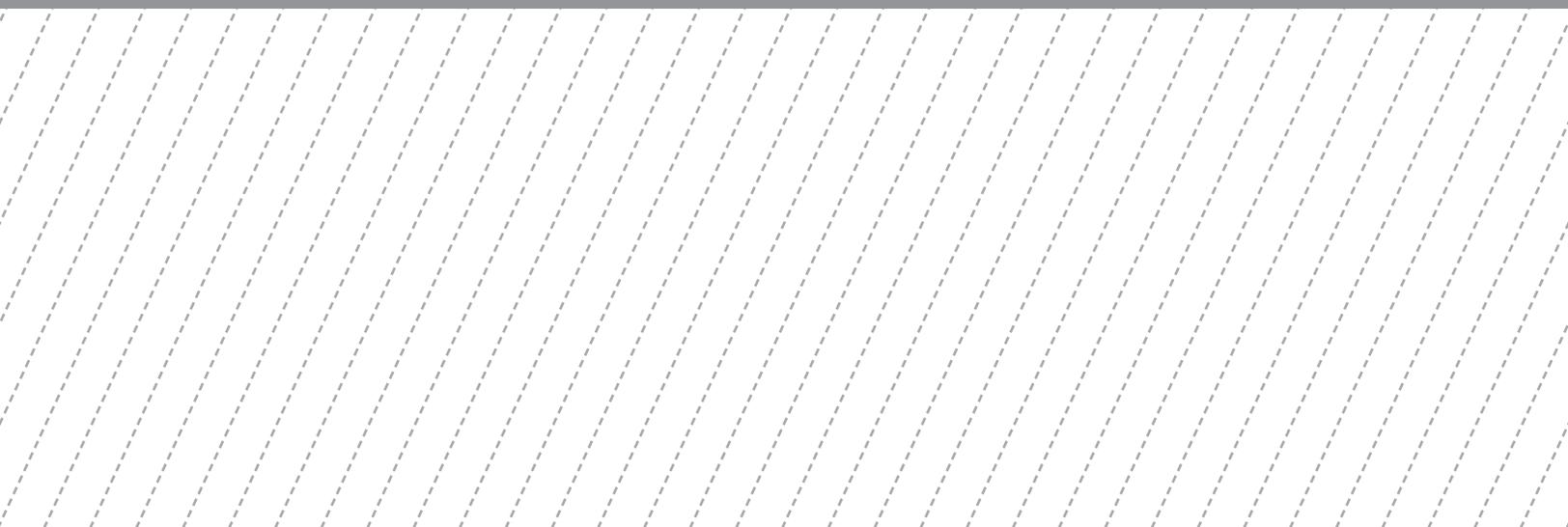


# Expanding Our Response

## The NH Governor's Commission on Alcohol and other Drugs Action Plan

January 1, 2019 – December 31, 2021



# Dedication

New Hampshire families and communities have lost hundreds of parents, children, friends, co-workers, and neighbors to addiction. This plan is dedicated to those who we mourn, to those who are not yet in recovery, and to those who live in recovery from alcohol and other drug use disorders every day.

# Message from the Governor and Commission Chair

---

We are pleased to present the 2019-2022 Governor’s Commission on Alcohol and Other Drugs Strategic Plan. This plan highlights the key actions to be taken over the next three years to comprehensively address our state’s addiction crisis. This plan has been developed with input and expertise provided by Commission members, Commission Task Force members, and other key stakeholders. This plan serves as a blueprint for our shared efforts, with a focus on alignment, coordination, innovation, and accountability.

We face significant challenges in our state concerning substance misuse. Families, communities, and workplaces have been severely impacted by opioid-related overdoses, resulting in over 1,900 deaths of NH residents since 2012. Over that time first responders and emergency medical providers have seen sharp increases in cases involving the misuse of opioids, alcohol, and other drugs.

To address these challenges, we have engaged people from all regions of the state and are putting forth new ideas and increased resources to build a coordinated system of care in NH. The Commission’s Task Forces have worked to identify data-driven priorities in partnership with service providers and community members. We are starting to see positive results from our collective efforts, including the first decline in overdose deaths in the past six years, the launch of the nation’s first Recovery Friendly Workplace Initiative and the development of The Doorway, an innovative “hub and spoke” model of substance use disorder services that ensure no one in NH has to travel more than sixty minutes to begin the process towards recovery.

