



# New Hampshire Drug Monitoring Initiative

## New Hampshire Information & Analysis Center

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NHIAC Product #: 2016-2664

**July 2016 Report**

17 August 2016

**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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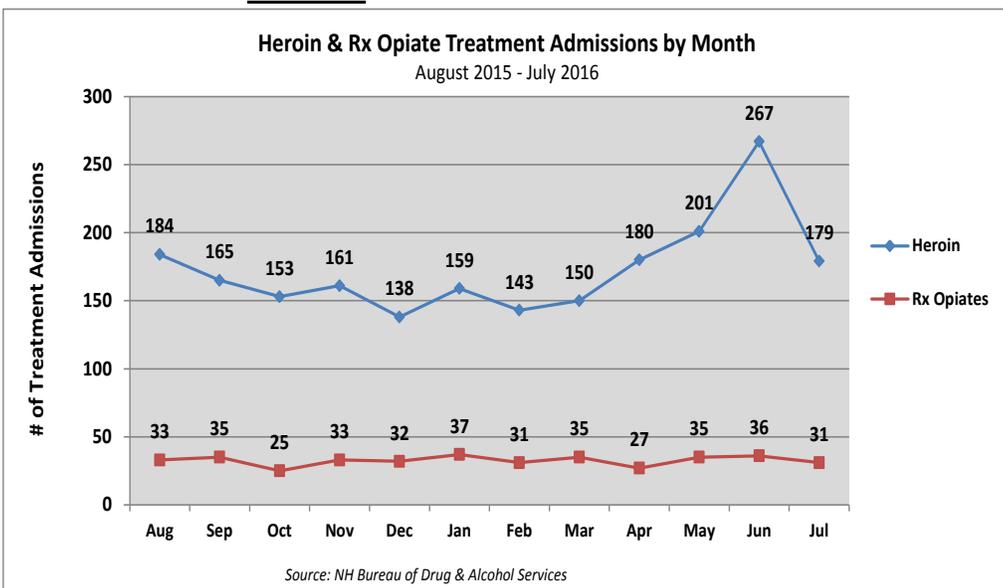
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**Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:**

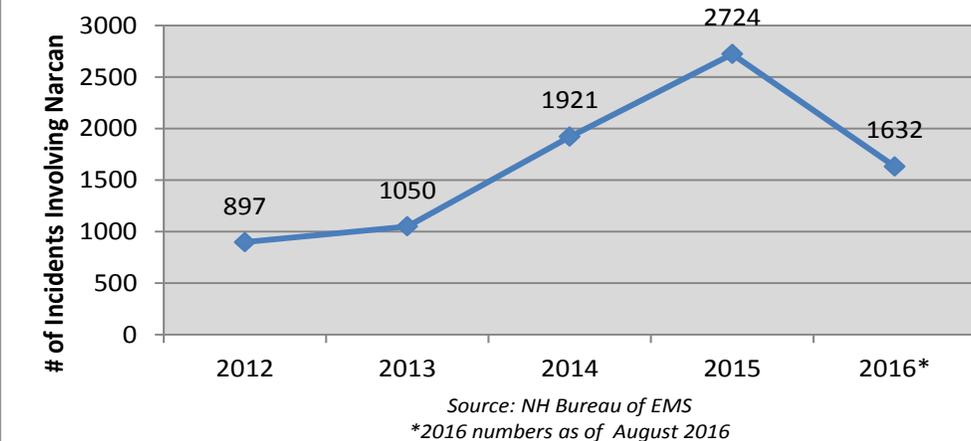
**Annual Trends:**

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month August 2015-July 2016) shows that the largest increase in heroin treatment admissions was from March 2016 to June 2016 with a 34% increase over three months. The largest decrease was from June to July with a 32% decrease.

Unable to show annual trends as data is only available dating back to July 2014.



**EMS Narcan Administration by Year 2012 - 2016**



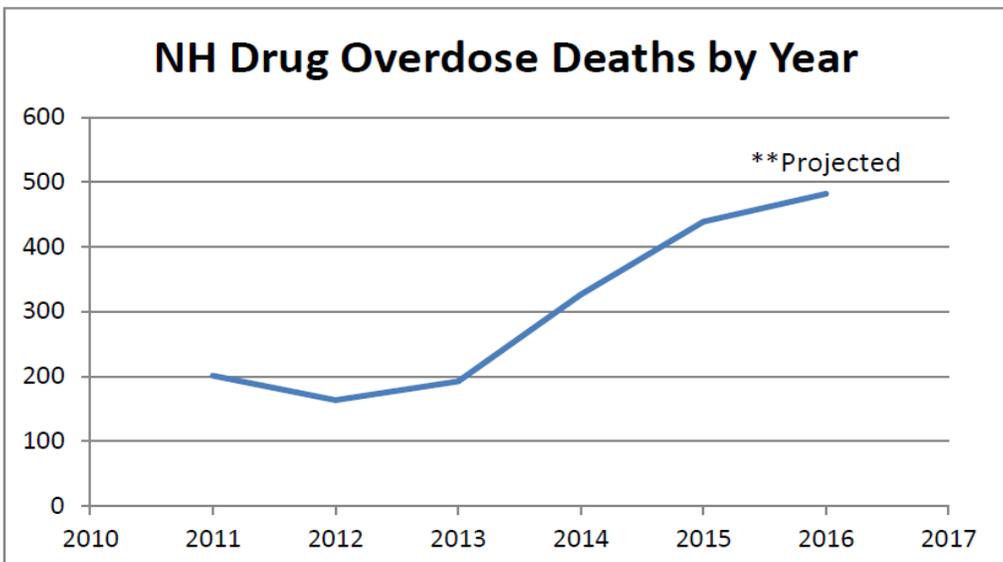
**Annual Trends:**

The chart at left (EMS Narcan Administration by Year 2012-2016) shows that from 2012 to 2015 there was a 203.7% increase in the number of incidents involving Narcan. The largest increase was from 2013 to 2014 with a 83% increase in incidents involving Narcan administration. July 2015 compared to July 2016 there has been a 11% increase.

**Annual Trends:**

The chart at right (NH Drug Overdose Deaths by Year) shows that from 2013 to 2015 there was a 128.6% increase in the number of all drug deaths. The Office of the Chief Medical Examiner projects that there will be **482** drug related deaths in 2016.

