**New Hampshire Drug Monitoring Initiative**

New Hampshire Information & Analysis Center

Phone: (603) 223.3859  
NH.IAC@dos.nh.gov  
Fax: (603) 271.0303

NHIAC Product #: 2019-3751  
May 2019 Report  
14 June 2019

**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
June 2018 - May 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 based on analysis as of 28 May 2019 and there are 2 cases pending for 2018
Drug Overdose Deaths:
Data Source: NH Medical Examiner’s Office

**Trends:**
- As of 28 May 2019, there are 470 confirmed drug overdose deaths and 2 cases pending toxicology for 2018. The final projection for 2018 drug overdose deaths is 472.
- For 2018 thus far, Belknap County has the highest suspected drug use resulting in overdose deaths per capita at 4.75 deaths per 10,000 population, while Cheshire and Hillsborough County are nearly tied for the second highest, with 4.14 and 4.09 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 28 May there are 98 total, confirmed drug overdose deaths, and there are 73 cases pending toxicology.
- Analysis is based on county where the drug(s) is suspected to have been used.

Right click on the paperclip and select “Open File” to view additional data.

---

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

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

*2018 Numbers are based on analysis as of 28 May 2019
There are 2 cases pending for 2018
+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

---

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

---

*2018 Numbers are based on analysis as of 28 May 2019
## Drug Overdose Deaths (Continued):

*Data Source: NH Medical Examiner’s Office*

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

*2018 Numbers are based on analysis as of 28 May 2019
Source: NH Medical Examiner’s Office*

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

<table>
<thead>
<tr>
<th>Drug Combinations</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Diazepam, Ethanol, Fentanyl</td>
<td>4-ANPP, Fentanyl, Valeryl Fentanyl, Alcohol, Fentanyl, Heroin, Oxycodone, Sertraline, Buprenorphine, Fentanyl, Hydroxyzine, Methamphetamine, Trazodone, Clonazepam, Fentanyl, Duloxetine, Fentanyl, Valeryl Fentanyl, Amitriptyline, Cocaine, Diphenhydramine</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Ethanol, Fentanyl</td>
<td>Acetyl Fentanyl, Amphetamines, Clonazepam, Fentanyl, Alcohol, Fentanyl, Quetiapine, Sertraline, Amphetamines, Fentanyl, Clonazepam, Fentanyl, Lamotrigine, Loperamide, Meprobamate, Ethanol, Fentanyl, Morphine, Buprenorphine, Cocaine</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Ethanol, Fentanyl, Oxycodone</td>
<td>Acetyl Fentanyl, Amphetamines, Fentanyl, Methadone, Alprazolam, Amphetamines, Cocaine, Fentanyl, Oxycodone, Moriheine, Amphetamines, Fentanyl, Hydromorphone, Cocaine, Cyclobenzaprine, Fentanyl, Ethanol, Fentanyl, Oxycodone, Cocaine, Diazepam, Oxazepam</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Fentanyl, Mirtagynine</td>
<td>Acetyl Fentanyl, Ethanol, Fentanyl, Ketamine, MDMA, Alprazolam, Amphetamines, Cocaine, Fentanyl, Morphine, Aripiprazole, Fentanyl, Quetiapine, Cocaine, Diazepam, Fentanyl, Fentanyl, Ketamine, Cocaine, Diphenhydramine, Ethanol</td>
</tr>
<tr>
<td>Alprazolam, Fentanyl</td>
<td>Acetyl Fentanyl, Fentanyl, Heroin, Alprazolam, Buprenorphine, Fentanyl, Lorazepam, Oxycodone, Buprenorphine, Diphenhydramine, Fentanyl, Cocaine, Duloxetine, Fentanyl, Fentanyl, MDMA, Methamphetamine, Cocaine, Ethanol, Morphine, Oxycodone</td>
</tr>
<tr>
<td>Clonazepam, Cocaine, Fentanyl</td>
<td>Acetyl Fentanyl, Fentanyl, Methadone, Alprazolam, Cocaine, Fentanyl, Buropion, Diazepam, Ethanol, Fentanyl, Cocaine, Fentanyl, Methamphetamine, Fentanyl, Methamphetamine, Methylenedioxymethamphetamine, Cocaine, Morphine</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Hydroxyzine</td>
<td>Acetyl Fentanyl, Fentanyl, Methadone, Alprazolam, Fentanyl, Heroin, Buropion, Fentanyl, Olanzapine, Diazepam, Ethanol, Fentanyl, Fentanyl, Mitragynine, Methamphetamine, Cocaine, Fentanyl, Alprazolam</td>
</tr>
<tr>
<td>Fentanyl, Methadone</td>
<td>Alcohol, Amphetamines, Fentanyl, Alprazolam, Fentanyl, Hydroxyzine, Clonazepam, Cocaine, Fentanyl, Methadematine, Diazepam, Fentanyl, Methamphetamine, Fentanyl, Morphine</td>
</tr>
<tr>
<td>4-ANPP, Acetyl Fentanyl, Fentanyl, Parafuorosobutylrifentanyl</td>
<td>Alcohol, Chlorpheniramine, Fentanyl, Amitriptyline, Cocaine, Diazepam, Fentanyl, Clonazepam, Cocaine, Fentanyl, Phenobarbital, Duloxetine, Ethanol, Fentanyl, Hydromorphone, Fentanyl, Oxycodeone</td>
</tr>
</tbody>
</table>

