



STATE CASE STUDIES

New Hampshire

BPC took a deeper dive into selected states to better understand how federal dollars are being used in states to address the opioid epidemic. Each case study that follows includes information on state mortality data and other information relevant to the opioid epidemic in that state. A breakdown of funding by federal department is provided, as well as county-level funding for each state. Each case study also includes an overview of a state’s goals and, where applicable, first-year outputs under the SAMHSA STR grants for FY2017 and FY2018. In addition, the plans for the FY2018 SOR grants are presented. The role of Medicaid is highlighted in each state. The latest available data on the trends in opioid use and overdose is presented.^a Finally, the case studies include information on drug-use data and outcomes.

State Opioid Overview

From 2014 through 2017, New Hampshire has ranked in the top five highest opioid death rates per year for any U.S. state.¹ Drug overdose deaths involving fentanyl and other synthetic opioids grew from 2014 through 2016 (see Figure 1), and New Hampshire’s opioid-related death rates increased by 98 percent, 34 percent, and 14 percent per year.² In 2017, New Hampshire’s death rate leveled off with a 5 percent decrease in opioid-related deaths.³ New Hampshire had the highest overall drug overdose death rate in the Northeast region from 2014 to 2016, and in 2017 it had the second highest rate (see Table 1).⁴

Federal opioid grants to New Hampshire to address the opioid epidemic nearly quadrupled from \$16,019,880 in 2017 to \$59,505,426 in 2018. Per capita, appropriations increased from \$12 per person to \$44 per person.

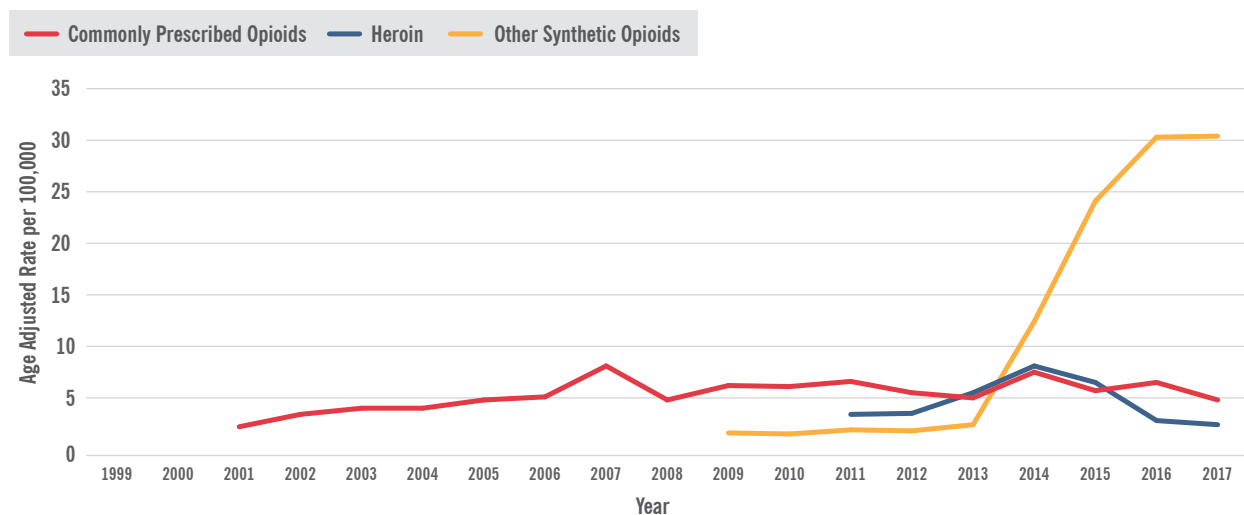
Table 1: Opioid Overdose Deaths, 2015–2017⁵

Year	Deaths	New Hampshire Rate*	Northeast Region Rate*
2015	380	31.3	13.6
2016	437	35.8	19.3
2017	424	34	21.3
Total	1,241	34.2	18.1

*Age-Adjusted Rate per 100,000.

^a References to increases or decreases in substance use rates indicate statistically significant changes at the 0.05 level. References to rates being similar indicate a lack of statistical significance even though rates may differ.

