

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



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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

REGIONAL SNAPSHOT ORIENTATION

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

HRETA

CAPITAL REGION

Harm Reduction Education & Technical Assistance

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 to 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

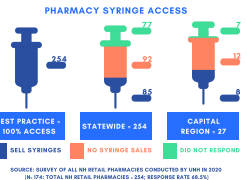
Strong partnerships with the Doorway reported by all organizations. Uniquely, EMS is very engaged via Project First. Coordination among agencies is strong, especially with the Capital Area Leadership Team.

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.

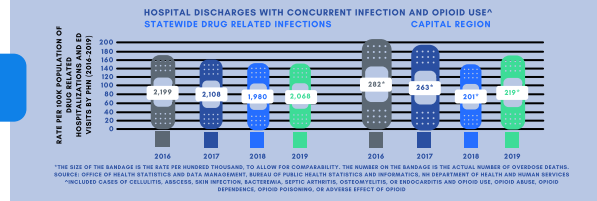
1. NARRATIVE SUMMARIES FROM REGIONAL 1:1 MEETINGS

2. PHARMACY SYRINGE ACCESS



3. SYRINGE SERVICE PROGRAM (SSP) ACCESS

4. HOSPITAL DISCHARGE DATA



1. NARRATIVE SUMMARIES FROM REGIONAL 1:1 MEETINGS

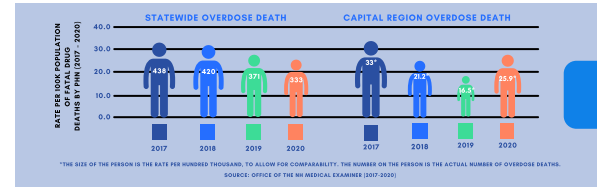
ACCESS TO MALOXONE

All partners report sufficient access to maloxone. Acknowledgment of severe overdoses without calling 911, state-reported overdoses underreported. Multiple organizations do street outreach including distribution in Concord.

REFERRAL TO SUD TREATMENT SERVICES

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

5. FATAL OVERDOSE DATA



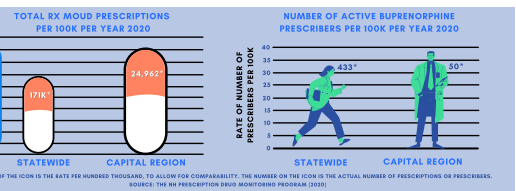
HOUSING

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 medication(s) for opioid use disorder (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.

6. MOUD PRESCRIPTIONS & ACTIVE BUPRENORPHINE PRESCRIBERS



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.

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](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](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](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](https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/syringe-service-programs.shtml)
- [5. https://www.mass.gov/syringe-service-programs](https://www.mass.gov/syringe-service-programs)

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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

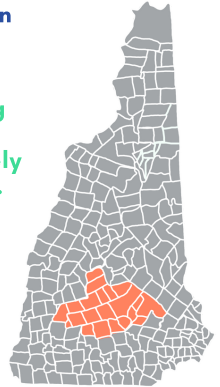
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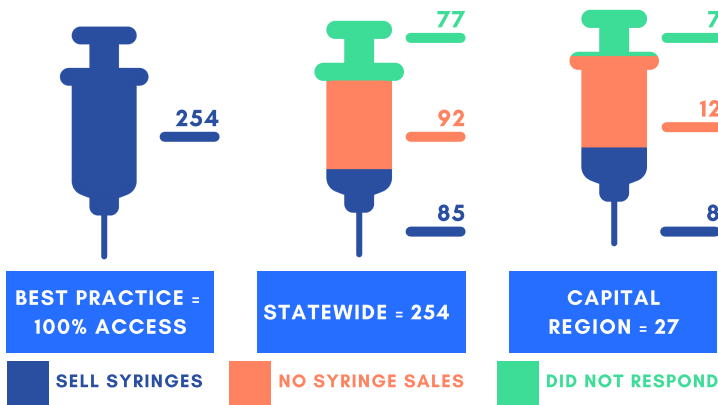
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INFECTION PREVENTION

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

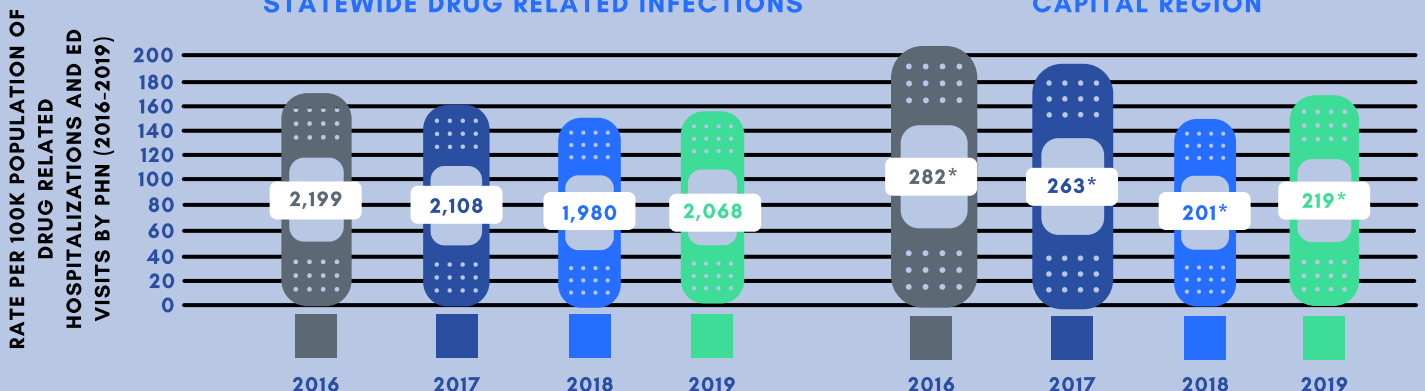
DISTANCES TO CLOSEST*

- 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



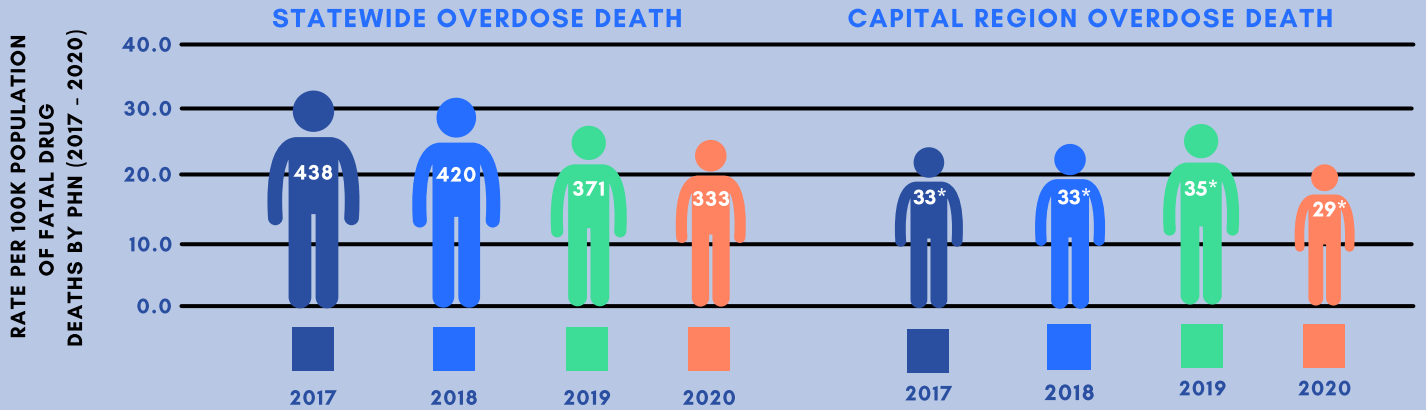
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ACCESS TO NALOXONE

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.

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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.



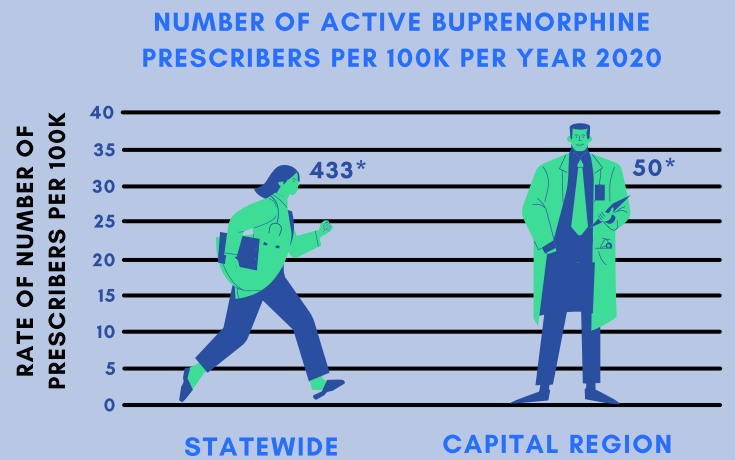
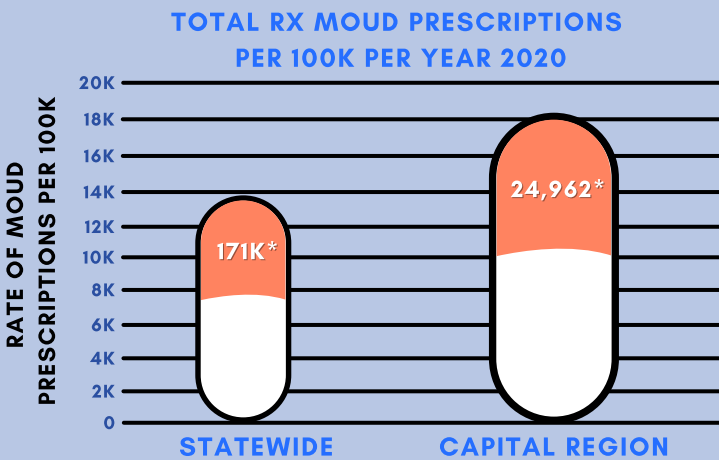
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HOUSING

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.



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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.

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

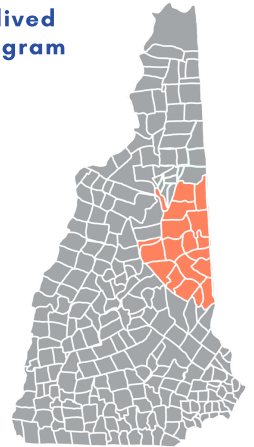
Person-centered care and non-stigmatizing language commonly used. Recovery Community Organizations (RCOs) have worked to train on ethics and harm reduction. Access to language line services available.

COLLABORATION ACROSS THE CONTINUUM OF CARE

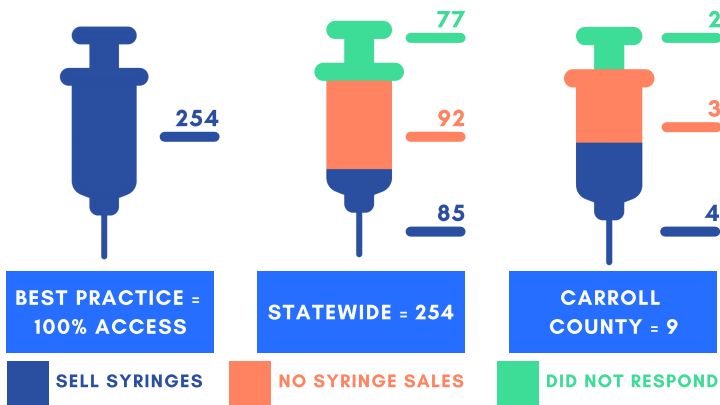
Coordination among agencies is very strong within region, Carroll County Responds convened by Public Health Network (PHN). Complex coordination required as the region is split between multiple Doorway and integrated Delivery Network (IDN) catchment areas.

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

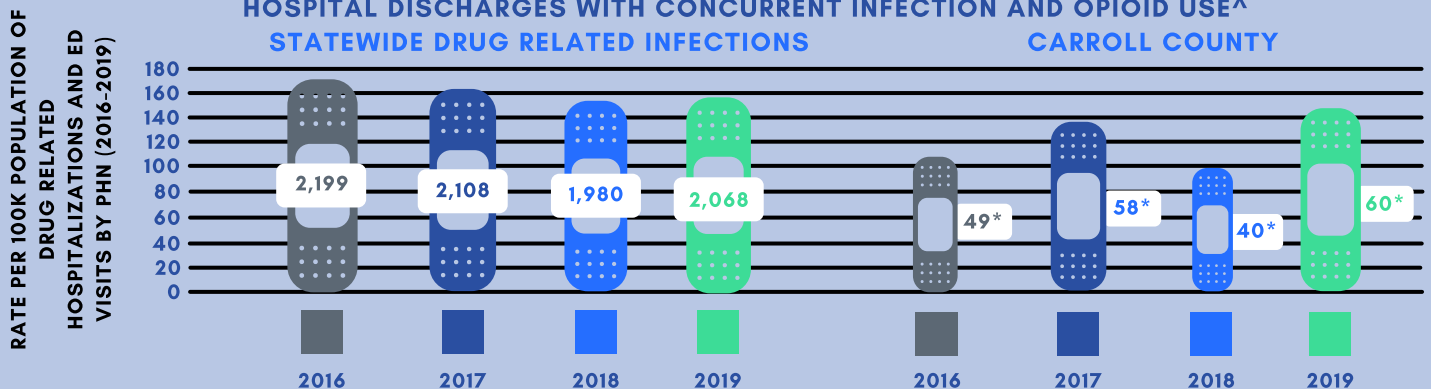
CONWAY -

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



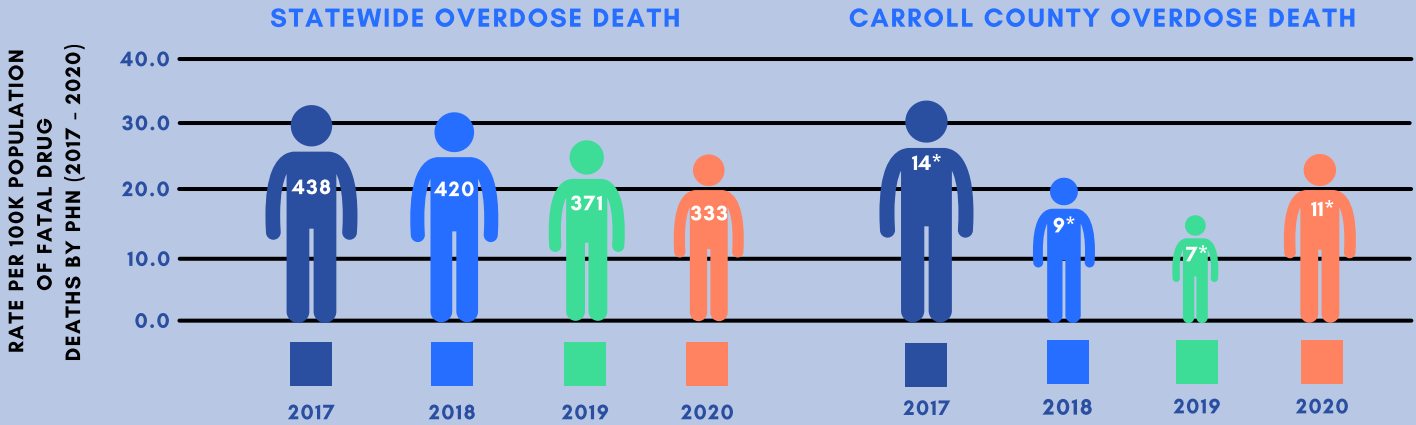
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ACCESS TO NALOXONE

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.



