**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.

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**Drug Environment Report—UNCLASSIFIED**

<table>
<thead>
<tr>
<th>Section Title</th>
<th>Table of Contents:</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Drug Overdose Deaths</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Drug Overdose Deaths Map</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>EMS Narcan Administration</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>EMS Narcan Administration Map</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Opioid Related Emergency Department Visits</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Treatment Admissions</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Situational Awareness</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Substance Abuse Treatment/Recovery Directory</td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

Previous versions of the Drug Environment Report can be found at: [https://www.dhhs.nh.gov/dcbc/bdas/data.htm](https://www.dhhs.nh.gov/dcbc/bdas/data.htm)


⇒ 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**
  - *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 07 December 2018 and there are 83 cases pending for 2018*
Drug Overdose Deaths:
Data Source: NH Medical Examiner’s Office

**Trends:**
- As of 07 December, there are 330 total, confirmed drug overdose deaths and 83 cases pending toxicology for 2018.
- The Office of the Chief Medical Examiner has increased its projection from 420 to 437 drug overdose deaths for 2018.
- In 2018 thus far, Belknap County has the highest suspected drug use resulting in overdose deaths per capita at 3.77 deaths per 10,000 population, while Cheshire County had the second highest with 3.49 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 which represents 31% of all overdose deaths for 2018.

*** IMPORTANT DATA NOTES***
- 2018 Numbers are based on analysis as of 07 December 2018.
- Analysis is based on county where the drug(s) is suspected to have been used.

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

- 0-19: 31%
- 20-29: 16%
- 30-39: 20%
- 40-49: 7%
- 50-59: 25%
- 60+: 0.91%
- Unknown: 0.91%

*2018 Numbers are based on analysis as of 07 December 2018

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

- 2018*:
  - All Drug Deaths: 32.55
  - Fentanyl/Heroin Related Deaths: 24.65
  - Cocaine Related Deaths: 2.13

*2018 Numbers are based on analysis as of 07 December 2018
There are 83 cases pending for 2018

+Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

---

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

- Belknap: 3.77
- Carroll: 1.87
- Cheshire: 3.49
- Coos: 1.20
- Grafton: 1.66
- Hillsborough: 2.74
- Merrimack: 2.08
- Rockingham: 2.16
- Strafford: 2.13
- Sullivan: 0.91

*2018 Numbers are based on analysis as of 07 December 2018 - 83 cases pending
Drug Overdose Deaths (Continued):

Data Source: NH Medical Examiner’s Office

NH Drug Monitoring Initiative

Drug Environment Report—UNCLASSIFIED

Cocaine and/or Fentanyl Combination Related Drug Deaths 2018*

*2018 Numbers are based on analysis as of 07 December, 2018
Source: NH Medical Examiner’s Office

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>Fentanyl</td>
<td>161</td>
</tr>
<tr>
<td>Acetyl Fentanyl, Ethanol, Fentanyl</td>
<td>32</td>
</tr>
<tr>
<td>Alcohol, Fentanyl, Quetiapine, Sertraline</td>
<td>20</td>
</tr>
<tr>
<td>Amphetamines, Buprenorphine, Fentanyl, Hydroxyzine, Methamphetamine, Trazodone</td>
<td>10</td>
</tr>
<tr>
<td>Clonazepam, Cocaine, Fentanyl, Phenobarbital</td>
<td>5</td>
</tr>
<tr>
<td>Diazepam, Fentanyl, Methamphetamine</td>
<td>4</td>
</tr>
<tr>
<td>Cocaine, Morphine</td>
<td>3</td>
</tr>
</tbody>
</table>

*Cells filled with gray indicate combinations noted twice

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Overdose Deaths by Town* - 2018 +
(Data Source: NH Medical Examiner’s Office)
*Location where the drug(s) is suspected to have been used.

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. 83 cases pending.

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

- 1 - 4 (75 towns)
- 5 - 10 (7 towns)
- 11 - 25 (4 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 8% from October to November.
- In November, Belknap County had the most EMS Narcan administration incidents per capita with 2.14 incidents per 10,000 population, followed closely by Hillsborough County with 2.09 incidents per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39 which represents 37% of all EMS Narcan administration incidents for November.

*** 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 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.
- Lives Saved data has been updated from June-November.

Source: NH Bureau of EMS

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Source: NH Bureau ofEMS
EMS Narcan Administration (Continued):

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

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EMS Narcan Administration - Lives Saved %
December 2017 - November 2018

- Lives Saved
- No Improvement
- Some Improvement
- Negative Improvement

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.

