



New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

Phone: (603) 223.3859

NH.IAC@dos.nh.gov

Fax: (603) 271.0303



NHIAC Product #: 2023-05876

June 2023 Report

05 June 2023

Purpose: The NH Drug Monitoring Initiative (DMI) is a holistic strategy to provide awareness and combat drug distribution and misuse. 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.

Drug Environment Report—UNCLASSIFIED

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*The data for this year is not finalized and is current as of 06/13/2023

Overdose Death Data							
	2018	2019	2020	2021	2022*	2023* Death Update As of 6/2023	2022* Death Update As of 6/2022
Total Overdose Deaths	471	415	417	436	486	130	145
Deaths Involving Opioids	420	372	357	404	427	117	127
Deaths Involving Cocaine	65	79	58	36	56	17	15
Deaths Involving Meth	22	52	59	63	97	24	25
Deaths Pending Toxicology	N/A	N/A	N/A	N/A	0	75	85

⇒ Population data source: [2021 Census | State Data Center | NH Office of Strategic Initiatives](#)
 • Year/month overview charts are based on annual estimates from the above website. County charts are based on a 2021 estimated population of each county.
 ⇒ If your agency is looking for further breakdowns than what is in this document please contact the NHIAC.

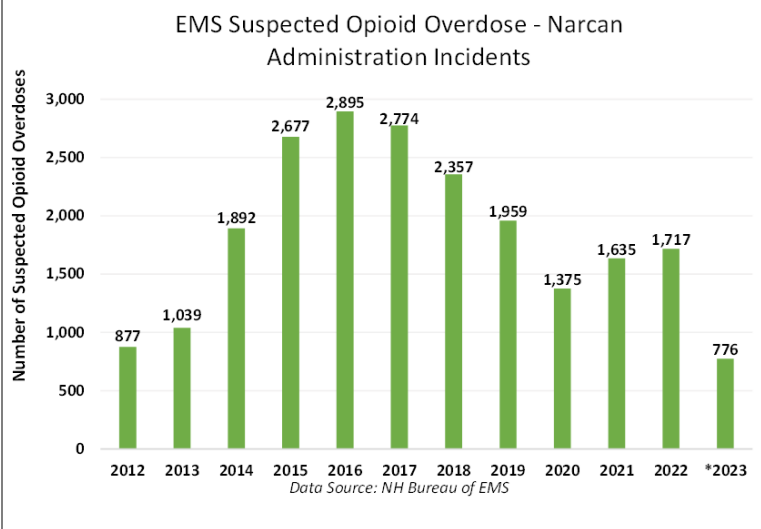
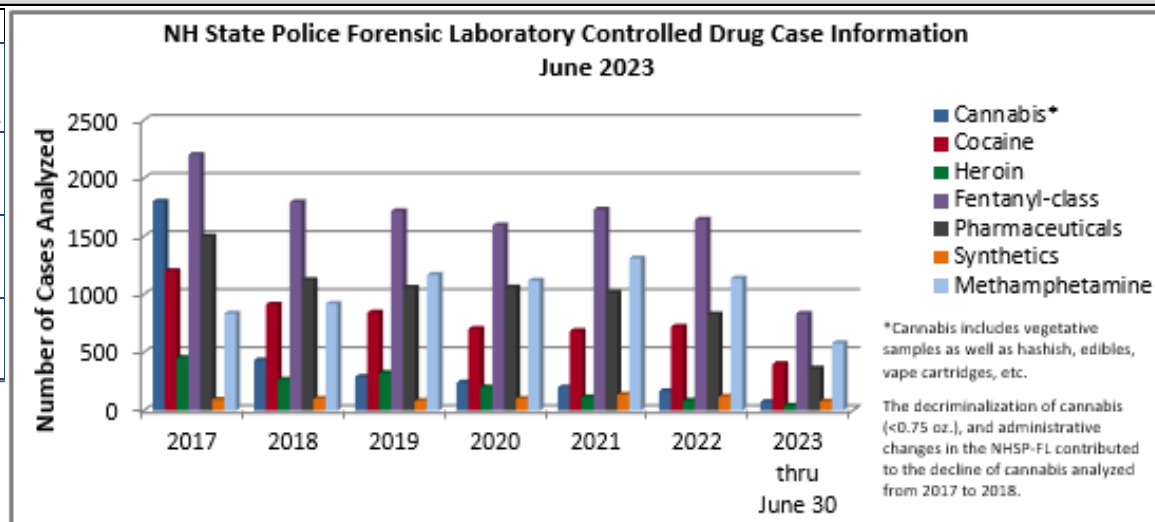
Previous versions of the Drug Environment Report can be found at: <https://www.dhhs.nh.gov>

The monthly online DMI viewer can be found at: <https://nhvieww.maps.arcgis.com>

New Hampshire's Drug Environment Summary:

- Drug overdose deaths in New Hampshire are rising. 2022 deaths are finalized and show an 11.5% increase from calendar year 2021. This is the third consecutive yearly increase in NH, and return us to levels not witnessed since 2016-2018, when drug overdose deaths in NH were at their highest.

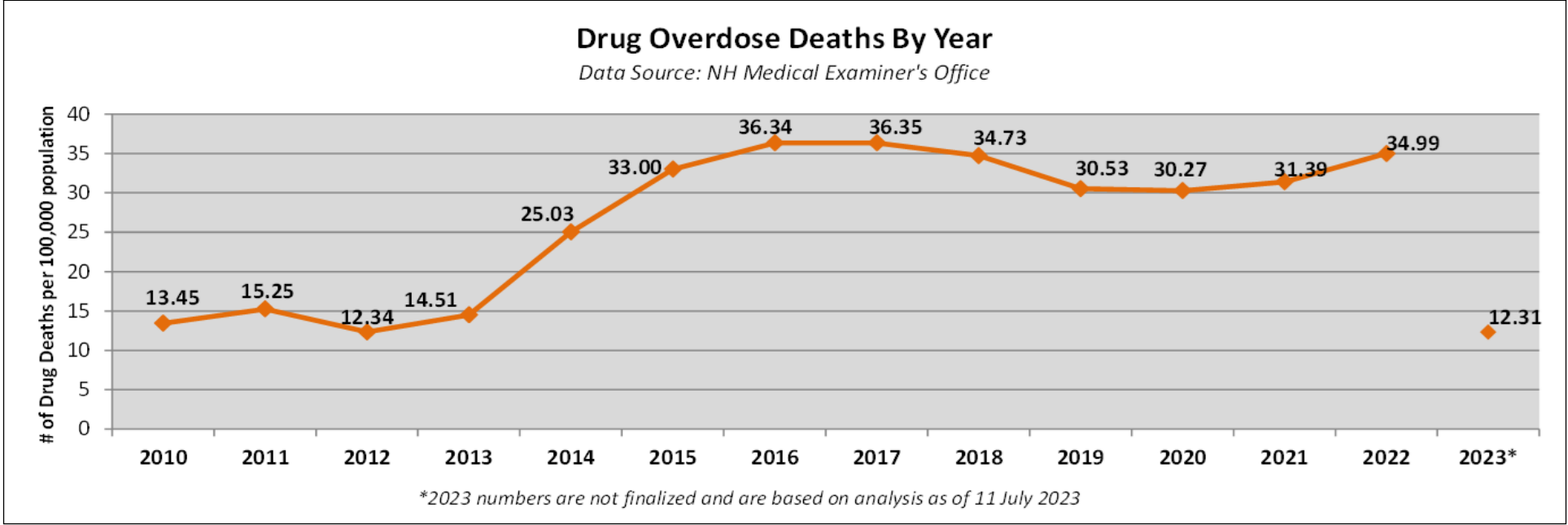
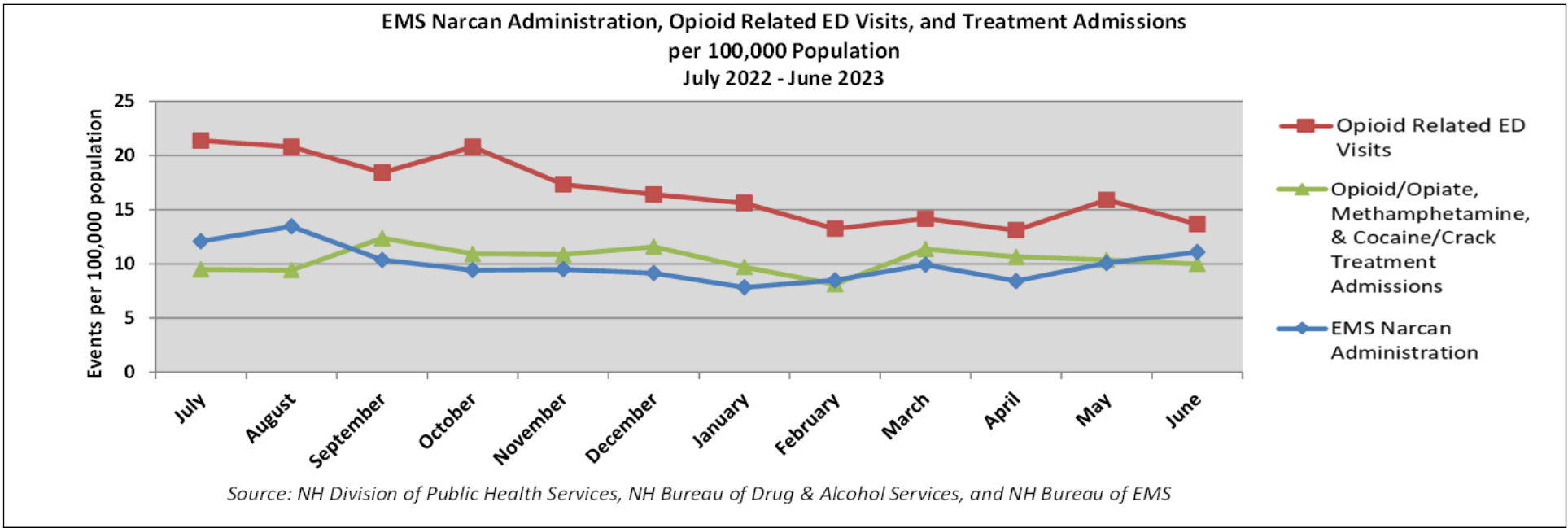
June 2023 Data Summary			
	EMS Narcan Administration Incidents	Treatment Admissions	Opioid Related Emergency Department Visits
Percent Change from May to June	↑ 10%	↓ 7%	↓ 14%
County w/ Highest Incidence	Hillsborough	Hillsborough	Hillsborough
Age Group w/ Highest Incidence	30-39	>26	30-39