To be effective, we need to work together and create strategic partnerships across state government, not for profits and the business community. We need to build a well-coordinated effort across all systems and create an outcomes-based approach that ensures we understand what is working and what needs to change. The actions identified in this plan provide a framework to move us forward in that direction. Included in this strategic plan are the recommend priorities from the Governor’s Commission on Alcohol and other Drugs. We would like to thank the numerous task force volunteers, service providers, the faith community, first responders, state employees and elected officials for their commitment to the creation of this strategic plan and its priorities.

Sincerely,



Christopher T. Sununu  
Governor



Patrick M. Tufts  
Chair

# COMMISSION MEMBERS

## Legislative Members

Senator Jeb Bradley

Senator Martha Hennessey

Representative William Hatch

Representative Sherman Packard

## Public Members

*Patrick Tufts, Commission Chairman  
Prevention Professional*

Timothy Lena – Prevention Professional

Keith Howard – Recovery Representative

Monica Edgar – Treatment Professional

Stephanie Savard – Treatment Professional

Stephen Ahnen – Non-Professional Public Member

Chris Placy – Non-Professional Public Member

## Designated Members

*Annette Escalante, Commission Executive Director  
Director, NH Bureau of Drug and Alcohol Services*

Gordon MacDonald – Attorney General, NH Department of Justice

David Mikolaities – Adjutant General, NH National Guard

Tina Nadeau – Designee, Administrative Judge of the NH District and Municipal Courts

Joseph Mollica – Chairman, NH Liquor Commission

Jeffrey A. Meyers – Commissioner, NH Department of Health & Human Services

Joseph Ribsam – Director, NH Division for Children, Youth & Families

Frank Edelblut – Commissioner, NH Department of Education

Helen Hanks – Commissioner, NH Department of Corrections

John J. Barthelmes – Commissioner, NH Department of Safety

John Elias – Commissioner, NH Insurance Department

Cheryl Ann Coletti-Lawson – NH Business and Industry Association

Seddon Savage – NH Medical Society

Ross Gittell – Chancellor, Community College System of NH

Daniel Potenza – Chairman, NH Suicide Prevention Council

Kate Thompson – NH Nurses Association

Timothy Rourke – NH Charitable Foundation



## The New Hampshire Governor's Commission on Alcohol and other Drugs

The New Hampshire Governor's Commission on Alcohol and other Drugs (Commission), created by the New Hampshire Legislature in 2000 is legislatively mandated to reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature. The Commission is represented by members of the legislature, the public, designated organizations and state government.

For more information please visit the Commission's webpage [nhcenterforexcellence.org/governors-commission](http://nhcenterforexcellence.org/governors-commission).

# COMMISSION PURPOSE

---

<b>VISION</b>	The Commission envisions a New Hampshire in which all people live healthy and meaningful lives free from harm related to alcohol and other drug use.
<b>MISSION</b>	The Commission will work to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated substance misuse prevention, treatment, and recovery services throughout the state.
<b>CORE FUNCTIONS</b>	<p>The Commission will work towards its mission by:</p> <ul style="list-style-type: none"><li>• Developing and revising, as necessary, a statewide plan for the effective prevention of alcohol and drug misuse, particularly among youth; and a comprehensive system of treatment and recovery services for individuals and families affected by alcohol and other drug use;</li><li>• Promoting collaboration between and among state agencies and communities to foster the development of effective community-based alcohol and drug misuse prevention programs;</li><li>• Promoting the development of treatment services to meet the needs of citizens addicted to alcohol or other drugs;</li><li>• Identifying unmet needs and the resources required to reduce the incidence of alcohol and drug misuse in New Hampshire and to make recommendations to the Governor and Legislature regarding legislation and funding to address such needs; and</li><li>• Authorizing the disbursement of monies from the “alcohol abuse and prevention and treatment fund”, pursuant to RSA 176-A:1, III.</li></ul>
<b>VALUES</b>	<p>The Commission supports alcohol and other drug use related policies, programs and services that:</p> <ul style="list-style-type: none"><li>• Honor the complex biopsychosocial nature of alcohol and other drug misuse, unique to each individual;</li><li>• Respect the human rights, cultural values, beliefs, and dignity of all people;</li><li>• Are evidence informed, pragmatic, non-coercive, and non-discriminatory;</li><li>• Are continuously improved with timely and available data;</li><li>• Are trauma informed;</li><li>• Are resilience and recovery oriented;</li><li>• Are informed by the wisdom of lived experience; and</li><li>• Are equally accessible to all.</li></ul>