Source: NH Bureau of EMS

EMS Narcan Administration by County per 10,000 Population

- Belknap
- Carroll
- Cheshire
- Coos
- Grafton
- Hillsborough
- Merrimack
- Rockingham
- Strafford
- Sullivan

Source: NH Bureau of EMS

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### Incidents Where Narcan Was Administered

<table>
<thead>
<tr>
<th>Town</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atkinson &amp; Gilman Academy Grant</td>
<td>17</td>
</tr>
<tr>
<td>Wentworth Location</td>
<td>16</td>
</tr>
<tr>
<td>Erving Grant</td>
<td>15</td>
</tr>
<tr>
<td>Thompson &amp; Commons Purchase</td>
<td>14</td>
</tr>
<tr>
<td>Green Grant</td>
<td>13</td>
</tr>
<tr>
<td>Marion Location</td>
<td>12</td>
</tr>
<tr>
<td>Enigma Grant</td>
<td>11</td>
</tr>
<tr>
<td>Weirs Location</td>
<td>10</td>
</tr>
<tr>
<td>Bean's Grant</td>
<td>9</td>
</tr>
<tr>
<td>Pinkham Grant</td>
<td>8</td>
</tr>
<tr>
<td>Cutts Grant</td>
<td>7</td>
</tr>
<tr>
<td>Bens Grant</td>
<td>6</td>
</tr>
<tr>
<td>Hadleys Purchase</td>
<td>5</td>
</tr>
<tr>
<td>Hart Location</td>
<td>4</td>
</tr>
<tr>
<td>Hale Location</td>
<td>3</td>
</tr>
<tr>
<td>Center Harbor</td>
<td>2</td>
</tr>
<tr>
<td>Birkeland</td>
<td>1</td>
</tr>
</tbody>
</table>

*Data Source: New Hampshire Bureau of EMS*
Opioid Related Emergency Department Visits:

Data Source: NH Division of Public Health Services

Trends:
- Opioid related ED visits increased by 3% from October to November 2018.
- In November, residents from Strafford County had the most opioid related ED visits per capita with 5.68 visits per 10,000 population.
- Belknap County residents had the second highest number of opioid related ED visits per capita with 5.57 visits per 10,000 population.
- In November, the largest number of opioid related ED visits was tied between 20-29 and 30-39 year olds, at 36%.

*** 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 two 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

Emergency Department Opioid Use Visits per 100,000 Population
December 2017 - November 2018

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

Source: NH Div. of Public Health Services

Source: NH Div. of Public Health Services
**Trends:**

- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased by 13% from October to November.
- In November, residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 2.21, followed closely by Belknap County with 2.13 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 decreased by 52% from October to November.
- Cocaine/Crack treatment admissions increased by 10% from October to November.
- Heroin/Fentanyl treatment admissions decreased by 10% 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 2017 - November 2018

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:

2 N.H. Hospitals Testing Starting Treatment for Opioid Addiction in the Emergency Department

Emergency departments in Claremont and Manchester are testing out a new approach to addiction treatment for opioid users, collaborating on a federally funded study with Bellevue Hospital in New York City.

In most hospitals across the country, patients presenting with complications from drug use, or having overdosed, are treated for their immediate concerns but referred elsewhere for help with their addiction.

Increasingly, physicians say this is not the most effective approach. “When someone is ready to try treatment, we need to be ready to give it, then and there,” said Lisa Marsch, director of the Dartmouth Center for Technology and Behavioral Health, and one of the leaders of the study.

Valley Regional Hospital and Catholic Medical Center are now offering patients the option to start medication-assisted treatment for their opioid use right away, working with local treatment providers to secure ongoing care.

Source: www.nhpr.org 11/13/2018

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>
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</thead>
<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>433</td>
<td>4,667</td>
</tr>
<tr>
<td>Number of participants transported to hospitals:</td>
<td>97</td>
<td>1,095</td>
</tr>
<tr>
<td>Number of participants taken to Substance Misuse Treatment Facilities:</td>
<td>336</td>
<td>3,567</td>
</tr>
<tr>
<td>Average length of time company “Not Available”:</td>
<td>11.3 Min</td>
<td>15.1 Min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>360</td>
<td>2,836</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>236</td>
<td>2,006</td>
</tr>
<tr>
<td>Number of unique participants seen in both City’s Safe Station Program</td>
<td></td>
<td>445</td>
</tr>
</tbody>
</table>

Drug Enforcement Administration: Fentanyl, Meth Getting Worse in Area

NASHUA – “If we all got in our cars right now and drove to Lawrence, we could all buy fentanyl. There’s no shortage – nobody is running out of product.” This is the dilemma U.S. Drug Enforcement Administration Associate Special Agent in Charge Jon DeLena described during the Friday Catholic Medical Center Summit on Opioid-Dependent Patients.

DeLena also said methamphetamine use continues to become a larger problem. “If you think fentanyl is bad, just wait,” DeLena said. “Meth is coming back like a steam train. It’s coming at us.”

The summit featured leaders in the medical, law enforcement and recovery fields coming together to learn how to better treat patients coming in with opioid use disorder. DeLena said a lot of New Hampshire’s opioids are coming from Lawrence, Massachusetts, and drug trafficking organizations that continue to take root in the city.

Source: www.nashuatelegraph 11/17/2018
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 Council on Alcoholism: Keystone Hall
615 Amherst Street
Nashua, NH
Phone: 603-881-4848

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.