



New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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NHIAC Product #: 2016-2809

November 2016 Report

28 December 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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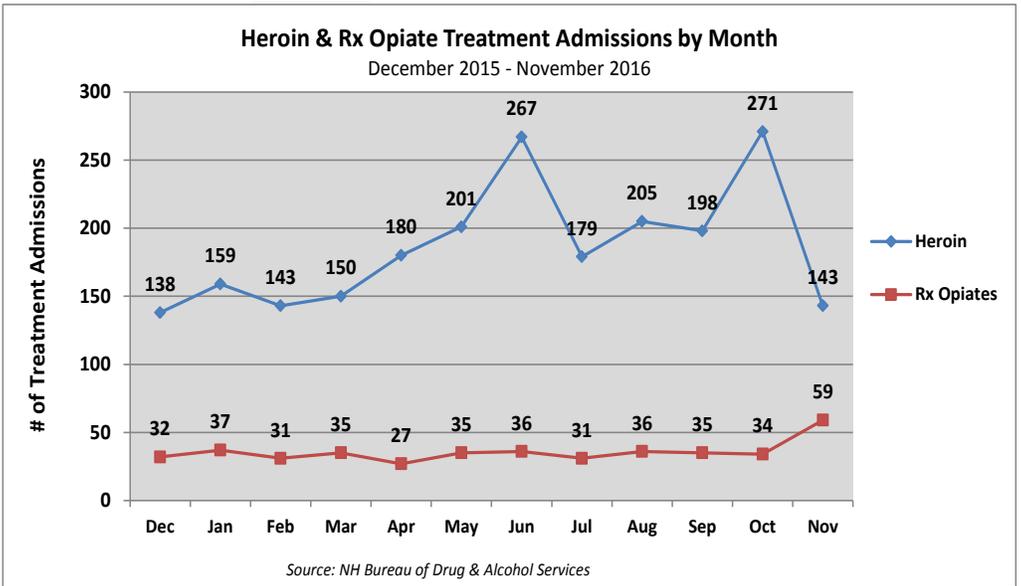
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Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:

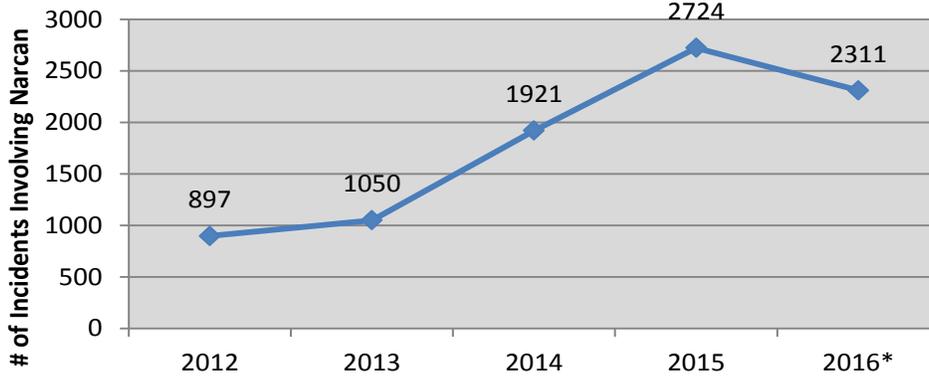
Annual Trends:

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month December 2015 – November 2016) shows that the largest increase in heroin treatment admissions was from September to October with a 31% increase. The largest decrease was from October to November with a 34% decrease.

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 November 2016

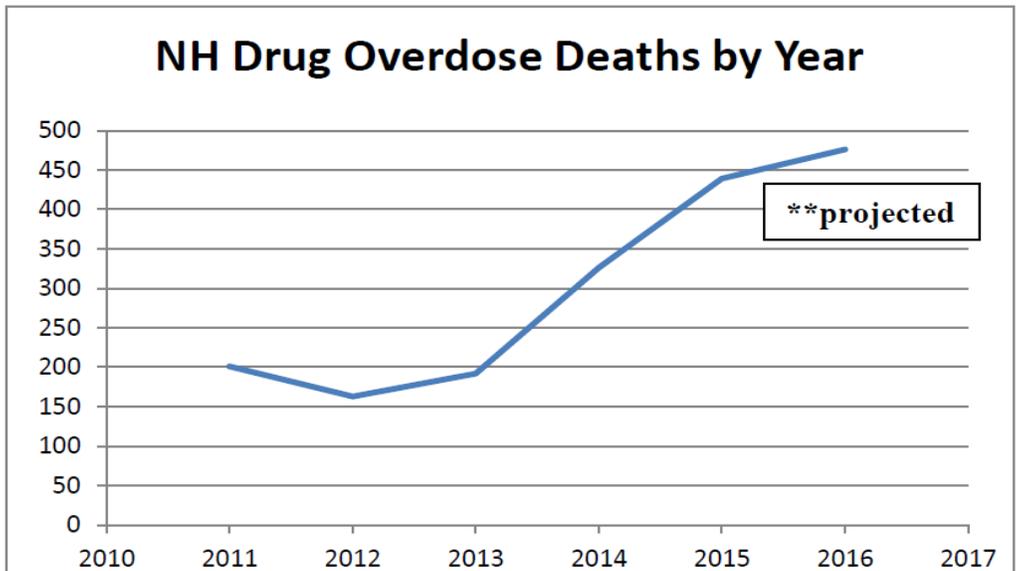
Annual Trends:

The chart at left (EMS Narcan Administration by Year 2012-2016) shows that from 2012 to 2015 there was a 203.7% increase in the number of incidents involving Narcan. The largest increase was from 2013 to 2014 with an 83% increase in incidents involving Narcan administration. November 2015 compared to November 2016 there has been an 11% increase.

Annual Trends:

The chart at right (NH Drug Overdose Deaths by Year) shows that from 2013 to 2015 there was a 128.6% increase in the number of all drug overdose deaths. The Office of the Chief Medical Examiner projects that there will be **476** drug related deaths in 2016.

