



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 #: 2018-3577

November 2018 Report

21 December 2018

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.

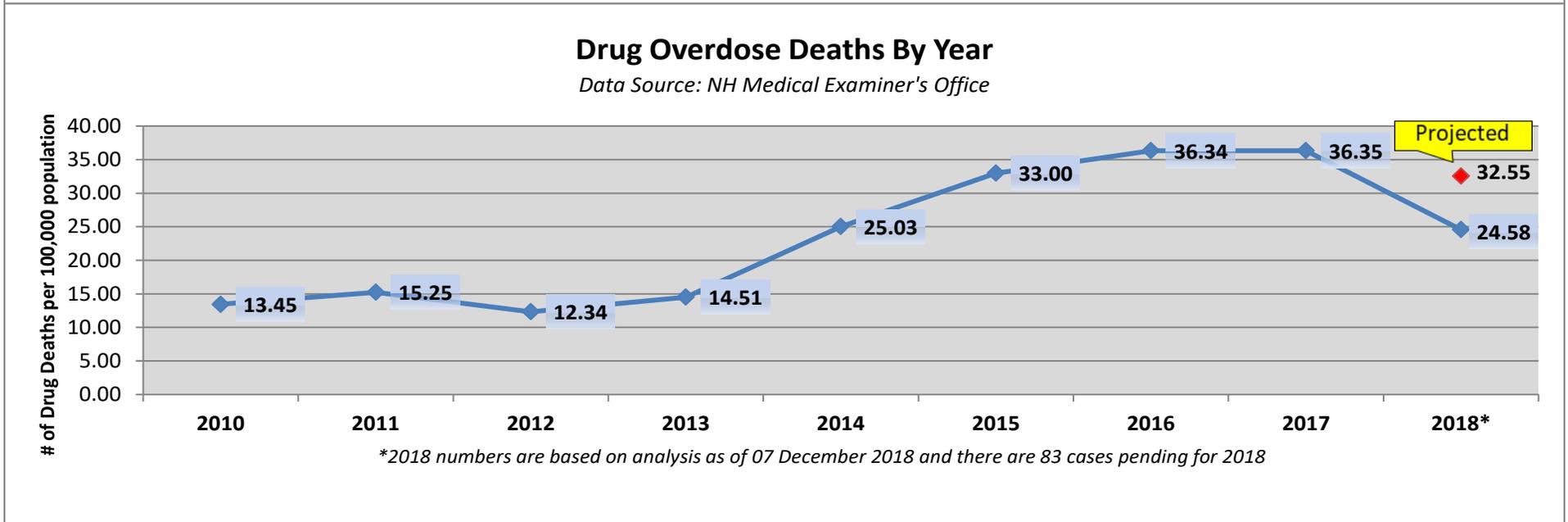
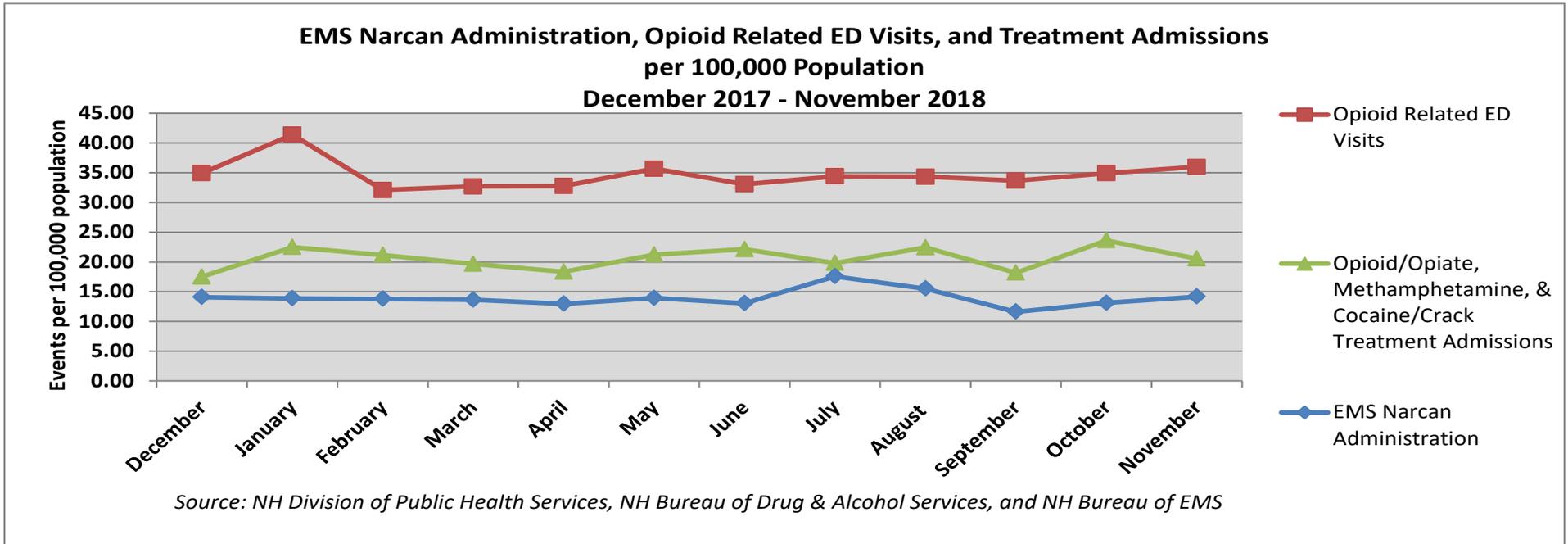
Drug Environment Report—UNCLASSIFIED

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

- ⇒ Population data source: <http://www.nh.gov/osi/data-center/population-estimates.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:



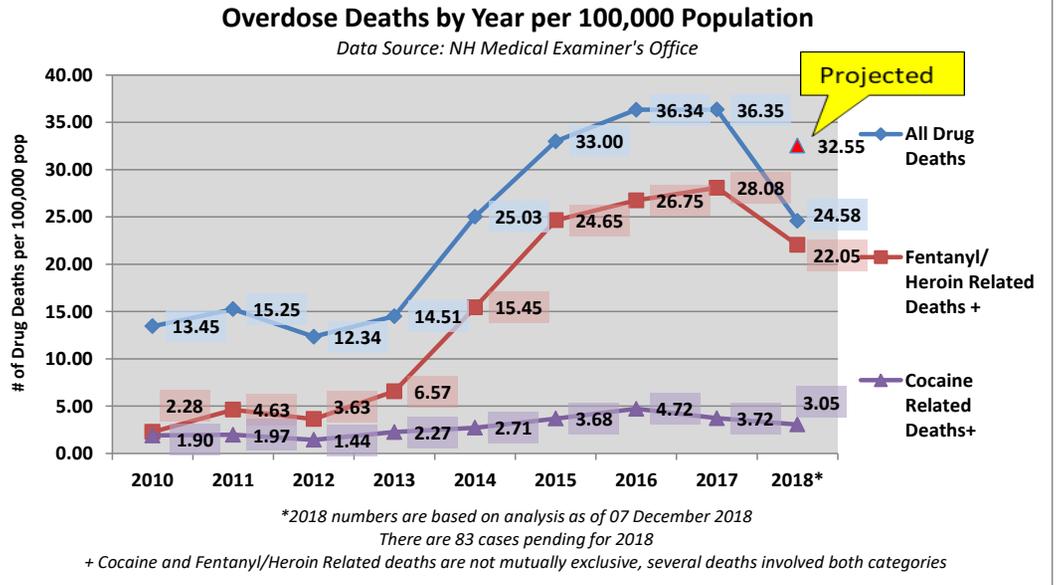
Drug Overdose Deaths:

Data Source: NH Medical Examiner's Office

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

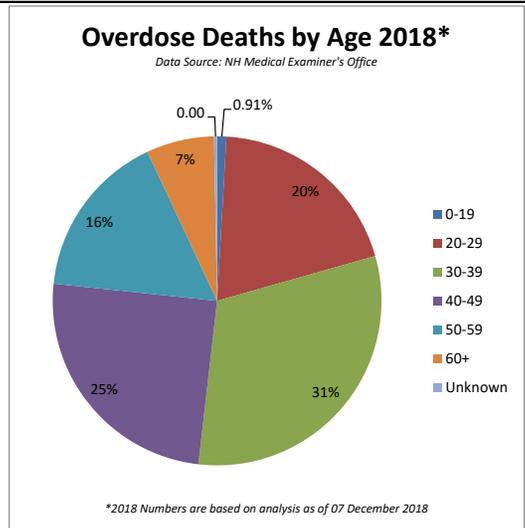
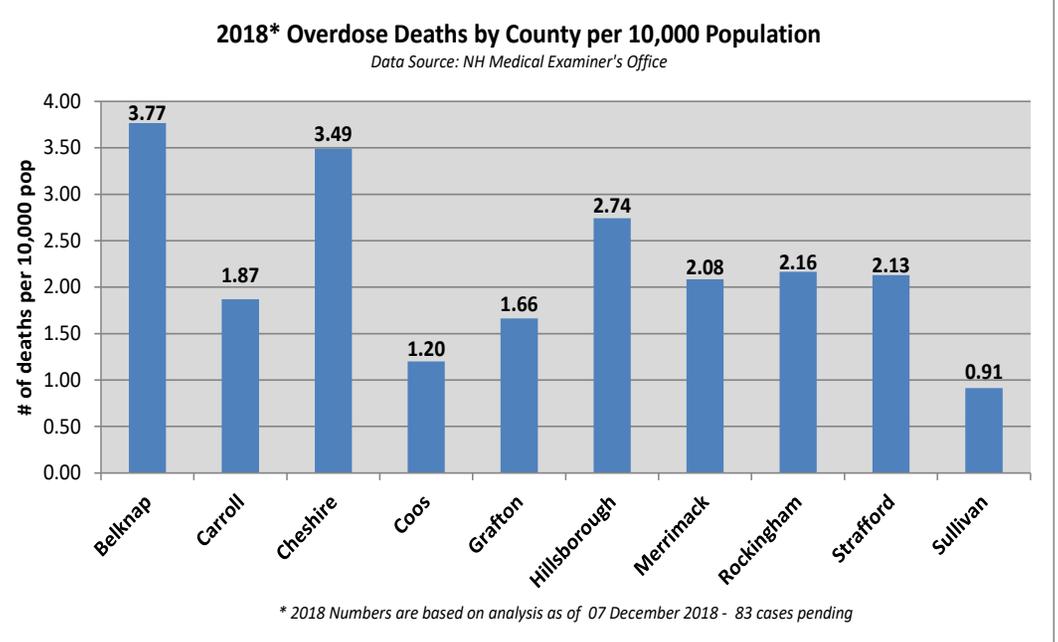
Trends:

- 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 *****

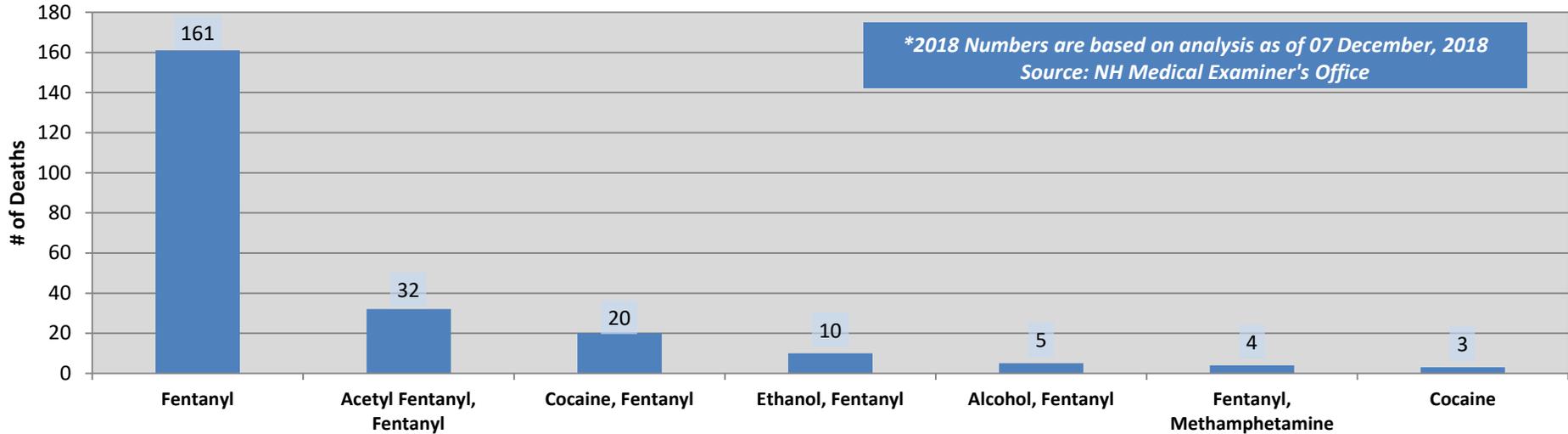
- 2018 Numbers are based on analysis as of 07 December 2018.
- Analysis is based on county where the drug (s) is suspected to have been used.



Drug Overdose Deaths (Continued):

