New Hampshire Drug Overdose Fatality Review Commission

# Annual Statistical Report

MAY 2025

# MISSION OF OFRC

**To assist the State of New Hampshire's efforts in preventing overdose deaths and informing prevention and intervention efforts by reviewing overdose deaths and developing recommendations that will improve activities and response of New Hampshire state and private agencies, individuals, and the community.**


## OVERDOSE FATALITY REVIEW COMMISSION CHAIR

**Donna M. Soucy, JD**
*State Senator, District 18*

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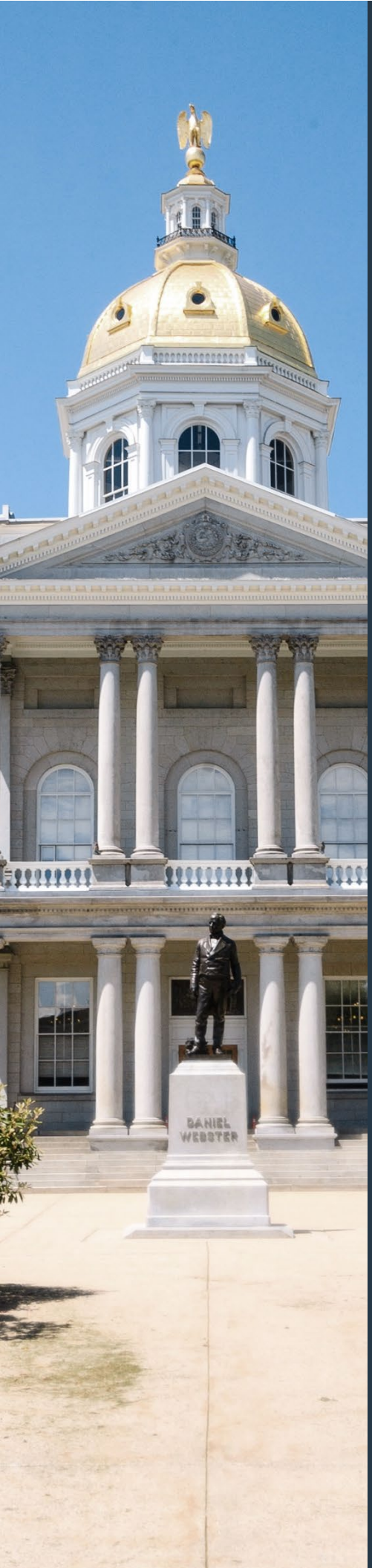
*State Opioid Response Director, NH Department of Health and Human Services*

## PRESENTED TO

Governor Kelly Ayotte
Senate President Sharon Carson
Speaker of the House of Representatives Sherman Packard




# OVERDOSE FATALITY REVIEW COMISSION

## 2024 ANNUAL REPORT

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# LETTER FROM THE CHAIR

**Donna M. Soucy, JD**
*State Senator, District 18*

**For the first time since 2018, the United States has experienced a decrease in drug overdose deaths. From 2019 to 2023, overdose deaths in the U.S. increased by 64%.[1] However, as of June 2024, there has been a 14% decline – the first drop in five years. In New Hampshire, overdose deaths have steadily decreased since 2022, falling from 465 in 2022 to 373 in June 2024, a decline of over 19%.[1,2] Despite this progress, the majority of overdoses, both nationally and in New Hampshire, continue to be driven by the spread of fentanyl and its analogs.**

On behalf of the Overdose Fatality Review Commission (OFRC), I am pleased to present the 2024 Annual Report.

The OFRC was established in September 2020 under RSA 126-DD:1 to review information and data related to drug overdose fatalities in New Hampshire. The OFRC is a team of multidisciplinary leaders representing both government and community-based systems that address the most difficult circumstances associated with overdose deaths.

In 2025, the Overdose Fatality Review Commission will focus on reducing the number of overdose deaths by conducting case reviews of fatal overdoses to then provide recommendations to relevant stakeholders for systemic changes to state policies and programs. The work of the OFRC is a unique opportunity to evaluate our system of care and develop sound and robust recommendations to improve substance use services and prevent overdoses throughout the state.

