

THE OPIATE/OPIOID PUBLIC HEALTH CRISIS

Update on the State of New Hampshire's Comprehensive Response

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New Hampshire is experiencing one of the most significant public health crises in its history. The striking escalation of opiate use and opioid misuse over the last five years is impacting individuals, families, and communities throughout the state. In 2015, there were 439 total drug deaths, of which 397 deaths were caused by opiates/opioids; 2,724 emergency naloxone administrations; and 2,067 opioid-related emergency department visits—the highest-ever recorded in the state. Reducing substance use disorders and related problems is critical to the physical and mental health, safety, and overall quality of life of New Hampshire residents, as well as the state's economy. Substance use disorders are preventable and treatable, and the State is implementing a comprehensive and lasting response to address this epidemic.

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Opening Summary

Recognizing that substance use disorders (SUD) are complex, chronic, and life-threatening diseases, New Hampshire is striving to implement a comprehensive approach toward a continuum of care that includes prevention, treatment, and recovery services as an integral part of every region of the state's public health and healthcare system. The State's collective response to date, as well as the continued coordinated response, moves New Hampshire further toward that goal.

The State of New Hampshire's strategic and coordinated response to the opiate/opioid crisis is driven by the Governor, the General Court, state agencies, the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery and associated Task Forces (Healthcare, Joint Military, Opioid, Perinatal Substance Exposure, Data and Evaluation, Prevention, Treatment, and Recovery¹), and the innovative efforts of local communities, nonprofit organizations, and dedicated volunteers.

While there is no single solution to the crisis, New Hampshire has moved forward to enact and implement a comprehensive approach to stem and reverse the tide of the epidemic. This strategy includes expanding resources for treatment and recovery, expanding support for law enforcement and the court system, and enhancing prevention efforts. In November 2015, the Governor and Executive Council called for a special session of the Legislature to consider legislation related to substance use as part of implementing that comprehensive state strategy.

Reflecting much of that comprehensive proposal, in 2016, Governor Hassan and the New Hampshire Legislature enacted no less than fifteen bills that provide more of the tools and flexibility needed to respond to this crisis. Support for the new laws was bipartisan and far-reaching, with diverse organizations and individuals providing support.

The comprehensive response to the opiate and opioid public health crisis includes an array of new and leveraged strategies that together will help address the crisis for individuals, families, and communities.

The State's challenge and focus in the short term, and ultimately in the coming years, will be implementing those initiatives, building upon them, and ensuring sufficient state and federal funding for those efforts moving forward.

The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Commission), which was initiated in 2001, includes the aforementioned task forces, and is comprised of diverse stakeholders, who work with multiple partners from the public and private sectors at both the community and state level. The Commission shepherded the implementation of the statewide strategic plan, *Collective Action-Collective Impact: NH's Strategy for Reducing the Misuse of Alcohol and other Drugs and Promoting Recovery 2013-2017*², which utilizes a comprehensive public health approach to address the misuse of alcohol and other drugs in New Hampshire. It is undergoing revision and an updated strategy will be re-released in 2017.

It is significant to note that this response to the ongoing crisis is only possible due to those working tirelessly in the substance use disorder and mental health provider communities, police departments, fire departments, emergency medical services, and due to the active, tireless, and selfless support of engaged citizens throughout the state. While this summary of New Hampshire's response does not specifically detail each community's efforts, their importance cannot be overstated. This document aims to articulate the state's comprehensive response to this crisis, outline the additional efforts in process, and summarize the next steps.

¹ A detailed list of the taskforces and their role can be found at: <http://nhcenterforexcellence.org/governors-commission>).

² <http://www.nhcenterforexcellence.org/nh-bureau-of-drug-and-alcohol-services>.

INTERVENTION

A. EMERGENCY AND PERMANENT PRESCRIBING RULES

While prescription medications play an important role in pain management and our overall healthcare system, it is generally recognized that this crisis stems in part from the overuse, misuse, and abuse of addictive prescription opioids. In fact, one study reported that nearly 80 percent of recent heroin users started with opioid analgesics.³ Additionally, the Center for Disease Control and Prevention (CDC) found that health care providers wrote 259 million prescriptions for opioid pain medication in 2012—enough for every adult in the United States to have a bottle of pills.⁴

At the behest of Governor Hassan, emergency and permanent opioid prescribing rules were developed. The State has worked to improve provider training and to update the rules for prescribers with the boards of medicine, nursing, and dental examiners who took important steps forward with their own emergency rules, and subsequently updated permanent rules.

On June 7, 2016, Governor Hassan signed House Bill 1423, which builds on those efforts by requiring the boards of all prescribers to adopt updated, permanent rules this year. Those rules provide uniform, statewide standards for prescribing opioids. Beginning in September 2016, the law requires all boards to have new rules establishing standards for assessing the need for opioids, the risk for abuse, and providing education for patients. Moreover, it requires the boards to set limits on the maximum number of days for an opioid prescription obtained in an emergency department, urgent care setting, or walk-in clinic.⁵ The law mandates the use of the prescription drug

monitoring program when initially prescribing an opioid and at least twice a year thereafter. All of these efforts are focused on medical providers taking the necessary time to discuss with their patients the proper prescribing of opioids, the risk associated with such medication, and potential alternative treatments.

B. NALOXONE (NARCAN) DISTRIBUTION

In order to save lives when an overdose takes place, the State has worked to increase the safe and effective use of naloxone (Narcan) by first responders and law enforcement officials, as well as the families and loved ones of those at risk of an overdose. Naloxone is a prescription medicine used for the treatment of an opioid emergency such as an overdose or a possible opioid overdose.

Since early 2015, the New Hampshire Department of Safety has provided training to police and fire department personnel to carry and administer intranasal naloxone. This training allows police and fire personnel to intervene medically in instances when someone is experiencing an overdose and emergency medical services have not yet arrived.

Following the passage of House Bill 271 in June 2015, the State purchased 4,700 naloxone kits for distribution. All of the kits distributed by the State were provided free of charge to anyone at risk of an overdose, or family and friends of those who could be at risk. Statewide “train-the-trainer” courses were held to ensure that those distributing the naloxone kits were knowledgeable about the product. The kits include instructions on using the nasal spray and steps to help victims survive until emergency medical responders arrive.

³ Jones, CM (2013). Heroin Use and Heroin Use Risk Behaviors among Nonmedical Users of Prescription Opioid Pain Relievers: United States, 2002-2004 and 2008-2010. <http://www.ncbi.nlm.nih.gov/pubmed/23410617>.

⁴ Center for Disease Control and Prevention (2016), CDC Guideline for Prescribing Opioids—United States, 2016. <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

⁵ Exceptions to the day limit include opioids prescribed for cancer patients, patients with terminal conditions, or patients in long-term non-rehabilitative care settings, such as nursing homes.

Due to the continued need, the Department of Health and Human Services (DHHS) purchased 2,000 additional kits to ensure access to naloxone.⁶ As of August 12, 2016, 4,989 naloxone kits were distributed through the community health centers and at more than 108 community events.

In March 2016, the State also accepted 171 naloxone kits from Adapt Pharma Limited for statewide distribution to high schools that wish to participate in the program.

Furthermore, pharmacies and providers continue to work to make naloxone more readily available to New Hampshire residents. Through the work of the Naloxone Task Force, a Standing Order was created that allowed pharmacies to stock and dispense naloxone to anyone at risk of overdose, or their friends and loved ones, without a prior prescription. Currently, CVS, Rite Aid, Walgreens, and Osco have standing orders to stock and distribute naloxone.

Finally, Senate Bill 447 signed by Governor Hassan on January 21, 2016, created a study commission to evaluate those efforts to increase the safe and effective use of naloxone and consider potential improvements.

C. GOOD SAMARITAN LAW

On June 2, 2015, House Bill 270, also known as the “Good Samaritan Law,” became effective. This law protects a victim or witness from arrest or prosecution for possession or use of illegal drugs when, in good faith, they seek emergency medical assistance for themselves or others in an opioid overdose situation. This law further encourages the members of the community to help those in crisis.

D. STATEWIDE ADDICTION CRISIS LINE

A 24/7 hotline for anyone seeking help with alcohol and other substance misuse and addiction has long been recognized as a crucial, missing resource in New Hampshire. This deficit was rectified when the Statewide Addiction Crisis Line (toll-free at 1-844-711-HELP (4357)) was launched on May 10, 2016. The hotline, which is operated by Keystone Hall, is

staffed by New Hampshire-based, trained professional counselors who can assist with identifying appropriate services—24 hours a day, 7 days a week.

In addition to 1-844-711-HELP, anyone can contact the New Hampshire Statewide Addiction Crisis Line via email: hope@keystonehall.org.

Individuals seeking assistance can also call 211, which provides health and human services information, who will transfer the appropriate individuals to the crisis hotline.

The Statewide Addiction Crisis Line is also a resource throughout New Hampshire to provide assistance to treatment professionals, recovery support services, prevention professionals, first responders, hospitals, social workers, therapists, clinics, schools, advocacy groups, homeless shelters, nonprofits, religious organizations, and civic organizations.

Keystone Hall is working to prominently promote the Statewide Addiction Crisis Line by placing information on park benches, buses, public transit stations, billboards, and through public service announcements aired on broadcast media.

E. NEW HAMPSHIRE ALCOHOL AND DRUG TREATMENT LOCATOR

In January 2015, DHHS, Bureau of Drug and Alcohol Services (BDAS), launched the NH Alcohol and Drug Treatment Locator, www.nhtreatment.org, an online directory for locating alcohol and drug treatment and recovery support service providers in New Hampshire. Providers on the NH Alcohol and Drug Treatment Locator offer services that span the entire continuum of care and include evaluations, withdrawal management (detoxification), outpatient counseling, residential treatment, recovery support services, medication-assisted treatment and other services for people experiencing problems with alcohol and other drug use. This website allows the general public and providers to narrow search results by location, service type, population/specialties served, and/or payer. More than 300 service provider sites across the state are currently identified.

⁶ A list of sites where one can obtain naloxone can be downloaded at: <http://drugfreenh.org/find-out-where-to-get-naloxone-kits-in-your-community>.

F. REGIONAL ACCESS POINT SERVICES

In an effort to support those ready to access care for substance use disorders, two Regional Access Points were created—Monadnock region (March 9, 2016-Governor and Executive Council contract) and greater Manchester (April 6, 2016-Governor and Executive Council contract). Additionally, on July 13, 2016, the Governor and Council approved a contract that will provide Regional Access Point Services in the remaining eleven Regional Public Health Network areas.

Regional Access Point Services provide a resource to facilitate access to substance use disorder treatment and recovery support services, including an assessment and American Society for Addiction Medicine (ASAM) level of care determination, in each of the public health regions in the state. The Regional Access

Points are designed to work in tandem with 211 and the NH Alcohol and Drug Treatment Locator to provide general information on the location and types of substance use disorder services available. The Statewide Addiction Crisis Line will also refer individuals to the appropriate regional access point for individuals needing more intensive care coordination services.

Furthermore, Regional Access Points Services will provide hands-on care coordination assistance in helping individuals accessing services, assistance with enrolling in public healthcare programs and dealing with other insurance issues, accessing substance use disorder treatment (including interim services when necessary), and recovery support services.

ADDITIONAL CAPACITY FOR SUBSTANCE USE DISORDERS SERVICES

Over the last few months, DHHS was authorized by the Governor and Executive Council to enter into agreements with multiple vendors to provide substance use disorder treatment and recovery support services statewide.

Since January 1, 2016, the Governor and Executive Council have approved contracts through the Department of Health and Human Services in the amount of \$24,068,911.

A. TREATMENT

DHHS, BDAS currently contracts with fifteen substance use disorder treatment providers across the state to provide a wide and comprehensive array of services, including ambulatory withdrawal management, medically monitored inpatient withdrawal management, outpatient, intensive outpatient, partial hospitalization, low-intensity residential (90-day), high-intensity residential (28-day), high-intensity residential for pregnant and postpartum women, transitional living, recovery support services, enhanced services such as transportation and childcare, and medication assisted treatment (MAT). It should also be noted that in September 2015, DHHS revised the rules concerning bedroom-size requirements for residential treatment facilities, which created a consistent standard that was fair for all providers; thereby, allowing facilities to remain operational.

In the past, many of those treatment services were inaccessible because many insurance plans did not cover substance use disorder treatment. Fortunately, the last few years have seen an expansion in the number of New Hampshire residents with health coverage that includes substance use disorder treatment services as a covered benefit, thus allowing access to treatment. The bipartisan New Hampshire Health Protection Program, also known as Medicaid expansion, provides coverage for behavioral health and

substance use disorder treatment services, and on July 1, 2016, that coverage was expanded to the traditional Medicaid population. With New Hampshire's implementation of the Premium Assistance Program in January of 2016, most of the Medicaid expansion population now receives coverage through qualified health plans. Moreover, many more New Hampshire residents than in the past are now accessing services, including substance use disorder services that are reimbursed by private insurance companies. Experts have said that access to these services is essential to increasing treatment capacity.

B. RECOVERY SUPPORT SERVICES

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.⁷ Recovery Support Services are designed to support individuals seeking to overcome substance use disorders across the lifespan. Services are based in the community and may be provided by peers in recovery or other community members and providers. Recovery support services often include support groups; recovery coaches or mentors; employment assistance; childcare, housing and transportation; and support in improving relationships and resolving conflicts. Recovery support services are a vital component of the continuum of care that help individuals with a substance use disorder maintain long-term recovery.

