

Drug Overdose Deaths — 10
Source: NH Medical Examiner's Office

Drug Overdose Deaths Map — 11

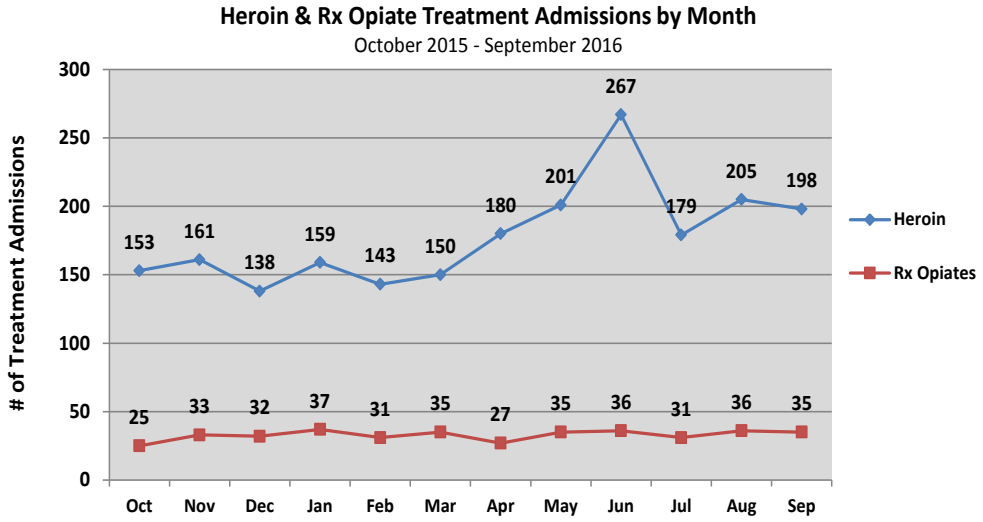
Situational Awareness — 12

Substance Abuse Treatment/Recovery Directory — 13
Source: NH Department of Health & Human Services

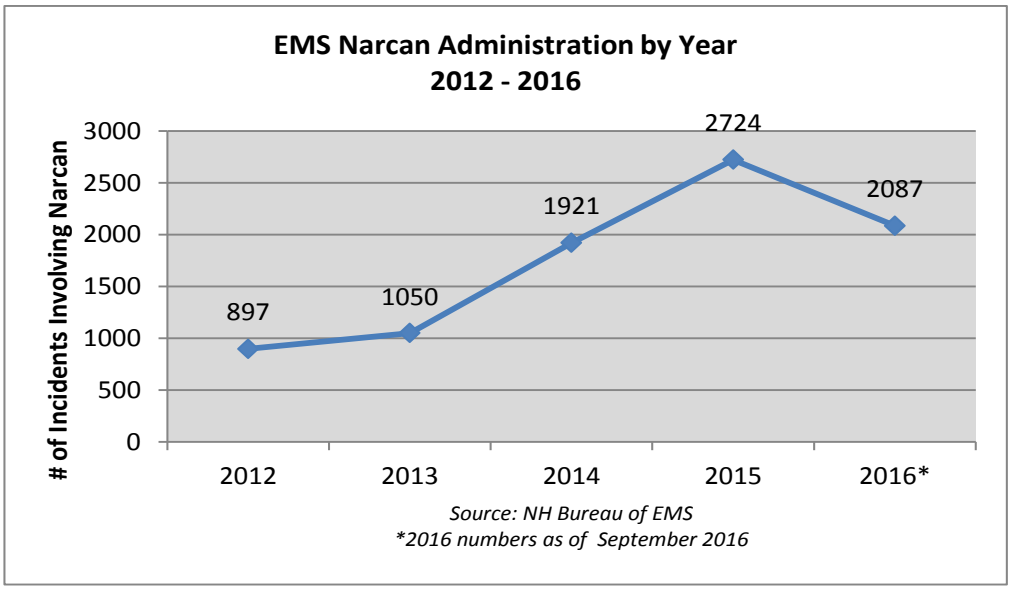
Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:

Annual Trends:
The chart at right (Heroin & Rx Opiate Treatment Admissions by Month October 2015 – September 2016) shows that the largest increase in heroin treatment admissions was from March to June with a 34% increase over three months. The largest decrease was from June to July with a 32% decrease.

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



Source: NH Bureau of Drug & Alcohol Services



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

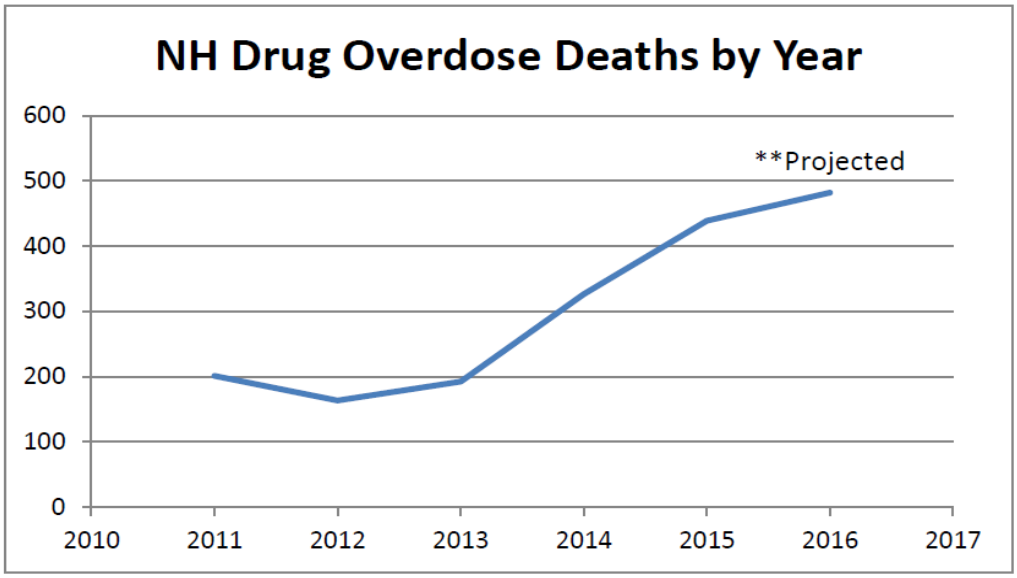
Annual Trends:

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. September 2015 compared to September 2016 there has been a 13% decrease.

