Purpose: The NH Drug Monitoring Initiative (DMI) is a holistic strategy to provide awareness and combat drug distribution and misuse. 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

Section Title

| Overview | 2 |
| Drug Overdose Deaths | 3 |
| Drug Overdose Deaths Map | 5 |
| EMS Narcan Administration | 6 |
| EMS Narcan Administration Map | 8 |
| Opioid Related Emergency Department Visits | 9 |
| Treatment Admissions | 11 |
| Situational Awareness | 13 |
| Substance Use Disorder Treatment/Recovery Directory | 14 |

Previous versions of the Drug Environment Report can be found at: https://www.dhhs.nh.gov/dcbcs/bdas/data.htm

The monthly online DMI viewer can be found at: https://nhvieww.nh.gov/IAC/DMI/


⇒ Year/month overview charts are based on annual estimates from the above website. County charts are based on a 2017 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
January 2019-December 2019

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

2019 numbers are not finalized, and are based on analysis as of 27 January 2020

Projected Total 2019 Drug Overdose Deaths

UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
Trends:
- As of 27 January 2020 there were 328 total, confirmed drug overdose deaths, and there are 83 cases pending toxicology, for 2019.
- The projected number of total drug deaths for 2019 is 411.
- Thus far in 2019, Hillsborough and Strafford County are tied for the highest suspected drug use resulting in overdose deaths per capita, at 2.89 deaths per 10,000 population, while Merrimack County is next with 2.46 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 years, which represents 32% of all overdose deaths for 2019.

*** IMPORTANT DATA NOTES***
- Analysis is based on county where the drug(s) is suspected to have been used.

---

Overdose Deaths by Age 2019*
Data Source: NH Medical Examiner’s Office

*2019 numbers are not finalized, and based on analysis as of 27 January 2020

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

*2019 numbers are not finalized, and are based on analysis as of 27 January 2020
+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

2019 Overdose Deaths by County per 10,000 Population
Data Source: NH Medical Examiner’s Office

*2019 numbers are not finalized, and are based on analysis as of 27 January 2020
Drug Overdose Deaths (Continued):

Data Source: NH Medical Examiner’s Office

Cocaine and/or Fentanyl Combination Related Drug Deaths 2019

<table>
<thead>
<tr>
<th>Cocaine and/or Fentanyl Combination Related Drug Deaths that were noted once or twice*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Cocaine, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Acetyl Fentanyl, 4-ANPP, Fentanyl, Trazodone, Zolpidem</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Clonazepam, Fentanyl</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Valeryl Fentanyl</td>
</tr>
<tr>
<td>Amphetamines, Ethanol, Fentanyl</td>
</tr>
<tr>
<td>Clonazepam, Ethanol, Fentanyl, Gabapentin, Methamphetamine</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Methadone</td>
</tr>
<tr>
<td>Ethanol, Fentanyl, Heroin, Methadone</td>
</tr>
</tbody>
</table>

*2019 numbers are not finalized, and are based on analysis as of 27 January 2020
Source: NH Medical Examiner’s Office

---

**Cocaine and/or Fentanyl** Combination Related Drug Deaths 2019

<table>
<thead>
<tr>
<th>Combination</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Cocaine, Fentanyl, Methamphetamine</td>
<td>89</td>
</tr>
<tr>
<td>Acetyl Fentanyl, 4-ANPP, Fentanyl, Trazodone, Zolpidem</td>
<td>39</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Clonazepam, Fentanyl</td>
<td>22</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Valeryl Fentanyl</td>
<td>16</td>
</tr>
<tr>
<td>Amphetamines, Ethanol, Fentanyl</td>
<td>9</td>
</tr>
<tr>
<td>Ethanol, Fentanyl</td>
<td>9</td>
</tr>
<tr>
<td>Clonazepam, Ethanol, Fentanyl, Gabapentin, Methamphetamine</td>
<td>7</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Methadone</td>
<td>7</td>
</tr>
<tr>
<td>Ethanol, Fentanyl, Oxycodeone</td>
<td>4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>3</td>
</tr>
<tr>
<td>Diazepam</td>
<td>3</td>
</tr>
</tbody>
</table>

*Cells filled with gray indicate combinations noted twice*
Overdose Deaths by Town* - 2019 *
(Data Source: NH Medical Examiner’s Office)

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

+2019 data was reported on January 27, 2020
There are more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received.

