

REGULAR CALENDAR

October 24, 2024

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Finance to which was referred SB
239-FN,**

**AN ACT (New Title) relative to the use of harm
reduction services to treat alcohol and other substance
misuse. Having considered the same, report the same:
NOT RECOMMENDED FOR FUTURE LEGISLATION.**

Rep. J.R. Hoell

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Finance
Bill Number:	SB 239-FN
Title:	(New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.
Date:	October 24, 2024
Consent Calendar:	REGULAR
Recommendation:	NOT RECOMMENDED FOR FUTURE LEGISLATION

STATEMENT OF INTENT

The Finance Committee does not recommend SB 239-FN for future legislation. There are still unresolved issues on the definition of the broad term 'harm reduction'; until those issues are agreed upon and worked out, there is no point in expanding these services.

Vote 9-8.

Rep. J.R. Hoell
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Finance

SB 239-FN, (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.**NOT RECOMMENDED FOR FUTURE LEGISLATION .**

Rep. J.R. Hoell for Finance. The Finance Committee does not recommend SB 239-FN for future legislation. There are still unresolved issues on the definition of the broad term 'harm reduction'; until those issues are agreed upon and worked out, there is no point in expanding these services.

Vote 9-8.

HOUSE COMMITTEE ON FINANCE

EXECUTIVE SESSION on SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: October 23, 2024

LOB ROOM: 210-211

MOTION:

Interim Study (2nd yr) Recommended for Future Legislation

Moved by Rep. Stringham Seconded by Rep. Preece Vote: 8-9

MOTION:

Interim Study (2nd yr) Not Recommended for Future Legislation

Moved by Rep. Hoell Seconded by Rep. Mooney Vote: 9-8

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Joseph Pitre, Clerk

HOUSE COMMITTEE ON FINANCE

EXECUTIVE SESSION on SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: 10/23/24

LOB ROOM: 210-211

MOTION:

☒ Recommended for Future Legislation

☐ Not Recommended for Future Legislation

Moved by Rep. STRONG AM Seconded by Rep. Pherees Vote: 8-9

NOT
Recommended
HOOE

~~MAHONEY~~
MOONEY

9-8

Respectfully submitted,

Rep. [Signature]
Committee Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2024 SESSION

2/28/2024 12:08:43 PM
Roll Call Committee Registers
Report

Finance

FN

Bill #: SB 239 Motion: NRFFL AM #: _____ Exec Session Date: 230224

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Weyler, Kenneth L. Chairman	<i>9</i>		
Erf, Keith Vice Chairman	<i>1</i>		
McGuire, Dan	<i>2</i>		
Pitre, Joseph A. Clerk	<i>3</i>		
Emerick, Tracy	<i>4</i>		
Griffin, Gerald	<i>5</i>		
Mooney, Maureen C.	<i>6</i>		
Edwards, Jess C.			
Bean, Harry H.			
Hoell, J.R.	<i>7</i>		
Sweeney, Joe			
Cambrils, Jose E.			
Popovici-Muller, Daniel	<i>8</i>		
Wallner, Mary Jane		<i>1</i>	
Leishman, Peter R.			
Buco, Thomas L.			
Huot, David O.		<i>2</i>	
Heath, Mary		<i>3</i>	
Murray, Kate R.		<i>3</i>	
Ebel, Karen E.		<i>4</i>	
Telerski, Laura D.			
Hakken-Phillips, Mary A.		<i>5</i>	
Stringham, Jerry M.		<i>6</i>	
Grassie, Chuck W.		<i>7</i>	
Preece, David John		<i>8</i>	
TOTAL VOTE:	<i>9</i>	<i>8</i>	



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2/28/2024 12:08:43 PM
Roll Call Committee Registers
Report

2024 SESSION

Finance

FN

RFFL

Bill #: SB 239 Motion: Recommend Future Legislation AM #: _____ Exec Session Date: 23 Oct 24

Members	YEAS	Nays	NV
Weyler, Kenneth L. Chairman		9	
Erf, Keith Vice Chairman		1	
McGuire, Dan		2	
Pitre, Joseph A. Clerk		3	
Emerick, Tracy		4	
Griffin, Gerald		5	
Mooney, Maureen C.		6	
Edwards, Jess C.			
Bean, Harry H.			
Hoell, J.R.		7	
Sweeney, Joe			
Cambrils, Jose E.			
Popovici-Muller, Daniel		8	
Wallner, Mary Jane	1		
Leishman, Peter R.			
Buco, Thomas L.			
Huot, David O.			
Heath, Mary	2		
Murray, Kate R.	3		
Ebel, Karen E.	4		
Telerski, Laura D.			
Hakken-Phillips, Mary A.	5		
Stringham, Jerry M.	6		
Grassie, Chuck W.	7		
Preece, David John	8		
TOTAL VOTE:	8	9	

REGULAR CALENDAR

November 17, 2023

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Finance to which was referred SB 239-FN,

AN ACT (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse. Having considered the same, report the same with the recommendation that the bill be REFERRED FOR INTERIM STUDY.

Rep. J.R. Hoell

FOR THE MAJORITY OF THE COMMITTEE

MAJORITY COMMITTEE REPORT

Committee:	Finance
Bill Number:	SB 239-FN
Title:	(New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.
Date:	November 17, 2023
Consent Calendar:	REGULAR
Recommendation:	REFER FOR INTERIM STUDY

STATEMENT OF INTENT

This bill amends a commission serving in an advisory capacity to the governor and general court to include other drug misuse prevention and harm reduction. The bill places in statute the establishment and administration of statewide access points for services and support, and expands the syringe services program, as well as addresses the criteria for physicians and physician assistants. The bill changes the prohibition on using state funds for "harm reduction" to permitting it. The majority of the committee voted to place the bill in interim study to further define critical terms namely "harm reduction", "pain" and to establish criteria that considers the cumulative community effects of "harm reduction programs" rather than allow one-off projects to be funded without balance.

Vote 13-12.

Rep. J.R. Hoell
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Finance

SB 239-FN, (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse. **MAJORITY: REFER FOR INTERIM STUDY. MINORITY: OUGHT TO PASS.**

Rep. J.R. Hoell for the **Majority** of Finance. This bill amends a commission serving in an advisory capacity to the governor and general court to include other drug misuse prevention and harm reduction. The bill places in statute the establishment and administration of statewide access points for services and support, and expands the syringe services program, as well as addresses the criteria for physicians and physician assistants. The bill changes the prohibition on using state funds for "harm reduction" to permitting it. The majority of the committee voted to place the bill in interim study to further define critical terms namely "harm reduction", "pain" and to establish criteria that considers the cumulative community effects of "harm reduction programs" rather than allow one-off projects to be funded without balance. **Vote 13-12.**

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

November 17, 2023

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Finance to which was referred SB 239-FN,

AN ACT (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse. Having considered the same, and being unable to agree with the Majority, report with the recommendation that the bill OUGHT TO PASS.

Rep. Mary Jane Wallner

FOR THE MINORITY OF THE COMMITTEE

MINORITY COMMITTEE REPORT

Committee:	Finance
Bill Number:	SB 239-FN
Title:	(New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.
Date:	November 17, 2023
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS

STATEMENT OF INTENT

This bill adds “harm reduction” services to the scope of the Governor’s Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery under RSA 12-J. In addition, the bill codifies into statute the existing Doorways program which provides integrated drug and alcohol misuse information, referral, and treatment services. It also amends the syringe service programs under RSA 318-B:43 with a specific list of eligible activities with respect to the syringe service program, and defines the terms “drug checking” and “drug checking equipment” so that drug content can be verified using test strips to reduce the harm of ingestion of unintended substances such as fentanyl and xylazine. In addition, it specifies three credit hours of continuing education for physicians in the area of pain management and substance misuse disorders while at the same time clarifying that care for patients with chronic pain or those in hospice or palliative care should not be negatively impacted. While there was initial concern by some that the definition of “harm reduction” was too broad, a bipartisan effort resulted in a floor amendment which narrowed and better defined what harm reduction measures were allowed during the bill’s first vote in the House. That amendment (2023-1861) was adopted by a vote of 359-18 and was followed by a vote of OTPA by a voice vote.

Rep. Mary Jane Wallner
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Finance

SB 239-FN, (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse. **OUGHT TO PASS.**

Rep. Mary Jane Wallner for the **Minority** of Finance. This bill adds “harm reduction” services to the scope of the Governor’s Commission on Alcohol and Other Drug Abuse Prevention, Treatment, and Recovery under RSA 12-J. In addition, the bill codifies into statute the existing Doorways program which provides integrated drug and alcohol misuse information, referral, and treatment services. It also amends the syringe service programs under RSA 318-B:43 with a specific list of eligible activities with respect to the syringe service program, and defines the terms “drug checking” and “drug checking equipment” so that drug content can be verified using test strips to reduce the harm of ingestion of unintended substances such as fentanyl and xylazine. In addition, it specifies three credit hours of continuing education for physicians in the area of pain management and substance misuse disorders while at the same time clarifying that care for patients with chronic pain or those in hospice or palliative care should not be negatively impacted. While there was initial concern by some that the definition of “harm reduction” was too broad, a bipartisan effort resulted in a floor amendment which narrowed and better defined what harm reduction measures were allowed during the bill’s first vote in the House. That amendment (2023-1861) was adopted by a vote of 359-18 and was followed by a vote of OTPA by a voice vote.

Original: House Clerk
Cc: Committee Bill File

HOUSE COMMITTEE ON FINANCE

EXECUTIVE SESSION on SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: November 14, 2023

LOB ROOM: 210-211

MOTIONS: **REFER FOR INTERIM STUDY**

Moved by Rep. Hoell

Seconded by <<Committee Members>>

Vote: 13-12

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Joseph Pitre, Clerk

HOUSE COMMITTEE ON FINANCE

EXECUTIVE SESSION on SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: 11-14-23

LOB ROOM: 210-211

MOTION: (Please check one box)

☐ OTP ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☒ Interim Study (2nd year) (if offered)

Moved by Rep. Hoell Seconded by Rep. KOFH Vote: 13-12

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

☐ **WITHOUT RECOMMENDATION**

CONSENT CALENDAR: _____ YES ☒ NO

Minority Report? ☒ Yes _____ No If yes, author, Rep: Wellner Motion OTP

Respectfully submitted: [Signature]
Rep Joseph Pitre, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

11/14/2023 10:17:23 AM
Roll Call Committee Registers
Report

2023 SESSION

Finance

Bill #: SB 239 ^{FN} Motion: INTERIM STUDY ^{2nd YEAR} AM #: Exec Session Date: 14 NOV 23

Members	YEAS	Nays	NV
Weyler, Kenneth L. Chairman	13		
Erf, Keith Vice Chairman	1		
McGuire, Dan	2		
Pitre, Joseph A. Clerk	3		
Emerick, Tracy	4		
Griffin, Gerald	5		
Mooney, Maureen C.	6		
Edwards, Jess C. <i>KOFH</i>	7		
Bean, Harry H.	8		
Hoell, J.R.	9		
Sweeney, Joe	10		
Cambrils, Jose E.	11		
Popovici-Muller, Daniel	12		
Wallner, Mary Jane		1	
Nordgren, Sharon L.		2	
Leishman, Peter R.		3	
Buco, Thomas L.		4	
Huot, David O.		5	
Heath, Mary		6	
Murray, Kate R.		7	
Ebel, Karen E.		8	
Telerski, Laura D. <i>SHAPIRO</i>		9	
Hakken-Phillips, Mary A.		10	
Stringham, Jerry M.		11	
Grassie, Chuck W.		12	
TOTAL VOTE:	13	12	

SB 239-FN FISCAL NOTE
AS AMENDED BY THE HOUSE (AMENDMENTS #2023-1754h and #2023-1861h)

AN ACT relative to the use of harm reduction services to treat alcohol and other substance misuse.

FISCAL IMPACT: ☒ State ☐ County ☐ Local ☐ None

Estimated State Impact - Increase / (Decrease)				
	FY 2024	FY 2025	FY 2026	FY 2027
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
Expenditures	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	Federal funds; gifts, grants, and donations			
Appropriations	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

- Does this bill provide sufficient funding to cover estimated expenditures? ☒ N/A
- Does this bill authorize new positions to implement this bill? ☒ No

METHODOLOGY:

This bill makes a variety of changes to state laws governing the State's alcohol and drug abuse response efforts. In part, the bill establishes syringe service programs under RSA 318-B, the Controlled Drug Act. The Department of Health and Human Services states that it expects to meet these responsibilities with existing resources. In addition, the bill requires the Department, "with the availability of sufficient federal funding," to establish and administer statewide access points for delivery of substance use services and reports. In addition to federal funds, the bill authorizes the Department to accept funds from any source, including gifts, grants, and donations, in order to operate and sustain the access points. The bill does not appropriate general funds, nor does it require the Department to continue providing services in the absence of federal or other available funding sources.

AGENCIES CONTACTED:

Department of Health and Human Services

HOUSE COMMITTEE ON Finance

DIVISION III WORK SESSION ON SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: October 3, 2023

ROOM: 210-211

Time Work Session Called to Order: <<Start Time>>

Time Adjourned: 10:39 a.m.

(please circle if present)

Committee Members: Edwards, Mooney, Erb, Hoell, Wallner, Nordgren, Telerski and Stringham

Bill Sponsors:

Sen. Watters

Sen. Soucy

Rep. Meuse

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Kofalt replaced Rep. **Edwards** for this Work Session.

Rep. Grassie replaced Rep. **Stringham** for this Work Session.

Rep. **Weyler** participated in this Work Session.

Rep. **Schapiro**: Harm Reduction. Rep. **Kofalt** on HHS consensus of some need concern for definition of harm reduction floor amendment.

Rep. **Kofalt** definition still a problem on SB 239.

Rep. **Hoell** agrees problematic.

Rep. **Hoell** moves Interim Study, seconded by Rep. **Kofalt**.

House 359-18 amendment; Voice Vote on OTP/A.

Rep. **Schapiro** may need more funds, urges OTP.

Rep. **Wallner**: New concerns are policy.

Chair **Mooney**: Interim Study to House vote. Pass 5-4.

Respectfully submitted,

Rep. Kenneth Weyler
Acting Clerk, Division III



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/24/2023 2:50:37 PM
Roll Call Committee Registers
Report

2023 SESSION

Finance - Division III

Bill #: SB 239 Motion: Interim study AM #: Work ~~Exec~~ Session Date: 10/3/23

Members	YEAS	Nays	NV
Edwards, Jess C. Chairman <i>Kofalt</i>	1		
Mooney, Maureen C. Vice Chairman	5		
Erf, Keith	7		
Hoell, J.R.	3		
Wallner, Mary Jane		1	
Nordgren, Sharon L.		2	
Telerski, Laura D.		3	
Stringham, Jerry M. <i>Stassie</i>		4	
TOTAL VOTE: <i>Weyler</i>	4		

5 4

HOUSE COMMITTEE ON Finance

DIVISION III WORK SESSION ON SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: June 27, 2023

ROOM: 210-211

Time Work Session Called to Order: <<Start Time>>

Time Adjourned: 11:37 a.m.

(please circle if present)

Committee Members: Edwards, Mooney, Erf, Hoell, Wallner, Nordgren, Telerski and Stringham

Bill Sponsors:

Sen. Watters

Sen. Soucy

Rep. Meuse

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Members present: Reps. Mooney, Weyler, Wallner and Weber.

* Handouts from NH HRETA (Harm Reduction Education & Technical Assistance).

Just information sharing. We will discuss later in September. Members and non members present to comment.

Sen. **Watters** to introduce bill and provide report from Kerry **Nolte**, Project Director for NH HRETA and others involved in the issue for a time on Governor's Commission on Alcohol and Drug Abuse. First part describes Commission add "harm reduction" to prevention. HHS wants term substance abuse to substance misuse.

Page 3, bring together with opioid abatement and advisory Commission establishing door way to services.

Page 4, Syringe Service Program.

Rep. **Shapiro**: Are we going to fund syringe?

Ans: If funds are available, may need action.

Rep. **Weber**: You are striking general funds language unless specific?

Ans: Unless defined not other fund. People should not be subject to arrest for providing syringe.

Rep. **Mooney**: You need a glossary section in bill. Define access points, doorway, etc. What other paraphernalia is distributed page 5, lines 9-19.

Rep. **Shapiro**: Overlap with HB 287, should lose lists be included?

Rep. **Weber**: List of drug supplies, some are legal, should include? Is it eligibility for funding?

Ans: Cotton balls, tourniquet, may not be used as a medical procedure.

Page 5 continuing education. to achieve more people treating.

Page 6 Recognizing Harm Reduction we may not include "safe injection sites."

Rep. **Mooney**: Safe injection sites?

Ans: Not included unless desired.

Rep. **Mooney**: Manchester had a conflict.

Ans: City really tried hard for harm reduction. Problem was not set up without proper coordination,

Rep. **Nagel**: Continuing education important subject not covered in medical school. (Rep. **Nagel** is a physician recruited to Concord as a treatment specialist working for 30 years in various counseling.) Patient centered care is not patient centered. I have written a book, started non-profits. Opioid role is managing pain - we have wrongly addressed problem. Many opioid users are in control until supply problems then death or illegal access. Nothing in this bill takes care of my people, SB 32 is better. Harm reduction, substance misuse not defined. Misuse not an accurate term. DCD guidelines are overlooked and prescriptions too many. I have learned more in the last two months. Harm Reduction should have multiple modalities, counseling, etc. Used definitions from official source continuing education amended, already exists in statute and rules.

Rep. **Mooney**: Pain physical or mental?

Ans: We are working on definition. One patient with Achilles Tendon felt it was punishment by God. It complicated suffering.

Rep. **Weber**: Page 5, licensing not needed? Is it helpful to include harm reduction?

Ans: May be needed.

Rep. **Shapiro**: We have voted on several iterations of harm reduction. Opioid refugees? Further explain.

Ans: When I brought up the issue people changed their min about the bill. 56 million people have chronic pain us a separate term than harm reduction. I like glossary.

Rep. **Shapiro**: Many iterations. I supported all definitions of harm reduction. We need to ensure we do not shut out future problems.

Ans: Trying to define the undefinable.

Rep. **Weber**: Had spouse die of cancer, problems with pain control. When a bill starts with one problem, one solution, is that proper for a global solution?

Ans: \$330 million for opioid addiction, we need to help the refugees.

Sen. **Watters**: Page 6, lines 13-14 recognizes your points. Use in Governor's Commission

Rep. Jesse **Suloway** (former): I am the author of two volumes of drug treatment. Paradigm shift in this bill of treating drug misuse. 70% of drug problem is also alcohol. History of failures marching into abject failure knowing it. We could destroy illegal market by making it available by prescription.

Rep. **Hannon** (former): I have experience working on the streets, I wrestle with definition of Harm Reduction, varies across country. Look at handout. We are not promoting drug use. Paraphernalia - preparation equipment using cigarette filters to filter syringe cookers can spread hepatitis. In NH you can get arrested for minor amounts, they should be decriminalized. Puts volunteers in danger of arrest. Some drug users are able to function normally.

Rep. **Weber**: Including users experience?

Ans: It is a needed perspective.

Rep. **Nagel**: Having the experience is important but difficult to put in legislation.

Rep. **Shapiro**: Stigma should be recognized. Should we do away with it? Important balance.

Rep. **Weber**: Angst over safe injection site.

Rep. **Weyler**: Thank you all for being, likely back in September.

Respectfully submitted,

Rep. Kenneth L. Weyler
Acting Clerk, Division III

HARM REDUCTION PRACTICES AND EVIDENCE

AN EDUCATIONAL RESOURCE FOR NH DECISION-MAKERS



OPPORTUNITIES TO STRENGTHEN COMMUNITIES & SYSTEMS

KERRY NOLTE

HRETA Project Director
Kerry.Nolte@unh.edu

ADRIANE APICELLI

HRETA Project Manager
Adriane.Apicelli@unh.edu

DEAN LEMIRE

HRETA Project Educator
Dean.Lemire@unh.edu

PROJECT OVERVIEW

HARM REDUCTION ACADEMIC DETAILING PILOT PROJECT

This pilot project is funded by the National Association of County and City Health Officials (NACCHO) through the Centers for Disease Control and Prevention (CDC) to:

- Provide education on harm reduction (HR) strategies for substance use (SU) through academic detailing sessions
- Improve ability to integrate SU and HR evidence into their roles
- Improve the health of people who use drugs (PWUD)

HARM REDUCTION EDUCATION AND TECHNICAL ASSISTANCE PROJECT

The Harm Reduction Education and Technical Assistance (HRETA) project is a collaboration between the University of New Hampshire's Department of Nursing and the New Hampshire Harm Reduction Coalition. Since 2019, the HRETA team has:

- Engaged ~300 healthcare and community-based providers with Academic Detailing (AD), a one-on-one educational model to disseminate evidence-based practices
- Conducted more than 75 trainings attended by more than 600 professionals
- Collected surveys from 175 pharmacies
- Engaged staff from all 13 NH Regional Public Health Networks (RPHN)
- Created 10+ harm-reduction-focused resources

Special Thanks

Thank you to all who contributed their expertise to the creation of this project's key messages and resources, including NHHRC syringe service participants, NHHRC staff and leadership, members of the HRETA Steering Committee, representative NH elected officials, the NACCHO team, and NaRCAD.

HARM REDUCTION SEEKS TO PROMOTE PRACTICAL STRATEGIES

Harm Reduction (HR) comprises a practical, Humanistic approach to addressing stigmatized substance use and related issues. Though often thought of as *anti-abstinence* or *pro-drug*, HR is better understood as a lens for viewing stigmatized risk behavior apart from commonly held abstinence-only approaches. The term also describes a global social movement begun by people who inject/ed drugs and sex workers in response to the emerging AIDS epidemic. Since 1981, these communities have pioneered protective interventions such as syringe services programs (SSP) and peer-based distribution of naloxone (Narcan). Expansive implementation and scientific study of these and other harm reduction strategies to address problematic substance use (SU) continue to amass a consistent evidence basis. In 1993, harm reduction service leaders developed a set of principles and a national organization to guide harm reduction efforts in the U.S.:

8 GUIDING PRINCIPLES: HARM REDUCTION ... from the National Harm Reduction Coalition [1]

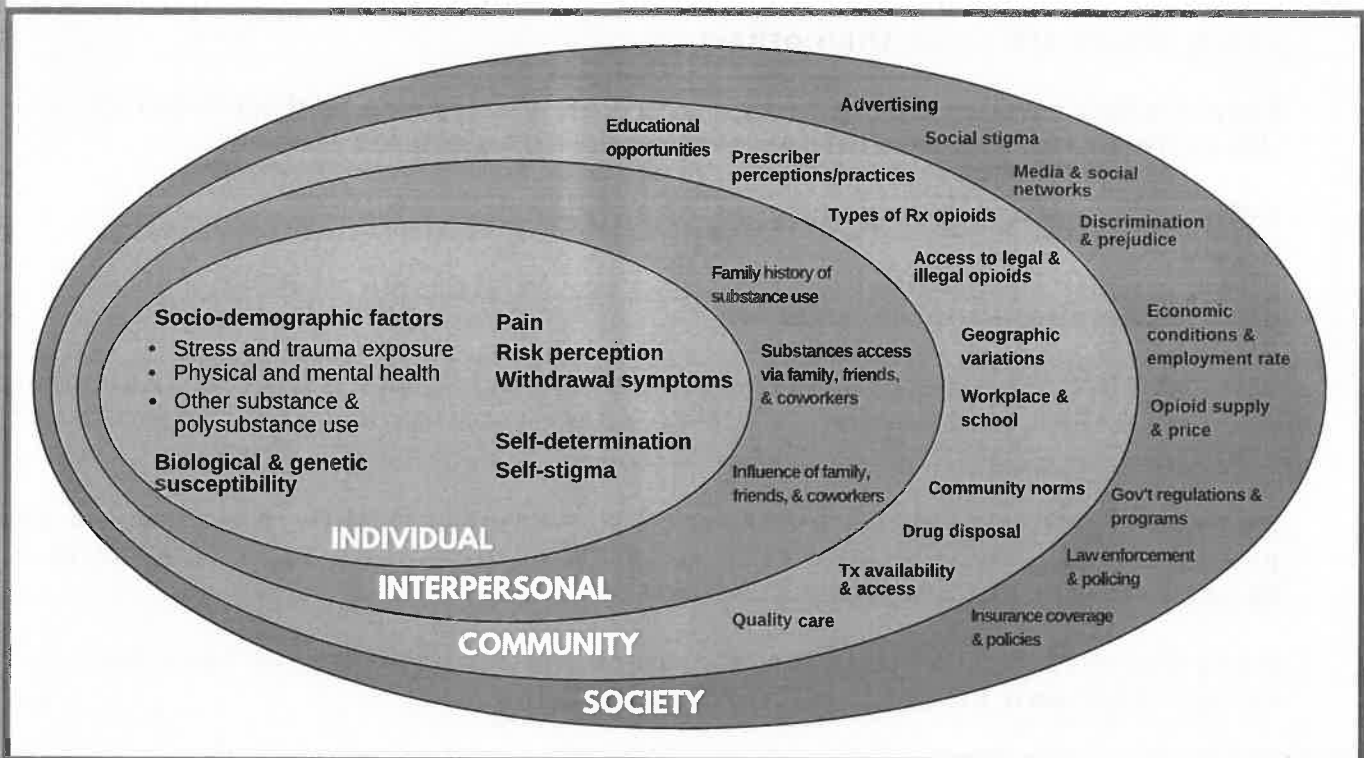
- ★ Accepts that drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- ★ Understands drug use as complex and acknowledges that some ways of using drugs are safer than others
- ★ Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies
- ★ Calls for non-coercive provision of services for PWUD
- ★ Ensures that PWUD have a real voice in the creation of programs and policies designed to serve them
- ★ Affirms PWUD as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other
- ★ Recognizes that poverty, class, racism, social isolation, past trauma and sex-based discrimination affect people's vulnerability to and capacity for effectively dealing with drug-related harms
- ★ Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with drug use

LOOKING BEYOND THE DRUGS

Harm reduction views behaviors and risks around SU in context. Public attitudes and policy historically emphasize 'addictive' properties of a given substance and individual responsibility for avoiding or overcoming a problematic relationship with it; meanwhile, actual predictors of SU harms to individuals, families, and communities remain less explored. The Socio-Ecological Model (SEM) [4] offers four domains of influence on one's behavior, such as substance use, as well as the multi-level interventions that can be used to modify entire communities' susceptibility to problematic SU [Fig 1.]

- 1 **Individual** Biological and personal history factors
(ex. knowledge, skills, attitudes, education, income)
- 2 **Interpersonal** Formal/ informal social networks & support systems
(ex. family, coworkers, friendships)
- 3 **Community** Ex. accessible, relevant, & attractive care options; employment opportunities; locals' attitudes and norms re: SU, SUD
- 4 **Society** Ex. Local, state, and national laws or policies; economic conditions

FIGURE 1. SOCIO-ECOLOGICAL FRAMEWORK OF THE OPIOID CRISIS: MAJOR FACTORS OF OPIOID MISUSE [4]



EXTERNAL DRIVERS OF SU PROBLEMS

Substance Use and Trauma

There is a clear association between experiences of trauma and problematic substance use:

- People with Post-Traumatic Stress Disorder are **14 times more likely** to have a substance use disorder than those without [7].

It is common for people to attempt to manage trauma symptoms through substance use including physical, emotional, and cognitive symptoms [7].

- The majority of PWUD interviewed for this project cited experiences of trauma and symptoms as the primary reason for drug use initiation.