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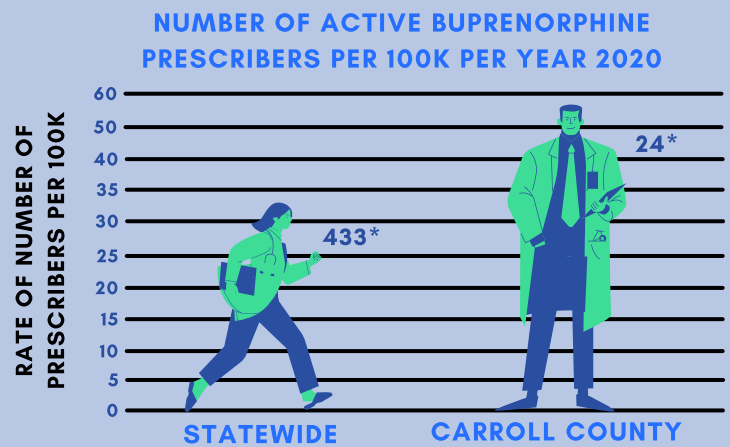
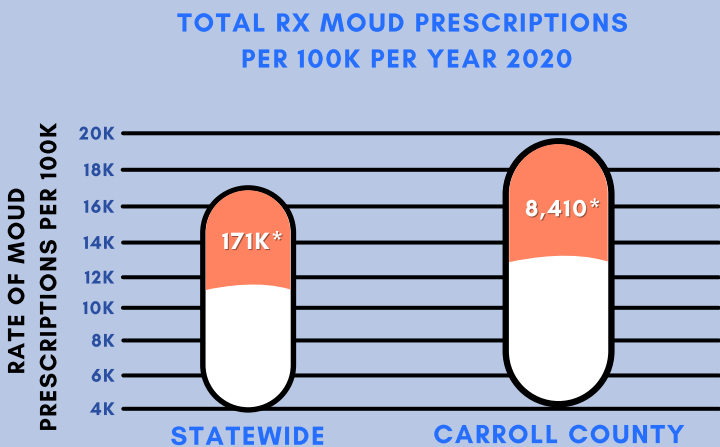
SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)

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.



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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.

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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

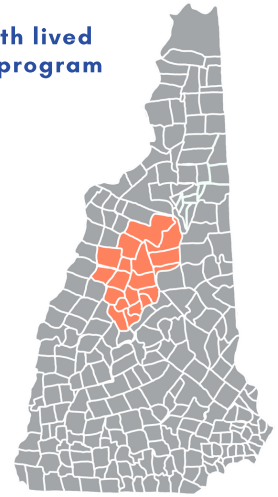
Opportunities for provider and community educational training surrounding person-first language, cultural humility, and stigma. Access to language line services available noted.

COLLABORATION ACROSS THE CONTINUUM OF CARE

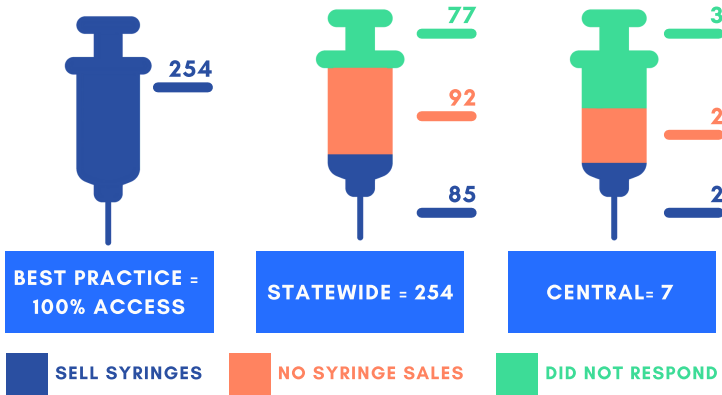
Opportunities to improve coordination among agencies. Strong partnerships between Public Health Network (PHN), Plymouth State University, the Doorway, Plymouth Area Recovery Connection, and Mid-State (Federally Qualified Health Center, FQHC).

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



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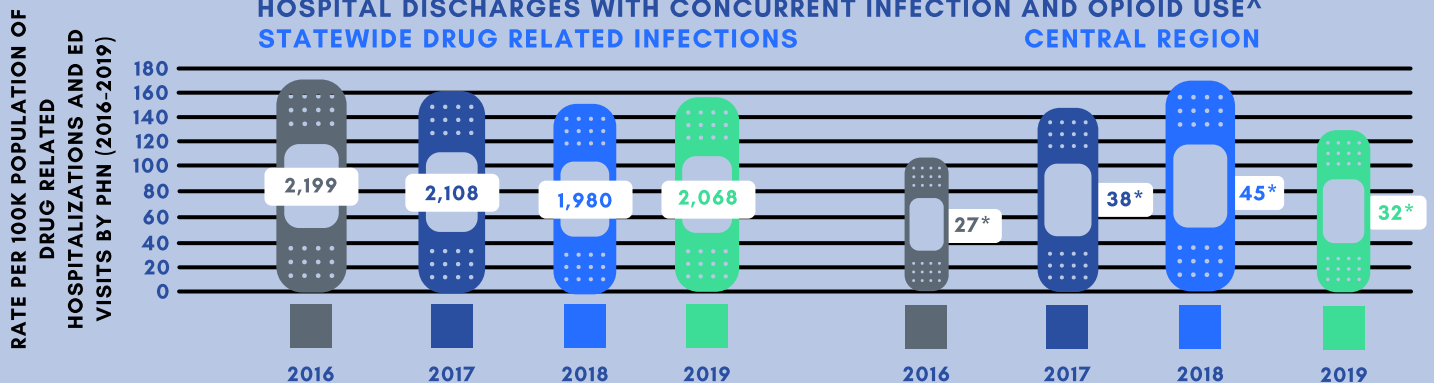
DISTANCES TO CLOSEST*

- 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

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



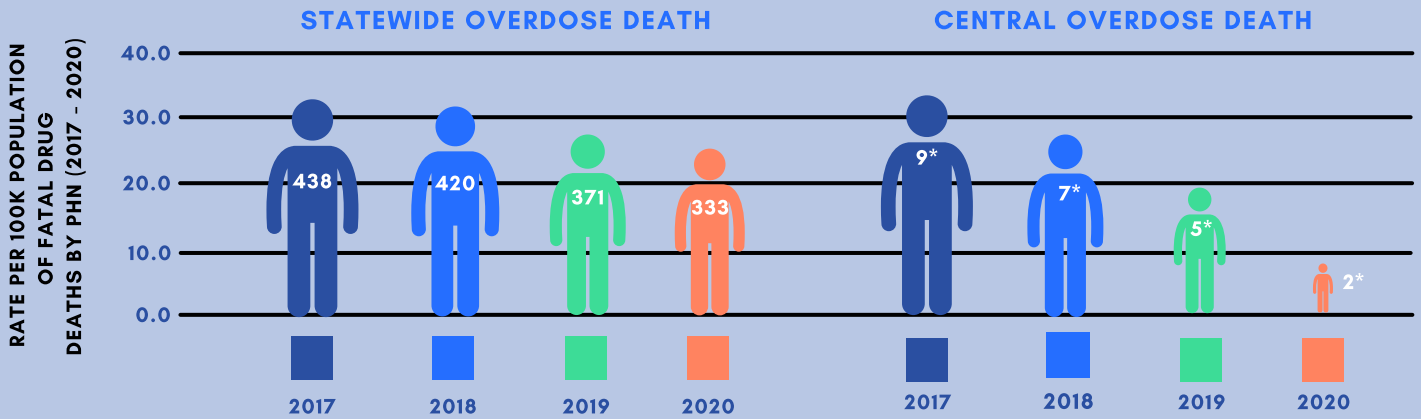
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ACCESS TO NALOXONE

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 Spaulding Memorial Hospital.



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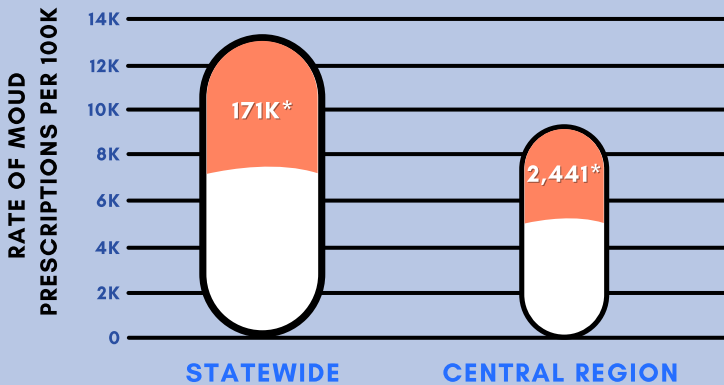
HOUSING

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.

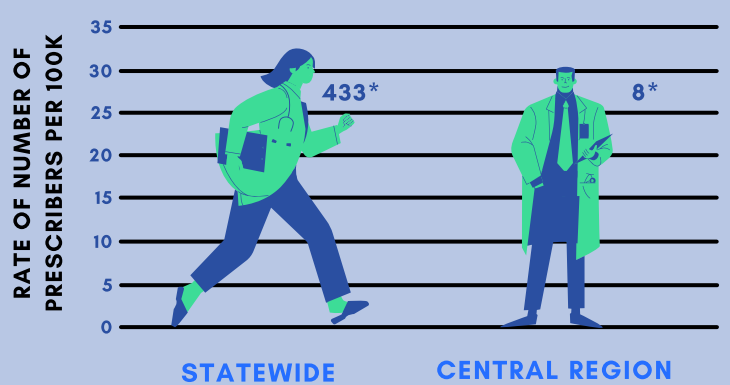
ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

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



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

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.

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 1:1'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

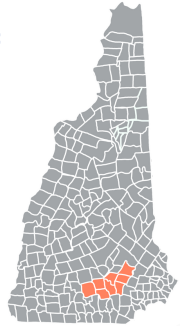
Some expressed that stigma continues to be a barrier when seeking services and they avoid seeking care for infections and mental health. Supportive services included the Mental Health Center of Greater Manchester (MHCGM), Healthcare for the Homeless, and Urgent Care. Lots of opportunities for further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

COLLABORATION ACROSS THE CONTINUUM OF CARE

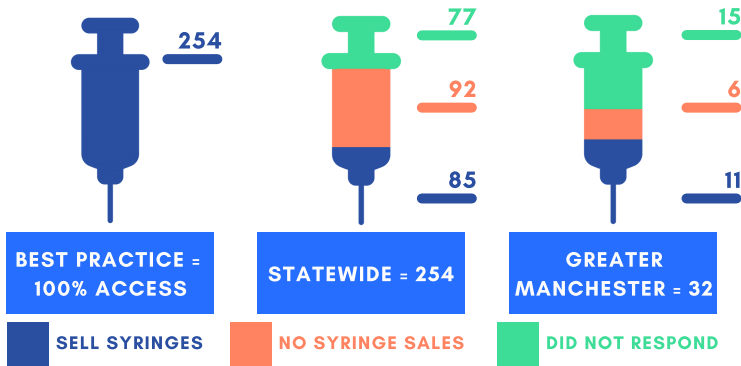
Strong engagement with city agencies. Multiple providers collaborating on outreach, outreach services unavailable beyond city limits. Coordination among agencies is strong within the region, Substance Use Disorder (SUD) Collaborative convened by Public Health Network (PHN).

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

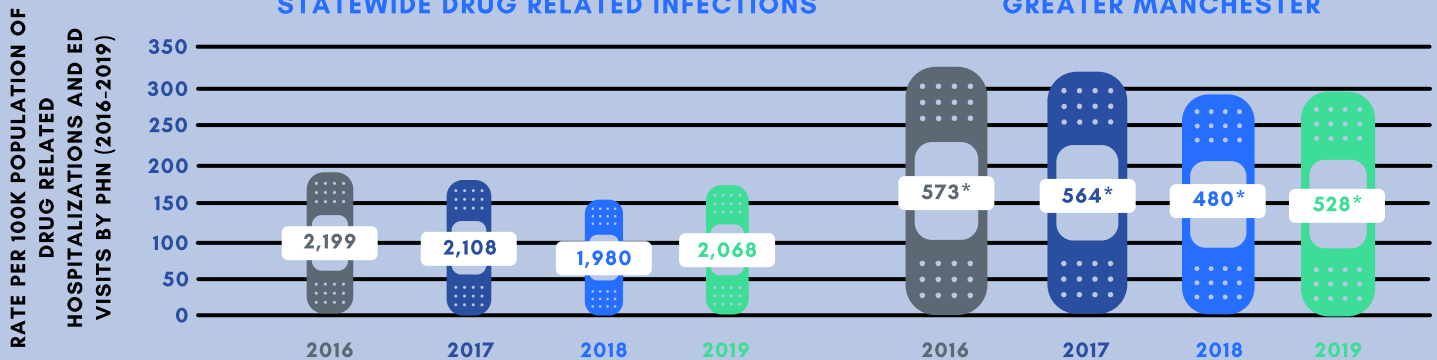


MANCHESTER
NHRC.ORG/QUEEN-CITY-EXCHANGE/

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

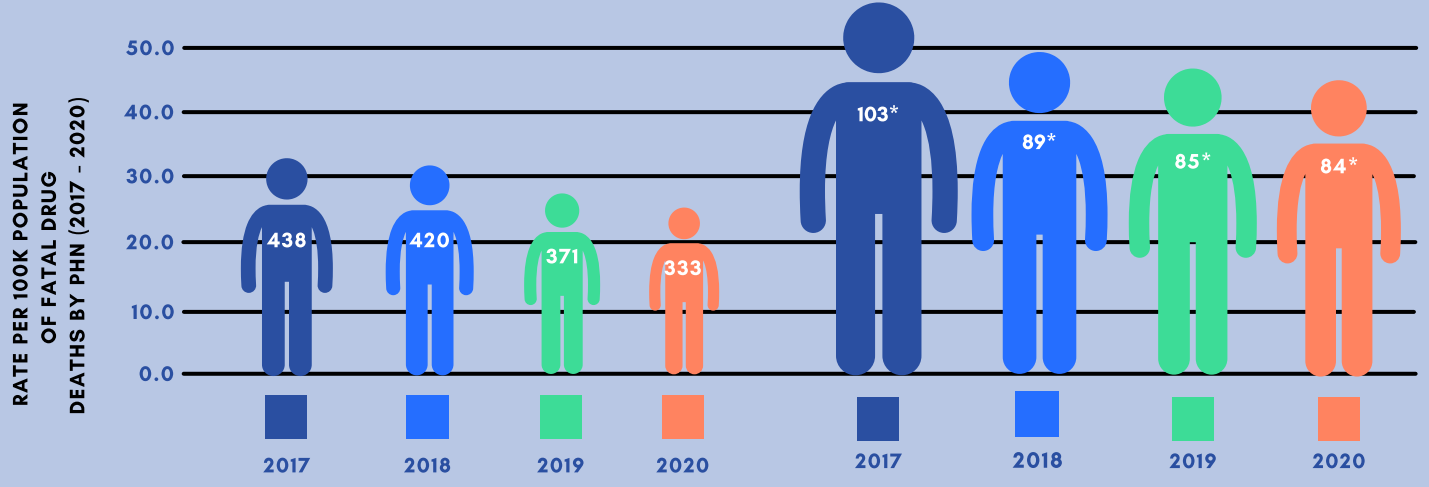
Naloxone distribution by a variety of agencies, managed through The Doorway. Some outreach workers are unable to distribute due to organizational liability.

