



# New Hampshire Drug Monitoring Initiative

## New Hampshire Information & Analysis Center

Phone: (603) 223.3859

[NH.IAC@dos.nh.gov](mailto:NH.IAC@dos.nh.gov)

Fax: (603) 271.0303



NHIAC Product #: 2016-2538

**March 2016 Report**

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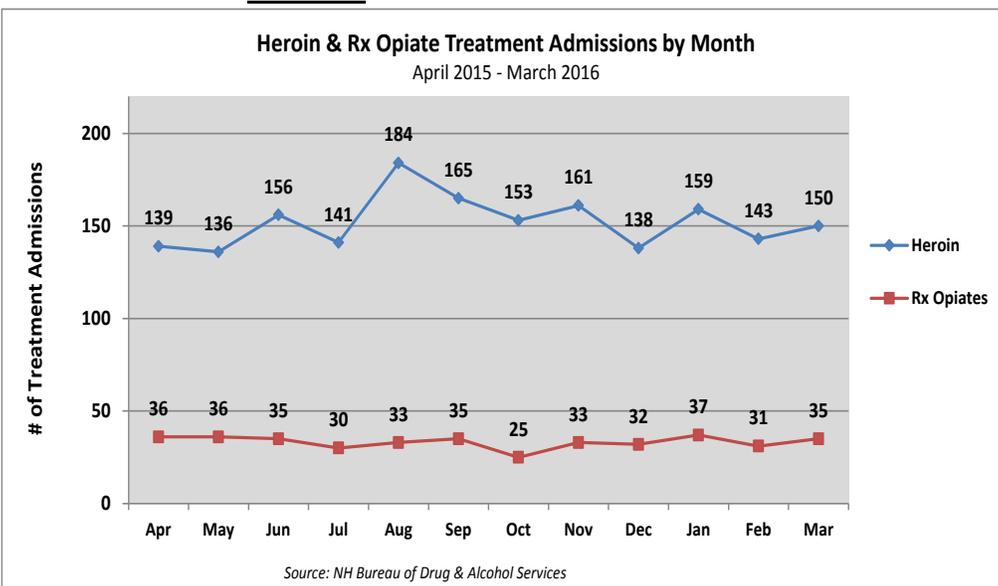
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**Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:**

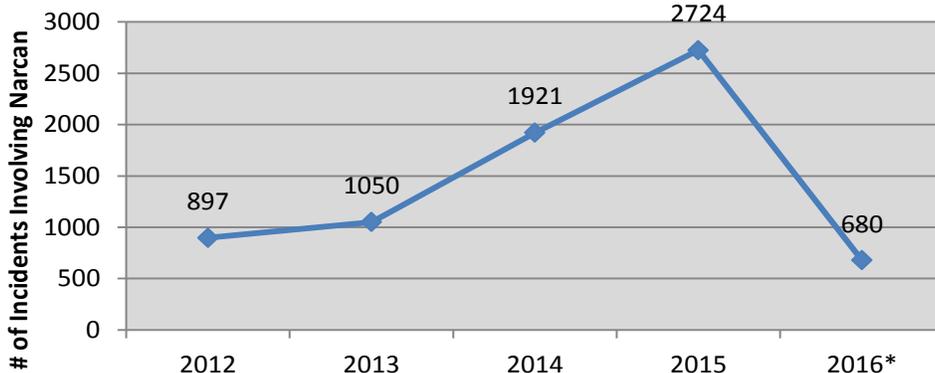
**Annual Trends:**

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month April 2015-March 2016) shows that the largest increase in heroin treatment admissions was from July 2015 to August 2015 with a 30.5% increase. The largest decrease was from January 2016 to February 2016 with a 14.2% decrease in heroin treatment admissions.

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



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



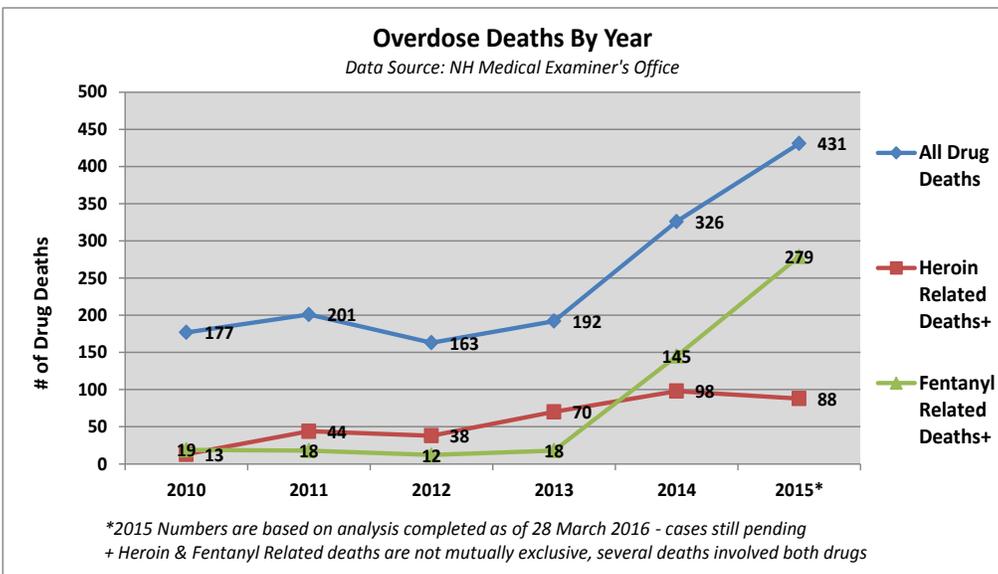
Source: NH Bureau of EMS  
\*2016 numbers as of March 2016

**Annual Trends:**

The chart at left (EMS Narcan Administration by Year 2012-2016) shows that from 2012 to 2015 there was an 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.

