



New Hampshire Drug Overdose Fatality Review Commission
Annual Statistical Report, 2019-2022

SEPTEMBER 2023

MISSION OF OFRC

To assist the State of New Hampshire's efforts in preventing overdose deaths and informing prevention and intervention efforts by reviewing overdose deaths and developing recommendations that will improve activities and response of New Hampshire state and private agencies, individuals, and the community.



OVERDOSE FATALITY REVIEW COMMISSION CHAIR

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State Senator, District 18

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OVERDOSE FATALITY REVIEW COMMISSION

2019-2022 ANNUAL REPORT

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LETTER FROM THE CHAIR



Donna M. Soucy, JD
State Senator, District 18

Over the last few years, the United States has experienced a record number of drug overdose deaths. From 2019 to 2021, there was a 51% increase in overdose deaths in the U.S.¹ The increase in New Hampshire was nearly 13%. Both nationally and in N.H., the majority of the overdoses can be attributed to the spread of Fentanyl and its analogs.

On behalf of the Overdose Fatality Review Commission (OFRC), I am pleased to present the 2019-2022 Annual Report.

The OFRC was established in September 2020 under RSA 126-DD:1 to review information and data related to drug overdose fatalities in New Hampshire. The OFRC is a team of multidisciplinary leaders representing both government and community-based systems that address the most difficult circumstances associated with overdose deaths.

In 2023, the Overdose Fatality Review Commission will focus on reducing the number of overdose deaths by conducting case reviews of fatal overdoses to then provide recommendations to relevant stakeholders for systemic changes to state policies and programs. The work of the OFRC is a unique opportunity to evaluate our system of care and develop sound and robust recommendations to improve substance use services and prevent overdoses throughout the state.

It has been an honor to serve and continue to serve as Chair of the OFRC. I continue to be inspired by the passion and resolve of the OFRC members to tackle the varying challenges of the overdose epidemic. I look forward to continuing the important work of this Commission as we develop innovative recommendations to decrease overdoses in New Hampshire.

Sincerely,

A handwritten signature in black ink that reads "Donna M. Soucy".

¹ National Institute on Drug Abuse (NIDA). (June 2023). Drug overdose death rates. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

EXECUTIVE SUMMARY

From 2019 to 2022, there were 1,572 overdose deaths identified by SUDORS that occurred in New Hampshire, regardless of the decedent's residence.² Overdose death was most common among:

- Males (70.3%),
- Age 30 to 59 (73.9%),
- Identified as white (95.3%), and
- Identified as non-Hispanic (96.6%).

A large majority of drug overdoses were reportedly related to substance misuse (98.3%), but there were limited identified opportunities for intervention (i.e., known history of substance use treatment or previous overdose, recent release from institution). Nearly 70% of overdose deaths in NH were caused by opioids from 2019 to 2022.³

See Table A1 through Table A9 for demographic information on individuals who died of a drug overdose; Table A10 through Table A13 for potential opportunities for intervention; Table A14 through Table A23 for drug overdose information.

² NH Vital Records reports that during the same time period, 1,656 New Hampshire residents died by drug overdose, in NH or another state.

³ Includes deaths that had at least one opioid listed as a cause of death. The opioids category includes illicitly manufactured fentanyl, heroin, prescription opioids, and any other opioids involved in overdose deaths.

POLICY UPDATES

2023

Strong as Granite – Strong as Granite is a platform that is raising awareness of the mental health and substance use support and resources available throughout New Hampshire. It is part of a coordinated effort to bring help, hope, and healing to all Granite Staters.



Call or text if you need mental health or substance use support.

833-710-6477
NH Rapid Response

988 Suicide & Crisis Lifeline

211 Your local Doorway for Substance Use Resources

SB 85: Relative to emergency behavioral health services and behavioral health crisis programs – Creates a study commission to determine sustainable funding for behavioral health crisis services in NH. Eliminated health insurance preauthorization requirements for emergency behavioral health crisis services. *Status: Signed into law by Governor Sununu in August 2023.*



HB 287: Removing fentanyl and xylazine testing equipment from the definition of drug paraphernalia in the controlled drug act – *Status: Signed into law by Governor Sununu in August 2023.*

HB 470: Relative to fentanyl test strips and other drug checking equipment – Amends the definition of drug paraphernalia to exclude drug checking equipment and authorizes the use of drug checking equipment. *Status: Retained in Committee.*

Alcohol Fund: Alcohol Abuse, Prevention & Treatment Fund – An innovative, fiscally responsible, common-sense approach to addressing substance use disorders in NH. Since its inception, the Alcohol Fund has been historically underfunded. During this session, advocates worked to fully fund it at 5% of gross profits from the State liquor stores. The Alcohol Fund was fully funded in the FY 2024-25 State Budget for the first time since the program's inception in 2000. This means an expected \$11 million per year will fund substance use prevention, treatment, and recovery services in NH. *Status: Funding goes into effect on July 1, 2023.*

2022

HB 503: Relative to telehealth and medically assisted treatment for substance use disorder – Increases access to substance use treatment over telehealth by eliminating requirements for in-person consultation prior to prescription of Medication-Assisted Treatment (MAT). *Status: Signed into law by Governor Sununu in June 2022.*