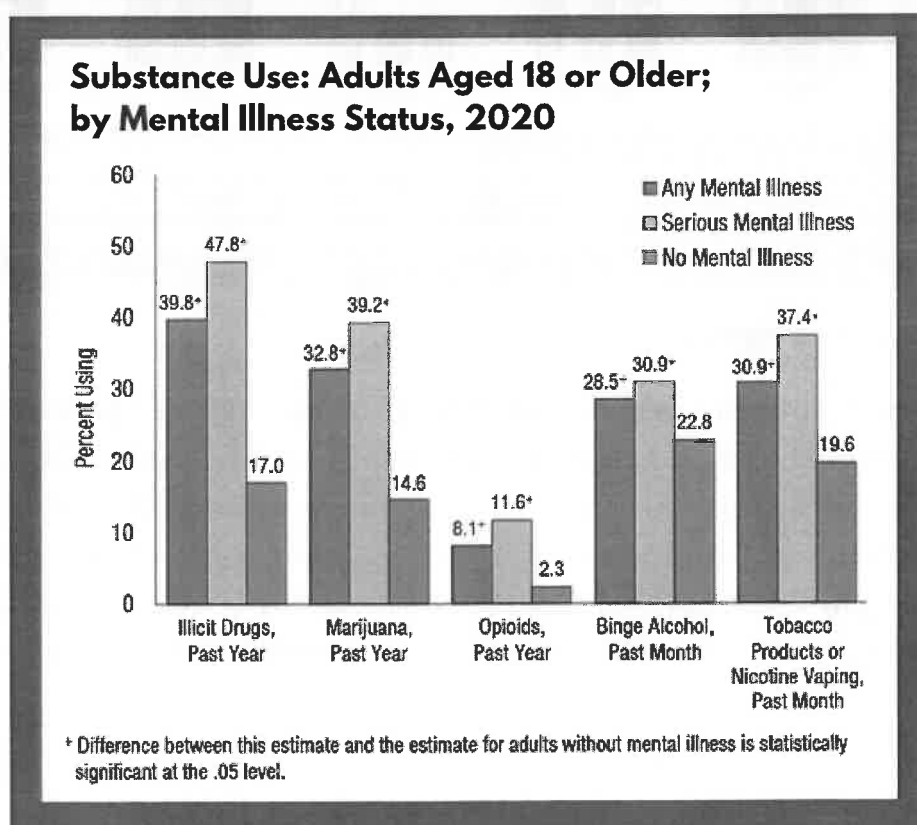
SUD itself is also often traumatic

Substance Use and Mental Health

Around half of individuals who experience a SUD during their lives will also experience a co-occurring mental disorder and vice versa. [9]

- Co-occurring disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and schizophrenia, among others. [8]

Figure 2. Substance Use by Mental Illness Status. SAMHSA [9]



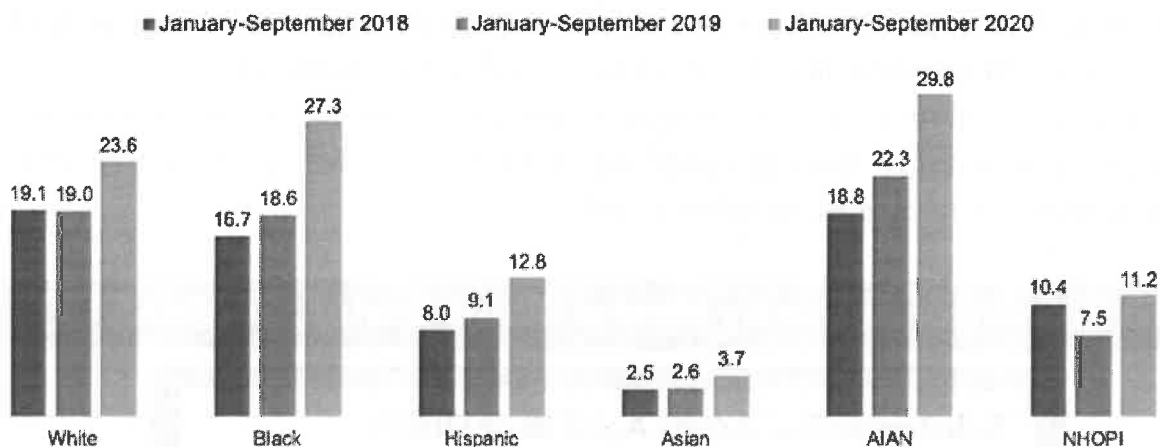
SU PROBLEMS DO DISCRIMINATE

Disproportionately Impacted Populations

Overdose deaths disproportionately impact **Black, Indigenous, and People of Color (BIPOC)** communities and people with a mental health disorder. Between 2018 and 2020, drug overdose death rates increased across all racial and ethnic groups, but **increases were larger for American Indian and Alaska Native (AIAN), Black, and Hispanic people compared to their White counterparts.** Reflecting these increases, drug overdose death rates were highest for AIAN (29.8 per 100,000) people, followed by Black (27.3 per 100,000) and White (23.6 per 100,000) people as of 2020. [6]

Figure 3. Drug Overdose Deaths per 100,00, by Race/ Ethnicity from KFF [6]

Drug Overdose Deaths Per 100,000, by Race/Ethnicity



NOTES: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. NHOPI refers to Native Hawaiian or Pacific Islanders.

SOURCE: Estimates for 2018 are from CDC National Center for Health Statistics, Multiple Cause of Death 2018-2019 on CDC WONDER Online Database, from: <https://wonder.cdc.gov/mcd-10-expanded.html>. Estimates for 2019 and 2020 are based on provisional CDC, National Vital Statistics System data, from: https://www.cdc.gov/nchs/data/health_policy/Provisional-Drug-Overdose-Deaths-Quarter-Demographic-Q32020.pdf. Population estimates from Census Bureau Monthly Population Estimates.

KFF

Substance Use and Stigma

Stigma held about substance use and PWUD is persistent, pervasive, and often rooted in the belief that addiction is a personal choice reflecting a lack of willpower and a moral failing. Rates of stigma are extremely high in the general public, within institutions, and within professions whose members interact with PWUD often while in distress. Negative beliefs about PUWD have detrimental effects on treatment and treatment outcomes, research, policies and society as a whole. [10]

NH PEOPLE WHO USE DRUGS WANT YOU TO KNOW:

New Hampshire Syringe Service Participants were asked:
"What do you want local decision makers to know about substance use?"

Persisting stigma...

"I had a friend who stopped hanging out with me when he found out I use drugs, he wouldn't talk to me. People bail out. Doctors suck, once they find out you've been red flagged they won't give you the meds you need to be a normal human being" (35F)

Persisting discrimination..

"[We are] treated like pariahs, regarded as less than even though we are just as much citizens as everyone else is. Some people still in civilian life that think the case. They system has failed us, it's not us failing the system. Great deal of institutionalized cruelty at city and state level. Civilians realize the mistake." (44M)

Persisting criminalization...

"People definitely would use [drug checking] service but cops are going to pick everyone off for warrants like they do at the methadone clinic" (Not Disclosed)

Gratitude for available services...

"If this [syringe services program] wasn't here people would be running around confused, not knowing where to turn. They would be lost. The whole thing is not good to start with but people [can come here] and see a person who will help show them a direction" (59M)

What people don't realize about substance use...

"They [people who use drugs] don't know why until we've been in recovery. [They learn] it's PTSD, trauma, bad experiences" (41M)

"People who don't use don't know why people do drugs. I was molested by my uncle for 3-4 years, he's dead now. Traumatic experiences- I've been using drugs for 18 years now, I don't know what living a sober life is like because I was so young" (30M)

"Misinformation that 'we can just stop'... Ask a chronic gambler, shopper, someone who overeats, smokes cigarettes if they can 'just stop'..they'd laugh. The needle would move from punishment to rehabilitation. Putting me in jail only gives me a better contact list and puts off the number of months or years til I get high." (44M)

"The fact that people overdose, they think PWUD are bad because they are harming themselves, pretty much committing suicide. Non-users tend to judge PWUD because they put themselves in danger and that's bad but people don't use to get high, they use to get better, to self-medicate" (31M)

How should policymakers get PWUDs' feedback?

"On the spot or through HR workers, safest way. People need more education on addiction, everybody is judging, just keeps us where we are" (39F)

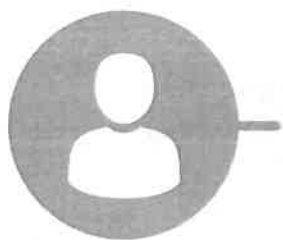
ADDRESSING STIGMA

STIGMA AND PEOPLE WHO USE DRUGS



Stigma held against people who use drugs (PWUD) can include inaccurate ideas that they are immoral, dangerous, untrustworthy, and incapable of change or managing treatment. Stigma might be harmless if not for its associated action: discrimination. Beliefs that conceptualize addiction as a set of antisocial characteristics have profound implications for how PWUD are treated in all contexts and directly impact their health outcomes.

USE PERSON-FIRST LANGUAGE (PFL)



Repeated studies demonstrates that stigma/bias transmits through language, and that discrimination follows. [11]. When talking about SU, use (and encourage your peers to use) person-first language (PFL). PFL affirms the identities of people who use drugs as human beings over their status as a substance user. PFL maintains the integrity of individuals as whole human beings by removing the language that equates people to their condition [12] (see below) and helps destigmatize people who use/d drugs.



SAY THIS

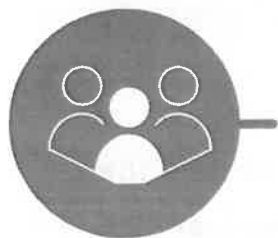
- Person who uses drugs/ person with a substance use disorder
- Person in recovery
- Chooses not to at this point
- Medication is a treatment tool
- Had a setback
- Maintained recovery
- Positive drug screen



NOT THAT

- Addict, junkie, druggie
- Ex-addict, ex-junkie
- Non-compliant/bombed out
- Medication is a crutch/ substituting one drug for another
- Relapsed
- Stayed clean
- Dirty drug screen

LIVED EXPERIENCES OF STIGMA IN NH



Stigmatizing attitudes and beliefs about SUD held by healthcare workers, community members, and society at large cause PWUD feelings of shame, limit their access to care and resources, and ultimately worsen their health conditions. Below are quotes from NH syringe services program (SSP) participants about how they perceive treatment because of their status as a person who uses drugs. [16]

"Hospitals treat us horribly. Seen my friends risk their lives with bad infections because they don't want to go to the hospital. They'll just find something wrong with you so they can boot you." (48, F)

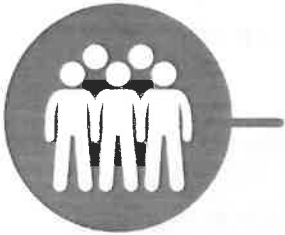
"[We are] treated like pariahs, regarded as less than even though we are just as much citizens as everyone else is...the system has failed us, we have not failed the system. There is a great deal of institutional cruelty at the city and state level." (44, M)

"We get sh*t on, disrespected. Sometimes for true reasons but a lot of it is perceiving addicts as no good. This is not good, especially if someone is trying to help themselves, they just give up because they are treated so badly." (59, M)

"I went to 5 rehabs last year and now there is a note at [hospital name] that I don't have pysch problems, it's drugs so I can't get help or admitted. The best I ever felt was after being admitted to psych, I got stabilized and I can't get back there" (23, F)

ENGAGE WITH & LISTEN TO PWUD

SEEK MEANINGFUL ENGAGEMENT WITH PEOPLE WHO USE DRUGS TO INFORM POLICIES



PWUD are effective change agents and successfully reduce their individual risk behaviors and advocate for risk reduction among their peers. In order to make decisions to improve health outcomes of your constituents; and to make services more relevant to target populations, PWUD should be consulted [34]. **Directly engaging PWUD and recognizing their expertise and self-determination reduces stigma and strengthens the success of policies, programs, and the community.** Avoid tokenism, where PWUDs' influence is limited and work toward full collaborative involvement. When faced with difficult decisions in complex contexts, better decisions and more effective action are likely to result from combining specialized knowledge with community values and local knowledge and representation. [35]

PUBLIC INVOLVEMENT [36, 37]



IS...

CONSULTATION - a two-way relationship in which government asks for, and receives, citizens' feedback on policy proposals. Could take the form of organized public meetings or deliberative polling.

PARTICIPATION - a relationship based on partnership with government in which citizens actively participate in defining the process and developing the policy. Ex: referenda, citizens' juries, citizens' panels, or direct delegation of authority to citizens to make decisions.



IS NOT...

INFORMATION - a one-way relationship in which government disseminates information to citizens. It is crucial that policy makers get feedback to account for the views and experiences of those affected by policy decisions.

PUBLIC OPINION RESEARCH - a process by which policy makers capture the opinions of specific sectors or groups of the population through mechanisms like surveys or focus groups, to inform policy making.

UNDERSTAND THE IMPACTS OF HR STRATEGIES

Harm reduction interventions – specifically **syringe services programs (SSPs), naloxone, drug checking, sterile injection supplies, and safe disposal** – have proven to prevent death, injury, disease, overdose, and future problematic substance use. Harm reduction services can: [14]

- **Reduce overdose deaths**, promote linkages to care, facilitate co-location as part of a comprehensive, integrated approach
- **Lessen harms associated with drug use** and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections
- Harm reduction can **reduce overdose deaths** by connecting individuals to naloxone and overdose education, counseling, and promote linkages to care and referrals to treatment for substance use as part of a comprehensive, integrated approach
- **Reduce infectious disease transmission** among people who use drugs, including those who inject drugs, by providing testing, sterile injection supplies, and a safe method of disposal, equipping them with accurate information, and facilitating referrals to resources and treatment
- **Reduce stigma** associated with substance use and co-occurring disorders
- **Promote a philosophy of hope and healing** by utilizing those with lived and living experience in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers, and other recovery support services [14]

HARM REDUCTION STRATEGIES

HR Strategy	Overview	Supporting Research
Overdose Education and Naloxone Distribution (OEND)	Naloxone is an opioid antagonist that can quickly and safely reverse the potentially fatal effects of an opioid overdose	Access to an OEND can result in long-term increases in knowledge about: • preventing opioid overdose • safely and effectively responding to an opioid overdose and improvements in participants' attitudes toward naloxone. [17]
	Distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose—especially people who use drugs (PWUD) and first responders—with naloxone kits, which they can use in an emergency to save a life	OEND reduces fatal overdoses by training PWUD and potential bystanders on how to prevent and respond to overdoses. 40% of overdoses occur with someone present and 80% occur in a home. Have friends and family that possess naloxone is associated with a reduction of overdose deaths. [17]
	Effective approaches include community distribution programs, co-prescription of naloxone, and equipping first responders. It is often more effective to provide naloxone to PWUD, as they are most likely to be present when an overdose occurs and can quickly act if they have naloxone. Moreover, PWUD face barriers to calling 911 in the aftermath of an overdose due to the potential of criminal legal system consequences. [16]	
Syringe Services Programs (aka needle exchange programs)	Syringe services programs (SSPs) are community-based prevention programs that can provide a range of services, including linkage to substance use treatment; access to and disposal of sterile syringes and injection equipment; screening for and treatment for infectious diseases; and linkage to health care including substance use treatment, medical, mental health, and social services.	SSPs reduce HIV and HCV incidence by 50%, and can reduce HCV transmission by 50-80%. [21,22]
		People who regularly use an SSP are 5x likelier to access substance use treatment and 3x likelier to reduce or stop injection drug use than those who do not [23]
	SSPs can reduce rates of fatal and nonfatal overdoses through the provision of naloxone to respond to overdoses and education to prevent overdoses.	Naloxone provision at SSPs has been shown to reduce overdoses and related hospital admissions [18,24]
	Provision of sterile injection equipment can reduce overdose as reusing equipment and/ or not having supplies often leads to rushing consumption of a drug and using more at once due to limited supplies	Syringe services programs protect first responders by reducing needle-stick injuries in the community. One in three will experience a needle-stick in their career. A comparison of cities with and without a programs demonstrated 8x more improperly disposed of syringes when a program was not available [24]

HARM REDUCTION STRATEGIES (cont'd)

HR Strategy	Overview	Supporting Research
Drug Checking (rapid test strips)	Rapid drug checking tools, such as fentanyl and xylazine test strips, provide PWUDs with additional information about their product to reduce overdose risk and empower people to make informed decisions. Test strips are often provided with syringe services or adapted to a variety of settings [18,19]	Fentanyl test strips used by PWUD prior to using a substance is associated with behavior modifications after a positive result; including discarding the substance(s), using a smaller quantity, ensuring they have naloxone first, and/or using with someone else present [17,24]
Drug Checking (comprehensive)	Comprehensive drug checking services utilize portable spectrometry devices to provide point-of-service analysis of the contents of a drug sample. Drug checking programs have been collaboratively designed, like the Massachusetts Drug Supply Data Stream, with public health and public safety to generate critical health and safety information for PWUD and communities	By helping people understand the contents of their drugs, drug checking services reduce morbidity and mortality associated with drug use, including fentanyl and emerging contaminants. [20]
		Community drug checking programs have resulted in reduction of overdoses and early awareness of emerging contaminants. [20,25]
Medications for Opioid Use Disorder (MOUD)	Methadone is an opioid with a long effect time making other opioids less effective and reducing overdose risk. People taking methadone to treat SU must receive the medication at a specific clinic. [26]	Buprenorphine and methadone have the strongest evidence base that shows reductions in overdose and opioid morbidity. [27]
	Buprenorphine is an opioid with very high affinity for opioid receptors and partially activates receptors and blocks other opioids, reducing overdose risk. It is most often combined with naloxone, further reducing overdose risk. [27]	The evidence base for naltrexone is not as strong as it is for buprenorphine and methadone. Studies have found that while naltrexone does reduce the risk of overdose. [29,30,31]
	Naltrexone blocks opioid receptors and is used after opioid detoxification to prevent set backs. It has no abuse potential and there is no withdrawal when the medication is stopped. However, few clients continue this medication. [32]	Behavioral health interventions can complement MOUD treatment, but are not necessary for MOUD treatment, alone, to be effective. [29]
Overdose Prevention Sites (aka supervised consumption/ injection sites)	Overdose prevention sites are designated sites where people can use pre-obtained drugs under the safety and support of trained personnel. [18,19] Overdose prevention sites also provide counseling on harm reduction practices, and facilitate referrals to services, education, etc.	Overdose prevention sites reduce fatal overdoses in the immediate vicinity of the facility. [33]
		Overdose prevention sites facilitate referrals to treatment and other supportive services, which can result in cessation of injection drug use. [34]

UNDERSTAND NH'S SUD INFRASTRUCTURE

ORGANIZATIONS WORKING DIRECTLY WITH PWUD AT THE COMMUNITY LEVEL IN NH'S SUBSTANCE USE SERVICE LANDSCAPE

Together, these organizations make up a considerable portion of low-barrier SUD harm reduction infrastructure in the Granite State and include Syringe Service Programs (SSPs), Recovery Community Organizations (RCOs), the Doorway Programs, and the Regional Public Health Networks (RPHNs). These organizations, often in collaboration, expand access and linkage to treatment, support, and other essential SUD services.

Syringe Services Programs (SSPs): community-based prevention programs that can provide linkage to SUD treatment, access to and disposal of sterile syringes and injection equipment, testing, screening for infectious diseases and linkage to medical care, mental health, and social services.

Recovery Community Organizations (RCOs): peer-led/ run agencies that provide services to support people in their recovery from SUD. All RCOs in the state are low-barrier and no cost. They support multiple pathways to recovery and offer peers recovery coaching, support, mutual aid groups, and family support programs. Most include harm reduction services and help PWUD navigate systems.. All RCOs in the state are low-barrier and no cost. They support multiple pathways to recovery and offer peers recovery coaching, support, mutual aid groups, and family support programs. Most include harm reduction services and help PWUD navigate systems.

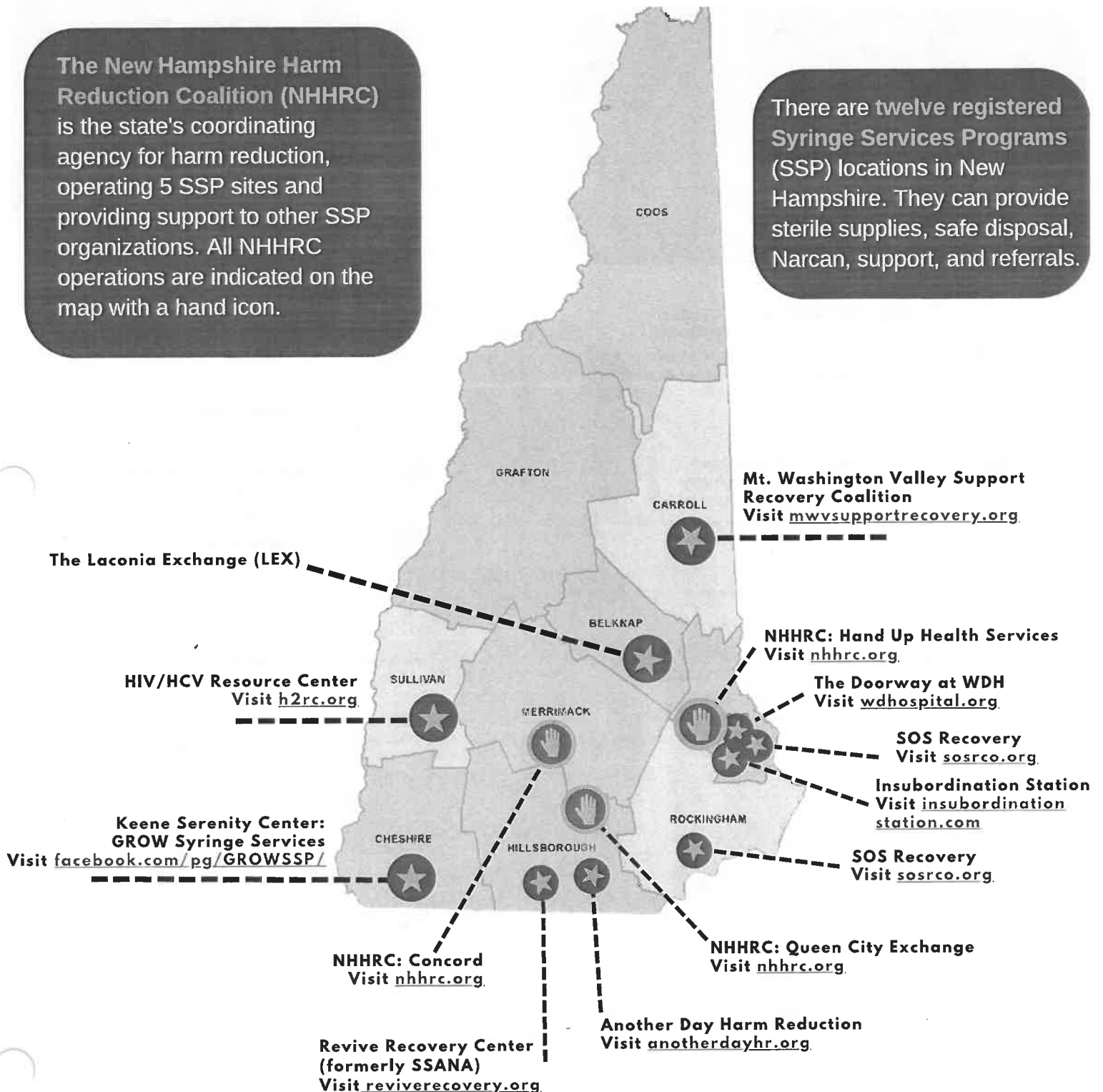
The Doorway Programs: a single-point of entry for people seeking help with substance use including treatment, support, or resources for prevention and awareness. The Doorways have expanded MAR, peer recovery supports, access to recovery housing, evidence-based prevention programs, workforce opportunities and training & education in NH.

Regional Public Health Networks: geographically based public agencies serving broad health interests. They bring together local health departments and health officers, health care providers, social service agencies, schools, public safety & EMS, behavioral health and leaders in the private, public, and nonprofit sectors to coordinate and deliver comprehensive essential public health services.

SYRINGE SERVICES PROGRAMS IN NH

The New Hampshire Harm Reduction Coalition (NHHRC) is the state's coordinating agency for harm reduction, operating 5 SSP sites and providing support to other SSP organizations. All NHHRC operations are indicated on the map with a hand icon.

There are twelve registered Syringe Services Programs (SSP) locations in New Hampshire. They can provide sterile supplies, safe disposal, Narcan, support, and referrals.

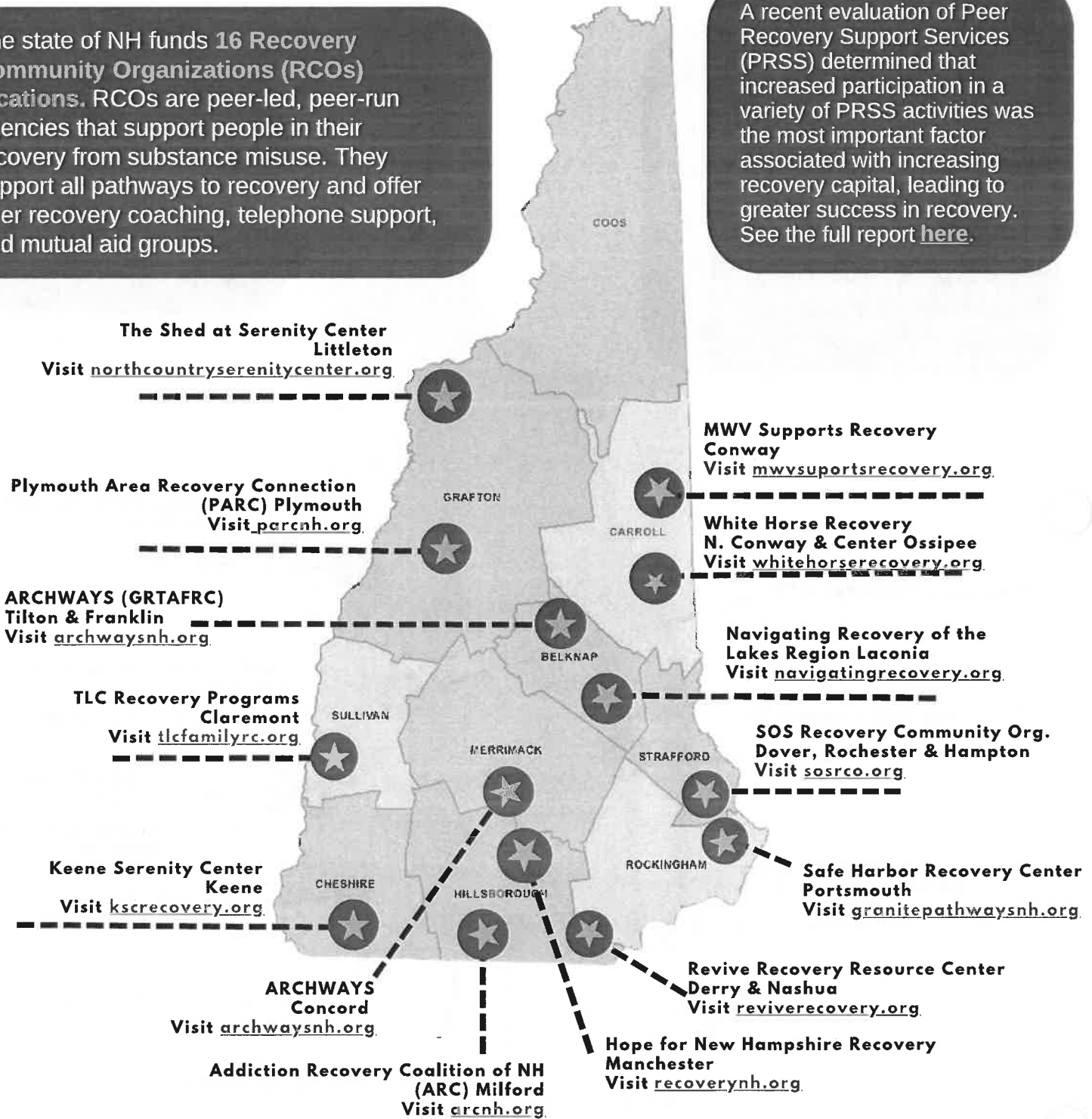


RECOVERY COMMUNITY ORGANIZATIONS (RCOs)

Connect to the Doorway by calling 211 or
visiting www.thedoorway.nh.gov

The state of NH funds 16 Recovery Community Organizations (RCOs) locations. RCOs are peer-led, peer-run agencies that support people in their recovery from substance misuse. They support all pathways to recovery and offer peer recovery coaching, telephone support, and mutual aid groups.

A recent evaluation of Peer Recovery Support Services (PRSS) determined that increased participation in a variety of PRSS activities was the most important factor associated with increasing recovery capital, leading to greater success in recovery. See the full report [here](#).





THE DOORWAY

211

Get Connected. Get Help.[™]
An Initiative of Granite United Way

There are **NINE DOORWAY** locations, each providing a single point of entry for people seeking help for substance use, whether they need treatment, support, Narcan, or resources for prevention. The regional Doorways ensure that help is always less than an hour away. In addition, 24/7 access to services is available by dialing 211.

