



New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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NHIAC Product #: 2017-3082

July 2017 Report

1 September 2017

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

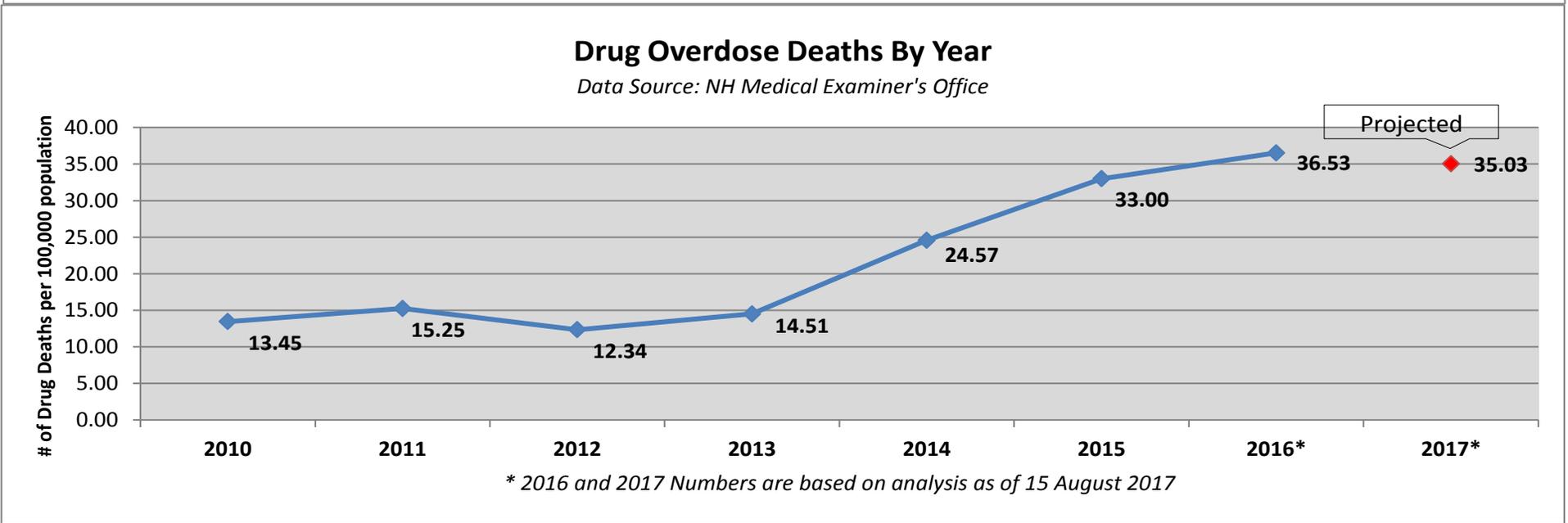
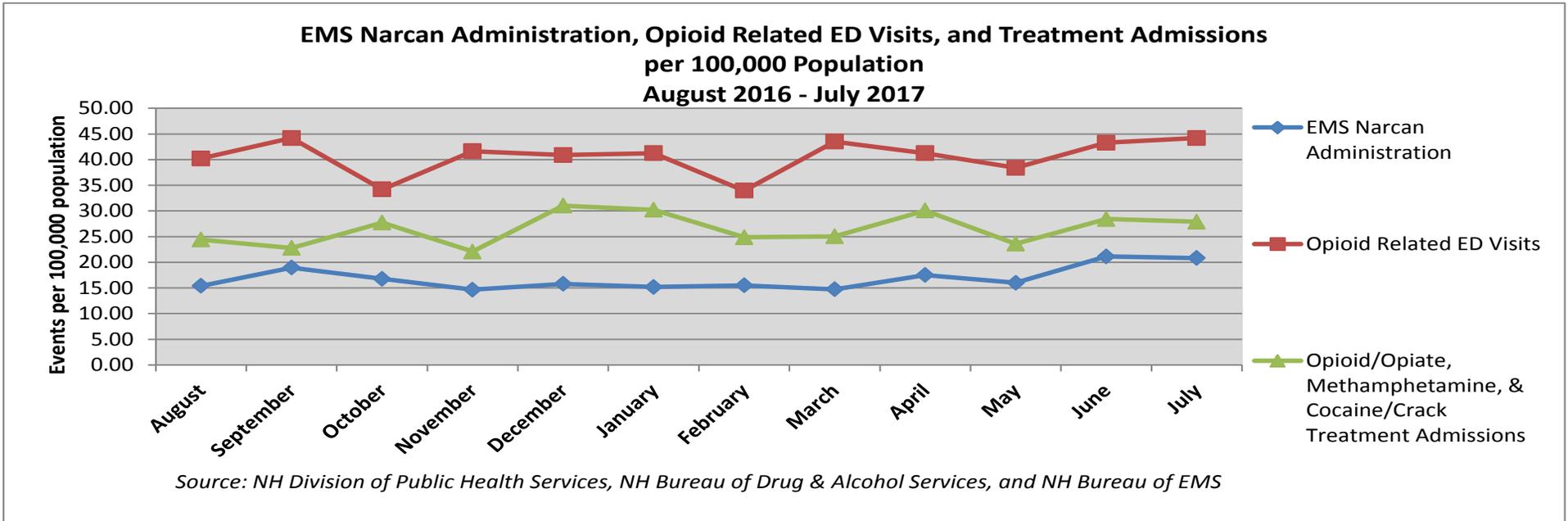
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⇒ Population data source: <http://www.nh.gov/oepp/data-center/population-estimates.htm>

- 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, Treatment Admissions, and Overdose Deaths:



Drug Overdose Deaths:

Data Source: NH Medical Examiner's Office



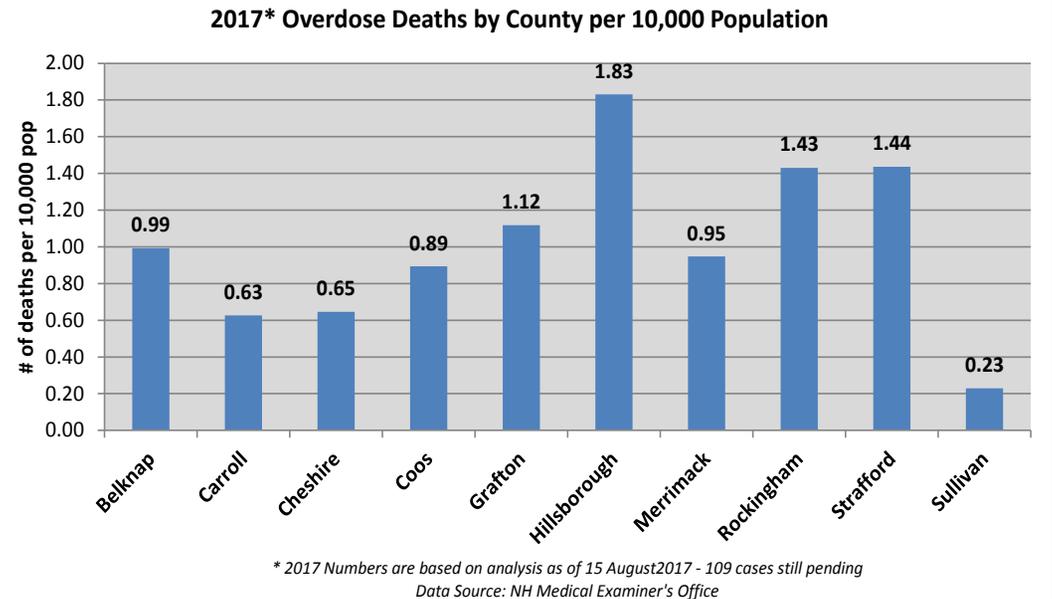
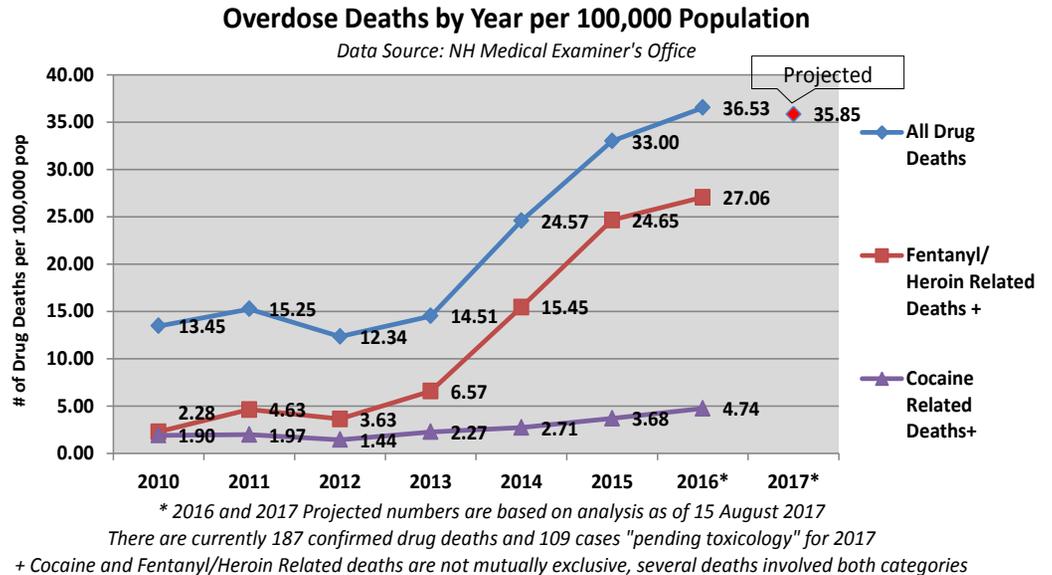
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Trends:

