



Governor's Commission on Alcohol and Other Drugs



New Hampshire Stimulant Work Group Strategy Recommendations December 2021

A multisector working group of the New Hampshire Governor's Commission on Alcohol and Other Drugs has prepared the following recommendations related to New Hampshire's approach to rising stimulant use and its associated consequences. The working group utilized the Four Pillars approach to reducing drug related harm and an associated literature review as the evidence base for the enclosed recommendations.

The working group stresses the importance of equity and inclusion in the planning and implementation of the included strategies. The working group encourages the continuation of a multisector planning and implementation process that includes, but is not limited to youth, parents, law enforcement, schools, businesses, media, youth-serving organizations, religious and fraternal organizations, civic and volunteer groups, healthcare professionals, state, local, and tribal agencies, other organizations working in the continuum of drug use, and individuals who use(d) stimulants.

Finally, the working group acknowledges that a significant amount of our discussion focused on the benefits and consequences of decriminalization of small amounts of illicit substances as a strategy for harm reduction, treatment, and recovery. The Governor's Commission on Alcohol and Other Drugs has committed to utilizing an upcoming Commission meeting(s) to further review appropriate data sources, evidence, and various viewpoints on the issue of decriminalization within the next 3-6 months. This is an important discussion and one we feel requires more discussion.

The Governor's Commission on Alcohol and Other Drugs encourages proposals that address and advance these recommendations.



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Pursue Now

Prevention	<ol style="list-style-type: none">1. Expand financial and human resource investments in a comprehensive NH prevention strategy that is inclusive of stimulants (prescription, cocaine, and methamphetamine), as well as:<ul style="list-style-type: none">• Driven by the target audience meaningfully in policy, program design, and implementation.• Inclusive of shared risk factors for co-occurring mental health conditions as well as use of other substances (alcohol, tobacco, cannabis, and opioids).• Data-driven (incl. general age at first use, level of use, demographic differences, and risk and protective factors);• Evidence based for universal, selected, and targeted intervention including education on health impacts, safe storage, safe use, disposal, and lack of diversion• A comprehensive and coordinated statewide response while building local capacity and coalitions (<i>through technical assistance</i>) to support local communities¹
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¹ <https://www.unodc.org/pdf/youthnet/ATS.pdf>



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Treatment	<p>2. Expand funding, training, and technical assistance for implementation of evidence-based treatment approaches to stimulant use disorders and co-occurring mental health disorders with fidelity that include harm reduction for youth and adults²:</p> <ul style="list-style-type: none">• Contingency Management³• Community Reinforcement Approach⁴• Cognitive Behavioral Therapy⁵• Motivational Interviewing⁶• Exercise Therapy⁷• Mindfulness⁸
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² Treatment for Individuals who Use Stimulants (TRUST), (15 March 2021). Rawson, Richard; Hasson, Albert; Stimson, Janice; McCann, Michael

³ Contingency management (also known as motivational incentives) applies the principles of positive reinforcement for performance of desired “target” behaviors consistent with abstinence from cocaine or methamphetamine. A 2018 meta-analysis concludes that contingency management (together with the community reinforcement approach) produces the best evidence of effectiveness for generating a variety of positive outcomes

⁴ The Community Reinforcement Approach (CRA) is a combination of behavioral strategies that address the role of environmental contingencies in encouraging or discouraging drug use and attempts to rearrange these contingencies so that a nondrug using lifestyle is more rewarding than a using one. A systematic review of CRA concludes that CRA has evidence of support for reducing cocaine use, and CRA together with CM produced higher rates of abstinence.

⁵ Cognitive behavior therapy (CBT) is a form of “talk therapy” based on principles of social learning theory that is used to teach, encourage, and support individuals in reducing or stopping their harmful drug use. Meta-analysis of behavioral treatments for cocaine and methamphetamine use disorders, studies evaluating efficacy of CBT consistently reflect positive findings

⁶ Motivational interviewing is a technique that aims to help individuals resolve their ambivalence about affecting positive change. Demonstrated positive benefit with decreased methamphetamine use and lower cravings in participants receiving MI, regardless of intensity

⁷ Exercise is a simple and effective intervention for substance use disorders. By increasing endogenous opioid release, exercise helps potentiate dopamine efflux, improves mood and cognition, and can help prevent relapse. Recent 8-week trial showed that participants who use methamphetamine randomized to a supervised, progressive endurance, and resistance training 3x a week demonstrated improved dopamine receptor binding compared to individuals receiving health education only. Lower anxiety and depression scores; Lower severity methamphetamine use; Lower relapse rates after discharge from residential care.

