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

The monthly online DMI viewer can be found at: 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
December 2018 - November 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

2019 numbers are not finalized, and are based on analysis as of 05 December 2019
Trends:

- As of 05 December there were 284 total, confirmed drug overdose deaths, and there are 80 cases pending toxicology, for 2019.
- Thus far in 2019, Hillsborough County continues to have the highest suspected drug use resulting in overdose deaths per capita, at 2.64 deaths per 10,000 population, while Strafford County is second, with 2.58 per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 years, which represents 32% of all overdose deaths for 2019.

*** IMPORTANT DATA NOTES***

- Analysis is based on county where the drug(s) is suspected to have been used.

Overdose Deaths by Age 2019*

Data Source: NH Medical Examiner’s Office

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>8%</td>
</tr>
<tr>
<td>20-29</td>
<td>17%</td>
</tr>
<tr>
<td>30-39</td>
<td>32%</td>
</tr>
<tr>
<td>40-49</td>
<td>22%</td>
</tr>
<tr>
<td>50-59</td>
<td>20%</td>
</tr>
<tr>
<td>60+</td>
<td>8%</td>
</tr>
</tbody>
</table>

*2019 numbers are not finalized, and are based on analysis as of 05 December 2019

Overdose Deaths by Year per 100,000 Population

Data Source: NH Medical Examiner’s Office

---

Overdose Deaths by County per 10,000 Population

Data Source: NH Medical Examiner’s Office

<table>
<thead>
<tr>
<th>County</th>
<th># of Drug Deaths per 100,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>1.78</td>
</tr>
<tr>
<td>Carroll</td>
<td>1.03</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1.67</td>
</tr>
<tr>
<td>Coos</td>
<td>1.49</td>
</tr>
<tr>
<td>Grafton</td>
<td>1.43</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>2.64</td>
</tr>
<tr>
<td>Merimack</td>
<td>2.20</td>
</tr>
<tr>
<td>Rockingham</td>
<td>3.91</td>
</tr>
<tr>
<td>Strafford</td>
<td>2.58</td>
</tr>
<tr>
<td>Sullivan</td>
<td>1.13</td>
</tr>
</tbody>
</table>

2019 numbers are not finalized, and are based on analysis as of 05 December 2019

+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories
### Cocaine and/or Fentanyl Combination Related Drug Deaths 2019

<table>
<thead>
<tr>
<th>Cocaine and/or Fentanyl Combination Related Drug Deaths that were noted once or twice*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetyl Fentanyl, Cocaine, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Alprazolam, Cocaine, Cyclobenzaprine, Diphenhydramine, Fentanyl</td>
</tr>
<tr>
<td>Alcohol, Diphenhydramine, Fentanyl</td>
</tr>
<tr>
<td>Clonazepam, Fentanyl, Morphine</td>
</tr>
<tr>
<td>Cocaine, Diazepam, Fentanyl, Valerol Fentanyl</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Alprazolam, Cocaine, Ethanol, Fentanyl</td>
</tr>
<tr>
<td>Alprazolam, Amphetamines, Cocaine, Fentanyl</td>
</tr>
<tr>
<td>Methamphetamine, Lisdexamfetamine, Propoxyphene, Tramadol</td>
</tr>
<tr>
<td>Cocaine, Ethanol, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Amphetamines, Cocaine, Fentanyl</td>
</tr>
<tr>
<td>Alprazolam, Amphetamines, Cocaine, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Hydroxyzine</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Alprazolam, Amphetamines, Clonazepam, Cocaine, Diazepam, Fentanyl, Methadone</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Diazepam, Fentanyl, Methadone</td>
</tr>
<tr>
<td>Clonazepam, Cocaine, Fentanyl</td>
</tr>
<tr>
<td>Diazepam, Ethanol, Fentanyl</td>
</tr>
<tr>
<td>4-ANPP, Acetyl Fentanyl, Ethanol, Fentanyl</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Clonazepam, Fentanyl, Methadone</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Fentanyl, Oxycodone</td>
</tr>
<tr>
<td>Clonazepam, Diazepam, Fentanyl</td>
</tr>
<tr>
<td>Diazepam, Fentanyl, Methamphetamine</td>
</tr>
<tr>
<td>Cyclobenzaprine, Diazepam, Ethanol, Fentanyl</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Cocaine, Ethanol, Fentanyl</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Fentanyl, Oxycodone</td>
</tr>
<tr>
<td>Clonazepam, Ethanol, Fentanyl, Gabapentin, Trazodone</td>
</tr>
<tr>
<td>Cocaine, Fentanyl, Ethanol, Fentanyl, Heroin</td>
</tr>
<tr>
<td>Ethanol, Fentanyl, Oxycodone</td>
</tr>
<tr>
<td>Fentanyl, Methadone, Zolpidem</td>
</tr>
<tr>
<td>Fentanyl, Oxycodone</td>
</tr>
</tbody>
</table>

*Cells filled with gray indicate combinations noted twice

---

**Source:** NH Medical Examiner’s Office
Overdose Deaths by Town* - 2019 *
(Data Source: NH Medical Examiner’s Office)
*Location where the drug(s) is suspected to have been used.