North Country:
The Doorway at Littleton Regional
Hospital (LRH) **LITTLETON**

Upper Valley:
The Doorway at Dartmouth-
Hitchcock (DH) **LEBANON**

North Country:
The Doorway at Androscoggin
Valley Hospital (AVH) **BERLIN**

NH's Doorway program receives funding from the US Substance Use and Mental Health Administration State Opioid Response (SOR) grant. This federal support enables NH to expand MAT, peer recovery support services, access to recovery housing, and evidence-based prevention programs

Winnepesaukee-
The Doorway at Concord
Hospital-Laconia
LACONIA

Strafford County-
The Doorway at Wentworth-
Douglass Hospital (WDH) **DOVER**

Greater Monadnock:
The Doorway at Cheshire
Medical Center **KEENE**

Capital Area-
The Doorway at Concord
CONCORD

Greater Nashua-
The Doorway of
Greater Nashua **NASHUA**

Greater Manchester:
The Doorway of Greater Manchester
MANCHESTER

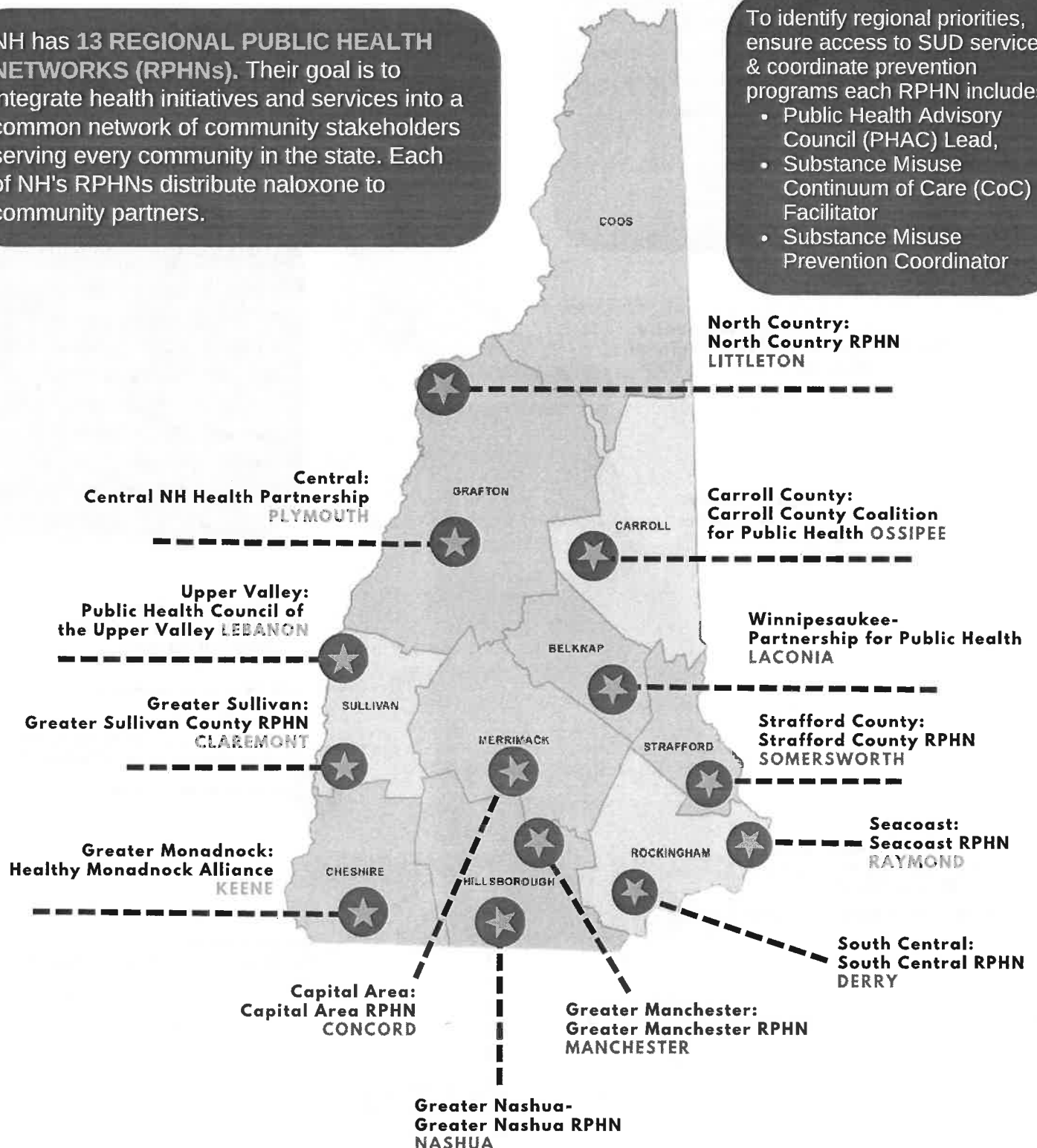
Connect to the Doorway by calling 211 or
visiting www.thedoorway.nh.gov

REGIONAL PUBLIC HEALTH NETWORKS (RPHNs)

NH has 13 **REGIONAL PUBLIC HEALTH NETWORKS (RPHNs)**. Their goal is to integrate health initiatives and services into a common network of community stakeholders serving every community in the state. Each of NH's RPHNs distribute naloxone to community partners.

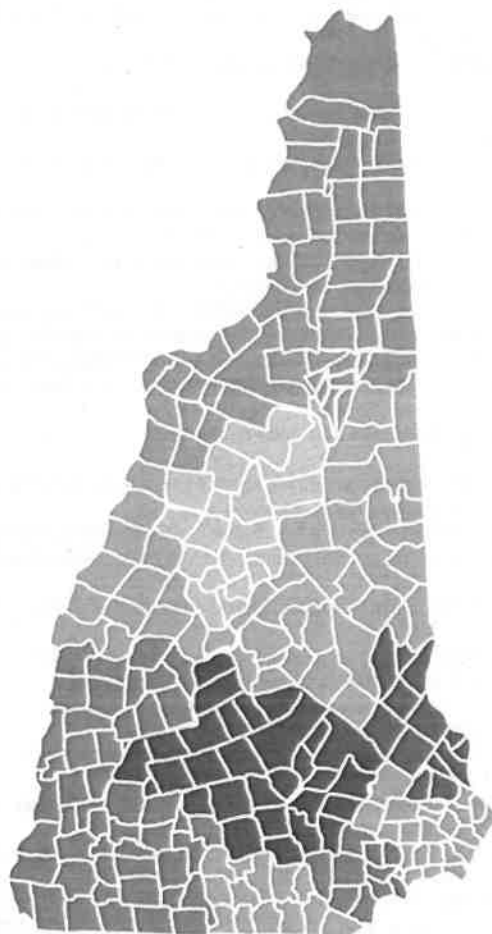
To identify regional priorities, ensure access to SUD services & coordinate prevention programs each RPHN includes:

- Public Health Advisory Council (PHAC) Lead,
- Substance Misuse Continuum of Care (CoC) Facilitator
- Substance Misuse Prevention Coordinator



CITATIONS

1. National Harm Reduction Coalition. Principles of Harm Reduction. National Harm Reduction Coalition. Accessed May 16, 2023. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
2. Bohler R, Clark T, Horgan CM. Addressing the Opioid Crisis through Social Determinants of Health: What Are Communities Doing? Published online 2021.
3. Artiga S, Hinton E. Beyond Health Care: The Role of the Social Determinants of Health in Promoting Health and Health Equity. Published online May 2018. <https://files.kff.org/attachment/issue-brief-beyond-health-care>
4. Jalali MS, Botticelli M, Hwang RC, Koh HK, McHugh RK. The opioid crisis: a contextual, social-ecological framework. *Health Res Policy Sys.* 2020;18(1):87. doi:10.1186/s12961-020-00596-8
5. Cole BL, Fielding JE. Health Impact Assessment: A Tool to Help Policy Makers Understand Health Beyond Health Care. *Annu Rev Public Health.* 2007;28(1):393-412. doi:10.1146/annurev.publhealth.28.083006.131942
6. Panchal N, Cox C, Artiga S. Substance Use Issues Are Worsening Alongside Access to Care. Published online 2021. <https://www.kff.org/policy-watch/substance-use-issues-are-worsening-alongside-access-to-care/>
7. McCauley JL, Killeen T, Gros DF, Brady KT, Back SE. Posttraumatic stress disorder and co-occurring substance use disorders: Advances in assessment and treatment. *Clinical Psychology: Science and Practice.* 2012;19(3):283-304. doi:10.1111/cpsp.12006
8. National Institute of Mental Health. Substance Use and Co-Occurring Mental Disorders. National Institute of Mental Health (NIMH). Published 2023. Accessed May 15, 2023. <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>
9. Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2021. <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>
10. Zwick J, Appleseth H, Arndt S. Stigma: how it affects the substance use disorder patient. *Subst Abuse Treat Prev Policy.* 2020;15(1):50. doi:10.1186/s13011-020-00288-0
11. Kelly JF, Westerhoff C. Does it matter how we refer to individuals with substance-related problems? A randomized study with two commonly used terms. *Int J Drug Policy.* 2010;21:202-207
12. National Institute on Drug Abuse. Words Matter: Preferred Language for Talking About Addiction. Published online 2021. <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
13. Bottner R, Moriates C, Stekanko M. Stigma is killing people with substance use disorders. Health care providers need to rid themselves of it. *STAT News.* <https://www.statnews.com/2020/10/02/stigma-is-killing-people-with-substance-use-disorders-health-care-providers-need-to-rid-themselves-of-it/>. Published October 2, 2020.
14. Substance Abuse and Mental Health Services Administration. Harm Reduction. Published December 7, 2021. Accessed May 15, 2023. <https://www.samhsa.gov/find-help/harm-reduction>
15. Carroll J, Green TC, Noonan RK. Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. Centers for Disease Control and Prevention; 2018. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>
16. Nolte K, Romo E, Stopka TJ, et al. "I've been to more of my friends' funerals than I've been to my friends' weddings": Witnessing and responding to overdose in rural Northern New England. *The Journal of Rural Health.* 2023;39(1):197-211. doi:10.1111/jrh.12660
17. Razaghizad A, Windle SB, Filion KB, et al. The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews. *Am J Public Health.* 2021;111(8):e1-e12. doi:10.2105/AJPH.2021.306306
18. Lambdin BH, Bluthenthal RN, Wenger LD, et al. Overdose Education and Naloxone Distribution Within Syringe Service Programs — United States, 2019. *MMWR Morb Mortal Wkly Rep.* 2020;69(33):1117-1121. doi:10.15585/mmwr.mm6933a2
19. Goldman JE, Wayne KM, Periera KA, Krieger MS, Yedinak JL, Marshall BDL. Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study. *Harm Reduct J.* 2019;16(1):3. doi:10.1186/s12954-018-0276-0
20. Peiper NC, Clarke SD, Vincent LB, Ciccarone D, Kral AH, Zibbell JE. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. *International Journal of Drug Policy.* 2019;63:122-128. doi:10.1016/j.drugpo.2018.08.007
21. Carroll JJ, Mackin S, Schmidt C, McKenzie M, Green TC. The Bronze Age of drug checking: barriers and facilitators to implementing advanced drug checking amidst police violence and COVID-19. *Harm Reduct J.* 2022;19(1):9. doi:10.1186/s12954-022-00590-z
22. Platt L, Reed J, Minozzi S, et al. Effectiveness of needle/syringe programmes and opiate substitution therapy in preventing HCV transmission among people who inject drugs. In: *The Cochrane Collaboration, ed. Cochrane Database of Systematic Reviews.* John Wiley & Sons, Ltd; 2016:CD012021. doi:10.1002/14651858.CD012021
23. Fraser H, Zibbell J, Hoerger T, et al. Scaling-up HCV prevention and treatment interventions in rural United States-model projections for tackling an increasing epidemic: Prevention and treatment for HCV in rural United States. *Addiction.* 2018;113(1):173-182. doi:10.1111/add.13948
24. Centers for Disease Control and Prevention. Summary of Information on The Safety and Effectiveness of Syringe Service Programs (SSPs). Centers for Disease Control and Prevention; 2021. Accessed May 19, 2021. <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>
25. Bornstein KJ, Coye AE, St. Onge JE, et al. Hospital admissions among people who inject opioids following syringe services program implementation. *Harm Reduct J.* 2020;17(1):30. doi:10.1186/s12954-020-00376-1
26. Green TC, Olson R, Jarczyk C, et al. Implementation and Uptake of the Massachusetts Drug Supply Data Stream: A Statewide Public Health-Public Safety Partnership Drug Checking Program. *Journal of Public Health Management and Practice.* 2022;28(Supplement 6):S347-S354. doi:10.1097/PHH.0000000000001581
27. Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder: Methadone. Published June 16, 2015. Accessed May 16, 2023. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/methadone>
28. Wakeman SE, Green TC, Rich J. An overdose surge will compound the COVID-19 pandemic if urgent action is not taken. *Nat Med.* 2020;26(6):819-820. doi:10.1038/s41591-020-0898-0
29. Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder: Buprenorphine. Published June 15, 2015. Accessed May 16, 2023. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine>
30. National Academies of Sciences E, Division H and M, Policy B on HS, Disorder C on MAT for OU, Mancher M, Leshner AI. The Effectiveness of Medication-Based Treatment for Opioid Use Disorder. In: *Medications for Opioid Use Disorder Save Lives.* National Academies Press (US); 2019. Accessed May 16, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK541393/>
31. Kelty E, Hulse G. Fatal and non-fatal opioid overdose in opioid dependent patients treated with methadone, buprenorphine or implant naltrexone. *International Journal of Drug Policy.* 2017;46:54-60. doi:10.1016/j.drugpo.2017.05.039
32. Saucier R, Wolfe D, Dasgupta N. Review of Case Narratives from Fatal Overdoses Associated with Injectable Naltrexone for Opioid Dependence. *Drug Saf.* 2018;41(10):981-988. doi:10.1007/s40264-018-0653-3
33. Providers Clinical Support System. Medication Assisted Treatment for Opioid Use Disorder Overview. Providers Clinical Support System. Accessed May 16, 2023. <https://pcssnow.org/medications-for-opioid-use-disorder/>
34. Dickson-Gomez J. Can Drug Users be Effective Change Agents?? Yes, But Much Still Needs to Change. *Substance Use & Misuse.* 2010;45(1-2):154-160. doi:10.3109/10826080903080656
35. Ti L, Tzemis D, Buxton JA. Engaging people who use drugs in policy and program development: A review of the literature. *Subst Abuse Treat Prev Policy.* 2012;7(1):47. doi:10.1186/1747-597X-7-47
36. Penn State College of Agricultural Sciences. Engagement Toolbox. Plone site. Published 2017. Accessed May 16, 2023. <https://aese.psu.edu/research/centers/cccd/engagement-toolbox>
37. Cabinet Office City of Portland Oregon. Viewfinder: A Policy Maker's Guide to Public Involvement. <https://www.portlandoregon.gov/civic/article/84452>



**FOR MORE INFORMATION
CONNECT WITH US**



HRETA.PROJECT@UNH.EDU



<https://sites.usnh.edu/harmreductionproject/>



Nursing

HRETA

**Harm Reduction Education
& Technical Assistance**

**HARM REDUCTION IN NEW HAMPSHIRE: REGIONAL SNAPSHOTS OF
DRUG RELATED HARM AND OPPORTUNITIES TO STRENGTHEN SYSTEMS**

**THE HRETA PROJECT IS FUNDED IN PART BY THE CDC, OVERDOSE DATA TO ACTION
GRANT, CDC-RFA-CE19-1904, AWARD TO THE NH DEPT. OF HEALTH AND HUMAN
SERVICES, DIV. OF PUBLIC HEALTH SERVICES, MATERNAL AND CHILD HEALTH SECTION**



**NH DIVISION OF
Public Health Services**
Department of Health and Human Services



**maternal and
child health**

SERVING FAMILIES & COMMUNITIES

AUTHORS



■ Kerry Nolte, PhD, FNP-C
Project Director
Assistant Professor of Nursing



■ Adriane Apicelli, MSW
Project Manager



■ Annie Averill, MPP
Research Associate



■ Sarah Whalen, MS, FNP-C
Research Assistant



■ Han Hamel, BFA
Graphic Designer



■ Ann M. Branen, RN, CARN
Project Consultant



■ Elizabeth Duffy, MPH, CHES
Project Consultant

TABLE OF CONTENTS

PROJECT OVERVIEW.....	4
REGIONAL SNAPSHOT ORIENTATION.....	6
REGIONAL SNAPSNOTS BY NH PUBLIC HEALTH NETWORK	
CAPITAL.....	8
CARROLL.....	10
CENTRAL.....	12
GREATER MANCHESTER.....	14
GREATER MONADNOCK.....	16
GREATER NASHUA.....	18
GREATER SULLIVAN	20
NORTH COUNTRY.....	22
SEACOAST.....	24
SOUTH CENTRAL.....	26
STRAFFORD.....	28
UPPER VALLEY.....	30
WINNIPESAUKEE.....	32
APPENDIX A: PHARMACY ACCESS.....	34
APPENDIX B: HOSPITAL DISCHARGE DATA.....	35
APPENDIX C: DRUG OVERDOSE DEATHS.....	36
APPENDIX D: MOUD PRESCRIPTIONS AND PRESCRIBERS.....	37

PROJECT OVERVIEW



The Harm Reduction Education and Technical Assistance (HRETA) Project

The HRETA project is a collaboration between the University of New Hampshire's Department of Nursing, the New Hampshire Harm Reduction Coalition (NHHRC), and the Citizen's Health Initiative. This project provides education and technical assistance around evidence-based harm reduction strategies. HRETA has collaborated with a variety of care providers and community leaders to more effectively engage people who use drugs where they are at and support them in meeting their health and safety goals. At HRETA's inception, we adopted the Academic Detailing (AD) model to engage professionals in one-on-one discussions, disseminating information about evidence-based practices to drive practice changes. The current report is a summary of findings from the 3rd phase of the HRETA project. Each phase has had a different focus in reducing drug-related harms in New Hampshire. The current phase was conducted remotely during the COVID-19 pandemic.

Phase I: April 2019-November 2019

- **Engaged 202 health care professionals** in AD (i.e., physicians, nurse practitioners, counselors, registered nurses, recovery support workers, social workers, and administrators), case conferencing, and Technical Assistance (TA) sessions
- TA requests resulted in **29 trainings** offered by NHHRC and attended by **500 professionals**
- Developed **3 resources** on harm reduction goal setting, overdose in NH, and compassionate care for clients on Medications for Opioid Use Disorder (MOUD)

PROJECT OVERVIEW



The Harm Reduction Education and Technical Assistance (HRETA) Project

Phase 2: December 2019- August 2020

Opportunities for Phase II were identified from participant feedback in Phase I and then adapted due to COVID-19. These included supporting the development of syringe service programs (SSPs) and pharmacies for sterile syringe access, access to supportive care including medications for opioid use disorder (MOUD), and harm reduction execution in emergency departments (EDs).

- Completed calls to all **258 retail pharmacies** in New Hampshire, asking questions about syringe, naloxone and MOUD access. **175 pharmacists completed our initial survey**. AD resources were mailed to all pharmacies and follow up calls to answer questions and offer TA were targeted to 100 pharmacies.
- TA requests resulted in **10 trainings offered** by NHHRC and an asynchronous module which was utilized by 62 professionals
- Developed **2 resources** for pharmacy and emergency department providers and **1 comprehensive guide** to developing an SSP in NH

Phase 3: September 2020- August 2021

Within the current phase, due to the ongoing COVID-19 pandemic, we reframed these one-to-ones as information sharing and gathering sessions to better understand regional approaches to harm reduction. We determined community best practices (CBP) relative to harm reduction from current literature and developed a conversation guide to understand each region's unique implementation of harm reduction strategies.

- **Completed individual meetings with all 13 Regional Public Health Network (RPHNs) staff** (including when available, Substance Misuse Prevention Coordinators, Continuum of Care Facilitators, and Public Health Advisory Council Leads)
- **Conducted 111 one-to-one meetings** with community providers (n=86) identified by the public health network teams and SSP participants (n=25)
- **Developed 13 regional snapshots** utilizing the qualitative data from the one-to-ones and related quantitative data points
- Developed **3 resources** on community best practices of harm reduction, legal FAQs about SSPs in NH, and harm reduction for first responders
- TA requests resulted in **36 trainings** offered by NHHRC

EACH SNAPSHOT SUMMARIZES FINDINGS FROM EACH OF NEW HAMPSHIRE'S 13 PUBLIC HEALTH REGIONS

REGIONAL SNAPSHOT ORIENTATION

1. NARRATIVE SUMMARIES FROM REGIONAL 1:1 MEETINGS

Under each best practice for harm reduction are summaries of findings from the one-to-one meetings with community providers and/ or SSP participants. In total 111 people participated in one-on-ones between November 2020 and May 2021.

2. PHARMACY SYRINGE ACCESS

Compares best practice (100% pharmacy syringe access), to statewide syringe access rates, and regional syringe access at pharmacies. The survey included all NH Retail Pharmacies conducted by the HRETA team between April- July 2020. The response rate was 70% (n=177) of the NH's 254 retail pharmacies. Additional survey data available online.¹

3. SYRINGE SERVICE PROGRAM (SSP) ACCESS

Depicts the presence of an SSP in each region. Information about these programs was obtained from NH2, VT3, ME4, and MA5 health department listings of SSPs in May 2021. Names are provided for SSP programs operating within the region. If a region does not have an operating SSP, the distance to closest syringe service program is calculated via Google Maps, using the location of the Regional Public Health Network office.

4. HOSPITAL DISCHARGE DATA

Data includes Emergency Department (ED) and Inpatient Admissions with Concurrent Infection and Opioid Use. Data were obtained through request to the Office of Health Statistics and Data Management, Bureau of Public Health Statistics, at the NH Department of Health and Human Services. Both ED and inpatient hospital discharges where ICD-9/10 codes included both an opioid and an infection related code. Opioid related codes included; opioid use, abuse, dependence, poisoning, or adverse effect. Infection related codes included; cellulitis, abscess, skin infection, bacteremia, septic arthritis, osteomyelitis, or endocarditis. As reporting varies, some facilities may report both an ER and an inpatient admission as two admissions, while others report as one admission. In instances where the incidence was less than 5 and deemed too small to report, a range of 1 to 4 was reported. We included reports of 1-4 as one case. The regional distinction is based upon the client's region of residency.

5. FATAL OVERDOSE DATA

These data were provided in April 2021 by the Office of the NH Medical Examiner for 2017-2020. They may have been updated in the period following our request. The frequencies include accidental overdose deaths and exclude overdose deaths determined to be related to suicide.

6. MOUD PRESCRIPTIONS & ACTIVE BUPRENORPHINE PRESCRIBERS

Data were requested and provided by the NH Prescription Drug Monitoring Program for 2019 and 2020. The summary report of medications for opioid use disorder (MOUD) prescriptions represented are the total MOUD prescriptions and number of active prescribers in 2020. The number of active prescribers was determined by those who wrote a prescription for MOUD (buprenorphine or buprenorphine-naloxone) in 2020.

REFERENCES:

1. https://mypages.unh.edu/sites/default/files/harmreductionproject/files/hreta_phase_2_report.pdf
2. <https://www.dhhs.nh.gov/dphs/bchs/std/syringe-service.htm>
3. <https://www.healthvermont.gov/disease-control/hiv-std-hepatitis-community-resources/syringe-service-programs>
4. <https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/syringe-service-programs.shtml>
5. <https://www.mass.gov/syringe-service-programs>



HRETA

Harm Reduction Education
& Technical Assistance

CAPITAL REGION

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Some peer mentorship programs reported, peers are the first point of contact when entering the Doorway. The majority of organizations report staff members in recovery or using surveys in their quality improvement plans. Experience-based co-design used in regional planning (FORE grant).



PROVIDING NON-STIGMATIZING SERVICES

Organizations have people with lived experience as staff, training provided by people with lived experience is seen as important in fostering understanding. Motivational interviewing trainings widely conducted. Cultural humility trainings are reported across region. Access to language line services is reported in Concord.



COLLABORATION ACROSS THE CONTINUUM OF CARE

Strong partnerships with the Doorway reported by all organizations. Uniquely, EMS is very engaged via Project First. Coordination among agencies is strong, especially with the Capital Area Leadership Team.

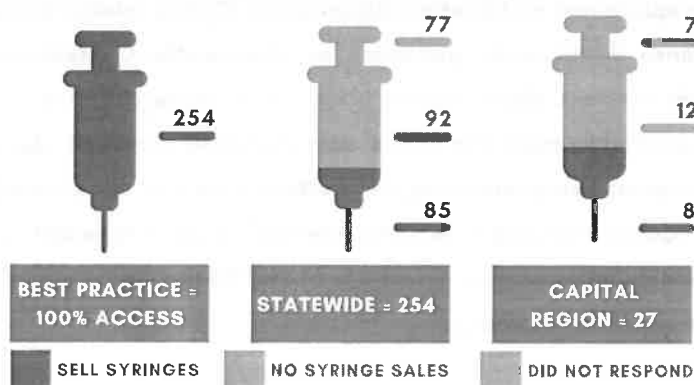


INFECTION PREVENTION

Collaboration with Public Health Network to provide services, especially for vaccinations and information for clients. Transportation is noted as a barrier for clients. The Doorway has been helpful for vaccinations, infection prevention. Access to sterile injection equipment limited, multiple agencies report that a local syringe service program (SSP) is needed in region.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES PROGRAM IN REGION

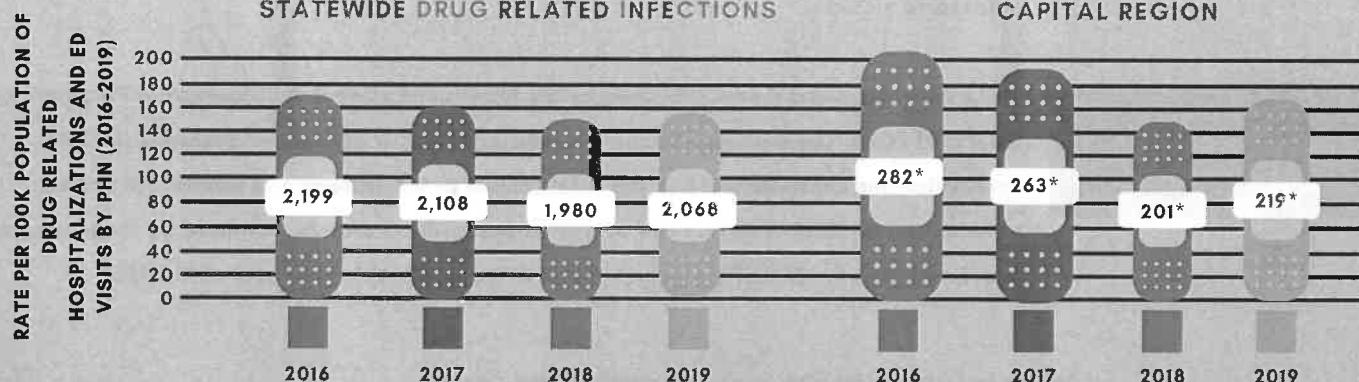
DISTANCES TO CLOSEST*

17.9 MI MANCHESTER
35.3 MI ROCHESTER
35.6 MI NASHUA

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS FROM PUBLIC HEALTH NETWORK IN CONCORD, NH

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS CAPITAL REGION



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES*INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

All partners report sufficient access to naloxone. Acknowledgment that peers are reversing overdoses without calling 911, state-reported overdoses are underreported. Multiple organizations do street outreach including naloxone distribution in Concord.



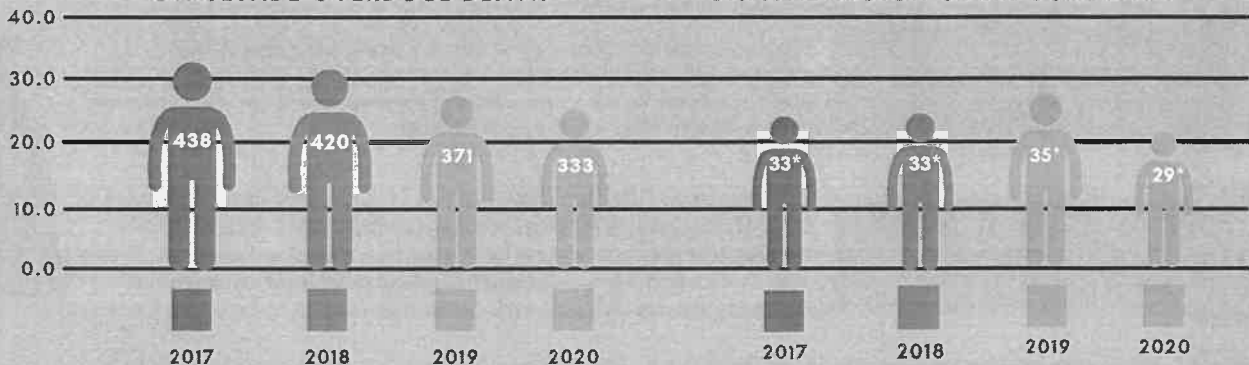
REFERRAL TO SUD TREATMENT SERVICES

Doorway engaged in referrals with community partners, opportunities exist to engage with more treatment providers. Shortened turnaround time and barrier removal needed to enable immediate access to treatment. More Intensive Outpatient Program (IOP), detox, and residential treatment services are needed in region. New Recovery Community Organization (RCO) coming to Concord soon.

RATE PER 100K POPULATION
OF FATAL DRUG
DEATHS BY PHN (2017 - 2020)

STATEWIDE OVERDOSE DEATH

CAPITAL REGION OVERDOSE DEATH



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

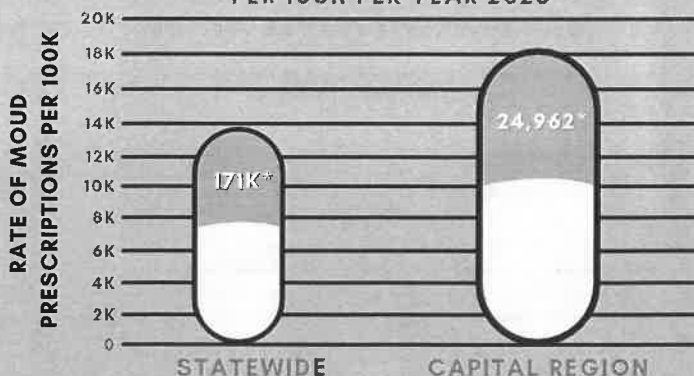
Need for greater access to low-barrier housing, no subsidized housing available. Long waitlist for shelters and housing, 8-10 year waiting list for Section 8. Some organizations provide hotel vouchers, but there is stigma reported and concerns about housing COVID-positive folks in hotels.