Source: Office of the Chief Medical Examiner

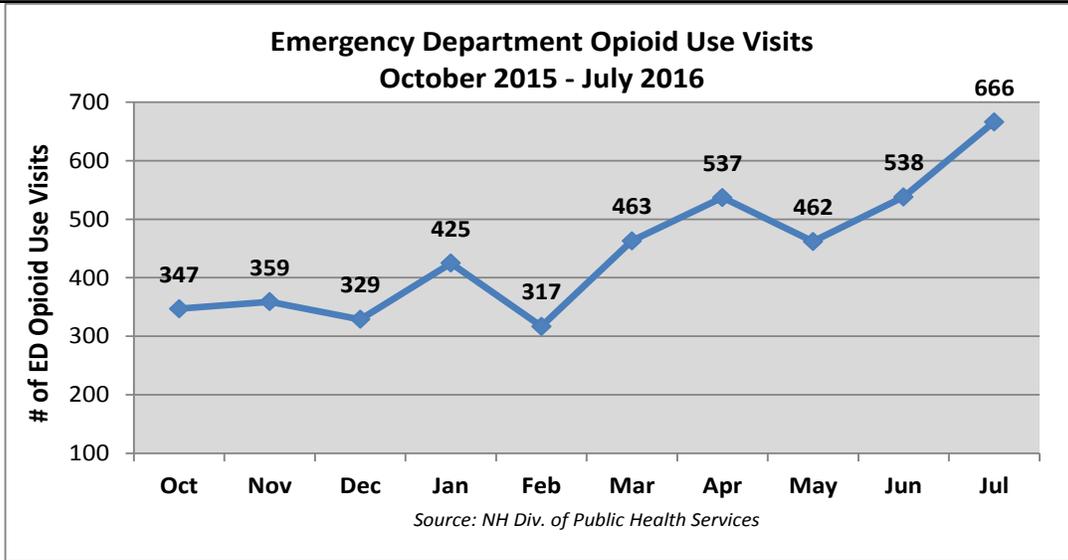


**Opioid Related Emergency Department Visits\*:**

Data Source: NH Division of Public Health Services

**IMPORTANT NOTE— Data Source Change!!!** The ER visit data has been expanded beyond heroin to include all opioids. Also in addition to a query of the chief complaint text, the Division of Public Health is conducting queries on ICD-10 diagnostic codes designated for heroin and opioids. This results in an apparent increase in the number of ER visits, which is NOT necessarily indicative of an actual increase, but rather due to a more representative way of tracking the information using ICD-10 codes beginning in October of 2015.

**Monthly Trends:** The chart below (ED Opioid Use Visits October 2015—July 2016) is based on the new query method described above. There was a 24% increase in Opioid ED visits from June to July.

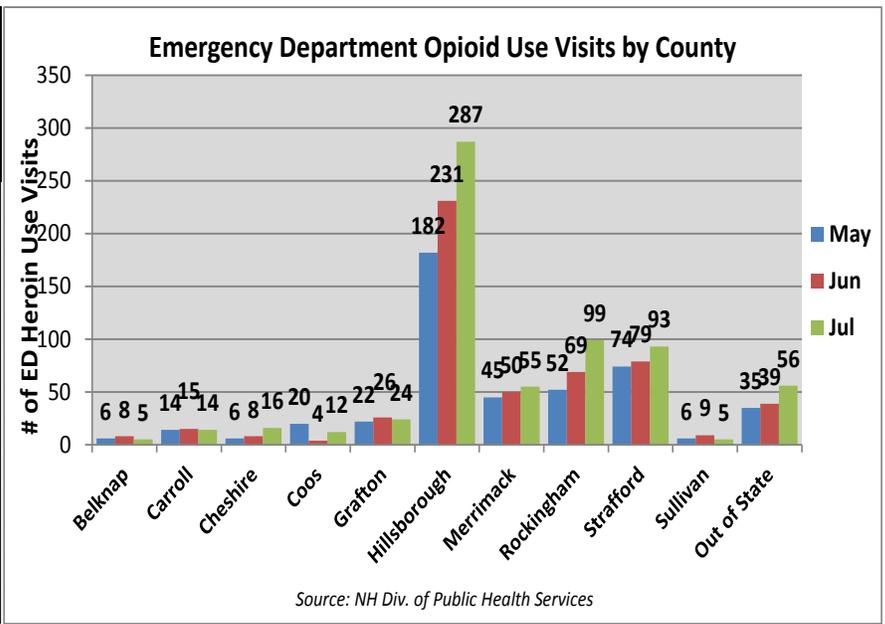


**Geographic Trend:** The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

**Top Counties for July:**  
1. Hillsborough 2. Rockingham

**Largest % increase from June to July:**  
1. Coos

County	May	Jun	Jul	% Change
Belknap	6	8	5	-38%
Carroll	14	15	14	-7%
Cheshire	6	8	16	100%
Coos	20	4	12	200%
Grafton	22	26	24	-8%
Hillsborough	182	231	287	24%
Merrimack	45	50	55	10%
Rockingham	52	69	99	43%
Strafford	74	79	93	18%
Sullivan	6	9	5	-44%
Out of State	35	39	56	44%
<b>TOTAL</b>	<b>462</b>	<b>538</b>	<b>666</b>	<b>24%</b>



*NOTE: County represents where the opioid use patient resides*

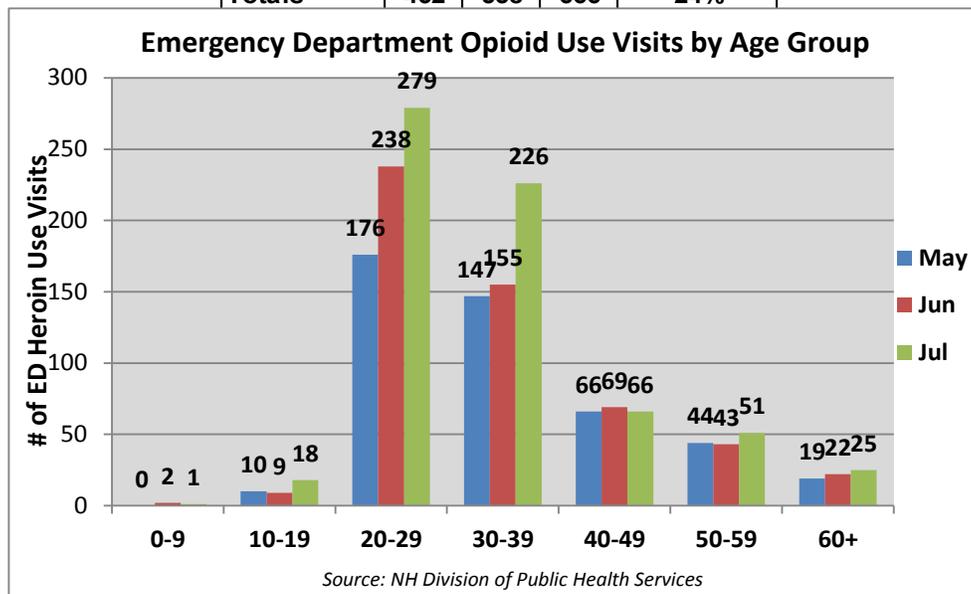
\*The source of these data are New Hampshire’s Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term “heroin, opioid, opiate, or fentanyl” listed as chief complaint text and may represent various types of incidents including accidental poisonings, suicide, or other related types of events. 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. Chief complaint and ICD-10 codes were combined to capture the maximum representation of opioid data in NH hospitals and de-duplicated so encounters could only be counted once for a visit.

