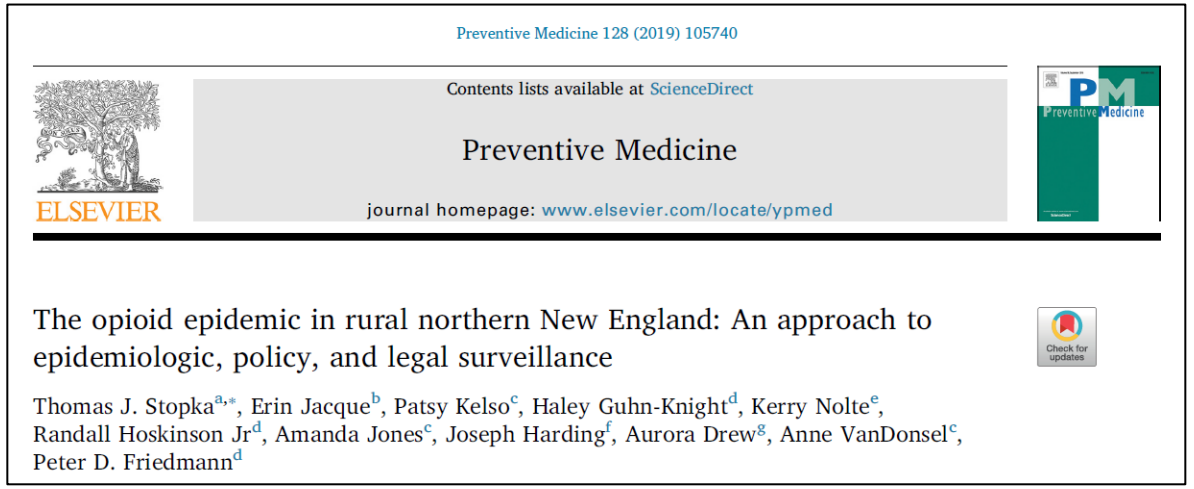
NEW HAMPSHIRE
Prescription Drug
Monitoring Program

Follow-up to 2016 data in this publication:



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The opioid epidemic in rural northern New England: An approach to epidemiologic, policy, and legal surveillance

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https://www.sciencedirect.com/science/article/pii/S0091743519302026?via%3Dihub

https://doi.org/10.1016/j.ypmed.2019.05.028

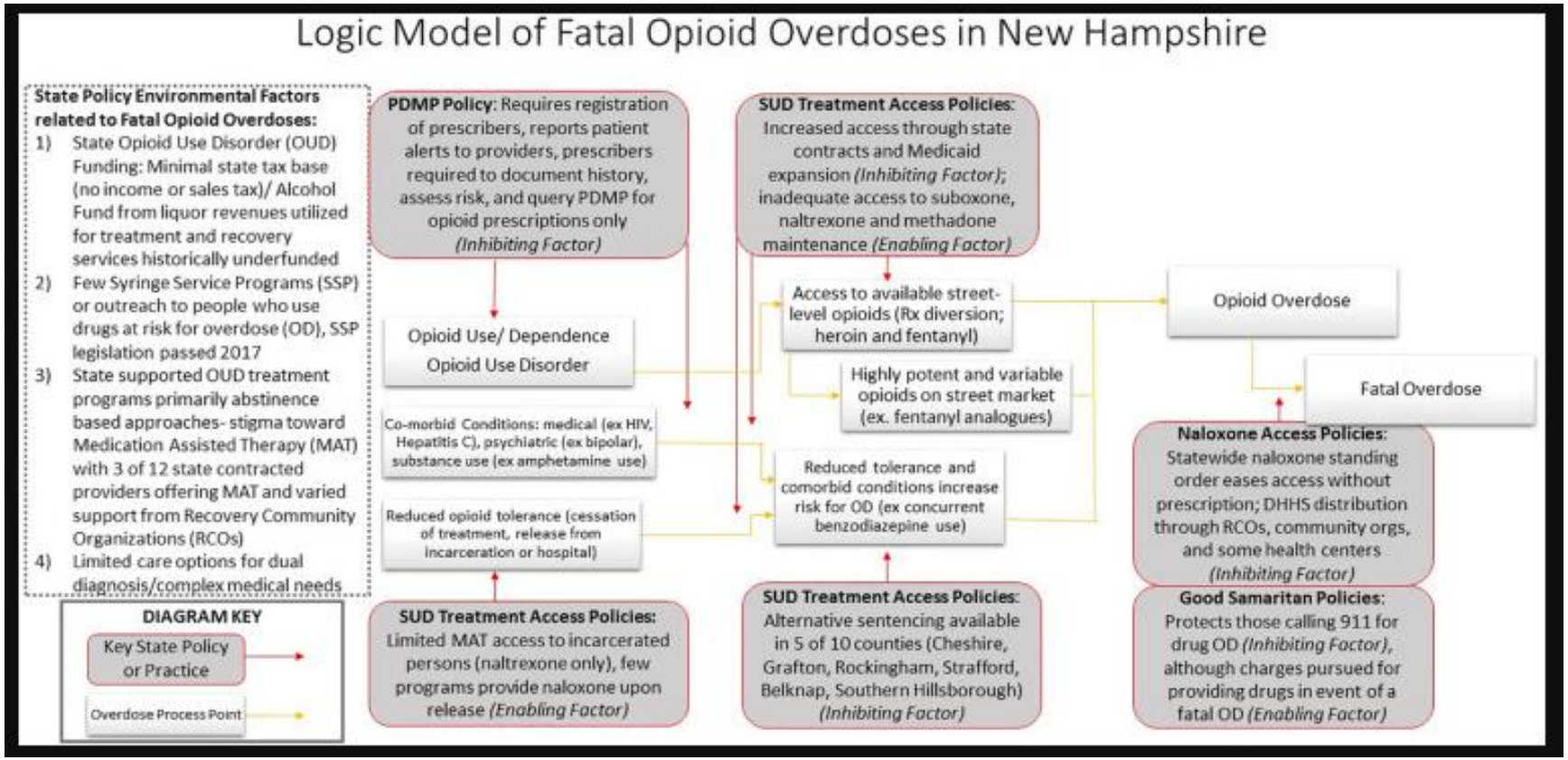
This presentation evaluates NH data only.
I have no conflicts to declare.