**Annual Trends:**

The chart at right (Overdose Deaths by Year) shows that from 2010 to 2014 there was a 177.8% increase in the number of all drug deaths. From 2010 to 2014 there was a 663.2% increase in the number of Fentanyl related deaths. From 2010 to 2014 there was a 653.8% increase in the number of Heroin related deaths.

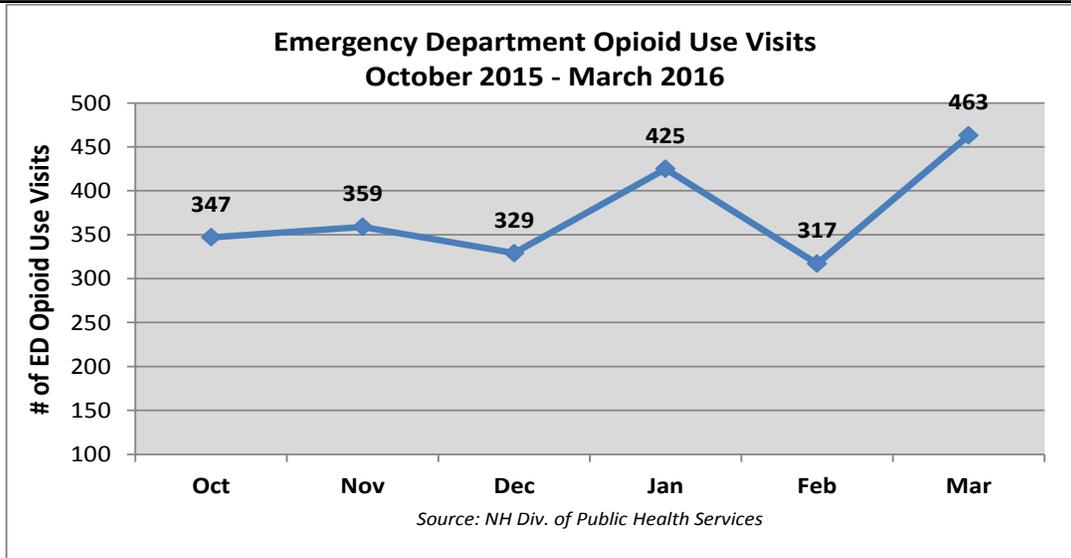


### Opioid Related Emergency Department Visits\*:

Data Source: NH Division of Public Health Services

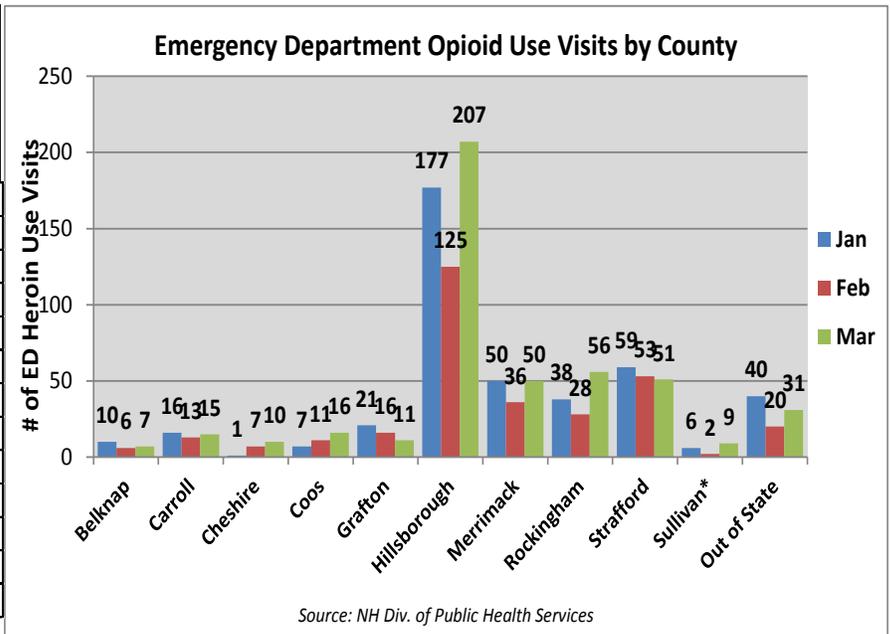
**IMPORTANT NOTE— Data Source Change!!!** The ER visit data has been expanded beyond heroin to include all opioids. Also in addition to a query of the chief complaint text, the Division of Public Health is conducting queries on ICD-10 diagnostic codes designated for heroin and opioids. This results in 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—March 2016) is based on the new query method described above. There was a 46% increase in Opioid ED visits from February to March.