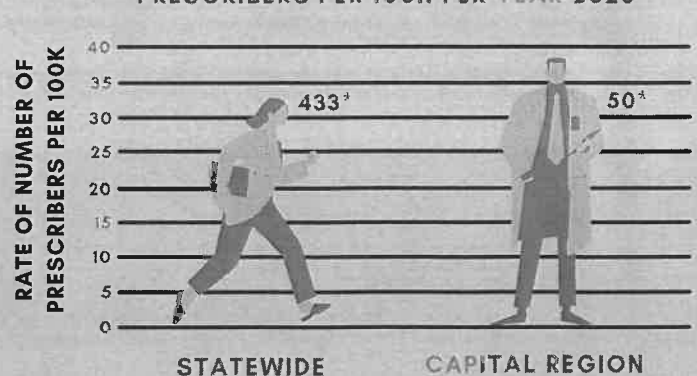
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

Multiple options/programs for MOUD throughout the region. Stigma in the community reported for MOUD, some see it as "enabling"; opportunities exist for provider and community education. One MOUD friendly sober living facility.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020

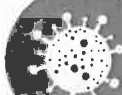


NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increase in telehealth allowing for low-barrier access at a critical time, but there are barriers in access to tech and tech literacy. Street outreach more limited. Increase in homelessness noted.



HRETA

Harm Reduction Education & Technical Assistance

CARROLL COUNTY

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Service agencies recognize the employment of people with lived experience as important. Some involvement of clients in program evaluation efforts via surveys and direct participation.



PROVIDING NON-STIGMATIZING SERVICES

Person-centered care and non-stigmatizing language commonly used. Recovery Community Organizations (RCOs) have worked to train on ethics and harm reduction. Access to language line services available.



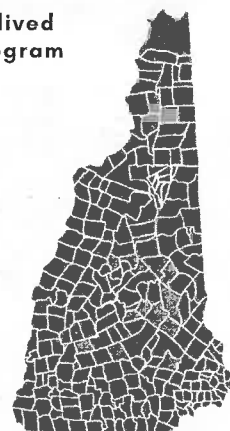
COLLABORATION ACROSS THE CONTINUUM OF CARE

Coordination among agencies is very strong within region, Carroll County Responds convened by Public Health Network (PHN). Complex coordination required as the region is split between multiple Doorway and integrated Delivery Network (IDN) catchment areas.

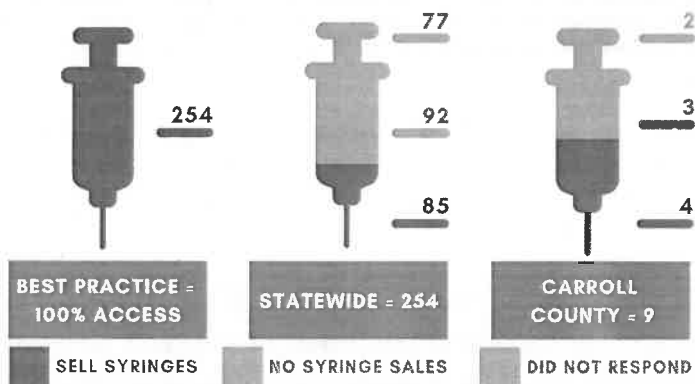


INFECTION PREVENTION

Mount Washington Valley Recovers provides education and safe injection kits, instructs on safe disposal. Testing for Hepatitis C/HIV/Sexually Transmitted Infections difficult to access, White Mountain Community Health does some of this. Greater need for infection prevention supplies.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS



MWV Supports Recovery

CONWAY -

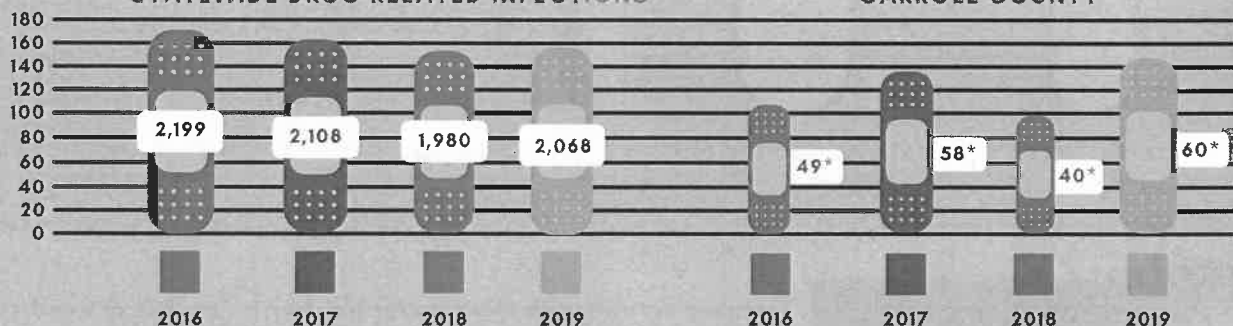
WWW.MWVSUPPORTSRECOVERY.ORG

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^]

STATEWIDE DRUG RELATED INFECTIONS CARROLL COUNTY

RATE PER 100K POPULATION OF DRUG RELATED HOSPITALIZATIONS AND ED VISITS BY PHN (2016-2019)



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES. [^]INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

All partners report sufficient access to naloxone. Distributed by multiple agencies (Doorways, White Horse, Mount Washington Valley Supports Recovery (MWV), Hospitals, and Community Center). No targeted outreach to those at greatest risk reported.



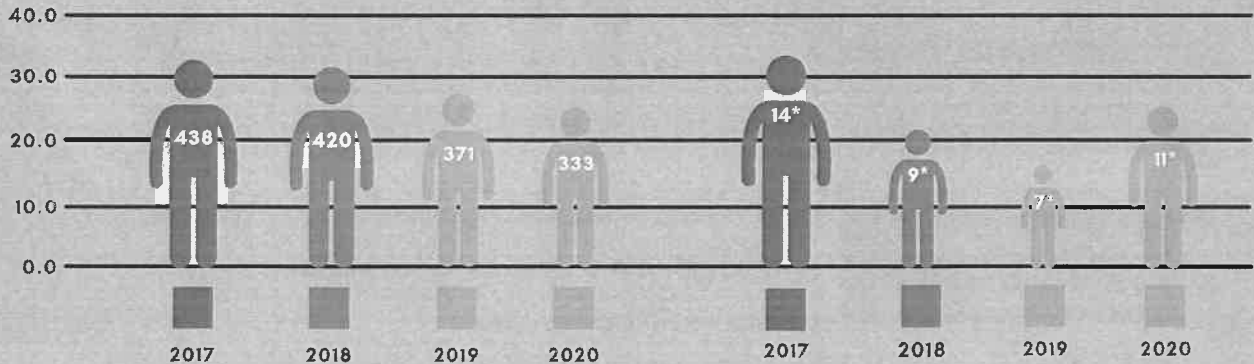
REFERRAL TO SUD TREATMENT SERVICES

Challenged by Doorway locations outside of the region, but close partnerships are established by local recovery Community Organizations (White Horse and MWV) and treatment providers (Blue Heron and Green Mountain Treatment). The area could use more counselors, referrals are made out of county when necessary.

RATE PER 100K POPULATION
OF FATAL DRUG
DEATHS BY PHN (2017 - 2020)

STATEWIDE OVERDOSE DEATH

CARROLL COUNTY OVERDOSE DEATH



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

Need for greater access to low-barrier housing options reported throughout the region. No shelters or sober living options, all referred out of county (Families in Transition, Crossroads, Tyler Blane House). 7-14 year waiting list for Section 8 housing. Lacking affordable housing.

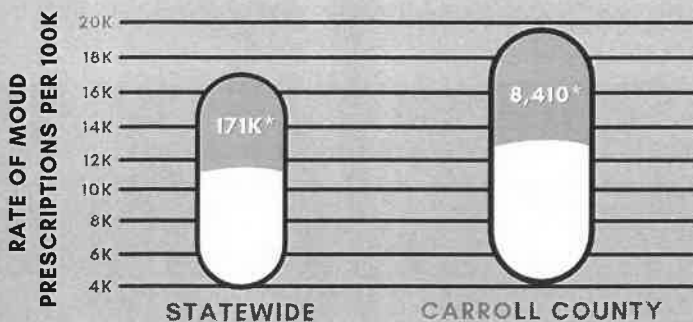


ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

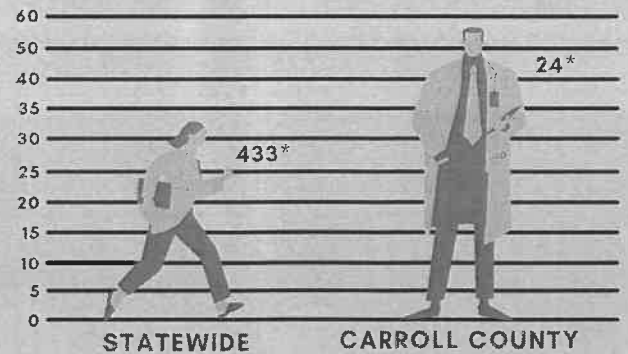
Multiple providers/ resources for MOUD throughout the region including Groups Recovery Together, Memorial Hospital, New Life, and White Mountain Community Health. No access to Methadone in region.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020

NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



RATE OF NUMBER OF
PRESCRIBERS PER 100K



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increase in telehealth use, but there are barriers in access to computers/ phones with cameras and internet. Many services moving fully online, temporary closures of facilities (no Intensive Outpatient Program (IOP) happening, etc.). Noted increases in relapses & alcohol use, decrease in harm reduction (HR) kit distribution.



This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Service agencies recognize the employment of people with lived experience as important. Some involvement of clients in program evaluation efforts via surveys.



PROVIDING NON-STIGMATIZING SERVICES

Opportunities for provider and community educational training surrounding person-first language, cultural humility, and stigma. Access to language line services available noted.



COLLABORATION ACROSS THE CONTINUUM OF CARE

Opportunities to improve coordination among agencies. Strong partnerships between Public Health Network (PHN), Plymouth State University, the Doorway, Plymouth Area Recovery Connection, and Mid-State (Federally Qualified Health Center, FQHC).

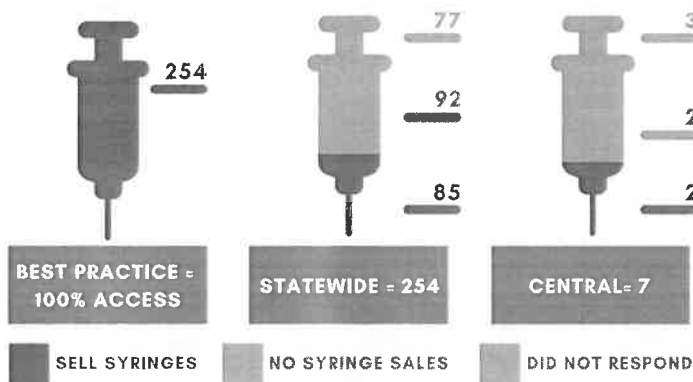


INFECTION PREVENTION

There is a need for an SSP in the region, but the greater (non-drug using) community is not supportive of creating one. STI/vaccine education is available. Considerable need for information/education/low barrier access to sterile injection equipment.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020
(N=174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES PROGRAM IN REGION

DISTANCES TO CLOSEST*

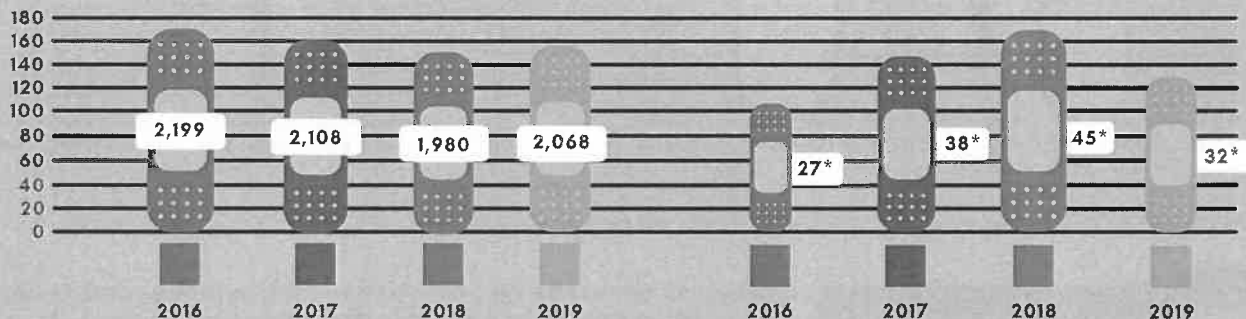
46.8 MI CENTER CONWAY
60.4 MI MANCHESTER
63.2 MI ROCHESTER

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS
FROM PUBLIC HEALTH NETWORK IN PLYMOUTH, NH

SOURCE: SYRINGE SERVICE PROGRAMS
REGISTERED IN NH, VT, AND ME

RATE PER 100K POPULATION OF DRUG RELATED HOSPITALIZATIONS AND ED VISITS BY PHN (2016-2019)

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS CENTRAL REGION



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES *INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

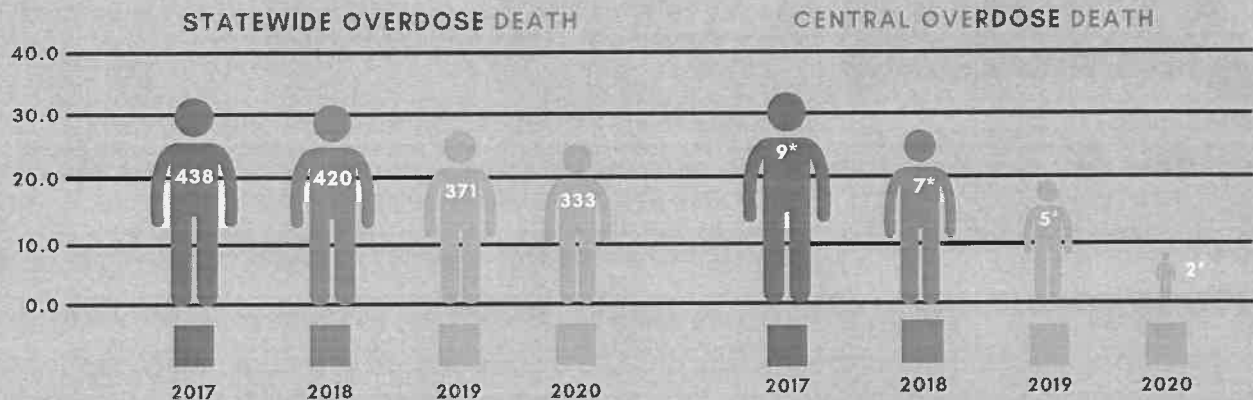
Access available but not low barrier, primarily offered at pharmacies, the fire department, and Midstate (must already be a connected patient).



REFERRAL TO SUD TREATMENT SERVICES

Provided through Lakes Region Mental Health Center, Midstate, and Lakes Region General. Case coordination/management in Emergency Room (ER) at Speare Memorial Hospital.

RATE PER 100K POPULATION OF FATAL DRUG DEATHS BY PHN (2017 - 2020)



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

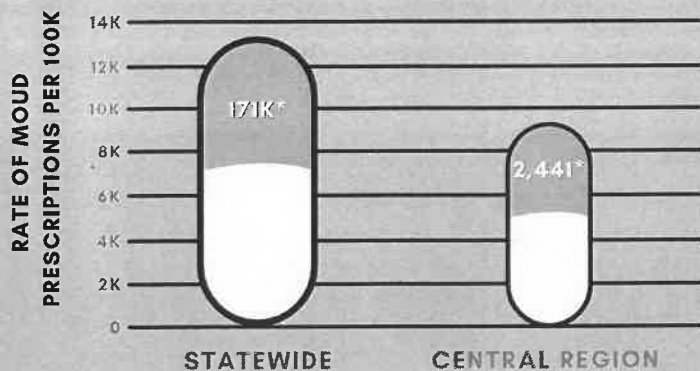
Lakes Region Mental Health Center has limited housing with naloxone on site. Staff is trained on substance use disorders. Veteran's Housing for families, Pemi-Bridge House provides dry shelter to people experiencing homelessness, Plymouth House has a sober living option for men.



ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

Buprenorphine is available through Mid-State and the Lakes Region Doorway. Lakes Region Mental Health Center is exploring prescribing Buprenorphine in the future. Opportunity to further expand access to MOUD throughout the region. New Seasons (Franklin) and Concord Metro are closest methadone clinics.

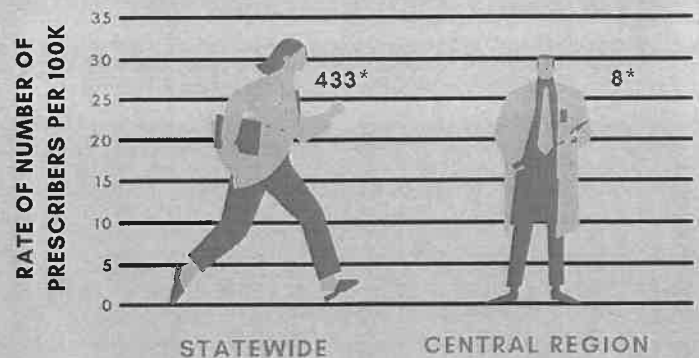
TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)

NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



IMPACT OF COVID-19

An increase in telehealth use has helped mitigate transportation issues and expanded reach. Concern by providers that inability to attend group meetings is associated with relapses.



HRETA

Harm Reduction Education
& Technical Assistance

GREATER MANCHESTER

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.

During the data collection period, Makin' It Happen (the Public Health Network) was engaged in strategic planning for harm reduction and I:1's with agencies were seen as duplicative. To complement these efforts, we interviewed 25 syringe service participants to capture the experiences of people who use drugs to assist both projects.



INVOLVE PEOPLE WITH
LIVED EXPERIENCE IN
PLANNING & EVALUATION

Many key leaders identified as people in recovery and majority of recovery workers are people with lived experience.



PROVIDING NON-
STIGMATIZING
SERVICES

Some expressed that stigma continues to be a barrier when seeking services and they avoid seeking care for infections and mental health. Supportive services included the Mental Health Center of Greater Manchester (MHCGM), Healthcare for the Homeless, and Urgent Care. Lots of opportunities for further education on compassionate support of people who use drugs.



COLLABORATION
ACROSS THE
CONTINUUM OF CARE

Strong engagement with city agencies. Multiple providers collaborating on outreach, outreach services unavailable beyond city limits. Coordination among agencies is strong within the region, Substance Use Disorder (SUD) Collaborative convened by Public Health Network (PHN).

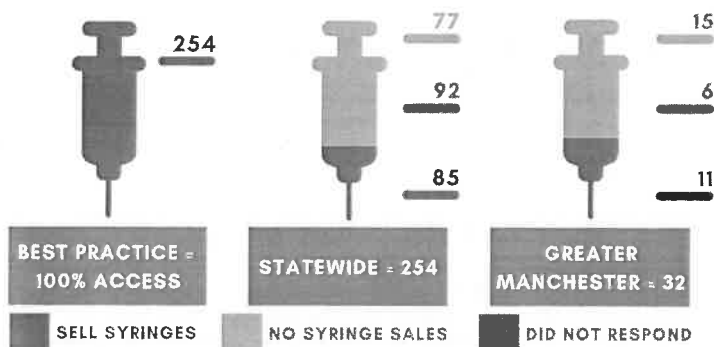


INFECTION PREVENTION

Syringe services have addressed a critical need but availability is very limited (only 2 hours once per week), ideally there would be more availability and more privacy. High utilization of ER to address acute and chronic wounds. Low barrier outreach services available including new Horizons/ Healthcare for the Homeless, Manchester Community Health or MHCGM.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020
(N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS



MANCHESTER

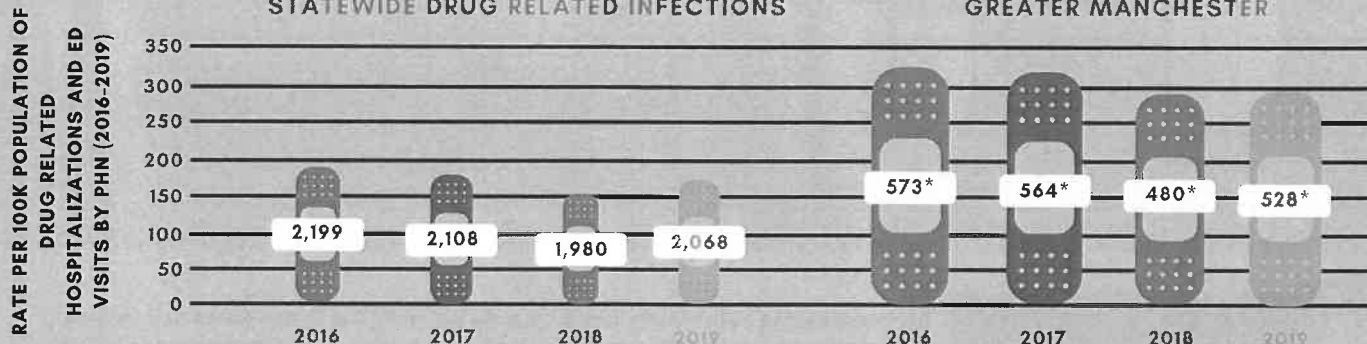
NHHRC.ORG/QUEEN-CITY-EXCHANGE/

SOURCE: SYRINGE SERVICE PROGRAMS
REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^]

STATEWIDE DRUG RELATED INFECTIONS

GREATER MANCHESTER



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES ^INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

Naloxone distribution by a variety of agencies, managed through The Doorway. Some outreach workers are unable to distribute due to organizational liability.

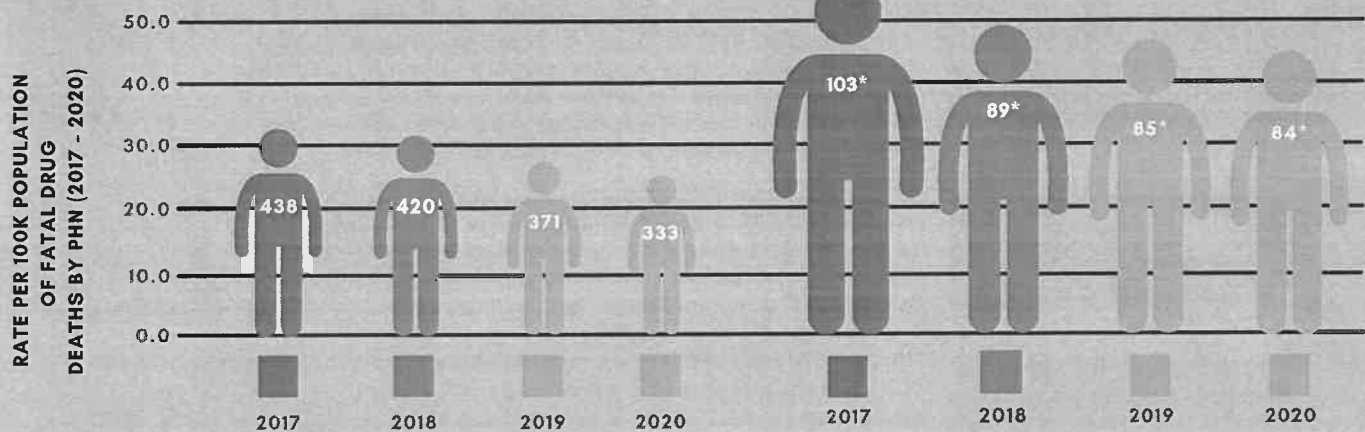


REFERRAL TO SUD TREATMENT SERVICES

People who use drugs well aware of substance use treatment resources, majority reporting they would seek care at Farnum or Safe Stations, other mentions included 211, the Doorway, Healthcare for the Homeless, and Veteran's Affairs. Great support reported in-service connection and meetings at Hope for New Hampshire Recovery.

STATEWIDE OVERDOSE DEATH

GREATER MANCHESTER OVERDOSE DEATH



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS. SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

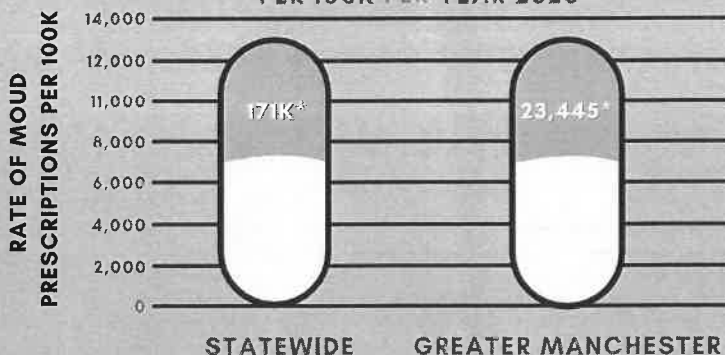
Insufficient affordable, low barrier, secure, long-term housing-worsened during the COVID-19 pandemic; long wait times for Section 8. Multiple short term and transitional options through Families in Transition, 1269 Café, Waypoint, and other agencies which provide case management, basic necessities, and support. Recurrent evictions of encampments disrupt health and safety.



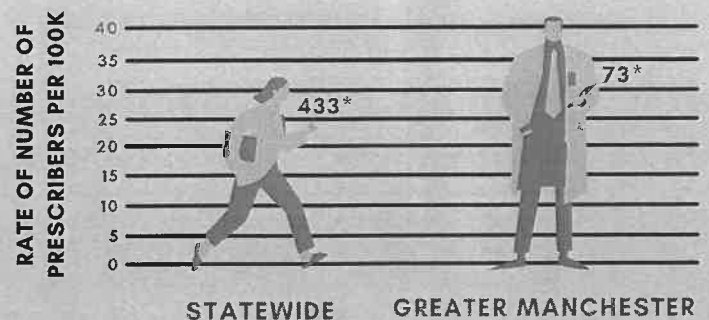
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

A variety of traditional and low-barrier healthcare providers with active Buprenorphine programs including Healthcare for the Homeless, MHCGM, and primary care practices (e.g. Catholic Medical Center, Elliot Health Systems, Dartmouth Hitchcock). Methadone services available through Habit OPCO and Manchester Metro. Majority of syringe service participants surveyed were knowledgeable of MOUD resources.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS. SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Services had slowed down due to COVID, including welfare, community outreach services, DMV, and noted difficulty in accessing medical services. For housing insecure individuals, considerable difficulty finding public bathrooms/places to get warm, transportation, and accessing telehealth due to lack of internet connection. Challenges reporting finding a job or experienced a reduction in hours.



HRETA

Harm Reduction Education
& Technical Assistance

GREATER MONADNOCK

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Many key stakeholders identified as people in recovery and the majority of recovery workers are people with lived experience. Recent collaborative infrastructure grant closely involved a variety of people with lived experience.



PROVIDING NON-STIGMATIZING SERVICES

Use of person-first language and active listening strategies through services reported throughout region. Some training on stigma reduction has been provided but there is an identified need for more stigma reducing trainings. Concern for health care provider stigma in non-Substance Use Disorder (SUD) specific services.



COLLABORATION ACROSS THE CONTINUUM OF CARE

Partnerships with community organizations but interest in further developing systems of trauma-informed care. Keene has good collaboration between organizations, but no regular region-wide touch point. Outside of Keene collaboration is limited.

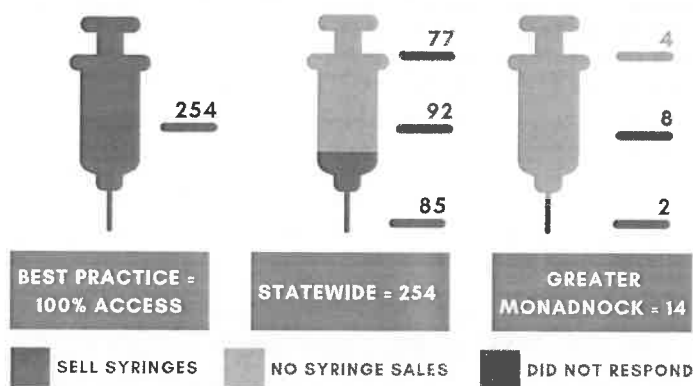


INFECTION PREVENTION

Planned Parenthood is the main source of infectious disease testing (HIV/Sexually Transmitted Infection (STI)/Hepatitis C (HCV)) and prevention. Immunizations available through multiple providers. Greater need for sterile injecting supplies, lack of awareness of Grow Syringe Services (Keene Serenity Center).



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

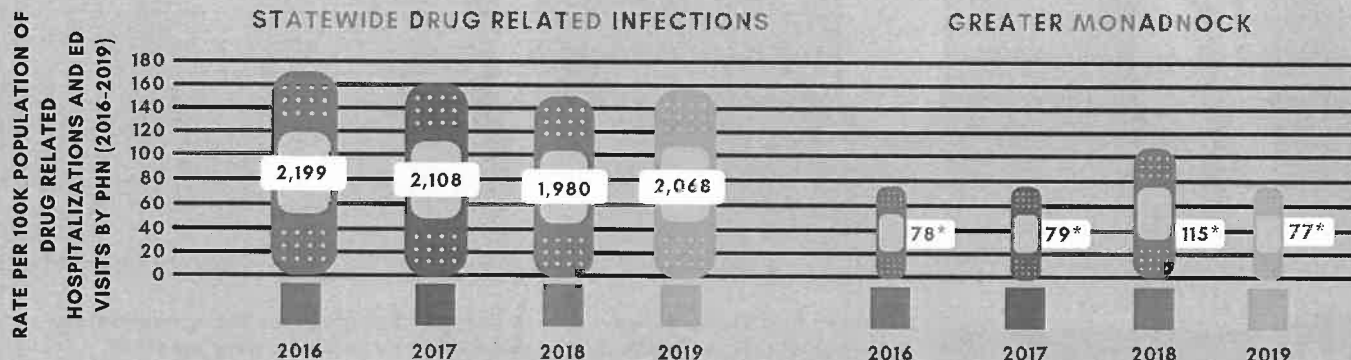


KEENE

[WWW.FACEBOOK.COM/GROWSSP/](https://www.facebook.com/GROWSSP/)

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS GREATER MONADNOCK



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND. TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES [^]INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

Doorway is the access point for other organizations to distribute Narcan, limitations reported in supplies requested. Minimal distribution by outreach but available at service providers.



