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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 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
October 2016 - September 2017

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 October 2017 - 96 Cases Pending
Drug Overdose Deaths:
Data Source: NH Medical Examiner’s Office

Trends:
- At this time, drug overdose deaths are projected to decrease by 6% from 2016 to 2017.
- In 2017 thus far, Hillsborough County has the highest suspected drug use resulting in overdose deaths per capita at 2.70 deaths per 10,000 population.
- Strafford County had the next highest suspected drug use resulting in overdose deaths per capita at 2.31 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 11 deaths related to the use of carfentanil in 2017.

*** IMPORTANT DATA NOTES***
- 2017 Numbers are based on analysis as of 17 October, 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.

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

Overdose Deaths by Age 2017*
Data Source: NH Medical Examiner’s Office

Overdose Deaths by County per 10,000 Population
Data Source: NH Medical Examiner’s Office

* 2017 Projected numbers are based on analysis as of 17 October 2017 - 96 cases pending
+ Cocaine and Fentanyl/Heroin Related deaths are not mutually exclusive, several deaths involved both categories

* 2017 Numbers are based on analysis as of 17 October 2017 - 96 cases still pending
### Drug Overdose Deaths (Continued):

**Data Source: NH Medical Examiner’s Office**

#### Fentanyl Combinations (Top 12)

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td>111</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Fentanyl</td>
<td>12</td>
</tr>
<tr>
<td>Ethanol; Fentanyl</td>
<td>12</td>
</tr>
<tr>
<td>Cocaine; Fentanyl</td>
<td>9</td>
</tr>
<tr>
<td>Fentanyl; Heroin</td>
<td>8</td>
</tr>
<tr>
<td>Carfentanil; Fentanyl</td>
<td>5</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Ethanol; Fentanyl</td>
<td>3</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Clonazepam; Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Carfentanil; Ethanol; Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Clonazepam; Cocaine; Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
</tbody>
</table>

#### Cocaine Combinations (Top 10)

<table>
<thead>
<tr>
<th>Combination</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine; Fentanyl</td>
<td>9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5</td>
</tr>
<tr>
<td>Acetyl Fentanyl; Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Clonazepam; Cocaine; Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Ethanol; Fentanyl</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine; Fentanyl; Heroin</td>
<td>2</td>
</tr>
<tr>
<td>Alprazolam; Cocaine; Fentanyl</td>
<td>1</td>
</tr>
<tr>
<td>Buprenorphine; Cocaine; Fentanyl</td>
<td>1</td>
</tr>
<tr>
<td>Cocaine; Fentanyl; Methamphetamine</td>
<td>1</td>
</tr>
<tr>
<td>Cocaine; Heroin</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Fentanyl Combination Related Drug Deaths 2017*

*2017 Numbers are based on analysis as of 17 October, 2017

Source: NH Medical Examiner’s Office

#### Cocaine Combination Related Drug Deaths 2017*

*2017 Numbers are based on analysis as of 17 October, 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 have been used.
+ 2017 data was reported on October 17, 2017.
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.

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

Prepared by:
NH Information & Analysis Center
EMS Narcan Administration:
Data Source: NH Bureau of Emergency Medical Services (EMS)

Trends:
- EMS Narcan administration incidents increased by 30% from August to September.
- In September Hillsborough County had the most EMS Narcan administration incidents per capita with 3.46 incidents per 10,000 population.
- Based on absolute numbers Hillsborough County had the most Narcan incidents with 104 incidents in September.
- The age group with the largest number of EMS Narcan administration incidents is 20-29 which represents 36% of all EMS Narcan administration incidents for September.
- NH Bureau of EMS Percentage of “lives saved” remained the same at 48% from August to September.

*** 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.
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>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Improvement RODS Score of 0</td>
<td>112</td>
<td>93</td>
</tr>
<tr>
<td>Some Improvement RODS Score 1-7</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Negative Improvement Negative RODS Score</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Lives Saved RODS Score of 8+</td>
<td>95</td>
<td>88</td>
</tr>
<tr>
<td>Total</td>
<td>237</td>
<td>210</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>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>5.30</td>
<td>5.63</td>
<td>2.81</td>
</tr>
<tr>
<td>Carroll</td>
<td>2.09</td>
<td>1.67</td>
<td>1.42</td>
</tr>
<tr>
<td>Cheshire</td>
<td>1.42</td>
<td>1.42</td>
<td>0.63</td>
</tr>
<tr>
<td>Coos</td>
<td>2.38</td>
<td>1.79</td>
<td>0.89</td>
</tr>
<tr>
<td>Grafton</td>
<td>0.56</td>
<td>0.45</td>
<td>0.95</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>2.47</td>
<td>2.37</td>
<td>3.46</td>
</tr>
<tr>
<td>Merrimack</td>
<td>2.30</td>
<td>1.76</td>
<td>1.22</td>
</tr>
<tr>
<td>Rockingham</td>
<td>1.36</td>
<td>1.10</td>
<td>1.10</td>
</tr>
<tr>
<td>Strafford</td>
<td>2.79</td>
<td>1.68</td>
<td>2.15</td>
</tr>
<tr>
<td>Sullivan</td>
<td>0.23</td>
<td>0.23</td>
<td>0.69</td>
</tr>
</tbody>
</table>

Source: NH Bureau of EMS
Opioid Related Emergency Department Visits:
Data Source: NH Division of Public Health Services

Trends:
- Opioid related ED visits decreased by 4% from August to September 2017.
- In September residents from Hillsborough County had the most opioid related ED visits per capita with 6.75 visits per 10,000 population.
- Merrimack County had the second highest number of opioid related ED visits per capita with 5.41 visits per 10,000 population.
- The age groups with the largest number of opioid related ED visits are 20-29 and 30-39 with 36% of all opioid related ED visits each for September.