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

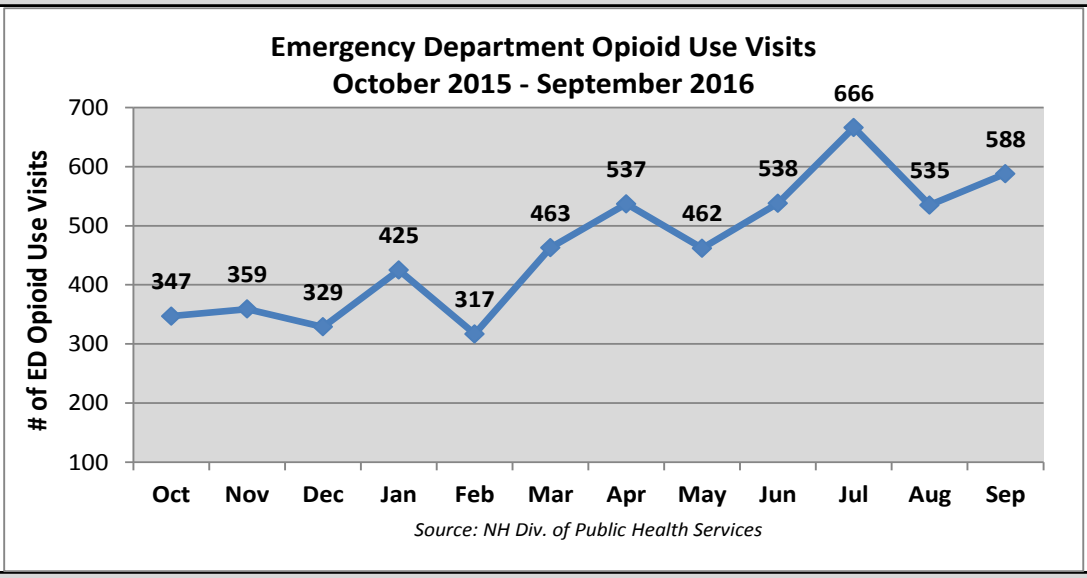


Opioid Related Emergency Department Visits*:

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 October 2015—September 2016) is based on the new query method described above. There was a 10% increase in Opioid ED visits from August to September.

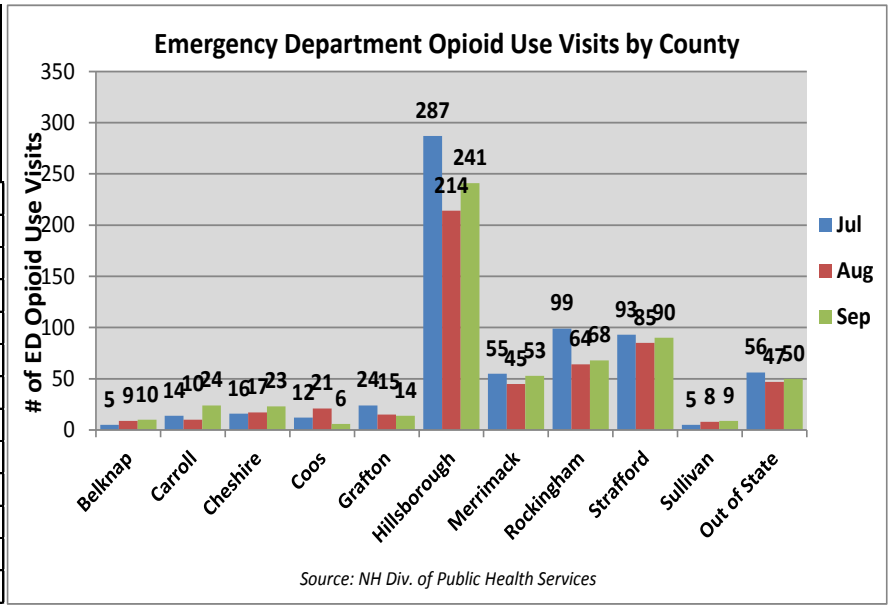


Geographic Trend: The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

Top Counties for September:
1. Hillsborough 2. Strafford

Largest % increase from August to Sept:
1. Carroll

County	Jul	Aug	Sep	% Change
Belknap	5	9	10	11%
Carroll	14	10	24	140%
Cheshire	16	17	23	35%
Coos	12	21	6	-71%
Grafton	24	15	14	-7%
Hillsborough	287	214	241	13%
Merrimack	55	45	53	18%
Rockingham	99	64	68	6%
Strafford	93	85	90	6%
Sullivan	5	8	9	13%
Out of State	56	47	50	6%
TOTAL	**666**	**535**	**588**	**10%**



NOTE: County represents where the opioid use patient resides

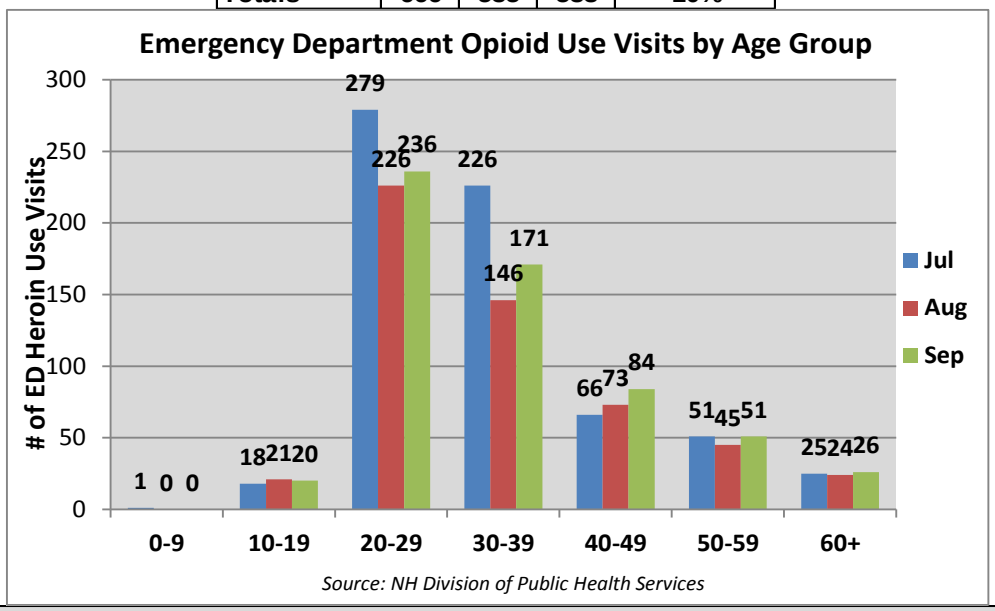
*The source of these data are New Hampshire's Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term "heroin, opioid, opiate, or fentanyl" listed as chief complaint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