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

<b>Top Counties for February:</b> 1. Hillsborough 2. Rockingham				
<b>Largest % Increase from Jan to Feb:</b> 1. Sullivan				
County	Jan	Feb	Mar	% Change
Belknap	10	6	7	17%
Carroll	16	13	15	15%
Cheshire	1	7	10	43%
Coos	7	11	16	45%
Grafton	21	16	11	-31%
Hillsborough	177	125	207	66%
Merrimack	50	36	50	39%
Rockingham	38	28	56	100%
Strafford	59	53	51	-4%
Sullivan*	6	2	9	350%
Out of State	40	20	31	55%
<b>TOTAL</b>	<b>425</b>	<b>317</b>	<b>463</b>	<b>46%</b>



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

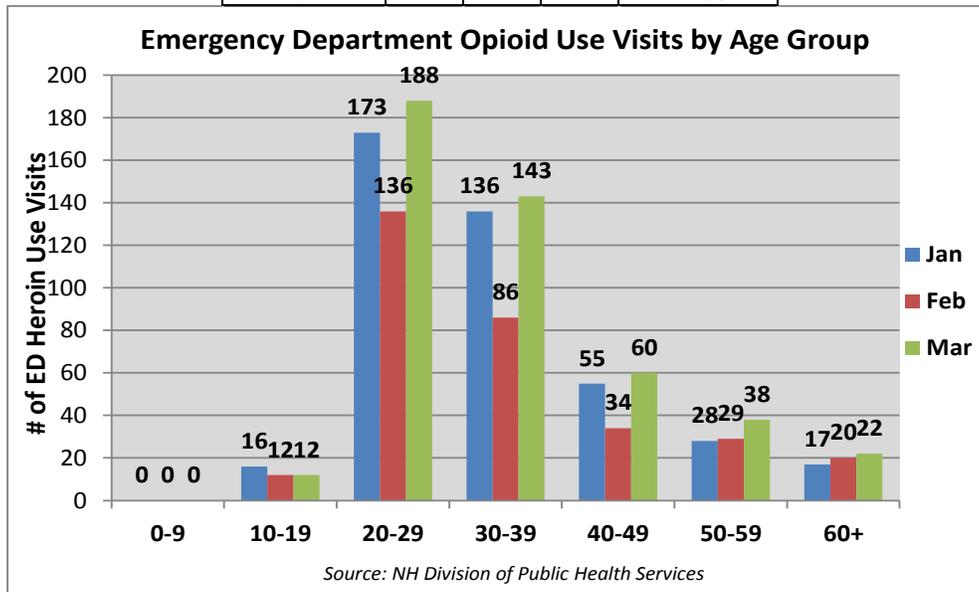
\*The source of these data are New Hampshire's Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term "heroin or opioid" listed as chief complaint text and 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 deduplicated 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.

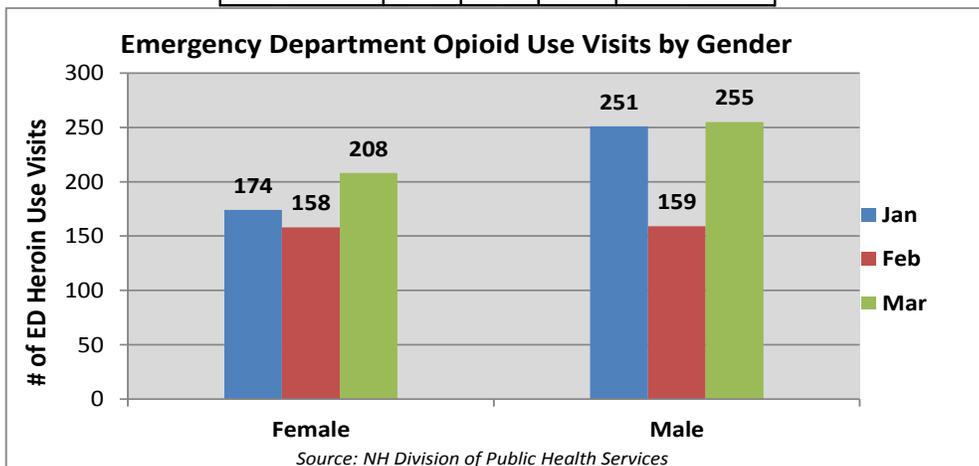
**Age Trends:** The age group with the largest number of Opioid related emergency department visits for March was 20 to 29 years of age. The largest percent increase from February to March was 40-49 years of age with a 76% increase.

Age	Jan	Feb	Mar	% Change
0-9	0	0	0	0%
10-19	16	12	12	0%
20-29	173	136	188	38%
30-39	136	86	143	66%
40-49	55	34	60	76%
50-59	28	29	38	31%
60+	17	20	22	10%
<b>Totals</b>	<b>425</b>	<b>317</b>	<b>463</b>	<b>46%</b>



**Gender Trends:** The gender with the largest number of Opioid related emergency department visits for March was male. The largest percent increase from February to March was male with a 60% increase. Female Opioid related emergency department visits increased by 32% from February to March.