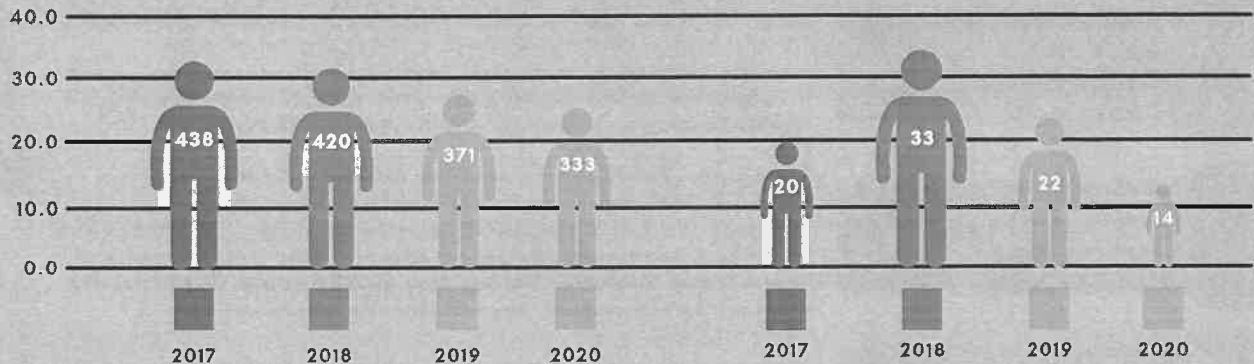
REFERRAL TO SUD TREATMENT SERVICES

Close connections with the Doorway and Monadnock Family Services, including corrections. New treatment resources coming online; inpatient 28-day program, sober living, and telehealth. Access for Medicaid clients still limited. Recovery Community Organizations (RCOs) include Keene Serenity Center (Keene), Reality Check (Jaffrey) Gates Recovery Center (New Ipswich) and Addiction Recovery Coalition of New Hampshire (Milford).

STATEWIDE OVERDOSE DEATH

GREATER MONADNOCK OVERDOSE DEATH

RATE PER 100K POPULATION OF FATAL DRUG DEATHS BY PHN (2017 - 2020)



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

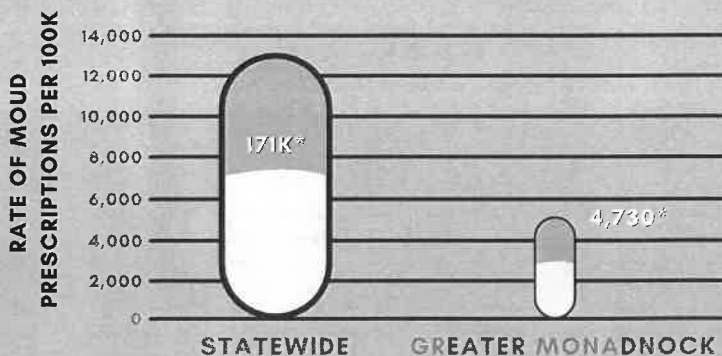
Multiple options for sober living/ low-income housing, at least one facility accepts all forms of MOUD. Long-term, affordable housing is scarce. Fewer resources for women and a greater need than the current supply.



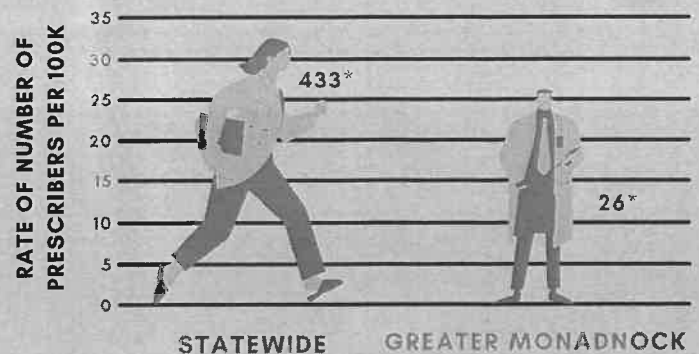
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

Multiple providers/ resources for MOUD (Vivitrol, Buprenorphine, and methadone) in Keene. MOUD allowed in drug court. Few resources outside of Keene.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020

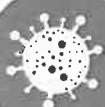


NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)

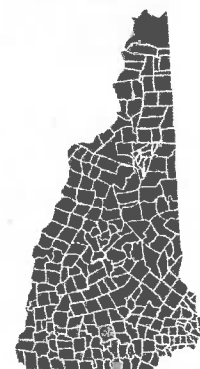


IMPACT OF COVID-19

Overall concern that clients are more withdrawn and suffering due to social isolation. Lots of tele-health resources including Intensive Outpatient Programs (IOP) and MOUD, younger clients seem to be more engaged with telehealth.



This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Recovery services primarily staffed by people in recovery and imbedded in other services. Some sites use patient satisfaction/consumer surveys to incorporate the voices of people with lived experience.

PROVIDING NON-STIGMATIZING SERVICES

Large local population of Spanish and Portuguese speaking clients, hire multi-lingual staff, staff receives cultural humility and equity trainings. Regional focus on person-first language. One agency reported discontinuation of stigma reduction trainings due to lack of funding.

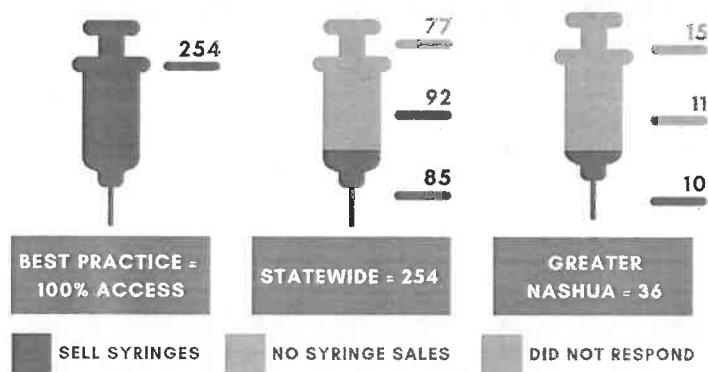
COLLABORATION ACROSS THE CONTINUUM OF CARE

Strong partnerships between the Doorway, Greater Nashua Mental Health, the Mayor's Opioid Task Force, Revive Recovery, Harbor Care, and Federally Qualified Health Centers (FQHCs). Community partners address social determinants of health (soup kitchens, United Way, public health department). No mention of services beyond the city of Nashua.

INFECTION PREVENTION

Many organizations report vaccination clinics for flu shots. STI/HIV/HCV testing and immunizations provided through the Nashua Public Health Department. Local SSP (SSANA) provides safe injecting supplies. COVID testing is provided throughout Nashua by multiple agencies.

PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

SSANA
SYRINGE SERVICE ALLIANCE OF THE NASHUA AREA
The community initiative for harm reduction

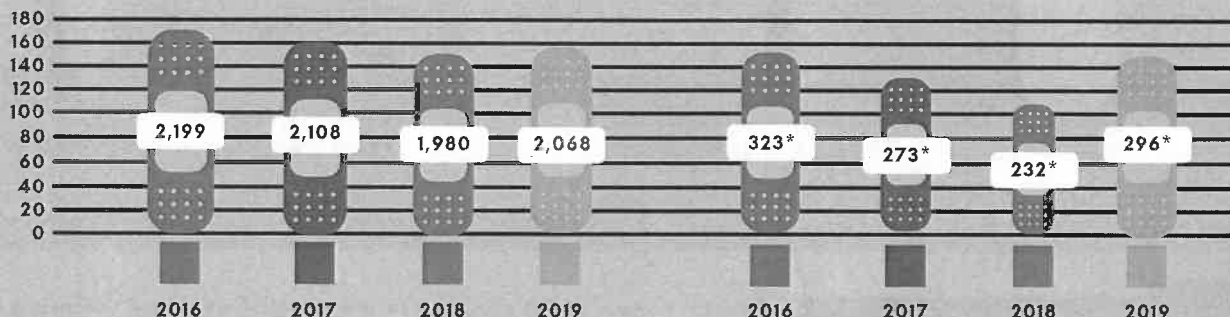
NASHUA -

WWW.NASHUANH.GOV/1174/SYRINGE-SERVICES-SSANA

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS GREATER NASHUA

RATE PER 100K POPULATION OF DRUG RELATED HOSPITALIZATIONS AND ED VISITS BY PHN (2016-2019)



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES [^]INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

All partners perceive sufficient access to naloxone. All organizations reported distributing naloxone to clients, and receive adequate supply from the Doorway.



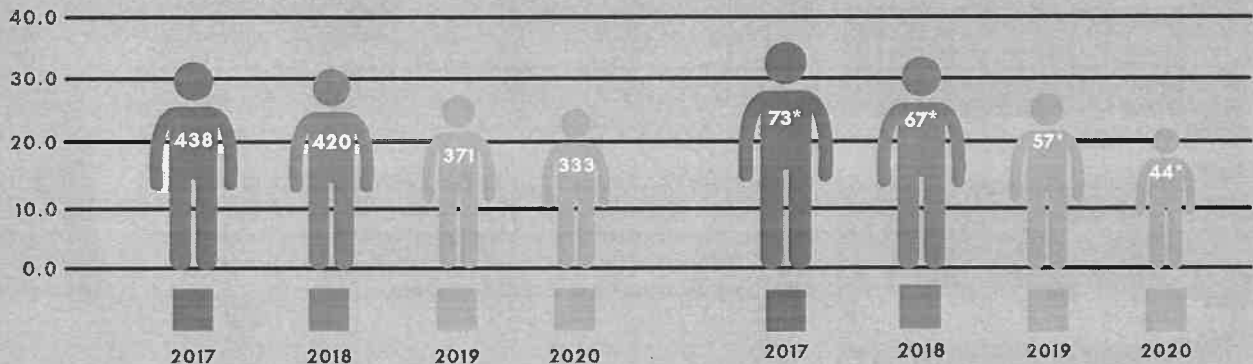
REFERRAL TO SUD TREATMENT SERVICES

Substance Use Disorder (SUD) treatment services are available but with varying barriers (i.e., insurance, gender, MOUD status): Referrals to the Doorway, Greater Nashua Mental Health, Lamprey, Keystone, Harbor Care, and Hampstead Hospital for treatment services. Revive Recovery Resource Center (Recovery Community Organization (RCO) in Nashua).

RATE PER 100K POPULATION
OF FATAL DRUG
DEATHS BY PHN (2017 - 2020)

STATEWIDE OVERDOSE DEATH

GREATER NASHUA OVERDOSE DEATH



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.
SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



HOUSING

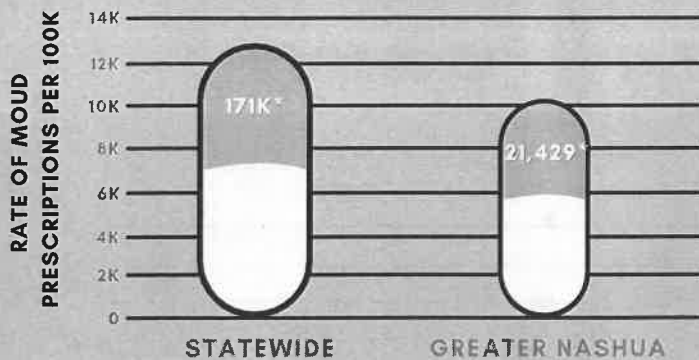
Some shelters are available in Nashua, long waitlists for longer-term housing. Homelessness services are low-barrier allowing those with active Substance Use Disorder (SUD) which can pose challenges to clients in recovery.



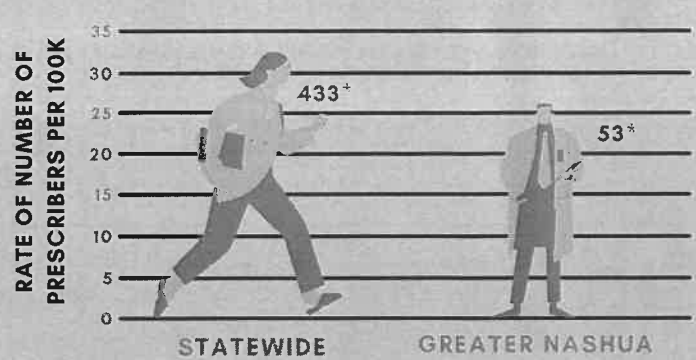
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

Multiple providers/resources for MOUD (Vivitrol, Buprenorphine, methadone, and naltrexone) in Nashua. All organizations either provided in house or are partnered with an agency that provides on premises.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.
SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increase in telehealth use by many local agencies. Service providers have decreased hours or eliminated programs. Alcoholics Anonymous/Narcotics Anonymous (AA/NA) and recovery support programs are virtual which may be more convenient but less engaging for some participants.



This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

The majority of services are housed in the Upper Valley region with services areas into Greater Sullivan. Most organizations involve people with lived experience, either through direct participation in program planning and implementation or via advisory councils, focus groups, and surveys.



PROVIDING NON-STIGMATIZING SERVICES

Several active organizations providing stigma trainings in region but opportunity for more, especially for providers. Strong emphasis on person-first language, several organizations interested in development around cultural humility.



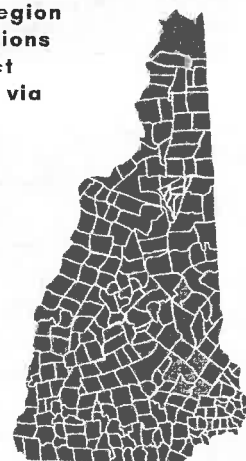
COLLABORATION ACROSS THE CONTINUUM OF CARE

Few services are located in the region but Dartmouth-Hitchcock (DH) focuses on providing services to this region. Collaboration is strong within the community, especially DH and the Doorway, other agencies face challenges if not part of DH system.

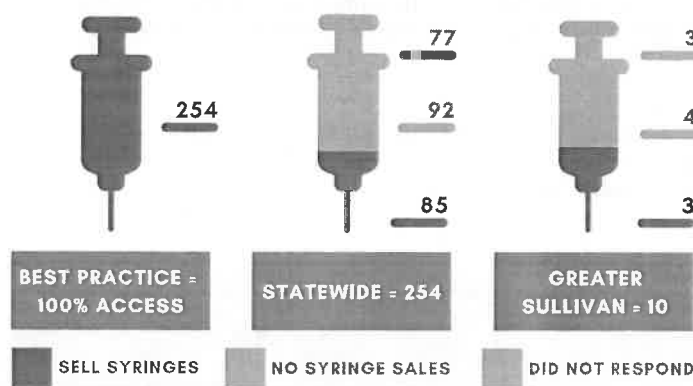


INFECTION PREVENTION

HCV/HIV Resource Center (including Claremont Exchange) & DH are primary resources for infection prevention. Local engagement around Hepatitis C eradication.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

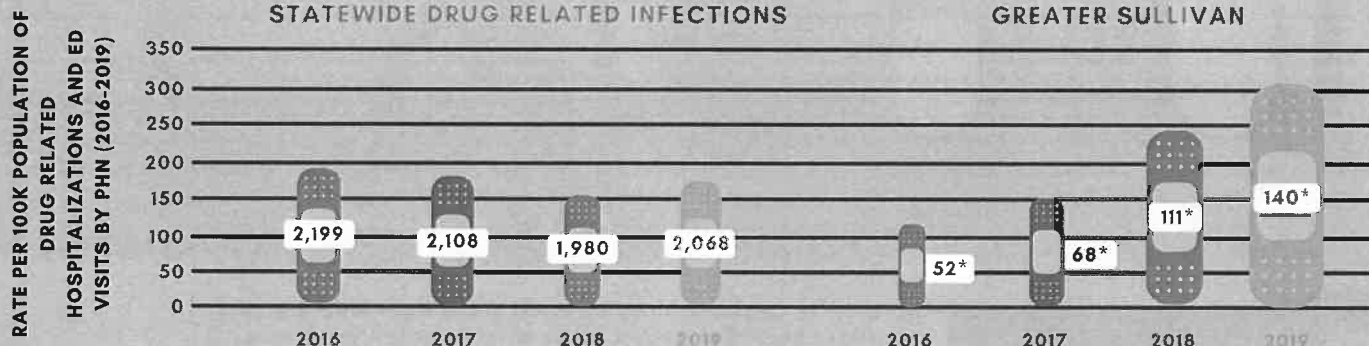


CLAREMONT

[HTTP://WWW.H2RC.ORG/](http://www.h2rc.org/)

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS GREATER SULLIVAN



*THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES. [^]INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



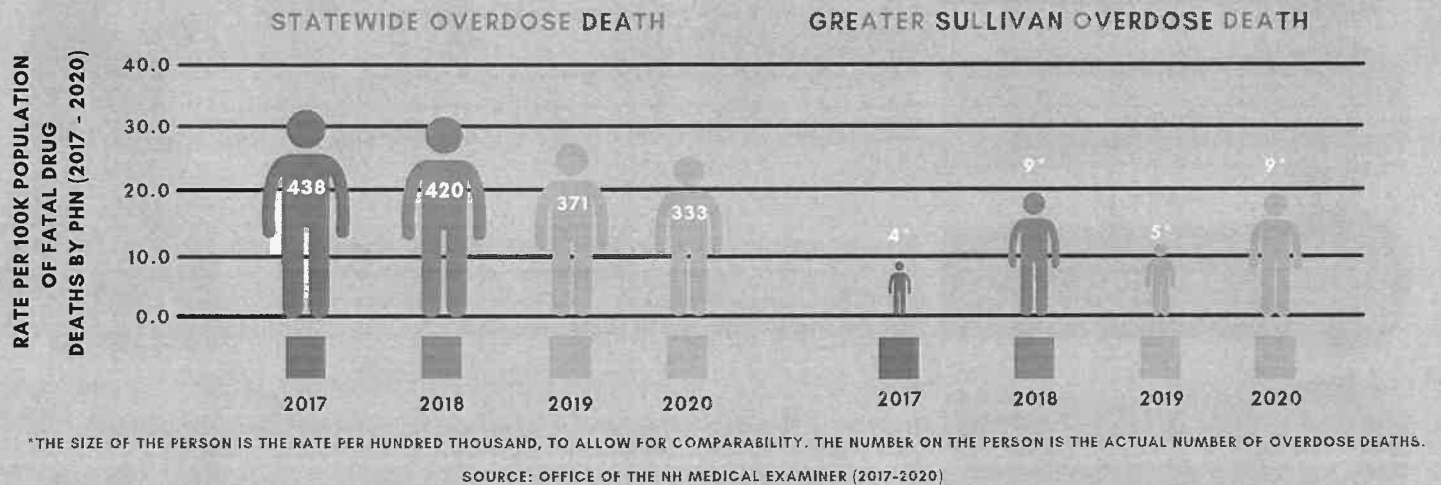
ACCESS TO NALOXONE

Naloxone is readily available in the community, several distribution sites. Distributed by mobile SSP. No reported targeted outreach to those at greatest risk (e.g. homeless outreach etc).



REFERRAL TO SUD TREATMENT SERVICES

Recovery Community Specialist in DH ED. No sober/transitional housing, refer out of county. Center for Recovery Resources (RCO in Claremont).



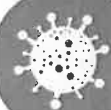
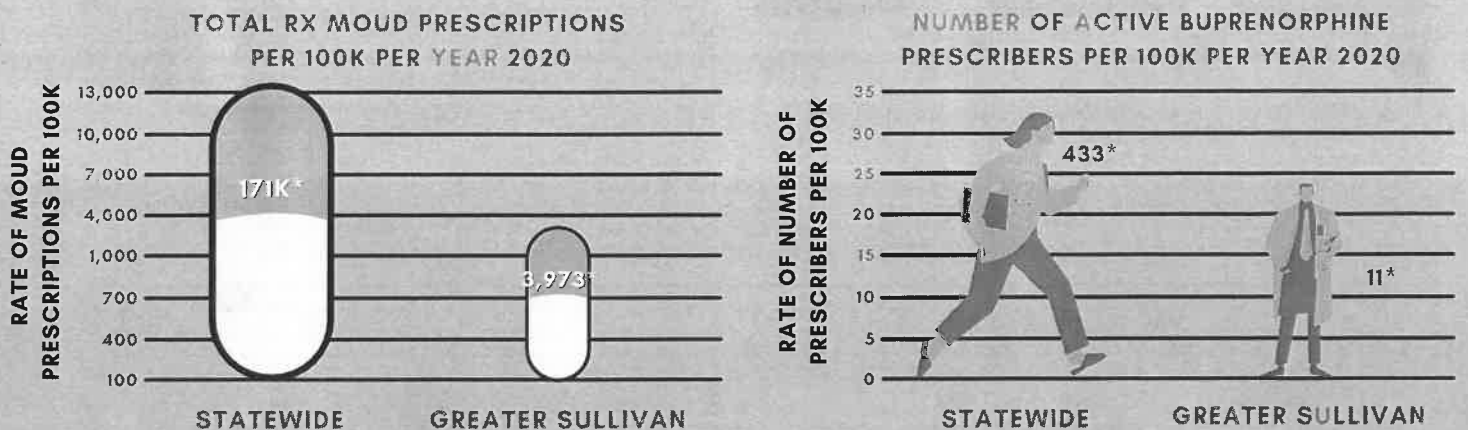
HOUSING

Demand far outstrips supply, challenges with cross border coordination. No emergency housing or shelters (closest in Springfield, VT). Motel/ hotel vouchers are available, but tend to be unsafe places to stay.



ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

MOUD is perceived to be readily available in the community through DH, Groups Recover Together, West Central Behavioral Health, and Better Life Partners.



IMPACT OF COVID-19

Telehealth service expansion. Increased isolation and overdoses. Recovery community hit hard.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Surveys conducted, often portal based or mailed which may not capture all people who use drugs. One organization deliberate about hiring successful program graduates in recovery as program staff. Persons with lived experience in leadership positions.



PROVIDING NON-STIGMATIZING SERVICES

Person-centered treatment plans used. Clinical trainings for stigma, person-first language, and cultural humility have been conducted. All organizations recognize the opportunity for ongoing improvement.



COLLABORATION ACROSS THE CONTINUUM OF CARE

Strong partnerships, regular meetings convened by North Country Health Consortium, which include the local Doorways, Northern and Coos County Family Services, and the Family Resource Center.

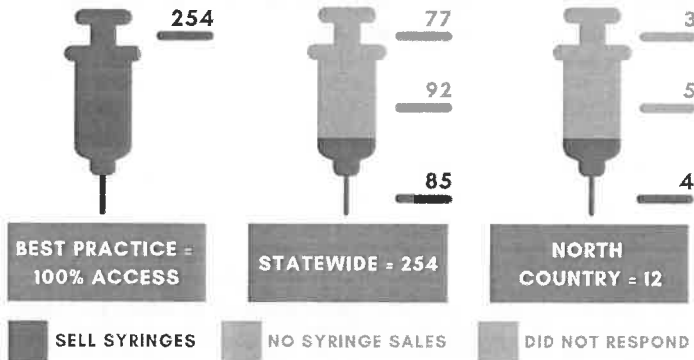


INFECTION PREVENTION

No SSP in the North Country, the closest is in Vermont. Immunization referrals to community health practices. Safety while using drugs is discussed but education on drug-related infection prevention is limited.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES PROGRAM IN REGION

DISTANCES TO CLOSEST*

- 21.8 MI ST. JOHNSBURY, VT
- 51.6 MI CONWAY, NH
- 101.6 MI MANCHESTER, NH

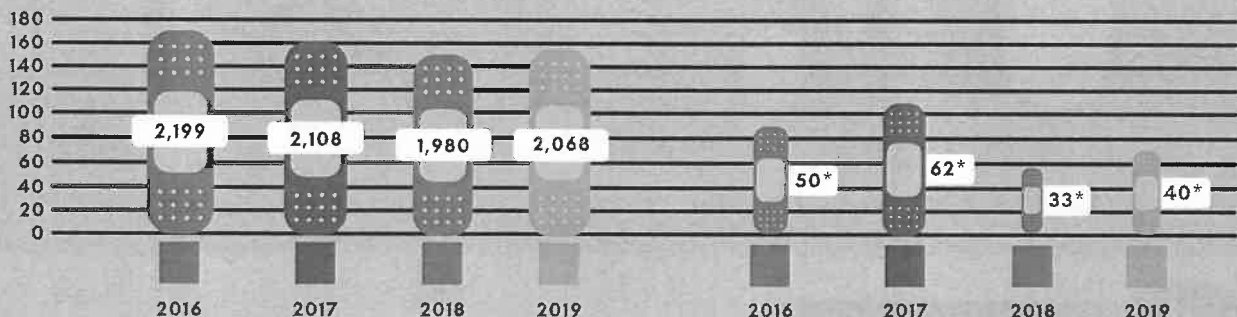
WWW.NCHCNH.ORG/CONTACT.PHP

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS FROM PUBLIC HEALTH NETWORK IN LITTLETON, NH

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

RATE PER 100K POPULATION OF DRUG RELATED HOSPITALIZATIONS AND ED VISITS BY PHN (2016-2019)

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE^ STATEWIDE DRUG RELATED INFECTIONS NORTH COUNTRY



*THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES ^INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

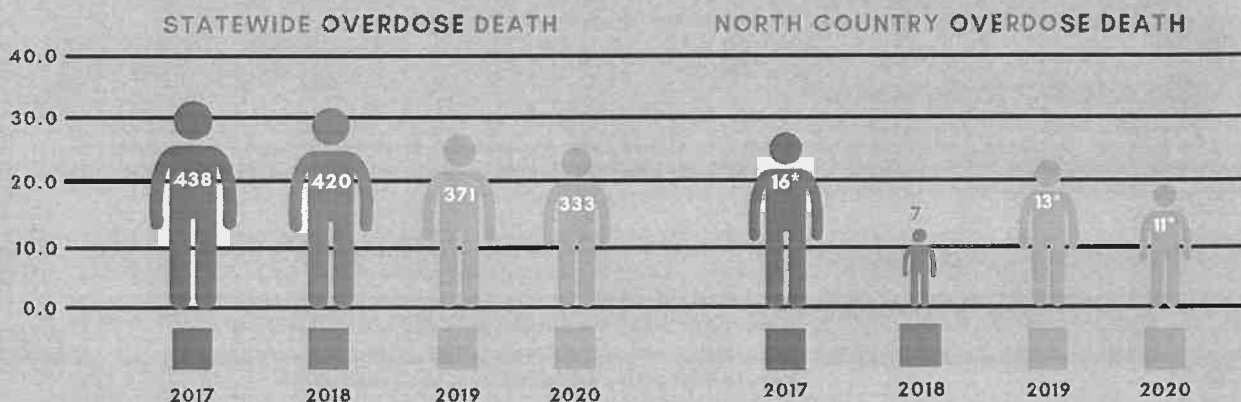
Not directly provided by all organizations but available at Doorways, recovery community organizations, through drug court, pharmacies, and hospitals.



REFERRAL TO SUD TREATMENT SERVICES

Inadequate access to treatment and detox within the region, services are available within the region but overburdened, often clients must travel out of area for treatment. Alcohol detox is especially lacking. Recent loss of the Friendship House further exacerbates lack of access to Substance Use Disorder (SUD) treatment services.

RATE PER 100K POPULATION OF FATAL DRUG DEATHS BY PHN (2017 - 2020)



* THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS. SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

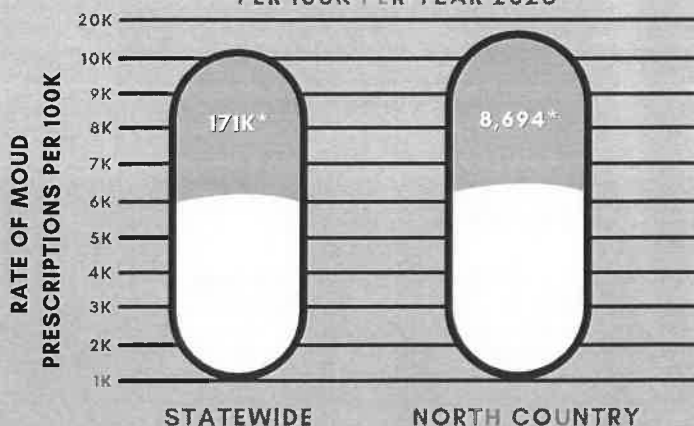
One shelter (Tyler Blain House) less accessible due to location in Lancaster. One sober living facility (White Mountain Recovery Homes) for the region. Low-barrier access to housing and transportation are needed. No short-term housing that is financially accessible.