83 CASES PENDING
12 Cases have an unknown location

Number of Overdose Deaths by Town
*Location where the drug(s) is suspected to have been used.

- 1 - 4 (70 towns)
- 5 - 10 (12 towns)
- 11 - 25 (2 towns)
- 26 - 50 (1 towns)
- 51 - 100 (1 towns)
EMS Narcan Administration:
Data Source: NH Bureau of Emergency Medical Services (EMS)

Trends:
- EMS Narcan administration incidents increased by 18% from November to December.
- In December, Strafford County had the most EMS Narcan administration incidents per capita with 2.66 incidents per 10,000 population. Carroll County was second, with 1.85 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39, representing 29% of all EMS Narcan administrations for December.

*** IMPORTANT DATA NOTES***
- **UPDATE: TEMSIS, New Hampshire’s Trauma and EMS Information System, is up to date and now reflects data from July to December 2019.
- 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 may be given for a decrease in alertness or respirations due to an overdose or unknown cause. Therefore, it cannot be concluded that all reported Narcan incidents actually involved drugs.

EMV Narcan Administration by Month per 100,000 Population
January 2016 - December 2019

December EMS Narcan Administration by County per 10,000 Population

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

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

EMS Narcan Administration - Lives Saved %
January 2019-December 2019

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.

<table>
<thead>
<tr>
<th>Source: NH Bureau of EMS</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Saved</td>
<td>67</td>
<td>69</td>
<td>89</td>
<td>70</td>
<td>113</td>
<td>90</td>
<td>75</td>
<td>88</td>
<td>54</td>
<td>61</td>
<td>67</td>
<td>73</td>
</tr>
<tr>
<td>No Improvement</td>
<td>89</td>
<td>30</td>
<td>23</td>
<td>23</td>
<td>26</td>
<td>15</td>
<td>22</td>
<td>14</td>
<td>9</td>
<td>13</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Some Improvement RODS Score of 1-7</td>
<td>16</td>
<td>20</td>
<td>14</td>
<td>18</td>
<td>17</td>
<td>15</td>
<td>22</td>
<td>18</td>
<td>15</td>
<td>16</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>No Improvement RODS Score of 0</td>
<td>54</td>
<td>39</td>
<td>66</td>
<td>50</td>
<td>52</td>
<td>39</td>
<td>46</td>
<td>48</td>
<td>43</td>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Improvement Negative RODS Score</td>
<td>14</td>
<td>12</td>
<td>5</td>
<td>12</td>
<td>15</td>
<td>10</td>
<td>20</td>
<td>9</td>
<td>18</td>
<td>15</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>173</td>
<td>174</td>
<td>163</td>
<td>156</td>
<td>216</td>
<td>176</td>
<td>162</td>
<td>158</td>
<td>132</td>
<td>153</td>
<td>139</td>
<td>164</td>
</tr>
</tbody>
</table>

EMS Narcan Administration by County per 10,000 Population

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 10-13 (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
1/1/2019 – 12/31/2019
Data Source: New Hampshire Bureau of EMS

*Incidents Where Narcan Was Administered*

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

Prepared by:
NH Information & Analysis Center

Scale: 1:1,150,000
Trends:
- Opioid related ED visits decreased by 10% from November to December.
- In December, residents from Sullivan County had the most opioid related ED visits per capita with 5.45 visits per 10,000 population.
- Strafford County residents had the second highest number of opioid related ED visits per capita with 3.60 visits per 10,000 population.
- In December, the age group with the largest number of opioid related ED visits was 30-39 year olds, with 39%.

*** 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 one (1) of the hospitals are sending ICD-10 data.
- These data include other opioid-related encounters such as poisonings, withdrawals, and detox.
Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services

Emergency Department Opioid Use Visits per 100,000 Population
January 2019 - December 2019

Source: NH Div. of Public Health Services

Emergency Department Opioid Use Visits by County per 10,000 Population

Source: NH Div. of Public Health Services
Treatment Admissions:
Data Source: NH Bureau of Drug & Alcohol Services

Trends:
- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions increased from November to December by 2%.
- In December, residents from Strafford County were admitted at the highest per capita rate for opioid/opiate treatment, with 1.95 admissions per 10,000 population.
- More males than females were admitted to treatment programs in December for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased 50% from November to December.
- Cocaine/Crack treatment admissions decreased 32% from November to December.
- Heroin/Fentanyl treatment admissions decreased by less than 1% from November to December.

