New Hampshire Drug Monitoring Initiative
New Hampshire Information & Analysis Center
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December 2018 Report

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

The new, 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 2018 - December 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

*2018 numbers are based on analysis as of 16 January 2019 and there are 77 cases pending for 2018
Drug Overdose Deaths:

Trends:
- As of 16 January 2019, there are 373 total, confirmed drug overdose deaths and 77 cases pending toxicology for 2018.
- The Office of the Chief Medical Examiner has increased its projection from 437 to 450 drug overdose deaths for 2018.
- For 2018 thus far, Belknap County has the highest suspected drug use resulting in overdose deaths per capita at 4.58 deaths per 10,000 population, while Cheshire County had the second highest with 3.88 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 years, which represents 31% of all overdose deaths for 2018.

*** IMPORTANT DATA NOTES***
- 2018 Numbers are based on analysis as of 16 January 2019.
- Analysis is based on county where the drug (s) is suspected to have been used.
### Cocaine and/or Fentanyl Combination Related Drug Deaths 2018*

*2018 Numbers are based on analysis as of 16 January, 2019
Source: NH Medical Examiner’s Office

<table>
<thead>
<tr>
<th>Drug Combination</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td>169</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Fentanyl</td>
<td>39</td>
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<tr>
<td>Cocaine, Fentanyl</td>
<td>21</td>
</tr>
<tr>
<td>Ethanol, Fentanyl</td>
<td>11</td>
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<tr>
<td>Alcohol, Fentanyl</td>
<td>5</td>
</tr>
<tr>
<td>Fentanyl, Methamphetamine</td>
<td>5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4</td>
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<tr>
<td>Acetyl Fentanyl, Cocaine, Fentanyl</td>
<td>3</td>
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</tbody>
</table>

*Cells filled with gray indicate combinations noted twice

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### Cocaine and/or Fentanyl Combination Related Drug Deaths that were noted once or twice*

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<thead>
<tr>
<th>Drug Combination</th>
<th># of Deaths</th>
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<tbody>
<tr>
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<tr>
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<td>Alcohol, Chlorpheniramine, Fentanyl</td>
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<tr>
<td>Alprazolam, Fentanyl, Hydrocodone</td>
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<tr>
<td>Buprenorphine, Diphenhydramine, Fentanyl</td>
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<tr>
<td>Cocaine, Ethanol</td>
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<tr>
<td>Duloxetine, Fentanyl, Valeryl Fentanyl</td>
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<tr>
<td>Alcohol, Cocaine, Fentanyl</td>
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<tr>
<td>Acetyl Fentanyl, Ketamine, MDMA</td>
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<td>Alcohol, Fentanyl, Heroin, Oxycodeine, Sertraline</td>
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<tr>
<td>Amitriptyline, Clonazepam, Diazepam, Fentanyl</td>
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<td>Cocaine, Duloxetine, Fentanyl</td>
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<td>Alprazolam, Fentanyl</td>
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<tr>
<td>Acetyl Fentanyl, Ethanol, Fentanyl, Oxycodone</td>
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<td>Alcohol, Fentanyl, Quetiapine, Sertraline</td>
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<tr>
<td>Amitriptyline, Cocaine, Diphenhydramine</td>
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<td>Bupropion, Fentanyl, Olanzapine</td>
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<td>Cocaine, Fentanyl, Hydroxyzine</td>
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<tr>
<td>Cocaine, Morphine</td>
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<td>Fentanyl, Methamphetamine, Methylenedioxyamphetamine</td>
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<td>Alprazolam, Buprenorphine, Fentanyl, Lorazepam, Oxycodone</td>
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<td>4-ANPP, Fentanyl, Valeryl Fentanyl</td>
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<td>Acetyl Fentanyl, Fentanyl, Mitragynine</td>
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<td>Alprazolam, Cocaine, Fentanyl</td>
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<td>Arimidazole, Fentanyl, Quetiapine</td>
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<td>Cocaine, Diazepam, Fentanyl</td>
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<tr>
<td>Alprazolam, Fentanyl, Heroin</td>
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<tr>
<td>Buprenorphine, Cocaine</td>
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<td>Cocaine, Diazepam, Oxazepam</td>
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<tr>
<td>Duloxetine, Ethanol, Fentanyl, Hydromorphone</td>
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</tr>
<tr>
<td>Fentanyl, Oxycodone</td>
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</tr>
</tbody>
</table>

*Cells filled with gray indicate combinations noted twice.
Overdose Deaths by Town* - 2018*
(Data Source: NH Medical Examiner's Office)
*Location where the drug(s) is suspected to have been used.
+2018 data was reported on January 16, 2019
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.
77 cases pending

INDEX

Belknap
1 - Center Harbor
2 - Northfield
3 - Tamworth
4 - Gilford
5 - Tilton
6 - Plymouth

Carroll
7 - Center
8 - Barnstead
9 - Tamworth
10 - Gilford

Coos
11 - Dalton
12 - Northfield
13 - Bath
14 - Lebanon
15 - Plymouth

Hillsborough
16 - Manchester
17 - Bedford
18 - Amherst
19 - Goffstown
20 - Milan

Rockingham
21 - Newmarket
22 - Derry
23 - Hudson
24 - Exeter
25 - Newmarket

Strafford
26 - Stratham
27 - Rochester
28 - Dover
29 - New Castle
30 - Rollinsford

INDEX

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

- 1 - 4 (71 towns)
- 5 - 10 (12 towns)
- 11 - 25 (6 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 decreased by 6% from November to December.
- In December, Belknap County had the most EMS Narcan administration incidents per capita with 1.97 incidents per 10,000 population, followed closely by Hillsborough County with 1.90 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39, which represents 31% of all EMS Narcan administration incidents for December.