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

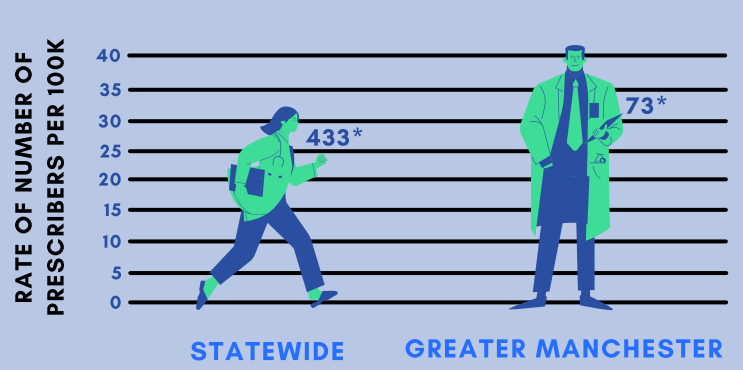
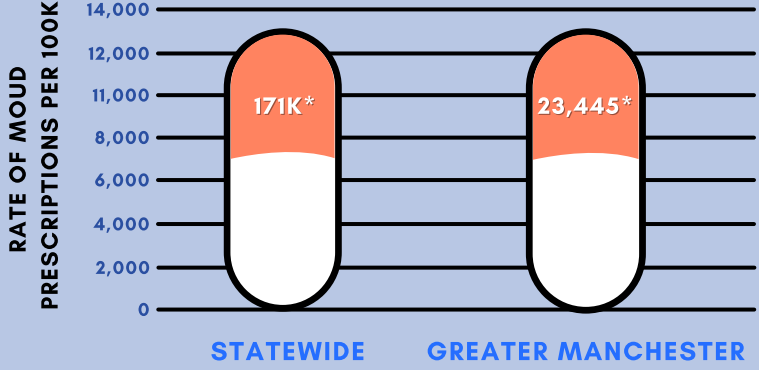
Insufficient affordable, low barrier, secure, long-term housing-worsened during the COVID-19 pandemic; long wait times for Section 8. Multiple short term and transitional options through Families in Transition, 1269 Café, Waypoint, and other agencies which provide case management, basic necessities,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



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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.

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

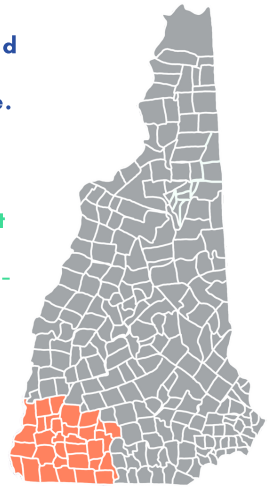
Use of person-first language and active listening strategies through services reported throughout region. Some training on stigma reduction has been provided but there is an identified need for more stigma reducing trainings. Concern for health care provider stigma in non-Substance Use Disorder (SUD)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

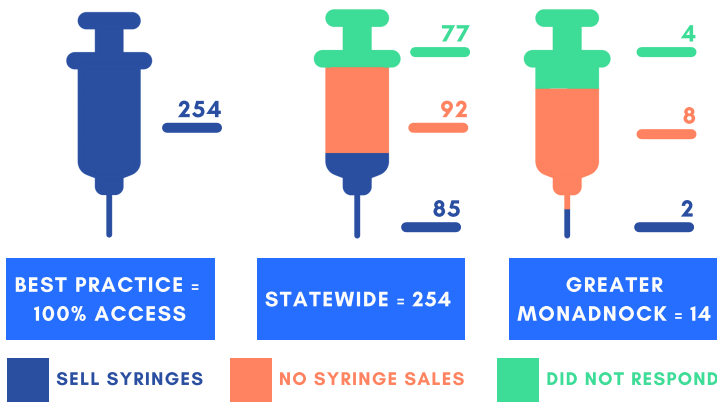
INFECTION PREVENTION

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

SYRINGE SERVICES PROGRAM ACCESS



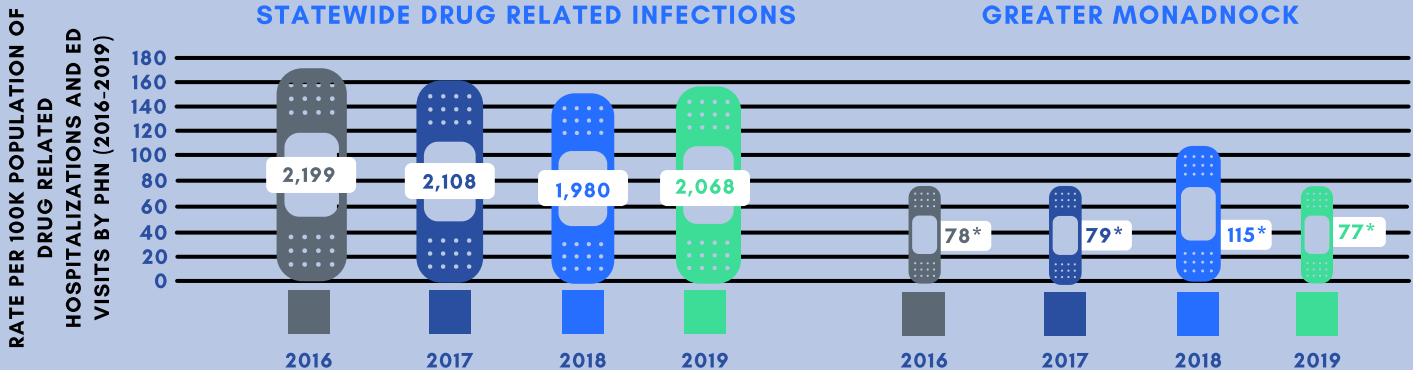
KEENE

WWW.FACEBOOK.COM/GROWSSP/

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

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

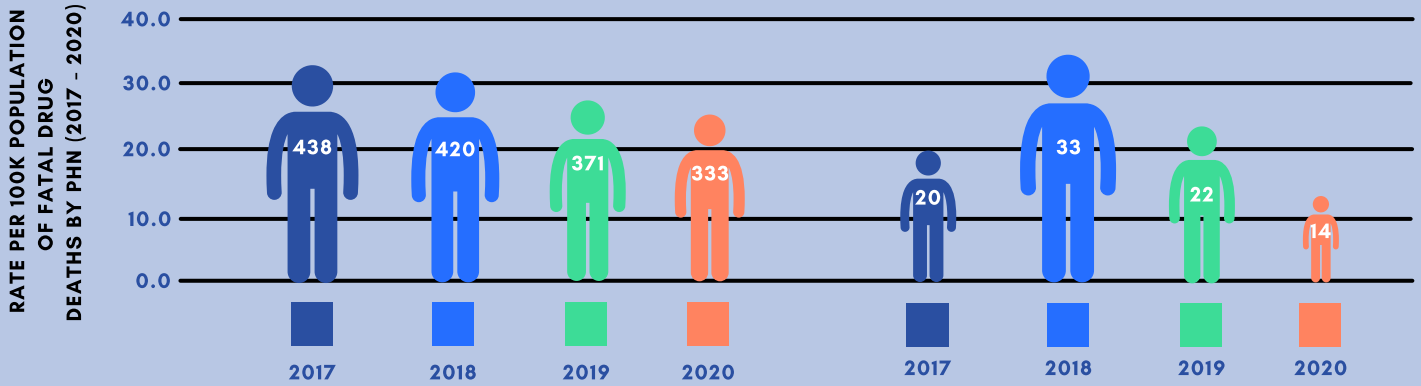
Doorway is the access point for other organizations to distribute Narcan, limitations reported in supplies requested. Minimal distribution by outreach but available at service providers.

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



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

HOUSING

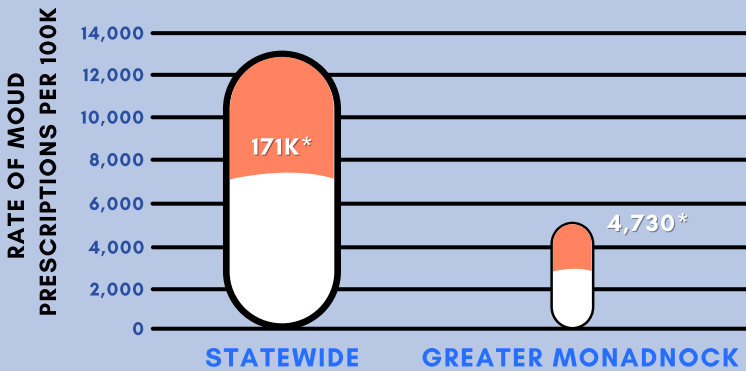
Multiple options for sober living/ low-income housing, at least one facility accepts all forms of MOUD. Long-term, affordable housing is scarce. Fewer resources for women and a greater need than the current supply.

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



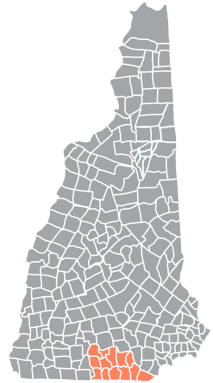
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SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)

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.

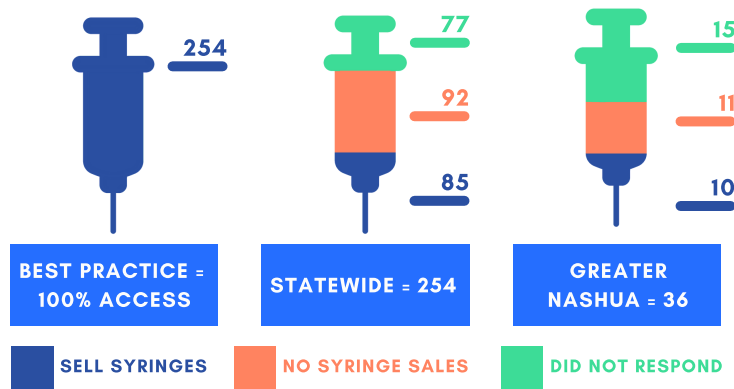
COLLABORATION ACROSS THE CONTINUUM OF CARE

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

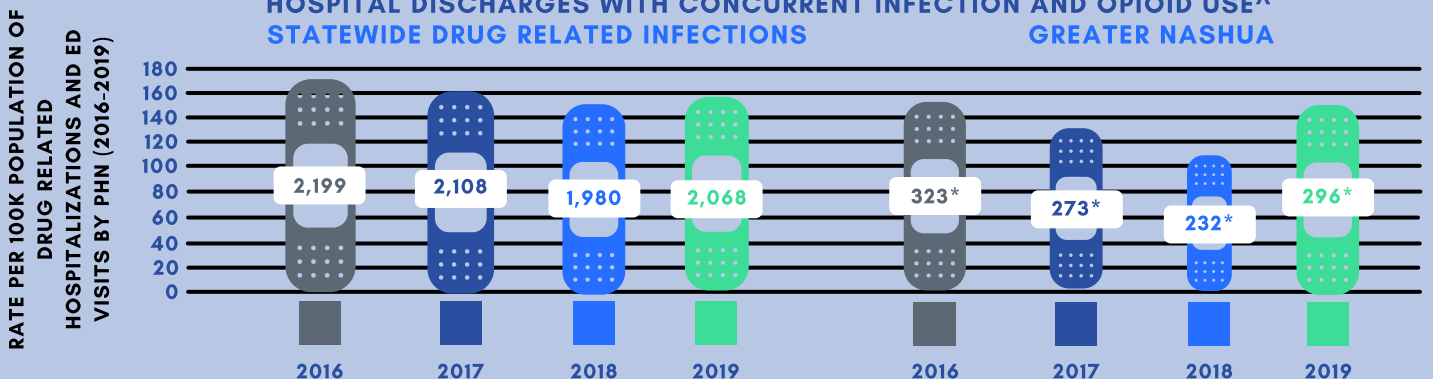
SSANA
 SYRINGE SERVICE ALLIANCE OF THE NASHUA AREA
 The community initiative for harm reduction

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



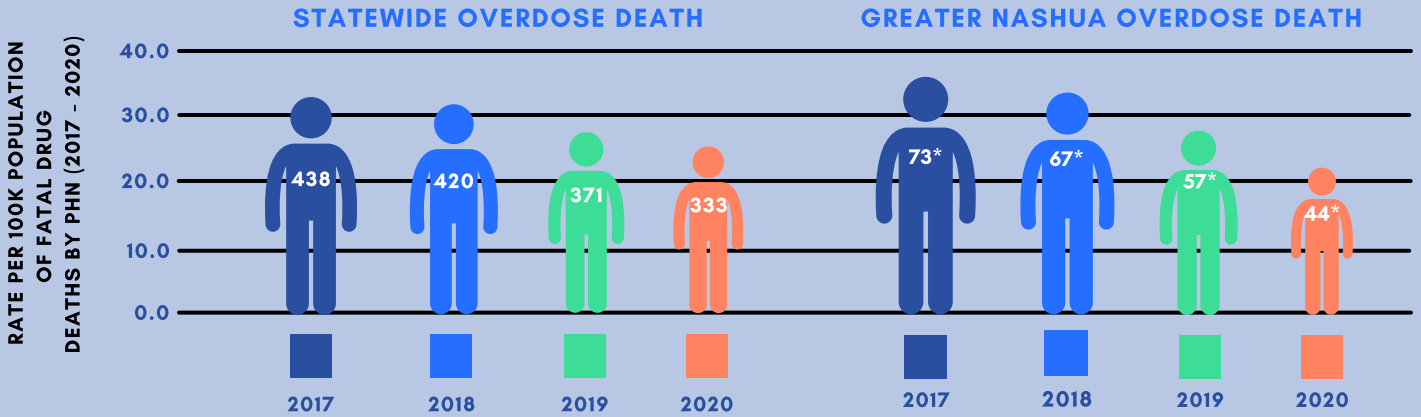
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ACCESS TO NALOXONE

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).



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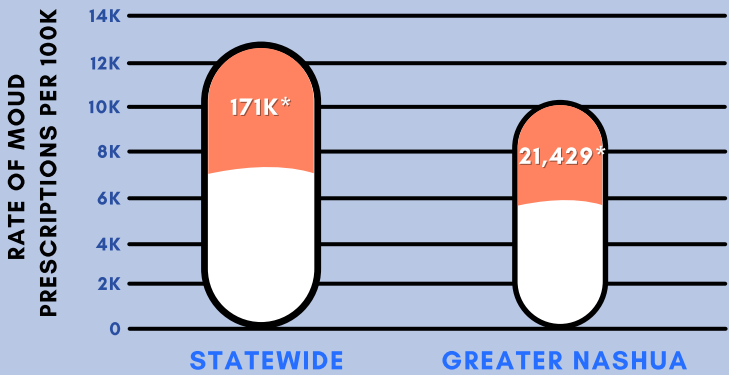
HOUSING

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



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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

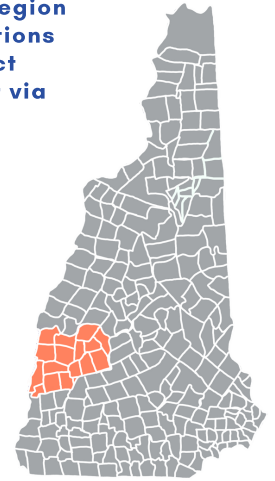
Several active organizations providing stigma trainings in region but opportunity for more, especially for providers. Strong emphasis on person-first language, several organizations interested in development around cultural humility.

COLLABORATION ACROSS THE CONTINUUM OF CARE

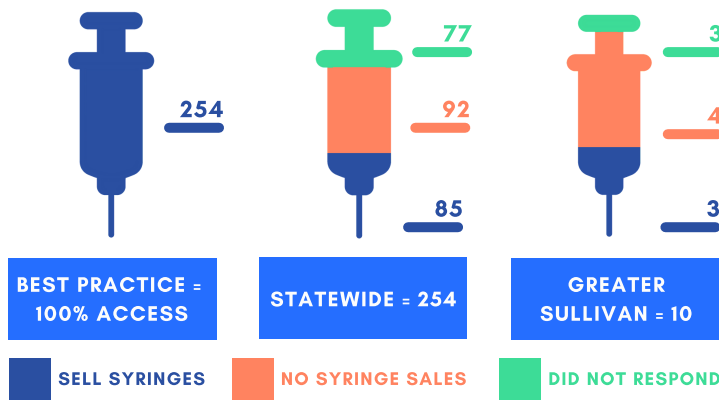
Few services are located in the region but Dartmouth-Hitchcock (DH) focuses on providing services to this region. Collaboration is strong within the community, especially DH and the Doorway, other agencies face challenges if not part of DH system.