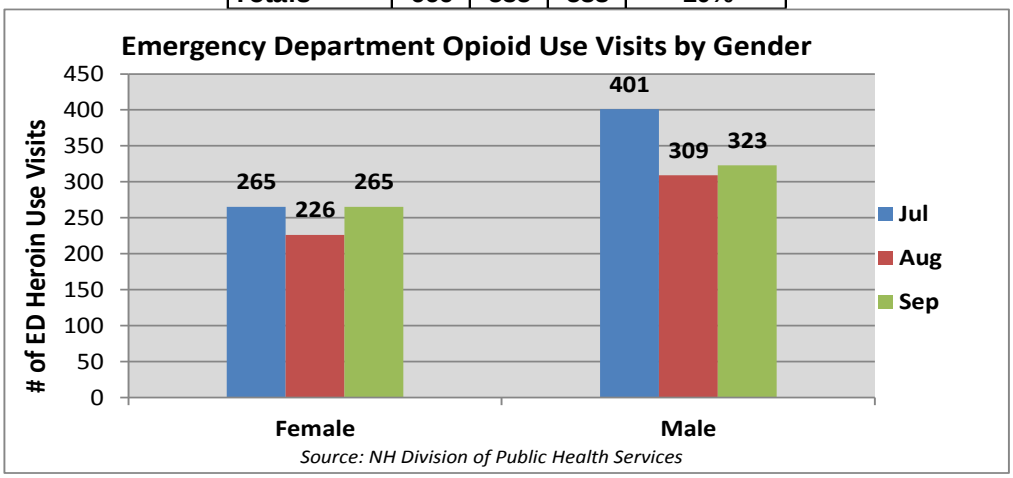
Age Trends: The age group with the largest number of Opioid related emergency department visits for Sept was 20 to 39 years of age. The largest percent decrease from August to Sept was 10-19 years of age with a 5% decrease.

Age	Jul	Aug	Sep	% Change
0-9	1	0	0	Incalculable
10-19	18	21	20	-5%
20-29	279	226	236	4%
30-39	226	146	171	17%
40-49	66	73	84	15%
50-59	51	45	51	13%
60+	25	24	26	8%
Totals	**666**	**535**	**588**	**10%**



Gender Trends: The gender with the largest number of opioid related emergency department visits for September was male. The largest percent increase from August to September was female with a 17% increase. Male opioid related emergency department visits also increased by 5% from August to September.

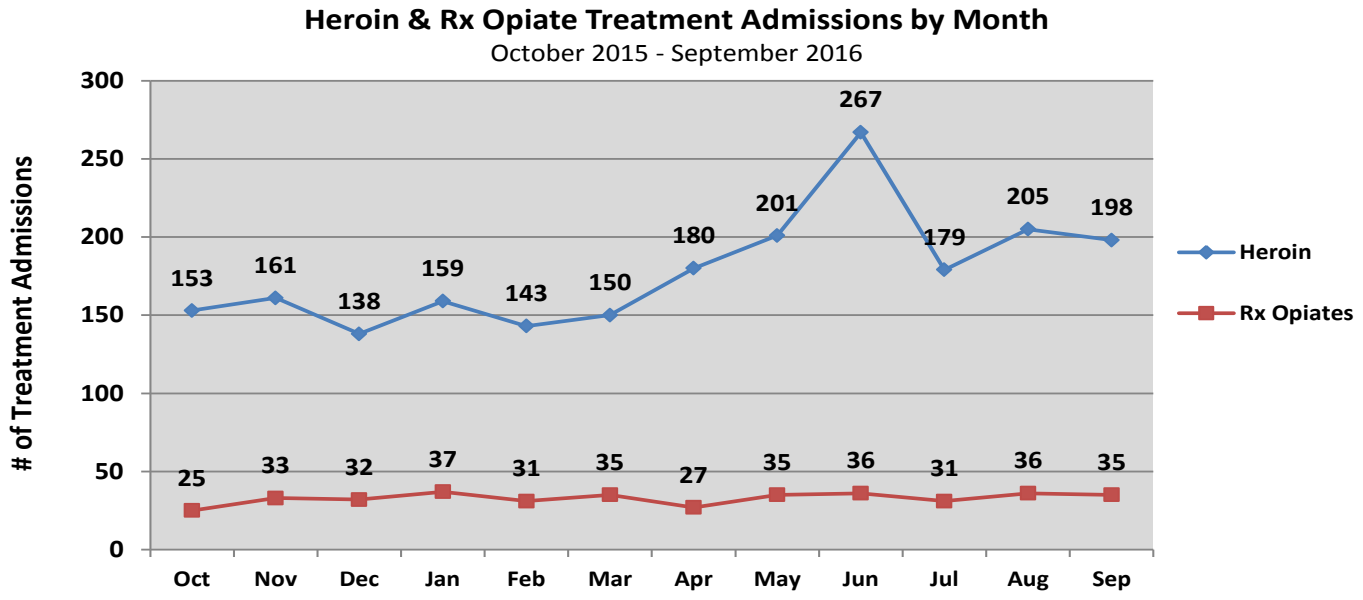
Gender	Jul	Aug	Sep	% Change
Female	265	226	265	17%
Male	401	309	323	5%
Totals	**666**	**535**	**588**	**10%**



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 decreased by 3% from August to September. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions decreased by 5% from August to Sept. **It is unknown what attributed to the large increase in admissions for the month of June. Although, there have been new initiatives put in place to make treatment more available.**