Gender	Jan	Feb	Mar	% Change
Female	174	158	208	32%
Male	251	159	255	60%
<b>Totals</b>	<b>425</b>	<b>317</b>	<b>463</b>	<b>46%</b>



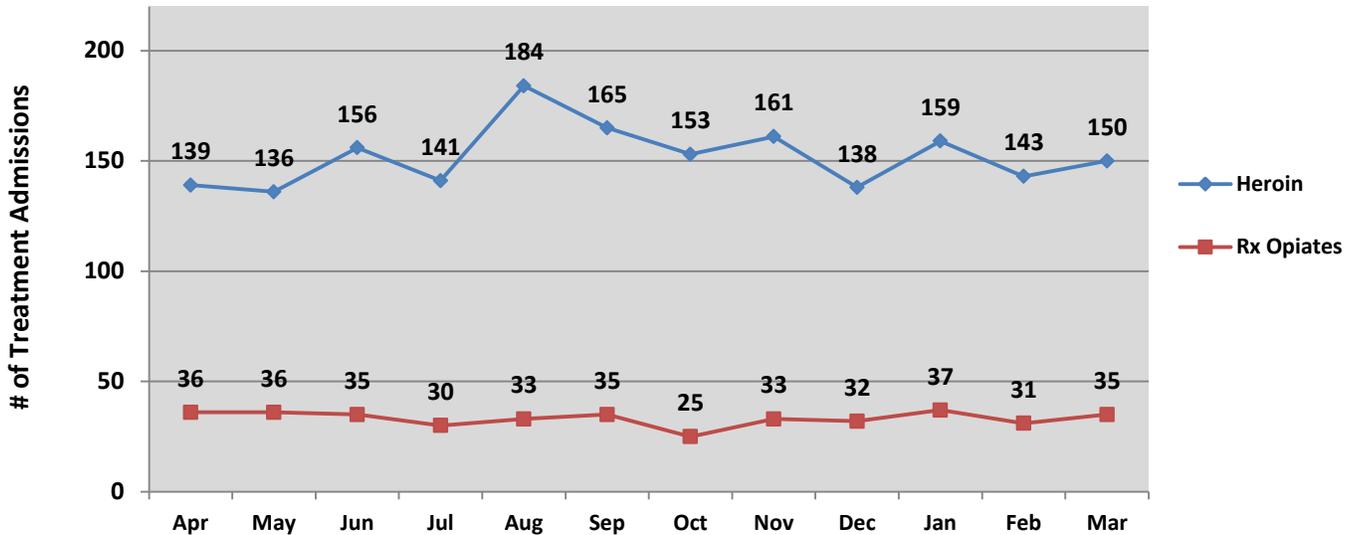
### Heroin & Rx Opiate Treatment Admissions:

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 December to January and then decreased from January to February. The number of admissions for prescription opiates increased by 13% from February to March. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions increased by 6.3% from February to March.

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

April 2015 - March 2016

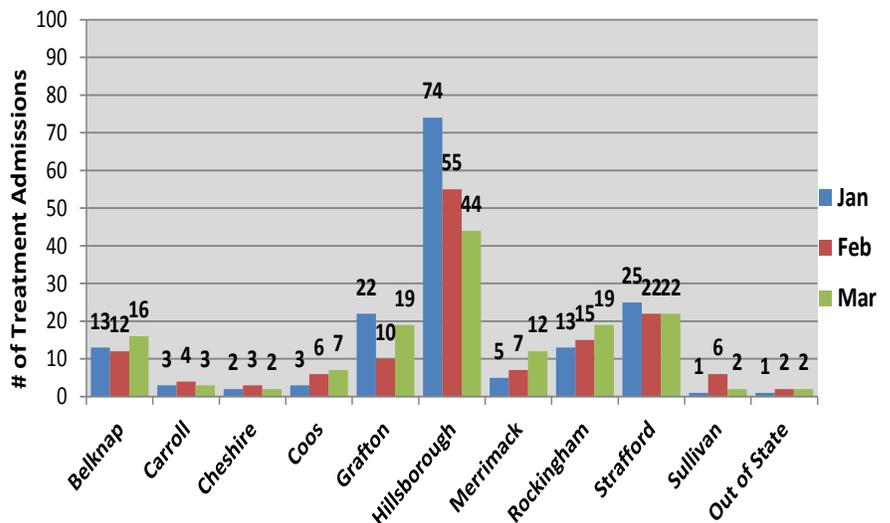


Source: NH Bureau of Drug & Alcohol Services

**Geographic Trends:** The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of March was Hillsborough County. Grafton county experienced the largest percent increase with an increase of 90% in the number of residents admitted to treatment programs from February to March.

County	Jan	Feb	Mar	% Change
Belknap	13	12	16	33%
Carroll	3	4	3	-25%
Cheshire	2	3	2	-33%
Coos	3	6	7	17%
Grafton	22	10	19	90%
Hillsborough	74	55	44	-20%
Merrimack	5	7	12	71%
Rockingham	13	15	19	27%
Strafford	25	22	22	0%
Sullivan	1	6	2	-67%
Out of State	1	2	2	0%
Not provided	34	32	37	16%
<b>Totals</b>	<b>196</b>	<b>174</b>	<b>185</b>	<b>6%</b>

