Purpose: The NH Drug Monitoring Initiative (DMI) is a holistic strategy to provide awareness and combat drug distribution and misuse. 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**

<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 Use Disorder 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](https://www.dhhs.nh.gov/dcbcs/bdas/data.htm)

The monthly online DMI viewer can be found at: [https://nhvieww.nh.gov/IAC/DMI/](https://nhvieww.nh.gov/IAC/DMI/)

- 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
July 2018 - June 2019

Source: NH Division of Public Health Services, NH Bureau of Drug & Alcohol Services, and NH Bureau of EMS

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

2018 numbers are finalized, and based on analysis as of 16 July 2019
**Drug Overdose Deaths:**
*Data Source: NH Medical Examiner’s Office*

**Trends:**
- As of 16 July 2019, the number of confirmed drug overdose deaths for 2018 have been finalized. 471 confirmed drug overdose deaths occurred in 2018.
- In 2018, Belknap County had the highest suspected drug use resulting in overdose deaths per capita, at 4.75 deaths per 10,000 population, while Hillsborough and Cheshire were nearly tied for second, with 4.19 and 4.14 deaths per 10,000 population, respectively.
- The age group with the largest number of drug overdose deaths is 30-39 years, which represents 31% of all overdose deaths for 2018.

*** IMPORTANT DATA NOTES***
- For 2019, as of 16 July there were 156 total, confirmed drug overdose deaths, and there are 52 cases pending toxicology.
- Analysis is based on county where the drug(s) is suspected to have been used.

---

**Overdose Deaths by Age 2018***
*Data Source: NH Medical Examiner’s Office*

- 0-19: 8%
- 20-29: 24%
- 30-39: 31%
- 40-49: 19%
- 50-59: 17%
- 60+: 0.85%

---

**Overdose Deaths by Year per 100,000 Population**
*Data Source: NH Medical Examiner’s Office*

- 2010: 2.28
- 2011: 4.63
- 2012: 3.63
- 2013: 6.57
- 2014: 2.71
- 2015: 3.68
- 2016: 4.72
- 2017: 3.72
- 2018: 4.77

---

**2018 Overdose Deaths by County per 10,000 Population**
*Data Source: NH Medical Examiner’s Office*

- Belknap: 4.75
- Carroll: 2.70
- Cheshire: 4.14
- Coos: 1.50
- Grafton: 1.89
- Hillsborough: 4.19
- Merrimack: 3.43
- Rockingham: 2.92
- Strafford: 3.94
- Sullivan: 1.60

---

*2018 numbers are finalized, and based on analysis as of 16 July 2019
+Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

---

Right click on the paperclip and select “Open File” to view additional data.
## Drug Overdose Deaths (Continued):

### Data Source: NH Medical Examiner’s Office

### Acetyl Fentanyl, Diazepam, Ethanol, Fentanyl

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Diazepam, Ethanol, Fentanyl</td>
<td>203</td>
</tr>
</tbody>
</table>

### Acetyl Fentanyl, Fentanyl, Valeryl Fentanyl

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Fentanyl, Valeryl Fentanyl</td>
<td>52</td>
</tr>
</tbody>
</table>

### Alcohol, Fentanyl, Heroin, Oxycodeone, Sertraline

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol, Fentanyl, Heroin, Oxycodeone, Sertraline</td>
<td>25</td>
</tr>
</tbody>
</table>

### Amphetamines, Buprenorphine, Fentanyl, Hydroxyzine, Methamphetamine, Trazodone

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines, Buprenorphine, Fentanyl, Hydroxyzine, Methamphetamine, Trazodone</td>
<td>13</td>
</tr>
</tbody>
</table>

### Clonazepam, Fentanyl

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clonazepam, Fentanyl</td>
<td>10</td>
</tr>
</tbody>
</table>

### Duloxetine, Fentanyl, Valeryl Fentanyl

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duloxetine, Fentanyl, Valeryl Fentanyl</td>
<td>7</td>
</tr>
</tbody>
</table>

### Amitriptyline, Cocaine, Diphenhydramine

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline, Cocaine, Diphenhydramine</td>
<td>6</td>
</tr>
</tbody>
</table>

### Cocaine and/or Fentanyl Combination Related Drug Deaths that were noted once or twice*

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol, Fentanyl, Heroin, Oxycodeone, Sertraline</td>
<td>13</td>
</tr>
</tbody>
</table>

### Cocaine and/or Fentanyl Combination Related Drug Deaths 2018

<table>
<thead>
<tr>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>203</td>
</tr>
</tbody>
</table>

*2018 numbers are finalized, and based on analysis as of 16 July 2019

Source: NH Medical Examiner’s Office
Overdose Deaths by Town* - 2018 *
(Data Source: NH Medical Examiner’s Office)
*Location where the drug(s) is suspected to have been used.
+2018 data was reported on July 16, 2019