**Opioid Related Emergency Department Visits (Continued):**

**Demographic Trends:** The following information identifies observable trends in opioid related Emergency Department visits on the basis of age, and gender of patients.

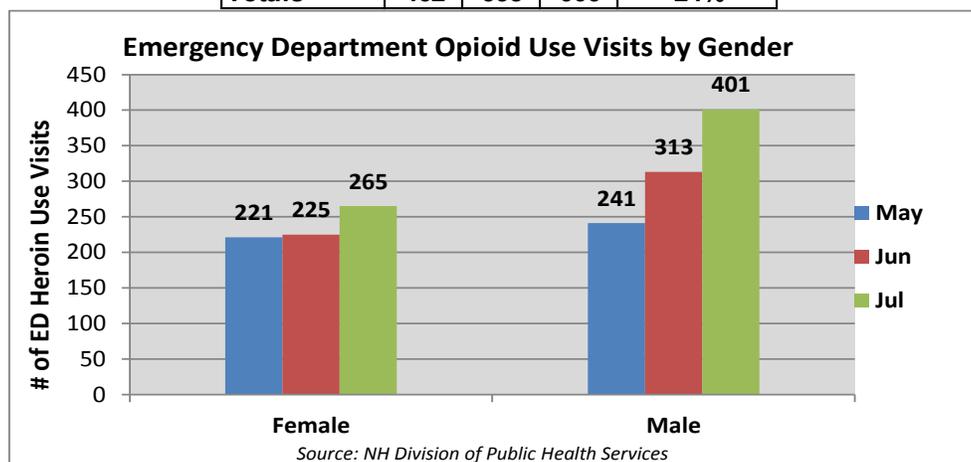
**Age Trends:** The age group with the largest number of Opioid related emergency department visits for July was 20 to 39 years of age. The largest percent increase from June to July was 10-19 years of age with a 100% increase.

Age	May	Jun	Jul	% Change
0-9	0	2	1	-50%
10-19	10	9	18	100%
20-29	176	238	279	17%
30-39	147	155	226	46%
40-49	66	69	66	-4%
50-59	44	43	51	19%
60+	19	22	25	14%
<b>Totals</b>	<b>462</b>	<b>538</b>	<b>666</b>	<b>24%</b>



**Gender Trends:** The gender with the largest number of opioid related emergency department visits for July was male. The largest percent increase from June to July was male with a 28% increase. Female opioid related emergency department visits also increased by 18% from June to July.

Gender	May	Jun	Jul	% Change
Female	221	225	265	18%
Male	241	313	401	28%
<b>Totals</b>	<b>462</b>	<b>538</b>	<b>666</b>	<b>24%</b>



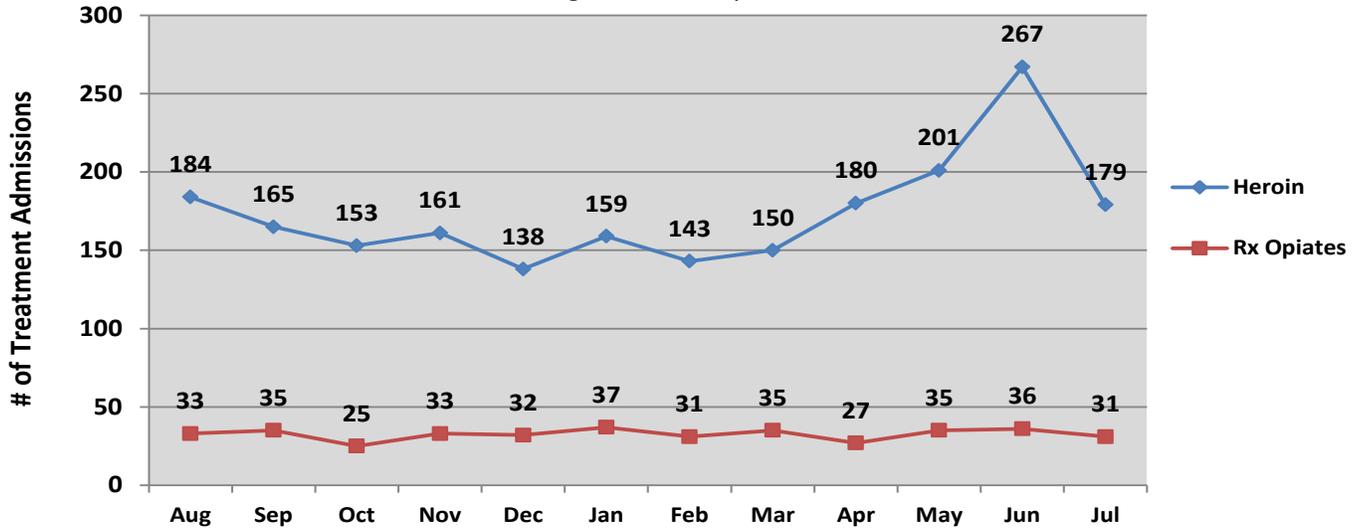
### Heroin & Rx Opiate Treatment Admissions:

Data Source: NH Bureau of Drug & Alcohol Services

**Monthly Trends:** As displayed in the charts below, the number of treatment admissions for heroin increased from February to June. The number of admissions for prescription opiates decreased by 13% from June to July. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions decreased by 31% from June to July. **It is unknown what attributed to the large increase in admissions for the month of June** Although, there have been new initiatives put in place to make treatment more available.