*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 May 28, 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.

- 1 - 4 (78 towns)
- 5 - 10 (16 towns)
- 11 - 25 (6 towns)
- 26 - 50 (1 town)
- 51 - 100 (1 town)
EMS Narcan Administration:
Data Source: NH Bureau of Emergency Medical Services (EMS)

Trends:
- EMS Narcan administration incidents increased by 39% from April to May.
- In May, Strafford County had the most EMS Narcan administration incidents per capita with 3.23 incidents per 10,000 population. Hillsborough and Cheshire County nearly tied for second, with 1.96 and 1.94 incidents per 10,000 population, respectively.
- The age group with the largest number of EMS Narcan administration incidents was 30-39, representing 27% of all EMS Narcan administrations for May.

*** 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 %
June 2018 - May 2019

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.

<table>
<thead>
<tr>
<th>Source: NH Bureau of EMS</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Saved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RODS Score of 0</td>
<td>55</td>
<td>15</td>
</tr>
<tr>
<td>RODS Score of 1-7</td>
<td>75</td>
<td>35</td>
</tr>
<tr>
<td>RODS Score of 8+</td>
<td>69</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>175</td>
<td>236</td>
</tr>
</tbody>
</table>

EMS Narcan Administration by County per 10,000 Population

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 Town
6/1/2018 - 5/31/2019
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

Prepared by:
NH Information & Analysis Center

Scale: 1:1,150,000
Trends:

- Opioid related ED visits increased by 5% from April to May.
- In May, residents from Strafford County had the most opioid related ED visits per capita with 8.12 visits per 10,000 population.
- Belknap and Hillsborough County residents were nearly tied for the second highest number of opioid related ED visits per capita with 5.08 and 5.02 visits per 10,000 population, respectively.
- In May, 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.