# COMMISSION TASK FORCES

To assist in the performance of its duties, the Commission has eight task forces. Task force memberships, work plans, recommendations, meeting schedules and minutes are available through the Commission's webpage [nhcenterforexcellence.org/governors-commission](http://nhcenterforexcellence.org/governors-commission).



## Data and Evaluation Task Force

This task force is a multidisciplinary group which works to improve the quality and efficiency of data systems and the availability and utility of data products in order to inform alcohol and other drug policy, programs and services in New Hampshire.



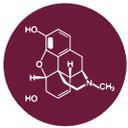
## Healthcare Task Force

This task force engages healthcare personnel and health systems in New Hampshire in preventing substance-related harm and effectively addressing substance misuse and substance use disorders.



## Joint Military Task Force

This task force enhances awareness and advocacy as well as improves access to affordable, relevant alcohol and other drug services for service members, veterans and their families through education and collaboration.



## Opioid Task Force

This task force focuses on high-priority concerns relative to opioid misuse, identifying and recommending needs and strategies for addressing the problem. This Task Force is made up of members representing business, education, government, health care, emergency services, law enforcement, and community supports.



## Perinatal Substance Exposure Task Force

This task force identifies and recommends needs and opportunities related to perinatal substance exposure: including ways to lessen barriers pregnant and parenting women face when seeking quality healthcare; aligning state policy and activities with best medical practices for pregnant and newly parenting women and their children; and increasing public awareness about the risks of exposure during pregnancy.



## Prevention Task Force

This task force identifies data trends related to substance misuse; related to substance misuse to understand the impact of emerging trends; identifies and takes action to address the gaps in the current prevention system; and recommends strategies.



## Recovery Task Force

This task force supports services and systems related to the advancement of recovery support services in New Hampshire. The Task Force includes many active leaders, members and advocates involved in the recovery movement.



## Treatment Task Force

This task force makes recommendations regarding policies, practices, and unmet needs to ensure accessible, high-quality services for New Hampshire residents experiencing substance use disorders.

# SNAPSHOT OF CURRENT ALCOHOL AND OTHER DRUG MISUSE IN NH

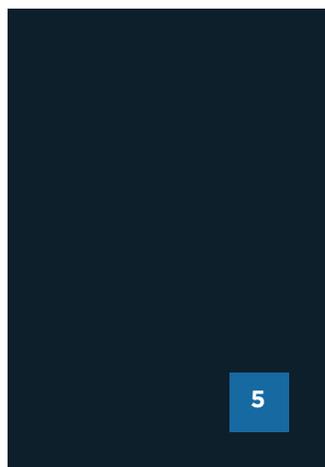
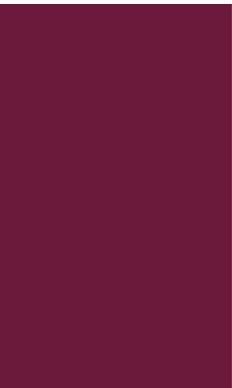
---

The epidemic of opioid misuse and drug overdose in New Hampshire is a public health crisis devastating families and touching every community across our state. Since 2012, the number of drug overdose deaths has increased 200%, claiming the lives of over 1,900 NH residents. Use of illicit opioids, fentanyl in particular, accounts for the vast majority of drug overdoses and deaths caused by drug overdose.

The unprecedented escalation of opioid misuse, combined with existing challenges of broader substance misuse and addiction, is overwhelming community and state systems of care, from emergency rooms and law enforcement to child protection and treatment services. In 2017, Emergency Medical Service (EMS) providers across the state responded to 5,940 cases where the working diagnosis was drug overdose or misuse of medications. An additional 4,360 EMS cases involved a working diagnosis of “alcohol abuse” and effects.