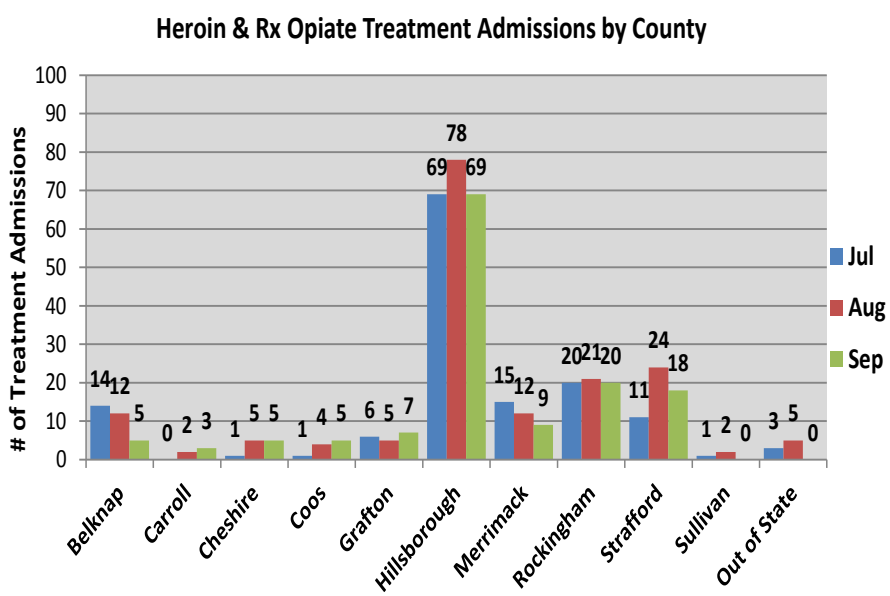


Source: NH Bureau of Drug & Alcohol Services

Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of September was Hillsborough. Sullivan county experienced the largest percent decrease with a decrease of 100% in the number of residents admitted to treatment programs from August to September.

County	Jul	Aug	Sep	% Change
Belknap	14	12	5	-58%
Carroll	0	2	3	50%
Cheshire	1	5	5	0%
Coos	1	4	5	25%
Grafton	6	5	7	40%
Hillsborough	69	78	69	-12%
Merrimack	15	12	9	-25%
Rockingham	20	21	20	-5%
Strafford	11	24	18	-25%
Sullivan	1	2	0	-100%
Out of State	3	5	0	-100%
Not provided	69	71	92	30%
Totals	**210**	**241**	**233**	**-3%**

NOTE: County represents where the patient resides



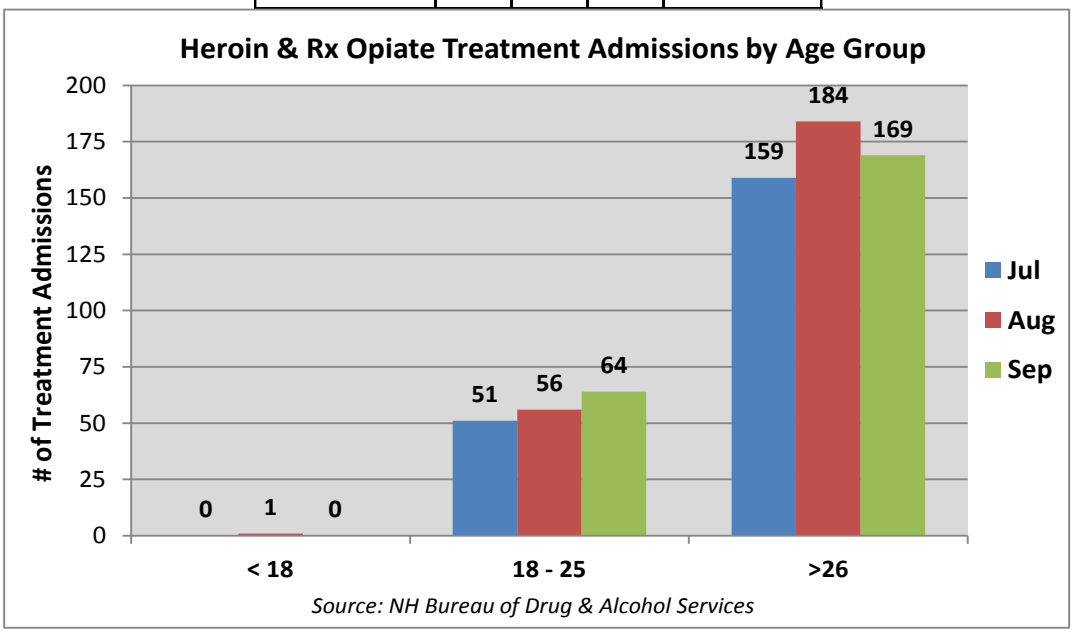
Source: NH Bureau of Drug & Alcohol Services

Heroin & Rx Opiate Treatment Admissions (Continued):

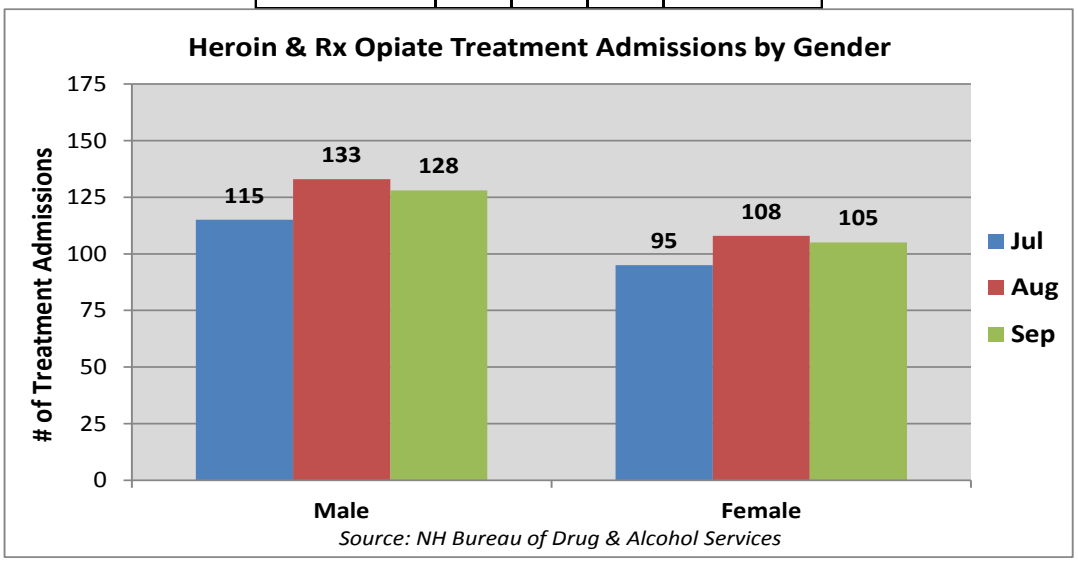
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of July, August and September.