On June 1, 2016, Governor and Executive Council authorized BDAS to enter into an agreement that provides \$1,500,000 for peer recovery support services. A facilitating organization (Harbor Homes) was recently contracted to oversee the development and networking of peer recovery support services available through recovery community organizations in at least five Regional Public Health Networks. After completion of an environmental scan of all known recovery organizations, Harbor Homes will sub-

⁷ Substance Abuse and Mental Health Services Administration (Source: <http://www.samhsa.gov/recovery>).

contract with recovery community organizations that are most ready to provide services. Harbor Homes will work with the selected recovery community organizations to achieve national accreditation, train and certify their recovery support workers, open recovery centers, and provide peer recovery support services in identified communities. Finally, Harbor Homes will also provide “back-office functions,” including human resource functions, financial functions, billing for services, and data collection.

On June 24, 2016, Senate Bill 533 was signed by Governor Hassan, which appropriated to BDAS an additional \$500,000 to support direct grants for the creation, initiation, expansion, and/or operational costs for peer recovery support services. The sum appropriated must be awarded within 150 days of the bill’s signing (June 24th). DHHS will have the request for proposal (RFP) available soon.

C. HOUSING

Senate Bill 533 also appropriated \$2,000,000 to the New Hampshire Housing Finance Authority for the purpose of funding affordable supportive housing projects for persons with substance use disorders.

On August 1, 2016, the New Hampshire Housing Finance Authority published a RFP, inviting interested

developers to submit applications for this funding. The public notice, which includes the RFP and application, can be found at: <http://www.nhhfa.org/public-notices>.

D. GOVERNOR’S COMMISSION ON ALCOHOL AND DRUG ABUSE PREVENTION, TREATMENT, AND RECOVERY

Senate Bill 533 appropriated \$2,500,000 to the Commission for contracts for program services within DHHS. The funds, which are under the management of the Commission, are allotted to existing priorities within the previously noted state plan, Collective Action- Collective Impact. The Commission is working with applicable partners to quickly move those resources into the community within the next few months.

PUBLIC SAFETY AND CORRECTIONS

A. INCREASE PENALTIES FOR FENTANYL

Fentanyl is a synthetic opioid analgesic that is similar to morphine, but is 50 to 100 times more potent, and more potent than heroin. In New Hampshire, non-pharmaceutical fentanyl is sold as a powder, substituted or mixed with heroin, or as pills that resemble other, less potent opioids. The increasing rise in overdose deaths in New Hampshire can be attributed to fentanyl.

Senate Bill 576 increased the penalties for the manufacture, sale, and possession with intent to sell or transport of fentanyl, making them consistent with the penalties for heroin.

B. DEPARTMENT OF SAFETY/LAW ENFORCEMENT INITIATIVES

Law enforcement agencies, including federal, state, and local agencies continue to work toward stemming the tide of illegal drugs—including opiates/opioids—coming into the state. Specific interdiction efforts, like Operation Granite Hammer, were supported through grants provided by the New Hampshire Department of Justice. On June 16, 2016, House Bill 1000 was signed by Governor Hassan, which allocated \$1,500,000 to the Department of Safety to support expanding law enforcement initiatives statewide to state and local law enforcement agencies. The Commissioner of Safety shall establish a substance abuse enforcement program, which will make grants available to county and local law enforcement agencies. Additionally, the funds can also be used for the Division of State Police for both overtime costs for officers performing law enforcement activities under this program, and overtime, supplies, and other costs of the state forensic science laboratory. Working with county and local law enforcement agencies, the Department of Safety developed criteria for the grants and has released applications.

The New Hampshire Information and Analysis

Center (NHIAC), which was initiated in 2010, is a cooperative effort between the New Hampshire State Police and New Hampshire Homeland Security and Emergency Management under the New Hampshire Department of Safety. The NHIAC was established as an all-crimes/all-hazards counter-terrorism information and analysis center, which provides strategic and tactical information directed at the most serious threats to the State of New Hampshire and its citizens. Part of the NHIAC is the New Hampshire Drug Monitoring Initiative (DMI), a holistic strategy to provide awareness and combat drug distribution and abuse. In line with this approach, the DMI obtains data from various sources (to include, but not limited to, public health, law enforcement, and emergency medical services) and provides monthly reports for stakeholders, as well as situational awareness releases.

C. NEW HAMPSHIRE DEPARTMENT OF JUSTICE

The New Hampshire Department of Justice, in conjunction with the US Drug Enforcement Agency, has developed and implemented a program to train law enforcement agencies on the investigation of drug overdose deaths with the goal of identifying and prosecuting those who supply the drugs. The training was presented to over 380 law enforcement personnel and prosecutors on July 21, 2016. It is also available on DVD for those agencies that were unable to attend the live training.

Also, on April 25, 2016, United States Attorney Emily Gray Rice and New Hampshire Attorney General Joseph Foster announced the formation of an inter-office team of experienced prosecutors targeting the prosecution of opiate overdose deaths in New Hampshire. The inter-office team includes all of the drug prosecutors in both the New Hampshire Attorney General's Office and the Office of the United States Attorney for the District of New Hampshire. The purpose of the team is to increase and enhance the

coordination of federal, state, and local law efforts to investigate and prosecute those who supply the drugs that cause overdose deaths.

Finally, as provided in Senate Bill 533, the New Hampshire Department of Justice recently hired an assistant attorney general dedicated to prosecuting drug cases.

D. DEPARTMENT OF CORRECTIONS

Drug smuggling and drug trafficking operations in the Department of Corrections have a negative impact on the efforts to rehabilitate inmates and pose a serious threat to the safety of the inmates and security of the prisons. The Department of Corrections has made many operational changes in how they conduct business, including changes to their mail policies that eliminate opportunities to smuggle drugs through the mail. Despite these changes, illicit access to drugs, particularly buprenorphine (Suboxone), remains a serious problem within state correctional institutions, and addiction remains a serious challenge in preventing released inmates from re-offending or violating their parole.

In May 2016, the New Hampshire Department of Corrections implemented a medication-assisted-treatment program, which makes oral naltrexone (Revia) and extended-release injectable naltrexone (Vivitrol) available to medically appropriate inmates before they return to the community. There are currently twenty patients using Revia and two using Vivitrol. By focusing on treatment and long-term recovery strategies, the Department of Corrections is working to help inmates reintegrate successfully into society and reduce their chances of re-offending.

In June 2016, the New Hampshire Department of Justice allocated grant funding to the Department of Corrections for the development of a canine program. The dogs will be trained to detect illegal drugs. The New Hampshire State Police Canine Unit has offered the Department of Corrections the opportunity to join a training class for new detection dogs and handlers that is scheduled for the fall 2016 at no additional cost. The Department of Justice anticipates making additional grant funds available to support canine programs in county correctional facilities.

On June 15, 2016, Governor Hassan signed Senate Bill 406, which allocated \$1,110,000 to the Department of Corrections to add six full body scanners for use in state correctional facilities. Additionally, it authorized the Department of Justice to administer grants in the amount of \$740,000 to counties for up to 50 percent of the cost of one full body scanner to offset a portion of the cost of one full body scanners for each county correctional facility. The body scanners will assist the Department of Corrections and the county correctional facilities in detecting the presence of drugs that are concealed on or within a person's body, and in preventing the introduction of those drugs into the facility. The Department of Corrections is also collecting information, including meeting with vendors, to develop a request for proposal and has started drafting policies for the implementation of body scanners.

The Department of Corrections has also stocked naloxone in each of its facilities in the event of an overdose.

Lastly, the Department of Corrections ensures that all inmates leaving the correctional facility have health insurance, and thus access to treatment, by helping them enroll in the New Hampshire Health Protection Program upon release.

E. DRUG COURTS

In May 2016, Senate Bill 464 was signed by Governor Hassan, which allocated state funding for a statewide drug offender program. Establishing a statewide drug court program is a critical step forward in the state's comprehensive opioid response because it provides drug court candidates access to treatment and recovery services, and stops the cycle of crime and addiction that costs an extraordinary amount of taxpayer dollars.

Drug courts provide a highly effective alternative to incarceration for individuals whose involvement in the criminal justice system is rooted in serious addiction to drugs and alcohol. Participation in the voluntary drug court program includes regular, random drug testing, weekly court appearances, intensive drug treatment, rigorous community supervision and daily self-help meetings. Participants appear in court weekly to account for their behavior and recovery, and

sanctions, including jail time, are imposed immediately if a participant fails to meet the program requirements. Drug courts have been empirically studied across the country and have been proven to reduce crime more successfully than lengthy incarceration.

The five state drug courts have successfully reduced crime, saved taxpayer money, and helped people return to their communities as contributing members of society through community supervision and intensive treatment. Senate Bill 464 provides funding to expand the availability of drug courts across the state and to ensure that the currently operating drug courts are employing evidence-based practices designed to make drug courts improve criminal justice outcomes.

For more information on drug courts and how they operate, go to the New Hampshire Judicial Branch website at <http://www.courts.state.nh.us>.

F. DRUG TAKE BACK PERMANENT BOXES/TAKE BACK EVENTS

In 2011, the New Hampshire Legislature enacted RSA 318-E, which became effective on July 1, 2011. The statute authorizes both government and private entities to conduct pharmaceutical take-back events. There are 45 permanent drug take back boxes in law enforcement agencies throughout the state. Since 2010, the Drug Enforcement Agency has also conducted eleven National Drug Take Back events in New Hampshire.

Additionally, House Bill 1490, which was signed into law on June 7, 2016, allows registered pharmacies to establish permanent drug take back boxes, as long as the registered pharmacies comply with federal regulations.

All of these drug take back initiatives provide more options to safely dispose of expired, unused, or unwanted prescription medications, reducing community access to potentially addictive drugs. Information on proper medicine disposal can be found at: <http://des.nh.gov/organization/divisions/water/dwgb/dwspp/medsafety/index.htm>

IMPROVED ACCESS TO CARE

A. HEALTH PROTECTION PROGRAM AND MEDICAID ACCESS

The continuation of the New Hampshire Health Protection Program through the passage of House Bill 1696 ensures that beneficiaries continue to have access to benefits for substance use disorder services. Also, for the first time in New Hampshire, effective July 1, 2016, benefits for substance use disorder treatment services are being extended to traditional Medicaid beneficiaries. This will ensure that pregnant women, people living with severe mental illness, and other medically frail New Hampshire residents will have access to care for substance use disorders. Coverage includes a range of services including screening and brief intervention, outpatient treatment, residential treatment, medication assisted treatment, and recovery support services.

Information and assistance on eligibility for and enrollment in Medicaid and other HHS programs is available at NH Easy: <http://www.dhhs.nh.gov/media/pr/2016/04042016-nheasy-gateway.htm>

B. SYSTEM TRANSFORMATION AND INTEGRATION

In coordination with DHHS's "whole person approach," and in recognition of the inadequacy of the current service array for addressing alcohol and other drug problems, DHHS is committed to developing a robust, effective, and accessible continuum of care in every region of the state. These services will span prevention, early identification and intervention, treatment, and recovery support, and will be integrated into primary care and behavioral health resources. To this end, thirteen Continuum of Care Facilitators—one in each Regional Public Health Network—started working to assess regional substance use services assets and gaps, and are working within local communities to address the identified needs.

The Regional Public Health Networks integrate multiple public health initiatives and services into a

common network of community stakeholders. Each network coordinates regional substance use prevention efforts including strategic planning, resource development, and implementation assistance for evidence informed prevention policies, practices, and programs for every community in the state.

On January 5, 2016, the Centers for Medicare & Medicaid Services, within the United States Department of Health and Human Services, approved for New Hampshire a Section 1115(a) Medicaid waiver, known as a Delivery System Reform Incentive Program (DSRIP) or "Building Capacity for Transformation" Waiver. This waiver will allow the State to invest \$150 million over five years to transform the State's behavioral health delivery system in order to improve care and slow long-term growth in health care costs. This financial incentive program will promote the innovative, sustainable, and systemic changes New Hampshire needs to help providers deliver better care for years to come. The goal is to provide better, more cost-effective support for people on Medicaid by building capacity, integrating care, and smoothing transitions in care. This process will build capacity to deliver care for substance use disorders. Additional information can be found at: <http://www.dhhs.nh.gov/section-1115-waiver/index.htm>

As part of the efforts to promote the integration of behavioral health and medical care, DHHS established the Division of Behavioral Health to help ensure a unified response to substance misuse and mental health. The Division of Behavioral Health will oversee and coordinate the department's programs and policies for substance use disorder and mental health services for both adults and children. The Bureau of Mental Health Services, the Bureau of Drug and Alcohol Services, and the Bureau of Children's Behavioral Health, and the state's behavioral health facilities, including New Hampshire Hospital and Glencliff Home, are organized under the new Division of Behavioral Health.

DHHS also received a Substance Abuse and Mental Health Services Administration (SAMHSA) State Youth Treatment Planning grant for the purposes of developing a comprehensive system of care for adolescents and young adults with substance use disorders. An Interagency Council has convened and planning is underway.

C. REMOVING BARRIERS TO ACCESSING SUBSTANCE USE DISORDER TREATMENT THROUGH PRIVATE INSURANCE ACCESS

As noted above, there was an expansion the last few years in the number of New Hampshire residents with health coverage that includes substance use disorder treatment services as a covered benefit. Under both state and federal law, as of 2014, private health insurance coverage in the individual and small group markets became subject both to mental health parity requirements,⁸ and to the requirement that mental health and substance use disorder treatment services be covered as one of ten “essential health benefits.” Large group coverage is also typically subject to state and/or federal mental health parity and coverage requirements.

With New Hampshire’s implementation of the Premium Assistance Program in January of 2016, most of the Medicaid expansion population now receives coverage through qualified health plans (QHPs) – the same private market plans that are sold on the federally operated New Hampshire Marketplace, also known as the Exchange. Thus, many more New Hampshire residents than in the past are now accessing services that are reimbursed by private insurance companies. This has created both opportunities – an increase in coverage for funding services is an opportunity to build capacity – and challenges, as both insurance companies and substance use disorder service providers work to become familiar with new legal requirements and reimbursement systems.