+2019 data was reported on December 5, 2019
There are more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received.

INDEX

Belknap
1 - Center Harbor
2 - Hart's Location
3 - Hart's Location
4 - Hadley's Purchase
5 - Bolton Grant
6 - Cots Grant
7 - Sargent's Purchase
8 - Prentiss & Moodus Purchase
9 - Groton Grant
10 - Chander's Purchase
11 - Low & Burbanks Grant
12 - Thompson & Mason's Purchase
13 - Groveton Grant
14 - Martins Location
15 - Erving's Grant
16 - Wentworth Location
17 - Atkinson & Gilmanton Academy Grant

Hillsborough
18 - Benjamin's Purchase
19 - South Hampton
20 - Seabrook
21 - East Kingston
22 - Kingston
23 - Hampton Falls
24 - Hampton
25 - North Hampton
26 - Rye
27 - Portsmouth
28 - New Castle
29 - Newington
30 - Rollinsford
31 - Somersworth

INDEX

Carroll
1 - Center Harbor
2 - Hales Location
3 - Hales Location
4 - Hadley's Purchase
5 - Bolton Grant
6 - Cots Grant
7 - Sargent's Purchase
8 - Prentiss & Moodus Purchase
9 - Groton Grant
10 - Chander's Purchase
11 - Low & Burbanks Grant
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23 - Hampton Falls
24 - Hampton
25 - North Hampton
26 - Rye
27 - Portsmouth
28 - New Castle
29 - Newington
30 - Rollinsford
31 - Somersworth

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

- 1 - 4 (69 towns)
- 5 - 10 (9 towns)
- 11 - 25 (3 towns)
- 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***

- TEMSIS, New Hampshire’s Trauma and EMS Information System, is undergoing its final transition from NEMSIS V2 to the current NEMSIS V3 standard. Currently, the EMS Narcan data is incomplete for November, and will not be available until this transition is complete.
- 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)

---

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>Month</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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some Improvement</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>RODS Score of 1-7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Improvement</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>Negative RODS Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>156</td>
<td>150</td>
<td>208</td>
<td>162</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># of Incidents Involving Narcan per 10,000 pop</td>
<td>0.82</td>
<td>1.04</td>
<td>1.04</td>
<td>0.91</td>
<td>0.60</td>
<td>0.44</td>
<td>0.67</td>
<td>0.87</td>
<td>0.98</td>
<td>0.46</td>
</tr>
</tbody>
</table>

---

Source: NH Bureau of EMS

UNCLASSIFIED—AUTHORIZED FOR PUBLIC RELEASE
EMS/Narcan Administration by Town
7/1/2018 – 6/30/2019
Data Source: New Hampshire Bureau of EMS

INDEX

Belknap
1 - Cesar Harbor
Carroll
2 - Wake Location
3 - Mills Location

counts
4 - Huddon Purchase
5 - Bean Grant
6 - Colts Grant
7 - Sargent Purchase
8 - Pinkham Grant
9 - Crawford Purchase
10 - Chardon Purchase
11 - Law & Bartaka Grant
12 - Thompson & Minnie Purchase
13 - Greene Grant
14 - Marion Location
15 - Ennys Grant
16 - Weirs Location
17 - Aiken & Schramm Academy Grant

Hillsborough
18 - Baringham
Rockingham
19 - South Hampton
20 - Seabrook
21 - East Kingston
22 - Kensington
23 - Hampton Falls
24 - Hampton
25 - North Hampton
26 - Rye
27 - Portsmouth
28 - New Castle
29 - Newington
30 - Belknap
31 - Somersworth

Index
*Incidents Where Narcan Was Administered*

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

Scale: 1:1,150,000

Prepared by:
NH Information & Analysis Center

UNCLASSIFIED - AUTHORIZED FOR PUBLIC RELEASE
Opioid Related Emergency Department Visits:

Data Source: NH Division of Public Health Services

Trends:
- Opioid related ED visits decreased by 4% from October to November.
- In November, residents from Sullivan County had the most opioid related ED visits per capita with 4.99 visits per 10,000 population.
- Strafford County residents had the second highest number of opioid related ED visits per capita with 4.69 visits per 10,000 population.
- In November, the age group with the largest number of opioid related ED visits was 30-39 year olds, with 35%.

*** 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 one (1) of the hospitals are sending ICD-10 data.
- These data include other opioid-related encounters such as poisonings, withdrawals, and detox.

