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.

Table of Contents: New Hampshire Drug Monitoring Initiative

<table>
<thead>
<tr>
<th>Section Title</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>2</td>
</tr>
<tr>
<td>Drug Overdose Deaths</td>
<td>3</td>
</tr>
<tr>
<td>Drug Overdose Deaths Map</td>
<td>5</td>
</tr>
<tr>
<td>EMS Narcan Administration</td>
<td>6</td>
</tr>
<tr>
<td>EMS Narcan Administration Map</td>
<td>8</td>
</tr>
<tr>
<td>Opioid Related Emergency Department Visits</td>
<td>9</td>
</tr>
<tr>
<td>Treatment Admissions</td>
<td>11</td>
</tr>
<tr>
<td>Situational Awareness</td>
<td>13</td>
</tr>
<tr>
<td>Substance Abuse Treatment/Recovery Directory</td>
<td>14</td>
</tr>
</tbody>
</table>

Previous versions of the Drug Environment Report can be found at: https://www.dhhs.nh.gov/dcbcs/bdas/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
February 2017 - January 2018

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

* 2017 Numbers are based on analysis as of 13 February 2018 - 63 Cases Pending
**Trends:**
- At this time, drug overdose deaths are projected to decrease by 2% from 2016 to 2017.
- In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 3.91 deaths per 10,000 population.
- Strafford County had the next highest suspected drug use resulting in overdose deaths per capita at 3.43 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 Total numbers are based on analysis as of 13 February, 2018.
- Breakdowns are based on analysis as of 23 January, 2018.
- There are currently 63 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***

![Overdose Deaths by Age 2017](image)

**Overdose Deaths by Year per 100,000 Population**

![Overdose Deaths by Year per 100,000 Population](image)

**Overdose Deaths by County per 10,000 Population**

![Overdose Deaths by County per 10,000 Population](image)
Drug Overdose Deaths (Continued):

**Fentanyl Combinations (Top 10)**

- Fentanyl: 166
- Acetyl Fentanyl; Fentanyl: 28
- Ethanol; Fentanyl: 14
- Cocaine; Fentanyl: 12
- Fentanyl; Heroin: 11
- Carfentanil; Fentanyl: 5
- Fentanyl; Methamphetamine: 4
- Acetyl Fentanyl; Ethanol; Fentanyl: 3
- Acetyl Fentanyl: 2
- Acetyl Fentanyl; Cocaine; Fentanyl; Heroin: 2

**Cocaine Combinations (Top 10)**

- Cocaine; Fentanyl: 12
- Cocaine: 7
- Acetyl Fentanyl; Cocaine; Fentanyl; Heroin: 2
- Clonazepam; Cocaine; Fentanyl: 2
- Cocaine; Ethanol; Fentanyl: 2
- Cocaine; Fentanyl; Heroin: 2
- Acetyl Fentanyl; Cocaine; Fentanyl: 1
- Acetyl Fentanyl; Cocaine; Fentanyl; Morphine: 1
- Alprazolam; Cocaine; Ethanol: 1
- Buprenorphine; Cocaine; Fentanyl: 1

*2017 Numbers are based on analysis as of 23 January, 2018
Source: NH Medical Examiner’s Office
Overdose Deaths by Town - 2017
(Data Source: NH Medical Examiner's Office)

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. 90 cases pending.

+2017 data was reported on January 23, 2018

INDEX

Belknap
1 - Center Harbor
2 - North Location
3 - Ossipee

Carroll
4 - Errol
5 - Freedom
6 - Gilsum
7 - New Durham

Cheshire
8 - Andover
9 - Gilsum

Coos
10 - Colebrook
11 - Dalton

Hillsborough
12 - Alstead
13 - Candia
14 - Dunbarton

Rockingham
15 - Derry
16 - East Derry

UNCLASSIFIED - AUTHORIZED FOR PUBLIC RELEASE
Trends:
- EMS Narcan administration incidents decreased by 1.6% from December to January.
- In January Belknap 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 69 incidents in January.
- The age group with the largest number of EMS Narcan administration incidents was 30-39 which represents 35% of all EMS Narcan administration incidents for January.
- NH Bureau of EMS Percentage of “lives saved” increased by 1% from December to January.

