



New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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NHIAC Product #: 2016-2596

April 2016 Report

20 May 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:

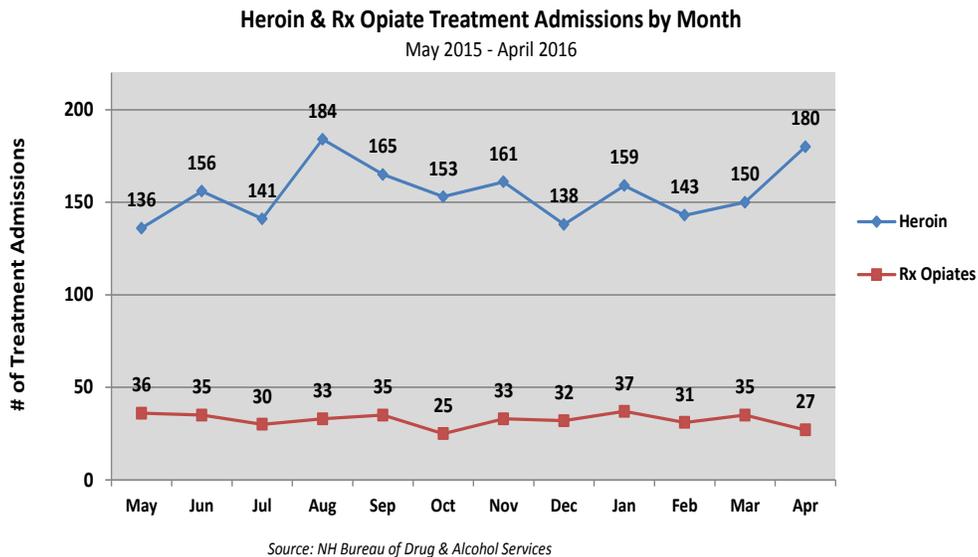
<u>Section Title</u>	<u>Page #</u>
Overview	2
Opioid Related Emergency Department Visits <i>Source: NH Division of Public Health Services</i>	3
Heroin and Rx Opiate Treatment Admissions <i>Source: NH Bureau of Drug & Alcohol Services</i>	5
EMS Narcan Administration <i>Source: NH Bureau of Emergency Medical Services (EMS)</i>	7
EMS Narcan Administration Map	9
Drug Overdose Deaths <i>Source: NH Medical Examiner's Office</i>	10
Drug Overdose Deaths Map	11
Situational Awareness	12
Substance Abuse Treatment/Recovery Directory <i>Source: NH Department of Health & Human Services</i>	13

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

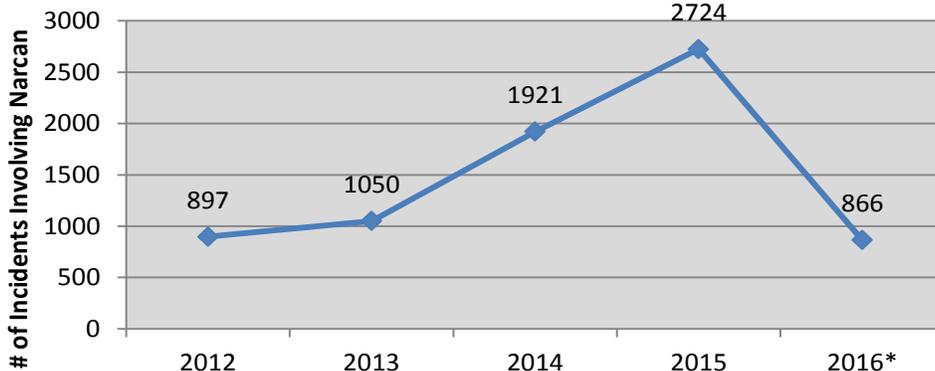
Annual Trends:

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month May 2015-April 2016) shows that the largest increase in heroin treatment admissions was from July 2015 to August 2015 with a 30.5% 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



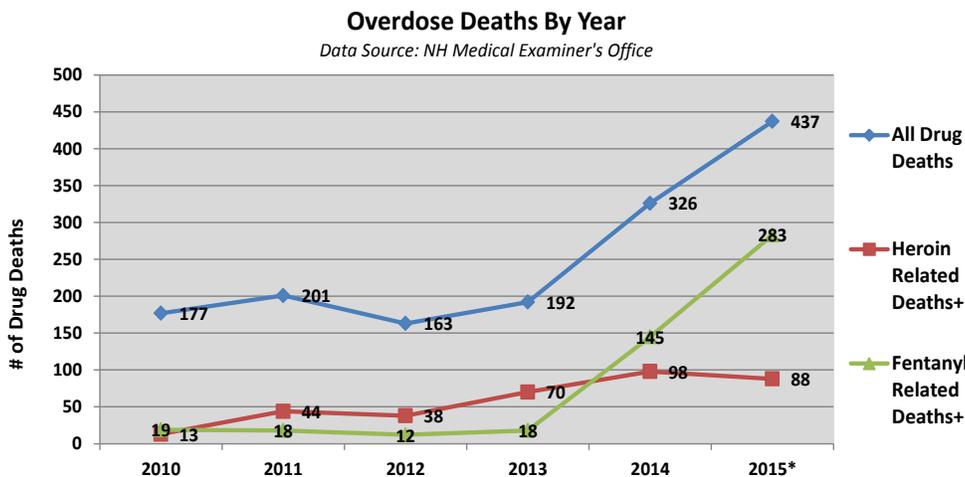
Source: NH Bureau of EMS
*2016 numbers as of April 2016

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. April 2015 compared to April 2016 there has been a 10.6% decrease.

