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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<th>Page #</th>
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<td>Drug Overdose Deaths Map</td>
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<td>EMS Narcan Administration Map</td>
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Previous versions of the Drug Environment Report can be found at: [https://www.dhhs.nh.gov/dcbcs/bdas/data.htm](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 2017 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
August 2017 - July 2018

* 2017 Numbers are based on analysis as of 12 June 2018 - 2 Cases Pending

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

* 2017 Numbers are based on analysis as of 12 June 2018 - 2 Cases Pending
**Drug Overdose Deaths:**

*Data Source: NH Medical Examiner’s Office*

**Trends:**
- At this time, there are 114 confirmed drug overdoses and 70 cases pending toxicology for 2018.
- In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 4.82 deaths per 10,000 population.
- Belknap County had the next highest suspected drug use resulting in overdose deaths per capita at 4.47 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 which represents 26% 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 and 2018 Total numbers are based on analysis as of 3 July, 2018.
- There are currently 2 cases "pending toxicology" for 2017.
- Analysis is based on county where the drug(s) is suspected to have been used.

---

**2017 Overdose Deaths by County per 10,000 Population**

*Data Source: NH Medical Examiner’s Office*

*2017 Numbers are based on analysis as of 3 July 2018 - 2 cases pending*

* Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories.
NH Drug Monitoring Initiative

Drug Environment Report—UNCLASSIFIED

Drug Overdose Deaths (Continued):

Data Source: NH Medical Examiner’s Office

Fentanyl Combinations (Top 10)

<table>
<thead>
<tr>
<th>Combination</th>
<th># of Deaths</th>
</tr>
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<tbody>
<tr>
<td>Fentanyl</td>
<td>202</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Fentanyl</td>
<td>43</td>
</tr>
<tr>
<td>Fentanyl; Ethanol</td>
<td>18</td>
</tr>
<tr>
<td>Cocaine; Fentanyl</td>
<td>16</td>
</tr>
<tr>
<td>Fentanyl; Heroin</td>
<td>11</td>
</tr>
<tr>
<td>Carfentanil; Fentanyl</td>
<td>5</td>
</tr>
<tr>
<td>Fentanyl; Methamphetamine</td>
<td>5</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Ethanol; Fentanyl</td>
<td>3</td>
</tr>
<tr>
<td>Clonazepam; Cocaine; Fentanyl</td>
<td>3</td>
</tr>
<tr>
<td>Acetyl Fentanyl</td>
<td>2</td>
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</tbody>
</table>

Cocaine Combinations (Top 10)

<table>
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<tr>
<th>Combination</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine; Fentanyl</td>
<td>16</td>
</tr>
<tr>
<td>Cocaine</td>
<td>8</td>
</tr>
<tr>
<td>Clonazepam; Cocaine; Fentanyl</td>
<td>3</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Ethanol; Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Alprazolam; Amitriptyline; Cocaine; Fentanyl; Oxycodone</td>
<td>1</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Amphetamines; Cocaine; Fentanyl; Methamphetamine</td>
<td>1</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl</td>
<td>1</td>
</tr>
</tbody>
</table>

*2017 Numbers are based on analysis as of 3 July, 2018
Source: NH Medical Examiner’s Office

Fentanyl Combination Related Drug Deaths 2017*

Cocaine Combination Related Drug Deaths 2017*

*2017 Numbers are based on analysis as of 3 July, 2018
Source: NH Medical Examiner’s Office

UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
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 July 3, 2018
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.
2 cases pending

Overdose Deaths by Town* - 2017 +
16 - Wentworth Location
15 - Erving Grant
14 - Martins Location
13 - Greens Grant
12 - Thompson & Meserves Purchase
11 - Low & Burbanks Grant
10 - Chandlers Purchase
8 - Pinkhams Grant
7 - Sargents Purchase
6 - Cutts Grant
5 - Beans Grant
4 - Hadleys Purchase
Coos
2 - Hales Location
Carroll
1 - Center Harbor
Belknap
INDEX
1 - Center Harbor
2 - Hales Location
3 - Mills Location
4 - Hadley Purchase
5 - Bena Grant
6 - Cuts Grant
7 - Surveys Purchase
8 - Pinkham's Grant
9 - Beans Grant
10 - Chandlers Purchase
11 - Low & Burbanks Grant
12 - Thompson & Meserves Purchase
13 - Greens Grant
14 - Martin Location
15 - Erving Grant
16 - Wentworth Location
17 - Atkinson & Gilmanon Academy Grant

There are many more deaths that are suspected to have been used.

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

Scale: 1:1,150,000
Trends:
- EMS Narcan administration incidents increased by 4.8% from June to July.
- In July Hillsborough County had the most EMS Narcan administration incidents per capita with 3.03 incidents per 10,000 population.
- Coos County had the second highest EMS Narcan administration incidents per capita with 2.39 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39 which represents 31% of all EMS Narcan administration incidents for 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.
- Updated Lives Saved data is not available at this time.
EMS Narcan Administration—Lives Saved

Source: NH Bureau of EMS

<table>
<thead>
<tr>
<th>RODS Outcome</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>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
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<tbody>
<tr>
<td>Lives Saved</td>
<td>134</td>
<td>158</td>
<td>109</td>
<td>140</td>
<td>127</td>
<td>113</td>
<td>102</td>
<td>94</td>
<td>93</td>
<td>102</td>
<td>93</td>
<td>102</td>
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<tr>
<td>No Improvement</td>
<td>91</td>
<td>76</td>
<td>71</td>
<td>108</td>
<td>83</td>
<td>71</td>
<td>58</td>
<td>63</td>
<td>64</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>33</td>
<td>22</td>
<td>28</td>
<td>26</td>
<td>21</td>
<td>17</td>
<td>17</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Negative Improvement</td>
<td>23</td>
<td>20</td>
<td>18</td>
<td>18</td>
<td>11</td>
<td>12</td>
<td>14</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>8</td>
<td>12</td>
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<tr>
<td>Total</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>
<td>185</td>
<td>183</td>
<td>174</td>
<td>187</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.
Trends:
- Opioid related ED visits increased by 4% from June to July 2018.
- In July residents from Belknap County had the most opioid related ED visits per capita with 6.22 visits per 10,000 population.
- Strafford County residents had the second highest number of opioid related ED visits per capita with 4.57 visits per 10,000 population.
- The age group with the largest number of opioid related ED visits was 30-39 with 37% of all opioid related ED visits for July.

