**New Hampshire Drug Monitoring Initiative**

New Hampshire Information & Analysis Center

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Fax: (603) 271.0303

**October 2017 Report**

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


⇒ Year/month overview charts are based on annual estimates from the above website. County charts are based on a 2015 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 EMS Narcan Incidents, Opioid Related ED Visits, Treatment Admissions, and Overdose Deaths:

EMS Narcan Administration, Opioid Related ED Visits, and Treatment Admissions per 100,000 Population
November 2016 - October 2017

- Opioid Related ED Visits
- Opioid/Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions
- EMS Narcan Administration

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

* 2017 Numbers are based on analysis as of 17 November 2017 - 96 Cases Pending

Projected
**Trends:**
- At this time, drug overdose deaths are projected to decrease by 2.5% from 2016 to 2017.
- In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 3.39 deaths per 10,000 population.
- Strafford County had the next highest suspected drug use resulting in overdose deaths per capita at 2.95 deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 which represents 27% of all overdose deaths for 2017.
- As released by the Attorney General’s Office, there have been 12 deaths related to the use of carfentanil in 2017.

*** IMPORTANT DATA NOTES***
- 2017 Numbers are based on analysis as of 17 November, 2017.
- There are currently 96 cases “pending toxicology” for 2017.
- Analysis is based on county where the drug(s) is suspected to have been used.
Drug Overdose Deaths (Continued):

Fentanyl Combinations (Top 10)

- Fentanyl: 143
- Acetyl Fentanyl; Fentanyl: 25
- Ethanol; Fentanyl: 14
- Cocaine; Fentanyl: 12
- Fentanyl; Heroin: 10
- Carfentanil; Fentanyl: 5
- Acetyl Fentanyl; Ethanol; Fentanyl: 3
- Fentanyl; Methamphetamine: 3
- Acetyl Fentanyl; Cocaine; Fentanyl; Heroin: 2
- Alprazolam; Ethanol; Fentanyl: 2

Cocaine Combinations (Top 10)

- Cocaine; Fentanyl: 12
- Cocaine: 6
- Acetyl Fentanyl; Cocaine; Fentanyl; Heroin: 2
- Clonazepam; Cocaine; Fentanyl: 2
- Cocaine; Ethanol; Fentanyl: 2
- Cocaine; Fentanyl; Heroin: 2
- Alprazolam; Cocaine; Ethanol: 1
- Buprenorphine; Cocaine; Fentanyl: 1
- Cocaine; Fentanyl; Methamphetamine: 1
- Cocaine; Heroin: 1

*2017 Numbers are based on analysis as of 17 November, 2017
Source: NH Medical Examiner’s Office
Overdose Deaths by Town* - 2017 *
(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.

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

- 1 - 4
- 5 - 10
- 11 - 25
- 26 - 50
- 51 and greater
EMS Narcan Administration:
Data Source: NH Bureau of Emergency Medical Services (EMS)

Trends:
- EMS Narcan administration incidents decreased by 14.4% from September to October.
- In October Hillsborough County had the most EMS Narcan administration incidents per capita with 2.52 incidents per 10,000 population.
- Based on absolute numbers Hillsborough County had the most Narcan incidents with 102 incidents in October.
- The age group with the largest number of EMS Narcan administration incidents is 30-39 which represents 33% of all EMS Narcan administration incidents for October.
- NH Bureau of EMS Percentage of “lives saved” increased by 3% from September to October.

*** 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.

October EMS Narcan Administration by County

<table>
<thead>
<tr>
<th>County</th>
<th># of Incidents</th>
<th>Per 10,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillsborough</td>
<td>2.52</td>
<td></td>
</tr>
<tr>
<td>Merrimack</td>
<td>1.83</td>
<td></td>
</tr>
<tr>
<td>Portsmouth</td>
<td>1.70</td>
<td></td>
</tr>
<tr>
<td>Rye</td>
<td>1.12</td>
<td></td>
</tr>
<tr>
<td>Strafford</td>
<td>1.12</td>
<td></td>
</tr>
<tr>
<td>Sullivan</td>
<td>0.69</td>
<td></td>
</tr>
</tbody>
</table>

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

EMS Narcan Administration—Lives Saved

<table>
<thead>
<tr>
<th>RODS Outcome</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>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement</td>
<td>93</td>
<td>81</td>
<td>61</td>
<td>76</td>
<td>74</td>
<td>71</td>
<td>84</td>
<td>91</td>
<td>76</td>
<td>71</td>
<td>108</td>
<td>84</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>17</td>
<td>24</td>
<td>30</td>
<td>20</td>
<td>23</td>
<td>26</td>
<td>33</td>
<td>22</td>
<td>18</td>
<td>28</td>
<td>26</td>
<td>21</td>
</tr>
<tr>
<td>Negative Improvement</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td>17</td>
<td>11</td>
<td>17</td>
<td>23</td>
<td>20</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Lives Saved</td>
<td>88</td>
<td>94</td>
<td>100</td>
<td>93</td>
<td>88</td>
<td>127</td>
<td>86</td>
<td>134</td>
<td>158</td>
<td>109</td>
<td>140</td>
<td>127</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>211</td>
<td>202</td>
<td>206</td>
<td>196</td>
<td>232</td>
<td>213</td>
<td>281</td>
<td>276</td>
<td>226</td>
<td>292</td>
<td>250</td>
</tr>
</tbody>
</table>

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 County per 10,000 Population

