**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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<td></td>
</tr>
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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 July 2015-June 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 second largest increase was from May to June with a 33% increase over one month. Unable to show annual trends as data is only available dating back to July 2014.

Heroin & Rx Opiate Treatment Admissions by Month
July 2015 - June 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 an 83% increase in incidents involving Narcan administration. June 2015 compared to June 2016 there has been a one incident increase.

EMS Narcan Administration by Year
2012 - 2016

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 predicts that there will be approximately 494 drug related deaths in 2016.

NH Drug Overdose Deaths by Year

Source: Office of the Chief Medical Examiner

Source: NH Bureau of EMS
*2016 numbers as of June 2016
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—June 2016) is based on the new query method described above. There was a 16.5% increase in Opioid ED visits from May to June.

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

Top Counties for June:
1. Hillsborough 2. Strafford

Largest % decrease from May to June:
1. Coos

<table>
<thead>
<tr>
<th>County</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>33%</td>
</tr>
<tr>
<td>Carroll</td>
<td>18</td>
<td>14</td>
<td>15</td>
<td>7%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>33%</td>
</tr>
<tr>
<td>Coos</td>
<td>9</td>
<td>20</td>
<td>4</td>
<td>-80%</td>
</tr>
<tr>
<td>Grafton</td>
<td>10</td>
<td>22</td>
<td>16</td>
<td>18%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>225</td>
<td>182</td>
<td>231</td>
<td>27%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>44</td>
<td>45</td>
<td>50</td>
<td>11%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>87</td>
<td>52</td>
<td>69</td>
<td>33%</td>
</tr>
<tr>
<td>Strafford</td>
<td>77</td>
<td>74</td>
<td>79</td>
<td>7%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>50%</td>
</tr>
<tr>
<td>Out of State</td>
<td>47</td>
<td>35</td>
<td>39</td>
<td>11%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>537</td>
<td>462</td>
<td>538</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: NH Div. of Public Health Services

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 June was 20 to 29 years of age. The largest percent increase from May to June was 20-29 years of age with a 35% increase.

<table>
<thead>
<tr>
<th>Age</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>Incalculable</td>
</tr>
<tr>
<td>10-19</td>
<td>22</td>
<td>10</td>
<td>9</td>
<td>-10%</td>
</tr>
<tr>
<td>20-29</td>
<td>215</td>
<td>176</td>
<td>238</td>
<td>35%</td>
</tr>
<tr>
<td>30-39</td>
<td>183</td>
<td>147</td>
<td>155</td>
<td>5%</td>
</tr>
<tr>
<td>40-49</td>
<td>60</td>
<td>66</td>
<td>69</td>
<td>5%</td>
</tr>
<tr>
<td>50-59</td>
<td>38</td>
<td>44</td>
<td>43</td>
<td>-2%</td>
</tr>
<tr>
<td>60+</td>
<td>18</td>
<td>19</td>
<td>22</td>
<td>16%</td>
</tr>
<tr>
<td>Totals</td>
<td>537</td>
<td>462</td>
<td>538</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Gender Trends:** The gender with the largest number of opioid related emergency department visits for June was male. The largest percent increase from May to June was male with a 30% increase. Female opioid related emergency department visits also increased by 2% from May to June.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>233</td>
<td>221</td>
<td>225</td>
<td>2%</td>
</tr>
<tr>
<td>Male</td>
<td>304</td>
<td>241</td>
<td>313</td>
<td>30%</td>
</tr>
<tr>
<td>Totals</td>
<td>537</td>
<td>462</td>
<td>538</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Emergency Department Opioid Use Visits by Age Group**

**Emergency Department Opioid Use Visits by Gender**

*Source: NH Division of Public Health Services*
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 has been increasing since February. The number of admissions for prescription opiates increased by 33% from May to June. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions increased by 28% from May to June. 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.

Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of June was Hillsborough. Cheshire county experienced the largest percent increase with an increase of 400% in the number of residents admitted to treatment programs from May to June.