Data Source: NH Medical Examiner's Office

Cocaine and/or Fentanyl Combination Related Drug Deaths 2018*



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

Acetyl Fentanyl, Cocaine, Fentanyl	Acetyl Fentanyl, Ethanol, Fentanyl	Alcohol, Fentanyl, Quetiapine, Sertraline	Amphetamines, Buprenorphine, Fentanyl, Hydroxyzine, Methamphetamine, Trazodone	Clonazepam, Cocaine, Fentanyl, Phenobarbital	Cocaine, Morphine
Acetyl Fentanyl, Diazepam, Ethanol, Fentanyl	Acetyl Fentanyl, Ethanol, Fentanyl, Ketamine, MDMA	Alprazolam, Amphetamines, Clonazepam, Cocaine, Ethanol, Fentanyl	Amphetamines, Fentanyl	Clonazepam, Fentanyl	Diazepam, Fentanyl, Methamphetamine
Alcohol, Cocaine, Fentanyl	Acetyl Fentanyl, Fentanyl, Methadone	Alprazolam, Amphetamines, Cocaine, Fentanyl, Morphine	Amphetamines, Fentanyl, Hydromorphone	Cocaine, Cyclobenzaprine, Fentanyl	Duloxetine, Ethanol, Fentanyl, Hydromorphone
Alprazolam, Fentanyl	Acetyl Fentanyl, Fentanyl, Methamphetamine	Alprazolam, Buprenorphine, Fentanyl, Lorazepam, Oxycodone	Aripirazole, Fentanyl, Quetiapine	Cocaine, Diazepam, Oxazepam	Fentanyl, MDMA, Methamphetamine
Cocaine, Ethanol, Fentanyl	Acetyl Fentanyl, Fentanyl, Mitragynine	Alprazolam, Cocaine, Fentanyl	Buprenorphine, Cocaine	Cocaine, Diphenhydramine, Ethanol	Fentanyl, Methamphetamine, Methylenedioxymethamphetamine
Fentanyl, Methadone	Alcohol, Amphetamines, Fentanyl	Alprazolam, Fentanyl, Heroin	Buprenorphine, Diphenhydramine, Fentanyl	Cocaine, Duloxetine, Fentanyl	Fentanyl, Mitragynine
4-ANPP, Acetyl Fentanyl, Fentanyl, Parafiuoroisobutyrylfentanyl	Alcohol, Chlorpheniramine, Fentanyl	Alprazolam, Fentanyl, Hydrocodone	Bupropion, Diazepam, Ethanol, Fentanyl	Cocaine, Fentanyl, Hydroxyzine	Fentanyl, Morphine
Acetyl Fentanyl, Amphetamines, Clonazepam, Fentanyl	Alcohol, Fentanyl, Heroin, Oxycodone, Sertraline	Amitriptyline, Clonazepam, Diazepam, Fentanyl	Bupropion, Fentanyl, Olanzapine	Cocaine, Fentanyl, Methamphetamine	Fentanyl, Oxycodone

*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 have been used.

+2018 data was reported on December 7, 2018
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



Prepared by:
NH Information & Analysis Center



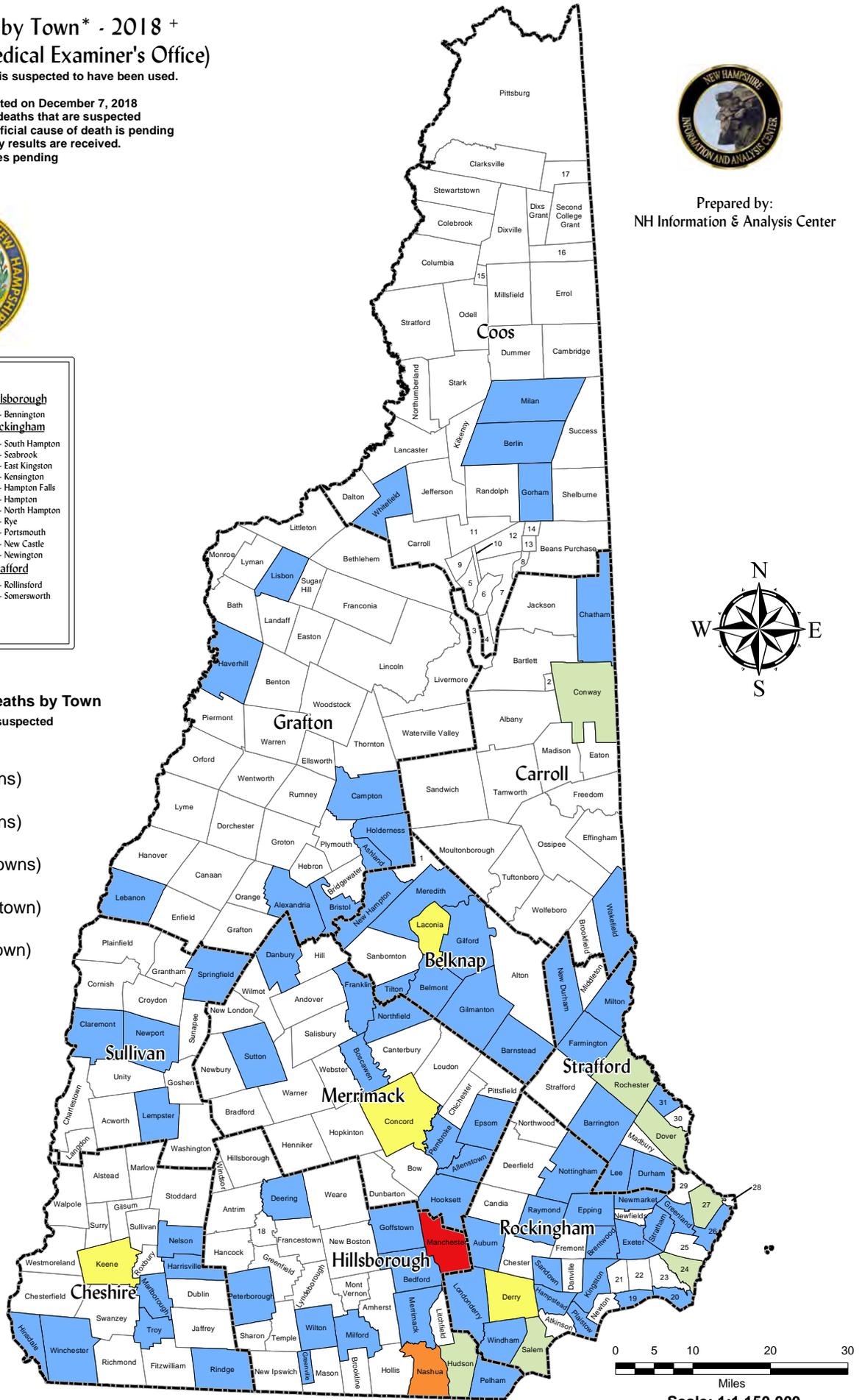
INDEX

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 - Sargents Purchase	25 - North Hampton
8 - Pinkhams Grant	26 - Rye
9 - Crawfords Purchase	27 - Portsmouth
10 - Chandlers Purchase	28 - New Castle
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15 - Ervings Grant	
16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

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)