Annual Trends:

The chart at right (Overdose Deaths by Year) shows that from 2013 to 2015 there was a 127.6% 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 2014 there was a 25.7% increase in the number of Heroin related deaths.



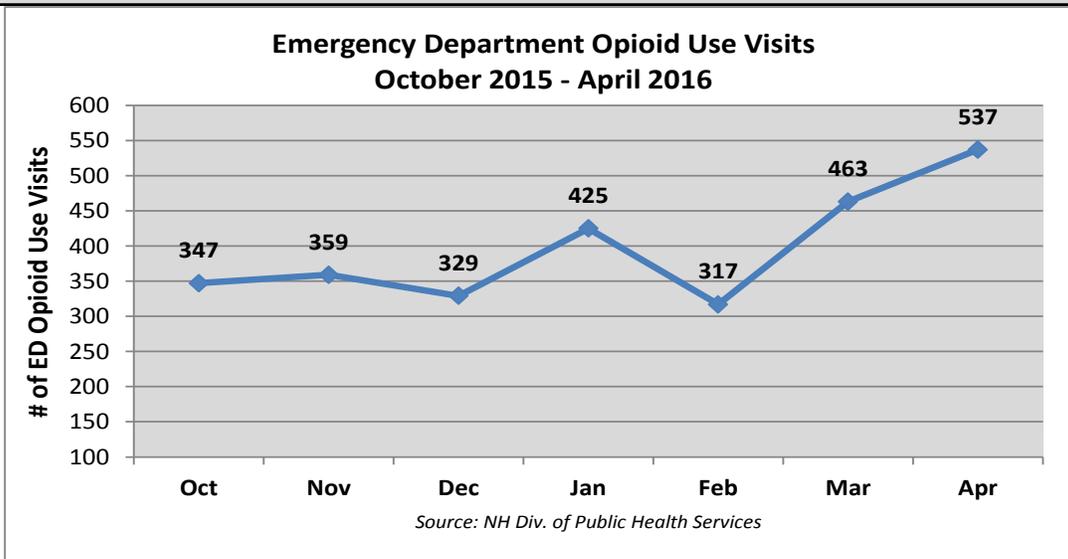
*2015 Numbers are based on analysis completed as of 2 May 2016 - 1 case still pending
+ Heroin & Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs

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—April 2016) is based on the new query method described above. There was a 16% increase in Opioid ED visits from March to April.

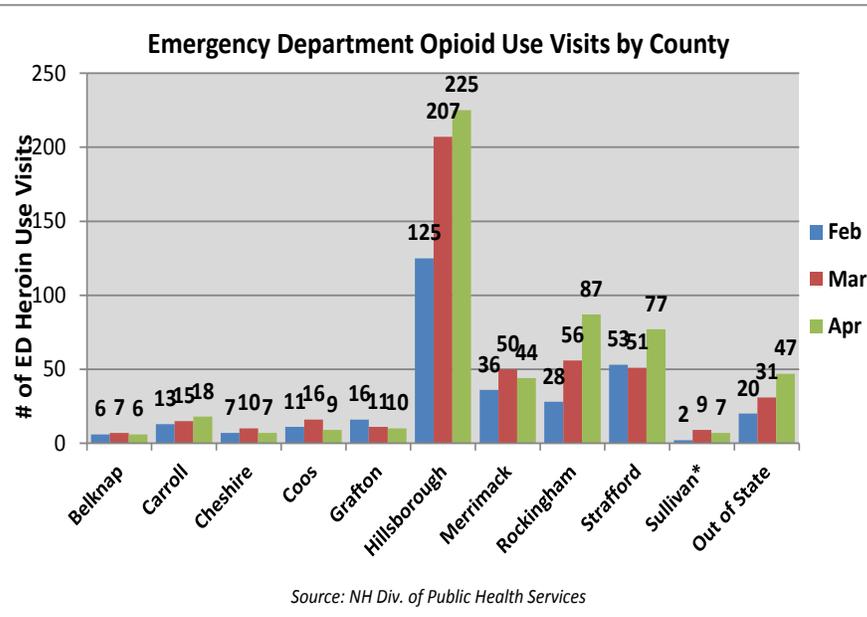


Geographic Trend: The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

Top Counties for April:
1. Hillsborough 2. Rockingham

Largest % Increase from Mar to April:
1. Rockingham

County	Feb	Mar	Apr	% Change
Belknap	6	7	6	-14%
Carroll	13	15	18	20%
Cheshire	7	10	7	-30%
Coos	11	16	9	-44%
Grafton	16	11	10	-9%
Hillsborough	125	207	225	9%
Merrimack	36	50	44	-12%
Rockingham	28	56	87	55%
Strafford	53	51	77	51%
Sullivan*	2	9	7	-22%
Out of State	20	31	47	52%
TOTAL	317	463	537	16%