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

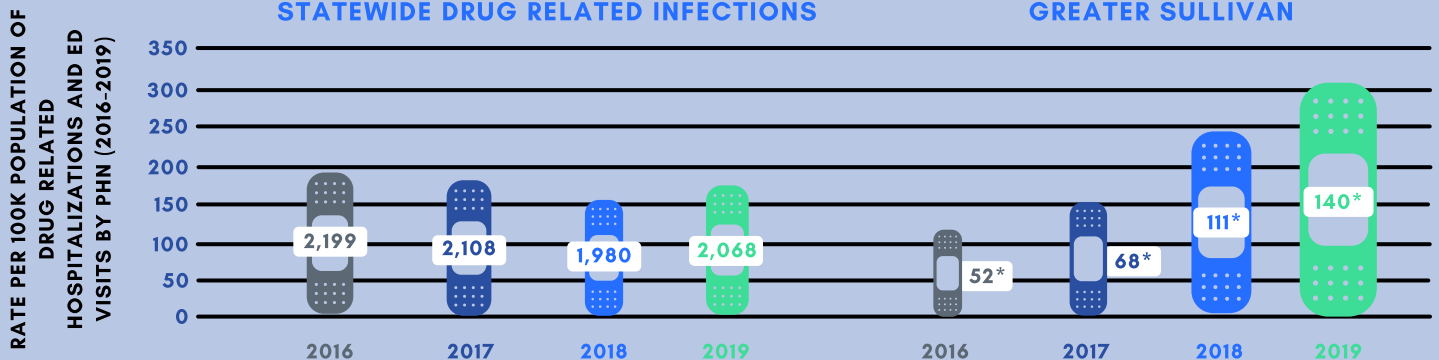


CLAREMONT

[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



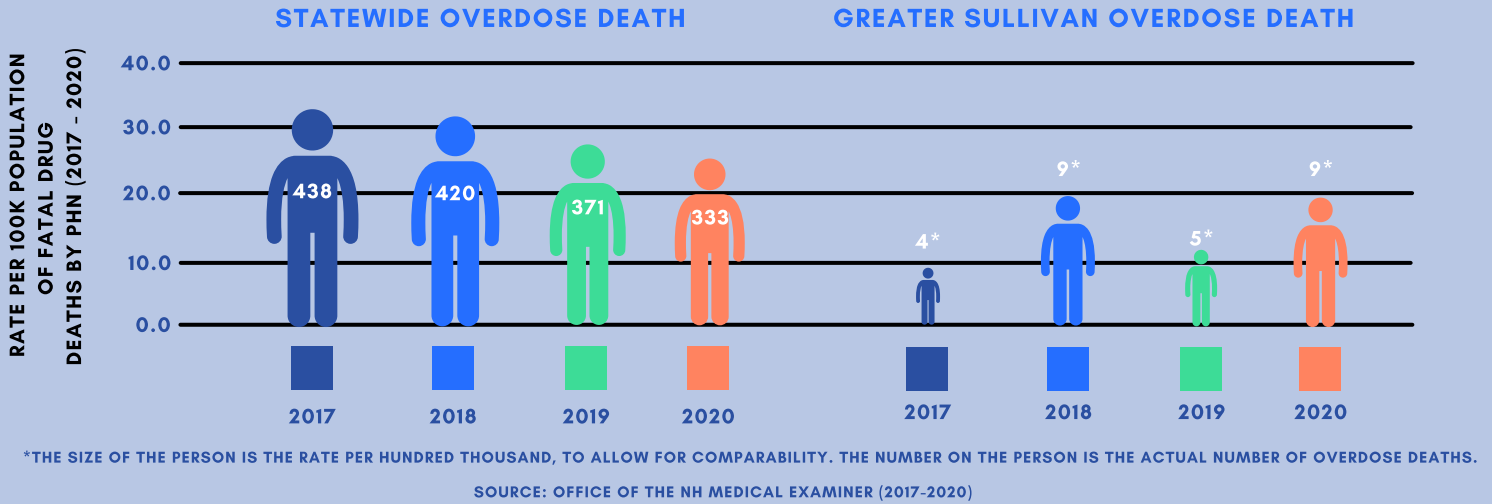
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ACCESS TO NALOXONE

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).

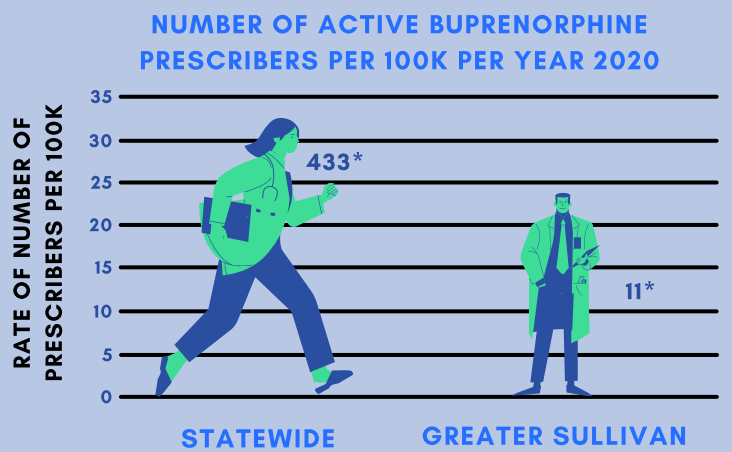
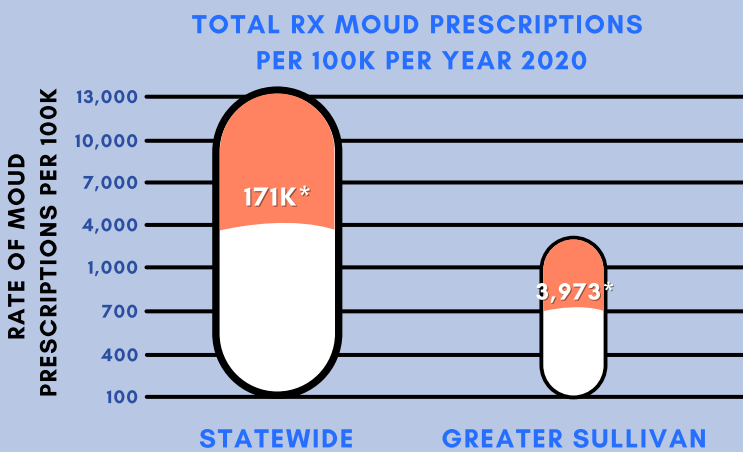


HOUSING

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.



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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

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

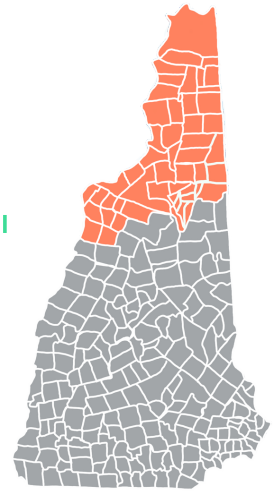
Person-centered treatment plans used. Clinical trainings for stigma, person-first language, and cultural humility have been conducted. All organizations recognize the opportunity for ongoing improvement.

COLLABORATION ACROSS THE CONTINUUM OF CARE

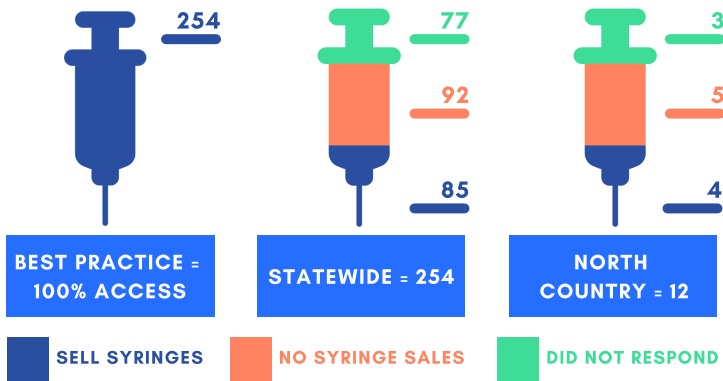
Strong partnerships, regular meetings convened by North Country Health Consortium, which include the local Doorways, Northern and Coos County Family Services, and the Family Resource Center.

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*

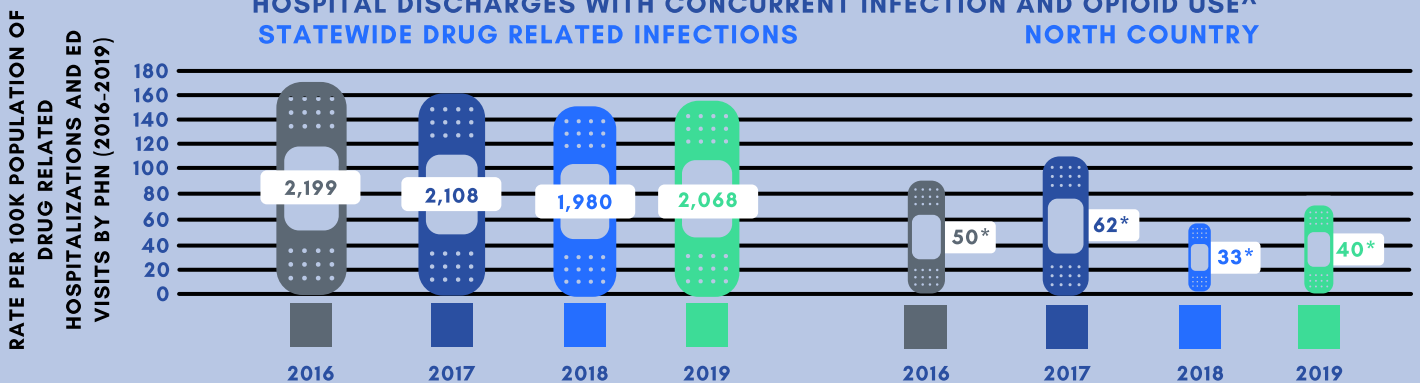
- 21.8 MI ST. JOHNSBURY, VT
- 51.6 MI CONWAY, NH
- 101.6 MI MANCHESTER, NH

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

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



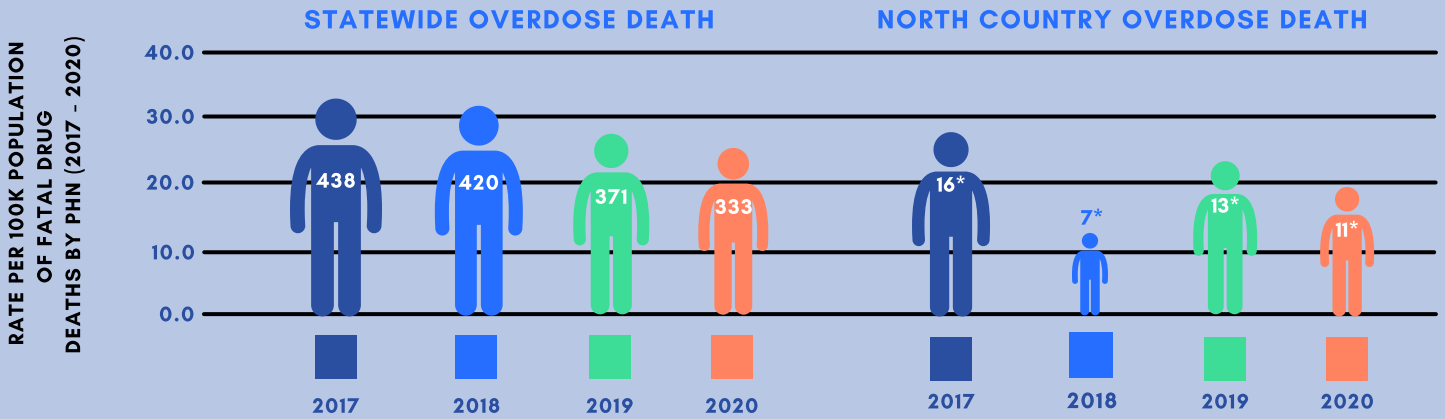
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ACCESS TO NALOXONE

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.



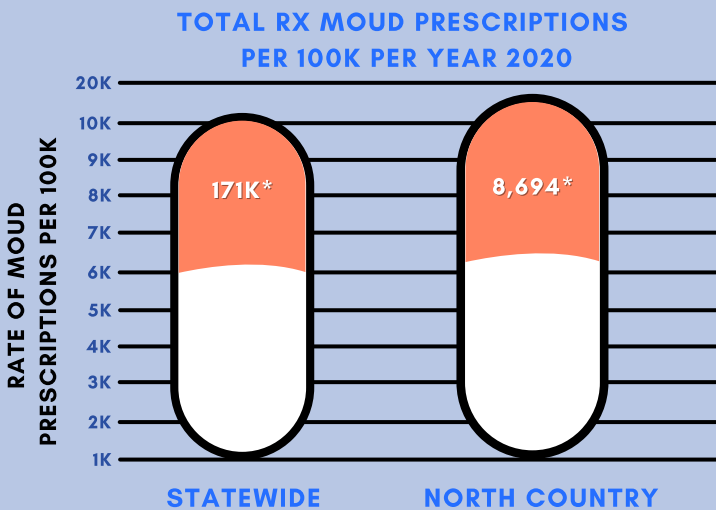
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HOUSING

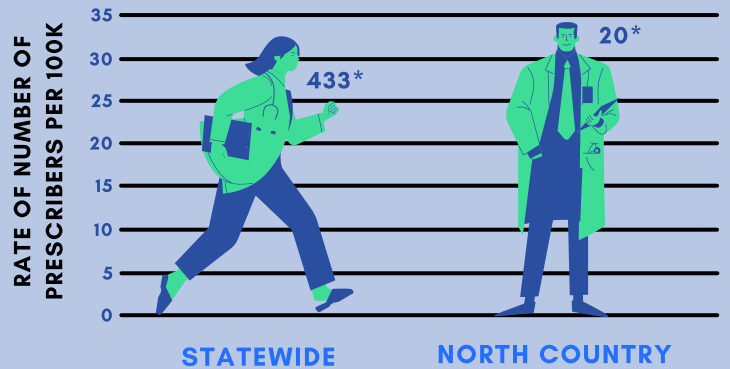
One shelter (Tyler Blain House) less accessible due to location in Lancaster. One sober living facility (White Mountain Recovery Homes) for the region. Low-barrier access to housing and transportation are needed. No short-term housing that is financially accessible.

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.



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.

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

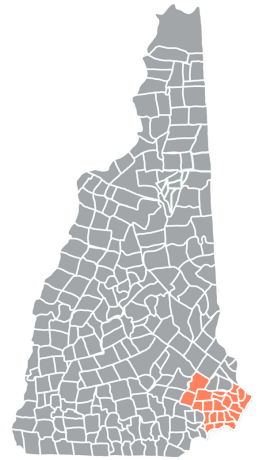
Motivational interviewing is used throughout the region. Numerous trainings on person-first language, stigma, harm reduction, shared decision making, and cultural humility.