<table>
<thead>
<tr>
<th>County</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>12</td>
<td>16</td>
<td>20</td>
<td>25%</td>
</tr>
<tr>
<td>Carroll</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>-33%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>400%</td>
</tr>
<tr>
<td>Coos</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Grafton</td>
<td>8</td>
<td>15</td>
<td>14</td>
<td>-7%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>81</td>
<td>93</td>
<td>76</td>
<td>-18%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>14</td>
<td>24</td>
<td>29</td>
<td>21%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>20</td>
<td>18</td>
<td>21</td>
<td>17%</td>
</tr>
<tr>
<td>Strafford</td>
<td>22</td>
<td>19</td>
<td>22</td>
<td>16%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Out of State</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>Incalculable</td>
</tr>
<tr>
<td>Not provided</td>
<td>40</td>
<td>39</td>
<td>105</td>
<td>169%</td>
</tr>
<tr>
<td>Totals</td>
<td>207</td>
<td>236</td>
<td>303</td>
<td>28%</td>
</tr>
</tbody>
</table>

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 April, May, and June.

- There were more males than females admitted to treatment programs during the month of June. The number of males admitted to treatment programs increased by 21% from May to June and the number of females admitted to treatment programs increased by 37% during the same time period.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 18</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>-100%</td>
</tr>
<tr>
<td>18 - 25</td>
<td>52</td>
<td>72</td>
<td>99</td>
<td>38%</td>
</tr>
<tr>
<td>&gt;26</td>
<td>154</td>
<td>163</td>
<td>204</td>
<td>25%</td>
</tr>
<tr>
<td>Totals</td>
<td>207</td>
<td>236</td>
<td>303</td>
<td>28%</td>
</tr>
</tbody>
</table>

**Heroin & Rx Opiate Treatment Admissions by Age Group**

![Heroin & Rx Opiate Treatment Admissions by Age Group](Source: NH Bureau of Drug & Alcohol Services)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>96</td>
<td>127</td>
<td>154</td>
<td>21%</td>
</tr>
<tr>
<td>Female</td>
<td>111</td>
<td>109</td>
<td>149</td>
<td>37%</td>
</tr>
<tr>
<td>Totals</td>
<td>207</td>
<td>236</td>
<td>303</td>
<td>28%</td>
</tr>
</tbody>
</table>

**Heroin & Rx Opiate Treatment Admissions by Gender**

![Heroin & Rx Opiate Treatment Admissions by Gender](Source: NH Bureau of Drug & Alcohol Services)
Monthly Trends:
Incidents involving EMS Narcan administration increased by 11% from May 2016 to June 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.)

Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of April, May and June. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 95, 88, and 103 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between May and June was observed in Sullivan County with a 250% increase. The largest percentage decrease was seen in Belknap County with a 62% decrease.

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

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

<table>
<thead>
<tr>
<th>County</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>12</td>
<td>13</td>
<td>5</td>
<td>-62%</td>
</tr>
<tr>
<td>Carroll</td>
<td>5</td>
<td>10</td>
<td>8</td>
<td>-20%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>7</td>
<td>9</td>
<td>14</td>
<td>56%</td>
</tr>
<tr>
<td>Coos</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>-29%</td>
</tr>
<tr>
<td>Grafton</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>-56%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>95</td>
<td>88</td>
<td>103</td>
<td>17%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>18</td>
<td>22</td>
<td>30</td>
<td>36%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>35</td>
<td>36</td>
<td>47</td>
<td>31%</td>
</tr>
<tr>
<td>Strafford</td>
<td>19</td>
<td>37</td>
<td>35</td>
<td>-5%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>250%</td>
</tr>
<tr>
<td>Total</td>
<td>201</td>
<td>233</td>
<td>258</td>
<td>11%</td>
</tr>
</tbody>
</table>

*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 April, May and June.

- More males than females were administered Narcan during the months of April, May and June. The number of males that were administered Narcan increased by 15% from May to June and the number of females administered Narcan increased by 4% during the same time period.