NOTE: County represents where the opioid use patient resides

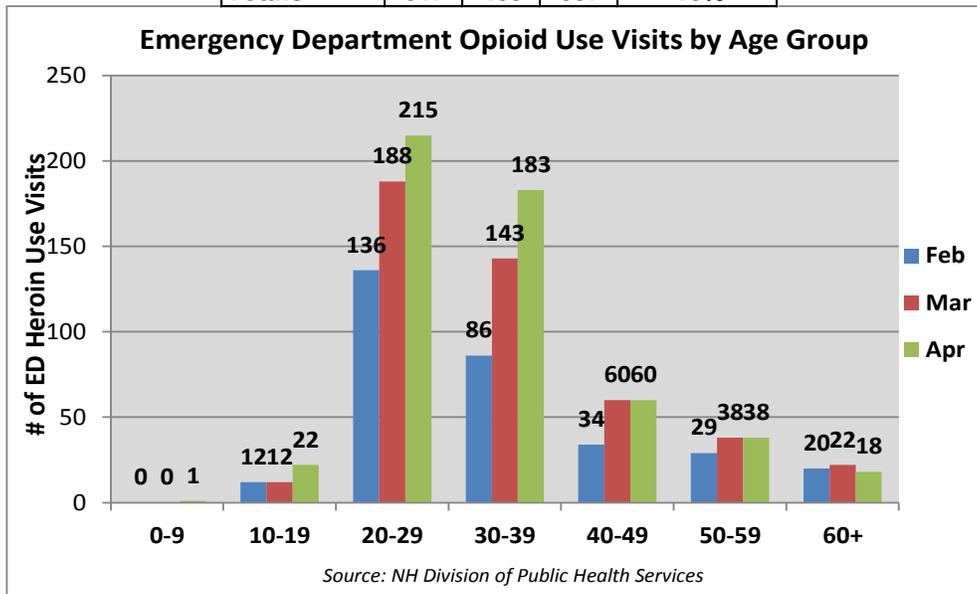
*The source of these data are New Hampshire’s Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term “heroin, opioid, opiate, or fentanyl” listed as chief complaint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

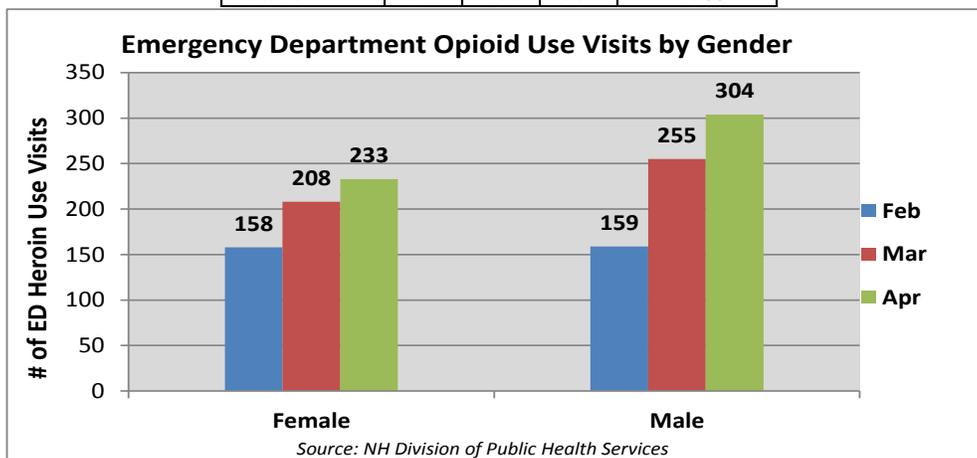
Age Trends: The age group with the largest number of Opioid related emergency department visits for April was 20 to 29 years of age. The largest percent increase from March to April was 10-19 years of age with a 83% increase.

Age	Feb	Mar	Apr	% Change
0-9	0	0	1	Incalculable
10-19	12	12	22	83%
20-29	136	188	215	14%
30-39	86	143	183	28%
40-49	34	60	60	0%
50-59	29	38	38	0%
60+	20	22	18	-18%
Totals	317	463	537	16%



Gender Trends: The gender with the largest number of Opioid related emergency department visits for April was male. The largest percent increase from March to April was male with a 19% increase. Female Opioid related emergency department visits increased by 12% from March to April.

Gender	Feb	Mar	Apr	% Change
Female	158	208	233	12%
Male	159	255	304	19%
Totals	317	463	537	16%



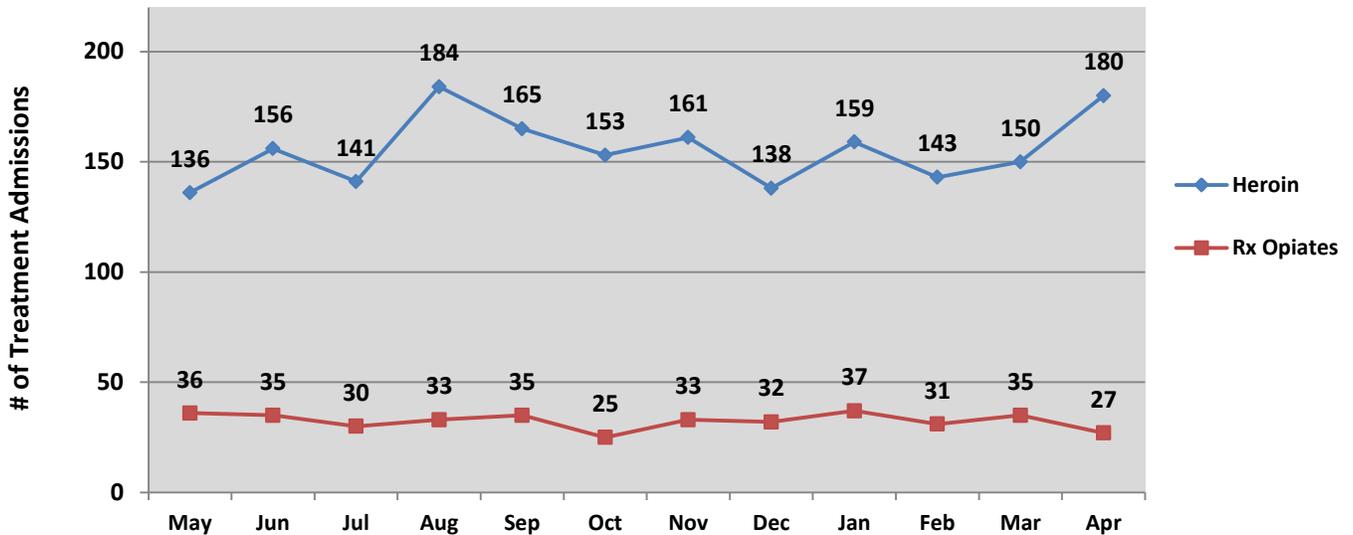
Heroin & Rx Opiate Treatment Admissions:

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 decreased by 22% from March to April. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions increased by 12% from March to April.