*** 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 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.
- Lives Saved data has been updated from June-December.

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

Data Source: NH Bureau of Emergency Medical Services (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 - Lives Saved %
January 2018 - December 2018

Source: NH Bureau of EMS

EMS Narcan Administration by County per 10,000 Population

Source: NH Bureau of EMS
EMS/Narcan Administration by Town
1/1/2018 – 12/31/2018
Data Source: New Hampshire Bureau of EMS

*Incidents Where Narcan Was Administered*

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

* Rochester totals for 2018 are not complete as runs have not been uploaded into the database since April.
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

**Trends:**
- Opioid related ED visits decreased by 12% from November to December 2018.
- In December, residents from Strafford County had the most opioid related ED visits per capita with 5.13 visits per 10,000 population.
- Hillsborough County residents had the second highest number of opioid related ED visits per capita with 4.19 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 40%.

*** 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 two 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 2018 - December 2018

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 decreased by 14% from November to December.
- In December, residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 2.29 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 by 29% from November to December.
- Cocaine/Crack treatment admissions decreased by 23% from November to December.
- Heroin/Fentanyl treatment admissions decreased by 16% 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.
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
January 2018 - December 2018

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

Source: NH Bureau of Drug & Alcohol Services
New Council on Opioid Overprescribing in N.H. to Rely on Data Analysis

A new state advisory council on opioid overprescribing will use data analysis to better understand the state's opioid crisis.

Governor Chris Sununu signed an executive order creating the New Hampshire Opioid Overprescribing and Misuse Project Advisory Council Thursday afternoon.

The council includes state health and law enforcement officials as well as a federal representative from the Centers for Medicare and Medicaid services.

CMS hopes to scale the program to other states if it is effective.

The council’s work will center on what Sununu called a first of its kind analysis of opioid prescribing practices from insurance claim data.

The council's work will center on what Sununu called a first of its kind analysis of opioid prescribing practices from insurance claim data.

"This data will allow us to not just make policy on a hunch, but really look at the data, in terms of understanding both the geographic trends you might see, the trends you might see not just with individual providers but individual situations."

A private firm called Mitre will be providing the data analysis.

Source: www.nhpr.org 1/11/2019

### NEW HAMPSHIRE SAFE STATIONS

**Manchester**

Manchester Safe Station Began 5/4/2016

**Nashua**

Nashua Gateway to Recovery Began 11/17/2016

<table>
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<tr>
<th></th>
<th>Manchester As of 1/25/2019</th>
<th>Total</th>
<th>Nashua As of 1/25/2019</th>
<th>Total</th>
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<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>579</td>
<td>4,830</td>
<td>269</td>
<td>2,624</td>
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<tr>
<td>Number of participants transported to hospitals:</td>
<td>122</td>
<td>1,122</td>
<td>47</td>
<td>288</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>456</td>
<td>3,692</td>
<td>221</td>
<td>2,312</td>
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<tr>
<td>Average length of time company “Not Available”:</td>
<td>11.7 Min</td>
<td>15.1 Min</td>
<td>9.0 Min</td>
<td>10.2 Min</td>
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<tr>
<td>Number of UNIQUE participants:</td>
<td>473</td>
<td>2,916</td>
<td>206</td>
<td>1,490</td>
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<tr>
<td>Number of REPEAT participants:</td>
<td>309</td>
<td>2,084</td>
<td>172</td>
<td>1,431</td>
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<tr>
<td>Number of unique participants seen in both City's Safe Station Program</td>
<td></td>
<td></td>
<td>456</td>
<td></td>
</tr>
</tbody>
</table>

### Prolific N.H. Opioid Prescriber Found Guilty in Kickback Scheme

A federal jury on Tuesday found a former physician assistant guilty of participating in a kickback scheme involving fentanyl.

Christopher Clough of Dover was convicted of overprescribing the painkiller to patients in exchange for receiving compensation from the drug’s manufacturer.

During 2013 and 2014, he wrote more than 750 prescriptions for a fentanyl spray approved to treat cancer-related pain. In exchange, he received more than $49,000 from the manufacturer, according to prosecutors. Medicare was billed more than $2.1 million for the prescriptions, some of which were given to patients who failed to exhibit sufficient symptoms for the powerful narcotic.

Clough was found guilty of one count of conspiracy, and seven counts related to a kickback scheme.

Source: www.nhpr.org 12/18/2018
**Substance Abuse Treatment/Recovery Directory:**

State funded treatment facilities in NH (NOT a complete list) - Data Source: NH Department of Health and Human Services

**BETHELHAM**
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

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

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

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