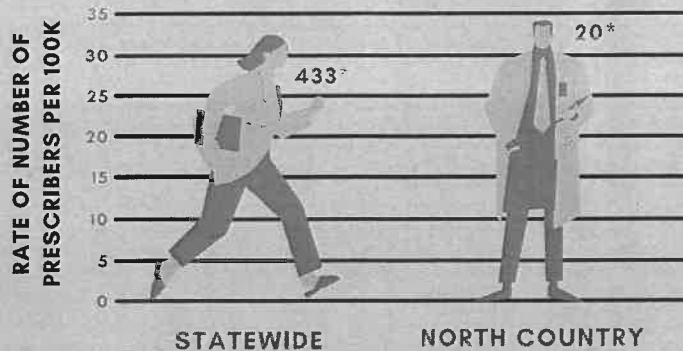
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

The Doorways serve as the primary MOUD provider. Overall partners report adequate access but opportunities for Emergency Room (ER) induction and expansion of primary care prescribing exist.

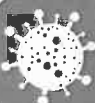
TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



* THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS. SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increased use of telehealth but concern for lack of participant accountability. Concerns about increase in meth and alcohol use. The Friendship House closed permanently, and the shelter has decreased capacity.



HRETA

Harm Reduction Education
& Technical Assistance

SEACOAST REGION

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Focus groups are utilized in project planning, many organizations use patient satisfaction surveys. Lots of organizational leadership held by people with lived experience.



PROVIDING NON-STIGMATIZING SERVICES

Motivational interviewing is used throughout the region. Numerous trainings on person-first language, stigma, harm reduction, shared decision making, and cultural humility.



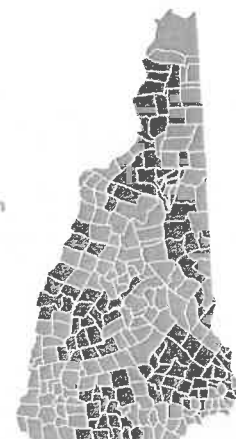
COLLABORATION ACROSS THE CONTINUUM OF CARE

Community Care Team has fostered collaboration between many organizations/providers. Opportunities for improvements in continuity with Substance Use Disorder (SUD) treatment i.e. different levels of treatment are siloed and gaps noted for clients returning to the community post treatment.

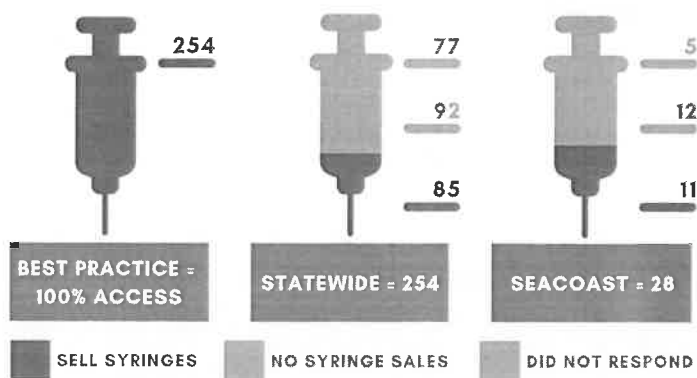


INFECTION PREVENTION

Lack of access to syringes in pharmacies reported. Region lacks a syringe service program (SSP), need to be identified in Portsmouth. Able to connect to SSP in Strafford County. Community health center (Families First) has Hepatitis C treatment program offered with Medications for Opioid Use Disorder (MOUD) treatment.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020
(N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES PROGRAM IN REGION

DISTANCES TO CLOSEST*

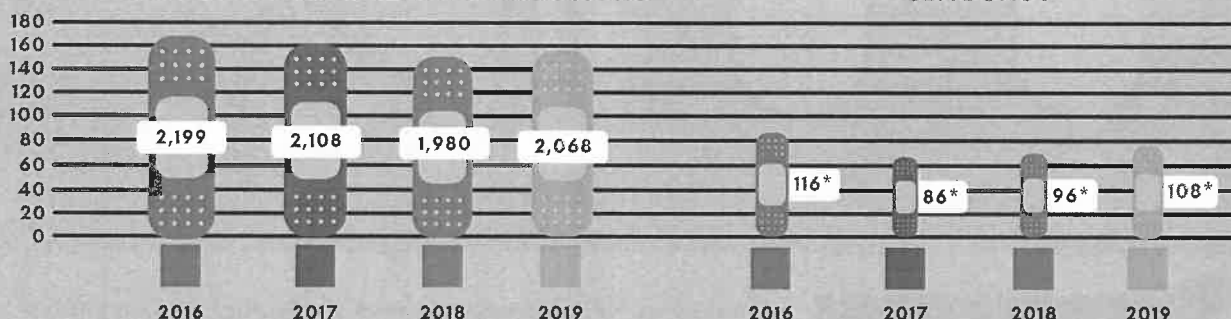
17.4 MI MANCHESTER
22.6 MI DOVER
35.7 MI NASHUA

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS FROM PUBLIC HEALTH NETWORK IN RAYMOND, NH

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS SEACOAST

RATE PER 100K POPULATION OF
DRUG RELATED
HOSPITALIZATIONS AND ED
VISITS BY PHN (2016-2019)



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES ^INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



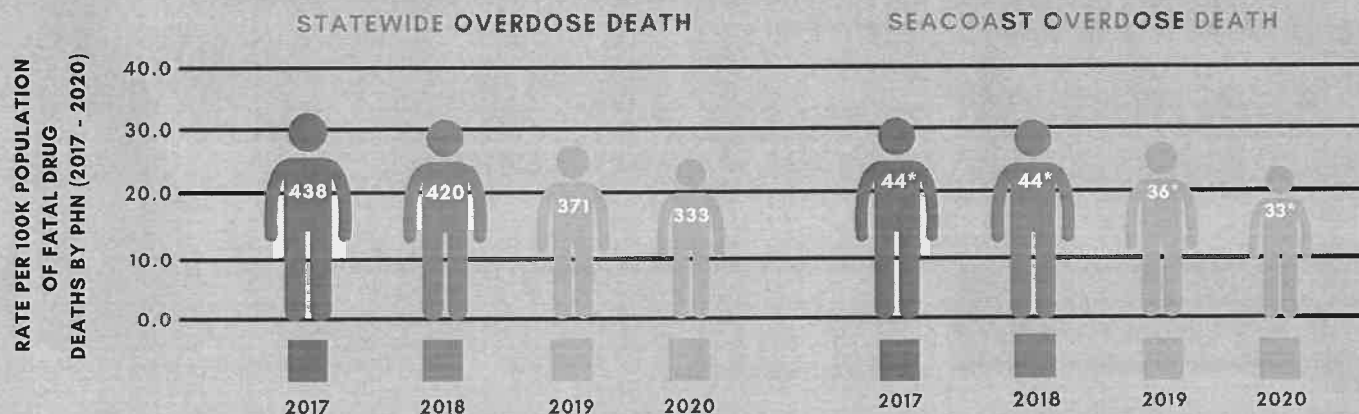
ACCESS TO NALOXONE

All organizations reported distributing naloxone to clients, and receive adequate supply from the Doorway. No targeted outreach to those at greatest risk reported.



REFERRAL TO SUD TREATMENT SERVICES

Some organizations report confusion with how to access treatment from a client's perspective. Doorway is based in Dover and looking to expand to a Seacoast location. Despite bus services being available, some transportation issues prohibit access to the Doorway. Adequate access to outpatient treatment, but challenges accessing residential treatment and services for co-occurring (SUD & psychiatric disorders).



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



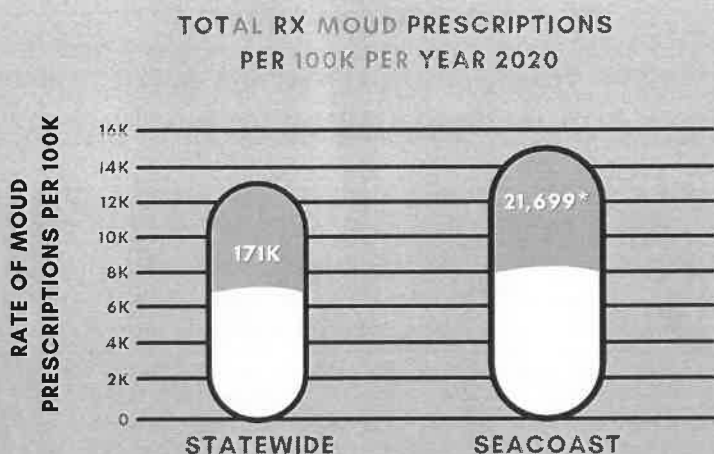
HOUSING

Minimal low-barrier housing, need for more low-barrier housing including rapid rehousing even with active drug use. Housing is severely lacking throughout the region, particularly recovery housing that accepts MOUD.



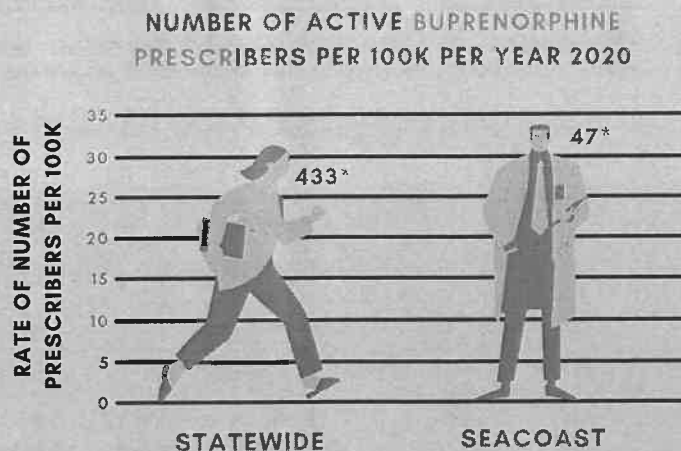
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

Access is not great, but there are multiple options for MOUD including buprenorphine and methadone. Need identified for greater access to immediate induction. The Doorway is very helpful in accessing MOUD.



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increased use of telehealth, but access is difficult for those experiencing homelessness. It has been more difficult to connect with clients during COVID. Increase in alcohol and stimulant use reported.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Involvement of people with lived experience via patient/client satisfaction surveys and peer recovery support groups. Opportunities for more engagement in leadership positions and planning.

PROVIDING NON-STIGMATIZING SERVICES

Most organizations reported hosting trainings on non-stigmatizing language, person-first language, trauma-informed care, and/or harm reduction. Client involvement via person centered planning described.

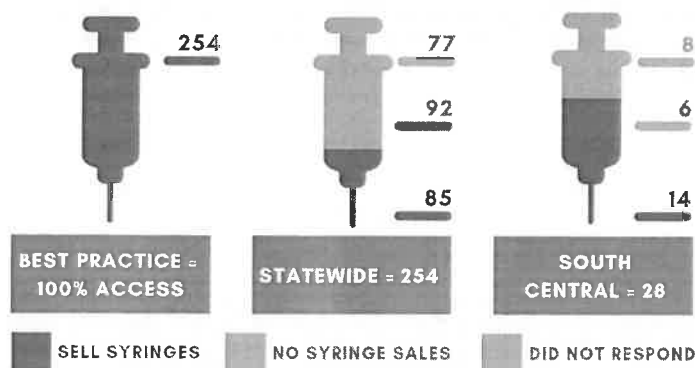
COLLABORATION ACROSS THE CONTINUUM OF CARE

Partnerships with local organizations throughout the region for prevention (Pinkerton Academy) and substance use disorder (SUD) providers including: Center for Life Management, Derry Friendship Center, and treatment centers.

INFECTION PREVENTION

No Syringe Service Program (SSP) in the region. Some organizations offer education/testing for HIV/Hepatitis C/Sexually Transmitted Infections onsite. Otherwise, primarily refer to PCPs, Emergency Departments or Urgent Care.

PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174: TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES PROGRAM IN REGION

DISTANCES TO CLOSEST*

- 13.1 MI NASHUA
- 14.1 MI MANCHESTER
- 34.7 MI DOVER

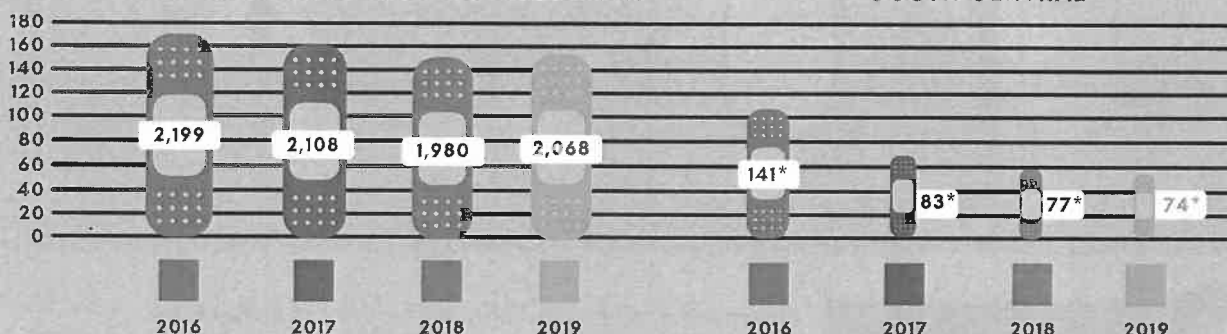
CHSGREATERDERRY.ORG/

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS FROM PUBLIC HEALTH NETWORK IN SALEM, NH

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^]

RATE PER 100K POPULATION OF DRUG RELATED HOSPITALIZATIONS AND ED VISITS BY PHN (2016-2019)



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES ^INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



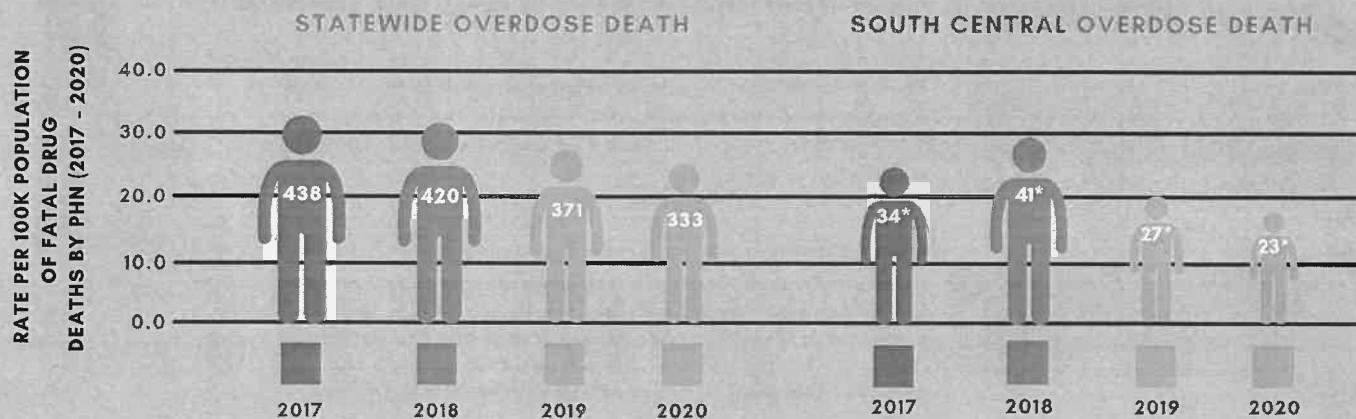
ACCESS TO NALOXONE

All partners report sufficient access to naloxone for care providers, limited low barrier access for clients most in need. No reported targeted outreach to those at greatest risk. Many organizations have either been trained or provide naloxone trainings.



REFERRAL TO SUD TREATMENT SERVICES

Most referrals out of catchment area, primarily to the Manchester Doorway, Farnum, MOUD providers, or programs out of state. No inpatient SUD services in state for teens.



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



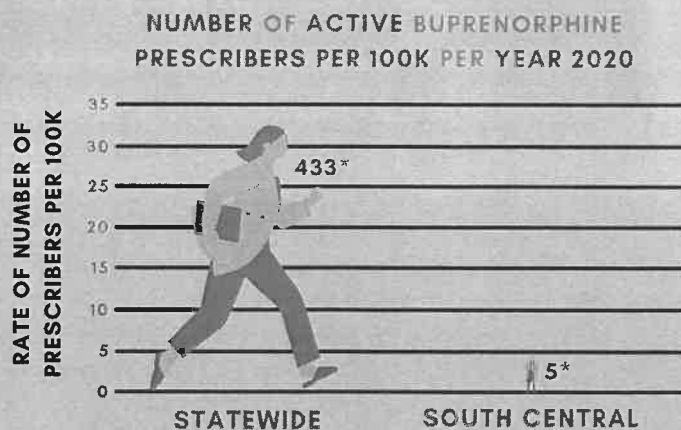
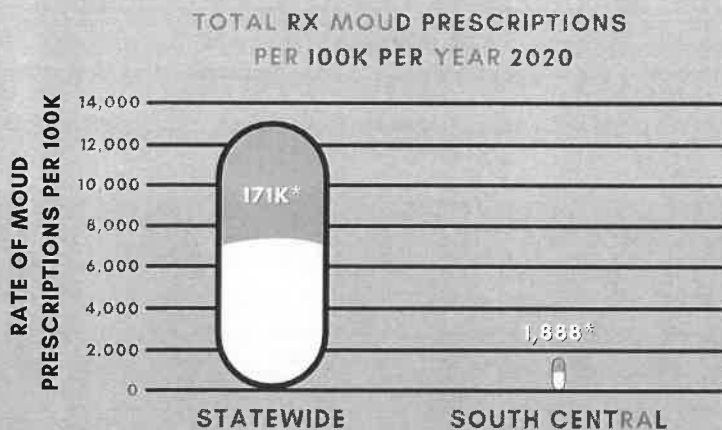
HOUSING

Lack of access to low-barrier housing. No shelters in region. Most refer to Manchester for services/resources.



ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

A few organizations provide access to Vivitrol in house. Buprenorphine available through Parkland Medical Center, Addiction Recovery Services, Urgent Cares, Better Life Partners, and Harbor Care. Access perceived as adequate.



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increased use of telehealth, but access is challenging for those lacking tech or tech literacy. Focus and connection difficult via telehealth. Increases cited for overdoses, relapses, and waitlist times. Disruptions in operations, capacity, trainings, and events.



This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Focus groups are utilized in project planning, many organizations use patient satisfaction surveys. Lots of organizational leadership held by people with lived experience.

PROVIDING NON-STIGMATIZING SERVICES

Motivational interviewing used throughout the region. Some organizations are involved with the Strafford County drug court. Numerous trainings on person-first language, stigma, harm reduction, shared decision making, and cultural humility.

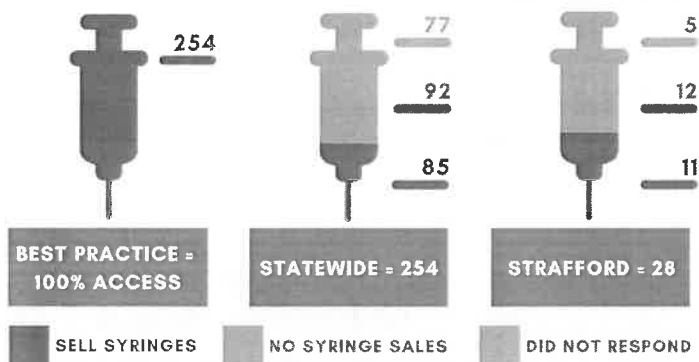
COLLABORATION ACROSS THE CONTINUUM OF CARE

Community Care Team (CCT) has fostered collaboration between many organizations/providers. Opportunities for improvements in continuity with Substance Use Disorder (SUD) treatment i.e. different levels of treatment are siloed and gaps noted for clients returning to the community post-treatment.

INFECTION PREVENTION

The community health center (Goodwin) has Hepatitis C treatment program offered with Medications for Opioid Use Disorder (MOUD). Lots of engagement with regional SSP but gaps in access via pharmacies.

PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020
(N=174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS



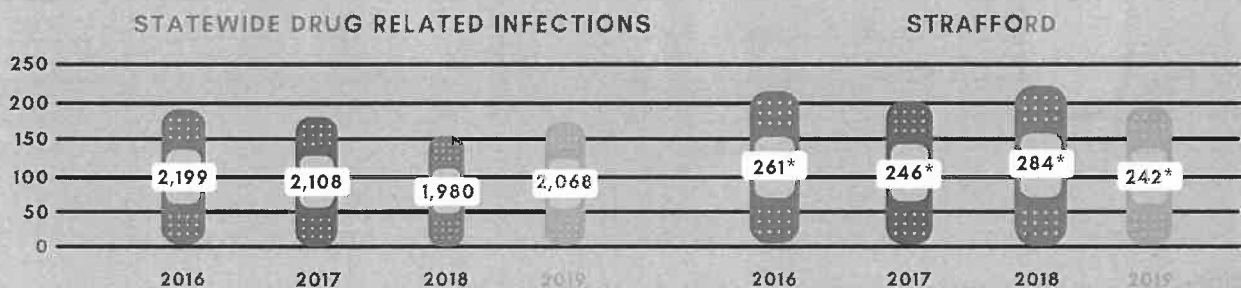
DOVER, ROCHESTER, &
SOMERSWORTH

[HTTP://NHHRC.ORG/HANDUP/](http://nhhrc.org/handup/)

SOURCE: SYRINGE SERVICE PROGRAMS
REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^]

RATE PER 100K POPULATION OF
DRUG RELATED
HOSPITALIZATIONS AND ED
VISITS BY PHN (2016-2019)



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES *INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



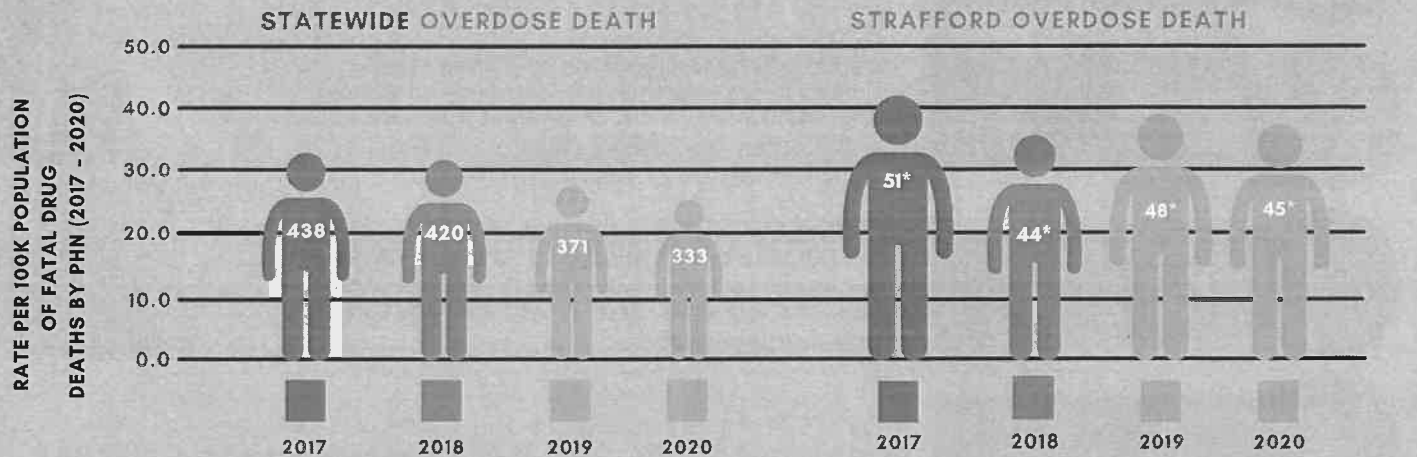
ACCESS TO NALOXONE

All partners report sufficient access to naloxone. All organizations reported distributing naloxone to clients, and receive adequate supply from the Doorway. Targeted outreach to most vulnerable people who use drugs/are housing insecure.



REFERRAL TO SUD TREATMENT SERVICES

Some organizations report confusion with how to access treatment from a client's perspective. Adequate access to outpatient treatment, but challenges accessing residential treatment and services for co-occurring disorders (SUD & psychiatric).



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



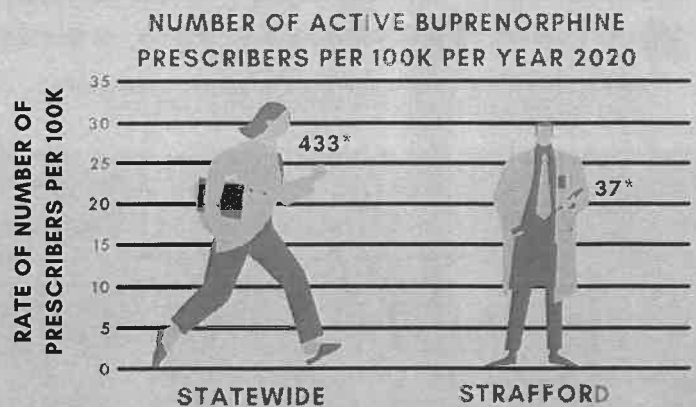
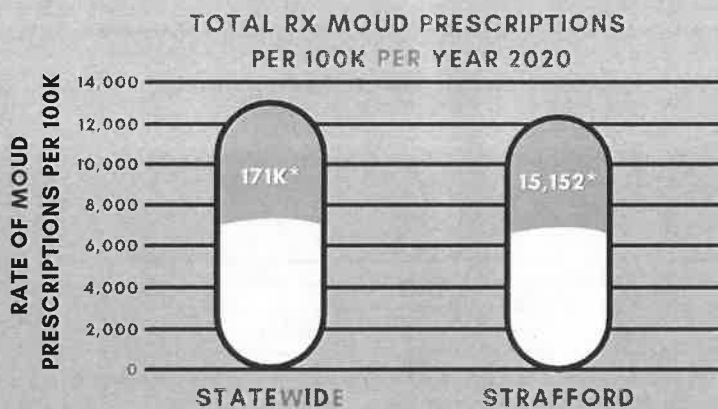
HOUSING

No low-barrier housing, need for more including rapid rehousing even with active drug use. Strict abstinence only policies at shelters. Housing is severely lacking throughout the region, particularly recovery housing that accepts MOUD.



ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

Doorwayvery helpful in accessing buprenorphine including the bridge program at Wentworth Douglass Hospital. Multiple options for buprenorphine but difficulty accessing methadone in the region. Many buprenorphine providers are at capacity for taking on new patients.



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Increased use of telehealth, but access is difficult for those experiencing homelessness. It has been more challenging to connect with clients during COVID. Increase in alcohol and stimulant use reported.



HRETA

Harm Reduction Education
& Technical Assistance

UPPER VALLEY

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH
LIVED EXPERIENCE IN
PLANNING & EVALUATION

Most organizations involve people with lived experience, either through the direct participation in program planning and implementation or via feedback mechanisms such as advisory councils, focus groups, and surveys.



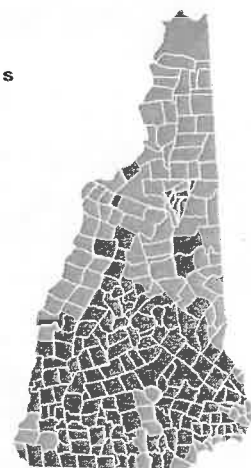
PROVIDING NON-
STIGMATIZING
SERVICES

Several active organizations providing stigma trainings in the region but opportunities for more, especially for providers. Strong emphasis on person-first language, several organizations interested in development around cultural humility.



COLLABORATION
ACROSS THE
CONTINUUM OF CARE

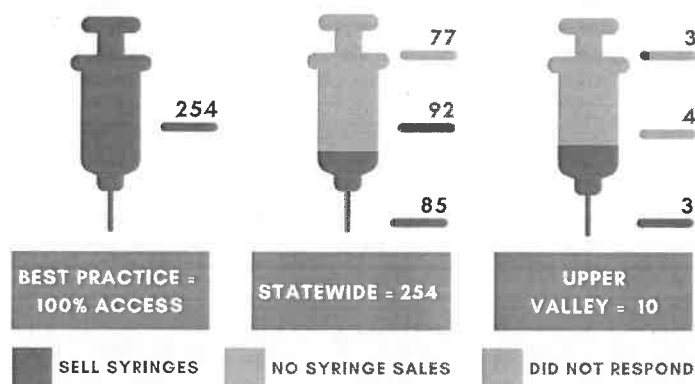
Collaboration is strong within the community, especially Dartmouth-Hitchcock (DH) and the Doorway, other agencies face challenges if not part of DH system. All agencies cited strong partnerships with external organizations.



INFECTION PREVENTION

HCV/HIV Resource Center (including Claremont Exchange and White River Junction Good Neighbor Clinic) & DH are primary resources for infection prevention. Local engagement around Hepatitis C eradication.

PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N=174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES
PROGRAM IN REGION

DISTANCES TO CLOSEST*

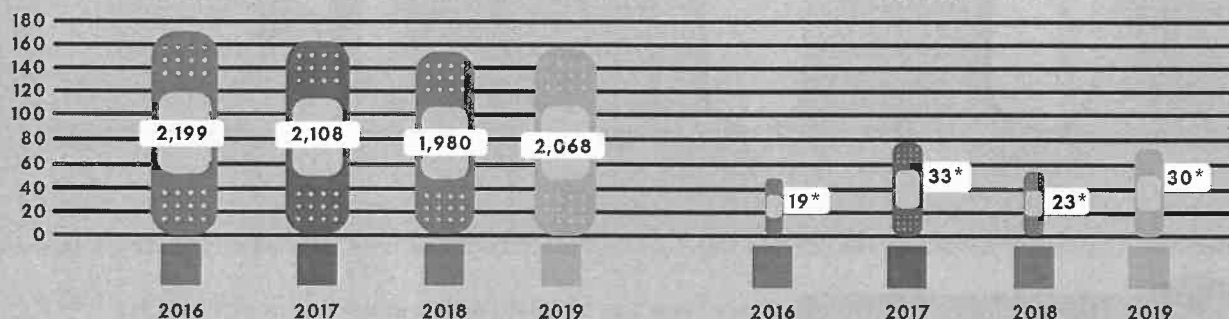
- 9.9 MI WHITE RIVER JUNCTION VT
- 20.8 MI CLAREMONT
- 36.7 MI SPRINGFIELD VT

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS FROM PUBLIC HEALTH NETWORK IN LEBANON, NH

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE^ STATEWIDE DRUG RELATED INFECTIONS UPPER VALLEY

RATE PER 100K POPULATION OF
DRUG RELATED
HOSPITALIZATIONS AND ED
VISITS BY PHN (2016-2019)



^THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES *INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



ACCESS TO NALOXONE

Naloxone is readily available in the community, several distribution sites. No reported targeted outreach to those at greatest risk.