Source: Office of the Chief Medical Examiner

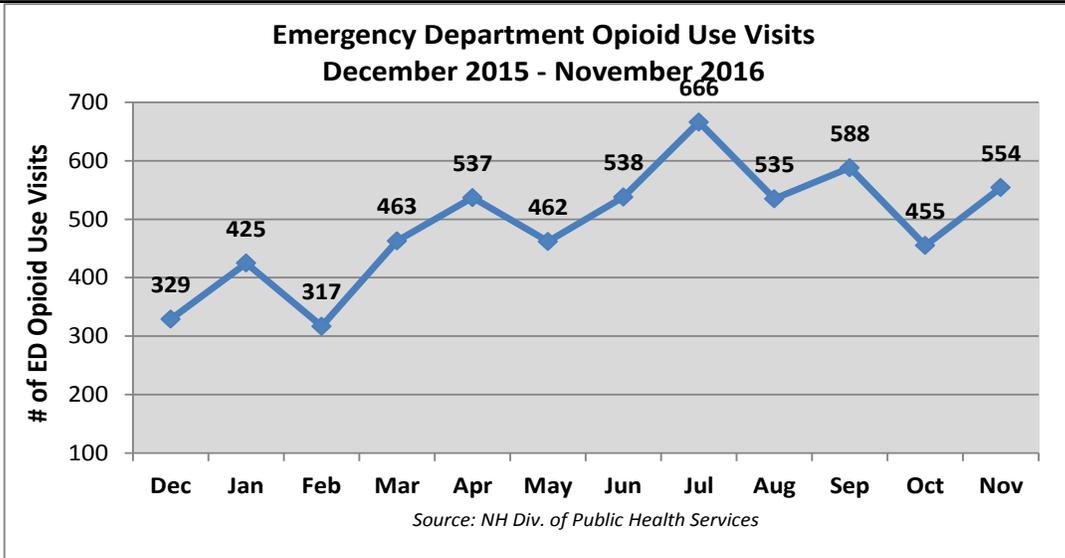


Opioid Related Emergency Department Visits*:

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 December 2015—November 2016) is based on the new query method described above. There was a 22% increase in Opioid ED visits from October to November.

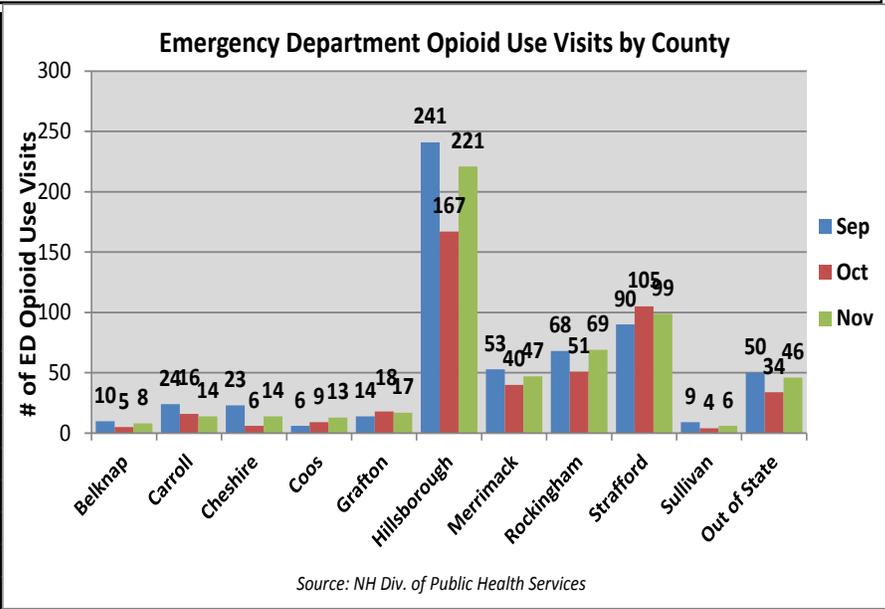


Geographic Trend: The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

Top Counties for November:
 1. Hillsborough 2. Strafford

Largest % increase from Oct to Nov:
 1. Cheshire

County	Sep	Oct	Nov	% Change
Belknap	10	5	8	60%
Carroll	24	16	14	-13%
Cheshire	23	6	14	133%
Coos	6	9	13	44%
Grafton	14	18	17	-6%
Hillsborough	241	167	221	32%
Merrimack	53	40	47	18%
Rockingham	68	51	69	35%
Strafford	90	105	99	-6%
Sullivan	9	4	6	50%
Out of State	50	34	46	35%
TOTAL	588	455	554	22%



NOTE: County represents where the opioid use patient resides

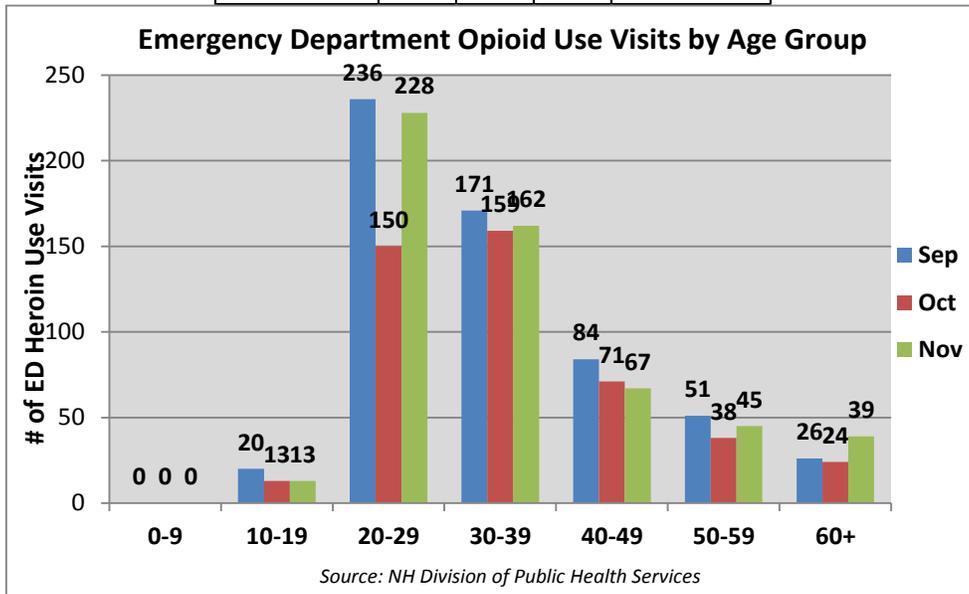
*The source of these data are New Hampshire’s Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term “heroin, opioid, opiate, or fentanyl” listed as chief complaint 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 de-duplicated 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.