INDEX
Belknap
1 - Center Harbor
2 - Harts Location
3 - Home Location
Carroll
4 - Hadleys Purchase
5 - Beans Grant
6 - Cutts Grant
7 - Grunges Purchase
8 - Thompson & Meserves Purchase
9 - Crawfords Purchase
10 - Chandlers Purchase
11 - 25 (8 towns)
12 - Thompson & Meserves Purchase
13 - Greens Grant
14 - Monite Location
15 - Enfame Grant
16 - Wentworth Location
17 - Gilmanon & Gilmanon Academy Grant

Hillsborough
18 - Barking
19 - South Hampton
20 - Sea brook
21 - East Kingston
22 - Konington
23 - Hampton Falls
24 - Hampton
25 - North Hampton
26 - Rye
27 - North Hampton
28 - New Castle
29 - Newington
30 - Rollinsford
31 - Somersworth
32 - New Durham
33 - Rye
34 - Sunbury
35 - New London
36 - New Ipswich
37 - New Durham
38 - New Ipswich
39 - Newfield and
40 - Newfield
41 - Newfield
42 - Newfield
43 - Newfield
44 - Newfield
45 - Newfield
46 - Newfield
47 - Newfield
48 - Newfield
49 - Newfield
50 - Newfield
51 - 100 (1 town)

Index:

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

- 1 - 4 (78 towns)
- 5 - 10 (14 towns)
- 11 - 25 (8 towns)
- 26 - 50 (1 town)
- 51 - 100 (1 town)
Trends:
- EMS Narcan administration incidents decreased by 22% from May to June.
- In June, Hillsborough County had the most EMS Narcan administration incidents per capita with 1.67 incidents per 10,000 population. Strafford County was second, with 1.42 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39, representing 30% of all EMS Narcan administrations for June.

*** 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 may be given for a decrease in alertness or respirations due to an overdose or unknown cause. Therefore, it cannot be concluded that all reported Narcan incidents actually involved drugs.
EMS Narcan Administration (Continued):

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

**EMS Narcan Administration - Lives Saved %**

*July 2018 - June 2019*

- Lives Saved
- No Improvement
- Some Improvement
- Negative Improvement

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 - Lives Saved**

<table>
<thead>
<tr>
<th></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>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Saved</td>
<td>114</td>
<td>98</td>
<td>79</td>
<td>89</td>
<td>97</td>
<td>91</td>
<td>85</td>
<td>85</td>
<td>82</td>
<td>69</td>
<td>110</td>
<td>84</td>
</tr>
<tr>
<td>RODS Score of 8+</td>
<td>35</td>
<td>21</td>
<td>13</td>
<td>18</td>
<td>18</td>
<td>27</td>
<td>14</td>
<td>20</td>
<td>23</td>
<td>22</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>75</td>
<td>69</td>
<td>54</td>
<td>56</td>
<td>67</td>
<td>51</td>
<td>49</td>
<td>50</td>
<td>46</td>
<td>48</td>
<td>62</td>
<td>44</td>
</tr>
<tr>
<td>RODS Score of 0</td>
<td>12</td>
<td>20</td>
<td>10</td>
<td>13</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>13</td>
<td>5</td>
<td>11</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>236</td>
<td>208</td>
<td>156</td>
<td>176</td>
<td>190</td>
<td>178</td>
<td>158</td>
<td>178</td>
<td>158</td>
<td>156</td>
<td>150</td>
<td>208</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**

- Belknap
- Carroll
- Cheshire
- Coos
- Grafton
- Hillsborough
- Merrimack
- Rockingham
- Strafford
- Sullivan

Source: NH Bureau of EMS
EMS/Narcan Administration by Town
7/1/2018 - 6/30/2019
Data Source: New Hampshire Bureau of EMS

*Incidents Where Narcan Was Administered*

- **0**
- **1 - 10**
- **11 - 25**
- **26 - 50**
- **51 - 100**
- **101 - 200**
- **201 - 500**
- **501 - 750**

Prepared by:
NH Information & Analysis Center

Scale: 1:1,150,000
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

Trends:
- Opioid related ED visits decreased by 3% from May to June.
- In June, residents from Sullivan County had the most opioid related ED visits per capita with 8.68 visits per 10,000 population.
- Strafford County residents had the second highest number of opioid related ED visits per capita with 7.02 visits per 10,000 population.
- In June, the age group with the largest number of opioid related ED visits was tied, with 20-29 year olds and 30-39 year olds, both with 33%.

*** 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 (3) of the hospitals are sending ICD-10 data.
- These data include other opioid-related encounters such as poisonings, withdrawals, and detox.
Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services

Emergency Department Opioid Use Visits per 100,000 Population
July 2018 - June 2019

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 from May to June by 2%.
- In June, residents from Strafford County were admitted at the highest per capita rate for opioid/opiate treatment, with 2.52 admissions per 10,000 population.
- More males than females were admitted to treatment programs in June for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased by 50% from May to June.
- Cocaine/Crack treatment admissions decreased by 16% from May to June.
- Heroin/Fentanyl treatment admissions decreased by 5% from May to June.