In an effort to improve access to care for those obtaining substance use disorder treatment services through private insurance, Senate Bills 576 and 532 removed barriers to accessing substance use disorder

treatment and increase the likelihood of timely treatment at the appropriate level of care. Senate Bill 576 approves immediate access for crisis situations and requires insurance companies to use the criteria developed by the American Society for Addiction Medicine (ASAM) when determining whether a substance use disorder treatment service that has been proposed is “medically necessary” (and thus covered by insurance). The bill also provides that no prior authorization from the insurance company may be required for the first two routine outpatient visits for substance use disorder treatment services associated with a particular episode of care.

Building on the framework established under Senate Bill 576, Senate Bill 532 addresses inpatient substance use disorder treatment services, providing that insurance companies may not require prior authorization for short-term inpatient withdrawal management and clinical stabilization services for up to 24 hours when prescribed by a clinician trained in the use and application of the ASAM criteria. Alternatively, Senate Bill 532 allows insurance companies to require prior authorization for these inpatient services, but only if they meet certain requirements, including making a decision as quickly as possible (and in no more than 6 hours), and maintaining a 24-hour hotline staffed by a medical clinician to assist in placement at the appropriate level of care under the ASAM criteria.

The ASAM criteria are widely accepted as the best practice methodology for determining what level of care a patient requires for treatment, including a determination of whether inpatient or outpatient treatment would be most appropriate. Requiring insurance companies to use the same criteria that the treatment providers already use will facilitate direct communication and explanation of level of care decisions.

In addition to working closely with legislators, insurance companies, and advocates to assist in crafting the legislation outlined above, the New Hampshire Insurance Department has initiated a

⁸ Mental health parity laws require that behavioral health services, including substance use disorder treatment services, be covered in a manner that is “on par” with coverage for medical and surgical services. Both private market and Medicaid benefits are subject to detailed, and separate, legal requirements that were recently adopted by the federal government and that are also enforced by state agencies—New Hampshire Insurance Department and DHHS.

number of focused efforts aimed at facilitating the ability of privately insured consumers to access substance use disorder treatment services.

In November 2015, as part of its regulatory oversight of health insurance companies, the Department commenced a Market Conduct Examination of insurance company practices when providing coverage for substance use treatment. The examination is looking specifically at how these companies handle preauthorization, claim denials, and utilization review practices for substance use disorder claims. The examination is ongoing, and is expected to be concluded in fall 2016, at which time the Department expects to make public its findings about whether carriers are complying with applicable legal requirements, including mental health parity laws.

In February 2016, the New Hampshire Insurance Department began meeting on a regular basis with substance use disorder treatment providers and advocates to help better understand areas of confusion and barriers to care. As a result of these meetings, in June 2016, the Insurance Commissioner created an

Advisory Committee on insurance coverage for behavioral health and addiction services. The purpose of the Advisory Committee is to advise the Insurance Commissioner on issues related to accessing behavioral health services, including treatment for substance use disorders, through private insurance coverage.

Finally, the Department has worked to foster greater public awareness of its Consumer Services Unit, which directly assists consumers experiencing issues with private insurance coverage and can assist in interceding with insurance companies and, if necessary, filing formal appeals of coverage denials. This work has included assisting advocates in developing a “consumer tool kit” to help those seeking substance use disorder treatment services work through coverage issues. In June 2016, the Department hired an outreach coordinator who will provide further assistance in raising awareness of insurance coverage issues and the assistance the Department can offer.

WORKFORCE INITIATIVES

The shortage of trained, licensed, and available workforce is one of the greatest barriers to increasing access to substance misuse prevention, treatment, and recovery support services in New Hampshire and throughout the country. In recognition of this need, the State has implemented the following workforce development initiatives:

On April 26, 2016, Governor Hassan issued an Executive Order that created the Governor's Commission on Health Care Workforce. The intent of the commission is to bring together experts from nursing, child and elderly care, developmental and long-term services, the broader health care community and education to make recommendations for addressing New Hampshire's short and long-term health care workforce needs.

Also, as part of the Governor's Commission, the Healthcare Task Force was created to engage healthcare personnel and health systems in New Hampshire in preventing substance-related harm and in effectively addressing substance misuse. Specific goals of this task force include: healthcare providers and clinical staff recognizing substance abuse and addiction-related issues as important health issues, and understanding the relevance to their patients and their practice; healthcare providers engaging in substance abuse education, screening, intervention, treatment or referral for treatment, and recovery support in ways appropriate to their specialty and practice setting; and seamless and consistent collaboration between addiction specialists and general health care systems.

DHHS State Loan Repayment Program (SLRP) will facilitate the recruitment and retention of "highly qualified" candidates and employees. Additional information can be found at: <http://www.hhs.gov/asa/ohr/manual/files/537-1.pdf>

Core competency recommendations were developed for Masters-Level Licensed Behavioral Health Counselors to increase capacity of existing behavioral health professionals to treat Substance Use Disorder

or Co-Occurring Substance Use and Mental Health Disorders. Additional information can be found at: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/core-competencies.pdf>

In June 2016, there was a rule change for Certified Recovery Support Worker (CRSW) that provides reciprocity aligning with International Certification & Reciprocity Consortium. Additional information can be found at: <http://www.dhhs.nh.gov/dcbcs/bdas/licensing.htm>

Senate Bill 424, which was signed on June 10, 2016, plays an important role in a comprehensive state effort to attract and retain substance misuse treatment providers, in that alcohol and drug abuse counselors from other states are allowed to be licensed in New Hampshire if course work and clinical work is completed within five years of licensure, or the professional has ten years or more of experience in another state.

A contract was approved on June 15, 2016, that increases efforts to recruit health care providers to New Hampshire. The contract with Bi State Primary Care Association provides an additional \$870,000 to recruit primary care, oral health, behavioral health and substance use disorder professionals. Combined with recruitment, DHHS is also working to increase payment rates for treatment counselors for its contracted providers to help retain and attract qualified staff in New Hampshire.

In addition to Senate Bill 515, which strengthened the Child Protection Act regarding potential opioid abuse or a parent or guardian, DHHS, Division for Children, Youth and Families (DCYF) renewed contracts with masters-licensed alcohol and drug counselor (MLADCs) in two DCYF offices and is in the process of recruiting an MLADC for each of the eight remaining district offices to provide evaluation and referral services when substance misuse and addiction has been identified in youth and adults and to offer training and consultation to DCYF staff.

TRAINING AND PUBLIC INFORMATION

A. GOVERNOR'S SUMMIT ON SUBSTANCE MISUSE

The first-ever Governor's Summit on Substance Misuse was held on May 10, 2016, with more than 800 attendees from throughout the State. In coordination with the New Hampshire Department of Safety Division of Homeland Security and Emergency Management, the New Hampshire Departments of Justice and Education, and the New Hampshire Department of Health and Human Services Bureau of Drug and Alcohol Services, the Governor's Summit was designed to inform and foster a continued collective response through prevention, intervention, treatment and recovery supports. The Summit encouraged participants to work together to establish a strong network of resources for the individuals they serve. Attendees included law enforcement officials, members from the treatment, recovery, prevention and medical communities, educators, and other key stakeholders committed to a comprehensive approach to combat the opioid crisis.

B. ANYONE ANYTIME NH™

In response to the opioid crisis in New Hampshire, the State created the campaign "AnyoneAnytimeNH™" to educate the public and professionals about addiction, emergency overdose medications, and support services for anyone experiencing opioid addiction. This campaign is designed to help anyone affected by this crisis: people experiencing addiction, parents, family and friends of those experiencing addiction, and healthcare, safety, and other system staff working with people who may be experiencing addiction. The campaign messaging is clear that AnyoneAnytimeNH™ can experience addiction, can ask for help, can recover, and can save a life. Additional information can be found at: <http://drugfreenh.org/anyoneanytime>.

C. DCYF TRAINING PROGRAM

The DHHS, DCYF developed and implemented a draft policy, "Enhanced Assessment for Substance

Exposed Infants & Toddlers" for child protection staff, which provides specialized training to supervisors and staff for safety and planning when substance abuse is present. The program also recruits identified foster families trained to manage the care of infants impacted by parental substance use disorders.

D. INSURANCE PARITY TOOLKIT

As noted above, federal law prohibits health insurance carriers from imposing financial requirements or treatment limitations for substance abuse or mental health services that are more restrictive than those that apply to medical/surgical benefits. There cannot be, for example, co-pays or treatment limitations that are not equitable to those that would apply to a medical/surgical claim. Community partners, with the assistance of the New Hampshire Department of Insurance, worked to develop the "Parity Toolkit" to guide consumers through the insurance process - how to obtain insurance, knowing one's rights, how to file an appeal, and how to understand if services that should be covered are being denied. This consumer friendly guide will be available in the fall of 2016.

E. TRAINING AND TECHNICAL ASSISTANCE

DHHS supports substance misuse related training and technical assistance through the New Hampshire Center for Excellence, www.nhcenterforexcellence.org, and New Hampshire Training Institute on Addictive Disorders, <http://www.nhadaca.org/training-events>. Technical assistance and trainings to support the effective delivery of substance misuse prevention, SBIRT (screening, brief intervention, and referral to treatment), the continuum of substance use disorder treatment services, including medication-assisted treatment, integrated behavioral healthcare, recovery support services, and other related efforts are available.

PRIMARY PREVENTION AND EARLY INTERVENTION

A. PRESCRIPTION DRUG MONITORING PROGRAM

The New Hampshire Prescription Drug Monitoring Program (PDMP) was established to collect data on all Schedule II, III, or IV controlled substances dispensed in the state or for patients residing in New Hampshire. New Hampshire was the 49th state to initiate the program; it went online in October 2014. The intent of the PDMP is to reduce patient morbidity and mortality associated with controlled drugs by providing a secure program through which the prescriber and dispenser may access information on a patient's controlled drug prescription history.

Since the inception of the program, there have been legislative revisions to make the PDMP more robust and "user-friendly." In June 2015, Senate Bill 31 was signed into law, which allows authorized data to be stored for three years; authorized the release of de-identified aggregated data; and authorized the state to share data with other states that have PDMP programs.

Senate Bill 576 allows the PDMP to accept state/general funds for the operation of the program; allows federal health practitioners working in federal facilities in New Hampshire, Maine, Vermont, and Massachusetts eligible to access the PDMP; allows the New Hampshire Chief Medical Examiner to request data for the purpose of investigating the death of an individual; required dispensers to submit information by the close of business on the next business day from the date the prescription was dispensed; requires prescribers to query the program for a patient's initial prescription when prescribing Schedule II, III, and IV opioids for the management/treatment of pain and then periodically, at least twice per year (except when controlled medications are administered in a health care setting and treating acute pain no more than 30 days); and continuing education courses for prescribers that are relevant to pain management and addiction disorders.

Senate Bill 522, signed into law on June 1, 2016, appropriated the sum of \$130,000 for the purpose of technology upgrades to the PDMP.

B. SCREENING AND EARLY IDENTIFICATION

DHHS has provided \$1,000,000 to Community Health Centers throughout the state to prepare for and implement a screening and early identification process known as Screening, Brief Intervention, and Referral to Treatment (SBIRT). SBIRT requires screening of every patient for potential alcohol or other drug problems, and a response which reinforces non-harmful use, educates about the impact of substance misuse on overall health and safety, and supports patients with problematic use in accessing further assessment, diagnosis, and treatment.

Further, proposed metrics for the Medicaid Transformation Waiver—outlined above—include, "Percent of patients screened for alcohol or drug abuse in the past 12 months using an age appropriate standardized alcohol and drug use screening tool, and if positive, a follow-up plan is documented on the date of the positive screen age 12+," thereby cementing the practice of early screening and identification throughout the state in the coming year.

C. NEEDLE EXCHANGE PROGRAM

House Bill 1681 established a commission on hypodermic syringes and needles. The intent of the commission is to study the national standards for best practices for syringe services programs; discuss the feasibility of implementing syringe services programs in New Hampshire; identify recommended solutions, both legislative and non-legislative; and review any other matter the commission deems relevant to its objective.

In addition to accepting used syringes from the community, needle exchange programs also provide a variety of other harm reduction interventions such as HIV and hepatitis testing, HIV and hepatitis

referral to treatment, substance misuse counseling, substance misuse referral to treatment, blood borne pathogen education, overdose prevention education, and naloxone (Narcan) distribution. HIV and HCV are associated with astronomically high direct costs of care. Research indicates that the costs of the preventative services provided by needle exchange programs are much smaller by comparison.^{9,10} One study calculated that the cost per HIV infection prevented for needle exchange programs in urban environments was as little as \$6,000 to \$18,000 (adjusted for inflation)¹¹. Indeed, studies from across the world agree that needle exchange programs result in millions of dollars in savings.^{12,13}

Communities are often initially hesitant to accept a needle exchange programs given their concerns over whether the increased availability of injection equipment will increase drug use and/or whether there will be an increase in improperly disposed of needles. Evidence indicates that needle exchange programs do not encourage the initiation of drug use, increase the frequency of drug use in current users, or increase crime rates.^{14,15,16} On the contrary, a study from the University of Washington found that needle exchange program participants are five times more likely to enter substance abuse treatment than non-needle exchange program participants.¹⁷

Likewise, research indicates that there is no increase in improperly disposed of needles.^{18,19} Paradoxically, many needle exchange programs actually accept more needles than they provide. According to publicly available data, exchanges in both Maine and Connecticut accept more needles on an annual basis than they provide to their respective communities.^{20,21}

D. PREVENTION EFFORTS

Studies show that prevention programs have been estimated to save taxpayers an average of \$16 for every \$1 invested.²² Prevention efforts are essential to ending this crisis and ensuring that fewer people become addicted.

The New Hampshire Department of Education is currently implementing two evidence-based programs, “Safe Schools Healthy Students” and “Project AWARE,” to provide technical assistance to prevent substance misuse in targeted school districts. In addition, the Office of Student Wellness was created by the Department to promote collaboration with local communities, school districts, and individuals to support student’s wellness, including behavioral health.