*** 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.
EMS Narcan Administration (Continued):
Data Source: NH Bureau of Emergency Medical Services (EMS)

Source: NH Bureau of EMS

<table>
<thead>
<tr>
<th>RODS Outcome</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>
<th>Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement RODS Score of 0</td>
<td>76</td>
<td>74</td>
<td>71</td>
<td>84</td>
<td>91</td>
<td>76</td>
<td>71</td>
<td>108</td>
<td>83</td>
<td>71</td>
<td>58</td>
<td>46</td>
</tr>
<tr>
<td>Some Improvement RODS Score 1-7</td>
<td>20</td>
<td>23</td>
<td>23</td>
<td>26</td>
<td>33</td>
<td>22</td>
<td>28</td>
<td>26</td>
<td>21</td>
<td>17</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Negative Improvement Negative RODS Score</td>
<td>17</td>
<td>11</td>
<td>11</td>
<td>17</td>
<td>23</td>
<td>20</td>
<td>18</td>
<td>18</td>
<td>11</td>
<td>12</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Lives Saved RODS Score of 8+</td>
<td>93</td>
<td>88</td>
<td>127</td>
<td>86</td>
<td>134</td>
<td>158</td>
<td>109</td>
<td>140</td>
<td>127</td>
<td>113</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>Total</td>
<td>206</td>
<td>196</td>
<td>232</td>
<td>213</td>
<td>281</td>
<td>276</td>
<td>226</td>
<td>292</td>
<td>249</td>
<td>212</td>
<td>189</td>
<td>186</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

<table>
<thead>
<tr>
<th>County</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>
<th>Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>3.13</td>
<td>2.47</td>
<td>1.97</td>
<td>0.84</td>
<td>0.84</td>
<td>0.78</td>
<td>0.30</td>
<td>0.56</td>
<td>1.00</td>
<td>1.63</td>
<td>1.70</td>
<td>1.69</td>
</tr>
<tr>
<td>Carroll</td>
<td>2.69</td>
<td>1.50</td>
<td>1.29</td>
<td>1.29</td>
<td>0.78</td>
<td>0.67</td>
<td>0.67</td>
<td>1.00</td>
<td>1.69</td>
<td>1.69</td>
<td>1.69</td>
<td>1.55</td>
</tr>
<tr>
<td>Cheshire</td>
<td>2.19</td>
<td>2.19</td>
<td>2.69</td>
<td>1.50</td>
<td>1.00</td>
<td>0.67</td>
<td>1.00</td>
<td>2.19</td>
<td>1.63</td>
<td>1.70</td>
<td>1.69</td>
<td>1.55</td>
</tr>
<tr>
<td>Coos</td>
<td>2.19</td>
<td>1.69</td>
<td>2.19</td>
<td>2.19</td>
<td>1.00</td>
<td>2.19</td>
<td>2.19</td>
<td>2.19</td>
<td>1.55</td>
<td>1.55</td>
<td>1.52</td>
<td>1.62</td>
</tr>
<tr>
<td>Grafton</td>
<td>0.56</td>
<td>0.56</td>
<td>0.30</td>
<td>0.30</td>
<td>0.56</td>
<td>0.56</td>
<td>0.56</td>
<td>0.56</td>
<td>1.55</td>
<td>1.55</td>
<td>1.52</td>
<td>1.62</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
<td>0.64</td>
</tr>
<tr>
<td>Merrimack</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
<td>0.23</td>
</tr>
<tr>
<td>Rockingham</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Strafford</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Sullivan</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</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
2/1/2017 - 1/31/2018
Data Source: New Hampshire Bureau of EMS

*Incidents Where Narcan Was Administered*

| Scale: 1:1,150,000 |

Prepared by:
NH Information & Analysis Center
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

**Trends:**
- Opioid related ED visits increased by 18.5% from December to January 2018.
- In January residents from Strafford County had the most opioid related ED visits per capita with 6.68 visits per 10,000 population.
- Hillsborough County residents had the second highest number of opioid related ED visits per capita with 5.89 visits per 10,000 population.
- The age group with the largest number of opioid related ED visits was 20-29 with 39% of all opioid related ED visits for January.

