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

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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/bdas/data.htm

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


⇒ Year/month overview charts are based on annual estimates from the above website. County charts are based on a 2018 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
February 2019 - January 2020

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 20 February 2020
Drug Overdose Deaths:
Data Source: NH Medical Examiner’s Office

Trends:
- As of 20 February there were 350 total, confirmed drug overdose deaths, and there are 59 cases pending toxicology, for 2019.
- Thus far for 2019, Strafford County has the highest suspected drug use resulting in overdose deaths per capita, at 3.44 deaths per 10,000 population, while Hillsborough County is second, with 3.06 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.
- 2019 numbers are not finalized and are based on analysis as of 20 February 2020.

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

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

*2019 numbers are not finalized, and are based on analysis as of 20 February 2020

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 20 February 2020
Cocaine and/or Fentanyl Combination Related Drug Deaths 2019

*2019 numbers are not finalized, and are based on analysis as of 20 February 2020
Source: NH Medical Examiner’s Office
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 February 20, 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.

59 CASES PENDING
13 Cases have an unknown location

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

- **1 - 4 (72 towns)**
- **5 - 10 (12 towns)**
- **11 - 25 (2 towns)**
- **26 - 50 (1 towns)**
- **51 - 100 (1 towns)**

Prepared by:
NH Information & Analysis Center
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***
- TEMSIS, New Hampshire’s Trauma and EMS Information System, is undergoing its final transition from NEMSIS V2 to the current NEMSIS V3 standard. Currently, the EMS Narcan data is complete for 2019; 2020 data will not be available until this transition is complete.
- 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.

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 2019-December 2019

Source: NH Bureau of EMS

EMS Narcan Administration - Lives Saved

<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>89</td>
<td>89</td>
<td>83</td>
<td>70</td>
<td>113</td>
<td>90</td>
<td>75</td>
<td>88</td>
<td>54</td>
<td>67</td>
<td>67</td>
<td>73</td>
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<tr>
<td>Some Improvement</td>
<td>16</td>
<td>22</td>
<td>26</td>
<td>15</td>
<td>22</td>
<td>14</td>
<td>9</td>
<td>13</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Improvement</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>16</td>
<td>50</td>
<td>52</td>
<td>39</td>
<td>46</td>
<td>48</td>
<td>43</td>
<td>52</td>
</tr>
</tbody>
</table>

Total

<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>RODS Outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lives Saved RODS Score of 0</td>
<td>73</td>
<td>89</td>
<td>83</td>
<td>70</td>
<td>113</td>
<td>90</td>
<td>75</td>
<td>88</td>
<td>54</td>
<td>67</td>
<td>67</td>
<td>73</td>
</tr>
<tr>
<td>RODS Score of 1-7</td>
<td>16</td>
<td>22</td>
<td>26</td>
<td>15</td>
<td>22</td>
<td>14</td>
<td>9</td>
<td>13</td>
<td>20</td>
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<tr>
<td>Negative RODS Score</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>16</td>
<td>50</td>
<td>52</td>
<td>39</td>
<td>46</td>
<td>48</td>
<td>43</td>
<td>52</td>
</tr>
</tbody>
</table>

EMS Narcan Administration by County per 10,000 Population

Source: NH Bureau of EMS
EMS/Narcan Administration by Town
1/1/2019 – 12/31/2019
Data Source: New Hampshire Bureau of EMS

*Incidents Where Narcan Was Administered*
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

*Important Note* the data being reported for 2020 has different collection criteria than previous months. Due to the new collection criteria, new data is no longer comparable to previous data.

**Trends:**
- In January, residents from Strafford County and Hillsborough County had the most opioid related ED visits per capita with 2.35 visits and 2.33 visits per 10,000 population respectively.
- In January, the age group with the largest number of opioid related ED visits was 20-29 year olds, with 28%.

***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.
- These data are now collected using criteria the CDC established for their Overdose Data to Action (OD2A) grant “making this report more transparent.”

### January Emergency Department Opioid Use Visits by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th># of ED Opioid Use Visits per 10,000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>0.81</td>
</tr>
<tr>
<td>10-19</td>
<td>1.03</td>
</tr>
<tr>
<td>20-29</td>
<td>1.41</td>
</tr>
<tr>
<td>30-39</td>
<td>1.49</td>
</tr>
<tr>
<td>40-49</td>
<td>0.55</td>
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<tr>
<td>50-59</td>
<td>1.60</td>
</tr>
<tr>
<td>60+</td>
<td>1.59</td>
</tr>
<tr>
<td></td>
<td>2.35</td>
</tr>
</tbody>
</table>