On June 21, 2016, Senate Bill 369 was signed into law, which requires public schools as part of the school board-approved kindergarten through grade 12 health

⁹ Wilson DP, Donald B, Shattock AJ, Wilson D, Fraser-Hurt N. The cost-effectiveness of harm reduction. *Int. J Drug Policy*. 2015;26:S5–11.

¹⁰ Jones, L., Pickering, L., Sumnall, H., McVeigh, J., & Bellis, A. (2008). A review of the effectiveness and cost-effectiveness of needle and syringe programs for injecting drug users. Centre for Public Health, Liverpool John Moores University.

¹¹ Lurie P, Gorsky R, Jones TS, Shomphe L. An economic analysis of needle exchange and pharmacy based programs to increase sterile syringe availability for injection drug users. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*. 1998;18(Suppl. 1):S126-S132.

¹² Lurie P, Gorsky and E. Drucker. “An Opportunity Lost: HIV Infections Associated with Lack of a National Needle-Exchange Programme in the USA.” *Lancet* 349 (1997): 604-8

¹³ Trust for America’s Health. 2009. Reducing Infections Diseases in the U.S.: Focus on HIV/AIDS and Hepatitis. <http://healthyamericans.org/assets/files/InfectiousDisease050709.pdf>

¹⁴ The Foundation for AIDS Research. 2013. Public Safety, Law Enforcement, and Syringe Exchange. http://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2013/fact%20sheet%20Syringe%20Exchange%20031413.pdf

¹⁵ Institute of Medicine. Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries. An Assessment of the Evidence. Washington, D.C.: National Academies Press; 2006.

¹⁶ Marx MA, et al. Trends in crime and the introduction of a needle exchange program. *American Journal of Public Health*. 2000; 90(12):1933–6.

¹⁷ Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *Journal of Substance Abuse Treatment*. 2000;19, 247–252.

¹⁸ Bluthenthal, R., R. Anderson, N. Flynn, and A. Kral. “Higher Syringe Coverage is Associated with Lower Odds of HIV Risk and Does Not Increase Unsafe Syringe Disposal among Syringe Exchange Program Clients.” *Drug and Alcohol Dependence* 89 (2007): 214-222.

¹⁹ Doherty MC, Garfein RS, Vlahov D, Junge B., Rathouz PJ, Galai N, Anthony JC, Beilenson P. Discarded needles do not increase soon after the opening of a needle exchange program. *American Journal of Epidemiology* 1997;145(8):730-737

²⁰ Maine Department of Health and Human Services. 2016. Hypodermic Apparatus Exchange Programs Report for 2015. <http://www.maine.gov/dhhs/legislature/docs/Hypodermic-Apparatus-Exchange-2015-Report-3-16.pdf>

²¹ Connecticut Department of Public Health. 2010. The Connecticut Syringe Exchange Summary. http://www.ct.gov/dph/lib/dph/government_relations/2010_reports/needle_&_syringe_exchange_09-10.pdf

²² Washington State Institute for Public Policy (2016). http://www.wsipp.wa.gov/BenefitCost/Pdf/9WSIPP_BenefitCost_Public-Health-Prevention.

education program to provide age and developmentally appropriate drug and alcohol education to pupils based upon the needs of the pupils and the community.

In addition, DHHS and the Governor's Commission provide support for targeted prevention efforts such as:

- As of July 2016, Student Assistance Programs in 25 New Hampshire middle and high schools place a trained prevention professional to work with the school community to prevent and reduce adolescent alcohol and other drug use and prescription drug misuse. The State currently has funding to expand the program to an additional 25 schools in the upcoming year.
- Life of an Athlete programs in 84 New Hampshire middle and high schools increase healthy lifestyles among youth, promoting the choice not to misuse alcohol, tobacco and other drugs. This program primarily targets student athletes as the entry point to change norms and create a positive school climate based on increasing healthy lifestyle choices.
- The Referral Education Assistance & Prevention Program, available statewide through the ten Community Mental Health Centers, seeks to improve the quality of life for older adults through free alcohol and drug misuse preventative home and community-based counseling and education services.
- DHHS continues to engage in a multi-year partnership with the New Hampshire Charitable Foundation to advance substance misuse prevention and early screening for substance use disorders. The partnership includes significant, multi-year co-funding of Regional Public Health Networks, as well as evidence-informed prevention and early intervention strategies. Over \$2,000,000 in philanthropic resources annually are being leveraged.

ADDITIONAL COMPLEMENTARY STRATEGIC RECOMMENDATIONS

As efforts to implement the State's comprehensive strategy continue, the following additional strategic recommendations can be taken over the coming months to complement the initiatives detailed throughout this document. These recommendations will build on the framework for the State's coordinated response to address the crisis for individuals, families, and communities. There will be a further document outlining the recommendations after the initiation of the programs provided throughout this document. It will also dovetail with the Governor's Commission's report.

1. IMPLEMENTATION OF COORDINATED STRATEGIES

This document outlines the substantial resources the state has already allocated towards addressing the current opioid crisis. The goal of these programs is not only to provide relief to the thousands of individuals who have suffered and lost during the opioid crisis, but also to ensure that we build a preventative infrastructure to prevent New Hampshire from future drug crises. As we look to the future, it is imperative that the prevention, treatment, recovery, and enforcement initiatives developed during the past few months are implemented in a quick, sustainable, and efficacious manner. To that end, the State must establish approaches to collect, analyze, and assess outcomes that reflect the efficacy and sustainability of its initiatives. This data should be used to drive future policy decisions regarding New Hampshire's ongoing battle with opioid addiction and other substance use disorders. The State must also continue working to get out as quickly as possible available resources to those on the front lines.

2. CONTINUED EXPANSION OF MEDICATION-ASSISTED TREATMENT

The continued expansion of medication-assisted treatment (MAT) throughout the state is imperative

for those suffering with substance use disorders. While New Hampshire's MAT capacity has grown rapidly over the past few years thanks to the hard work of physicians and substance use disorder providers across the state, there is still a significant need to increase access to these life-saving treatments. The State must continue working closely with the New Hampshire Medical Society and relevant licensing boards to develop and provide resources that empower providers to treat patients suffering from substance use disorders.

Medication-assisted treatment includes buprenorphine, naltrexone, and methadone. Buprenorphine (e.g. Suboxone, Subutex) is used to treat opiate addiction. According to (SAMHSA), "buprenorphine represents the latest advance in medication-assisted treatment (MAT). Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. When taken as prescribed, buprenorphine is safe and effective."²³ Physicians have been able to prescribe buprenorphine since October 2002 for clinical use in treating opioid dependency. A buprenorphine prescriber must be a physician that has received a buprenorphine waiver through the DEA (Drug Enforcement Administration). Waivered physicians can prescribe for up to 30 patients in the first year and can then request an increase to treat 100 patients, and as of July 8, 2016, due to a federal regulation change, physicians waived at the 100-patient limit for one year, can then apply to increase the limit to 275 patients.

Naltrexone (e.g. Vivitrol) reverses the effects of opioids and is used largely in the management of opioid addiction and alcohol dependence. Naltrexone may be prescribed by any healthcare provider (e.g., nurse practitioners, physician assistants) who is licensed to prescribe medications. There is no limit on the number of patients for whom this medication may be prescribed.

²³ Substance Abuse and Mental Health Services Administration (2016). <http://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>.

Methadone is an opioid medication that is used for treatment of opioid addiction. Methadone can only be dispensed at a licensed opioid treatment program (OTP)/methadone clinic. For patients for whom methadone is determined to be the most appropriate option, primary care, behavioral health-based, and specialty addiction treatment programs can work with one of the eight licensed OTPs in the state to coordinate integrated primary care, behavioral health, and opioid treatment services.

Additional information regarding MAT can be found at: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf>

3. ESTABLISH AN APPROPRIATE NEEDLE EXCHANGE PROGRAM

Needle exchange programs can be a useful tool in fighting the related public health challenges that arise out of the crisis, as long as the needle exchange appropriately addresses law enforcement concerns and is coupled with strengthening prevention, treatment and recovery efforts.

Needle exchange is a cost-effective, evidenced-based prevention strategy that curtails the spread of blood-borne pathogens (diseases such as HIV, Hepatitis B and C) among populations with high rates of intravenous drug use, which includes opiate/opioid users. Needle exchange programs provide participants with sterile drug preparation and injecting equipment in exchange for used needles in order to both discourage needle sharing and remove “dirty” equipment from public circulation.

4. WORKFORCE INITIATIVES

New Hampshire is facing challenges created by a national healthcare workforce shortage in all areas of health care, including substance use professionals. The State must work to build on efforts to strengthen the substance use workforce such as increased recruitment efforts for behavioral health and substance use

disorder professionals, the Governor’s Commission on Health Care Workforce, the Healthcare Task Force, and simplifying the licensing process for alcohol and drug abuse counselors moving to New Hampshire from other states. Approval of the Governor’s Gateway to Work initiative is one immediate step that can be taken to help provide much-needed workers in this area.

In addition, if those in recovery have good jobs that allow them to support themselves and their families, they are much more likely to remain in recovery. The State should work to build on employment assistance initiatives currently provided and develop and implement reemployment strategies for people in recovery.

5. PRESCRIPTION DRUG MONITORING PROGRAM UTILIZATION

As provided in both Senate Bill 576 and House Bill 1423, the importance of the PDMP cannot be overstated. Prescribers who are now mandated to use the program must understand and feel comfortable using the program. As such, there will be educational sessions provided in August 2016 prior to the mandatory usage, as well as webinars. Moreover, there is a great opportunity to not only utilize the program in New Hampshire, but all states—most importantly, the New England states. Therefore, the program will soon be accessible for both New Hampshire prescribers and those in our surrounding states.

6. ESTABLISH A DRUG OVERDOSE DEATH COMMITTEE

The State must establish a drug overdose death committee with relevant stakeholders that will review overdose deaths to inform state and local overdose prevention efforts. The group can, with the assistance of the New Hampshire Drug Monitoring Initiative (DMI), track overdose trends that could impact the course the state is taking to address this drug crisis and any other drug crisis before it occurs.

Appendix

NH Statewide Addiction Crisis Line Flyer

Do You Or Someone You Know Struggle With Addiction or Substance Use?

Have questions about what to do next?

Your Recovery Is Our Priority!

Call the NH Statewide Addiction Crisis Line

1-844-711-HELP

hope@keystonehall.org



Confidential Judgment-free 24 Hours a day 7 Days a week

Our trained counselors are here to listen and help you take the steps that are right for you. Counselors can also assist you in finding:

- Residential Treatment • Intensive Outpatient Program
 - Outpatient Therapy • Shelters • Support Groups
- Impaired Driver Programs • Emergency Room/Services
 - Mental Health/Substance Use Evaluations
 - Medication Assisted Treatment
- Transitional Housing • Sober Housing • Family Services
 - SUD Specialized Primary Health Care
- Recovery Support Services • Adolescent Services

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New Hampshire Drug Monitoring Initiative

New Hampshire Information & Analysis Center

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Fax: (603) 271.0303



NHIAC Product #: 2016-2664

July 2016 Report

17 August 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.

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NH Drug Monitoring Initiative

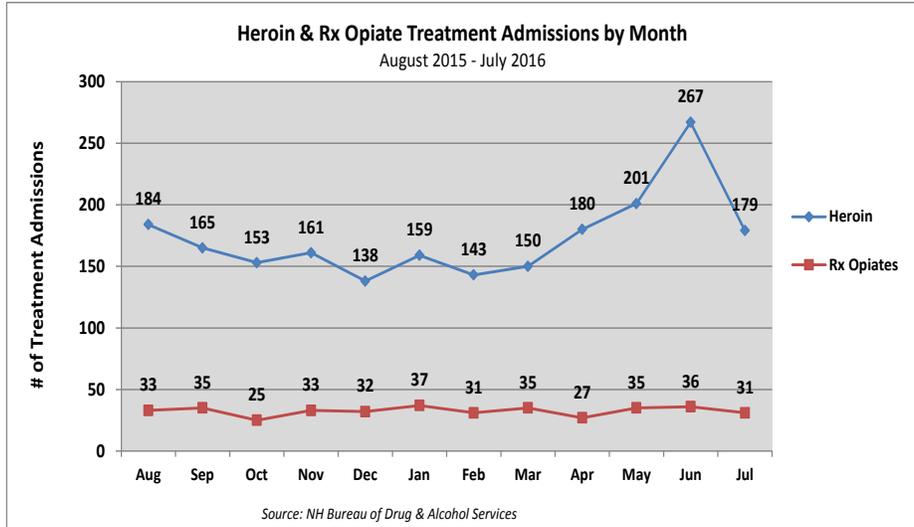
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Overview: Annual Trends for Treatment Admissions, EMS Narcan Incidents and Overdose Deaths:

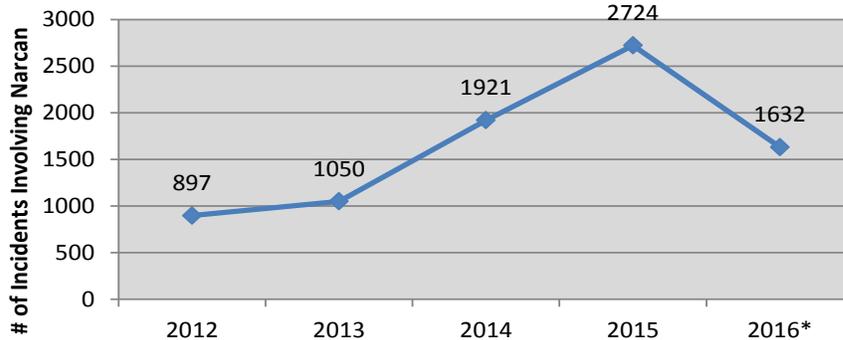
Annual Trends:

The chart at right (Heroin & Rx Opiate Treatment Admissions by Month August 2015-July 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 largest decrease was from June to July with a 32% decrease.