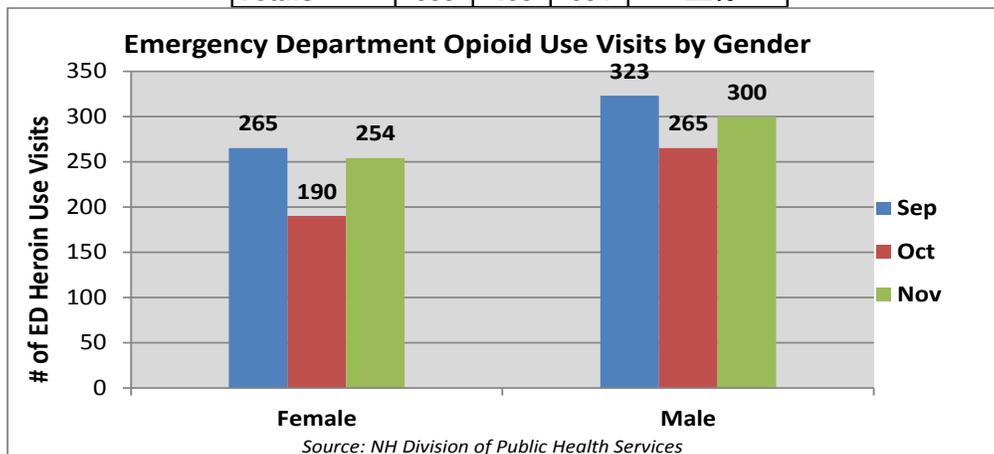
Age Trends: The age groups with the largest number of Opioid related emergency department visits for November were 20-29 and 30-39 years of age. The largest percent increase from Oct to Nov was 60+ years of age with a 63% increase.

Age	Sep	Oct	Nov	% Change
0-9	0	0	0	Incalculable
10-19	20	13	13	0%
20-29	236	150	228	52%
30-39	171	159	162	2%
40-49	84	71	67	-6%
50-59	51	38	45	18%
60+	26	24	39	63%
Totals	588	455	554	22%



Gender Trends: The gender with the largest number of opioid related emergency department visits for November was male. The largest percent increase from October to November was female with a 34% increase. Male opioid related emergency department visits also increased by 13% from October to November.

Gender	Sep	Oct	Nov	% Change
Female	265	190	254	34%
Male	323	265	300	13%
Totals	588	455	554	22%



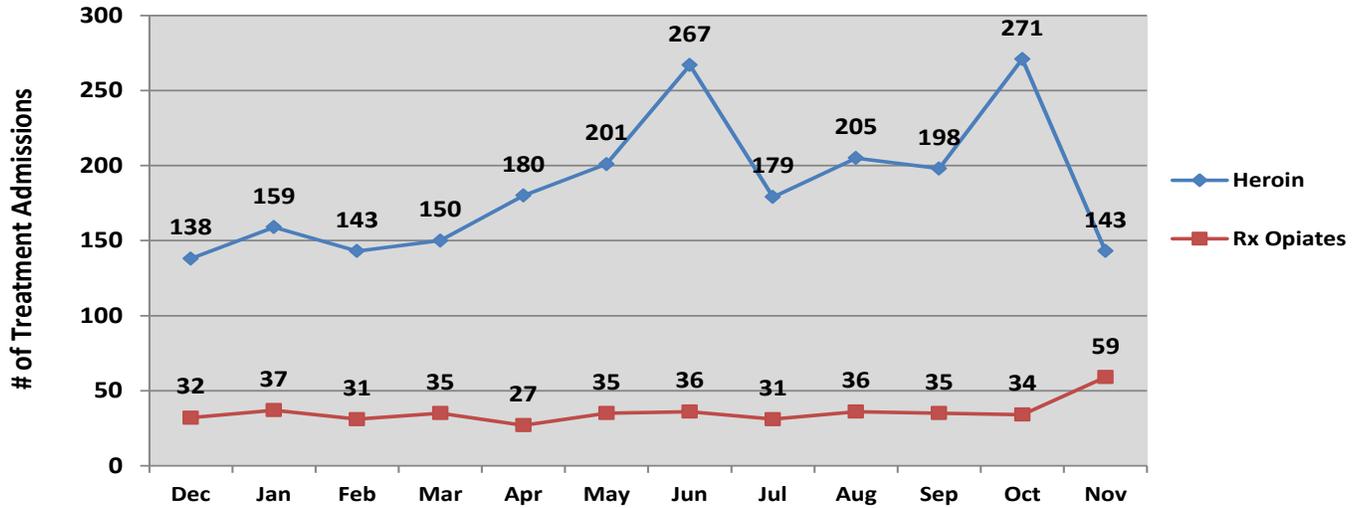
Heroin & Rx Opiate Treatment Admissions:

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 February to June. The number of admissions for prescription opiates increased by 74% from October to November. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions decreased by 34% from October to November. **It is unknown what attributed to the large increase in admissions for the months of Jun and Oct. Although, there have been new initiatives put in place to make treatment more available.**

Heroin & Rx Opiate Treatment Admissions by Month

December 2015 - November 2016

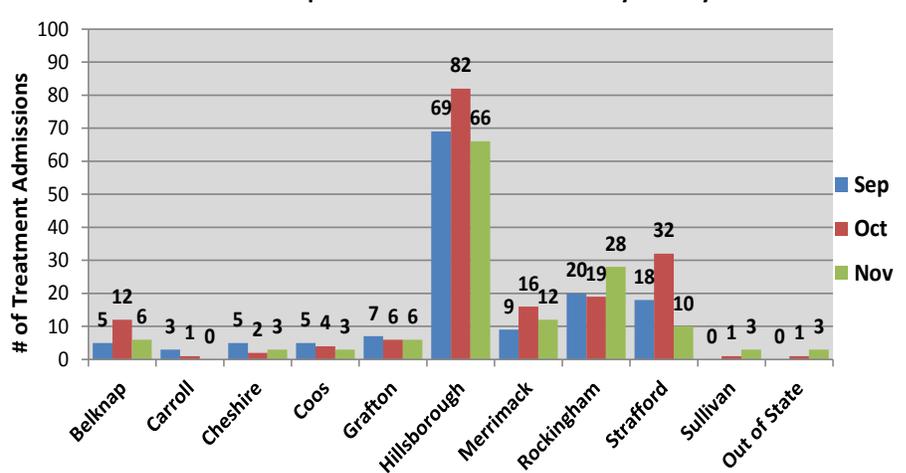


Source: NH Bureau of Drug & Alcohol Services

Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of November was Hillsborough. Carroll county experienced the largest percent decrease with a decrease of 100% in the number of residents admitted to treatment programs from October to November. Sullivan county had the largest percent increase with an increase of 200% during the same time period.