Heroin & Rx Opiate Treatment Admissions by Month

May 2015 - April 2016

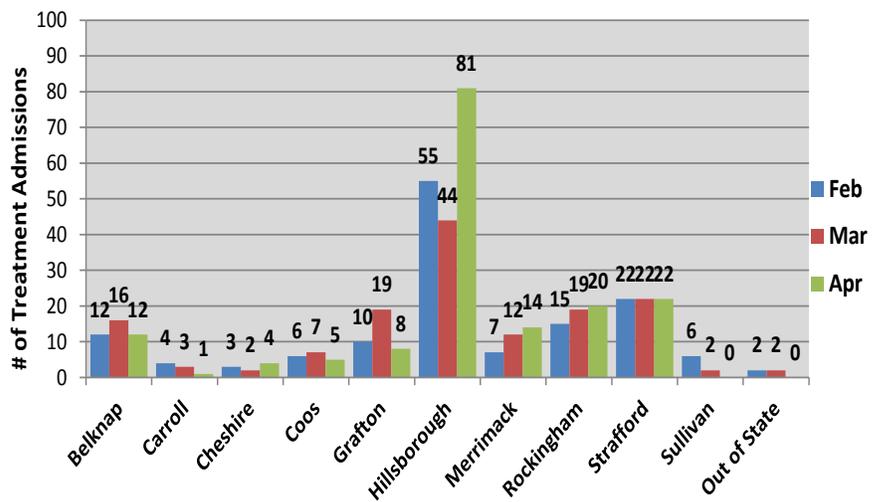


Source: NH Bureau of Drug & Alcohol Services

Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of April was Hillsborough. Cheshire county experienced the largest percent increase with an increase of 100% in the number of residents admitted to treatment programs from March to April.

County	Feb	Mar	Apr	% Change
Belknap	12	16	12	-25%
Carroll	4	3	1	-67%
Cheshire	3	2	4	100%
Coos	6	7	5	-29%
Grafton	10	19	8	-58%
Hillsborough	55	44	81	84%
Merrimack	7	12	14	17%
Rockingham	15	19	20	5%
Strafford	22	22	22	0%
Sullivan	6	2	0	-100%
Out of State	2	2	0	-100%
Not provided	32	37	40	8%
Totals	174	185	207	12%

Heroin & Rx Opiate Treatment Admissions by County



Source: NH Bureau of Drug & Alcohol Services

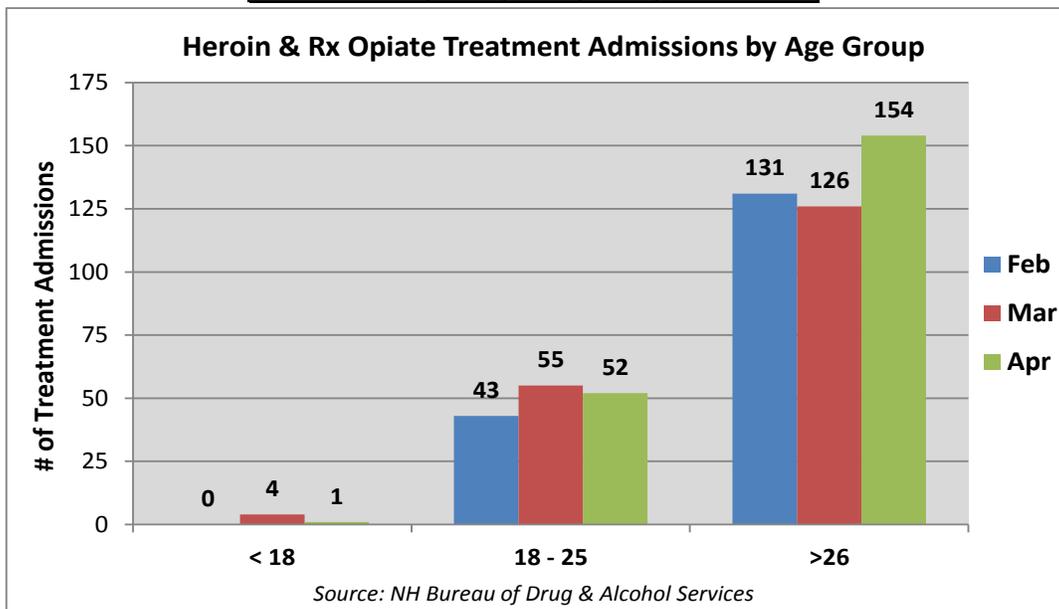
NOTE: County represents where the patient resides

Heroin & Rx Opiate Treatment Admissions (Continued):