Figure 1: New Hampshire Opioid Death Rates



Source: CDC Wonder

State Opioid Response Structure

The New Hampshire Bureau of Drug and Alcohol Services (BDAS) administers the majority of the federal opioid funds. BDAS distributes the State Targeted Response (STR) grant, the State Opioid Response (SOR) grant, and the Substance Abuse Prevention and Treatment Block Grant (SABG) to community-based organizations throughout the state. The BDAS service delivery system is broken out by regional public health networks. New Hampshire has 13 regional public health networks in all 10 New Hampshire counties. The treatment, prevention, and recovery services provided by organizations within these regions also receive funding from state general funds and the New Hampshire Charitable Foundation.⁶

New Hampshire has a Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery. The commission members include 17 senior state agency officials and stakeholder organizations: BDAS, Justice, Education, Safety, Insurance, and New Hampshire Medical Society.⁷ Commission members also include four state representatives and seven public members. Created in 2000, the commission disburses the alcohol fund (roughly \$10 million per year) and develops a statewide plan to prevent alcohol and drug misuse.⁸ The commission plays a pivotal role in transparently reporting on state substance misuse resources—state agencies that are members of the commission must report state and federal expenditures. In state FY2017, the commission reported nearly \$75 million in combined state and federal funds to address the opioid epidemic, an increase from \$49 million in state FY2016.^{9,10}

The commission also oversees an Opioid Task Force with three top priorities for 2017 through 2020:

- Support plans/guidelines and reduce stigma in order to facilitate implementation of harm-reduction strategies;
- Develop a seamless system to address substance use disorders across the justice system from pretrial to court; and
- Enhance education offered to professionals in addressing substance misuse and use disorders.¹¹

Federal appropriations to address the opioid epidemic are detailed in Tables 2 and 3 below. SAMHSA programs make up the majority of federal resources—79 percent in 2017 and 68 percent in 2018.

Federal Appropriations to New Hampshire

Table 2: New Hampshire Opioid Spending by Department

Department	FY2017	FY2018
Health and Human Services	\$13,067,089	\$49,708,110
<i>Substance Abuse and Mental Health Services Administration</i>	<i>\$12,581,241</i>	<i>\$40,333,301</i>
<i>Centers for Disease Control and Prevention</i>	<i>\$356,373</i>	<i>\$4,292,327</i>
<i>Health Resources and Services Administration</i>	<i>\$0</i>	<i>\$3,262,257</i>
<i>Administration for Children and Families</i>	<i>\$129,475</i>	<i>\$635,313</i>
<i>National Institutes of Health</i>	<i>\$0</i>	<i>\$1,184,912</i>
Office of National Drug Control Policy	\$1,500,000	\$1,500,000
Department of Justice	\$1,452,791	\$3,297,316
Department of Labor	\$0	\$5,000,000
Total Opioid Spending	\$16,019,880	\$59,505,426

Table 3: New Hampshire Opioid Spending by Category

Category	FY2017	FY2018
Treatment and Recovery	29%	53%
Prevention	28%	24%
Mixed: Treatment/Recovery and Prevention	35%	16%
Research	0%	2%
Criminal Justice	4%	5%
Law Enforcement	4%	0%

Figures 2 and 4 depict the funding per capita for opioid treatment and prevention for FY2017 and FY2018, respectively.^b In both years, Merrimack County, which includes the state capital of Concord, received the highest funding per capita at \$31.84 in FY2017 and \$158.67 in FY2018, as well as the highest total amount of funding in the state, roughly 33 percent and 42 percent, respectively. Merrimack County's death rate of 27.5, shown in Figures 3 and 5, is the fourth lowest in the state. In FY2017, Hillsborough County received roughly 31 percent of all federal opioid funds in New Hampshire, with a death rate of 46.4. Hillsborough County has the highest death rate in the state, and the percentage of total federal funds it received dropped slightly from 31 percent to 26 percent of the state total in FY2018.

^b Figures reflect the location of the recipient of the federal funding, which does not necessarily correspond with the service area of the funding. For the STR, SOR, and SABG funding, the sub-award locations are reflected in these figures.