#### Heroin & Rx Opiate Treatment Admissions by Month

August 2015 - July 2016

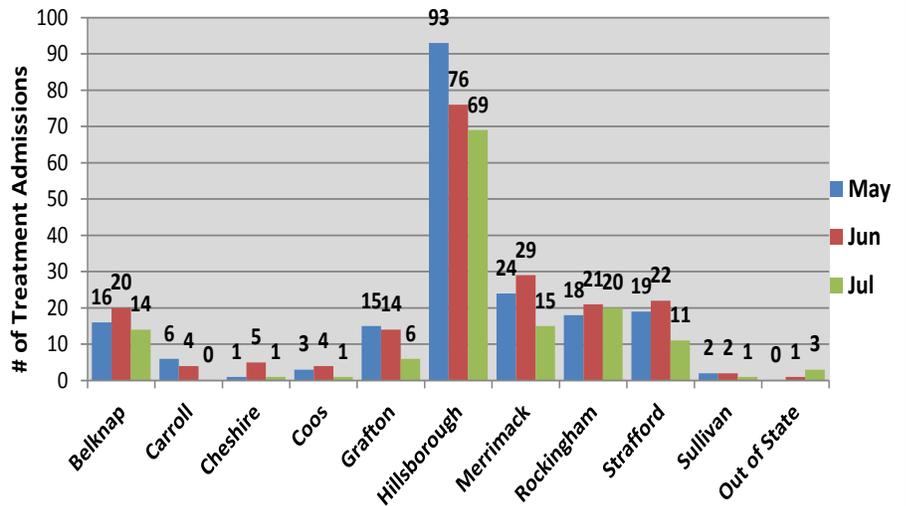


Source: NH Bureau of Drug & Alcohol Services

**Geographic Trends:** The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of July was Hillsborough. Rockingham county experienced the smallest percent decrease with a decrease of 5% in the number of residents admitted to treatment programs from June to July.

County	May	Jun	Jul	% Change
Belknap	16	20	14	-30%
Carroll	6	4	0	-100%
Cheshire	1	5	1	-80%
Coos	3	4	1	-75%
Grafton	15	14	6	-57%
Hillsborough	93	76	69	-9%
Merrimack	24	29	15	-48%
Rockingham	18	21	20	-5%
Strafford	19	22	11	-50%
Sullivan	2	2	1	-50%
Out of State	0	1	3	200%
Not provided	39	105	69	-34%
<b>Totals</b>	<b>236</b>	<b>303</b>	<b>210</b>	<b>-31%</b>

#### Heroin & Rx Opiate Treatment Admissions by County



Source: NH Bureau of Drug & Alcohol Services

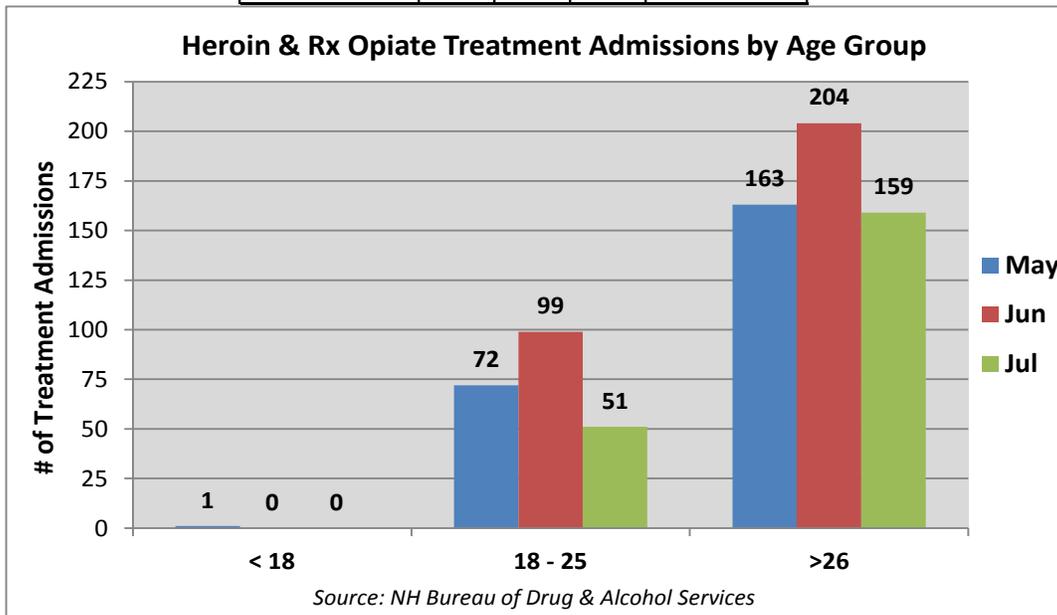
*NOTE: County represents where the patient resides*

**Heroin & Rx Opiate Treatment Admissions (Continued):**

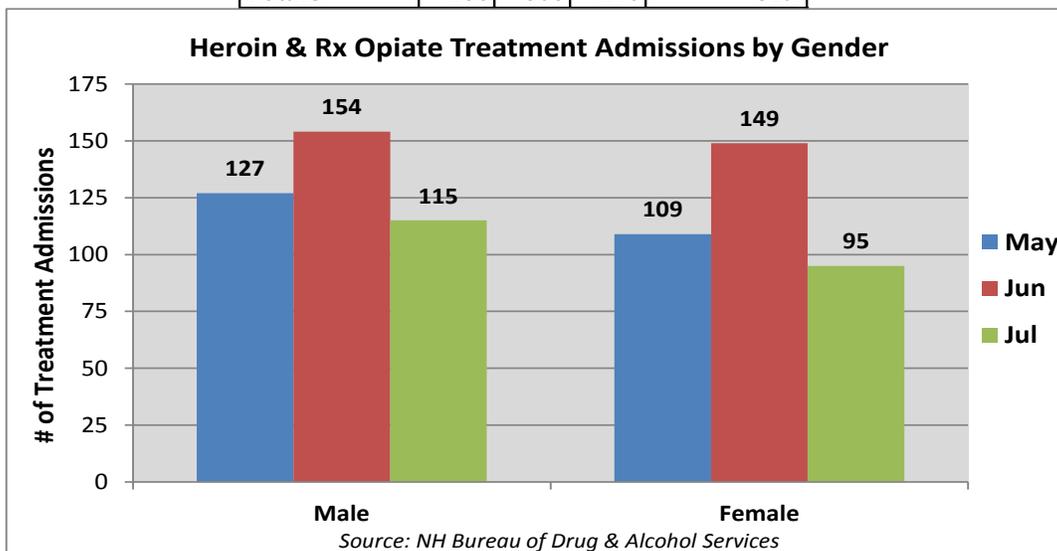
**Demographic Trends:** Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of May, June, and July.