Year	Cannabis*	Cocaine	Heroin	Fentanyl-class	Pharmaceuticals	Synthetics	Methamphetamine
2017	1,799	1,201	453	2,202	1,499	93	834
2018	433	913	264	1,794	1,123	101	919
2019	289	843	322	1,718	1,058	83	1,169
2020	240	702	199	1,593	1,060	101	1,118
2021	199	685	114	1,731	1,011	136	1,310
2022	167	722	84	1,644	827	118	1,136
2023 thru June 30	73	400	42	833	361	77	580
June 2023	8	71	5	142	56	10	86

2022 Overdose Deaths (Finalized as of 7/11/2023)					
Percent Change: All Overdose Deaths (2021 to 2022)	Percent Change: Opioid Deaths (2021 to 2022)	Percent Change: Meth Deaths (2021 to 2022)	Percent Change: Cocaine Deaths (2021 to 2022)	County w/ Most Deaths Per Capita	Age Group w/ Most Deaths
↑ 11.5%	↑ 6%	↑ 54%	↑ 56%	Coos	30-39 Year Olds

Overview: Trends for Narcan, ED Visits, Treatment Admissions, and Overdose Deaths:



Drug Overdose Deaths:

Data Source: NH Medical Examiner's Office

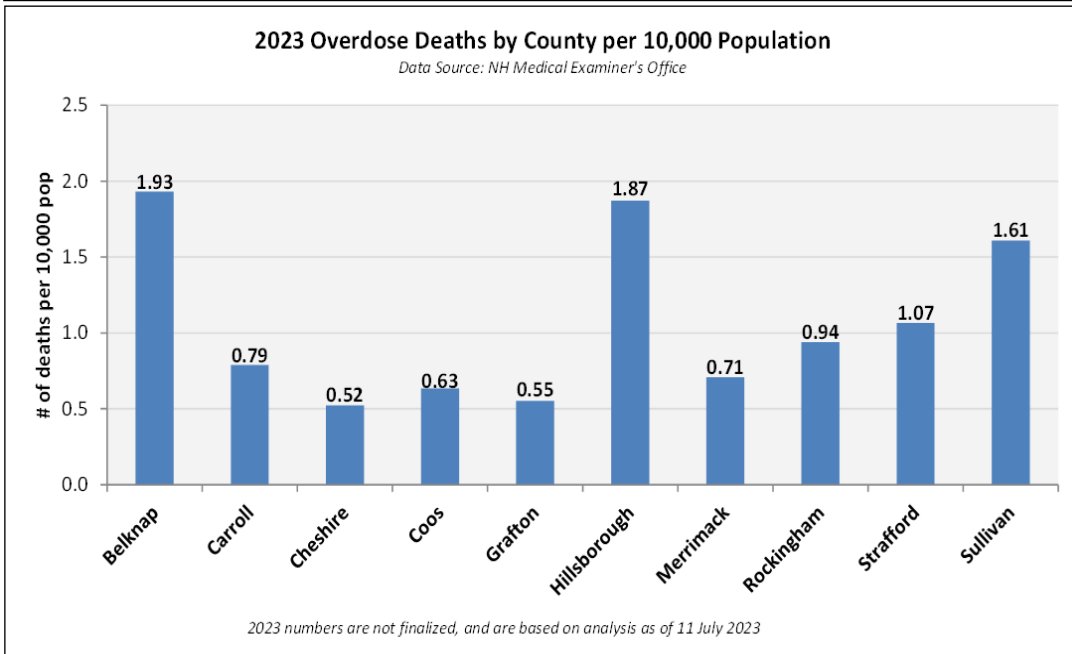
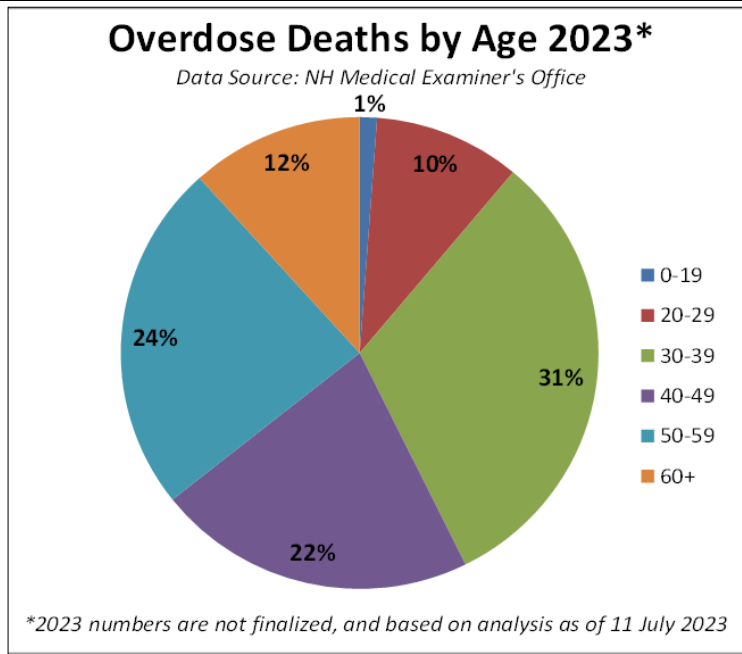
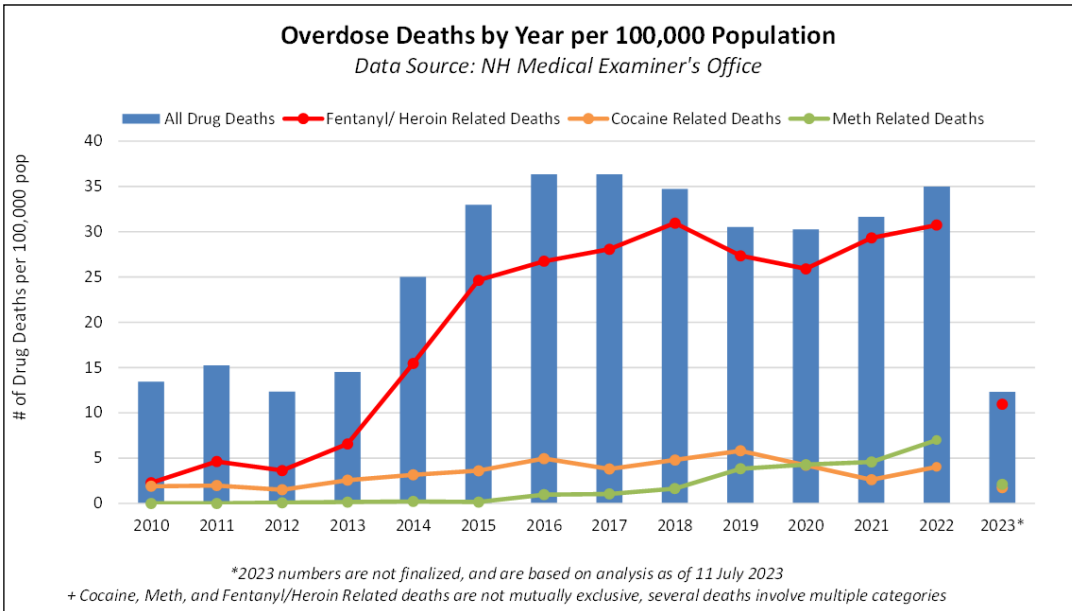
Right click on the paperclip and select "Open File" to view additional data.

Trends:

- For 2023, as of 11 July 2023, there are 171 confirmed drug overdose deaths and 77 cases pending toxicology.
- So far for 2023, Belknap County has the highest suspected drug use resulting in overdose deaths per capita, at 1.93 deaths per 10,000 population. Hillsborough County is in a close second with 1.87 overdose deaths per 10,000 population.
- The age group with the largest number of drug overdose deaths is 30-39 years, which represents 31% of all overdose deaths for 2023.

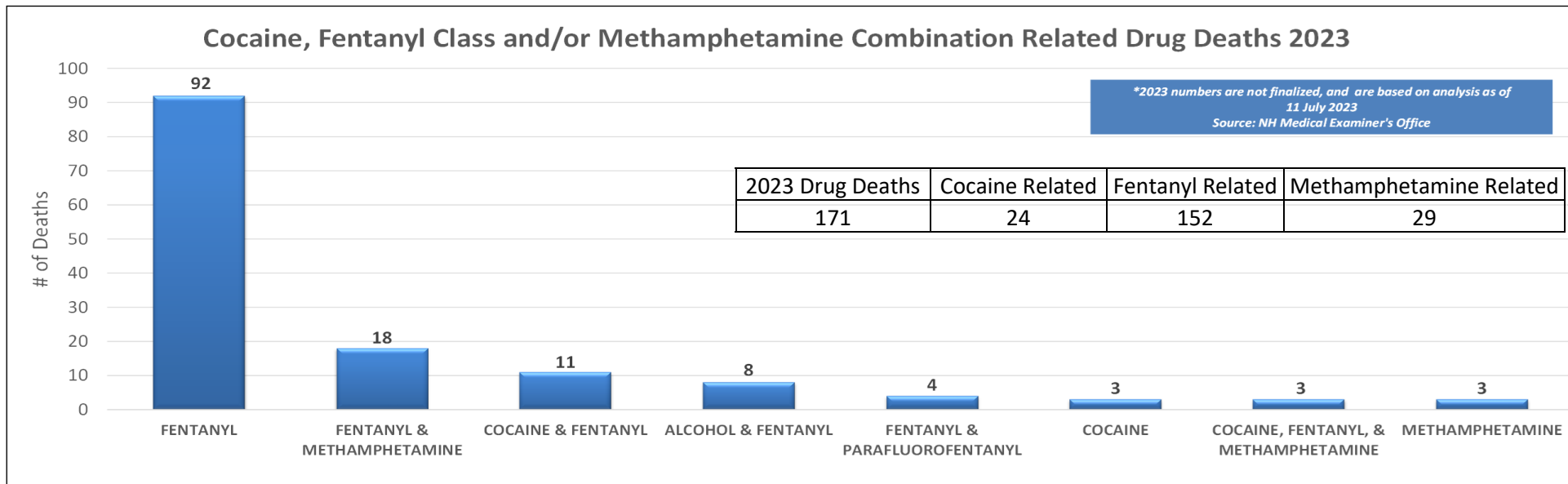
*****IMPORTANT DATA NOTES*****

- Analysis is based on county where the drug (s) is suspected to have been used.



