New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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March 2019 Report  15 April 2019

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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Previous versions of the Drug Environment Report can be found at: https://www.dhhs.nh.gov/dcbcs/bdas/data.htm

The monthly online DMI viewer can be found at: https://nhviewww.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
April 2018 - March 2019

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

*2018 numbers are based on analysis as of 18 March 2019 and there are 24 cases pending for 2018
Drug overdose death data was last fully updated on 18 March 2019

Trends:
- As of 18 March 2019, there are 446 total, confirmed drug overdose deaths and 24 cases pending toxicology for 2018. For 2019, there are 19 confirmed drug overdose deaths and 72 cases pending toxicology.
- The Office of the Chief Medical Examiner has increased its projection from 464 to 470 drug overdose deaths for 2018.
- For 2018 thus far, Belknap County has the highest suspected drug use resulting in overdose deaths per capita at 4.91 deaths per 10,000 population, while Cheshire County has the second highest with 4.01 deaths per 10,000 population.
- 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***
- 2018 Numbers are based on analysis as of 18 March 2019.
- Analysis is based on county where the drug(s) is suspected to have been used.

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Overdose Deaths by Year per 100,000 Population

*2018 Numbers are based on analysis as of 18 March 2019
There are 24 cases pending for 2018
+Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

Overdose Deaths by County per 10,000 Population

* 2018 Numbers are based on analysis as of 18 March 2019 - 24 cases pending
### Cocaine and/or Fentanyl Combination Related Drug Deaths 2018*

<table>
<thead>
<tr>
<th>Combination</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>192</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>48</td>
</tr>
<tr>
<td>Cocaine, Fentanyl</td>
<td>25</td>
</tr>
<tr>
<td>Ethanol, Fentanyl</td>
<td>13</td>
</tr>
<tr>
<td>Fentanyl, Methamphetamine</td>
<td>9</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Cocaine</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol, Fentanyl</td>
<td>6</td>
</tr>
<tr>
<td>Alcohol, Cocaine, Fentanyl</td>
<td>5</td>
</tr>
<tr>
<td>Alcohol, Oxycodone, Fentanyl</td>
<td>4</td>
</tr>
<tr>
<td>Alcohol, Ethanol, Fentanyl</td>
<td>3</td>
</tr>
</tbody>
</table>

*2018 Numbers are based on analysis as of 18 March, 2019

Source: NH Medical Examiner's Office

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

<table>
<thead>
<tr>
<th>Combination</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Diazepam, Ethanol, Fentanyl</td>
<td>192</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Ethanol, Fentanyl</td>
<td>48</td>
</tr>
<tr>
<td>Alcohol, Chlorpheniramine, Ethanol, Fentanyl</td>
<td>25</td>
</tr>
<tr>
<td>Alprazolam, Fentanyl, Oxycodone, Sertraline</td>
<td>13</td>
</tr>
<tr>
<td>Buprenorphine, Diphenhydramine, Fentanyl</td>
<td>9</td>
</tr>
<tr>
<td>Cocaine, Ethanol, Fentanyl</td>
<td>7</td>
</tr>
<tr>
<td>Cocaine, Ethanol, Methamphetamine</td>
<td>6</td>
</tr>
<tr>
<td>Cocaine, Ethanol, Oxycodone, Fentanyl</td>
<td>5</td>
</tr>
<tr>
<td>Cocaine, Ethanol, Valeryl Fentanyl</td>
<td>4</td>
</tr>
<tr>
<td>Cocaine, Methadone, Ethanol, Fentanyl</td>
<td>3</td>
</tr>
</tbody>
</table>

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**Combination**

- Acetyl Fentanyl, Diazepam, Ethanol, Fentanyl
- Acetyl Fentanyl, Ethanol, Fentanyl
- Alcohol, Chlorpheniramine, Ethanol, Fentanyl
- Alprazolam, Fentanyl, Oxycodone, Sertraline
- Buprenorphine, Diphenhydramine, Fentanyl
- Cocaine, Ethanol, Fentanyl
- Cocaine, Ethanol, Methamphetamine
- Cocaine, Ethanol, Oxycodone, Fentanyl
- Cocaine, Ethanol, Valeryl Fentanyl
- Cocaine, Methadone, Ethanol, Fentanyl

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*Cells filled with gray indicate combinations noted twice*
Overdose Deaths by Town* - 2018 *
(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.
+2018 data was reported on March 18, 2019
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.

- Blue: 1 - 4 (80 towns)
- Green: 5 - 10 (15 towns)
- Yellow: 11 - 25 (6 towns)
- Orange: 26 - 50 (1 town)
- Red: 51 - 100 (1 town)
**EMS Narcan Administration:**

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

**Trends:**
- EMS Narcan administration incidents decreased 7% from February to March.
- In March, Hillsborough County had the most EMS Narcan administration incidents per capita with 1.93 incidents per 10,000 population, followed by Belknap County with 1.64 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39, representing 38% of all EMS Narcan administrations for March.