County	Sep	Oct	Nov	% Change
Belknap	5	12	6	-50%
Carroll	3	1	0	-100%
Cheshire	5	2	3	50%
Coos	5	4	3	-25%
Grafton	7	6	6	0%
Hillsborough	69	82	66	-20%
Merrimack	9	16	12	-25%
Rockingham	20	19	28	47%
Strafford	18	32	10	-69%
Sullivan	0	1	3	200%
Out of State	0	1	3	200%
Not provided	92	129	62	-52%
Totals	233	305	202	-34%

Heroin & Rx Opiate Treatment Admissions by County



Source: NH Bureau of Drug & Alcohol Services

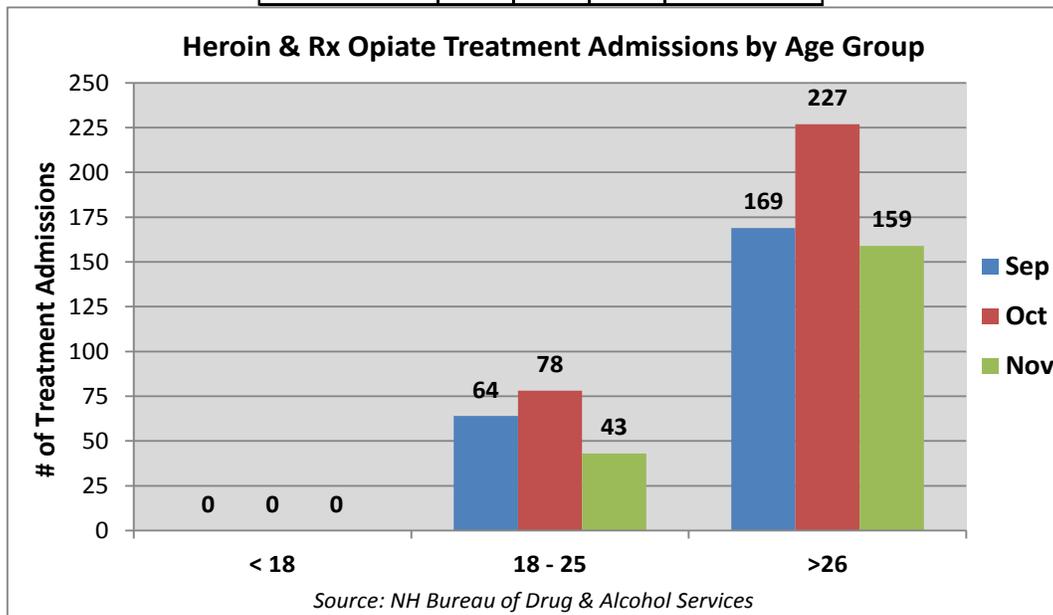
NOTE: County represents where the patient resides

Heroin & Rx Opiate Treatment Admissions (Continued):

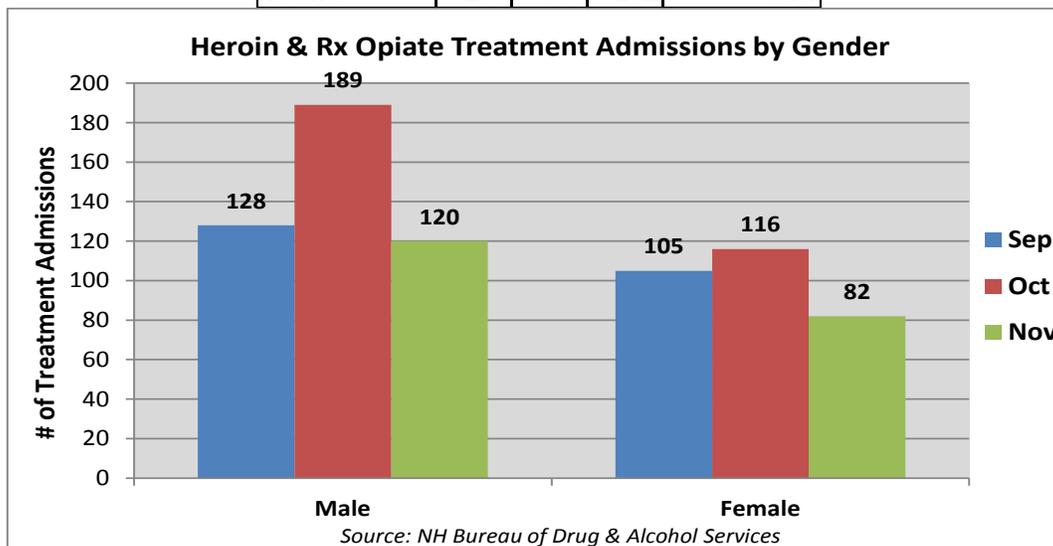
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of September, October and November.

- There were more males than females admitted to treatment programs during the month of November. The number of males admitted to treatment programs decreased by 37% from October to November and the number of females admitted to treatment programs decreased by 29% during the same time period.

Age Group	Sep	Oct	Nov	% Change
< 18	0	0	0	Incalculable
18 - 25	64	78	43	-45%
>26	169	227	159	-30%
Totals	233	305	202	-34%



Gender	Sep	Oct	Nov	% Change
Male	128	189	120	-37%
Female	105	116	82	-29%
Totals	233	305	202	-34%