Figure 2: New Hampshire Federal Opioid Funding 2017 by County

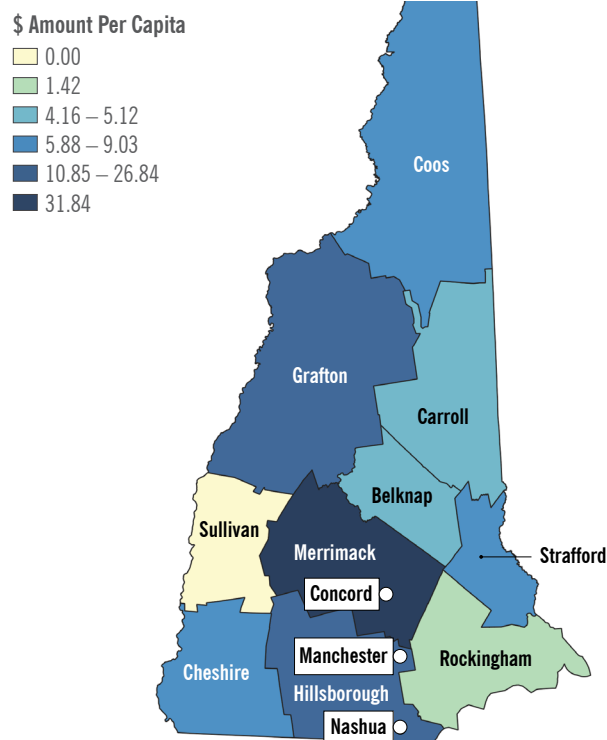


Figure 3: New Hampshire Drug Overdose Death Rate 2015–2017 by County

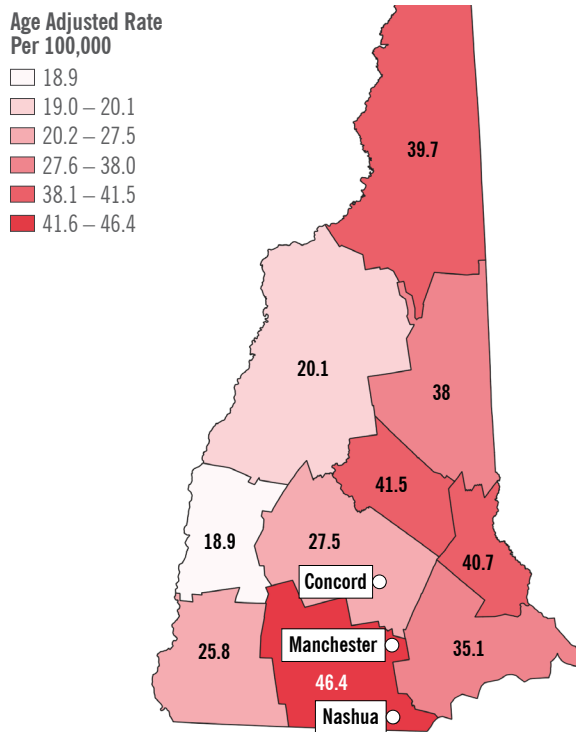


Figure 4: New Hampshire Federal Opioid Funding 2018 by County

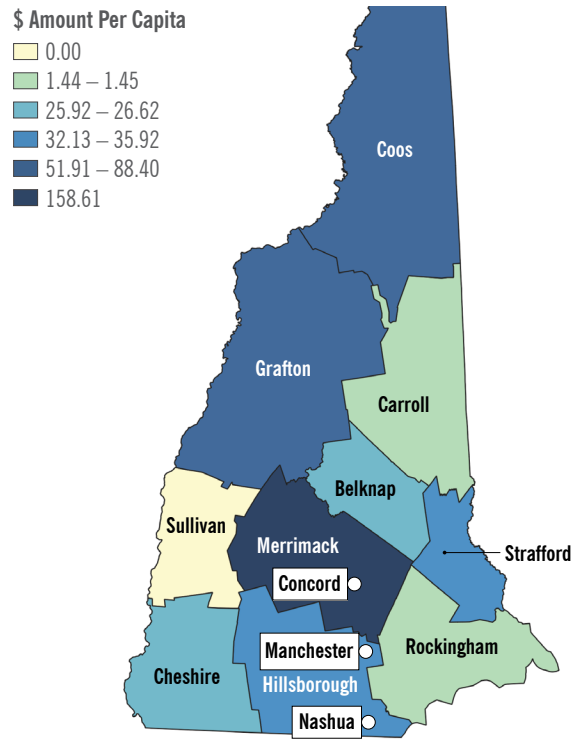
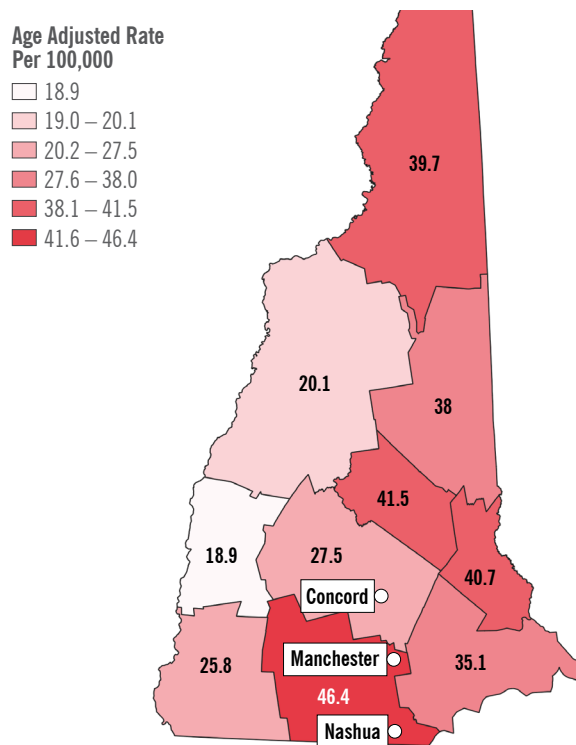


Figure 5: New Hampshire Drug Overdose Death Rate 2015–2017 by County



Key Federal Grants from 2017 and 2018 Federal Appropriations

The largest FY2017 opioid-specific federal grant program for New Hampshire is the STR grant administered by SAMHSA. In 2017, New Hampshire received \$3 million in STR funds, which accounted for 20 percent of the overall federal spending on opioids in New Hampshire. In 2018, New Hampshire received \$23 million from the SOR program, over half (53 percent) of the near four-fold increase in federal funding to New Hampshire dedicated to the opioid epidemic. The state received STR funding for Year 1 in May 2017 and for Year 2 in May 2018; New Hampshire received Year 1 SOR funding in September 2018 and is expected to receive Year 2 funding before September 30, 2019.¹² In addition to the resources to build on existing substance use prevention and treatment activities for the state to respond to the epidemic, the STR and SOR programs allowed New Hampshire to implement their strategic goals. Below is a brief overview of the goals and outcomes from the first year of the STR funds as well as New Hampshire's plan for the 2018 SOR grant.

New Hampshire STR Goals