<table>
<thead>
<tr>
<th>Age</th>
<th>April Male</th>
<th>April Female</th>
<th>May Male</th>
<th>May Female</th>
<th>June Male</th>
<th>June Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-20</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>21-30</td>
<td>47</td>
<td>21</td>
<td>57</td>
<td>12</td>
<td>69</td>
<td>32</td>
</tr>
<tr>
<td>31-40</td>
<td>45</td>
<td>13</td>
<td>39</td>
<td>19</td>
<td>54</td>
<td>16</td>
</tr>
<tr>
<td>41-50</td>
<td>18</td>
<td>11</td>
<td>17</td>
<td>20</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>51-60</td>
<td>17</td>
<td>11</td>
<td>21</td>
<td>12</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>61+</td>
<td>3</td>
<td>6</td>
<td>10</td>
<td>13</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>66</td>
<td>150</td>
<td>81</td>
<td>172</td>
<td>84</td>
</tr>
</tbody>
</table>

*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.
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 8 July 2016. The projected number of drug related deaths for 2016 is 494. There was 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* | 161 | 10 | 108

*numbers reported as of 07/08/16

Source: Office of the Chief Medical Examiner

Age of 2016* Overdose Victims

<table>
<thead>
<tr>
<th>Age</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>41</td>
</tr>
<tr>
<td>30-39</td>
<td>55</td>
</tr>
<tr>
<td>40-49</td>
<td>32</td>
</tr>
<tr>
<td>50-59</td>
<td>33</td>
</tr>
<tr>
<td>60-69</td>
<td>7</td>
</tr>
</tbody>
</table>

*2016 Numbers are based on analysis as of 8 July 2016

*2016 Numbers are based on analysis as of 8 July 2016 - Many cases still pending
Overdose Deaths by Town* - 2016+
(Data Source: NH Medical Examiner’s Office)
*Location where the drug(s) is suspected to be drug related, but the official cause of death is pending until the toxicology results are received.
+2016 data was reported on July 18, 2016.
There are many more deaths that are suspected to have been used.

INDEX
Belknap
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
6 - Dixville
7 - Dixville
8 - Dixville
9 - Dixville
10 - Dixville
11 - Dixville
12 - Dixville
13 - Dixville
14 - Dixville
15 - Dixville
16 - Dixville
17 - Dixville
18 - Dixville
19 - Dixville
20 - Dixville
21 - Dixville
22 - Dixville
23 - Dixville
24 - Dixville
25 - Dixville
26 - Dixville
27 - Dixville
28 - Dixville
29 - Dixville
30 - Dixville
31 - Dixville

Carroll
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
6 - Dixville
7 - Dixville
8 - Dixville
9 - Dixville
10 - Dixville
11 - Dixville
12 - Dixville
13 - Dixville
14 - Dixville
15 - Dixville
16 - Dixville
17 - Dixville
18 - Dixville
19 - Dixville
20 - Dixville
21 - Dixville
22 - Dixville
23 - Dixville
24 - Dixville
25 - Dixville
26 - Dixville
27 - Dixville
28 - Dixville
29 - Dixville
30 - Dixville
31 - Dixville

Coos
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
6 - Dixville
7 - Dixville
8 - Dixville
9 - Dixville
10 - Dixville
11 - Dixville
12 - Dixville
13 - Dixville
14 - Dixville
15 - Dixville
16 - Dixville
17 - Dixville
18 - Dixville
19 - Dixville
20 - Dixville
21 - Dixville
22 - Dixville
23 - Dixville
24 - Dixville
25 - Dixville
26 - Dixville
27 - Dixville
28 - Dixville
29 - Dixville
30 - Dixville
31 - Dixville

Rockingham
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
6 - Dixville
7 - Dixville
8 - Dixville
9 - Dixville
10 - Dixville
11 - Dixville
12 - Dixville
13 - Dixville
14 - Dixville
15 - Dixville
16 - Dixville
17 - Dixville
18 - Dixville
19 - Dixville
20 - Dixville
21 - Dixville
22 - Dixville
23 - Dixville
24 - Dixville
25 - Dixville
26 - Dixville
27 - Dixville
28 - Dixville
29 - Dixville
30 - Dixville
31 - Dixville

Strafford
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
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Grafton
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
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Rockingham
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
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Merrimack
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
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10 - Dixville
11 - Dixville
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Hillsborough
1 - Center Harbor
2 - Wolfeboro
3 - Alton
4 - Wolfeboro
5 - Dixville
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31 - Dixville

Number of Overdose Deaths by Town
*Location where the drug(s) is suspected to be drug related, but the official cause of death is pending until the toxicology results are received.

