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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⇒ Year/month overview charts are based on annual estimates from the above website. County charts are based on a 2015 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 EMS Narcan Incidents, Opioid Related ED Visits, Opioid/Opiate Treatment Admissions, and Overdose Deaths:

**EMS Narcan Administration, Opioid Related ED Visits, and Opioid/Opiate Treatment Admissions per 100,000 Population**
March 2016 - February 2017

![Graph showing trends in EMS Narcan Administration, Opioid Related ED Visits, and Opioid/Opiate Treatment Admissions per 100,000 Population from March 2016 to February 2017.](image)

*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*

![Graph showing drug overdose deaths per year from 2010 to 2016 with projected data for 2016.](image)

*2016 Numbers are based on analysis as of 8 March 2017 - 22 Cases still pending*
Trends:
- Drug overdose deaths are projected to increase by 6% from 2015 to 2016.
- In 2016 Hillsborough County had the highest suspected drug use resulting in overdose deaths per capita at 4.58 deaths per 10,000 population.
- Strafford County had the second highest suspected drug use resulting in overdose deaths per capita at 4.31 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 which represents 30% of all overdose deaths for 2016.
- Fentanyl only deaths accounted for 198 deaths. Cocaine and Fentanyl only deaths accounted for 27 deaths in 2016.

*** IMPORTANT DATA NOTES***
- 2016 Numbers are based on analysis as of 8 March 2017. There are 22 cases that are “pending toxicology”. It can take 2-3 months to receive toxicology results and determine the cause of death.
- Analysis is based on county where the drug(s) is suspected to be used.

Overdose Deaths by Age 2016*

*2016 Numbers are based on analysis as of 8 March, 2017
Source: NH Medical Examiner’s Office
**Cocaine Combinations**

- Cocaine; Fentanyl: 27
- Cocaine: 13
- Cocaine; Ethanol; Fentanyl: 3
- Cocaine; Fentanyl; Heroin: 3
- Acetyl Fentanyl; Cocaine; Fentanyl: 3
- Acetyl Fentanyl; Cocaine; Fentanyl; Heroin: 3
- Cocaine; Heroin: 1
- Cocaine; Fentanyl; Methadone: 1
- Cocaine; Fentanyl; Methamphetamine: 1
- Cocaine; Fentanyl; Oxycodone: 1

**Fentanyl Combinations**

- Fentanyl: 198
- Acetyl Fentanyl; Fentanyl: 31
- Cocaine; Fentanyl: 27
- Ethanol; Fentanyl: 16
- Fentanyl; Heroin: 10
- Fentanyl; Oxycodone: 7
- Fentanyl; Methamphetamine: 4
- Fentanyl; Morphine: 4
- Cocaine; Ethanol; Fentanyl: 3
- Cocaine; Fentanyl; Heroin: 3
- Acetyl Fentanyl; Cocaine; Fentanyl: 3
- Acetyl Fentanyl; Cocaine; Fentanyl; Heroin: 3

*2016 Numbers are based on analysis as of 8 March, 2017
Source: NH Medical Examiner’s Office
Overdose Deaths by Town* - 2016+
(Data Source: NH Medical Examiner’s Office)
*Location where the drug(s) is suspected
+Location where the drug(s) is suspected to have been used.
+2016 data was reported on March 8, 2017
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.

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Rockingham  
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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

Scale: 1:1,150,000
Prepared by:
NH Information & Analysis Center
**Trends:**
- EMS Narcan administration increased by 2% from January to February.
- In February Strafford County had the most EMS Narcan administration incidents per capita with 2.47 incidents per 10,000 population.
- Based on absolute numbers Hillsborough County had the most Narcan incidents with 80 incidents in February.
- The age group with the largest number of EMS Narcan administration incidents is 41-50 which represents 30% of all EMS Narcan administration incidents for February.
- NH Bureau of EMS “lives saved” has decreased by 7% from January to February.