SB 444: Relative to childhood adverse experiences treatment and prevention – Expands access to child-parent psychotherapy services, and creates a pilot program for young children who have experienced adverse childhood events and other emotional trauma. *Status: Signed into law by Governor Sununu in June 2022.*



SB 275: Relative to the opioid abatement trust fund and advisory commission – Strengthens substance use prevention by allowing opioid abatement funds, received through legal settlements from opioid manufacturers, to be used on evidence-based prevention programs. *Status: Signed into law by Governor Sununu in June 2022.*



SB 416: Relative to behavioral health assessment and treatment for children in out-of-home placements – Supports children with behavioral health needs by requiring an evidence-based behavioral health analysis or assessment before children are placed in institutional or out-of-home settings. *Status: Signed into law by Governor Sununu in May 2022.*

HB 1622: Relative to mental health parity – Ensures access to behavioral health treatment by strengthening oversight of state and federal parity laws, which require insurers to cover mental health and substance use services as they do physical care. *Status: Signed into law by Governor Sununu in May 2022.*

PURPOSE

In accordance with 126-DD:1, the New Hampshire Drug Overdose Fatality Review Commission has been established to conduct comprehensive, multidisciplinary reviews of trends and patterns of overdose-related fatalities in NH for the purpose of identifying high-risk factors, current practices, and gaps in system responses associated with deaths. The OFRC is also tasked with making recommendations for policies, practices, and services that will encourage collaboration and reduce overdose fatalities (See **Appendix B** for more detail).

The OFRC recognizes that the responsibility for responding to and preventing overdose fatalities lies with communities, not with any single agency or entity. The OFRC reviews overdose deaths to decrease the risks for individuals and provide solutions in the form of recommendations to key stakeholders with the intention of reducing future fatalities. The OFRC is not an investigative body and is not a mechanism to assign fault to an agency or individual. It is a forum for sharing information essential to the improvement of a community's response to an overdose fatality. Due to the sensitive nature of the information shared during OFRC meetings, all members and invited participants are required to sign Confidentiality Agreements in order to participate in the review process (See **Appendix D** for more detail).

OBJECTIVES

The objectives of the OFRC as outlined in 126-DD:1 are to:

- a. Review trends and patterns of overdose-related fatalities in New Hampshire,
- b. Identify high-risk factors, current practices, and gaps in system responses,
- c. Recommend policies, practices, and services that will encourage collaboration and reduce overdose fatalities,
- d. Improve sources of data collection by developing a system to share information between agencies and offices that work with individuals struggling with addiction,
- e. Educate the public, policymakers, and funders about overdose-related fatalities and strategies for intervention and effective prevention, treatment, and recovery, and
- f. Review laws and programs enacted in other states, counties, or municipalities.

IMPORTANT DATA CONSIDERATIONS

Intended Audience

This is a technical report on the analysis of data from the New Hampshire Overdose Fatality Review Commission (OFRC), as well as overall overdose deaths from 2019-2022. This report is intended for those actively involved in the prevention and intervention of substance use disorders (SUD), including healthcare providers, community service providers, researchers, policymakers, law enforcement, and other stakeholders. While publicly available, the intended audience of this report is not the general public, and extra care in the use and interpretation of this report should be taken by those with limited background or subject matter expertise in the area of SUDs.

How to Use This Report

The key findings presented in this report should assist in identifying effective and targeted prevention measures and provide information on risk and protective factors of overdose deaths.

Data Source

The State Unintentional Drug Overdose Reporting System (SUDORS). All data featured in this report is based on CDC SUDORS data from 2019-2022. SUDORS data come from death certificate information, medical examiner or coroner reports, and forensic toxicology results entered into the State Unintentional Drug Overdose Reporting System (SUDORS). For more information about SUDORS multiple data sources and elements, please visit

<https://www.cdc.gov/drugoverdose/fatal/sudors.html>, for important data considerations, visit <https://www.cdc.gov/drugoverdose/fatal/dashboard>, and for additional data definitions, visits https://www.cdc.gov/drugoverdose/fatal/pdf/SUDORS_Coding_Manual_OD2A_v6.3.pdf.

Vital Records. Select data featured in this report is based on NH Vital Records data from 2019-2022. Vital Records data has been deemed an appropriate source of data for these measures specifically as it is inclusive of NH residents who died outside of the State of NH and as it is continually updated as toxicology results are reported. Vital Records data is collected by the NH Division of Vital Records Administration (NH DVRA). Information on deaths of NH residents and deaths occurring in NH is provided to NH DVRA by funeral home directors and the medical examiner's report. Additional information about NH resident out-of-state deaths is reported to NH through an interstate exchange agreement. This analysis has been provided by the NH Department of Health and Human Services (DHHS) Bureau of Public Health Statistics and Informatics. For more information about Vital Records data, please visit <https://www.dhhs.nh.gov/programs-services/population-health/health-statistics-informatics/vital-records-birth-death-data>.

New Futures. The policy updates featured in this report were produced by New Futures. Thank you to New Futures for these updates and their continued advocacy on behalf of all NH citizens. For more information about New Futures and additional policy updates, please visit <https://www.new-futures.org>.