New Hampshire's STR goals were to increase access to treatment, reduce unmet treatment need, and reduce opioid overdose deaths. More specifically, New Hampshire focused on expanding Medication-Assisted Treatment (MAT) in integrated-care settings for pregnant and postpartum women, establishing peer recovery support services, and providing evidence-based prevention strategies.¹³ In addition, New Hampshire provided naloxone to individuals transitioning from corrections to the community and establishing a reentry care coordinator position for women with substance use disorder.¹⁴

New Hampshire also planned to use the STR funds to leverage the state's previously existing 15 substance use disorder treatment and recovery support service providers for outpatient, residential, and integrated MAT services that are also funded by the SABG.¹⁵

New Hampshire STR Outcomes

The state expected to treat 388 patients in the first year of the STR grant but reported 746 persons received treatment.¹⁶ New Hampshire reported training nearly 25,000 individuals in the community on the use of naloxone.¹⁷

New Hampshire contracted the funds from the STR to the following programs (two-year totals):¹⁸

- MAT—\$2,755,413
- Peer Recovery Support Services—\$515,198
- Regional Access Point (in-person and telephone link to rapid evaluation and referrals to services)—\$783,485
- Reentry Care Coordination—\$300,000
- Department of Corrections Naloxone Distribution—\$600,000
- Naloxone Distribution—\$12,000
- Early Childhood Prevention Programming (prevention programs)—\$1,190,716
- Administration (technical assistance and evaluation)—\$50,000.