Source: NH Division of Public Health Services

### Emergency Department Opioid Use Visits by Month per 100,000 Population

#### January 2020

<table>
<thead>
<tr>
<th>Month</th>
<th># of ED Opioid Use Visits per 100,000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0.81</td>
</tr>
<tr>
<td>Feb</td>
<td>1.03</td>
</tr>
<tr>
<td>Mar</td>
<td>1.41</td>
</tr>
<tr>
<td>Apr</td>
<td>1.49</td>
</tr>
<tr>
<td>May</td>
<td>0.55</td>
</tr>
<tr>
<td>Jun</td>
<td>1.60</td>
</tr>
<tr>
<td>Jul</td>
<td>1.59</td>
</tr>
<tr>
<td>Aug</td>
<td>2.33</td>
</tr>
<tr>
<td>Sep</td>
<td>2.35</td>
</tr>
<tr>
<td>Oct</td>
<td>2.35</td>
</tr>
<tr>
<td>Nov</td>
<td>1.36</td>
</tr>
<tr>
<td>Dec</td>
<td>2.00</td>
</tr>
</tbody>
</table>

Source: NH Division of Public Health Services

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

<table>
<thead>
<tr>
<th>County</th>
<th># of ED Opioid Use Visits per 10,000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>0.81</td>
</tr>
<tr>
<td>Carroll</td>
<td>1.03</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1.41</td>
</tr>
<tr>
<td>Coös</td>
<td>1.49</td>
</tr>
<tr>
<td>Grafton</td>
<td>0.55</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>2.33</td>
</tr>
<tr>
<td>Merrimack</td>
<td>1.60</td>
</tr>
<tr>
<td>Rockingham</td>
<td>1.59</td>
</tr>
<tr>
<td>Strafford</td>
<td>2.35</td>
</tr>
<tr>
<td>Sullivan</td>
<td>1.36</td>
</tr>
</tbody>
</table>

Source: NH Division of Public Health Services
Trends:
- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions increased from December to January by 6%.
- In January, residents from Sullivan County were admitted at the highest per capita rate for opioid/opiate treatment, with 1.82 admissions per 10,000 population.
- More males than females were admitted to treatment programs in January for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased 8% from December to January.
- Cocaine/Crack treatment admissions increased 53% from December to January.
- Heroin/Fentanyl treatment admissions increased by 2% from December to January.

*** 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
February 2019-January 2020

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

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

Record Number of ClientsEntered a Doorway in January for Help with a Substance Use Disorder

Concord, NH – Last month, the Doorway-NH set a record and served more than 1,000 New Hampshire residents seeking help with a substance use disorder (SUD), the highest monthly total of clients served since the launch of the Doorways system in January 2019.

“The data released today, showing a record number of clients served last month, shows that the Doorways are having an incredibly positive impact,” said Governor Chris Sununu. “In launching the Doorway system, we created a system that serves all communities and provides access to an array of services – from initial evaluation to treatment and recovery programs. The number of people helped by the Doorways in January demonstrates that as the system takes root in communities throughout our state, more and more people are able to get the connections they need to critical treatment and recovery services.”

“The Doorways’ comprehensive system of care continues to evolve, with more than 8,400 people served at a Doorway in the past 12 months. The data shows positive signs that more people are able to access services,” said DHHS Commissioner Lori Shibinette. “By building strong relationships with community providers, the Doorway is helping people affected by addiction and making an impact everywhere in our state. We are grateful that SAMHSA funding has enabled the State to build out a system that helps residents get the help they need close to home.”

The Doorway-NH system was launched in January 2019 with funding from the State Opioid Response grant from the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA). The two-year funding program has delivered almost $50 million to help New Hampshire combat the opioid crisis. The Doorway is a critical part of the State’s plan to expand the availability of SUD services as New Hampshire addresses the opioid crisis.

Source: www.dhhs.nh.gov 02/14/2020

NEW HAMPSHIRE SAFE STATIONS

Manchester Safe Station Began 5/4/2016
Nashua Gateway to Recovery Began 11/17/2016

As of 01/23/2020 As of 02/14/2020

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>6,728</td>
<td>3,448</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>1,480</td>
<td>463</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>5,189</td>
<td>2,954</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>14.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>3,791</td>
<td>1,894</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>3,181</td>
<td>1,937</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s Safe Station Program</td>
<td>542</td>
<td></td>
</tr>
</tbody>
</table>

Study: Meds Reduce Risk For Those Addicted To Opioids Better Than Therapy, Other Treatments

New research was released Wednesday supporting the use of medication to treat opioid addiction. A study of more than 40,000 people diagnosed with an opioid use disorder found that those who used buprenorphine or methadone had a reduced risk of overdose and opioid-related hospitalizations when compared to five other possibilities. Those included no treatment, office-based counseling, inpatient programs, intensive outpatient services and naltrexone, the drug that blocks opioid receptors.

Weekly counseling was the most common type of addiction treatment even though it was not as effective as the two medications. Only 12.5% of patients were prescribed the treatment with the best results.

“If we’re talking about what helps people stay alive and stay healthy,” said study co-author Dr. Sarah Wakeman, addiction specialist at Massachusetts General Hospital, “the only treatment that was associated with protection from all of these bad outcomes was treatment with methadone or buprenorphine.”

Source: www.wbur.org 02/05/2020
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

**BETLEHAM**
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 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](#).