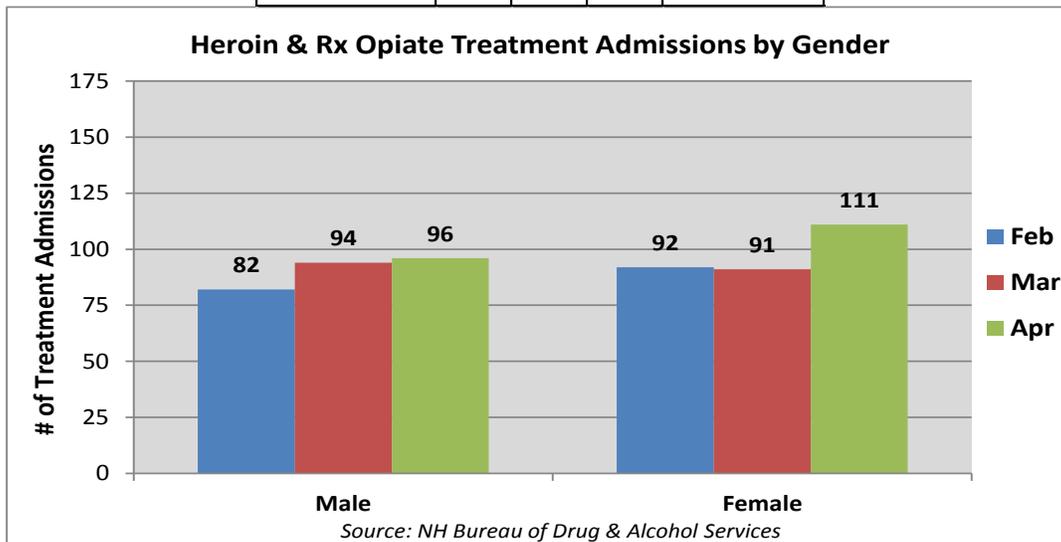
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of February, March, and April.

- There were more females than males admitted to treatment programs during the month of April. The number of males admitted to treatment programs increased by 2% from March to April and the number of females admitted to treatment programs increased by 22% during the same time period.

Age Group	Feb	Mar	Apr	% Change
< 18	0	4	1	-75%
18 - 25	43	55	52	-5%
>26	131	126	154	22%
Totals	174	185	207	12%



Gender	Feb	Mar	Apr	% Change
Male	82	94	96	2%
Female	92	91	111	22%
Totals	174	185	207	12%



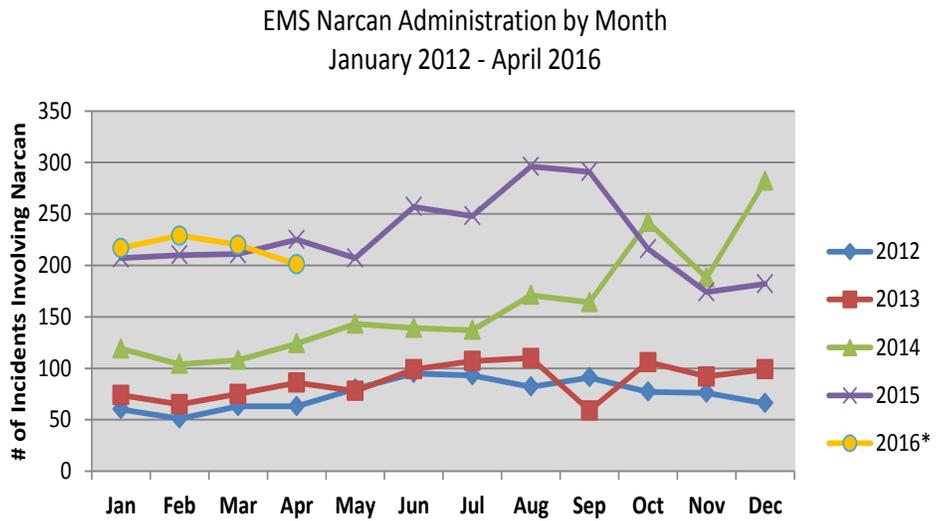
EMS Narcan Administration*:

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

Monthly Trends:

Incidents involving EMS Narcan administration decreased by 9% from March 2016 to April.

(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.)

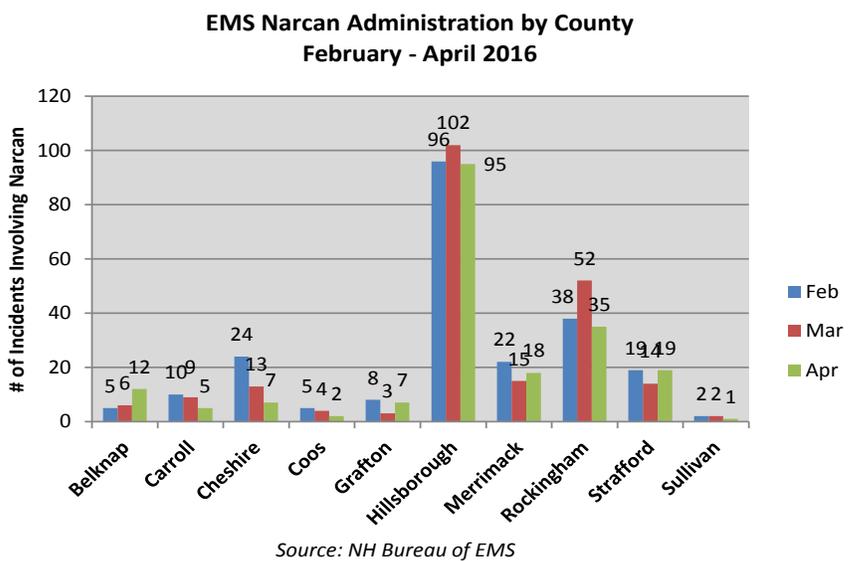


Source: NH Bureau of EMS
*2016 Numbers are based on analysis completed as of April, 2016

Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of February, March, and April. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 96, 102, and 95 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between March and April was observed in Grafton County at 133%.