New Hampshire SOR Goals/Plan

Beginning in 2018, New Hampshire used the SOR funds, over seven times more than the STR funding, to build on STR projects. New Hampshire plans to use the SOR funds to implement a hub-and-spoke model for access and delivery of opioid use disorder services.¹⁹ New Hampshire is working to establish a hub-and-spoke system for treatment of opioid use disorder by expanding services at a minimum of nine previously existing regional access points as well as creating telehealth services in rural and underserved areas.

New Hampshire's SOR project plans to provide treatment and recovery support services to 5,000 individuals and to provide overdose prevention and naloxone services to 13,000 individuals in each year of the project, for a total of 36,000 individuals over two years.²⁰ New Hampshire's hub-and-spoke model intends to expand services so that no one has to travel more than 60 minutes to begin the recovery process.²¹ As detailed in Table 4 below, New Hampshire's SOR goals and objectives build on the STR activities of 2017 and 2018.

Table 4: New Hampshire SOR Goals²²

Goal	Objective
Individuals seeking access to services for OUD will receive access to MAT and other clinically appropriate services.	<p>Increase referral of individuals with OUD to MAT services, as measured by 80 percent of individuals served with the SOR funds being referred to MAT if indicated as clinically appropriate.</p> <ul style="list-style-type: none">• Increase the number of individuals with OUD accessing MAT, as measured by 50 percent of individuals with OUD served with the SOR funds receiving at least three MAT-related services.• By August 2020, the number of Drug Addiction Treatment Act (DATA)-waivered prescribers who prescribe at least 10 MAT-related medications annually will increase by 15 percent.
New Hampshire will reduce opioid overdose fatalities	By August 2020, overdose fatalities in New Hampshire will decrease by 10 to 15 percent.

Medicaid

Medicaid is a key component of New Hampshire's response to the opioid crisis and overall substance use. According to New Hampshire data, the total of 6,134 individuals receiving SUD-related services through New Hampshire Medicaid in October 2017 is more than four times as many people who received such services at the beginning of 2012.²³ Overall, Medicaid expansion is estimated to have given new health insurance coverage to 54,000 people in New Hampshire.²⁴

In addition to Medicaid coverage of inpatient treatment, Medicaid also provides coverage for outpatient MAT detailed in Table 5, reimbursing nearly \$13 million in 2018 for treatment medications, a 42 percent increase from 2016.²⁵

Table 5: New Hampshire Medicaid Spending on Opioid Treatment Drugs and Naloxone, 2016–2018²⁶

	2016	2017	2018*
Buprenorphine	\$3,353,785	\$4,245,552	\$5,188,079
Naltrexone	\$339,601	\$1,089,585	\$1,655,637
Methadone²⁷	\$5,409,303	\$6,384,295	\$6,103,846
Naloxone	\$2,572	\$4,069	\$15,933
Total	\$9,105,260	\$11,723,501	\$12,963,495

*2018 totals projected based on first two quarters of 2018.

Preliminary 2018 mortality data reported from New Hampshire is projecting a 10 percent decrease in overall drug overdose deaths compared with 2017.²⁸ In addition, prevalence data from the National Survey on Drug Use and Health (NSDUH) showed a similar rate of pain-reliever misuse in the past year in the 2015-2016 surveys and 2016-2017 surveys, 4.60 percent and 4.22, respectively.²⁹ For heroin, reported rates were 0.87 and 0.68.³⁰

NSDUH data indicates that 53,000 people in New Hampshire reported past-year misuse of pain relievers, and 10,000 reported past-year heroin use.³¹ Detailed in Table 6, less than 10 percent of the state’s drug overdose deaths in 2016 and 2017 involved heroin.³² In 2017, 80 percent of the drug overdose deaths in New Hampshire involved fentanyl and other synthetic opioids.³³

Table 6: New Hampshire Opioid Overdose Deaths by Class, 2015-2017³⁴

Year	All Drugs	Any Opioid	Rx Opioids	Fentanyl	Heroin	Methadone
2015	34.3	31.3	4.4	24.1	6.5	1.9
2016	39.0	35.8	5.0	30.3	2.8	2.2
2017	37.0	34	3.9	30.4	2.4	Unreliable
Total	36.8	34.2	4.7	28.3	4.4	1.7

*Age-Adjusted Rate per 100,000.