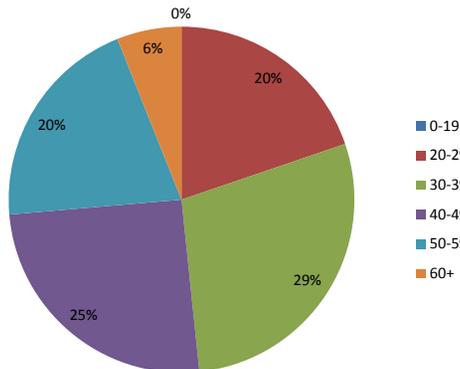
- At this time, drug overdose deaths are projected to decrease by 2% from 2016 to 2017.
 - In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 1.83 deaths per 10,000 population.
 - Strafford and Rockingham Counties had the next highest suspected drug use resulting in overdose deaths per capita at 1.44 and 1.43 deaths per 10,000 population respectively.
 - The age group with the largest number of drug overdose deaths is 30-39 which represents 29% of all overdose deaths for 2017.
- As released by the Attorney General's Office on 12 July, 2017 there have been 10 deaths related to the use of carfentanil in 2017.

***** IMPORTANT DATA NOTES *****

- 2016 and 2017 Numbers are based on analysis as of 15 August 2017.
- There are currently 187 confirmed drug deaths and 109 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*

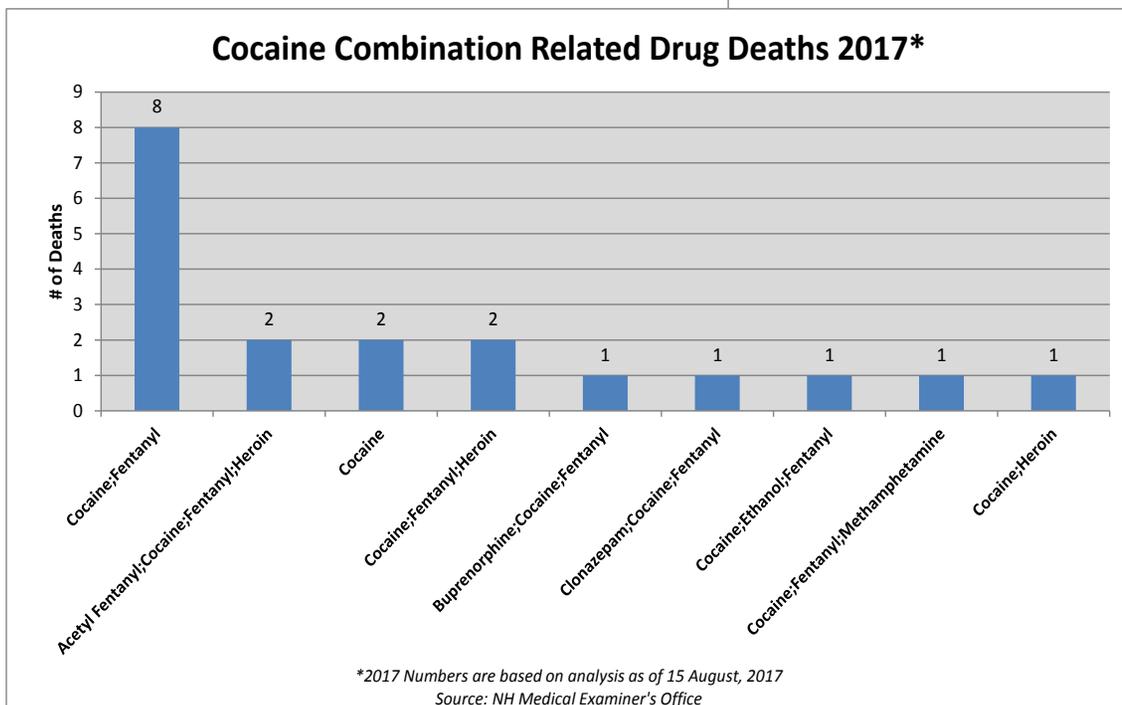
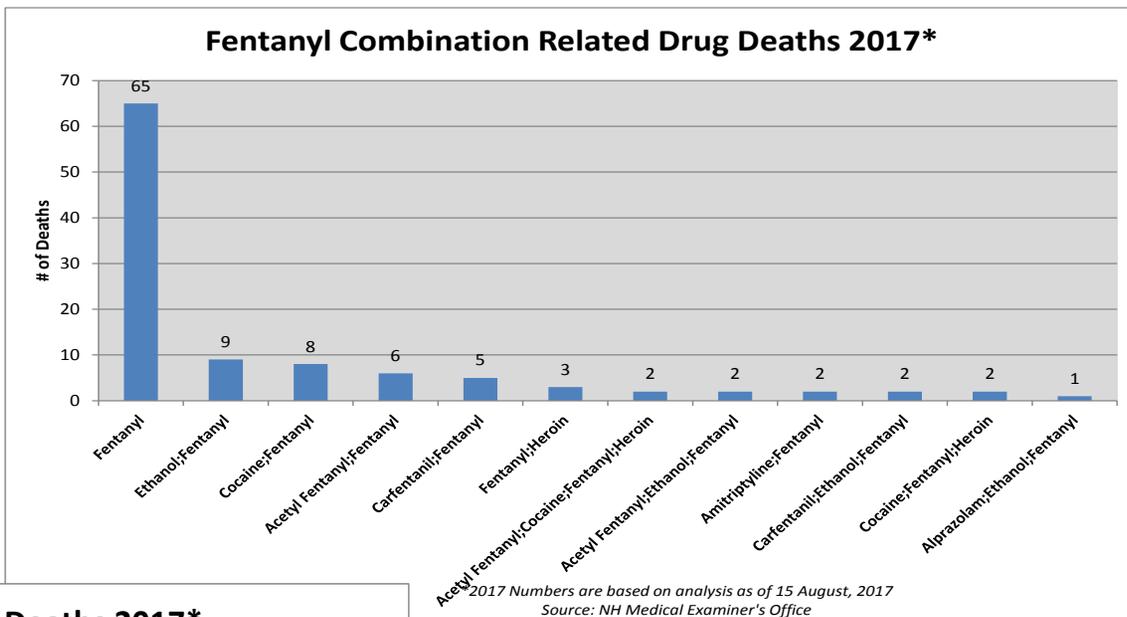