---

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

<table>
<thead>
<tr>
<th>County</th>
<th># of ED Opioid Use Visits per 10,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>5.08</td>
</tr>
<tr>
<td>Carroll</td>
<td>1.45</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1.42</td>
</tr>
<tr>
<td>Coos</td>
<td>0.90</td>
</tr>
<tr>
<td>Grafton</td>
<td>1.22</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>5.02</td>
</tr>
<tr>
<td>Merrimack</td>
<td>2.89</td>
</tr>
<tr>
<td>Rockingham</td>
<td>2.95</td>
</tr>
<tr>
<td>Strafford</td>
<td>8.12</td>
</tr>
<tr>
<td>Sullivan</td>
<td>0.91</td>
</tr>
</tbody>
</table>

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

- January 2016 - May 2019
- Source: NH Division of Public Health Services

---

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

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>0.002</td>
</tr>
<tr>
<td>10-19</td>
<td>0.005</td>
</tr>
<tr>
<td>20-29</td>
<td>12%</td>
</tr>
<tr>
<td>30-39</td>
<td>30%</td>
</tr>
<tr>
<td>40-49</td>
<td>13%</td>
</tr>
<tr>
<td>50-59</td>
<td>13%</td>
</tr>
<tr>
<td>60+</td>
<td>37%</td>
</tr>
</tbody>
</table>

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
June 2018 - May 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 April to May by 19%.
- In May, residents from Coos County were admitted at the highest per capita rate for opioid/opiate treatment, with 2.40 admissions per 10,000 population.
- More males than females were admitted to treatment programs in May for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions decreased by 4% from April to May.
- Cocaine/Crack treatment admissions decreased by 10% from April to May.
- Heroin/Fentanyl treatment admissions decreased by 22% from April to May.

*** 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
June 2018 - May 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

UNCLASSIFIED
UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
Situational Awareness:

**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>321</td>
<td>124</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>88</td>
<td>24</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>229</td>
<td>98</td>
</tr>
<tr>
<td>Average length of time company “Not Available”::</td>
<td>11.6 Min</td>
<td>8.7 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>273</td>
<td>103</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>181</td>
<td>63</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s Safe Station Program</td>
<td>497</td>
<td></td>
</tr>
</tbody>
</table>

**Beyond The Stigma: For Drug Cartels, NH Was a “Target-Rich Environment”**

Manchester, N.H. — In the early 2000s, Jon DeLena was working as an undercover narcotics agent for the Drug Enforcement Administration in South Florida, targeting the notorious cartels that were selling cocaine north of the border.

In 2011, DeLena went to work at DEA headquarters in Virginia, then four years ago, a top position opened up in the northern New England division, and DeLena got the job. “For me, this was the first chance in my adult life to come home,” he said.

“New England was getting crushed at the time with heroin but also with prescription opioids,” he said, “absolutely devastated by it.” The drug lords knew that all too well, he said. Prescription drugs were selling on the street here for about a dollar per milligram — $30 for a single oxycontin pill. “The cartels knew we were a target-rich environment,” he said. “That’s when they really started flooding the market with really cheap heroin.”

Source: [www.wmur.com](http://www.wmur.com) 5/04/2019

---

Law Enforcement Officials Warn of State’s Next Drug Threat: Methamphetamine

**CONCORD, N.H.** — Those on the front lines of the opioid crisis say methamphetamine is the next drug epidemic coming down the tracks, and New Hampshire needs to prepare for it.

New Hampshire has the third highest opioid death rate per capita, but officials said the state faces another emerging drug crisis. "It kind of hit us almost like a tsunami," Concord police Lt. Sean Ford said. "All of a sudden, it was just here." Ford was talking about the drug methamphetamine. Police in Concord said they are now making more arrests related to meth than opioids. There were three undercover methamphetamine arrests in 2014 and 78 such arrests in 2017.

The opioid and meth problems are related, police said. "Some of the opioid users are transitioning into methamphetamine for purposes of avoiding an overdose," said Lt. Chris Roblee, commander of the state police drug unit. "I'd be hard-pressed to find a lot of addicts that are not using both," Ford said.

Police said that with fentanyl claiming so many lives, it's no coincidence that meth in New Hampshire is no longer simply cooked up in one-pot home labs. It's coming from drug cartels.

Source: [www.wmur.com](http://www.wmur.com) 5/16/2019
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
*R 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 Use Disorder Treatment Facilities can be found [here](#).

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