*** 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.

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
August 2017 - July 2018

Source: NH Div. of Public Health Services

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 decreased by 10% from June to July.
- In July residents from Grafton County were admitted most often for opioid/opiate treatment per capita with 2.00 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 decreased by 19% from June to July.
- Cocaine/Crack treatment admissions remained the same from June to July.
- Heroin/Fentanyl treatment admissions decreased by 23% from June to July.

***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.
Situational Awareness:

Police Keeping Watch on Rise of Methamphetamine

Crystal meth is on the rise in New Hampshire, entering the state through main highways like Interstate 95, but Seacoast police say use of the drug does not appear to be increasing at the same rate in their cities and towns. The state crime lab, which receives all drugs collected by police in investigations, saw meth cases rise from 52 in 2014 to 182 in 2015, 404 in 2016 and 834 in 2017. There were 522 meth cases this year through July 31.

Dean Lemire, an assistant project director for the Statewide Peer Recovery Support Services Facilitating Organization at Harbor Homes, said meth’s presence has risen dramatically among those with addiction in Strafford County. He said the drug had a presence there before fentanyl became more widely used, but the past two years have seen meth increase significantly, including intravenous use.

Fentanyl cases have also remained at least twice as common in New Hampshire as meth with the state lab having analyzed fentanyl in 2,202 cases last year and 1,113 through July 31 in 2018.

Source: www.UnionLeader.com 7/12/2018

<table>
<thead>
<tr>
<th>NEW HAMPSHIRE SAFE STATIONS</th>
<th>Manchester</th>
<th>Nashua</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of 8/29/2018</td>
<td>As of 8/29/2018</td>
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</tr>
<tr>
<td>Q3 2018</td>
<td>Total</td>
<td>Q3 2018</td>
</tr>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>139</td>
<td>3791</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>55</td>
<td>893</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>84</td>
<td>2883</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>12.2 Min</td>
<td>16.0 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>126</td>
<td>2372</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>77</td>
<td>1545</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s SafeStation Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

US Dept. of Labor Announces $22 Million in Grants to Aid in Opioid Epidemic Recovery in Six States

The U.S. Department of Labor announced more than $22 million in National Health Emergency (NHE) Dislocated Worker Demonstration Grant funding to six state grantees. The grants will be used to provide reemployment services for individuals impacted by the health and economic effects of widespread opioid use, addiction, and overdose.

Supported by the Workforce Innovation and Opportunity Act of 2014, NHE Demonstration Grants provide funding to states, outlying areas, and eligible tribal governments to address the economic and workforce impacts associated with the opioid health crisis. Grants range from $1.2 million for Alaska to $5 million for New Hampshire. Pennsylvania, Washington, Rhode Island and Maryland are also receiving money.

Substance Abuse Treatment/Recovery Directory:
State funded treatment facilities in NH (NOT a complete list) - Data Source: NH Department of Health and Human Services

BETHELHAM
North Country Health Consortium (NCHC)/ Friendship House
262 Cottage St. Suite 230 Bethlehem, NH
Phone: 603-259-3700

CANAAN
HALO Educational Systems
44 Roberts Road Canaan, NH
Phone: 603-359-3321

CONCORD
Concord Hospital
250 Pleasant Street, Suite 5400 Concord, NH
Phone: 603-225-2711 ext. 2521

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
Ray House (Women)
14 Holy Cross Rd. Franklin, NH
Phone: 603-263-6287
Webster Place (Men)
27 Holy Cross Rd. Franklin, NH
Phone: 603-622-3020

GILFORD
Horizons Counseling Center
25 Country Club Road Suite #705 Gilford, NH
Phone: 603-524-8005

KEENE
Phoenix House Comprehensive Addiction Treatment Services
106 Roxbury St. Keene, NH
Phone: 603-358-4041 option 1

LEBANON
HALO Educational Systems, LLC
1 School St. Lebanon, NH
Phone: 603-359-3321
Headrest
12 Church Street
PO Box 247 Lebanon, NH
Phone: 603-448-4872

MANCHESTER
Families in Transition - New Horizons
161 South Beech St. Manchester, NH
Phone: 603-641-9441 ext. 401
Farnum Center
140 Queen City Ave.
Manchester, NH 03101
Phone: 603-622-3020

NASHUA
Greater Nashua Council on Alcoholism :Keystone Hall
12 & 1/2 Amherst St. Nashua, NH 03063
Phone: 603-943-7971 Ext. 3

Greater Nashua Open Doors Program
615 Amherst St. Nashua, NH
Phone: 603-881-4848

The Youth Council
112 W. Pearl St. Nashua, NH
Phone: 603-889-1090

PORTSMOUTH
Families First of the Greater Seacoast
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
Phone: 603-749-2346

A full list of Substance Abuse and Treatment Facilities can be found [here](#).
A treatment locator can be found [here](#).