New Hampshire hospitals also saw a total of 6,684 emergency department visits related to opioid use in 2017. During that year, more than half of new cases opened by the NH Division for Children, Youth and Families for child protection services were determined to include substance misuse as a risk factor.

As a result of strategic efforts toward curtailing the epidemic, a substantially lower number of drug related overdose deaths is projected for 2018, which will be the first decline in drug-related deaths in the past six years. This plan aims to build on the significant efforts that have been made to address the epidemic of substance misuse and addiction and to accelerate progress on prevention, harm reduction, treatment and recovery for individuals, families and communities throughout New Hampshire.



# COMMISSION STRATEGIC PLAN

This three-year (January 1, 2019 to December 31, 2021) strategic plan is based on recommendations made by the Governor’s Commission and Task Force members and other key stakeholders. In developing this plan each Task Force reviewed relevant alcohol and drug related data and engaged in a structured process to prioritize the strategies. State-level plans such as the NH Department of Health and Human Services (DHHS) Strategic Opioid Response Plan were cross-referenced and used to inform strategy decisions and to guide the activity of the Commission’s Task Forces.

**GOAL:** To reduce the misuse of alcohol and other drugs across the lifespan through the implementation of effective programs, practices and policies.

## OBJECTIVE 1

*Reduce the number of lives lost to drug and alcohol use.*

**TARGET 1.1:** Decrease the number of drug overdose deaths by 25% by 2021.

**TARGET 1.2:** Decrease the number of alcohol-induced deaths by 15% by 2021.

## OBJECTIVE 2

*Reduce the incidence of negative health consequences of alcohol and other drug use.*

**TARGET 2.1:** Reduce the number of drug overdose EMS cases by 15% by 2021.

**TARGET 2.2:** Reduce the number of alcohol misuse EMS cases by 10% by 2021.

**TARGET 2.3:** Reduce the number of emergency department visits related to opioid use by 25% by 2021.

## OBJECTIVE 3

*Decrease the number of NH residents who need, but are not receiving substance use treatment services.*

**TARGET 3.1:** Increase the number of individuals engaged in substance use disorder treatment by 25% by 2021.

**TARGET 3.2:** Decrease the number of individuals who need, but are not receiving treatment for substance use by 10% by 2021.

## OBJECTIVE 4

*Reduce the prevalence of alcohol and other drug misuse across the lifespan.*

**TARGET 4.1:** Decrease the proportion of NH residents ages 12+ who report current binge alcohol use by 2.5% by 2021.

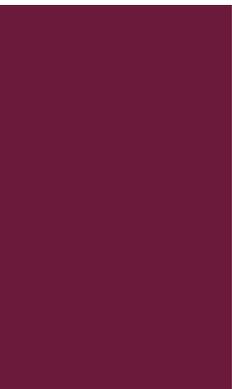
**TARGET 4.2:** Decrease current marijuana use among NH high school students by 10% by 2021

**TARGET 4.3:** Decrease the proportion of NH residents ages 12+ who report recent illicit drug use other than marijuana by 0.5% by 2021.

## Guiding Principles

The Commission and its task forces followed the fundamental principles below to design the goals, objectives, and strategies outlined in this plan. These core principles shall continue to guide actions as the Commission and its task forces work toward implementation.

- Base decisions on the prevalence of substance use and mental health disorders
- Ensure that strategies are data driven and on the continuum of research from evidence-informed to evidence-based. Reduce stigma and discrimination associated with substance use disorder
- Align with other state-level plans including the 10 year Mental Health Plan, the State Opioid Response Plan and the Children’s Behavioral Health Plan, by addressing common priorities, implementing joint strategies and focusing on shared outcomes
- Address the social determinants of health including education, health and healthcare, social and community context, economic stability, neighborhood and built environment
- Align with harm reduction principles
- Address co-occurring mental health and substance use disorders
- Ensure all strategies are delivered in a culturally appropriate manner
- Preserve and build the funding, stability and sustainability for equitable quality services across the continuum of care





## LAW ENFORCEMENT

- A. Continue to coordinate and support enforcement actions of agencies and departments working in New Hampshire to combat the supply of illegal drugs (Operation Granite Hammer)
- B. Support and expand the availability of law enforcement drug expertise through the Department of Safety, State Police, Mobile Enforcement Teams
- C. Continue to pursue the prosecution of drug related offense and drug overdose death cases
- D. Continue to expand the number of local law enforcement officers trained and supported through the AG's Drug Task Force to enforce drug laws from the initial investigation to the prosecution of cases