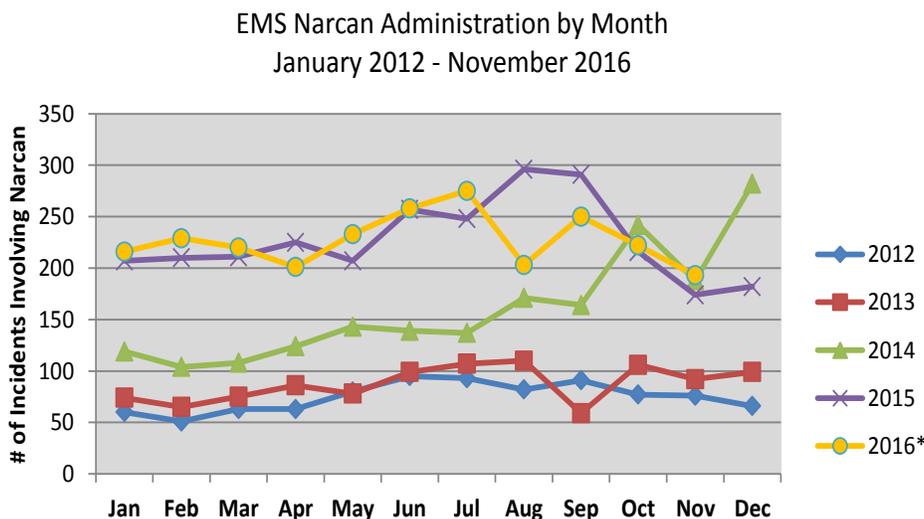
EMS Narcan Administration*:

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

Monthly Trends:

Incidents involving EMS Narcan administration decreased by 13% from October 2016 to November 2016.

(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.)

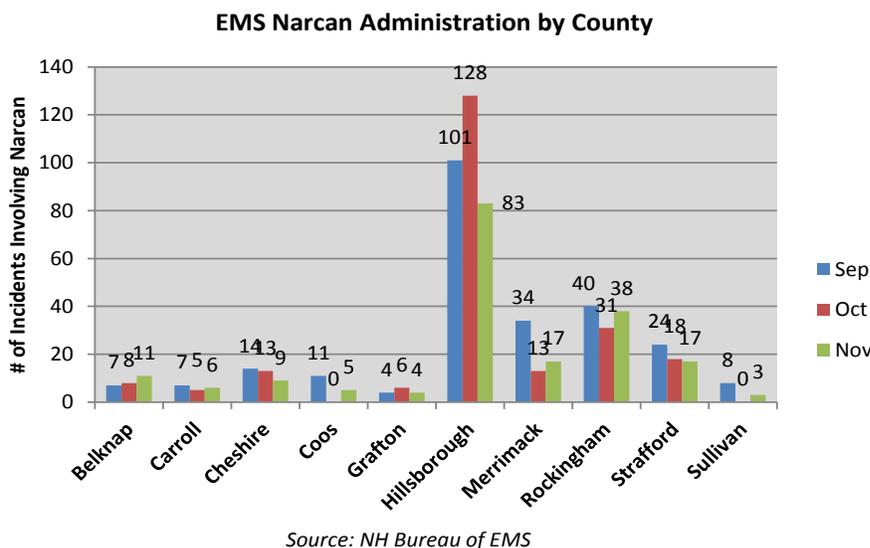


Source: NH Bureau of EMS
*2016 Numbers are based on analysis completed as of November, 2016

Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of September, October and November. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 101, 128 and 83 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between October and November was observed in Belknap County with a 38% increase. The largest percentage decrease in Narcan administrations was seen in Hillsborough County with a 35% decrease.

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

County	Sep	Oct	Nov	% Change
Belknap	7	8	11	38%
Carroll	7	5	6	20%
Cheshire	14	13	9	-31%
Coos	11	0	5	Incalculable
Grafton	4	6	4	-33%
Hillsborough	101	128	83	-35%
Merrimack	34	13	17	31%
Rockingham	40	31	38	23%
Strafford	24	18	17	-6%
Sullivan	8	0	3	Incalculable
Total	250	222	193	-13%



*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.

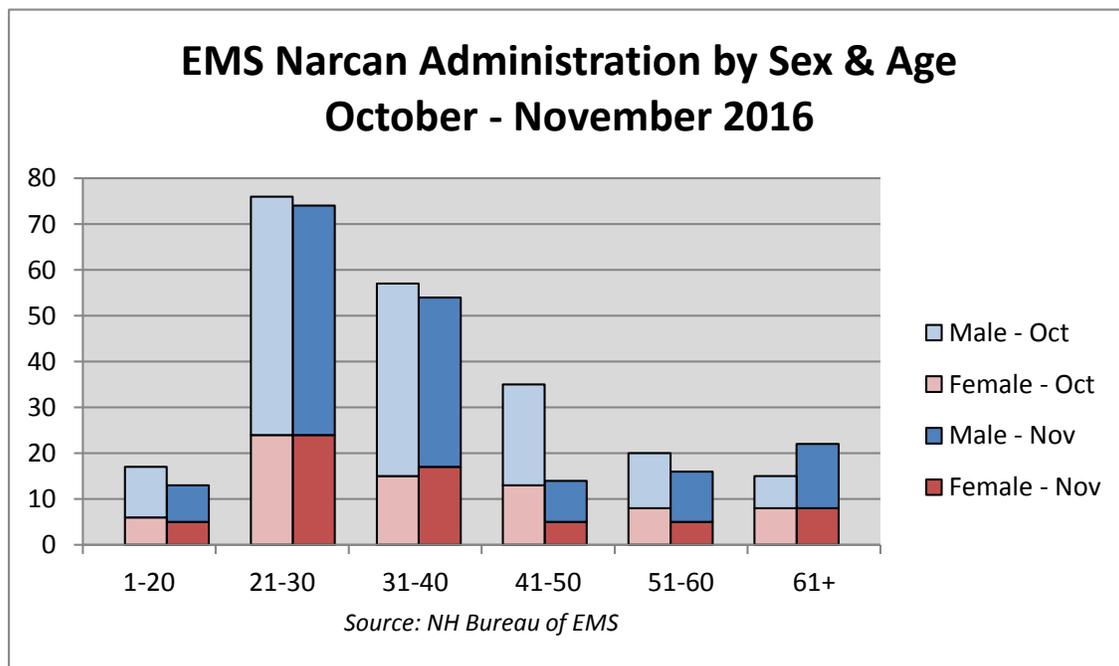
EMS Narcan Administration* (Continued):

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 charts below. Males and females 21-40 years of age were administered Narcan the most often during the months of September, October and November.

- More males than females were administered Narcan during the months of September, October and November. The number of males that were administered Narcan decreased by 11% from October to November and the number of females administered Narcan decreased by 16% during the same time period.