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



Source: NH Bureau of Drug & Alcohol Services

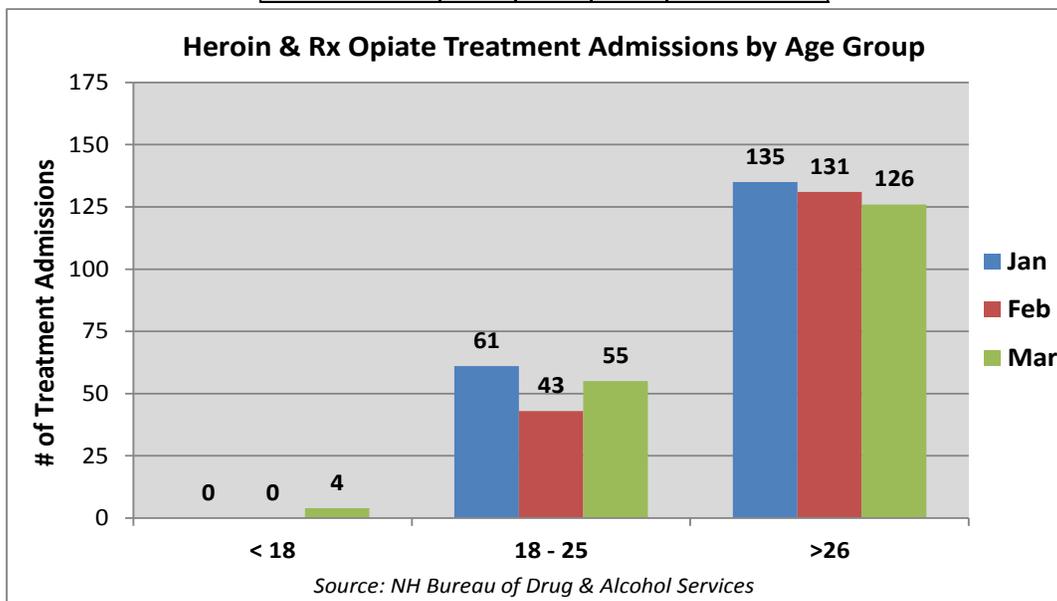
NOTE: County represents where the patient resides

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

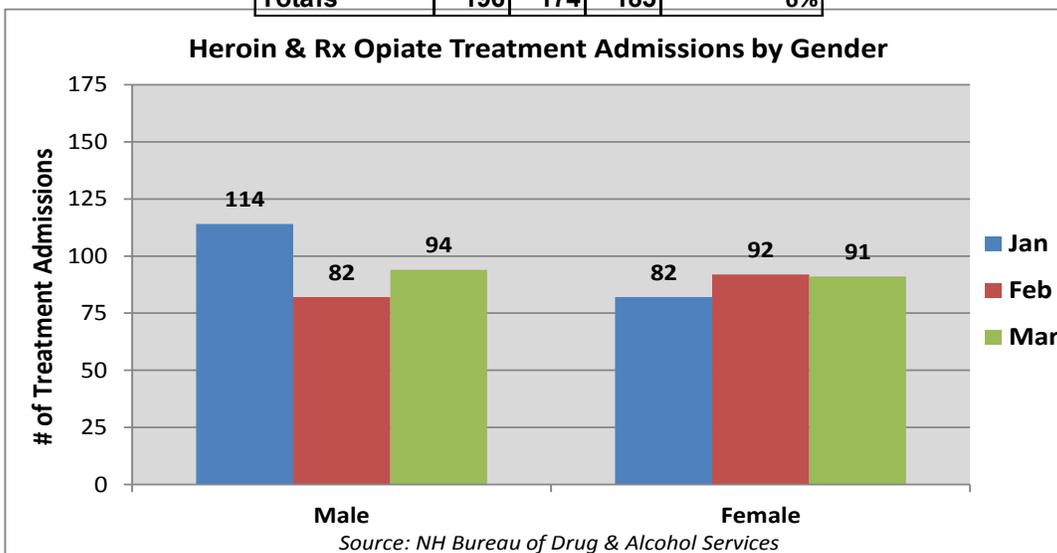
**Demographic Trends:** Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of January, February, and March.

- There were more males than females admitted to treatment programs during the month of March. The number of males admitted to treatment programs increased by 15% from February to March and the number of females admitted to treatment programs decreased by 1% during the same time period.

Age Group	Jan	Feb	Mar	% Change
< 18	0	0	4	400%
18 - 25	61	43	55	28%
>26	135	131	126	-4%
<b>Totals</b>	<b>196</b>	<b>174</b>	<b>185</b>	<b>6%</b>



Gender	Jan	Feb	Mar	% Change
Male	114	82	94	15%
Female	82	92	91	-1%
<b>Totals</b>	<b>196</b>	<b>174</b>	<b>185</b>	<b>6%</b>