## PREVENTION



- A. Identify and invest in new programs, policies, and practices to:
  - Support individuals and families who have experienced adverse childhood experiences
  - Ensure young adults feel connected to their communities
  - Support young adults in gaining meaningful employment
- B. Expand the implementation and coordination of existing prevention programs including youth leadership programs, Life of an Athlete, the Referral Education and Assistance Program (REAP), court diversion and restorative justice programs, the Recovery Friendly Workplace initiative, local community-based coalitions and Student Assistance Programs (SAP)
- C. Develop systems to improve prescription drug storage and disposal
- D. Create a Multi-Tiered System of Support for Behavior and Wellness through the development of Community Management Teams in New Hampshire school districts



## SUBSTANCE USE DISORDER DELIVERY SYSTEM & EARLY IDENTIFICATION

- A. Create The Doorway, a hub and spoke model, for access to delivery of substance use disorder services
- B. Implement a "one-stop shop" model to manage crisis calls and promote information access through a centralized website
- C. Create mobile crisis response teams
- D. Expand behavioral health telehealth services
- E. Implement screening protocols or Screening, Brief Intervention, and Referral to Treatment (SBIRT) in multiple settings to identify problematic alcohol and other drug use



## HARM REDUCTION

- A. Develop and implement syringe service programs
- B. Expand availability of free naloxone in settings such as hospitals, churches, schools, jails, prisons and shelters
- C. Distribute naloxone to providers and peers interacting with individuals at greatest risk of overdose including citizens returning to the community from incarceration



## TREATMENT

- A. Support practice change to integrate substance use disorder services with mental health services in general healthcare settings including emergency rooms, primary care offices, inpatient medical settings and OB practices
- B. Support practice change and implementation of best practices to increase the availability and effective use of medication assisted treatment (MAT)
- C. Expand access to medication assisted treatment (MAT) in multiple settings and with various specialty populations including Opioid Treatment Programs, emergency departments, hospital based primary care offices, and office and community based MAT providers for the general population as well as specialty programs for pregnant women and citizens returning to the community from incarceration
- D. Utilize technology and innovative practices to provide treatment in limited resource areas
- E. Develop a mechanism for obtaining real-time treatment vacancy data
- F. Expand access to extended-release injectable naltrexone for citizens returning to the community from incarceration
- G. Increase specialized treatment services for specific populations (e.g. veterans, youth, pregnant/parenting women and their families, individuals with co-occurring substance use disorder and mental health disorders and citizens returning to the community from incarceration)
- H. Expand services and increase care coordination for citizens returning to the community from incarceration
- I. Expand services and increase care coordination for pregnant and newly parenting women
- J. Increase the availability and utilization of juvenile diversion programs and adult drug court

## RECOVERY SUPPORT SERVICES



- A. Integrate recovery-oriented principles into policies and practices across public and private sectors (i.e. Law Enforcement, Health Care, Social Services, Business Sector, Faith-based communities)
- B. Enhance recovery housing availability and promote quality standards to increase opportunities for special populations, including citizens returning to the community from incarceration, women and their children, and individuals leaving treatment
- C. Increase access to transitional living
- D. Increase access to non-clinical recovery support services (e.g. housing, childcare, transportation)
- E. Invest in vocational training and workforce readiness initiatives for individuals in recovery moving towards employment
- F. Promote and support the Recovery Friendly Workplace initiative
- G. Increase peer recovery support service referrals including in healthcare settings and OB practices
- H. Increase engagement of healthcare providers and health systems in supporting patient recovery

## SYSTEMS SUPPORTS ACROSS THE CONTINUUM OF CARE



### FAMILY SUPPORTS AND SERVICES

- A. Increase supports and services for families such as home visiting services
- B. Provide support for children who are impacted by substance use disorder (i.e. children who have a loved one or caregiver with a substance use disorder)
- C. Provide support for older adults who are parenting a second time around or are custodial parents