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

State Policy Environmental Factors related to Fatal Opioid Overdoses

A “road map” of shared relationships among resources, activities, outputs, outcomes and impacts

1 thru 4



Inhibiting Factor=Inhibiting opioid overdose
Enabling Factor=Enabling opioid overdose.

Above is NOT a CDC Logic Model, but the CDC has examples with this definition: a graphic depiction of shared relationships among the resources, activities, outputs, outcomes, and impact for your program. It depicts the relationship between your program’s activities and its intended effects.
https://www.cdc.gov/library/researchguides/LogicModels.html

Measures and Take-aways

How did NH address lack of resources in rural areas

Measures
1- Opioid Overdose Deaths
Opioid Prescribing Rates

2 – HIV; HEP

3 - MAT

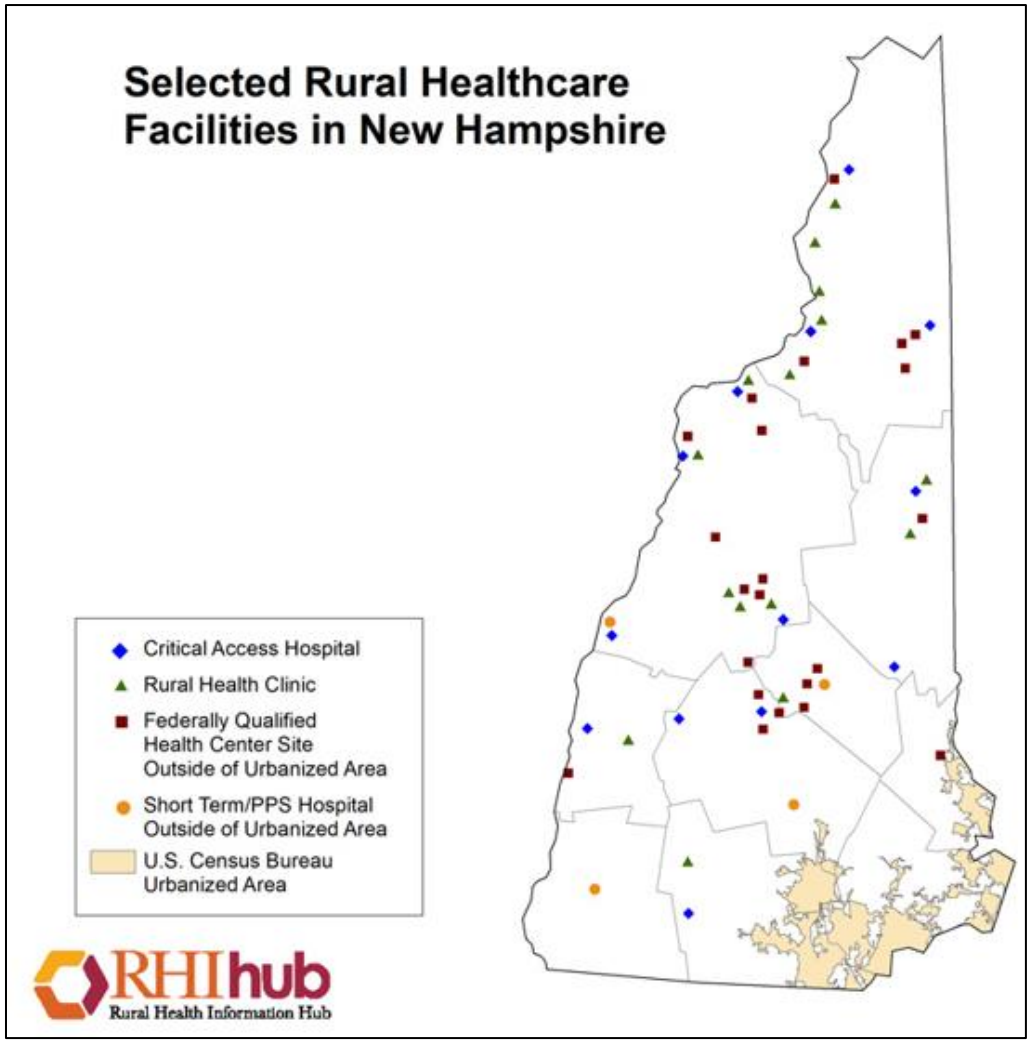
4 - Stimulants

Take-Aways

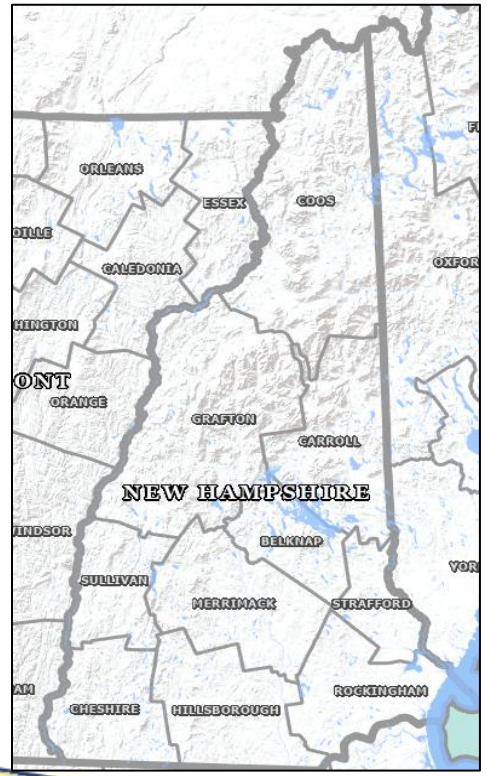
- NH interventions had some success in rural areas
- Legislation and funding are often challenges
- Homework