*** 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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**February EMS Narcan Administration by Age Group**

- 1-20: 0%
- 21-30: 15%
- 31-40: 30%
- 41-50: 16%
- 51-60: 10%
- 61+: 7%
- Unknown: 22%

**February EMS Narcan Administration by County per 10,000 Population**

- Belknap: 1.99
- Carroll: 0.00
- Cheshire: 1.94
- Coos: 1.49
- Grafton: 0.45
- Hillsborough: 1.98
- Merrimack: 1.42
- Rockingham: 1.36
- Strafford: 2.47
- Sullivan: 1.60

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>RODS Outcome</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>
<th>Jan</th>
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<tr>
<td>No Improvement</td>
<td>104</td>
<td>97</td>
<td>97</td>
<td>117</td>
<td>138</td>
<td>87</td>
<td>111</td>
<td>109</td>
<td>87</td>
<td>88</td>
<td>61</td>
<td>76</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>40</td>
<td>29</td>
<td>30</td>
<td>38</td>
<td>23</td>
<td>22</td>
<td>20</td>
<td>19</td>
<td>14</td>
<td>13</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Negative Improvement</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>12</td>
<td>11</td>
<td>17</td>
<td>11</td>
<td>17</td>
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<tr>
<td>Lives Saved</td>
<td>94</td>
<td>94</td>
<td>104</td>
<td>105</td>
<td>103</td>
<td>77</td>
<td>110</td>
<td>85</td>
<td>82</td>
<td>86</td>
<td>100</td>
<td>93</td>
</tr>
</tbody>
</table>

Total | 241 | 330 | 233 | 267 | 274 | 205 | 252 | 223 | 195 | 210 | 202 | 206 |

Lives saved is based on a calculation of the improvement in respiration of greater than 4 after treatment or a combined improvement of the delta of respiratory rate and GCS (measure of alertness) of 6 or greater.

EMS Narcan Administration by County per 10,000 Population

Source: NH Bureau of EMS
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

Trends:
- Opioid related ED visits decreased by 18% from January—February 2017.
- In January residents from Coos County had the most opioid related ED visits per capita with 6.55 visits per 10,000 population.
- Based on absolute numbers residents from Hillsborough County had the most opioid related ED visits with 203 visits in February.
- The age group with the largest number of opioid related ED visits is 20-29 which represents 40% of all opioid related ED visits for February.

*** 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.

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Right click on the paperclip and select “Open File” to view additional data.

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Source: NH Division of Public Health Services
Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services

Emergency Department Opioid Use Visits per 100,000 Population
March 2016 - February 2017

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

Source: NH Div. of Public Health Services

UNCLASSIFIED

NH Drug Monitoring Initiative
Drug Environment Report—UNCLASSIFIED

UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
Opioid/Opiate Treatment Admissions:
Data Source: NH Bureau of Drug & Alcohol Services

**Trends:**
- Opioid/opiate treatment admissions decreased by 5% from January to February.
- In February residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 2.47 admissions per 10,000 population.
- Based on absolute numbers Hillsborough County had the most opioid/opiate treatment admissions with 62 admissions in February.
- More males than females were admitted to treatment programs in February for opioid/opiate use.

*** IMPORTANT DATA NOTES***
- County represents where the patient resides.
- These data represent treatment admissions to state funded facilities.

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**February Opioid/Opiate Admission by Gender**

- 38% Male
- 62% Female

**February Opioid/Opiate Treatment Admissions by Month per 100,000 Population**
March 2016 - February 2017

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

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Opioid/Opiate Treatment Admissions (Continued):

Data Source: NH Bureau of Drug & Alcohol Services

Heroin/Fentanyl & Rx Opiate Treatment Admissions by Month per 100,000 Population
March 2016 - February 2017

Heroin/Fentanyl
Rx Opiates

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

Source: NH Bureau of Drug & Alcohol Services
Situational Awareness:

James Vara, Governor’s Advisor on Addiction and Behavioral Health

The DMI is a wonderful asset to the State of New Hampshire. I appreciate the opportunity when asked to provide a monthly synopsis regarding the state-level response to address the drug crisis—one of the most significant public health crisis in New Hampshire’s history. I will also use this as an opportunity to highlight areas of interest to the broad group of stakeholders.