*2017 Numbers are based on analysis as of 15 August, 2017
 Source: NH Medical Examiner's Office

Drug Overdose Deaths (Continued):

Data Source: NH Medical Examiner's Office

Cocaine Combinations	
Cocaine; Fentanyl	8
Acetyl Fentanyl; Cocaine, Fentanyl, Heroin	2
Cocaine	2
Cocaine; Fentanyl; Heroin	2
Buprenorphine; Cocaine ; Fentanyl	1
Clonazepam; Cocaine; Fentanyl	1
Cocaine; Ethanol; Fentanyl	1
Cocaine; Fentanyl; Methamphetamine	1
Cocaine; Heroin	1



Fentanyl Combinations	
Fentanyl	65
Ethanol; Fentanyl	9
Cocaine; Fentanyl	8
Acetyl Fentanyl; Fentanyl	6
Carfentanil; Fentanyl	5
Fentanyl; Heroin	3
Acetyl Fentanyl; Cocaine; Fentanyl; Heroin	2
Acetyl Fentanyl; Ethanol; Fentanyl	2
Amitriptyline; Fentanyl	2
Carfentanil; Ethanol; Fentanyl	2
Cocaine; Fentanyl; Heroin	2
Alprazolam; Ethanol; Fentanyl	1

Overdose Deaths by Town* - 2017 ++

(Data Source: NH Medical Examiner's Office)

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

+2017 data was reported on August 15, 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.



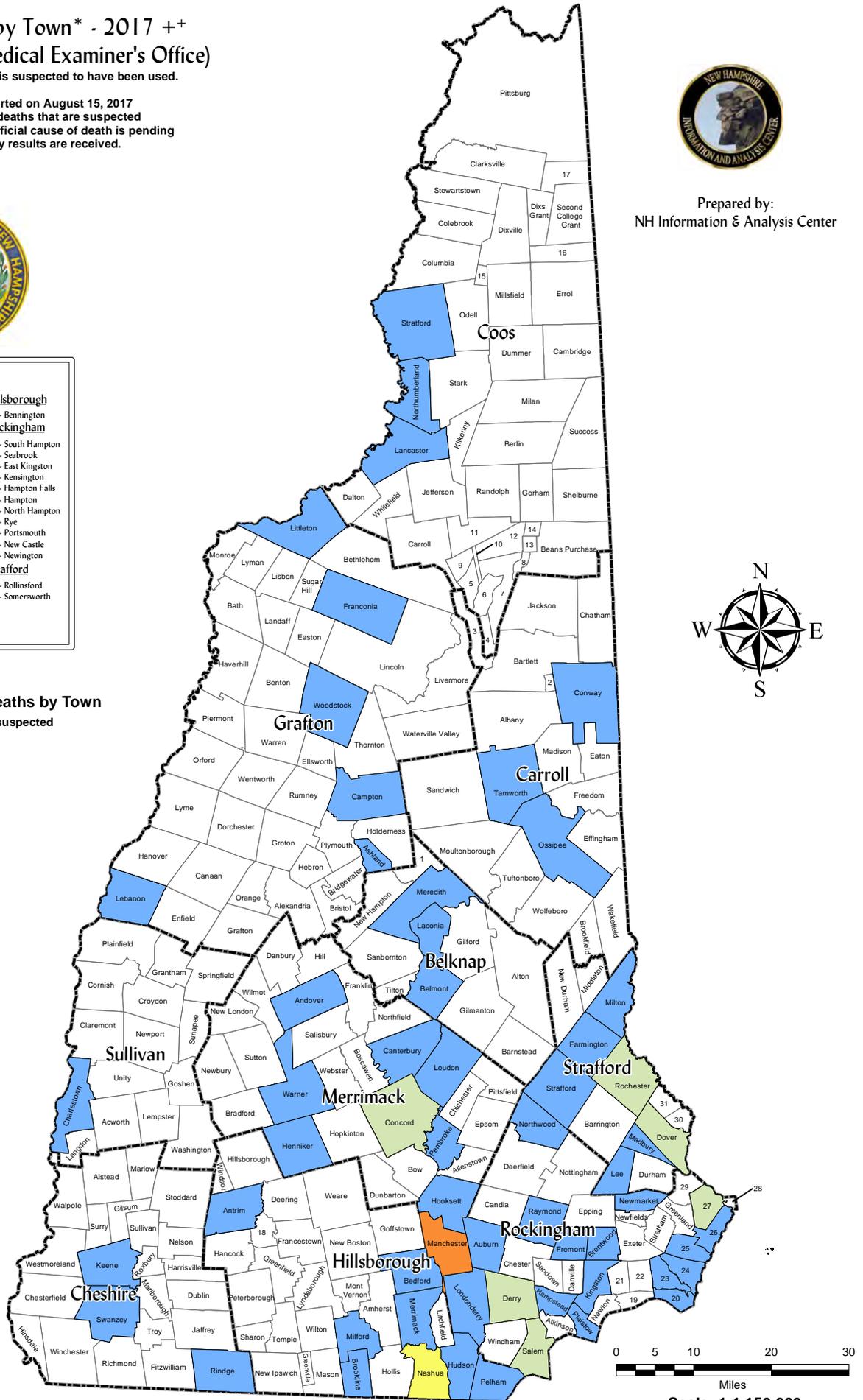
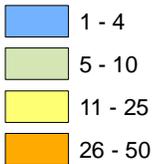
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Number of Overdose Deaths by Town
 *Location where the drug(s) is suspected to have been used.



EMS Narcan Administration:

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



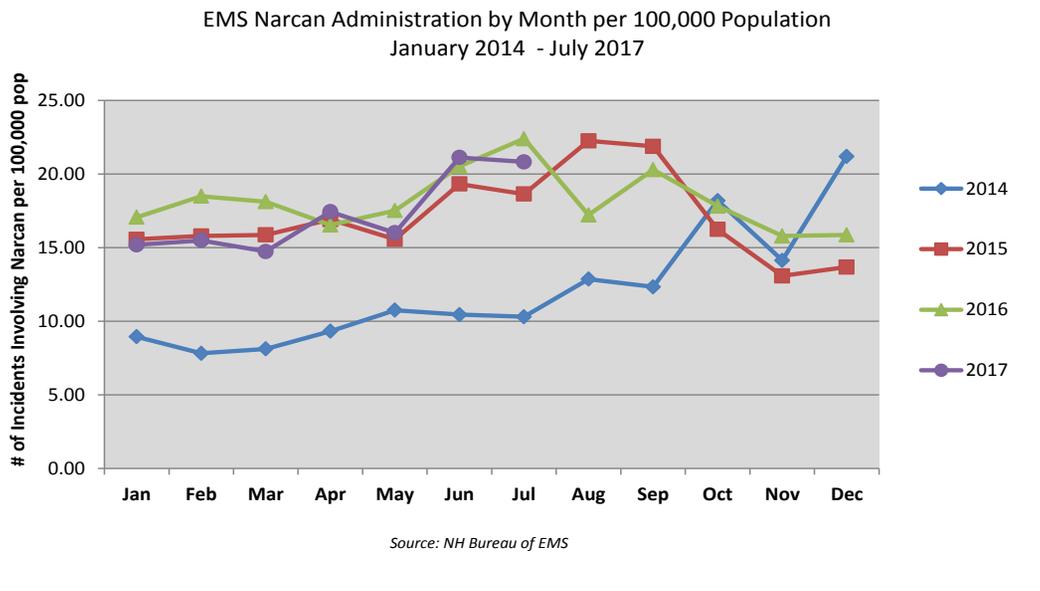
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Trends:

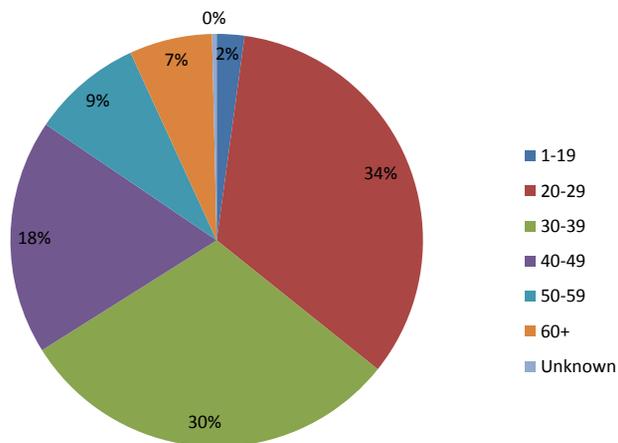
- EMS Narcan administration incidents decreased by 1.4% from June to July.
- In July Belknap County had the most EMS Narcan administration incidents per capita with 5.63 incidents per 10,000 population.
- Based on absolute numbers Hillsborough County had the most Narcan incidents with 100 incidents in July.
- The age group with the largest number of EMS Narcan administration incidents is 20-29 which represents 34% of all EMS Narcan administration incidents for July.
- NH Bureau of EMS "lives saved" has increased by 18% from June to July.

***** IMPORTANT DATA NOTES *****

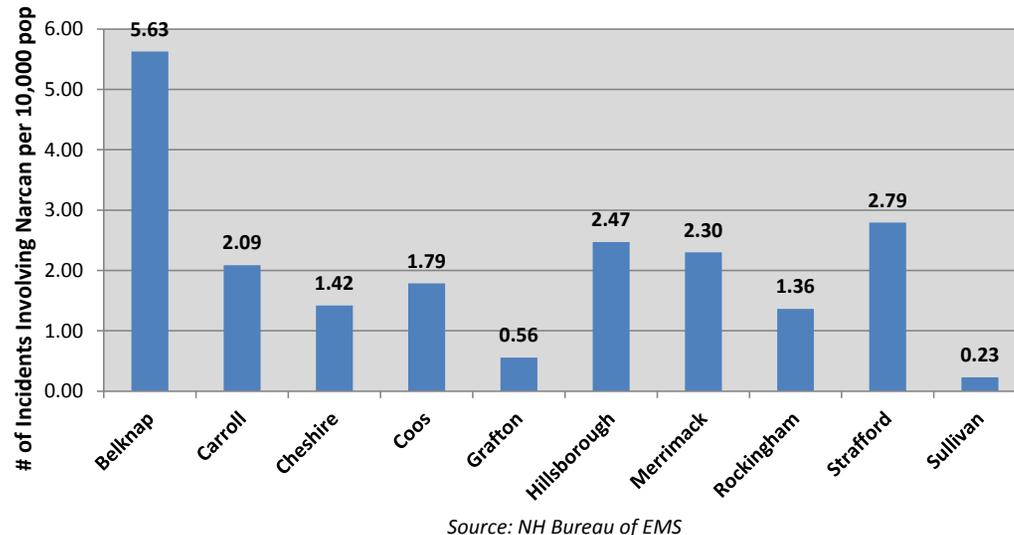
- Narcan data in this report involves the number of incidents where Narcan was administered, NOT the number of doses of Narcan during a certain time period. Multiple doses may be administered during an incident.
- Narcan is administered in cases of cardiac arrest when the cause of the arrest cannot be determined. It therefore cannot be concluded that all of the reported Narcan cases involved drugs.



July EMS Narcan Administration by Age Group

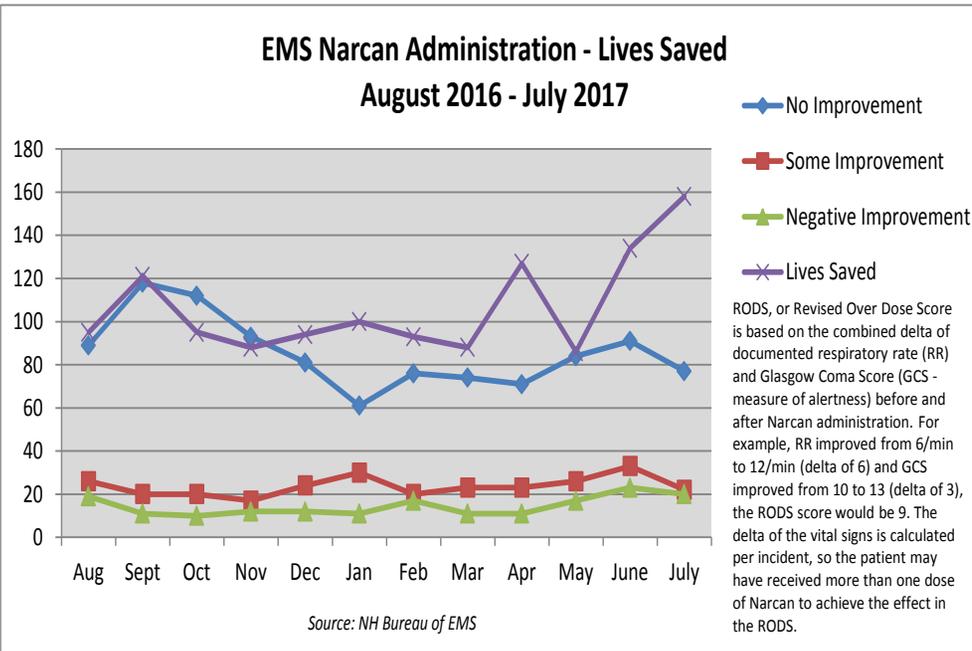


July EMS Narcan Administration by County per 10,000 Population



EMS Narcan Administration (Continued):

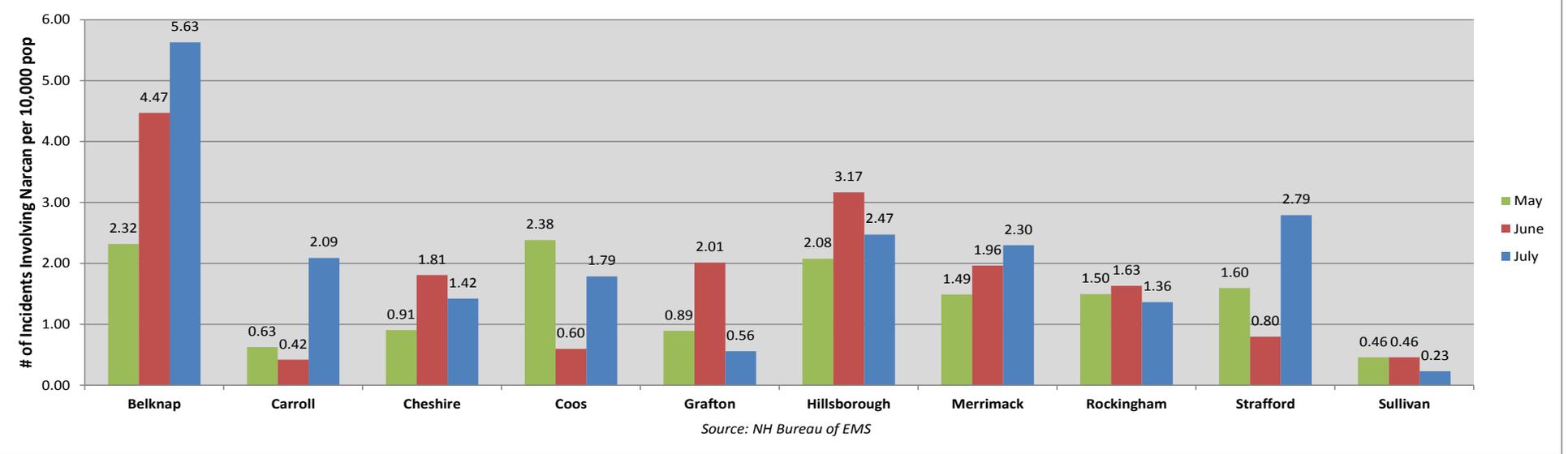
Data Source: NH Bureau of Emergency Medical Services (EMS)



