

New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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NHIAC Product #: 2016-2633 June 2016 Report

20 July 2016

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

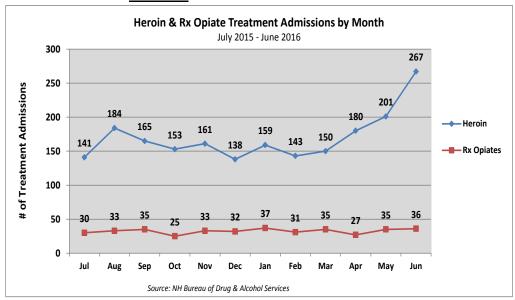
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Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:

Annual Trends:

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month July 2015-June 2016) shows that the largest increase in heroin treatment admissions was from March 2016 to June 2016 with a 34% increase over three months. The second largest increase was from May to June with a 33% increase over one month. Unable to show annual trends as data is only available dating back to July 2014.



EMS Narcan Administration by Year 2012 - 2016 2724 3000 of Incidents Involving Narcan 2500 1921 2000 1357 1500 1050 897 1000 500 0 2012 2013 2014 2015 2016* Source: NH Bureau of EMS *2016 numbers as of June 2016

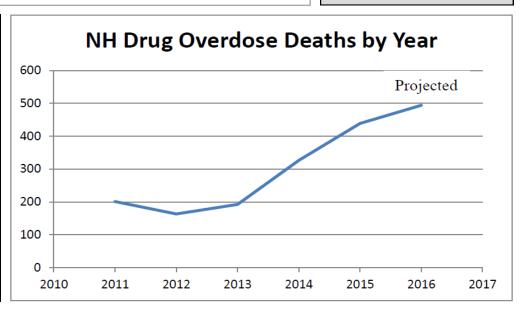
Annual Trends:

The chart at left (EMS Narcan Administration by Year 2012-2016) shows that from 2012 to 2015 there was a 203.7% increase in the number of incidents involving Narcan. The largest increase was from 2013 to 2014 with a 83% increase in incidents involving Narcan administration. June 2015 compared to June 2016 there has been a one incident increase.

Annual Trends:

The chart at right (NH Drug Overdose Deaths by Year) shows that from 2013 to 2015 there was a 128.6% increase in the number of all drug deaths. The Office of the Chief Medical Examiner predicts that there will be approximately 494 drug related deaths in 2016.

Source: Office of the Chief Medical Examiner

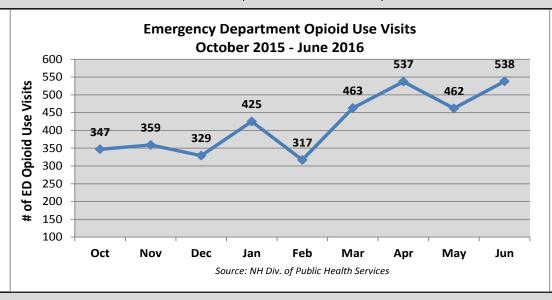


Opioid Related Emergency Department Visits*:

Data Source: NH Division of Public Health Services

IMPORTANT NOTE— Data Source Change!!! The ER visit data has been expanded beyond heroin to include all opioids. Also in addition to a query of the chief complaint text, the Division of Public Health is conducting queries on ICD-10 diagnostic codes designated for heroin and opioids. This results in an apparent increase in the number of ER visits, which is NOT necessarily indicative of an actual increase, but rather due to a more representative way of tracking the information using ICD-10 codes beginning in October of 2015.

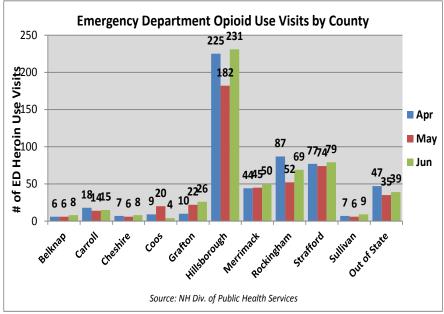
Monthly Trends: The chart below (ED Opioid Use Visits October 2015—June 2016) is based on the new query method described above. There was a 16.5% increase in Opioid ED visits from May to June.