State Statistics from US Census

- HRSA Rural Designations for “7 of 10” counties. (HRSA uses Census tracts which come close to having county divisions.)
- 2016 population 1,334,591
- 2021 population 1,388,779 (increased 4%)
- Two-thirds of the population is in the lower right-hand third of the state
- Length 190 miles - width 80 miles



Geographic-based services vs Zip-3 is a challenge

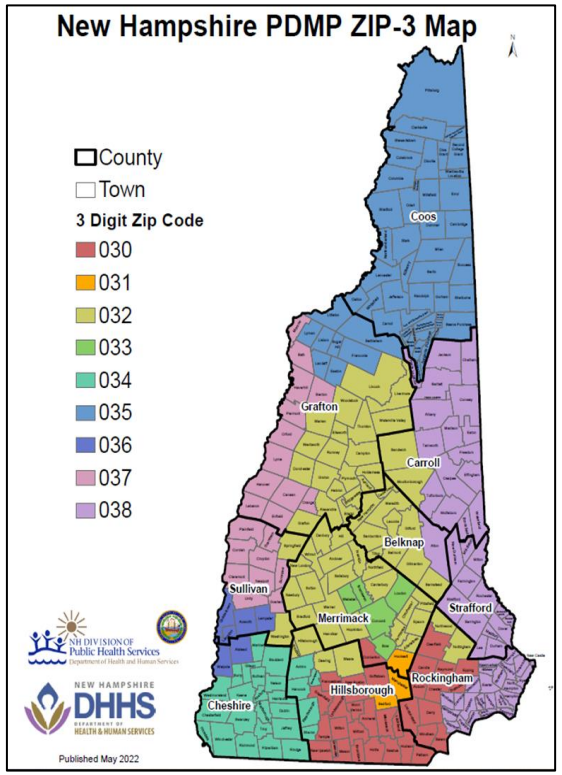


PDMP data disclosure law changed in June 2021 to match HIPAA restrictions

Different Service areas - Catchment areas are often regional, county-based or distance. The new legislation restricted PDMP to providing data only by Zip-3 areas. Those divisions make it difficult for PDMP to offer "complete" data for stakeholders who have different geographic responsibilities.

<u>NH Zip-3 Regions:</u>

- Do not correspond to NH counties (though a couple are close)
- Includes one Zip-3 region (036) that has fewer than 20,000 residents, for which data cannot be separately released. For data release, 036 is combined with 037
- 032 has a wide geographic range, and also a diverse population range
- Do not allow for the continuity of historical PDMP data which was released by county



Measures

Measure	2016	2021	Interventions
Opioid Overdose Deaths	424 = 31.8 per 100,000 residents	357 = 25.7 per 100,000 residents	Greater availability of Narcan without a prescription. Fewer prescription opioids dispensed. Safe Station programs in largest cities. Manchester began in May 2016 ended in October 2021. Nashua ended June 30, 2020 2019 the Doorway program began; new hub-and-spoke crisis programs.
Opioid Prescribing Rates	Opioid RX per person with an opioid RX 3.75 17,500 persons with Opioid RX per 100,000 residents	Opioid RX per person with an opioid RX 3.53 10,700 Persons with Opioid RX per 100,000 residents	**PDMP** Prescriber Education Mandated PDMP utilization prior to writing an initial opioid prescription law passed in 2019. Clinical Alerts now linked to patient in the PDMP Bamboo information system.
HIV Rates age 13 years and older *	3.4 per 100,000 residents	2.8 per 100,000 residents	Syringe Service Programs. Legislation passed in June of 2017 allows for syringe service programs to operate in New Hampshire. Decriminalizes possession of used syringes containing residual amounts of controlled substances. Increased education in primary schools.
HCV Rates	Hep B reported zero Hep C data not available	Hep B =0.4 per 100,000 Hep C = 1.5 per 100,000 residents	Syringe Service Programs. Legislation passed in June of 2017 allows for syringe service programs to operate in New Hampshire. Decriminalizes possession of used syringes containing residual amounts of controlled substances.
MAT data	Persons per 100,000 residents with MAT rx = 805	Persons per 100,000 residents with MAT rx = 1035	Increased availability of treatment options through Doorway program.

Opioid Overdose deaths - for 2016-2020

(most recently available data from the Office of the Chief Medical Examiner)

OPIATES/OPIOIDS	2016 # OF DEATHS	2020 # OF DEATHS
Fentanyl (no other drugs)	202	165
Fentanyl and Other Drugs (excluding heroin)	126	154
Heroin (no other drugs)	3	0
Heroin and Other Drugs (excluding fentanyl)	5	0
Heroin and Fentanyl	21	3
Other Opiates/Opioids	65	33
Unknown Opioids	2	2
Total Deaths Caused By Opiates/Opioids	**424**	**357**
Other drugs	61	60
Total Confirmed Drug Deaths	**485**	**417**