⁸ Mindfulness is a practice derived from Buddhist teachings that centers on a conscious presence in the here and now with focused attention and nonjudgmental monitoring. Systematic review concluded that mindfulness behavioral interventions could reduce consumption of cocaine and amphetamines to a greater extent than controls



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Recovery	<p>3. Provide TA to NH Recovery Centers to expand upon and/or implement effective evidence based stimulant recovery strategies within their programs (incl. contingency management programs)</p>
	<p>4. Prioritize representation from people who use(d) stimulants in resource and strategic decision making around strategies to address stimulant use</p>
	<p>5. Fund the development of recovery and support services for youth (up to age 24), including specifically for youth who use stimulants (e.g., alternative peer groups)</p>



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Harm Reduction	6. Provide funding to better resource harm reduction programs with safe smoking equipment ⁹ , injection equipment ¹⁰ , naloxone distribution, and disposal services
	7. Fund and expand street outreach, drop in centers (incl. possible 24-hour spaces), peer supports, critical time intervention (CTI) programs ¹¹ , and clinical supports to implement harm reduction strategies
	8. Expand access to drug checking services ¹² throughout New Hampshire including community-based services and send away services ¹³ with the inclusion of policy changes related to decriminalization of residual amounts for the purposes of drug checking services.

⁹ Sterile and personal use smoking equipment are essential for reducing harms related to inhaling stimulants. In addition, harm reduction programs encourage the inhalation or smoking of methamphetamine, cocaine, and other drugs as it puts individuals at significantly less risk for associated harm than injection.

¹⁰ Current federal law prohibits the use of federal funds to purchase sterile needles or syringes for the purposes of illegal use of drugs by injection.

¹¹ Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society’s most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods.

<https://www.criticaltime.org/cti-model/>

¹² Drug checking aims to provide information on the composition of illicit drugs from the unregulated market to reduce substance use related risks. (Larder, Burek, Wallace, Hore; 2021)

¹³ Third party drug checking, which we define as accessing drug checking on someone else’s behalf or in a combination for self and others, has the opportunity to expand service accessibility and to reduce risks within a larger group beyond the individual level interaction. (Larder, Burek, Wallace, Hore; 2021)



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Criminal Justice¹⁴

9. Strengthen and ensure relationships between all law enforcement agencies (i.e. police, probation parole, state and county corrections), attorneys (defense and prosecution), courts and NH harm reduction partners, local Doorways, mobile crisis teams, alternative sentencing models, recovery professionals, and treatment providers in order to:
 - Co-design and enhance existing trainings for all NH law enforcement professionals on harm reduction; SUD treatment and recovery; de-escalation for behavioral health disorders, the disease model of addiction; and language
 - Develop a knowledge management and resource hub for all NH law enforcement professionals on the aforementioned topics
 - Strengthen referral and intervention relations for alternatives to incarceration

¹⁴ Supply side and interdiction interventions being implemented by New Hampshire law enforcement professionals can be found outlined in a Department of Safety plan.



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Keep Open for Future Discussion

The following strategies were identified by the working group as important to the New Hampshire stimulant approach that first required progress on the strategies included above.

Recovery	Develop a model for recovery residences that specifically support people who use stimulants informed by people in recovery from stimulant use	Following progress on Strategy 3
	Fund NHCORR to develop specific certification criteria for recovery residences to support people who use stimulants	Following progress on Strategy 3
Harm Reduction	Convene an implementation workgroup to support strategies for safe consumption spaces in New Hampshire for people who use all substances	Following progress on Strategies 6 and 7
	The Governor's Commission on Alcohol and Other Drugs has committed to utilizing an upcoming Commission meeting(s) to further review appropriate data sources, evidence, and various viewpoints on the issue of decriminalization	Within the next 3-6 months.