Data Disclaimers

The information collected in SUDORS is comprehensive, but it may not always be complete.

SUDORS data represents evidence available in the sources documents. These are likely underestimated, as death investigators may have access to limited information. Despite its limitations, the data from SUDORS is a powerful tool that can be used to monitor drug overdose trends and understand the context surrounding unintentional and undetermined intent overdose deaths.

Commitment to Equity in Data Statement

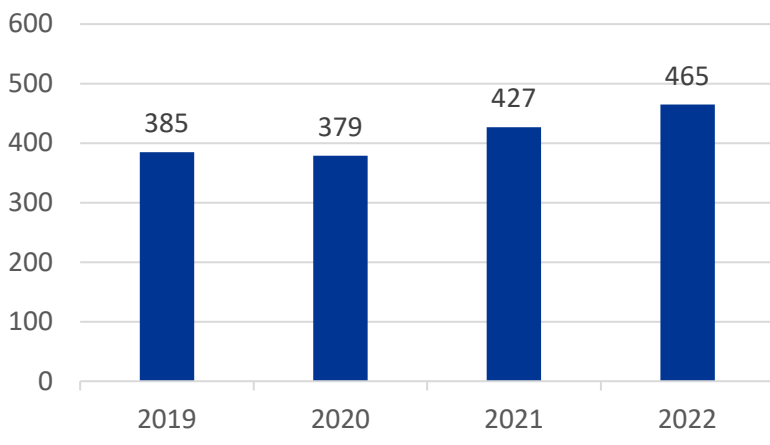
The OFRC acknowledges that data never tells the whole story or adequately presents collective data from all related fatalities. As we move forward with conducting case reviews, we will strive to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, we commit to pair numbers and stories to inform policy and systems change to improve health for all.

At this time, data are not analyzed by sexual orientation. The examination and elimination of health disparities are important; however, at this time, sexual orientation fields are not available/reliable in the data and therefore not included in this analysis.

2019-2022 DATA REVIEW

According to NH Vital Records data, a total of 1,656 NH residents died as a result of a drug overdose between 2019 and 2022.⁴ Trend data shows that the number of fatal drug overdoses has increased by 20.8% over the four-year period, with a notable spike in 2021 to 427 deaths (Figure 1).

Figure 1. NH Overdose Deaths, 2019-2022



NH Vital Records county-level data indicates that, while the majority of overdose deaths occurred amongst Hillsborough County residents (582

over the 4-years), Coos County had the highest rate of deaths per 100,000 residents over the 4-years (53.81 per 100,000) (Table 1). Coos is followed by Strafford County (43.01) and Belknap County (36.49). Rockingham and Grafton Counties experienced the lowest rate of overdose deaths per 100,000 from 2019 to 2022.

Table 1. New Hampshire Overdose Deaths by County of Residence, Count and Age-Adjusted Rate per 100,000, 2019-2022⁵

County	Overdose Death – Counts					Overdose Death – Age-Adjusted Rate				
	2019	2020	2021	2022	4-Year Total	2019	2020	2021	2022	4-Year Total
Belknap	20	18	27	13	78	41.57	32.16	50.11	22.69	36.49
Carroll	13	11	15	17	56	35.30	28.37	30.60	40.12	33.64
Cheshire	18	16	17	25	76	24.80	24.59	25.29	35.59	27.60
Coos	5	10	19	24	58	18.57	43.30	63.57	91.17	53.81
Grafton	19	13	20	21	73	24.02	16.21	25.62	27.54	23.31
Hillsborough	135	131	143	173	582	33.05	30.51	33.36	41.44	34.60
Merrimack	37	45	45	43	170	27.28	32.40	27.83	27.04	28.57
Rockingham	70	75	53	73	271	24.13	23.42	16.12	22.45	21.53
Strafford	55	50	60	55	220	43.78	41.8	44.56	41.99	43.01
Sullivan	7	8	26	16	57	14.54	22.34	68.80	35.33	35.37
Unknown	6	1-4	1-4	5	15	N/A	N/A	N/A	N/A	N/A
NH	385	379	427	465	1,656	30.06	28.81	31.28	34.50	31.17

⁴ NH Vital Records. Analysis provided by the NH Department of Health and Human Services (DHHS) Bureau of Public Health Statistics and Informatics.

⁵ The rate of overdose deaths of NH residents with an unknown county of residence are unable to be calculated; therefore, the rates have been labeled N/A in Table 1.

Demographics

According to the State Unintentional Drug Overdose Reporting System (SUDORS), from 2019-2022, the majority of people who died of a drug overdose were male (70.3%) (**Figure 2; Table A1**).⁶ Nearly one-third of decedents were 30-39 years old (32.1%), while 21.8% were 40-49 years old and 20.0% were 50-59 years old (**Figure 3; Table A2**). More than 90% of decedents identified as White (95.3%) and non-Hispanic (96.6%) (**Table A3; Table A4**).

The majority of individuals who died of a drug overdose in the State were residents of New Hampshire (91.3%), followed by residents of Massachusetts (3.4%) (**Table A5**). Reportedly, less than 10% of decedents were experiencing homelessness at the time of their death (**Table A6**).⁷

The majority of decedents were never married (55.7%) and had a high school diploma or GED (59.7%) (**Table A7; Table A8**). Military service was documented for 5.7% of decedents (**Table A9**).