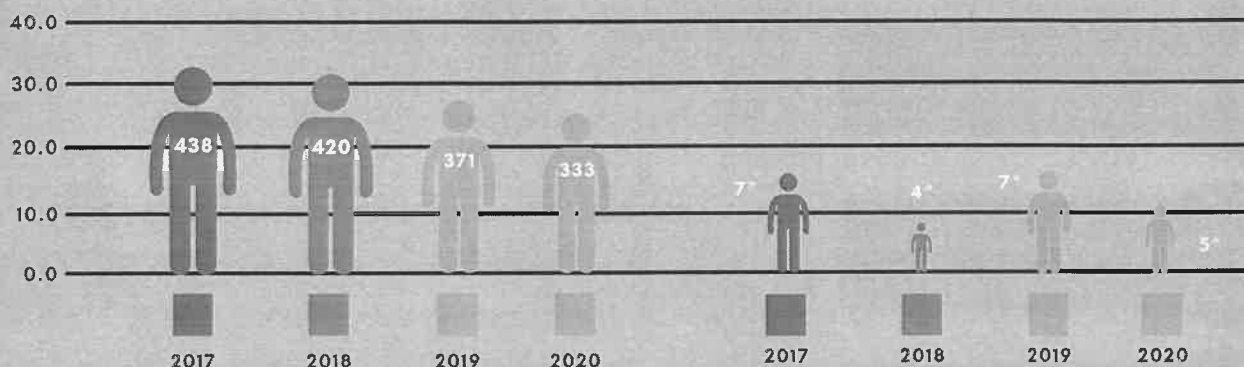
REFERRAL TO SUD TREATMENT SERVICES

Recovery Community Specialist in DH ED. Close communication between the Doorway and treatment providers to access levels of care. No sober/transitional housing or Recovery Community Organization (RCO), refer out of the county. Center for Recovery Resources (RCO in Claremont).

RATE PER 100K POPULATION
OF FATAL DRUG
DEATHS BY PHN (2017 - 2020)

STATEWIDE OVERDOSE DEATH

UPPER VALLEY OVERDOSE DEATH



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



HOUSING

Many go the Haven shelter (White River Junction, VT) 20 adults, 8 families. Demand far outstrips supply, challenges with cross border coordination. No emergency housing or shelters. Motel/ hotel vouchers are available, tend to be unsafe places to stay. Some low-income housing projects in the works.

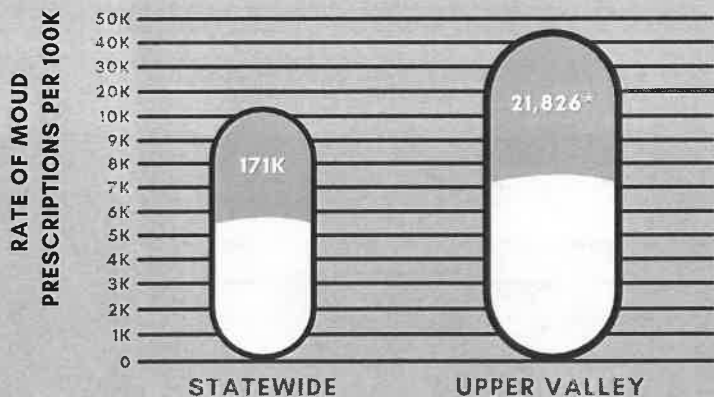


ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

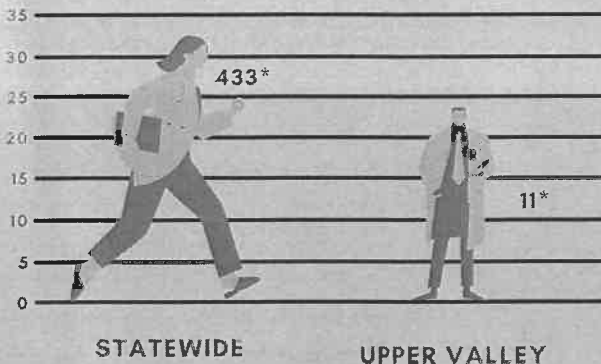
MOUD is readily available in the community through DH, Groups Recovery Together, West Central Behavioral Health, Habit OPCO Alice Peck Day, and Better Life Partners.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020

NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



RATE OF NUMBER OF
PRESCRIBERS PER 100K



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



IMPACT OF COVID-19

Telehealth service expansion. Increased isolation and overdoses. Recovery community hit hard.



This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION

Most organizations use client satisfaction surveys. Many organizations have people in recovery on their staff or on leadership teams.



PROVIDING NON-STIGMATIZING SERVICES

Trainings on cultural humility and focus on person-centered language. Greater need for resources in languages other than English. High utilization of strengths-based conversations with clients. Unique program offered for parents in recovery.



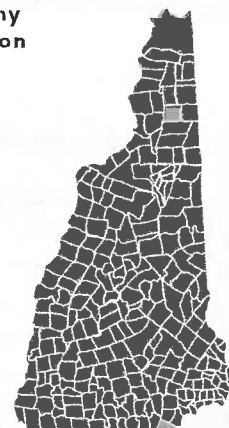
COLLABORATION ACROSS THE CONTINUUM OF CARE

Strong partnerships reported between the Public Health Network, the Doorway, treatment providers, Lakes Region Mental Health Center, and Greater Tilton Family Resource Center.

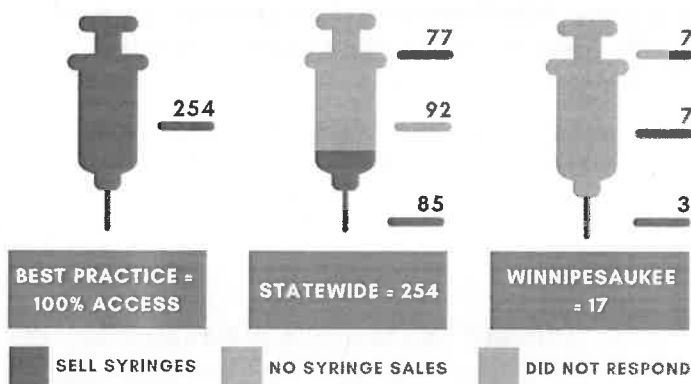


INFECTION PREVENTION

Lack of access to safe injection equipment, syringe service program is needed. HIV/ Sexually Transmitted Infections/ Hepatitis C testing available in region via local partnerships, need for low-barrier Hepatitis C treatment and HIV prevention education.



PHARMACY SYRINGE ACCESS



SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174; TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

NO SYRINGE SERVICES PROGRAM IN REGION

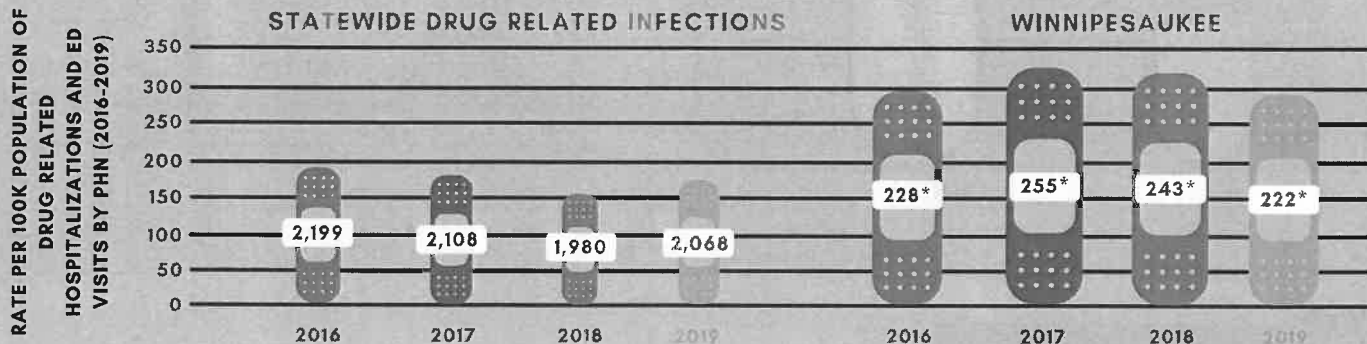
DISTANCES TO CLOSEST*

37.1 MI ROCHESTER
44 MI MANCHESTER
46.2 MI CONWAY

*DISTANCES TO CLOSEST SYRINGE SERVICES PROGRAMS FROM PUBLIC HEALTH NETWORK IN LACONIA, NH

SOURCE: SYRINGE SERVICE PROGRAMS REGISTERED IN NH, VT, AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^] STATEWIDE DRUG RELATED INFECTIONS WINNIPESAUKEE



[^]THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES. *INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



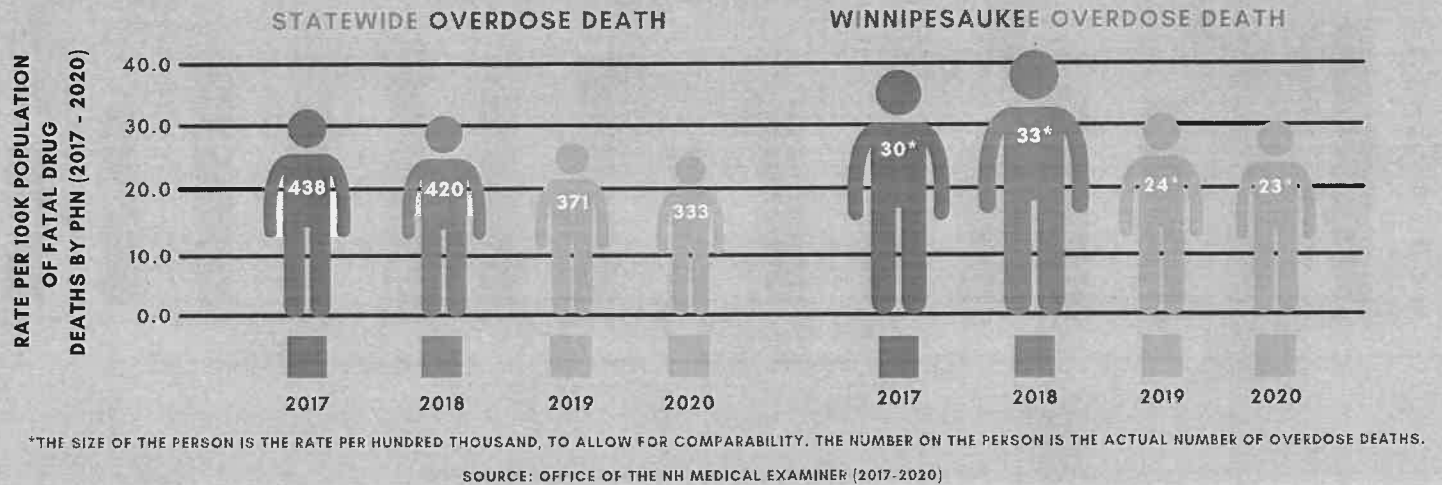
ACCESS TO NALOXONE

Naloxone is readily available for providers via the Doorway, health centers, and fire departments. No reported targeted outreach to those at greatest risk.



REFERRAL TO SUD TREATMENT SERVICES

Doorway is the dominant Buprenorphine provider but refers to a variety of other agencies. Uniquely, multiple agencies highlighted the importance of addressing social determinants of health within Medications for Opioid Use Disorder (MOUD) service provision.



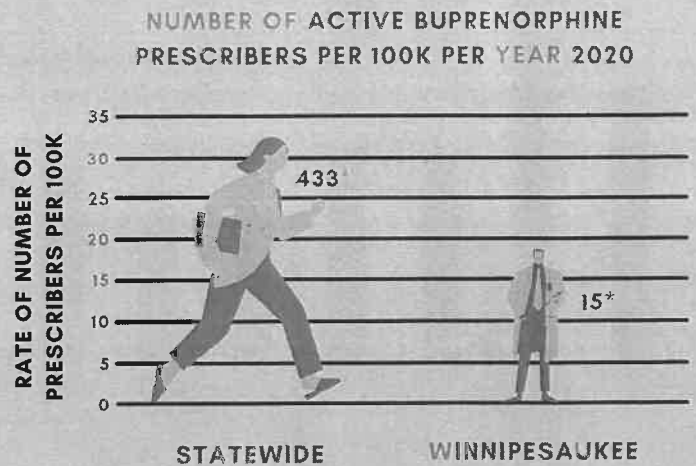
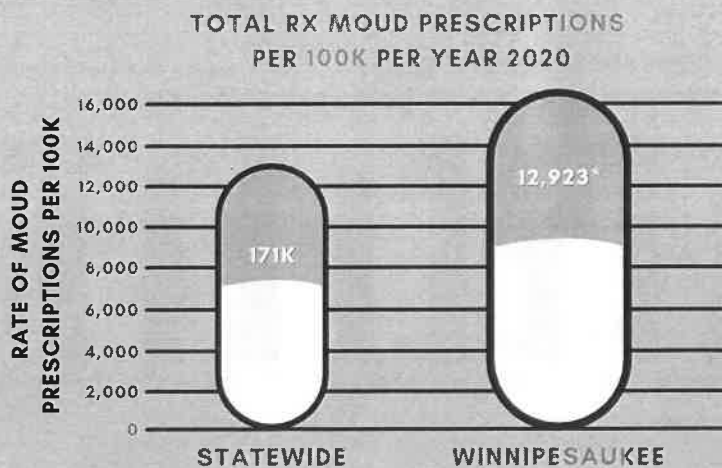
HOUSING

Sober housing options in the region but few accept individuals taking Medications for Opioid Use Disorder (MOUD). There is inadequate access to low-barrier shelters and affordable housing.



ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

MOUD (methadone and buprenorphine) is readily available in the community from local organizations or the Doorway.



*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



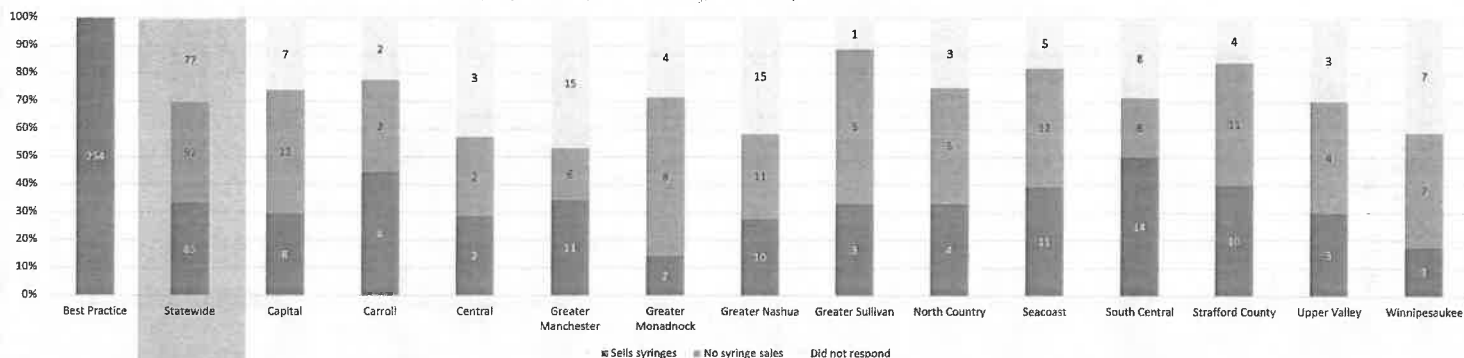
IMPACT OF COVID-19

Telehealth services expanded, peer support meetings held remotely. More flexibility for clients with take-home medications. Increased social isolation reported. Fewer options for folks experiencing homelessness.

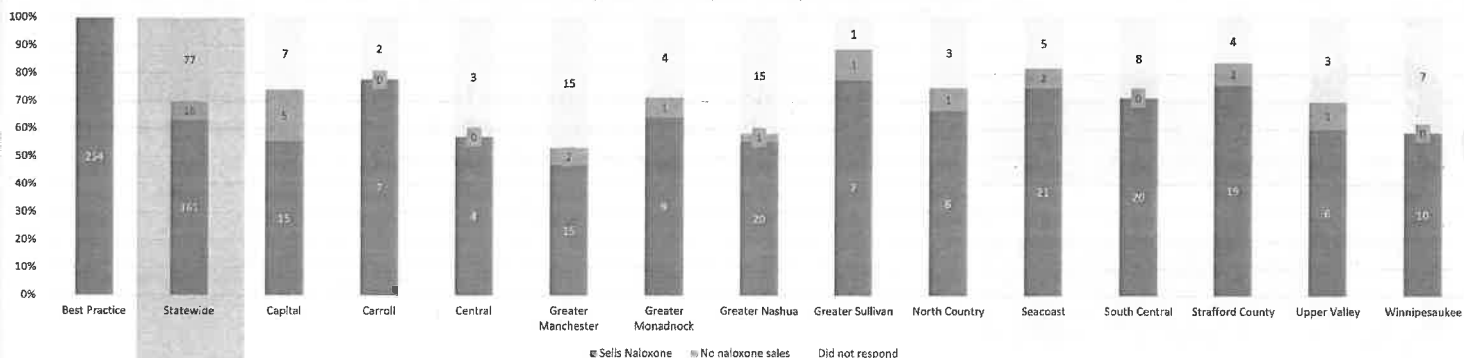
APPENDIX A:

STATEWIDE PHARMACY ACCESS TO SYRINGE SALES, NALOXONE, AND BUPRENORPHINE BY PUBLIC HEALTH NETWORK

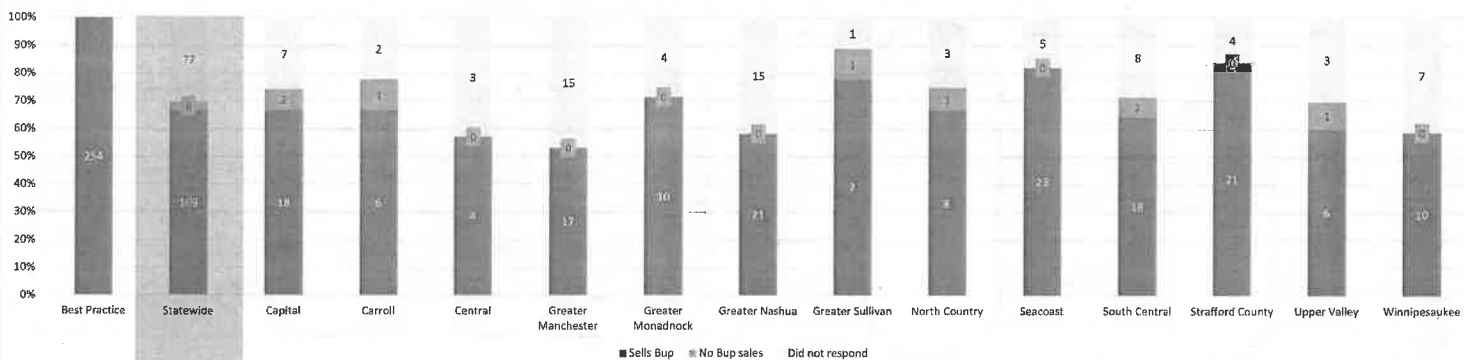
Syringe Sales by Pharmacies by New Hampshire Public Health Network



Naloxone Sales by Pharmacies by New Hampshire Public Health Network



Buprenorphine Sales by Pharmacies by New Hampshire Public Health Network

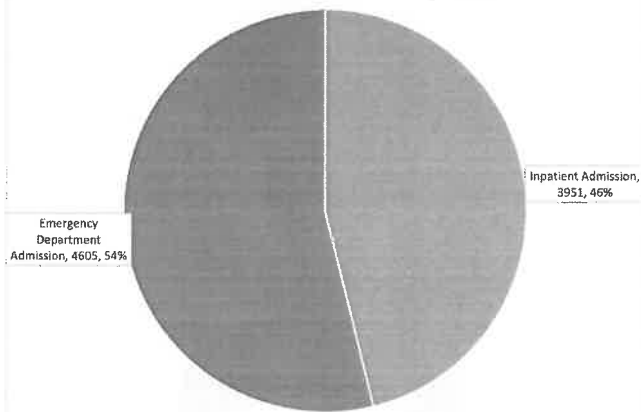


APPENDIX B:

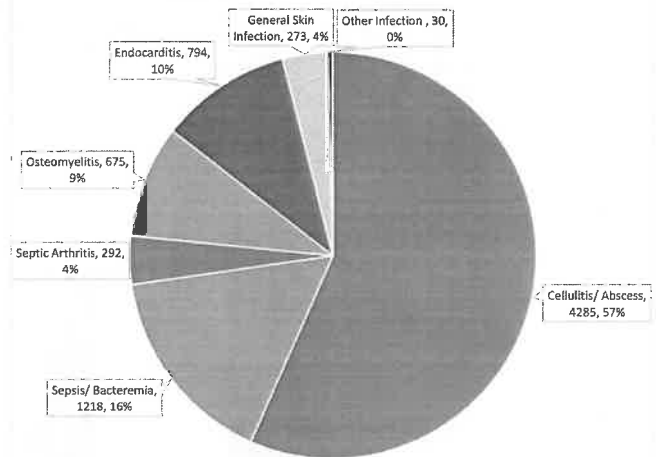
HOSPITAL DISCHARGE DATA

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE^

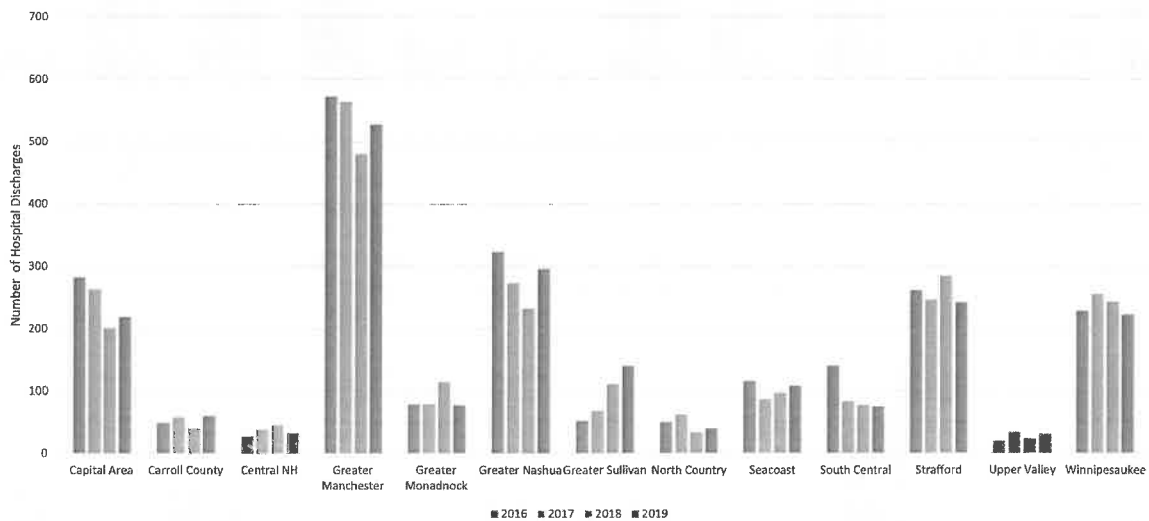
Total Hospital Discharges 2016-2019 with Concurrent Infection and Opioid Use by Admission Type



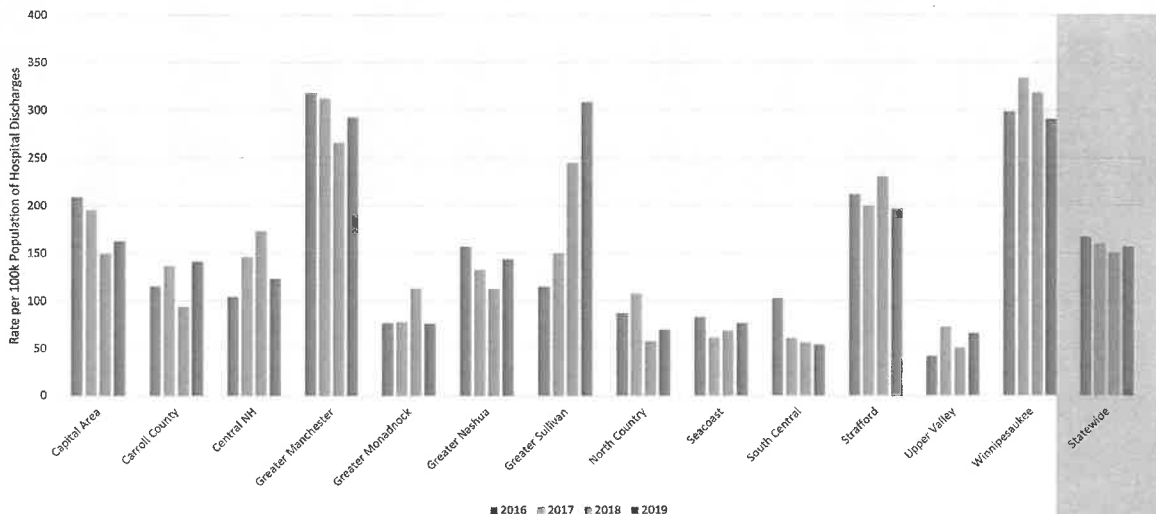
Total Hospital Discharges 2016-2019 with Concurrent Infection and Opioid Use by Primary Infection Diagnosis Code



Number of Hospital Discharges with Concurrent Infection and Opioid Use (2016- 2019)
by New Hampshire Public Health Network



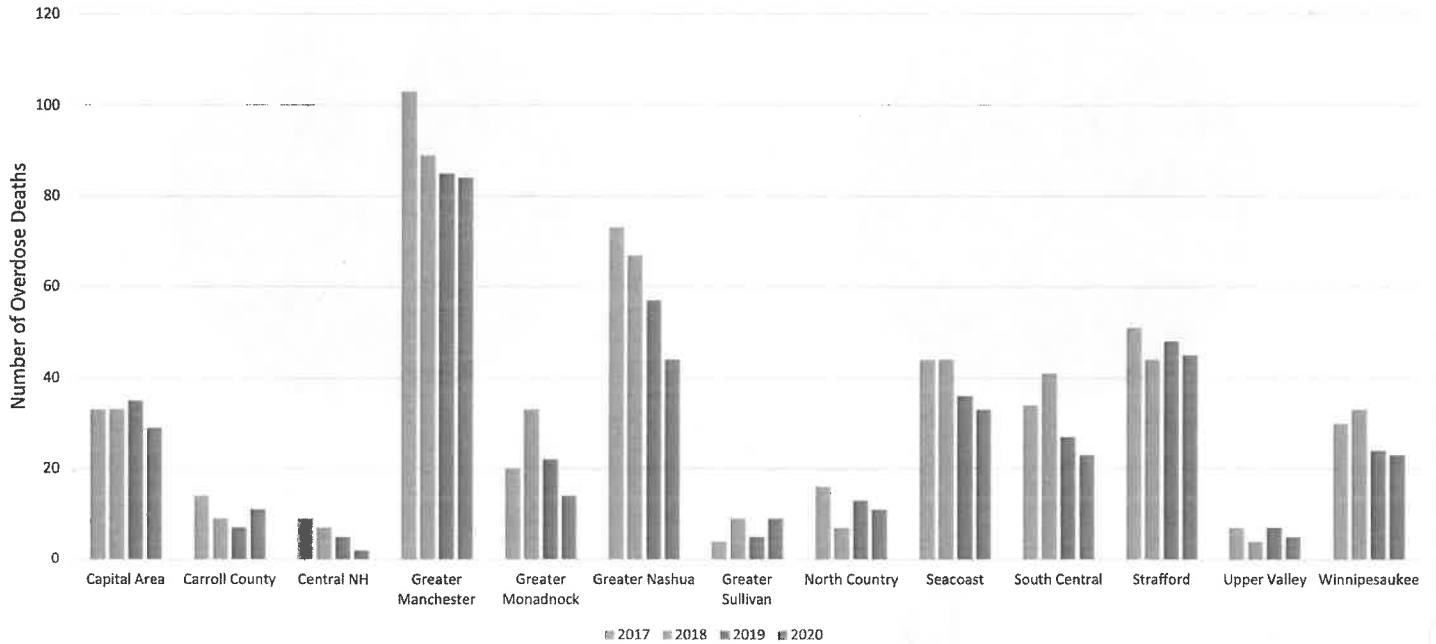
Rate per 100k of Hospital Discharges with Concurrent Infection and Opioid Use (2016-2019)
by New Hampshire Public Health Network