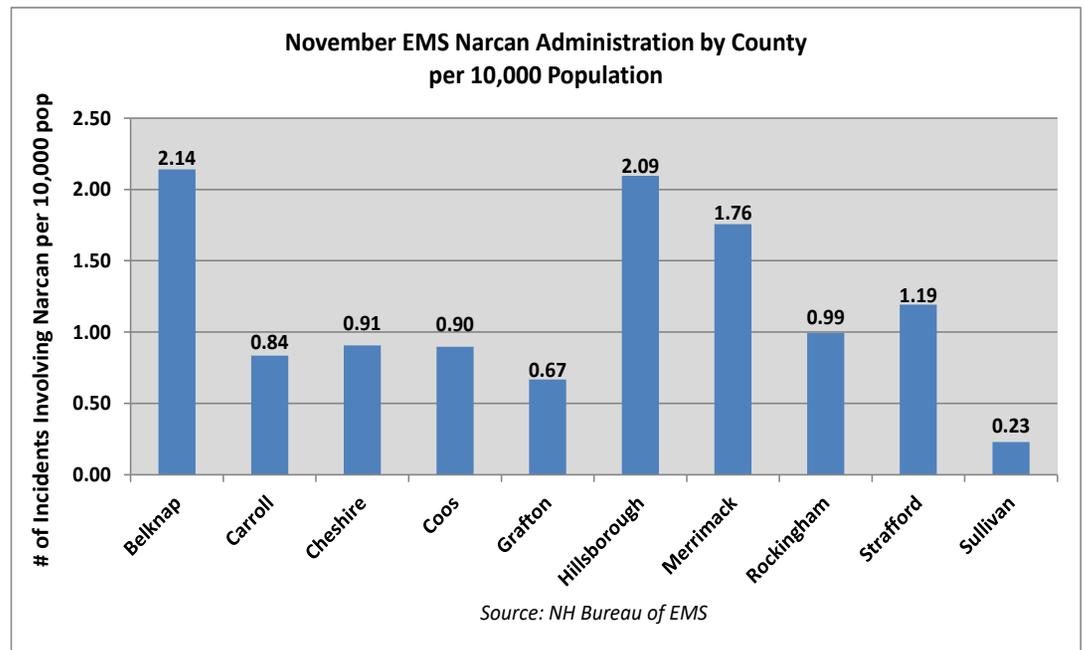
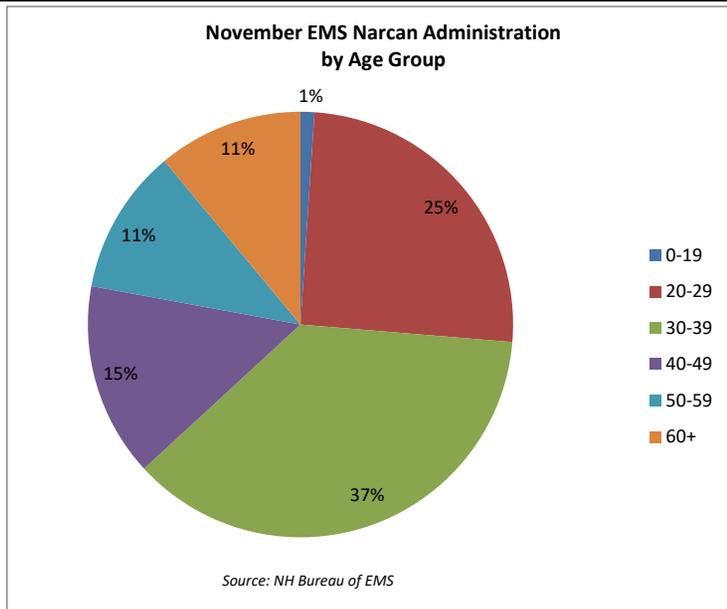
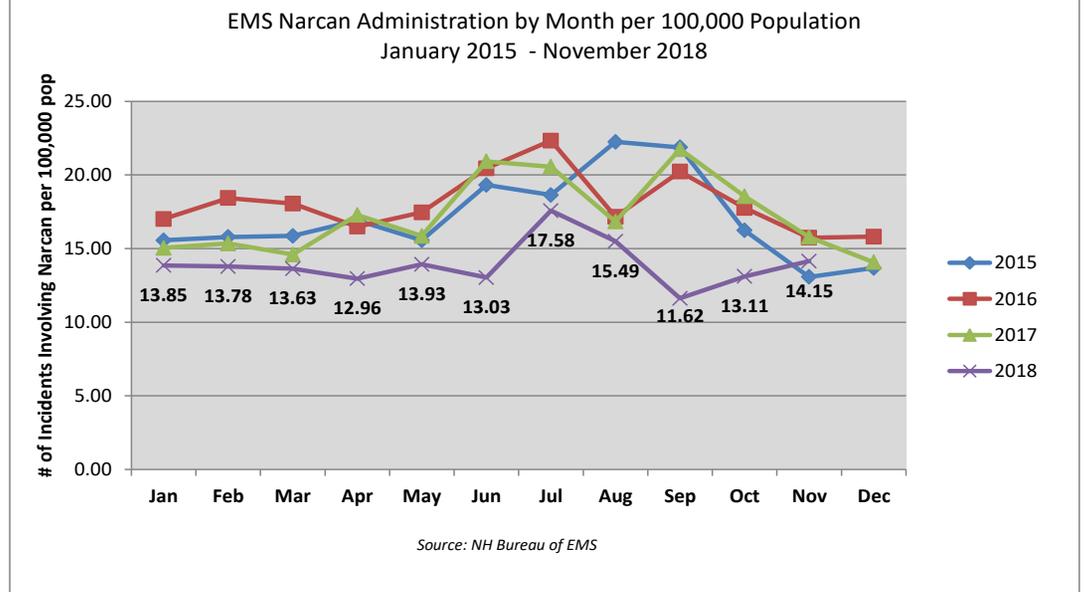
Right click on the paperclip and select "Open File" to view additional data.

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 *****

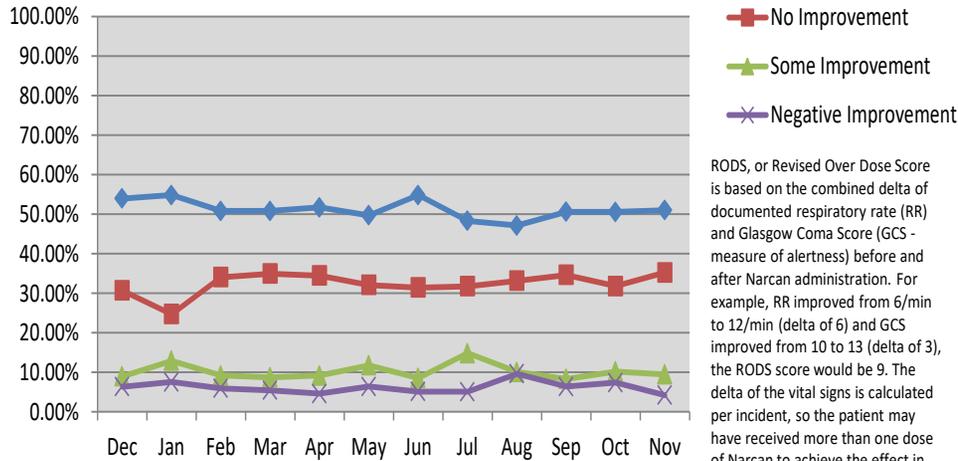
- Narcan data in this report involves the number of incidents where Narcan was administered, NOT the number of doses of Narcan during a certain time period. Multiple doses may be administered during an incident.
- Narcan is administered in cases of cardiac arrest when the cause of the arrest cannot be determined. It therefore cannot be concluded that all of the reported Narcan cases involved drugs.
- **Lives Saved data has been updated from June-November.**



EMS Narcan Administration (Continued):