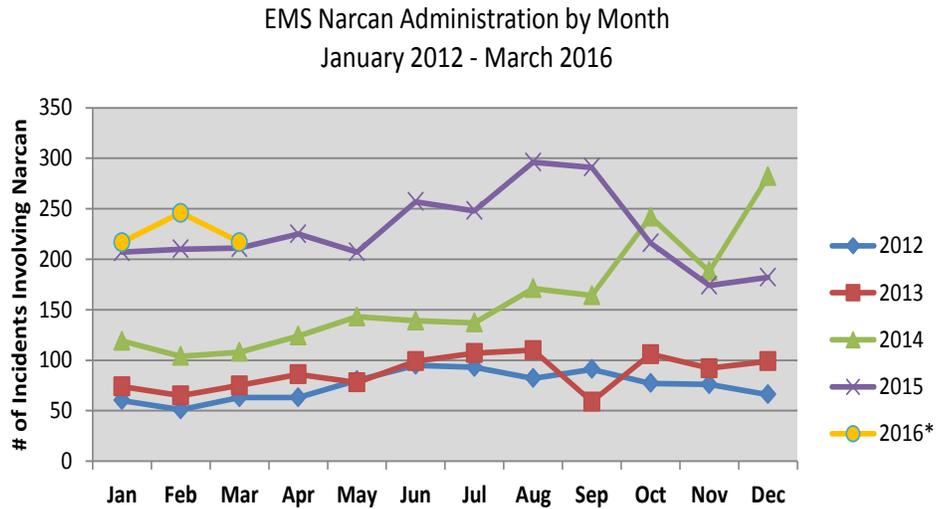
**EMS Narcan Administration\*:**

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

**Monthly Trends:**

Incidents involving EMS Narcan administration decreased by 13% from February 2016 to March.

(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.)



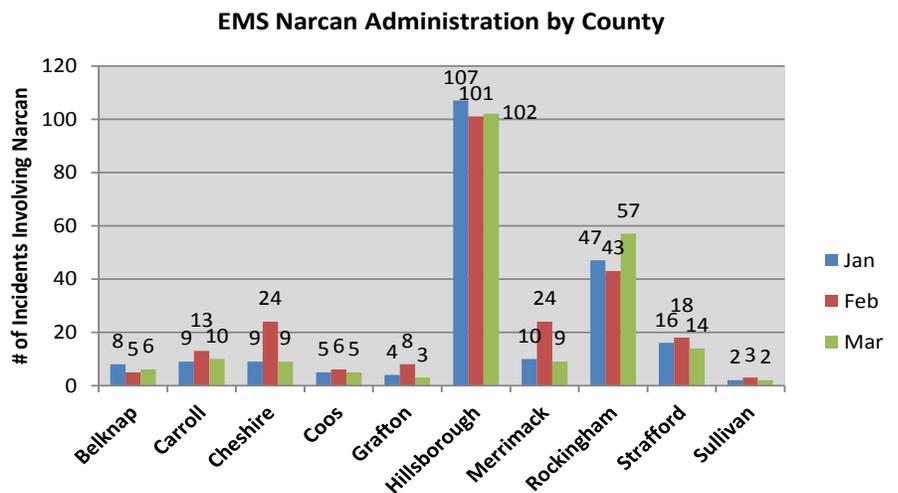
Source: NH Bureau of EMS

\*2016 Numbers are based on analysis completed as of 31 March, 2016

**Geographic Trends:** The following chart displays the number of incidents involving Narcan administration by county for the months of January, February, and March. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 107, 101, and 102 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between February and March was observed in Rockingham County with a 33% increase.

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

County	Jan	Feb	Mar	% Change
Belknap	8	5	6	20%
Carroll	9	13	10	-23%
Cheshire	9	24	9	-63%
Coos	5	6	5	-17%
Grafton	4	8	3	-63%
Hillsborough	107	101	102	1%
Merrimack	10	24	9	-63%
Rockingham	47	43	57	33%
Strafford	16	18	14	-22%
Sullivan	2	3	2	-33%
<b>Total</b>	<b>217</b>	<b>245</b>	<b>217</b>	<b>-11%</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.

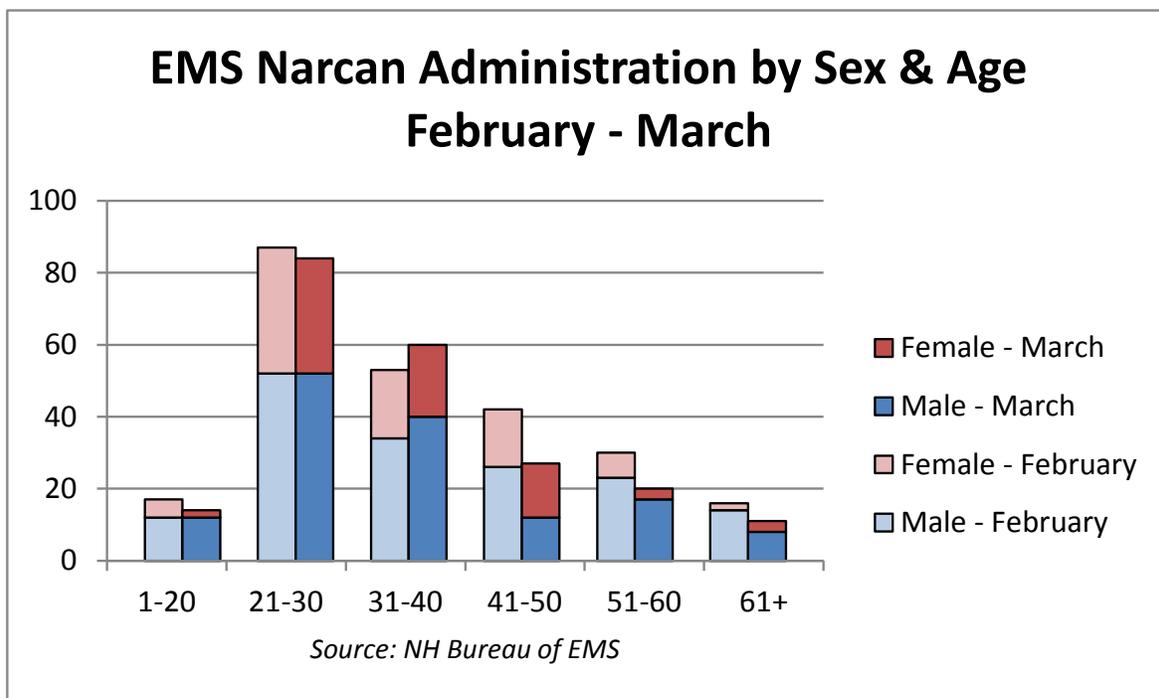
**EMS Narcan Administration\* (Continued):**