EMS Narcan Administration—Lives Saved												
Source: NH Bureau of EMS	2016					2017						
RODS Outcome	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
No Improvement <i>Negative RODS Score</i>	89	118	112	93	81	61	76	74	71	84	91	77
Some Improvement <i>RODS Score 1-7</i>	26	20	20	17	24	30	20	23	23	26	33	22
Negative Improvement <i>RODS Score of 0</i>	19	10	10	12	12	11	17	11	11	17	23	20
Lives Saved <i>RODS Score of 8+</i>	95	121	95	88	94	100	93	88	127	86	134	158
Total	229	270	237	210	211	202	206	196	232	213	281	277

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



EMS/Narcan Administration by Town
8/1/2016 - 7/31/2017

Data Source: New Hampshire Bureau of EMS

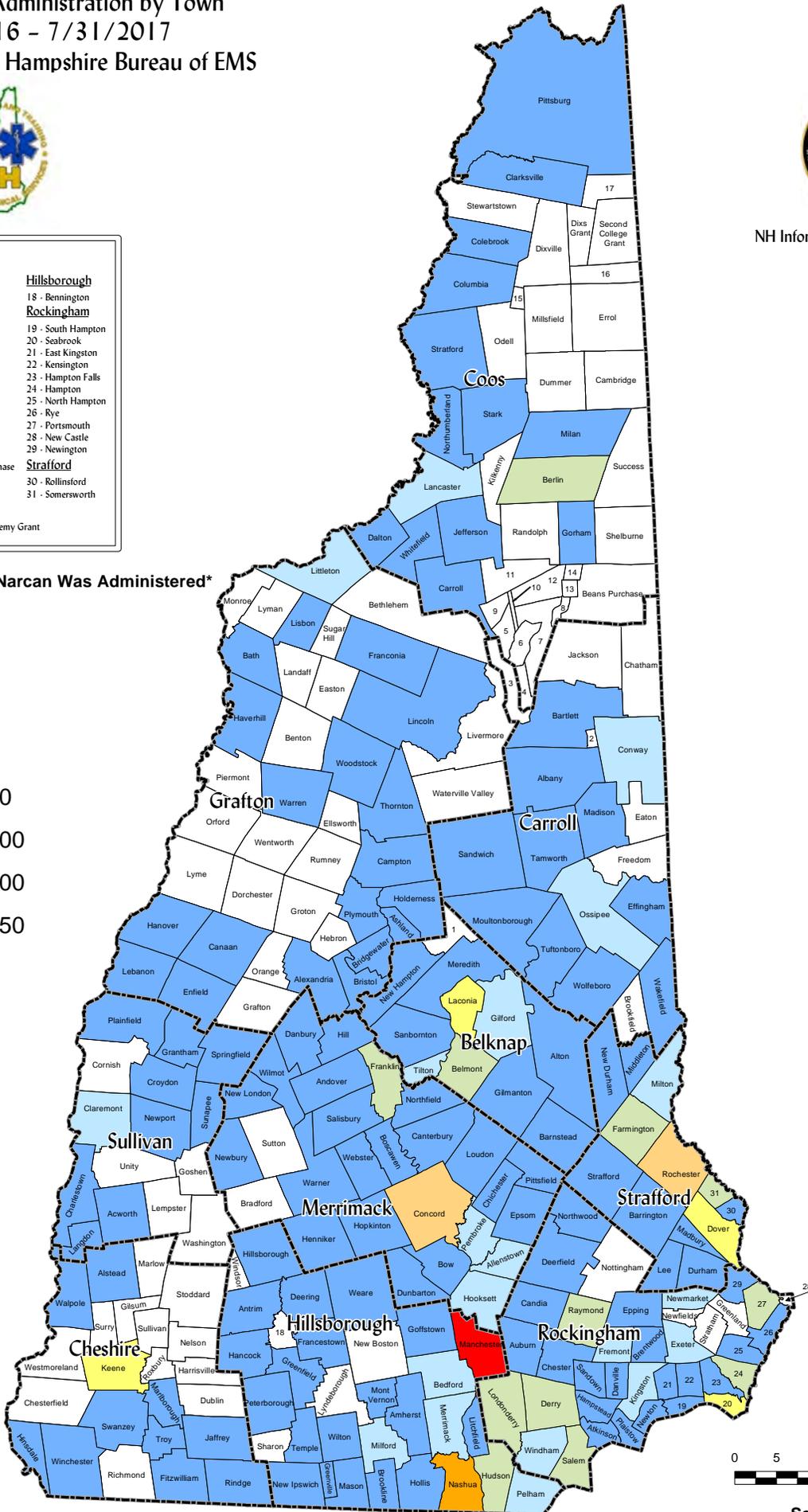
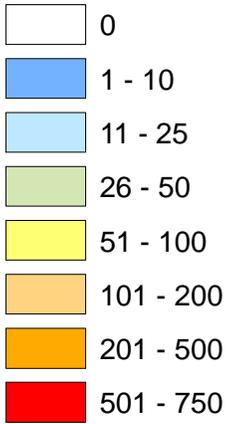


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Incidents Where Narcan Was Administered



Scale: 1:1,150,000

Opioid Related Emergency Department Visits:

Data Source: NH Division of Public Health Services



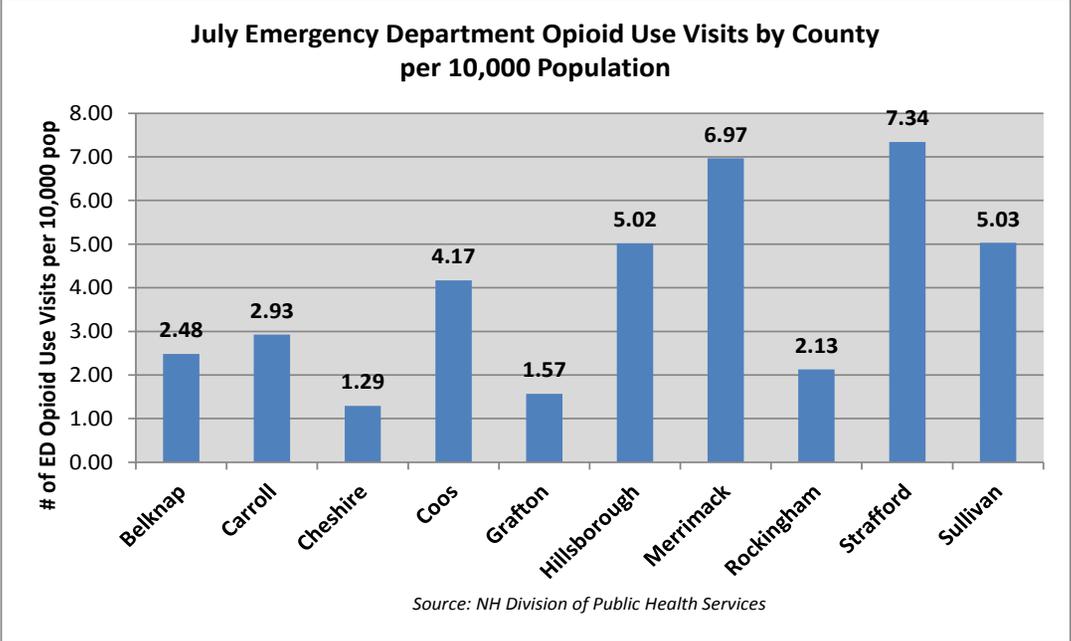
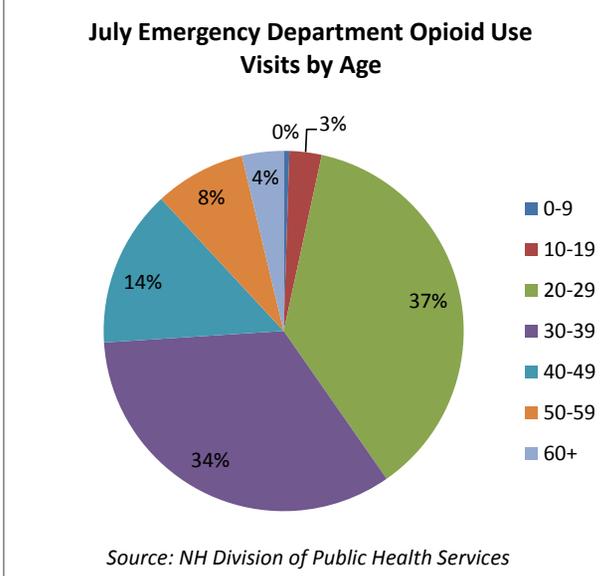
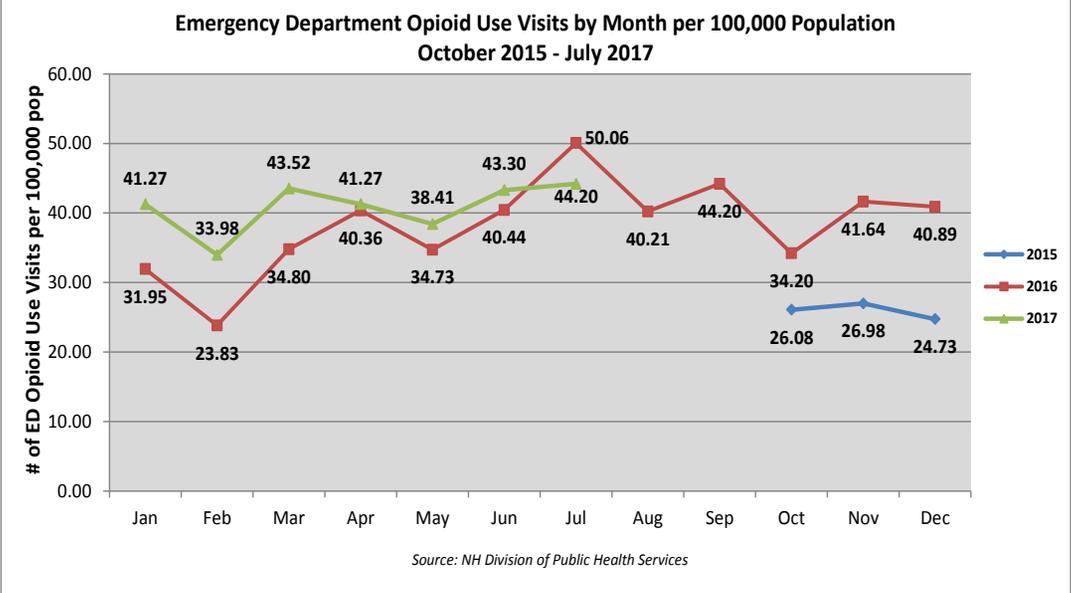
Right click on the paperclip and select "Open File" to view additional data.

Trends:

- Opioid related ED visits increased by 2% from June to July 2017.
- In July residents from Strafford County had the most opioid related ED visits per capita with 7.34 visits per 10,000 population.
- Merrimack County had the second highest number of opioid related ED visits per capita with 6.97 visits per 10,000 population.
- The age group with the largest number of opioid related ED visits is 20-29 which represents 37% of all opioid related ED visits for June.

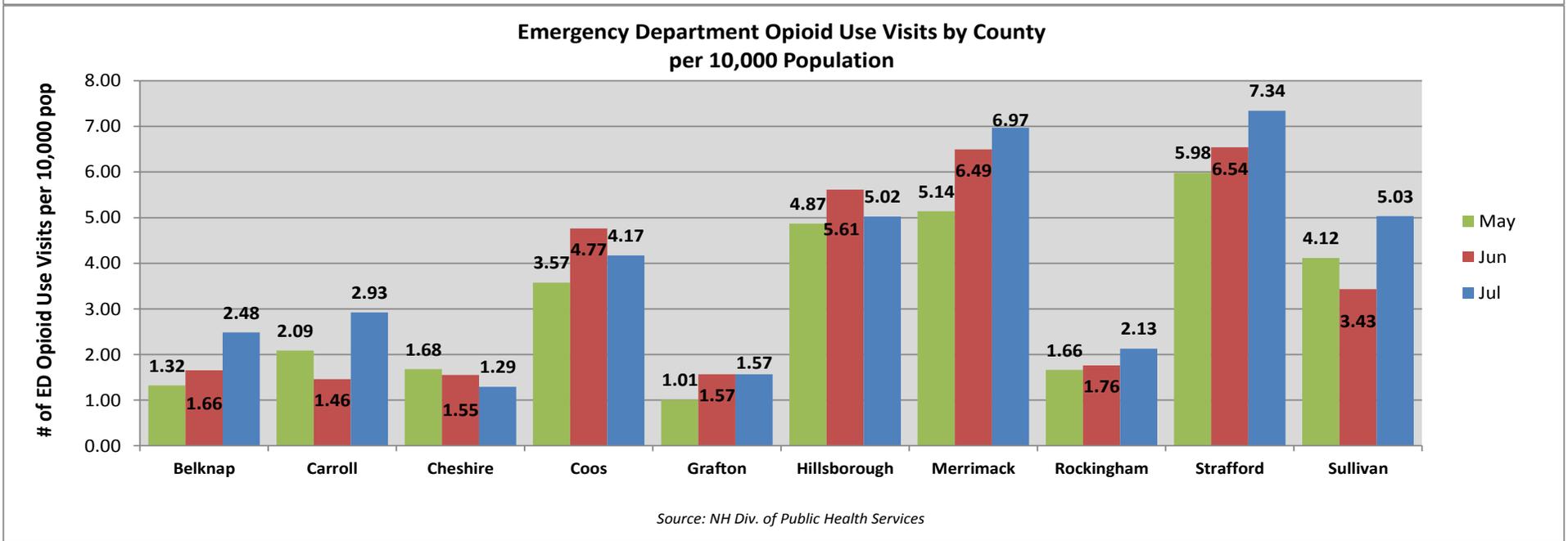
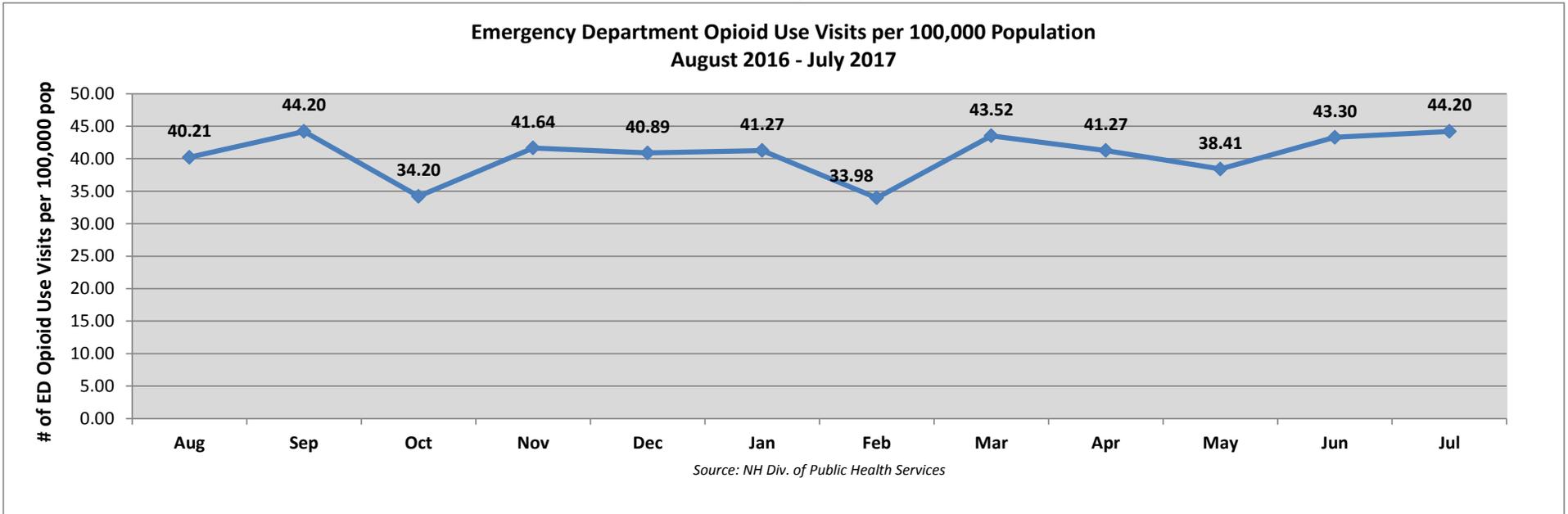
***** IMPORTANT DATA NOTES *****

- 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.



Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services



Treatment Admissions:

Data Source: NH Bureau of Drug & Alcohol Services



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

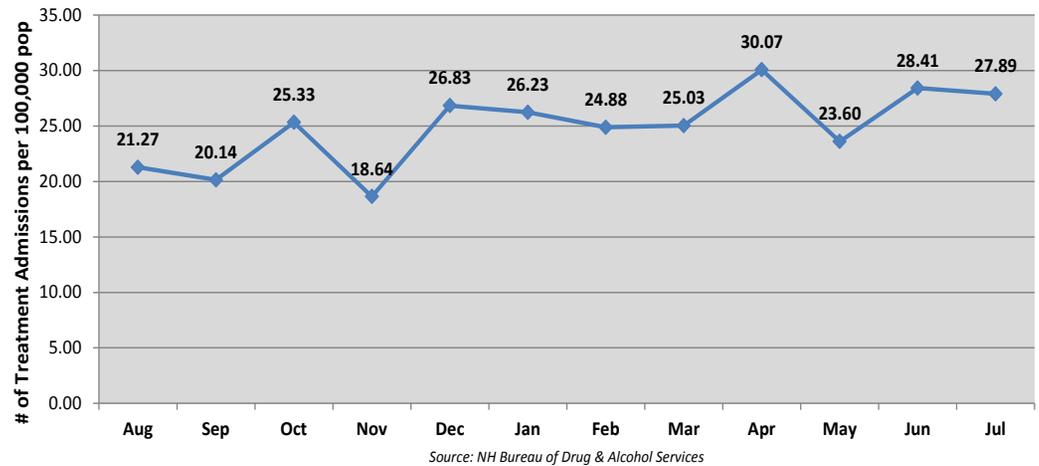
Trends:

- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased by 2% from June to July.
- In July residents from Hillsborough County were admitted most often for opioid/opiate treatment per capita with 2.25 admissions per 10,000 population.
- More males than females were admitted to treatment programs in July for opioid/opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions stayed the same from June to July.
- Cocaine/Crack treatment admissions decreased by 12% from June to July.
- Heroin/Fentanyl treatment admissions increased by 5% from June to July.

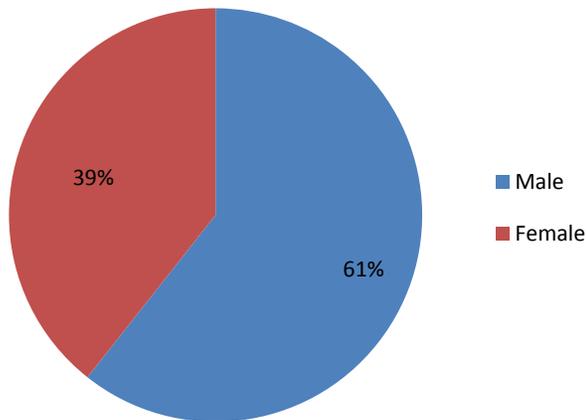
***** IMPORTANT DATA NOTES *****

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

Opioid/Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by Month per 100,000 Population
August 2016 - July 2017