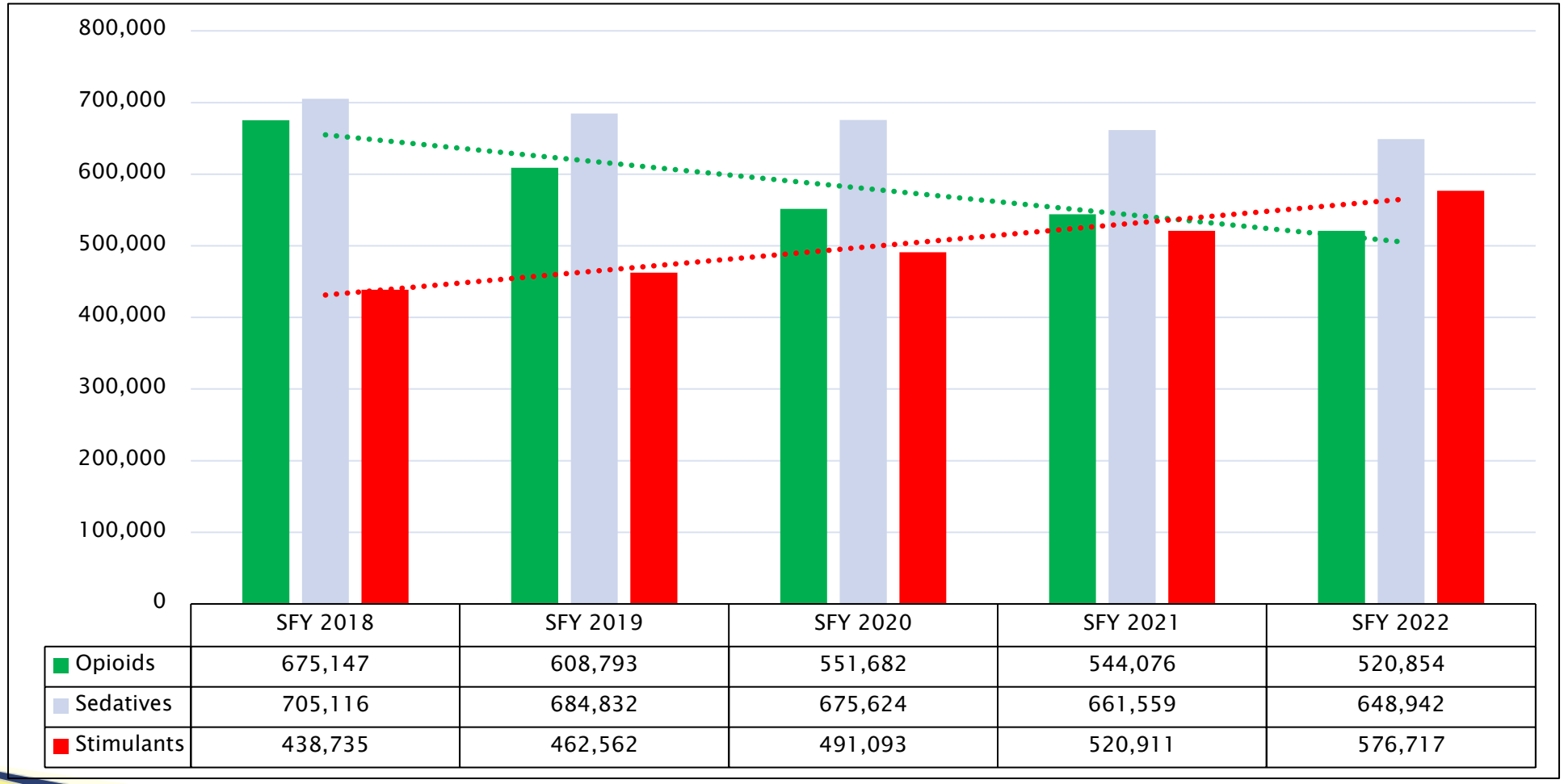
Infectious Disease Counts for 2017-2021

DISEASE / CONDITION	2017	2018	2019	2020	2021
Human Immunodeficiency Virus (HIV)	32	38	31	31	31
Hepatitis B, acute, new diagnoses	0	4	5	4	1
Hepatitis C, acute, new diagnosis	34	42	51	27	17
Hepatitis C, chronic, new diagnoses	309	349	235	157	120

Bureau of Infectious Disease Control
Infectious Disease Surveillance Section – report date June 22, 2022

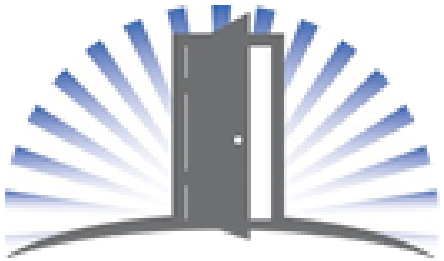
PDMP Data - Filled Prescription Counts by State Fiscal Year (SFY) (SFY2018-2022) July 1,2017-June 30,2022

- Opioid prescription counts decreased by 23%
- Stimulant prescription counts ***increased by 31%***
- Sedative prescription counts decreased by 8%, Sedative prescriptions remain the highest count of filled prescriptions at approximately 37% of all.
- Total controlled substance prescriptions (not shown) have decreased 4%.



	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Opioids	675,147	608,793	551,682	544,076	520,854
Sedatives	705,116	684,832	675,624	661,559	648,942
Stimulants	438,735	462,562	491,093	520,911	576,717

Prescriptions were counted individually, regardless of their days' supply. We did find similar percentages in days supply and strength as measure by active ingredient.

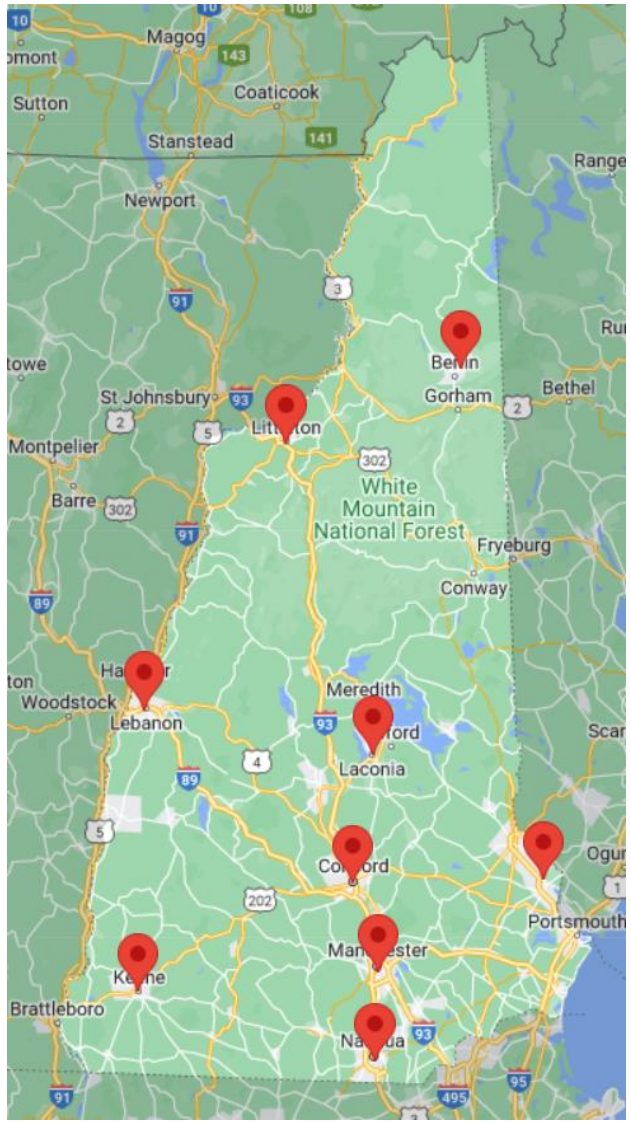


THE DOORWAY

The New Hampshire Doorway program

Doorway program began in January 2019

(The map has the physical Doorway locations. Phone access by 211.)