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 chart below. Males and females 21-40 years of age were administered Narcan the most often during the months of February and March.

- More males than females were administered Narcan during the months of February and March. The number of males that were administered Narcan decreased by 12% from February to March and the number of females administered Narcan decreased by 11% during the same time period.

Age	February		March	
	Male	Female	Male	Female
1-20	12	5	12	2
21-30	52	35	52	32
31-40	34	19	40	20
41-50	26	16	12	15
51-60	23	7	17	3
61+	14	2	8	3
Total	161	84	141	75



\*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:**

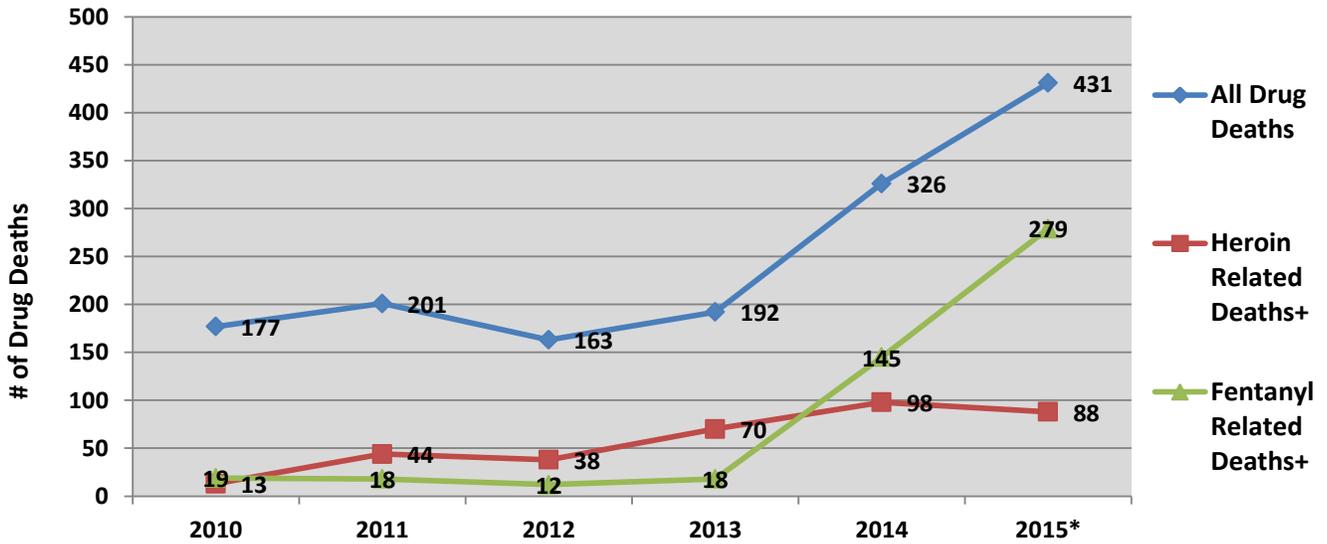
Data Source: NH Medical Examiner's Office

**Annual Trends:** The chart below displays overdose deaths annually from 2010 through 2015. 2015 totals are based on analysis completed as of 28 March 2016. **Six cases are still pending analysis and therefore these numbers are subject to change.** The total number of drug related deaths is represented as well as deaths related to Heroin and/or Fentanyl.+ There are 84 cases from 2016 that are "pending toxicology", and there are 27 confirmed drug deaths in 2016. **Please see page 11 for a map of 2015 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.