Drug Overdose Deaths:

Data Source: NH Medical Examiner's Office



2023 Cocaine, Fentanyl Class and/or Methamphetamine Combination Related Drug Deaths that were noted once or twice*

ACETYLFENTANYL & FENTANYL	DONEPEZIL, DULOXETINE, FENTANYL, LEVETIRACETAM, METHAMPHETAMINE & METOPROLOL	ALCOHOL, COCAINE, & FENTANYL	CLONAZEPAM, FENTANYL & METHAMPHETAMINE	AMPHETAMINE, COCAINE, FENTANYL & GABAPENTIN
ALCOHOL & COCAINE	ALCOHOL, FENTANYL & OXYCODONE	ALCOHOL, BROMAZOLAM, BUPRENORPHINE, DIPHENHYDRAMINE, FENTANYL, METHAMPHETAMINE & VALERYLFENTANYL	ALCOHOL, COCAINE, & FENTANYL	ACETYLFENTANYL, ALCOHOL, EPHEDRINE, FENTANYL, GABAPENTIN & METHAMPHETAMINE
ACETAMINOPHEN, CYCLOBENZAPRINE, FENTANYL, OXYCODONE & XYLAZINE	ACETYLFENTANYL, COCAINE & FENTANYL	ALCOHOL & FENTANYL	BROMAZOLAM & FENTANYL	BROMAZOLAM, FENTANYL, FLUBROMAZEPAM, ISOTONITAZENE & XYLAZINE
FENTANYL & METHYLENEDIOXYMETHAMPHETAMINE	ALCOHOL, COCAINE, FENTANYL, & METHAMPHETAMINE	*Cells filled with gray indicate combinations noted twice		

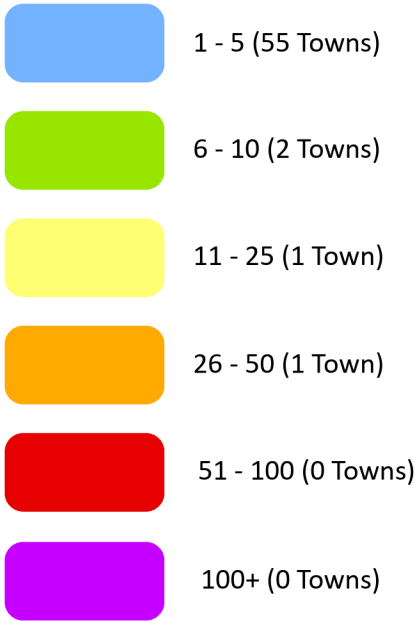
Overdose: Deaths by Town 1/2023 - 06/2023

Location is where the drug(s) is suspected to have been used.

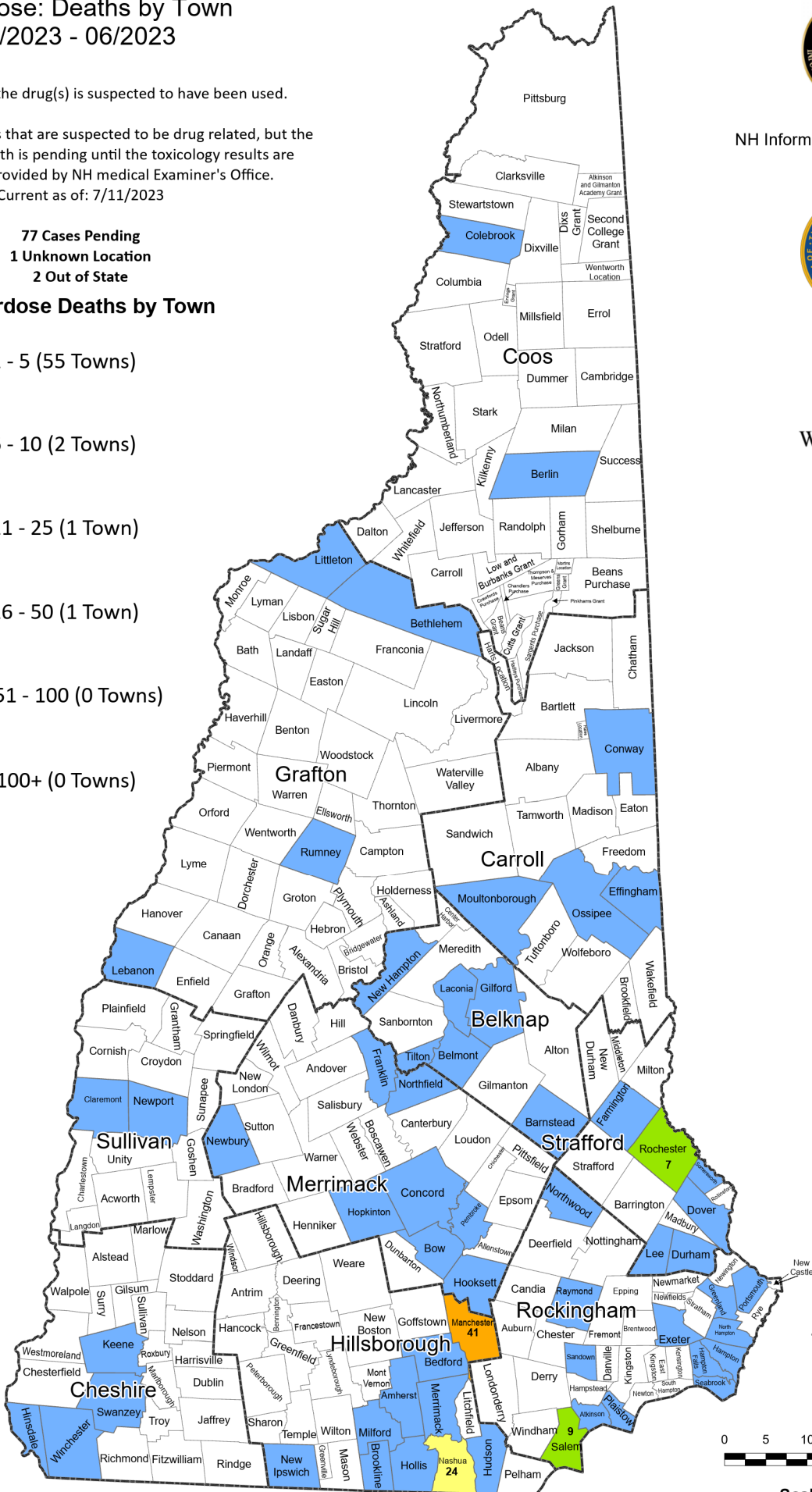
There are more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received. Data provided by NH medical Examiner's Office.
Current as of: 7/11/2023

77 Cases Pending
1 Unknown Location
2 Out of State

Number of Overdose Deaths by Town



Prepared by:
NH Information & Analysis Center



Scale: 1:1,150,000

EMS Drug Overdose/Abuse Incidents:

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

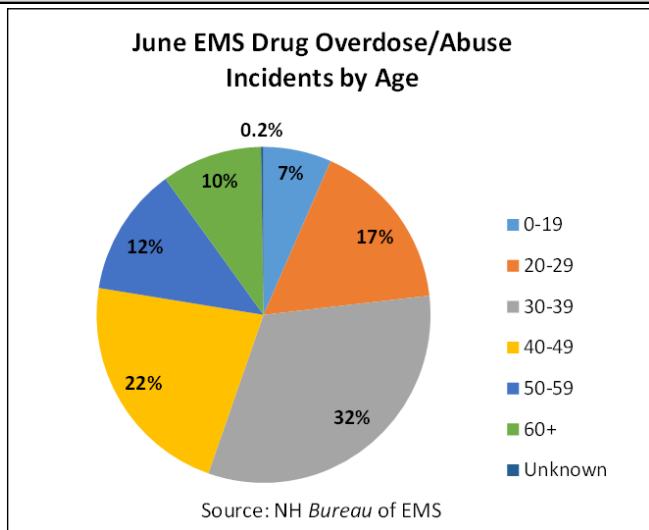
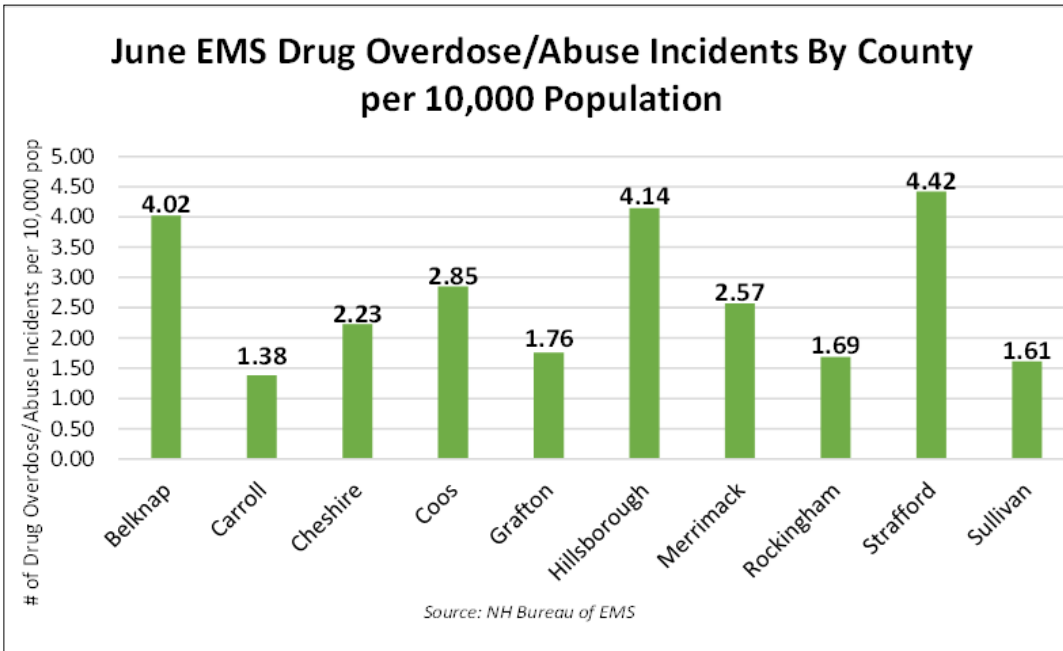
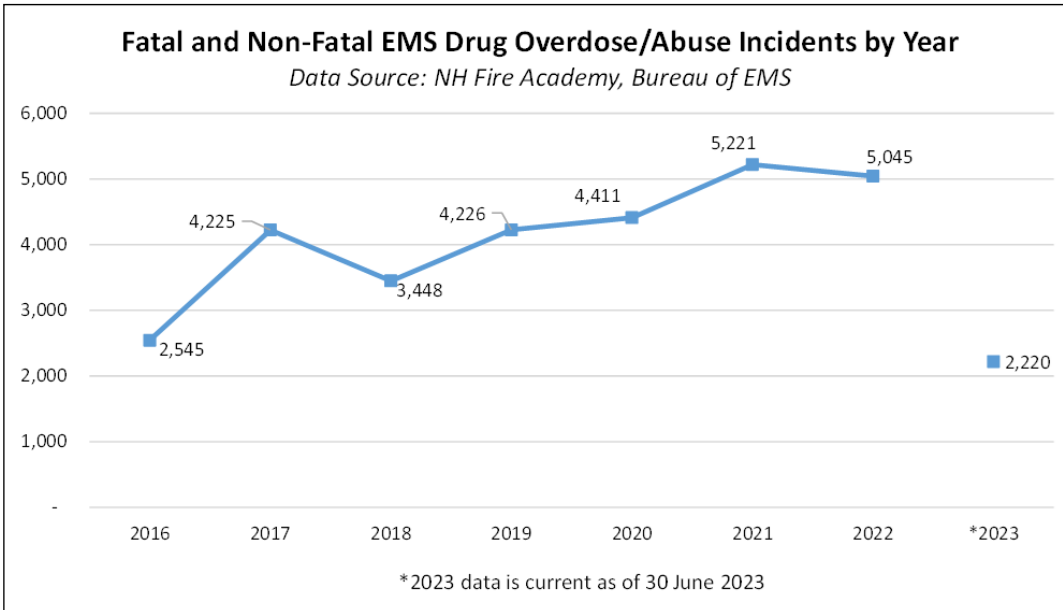
Right click on the paperclip and select "Open File" to view additional data.