New Hampshire's Doorway program receives funding from the U.S. Substance Abuse and Mental Health Administration - State Opioid Response (SOR) grant. This federal support is enabling New Hampshire to expand:

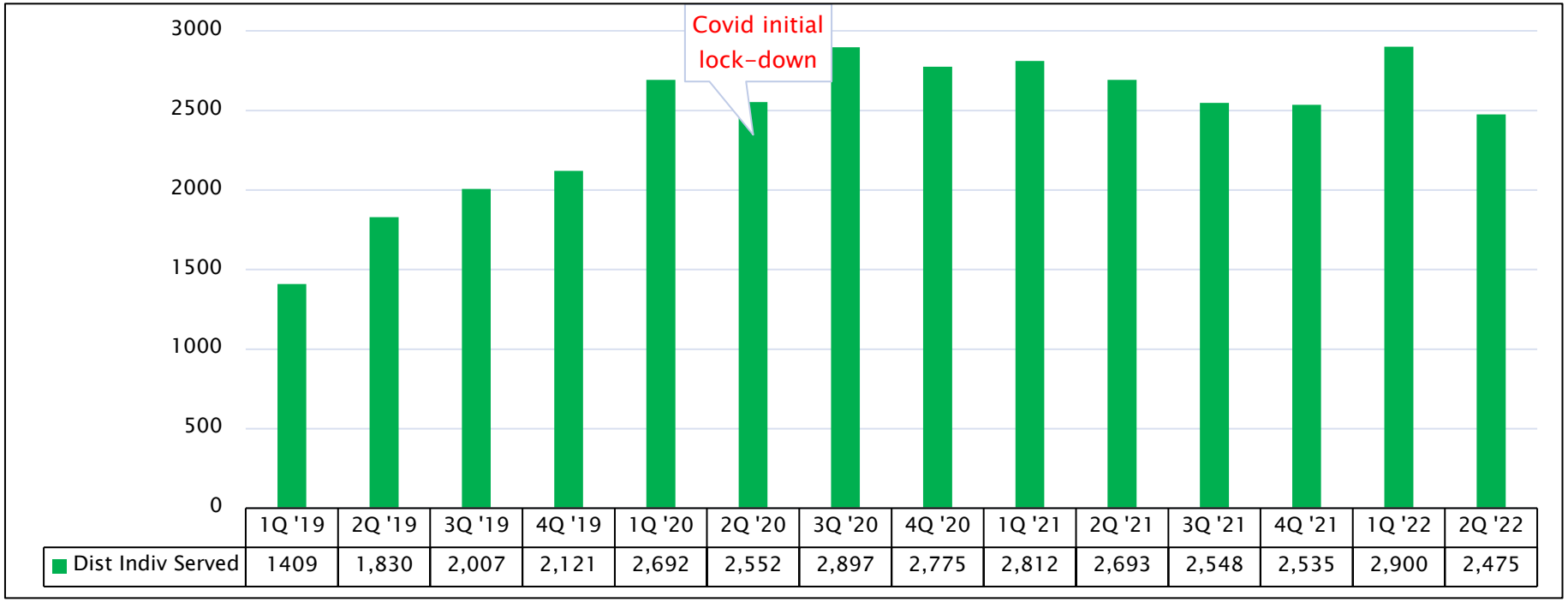
- Medication-assisted treatment (MAT)
- Peer recovery support services
- Access to recovery housing
- Evidence-based prevention programs
- Workforce opportunities
- Training and education

Expanded OUD and SUD supports and services will increase access for pregnant women and new parents with a substance use disorder, children and families involved with child welfare, and individuals in correctional institutions, among other populations. For more information on the SOR grant, please visit https://www.dhhs.nh.gov/dcbcs/bdas/sor.htm.

Data Metrics | The Doorway (nh.gov)

Doorway Data

Distinct individuals served, though individuals may be in more than one measure.



Doorway Measure	1Q '19	2Q '19	3Q '19	4Q '19	1Q '20	2Q '20	3Q '20	4Q '20	1Q '21	2Q '21	3Q '21	4Q '21	1Q '22	2Q '22
New Client Calls (dial 211)	592	849	1,128	1,386	1,810	2,024	2,208	2,189	2,120	2,006	1,908	1,861	1,813	1,718
Individuals Seen	1011	1,233	1,161	1,013	1,170	772	1,258	1,047	1,077	1,082	1,063	1,011	1,090	1,015
Naloxone Kits Distributed	214	1,856	2,517	4,053	3,767	2,493	2,729	2,430	4,157	4,723	5,459	5,135	4,676	3,964
Clinical Evaluations	631	906	873	837	702	644	996	924	796	800	773	738	654	816
Treatment Referrals	776	1,443	1,479	1,372	1,186	956	1,489	1,399	1,218	1,089	1,159	891	1,026	1,069
Individuals Served (dist)	**1409**	**1,830**	**2,007**	**2,121**	**2,692**	**2,552**	**2,897**	**2,775**	**2,812**	**2,693**	**2,548**	**2,535**	**2,900**	**2,475**

Syringe Service Programs

Syringe Service Programs (SSP)

SSPs are allowable in NH based on the passage of SB 234 on June 16, 2017.