**Overdose Deaths By Year**

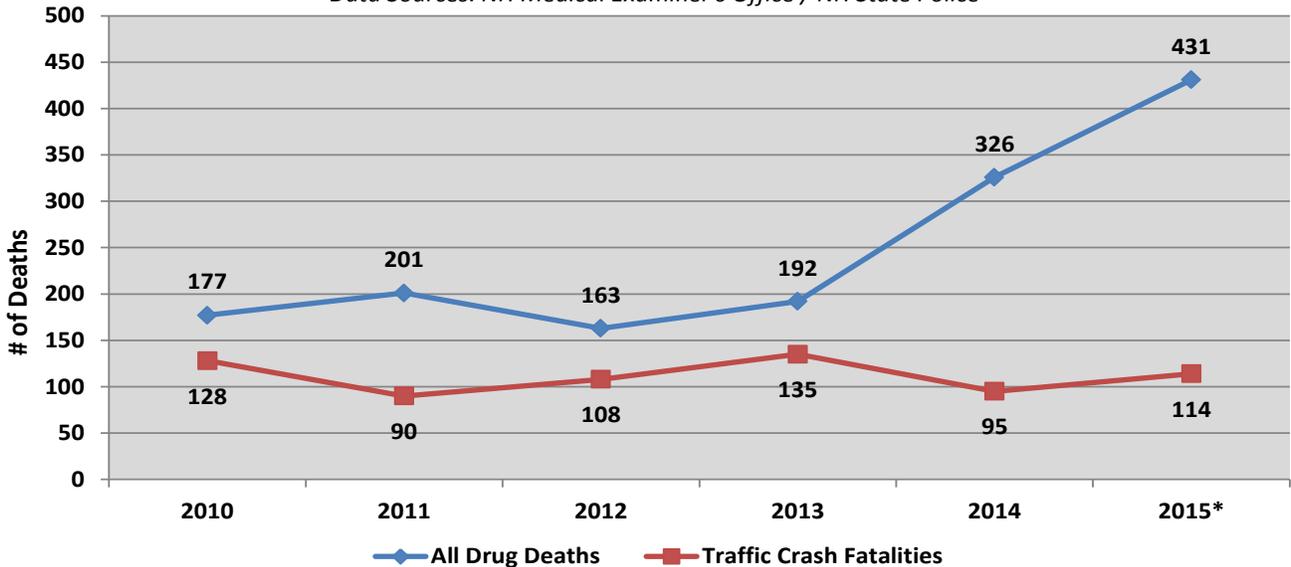
Data Source: NH Medical Examiner's Office



\*2015 Numbers are based on analysis completed as of 28 March 2016 - cases still pending  
 + Heroin & Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs

**Drug Deaths vs. Traffic Deaths by Year**

Data Sources: NH Medical Examiner's Office / NH State Police



\*2015 Drug Death numbers are based on analysis completed as of 28 Mar 2016 - many cases are still pending analysis.

## Situational Awareness:

### House Backs Bill Removing Penalties of Dirty Needles

According to The Telegraph, The New Hampshire House passed a bill on Wednesday, March 23rd, to remove the criminal penalty for possessing a syringe with “unusable” amounts of illegal drugs and to allow organizations other than pharmacies to take back dirty needles. Advocates of the proposal, which passed 272-86, said it will help prevent outbreaks of hepatitis C or other illnesses transferrable through needles. But opponents said the bill won’t be effective because it doesn’t set guidelines to create needle exchange programs statewide. Some lawmakers are skeptical of language in the bill, regarding what constitutes a residual or unusable amount of a drug such as fentanyl. “A single grain of fentanyl is sufficient to kill a person; how do you tell how much fentanyl is in a needle?” said Republican Rep. John Tholl, chairman of the House Criminal Justice and Public Safety Committee. The plan now moves to the state Senate.

## In the News...

### FDA Outlines Standards for Anti-Abuse Generic Painkillers

According to The Telegraph, federal officials are encouraging generic drug makers to reformulate their painkillers to make them harder to abuse, the latest in a string of steps designed to combat abuse of highly addictive pain drugs like codeine and oxycodone. The FDA has already approved five brand-name opioid pain drugs which are designed to discourage abuse. The current version of OxyContin is difficult to crush, discouraging abusers from snorting or dissolving the tablets to get high. The FDA draft guidelines released on 24 March outline studies needed to show that generic opioids have the same anti-abuse properties as their brand-name counterparts. “We recognize that abuse-deterrent technology is still evolving and is only one piece of a much broader strategy to combat the problem of opioid abuse... But strongly encouraging innovation to increase access to generic forms of abuse-deterrent opioid medications is an important element in that strategy.” FDA Commissioner Dr. Robert Califf said.

### Mother, Daughter Charged in Heroin Sale

According to The Telegraph, a Nashua mother and daughter, charged in 2014 for prostitution are behind bars again. Nashua police said officers with the department’s Problem Oriented Policing unit took mother and daughter into custody, the result of a Narcotics Intelligence Division investigation into the sale of heroin in Nashua. On 11, April Amy Beth Manzi, 45 and Arieana Manzi, 22 were jailed on high bail following their arraignments. Arieana Manzi is charged with five counts of acts prohibited-sale of heroin; and one count each of possession of a controlled drug (fentanyl) with intent to distribute, and criminal liability to the sale of heroin. All are felonies. Amy Manzi is charged with one count each of acts prohibited-sale of heroin, and criminal liability to the sale of heroin, both felonies. Amy Manzi’s criminal liability charge alleges that, on March 22, she gave her daughter a ride to the location of a scheduled drug transaction, documents state. Amy Manzi is also accused of selling heroin to a police informant, and of driving with only an expired Connecticut license in her possession, according to court records.

**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)**

(Intensive Outpatient Services for Adolescents.)

404 Chestnut Street

Manchester, NH 03105

Phone: 800-640-6486

or 603-518-4001

Fax: 603-668-6260

**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

**The Mental Health Center of Greater Manchester**

(Outpatient Adolescent and Families.)

1228 Elm Street, 2nd Floor

Manchester, NH 03101

Phone: 603-668-4111

Fax: 603-628-7733

**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

**NASHUA****Greater Nashua Council on Alcoholism****Keystone Hall**

(Outpatient and Intensive Outpatient Services for Adults, Adolescents and Their Families.)

12 & 1/2 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

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

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