Geographic Trend: The following information identifies observable trends in opioid related Emergency Department visits on the basis of county of residence.

Top Counties for June: 1. Hillsborough 2. Strafford Largest % decrease from May to June: 1. Coos County Apr May Jun % Change Belknap 6 6 8 33% Carroll 18 14 15 7%

County	Apr	May	Jun	% Change
Belknap	6	6	8	33%
Carroll	18	14	15	7%
Cheshire	7	6	8	33%
Coos	9	20	4	-80%
Grafton	10	22	26	18%
Hillsborough	225	182	231	27%
Merrimack	44	45	50	11%
Rockingham	87	52	69	33%
Strafford	77	74	79	7%
Sullivan	7	6	9	50%
Out of State	47	35	39	11%
TOTAL	537	462	538	16%



NOTE: County represents where the opioid use patient resides

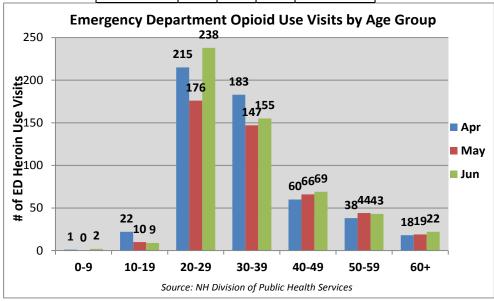
^{*}The source of these data are New Hampshire's Automated Hospital Emergency Department Data system, which includes all emergency department encounters from 26 acute care hospitals in New Hampshire. These data represent any encounter with the term "heroin, opioid, opiate, or fentanyl" listed as chief complaint text and may represent various types of incidents including accidental poisonings, suicide, or other related types of events. These data also represent any encounter with an ICD-10 code that was designated for heroin and opioids. Currently all but two of the hospitals are sending ICD-10 data. Chief complaint and ICD-10 codes were combined to capture the maximum representation of opioid data in NH hospitals and de-duplicated so encounters could only be counted once for a visit.

Opioid Related Emergency Department Visits (Continued):

Demographic Trends: The following information identifies observable trends in opioid related Emergency Department visits on the basis of age, and gender of patients.

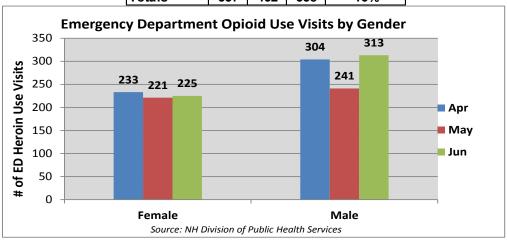
Age Trends: The age group with the largest number of Opioid related emergency department visits for June was 20 to 29 years of age. The largest percent increase from May to June was 20-29 years of age with a 35% increase.

Age	Apr	May	Jun	% Change
0-9	1	0	2	Incalculable
10-19	22	10	9	-10%
20-29	215	176	238	35%
30-39	183	147	155	5%
40-49	60	66	69	5%
50-59	38	44	43	-2%
60+	18	19	22	16%
Totals	537	462	538	16%



Gender Trends: The gender with the largest number of opioid related emergency department visits for June was male. The largest percent increase from May to June was male with a 30% increase. Female opioid related emergency department visits also increased by 2% from May to June.

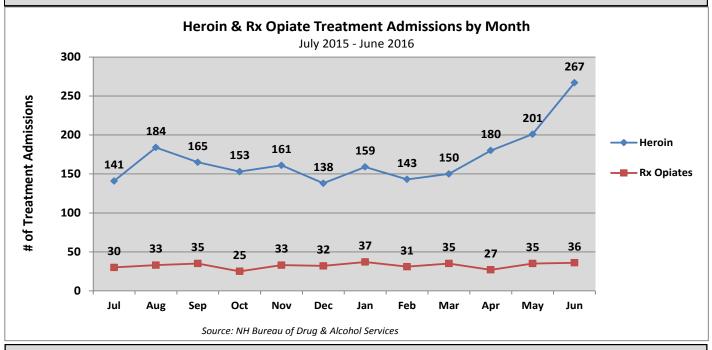
Gender	Apr	May	Jun	% Change
Female	233	221	225	2%
Male	304	241	313	30%
Totals	537	462	538	16%