It has been an honor to serve as Chair of the OFRC. I am continually inspired by the passion and resolve of the OFRC members to tackle the varying challenges of the overdose epidemic. I look forward to seeing the continued progress of this Commission as it develops innovative recommendations to decrease overdoses in New Hampshire.

**Sincerely,**

Donna M Soucy

[1] Centers for Disease Control and Prevention, National Vital Statistics System. (2024). Available from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[2] NH Vital Records. Analysis provided by the NH Department of Health and Human Services (DHHS) Bureau of Public Health Statistics and Informatics.

# EXECUTIVE SUMMARY

In 2023, a total of 434 NH residents died as a result of a drug overdose, according to the New Hampshire Division of Vital Records Administration. The age-adjusted overdose death rate for the state was 32.5 per 100,000 population in 2023.

Overdose deaths were most common among individuals who:

- Were male (70.5%),
- Aged 30 to 59 years (75.2%),
- Identified as White (86.6%),
- Had never married (50.9%), and
- Were high school graduates or completed a GED (58.5%).

More than 90% of overdose deaths in NH were caused by opioids in 2023. This underscores the importance of aligning state efforts with national goals, such as *Healthy People 2030*'s target to reduce overdose deaths involving opioids to 13.1 per 100,000 population.[3]

See **Table A1** through **Table A6** for demographic information on individuals who died of a drug overdose and **Table A7** for drug overdose information.

[3] Healthy People 2030. Reduce overdose deaths involving opioids. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available at: https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-overdose-deaths-involving-opioids-ivp-20.

# POLICY UPDATES

*2024*

**SB 508**: **Relative to the duties of the superintendent of the county department of corrections concerning mental health and substance use disorder screening** – Increases access to substance use and mental health screening and treatment for individuals in New Hampshire's criminal justice system through standardized screening tools for assessment and expanded eligibility for treatment providers. *Status: Signed into law by Governor Sununu in August 2024.*

**SB 403**: **Relative to the health care workforce** – Increases access to care by growing the state's health care workforce by creating voluntary certification for Community Health Workers. *Status: Signed into law by Governor Sununu in July 2024.*


**SB 411: Establishing a committee to study emergency mental health services for persons 21 years of age and younger in New Hampshire** – As amended by the Senate, creates a committee to study emergency mental health services for New Hampshire youth. *Status: Signed into law by Governor Sununu in July 2024.*

**HB 1028: Establishing a commission to study the delivery of behavioral health crisis services to individuals with mental illness with an impairment primarily caused by intellectual disabilities** – Revises the definition of mental illness for purposes of the mental health services system to remove the exclusion of intellectual disabilities and provides that an individual shall not be deemed ineligible for mental health services due to a co-occurrence of mental illness and intellectual disability. *Status: Signed into law by Governor Sununu in July 2024.*

**SB 495: Relative to certification of alcohol and other drug use treatment facilities** – Creates a certification requirement for outpatient substance use treatment programs by the NH Department of Health and Human Services (DHHS); creates a Behavioral Health Specialist position within NH DHHS Office of the Ombudsman, who would be responsible for investigating reports of abuse or misconduct by treatment providers. *Status: Did not advance in the 2024 legislative session, but will be studied.*

**HB 470: Relative to fentanyl test strips and other drug checking equipment** – Amends the definition of drug paraphernalia to exclude drug checking equipment and authorizes the use of drug checking equipment; allows the State to authorize the use of state or state-administered funds for eligible drug-checking activities. *Status: Did not advance in the 2024 legislative session.*

**HB 1521: Relative to recovery houses** – As amended, provides cities and towns with clear guidelines that align with existing state regulations for other residential houses. *Status: Did not advance in the 2024 legislative session.*

**SB 335: Relative to alcohol packaging** – Adds responsible labeling restrictions to current alcohol advertising laws, limiting advertising to NH youth and helping to prevent underage drinking. *Status: Did not advance in the 2024 legislative session.*

**HB 1633: Relative to the legalization and regulation of cannabis and making appropriations therefor** – Established procedures for the legalization, regulation, and taxation of cannabis; the licensing and regulation of cannabis establishments; and makes appropriations therefor. *Status: Did not advance in the 2024 legislative session.*

## *2023*

**Strong as Granite** – Strong as Granite is a platform that is raising awareness of the mental health and substance use support and resources available throughout New Hampshire. It is part of a coordinated effort to bring help, hope, and healing to all Granite Staters.