Age	September		October		November	
	Male	Female	Male	Female	Male	Female
1-20	12	5	11	6	8	5
21-30	57	34	52	24	50	24
31-40	47	16	42	15	37	17
41-50	24	14	22	13	9	5
51-60	19	9	12	8	11	5
61+	6	8	7	8	14	8
Total	165	86	146	74	129	64



*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/Narcarn Administration by Town 12/1/2015 - 11/30/2016

Data Source: New Hampshire Bureau of EMS

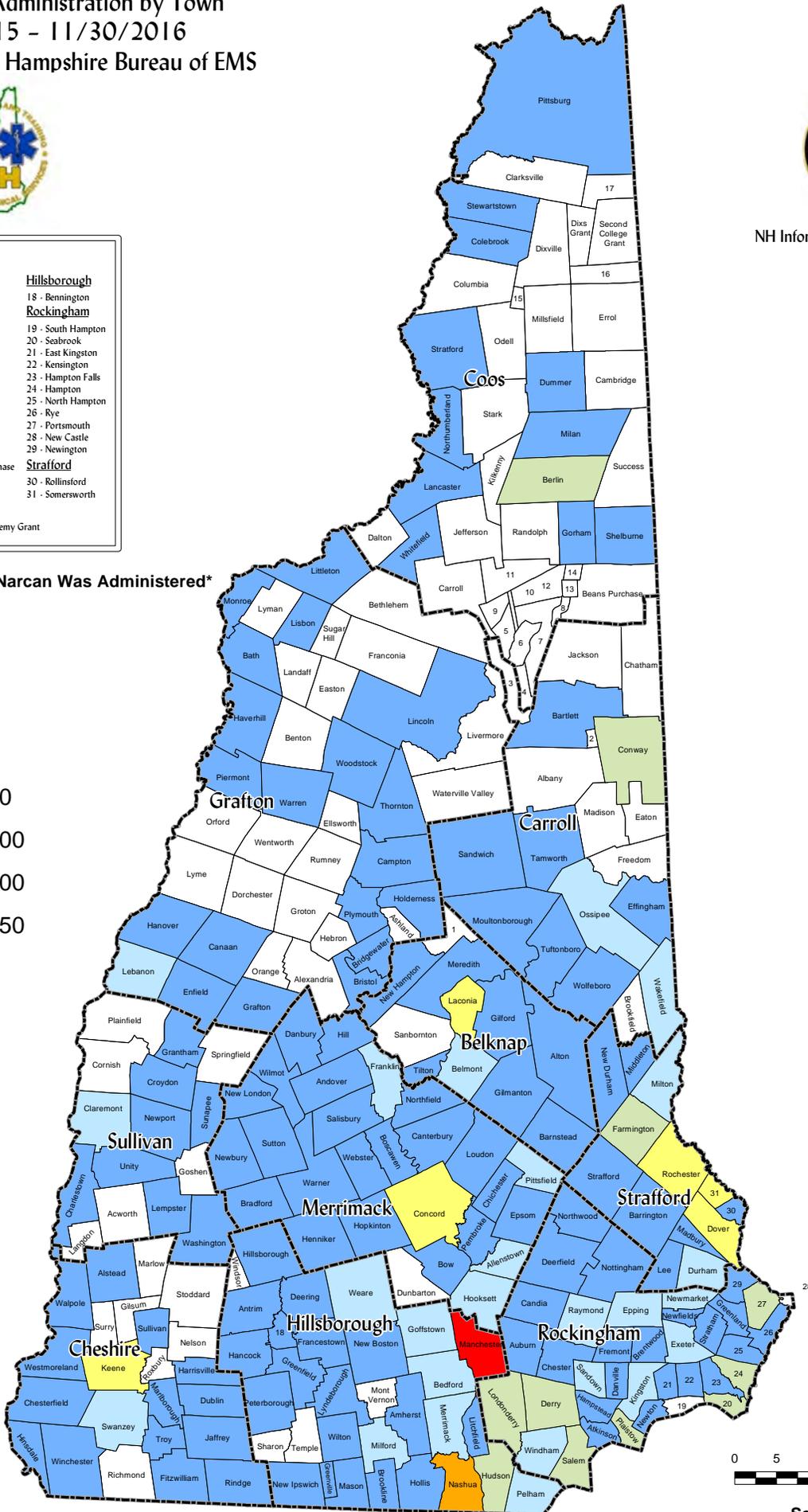
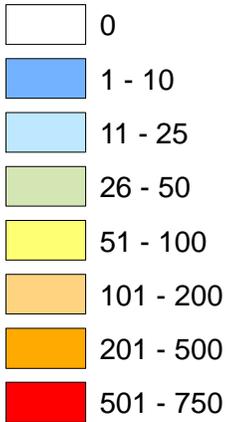


Prepared by:
NH Information & Analysis Center

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Belknap	Hillsborough
1 - Center Harbor	18 - Bennington
Carroll	Rockingham
2 - Hales Location	19 - South Hampton
3 - Harts Location	20 - Seabrook
Coos	21 - East Kingston
4 - Hadleys Purchase	22 - Kensington
5 - Beans Grant	23 - Hampton Falls
6 - Cutts Grant	24 - Hampton
7 - Sargent's Purchase	25 - North Hampton
8 - Pinkhams Grant	26 - Rye
9 - Crawfords Purchase	27 - Portsmouth
10 - Chandlers Purchase	28 - New Castle
11 - Low & Burbanks Grant	29 - Newington
12 - Thompson & Meserves Purchase	Strafford
13 - Greens Grant	30 - Rollinsford
14 - Martins Location	31 - Somersworth
15 - Erving's Grant	
16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

Incidents Where Narcan Was Administered



Scale: 1:1,150,000

Drug Overdose Deaths:

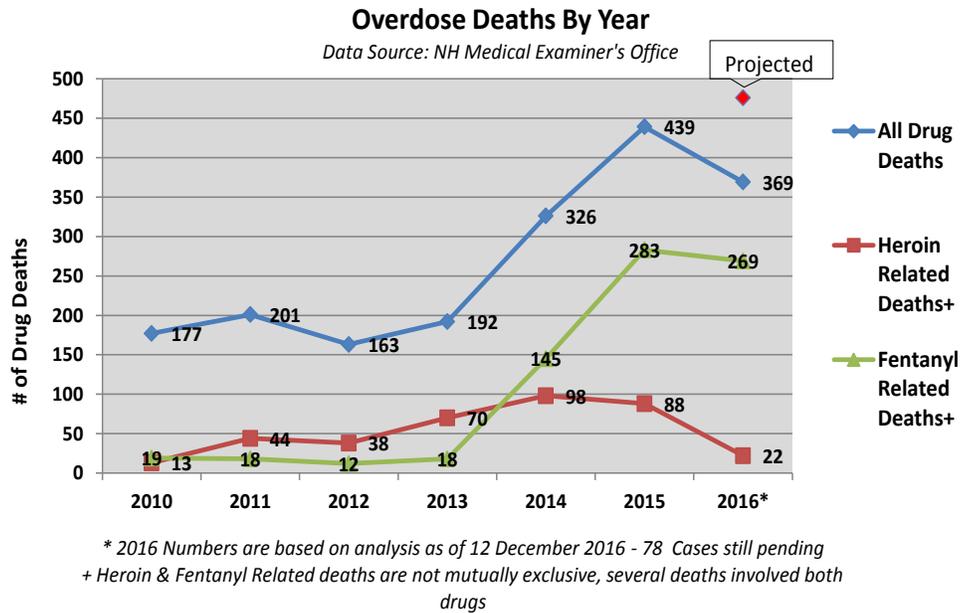
Data Source: NH Medical Examiner's Office

Annual Trends: The chart below displays overdose deaths annually from 2011 through 2016. 2016 numbers are as of 12 December 2016. The projected number of drug related deaths for 2016 is 476. See page 11 for a map of 2016 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.

Year	All Drug Deaths	Heroin Related Deaths+	Fentanyl Related Deaths+
2010	177	13	19
2011	201	44	18
2012	163	38	12
2013	192	70	18
2014	326	98	145
2015	439	88	283
2016*	369	22	269

*numbers reported as of 12/12/16



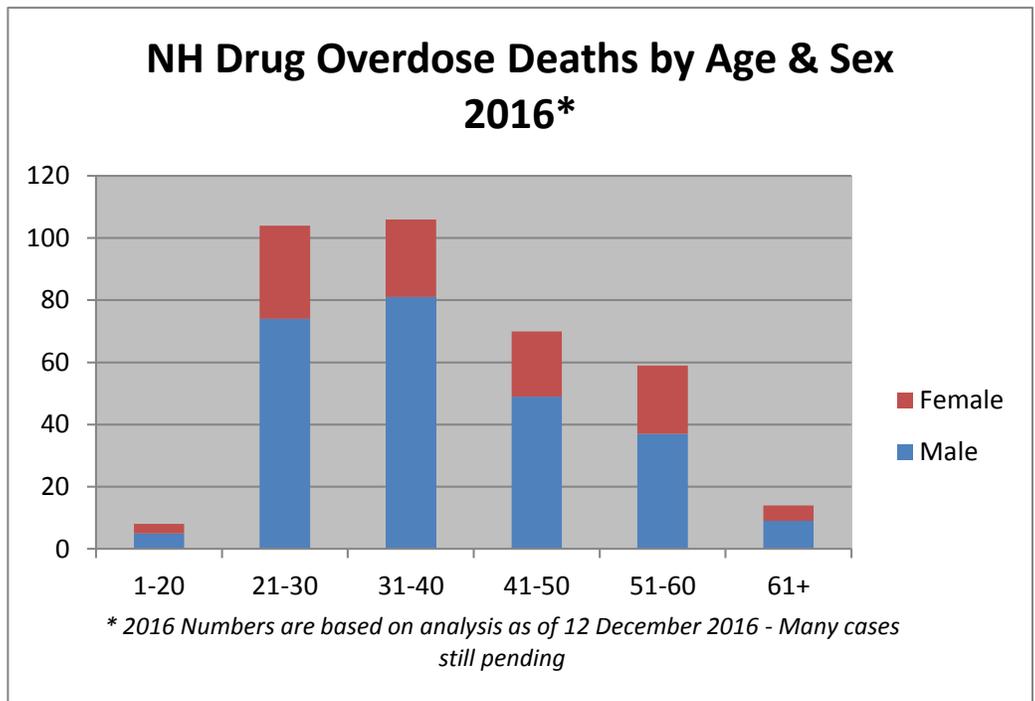
Fentanyl Analogues in NH in 2016:

- U-47700—2 Deaths
- Furanyl Fentanyl—2 deaths
- Acetyl Fentanyl—26 deaths
- Fluoro-fentanyl—1 death
- Acetyl fentanyl and furanyl fentanyl—1 death

Source: Office of the Chief Medical Examiner

Age	2016	
	Male	Female
1-20	5	3
21-30	74	30
31-40	81	25
41-50	49	21
51-60	37	22
61+	9	5
Total	255	106

*2016 Numbers are based on analysis as of 12 December 2016



Overdose Deaths by Town* - 2016+ (Data Source: NH Medical Examiner's Office)

*Location where the drug(s) is suspected to have been used.

+2016 data was reported on December 12, 2016
There are many more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received.