- Exempts residual amounts of controlled substances in hypodermic syringes and needles from the provision of the controlled drug act (RSA 318-B:1)
- Authorizes persons other than pharmacists to dispense hypodermic syringes and needles and allows them to be sold in retail establishments other than pharmacies; and (RSA 318-B:17-a)
- Authorizes the operation of syringe service programs in New Hampshire. (RSA 318-B:43-a)

Agencies that may operate syringe service programs are:

- Federally Qualified Health Centers (FQHC)
- Community Health Centers (CHC)
- Public Health Networks (PHN)
- AIDS Service Organizations (ASO)
- Substance misuse support or treatment organizations
- Community Based Organizations (CBO)

Syringe Service Programs (SSP)

NH DHHS requests any entity operating a syringe service program in New Hampshire to: (RSA 318-B:43-a, II)

- Provide referral and linkage to HIV, viral hepatitis, and substance use disorder prevention, care, and treatment services, as appropriate.
- Coordinate and collaborate with other local agencies, organizations, and providers involved in comprehensive prevention programs for people who inject drugs to minimize duplication of effort.
- Be a part of a comprehensive service program that may include, as appropriate:
- Providing sterile needles, syringes, and other drug preparation equipment and disposal services.
- Educating and counseling to reduce sexual, injection, and overdose risks.
- Providing condoms to reduce risk of sexual transmission of viral hepatitis, HIV, or other STIs.
- Screening for HIV, viral hepatitis, STIs, and tuberculosis.
- Providing naloxone to reverse opioid overdoses.
- Providing referral and linkage to HIV, viral hepatitis, STI and tuberculosis prevention, treatment, and care services, including antiretroviral therapy for hepatitis C virus (HCV) and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother-to-child transmission, and partner services.
- Providing referral and linkage to hepatitis A virus (HAV) and hepatitis B virus (HBV) vaccination.
- Providing referral and linkage to and provision of substance use disorder treatment including medication assisted treatment for opioid use disorder which combines drug therapy such as methadone, buprenorphine, or naltrexone with counseling and behavioral therapy.
- Providing referral to medical care, mental health services, and other support services.
- Post its address, phone number, program contact information, if appropriate, hours of operation, and services offered on its Internet website.
- Register with the New Hampshire Department of Health and Human Services and confirm registration annually on or before November 1st of each subsequent year. The registration should be used to submit your registration.
- Provide quarterly reports in a format directed by and to the Division of Public Health Services.

No Funding for Syringe Service Programs

No mechanism to fund SSP activities was included in NH's new SSP law.

Organizations needed to identify a funding source for these activities.

- The federal Consolidated Appropriations Act of 2016 gives states and local communities, under limited circumstances, the opportunity to use federal funds to support certain components of SSPs.
- State, local, tribal, and territorial health departments must request permission to use federal funds to support SSPs by consulting with CDC and providing evidence that their jurisdiction is (1) experiencing, or (2) at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use.
- NH DPHS submitted "determination of need" request to CDC. CDC issued a "letter of concurrence" in October 2017.That didn't mean any funding was allocated. SSP operators may apply for funds to federal HHS.

Medication Assisted Treatment (MAT)

Medication Assisted Treatment (MAT)

Not all SAMHSA Waivered MAT prescribers are known to the public. 2021 data

SAMHSA Treatment Locater on SAMHSA public-facing website

- 50,600 Waivered prescribers nation-wide, based on prescribers who allow themselves to be listed.
- 27,800 (55%) are certified for 100 concurrent patients (30 patients and 275 patients are not listed.)
- 11,700 (of the 27,800 = 42%) have reached the 100 concurrent patient limit

In NH:

- 415 Waivered Prescribers NH
- 220 certified for up to 100 (53%) concurrent patients
- 175 (of the 220 = 80%) have reached their 100 concurrent patient limit

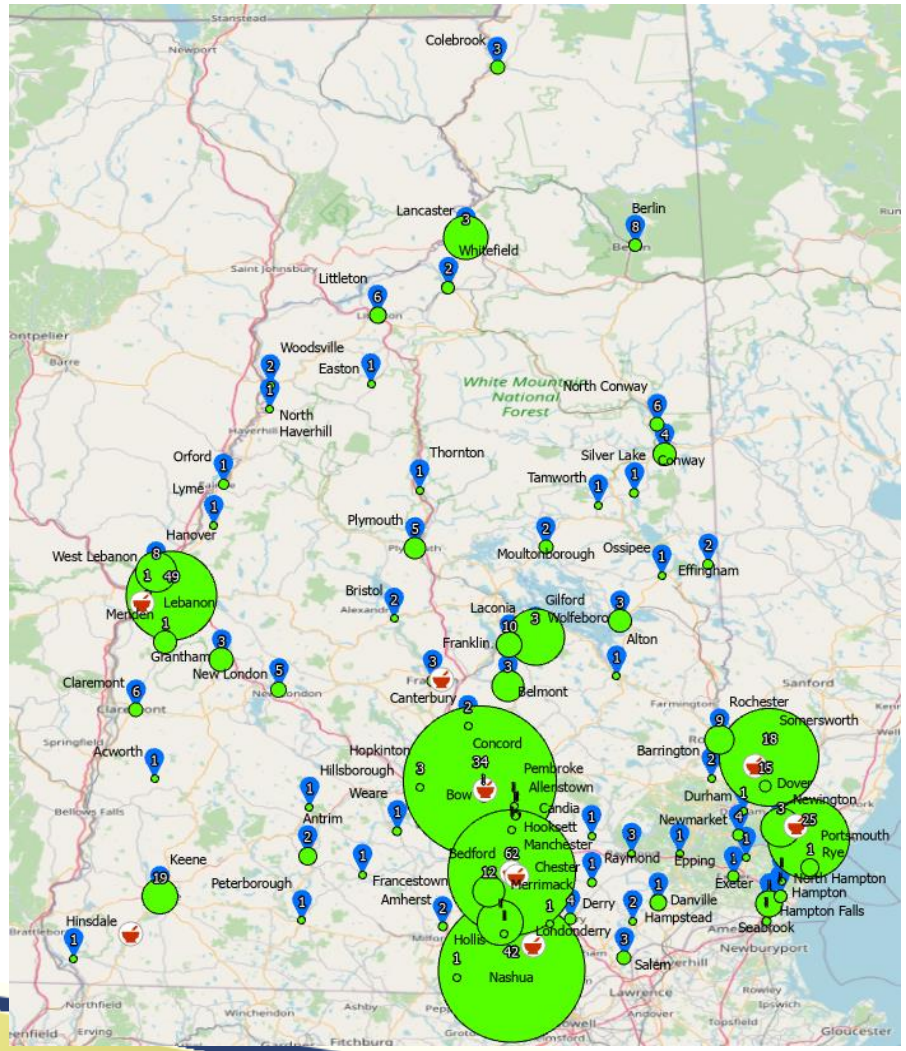
Prescribers can opt-out of being listed on the web-site.