**SB 85: Relative to emergency behavioral health services and behavioral health crisis programs** – Creates a study commission to determine sustainable funding for behavioral health crisis services in NH. Eliminated health insurance preauthorization requirements for emergency behavioral health crisis services. *Status: Signed into law by Governor Sununu in August 2023.*

**HB 287: Removing fentanyl and xylazine testing equipment from the definition of drug paraphernalia in the controlled drug act** – *Status: Signed into law by Governor Sununu in August 2023.*


**HB 470: Relative to fentanyl test strips and other drug checking equipment –** Amends the definition of drug paraphernalia to exclude drug checking equipment and authorizes the use of drug checking equipment. *Status: Retained in Committee.*

**Alcohol Fund: Alcohol Abuse, Prevention & Treatment Fund** – An innovative, fiscally responsible, common-sense approach to addressing substance use disorders in NH. Since its inception, the Alcohol Fund has been historically underfunded. During this session, advocates worked to fully fund it at 5% of gross profits from the State liquor stores. The Alcohol Fund was fully funded in the FY 2024-25 State Budget for the first time since the program's inception in 2000. This means an expected $11 million per year will fund substance use prevention, treatment, and recovery services in NH. *Status: Funding goes into effect on July 1, 2023.*

# PURPOSE

In accordance with 126-DD:1, the New Hampshire Drug Overdose Fatality Review Commission has been established to conduct comprehensive, multidisciplinary reviews of trends and patterns of overdose-related fatalities in NH for the purpose of identifying high-risk factors, current practices, and gaps in system responses associated with deaths. The OFRC is also tasked with making recommendations for policies, practices, and services that will encourage collaboration and reduce overdose fatalities (See **Appendix B** for more detail).

These comprehensive, multidisciplinary reviews have been made possible with the support of the New Hampshire Department of Health and Human Services (DHHS) and the Office of the Chief Medical Examiner (OCME) of the New Hampshire Department of Justice. With their support and guidance, the OFRC has developed protocols for case selection based on data trends from the previous annual report and information available and provided by the OCME.

The OFRC recognizes that the responsibility for responding to and preventing overdose fatalities lies with communities, not with any single agency or entity. The OFRC reviews overdose deaths to decrease the risks for individuals and provide solutions in the form of recommendations to key stakeholders with the intention of reducing future fatalities. The OFRC is not an investigative body and is not a mechanism to assign fault to an agency or individual. It is a forum for sharing information essential to the improvement of a community's response to an overdose fatality. Due to the sensitive nature of the information shared during OFRC meetings, all members and invited participants are required to sign Confidentiality Agreements in order to participate in the review process (See **Appendix D** for more detail).

# OBJECTIVES

The objectives of the OFRC as outlined in 126-DD:1 are to:

a. Review trends and patterns of overdose-related fatalities in New Hampshire,
b. Identify high-risk factors, current practices, and gaps in system responses,
c. Recommend policies, practices, and services that will encourage collaboration and reduce overdose fatalities,
d. Improve sources of data collection by developing a system to share information between agencies and offices that work with individuals struggling with addiction,
e. Educate the public, policymakers, and funders about overdose-related fatalities and strategies for intervention and effective prevention, treatment, and recovery, and
f. Review laws and programs enacted in other states, counties, or municipalities.

# IMPORTANT DATA CONSIDERATIONS

## Intended Audience

This is a technical report on the analysis of data from the New Hampshire Overdose Fatality Review Commission (OFRC), as well as overall overdose deaths from 2023. This report is intended for those actively involved in the prevention and intervention of substance use disorders (SUD), including healthcare providers, community service providers, researchers, policymakers, law enforcement, and other stakeholders. While publicly available, the intended audience of this report is not the general public, and extra care in the use and interpretation of this report should be taken by those with limited background or subject matter expertise in the area of SUDs.

