**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.

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### Drug Environment Report—UNCLASSIFIED

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<th>Page #</th>
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Previous versions of the Drug Environment Report can be found at: [https://www.dhhs.nh.gov/dcbcs/tdas/data.htm](https://www.dhhs.nh.gov/dcbcs/tdas/data.htm)


⇒ Year/month overview charts are based on annual estimates from the above website. County charts are based on a 2016 estimated population of each county.

⇒ If your agency is looking for further breakdowns than what is in this document please contact the NHIAC.
Overview: Trends for Narcan, ED Visits, Treatment Admissions, and Overdose Deaths:

EMS Narcan Administration, Opioid Related ED Visits, and Treatment Admissions per 100,000 Population
May 2017 - April 2018

Source: NH Division of Public Health Services, NH Bureau of Drug & Alcohol Services, and NH Bureau of EMS

Drug Overdose Deaths By Year
Data Source: NH Medical Examiner's Office

* 2017 Numbers are based on analysis as of 18 April 2018 - 6 Cases Pending
Drug Overdose Deaths:
Data Source: NH Medical Examiner’s Office

Trends:
- At this time, there are 40 confirmed drug overdoses and 86 cases pending toxicology for 2018.
- In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 3.81 deaths per 10,000 population.
- Belknap County had the next highest suspected drug use resulting in overdose deaths per capita at 3.48 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 which represents 27% of all overdose deaths for 2017.
- As released by the Attorney General’s Office, there have been 12 deaths related to the use of carfentanil in 2017.

*** IMPORTANT DATA NOTES***
- 2017 and 2018 Total numbers are based on analysis as of 18 April, 2018.
- There are currently 6 cases “pending toxicology” for 2017.
- Analysis is based on county where the drug (s) is suspected to have been used.

Overdose Deaths by Age 2017*
Data Source: NH Medical Examiner’s Office

Overdose Deaths by Year per 100,000 Population
Data Source: NH Medical Examiner’s Office

Overdose Deaths by County per 10,000 Population
Data Source: NH Medical Examiner’s Office

* 2017 Projected numbers are based on analysis as of 18 April 2018 - 6 cases pending
* 2017 Numbers are based on analysis as of 20 April 2018 - 6 cases still pending

+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

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UNCLASSIFIED

NH Drug Monitoring Initiative

Drug Environment Report—UNCLASSIFIED

Right click on the paperclip and select “Open File” to view additional data.
Drug Overdose Deaths (Continued):

Data Source: NH Medical Examiner’s Office

Fentanyl Combinations (Top 10)

<table>
<thead>
<tr>
<th>Combination</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td>197</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Fentanyl</td>
<td>43</td>
</tr>
<tr>
<td>Cocaine; Fentanyl</td>
<td>16</td>
</tr>
<tr>
<td>Fentanyl; Heroin</td>
<td>11</td>
</tr>
<tr>
<td>Carfentanil; Fentanyl</td>
<td>5</td>
</tr>
<tr>
<td>Fentanyl; Methamphetamine</td>
<td>5</td>
</tr>
<tr>
<td>Clonazepam; Cocaine; Fentanyl</td>
<td>3</td>
</tr>
<tr>
<td>Acetyl Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Alprazolam; Fentanyl</td>
<td>2</td>
</tr>
</tbody>
</table>

Cocaine Combinations (Top 10)

<table>
<thead>
<tr>
<th>Combination</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine; Fentanyl</td>
<td>16</td>
</tr>
<tr>
<td>Cocaine</td>
<td>8</td>
</tr>
<tr>
<td>Clonazepam; Cocaine; Fentanyl</td>
<td>3</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Alprazolam; Amitriptyline; Cocaine; Fentanyl; Oxydone</td>
<td>1</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Amphetamines; Cocaine; Fentanyl; Methamphetametine</td>
<td>1</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl</td>
<td>1</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl; Morphine</td>
<td>1</td>
</tr>
</tbody>
</table>

*2017 Numbers are based on analysis as of 20 April, 2018
Source: NH Medical Examiner’s Office
Overdose Deaths by Town* - 2017 +
(Data Source: NH Medical Examiner’s Office)
*Location where the drug(s) is suspected to have been used.

+2017 data was reported on April 20, 2018 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. 6 cases pending
EMS Narcan Administration:
Data Source: NH Bureau of Emergency Medical Services (EMS)

Trends:
- EMS Narcan administration incidents decreased by 5% from March to April.
- In April Hillsborough County had the most EMS Narcan administration incidents per capita with 2.00 incidents per 10,000 population.
- Coos had the second highest EMS Narcan administration incidents per capita with 1.80 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 20-29 which represents 34% of all EMS Narcan administration incidents for April.
- NH Bureau of EMS Percentage of “lives saved” increased by 1% from March to April.

*** IMPORTANT DATA NOTES***
- 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.
- 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.