Analyst Notes:

- EMS Drug Overdose/Abuse incidents increased 6% from May to June.
- In June, Strafford County saw the highest Drug Overdose/Abuse incidents per capita with 4.42 incidents per 10,000 population. Hillsborough County was a close second with 4.14 per 10,000 population.
- The age group with the largest number of Drug Overdose/Abuse incidents was 30-39, representing 32% of all Drug Overdose/Abuse incidents in June.
- More males than females experienced a Drug Overdose/Abuse incident in June.

*****IMPORTANT DATA NOTES*****

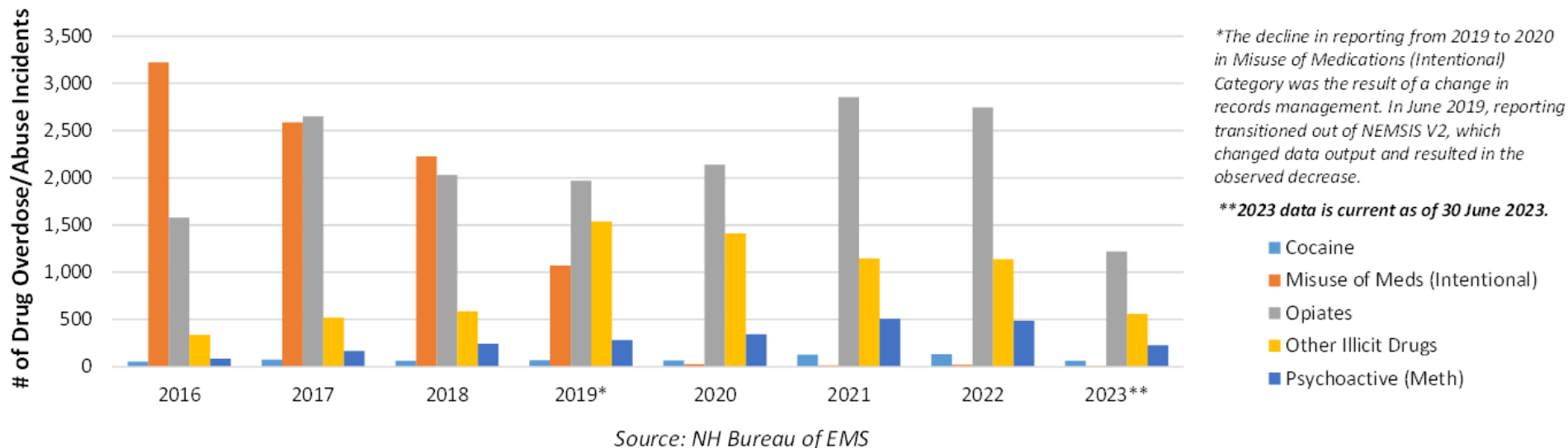
- Data represents cases where EMS providers indicated one or more diagnoses of medication abuse/overdose. **Incidents reflect both non-fatal and fatal drug overdose/abuse.**
- The continued decrease in the number of EMS Drug Overdose/Abuse Incidents by Year for 2019 and 2020 is attributable to a records management system upgrades and early stages of the COVID-19 Pandemic.



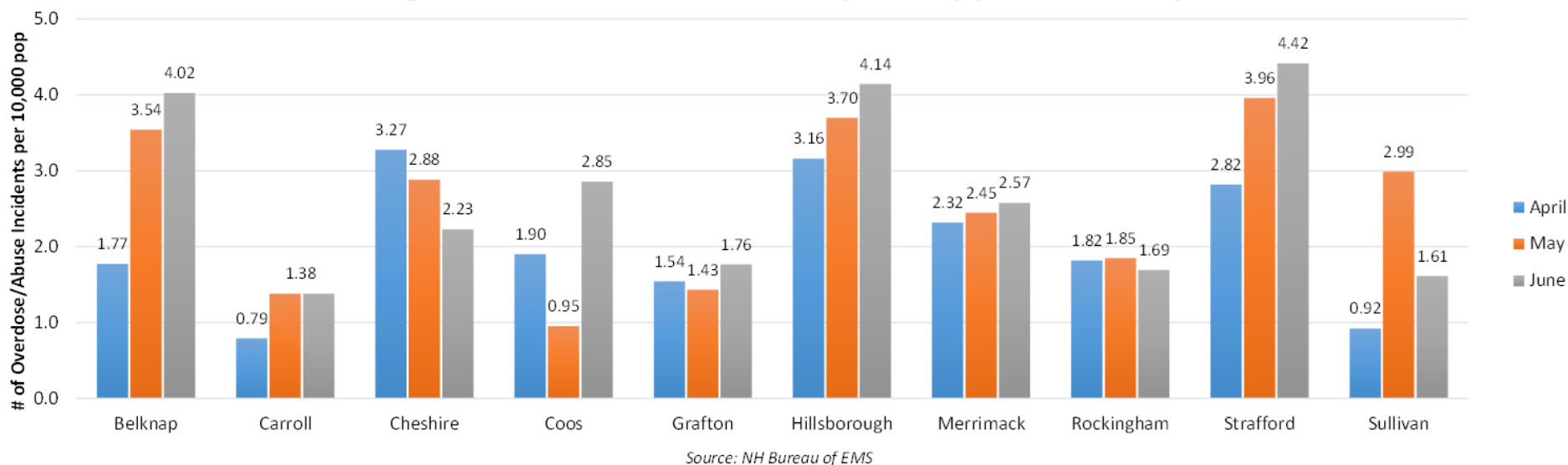
EMS Drug Overdose/Abuse Incidents (Continued):

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

EMS Drug Overdose/Abuse Incidents By Drug Type



EMS Drug Overdose/Abuse Incidents By County per 10,000 Population



EMS Drug Overdose/Abuse Incidents

7/2022 - 6/2023

*Data represents cases where EMS providers indicated one or more diagnoses of medication abuse/overdose.

*Incidents reflect both **non-fatal and fatal** drug overdose/abuse.

Data Source: New Hampshire Bureau of EMS



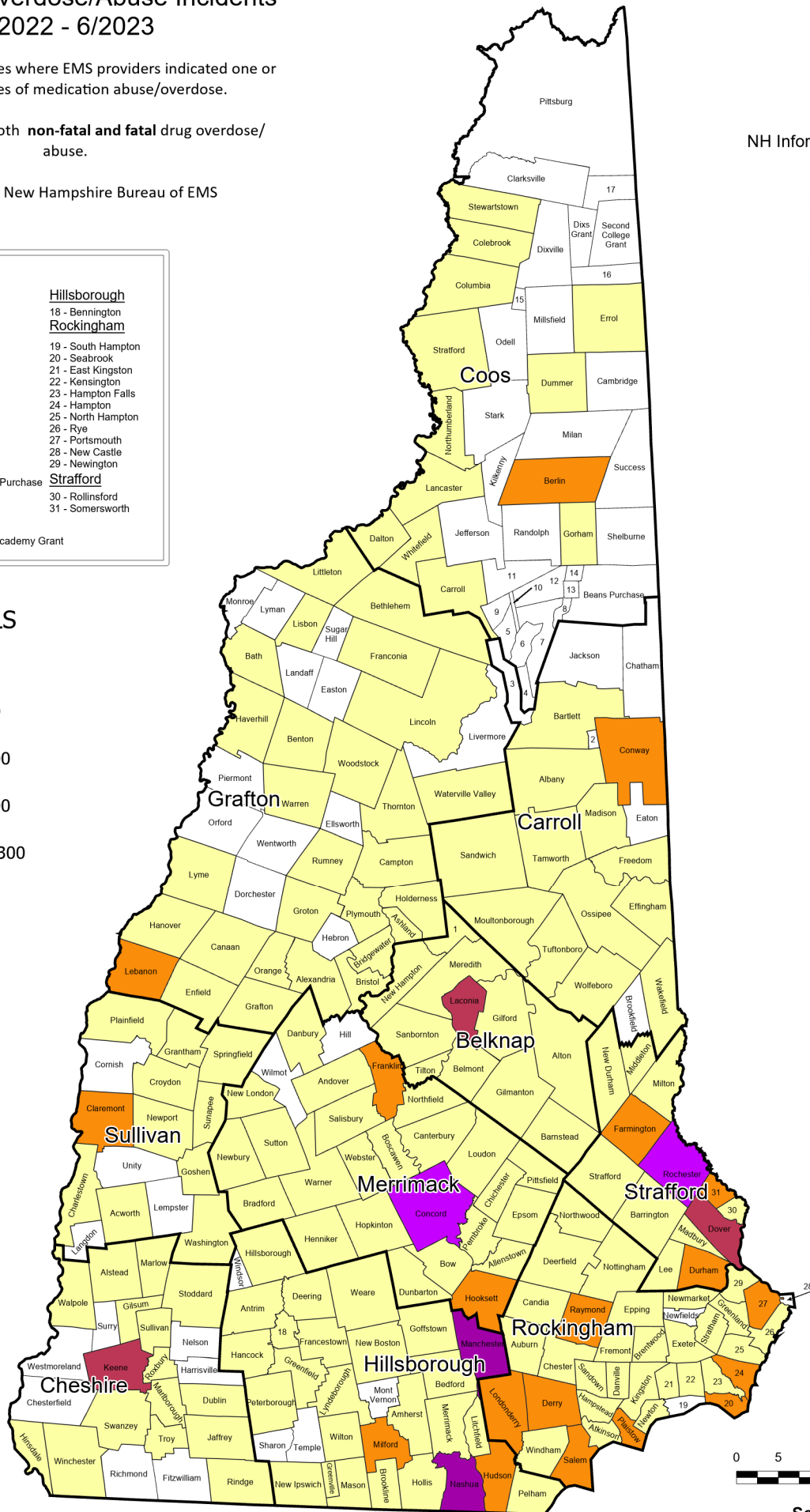
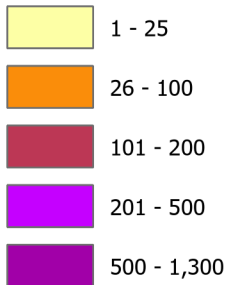
Prepared by:
NH Information & Analysis Center