## How to Use This Report

The key findings presented in this report should assist in identifying effective and targeted prevention measures and provide information on risk and protective factors of overdose deaths.

## Data Source

**Vital Records.** All data featured in this report is based on NH Vital Records data from 2023. Vital Records data has been deemed an appropriate source of data as it is inclusive of NH residents who died outside of the State of NH and is continually updated as toxicology results are reported. Vital Records data is collected by the NH Division of Vital Records Administration (NH DVRA). Information on deaths of NH residents and deaths occurring in NH is provided to NH DVRA by funeral home directors and the medical examiner's report. Additional information about NH resident out-of-state deaths is reported to NH through an interstate exchange agreement. This analysis has been provided by the NH Department of Health and Human Services (DHHS) Bureau of Public Health Statistics and Informatics. For more information about Vital Records data, please visit https://www.dhhs.nh.gov/programs-services/population-health/health-statistics-informatics/vital-records-birth-death-data.

**New Futures.** The policy updates featured in this report were produced by New Futures. Thank you to New Futures for these updates and their continued advocacy on behalf of all NH citizens. For more information about New Futures and additional policy updates, please visit https://www.new-futures.org**.**

## Data Disclaimers

**The information collected by Vital Records is comprehensive but may not always be complete.** Vital Records data represents information documented on death certificates, which is dependent on the accuracy and completeness of the certifying official's reporting. Variations in reporting practices, classification, and availability of supplemental information may impact data accuracy. Further, Vital Records data is unable to accurately report on housing status, military status, place of death, emergency medical service (EMS) presence, naloxone administration, history of substance use treatment, or history of drug overdose. Despite these limitations, Vital Records data is a critical resource for analyzing trends and understanding factors contributing to mortality, including drug overdose deaths.

## Commitment to Equity in Data Statement

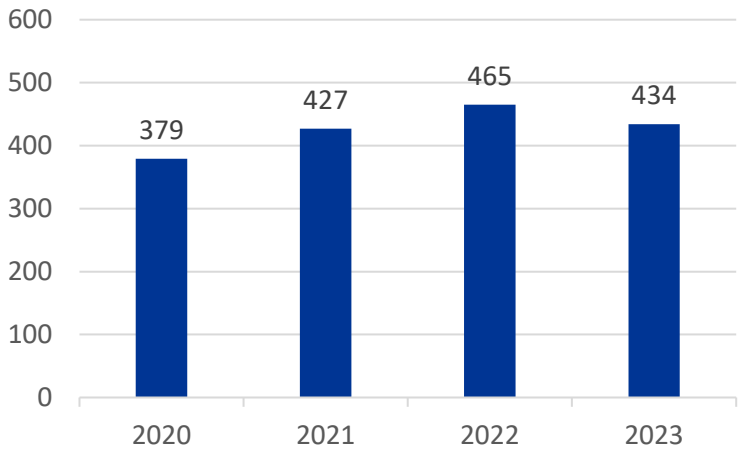
**The OFRC acknowledges that data never tells the whole story** or adequately presents collective data from all related fatalities. As we move forward with conducting case reviews, we will strive to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, we commit to pair numbers and stories to inform policy and systems change to improve health for all.

At this time, data are not analyzed by sexual orientation. The examination and elimination of health disparities are important; however, at this time, sexual orientation fields are not available/reliable in the data and therefore not included in this analysis.

# 2023 DATA REVIEW

According to NH Vital Records data, a total of 434 NH residents[4] died as a result of a drug overdose in 2023.[5] Trend data shows that the number of fatal drug overdoses increased steadily 2020 to 2022 by 22.7% but had a slight decrease (by 6.7%) in 2023 to 434 deaths (**Figure 1**).

**Figure 1. NH Overdose Deaths, 2020-2023**




NH Vital Records county-level data indicates that, while the majority of overdose deaths occurred amongst Hillsborough County residents (603 over the 4-years), Coos County had the highest rate of deaths per 100,000 residents over the 4-years (60.0 per 100,000) (**Table 1**). Coos is followed by Sullivan County (40.1) and Strafford County (39.4). Grafton and Rockingham Counties experienced the lowest rate of overdose deaths per 100,000 from 2020 to 2023.