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

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



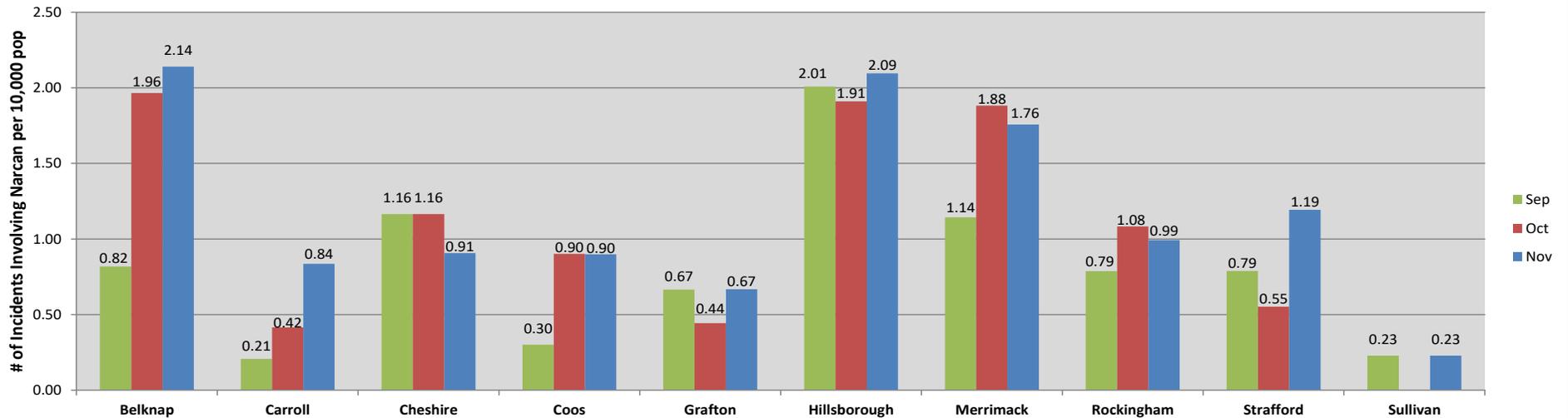
Source: NH Bureau of EMS

EMS Narcan Administration - Lives Saved

	2018											
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
<i>Source: NH Bureau of EMS</i>												
RODS Outcome												
Lives Saved <i>RODS Score of 8+</i>	102	102	94	93	90	93	96	114	98	79	89	97
Some Improvement <i>RODS Score of 1-7</i>	17	24	17	16	16	22	15	35	21	13	18	18
No Improvement <i>RODS Score of 0</i>	58	46	63	64	60	60	55	75	69	54	56	67
Negative Improvement <i>Negative RODS Score</i>	12	14	11	10	8	12	9	12	20	10	13	8
Total	189	186	185	183	174	187	175	236	208	156	176	190

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 10-13 (delta of 3), the RODS score would be 9. The delta of the vital signs is calculated per incident, so the patient may have

EMS Narcan Administration by County per 10,000 Population



Source: NH Bureau of EMS

EMS/Narcarn Administration by Town 12/1/2017 - 11/30/2018

Data Source: New Hampshire Bureau of EMS

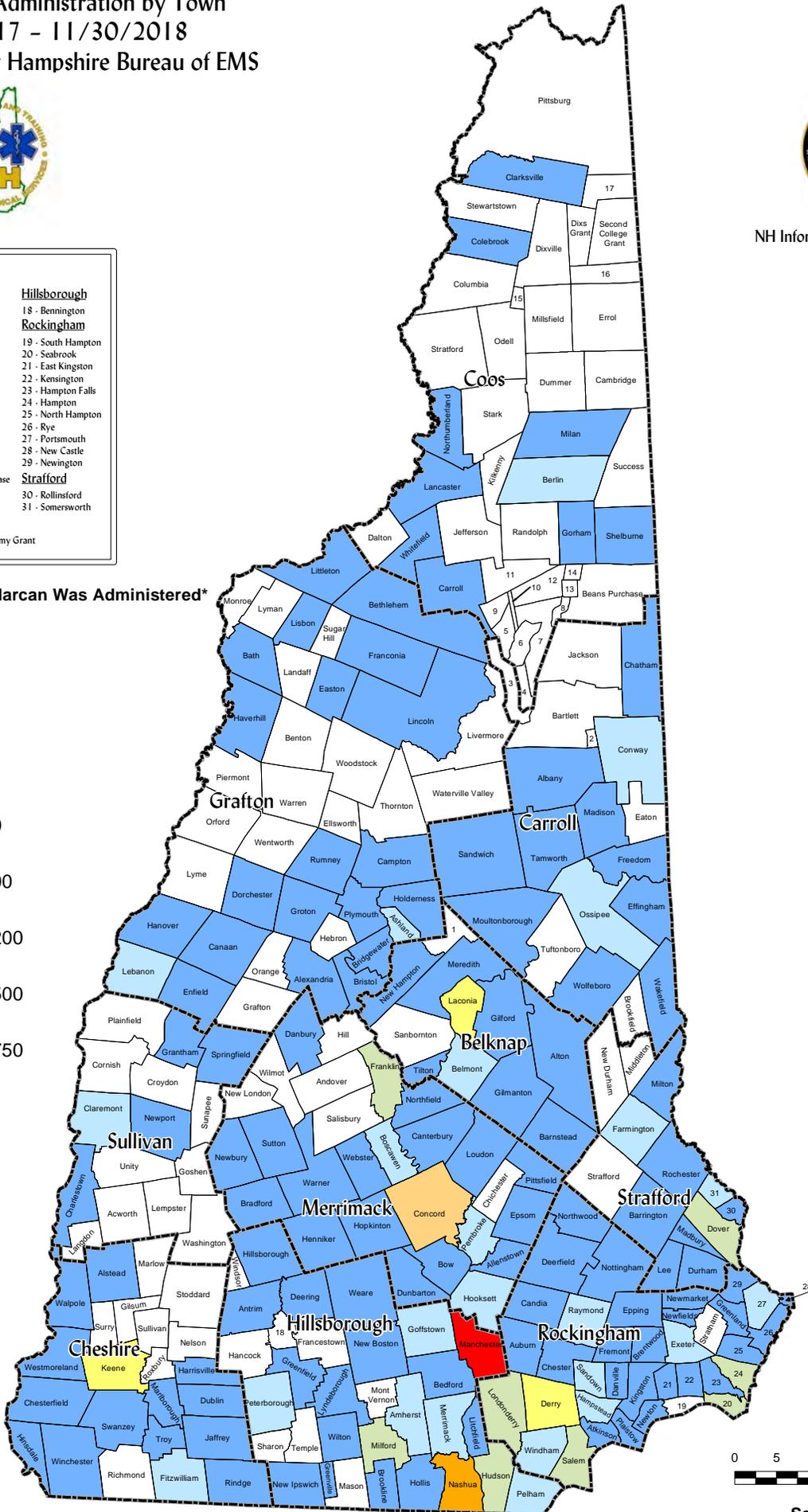
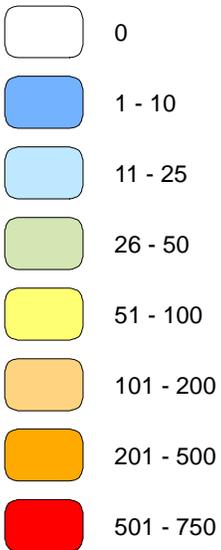


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Incidents Where Narcan Was Administered



Scale: 1:1,150,000

Opioid Related Emergency Department Visits:

Data Source: NH Division of Public Health Services

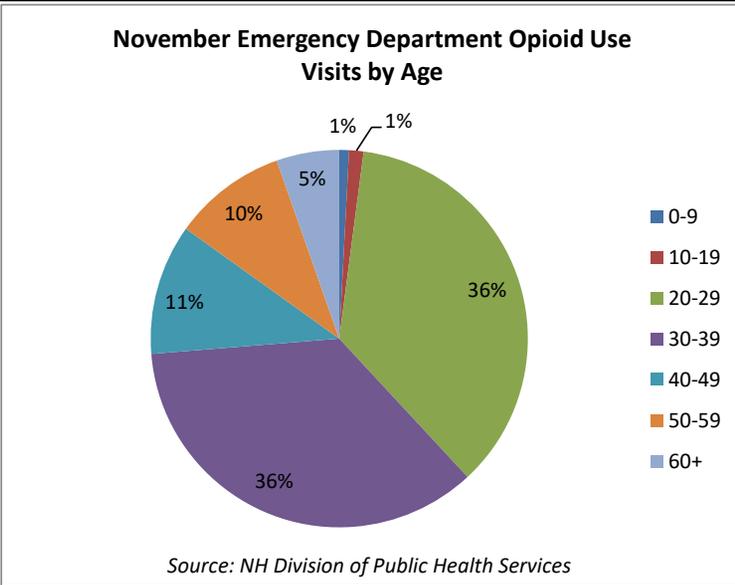
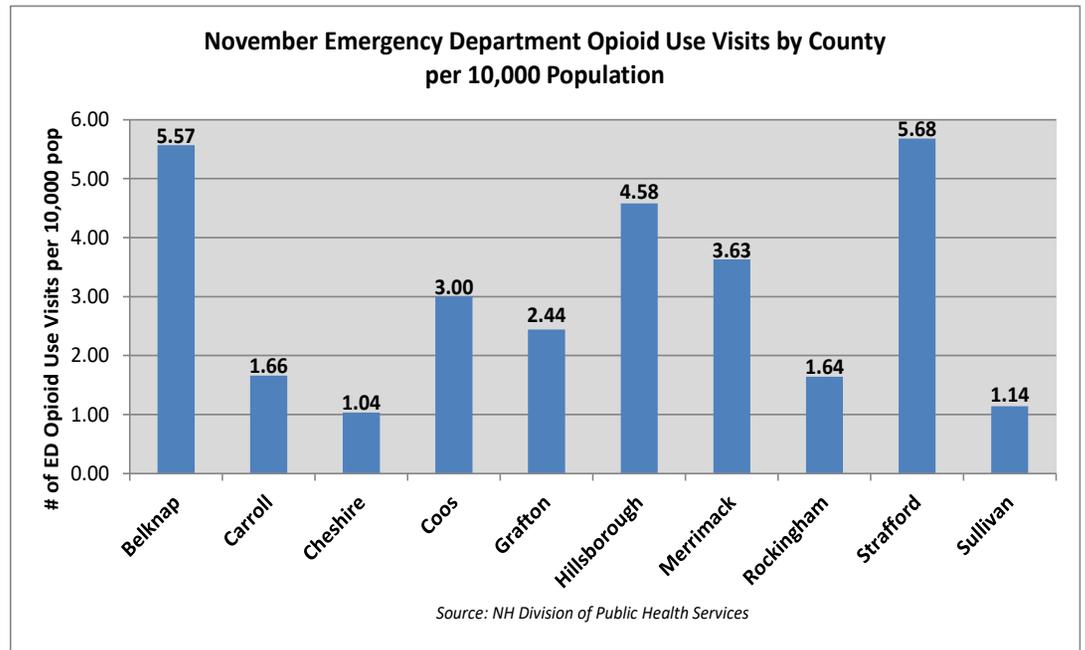
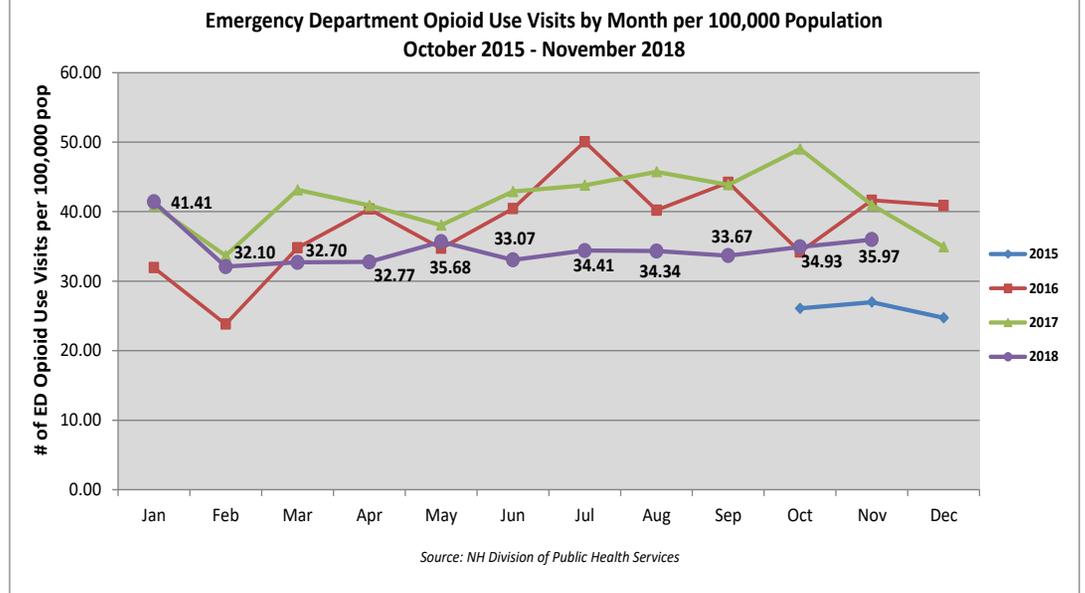
Right click on the paperclip and select "Open File" to view additional data.

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%.