- There were more males than females admitted to treatment programs during the month of September. The number of males admitted to treatment programs decreased by 4% from August to September and the number of females admitted to treatment programs decreased by 3% during the same time period.

Age Group	Jul	Aug	Sep	% Change
< 18	0	1	0	-100%
18 - 25	51	56	64	14%
>26	159	184	169	-8%
Totals	**210**	**241**	**233**	**-3%**



Gender	Jul	Aug	Sep	% Change
Male	115	133	128	-4%
Female	95	108	105	-3%
Totals	**210**	**241**	**233**	**-3%**



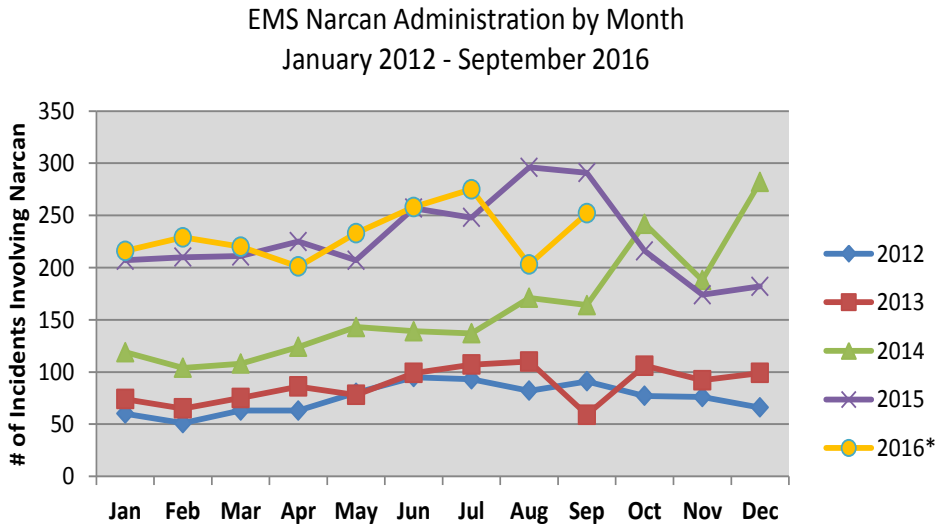
EMS Narcan Administration*:

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

Monthly Trends:

Incidents involving EMS Narcan administration increased by 24% from August 2016 to September 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.)*



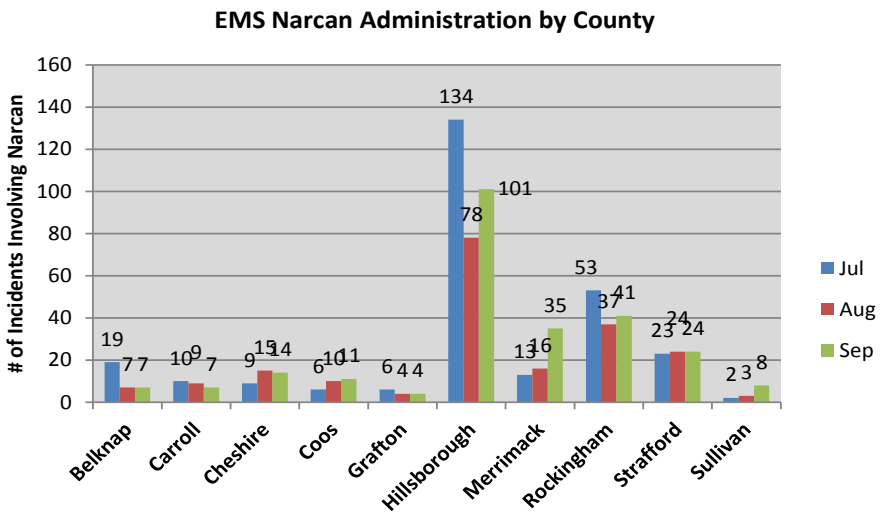
Source: NH Bureau of EMS

**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 July, August and September. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 134, 78 and 101 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between August and September was observed in Sullivan County with a 167% increase. The largest percentage decrease was seen in Carroll County with a 22% decrease.

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

County	Jul	Aug	Sep	% Change
Belknap	19	7	7	0%
Carroll	10	9	7	-22%
Cheshire	9	15	14	-7%
Coos	6	10	11	10%
Grafton	6	4	4	0%
Hillsborough	134	78	101	29%
Merrimack	13	16	35	119%
Rockingham	53	37	41	11%
Strafford	23	24	24	0%
Sullivan	2	3	8	167%
Total	**275**	**203**	**252**	**24%**



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.

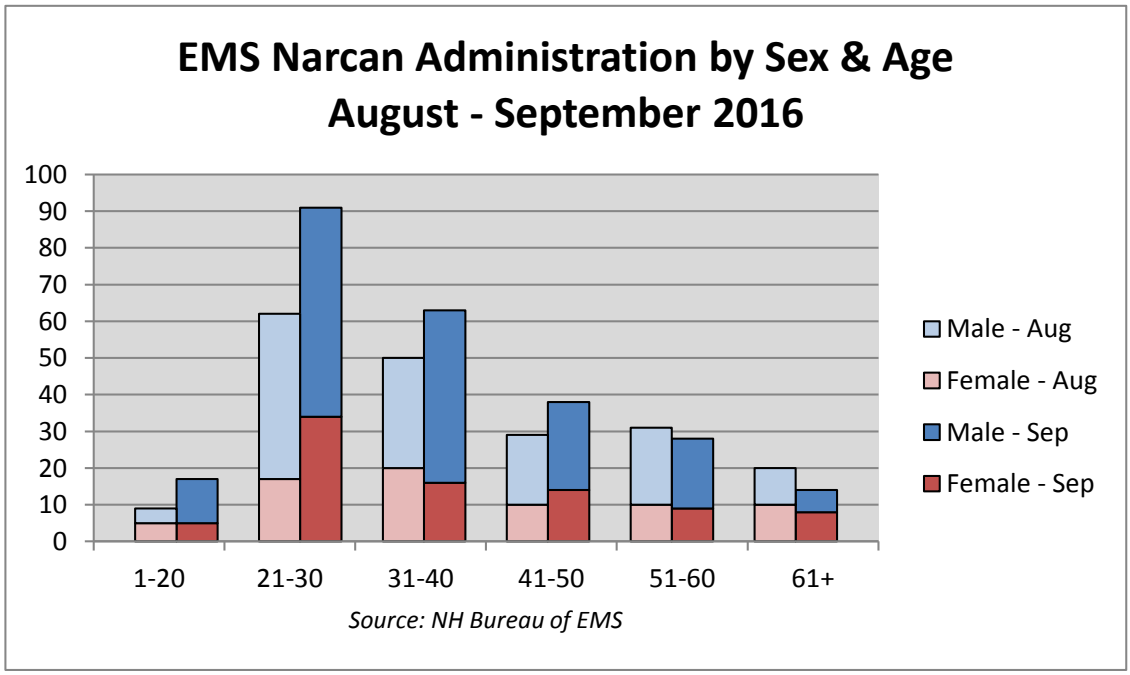
EMS Narcan Administration* (Continued):