**Table 1. New Hampshire Overdose Deaths by County of Residence, Count and Age-Adjusted Rate per 100,000, 2020-2023[6]**

| | Overdose Death – Counts | | | | | Overdose Death – Age-Adjusted Rate | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **County** | **2020** | **2021** | **2022** | **2023** | **4-Year Total** | **2020** | **2021** | **2022** | **2023** | **4-Year Total** |
| Belknap | 18 | 27 | 13 | 26 | **84** | 32.2 | 50.1 | 22.7 | 43.4 | **37.0** |
| Carroll | 11 | 15 | 17 | 12 | **55** | 28.4 | 30.6 | 40.1 | 24.8 | **31.2** |
| Cheshire | 16 | 17 | 25 | 28 | **86** | 24.6 | 25.3 | 35.6 | 42.1 | **31.8** |
| Coos | 10 | 19 | 24 | 11 | **64** | 43.3 | 63.6 | 91.2 | 42.0 | **60.0** |
| Grafton | 13 | 20 | 21 | 14 | **68** | 16.2 | 25.6 | 27.5 | 16.4 | **21.5** |
| Hillsborough | 131 | 143 | 173 | 156 | **603** | 30.5 | 33.4 | 41.4 | 37.7 | **35.8** |
| Merrimack | 45 | 45 | 43 | 46 | **179** | 32.4 | 27.8 | 27.0 | 29.4 | **29.1** |
| Rockingham | 75 | 53 | 73 | 83 | **284** | 23.4 | 16.1 | 22.5 | 25.9 | **22.0** |
| Strafford | 50 | 60 | 55 | 39 | **204** | 41.8 | 44.6 | 42.0 | 29.4 | **39.4** |
| Sullivan | 8 | 26 | 16 | 13 | **63** | 22.3 | 68.8 | 35.3 | 33.3 | **40.1** |
| Unknown | 1-4 | 1-4 | 5 | 6 | **15** | N/A | N/A | N/A | N/A | **N/A** |
| **NH** | **379** | **427** | **465** | **434** | **1,705** | **28.8** | **31.3** | **34.5** | **32.3** | **31.7** |

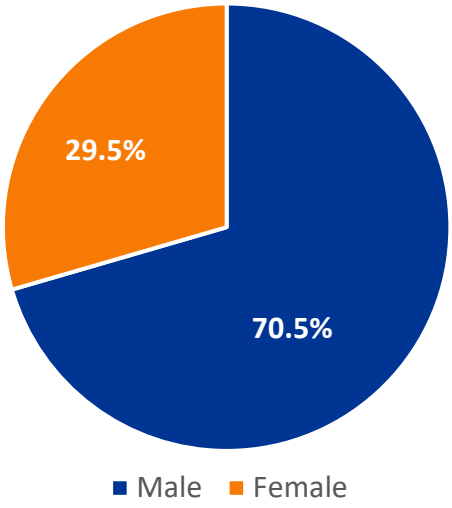
[4] NH Vital Records encompasses data for NH residents, including those who died in other states.
[5] NH Vital Records. Analysis provided by the NH Department of Health and Human Services (DHHS) Bureau of Public Health Statistics and Informatics.
[6] The rate of overdose deaths of NH residents with an unknown county of residence are unable to be calculated; therefore, the rates have been labeled N/A in Table 1.

## Demographics

According to the NH Vital Records data in 2023, the majority of people who died of a drug overdose were male (70.5%) (**Figure 2; Table A1**). Nearly one-third of decedents were 30-39 years old (30.0%), while 22.6% were 40-49 years old and 22.6% were 50-59 years old (**Figure 3; Table A2**). More than 85% of decedents identified as White (86.6%), while 3.7% of decedents identified as Hispanic or Latino (**Table A3**).