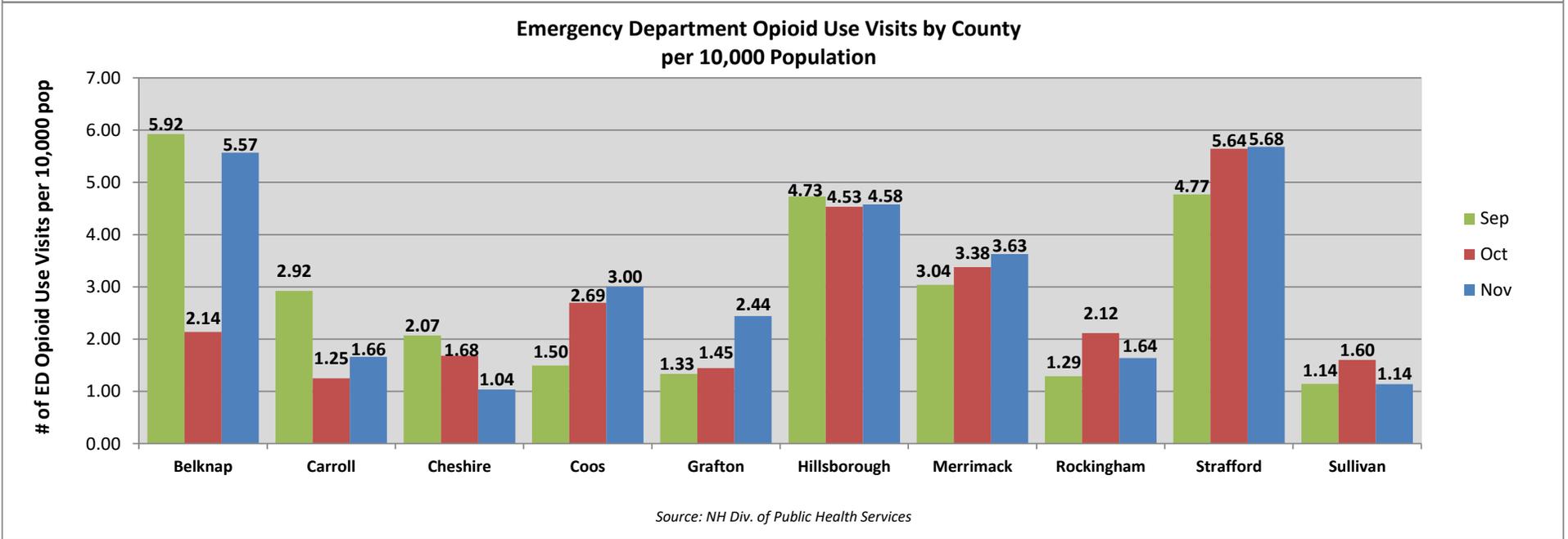
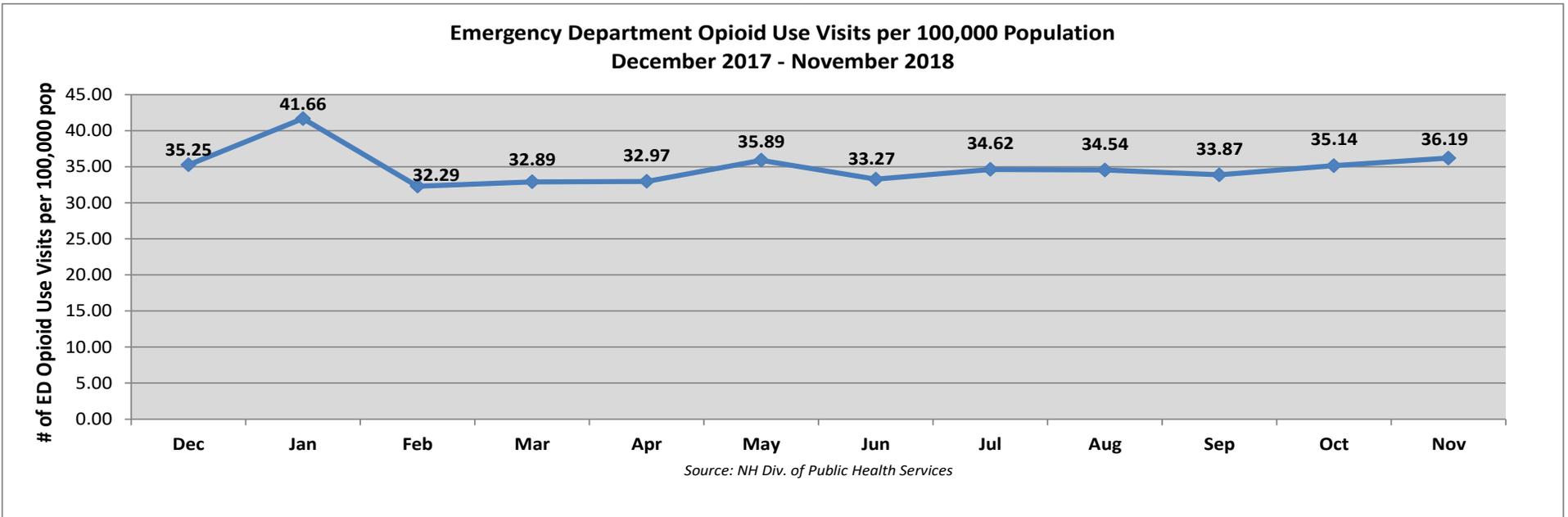
***** IMPORTANT DATA NOTES *****

- 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.



Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services



Treatment Admissions:

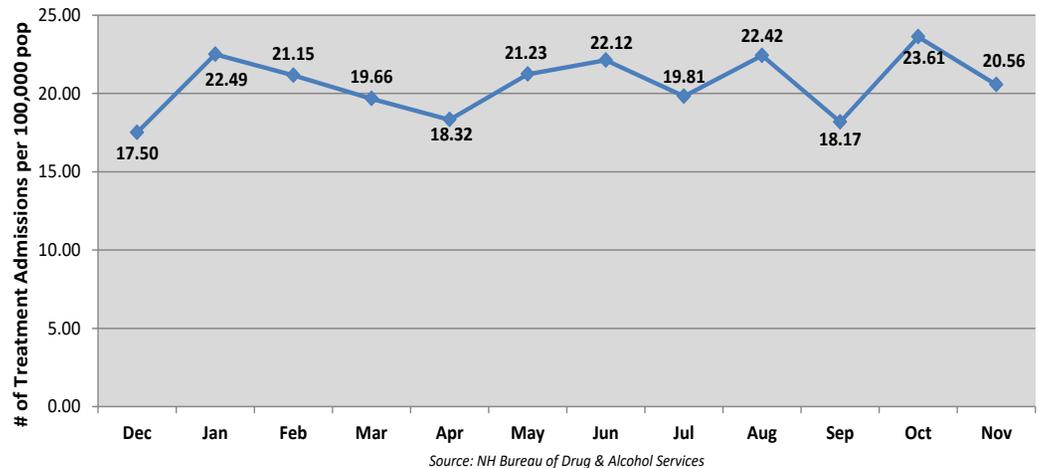
Data Source: NH Bureau of Drug & Alcohol Services

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

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.

Opioid/Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by Month per 100,000 Population
December 2017- November 2018

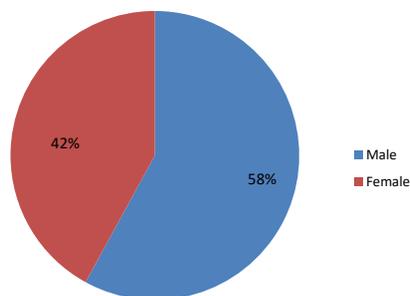


Source: NH Bureau of Drug & Alcohol Services

***** 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

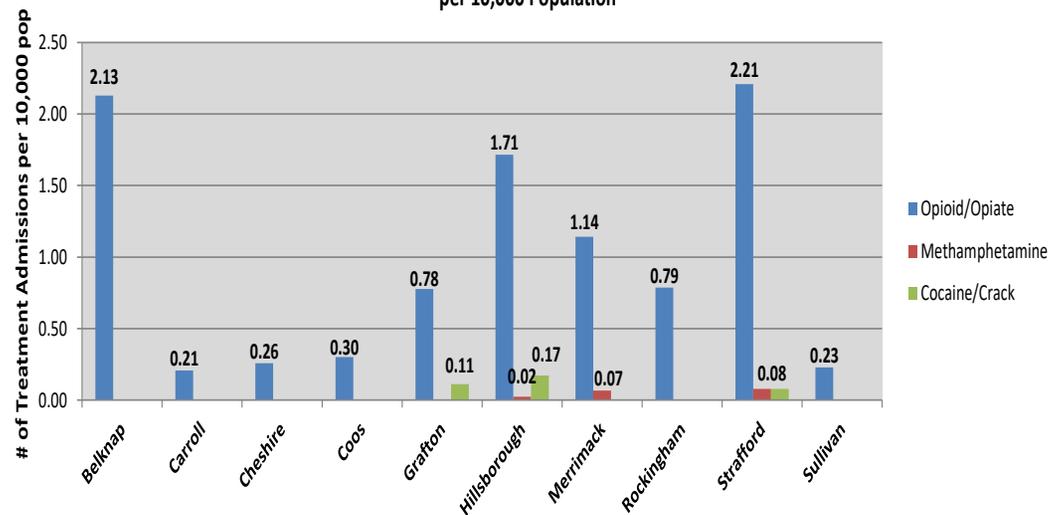
November Treatment Admissions by Gender



Source: NH Bureau of Drug & Alcohol

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.