Source: NH Division of Public Health Services
Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services

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### Emergency Department Opioid Use Visits per 100,000 Population

**December 2018 - November 2019**

<table>
<thead>
<tr>
<th>Month</th>
<th># of ED Opioid Use Visits per 100,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>December</td>
<td>31.19</td>
</tr>
<tr>
<td>January</td>
<td>33.18</td>
</tr>
<tr>
<td>February</td>
<td>31.70</td>
</tr>
<tr>
<td>March</td>
<td>35.24</td>
</tr>
<tr>
<td>April</td>
<td>39.67</td>
</tr>
<tr>
<td>May</td>
<td>35.60</td>
</tr>
<tr>
<td>June</td>
<td>40.33</td>
</tr>
<tr>
<td>July</td>
<td>35.98</td>
</tr>
<tr>
<td>August</td>
<td>34.95</td>
</tr>
<tr>
<td>September</td>
<td>31.34</td>
</tr>
<tr>
<td>October</td>
<td>30.53</td>
</tr>
<tr>
<td>November</td>
<td>29.35</td>
</tr>
</tbody>
</table>

Source: NH Div. of Public Health Services

---

### 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>2.27</td>
</tr>
<tr>
<td>Carroll</td>
<td>1.30</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1.46</td>
</tr>
<tr>
<td>Coos</td>
<td>1.85</td>
</tr>
<tr>
<td>Grafton</td>
<td>2.67</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>4.16</td>
</tr>
<tr>
<td>Merrimack</td>
<td>3.57</td>
</tr>
<tr>
<td>Rockingham</td>
<td>2.91</td>
</tr>
<tr>
<td>Strafford</td>
<td>3.06</td>
</tr>
<tr>
<td>Sullivan</td>
<td>2.79</td>
</tr>
</tbody>
</table>

Source: NH Div. of Public Health Services
Trends:
- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased from October to November by 13%.
- In November, residents from Hillsborough County were admitted at the highest per capita rate for opioid/opiate treatment, with 1.75 admissions per 10,000 population.
- More males than females were admitted to treatment programs in November for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased 13% from October to November.
- Cocaine/Crack treatment admissions decreased 19% from October to November.
- Heroin/Fentanyl treatment admissions decreased by 11% from October to November.

*** 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
December 2018 - November 2019

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

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

Hundreds of Arrests Made in DEA Drug Enforcement Surge Across New England

BOSTON—Federal officials said December 10, 2019 they made 645 arrests and seized drugs and more than $1 million in cash in a two-week operation across New England. Drug Enforcement Administration officials said they also seized 51 guns and enough fentanyl to kill an entire town, along with cocaine and heroin.

"We were attacking them in homes, in cars, in alleyways and everywhere in between," said DEA agent Jon DeLena, who the problem is worsening in the Granite State. "We see larger amounts of fentanyl than ever before being trafficked in New Hampshire," he said. "We know that it’s coming up from the Merrimack Valley of Massachusetts." Officials said Mexico is the source of the drugs. "They were very open with us," said Brian Boyle, DEA special agent in charge. "They took us into the jungle and showed us what they are seeing. They are working with our DEA agents down there." Another alarming trend in New Hampshire is the increasing use of methamphetamine, officials said. DeLena said it has its grown exponentially.

"This is a problem the Mexican drug cartel has decided New Hampshire is going to have," Delena said. "They study trends, just like people study the stock market." Nearly 8,000 oxycodone pills were also seized during the surge, officials said. Investigators said at least 25% of the pills were laced with fentanyl, and the target customer is high school students. DeLena said prevention is an essential part of the solution, and he has faith that the efforts to reach the next generation are effective. "New Hampshire has been hit hard, but it’s how New Hampshire has responded that is the gold standard," he said.

Source: www.wmur.com 12/10/2019

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>292</td>
<td>128</td>
</tr>
<tr>
<td></td>
<td>6,585</td>
<td>3,300</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>48</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>1,460</td>
<td>432</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>243</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>5,067</td>
<td>2,838</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>11.0 Min</td>
<td>8.8 Min</td>
</tr>
<tr>
<td></td>
<td>14.0 Min</td>
<td>10.0 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>252</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>3,735</td>
<td>1,816</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>175</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>3,089</td>
<td>1,842</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s Safe Station Program</td>
<td>531</td>
<td></td>
</tr>
</tbody>
</table>

N.H. to Receive Medicaid Grant for Pregnant Mothers Struggling With Opioids

New Hampshire is one of 10 states selected by the Trump administration to receive a Medicaid grant aimed at improving treatment for pregnant mothers suffering from opioid misuse disorder.

The five-year grant, called the maternal opioid misuse model, is designed to fill in gaps in care for pregnant mothers on Medicaid who are struggling with opioid addiction.

The grant will total $5.38 million over five years, with $750,000 distributed in the first year. That federal funding will be put to use in New Hampshire by Elliot Health Systems.

Women who participate in the new model will have access to a comprehensive set of specialists, from maternity care to medication-assisted treatment to mental health treatment. The program will enter a “pre-implementation period” in January. The new treatment models will begin to be delivered in 2021.

Source: www.nhpr.org 12/19/2019
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

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

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

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

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

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