



Commission Overview

Mission

To significantly reduce alcohol and other drug problems and their behavioral, health and social consequences for the citizens of New Hampshire.

Commission Roles

- Advise the Governor and Legislature regarding the delivery of effective and coordinated substance misuse prevention, treatment, and recovery services throughout the state.
- Direct funding appropriated to the Commission

History

The Commission was established in 2000 through a legislative initiative that established the original "Alcohol Fund" which designated a percentage of the proceeds from sales of alcohol be distributed for prevention and treatment as directed by the Commission. The legislation has been updated several times including changes to the Commission's name, membership, reporting requirements, and to the "Alcohol Fund". Currently, the Commission's name in legislation is the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery. The Commission, however, has recognized that this language is outdated and has voted to do business publicly with a shortened name, as the Governor's Commission on Alcohol and other Drugs, until such time as this change is made legislatively.

Structure

The Commission meets regularly, typically 6-8 times per year. All Commission meetings are open to the public. The meeting calendar, member list, reports, and task force information are available at <https://nhcenterforexcellence.org/governors-commission/>.

Members

As defined in [Legislation](#), the Commission is comprised of the following members:

- Chair - a person elected by their fellow Commission members
- Executive Director - the head of the Bureau of Drug and Alcohol Services
- 7 public members (3 year terms)
- 4 legislative members (2 year terms)
- 11 designated members from various state agencies (terms coterminous with their terms in office)
- 8 designated members (3 year terms)
- Click here to view the current [Member List](#)

Task Forces

The purpose of Task Forces is to gather expertise and input to provide recommendations to the full Commission. Task Forces are created by the Chair to fill specific needs for input. There are currently 8 task forces, each is led by a Commission member designated by the Chair. Each Task Force has a webpage with meetings schedule, member list, and other information. Task Force members are appointed by the chair of the Commission and make decisions by vote as needed. All task force meetings however are open to the public.

- [Prevention](#)
- [Treatment](#)
- [Recovery](#)
- [Opioid](#)
- [Healthcare](#)
- [Perinatal Substance Exposure](#)
- [Joint Military](#)
- [Data and Evaluation](#)

Action Plan and Reports

The Commission is required to provide a strategic plan and regular reports. The current strategic plan is the 3-year [Action Plan](#) with a focus on alignment, coordination, innovation and accountability. The plan encompasses best practices and other key strategy recommendations made by Commission members, Commission Task Forces, and other key stakeholders.

The Commission is also required by legislation to issue [Annual and Mid-Year Reports](#). In addition, reports on the [Cost Effectiveness](#) of Treatment and Prevention providers funded by the Commission are required each year on a rotating basis.

Data Dashboard

The Commission's [Action Plan Dashboard](#) tracks the progress made on four main objectives as outlined in the Action Plan. The Dashboard was developed by the Commission's Data and Evaluation Task Force and serves to meet legislatively required data reporting.