COLLABORATION ACROSS THE CONTINUUM OF CARE

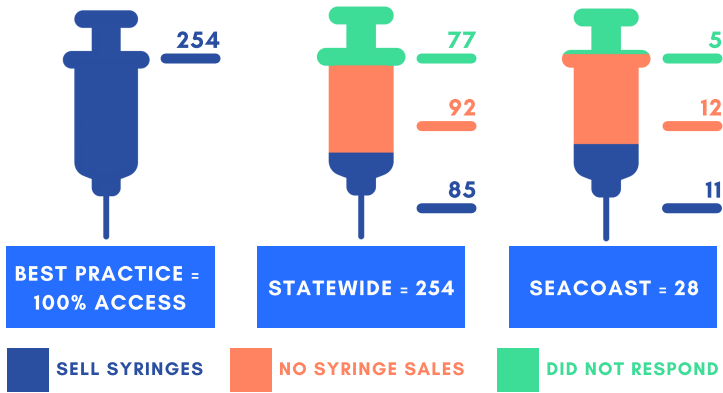
Community Care Team has fostered collaboration between many organizations/providers. Opportunities for improvements in continuity with Substance Use Disorder (SUD) treatment i.e. different levels of treatment are siloed and gaps noted for clients returning to the community post treatment.

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*

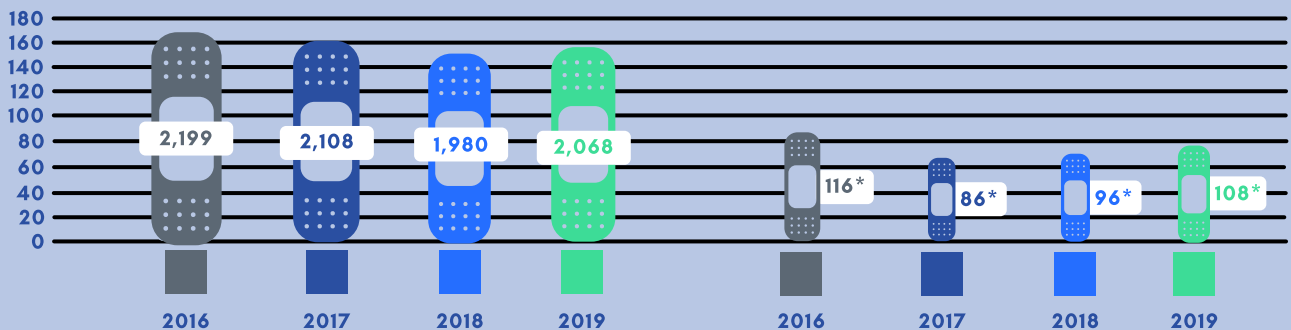
- 17.4 MI MANCHESTER
- 22.6 MI DOVER
- 35.7 MI NASHUA

*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[^]

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.

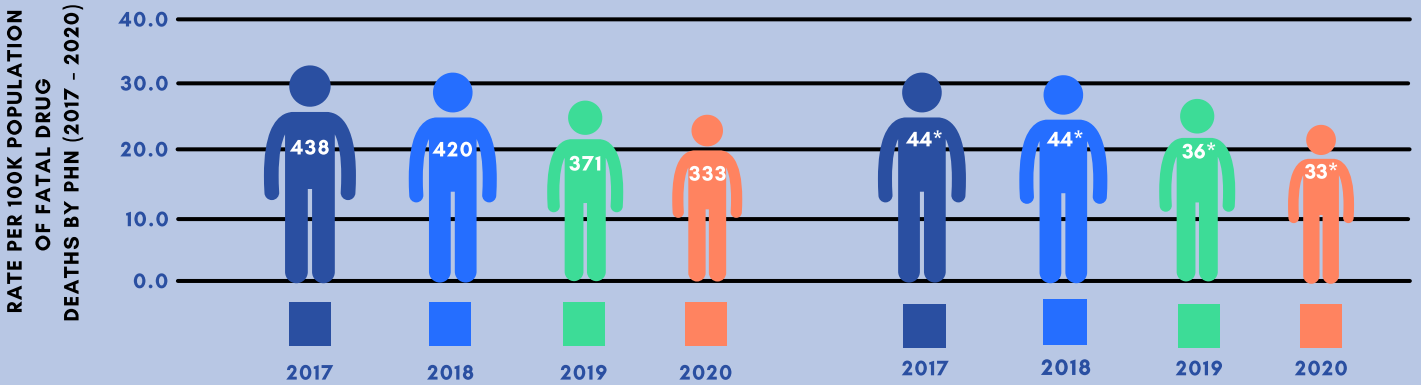


REFERRAL TO SUD TREATMENT SERVICES

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).

STATEWIDE OVERDOSE DEATH

SEACOAST 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

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.

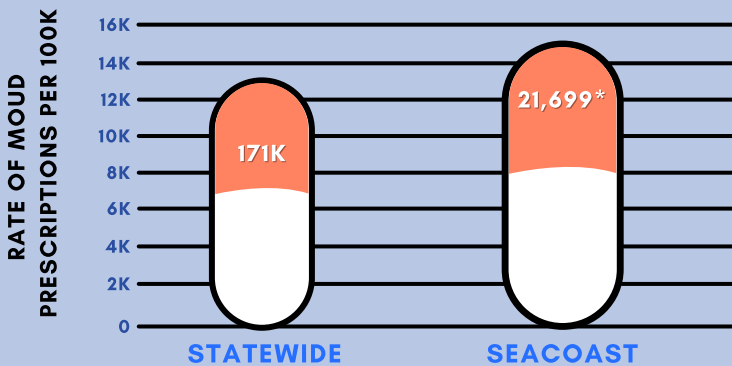


ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD*)

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.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020

NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



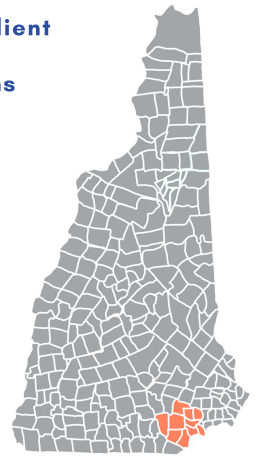
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IMPACT OF COVID-19

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.

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

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.

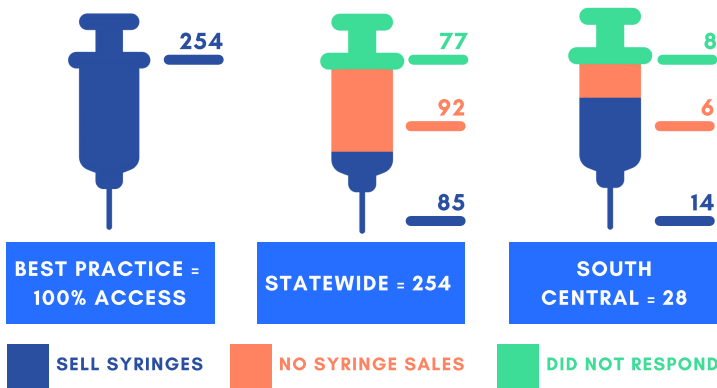
COLLABORATION ACROSS THE CONTINUUM OF CARE

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*

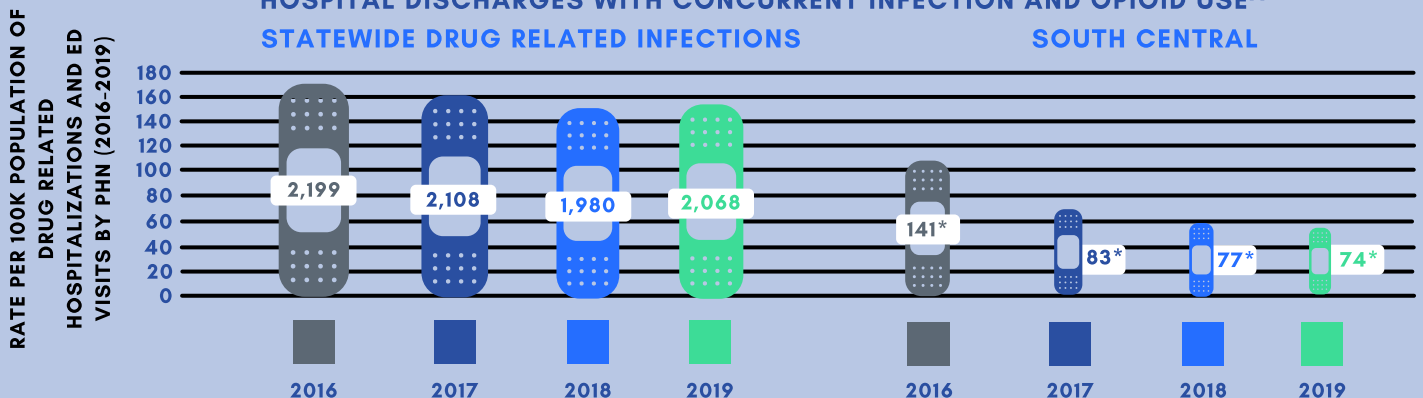
- 13.1 MI NASHUA
- 14.1 MI MANCHESTER
- 34.7 MI DOVER

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^ STATEWIDE DRUG RELATED INFECTIONS SOUTH CENTRAL



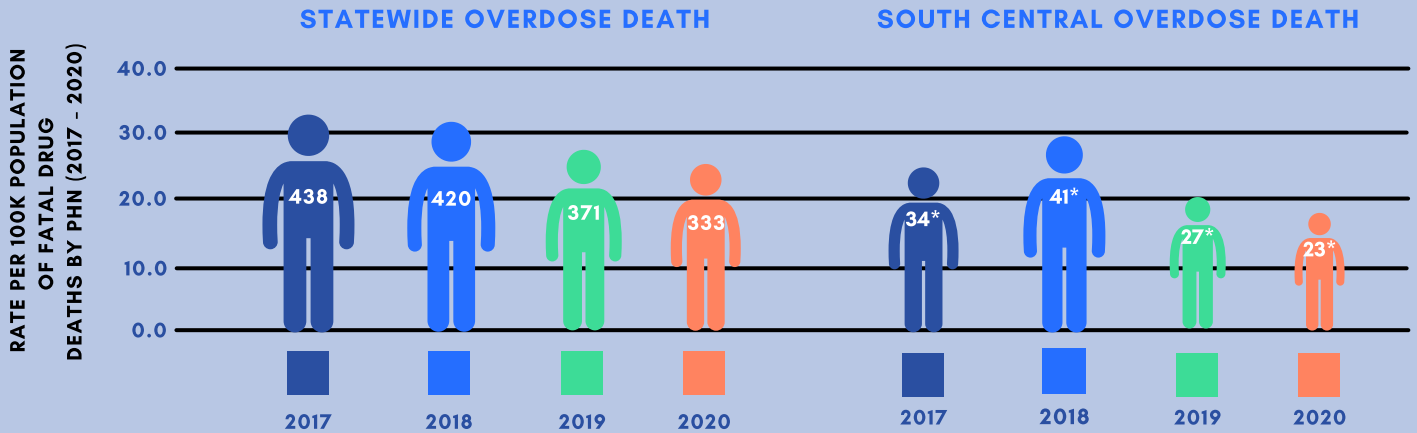
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ACCESS TO NALOXONE

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.



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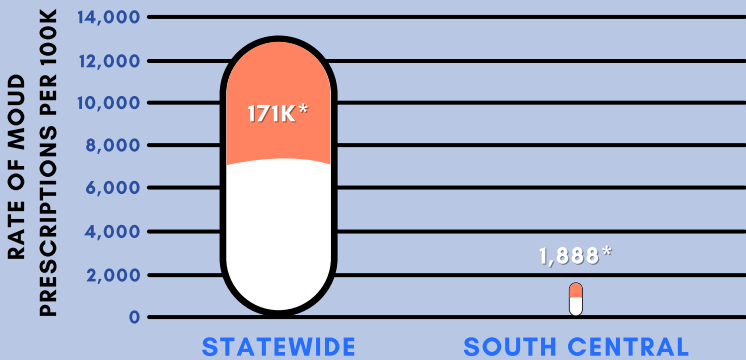
HOUSING

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.

TOTAL RX MOUD PRESCRIPTIONS PER 100K PER YEAR 2020



NUMBER OF ACTIVE BUPRENORPHINE PRESCRIBERS PER 100K PER YEAR 2020



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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

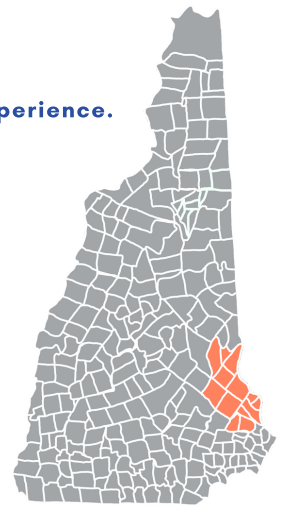
Motivational interviewing used throughout the region. Some organizations are involved with the Strafford County drug court. Numerous trainings on person-first language, stigma, harm reduction, shared decision making, and cultural humility.

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.

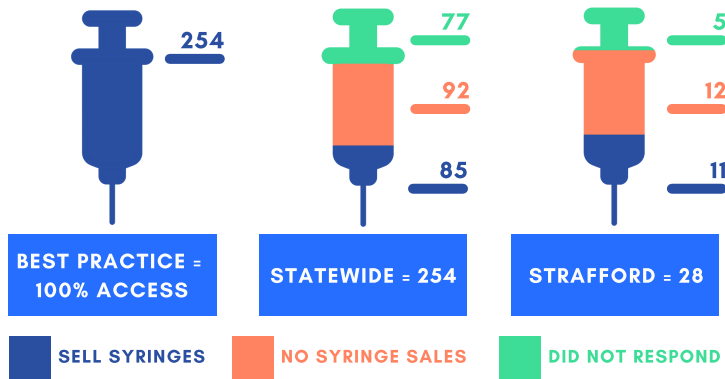
INFECTION PREVENTION

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

SYRINGE SERVICES PROGRAM ACCESS



DOVER, ROCHESTER, & SOMERSWORTH

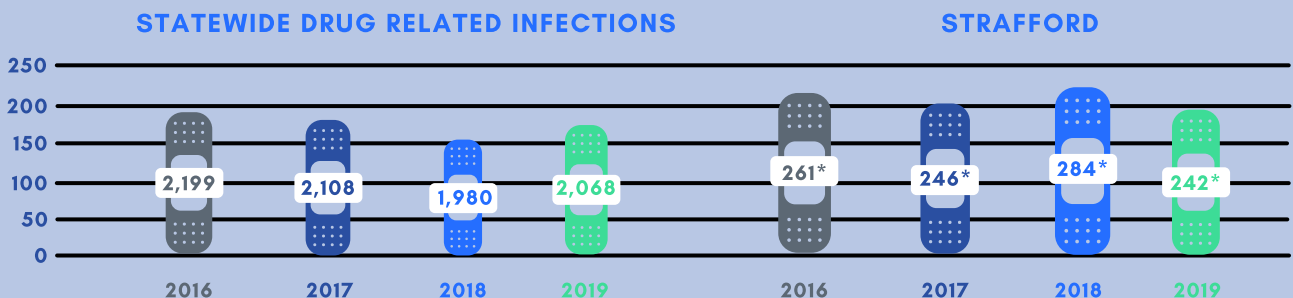
[HTTP://NHHRC.ORG/HANDUP/](http://nhhrc.org/handup/)

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

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)



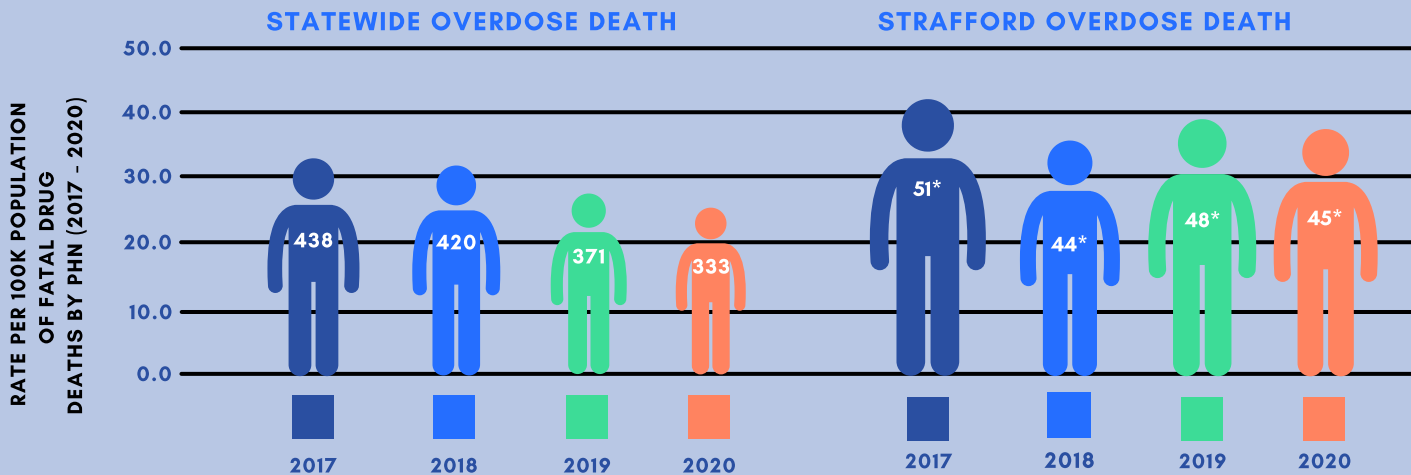
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ACCESS TO NALOXONE

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).