Figure 2. Overdose Deaths by Sex

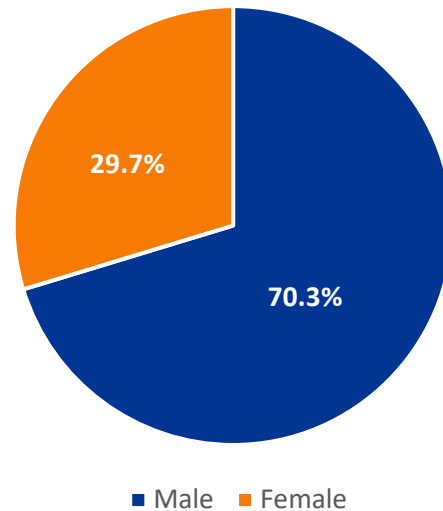
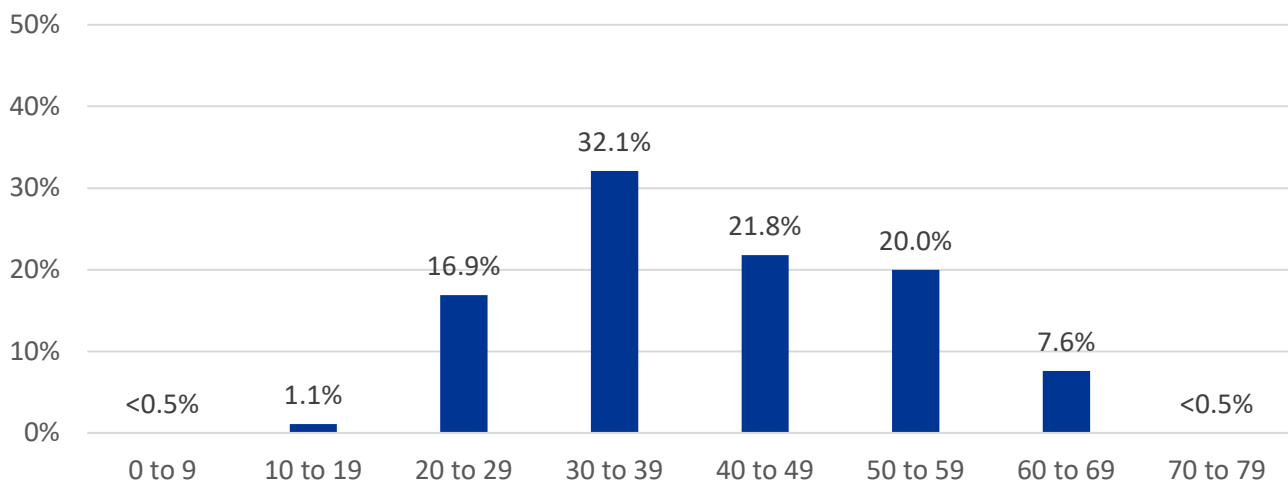


Figure 3. Overdose Deaths by Age Group



⁶ Centers for Disease Control and Prevention, State Unintentional Drug Overdose Reporting System (SUDORS). Data provided by the New Hampshire Department of Health and Human Services, Injury Prevention Program, 2019-2022.

⁷ Persons experiencing homelessness were those who resided in either places not designated for or ordinarily used as regular sleeping accommodations or in a supervised shelter or drop-in center designated to provide temporary living arrangements, congregate shelters, or temporary accommodations provided by a homeless shelter.

Drug Overdose

Among the decedents identified by SUDORS from 2019 to 2022, more than 98% of deaths were overdoses related to substance use/misuse (**Table A10**). The majority of drug overdoses were due to opioids (69.3%), followed by cocaine (9.1%), amphetamine (8.0%), and alcohol (4.3%) (**Table A11**).⁸ Prescription medications were indicated in 3.1% of deaths (**Table A12**).

Among individuals experiencing homelessness, the most frequent place of death was an indoor location (46.5%), followed by an outdoor location (32.6%) and a medical or supervised facility (20.1%). The most frequent place of death among housed individual was an indoor location (81.3%), followed by a medical or supervised facility (15.8%) (**Table A13**).

Emergency Medical Services (EMS) was present at 70.9% of deaths (**Table A14**). Naloxone was reportedly administered during 22.4% of overdose deaths (**Table A15**). It was most commonly administered by EMS (54.3%), followed by a layperson, such as a friend or family (31.5%) (**Table A16**). For more drug overdose information, see **Table A17-19**.

Potential Opportunities for Intervention

The SUDORS Dashboard indicates that in 2021, 87% of drug overdose deaths in New Hampshire had at least one potential opportunity for intervention.⁹ These potential opportunities for intervention are defined as opportunities for linkage to care or life-saving actions at the time of overdose.

The majority of decedents reportedly had no history of substance use treatment¹⁰ prior to death (77.2%) and no history of reported drug overdose (86.2%) (**Table A20; Table A21**). Approximately 16% of decedents were recently released¹¹ from a supervised facility (i.e., jail, prison, detention facility, or other supervised facilities¹²) (**Table A22**).