1 - 4
5 - 10
11 - 25
26 - 50
51 and greater

Legend:

Scale: 1:1,150,000
Prepared by:
NH Information & Analysis Center

UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
**SAFE STATION**

As of July 11, 2016

- Number of requests at MFD for Safe Station: 205
- Number of participants placed within the Hope System: 117*
- Number of participants transported to Hospitals: 24
- 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: 179
- Number of REPEAT participants: 26
- 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...**

**140,000 in NH New Eligible for Addiction Treatment under Medicaid**

According to the Union Leader, about 140,000 Medicaid recipients became eligible for addiction recovery services at the beginning of July under revisions to state Medicaid practices, state health officials said. As of July 1, the Medicaid program will pay for substance use disorder treatment for the 140,000 traditional Medicaid participants, the New Hampshire Department of Health and Human Services said. The expansion includes Medicaid recipients enrolled in the state’s fee-for-service plan, New Hampshire Healthy Families or the Well Sense Health Plan. Standard Medicaid recipients will be able to access comprehensive substance use disorder services, including assessment, outpatient services, residential treatment, opioid treatment programs, recovery support services and recovery monitoring. The rates for the services are the same as those offered under expanded Medicaid’s Alternative Benefit Plan.

**2016 Drug Deaths in NH Set to Surpass Last Year’s Record**

According to the Concord Monitor, the number of drug deaths in New Hampshire this year is set to surpass last year’s record of 439, according to analysis from the state medical examiner’s office. The main killer remains fentanyl—a synthetic opioid that can be 50 to 100 times more powerful than heroin. Of the total confirmed deaths in 2016, fentanyl involved 108.

The opioids largely come from suppliers in Northern Massachusetts cities such as Haverhill and Lawrence, officials said. While some drug users seek out fentanyl for its potency, many mistake it for heroin and don’t know what kind of drug they are taking. There is little precision to how drugs are cut and packaged, police said, and much of what makes its way into New Hampshire is a haphazard blend of heroin, fentanyl and cutting agents that have been mixed in blenders. Because of the crude mixing, portions of what drug users are buying on the street can be pure fentanyl.

*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

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 (Dover)
(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

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
Child and Family Services
Adolescent Substance Abuse Treatment Program (ASAT)
(Outpatient Teen Services for Adults, Adolescents and Families.)
12 & 1/2 Amherst Street
Nashua, NH 03063
Phone: 603-943-7971 Ext. 3
Fax: 603-943-7969

Families in Transition
(Provides services for parenting women including pregnant women, intensive outpatient services; housing and comprehensive social services.)
112 W. Pearl Street
Nashua, NH 03060
Phone: 603-889-1090
Fax: 603-598-1703

The Mental Health Center of Greater Manchester
(Outpatient Adolescent and Families.)
2 Wall St. 4th Floor
Manchester, NH 03101
Phone: 603-641-9441
Fax: 603-641-1244

The Youth Council
(Outpatient for Adolescents and Families.)
122 Market Street
Manchester, NH 03104
Phone: 603-641-9441
Fax: 603-641-1244

The Fresh Start Program
(NH Drug Monitoring Initiative)
Drug Environment Report
(Outpatient and Intensive Outpatient Services.)
404 Chestnut Street
Manchester, NH 03105
Phone: 800-640-6486
or 603-518-4001
Fax: 603-668-6260

Manchester Alcoholism and Rehabilitation Center Easter Seals Farnum Outpatient Services
(Intensive Outpatient 18 years and older and Outpatient Services.)
140 Queen City Avenue
Manchester, NH 03101
Phone: 603-263-6287
Fax: 603-621-4295

A full list of Substance Abuse and Treatment Facilities can be found here.
A treatment locator can be found here.