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 July, August and September.

- More males than females were administered Narcan during the months of July, August and September. The number of males that were administered Narcan increased by 28% from August to September and the number of females administered Narcan decreased by 19% during the same time period.

	July		August		September	
Age	Male	Female	Male	Female	Male	Female
1-20	8	3	4	5	12	5
21-30	81	34	45	17	57	34
31-40	48	20	30	20	47	16
41-50	23	12	19	10	24	14
51-60	18	9	21	10	19	9
61+	9	10	10	10	6	8
Total	187	88	129	72	165	86



*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
10/1/2015 - 9/30/2016
Data Source: New Hampshire Bureau of EMS

Prepared by:
NH Information & Analysis Center

INDEX

Belknap
1 - Center Harbor

Carroll
2 - Hales Location
3 - Harts Location

Coos
4 - Hadleys Purchase
5 - Beans Grant
6 - Cutts Grant
7 - Sargents Purchase
8 - Pinkhams Grant
9 - Crawfords Purchase
10 - Chandlers Purchase
11 - Low & Burbanks Grant
12 - Thompson & Meserves Purchase
13 - Greens Grant
14 - Martins Location
15 - Ervings Grant
16 - Wentworth Location
17 - Atkinson & Gilmanton Academy Grant

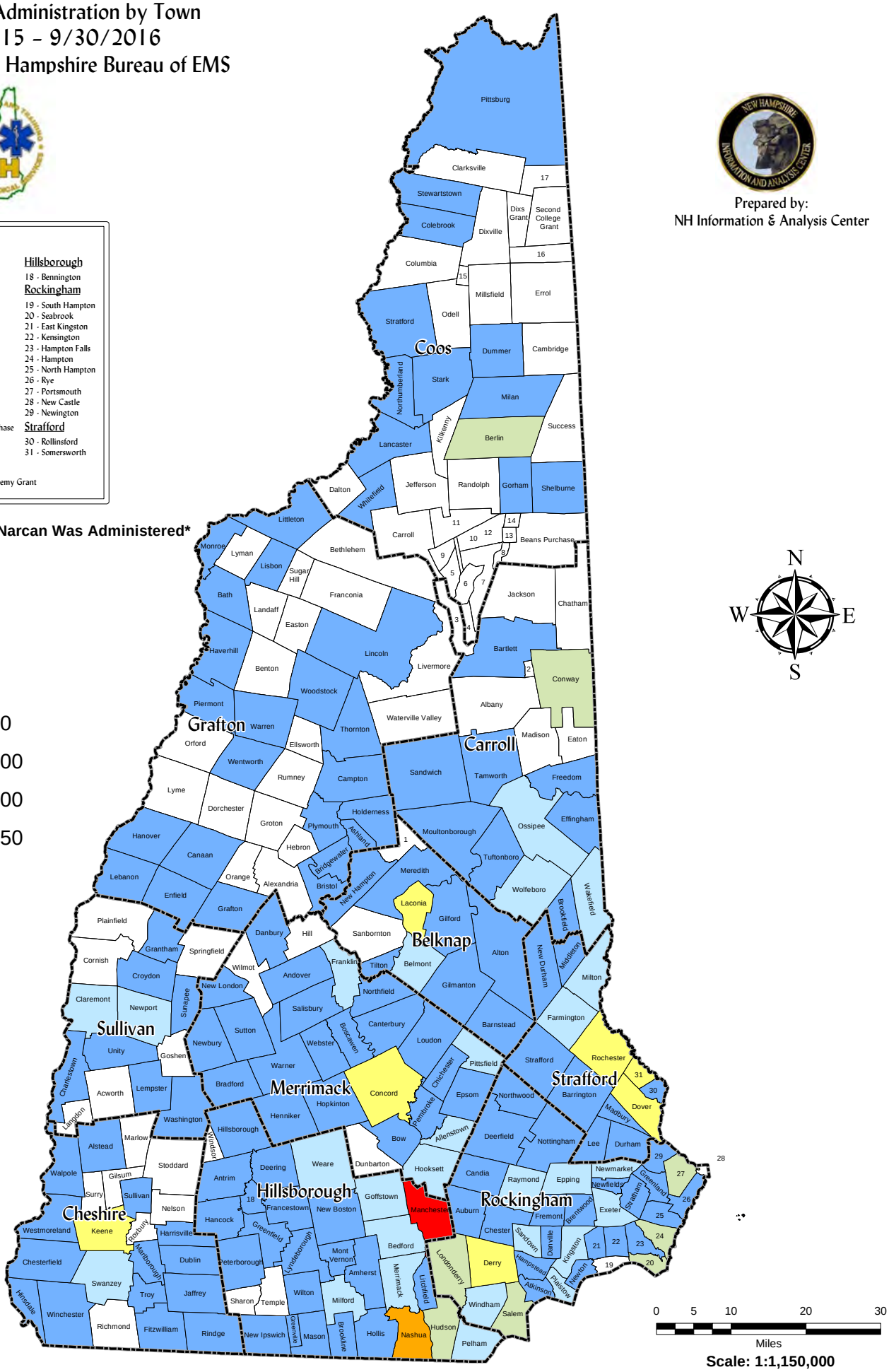
Hillsborough
18 - Bennington

Rockingham
19 - South Hampton
20 - Seabrook
21 - East Kingston
22 - Kensington
23 - Hampton Falls
24 - Hampton
25 - North Hampton
26 - Rye
27 - Portsmouth
28 - New Castle
29 - Newington