There was at least one bystander present during the majority of overdose deaths (66.8%), and EMS was present at 70.9% of deaths (**Table A23**).

⁸ Percentages are not mutually exclusive. Deaths involving multiple drugs were included in the percentages for each drug or drug class. For example, a death involving both opioids and cocaine would be included in both the opioids and cocaine percentages.

⁹ Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Atlanta, GA: US Department of Health and Human Services, CDC; [2023, August 10].

<https://www.cdc.gov/drugoverdose/fatal/dashboard>

¹⁰ Current treatment for substance use disorders (SUD) includes medications for opioid use disorder (MOUD), living in an inpatient rehabilitation facility, or participation in mental health or SUD outpatient treatment.

¹¹ Released within one month before death from a supervised setting.

¹² Other supervised residential facilities is defined as a sober house, group home, halfway house, work-release home, hospital, psychiatric hospital or other psychiatric treatment, or other supervised facilities.

APPENDICES

Appendix A. 2019-2022 Data

Demographics

Table A1. New Hampshire Overdose Deaths by Sex, 2019-2022

Sex	Count	Percent
Female	467	29.7%
Male	1,105	70.3%
Total	1,572	100.0%

Table A2. New Hampshire Overdose Deaths by Age Group, 2019-2022

Age Group	Count	Percent
0 to 9 ¹³	1-4	<0.5%
10 to 19	18	1.1%
20 to 29	265	16.9%
30 to 39	505	32.1%
40 to 49	342	21.8%
50 to 59	314	20.0%
60 to 69	119	7.6%
70 to 79	5-9	<0.5%
Total	1,572	100.0%

Table A3. New Hampshire Overdose Deaths by Race¹⁴, 2019-2022

Race	Count	Percent
American Indian	5	0.3%
Asian	6	0.4%
Black	43	2.7%
Other/Unspecified	17	1.1%
White	1,498	95.3%

¹³ The Northern New England Poison Center classifies the majority of poisonous exposure deaths among children ages 0-12 as General Unintentional Exposures, which are instances where the person involved was not capable of understanding or foreseeing the consequences of their actions.

¹⁴ Categories are not mutually exclusive. Decedents may have had more than 1 race.

Table A4. New Hampshire Overdose Deaths by Ethnicity, 2019-2022

Ethnicity	Count	Percent
Hispanic	45	2.9%
Non-Hispanic	1,518	96.6%
Unknown	9	0.6%
Total	1,572	100.0%

Table A5. New Hampshire Overdose Deaths by State of Residence, 2019-2022

State	Count	Percent
Florida	6	0.4%
Maine	17	1.1%
Massachusetts	54	3.4%
New Hampshire	1,435	91.3%
Vermont	27	1.7%
States with less than 5 deaths in each	30	1.9%
Unknown	3	0.2%
Total	1,572	100.0%

Table A6. New Hampshire Overdose Deaths by Housing Status, 2019-2022

Housing Status	Count	Percent
Experiencing Homelessness ¹⁵	144	9.2%
Have a Home	1,405	89.4%
Unknown or blank	23	1.5%
Total	1,572	100.0%

Table A7. New Hampshire Overdose Deaths by Marital Status, 2019-2022

Marital Status	Count	Percent
Divorced	337	21.4%
Married, but separated	74	4.7%
Married/Civil Union/Domestic Partnership	186	11.8%
Never Married	875	55.7%
Single, not otherwise specified	38	2.4%
Widowed	41	2.6%
Unknown	21	1.3%
Total	1,572	100.0%

¹⁵ Persons experiencing homelessness were those who resided in either places not designated for or ordinarily used as regular sleeping accommodations or in a supervised shelter or drop-in center designated to provide temporary living arrangements, congregate shelters, or temporary accommodations provided by a homeless shelter.

Table A8. New Hampshire Overdose Deaths by Education Level, 2019-2022

Education Level	Count	Percent
Less than or equal to 8th grade	41	2.6%
9th - 12th grade	229	14.6%
High school or GED grad	939	59.7%
Some college credit	170	10.8%
Associate	61	3.9%
Bachelor	69	4.4%
Master/Doctorate	13	0.8%
Unknown	50	3.2%
Total	1,572	100.0%

Table A9. New Hampshire Overdose Deaths by Military Service, 2019-2022

Military Service	Count	Percent
No	1,464	93.1%
Yes	89	5.7%
Unknown	19	1.2%
Total	1,572	100.0%

Drug Overdose

Table A10. New Hampshire Overdose Deaths by Type of Poisoning, 2019-2022

Type of Poisoning	Count	Percent
Overdose related to substance use/misuse ¹⁶	1,520	98.3%
Overmedication ¹⁷	20	1.3%
Victim unintentionally takes a drug or wrong dosage	6	0.4%
Unknown	1	0.1%
Total	1,547	100.0%

Table A11. New Hampshire Overdose Deaths by Drug Class (Top 5), 2019-2022

Drug Class	Count	Percent
Opioids ¹⁸	3,174	69.3%
Cocaine	415	9.1%
Amphetamine	365	8.0%
Alcohol	195	4.3%
Benzodiazepines	153	3.3%