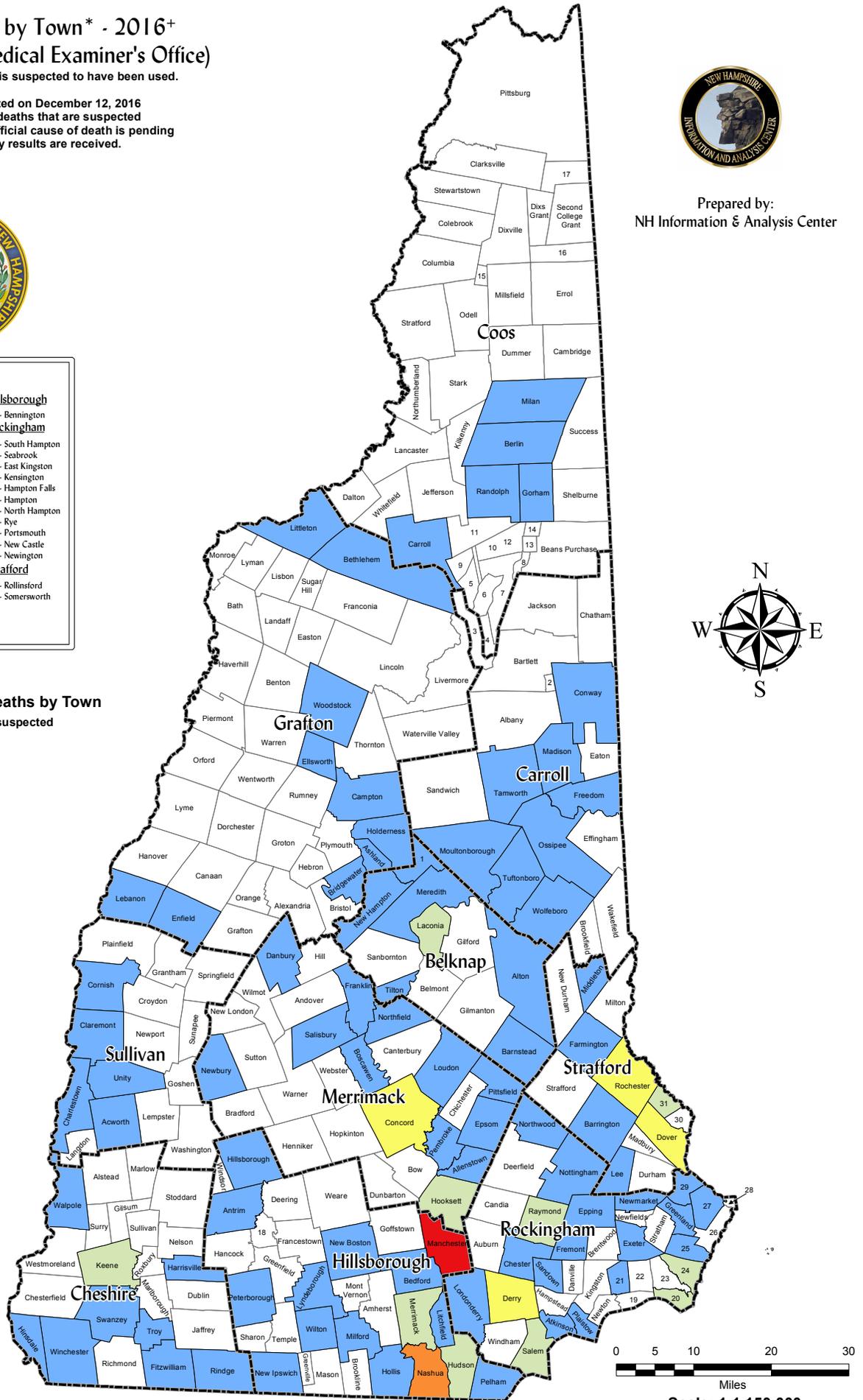
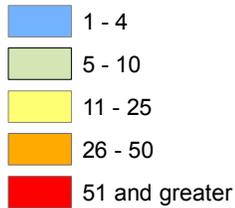
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Number of Overdose Deaths by Town *Location where the drug(s) is suspected to have been used.



NEW HAMPSHIRE SAFE STATIONS

Manchester Safe Station Began 5/4/2016—Nashua Safe Station Began 11/17/2016

	Manchester As of 12/19	Nashua As of 11/30
• Number of requests at MFD/NFR for Safe Station:	921	16
• Number of participants transported to Hospitals:	73	2
• Number of participants taken to HOPE in NH:	347	N/A
• Number of participants taken to Serenity Place:	497	N/A
• Number of participants taken to PSL facilities:	N/A	14
• Number of participants seen for ODs prior to seeking SS Help:	163	1
• Average Length of Time MFD/NRF Company “Not Available”:	12 min	11:44 min
• Number of <u>UNIQUE</u> participants:	706	16
• Number of <u>REPEAT</u> participants:	215	0
• Age Range of Participants:	18-70	19-54

In the News...

More Than a Dozen Seek Help at Nashua Safe Stations

According to the Union Leader, since launching the city’s Safe Stations program less than two weeks ago, 13 individuals have sought help for addiction at local fire stations, and nearly a dozen more have called the fire department for assistance. Nashua officially began operating its Safe Stations on November 17th. Anyone seeking treatment or recovery from addiction to opioids or other substances may visit a city fire station at any time for help. Once there, trained firefighters will connect the individual with help, and representatives from American Medical Response and Harbor Homes will immediately respond to each report. Overall, Harbor Homes has dealt with nearly 30 people who have reached out through Safe Stations in the past 11 days, according to Mayor Jim Donchess. The response time, on average, is about 12 minutes from the time an individual walks into the fire station and voices concern until a representative with Harbor Homes or its emergency shelter on Maple Street arrives.

Source: <http://www.unionleader.com>

Rep. Kuster Launching New Task Force

According to the Union Leader, U.S. Rep. Anne Kuster will continue to lead a bipartisan task force to combat the heroin epidemic in 2017, and she will launch a new task force to combat sexual harassment. Kuster said funding from the 21st Century Cures Act would soon hit New Hampshire streets to further address opioid and heroin addiction. “New Hampshire is scheduled to get \$3.1 million and because of the urgency, this is going to happen, hopefully, within the next 60 to 90 days,” she said at an interview the Union Leader.. The funding, in the form of block grants to the state Department of Health and Human Services, emerged as priority No. 1 for Kuster and the New Hampshire delegation in 2016.

Source: <http://www.unionleader.com>

Tracked by NHIAC/HSEC SINS: 03,16 / 05,06

Substance Abuse Treatment/Recovery Directory:*State funded treatment facilities in NH (NOT a complete list)—Source NH Department of Health & Human Services***BERLIN****Tri-County Community Action Programs Inc.**

30 Exchange Street
Berlin, NH 03570

CANNAN**HALO Educational Systems**

44 Roberts Road
Canaan, NH 03741

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**

(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

HAVERHILL**Grafton County House of Corrections**

Dartmouth College Road
Haverhill, NH 03765

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**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

Manchester Alcoholism and Rehabilitation Center

(Intensive Outpatient 18 years and older and Outpatient Services.)
555 Auburn Street
Manchester, NH 03101
Phone: 603-263-6287
Fax: 603-621-4295

National Council on Alcoholism and Drug Dependence—Greater Manchester

101 Manchester St.
Manchester, NH 03101

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

(Outpatient and Intensive Outpatient Services for Adults, Adolescents and Their Families.)
615 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

SOMERSWORTH**Goodwin Community Health Center**

311 NH-108
Somersworth, NH 03878

Phoenix Houses of New England

Locations in: Dublin, Keene, Northfield

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

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