- There were more males than females admitted to treatment programs during the month of July. The number of males admitted to treatment programs decreased by 25% from June to July and the number of females admitted to treatment programs decreased by 36% during the same time period.

Age Group	May	Jun	Jul	% Change
< 18	1	0	0	Incalculable
18 - 25	72	99	51	-48%
>26	163	204	159	-22%
<b>Totals</b>	<b>236</b>	<b>303</b>	<b>210</b>	<b>-31%</b>



Gender	May	Jun	Jul	% Change
Male	127	154	115	-25%
Female	109	149	95	-36%
<b>Totals</b>	<b>236</b>	<b>303</b>	<b>210</b>	<b>-31%</b>



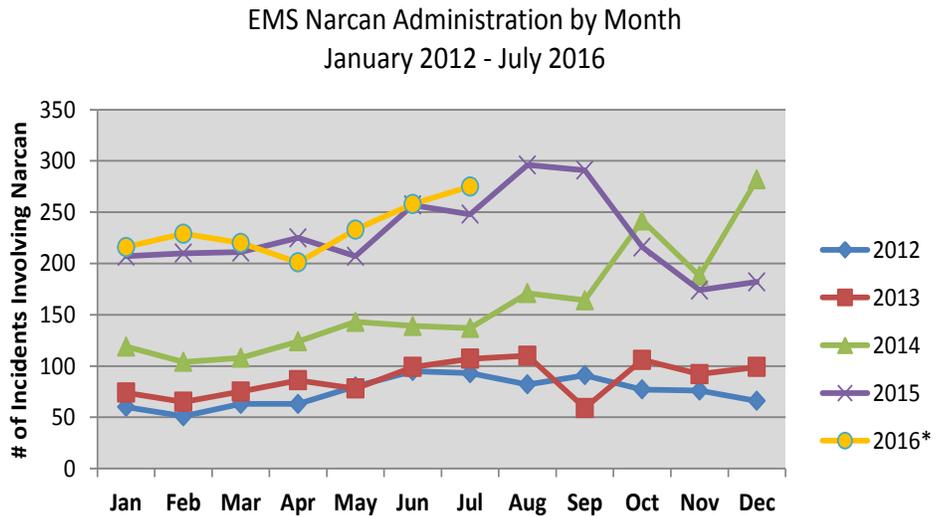
**EMS Narcan Administration\*:**

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

**Monthly Trends:**

Incidents involving EMS Narcan administration increased by 7% from June 2016 to July 2016.

(Note: 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.)



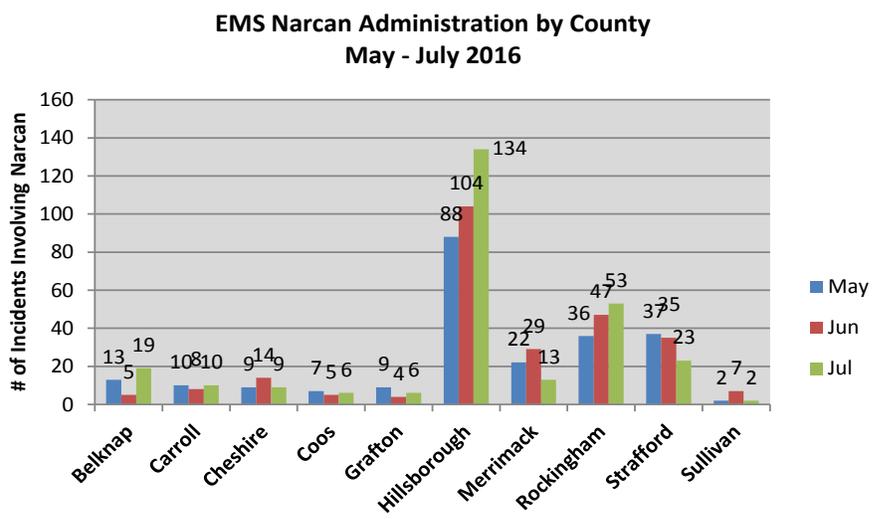
Source: NH Bureau of EMS

\*2016 Numbers are based on analysis completed as of August, 2016

**Geographic Trends:** The following chart displays the number of incidents involving Narcan administration by county for the months of May, June, and July. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 88, 104, and 134 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between June and July was observed in Belknap County with a 280% increase. The largest percentage decrease was seen in Sullivan County with a 71% decrease.

See page 9 for a map of EMS Narcan Administration Incidents by Town for the last 12 months, August 2015 through July 2016.

County	May	Jun	Jul	% Change
Belknap	13	5	19	280%
Carroll	10	8	10	25%
Cheshire	9	14	9	-36%
Coos	7	5	6	20%
Grafton	9	4	6	50%
Hillsborough	88	104	134	29%
Merrimack	22	29	13	-55%
Rockingham	36	47	53	13%
Strafford	37	35	23	-34%
Sullivan	2	7	2	-71%
<b>Total</b>	<b>233</b>	<b>258</b>	<b>275</b>	<b>7%</b>



Source: NH Bureau of EMS

\*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.