*** 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 by County
per 10,000 Population

Belknap: 2.48, 1.32, 2.51, 1.29, 2.20, 2.98, 1.57, 1.34, 0.78, 1.60, 1.73, 4.12, 3.43
Carroll: 2.93, 2.51, 1.03, 2.20, 2.98, 1.57, 1.34, 0.78, 1.60, 1.73, 4.12, 3.43
Cheshire: 2.48, 2.93, 1.29, 2.20, 2.98, 1.57, 1.34, 0.78, 1.60, 1.73, 4.12, 3.43
Coos: 2.48, 2.93, 1.29, 2.20, 2.98, 1.57, 1.34, 0.78, 1.60, 1.73, 4.12, 3.43
Grafton: 4.17, 5.36, 1.57, 1.34, 0.78, 1.60, 1.73, 4.12, 3.43
Hillsborough: 5.02, 6.75, 6.48, 6.75, 6.97, 5.41, 2.13, 2.13, 2.13, 2.13, 2.13, 2.13
Merrimack: 43.52, 41.27, 38.41, 43.30, 44.20, 46.15, 44.27
Rockingham: 34.20, 41.64, 40.89, 41.27, 33.98, 43.52, 41.27, 38.41, 43.30, 44.20, 46.15, 44.27
Strafford: 5.66, 5.27, 5.03, 5.27
Sullivan: 5.00, 1.00, 2.00, 3.00, 4.00, 5.00, 6.00, 7.00, 8.00

Emergency Department Opioid Use Visits per 100,000 Population

October 2016 - September 2017

Source: NH Div. of Public Health Services

Source: NH Div. of Public Health Services
Trends:

- Opioid/opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased by 5% from August to September.
- In September residents from Strafford County were admitted most often for opioid/opiate treatment per capita with 2.71 admissions per 10,000 population.
- More males than females were admitted to treatment programs in September for opioid/opiate, Methamphetamine, & Cocaine/Crack use.
- Methamphetamine treatment admissions increased by 14% from August to September.
- Cocaine/Crack treatment admissions decreased by 25% from August to September.
- Heroin/Fentanyl treatment admissions decreased by 10% from August to September.

*** IMPORTANT DATA NOTES***

- County represents where the patient resides.
- These data represent treatment admissions to state funded facilities.

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**September Treatment Admissions by Gender**

- Male: 56%
- Female: 44%

Source: NH Bureau of Drug & Alcohol

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**Opioid/Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by Month per 100,000 Population**

October 2016 - September 2017

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**September 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

Heroin/Fentanyl, Rx Opiate, Methamphetamine, & Cocaine/Crack Treatment Admissions by Month per 100,000 Population
October 2016 - September 2017

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:

Shaheen, Hassan Introduce Legislation that Would Ensure Transparency and Accountability in DEA Quotas for Prescription Opioid Pain Killers

On September 28, U.S. Senators Jeanne Shaheen and Maggie Hassan joined four of their democratic colleagues to introduce legislation to shed light on Drug Enforcement Administration (DEA) quotas on OxyContin and opioid pain medication, and the secretive process by which the pharmaceutical companies gain approval to produce the deadly opioid pain killers that are taken in New Hampshire and across the country.

“The over-production and over-prescription of painkillers has taken a devastating toll on our communities, and fueled the worst public health emergency in our state’s history,” said Senator Shaheen. “As the heroin, fentanyl, and opioid crisis continues to ravage communities in New Hampshire and across the country, we must do more to address the overuse, misuse, and abuse of prescription opioids that has played a major role in fueling this epidemic,” Senator Hassan said.

For 2018, the DEA has proposed manufacturing levels in the United States that would be the equivalent of nine billion 10-milligram pills of OxyContin. Despite this massive quantity of addictive opioid pain medication that the DEA would approve for production, there is little public information about which individual companies are manufacturing prescription opioid pills or how many. The bill makes available the applications submitted to DEA by registered manufacturers requesting a particular quantity of active ingredient, and year-end reports on actual quota use, which DEA now treats as confidential. A copy of the Opioid QuOTA Act can be found HERE.

Source: www.Shaheen.Senate.gov

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NEW HAMPSHIRE SAFE STATIONS


- Number of requests at MFD/NFR for Safe Station: 2522 / 1033
- Number of participants transported to Hospitals: 437 / 114
- Number of participants taken to HOPE in NH: 347 / N/A
- Number of participants taken to Serenity Place: 1695 / N/A
- Number of participants taken to PSL facilities: N/A / 894
- Number of participants seen for ODs prior to seeking SS Help: — / 194
- Average Length of Time MFD/NRF Company “Not Available”: 14 min / 10:41 min
- Number of UNIQUE participants: 1756 / 679
- Number of REPEAT participants: 415 / 354
- Age Range of Participants: 16-70 / 18-73

Small Drop in Drug Overdose Deaths Projected This Year

The New Hampshire Medical Examiner’s Office is predicting a small drop in the number of drug overdose deaths this year, the first time in five years.

The Office of Chief Medical Examiner says the number of drug deaths last year was 485. This year, the projection is 457.

So far this year 273 people have died from drug overdoses. There are 96 cases pending toxicology results. The leading cause of drug deaths in the state has been traced to fentanyl overdoses.

Source: www.necn.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.