*** 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.
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
July 2018 - June 2019

Source: NH Bureau of Drug & Alcohol Services

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

Belknap    Carroll    Cheshire    Coos    Grafton    Hillsborough    Merrimack    Rockingham    Strafford    Sullivan
Apr 1.15    1.04    0.62    0.65    1.20    1.55    1.74    1.48    2.68    2.52
May 0.49    0.62    0.13    0.26    0.55    0.89    0.87    0.75    0.69    0.56
June 0.46    0.46    0.23    0.46    0.26    0.49    0.55    0.75    0.87    0.90
Situation Awareness:

U.S. Drug Czar Tours ‘Recovery Friendly’ Workplace, Praises Model

BOW, N.H. — Jim Carroll, the Trump Administration’s Drug Czar, made a stop in Bow on June 27 to learn about a key initiative of Gov. Chris Sununu’s response to the opioid crisis: Recovery Friendly Workplaces.

Carroll, along with Sununu, toured one of the Grappone family auto dealerships. The company was an early adopter of the recovery friendly model, which asks companies to provide support in a variety of forms to employees and their family members as they struggle with addiction.

“It’s a point of pride for me, and for our HR department, that people know that they are safe enough to speak up,” said Amanda Grappone. Carroll, who talked about the struggles one of his own family member’s has had with addiction, praised the initiative and said it should have national reach. “I really think one of the biggest challenges is something that we are talking about today, which is erasing stigma,” said Carroll.

Carroll oversees the Office of National Drug Control Policy at the White House. In that capacity, he manages a near $40 billion budget, half of which is spent on treatment and prevention programs.

Source: www.nhpr.org 6/27/2019

NEW HAMPSHIRE SAFE STATIONS

Manchester Safe Station Began 5/4/2016
Nashua Gateway to Recovery Began 11/17/2016

<table>
<thead>
<tr>
<th></th>
<th>Manchester</th>
<th>Nashua</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>439</td>
<td>5,945</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>112</td>
<td>1,353</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>320</td>
<td>4,546</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>12.2 Min</td>
<td>14.4 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>358</td>
<td>3,447</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>258</td>
<td>2,697</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s Safe Station Program</td>
<td></td>
<td>509</td>
</tr>
</tbody>
</table>

To Fight Hepatitis Outbreak, Nashua’s Health Workers Bring Vaccines To The Streets

NASHUA, N.H. — New Hampshire is in the midst of an outbreak of hepatitis A. Since November, 142 people have been diagnosed with hepatitis A in the state and one person has died. In an average year in New Hampshire, just 7 people get the virus.

Hepatitis A is a liver virus that’s transmitted when someone ingests fecal matter from someone who is infected –usually in tiny undetectable amounts. Symptoms include fever, nausea, diarrhea, and yellowing of the eyes. It’s generally less severe than hepatitis C which often becomes chronic, but it can be serious.

The virus has been spreading through interpersonal contact, largely among people experiencing homelessness and/or using drugs. Vaccines are available for little or no cost at community health centers across the State.

Source: www.nhpr.org 7/01/2019
Substance Use Disorder 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 Street. Suite 230
Bethlehem, NH
Phone: 603-259-3700

**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 North
*Ray House (Women)*
14 Holy Cross Road. Franklin, NH
Phone: 603-263-6287

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

**LEBANON**
Headrest
14 Church Street
Lebanon, NH
Phone: 603-448-4400

Alice Peck Day Hospital
10 Alice Peck Day Drive
Lebanon, NH
Phone: 603-448-4400

West Central Services, Inc.
9 Hanover Street, Suite 2
Lebanon, NH
Phone: 603-448-0126

**MANCHESTER**
Dismas Home of NH, Inc. *(Women)*
102 Fourth Street
Manchester, NH
Phone: 603-782-3004

Families in Transition - New Horizons
293 Wilson Street
Manchester, NH
Phone: 603-641-9441 ext. 401

Farnum Center
140 Queen City Avenue
Manchester, NH
Phone: 603-622-3020

Greater Nashua Mental Health Center
110 West Pearl Street
Nashua, NH
Phone: 603-889-6147

Greater Nashua Council on Alcoholism
12 & 1/2 Amherst Street
Nashua, NH
Phone: 603-943-7971 Ext. 3

**NASHUA**
Greater Nashua Council on Alcoholism: Keystone Hall
615 Amherst Street
Nashua, NH
Phone: 603-881-4848

A full list of Substance Use Disorder Treatment Facilities can be found [here](#).

A treatment locator can be found [here](#).