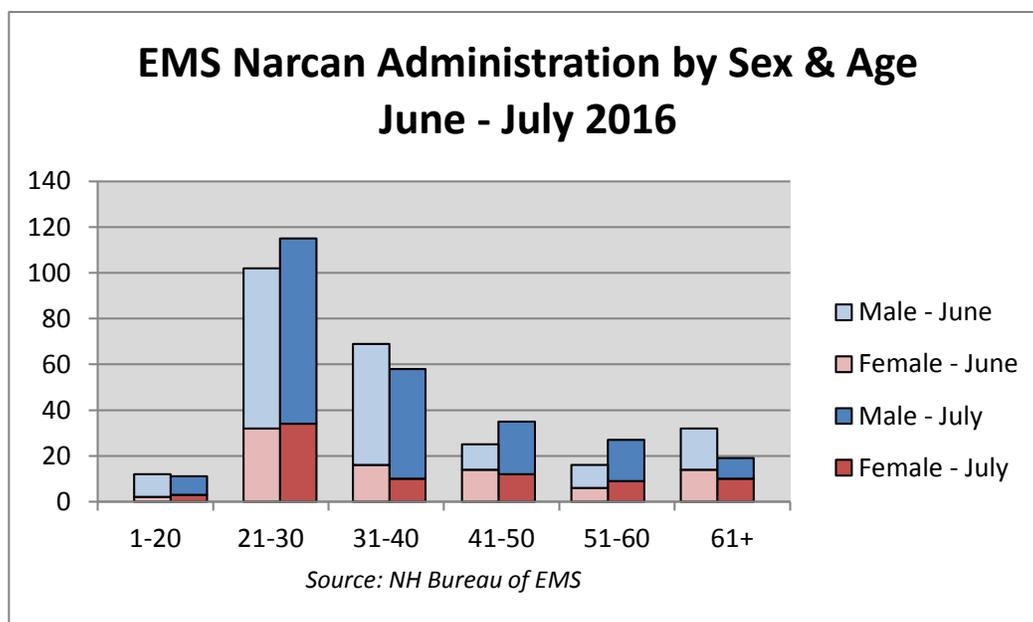
**EMS Narcan Administration\* (Continued):**

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

**Demographic Trends:** EMS incidents involving Narcan Administration were broken down by age and gender as displayed in the charts below. Males and females 21-40 years of age were administered Narcan the most often during the months of May, June, and July.

- More males than females were administered Narcan during the months of May, June, and July. The number of males that were administered Narcan increased by 8.7% from June to July and the number of females administered Narcan increased by 5% during the same time period.

Age	May		June		July	
	Male	Female	Male	Female	Male	Female
1-20	6	5	10	2	8	3
21-30	57	12	70	32	81	34
31-40	39	19	53	16	48	20
41-50	17	20	11	14	23	12
51-60	21	12	10	6	18	9
61+	10	13	18	14	9	10
Total	150	81	172	84	187	88



\*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.

# EMS/Narcarn Administration By Town

8/1/2015-7/31/2016

Data source: New Hampshire Bureau of EMS

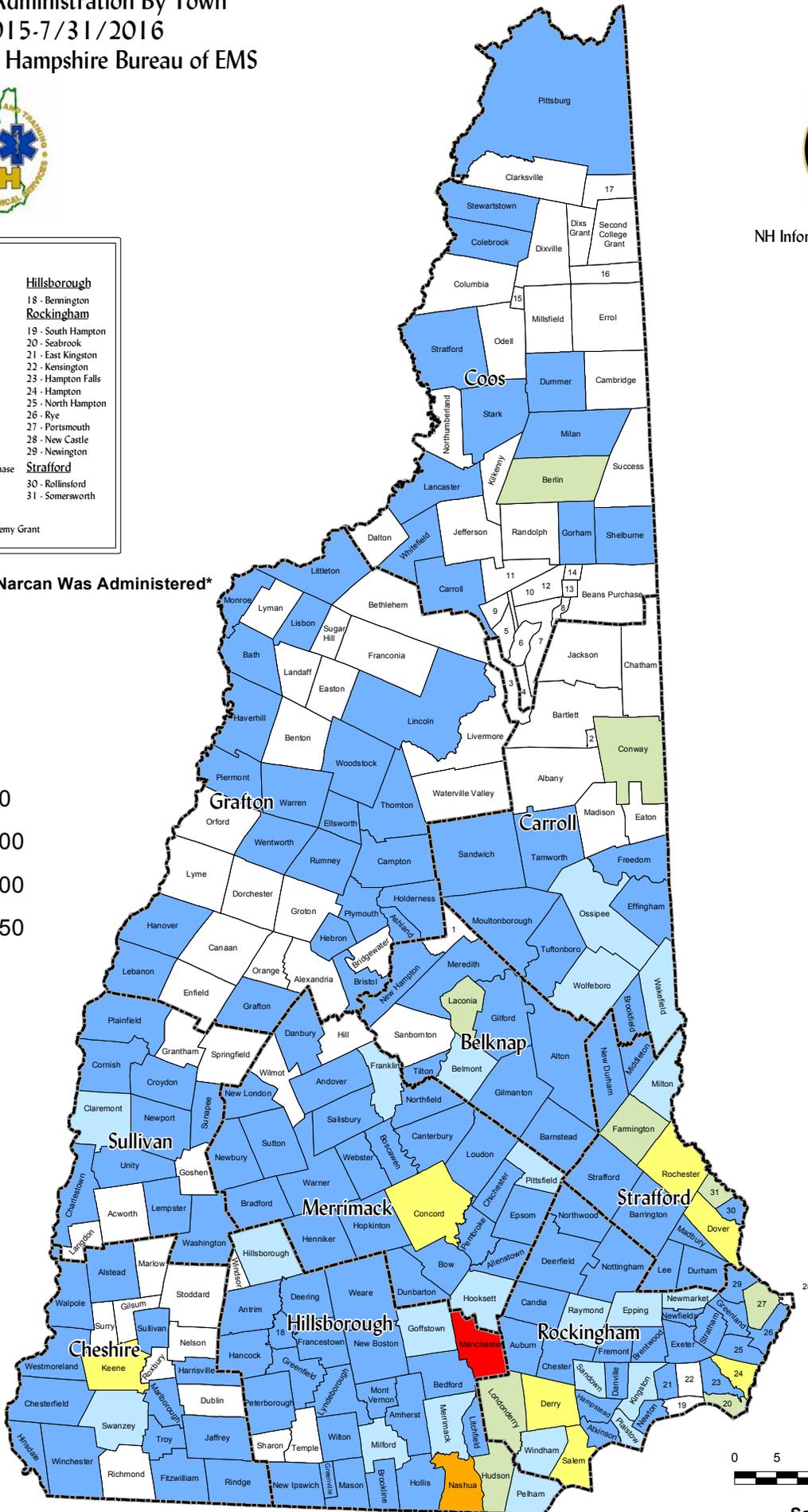
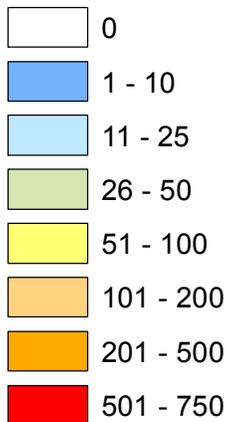


Prepared by:  
NH Information & Analysis Center

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17 - Atkinson & Gilmanton Academy Grant	