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TOWN TOTALS



Scale: 1:1,150,000

EMS Narcan Administration Incidents:

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

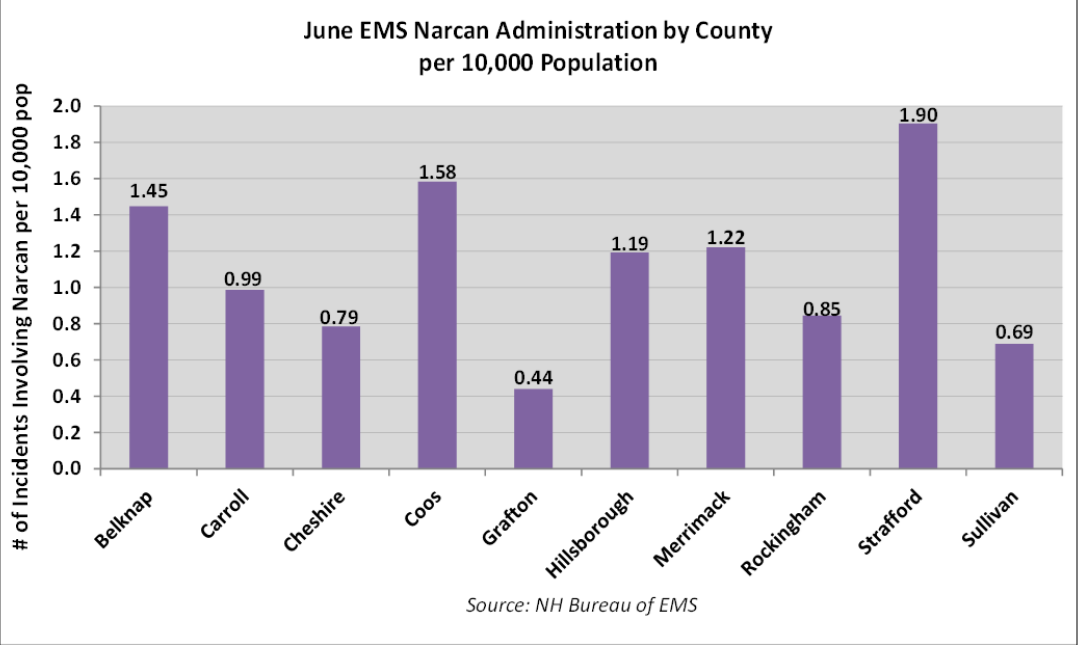
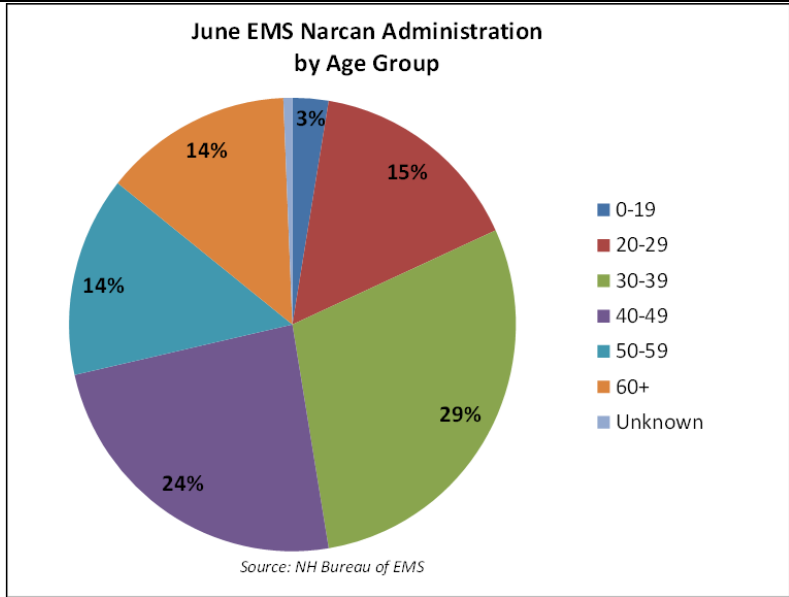
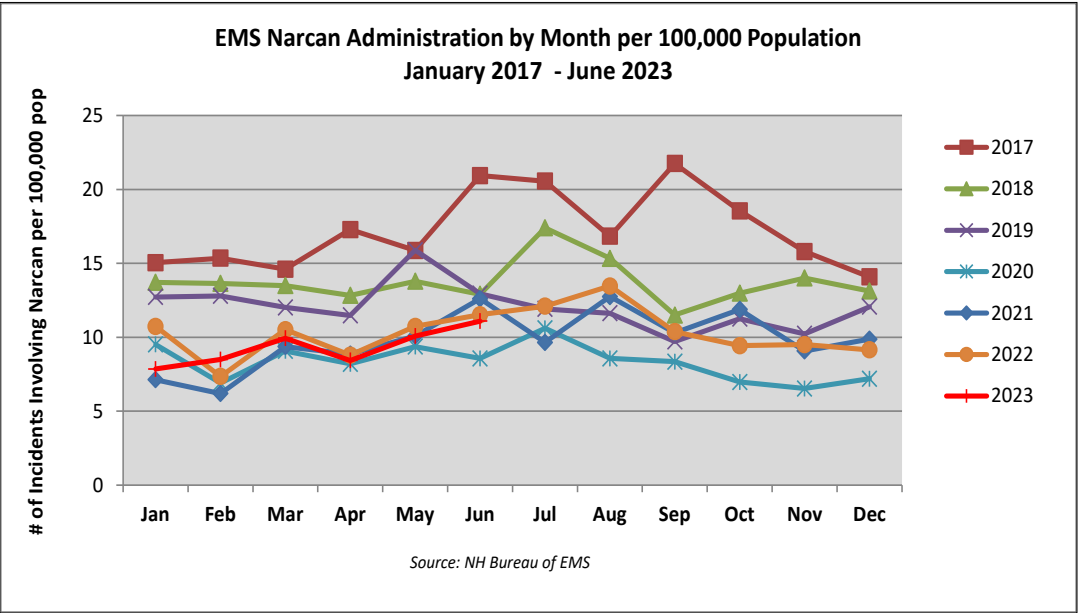
Right click on the paperclip and select "Open File" to view additional data.

Trends:

- EMS Narcan administration incidents increased by 10% from May to June.
- In June, Strafford County had the highest EMS Narcan administration incidents per capita with 1.90 incidents per 10,000 population. Coos County was ranked second with 1.58 administrations per 10,000 population.
- The age group with the largest number of EMS Narcan administration incidents was 30-39, representing 29% of all EMS Narcan administrations in June.

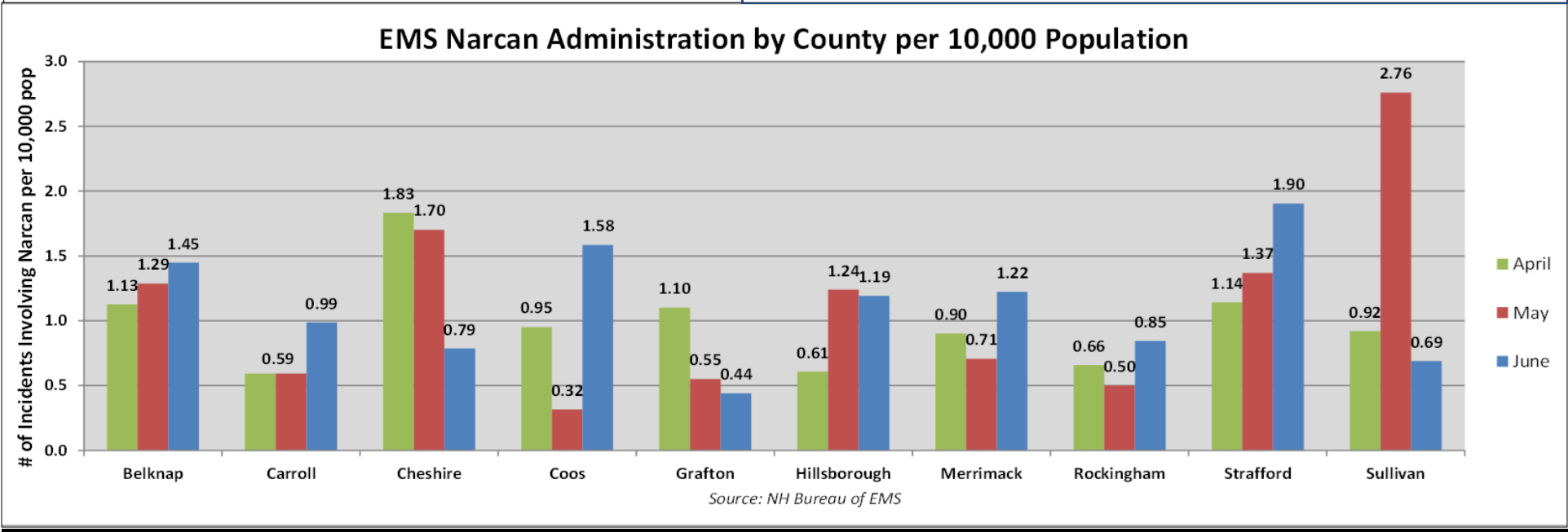
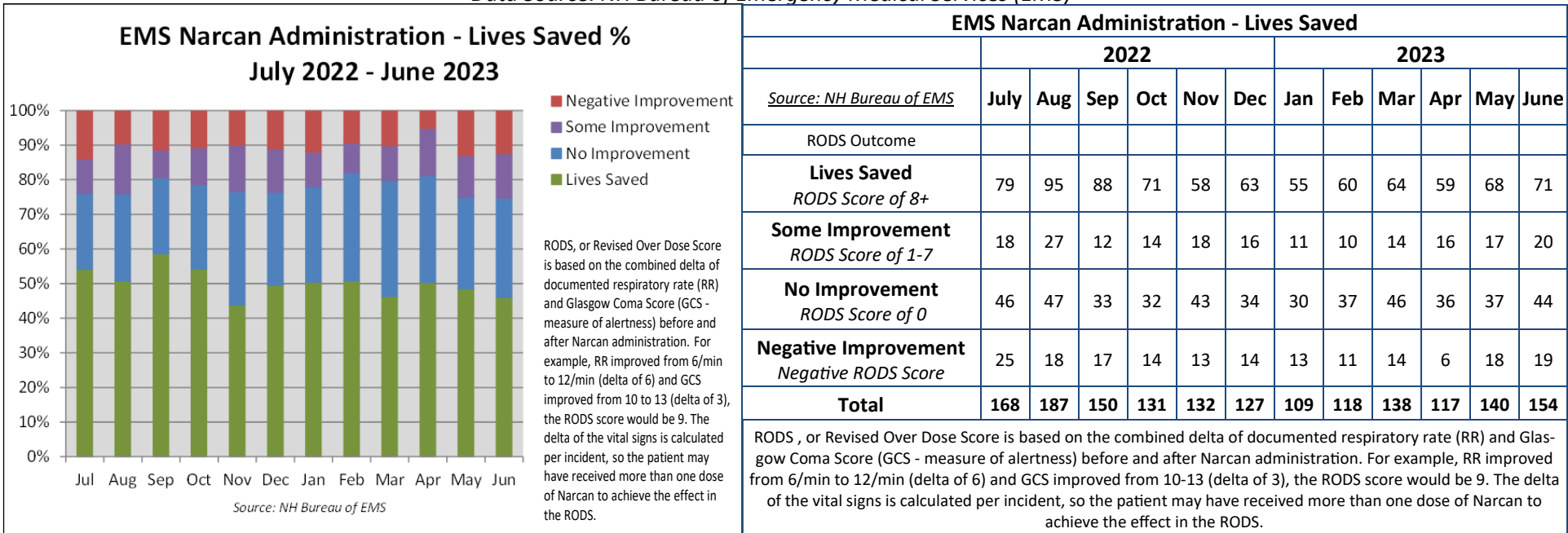
*****IMPORTANT DATA NOTES*****

- 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 may be given for a decrease in alertness or respirations due to an overdose or unknown cause. Therefore, it cannot be concluded that all reported Narcan incidents actually involved drugs.