By way of introduction, beginning in March 2016, I started my position as the Governor’s Advisor on Addiction and Behavioral Health—traditionally referred to as the “drug czar,” which does not appreciate the behavioral health component of my position. My responsibilities, include, but are not limited to: coordinating state resources; working with state agencies to ensure quality delivery of services; identifying barriers to and gaps in New Hampshire’s system of care; recommending strategies to address those barriers and gaps; and coordinating the state’s comprehensive approach to support law enforcement and strengthen prevention, treatment and recovery efforts. Additionally, I work directly with the Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery. Prior to starting this position, I was an Assistant County Attorney at the Grafton County Attorney's Office from 2005-2009, before moving on to the New Hampshire Department of Justice. I was employed at the New Hampshire Department of Justice from 2009 until 2016. From January 2013 until 2016, I led the Drug Prosecution Unit and was promoted to a Senior Assistant Attorney General during this time.

**NEW HAMPSHIRE SAFE STATIONS**


<table>
<thead>
<tr>
<th></th>
<th>Manchester</th>
<th>Nashua</th>
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<tbody>
<tr>
<td>As of:</td>
<td>3/10/2017</td>
<td>3/16/2017</td>
</tr>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>1348</td>
<td>221</td>
</tr>
<tr>
<td>Number of participants transported to Hospitals:</td>
<td>163</td>
<td>33</td>
</tr>
<tr>
<td>Number of participants taken to HOPE in NH:</td>
<td>347</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of participants taken to Serenity Place:</td>
<td>837</td>
<td>N/A</td>
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<tr>
<td>Number of participants taken to PSL facilities:</td>
<td>N/A</td>
<td>183</td>
</tr>
<tr>
<td>Number of participants seen for ODs prior to seeking SS Help:</td>
<td>——</td>
<td>34</td>
</tr>
<tr>
<td>Average Length of Time MFD/NRF Company “Not Available”:</td>
<td>14 min</td>
<td>11:18 min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>979</td>
<td>183</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>207</td>
<td>38</td>
</tr>
<tr>
<td>Age Range of Participants:</td>
<td>18-70</td>
<td>18-66</td>
</tr>
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**Guilty Plea in Cocaine Sting**

According to the Nashua Telegraph, a Manchester man pleaded guilty last week to a federal charge of trafficking cocaine in Nashua last July. U.S. Attorney Emily Gray Rice announced Luis D. Capo-Nieves, 33, formerly of Nashua, pleaded guilty March 1 to possession cocaine with intent to distribute. Capo-Nieves is schedule for sentencing on June 12.

Wilfredo Tanon Rodriguez, the other individual involved with Capo-Nieves during the July 1 incident, recently pleaded guilty to a related charge.

Police reports indicated Rodriguez and Capo-Nieves were arrested following an undercover stakeout that was conducted after numerous complaints of illegal drug activity at the Amherst Park Apartments. Nashua officers reportedly seized about 279 grams of cocaine—worth about $10,000.

Source: www.nashuatelegraph.com
Substance Abuse Treatment/Recovery Directory:
State funded treatment facilities in NH (NOT a complete list) - Data Source: NH Department of Health and 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
(Intergrated Outpatient 18 years and older and Outpatient Services.)
250 Pleasant Street, Suite 5400
Concord, NH 03301
Phone: 603-225-2711 ext. 2521

DOVER
Southeastern NH Alcohol and Drug Abuse Services
(Outpatient and Intensive Outpatient Services.)
272 Country Farm Road
Dover, NH 03820
Crisis Center: 603-516-8181
Main: 603-516-8160

GILFORD
Horizons Counseling Center
(Intergrated Outpatient 18 years and older and Outpatient Services.)
25 Country Club Road Suite #705
Gilford, NH 03249
Phone: 603-524-8005

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

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

Manchester Alcoholism and Rehabilitation Center
(Intergrated Outpatient 18 years and older and Outpatient Services.)
555 Auburn Street
Manchester, NH 03101
Phone: 603-263-6287

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

The Youth Council
(Outpatient for Adolescents and Families.)
112 W. Pearl Street
Nashua, NH 03060
Phone: 603-889-1090

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

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.