***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.

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

- October 2015 - January 2018

**January Emergency Department Opioid Use Visits by County per 10,000 Population**
Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services

Emergency Department Opioid Use Visits per 100,000 Population
February 2017 - January 2018

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

Source: NH Div. of Public Health Services
**Trends:**

- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions increased by 28.5% from December to January.
- In January residents from Belknap County were admitted most often for opioid/opiate treatment per capita with 1.97 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 decreased by 42% from December to January.
- Cocaine/Crack treatment admissions decreased by 3% from December to January.
- Heroin/Fentanyl treatment admissions increased by 54% from December to January.

***IMPORTANT DATA NOTES***

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

---

**January Treatment Admissions by Gender**

- Male: 59%
- Female: 41%

*Source: NH Bureau of Drug & Alcohol Services*
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 2017 - January 2018

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

NH Drug Monitoring Initiative

NH Senate Rejects Tapping Rainy Day Fund for Drug Crisis

New Hampshire won’t be tapping into its Rainy Day Fund to fight the opioid crisis.

The state Senate on Thursday voted down legislation that would have allowed the governor or Legislature to declare a public health emergency and tap into 10 percent of the state’s Rainy Day Fund.

The fund currently stands at $100 million.

Democrats argued that the bill made sense given the scope of the problem—the state ranks third in overdose deaths. Republicans said the fund must be protected and that Democrats had failed to spell out a cautious plan for tapping into it.

Source: www.nhpr.org 2/18/2018

NEW HAMPSHIRE SAFE STATIONS

Manchester Safe Station Began 5/4/2016

Nashua Gateway to Recovery Began 11/17/2016

HOPE for New Hampshire Recovery Closed in 4 NH Cities

One of the state’s biggest nonprofits dedicated to helping people live sober unexpectedly announced it was closing four of its five support and recovery resource centers in the state, including ones in Franklin, Berlin, Claremont and Concord, due to a lack of funding. Hope for NH Recovery officials said the nonprofit has been without state aid since the start of this fiscal year in July.

“When we were initially asked to open centers in these communities we intended for them to be sustained via a blend funding stream. This stream was to consist of support from local businesses, organizations, and individuals as well as some state funding,” Scott Bickford, HOPE’s board chairman, wrote in the release.

The organization’s main facility in Manchester has received the most funding through donors and will still continue to provide services, officials said.

Source: www.Valleynews.com 2/21/2018

<table>
<thead>
<tr>
<th></th>
<th>Manchester As of 2/8/2018</th>
<th>Total</th>
<th>Nashua As of 2/23/2018</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>182</td>
<td>3103</td>
<td>174</td>
<td>1493</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>80</td>
<td>704</td>
<td>7</td>
<td>138</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>101</td>
<td>2386</td>
<td>166</td>
<td>1331</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>14.9 Min</td>
<td>16.5 Min</td>
<td>9.6 Min</td>
<td>11 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>66</td>
<td>1677</td>
<td>58</td>
<td>719</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>93</td>
<td>1215</td>
<td>90</td>
<td>768</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s SafeStation Program</td>
<td></td>
<td></td>
<td>273</td>
<td></td>
</tr>
</tbody>
</table>
**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

**CANAAN**
HALO Educational Systems
44 Roberts Road
Canaan, NH 03741

**CONCORD**
Concord Hospital
The Fresh Start Program
(Outpatient and Intensive 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 County Farm Road
Dover, NH 03820
Crisis Center: 603-516-8181
Main: 603-516-8160

**GILFORD**
Horizons Counseling Center
(Intensive 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
(Intensive Outpatient 18 years and older and Outpatient Services.)
555 Auburn Street
Manchester, NH 03101
Phone: 603-263-6287

**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.