Table A12. New Hampshire Overdose Deaths by Indication of Prescription Drugs, 2019-2022

Indication of Prescription Drugs	Count	Percent
No	1,267	81.9%
Yes	48	3.1%
Unknown/blank	232	15.0%
Total	1,547	100.0%

¹⁶ Overdose related to substance use/misuse involves illicit substances or misuse of prescription medications, excluding cases where the person misused their own prescription medication by taking more than the prescribed dose of a drug for medical reasons. Furthermore, this includes: 1) Any fatal overdose where the decedent used illicit drugs, 2) Any fatal overdose involving prescription drugs where the decedent overdosed on drugs not prescribed to them, 3) Any fatal overdose involving prescription drugs where the decedent took more than their prescribed dose solely for reasons other than because they believed it would help their medical condition, 4) Witness reports indicate that the decedent was currently misusing drugs or using drugs due to a substance use disorder, and 5) The decedent was taking prescription drugs with excessive amounts of alcohol.

¹⁷ Overmedication involves a fatal overdose where the decedent was prescribed a medication for a health condition and was taking more than the prescribed dosage because they believed it would help their medical condition. In this case, the investigation must confirm that the decedent was only taking medication prescribed to them.

¹⁸ Includes deaths that had at least one opioid listed as a cause of death. The opioids category includes illicitly manufactured fentanyl, heroin, prescription opioids, and any other opioids involved in overdose deaths.

Table A13. New Hampshire Overdose Deaths by Place of Death, 2019-2022

Place of Death	Have a Home		Experiencing Homelessness	
	Count	Percentage (n = 1,405)	Count	Percentage (n = 144)
Indoor Location ¹⁹	1,142	81.3%	67	46.5%
Medical/Supervised Facility ²⁰	222	15.8%	29	20.1%
Outdoor Location ²¹	40	2.9%	47	32.6%
Other/Unknown/Undetermined	1	0.1%	1	0.7%
Total	1,405	100.0%	144	100.0%

Table A14. New Hampshire Overdose Deaths by EMS Presence²², 2019-2022

EMS Present	Count	Percent
No	144	9.2%
Yes	1,115	70.9%
Unknown/blank	313	19.9%
Total	1,572	100.0%

Table A15. New Hampshire Overdose Deaths by Naloxone Administration, 2019-2022

Naloxone Administered	Count	Percent
No	695	44.9%
Yes	346	22.4%
Unknown	506	32.7%
Total	1,547	100.0%

Table A16. New Hampshire Overdose Deaths by Naloxone Administer, 2019-2022

Naloxone Administered By	Count	Percent
Emergency Medical Services	188	54.3%
Hospital	17	4.9%
Law Enforcement	13	3.8%
Layperson	109	31.5%
Other/Unknown	62	17.9%

¹⁹ At a home, hotel/etc., business/etc., public restroom, vacant/abandoned building, or indoor-other location.

²⁰ Hospital, rehab, hospice, homeless shelter, or jail.

²¹ Outside, outside-street/parking lot/driveway, park/woods/trail/under bridge, or camper/tent.

²² Emergency Medical Services (EMS) was called to the site of the overdose incident to provide assistance and arrived either prior to or after death.

Table A17. New Hampshire Overdose Deaths by Type of Layperson who Administered Naloxone, 2019-2022

Type of Layperson	Count	Percent
Family	28	25.7%
Friend	32	29.4%
Other	24	22.0%
Partner	23	21.1%
Roommate	12	11.0%

Table A18. New Hampshire Overdose Deaths by Route of Drug, 2019-2022

Route of Drug	Count	Percent
Ingestion	33	2.1%
Injected	465	29.9%
Other/Unknown	181	11.7%
Snorted	388	25.0%
Smoking	224	14.4%

Table A19. New Hampshire Overdose Deaths by Evidence of Rapid Overdose²³, 2019-2022

Evidence of Rapid Overdose	Count	Percent
No	1,196	77.3%
Yes	351	22.7%
Total	1,547	100.0%

²³ Decedent went unconscious rapidly within seconds to minutes after taking drugs. Any overdose occurring within 10 minutes of drug use is considered a rapid overdose. Scene evidence consistent with a rapid overdose includes, but is not limited to, finding the needle/syringe still inserted in the arm or other part of the decedent's body, decedent slumped over powders or a vape pen still in hand, or decedent's body slumped over as if they fell.

Potential Opportunities for Intervention

Table A20. New Hampshire Overdose Deaths by History of Substance Use Treatment, 2019-2022

Treatment for Substance Use	Count	Percent
Current treatment	144	9.3%
No current treatment, but treated in the past	208	13.4%
No evidence of treatment	1,194	77.2%
Unknown	1	0.1%
Total	1,547	100.0%

Table A21. New Hampshire Overdose Deaths by History of Overdose, 2019-2022

History of Overdose	Count	Percent
No previous overdose reported	1,334	86.2%
Previous OD within the last month	69	4.5%
Previous OD occurred between a month and a year ago	45	2.9%
Previous OD occurred more than a year ago	31	2.0%
Previous OD, timing unknown	68	4.4%
Total	1,547	100.0%

Table A22. New Hampshire Overdose Deaths by Recent Release from Supervised Facility, 2019-2022