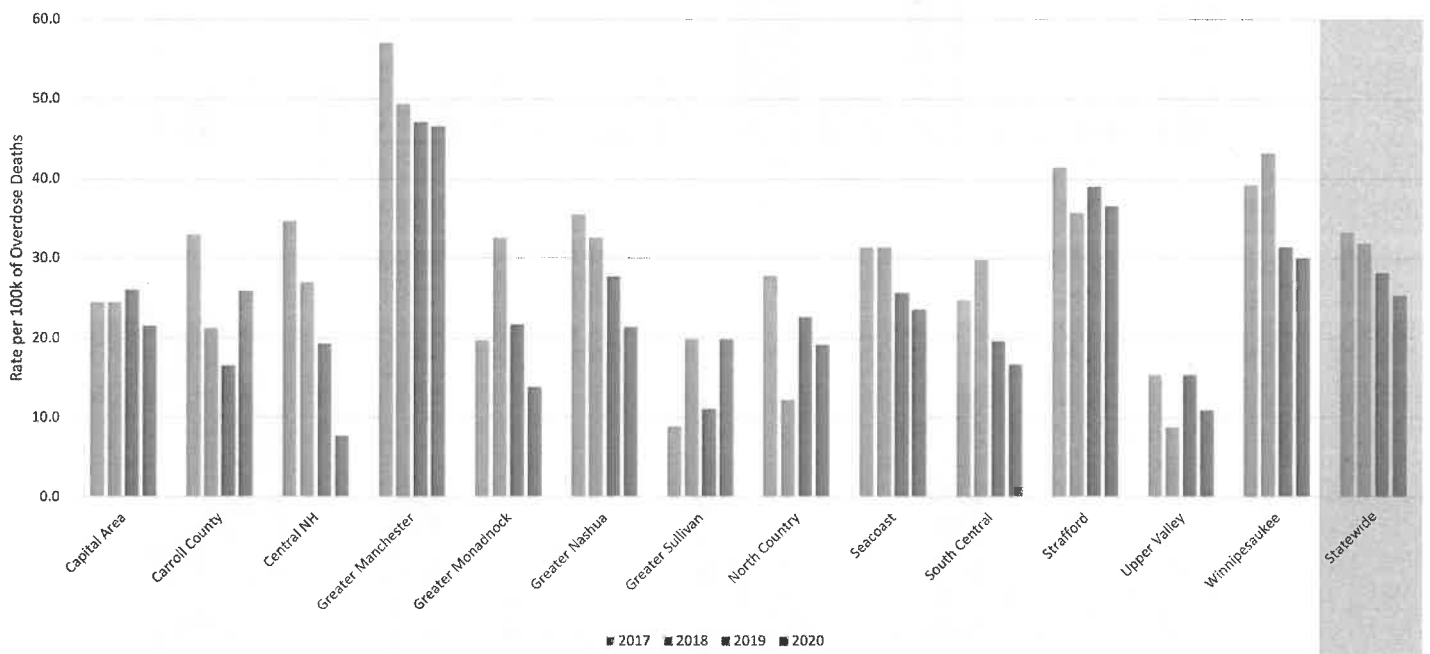
APPENDIX C:

DRUG OVERDOSE DEATHS

Number of Overdose Deaths (2017- 2020)
by New Hampshire Public Health Network



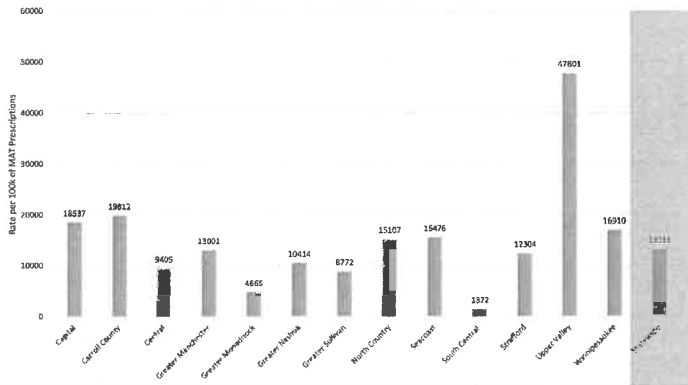
Rate of Overdose Deaths (2017- 2020) per 100k Population
by New Hampshire Public Health Network



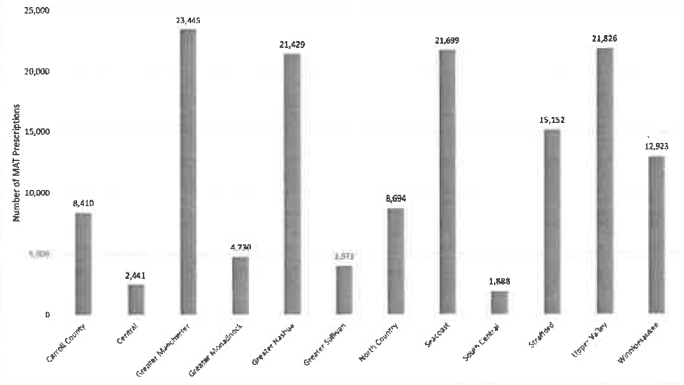
APPENDIX D:

STATEWIDE MOUD PRESCRIPTIONS AND PRESCRIBERS 2020

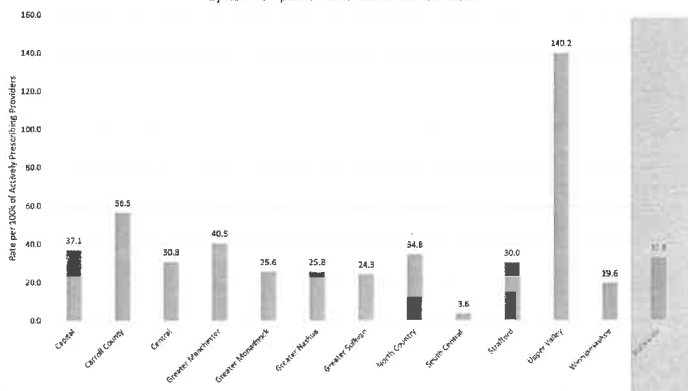
Rate of MAT Prescriptions per 100k Population
by New Hampshire Public Health Network- 2020



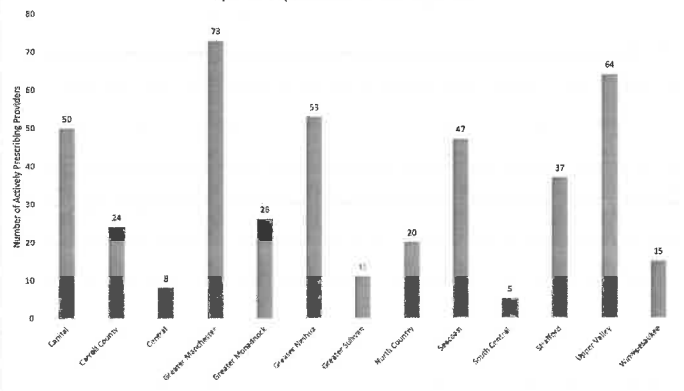
Number of MAT Prescriptions
by New Hampshire Public Health Network- 2020

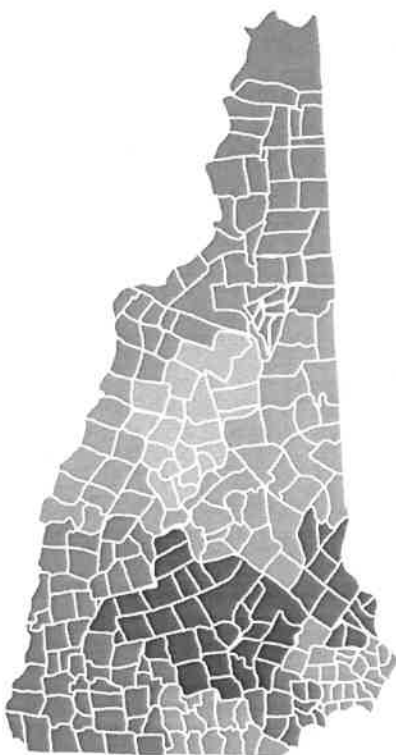


Rate per 100k Population of Actively Prescribing Buprenorphine Prescribers
by New Hampshire Public Health Network- 2020



Number of Actively Prescribing Buprenorphine Prescribers
by New Hampshire Public Health Network- 2020





FOR MORE INFORMATION
CONNECT WITH US



HRETA.PROJECT@UNH.EDU



MYPAGES.UNH.EDU/HARMREDUCTIONPROJECT/HOME

HOUSE COMMITTEE ON Finance

BILL NUMBER: SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction
services to treat alcohol and other substance misuse.

DATE: June 1, 2023

THE COMMITTEE HAS VOTED TO RETAIN THIS BILL.

Rep. Weyler, Chair

HOUSE COMMITTEE ON FINANCE

EXECUTIVE SESSION on SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: June 1, 2023

LOB ROOM: 210-211

MOTIONS: **RETAINED**

Moved by Rep. Edwards

Seconded by Rep. Mooney

Vote: 13-12

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Joseph Pitre, Clerk

HOUSE COMMITTEE ON FINANCE

EXECUTIVE SESSION on SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: 1 June 2023

LOB ROOM: 210-211

MOTION: (Please check one box)

☐ OTP ☐ ITL ☒ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. EDWARDS Seconded by Rep. Mooney Vote: 13-12

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Adoption of Amendment # _____
☐ Interim Study (2nd year) (if offered)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

☐ WITHOUT RECOMMENDATION

CONSENT CALENDAR: _____ YES ☒ NO

Minority Report? _____ Yes _____ No If yes, author, Rep: _____ Motion _____

Respectfully submitted: [Signature]
Rep Joseph Pitre, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/24/2023 2:48:27 PM
Roll Call Committee Registers
Report

2023 SESSION

Finance

Bill #: SB 239 FN Motion: Retain AM #: _____ Exec Session Date: 15 JUN 23

Members	YEAS	Nays	NV
Weyler, Kenneth L. Chairman	13		
Erf, Keith Vice Chairman <i>Lapin</i>	1		
McGuire, Dan	2		
Pitre, Joseph A. Clerk	3		
Emerick, Tracy	4		
Griffin, Gerald	5		
Mooney, Maureen C.	6		
Edwards, Jess C.	7		
Bean, Harry H.	8		
Hoell, J.R.	9		
Sweeney, Joe	10		
~~Cambria, Jose E.~~ <i>Carol McHuire</i>	11		
Popovici-Muller, Daniel	12		
Vallner, Mary Jane		1	
Jordgren, Sharon L.		2	
Leishman, Peter R.		3	
Luco, Thomas L.		4	
Latch, William A. <i>GRASSE</i>		5	
Luot, David O.		6	
Leath, Mary		7	
Murray, Kate R.		8	
Bel, Karen E.		9	
Waterski, Laura D.		10	
Wakken-Phillips, Mary A.		11	
Bringham, Jerry M.		12	
TOTAL VOTE:	13	12	

HOUSE COMMITTEE ON Finance

DIVISION III WORK SESSION ON SB 239-FN

BILL TITLE: (New Title) relative to the use of harm reduction services to treat alcohol and other substance misuse.

DATE: May 23, 2023

ROOM: 210-211

Time Work Session Called to Order: <<Start Time>>

Time Adjourned: <<End Time>>

(please circle if present)

Committee Members: Edwards, Mooney, Erf, Hoell, Wallner, Nordgren, Telerski and Stringham

Bill Sponsors:

Sen. Watters

Sen. Soucy

Rep. Meuse

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Weyler participated in this Division III work session.

Rep. Layon replaced Rep. Erf for today's work session.

Rep. Kofalt replaced Rep. Hoell for today's work session.

Testimony: Senator Waters

- Congratulated Rep. Nagel for amendment
- No budget ~ no financial note
- Reviewed sections of the bill
- "harm reduction" ~ defined from SAMSA

Rep. Layon

- Question on language - funding sources.

Rep. Edwards

- Does this allow safe injection sites?

Ans: No, not allowed.

Rep. Kofalt

- Clarifies additional legislation would be needed.

No based on any other committee.

Harm Reduction

- Injection Sites Letter

Page 4, line 26 "based upon other laws"

Rep. Mooney moved to Retain, seconded by Rep. Layon.

Motion adopted 5-4.

Respectfully submitted,

Rep. Jerry Stringham
Clerk, Division III



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/24/2023 2:50:37 PM
Roll Call Committee Registers
Report

2023 SESSION

Finance - Division III

Bill #: 239 Motion: Retain AM #: by Mooney, Lagon
work ^{2nd} 5-23-23
Session Date:

Members	YEAS	Nays	NV
Edwards, Jess C. Chairman	✓		
Mooney, Maureen C. Vice Chairman	✓		
Erf, Keith Rep Lagon	✓		
Hoell, J.R. Rep Kofalt	✓		
Wallner, Mary Jane		✓	
Nordgren, Sharon L.		✓	
Telerski, Laura D.		✓	
Stringham, Jerry M.		✓	
TOTAL VOTE: <u>Weyler</u>	✓		

5

4

SB 239-FN - AS AMENDED BY THE HOUSE

03/16/2023 0867s
18May2023... 1754h
18May2023... 1861h

2023 SESSION

23-0971
05/04

SENATE BILL **239-FN**

AN ACT relative to the use of harm reduction services to treat alcohol and other substance misuse.

SPONSORS: Sen. Watters, Dist 4; Sen. Soucy, Dist 18; Rep. Meuse, Rock. 37

COMMITTEE: Health and Human Services

ANALYSIS

This bill defines alcohol and drug abuse prevention programs under RSA 12-J to include harm reduction services; establishes the doorways program to provide drug and alcohol abuse information, referral, and treatment services; incorporates recommendations of the governor's commission on alcohol and other drugs in the use of opioid abatement fund expenditures; expands the syringe services program; and addresses license renewal criteria for physicians and physician assistants.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struck through]~~.
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

SB 239-FN - AS AMENDED BY THE HOUSE

03/16/2023 0867s
18May2023... 1754h
18May2023... 1861h

23-0971
05/04

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to the use of harm reduction services to treat alcohol and other substance misuse.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Governor's Commission. Amend the introductory paragraph of RSA 12-J:1 and RSA 12-J:1, I
2 to read as follows:

3 12-J:1 Commission Established; Membership; Terms. There is hereby established a commission
4 which shall serve in an advisory capacity to the governor and the general court regarding the
5 delivery of effective and coordinated alcohol and **other** drug [~~abuse~~] **misuse** prevention, **including**
6 **harm reduction**, treatment, and recovery services throughout the state. The commission shall
7 consist of the following members:

8 I. Seven public members, 2 of whom shall be professionals knowledgeable about alcohol and
9 **other** drug [~~abuse~~] **misuse** prevention, **including harm reduction**, one of whom shall be
10 appointed by the governor and one of whom shall be appointed by the senate president; 2 of whom
11 shall be professionals knowledgeable about alcohol and **other** drug [~~abuse~~] **misuse** treatment, one of
12 whom shall be appointed by the governor and one of whom shall be appointed by the speaker of the
13 house of representatives; 2 of whom shall be public members who are not professionals within the
14 alcohol and drug [~~addiction~~] **misuse** prevention and treatment system, one of whom shall be
15 appointed by the senate president and one of whom shall be appointed by the speaker of the house of
16 representatives; and one member in long-term recovery, appointed by the governor.

17 2 New Subparagraph; Members of Commission. Amend RSA 12-J:1, IV(a) by inserting after
18 subparagraph (7) the following new subparagraph:

19 (8) The president of the New Hampshire Association of Chiefs of Police, or designee.

20 3 Organization of Commission; Task Force. Amend RSA 12-J:2, II(a)(1) to read as follows:

21 (1) Prevention **and harm reduction**.

22 4 Organization of Commission; Task Force. Amend RSA 12-J:2, II-a to read as follows:

23 II-a. The chairperson shall create a budget task force comprised of the individuals listed in
24 RSA 12-J:1, III(a) to report biannually on financial expenditures for substance [~~abuse~~] **misuse**
25 related work throughout state government as detailed in RSA 12-J:4, III and recommend budget
26 policy priorities to the commission regarding the allocation of funding alcohol and **other** drug
27 prevention, **harm reduction**, treatment, and recovery services across state agencies and throughout
28 the state.

29 5 Commission Duties. Amend RSA 12-J:3, I and II to read as follows:

SB 239-FN - AS AMENDED BY THE HOUSE

- Page 2 -

I. Develop and revise, as necessary, a statewide plan for the effective prevention of alcohol and **other** drug [abuse] **misuse, including harm reduction**, particularly among youth, and a comprehensive system of treatment and recovery services for individuals and families affected by alcohol and **other** drug [abuse] **misuse. Nothing in RSA 12-J should be construed to limit care of chronic pain and hospice and palliative care patients, including use of the term "misuse" which shall be utilized, as intended, to broaden the scope of work across the substance use continuum of care.** The statewide plan shall:

(a) Identify the causes, the nature and scope, and the impact of alcohol and **other** drug [abuse] **misuse** in New Hampshire.

(b) Identify and prioritize unmet needs for prevention, **harm reduction**, treatment, and recovery services.

(c) Recommend initiatives and policy considerations to the general court to reduce the incidence of alcohol and **other** drug [abuse] **misuse** in New Hampshire.

(d) Identify and quantify public and private resources available to support alcohol and **other** drug [abuse] **misuse** prevention, **harm reduction**, treatment, and recovery.

(e) Specify additional resources necessary to address unmet needs for prevention, **harm reduction**, treatment, and recovery.

(f) Specify evaluation and monitoring methodology.

II. Advise the governor and general court on and promote the development of effective community-based alcohol and **other** drug [abuse] **misuse** prevention **and harm reduction** strategies.

6 Meetings and Reports. Amend RSA 12-J:4, II to read as follows:

II. The commission shall submit an annual report to the governor, speaker of the house of representatives, president of the senate, chairpersons of the house and senate finance committees, chairperson of the house health, human services and elderly affairs committee, the chairperson of the senate health and human services committee, and the chairperson of the fiscal committee of the general court by October 1 of each year regarding the activities of the commission. The annual report shall:

(a) Identify alcohol and **other** drug [abuse] **misuse** prevention, **harm reduction**, treatment, and recovery services and programs provided by state departments and agencies or funded in whole or in part by state or federal funds;

(b) Indicate the progress made during the prior year toward the implementation of the statewide plan developed by the commission pursuant to RSA 12-J:3, I;

(c) Recommend any revisions to the statewide plan developed pursuant to RSA 12-J:3, I;

(d) Identify and prioritize unmet needs for prevention, **harm reduction**, treatment, and recovery;

(e) Indicate the progress, or lack thereof, in addressing the unmet needs;

SB 239-FN - AS AMENDED BY THE HOUSE

- Page 3 -

(f) Recommend initiatives and/or policy considerations to the governor and the general court to address the unmet needs;

(g) Specify the resources and any legislation necessary to support existing programs for prevention, ***harm reduction***, treatment, and recovery and to develop, implement, support, and evaluate the initiatives recommended by the commission;

(h) In even-numbered years the report may include specific recommendations for funds to be included in the next state biennial budget to support alcohol and ***other*** drug [~~abuse~~] ***misuse*** prevention, ***harm reduction***, treatment, and recovery services and programs; and

(i) Incorporate the findings and recommendations of the report required under paragraph II-a and make specific findings and recommendations regarding public awareness, education, and legislation to address the dangers of synthetic drugs.

7 Meetings; Report. Amend the introductory paragraph of RSA 12-J:4, III(b) to read as follows:

(b) The commission shall submit a mid-year report to the governor, speaker of the house of representatives, president of the senate, chairpersons of the house and senate finance committees, chairperson of the house health, human services and elderly affairs committee, chairperson of the senate health and human services committee, and chairperson of the fiscal committee of the general court by March 1 of each year regarding the current state of drug [~~abuse~~] ***misuse***, prevention, ***harm reduction***, treatment, and recovery. The commission shall include a dashboard of the following, both in the interim and the annual report as required in RSA 12-J:4, II, that includes but is not limited to:

8 Report. Amend RSA 12-J:5, I(a)(1) to read as follows:

(1) Treatment programs, ***including harm reduction***.

9 New Subparagraph; Opioid Abatement Advisory Commission Duties. Amend RSA 126-A:86, I(b) by inserting after subparagraph (16) the following new subparagraph:

(17) Upon consultation with the governor's commission on alcohol and other drugs, provide funding for syringe service programs as authorized in RSA 318-B:43, including harm reduction supplies.

10 New Section; Substance Use Disorder Access Points. Amend RSA 126-A by inserting after section 98 the following new section:

126-A:99 Substance Use Disorder Access Points Established.

I. With the availability of sufficient federal funding, the department of health and human services shall establish and administer statewide access points for delivery of substance use services and supports. The access points shall provide information and referrals for screening and evaluation; treatment, including medications for substance use disorders; prevention, including naloxone; supports and services to assist in long-term recovery; and peer recovery support services.

II. The commissioner of the department of health and human services shall include the administration and operation of the access points in the department's report to the governor's

SB 239-FN - AS AMENDED BY THE HOUSE

- Page 4 -

commission on alcohol and other drug misuse prevention, treatment, and recovery under RSA 12-J:4,
III.

III. The program shall be funded through the state opioid response grant from the Substance Abuse and Mental Health Services Administration. In addition, the department may accept funds from any source, including state appropriations, federal funds, and private gifts, grants, or donations to operate and sustain the access points.

11 Syringe Service Programs; Activities. Amend RSA 318-B:43, II(b) to read as follows:

(b) Coordinate and collaborate with other local agencies, *including criminal justice*, organizations, and providers involved in comprehensive prevention programs for people who inject drugs to minimize duplication of effort.

12 Syringe Service Programs; Activities. RSA 318-B:43, II by inserting after subparagraph (b) the following new subparagraph:

(b-1) Consult and inform municipal law enforcement agencies concerning syringe service program and harm reduction activities.

13 Syringe Service Programs; Funding. Amend RSA 318-B:43, III to read as follows:

III. Nothing in this section shall be construed to prohibit the department of health and human services from administering and/or disbursing federal or other funds to syringe service programs authorized under this section. ~~[The use of state general funds shall be prohibited unless otherwise appropriated by the general court or if deemed necessary to control a disease outbreak pursuant to RSA 141-C:3.]~~

14 New Section; Controlled Drug Act; Syringe Service Programs. Amend RSA 318-B by inserting after section 43 the following new section:

318:43-a Syringe Service Programs; Authorized Activities and Funding Sources.

I. Notwithstanding any other law to the contrary, any person authorized under RSA 318-B:43 to operate a syringe service program may engage in eligible activities, as defined in paragraph IV.

II. State funds including, but not limited to, funds received by the state in the New Hampshire opioid litigation settlement may be used to support the activities of syringe service programs as permitted under this section and RSA 318-B:43.

III. No person shall be prohibited from using federal funds for eligible activities and syringe service programs as authorized in RSA 318-B:43, so long as the use of the federal funds is consistent with federal law and any rules governing use of the funds.

IV. In this section:

(a) "Drug checking" means the process of identifying, analyzing, or detecting the composition of a drug or the presence or composition of an unexpected substance within the drug.

(b) "Drug checking equipment" means equipment, products, or materials used, designed for use, or intended for use to perform drug checking, including materials and items used by the person operating the equipment or products to store, measure, or process samples for analysis. Drug checking equipment includes fentanyl test strips, other immunoassay drug testing strips, colorimetric reagents, spectrometers such as Fourier Transform Infrared and Raman spectrometers, and equipment that uses high-performance liquid chromatography, gas chromatography, mass spectrometry, and nuclear magnetic resonance techniques. Drug checking equipment does not include the substances being analyzed, drug packaging, or drug supplies.

(c) "Drug supplies" means hypodermic needles, syringes, preparation containers, cotton, filters, alcohol wipes, water, saline, tourniquets, disposal containers, wound care items, pipes, bubbles, snorting straws, pipe covers, and other items used in the consumption of drugs;

(d) "Eligible activities" means:

(1) Purchasing, obtaining, providing, transporting, distributing, using, or evaluating the use of drug checking equipment;

(2) Training, both initial and ongoing, about drug checking equipment, the process of drug checking, and the purpose of drug checking;

(3) Technical assistance concerning drug checking equipment, the process of drug checking, and the purpose of drug checking; and

(4) Providing drug supplies.

15 New Paragraph; Physicians Assistants. Amend RSA 328-D:3 by inserting after paragraph III the following new paragraph:

IV. Each applicant for the first renewal of a license under this chapter shall show proof of medical education on substance misuse disorder harm reduction including medication assisted treatment.

16 Physicians and Surgeons; Continuing Medical Education Requirement. Amend RSA 329:16-g to read as follows:

329:16-g Continuing Medical Education Requirement. As a condition of renewal of license, the board shall require each licensee to show proof at least at every biennial license renewal that the licensee has completed 100 hours of approved continuing medical education program within the preceding 2 years. For the purposes of this section, an approved continuing medical education program is a program designed to continue the education of the licensee in current developments, skills, procedures, or treatment in the licensee's field of practice, which has been certified by a national, state, or county medical society or college or university. ***All licensees required to register with the controlled drug prescription health and safety program shall complete 3 credit hours of approved online continuing education or pass an online examination in the area of pain management or addiction disorders.*** There shall be a complete audit of all continuing education credits annually by the New Hampshire Medical Society. Each licensee shall

SB 239-FN - AS AMENDED BY THE HOUSE

- Page 6 -

1 submit a continuing medical education report with copies of continuing medical education course
2 certificates earned by the licensee and other documents which establish that continuing medical
3 education course requirements have been met, using a form approved by the board. The complete
4 audit shall include the collection, review, verification, and preservation of the continuing medical
5 education documentation of each licensed physician and a report which records the credits awarded
6 to each licensee during the 2-year period applicable to each licensee. The fee charged to licensees for
7 continuing medical education verification shall not exceed 125 percent of the actual cost of providing
8 the service. The New Hampshire Medical Society is prohibited from using any information from this
9 program for promotional purposes or any other purpose not necessary for continuing education
10 verification.

11 17 New Paragraph; Definition of Drug Misuse Added. Amend RSA 318-B:1 by inserting after
12 paragraph XV the following new paragraph:

13 XV-a. "Drug misuse" refers to the use of a substance for a purpose that is not consistent with
14 legal or medical guidelines.

15 18 New Paragraph; Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment,
16 and Recovery; Definition of Harm Reduction. Amend RSA 12-J:2 by inserting after paragraph IV the
17 following new paragraph:

18 V. For the purposes of this chapter, RSA 126:A, RSA 318-B:93, RSA 328-D:3, and RSA
19 329:16-g, "harm reduction" is an approach that emphasizes engaging directly with people who use
20 alcohol and other drugs to prevent overdose and infectious disease transmission, improve the
21 physical, mental, and social function of those served, and offer low-threshold options for accessing
22 substance use disorder treatment and other health care services. This shall be limited to the
23 following:

24 (a) Connect individuals to overdose education, counseling, and referral to treatment for
25 infectious diseases and substance use disorders.

26 (b) Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk
27 of overdose, or to those who might respond to an overdose, and provide training in overdose reversal
28 and prevention.

29 (c) Make available substance test kits, including fentanyl test strips.

30 (d) Lessen harms associated with drug use and related behaviors that increase the risk
31 of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections; via
32 referrals, syringe service programs, sharps disposal and medication disposal kits, wound care
33 supplies medication lock boxes, education, testing, and prophylactic measures.

34 (e) Reduce infectious disease transmission among people who use drugs, including those
35 who inject drugs by equipping them with accurate information and facilitating referral to resources.

36 (f) Reduce overdose deaths, promote linkages to care, facilitate co-location of services as
37 part of a comprehensive, integrated approach.

SB 239-FN - AS AMENDED BY THE HOUSE

- Page 7 -

1 (g) Provide education and public awareness programs to reduce stigma associated with
2 substance use and co-occurring disorders.

3 (h) Promote a philosophy of hope and healing by utilizing those with lived experience of
4 recovery in the management of harm reduction services, and connecting those who have expressed
5 interest to treatment, peer support workers and other recovery support services.

6 19 Effective Date. This act shall take effect July 1, 2023.

LBA
23-0971
Amended 4/27/23

SB 239-FN- FISCAL NOTE
AS AMENDED BY THE SENATE (AMENDMENT #2023-0867s)

AN ACT relative to the use of harm reduction services to treat alcohol and other substance misuse.

FISCAL IMPACT: ☒ State ☐ County ☐ Local ☐ None

STATE:	Estimated Increase / (Decrease)			
	FY 2023	FY 2024	FY 2025	FY 2026
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	Indeterminable	Indeterminable	Indeterminable
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	☐ General ☐ Education ☐ Highway ☒ Other - Federal funds; gifts, grants, and donations			

METHODOLOGY:

This bill makes a variety of changes to state laws governing the state's alcohol and drug abuse response efforts. In part, the bill establishes syringe service programs under RSA 318-B, the Controlled Drug Act. The Department of Health and Human Services states that it expects to meet these responsibilities with existing resources. In addition, the bill requires the Department, "with the availability of sufficient federal funding," to establish and administer statewide access points for delivery of substance use services and reports. In addition to federal funds, the bill authorizes the department to accept funds from any source, including gifts, grants, and donations, in order to operate and sustain the access points. The bill does not appropriate general funds, nor does it require the Department to continue providing services in the absence of federal or other available funding sources.

AGENCIES CONTACTED:

Department of Health and Human Services