Heroin & Rx Opiate Treatment Admissions:

Data Source: NH Bureau of Drug & Alcohol Services

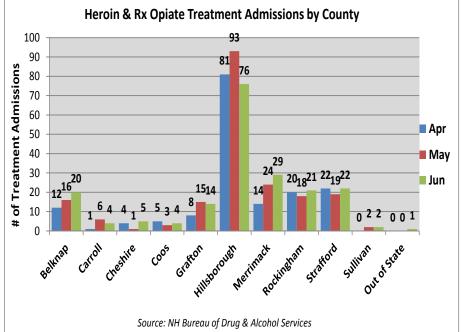
Monthly Trends: As displayed in the charts below, the number of treatment admissions for heroin has been increasing since February. The number of admissions for prescription opiates increased by 33% from May to June. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions increased by 28% from May to June. It is unknown what attributed to the large increase in admissions for the month of June, although, there have been new initiatives put in place to make treatment more available.



Geographic Trends: The county with the largest number of residents admitted to a treatment program for heroin or prescription opiates during the month of June was Hillsborough. Cheshire county experienced the largest percent increase with an increase of 400% in the number of residents admitted to treatment programs from May to June.

County	Apr	May	Jun	% Change
Belknap	12	16	20	25%
Carroll	1	6	4	-33%
Cheshire	4	1	5	400%
Coos	5	3	4	33%
Grafton	8	15	14	-7%
Hillsborough	81	93	76	-18%
Merrimack	14	24	29	21%
Rockingham	20	18	21	17%
Strafford	22	19	22	16%
Sullivan	0	2	2	0%
Out of State	0	0	1	Incalculable
Not provided	40	39	105	169%
Totals	207	236	303	28%



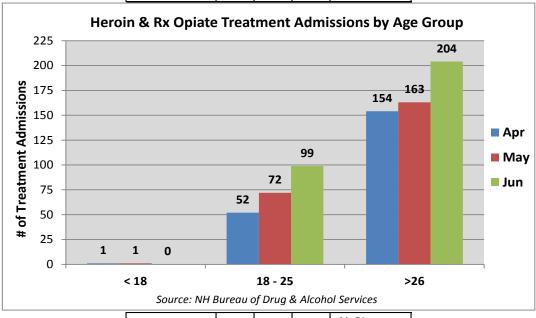


Heroin & Rx Opiate Treatment Admissions (Continued):

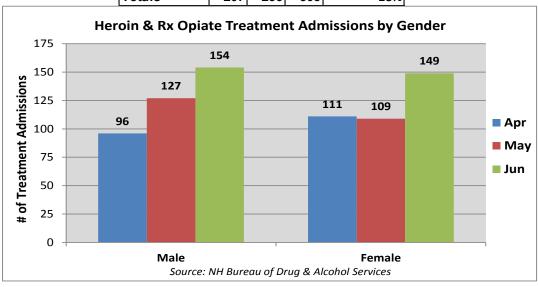
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of April, May, and June.

• There were more males than females admitted to treatment programs during the month of June. The number of males admitted to treatment programs increased by 21% from May to June and the number of females admitted to treatment programs increased by 37% during the same time period.