Facility Type	Count	Percent
All Other Supervised Facilities	138	8.8%
Jail, prison, or a detention facility	110	7.0%
No evidence of recent release	1,324	84.2%
Total	1,572	100.0%

Table A23. New Hampshire Overdose Deaths by Bystander Presence²⁴, 2019-2022

Bystander Present	Count	Percent
No bystanders present	298	19.3%
One bystander present	531	34.3%
Multiple bystanders present	314	20.3%
Bystanders present, unknown number	189	12.2%
Unknown if bystander present	215	13.9%
Total	1,547	100.0%

²⁴ A potential bystander is defined as a person aged 11 or older who was physically nearby either during or shortly preceding a drug overdose and potentially had an opportunity to intervene or respond to the overdose.

Appendix B. NH Drug Overdose Fatality Review Commission Legislation
Chapter 126-DD
New Hampshire Drug Overdose Fatality Review Commission
Section 126-DD:1

126-DD:1 Commission Established.

I. There is established a commission to review information and data related to drug overdose fatalities in New Hampshire. The members of the commission shall be as follows:

- (a) One member of the senate, appointed by the president of the senate.
- (b) Three members of the house of representatives, appointed by the speaker of the house of representatives.
- (c) The attorney general, or designee.
- (d) The chief medical examiner, or designee.
- (e) The commissioner of the department of health and human services, or designee.
- (f) The commissioner of the department of safety, or designee.
- (g) The chairperson of the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, or designee.
- (h) A representative of the New Hampshire Association of Chiefs of Police, appointed by the association.
- (i) A representative of the New Hampshire Association of Fire Chiefs, appointed by the association.
- (j) A health official from a city health department, appointed by the governor.
- (k) A victim/witness advocate, appointed by the attorney general.
- (l) A representative of the New Hampshire Hospital Association, appointed by the association.
- (m) A representative of the recovery community, appointed by the governor.
- (n) A representative of the treatment community, appointed by the governor.
- (o) A representative of the prevention community, appointed by the governor.
- (p) A representative of New Futures, appointed by that organization.
- (q) A representative from American Medical Response, appointed by that organization.
- (r) A representative of the Drug Enforcement Administration, appointed by the administration.
- (s) The governor's advisor on addiction and behavioral health.
- (t) A suicide prevention specialist, appointed by NAMI-New Hampshire.
- (u) A representative of the New Hampshire Medical Society, appointed by the society.

II. (a) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.

(b) A member of the commission appointed under subparagraphs I(a)-(g) or (s) shall serve a term conterminous with their term in office. A member appointed under subparagraph I(h)-(r) or (t) shall serve a 6-year term, provided that initial appointments shall be for staggered terms of one to 6 years.

(c) Members of the commission shall sign confidentiality statements that prohibit any unauthorized dissemination of information except when disclosures may be necessary to enable the commission to carry out its duties under this subdivision. No material shall be used for reasons other than for which it was intended.

III. (a) The commission shall:

(1) Review trends and patterns of overdose-related fatalities in New Hampshire.

(2) Identify high-risk factors, current practices, and gaps in system responses.

(3) Recommend policies, practices, and services that will encourage collaboration and reduce overdose fatalities.

(4) Improve sources of data collection by developing a system to share information between agencies and offices that work with individuals struggling with addiction.

(5) Educate the public, policy makers, and funders about overdose-related fatalities and about strategies for intervention and effective prevention, treatment, and recovery.

(6) Review laws and programs enacted in other states, counties, or municipalities.

(b)(1) Upon the request of the chairperson of the commission and as necessary to carry out the commission's duties, the chairperson shall be provided, within 5 days excluding weekends and holidays, with access to information and records regarding a drug overdose fatality that is being reviewed by the commission or regarding the person who overdosed on drugs. The commission may request the information and records from any of the following:

(A) A provider of medical, dental, or behavioral health care.

(B) Any state or a political subdivision of this state that might assist the commission in reviewing the fatality.

(2) A law enforcement agency, with the approval of the prosecuting attorney, may withhold from a review team investigative records that may interfere with a pending criminal investigation or prosecution.

IV. (a) The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Eleven members of the commission shall constitute a quorum.

(b) The department of health and human services shall provide administrative support to the commission.

V. The commission shall:

- (a) Meet no fewer than 6 times per year to conduct reviews of overdose fatalities.
- (b) Study the adequacy of statutes, rules, training, and services to determine what changes are needed to decrease the incidence of preventable overdose fatalities and, as appropriate, take steps to implement these changes.
- (c) Educate the public regarding the incidence and causes of overdose fatalities and the public's role in preventing these deaths.
- (d) Review all overdose fatalities except for fatalities of children under 18 years of age and fatalities related to women while pregnant or with one year of the end of pregnancy.
- (e) Complete an annual statistical report on the incidence and causes of overdose fatalities in this state during the past fiscal year and submit a copy of this report, including its recommendations for proposed legislation and actions, to the governor, the senate president, and the speaker of the house of representatives. The commission shall submit the report on or before December 15 of each year commencing on December 15, 2021.