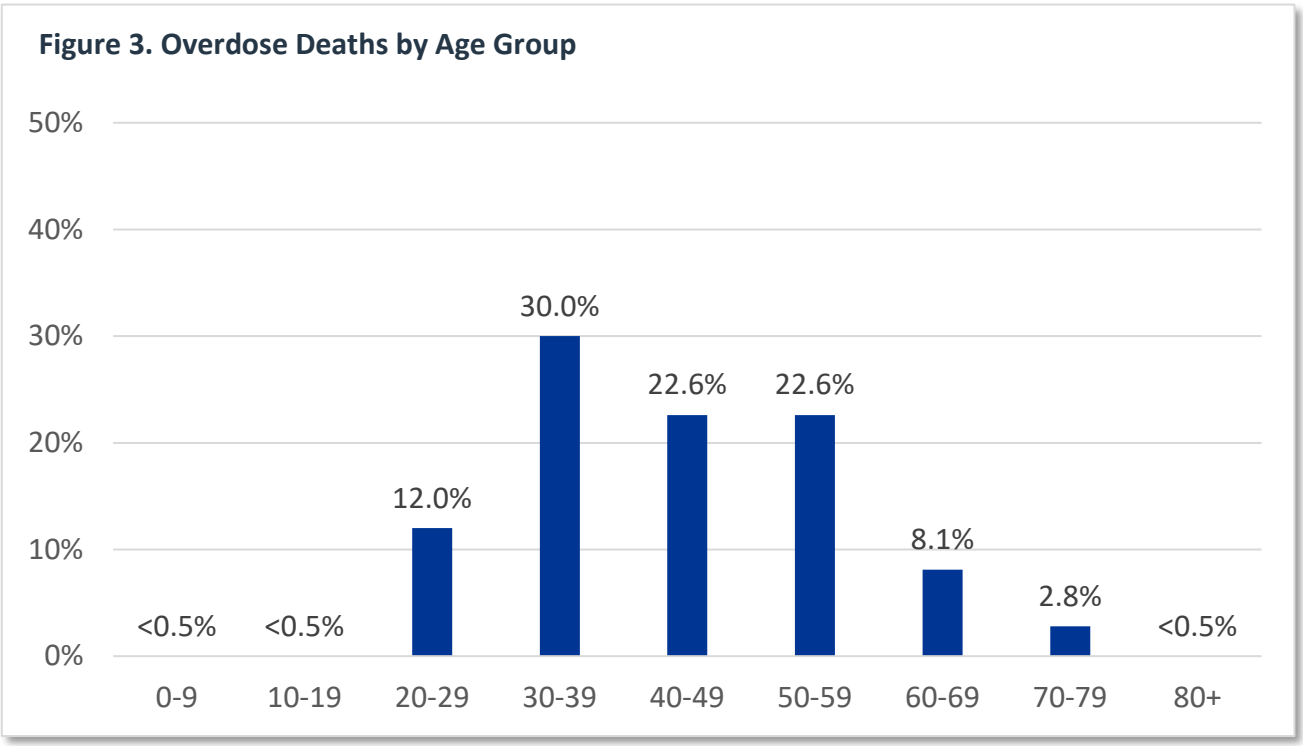
The majority of individuals who died of a drug overdose in the State were residents of New Hampshire (91.7%), followed by residents of Massachusetts (3.7%) (**Table A4**).

**Figure 2. Overdose Deaths by Sex**




The majority of decedents were never married (50.9%), while 26.7% were divorced (**Table A5**). More than half of decedents had a high school diploma or GED (58.5%) (**Table A6**).

**Figure 3. Overdose Deaths by Age Group**



## Drug Overdose[7]

Among the decedents identified in 2023 Vital Records data, more than 90% of overdose deaths involved opioids, with synthetic opioids (excluding methadone) (e.g., fentanyl and its derivatives) contributing to 85.9% of these cases (**Table A7**). Psychostimulants with abuse potential were involved in 17.1% of deaths, while cocaine was associated with 16.6%.

[7] Drug types are defined using the National Vital Statistics System (NVSS): https://www.cdc.gov/nchs/nvss/index.htm. NVSS defines drug types using ICD-10 T-codes from the contributing cause of death fields in the death certificate. The categories are opioid, including various subtypes, cocaine, and psychostimulants. These categories are not mutually exclusive, meaning a death can have any combination of codes, including multiple opioid sub-codes. Drug type is identified based on toxicology.