<table>
<thead>
<tr>
<th>County</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>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
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</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>5.30</td>
<td>2.81</td>
<td>2.32</td>
<td>1.67</td>
<td>2.30</td>
<td>1.42</td>
<td>1.68</td>
<td>2.38</td>
<td>2.08</td>
<td>0.89</td>
<td>0.89</td>
<td>0.45</td>
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<tr>
<td>Carroll</td>
<td>Aug</td>
<td></td>
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<td>Cheshire</td>
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<td>Grafton</td>
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<tr>
<td>Hillsborough</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Merrimack</td>
<td>3.46</td>
<td>2.52</td>
<td>1.79</td>
<td>1.22</td>
<td>1.68</td>
<td>1.73</td>
<td>1.70</td>
<td>1.76</td>
<td>1.83</td>
<td>1.00</td>
<td></td>
<td>0.69</td>
</tr>
<tr>
<td>Rockingham</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Strafford</td>
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</tr>
<tr>
<td>Sullivan</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Source: NH Bureau of 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.
Trends:
- Opioid related ED visits increased by 11% from September to October 2017.
- In October residents from Strafford County had the most opioid related ED visits per capita with 7.98 visits per 10,000 population.
- Hillsborough County residents had the second highest number of opioid related ED visits per capita with 6.28 visits per 10,000 population.
- The age group with the largest number of opioid related ED visits was 30-39 with 38% of all opioid related ED visits for October.

*** 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.
Emergency Department Opioid Use Visits per 100,000 Population
November 2016 - October 2017

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 increased by 15% from September to October.
- In October residents from Hillsborough and Belknap County were admitted most often for opioid/opiate treatment per capita with 2.00 and 1.99 admissions per 10,000 population respectively.
- More males than females were admitted to treatment programs in October for opioid/opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased by 64% from September to October.
- Cocaine/Crack treatment admissions increased by 47% from September to October.
- Heroin/Fentanyl treatment admissions increased by 10% from September to October.

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***IMPORTANT DATA NOTES***

- County represents where the patient resides.
- These data represent treatment admissions to state funded 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
November 2016 - October 2017

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

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

**Fentanyl Safety Recommendations for First Responders:**

The increased prevalence of fentanyl and other synthetic opioids in the illicit drug market means that first responders need to understand how to protect themselves from exposure in the field. Law enforcement, fire, rescue, and emergency medical services (EMS) personnel must balance safety with mobility and efficiency when responding to scenes where the presence of fentanyl is suspected.

The Fentanyl Safety Recommendations for First Responders provides unified, scientific, evidence-based recommendations to first responders so they can protect themselves when the presence of fentanyl is suspected during the course of their daily activities such as responding to overdose calls and conducting traffic stops, arrests, and searches.

The Recommendations do not comprehensively address all scenarios. Other activities may require additional protective actions such as when conducting field testing, executing search warrants, collecting, transporting, and storing evidence, conducting special operations such as hazardous material incident response, executing search warrants on opioid-related processing or distribution sites, or participating in other tactical operations.

*Source: Open Source: Fentanyl Safety Recommendations for First Responders—https://www.whitehouse.gov/ondcp/key-issues/fentanyl*

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**NEW HAMPSHIRE SAFE STATIONS**


<table>
<thead>
<tr>
<th>As of:</th>
<th>Manchester</th>
<th>Nashua</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of requests at MFD/NFR for Safe Station:</td>
<td>2729</td>
<td>1170</td>
</tr>
<tr>
<td>Number of participants transported to Hospitals:</td>
<td>549</td>
<td>122</td>
</tr>
<tr>
<td>Number of participants taken to HOPE in NH:</td>
<td>347</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of participants taken to Serenity Place:</td>
<td>1820</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of participants seen for ODs prior to seeking SS Help:</td>
<td>349</td>
<td>231</td>
</tr>
<tr>
<td>Average Length of Time MFD/NRF Company “Not Available”:</td>
<td>14 min</td>
<td>11 min</td>
</tr>
<tr>
<td>Number of UNIQUE participants:</td>
<td>1653</td>
<td>694</td>
</tr>
<tr>
<td>Number of REPEAT participants:</td>
<td>473</td>
<td>218</td>
</tr>
<tr>
<td>Age Range of Participants:</td>
<td>16-70</td>
<td>18-73</td>
</tr>
</tbody>
</table>

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**Bill on Border Opioid Screening Devices Passes House**

A bill that would give U.S. Customs and Border Protection the latest chemical screening devices to detect fentanyl and other synthetic opioids imported into the country passed the House of Representatives on 10/24/17.


The bill ensures that CBP will have new chemical screening devices that can detect fentanyl at all ports of entry, mail and express consignment facilities throughout the country, according to the release. In addition, the legislation authorizes the appropriation of $9 million for new screening devices, laboratory equipment, facilities and personnel for support at all hours.

*Source: www.lowellsun.com*
Substance Abuse Treatment/Recovery Directory:
State funded treatment facilities in NH (NOT a complete list) - Data Source: NH Department of Health and Human Services

BERLIN
Tri-County Community Action Programs Inc.
30 Exchange Street
Berlin, NH 03570

CANAAN
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

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

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

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

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

Manchester Alcoholism and Rehabilitation Center
(Intensive Outpatient 18 years and older and Outpatient Services.)
555 Auburn Street
Manchester, NH 03101
Phone: 603-263-6287

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

The Youth Council
(Outpatient for Adolescents and Families.)
112 W. Pearl Street
Nashua, NH 03060
Phone: 603-889-1090

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

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.