Age Group	Apr May		Jun	% Change
< 18	1	1	0	-100%
18 - 25	52	72	99	38%
>26	154	163	204	25%
Totals	207	236	303	28%



Gender	Apr	May	Jun	% Change
Male	96	127	154	21%
Female	111	109	149	37%
Totals	207	236	303	28%



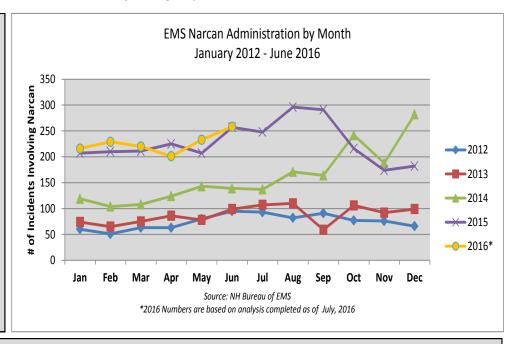
EMS Narcan Administration*:

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

Monthly Trends:

Incidents involving EMS Narcan administration increased by 11% from May 2016 to June 2016.

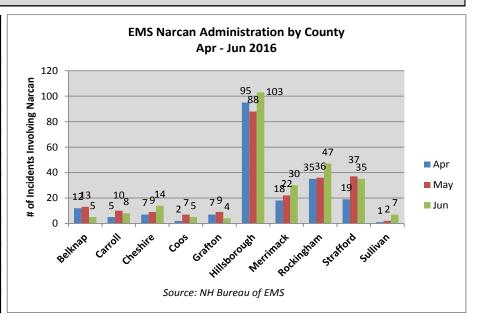
(Note: Narcan is administered in cases of cardiac arrest when the cause of the arrest cannot be determined. It therefore cannot be concluded that all of the reported Narcan cases involved drugs.)



Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of April, May and June. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 95, 88, and 103 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between May and June was observed in Sullivan County with a 250% increase. The largest percentage decrease was seen in Belknap County with a 62% decrease.

See page 9 for a map of EMS Narcan Administration Incidents by Town for the last 12 months, July 2015 through June 2016.

				%
County	Apr	May	Jun	Change
Belknap	12	13	5	-62%
Carroll	5	10	8	-20%
Cheshire	7	9	14	56%
Coos	2	7	5	-29%
Grafton	7	9	4	-56%
Hillsborough	95	88	103	17%
Merrimack	18	22	30	36%
Rockingham	35	36	47	31%
Strafford	19	37	35	-5%
Sullivan	1	2	7	250%
Total	201	233	258	11%



^{*}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.

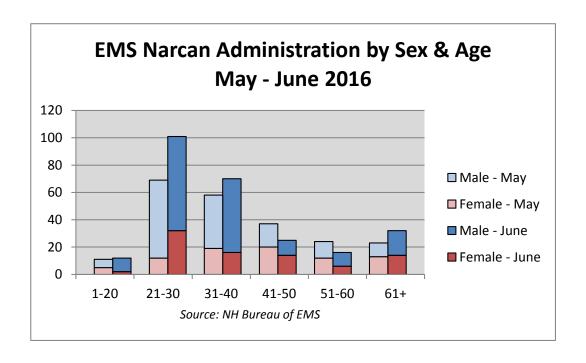
EMS Narcan Administration* (Continued):