*** 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.
Heroin/Fentanyl, Rx Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by Month per 100,000 Population

January 2019 - December 2019

Heroin/Fentanyl
Rx Opiates
Methamphetamine
Cocaine/Crack

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

Belknap
Carroll
Cheshire
Coos
Grafton
Hillsborough
Merrimack
Rockingham
Strafford
Sullivan

Oct
Nov
Dec
Shaheen Says Federal Government Funding Bill Expands Use of Opioid Grants to Meth, Cocaine Patients

MANCHESTER, N.H. — Sen. Jeanne Shaheen said Monday a $1.4 trillion federal government funding bill contains a provision to expand the allowable use federal dollars from patients diagnosed with opioid addiction to also include those primarily suffering from methamphetamine and cocaine dependency.

Treatment providers are currently restricted in using federal State Opioid Response grants to treat people with a primary diagnosis of opioid abuse.

But the government funding bill unveiled Monday by U.S. Senate and House leaders contains a “key Shaheen-authored provision that provides flexibility for treatment providers to be able to use opioid response grant dollars to help patients suffering from meth and cocaine dependency, in addition to opioid use disorder,” according to an announcement by Shaheen’s office.

A Shaheen staffer said the White House and U.S. House leaders are on board with the U.S. Senate on the plan, and final passage by both bodies, and a signature by President Donald Trump, of the funding bill could come before the end of the week.

Shaheen staffers could not estimate how many new patients would be helped over the course of a year by the broadened use of the federal dollars.

According to the New Hampshire Department of Health and Human Services, in September, 22 people were seen in New Hampshire’s Doorway program for methamphetamine-related issues and 12 were seen for cocaine-related issues. In October, 23 people were seen methamphetamine-related issues and 10 were seen for cocaine-related issues.

Source: www.wmur.com 12/16/2019

NH DHHS Seeks Input On Potential Approach To Addressing Youth Inpatient SUD And Mental Health Treatment Needs in New Hampshire

Concord, NH – The NH Department of Health and Human Services (DHHS) has issued a request for information (RFI) regarding potentially establishing a psychiatric residential treatment facility (PRTF) to provide inpatient mental health and substance use disorder (SUD) services to youth in the State. The RFI seeks input on the opportunities in establishing a PRTF at the youth treatment center at the Sununu Youth Services Center (SYSC).

“The State has made tremendous efforts to address the substance misuse and mental health needs of our residents,” said Governor Chris Sununu. “This service offering would complete the continuum of care and ensure that for the first time in New Hampshire, youths suffering from addiction, a mental illness, or both will be able to get the right level of care they need, when they need it and in the safest environment possible.” DHHS Associate Commissioner Chris Tappan said the PRTF could fill the gap in critical services for youth. “The State’s 10-Year Mental Health Plan and the Children’s System of Care, both of which were developed with a wide breadth of input from stakeholders, identified the need for a setting where youths can address co-occurring substance use and mental health issues.”

Source: www.dhhs.nh.gov 01/22/2020
Substance Use Disorder Treatment/Recovery Directory:
State funded treatment facilities in NH (NOT a complete list) - Data Source: NH Department of Health and Human Services

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

**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 North
*Ray House (Women)*
14 Holy Cross Road. Franklin, NH
Phone: 603-263-6287

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

**LEBANON**
Headrest
14 Church Street
Lebanon, NH
Phone: 603-448-4400

Alice Peck Day Hospital
10 Alice Peck Day Drive
Lebanon, NH
Phone: 603-448-4400

West Central Services, Inc.
9 Hanover Street, Suite 2
Lebanon, NH
Phone: 603-448-0126

**MANCHESTER**
Dismas Home of NH, Inc. (*Women*)
102 Fourth Street
Manchester, NH
Phone: 603-782-3004

Families in Transition - New Horizons
293 Wilson Street
Manchester, NH
Phone: 603-641-9441 ext. 401

Farnum Center
140 Queen City Avenue
Manchester, NH
Phone: 603-622-3020

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

Greater Nashua Council on Alcoholism: Keystone Hall
615 Amherst Street
Nashua, NH
Phone: 603-881-4848

Greater Nashua Mental Health Center
110 West Pearl Street
Nashua, NH
Phone: 603-889-6147

**ROCHESTER**
Hope on Haven Hill
PO Box 1271
Rochester, NH 03867
Phone: 603-247-2043

A full list of Substance Use Disorder Treatment Facilities can be found [here](#).
A treatment locator can be found [here](#).