Unable to show annual trends as data is only available dating back to July 2014.



EMS Narcan Administration by Year 2012 - 2016



Source: NH Bureau of EMS
*2016 numbers as of August 2016

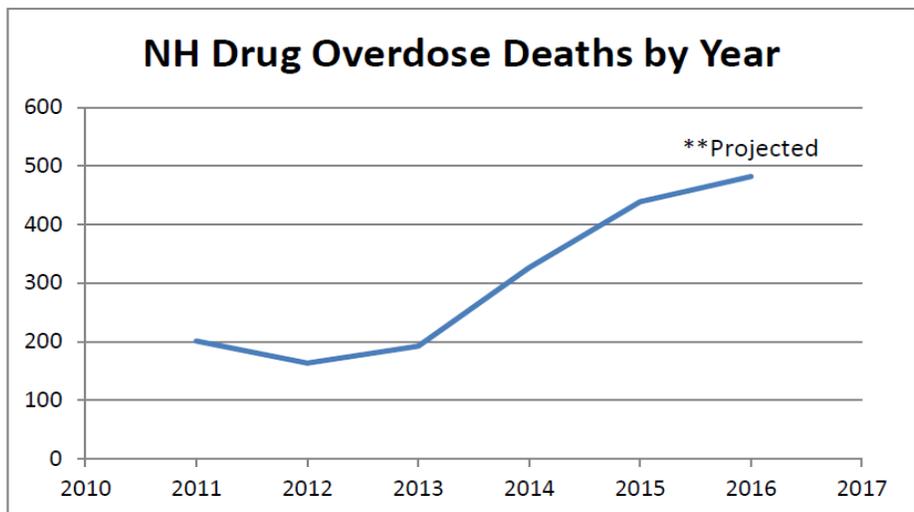
Annual Trends:

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. July 2015 compared to July 2016 there has been a 11% 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 projects that there will be **482** drug related deaths in 2016.

Source: Office of the Chief Medical Examiner



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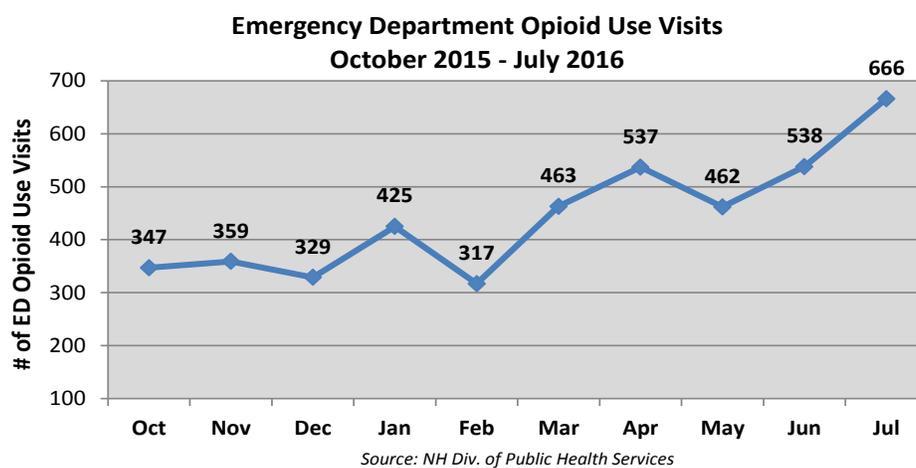
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Opioid Related Emergency Department Visits*

Data Source: NH Division of Public Health Services

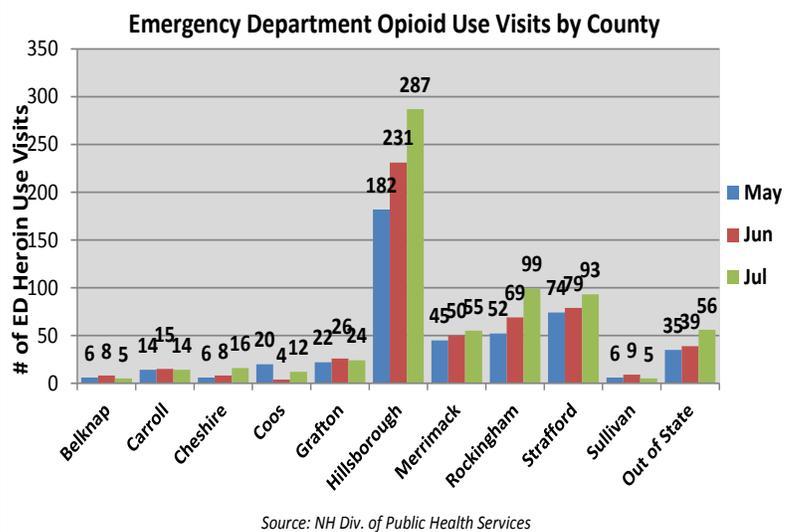
IMPORTANT NOTE— Data Source Change!!! The ER visit data has been expanded beyond heroin to include all opioids. Also in addition to a query of the chief complaint text, the Division of Public Health is conducting queries on ICD-10 diagnostic codes designated for heroin and opioids. This results in an 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—July 2016) is based on the new query method described above. There was a 24% increase in Opioid ED visits from June to July.



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

Top Counties for July:				
1. Hillsborough 2. Rockingham				
Largest % increase from June to July:				
1. Coos				
County	May	Jun	Jul	% Change
Belknap	6	8	5	-38%
Carroll	14	15	14	-7%
Cheshire	6	8	16	100%
Coos	20	4	12	200%
Grafton	22	26	24	-8%
Hillsborough	182	231	287	24%
Merrimack	45	50	55	10%
Rockingham	52	69	99	43%
Strafford	74	79	93	18%
Sullivan	6	9	5	-44%
Out of State	35	39	56	44%
TOTAL	462	538	666	24%



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 do not represent any duplication of encounters as each patient could potentially be counted once for each visit.

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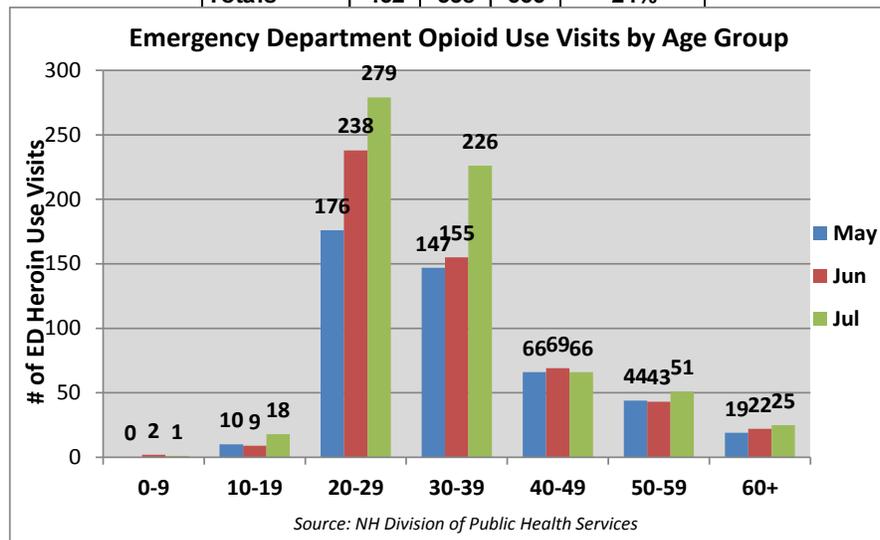
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Opioid Related Emergency Department Visits (Continued):

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

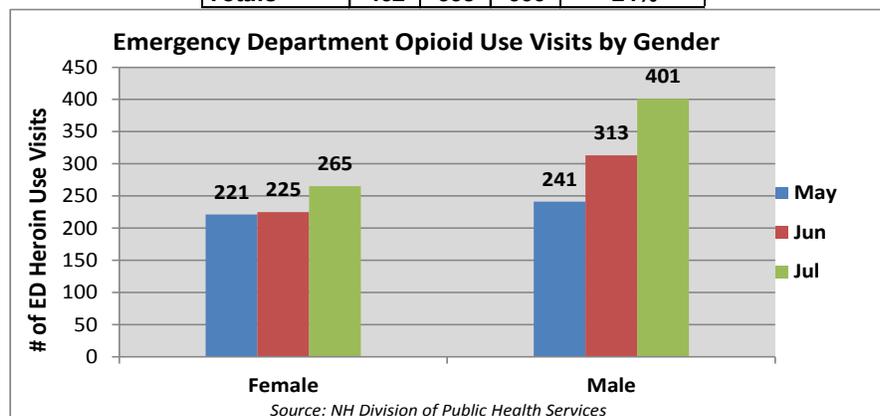
Age Trends: The age group with the largest number of Opioid related emergency department visits for July was 20 to 39 years of age. The largest percent increase from June to July was 10-19 years of age with a 100% increase.

Age	May	Jun	Jul	% Change
0-9	0	2	1	-50%
10-19	10	9	18	100%
20-29	176	238	279	17%
30-39	147	155	226	46%
40-49	66	69	66	-4%
50-59	44	43	51	19%
60+	19	22	25	14%
Totals	462	538	666	24%



Gender Trends: The gender with the largest number of opioid related emergency department visits for July was male. The largest percent increase from June to July was male with a 28% increase. Female opioid related emergency department visits also increased by 18% from June to July.

Gender	May	Jun	Jul	% Change
Female	221	225	265	18%
Male	241	313	401	28%
Totals	462	538	666	24%



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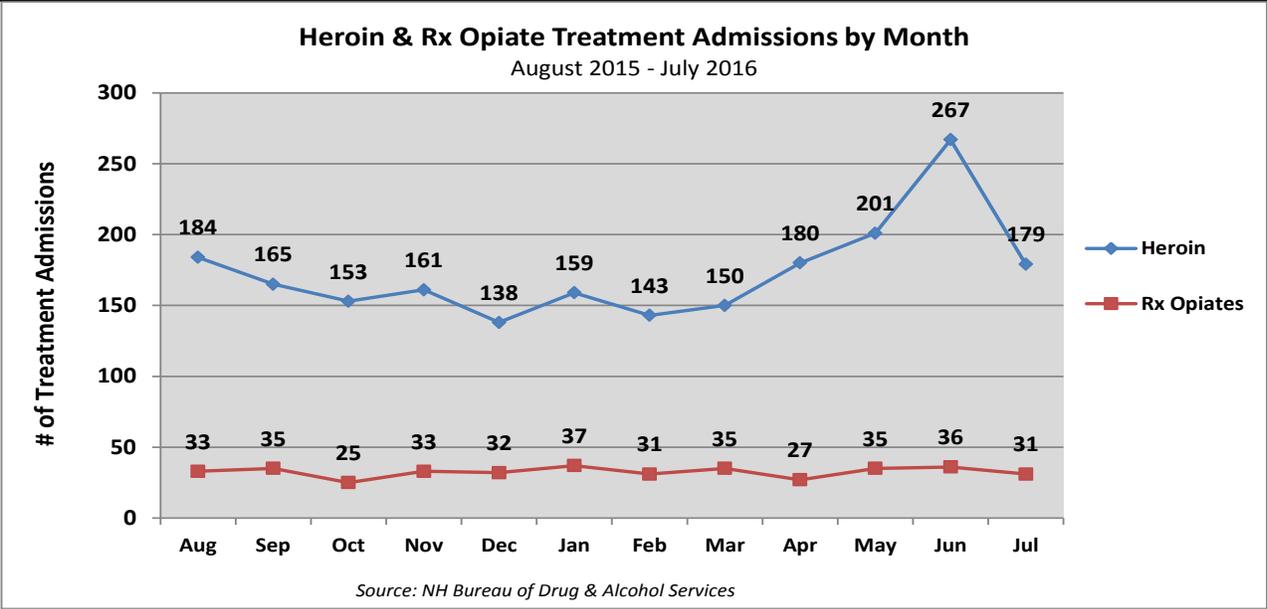
NH Drug Monitoring Initiative

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Heroin & Rx Opiate Treatment Admissions:

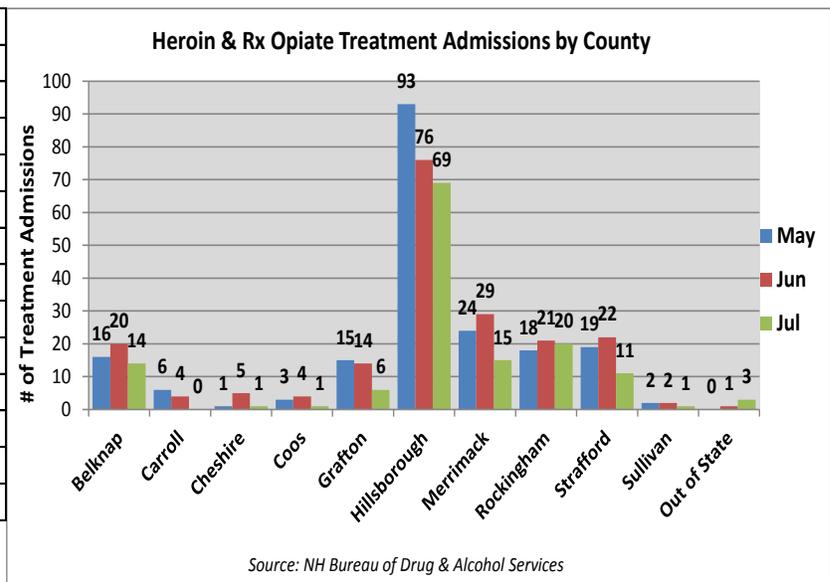
Data Source: NH Bureau of Drug & Alcohol Services

Monthly Trends: As displayed in the charts below, the number of treatment admissions for heroin increased from February to June. The number of admissions for prescription opiates decreased by 13% from June to July. When combining the number of heroin and prescription opiate treatment admissions, the overall number of admissions decreased by 31% from June to July. **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 July was Hillsborough. Rockingham county experienced the smallest percent decrease with a decrease of 5% in the number of residents admitted to treatment programs from June to July.