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

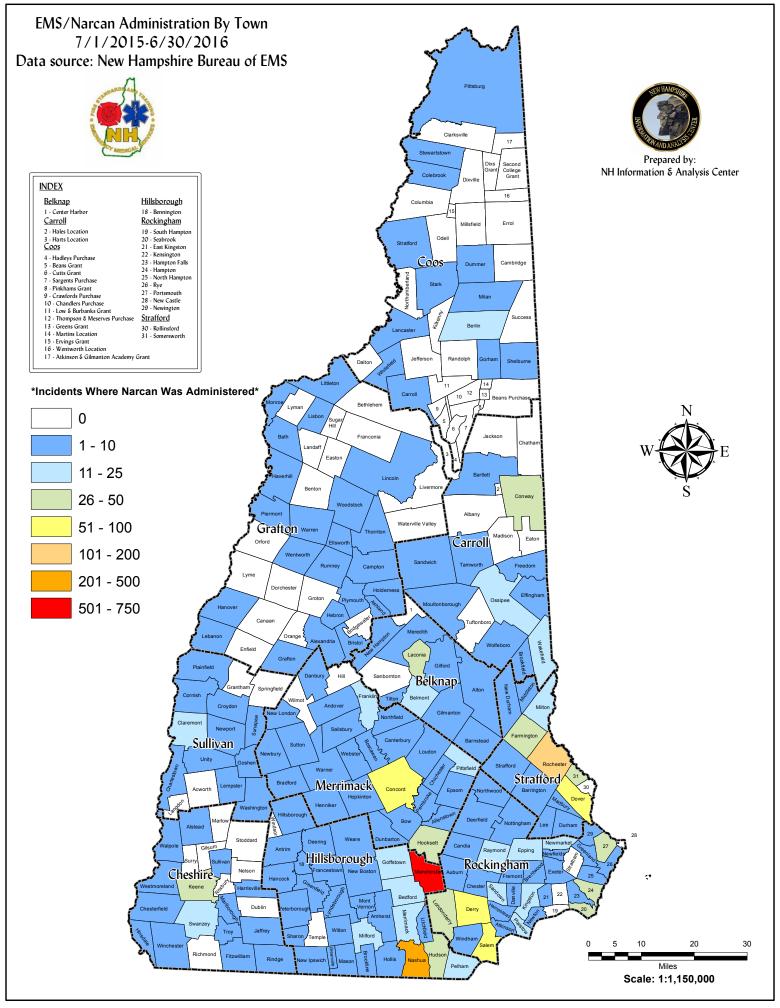
Demographic Trends: EMS incidents involving Narcan Administration were broken down by age and gender as displayed in the charts below. Males and females 21-40 years of age were administered Narcan the most often during the months of April, May and June.

More males than females were administered Narcan during the months of April, May and June. The number of
males that were administered Narcan increased by 15% from May to June and the number of females administered Narcan increased by 4% during the same time period.

	Αŗ	oril	M	ay	Ju	ne
Age	Male	Female	Male	Female	Male	Female
1-20	3	4	6	5	10	2
21-30	47	21	57	12	69	32
31-40	45	13	39	19	54	16
41-50	18	11	17	20	11	14
51-60	17	11	21	12	10	6
61+	3	6	10	13	18	14
Total	133	66	150	81	172	84



^{*}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.



Drug Overdose Deaths:

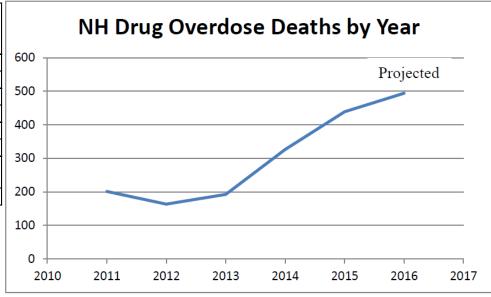
Data Source: NH Medical Examiner's Office

Annual Trends: The chart below displays overdose deaths annually from 2011 through 2016. 2016 numbers are as of 8 July 2016. The projected number of drug related deaths for 2016 is 494. There was one confirmed death from U-47700 in 2016. **Please see page 11 for a map of 2016 overdose deaths by town where the individual is believed to have used the drug(s).**

+Heroin and Fentanyl Related deaths are not mutually exclusive, several deaths involved both drugs.

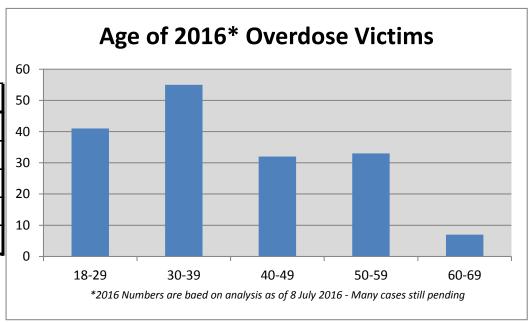
			Fentanyl		
	All Drug	Related	Related		
Year	Deaths	Deaths+	Deaths+		
2010	177	13	19		
2011	201	44	18		
2012	163	38	12		
2013	192	70	18		
2014	326	98	145		
2015	439	88	283		
2016*	161	10	108		
*numbers reported as of 07/08/16					