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

County	Feb	Mar	Apr	% Change
Belknap	5	6	12	100%
Carroll	10	9	5	-44%
Cheshire	24	13	7	-46%
Coos	5	4	2	-50%
Grafton	8	3	7	133%
Hillsborough	96	102	95	-7%
Merrimack	22	15	18	20%
Rockingham	38	52	35	-33%
Strafford	19	14	19	36%
Sullivan	2	2	1	-50%
Total	229	220	201	-9%



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.

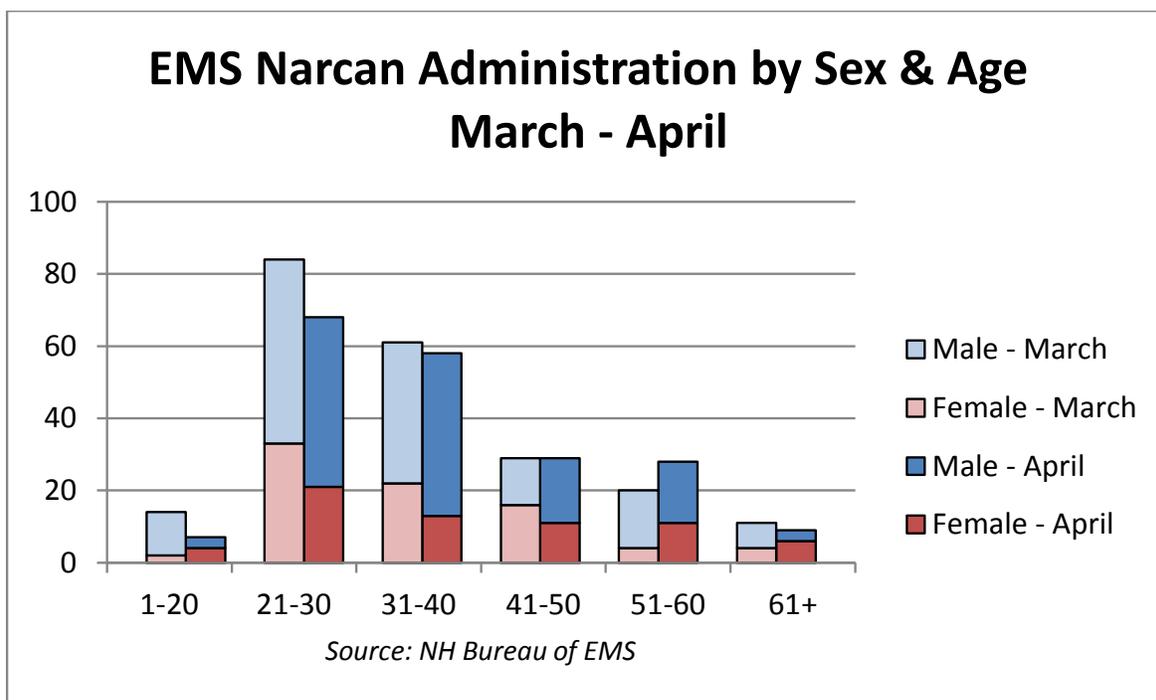
EMS Narcan Administration* (Continued):

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 February, March, and April.

- More males than females were administered Narcan during the months of February, March, and April. The number of males that were administered Narcan decreased by 3.6% from March to April and the number of females administered Narcan decreased by 18.5% during the same time period.

Age	February		March		April	
	Female	Male	Female	Male	Female	Male
1-20	3	11	2	12	4	3
21-30	33	48	33	51	21	47
31-40	20	31	22	39	13	45
41-50	16	24	16	13	11	18
51-60	8	20	4	16	11	17
61+	2	12	4	7	6	3
Total	82	146	81	138	66	133