The SAMHSA “behind the scenes” list (my phrase) has 970 waivered prescribers in NH. This list includes all patient levels: 30, 100, and 275. There is a notation for “Locator Website Consent”, but no information on whether they have reached their waivered limit.

- Meaning 57% of waivered MAT prescribers in NH are not listed to the public.

Medication Assisted Treatment

Blue teardrops indicate the number of MAT waivered prescribers that had MAT prescriptions in SFY 2021.
Green circles indicate the relative magnitude of MAT prescription counts by town.



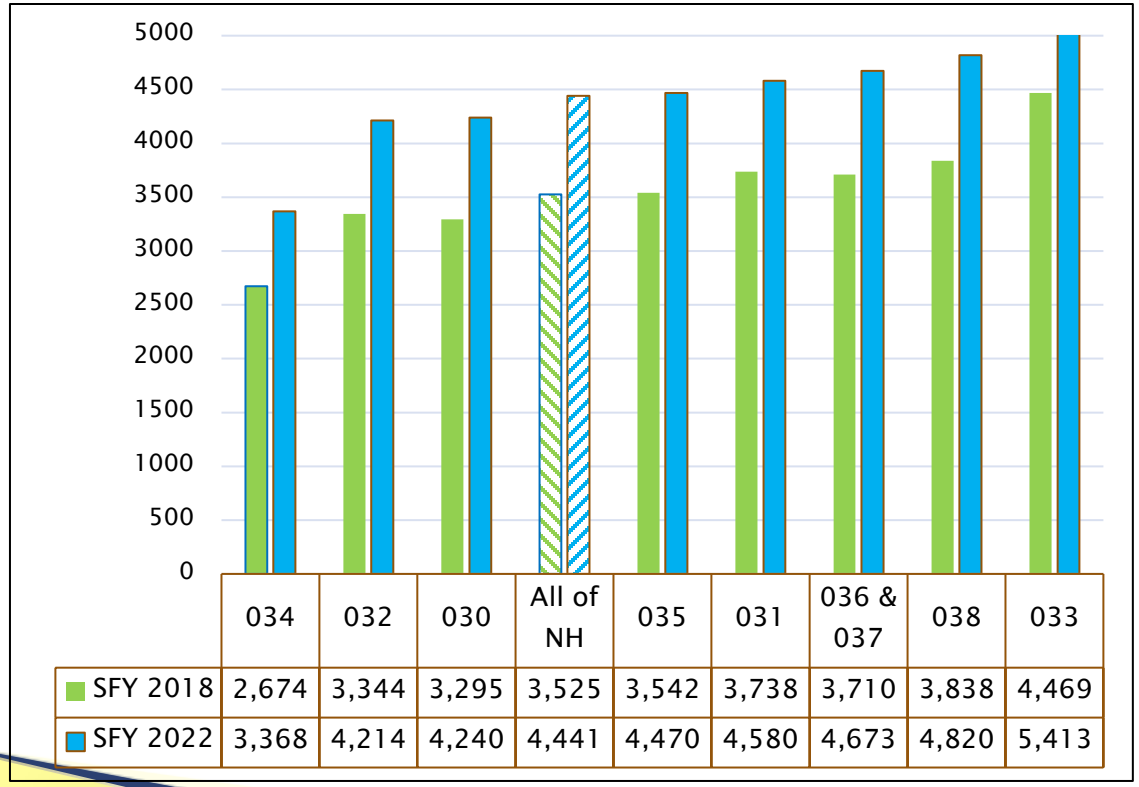
The **red** symbols indicate locations of outpatient treatment programs (OTP). The locations are: Concord, Franklin, Hudson, Manchester (2), Newington, Somersworth, Swanzey, West Lebanon.

Zip-3	Average Number of Patients per waivered MAT Prescriber
030	45
031	57
032	88
033	55
034	36
035	53
036 & 037	56
038	44
Statewide	53