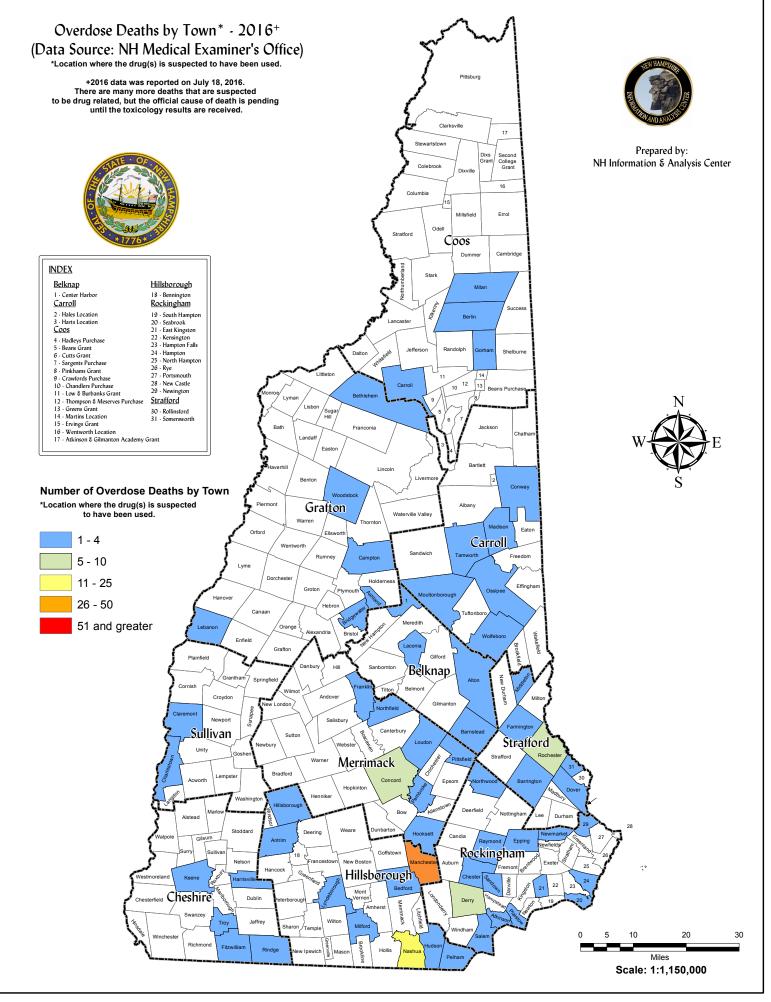
Source: Office of the Chief Medical Examiner



Age	2016*
18-29	41
30-39	55
40-49	32
50-59	33
60-69	7

*2016 Numbers are based on analysis as of 8 July 2016







As of July 11, 2016

Number of requests at MFD for Safe Station: 205
 Number of participants placed within the Hope System: 117*
 Number of participants transported to Hospitals: 24
 Number of participants reconnected with family: 26*
 Number of participants who left voluntarily: 20*

• Average Length of Time MFD Company "Not Available": 13 minutes

Number of <u>UNIQUE</u> participants: 179
 Number of <u>REPEAT</u> participants: 26
 Age Range of Participants: 18-60

In the News...

140,000 in NH New Eligible for Addiction Treatment under Medicaid

According to the Union Leader, about 140,000 Medicaid recipients became eligible for addiction recovery services at the beginning of July under revisions to state Medicaid practices, state health officials said. As of July 1, the Medicaid program will pay for substance use disorder treatment for the 140,000 traditional Medicaid participants, the New Hampshire Department of Health and Human Services said. The expansion includes Medicaid recipients enrolled in the state's fee-for-service plan, New Hampshire Healthy Families or the Well Sense Health Plan. Standard Medicaid recipients will be able to access comprehensive substance use disorder services, including assessment, outpatient services, residential treatment, opioid treatment programs, recovery support services and recovery monitoring. The rates for the services are the same as those offered under expanded Medicaid's Alternative Benefit Plan.