*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

5/1/2015 - 4/30/2016

Data source: New Hampshire Bureau of EMS

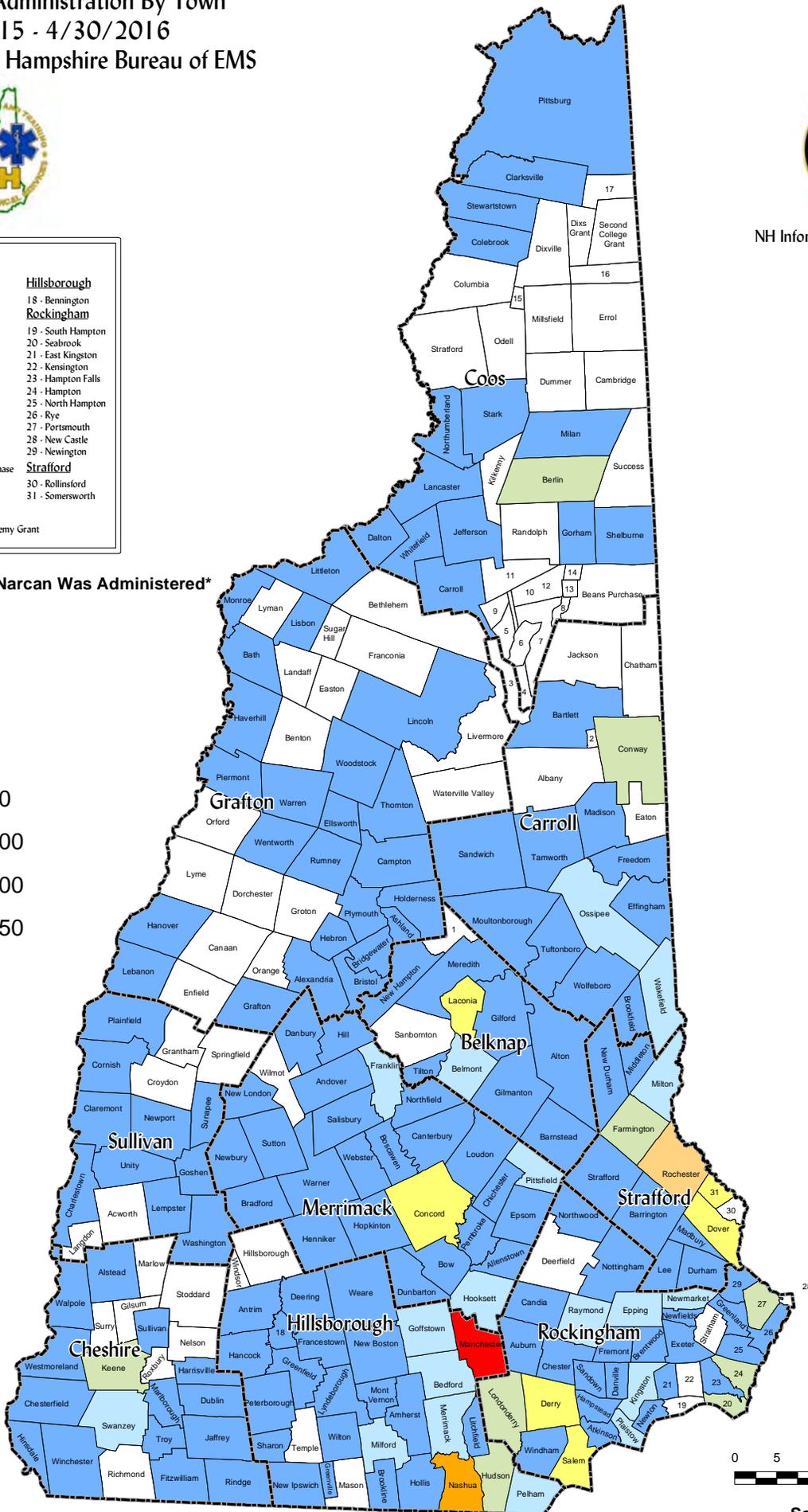
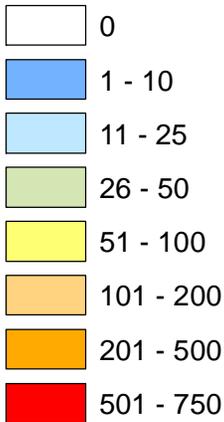


Prepared by:
NH Information & Analysis Center

INDEX

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:

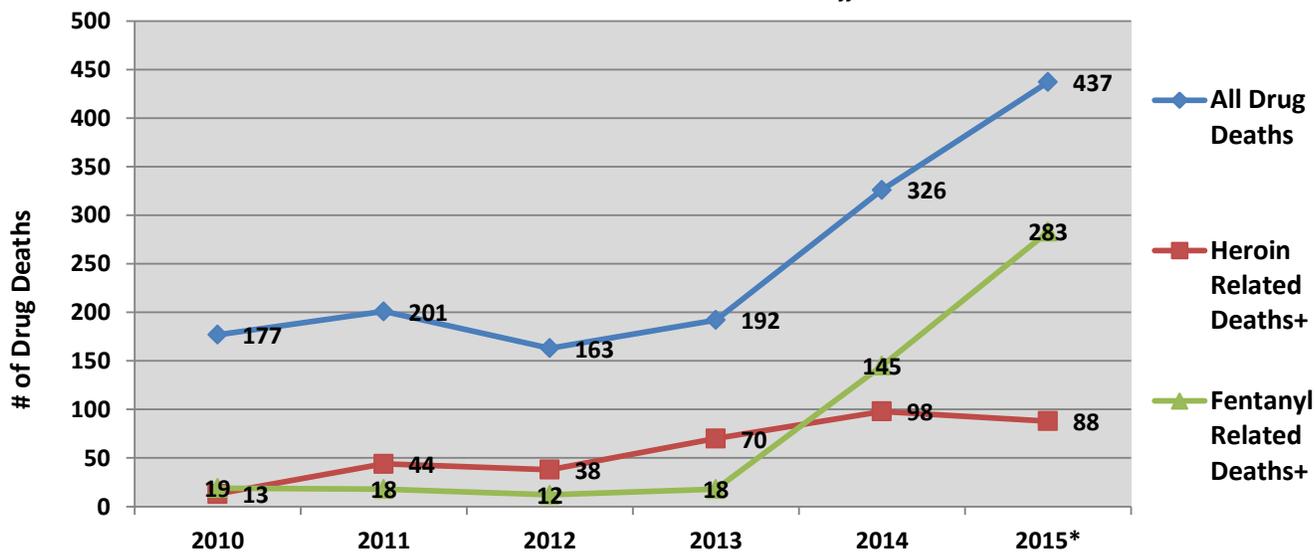
Data Source: NH Medical Examiner's Office

Annual Trends: The chart below displays overdose deaths annually from 2010 through 2015. 2015 totals are based on analysis completed as of 2 May 2016. **One case is still pending analysis and therefore these numbers are subject to change.** The total number of drug related deaths is represented as well as deaths related to Heroin and/or Fentanyl.+ There are 72 cases from 2016 that are “pending toxicology”, and there are 82 confirmed drug deaths in 2016. **Please see page 11 for a map of 2015 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.