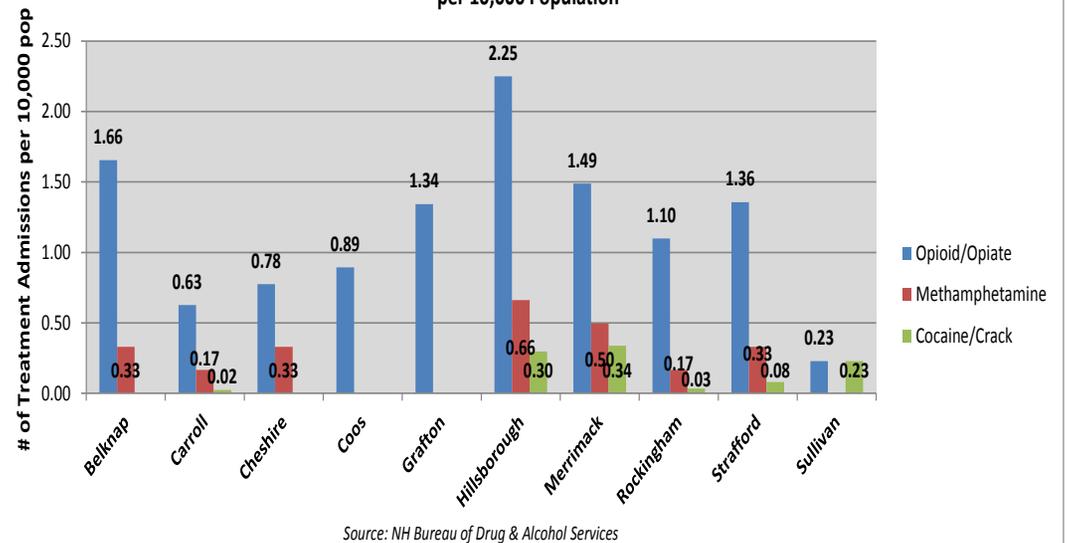


July Treatment Admissions by Gender



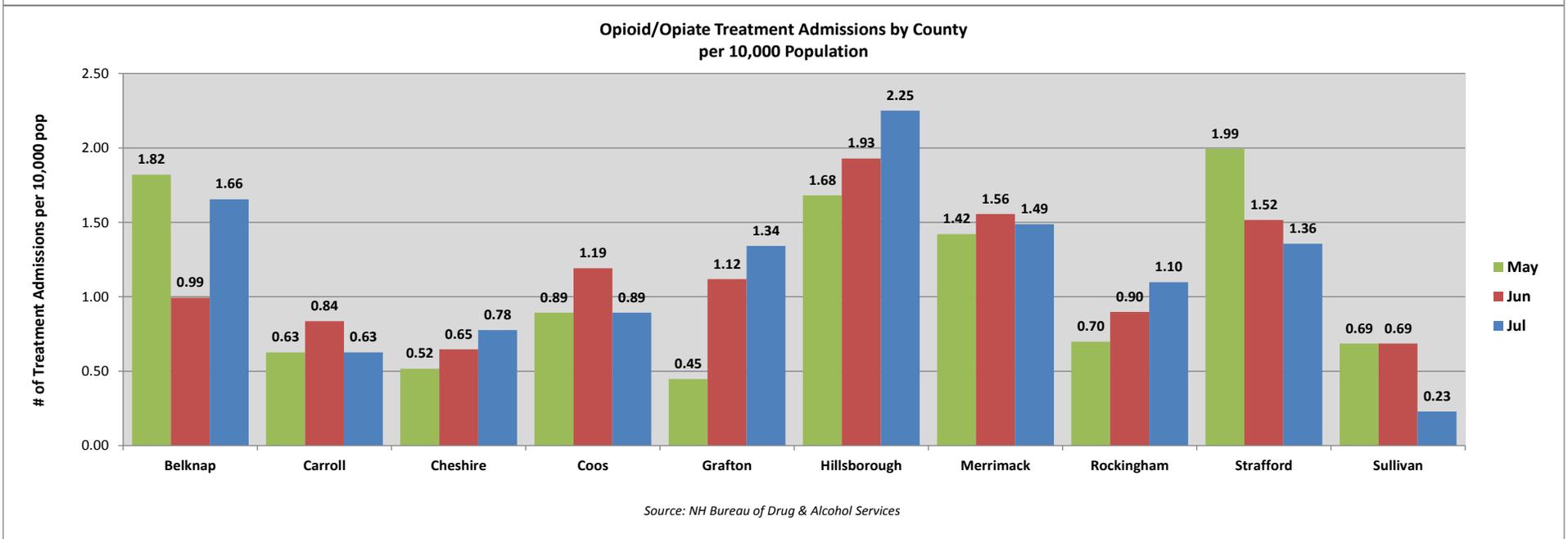
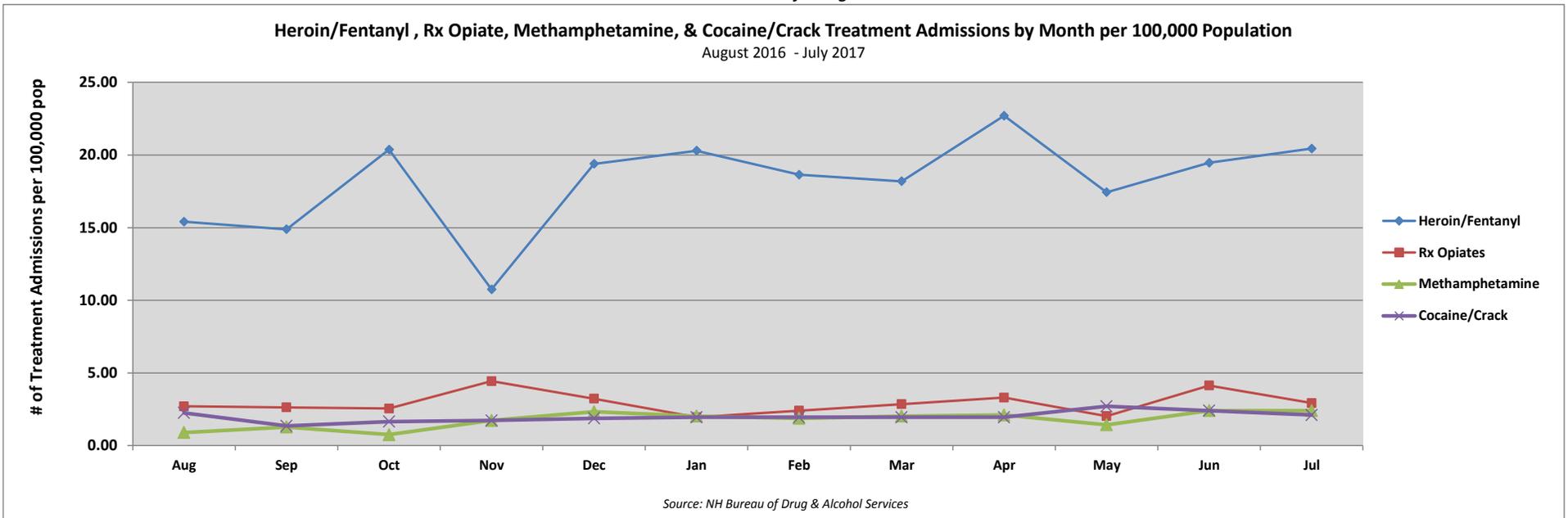
Source: NH Bureau of Drug & Alcohol

July Opioid/Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by County per 10,000 Population



Treatment Admissions (Continued):

Data Source: NH Bureau of Drug & Alcohol Services



Situational Awareness:



NEW HAMPSHIRE SAFE STATIONS

Manchester Safe Station Began 5/4/2016—Nashua Safe Station Began 11/17/2016

Is The Opioid Crisis A National Emergency?

On 10 August, President Trump proclaimed that he considered the opioid crisis to be a “national emergency,” leading many news organizations to report that a national emergency had been declared. However, the Trump administration, perhaps caught off guard by the president’s statement, has not yet taken the legal steps to give those words force.

Public health emergencies are distinct from those declared by the president. Instead, the secretary of health and human services, Tom Price, could declare a public health emergency on his own.

This would unlock a range of expanded powers for the health department, allowing the secretary to issue grants and spend money that he otherwise would not be able to. Mr. Price would also be given additional freedom to direct resources and amend regulations.

A sweeping declaration of emergency could, for example, remove the restriction on which doctors can prescribe methadone and buprenorphine, two common medications for treating opioid addiction. The Food and Drug Administration could allow for the widespread dispensing of naloxone without a prescription.

Some powers—like the waver of certain Medicare and Medicaid requirements—would require both a presidential emergency declaration and a public health emergency.

An emergency declaration, by nature, is meant to provide short-term help. Experts say that longer-term solutions would require more permanent money. Reducing opioid use in the future would also require a shift in the way the medical system manages chronic pain. *Source: www.nytimes.com*

	Manchester	Nashua
As of:	8/25/2017	8/28/2017
• Number of requests at MFD/NFR for Safe Station:	2199	800
• Number of participants transported to Hospitals:	385	89
• Number of participants taken to HOPE in NH:	347	N/A
• Number of participants taken to Serenity Place:	1458	N/A
• Number of participants taken to PSL facilities:	N/A	688
• Number of participants seen for ODs prior to seeking SS Help:	—	137
• Average Length of Time MFD/NRF Company “Not Available”:	14 min	11:18 min
• Number of <u>UNIQUE</u> participants:	1525	545
• Number of <u>REPEAT</u> participants:	354	245
• Age Range of Participants:	18-70	18-73

Manchester Emergency Responders see “Disastrous” Spike in Overdoses:

Between August 19—25, American Medical Response and Manchester Fire have responded to over 40 non-fatal overdoses. A spike like this typically points to a more potent form of heroin or something more deadly, like carfentanil. However, first responders have not had to administer more Narcan than usual, so they don’t believe a bad batch is to blame. “We just believe there is a lot of product and there’s a lot of demand that’s what driving it,” said Chris Stawasz, the regional director for AMR.

Source: www.wmur.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*

<p><u>BERLIN</u> Tri-County Community Action Programs Inc. 30 Exchange Street Berlin, NH 03570</p>	<p><u>GILFORD</u> 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</p>	<p>Manchester Alcoholism and Rehabilitation Center (Intensive Outpatient 18 years and older and Outpatient Services.) 555 Auburn Street Manchester, NH 03101 Phone: 603-263-6287</p>	<p>The Youth Council (Outpatient for Adolescents and Families.) 112 W. Pearl Street Nashua, NH 03060 Phone: 603-889-1090</p>
<p><u>CANAAN</u> HALO Educational Systems 44 Roberts Road Canaan, NH 03741</p>	<p><u>HAVERHILL</u> Grafton County House of Corrections Dartmouth College Road Haverhill, NH 03765</p>	<p>National Council on Alcoholism and Drug Dependence—Greater Manchester 101 Manchester St. Manchester, NH 03101</p>	<p><u>PORTSMOUTH</u> 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</p>
<p><u>CONCORD</u> 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</p>	<p><u>LEBANON</u> Headrest 12 Church Street PO Box 247 Lebanon, NH 03766 Hotline: 603-448-4400 or 800-639-6095 Phone: 603-448-4872</p>	<p><u>NASHUA</u> 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</p>	<p><u>SOMERSWORTH</u> Goodwin Community Health Center 311 NH-108 Somersworth, NH 03878</p>
<p><u>DOVER</u> 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</p>	<p><u>MANCHESTER</u> 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</p>	<p><u>Phoenix Houses of New England</u> Locations in: Dublin, Keene, Northfield</p> <p>A full list of Substance Abuse and Treatment Facilities can be found here.</p> <p>A treatment locator can be found here.</p>	