### \*Incidents Where Narcan Was Administered\*



Scale: 1:1,150,000

### Drug Overdose Deaths:

Data Source: NH Medical Examiner's Office

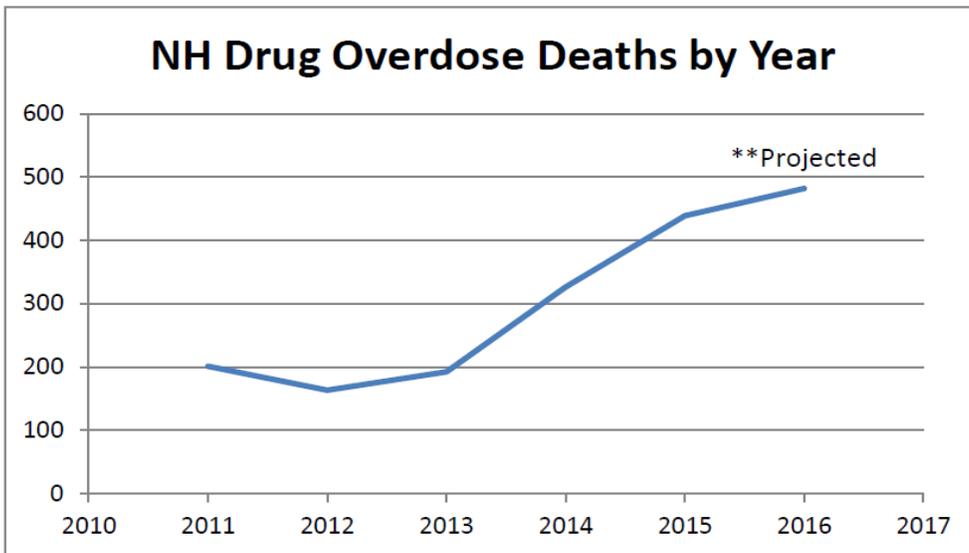
**Annual Trends:** The chart below displays overdose deaths annually from 2011 through 2016. 2016 numbers are as of 11 August 2016. The projected number of drug related deaths for 2016 is **482**. There has been one confirmed death from U-47700 in 2016. **Please see page 11 for a map of 2016 overdose deaths by town where the individual is believed to have used the drug(s).**

+Heroin and Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs.

Year	All Drug Deaths	Heroin Related Deaths+	Fentanyl Related Deaths+
2010	177	13	19
2011	201	44	18
2012	163	38	12
2013	192	70	18
2014	326	98	145
2015	439	88	283
2016*	196	10	139

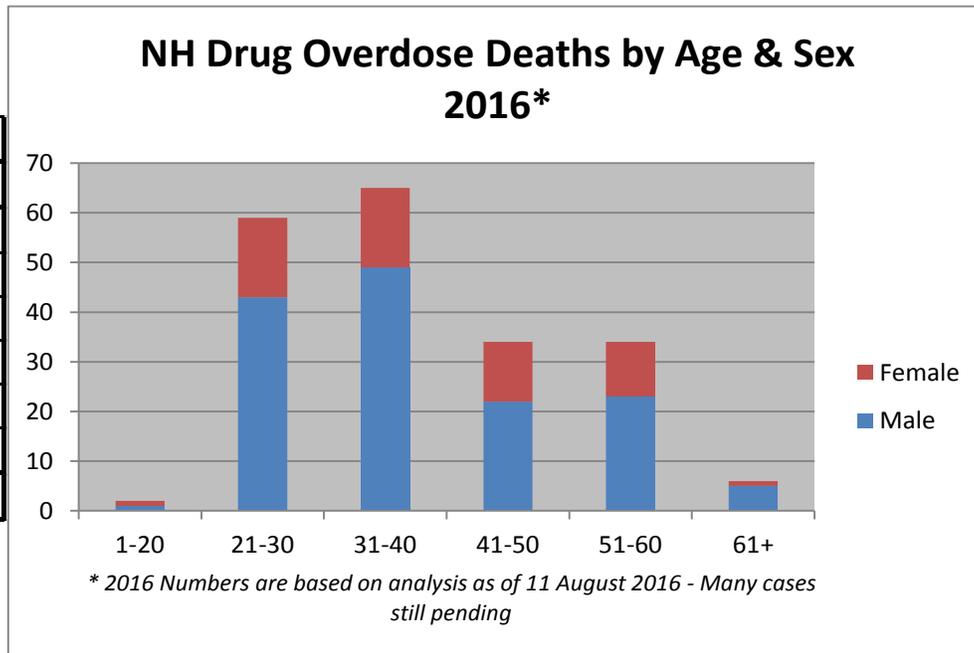
\*numbers reported as of 08/11/16

Source: Office of the Chief Medical Examiner



Age	July 2016	
	Male	Female
1-20	1	1
21-30	43	16
31-40	49	16
41-50	22	12
51-60	23	11
61+	5	1
<b>Total</b>	<b>143</b>	<b>57</b>

\*2016 Numbers are based on analysis as of 11 August 2016



# Overdose Deaths by Town\* - 2016+

(Data Source: NH Medical Examiner's Office)

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

+2016 data was reported on August 11, 2016.  
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.