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April EMS Narcan Administration by Age Group

Source: NH Bureau of EMS
EMS Narcan Administration (Continued):

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

EMS Narcan Administration—Lives Saved

Source: NH Bureau of EMS

<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>May</td>
<td>Jun</td>
</tr>
<tr>
<td>RODS Score of 8+</td>
<td>86</td>
</tr>
<tr>
<td>No Improvement RODS Score of 0</td>
<td>84</td>
</tr>
<tr>
<td>Some Improvement RODS Score 1-7</td>
<td>26</td>
</tr>
<tr>
<td>Negative Improvement Negative RODS Score</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
</tr>
</tbody>
</table>

RODS, or Revised Over Dose Score is based on the combined delta of documented respiratory rate (RR) and Glasgow Coma Score (GCS - measure of alertness) before and after Narcan administration. For example, RR improved from 6/min to 12/min (delta of 6) and GCS improved from 10 to 13 (delta of 3), the RODS score would be 9. The delta of the vital signs is calculated per incident, so the patient may have received more than one dose of Narcan to achieve the effect in the RODS.

EMS Narcan Administration by County per 10,000 Population

Source: NH Bureau of EMS

Belknap | Carroll | Cheshire | Coos | Grafton | Hillsborough | Merrimack | Rockingham | Strafford | Sullivan |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.13</td>
<td>1.97</td>
<td>1.65</td>
<td>1.55</td>
<td>1.42</td>
<td>1.80</td>
<td>1.45</td>
<td>0.56</td>
<td>2.34</td>
<td>1.49</td>
</tr>
<tr>
<td>0.84</td>
<td>0.42</td>
<td>1.17</td>
<td>1.20</td>
<td>0.60</td>
<td>0.33</td>
<td>0.93</td>
<td>0.33</td>
<td>2.00</td>
<td>1.01</td>
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<tr>
<td>0.92</td>
<td>0.46</td>
<td>0.69</td>
<td>0.69</td>
<td>0.48</td>
<td>0.69</td>
<td>0.96</td>
<td>0.48</td>
<td>0.48</td>
<td>0.92</td>
</tr>
</tbody>
</table>

Source: NH Bureau of EMS

RODS, or Revised Over Dose Score is based on the combined delta of documented respiratory rate (RR) and Glasgow Coma Score (GCS - measure of alertness) before and after Narcan administration. For example, RR improved from 6/min to 12/min (delta of 6) and GCS improved from 10 to 13 (delta of 3), the RODS score would be 9. The delta of the vital signs is calculated per incident, so the patient may have received more than one dose of Narcan to achieve the effect in the RODS.
EMS/Narcan Administration by Town
5/1/2017 - 4/30/2018
Data Source: New Hampshire Bureau of EMS
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

**Trends:**
- Opioid related ED visits increased by 1 visit from March to April 2018.
- In April residents from Strafford County had the most opioid related ED visits per capita with 5.88 visits per 10,000 population.
- Sullivan County residents had the second highest number of opioid related ED visits per capita with 4.58 visits per 10,000 population.
- The age group with the largest number of opioid related ED visits was 20-29 with 35% of all opioid related ED visits for April, followed closely by 30-39, with 34%.

***IMPORTANT DATA NOTES***
- County represents where the opioid use patient resides.
- These data represent any encounter with the term “heroin, opioid, opiate, or fentanyl” listed as chief complaint text. These data also represent any encounter with an ICD-10 code that was designated for heroin and opioids.
- Currently all but three of the hospitals are sending ICD-10 data.
- These data include other opioid-related encounters such as poisonings, withdrawals, and detox.

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### April Emergency Department Opioid Use Visits by Age
- 10-19: 9%
- 20-29: 9%
- 30-39: 5%
- 40-49: 14%
- 50-59: 14%
- 60+: 3%

Source: NH Division of Public Health Services

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### April Emergency Department Opioid Use Visits by County per 10,000 Population
- Belknap: 3.13
- Carroll: 1.67
- Cheshire: 1.29
- Coos: 2.10
- Granton: 1.45
- Hillsborough: 3.97
- Merrimack: 3.65
- Rockingham: 1.16
- Strafford: 5.88
- Sullivan: 4.58

Source: NH Division of Public Health Services
Emergency Department Opioid Use Visits by County per 10,000 Population

Source: NH Div. of Public Health Services

Emergency Department Opioid Use Visits per 100,000 Population

Source: NH Div. of Public Health Services

Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services
Trends:
- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased by 7% from March to April.
- In April residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 1.59 admissions per 10,000 population.
- More males than females were admitted to treatment programs in April for opioid/opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased by 24% from March to April.
- Cocaine/Crack treatment admissions increased by 33% from March to April.
- Heroin/Fentanyl treatment admissions decreased by 15% from March to April.