Endnotes

- 1 Ibid.
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 Ibid.
- 6 New Hampshire Regional Public Health Networks. “Partners and Funders.” Available at: <https://nhphn.org/who-we-are/partners-and-funders/>.
- 7 New Hampshire Department of Health and Human Services. “Commission Members.” December 19, 2018. Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/members.pdf>.
- 8 New Hampshire Department of Health and Human Services. “Governor’s Commission on Alcohol and Other Drugs.” Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/commission.htm>.
- 9 New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. “2017 Annual Report.” Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-annual-report.pdf>.
- 10 New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. “2016 Annual Report.” Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/gc-final-september-2016.pdf>.
- 11 New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. “Mid-Year Report.” March 1, 2018. Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/mid-year-commission-2018.pdf>.
- 12 National Association of State Alcohol and Drug Abuse Directors. *Timeline of Funding for the State Targeted Response (STR) and State Opioid Response (SOR) Grant Programs*. November 2018. Available at: <http://nasadad.org/nasadad-fact-sheets/>.
- 13 New Hampshire Department of Health and Human Services. “State Targeted Response to the Opioid Crisis—New Hampshire Grant Proposal.”
- 14 Ibid.
- 15 Ibid.
- 16 New Hampshire Department of Health and Human Services. “FY 2017 End-Year State Targeted Response to the Opioid Crisis Grants.”
- 17 Ibid.
- 18 New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. “Mid-Year Report.” March 1, 2018. Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/mid-year-commission-2018.pdf>.
- 19 New Hampshire Department of Health and Human Services. “State Opioid Response (SOR) New Hampshire Grant Proposal.” Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/sor-grant-proposal.pdf>.
- 20 Ibid.
- 21 Ibid.
- 22 Ibid.
- 23 New Hampshire Governor’s Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. “Mid-Year Report.” March 1, 2018. Available at: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/mid-year-commission-2018.pdf>.
- 24 Henry J. Kaiser Family Foundation. “Medicaid in New Hampshire.” November 2018. Available at: <http://files.kff.org/attachment/fact-sheet-medicaid-state-nh>.
- 25 Centers for Medicare and Medicaid Services. “State Drug Utilization Data.” Available at: <https://data.medicaid.gov/>.
- 26 Ibid.
- 27 New Hampshire Department of Health and Human Services. “NH Medicaid FFS and MCO Reimbursement Summary by Paid Calendar Year 1/1/2016 to 6/30/2018.” Medicaid Management Information System. February 20, 2019. *Note*: Excludes claims paid by Qualified Health Plans for members in NH Medicaid’s Premium Assistance Program.
- 28 New Hampshire Department of Justice, Office of the Chief Medical Examiner. “Drug Data Update–December 2018.” Available at: <https://www.doj.nh.gov/medical-examiner/>. *Note*: 10 percent rate calculated using the projected number of deaths for 2018, 437 versus the 2017 total of 488.
- 29 Substance Abuse and Mental Health Services Administration. “National Survey on Drug Use and Health: Comparison of 2015–2016 and 2016–2017.” 2018. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaeChangeTabs2017/NSDUHsaeShortTermCHG2017.pdf>.
- 30 Ibid.
- 31 Substance Abuse and Mental Health Services Administration. “2016–2017 National Surveys on Drug Use and Health: Model-Based Estimated Totals.” 2018. Available at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaeTotal2016/NSDUHsaeTotals2016.xlsx>.
- 32 Centers for Disease Control and Prevention. “CDC WONDER Online Database.” December 2018. Available at: <http://wonder.cdc.gov/mcd-icd10.html>.
- 33 Ibid.
- 34 Ibid.

Notes

Notes



BIPARTISAN POLICY CENTER

Learn more at bipartisanpolicy.org/health.