Strafford
30 - Rollinsford
31 - Somersworth

Incidents Where Narcan Was Administered

- 0
- 1 - 10
- 11 - 25
- 26 - 50
- 51 - 100
- 101 - 200
- 201 - 500
- 501 - 750



Scale: 1:1,150,000

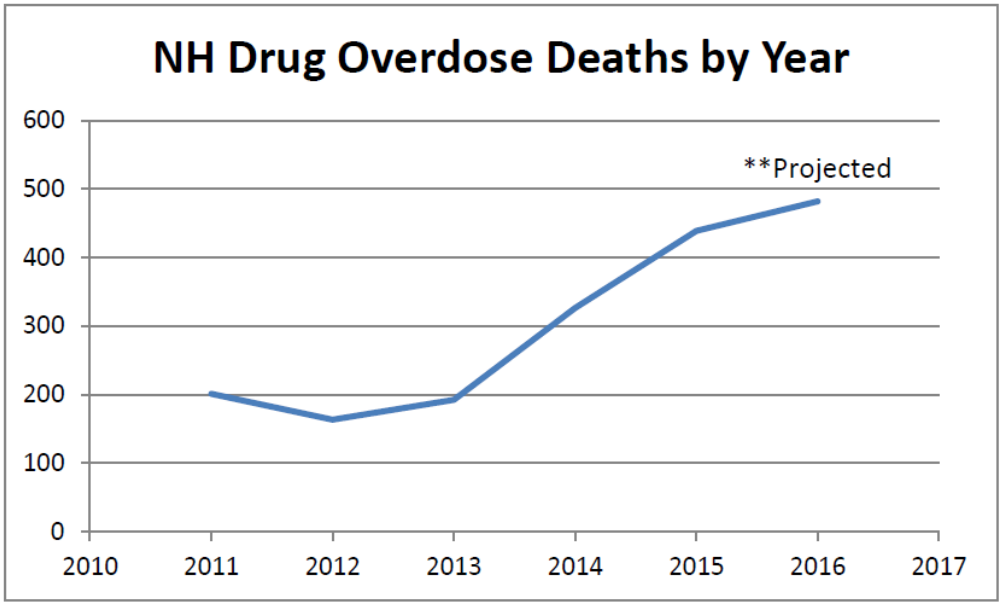
Drug Overdose Deaths:

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 7 October 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*	286	16	202
*numbers reported as of 10/7/16			

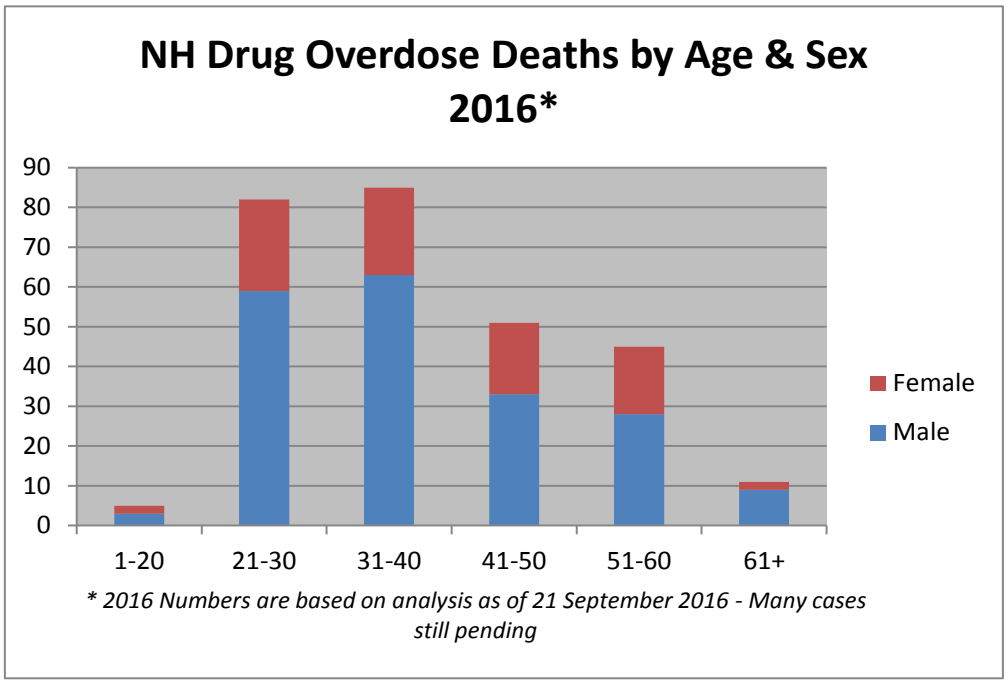


Fentanyl Analogues in NH in 2016:
U-47700—1 Death
Furanyl Fentanyl—1 death
Acetyl Fentanyl—25 deaths

Source: Office of the Chief Medical Examiner

	September 2016	
Age	Male	Female
1-20	3	2
21-30	59	23
31-40	63	22
41-50	33	18
51-60	28	17
61+	9	2
Total	195	84