Prepared by:  
NH Information & Analysis Center

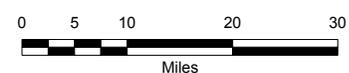
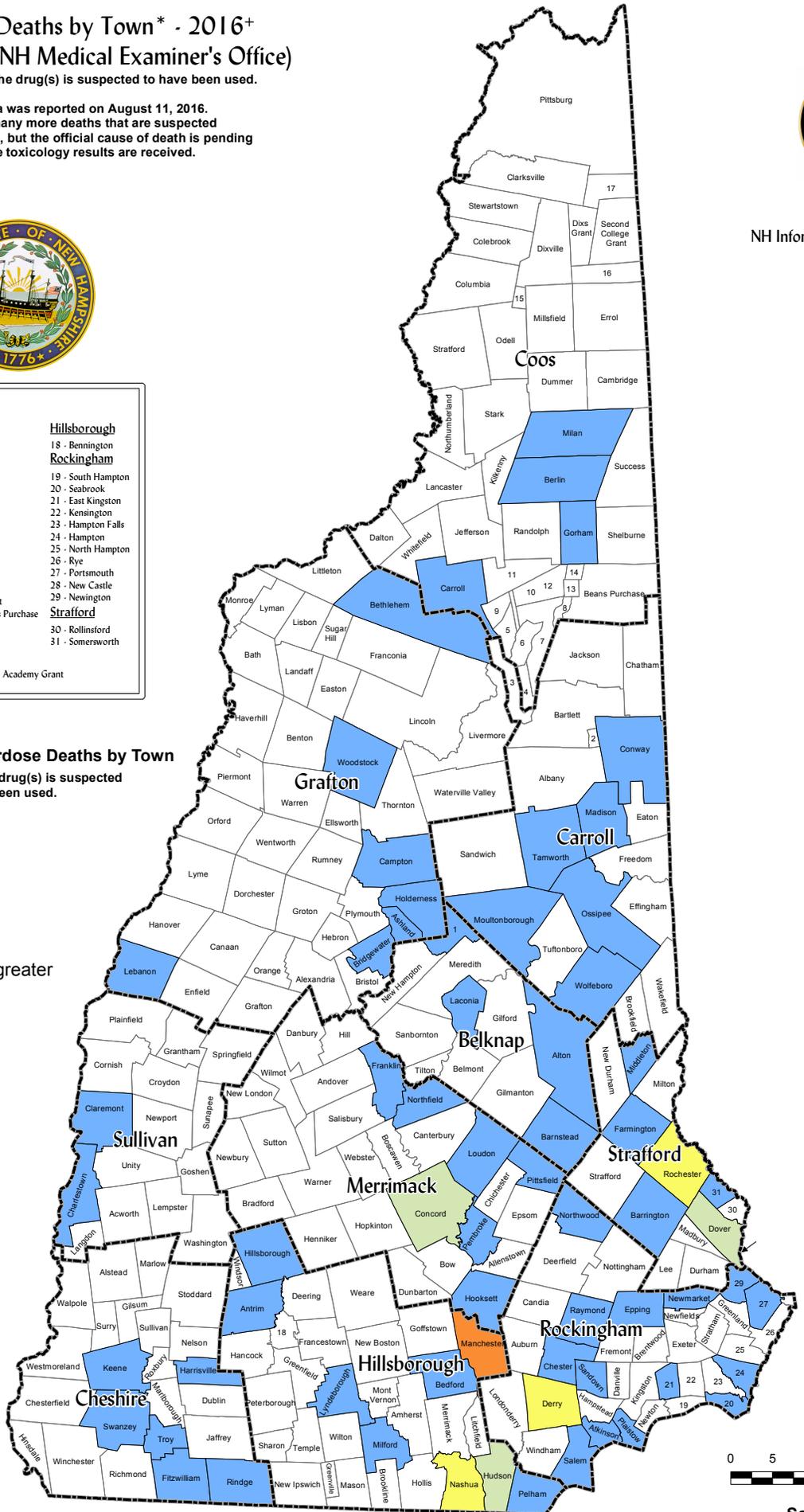
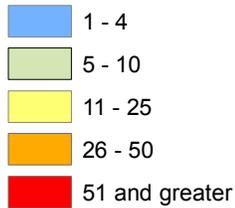


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### Number of Overdose Deaths by Town

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



Scale: 1:1,150,000

# SAFE STATION

As of August, 2 2016

- Number of requests at MFD for Safe Station: 282
- Number of participants placed within the Hope System: 117\*
- Number of participants transported to Hospitals: 28
- Number of participants reconnected with family: 26\*
- Number of participants who left voluntarily: 20\*
- Average Length of Time MFD Company “Not Available”: 13 minutes
- Number of UNIQUE participants: 248
- Number of REPEAT participants: 34
- Age Range of Participants: 18-60

\* these numbers are always behind and are pending updates from HOPE for NH Recovery and/or Serenity Place

## In the News...

### Meth Lab Discovered at Home in Claremont

According to WMUR, two Claremont residents are facing charges after police said they found evidence of methamphetamine manufacturing Tuesday (8/2) morning at a home in the city. Erica Walker, 34, and Shaun Teeter, 33, are accused of making the drug in a residence at 44 Central Street. Police said the two were arrested during the execution of a search warrant. A DEA laboratory team was called to the scene as a safety precaution.

### Nashua Police Roundup Nabs 8 on Drug Charges

According to the Nashua Telegraph, a team of detectives, patrol officers and Problem Oriented Policing Unit members rounded up eight individuals, including a man from New York City, in their most recent sweep Tuesday (7/26) afternoon. Police did not give details on where the arrests took place or on the circumstances that lead to the suspects. They did say the arrests were part of their Combined Drug Impact Initiative, which targets people suspected of distributing, possessing and using illegal drugs. Ricky Holloway, 25, was in possession of about 10 grams of cocaine, police said. Matthew Escamilla, 22, faces two counts of sale of a controlled drug—heroin—a felony-level charge. Nicholas McDowell-Monte, 28, was charged with one count sale of a controlled drug—heroin—a felony. Aaron Smith, 25, is charged with two counts of sale of a controlled drug, and one count of possession of heroin. R. Shelbi Paynter, 37, is charged with one count each of attempted sale of a controlled drug. Christi Terrell, 23, is charged with one count of attempted sale of controlled drug—crack cocaine, and possession of marijuana. Tyler Greenhalgh, 23, is charged with one count of possession of a controlled drug—oxycodone. James Watson, 22, is charged with one count of possession of marijuana. Police urge residents with any information concerning illegal drug activity to call their local police department.

Tracked by NHIAC/HSEC SINS: 03,16 / 05,06

**Substance Abuse Treatment/Recovery Directory:***State funded treatment facilities in NH (NOT a complete list)—Source NH Department of Health & 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**

(Intensive Outpatient 18 years and older and Outpatient Services.)  
250 Pleasant Street, Suite 5400  
Concord, NH 03301  
Phone: 603-225-2711 ext. 2521  
Fax: 603-227-7169

**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  
Fax: 603-749-3983

**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  
Fax: 603-524-7275

**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  
Fax: 603-448-1829

**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  
Fax: 603-641-1244

**Manchester Alcoholism and Rehabilitation Center**

(Intensive Outpatient 18 years and older and Outpatient Services.)  
555 Auburn Street  
Manchester, NH 03101  
Phone: 603-263-6287  
Fax: 603-621-4295

**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  
Fax: 603-943-7969

**The Youth Council**

(Outpatient for Adolescents and Families.)

112 W. Pearl Street  
Nashua, NH 03060  
Phone: 603-889-1090  
Fax: 603-598-1703

**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  
Fax: 603-422-8218

**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](#).