County	May	Jun	Jul	% Change
Belknap	16	20	14	-30%
Carroll	6	4	0	-100%
Cheshire	1	5	1	-80%
Coos	3	4	1	-75%
Grafton	15	14	6	-57%
Hillsborough	93	76	69	-9%
Merrimack	24	29	15	-48%
Rockingham	18	21	20	-5%
Strafford	19	22	11	-50%
Sullivan	2	2	1	-50%
Out of State	0	1	3	200%
Not provided	39	105	69	-34%
Totals	236	303	210	-31%



NOTE: County represents where the patient resides

NH Drug Monitoring Initiative Report

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NH Drug Monitoring Initiative

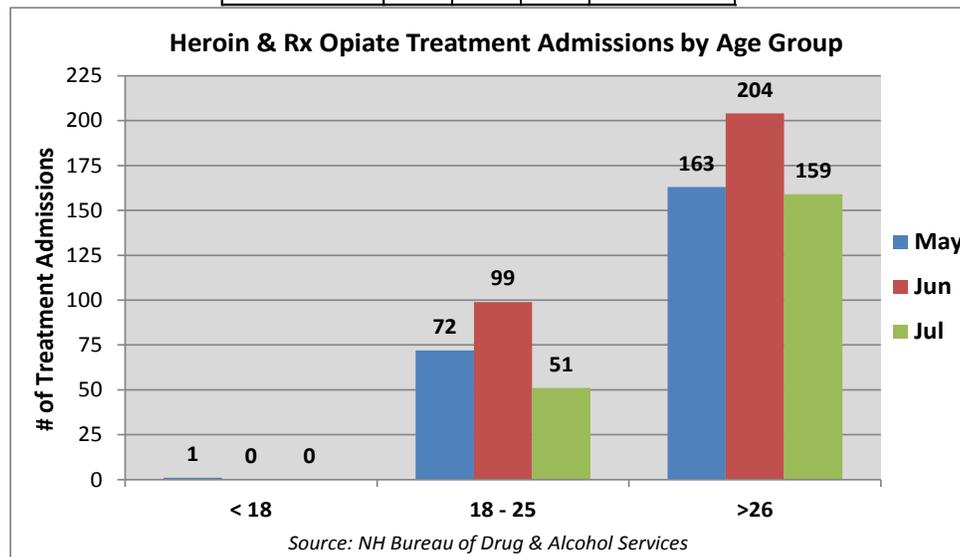
Drug Environment Report—UNCLASSIFIED

Heroin & Rx Opiate Treatment Admissions (Continued):

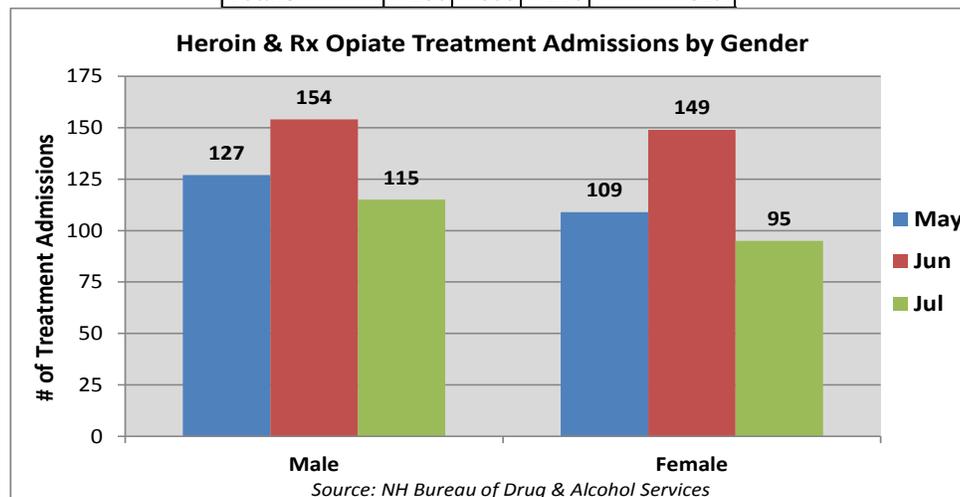
Demographic Trends: Treatment admissions for heroin and prescription opiates usage was broken down by age and gender as displayed in the charts below. Individuals 26 years of age or older exhibited the highest number of treatment admissions during the months of May, June, and July.

- There were more males than females admitted to treatment programs during the month of July. The number of males admitted to treatment programs decreased by 25% from June to July and the number of females admitted to treatment programs decreased by 36% during the same time period.

Age Group	May	Jun	Jul	% Change
< 18	1	0	0	Incalculable
18 - 25	72	99	51	-48%
>26	163	204	159	-22%
Totals	236	303	210	-31%



Gender	May	Jun	Jul	% Change
Male	127	154	115	-25%
Female	109	149	95	-36%
Totals	236	303	210	-31%



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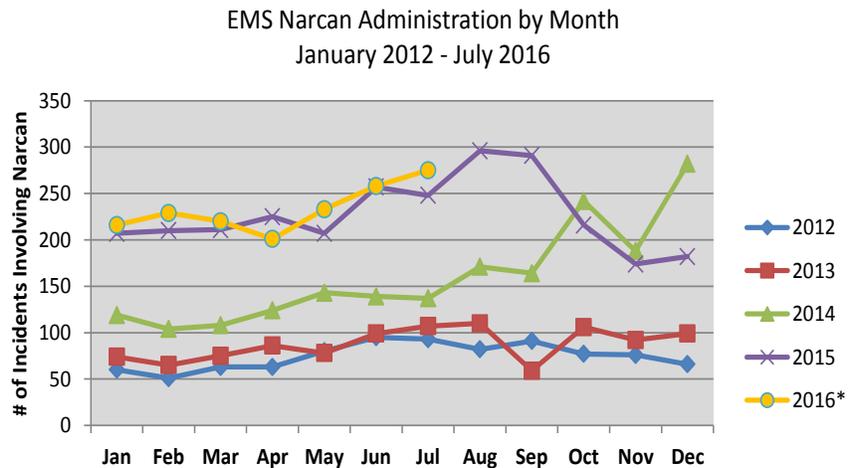
EMS Narcan Administration*:

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

Monthly Trends:

Incidents involving EMS Narcan administration increased by 7% from June 2016 to July 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.)



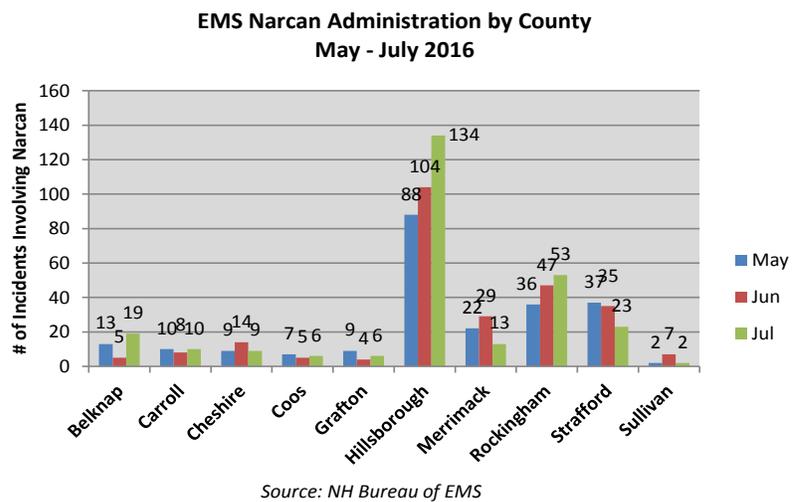
Source: NH Bureau of EMS

*2016 Numbers are based on analysis completed as of August, 2016

Geographic Trends: The following chart displays the number of incidents involving Narcan administration by county for the months of May, June, and July. The county with the largest number of incidents involving Narcan administration for all three months is Hillsborough County with 88, 104, and 134 incidents, respectively. The largest percent increase in the number of incidents involving Narcan between June and July was observed in Belknap County with a 280% increase. The largest percentage decrease was seen in Sullivan County with a 71% decrease.

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

County	May	Jun	Jul	% Change
Belknap	13	5	19	280%
Carroll	10	8	10	25%
Cheshire	9	14	9	-36%
Coos	7	5	6	20%
Grafton	9	4	6	50%
Hillsborough	88	104	134	29%
Merrimack	22	29	13	-55%
Rockingham	36	47	53	13%
Strafford	37	35	23	-34%
Sullivan	2	7	2	-71%
Total	233	258	275	7%



Source: NH Bureau of EMS

*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.

NH Drug Monitoring Initiative Report

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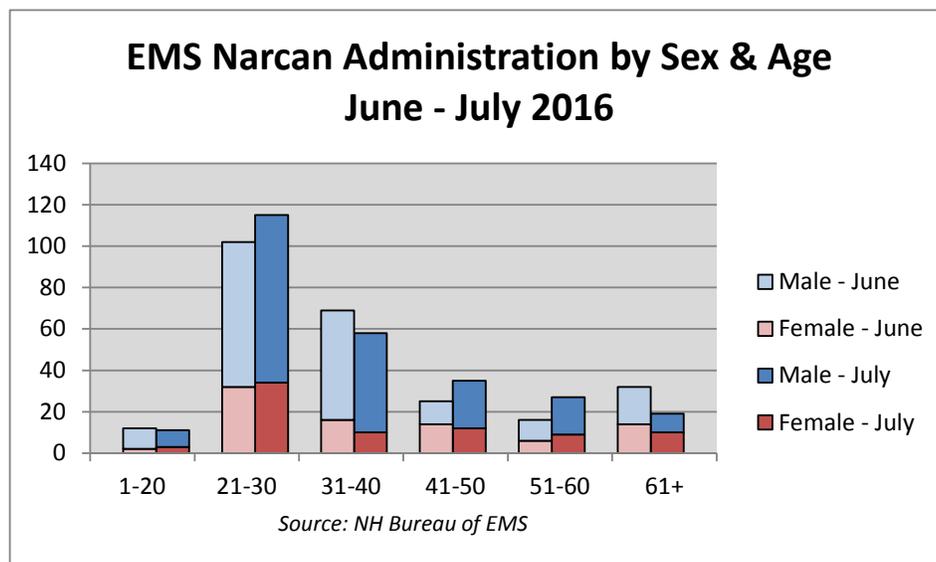
EMS Narcan Administration* (Continued):

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 May, June, and July.

- More males than females were administered Narcan during the months of May, June, and July. The number of males that were administered Narcan increased by 8.7% from June to July and the number of females administered Narcan increased by 5% during the same time period.

Age	May		June		July	
	Male	Female	Male	Female	Male	Female
1-20	6	5	10	2	8	3
21-30	57	12	70	32	81	34
31-40	39	19	53	16	48	20
41-50	17	20	11	14	23	12
51-60	21	12	10	6	18	9
61+	10	13	18	14	9	10
Total	150	81	172	84	187	88



*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.

NH Drug Monitoring Initiative Report

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EMS/Narcan Administration By Town
8/1/2015-7/31/2016
Data source: New Hampshire Bureau of EMS

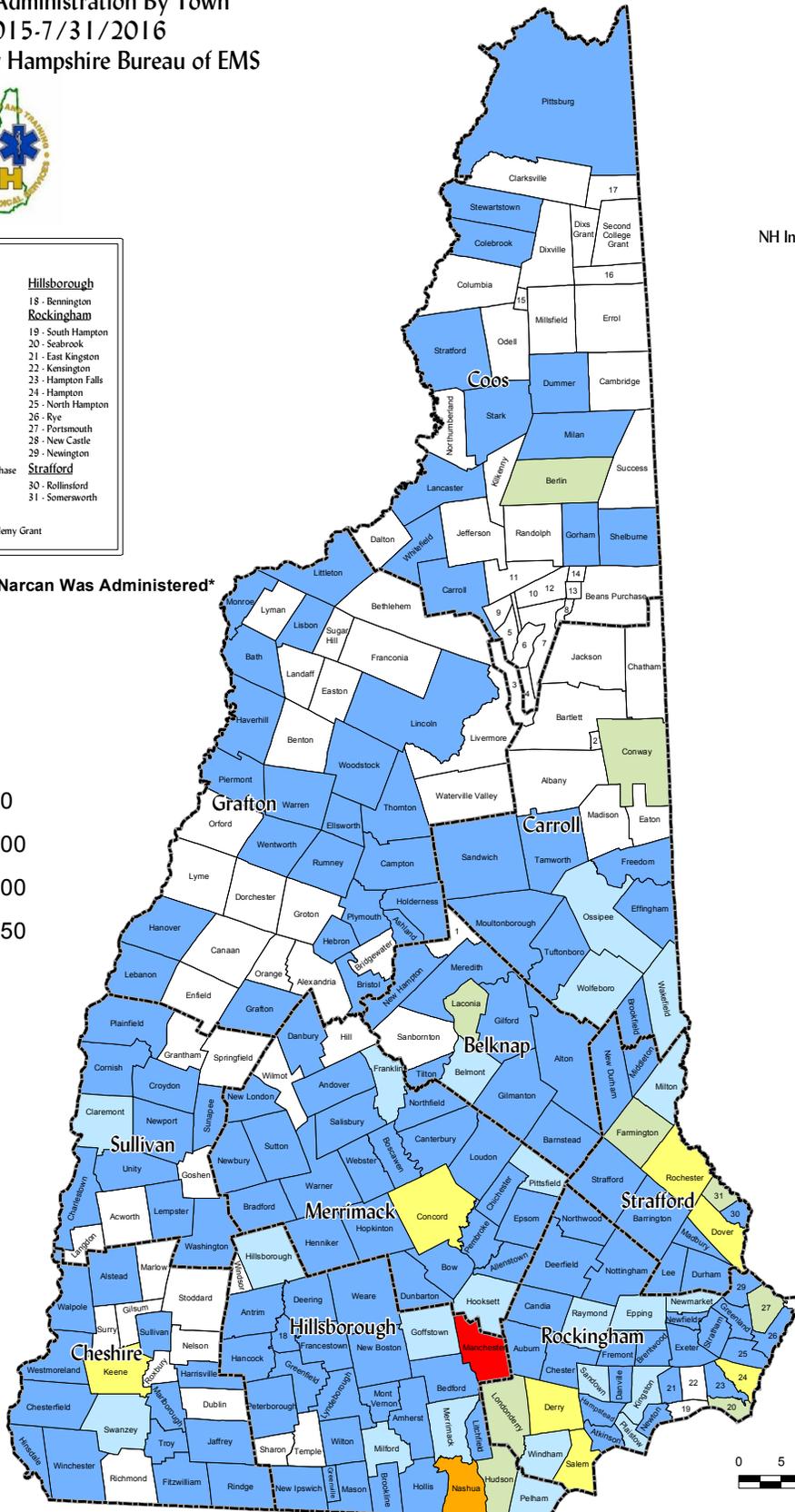
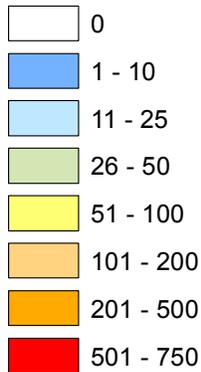