### REIMBURSEMENT

- A. Assess and address insurance barriers to allow for easier patient access into treatment
- B. Engage payors to support best practices and services such as screening (for example, SBIRT), case management and the integration of recovery support services
- C. Maintain and expand access to residential treatment services through room and board reimbursements for Medicaid eligible individuals
- D. Increase reimbursement rates across all payors to strengthen the financial stability of organizations and providers
- E. Establish training regarding reimbursement across all payors

### WORKFORCE CAPACITY AND PROFESSIONAL DEVELOPMENT



- A. Provide training and technical assistance in support of strategies listed throughout the plan
- B. Provide no cost buprenorphine waiver trainings to physicians, nurse practitioners and physician assistants
- C. Increase training for the Drug Addiction Treatment Act of 2000 (DATA 2000) waived prescribers
- D. Promote core competency training to engage qualified mental health clinicians including social workers in the treatment of persons with substance use disorder
- E. Include training on substance use and substance use disorders in undergraduate and graduate professional education programs
- F. Actively work with employers to recruit and retain experienced addiction specialists in each of the major hospital systems
- G. Align training and support with standards for peer recovery support services (PRSS) and Recovery Community Organizations
- H. Increase provider awareness of non-clinical support services (e.g. housing, childcare, transportation, domestic violence, sexual violence, legal services)
- I. Provide training to all providers and service professionals related to trauma-informed best practices and harm reduction strategies
- J. Address compassion fatigue among all providers including healthcare providers, first responders, and substance use disorder treatment providers
- K. Promote and advocate for military culture trainings across all sectors
- L. Increase provider awareness of the importance of medication assisted treatment to support recovery



## PUBLIC AWARENESS

- A. Increase the awareness of substance use disorder service access hubs, treatment and recovery support resources
- B. Develop population-specific awareness campaigns for pregnant and parenting women, emerging adults and individuals who use substances
- C. Increase understanding of medication assisted treatment as best practice in the support of recovery from opioid use disorders
- D. Target specific prevention messaging for children and young adults

## DATA UTILIZATION

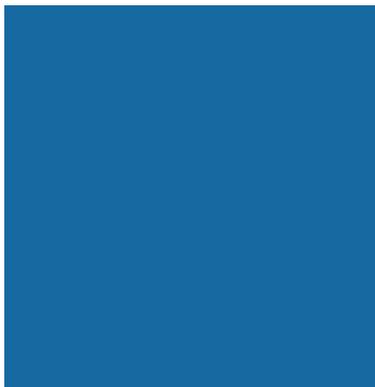
- A. Collect, analyze and utilize existing and new data sets to inform efforts to address substance misuse including risk factors across the life span, adverse childhood experiences (ACEs) indicators, Middle School Youth Risk Behavior Survey (YRBS), Pregnancy Risk Assessment Monitoring System (PRAMS), Prescription Drug Monitoring Program (PDMP) data
- B. Conduct a statewide assessment of the impact of substance misuse on older adults
- C. Centralize, standardize and enhance police drug enforcement data
- D. Improve data acquisition and sharing of information related to opioid prescribing, naloxone dispensing and to promote better collaboration between pharmacists and other professionals
- E. Establish a tracking system for the Drug Addiction Treatment Act of 2000 (DATA 2000) waived prescribers to determine if buprenorphine is prescribed to patients following training
- F. Establish a surveillance system to collect the incidence of Hepatitis B and C, STDs and HIV

# COMMISSION COMMITMENT TO ACTION

---

The NH Governor's Commission on Alcohol and other Drugs is committed to the continued development of a robust continuum of care for alcohol and other drug misuse. The Commission will ensure that the system focuses on all alcohol and other drug use disorders while ensuring that the current opioid crisis continues to be urgently addressed using effective, evidence-informed strategies. Through the engagement of numerous, active members, Task Forces will recommend annual strategy and funding priorities to the Commission providing both momentum and oversight for this plan. As continued and new resources, such as federal funding, are made available to the State, the Commission will seek to ensure that strategies are appropriately resourced and fully implemented to fill current gaps in the system.

The Commission is dedicated to actions that are evidence-informed and evidence-based and to building on existing positive outcomes of strategy investments. This approach will support the Commission's vision of a New Hampshire in which all people live healthy and meaningful lives free from harm related to alcohol and other drug use.



Compiled by the Community Health Institute/Center for Excellence with support from the New Hampshire Charitable Foundation