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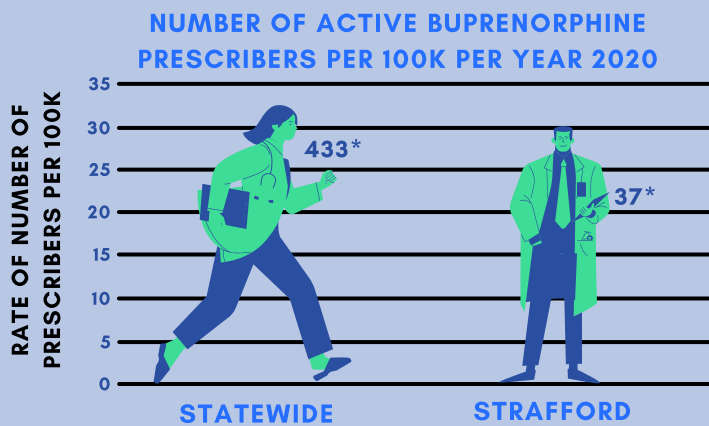
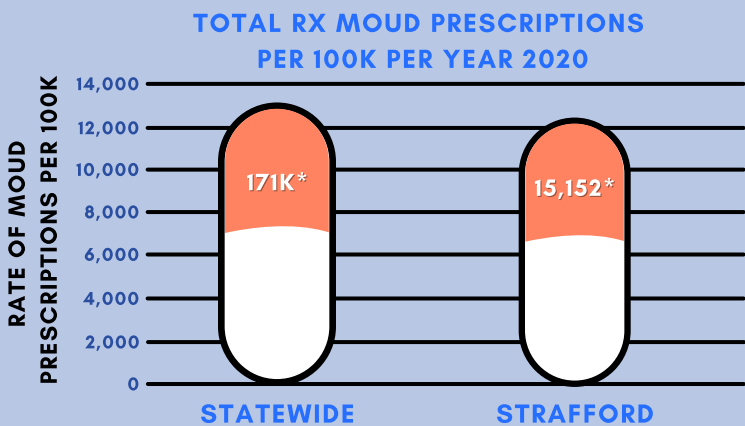
SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)

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.



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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.

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

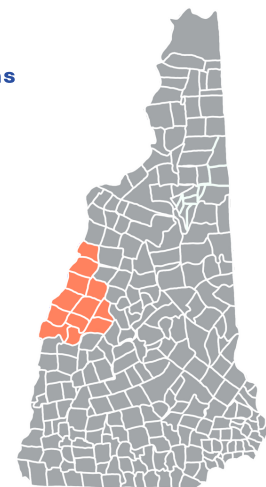
Several active organizations providing stigma trainings in the region but opportunities for more, especially for providers. Strong emphasis on person-first language, several organizations interested in development around cultural humility.

COLLABORATION ACROSS THE CONTINUUM OF CARE

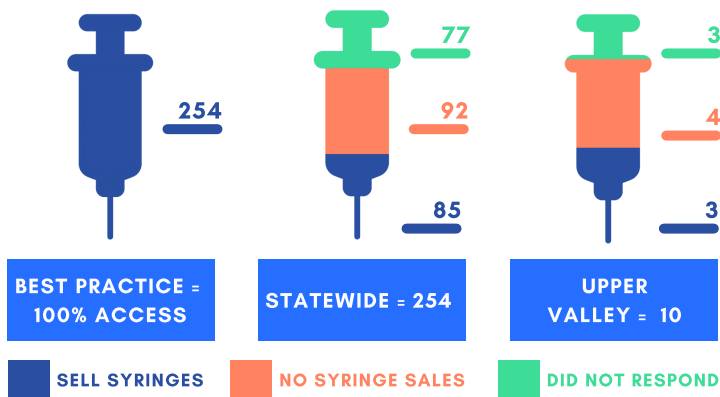
Collaboration is strong within the community, especially Dartmouth-Hitchcock (DH) and the Doorway, other agencies face challenges if not part of DH system. All agencies cited strong partnerships with external organizations.

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

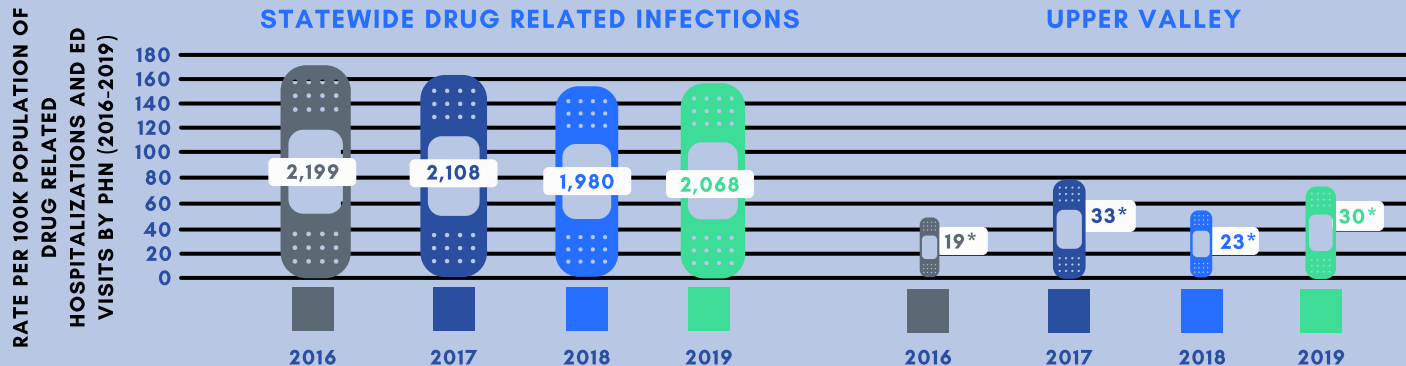
DISTANCES TO CLOSEST*

- 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[^]




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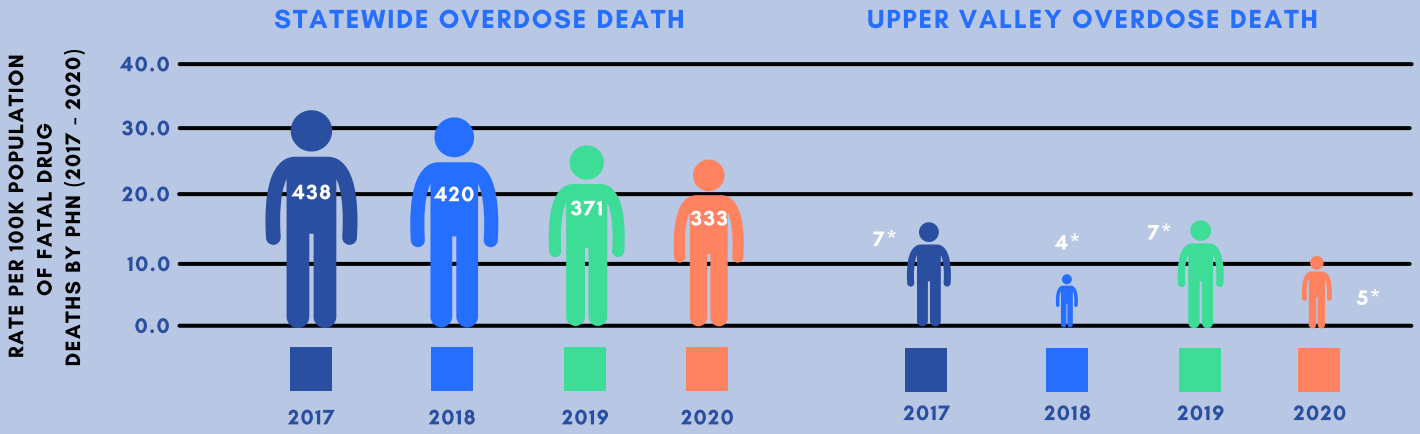
ACCESS TO NALOXONE

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).



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



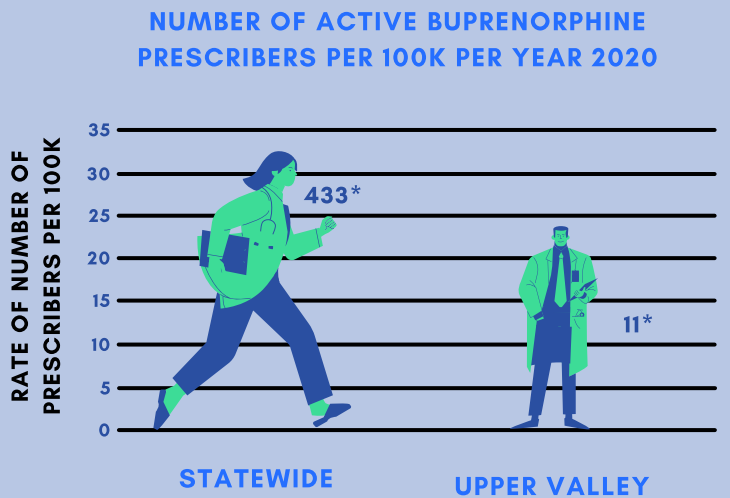
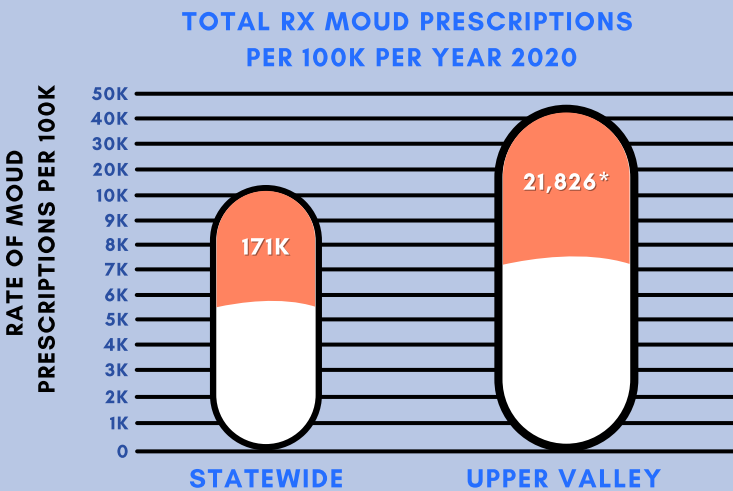
HOUSING

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.



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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

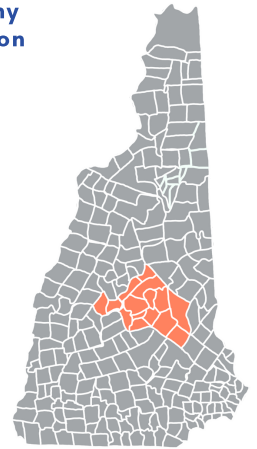
Trainings on cultural humility and focus on person-centered language. Greater need for resources in languages other than English. High utilization of strengths-based conversations with clients. Unique program offered for parents in recovery.

COLLABORATION ACROSS THE CONTINUUM OF CARE

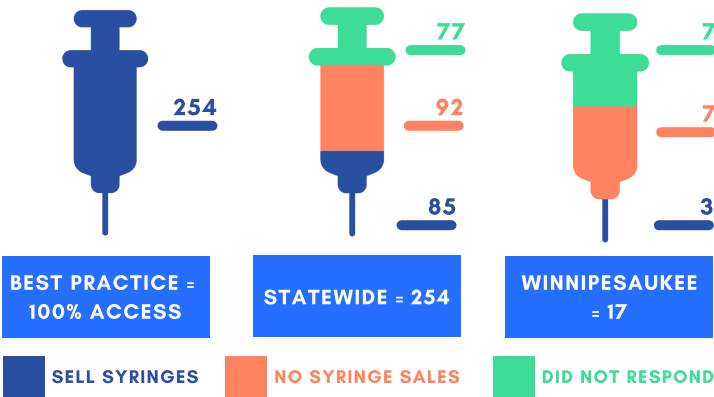
Strong partnerships reported between the Public Health Network, the Doorway, treatment providers, Lakes Region Mental Health Center, and Greater Tilton Family Resource Center.

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

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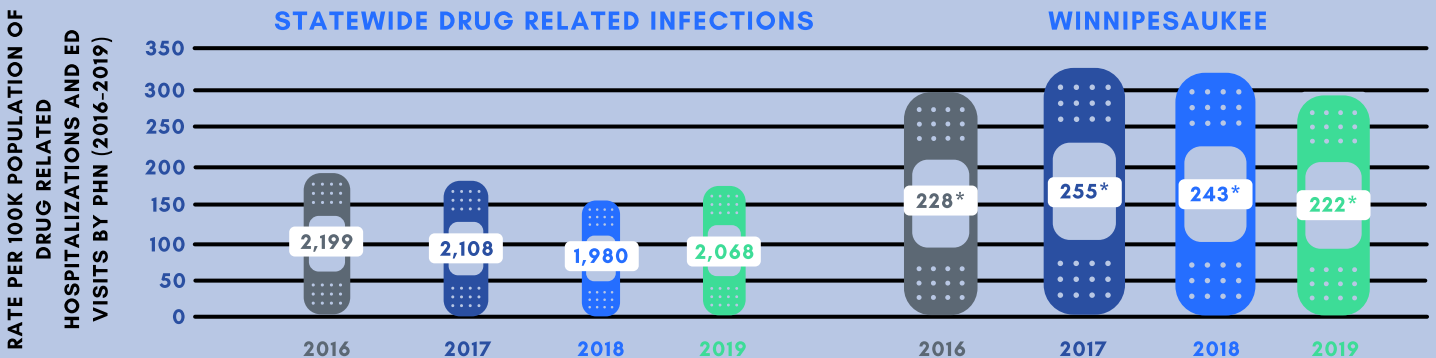
DISTANCES TO CLOSEST*

- 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



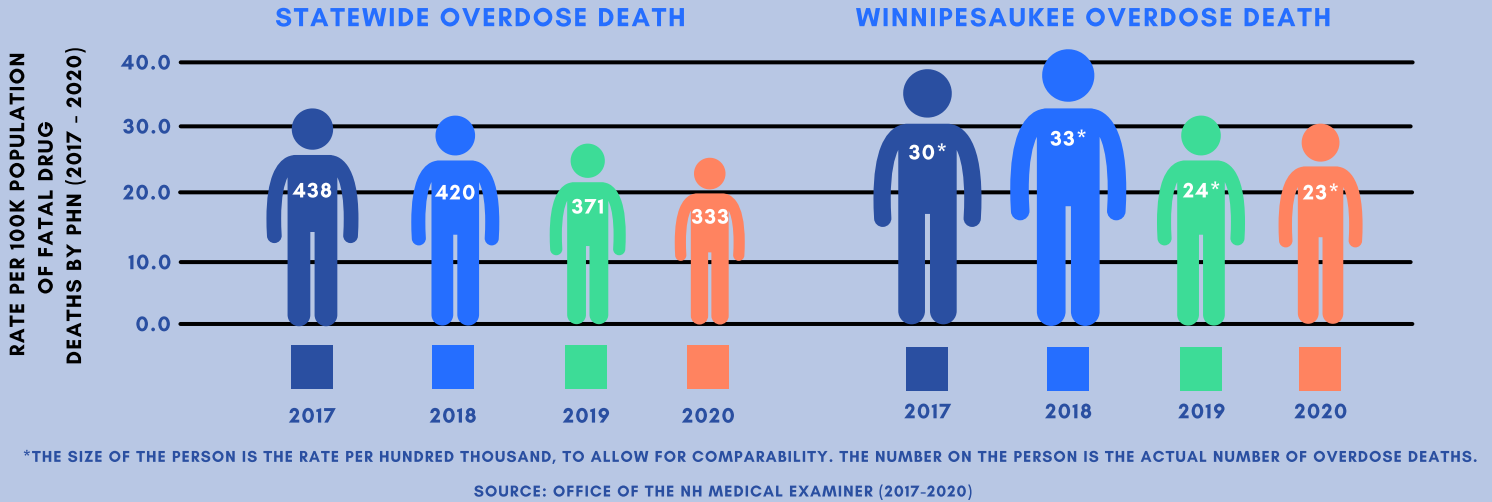
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ACCESS TO NALOXONE

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.