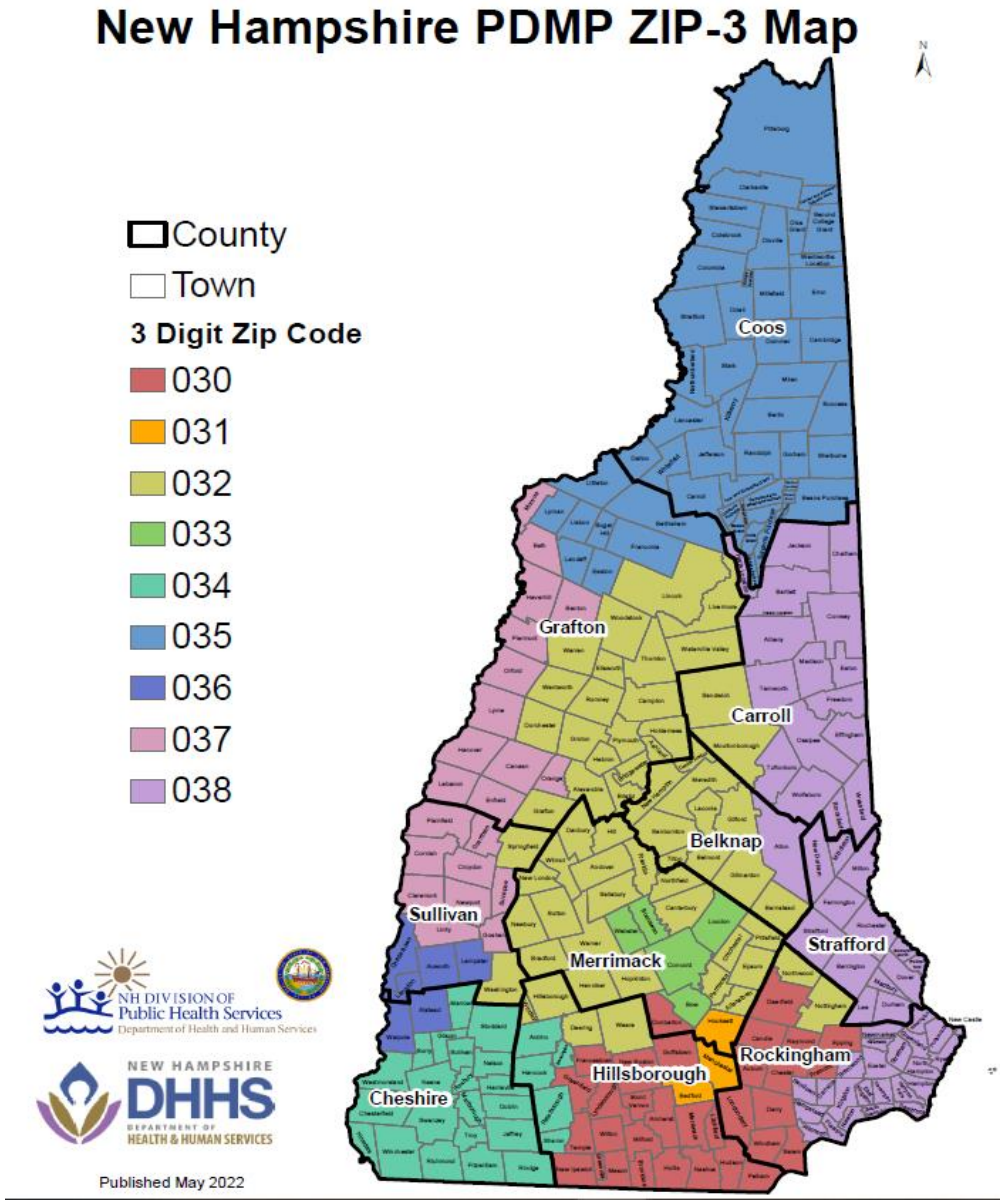
STIMULANTS

Persons per 100,000 population with filled stimulant prescriptions by Zip-3

- Each Zip-3 had an increase in the persons per 100,000 population with a filled stimulant prescription.
- Zip-3 of 033 had the highest rate in both SFY 2018 and 2022.
- For SFY 2022, Zip-3 of 033 is 22% higher than the statewide rate and is 61% higher than the lowest rate, Zip-3 of 034.



	034	032	030	All of NH	035	031	036 & 037	038	033
SFY 2018	2,674	3,344	3,295	3,525	3,542	3,738	3,710	3,838	4,469
SFY 2022	3,368	4,214	4,240	4,441	4,470	4,580	4,673	4,820	5,413



4th WAVE

4th Wave of the US Opioid Epidemic

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The fourth wave of the US opioid epidemic and its implications for the rural US: A federal perspective

Richard A. Jenkins

National Institute on Drug Abuse, Bethesda, MD, United States of America

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4th Wave of the US Opioid Epidemic

1st Wave – Characterized by prescription opioid abuse

2nd Wave – Characterized by heroin use

3rd Wave – Characterized by synthetic opioids (e.g., fentanyl), affecting a younger, less predominantly male, more likely Caucasian and **rural population**

Author suggests the US is now entering a 4th wave:

a stimulant/opioid epidemic,

with mental illness co-morbidities.

slushy

4th Wave NH Topics (sections from the document)

✓ In NH

4th Wave Characterized by

✓ Stimulant/opioid epidemic

Rurality and Health

✓ Lack of available drug treatments

✓ Low density of populations and the scarcity of behavioral health resources

✓ Generally, longer travel distances to health care services

✓ If services are available, they may be offered relatively few hours a week and not nearby

✓ Economically fragile hospitals with high closure rates; (Laconia and Lakes Region hospitals were on the verge of bankruptcy until purchased by Concord Hospital.)

✓ Those 2 and others in the "North Country", closed birthing centers several years ago; more scheduled Caesarean section deliveries, resulting in an increase in post-operative infection rates

✓ Lower availability of waivered Buprenorphine/Naloxone providers

✓ Broadband limitations (more difficult to find services)

➢ Other Considerations

Challenges of Addressing Methamphetamine abuse

➢ NH Opioid Task forces (PDMP) concluded that methamphetamine increases were replacing opioids, few efforts exist to address methamphetamine use

Federal Responses to the Opioid Epidemic

➢ Policy, research and program initiatives; support for better use of data for program planning

➢ HHS developing service programs administered by CDC

➢ Office of National Drug Control Policy has a resource guide

The COVID-19 Pandemic and the Evolving Opioid Epidemic

➢ Complicated responses to the opioid epidemic because of increased drug use and overdose since the initiation of social distancing restrictions

Implications of the Fourth Wave

➢ Appears more complex than earlier waves, due to limited stimulant intervention tools

➢ Difficulties of addressing polysubstance use

Homework

Homework?

1) Do we attempt to engage the MAT prescribers who are not practicing? Should we even know they are on the list?
2) Is getting more Waivered MAT prescribers a worthwhile effort?
3) Analyze and address stimulant prescription increases
4) How do we plan for a 4th wave of the opioid crisis which includes stimulants?

Many Thanks to my Colleagues :

- Shawn Jackson, Administrator
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- Mike Holt, Bureau Chief
- Haley Alder, Client Relationship Manager
- Pat Knue, PDMP TTAC

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