*** IMPORTANT DATA NOTES ***
- County represents where the patient resides.
- These data represent treatment admissions to state funded facilities.
- These data have decreased due to numerous factors. The Affordable Care Act has been fully implemented, resulting in increased access to affordable health insurance and coverage for substance use disorder treatment in NH. New Hampshire expanded its Medicaid program, which also provided increased opportunities for substance use disorder treatment in the state. Substance use disorder treatment in the state has increased sharply in response to these policies which has shifted clients served by State of New Hampshire contracted treatment providers to other payment models and facilities.
Treatment Admissions (Continued):
Data Source: NH Bureau of Drug & Alcohol Services

Heroin/Fentanyl, Rx Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by Month per 100,000 Population
May 2017 - April 2018

Opioid/Opiate Treatment Admissions by County per 10,000 Population

Source: NH Bureau of Drug & Alcohol Services
The Opioid Epidemic is a Global Problem. And it’s Getting Worse

According to the CDC, about 115 people die every day in this country of an opioid overdose—about 42,000 in 2016.

Iranian media say that over the years, an estimated 4,000 police officers have been killed fighting drug traffickers, some of whom are armed with heavy weapons. Officials say the number of regular drug users in Iran has more than doubled since 2011. About two-thirds of them use opioids.

An estimated 1.5 million Russians are addicted to heroin. Russia also has a large and growing HIV problem—an estimated 1 million Russians carry HIV. In Canada's British Columbia, with 4.6 million people, more than 1,400 died of overdoses last year.

In Australia, prescription opioids were responsible for more than 70 percent of drug deaths last year. Even China, despite a long, bitter history with opium, is seeing a rapid rise in the number of prescriptions for opioids to treat pain.

In Germany, fentanyl is prescribed at rates three times higher than in the US., and a prominent doctor warned recently that the country risks a U.S. –like epidemic.

Source: www.Minnpost.com 5/7/2018

Synthetic Opioids Surpass Prescription Opioid Deaths

The change from prescription to synthetic opioids occurred in 2016, according to data published in the Journal of the American Medical Association. And it seemed to happen pretty suddenly.

Data from the National Vital Statistics System shows that there were 42,249 opioid-related overdose deaths in 2016. That includes 19,413 that involved synthetic opioids, 17,087 that involved prescription opioids and 15,469 that involved heroin. (In some cases, more than one type of drug was implicated in the death.)

That means synthetic opioids were a factor in 46 percent of all fatal opioid overdoses in 2016, compared with 40 percent for prescription opioids. Just one year earlier, in 2015, 29 percent of all opioid-related overdose deaths involved a synthetic opioid (9,580 out of 33,091 deaths). Between 2010 and 2013, the percentage of fatal opioid overdoses that involved a synthetic opioid held relatively steady, ranging from 11 percent to 14 percent. Source: www.seacoastonline.com 5/1/2018
**Substance Abuse Treatment/Recovery Directory:**
State funded treatment facilities in NH (NOT a complete list) - Data Source: NH Department of Health and Human Services

**BETLEHEM**
North Country Health Consortium (NCHC)/ Friendship House
262 Cottage St. Suite 230 Bethlehem, NH
Phone: 603-259-3700

**CANAAN**
HALO Educational Systems
44 Roberts Road Canaan, NH
Phone: 603-359-3321

**CONCORD**
Concord Hospital
250 Pleasant Street, Suite 5400 Concord, NH
Phone: 603-225-2711 ext. 2521

**DOVER**
Southeastern NH Alcohol and Drug Abuse Services
272 County Farm Road
Dover, NH
Crisis Center: 603-516-8181
Main: 603-516-8160

**DUBLIN**
Phoenix House Comprehensive Addiction Treatment Services
3 Pierce Rd. Dublin, NH
Phone: 603-563-8501 option 1

**FRANKLIN**
Farnum Center
Ray House (Women)
14 Holy Cross Rd. Franklin, NH
Phone: 603-263-6287

**GILFORD**
Horizons Counseling Center
25 Country Club Road Suite #705 Gilford, NH
Phone: 603-524-8005

**KEENE**
Phoenix House Comprehensive Addiction Treatment Services
106 Roxbury St. Keene, NH
Phone: 603-358-4041 option 1

**LEBANON**
HALO Educational Systems, LLC
1 School St. Lebanon, NH
Phone: 603-359-3321

**MANCHESTER**
Families in Transition - New Horizons
161 South Beech St. Manchester, NH
Phone: 603-641-9441 ext. 401

**NASHUA**
Greater Nashua Council on Alcoholism : Keystone Hall
12 & 1/2 Amherst St. Nashua, NH 03063
Phone: 603-943-7971 Ext. 3

**PORTSMOUTH**
Families First of the Greater Seacoast
100 Campus Drive, Suite 12 Portsmouth, NH 03801
Phone: 603-422-8208 Ext. 150

**SOMERSWORTH**
Goodwin Community Health Center
311 NH-108 Somersworth, NH 03878
Phone: 603-749-2346

A full list of Substance Abuse and Treatment Facilities can be found here.
A treatment locator can be found here.