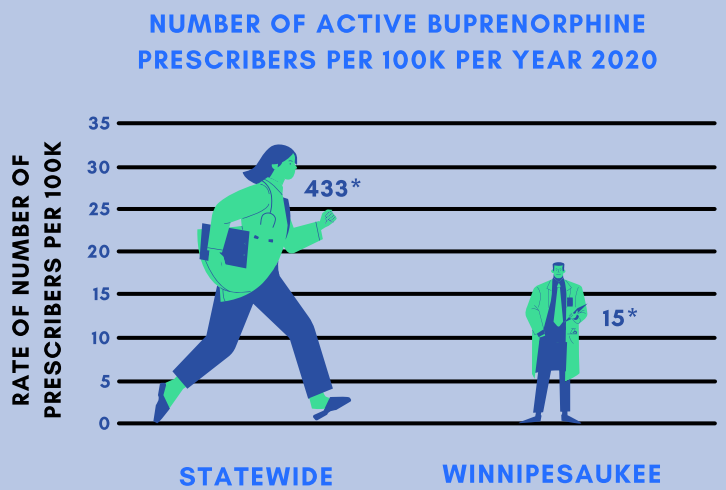
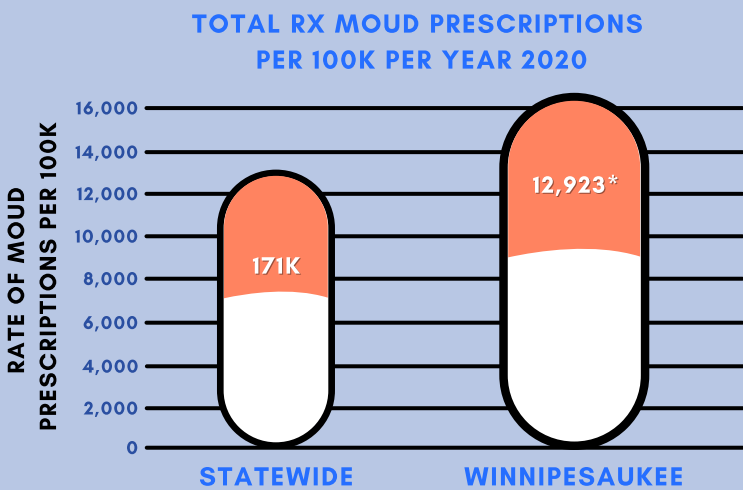


HOUSING

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.



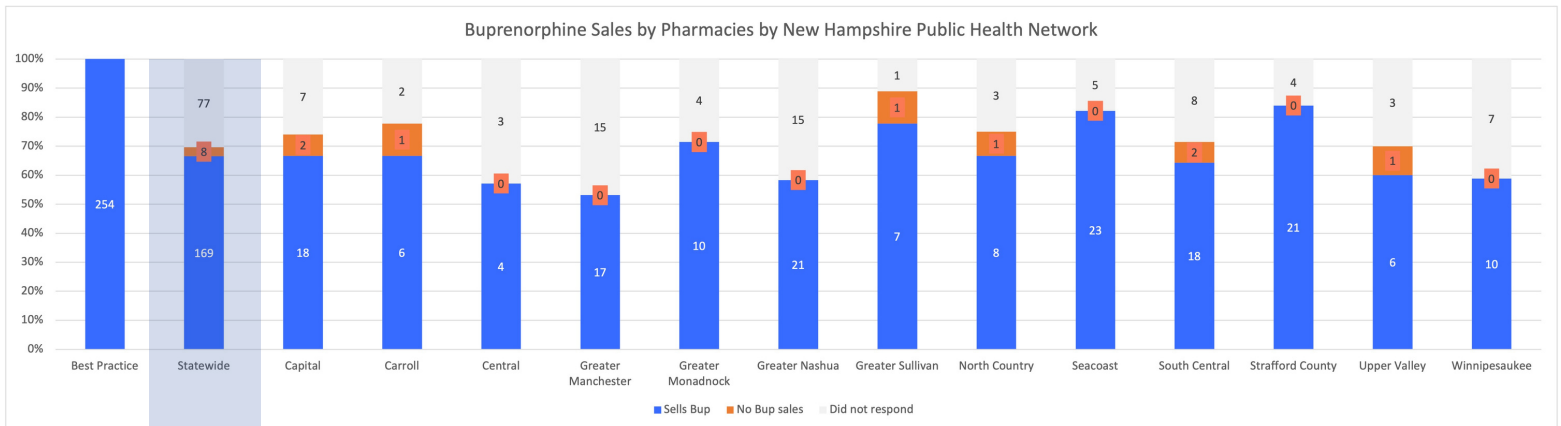
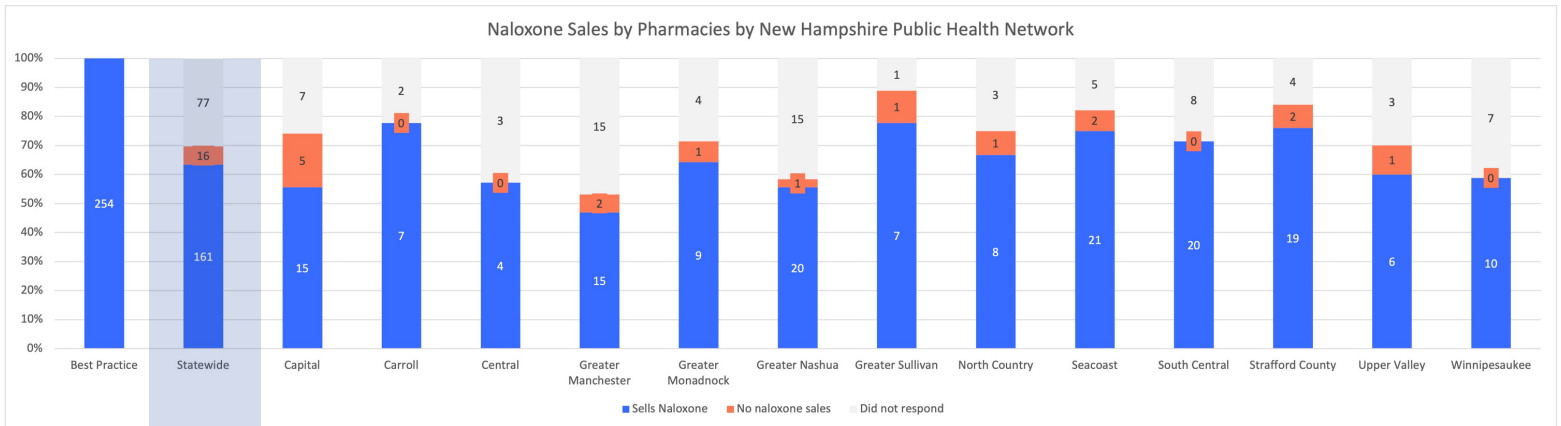
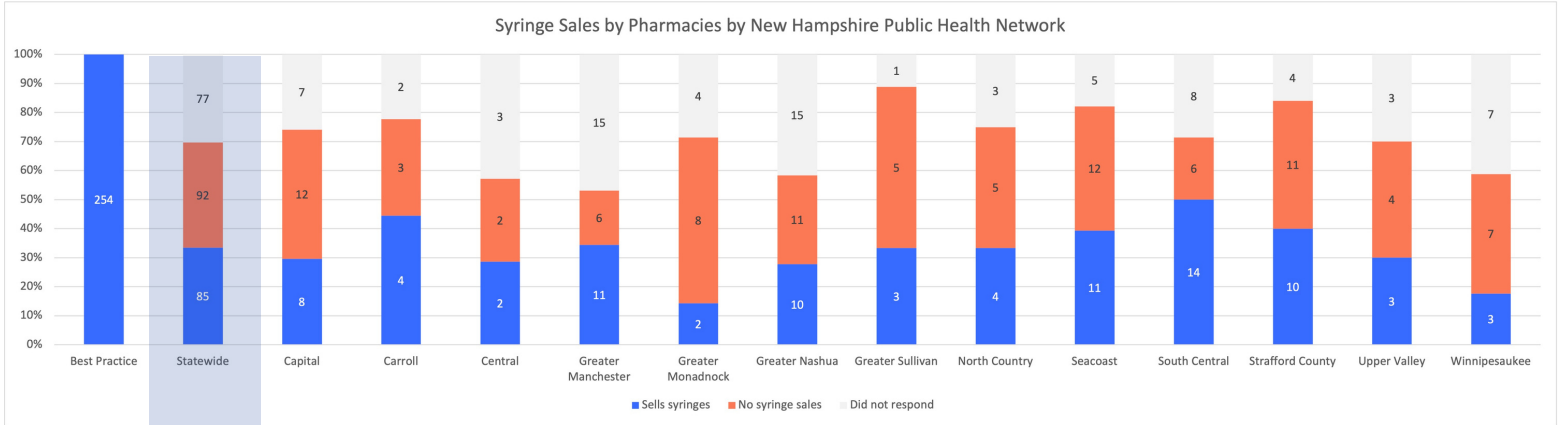
*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.
SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)

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:

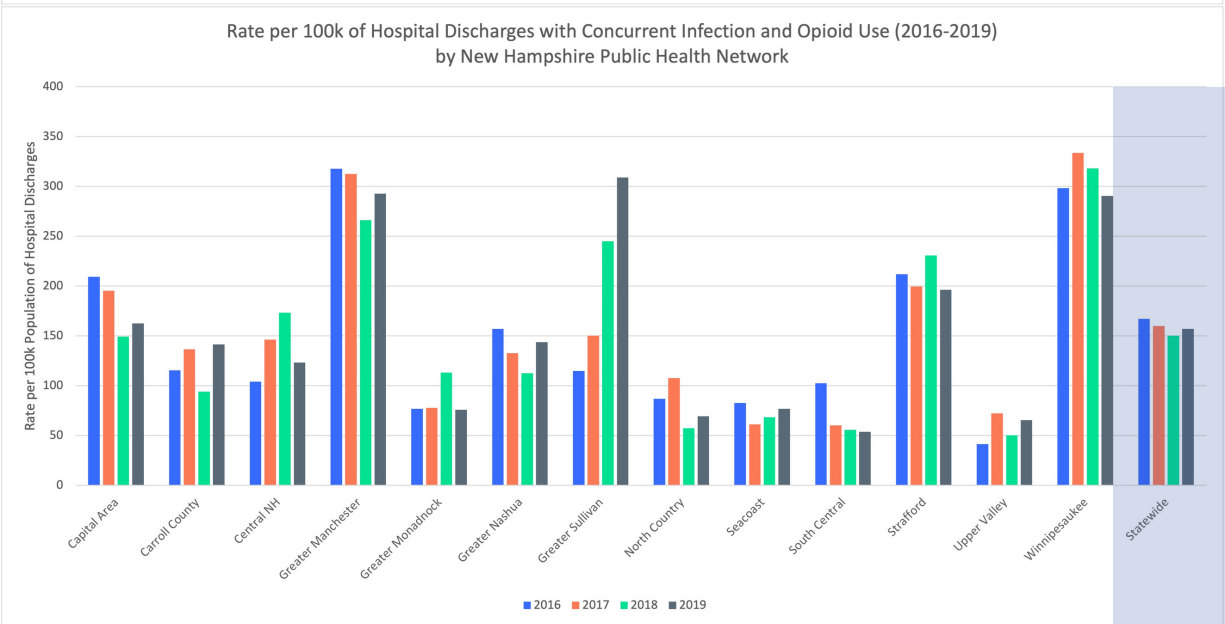
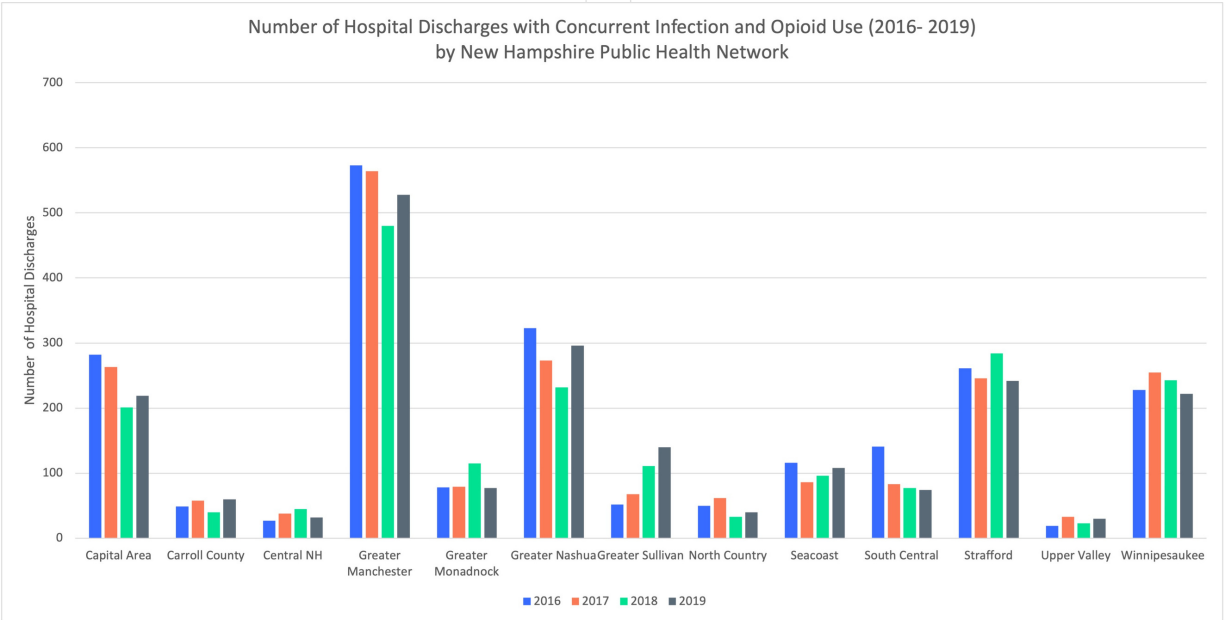
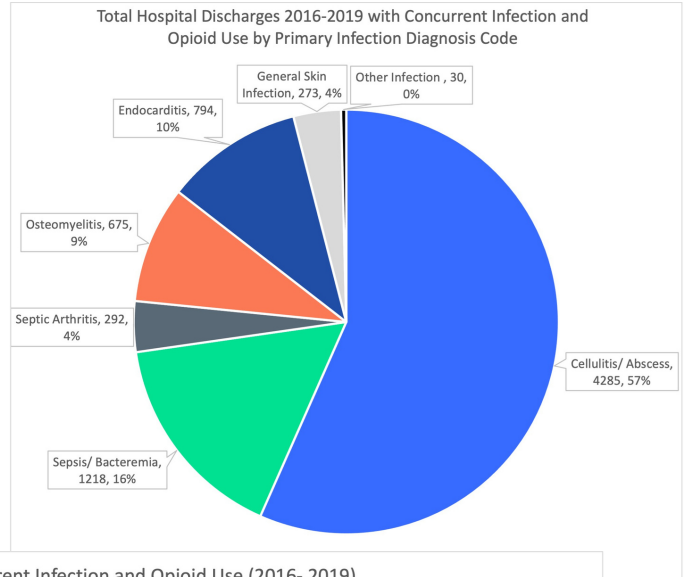
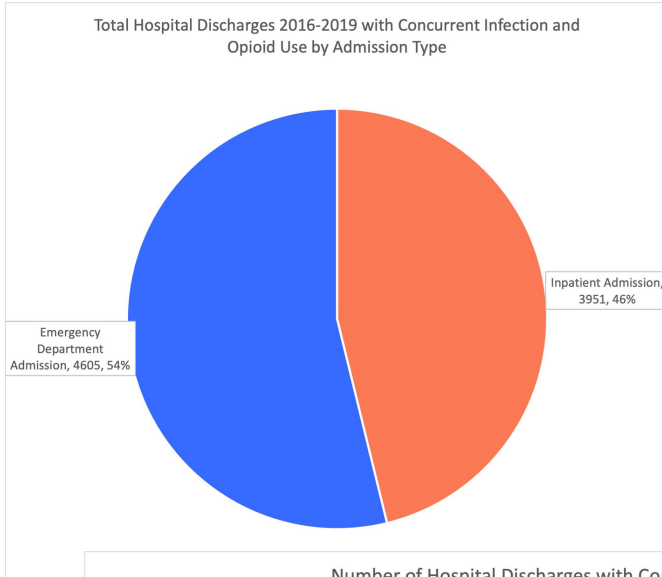
STATEWIDE PHARMACY ACCESS TO SYRINGE SALES, NALOXONE, AND BUPRENORPHINE BY PUBLIC HEALTH NETWORK