EMS Narcan Administration Incidents (Continued):

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



EMS/Narcan Administration by Town

7/2022 - 6/2023

Data Source: New Hampshire Bureau of EMS



Prepared by:
NH Information & Analysis Center

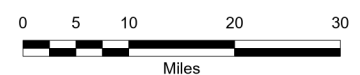
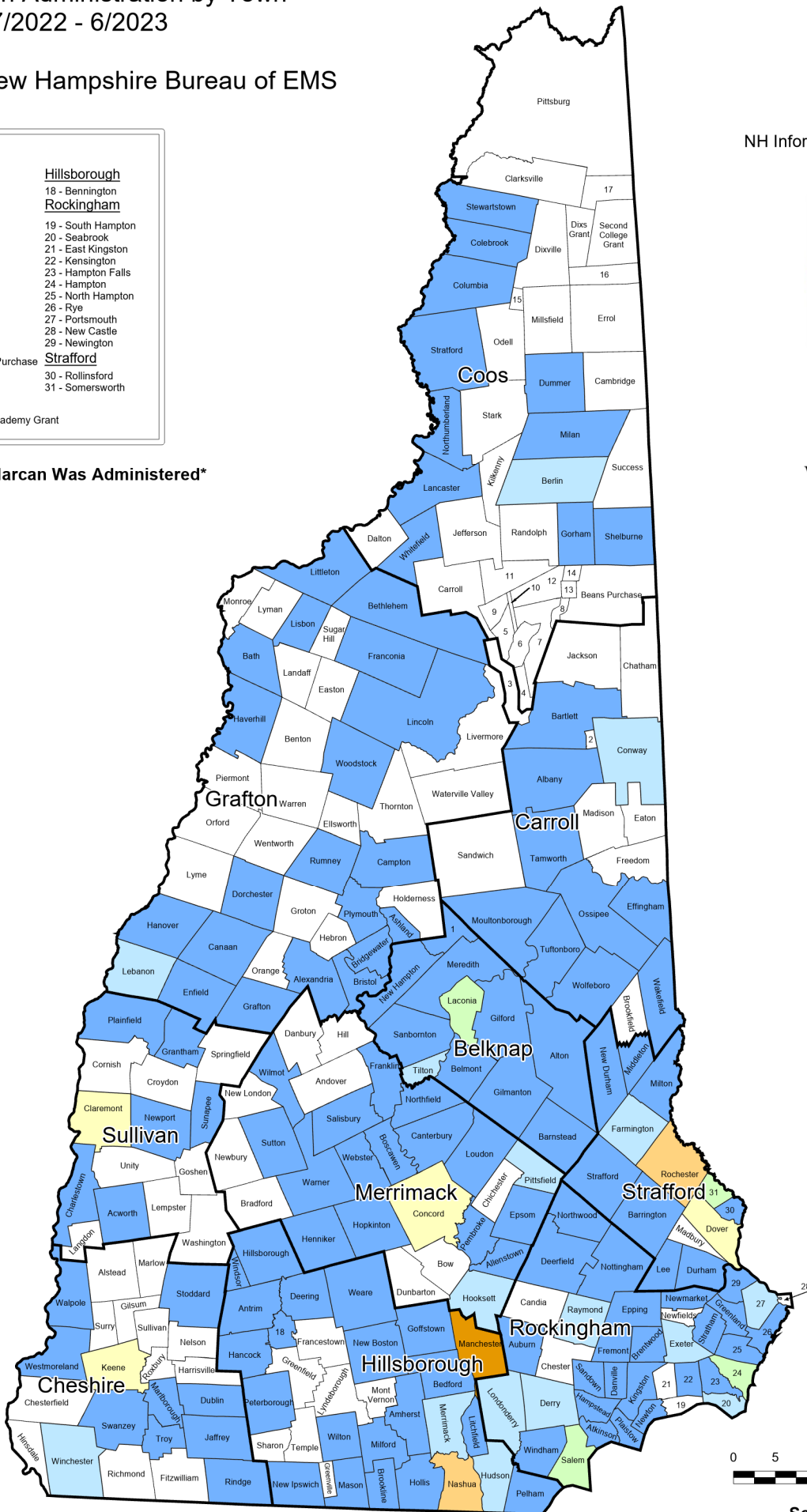
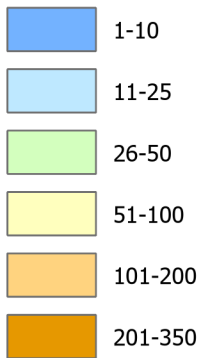


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Incidents Where Narcan Was Administered

Range



Scale: 1:1,150,000

Opioid Related Emergency Department Visits:

Data Source: NH Division of Public Health Services

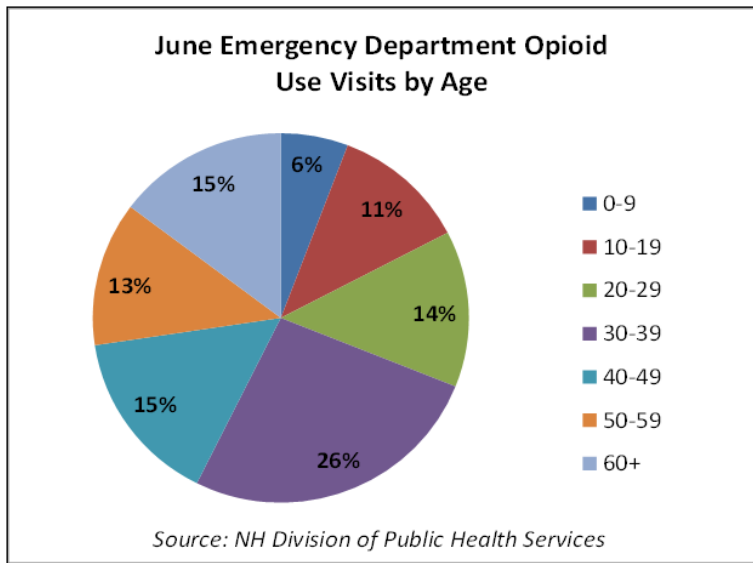
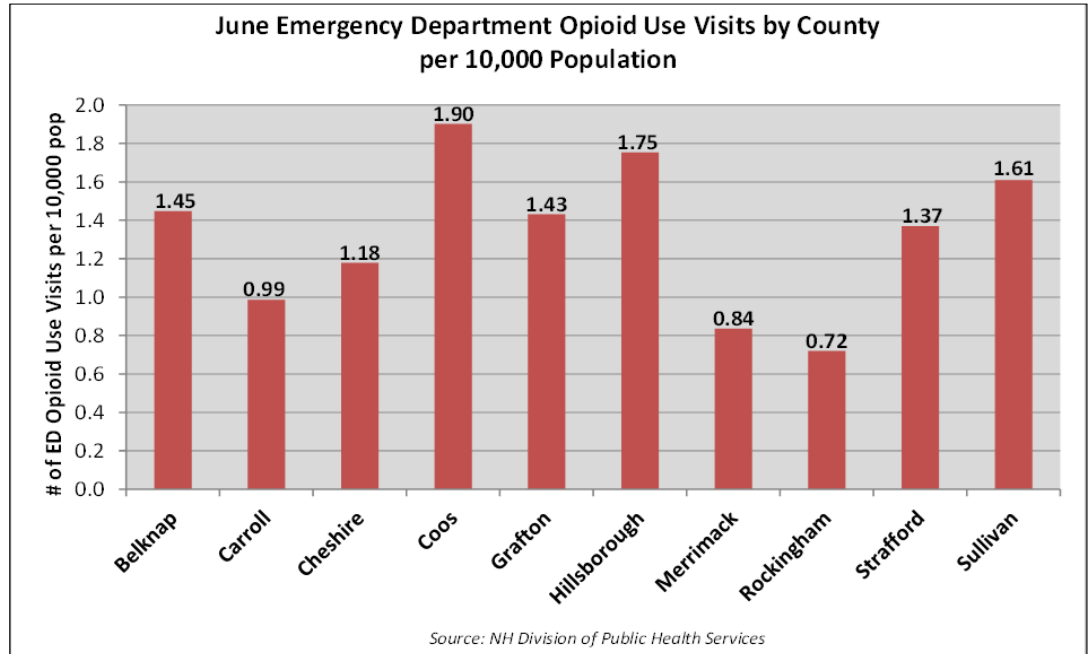
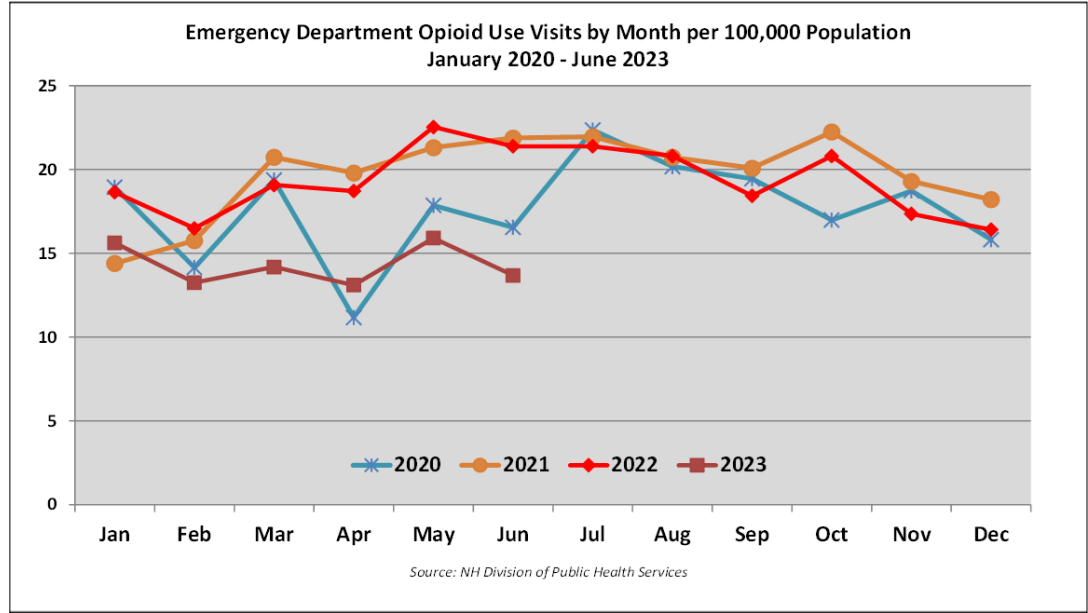
Right click on the paperclip and select "Open File" to view additional data.