Prepared by:
NH Information & Analysis Center

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3 - Harts Location	20 - Seabrook
Coos	21 - East Kingston
4 - Hadley Purchase	22 - Kensington
5 - Beane Grant	23 - Hampton Falls
6 - Catts Grant	24 - Hampton
7 - Sargents Purchase	25 - North Hampton
8 - Pinkhams Grant	26 - Rye
9 - Crawford's Purchase	27 - Portsmouth
10 - Chandler's Purchase	28 - New Castle
11 - Low & Burbanks Grant	Strafford
12 - Thompson & Meserve's Purchase	30 - Rollinsford
13 - Greens Grant	31 - Somersworth
14 - Martins Location	
15 - Erving's Grant	
16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

Incidents Where Narcan Was Administered



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NH Drug Monitoring Initiative

Drug Environment Report—UNCLASSIFIED

Drug Overdose Deaths:

Data Source: NH Medical Examiner's Office

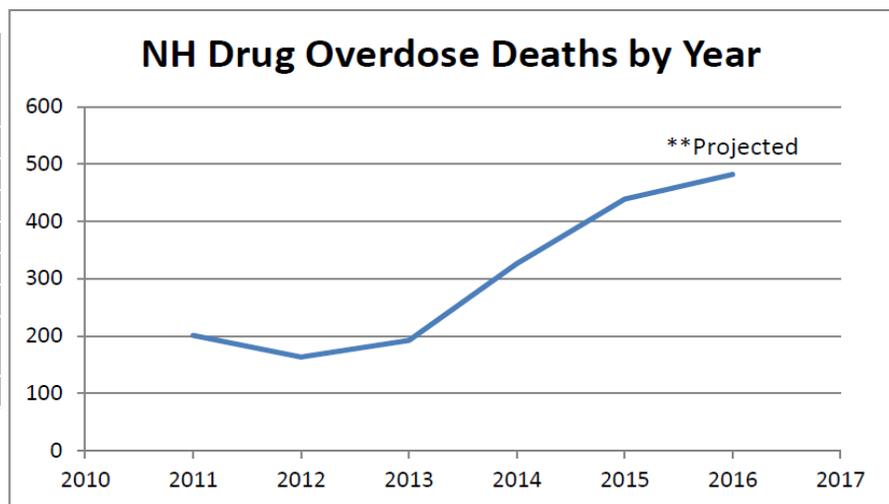
Annual Trends: The chart below displays overdose deaths annually from 2011 through 2016. 2016 numbers are as of 11 August 2016. The projected number of drug related deaths for 2016 is **482**. There has been one confirmed death from U-47700 in 2016. **Please see page 11 for a map of 2016 overdose deaths 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.

Year	All Drug Deaths	Heroin Related Deaths+	Fentanyl Related 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*	196	10	139

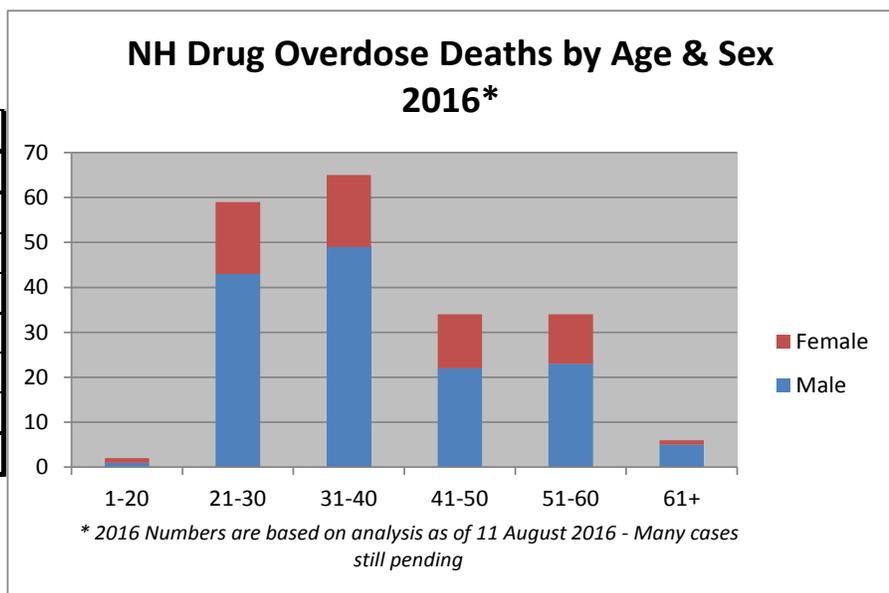
*numbers reported as of 08/11/16

Source: Office of the Chief Medical Examiner



Age	July 2016	
	Male	Female
1-20	1	1
21-30	43	16
31-40	49	16
41-50	22	12
51-60	23	11
61+	5	1
Total	143	57

*2016 Numbers are based on analysis as of 11 August 2016



* 2016 Numbers are based on analysis as of 11 August 2016 - Many cases still pending

NH Drug Monitoring Initiative Report

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Overdose Deaths by Town* - 2016+ (Data Source: NH Medical Examiner's Office)

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

+2016 data was reported on August 11, 2016.
There are many more deaths that are suspected to be drug related, but the official cause of death is pending until the toxicology results are received.



Prepared by:
NH Information & Analysis Center

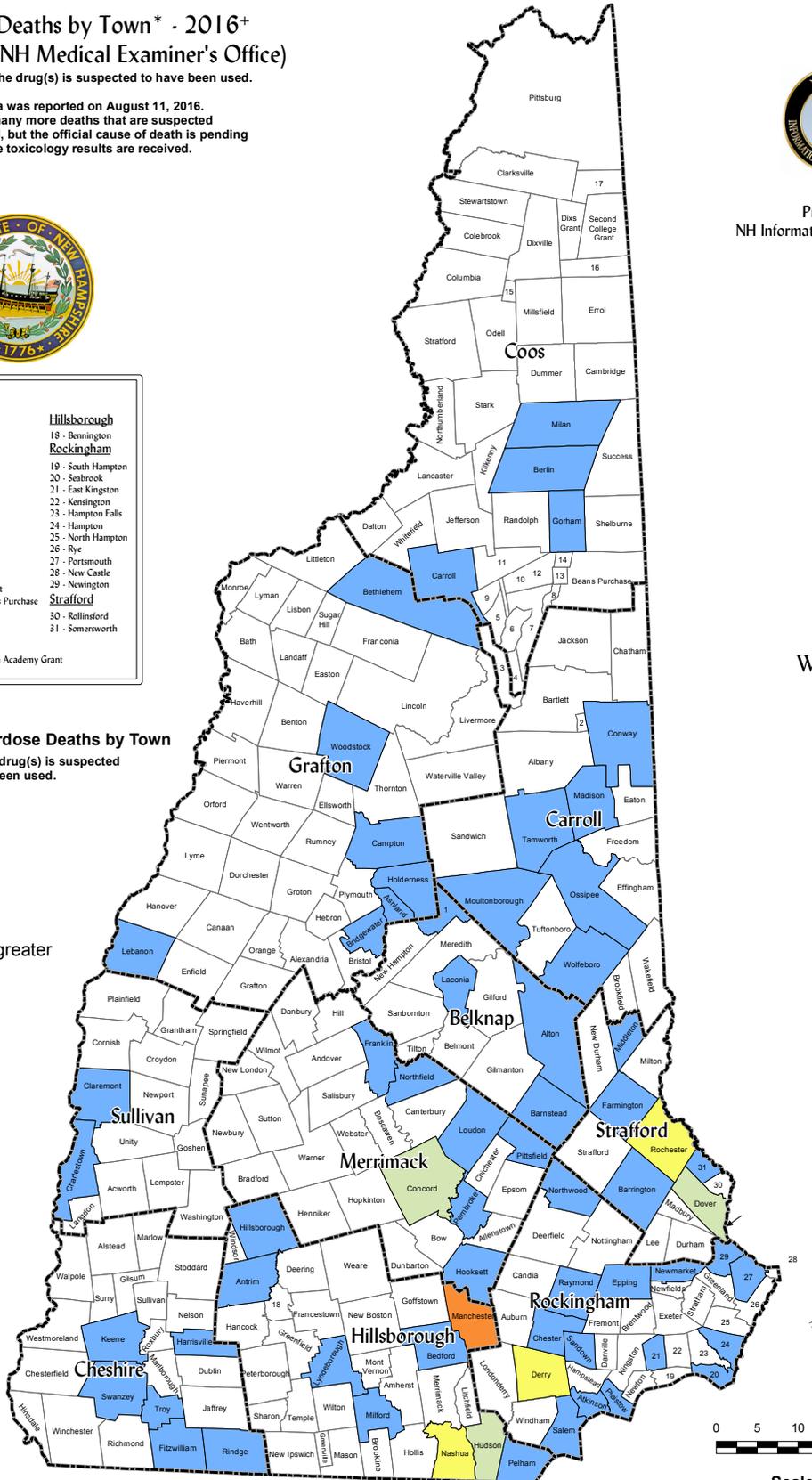
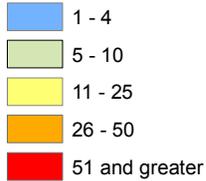


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16 - Wentworth Location	
17 - Atkinson & Gilmanton Academy Grant	

Number of Overdose Deaths by Town

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



NH Drug Monitoring Initiative Report

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SAFE STATION

As of August, 2 2016

- Number of requests at MFD for Safe Station: 282
- Number of participants placed within the Hope System: 117*
- Number of participants transported to Hospitals: 28
- 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 UNIQUE participants: 248
- Number of REPEAT participants: 34
- Age Range of Participants: 18-60

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

In the News...

Meth Lab Discovered at Home in Claremont

According to WMUR, two Claremont residents are facing charges after police said they found evidence of methamphetamine manufacturing Tuesday (8/2) morning at a home in the city. Erica Walker, 34, and Shaun Teeter, 33, are accused of making the drug in a residence at 44 Central Street. Police said the two were arrested during the execution of a search warrant. A DEA laboratory team was called to the scene as a safety precaution.

Nashua Police Roundup Nabs 8 on Drug Charges

According to the Nashua Telegraph, a team of detectives, patrol officers and Problem Oriented Policing Unit members rounded up eight individuals, including a man from New York City, in their most recent sweep Tuesday (7/26) afternoon. Police did not give details on where the arrests took place or on the circumstances that lead to the suspects. They did say the arrests were part of their Combined Drug Impact Initiative, which targets people suspected of distributing, possessing and using illegal drugs. Ricky Holloway, 25, was in possession of about 10 grams of cocaine, police said. Matthew Escamilla, 22, faces two counts of sale of a controlled drug—heroin—a felony-level charge. Nicholas McDowell-Monte, 28, was charged with one count sale of a controlled drug—heroin—a felony. Aaron Smith, 25, is charged with two counts of sale of a controlled drug, and one count of possession of heroin. R. Shelbi Paynter, 37, is charged with one count each of attempted sale of a controlled drug. Christi Terrell, 23, is charged with one count of attempted sale of controlled drug—crack cocaine, and possession of marijuana. Tyler Greenhalgh, 23, is charged with one count of possession of a controlled drug—oxycodone. James Watson, 22, is charged with one count of possession of marijuana. Police urge residents with any information concerning illegal drug activity to call their local police department.

Tracked by NHIAC/HSEC SINS: 03,16 / 05,06

NH Drug Monitoring Initiative Report

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NH Drug Monitoring Initiative

Drug Environment Report—UNCLASSIFIED

Substance Abuse Treatment/Recovery Directory:

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

BERLIN

Tri-County Community Action Programs Inc.
30 Exchange Street
Berlin, NH 03570

CANNAN

HALO Educational Systems
44 Roberts Road
Canaan, NH 03741

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
(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

HAVERHILL

Grafton County House of Corrections
Dartmouth College Road
Haverhill, NH 03765

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

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

Manchester Alcoholism and Rehabilitation Center

(Intensive Outpatient 18 years and older and Outpatient Services.)
555 Auburn Street
Manchester, NH 03101
Phone: 603-263-6287
Fax: 603-621-4295

National Council on Alcoholism and Drug Dependence—Greater Manchester

101 Manchester St.
Manchester, NH 03101

NASHUA

Greater Nashua Council on Alcoholism

Keystone Hall

(Outpatient and Intensive Outpatient Services for Adults, Adolescents and Their Families.)
615 Amherst Street
Nashua, NH 03063
Phone: 603-943-7971 Ext. 3
Fax: 603-943-7969

The Youth Council

(Outpatient for Adolescents and Families.)
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

SOMERSWORTH

Goodwin Community Health Center

311 NH-108
Somersworth, NH 03878

Phoenix Houses of New England

Locations in: Dublin, Keene, Northfield

A full list of Substance Abuse and Treatment Facilities can be found [here](#).