APPENDIX B:

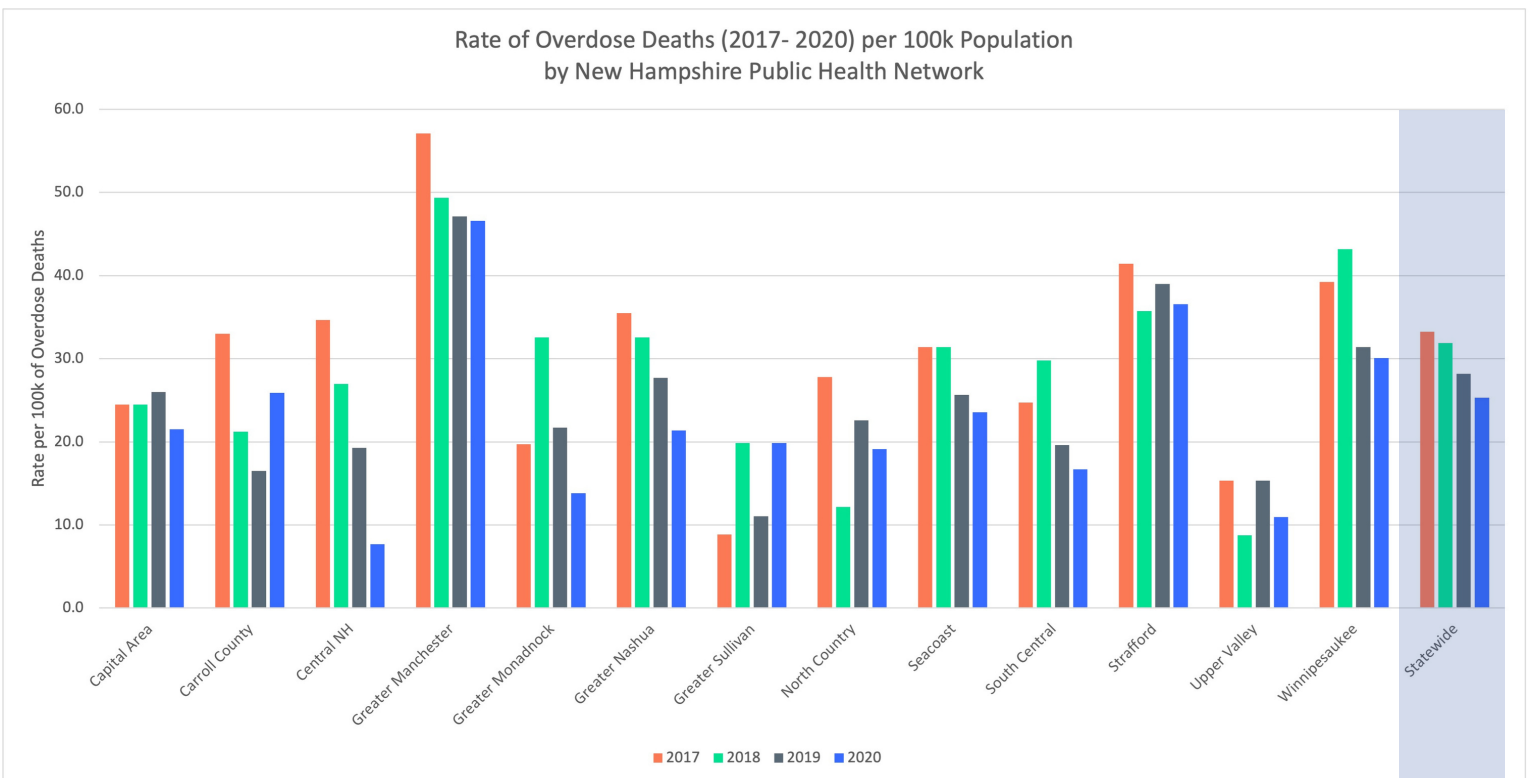
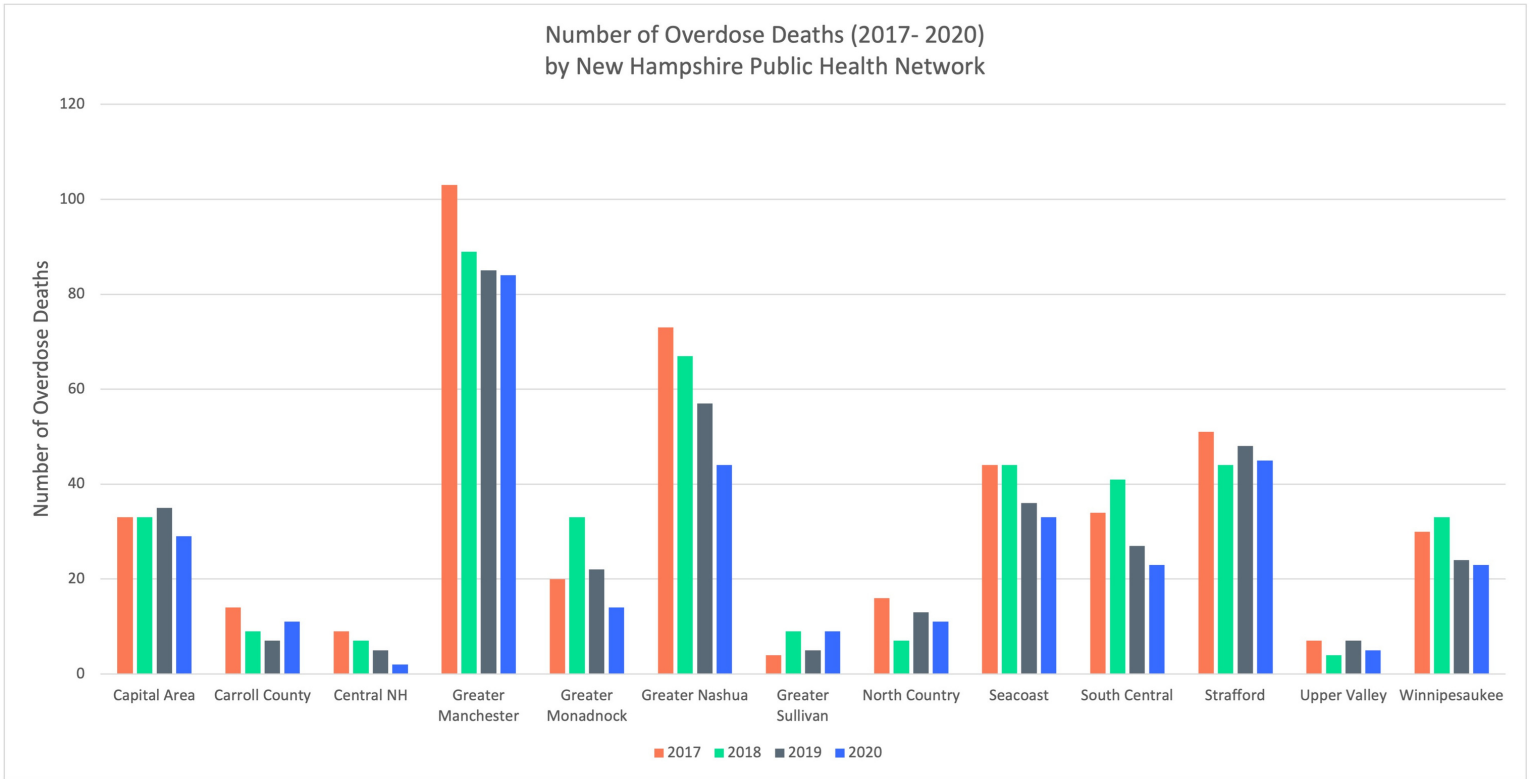
HOSPITAL DISCHARGE DATA

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE[^]



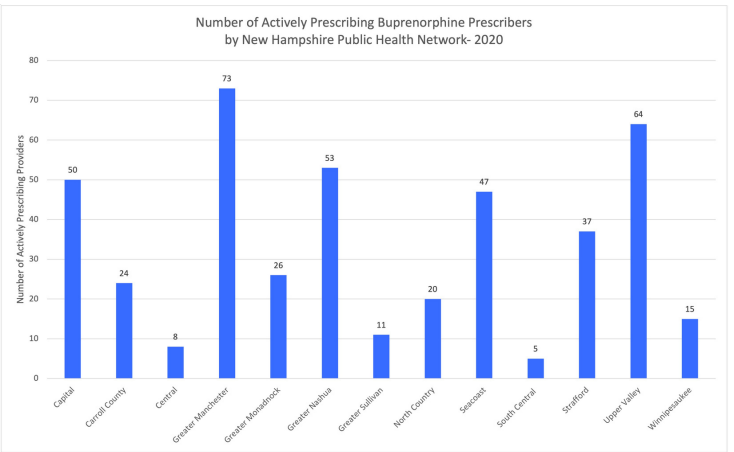
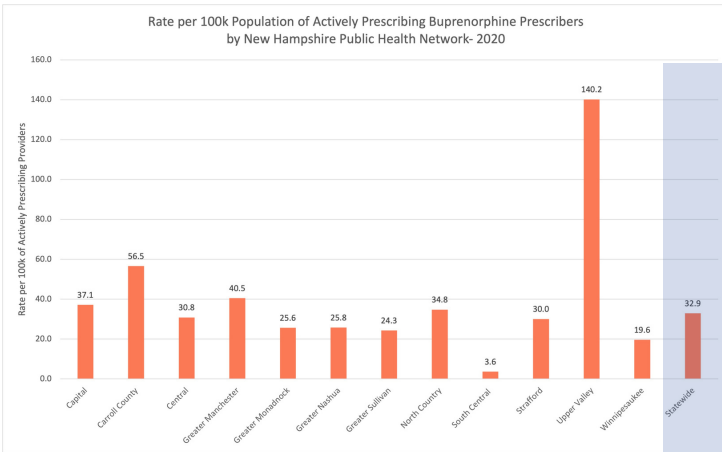
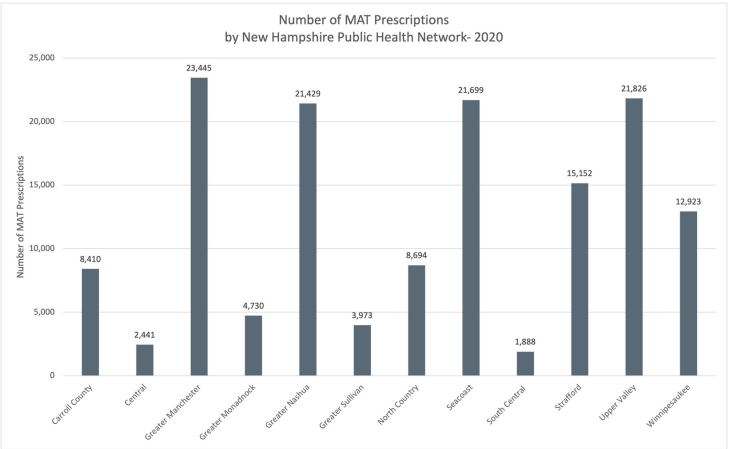
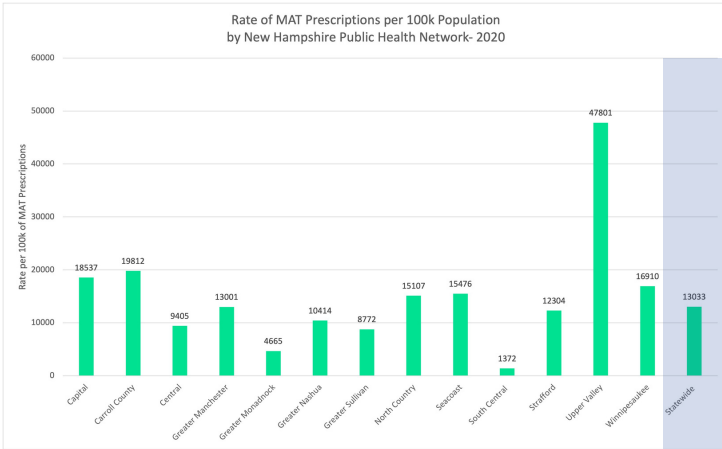
APPENDIX C:

DRUG OVERDOSE DEATHS



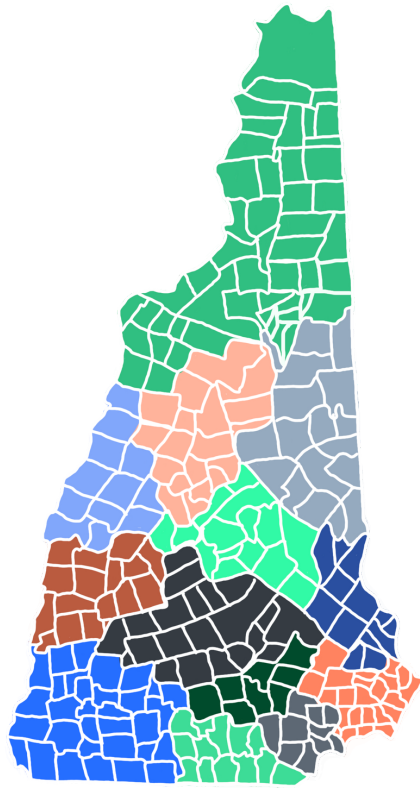
APPENDIX D:

STATEWIDE MOUD PRESCRIPTIONS AND PRESCRIBERS 2020



NOTES

NOTES



FOR MORE INFORMATION
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