**2016 Numbers are based on analysis as of 21 October 2016*

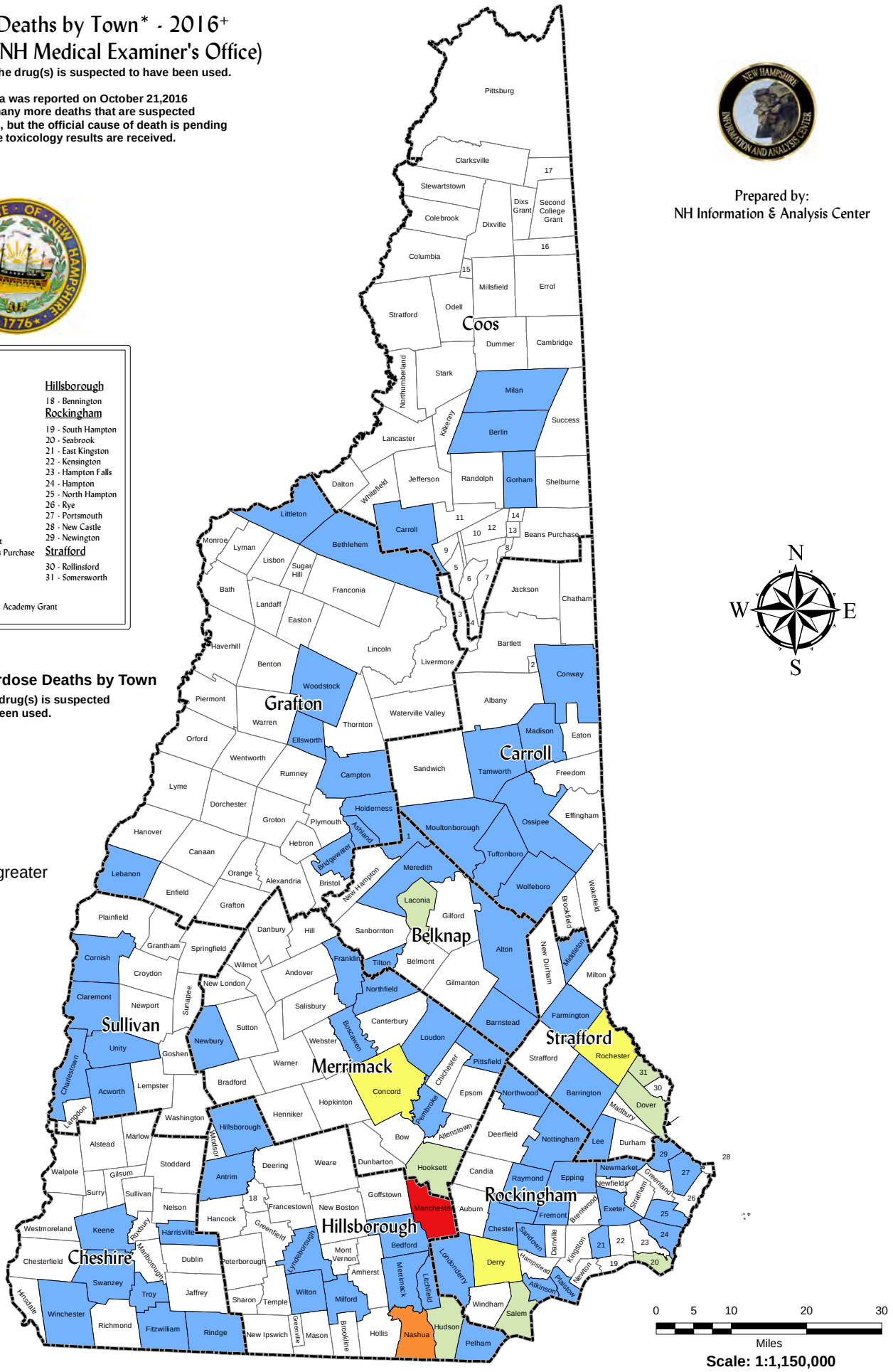


Overdose Deaths by Town* - 2016+
(Data Source: NH Medical Examiner's Office)

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

**+2016 data was reported on October 21,2016
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



INDEX

Belknap
1 - Center Harbor

Carroll
2 - Hales Location
3 - Harts Location

Coos
4 - Hadleys Purchase
5 - Beans Grant
6 - Cutts Grant
7 - Sargents Purchase
8 - Pinkhams Grant
9 - Crawfords Purchase
10 - Chandlers Purchase
11 - Low & Burbanks Grant
12 - Thompson & Meserves Purchase
13 - Greens Grant
14 - Martins Location
15 - Ervings Grant
16 - Wentworth Location
17 - Atkinson & Gilmanton Academy Grant

Hillsborough
18 - Bennington

Rockingham
19 - South Hampton
20 - Seabrook
21 - East Kingston
22 - Kensington
23 - Hampton Falls
24 - Hampton
25 - North Hampton
26 - Rye
27 - Portsmouth
28 - New Castle
29 - Newington

Strafford
30 - Rollinsford
31 - Somersworth

Number of Overdose Deaths by Town

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

- 1 - 4
- 5 - 10
- 11 - 25
- 26 - 50
- 51 and greater

SAFE STATION

As of October, 17 2016

- **Number of requests at MFD for Safe Station:** 616
- **Number of participants transported to Hospitals:** 51
- **Number of participants taken to HOPE in NH:** 347
- **Number of participants taken to Serenity Place:** 214
- **Number of participants seen for ODs prior to seeking SS Help:** 117
- **Average Length of Time MFD Company "Not Available":** 12 minutes
- **Number of UNIQUE participants:** 503
- **Number of REPEAT participants:** 115
- **Age Range of Participants:** 18-69

In the News...

Governor Establishes Committee to Study Drug ODs

According to the Union Leader, on 12 October Maggie Hassan issued an executive order establishing the Drug Overdose Fatality Review Committee to continue to combat the heroin, opioid and fentanyl epidemic and help save lives. The Committee will bring together experts from the public safety, public health, and prevention, treatment and recovery communities to examine data, trends and patterns of overdose-related deaths to inform policy recommendations and to ensure that resources are being allocated as effectively as possible; identify high-risk factors, current practices and gaps in systemic responses; recommend policies, practices and services to exchange collaboration between stakeholders; improve data collection and information-sharing; and provide education about overdose-related fatalities and effective intervention, prevention, treatment and recovery strategies. The number of people dying from dug overdoses has steadily risen since 2014 when 326 overdose deaths were record-ed in NH. Last year, there were 439 drug deaths. *Source: http://www.unionleader.com*

Manchester Man Charged with Making Methamphetamine

According to the Union Leader, on 4 October a Manchester man accused of manufacturing methamphetamine at a boat launch in town was arrested. Derek Winters, 36, now faces two counts of manufacturing methamphetamine, driving while being a habitual offender, driving without giving proof, operating after suspension and operating an unregistered vehicle.

Winters was arrested at the Purgatory Pond boat launch. He was identified as a potential suspect after evidence of methamphetamine manufacturing was found in that area, according to police. Police said they found Winters reportedly manufacturing a pot of methamphetamine at the time of his arrest. They also executed a search warrant on his car and reportedly found a significant amount of evidence linked to the alleged crime. Dunbarton police were assisted by other departments, including Goffstown police and the Drug Enforcement Administration (DEA) Clandestine Lab Enforcement Team. *Source: http://www.unionleader.com*

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.