A treatment locator can be found [here](#).

Prescription Drug Drop Box Initiative Flyer

Prescription Drug Drop Box Initiative

New Hampshire's Prescription Drug Drop Box Initiative

Prescription drugs are often misused due to increased availability and easy access to a variety of unused medications in the home. Dispose extra, unwanted or expired prescription drugs safely and securely at a collection box located at a police department near you.

**Visit your local police department to anonymously
discard of unused or unwanted medications!**

45 recognized
drop boxes
have been
implemented
in police
departments
throughout
the state



Amherst Police Department
175 Amherst Street
Amherst, NH 03031

Auburn Police Department
55 Eaton Hill Road
Auburn, NH 03032

Bedford Police Department
55 Constitution Dr
Bedford, NH 03110

Belmont Police Department
16 Fuller St
Belmont, NH 03220

Bow Police Department
10 Grandview Road
Bow, NH 03304

Canaan Police Department
52 NH Route 118
Canaan, NH 03741

Concord Police Department
35 Green Street
Concord, NH 03301

Conway Police Department
35 East Conway Road
Center Conway, NH 03813

Derry Police Department
1 Municipal Drive
Derry, NH 03038

Durham Police Department
86 Dover Road
Durham, NH 03824

Enfield Police Department
19 Main Street
Enfield, NH 03748

Exeter Police Department
20 Court Street
Exeter, NH 03833

Franklin Police Department
5 Hancock Terrace
Franklin, NH 03235

Gilford Police Department
47 Cherry Valley Road
Gilford, NH 03249

Hanover Police Department
46 Lyme Road
Hanover, NH 03755

Haverhill Police Department
2975 Dartmouth College Highway
North Haverhill, NH 03774

Henniker Police Department
340 Old Routes 9 and 202
Henniker, NH 032422

Hinsdale Police Department
102 River Road
Hinsdale, NH 03451

Hollis Police Department
9 Silver Lake Road
Hollis, NH 03049

Hooksett Police Department
15 Legends Dr
Hooksett, NH 03106

Hudson Police Department
1 Constitution Drive
Hudson, NH 03051

Keene Police Department
400 Marlboro Road
Keene, NH 03431

Laconia Police Department
126 New Salem Street
Laconia, NH 03246

Lancaster Police Department
11 Mechanic Street
Lancaster, NH 03584

Lebanon Police Department
36 Poverty Lane
Lebanon, NH 03766

Lee Police Department
20 George Bennett Road
Lee, NH 03861

Litchfield Police Department
2 Liberty Way
Litchfield, NH 03052

Littleton Police Department
2 Kiltidge Lane
Littleton, NH 03561

Londonderry Police Department
268 Mammoth Road
Londonderry, NH 03053

Manchester Police Department
405 Valley Street
Manchester, NH 03103

Merrimack Police Department
31 Baboosic Lake Road
Merrimack, NH 03054

Moultonborough Police Department
1035 Whittier Highway
Moultonborough, NH 03254

Nashua Police Department
0 Panther Drive
Nashua, NH 03062

Newington Police Department
71 Fox Point Road
Newington, NH 03801

Northfield Police Department
138 Park St
Northfield, NH 03276

North Hampton Police Department
233 Atlantic Ave
North Hampton, NH 03862

Pelham Police Department
14 Village Green
Pelham, NH 03076

Pembroke Police Department
247 Pembroke Street
Suncook, NH 03275

Plymouth Police Department
334 Main Street
Plymouth, NH 03264

Portsmouth Police Department
3 Junkins Avenue
Portsmouth, NH 03801

Raymond Police Department
1 Scribner Road
Raymond, NH 03077

Salem Police Department
9 Veterans Memorial Parkway
Salem, NH 03079

Sandown Police Department
314 Main Street
Sandown, NH 03873

Seabrook Police Department
7 Liberty Lane
Seabrook, NH 03874

Windham Police Department
4 Fellows Road
Windham, NH 03087

*There may be other NH police departments not on this list who have a drop box.

Approved SUD Contracts

Approved SUD Contracts

Substance Use-Related Contracts approved by G&C from 1/1-8/3/16

January 27

Naloxone training

[#6](#) Authorize the Bureau of Drug and Alcohol Services to enter into a memorandum of agreement with the NH Department of Safety, Division of Fire Standards and Training, Emergency Medical Services, Concord, NH, to provide training, in an amount not to exceed \$34,419.50. Effective upon G&C approval through December 31, 2016. **100% Federal Funds.**

March 9

Regional Access Point-Monadnock

[#22](#) Authorize to enter into a **sole source** agreement with Southwestern Community Services Inc., Keene, NH, for the provision of Regional Access Point Services that will assist individuals who have substance use disorders access the help they need in an amount not to exceed \$211,500. Effective upon G&C approval through June 30, 2017. **44% Federal, 56% General Funds.**

March 23

Treatment Services

[#6](#) Authorize the Bureau of Drug and Alcohol Services, to enter into agreements with multiple vendors as detailed in letter dated March 7, 2016, to provide substance use disorder treatment and recovery support services statewide, in an amount not to exceed \$11,451,100. Effective April 1, 2016 through June 30, 2017. **56.1% Federal, 29.4% General, 14.5% Other Funds.**

Naloxone Donation

[#B.](#) Authorize to accept 171 Naloxone Kits from Adapt Pharma Limited, Radnor, PA, valued in the amount of \$12,825 for Statewide distribution to NH high schools that wish to participate in the program at no cost to taxpayers. Effective upon G&C approval through February 28, 2017. **100% Other (Private Grant) Funds.**

Youth Access Surveillance

[#17](#) Authorize to amend a memorandum of understanding with the NH State Liquor Commission, Concord, NH (originally approved by G&C on 6-24-15, item #24), that provides surveillance and related activities, for youth access to and use of tobacco products, by increasing the price by \$10,000 from \$100,000 to an amount not to exceed \$110,000. Effective upon G&C approval through the original end date of June 30, 2017. **100% Other, Drug Forfeiture Funds.**

Youth Prevention Program

[#18](#) Authorize to enter into a sole source agreement with CADY Inc., Plymouth, NH, to provide the LAUNCH Youth Entrepreneurship Directed Service Prevention Program, in the amount of \$40,000. Effective upon G&C approval through June 30, 2017. **100% General Funds.**

Court Diversion Programs

[#19](#) Authorize to enter into a sole source agreement with the Juvenile Court Diversion Network Inc., Concord, NH, for the provision of Juvenile Court Diversion Accreditation Services in order to ensure quality juvenile court diversion programs in the Counties of Sullivan and Carroll are available for youth who may have substance use issues in an amount not to exceed \$137,750. **Effective upon G&C approval through June 30, 2017. 100% Other Funds.**

April 6

Regional Access Point: Greater Manchester

[#9](#) Authorize to enter into a **sole source** agreement with National Council on Alcoholism and Drug Dependence/Greater Manchester, Manchester, NH for the provision of Regional Access Point Services to assist individuals with substance use disorders obtain the help they need in an amount not to exceed \$197,945. Effective upon G&C approval through June 30, 2017. **18% Federal, 82% Other (Liquor Commission).**

Governor's Advisor

[#9A](#) Authorize, with the Office of Governor Margaret Wood Hassan, to enter into a memorandum of understanding to fund the work of the Governor's Advisor on Addiction and Behavioral Health to work with stakeholders to formulate and coordinate policies and services to effectively address mental health and substance use disorders within the state of NH in an amount not to exceed \$184,375. Effective upon G&C approval through June 30, 2017. **100% General Funds.** (2) Further authorize to accept and expend an amount up to \$91,375 from the Department of Health and Human Services, Bureau of Drug and Alcohol Services, Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery to fund the work of the Governor's Advisor on Addiction and Behavioral Health. Effective July 1, 2016 through February 28, 2017.

June 1

Treatment Services: Goodwin

[#12](#) Authorize the Bureau of Drug and Alcohol Services, to enter into an agreement with Goodwin Community Health, Somersworth, NH, to provide substance use disorder treatment and recovery support services statewide, in an amount not to exceed \$489,500. Effective upon G&C approval through June 30, 2017. **56.1% Federal, 29.4% General, 14.5% Other Funds.**

Peer Recovery Supports Facilitating Organization

[#13](#) Authorize to enter into an agreement with Harbor Homes Inc., Nashua, NH, to facilitate the development and networking of Peer Recovery Support Services available through Recovery Community Organizations in a minimum of five Regional Public Health Regions in order to significantly reduce alcohol and drug misuse and its social, behavioral and health consequences statewide, in an amount not to exceed \$1,500,000. Effective upon G&C approval through June 30, 2017. **13% General, 40% Federal, 47% Other Funds.**

June 15

Workforce Development Plan and Recruitment

[#11D](#) Authorize to exercise a sole source renewal option and amend an existing agreement with the Bi State Primary Care Association, Bow, NH (originally approved by G&C on 6-4-14, item #48), to recruit primary care, oral health, behavioral/mental health and substance use disorder professionals, by increasing the price by \$870,000 from \$355,000 to an amount not to exceed \$1,225,000, and by extending the completion date from June 30, 2016 to June 30, 2018. 55.57% Federal, 44.43% General Funds. **Includes Funding for SUD Workforce Plan=\$250,000**

June 15 (late item)

Friendship House Pre-Development Planning

[#A1](#). Authorize to enter into an amendment with Tri-County Community Action Program to increase service rates and complete planning activities for new construction or renovations to an existing building owned by the Contractor. This increases the price limitation by \$92,000 from \$11,940,600 to an amount not to exceed \$12,032,600, effective upon G&C approval. There is no change to the completion date of June 30, 2017. 64.5% Federal, 21.5% General, and 14% Other Funds.

June 29

Treatment infrastructure

[#22](#) Authorize to enter into agreements with the vendors as detailed in letter dated June 6, 2016, to expand the substance use disorder treatment service infrastructure, statewide, in an amount not to exceed \$4,180,800. Effective July 1, 2016 or upon G&C approval, whichever is later, through June 30, 2017. 25% General, 75% Federal Funds.

Rate increases for Workforce*

[#25](#) Authorize the Bureau of Drug and Alcohol Services, to enter into amendments to existing agreements with the vendors as detailed in letter dated June 16, 2016 (originally approved by G&C on 3-23-16, item #6 & Goodwin on 6-1-16, item #12), except for Tri-County Community Action Program Inc., to increase the service rates. The service rates' increase will raise compensation for direct services staff and modify supervision requirements. (2) Further authorize to enter into an amendment with Southeastern NH Alcohol and Drug Abuse Services, Dover, NH, to expand the types of substance use disorder treatment services being offered to clients by adding partial hospitalization services, transitional living services, and withdrawal management services. There are no changes to the combined price limitation of \$12,032,600 and no changes to the completion dates of June 30, 2017. Effective upon G&C approval. 64.5% Federal, 21.5% General, 14% Other Funds.

**No additional funds*

Public Education and Awareness

[#25A](#) Authorize the Bureau of Drug and Alcohol Services to amend an existing sole source agreement with JSI Research & Training Institute Inc., d/b/a Community Health Institute, Bow, NH (originally approved by G&C on 12-16-15, item #28), to include provisions for media messaging campaign related

to the opioid crisis, by increasing the price by \$450,000 from \$1,254,747 to \$1,704,747. Effective upon G&C approval through the original end date of June 30, 2017. 100% Federal Funds.

July 13

Office-Based Opiate Treatment

[#6B](#) Authorize to enter into a **sole source** agreement with Foundation for Healthy Communities, Concord, NH, for the purpose of expanding the State’s capacity to provide Office-based Opiate Treatment including the use of medications to NH residents experiencing opioid addiction in an amount not to exceed \$1,800,000. Effective upon G&C approval through June 30, 2018. **75% Federal, 25% General Funds.**

Regional Access Point Services

[#6C](#) Authorize to enter into a **sole source** agreement with Granite Pathways c/o Fedcap, Concord, NH, for the provision of Regional Access Point Services to assist individuals with substance use disorders obtain the help they need, in an amount not to exceed \$1,200,000. Effective upon G&C approval through June 30, 2017. **75% Federal, 25% General Funds.**

August 3

Student Assistance Programming

[#11](#) Authorize to enter into agreements with four vendors as detailed in letter dated July 6, 2016, to provide Student Assistance Programming to address underage drinking among persons aged 12 to 20, and prescription drug misuse and abuse and illicit opioid misuse and abuse among persons aged 12 to 25, in “high need, high risk” populations in NH, in an amount not to exceed \$724,578. Effective upon G&C approval through June 30, 2018. **100% Federal Funds.**

Treatment and Residential/Supportive Housing Services

[A.](#) Authorize to enter into a **sole source** agreement with Hope on Haven Hill, Inc., for the provision of substance use disorder treatment services, residential and/or supportive housing, and wraparound services to pregnant and/or parenting women who are experiencing substance use disorders; have income at or below the 185% Federal Poverty level; and are homeless, or at risk of becoming homeless in Strafford County in an amount not to exceed \$482,119, effective upon Governor and Executive Council approval through June 30, 2017. **100% Federal Funds.**

TOTAL	AS OF
\$19,862,214.50	6/29/2016
\$22,862,214.50	7/13/2016
\$24,068,911.50	8/3/2016