Trends:

- Opioid related ED visits decreased by 14% from May to June.
- In June, residents from Coos County had the most opioid related ED visits per capita with 1.90 visits per 10,000 population. Hillsborough County was second with 1.75 visits per 10,000 population.
- In June, the age group with the largest number of opioid related ED visits was 30-39 year olds with 26%.

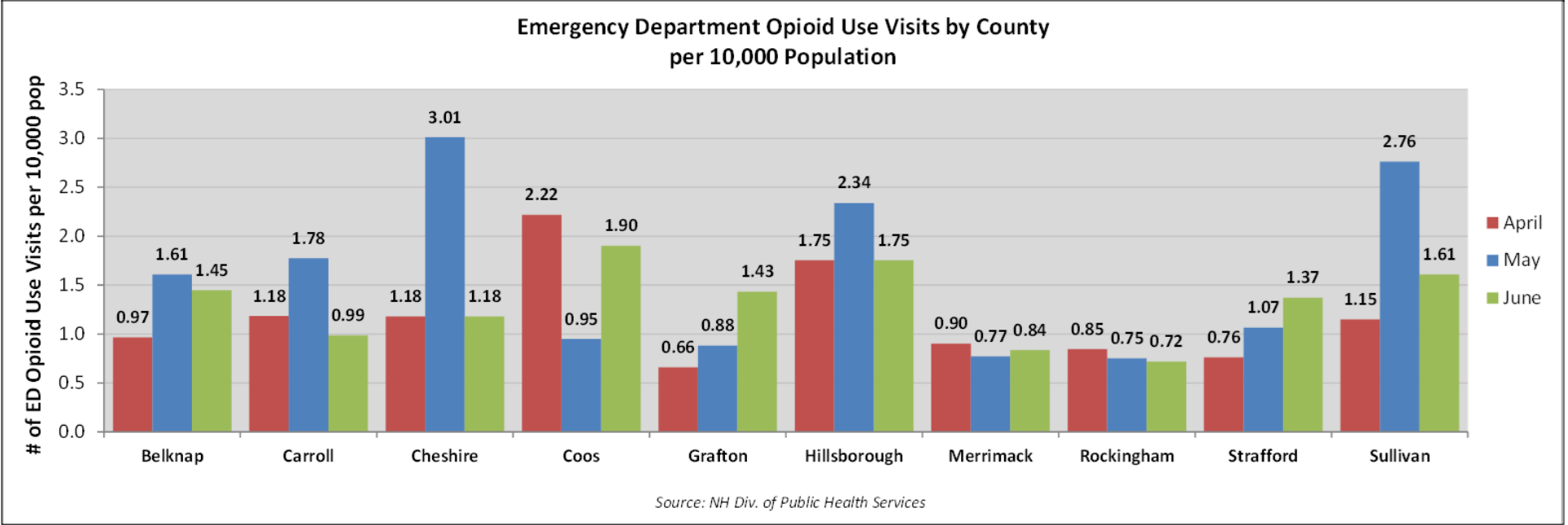
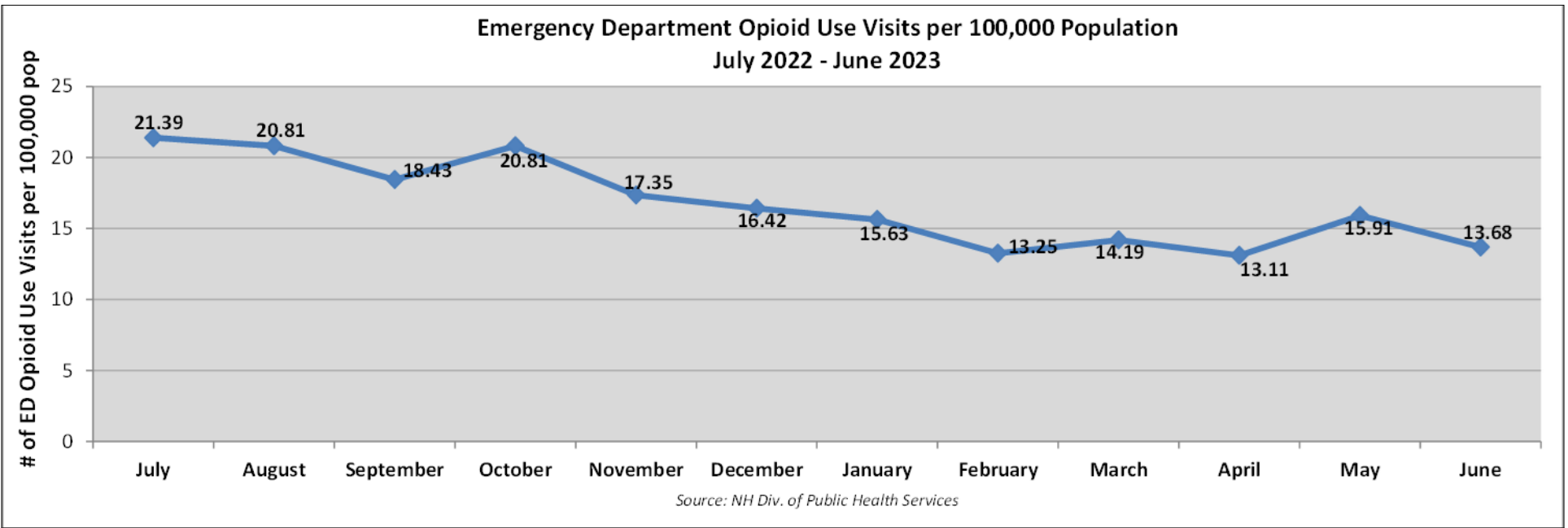
***** IMPORTANT DATA NOTES *****

- **Data Note (June 2023):** Four hospitals are temporarily not reporting data to the relevant system and thus are not included in this months data set.
- The data being reported starting January 2020 has different collection criteria than previous months/years. Due to the new collection criteria, the data is no longer comparable to previous data.
- County represents where the opioid use patient resides.
- These data include data on suspected overdoses categorized as "all drug," "all opioid," "heroin," and "all stimulant." This report uses key words and ICD-10 associated overdose codes that CDC has defined as tailored to nonfatal opioid overdoses.



Opioid Related Emergency Department Visits (Continued):

Data Source: NH Division of Public Health Services



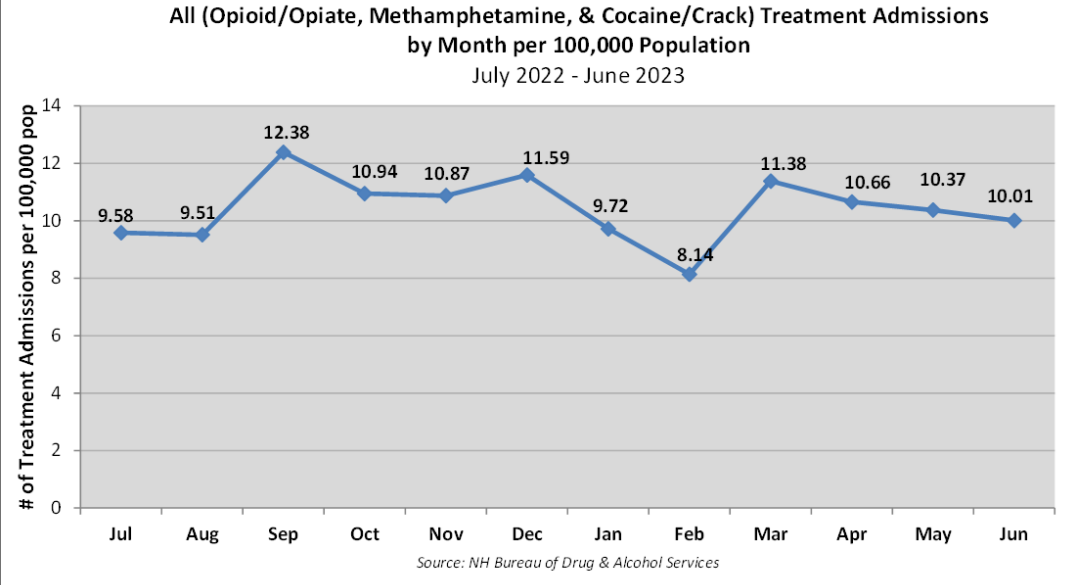
Treatment Admissions:

Data Source: NH Bureau of Drug & Alcohol Services

Right click on the paperclip and select "Open File" to view additional data.