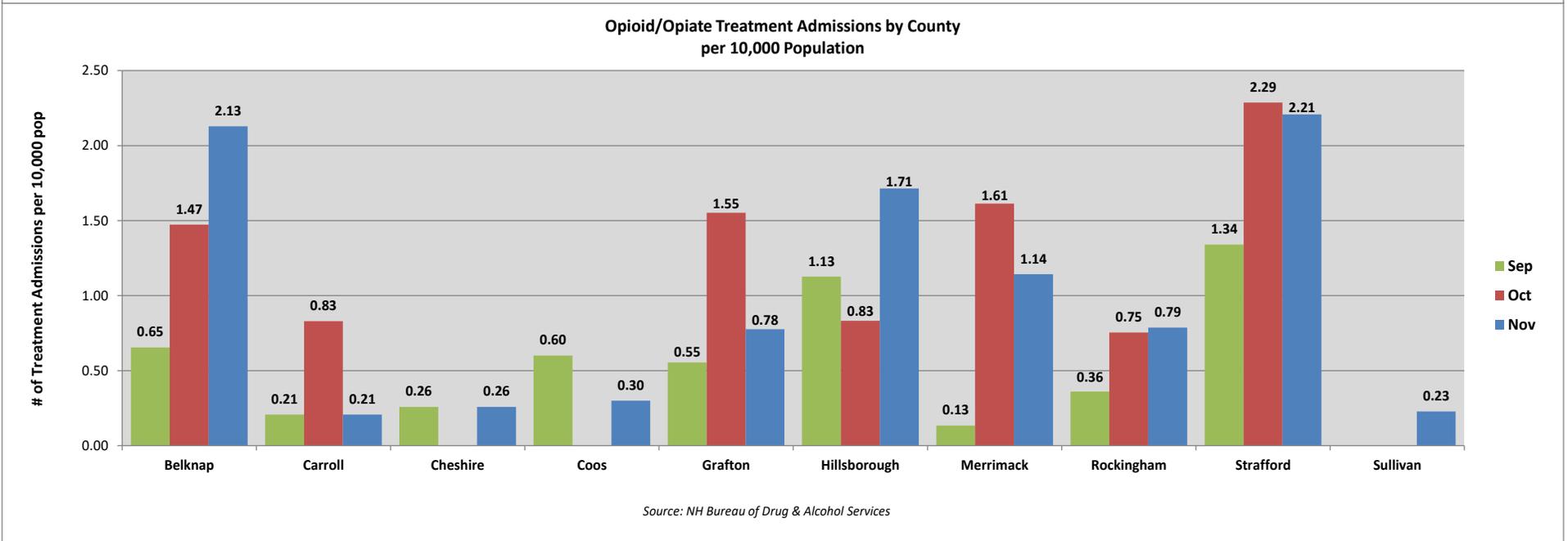
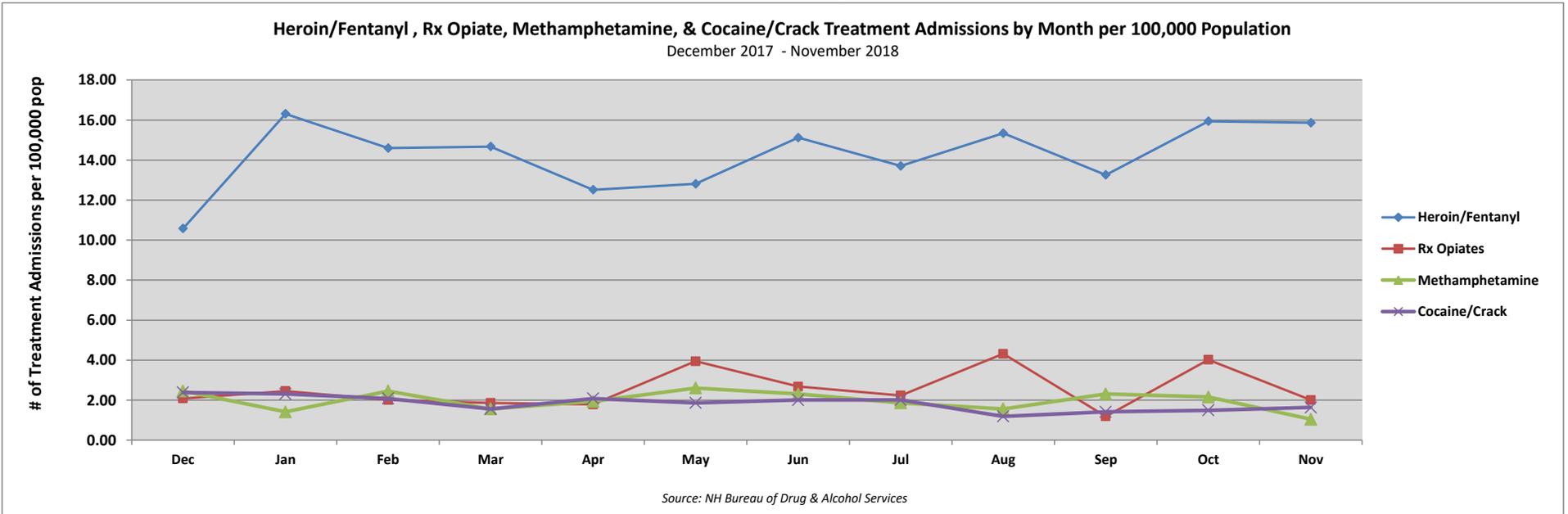
November Opioid/Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by County per 10,000 Population



Source: NH Bureau of Drug & Alcohol Services

Treatment Admissions (Continued):

Data Source: NH Bureau of Drug & Alcohol Services



Situational Awareness:



NEW HAMPSHIRE SAFE STATIONS

Manchester Safe Station Began 5/4/2016

Manchester

Nashua

Nashua Gateway to Recovery Began 11/17/2016

As of 12/21/2018

As of 12/21/2018

	Q4 2018	Total	Q4 2018	Total
Number of requests at MFD/NFR for Safe Station:	433	4,667	242	2,532
Number of participants transported to hospitals:	97	1,095	43	269
Number of participants taken to Substance Misuse Treatment Facilities:	336	3,567	198	2,239
Average length of time company "Not Available":	11.3 Min	15.1 Min	9.1 Min	10.2 Min
Number of UNIQUE participants:	360	2,836	183	1,443
Number of REPEAT participants:	236	2,006	155	1,375
Number of unique participants seen in both City's Safe Station Program	445			

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

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.com 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

BETHLEHAM

**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](#).**