VI. The commission shall not:

- (a) Call witnesses or take testimony from individuals who have been identified by the department of justice as potential witnesses in any criminal prosecution arising from an overdose death until the completion of such prosecution.
- (b) Enforce any public health standard or criminal law or otherwise participate in any legal proceeding, unless a member of the team is involved in the investigation of the death or resulting prosecution and must participate in a legal proceeding in the course of performing his or her duties outside the team.

VII. (a) Proceedings, records, and opinions of the commission are confidential, not subject to RSA 91-A, and not subject to discovery, subpoena, or introduction into evidence in any civil or criminal proceeding. Nothing in this subparagraph shall be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the proceedings of the commission.

(b) Members of the commission shall not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting of the team. Nothing in this subparagraph shall be construed to prevent a member of the commission from testifying to information obtained independently of the commission or which is public information.

VIII. (a) The commission shall maintain the confidentiality of all records pursuant to RSA 169-C:25, RSA 170-G:8-a, and all other related confidentiality laws.

(b) The information and records obtained and created in execution of the commission's official functions shall be exempt from disclosure pursuant to RSA 91-A and shall be privileged and exempt from use or disclosure in any criminal or civil matter or administrative proceeding. No person who participates in the official functions of the commission shall be compelled to testify or produce evidence in any judicial or administrative proceeding with respect to any matter involving exercise of his or her official duties.

(c) Commission members, their agents and employees, shall not be subject to, and shall be immune from, claims, suits, liability, damages or any other recourse, civil or criminal, arising from any act, proceeding, decision or determination undertaken or performed or recommendation made, provided such persons acted in good faith and without malice in carrying out their responsibilities, authority, duties, powers and privileges of the offices conferred by this subdivision upon them.

(d) No organization, institution, or person furnishing information, data, reports, or records to the commission shall be liable in damages to any person or subject to any other recourse, civil or criminal.

(e) Any person who knowingly discloses case records or other information obtained from commission proceedings shall be guilty of a misdemeanor.

Source. 2020, 39:54, eff. Sept. 27, 2020.

Appendix C. NH Drug Overdose Fatality Review Commission Membership

Donna Soucy, Senator
Appointed in 2021

Joe Schapiro, House of Representatives
Appointed in 2021

David Nagel, House of Representatives
Appointed in 2023

David Love, House of Representatives
Appointed in 2023

Myles Matteson, Attorney General designee
Appointed in 2023

Kim Fallon, Chief Medical Examiner designee
Appointed in 2020

Jonathan Ballard, Department of Health and Human Services designee
Appointed in 2020

John Kelly, Department of Safety designee
Appointed in 2020

Anna Thomas, Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery designee
Appointed in 2020

John Bryfonski, New Hampshire Association of Chiefs of Police
Appointed in 2020

Henry Thomas, New Hampshire Association of Fire Chiefs
Appointed in 2020

Bobbie Bagley, Health Official from a City Health Department
Appointed in 2020

Bianca Monroe, Victim/Witness Advocate
Appointed in 2020

Carol Furlong, New Hampshire Hospital Association
Appointed in 2020

John Burns, Representative of the Recovery Community
Appointed in 2020

Matt Davis, Representative of the Prevention Community
Appointed in 2020

Jake Berry, New Futures
Appointed in 2020

Chris Stawasz, American Medical Response
Appointed in 2020

Paul Spera, Drug Enforcement Administration
Appointed in 2023

Amy Cook, Suicide Prevention Specialist
Appointed in 2023

Dave Mara, Governor's Advisor on Addiction and Behavioral Health
Appointed in 2020

Luke Archibald, New Hampshire Medical Society
Appointed in 2020

Appendix D. NH Drug Overdose Fatality Review Commission Confidentiality Agreement

Acknowledgment Of Confidentiality for The New Hampshire Drug Overdose Fatality Review Commission Members

The New Hampshire Drug Overdose Fatality Review Commission was established to conduct comprehensive, multidisciplinary reviews of trends and patterns of overdose related fatalities in New Hampshire for the purpose of identifying high-risk factors, current practices, and gaps in system responses associated with the deaths and to make recommendations for policies, practices, and services that will encourage collaboration and reduce overdose fatalities.

To ensure a coordinated response that fully addresses all systemic concerns surrounding overdose deaths, all relevant data should be shared and reviewed by the team, as permitted by law, including historical information concerning the decedent and the circumstances surrounding the death. Much of this information is protected from disclosure by law.

Under New Hampshire RSA 126-DD:1, proceedings, records, and opinions of the New Hampshire Drug Overdose Fatality Review Commission are confidential and exempt from New Hampshire RSA 91-A (New Hampshire's Right-to-Know Law).

Having read the above, I the undersigned, member of the New Hampshire Overdose Fatality Review Commission, understand, acknowledge, and agree that all information reviewed or accessed by me will remain confidential and not be used or disclosed for reasons other than that which was intended and authorized pursuant to NH RSA 126-DD:1 and/or other state and federal law. Further, I understand, acknowledge, and agree that no such confidential information or material may be taken from the committee meetings. I acknowledge that any knowing disclosure of confidential information or records obtained from committee proceedings is a misdemeanor.

Print Name: _____

Authorized Signature: _____

Witness: _____

Date: _____