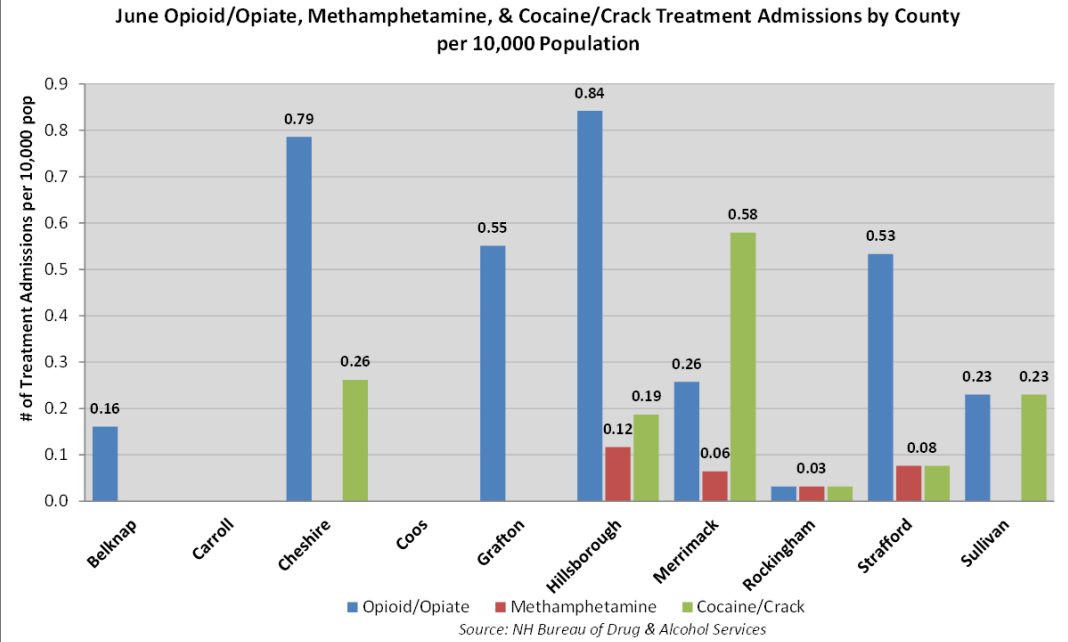
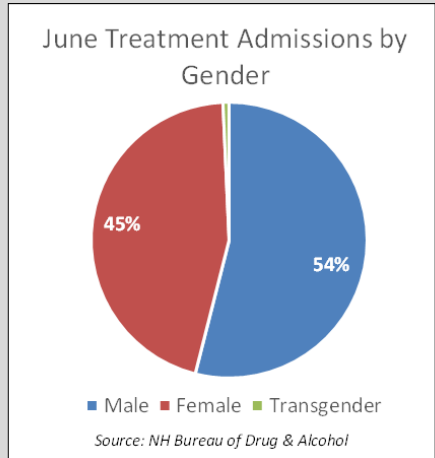
Trends:

- Opioid/Opiate, Methamphetamine, & Cocaine/Crack treatment admissions decreased by 4% from May to June.
- In June, residents from Hillsborough County had the highest admission per capita rate for opioid/opiate treatment, with 0.84 admissions per 10,000 population closely followed by Coos County with 0.79 admissions per 10,000 population.
- More males were admitted to state funded treatment facilities in June for Opioid/Opiate, Methamphetamine, & Cocaine/Crack use, than females.
- Methamphetamine treatment admissions decreased by 16% from May to June.
- Cocaine/Crack treatment admissions increased by 29% from May to June.
- Heroin/Fentanyl treatment admissions stayed the same from May to June.



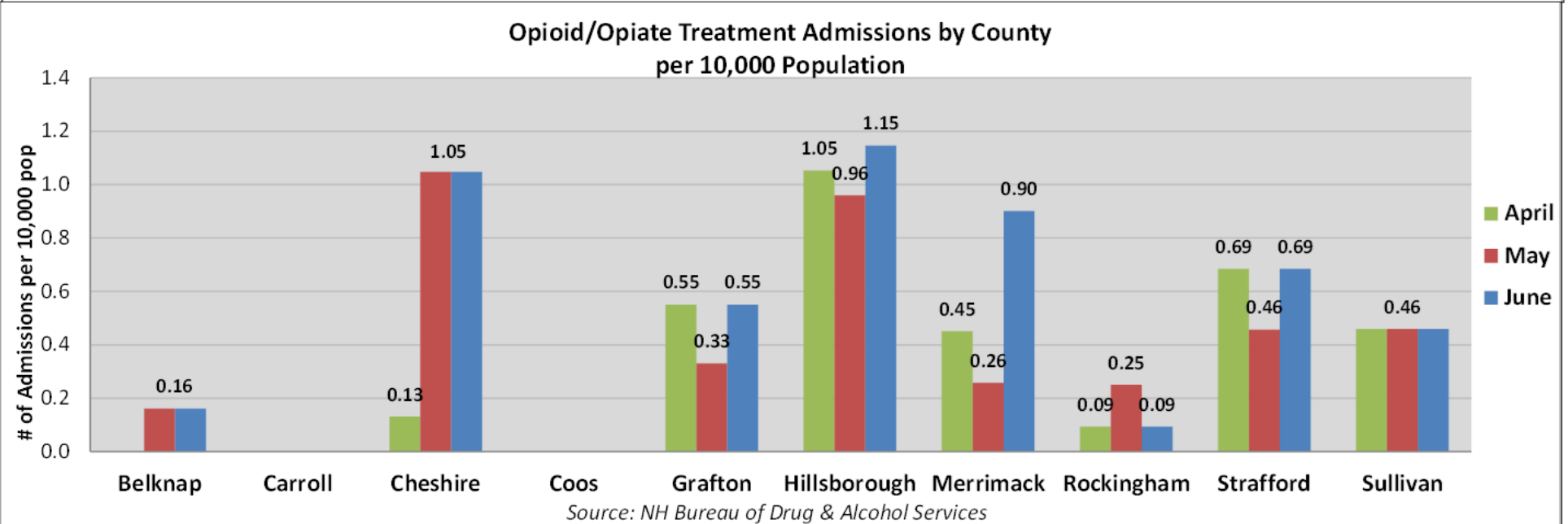
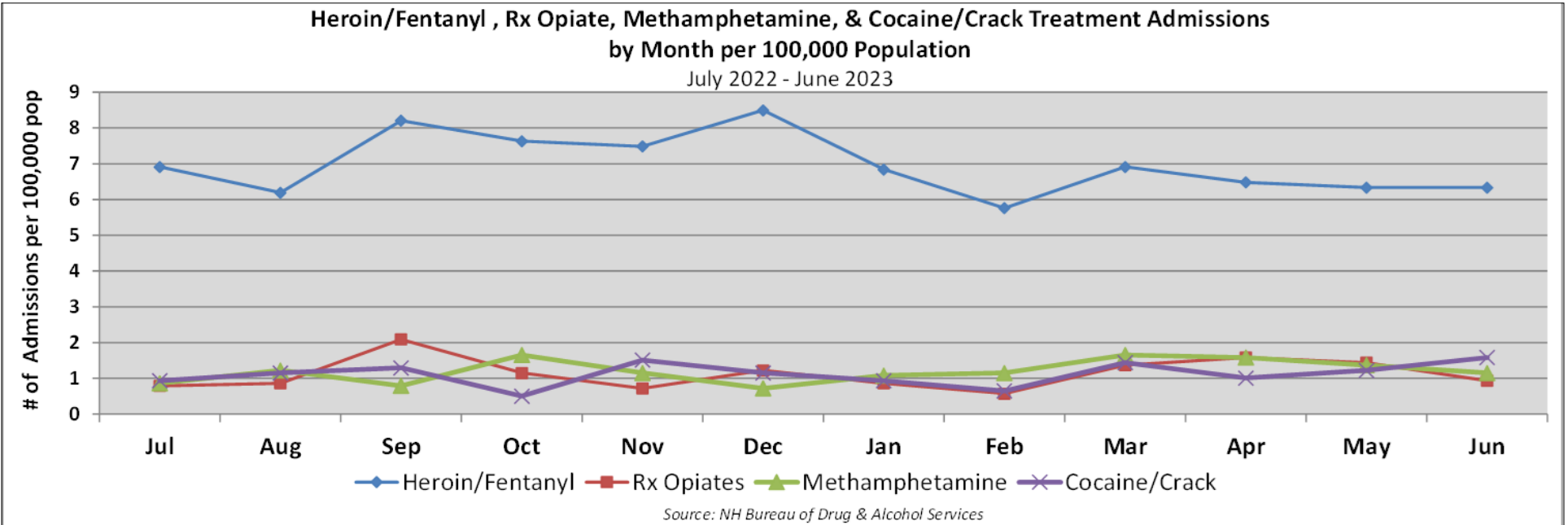
*****IMPORTANT DATA NOTES*****

- County represents where the patient resides.
- These data represent treatment admissions to state funded facilities.
- These data have decreased due to numerous factors. The Affordable Care Act has been fully implemented, resulting in increased access to affordable health insurance and coverage for substance use disorder treatment in NH. New Hampshire expanded its Medicaid program, which also provided increased opportunities for substance use disorder treatment in the state. Substance use disorder treatment in the state has increased sharply in response to these policies which has shifted clients served by state of New Hampshire contracted treatment providers to other payment models and facilities.



Treatment Admissions (Continued):

Data Source: NH Bureau of Drug & Alcohol Services



Situational Awareness/Press Reporting:**White House Response Plan: Fentanyl Adulterated or Associated with Xylazine**

“The non-opioid drug xylazine is being distributed illicitly for human use in combination with fentanyl and is associated with significant and rapidly worsening negative health consequences, including fatal overdoses and severe morbidity (including deep flesh wounds). Xylazine is the active ingredient in an approved animal drug (xylazine hydrochloride), which the Food and Drug Administration (FDA) originally approved in 1972 for use in animals as a sedative and analgesic. Xylazine is not approved for use in humans. The Drug Enforcement Administration (DEA) reports that between 2020 and 2021, forensic laboratory identifications of xylazine rose in all four U.S. census regions, most notably in the South (193%) and the West (112%). The DEA also reports that xylazine-positive overdose deaths increased by 1,127% in the South and over 100% in all other regions. 1 For both laboratory identifications and xylazine-positive overdose deaths, the highest overall numbers (not percentage increases) were in the Northeast and Southern United States.”

“In addition, data from the Centers for Disease Control and Prevention’s State Unintentional Drug Overdose Reporting System (SUDORS) shows that in 2021, 23 states and the District of Columbia² reported 41,224 overdose deaths to SUDORS. Xylazine was detected in 2,171 (5.3%) postmortem toxicology analyses and was listed as a cause of death in 1,717 (79.0%) deaths in which it was detected. This represents an increase from 2019, when the same jurisdictions reported 29,125 overdose deaths to SUDORS, and 667 (2.3%) overdose deaths with xylazine detected in post-mortem toxicology analyses, and xylazine was listed as a cause of death in 427 (64.0%) of deaths in which it was detected. In 2021, 99.5% of xylazine-involved deaths also involved illicitly manufactured fentanyl or fentanyl analogues. “

“Xylazine testing is being conducted in community and law enforcement settings for the purpose of detecting xylazine in drug products and post-mortem toxicology settings, and the results of such tests can provide important information about this emerging threat. However, the use of such testing for xylazine is uneven across the United States, impeding the development of a full national threat picture. With respect to clinical testing, FDA has not authorized any in vitro diagnostic products (IVDs) intended to detect xylazine in human specimens. ”

“Xylazine-adulterated fentanyl poses a number of unique health challenges, including but not limited to: (a) insufficient responses to the naloxone required to address fentanyl overdoses but that doesn’t impact xylazine effects; (b) severe breathing difficulty given xylazine’s analgesic and central nervous system depressant effects, requiring intensive breathing assistance; (c) the development of “dual” dependence on both fentanyl and xylazine associated with extremely severe withdrawal symptoms; (d) difficulty initiating addiction treatment, including medication for opioid use disorder, for people using both fentanyl and xylazine given lack of consensus on the best treatment protocols, and because severe withdrawal symptoms may cause a patient to leave treatment against medical advice; and (e) development of serious wounds, the severity of some requiring limb amputation.”

Source: <https://www.whitehouse.gov> (July 2023)

A full list of Substance Use Disorder Treatment Facilities and Recovery Support Services can be found by calling 211.