***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.

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**March EMS Narcan Administration by Age Group**

- 0-19: 3%
- 20-29: 10%
- 30-39: 24%
- 40-49: 11%
- 50-59: 13%
- 60+: 0.64%
- Unknown: 0.46%

**March EMS Narcan Administration by County per 10,000 Population**

- Belknap: 1.64
- Carroll: 0.83
- Cheshire: 0.26
- Coos: 0.60
- Grafton: 0.55
- Hillsborough: 1.93
- Merrimack: 0.87
- Rockingham: 0.95
- Strafford: 0.79
- Sullivan: 0.46

*Source: NH Bureau of EMS*
EMS Narcan Administration (Continued):

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

RODS, or Revised Overdose 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 %

April 2018 - March 2019

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Saved</td>
<td>0.00%</td>
<td>10.00%</td>
<td>20.00%</td>
<td>30.00%</td>
<td>40.00%</td>
<td>50.00%</td>
<td>60.00%</td>
<td>70.00%</td>
<td>80.00%</td>
<td>90.00%</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

### EMS Narcan Administration by County per 10,000 Population

<table>
<thead>
<tr>
<th>County</th>
<th>Belknap</th>
<th>Carroll</th>
<th>Cheshire</th>
<th>Coos</th>
<th>Grafton</th>
<th>Hillsborough</th>
<th>Merrimack</th>
<th>Rockingham</th>
<th>Strafford</th>
<th>Sullivan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1.96</td>
<td>1.64</td>
<td>1.87</td>
<td>1.04</td>
<td>1.20</td>
<td>1.54</td>
<td>2.03</td>
<td>1.93</td>
<td>2.37</td>
<td>0.23</td>
</tr>
<tr>
<td>2019</td>
<td>1.87</td>
<td>1.04</td>
<td>1.16</td>
<td>1.20</td>
<td>0.90</td>
<td>0.67</td>
<td>0.81</td>
<td>0.87</td>
<td>0.95</td>
<td>0.79</td>
</tr>
</tbody>
</table>

Source: NH Bureau of EMS

UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
EMS/Narcan Administration by Town
4/1/2018 - 3/31/2019
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

* Rochester totals for 2018 are not complete as runs have not been uploaded into the database since May - November.
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

**Trends:**
- Opioid related ED visits increased by 11% from February to March.
- In March, residents from Strafford County had the most opioid related ED visits per capita with 5.52 visits per 10,000 population.
- Belknap County residents had the second highest number of opioid related ED visits per capita with 5.08 visits per 10,000 population.
- In March, the age group with the largest number of opioid related ED visits was 30-39 year olds, with 37%.

*** 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.

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March Emergency Department Opioid Use Visits by Age

- 11%
- 31%
- 14%
- 37%
- 6%
- 0.21%

March Emergency Department Opioid Use Visits by County

- Strafford: 5.52
- Belknap: 5.08
- Carroll: 1.66
- Cheshire: 0.52
- Coos: 1.50
- Grafton: 1.44
- Hillsborough: 4.41
- Merrimack: 3.02
- Rockingham: 2.56
- Sullivan: 0.91

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Emergency Department Opioid Use Visits by Month per 100,000 Population

January 2016 - March 2019

© NH Division of Public Health Services

March Emergency Department Opioid Use Visits by Month per 100,000 Population

January 2016 - March 2019

© 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
April 2018 - March 2019

Emergency Department Opioid Use Visits by County
per 10,000 Population

Source: NH Div. of Public Health Services

UNCLASSIFIED

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Trends:
- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions increased from February to March by 27%.
- In March, residents from Belkap County were admitted most often for opioid/opiate treatment per capita with 5.24, followed by Strafford County with 3.23 admissions per 10,000 population.
- More males than females were admitted to treatment programs in March for Opioid/Opate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions decreased by 19% from February to March.
- Cocaine/Crack treatment admissions increased by 11% from February to March.
- Heroin/Fentanyl treatment admissions increased by 34% from February to March.

*** 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
April 2018 - March 2019

Source: NH Bureau of Drug & Alcohol Services

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

Source: NH Bureau of Drug & Alcohol Services
Situational Awareness:

**NEW HAMPSHIRE SAFE STATIONS**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>541</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>102</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>424</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>10.4 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>440</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>297</td>
</tr>
<tr>
<td>Number of unique participants seen in both City's Safe Station Program</td>
<td></td>
</tr>
</tbody>
</table>

**Manchester**

**Nashua**

**As of 3/31/2019**

**As of 4/12/2019**

**Fight Against Opioid Crisis Takes Toll on First Responders**

**MANCHESTER, N.H. —** First responders are on the front line of New Hampshire's drug epidemic every day, and the trauma they experience dealing with the victims often follows them home.

Manchester police, firefighters and EMTs described the consequences of compassion fatigue Tuesday to U.S. Sen. Maggie Hassan.

"Certainly in my 35 years on the job, I've never seen this much death," Manchester Fire Chief Dan Goonan said. During a roundtable discussion, officials told Hassan that their fight against the opioid crisis is taking a toll. "The impact of this epidemic on children, that is what's bothering these first responders the most, because having parents with addiction has become the norm for some of them," Hassan said. Officials with American Medical Response said they had to deal with the suicide of one of their own in December. They said it's a reminder that the trauma first responders deal with at work doesn't stay there.

"You certainly don't want to take the stress home, but really, it's not possible not to," said Chris Stawasz, regional director of AMR. Manchester police said they are offering support services to officers and their families.

Source: [www.wmur.com](http://www.wmur.com) 3/19/2019

**17 Individuals Charged with Drug Trafficking Crimes as Part of Joint Law Enforcement Investigation**

**CONCORD, N.H. —** United States Attorney Scott W. Murray and New Hampshire Attorney General Gordon J. MacDonald announced that 17 individuals have been charged with drug trafficking crimes as part of a joint investigation. Many of these individuals are charged with distributing Suboxone.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Suboxone is a drug that contains buprenorphine. It often is used to treat opioid dependency, however because of its opioid effects, it can be misused. When this drug is not taken under a physician’s supervision, it can be dangerous and even deadly. For example, mixing this drug with other medications (particularly benzodiazepines or other sedatives) can lead to overdoses or death.

Source: [www.justice.gov](http://www.justice.gov) 4/10/2019
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 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

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

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

**ROCHESTER**
Hope on Haven Hill
PO Box 1271
Rochester, NH 03867
Phone: 603-247-2043

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