Overdose Deaths By Year

Data Source: NH Medical Examiner's Office

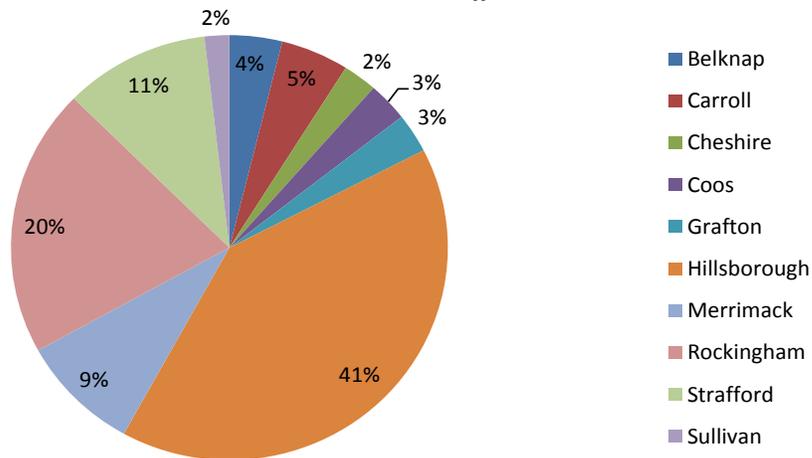


*2015 Numbers are based on analysis completed as of 2 May 2016 - 1 case still pending
 + Heroin & Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs

County	2015*
Belknap	17
Carroll	22
Cheshire	11
Coos	13
Grafton	13
Hillsborough	177
Merrimack	39
Rockingham	89
Strafford	47
Sullivan	8
Total	436

All Drug Deaths 2015*

Source: NH Medical Examiner's Office



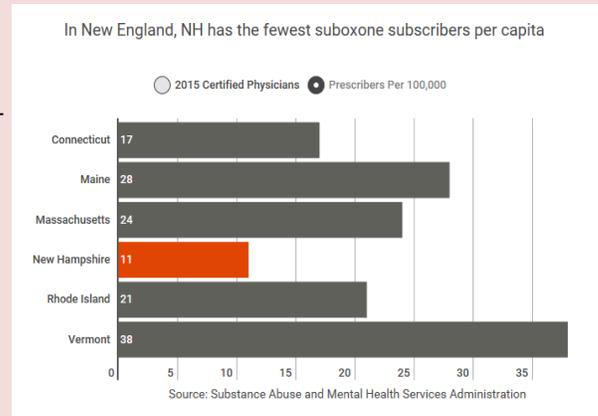
* Location where drugs are suspected to have been ingested, not where death occurred

*Detailed data was not available for 1 of the confirmed drug deaths for 2015.

Situational Awareness:

NHPR: Primary-Care Doctors are Slow to Treat Addiction

According to NHPR, unlike methadone, which can only be dispensed at specialized clinics, Suboxone can be prescribed by any licensed physician. Even as the opioid abuse in New Hampshire has become an epidemic, relatively few physicians in the state are prescribing Suboxone. An NHPR analysis of available data found, an estimated 10,000 people in New Hampshire who might benefit from the treatment have no way to legally obtain it. New Hampshire providers are some of the nation's most prolific prescribers of highly addictive painkillers driving the state's drug crisis. Over three-month period in late 2015, patients filled nearly 200,000 prescriptions for oxycodone and other opioids, totaling some 12 million doses—or more than 9 doses for every man, woman and child in New Hampshire.



In the News...

Nashua Police Arrest Alleged Methamphetamine Distributor

According to The Telegraph, a motor vehicle stop by a police officer, who was patrolling the area of Fireside Inn on St. Laurent Street about three weeks ago, led to the arrest of a Merrimack man on various drug-related charges, police said. At the time of the stop the driver, Donald E. Jennings, was having difficulty forming sentences, and “appeared overly nervous and was stumbling over his words”. Based on evidence and observations made by the officer he asked for permission to search the vehicle but was denied. A narcotics-sniffing police dog signaled to the presence of narcotics. The officer seized the vehicle and upon a search found methamphetamines, heroin and fentanyl. Jennings, 30, was arraigned on May 2 for possession of methamphetamine, possession of fentanyl, possession of heroin, and possession of methamphetamine with intent to distribute, all felony offenses. A review of Jennings’s criminal record showed that he was convicted of drug-related offenses in 2013 in South Carolina.

Manchester Opens Firehouse Doors to Drug Addicts

According to The Eagle-Tribune, Manchester is opening its firehouse doors to drug addicts in a program that allows them to seek treatment in an effort to avert overdoses. Manchester Mayor Ted Gatsas said May 4, that he hopes it can be a model for other cities on the front lines of the state’s opioid crisis. The program will allow addicts to visit any of ten firehouses that are open around-the-clock. Addicts will then be put in touch with experts who can help them with treatment options. Gatsas and several city officials said the program could cut down on overdoses, since addicts might not be aware of all their options when it comes to getting off drugs. “Our mission is to provide an integrated emergency response to any situation that threatens the life, safety and the well-being of an individual,” Manchester Fire Chief Dan Goonan said. “We treat this epidemic as we would any emergency that threatens the life of someone in our city.” The U.S. Centers for Disease Control and Prevention reports heroin overdose death rates more than tripled since 2010. New Hampshire has been one of the hardest hit states. It has seen sharp increase in overdose deaths, going from 201 in 2011 to 437 last year.

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](#).