2016 Drug Deaths in NH Set to Surpass Last Year's Record

According to the Concord Monitor, the number of drug deaths in New Hampshire this year is set to surpass last year's record of 439, according to analysis from the state medical examiner's office. The main killer remains fentanyl—a synthetic opioid that can be 50 to 100 times more powerful than heroin. Of the total confirmed deaths in 2016, fentanyl involved 108.

The opioids largely come from suppliers in Northern Massachusetts cities such as Haverhill and Lawrence, officials said. While some drug users seek out fentanyl for its potency, many mistake it for heroin and don't know what kind of drug they are taking. There is little precision to how drugs are cut and packaged, police said, and much of what makes its way into New Hampshire is a haphazard blend of heroin, fentanyl and cutting agents that have been mixed in blenders. Because of the crude mixing, portions of what drug users are buying on the street can be pure fentanyl.

these numbers are always behind and are pending updates from HOPE for NH Recovery and/or Serenity Place *

Substance Abuse Treatment/Recovery Directory:

State funded treatment facilities in NH (NOT a complete list)—Source NH Department of Health & Human Services

CONCORD

Concord Hospital

The Fresh Start Program

(Intensive Outpatient 18 years and older and Outpatient Services.) 250 Pleasant Street, Suite 5400

Concord, NH 03301

Phone: 603-225-2711 ext. 2521

Fax: 603-227-7169

DOVER

Southeastern NH Alcohol and Drug Abuse Services (Dover)

(Outpatient and Intensive Outpatient

Services.)

272 County Farm Road

Dover, NH 03820

Crisis Center: 603-516-8181

Main: 603-516-8160 Fax: 603-749-3983

GILFORD

Horizons Counseling Center

(Intensive Outpatient 18 years and older and Outpatient Services.)
25 Country Club Road Suite #705

Gilford, NH 03249 Phone: 603-524-8005 Fax: 603-524-7275

LEBANON

Headrest

12 Church Street

PO Box 247

Lebanon, NH 03766

Hotline: 603-448-4400 or 800-639-

6095

Phone: 603-448-4872 Fax: 603-448-1829

MANCHESTER

Child and Family Services

Adolescent Substance Abuse Treat-

ment Program (ASAT)

(Intensive Outpatient Services for

Adolescents.)

404 Chestnut Street Manchester, NH 03105 Phone: 800-640-6486 or 603-518-4001

Fax: 603-668-6260

Families in Transition

(Provides services for parenting women including pregnant women, intensive outpatient services; housing and comprehensive social services.)

122 Market Street Manchester, NH 03104 Phone: 603-641-9441 Fax: 603-641-1244

The Mental Health Center of Greater

Manchester

(Outpatient Adolescent and Families.)

2 Wall St. 4th Floor Manchester, NH 03101 Phone: 603-668-4111 Fax: 603-628-7733

Manchester Alcoholism and Rehabilitation Center Easter Seals Farnum

Outpatient Services

(Intensive Outpatient 18 years and older and Outpatient Services.)

140 Queen City Avenue Manchester, NH 03101 Phone: 603-263-6287 Fax: 603-621-4295

NASHUA

Greater Nashua Council on Alcohol-

ism

Keystone Hall

(Outpatient and Intensive Outpatient Services for Adults, Adolescents and Their Families.)

12 & 1/2 Amherst Street

Nashua, NH 03063

Phone: 603-943-7971 Ext. 3

Fax: 603-943-7969

The Youth Council

(Outpatient for Adolescents and Fam-

ilies.)

112 W. Pearl Street Nashua, NH 03060 Phone: 603-889-1090 Fax: 603-598-1703

PORTSMOUTH

Families First of the Greater Seacoast

(Pregnant and Parenting Women, Primary Care Setting, Outpatient.)

100 Campus Drive, Suite 12 Portsmouth, NH 03801

Phone: 603-422-8208 Ext. 150

Fax: 603-422-8218

A full list of Substance Abuse and Treatment Facilities can be found .

<u>here</u>.

A treatment locator can be found

<u>here</u>.