# OFRC ACTIVITIES & RECOMMENDATIONS

Each of the data points above reflects a profound loss endured by families and loved ones throughout New Hampshire. Each year, the OFRC puts forth recommendations with the aim of reducing these losses, and ultimately, preventing them altogether.

Based on the overdose fatality reviews conducted in New Hampshire in 2024, the OFRC has proposed several recommendations organized into the following themes:

- Access to Care (including treatment and overdose prevention supplies)
- Best Practices in Outreach and Education
- Legislative/Policy Initiatives

These recommendations can be further categorized by the specific populations they are intending to support, including:

- Criminal Justice Personnel
- Healthcare and Treatment Providers
- First Responders
- Housing Service Providers
- Faith Communities
- Community

## The NH Overdose Fatality Review Commission voted to approve the following recommendations:

***Criminal Justice Personnel:***

| Theme | Recommendations |
|---|---|
| Access to Care | Improve access to all forms of Medication for Substance Use Disorder (MSUD) by implementing low-barrier programs in correctional facilities. This should include:<br>1. Initiating Medication for Opioid Use Disorder (MOUD) services during incarceration to reduce the risk of recidivism and relapse upon release.<br>2. Evaluating all individuals for substance use disorder (SUD) within 90 days of admission and periodically thereafter. Ensure those identified with SUD receive appropriate mental health services, MOUD, and peer-support during their incarceration. |

***Healthcare & Treatment Providers:***

| Theme | Recommendations |
|---|---|
| Access to Care | Expand access to comprehensive treatment across primary care, mental health, and substance use settings by integrating services and reducing barriers to care. Ensure individuals can access the full spectrum of treatment options, including prevention, intervention, and ongoing support. |
| Access to Care | Conduct a comprehensive assessment of the harm reduction program landscape to identify service gaps and geographic "deserts." Prioritize the expansion of harm reduction services in underserved areas to ensure equitable access to lifesaving resources such as naloxone distribution and overdose prevention education. |
| Access to Care | Establish routine, standardized post-overdose protocols in hospital emergency departments (EDs), including:<br>1. Best practices for discharge protocols for patients seen in the ED after an overdose, ensuring they receive naloxone, referrals to treatment, and harm reduction resources.<br>2. Strengthen prevention efforts by integrating overdose education, peer-support, and treatment referrals into all stages of care, from EMS encounters through ED discharge. |

***First Responders:***

| Theme | Recommendations |
|---|---|
| Access to Care | Establish routine, standardized post-overdose protocols for Emergency Medical Services (EMS) teams, including:<br>1. EMS "leave-behind" practices for patients not transported to the ED, ensuring naloxone distribution, education on overdose prevention, and connections to follow-up care.<br>2. Strengthen prevention efforts by integrating overdose education, peer-support, and treatment referrals into all stages of care, from EMS encounters through ED discharge. |

***Housing Service Providers:***

| Theme | Recommendations |
|---|---|
| Best Practices – Outreach & Education | Develop and support team-based outreach programs focused on overdose prevention for the unhoused population, with a priority on employing individuals with lived experience. These teams should provide naloxone distribution, harm reduction education, and connections to treatment and support services. Leverage the expertise of peers to build trust, reduce stigma, and effectively engage with individuals at high risk of overdose. |
| Access to Care | Expand access to naloxone and overdose response training broadly across communities, ensuring it is readily available in public spaces, pharmacies, healthcare settings, and through community organizations. Prioritize low-barrier |

| | |
|---|---|
| | distribution models to reach high-risk populations, including individuals who are unhoused, by integrating naloxone into shelters, outreach programs, and other key services. Increase public awareness campaigns to normalize naloxone use and empower individuals to act in overdose situations. |

***Faith Community:***

| Theme | Recommendations |
|---|---|
| Access to Care | Partner with the faith community to support overdose prevention efforts by providing education, naloxone training, and resources for individuals at risk. Equip faith leaders with tools to reduce stigma, offer support to those struggling with substance use, and connect individuals to treatment and harm reduction services. Encourage faith-based organizations to serve as trusted spaces for outreach and prevention initiatives. |

***Community:***

| Theme | Recommendations |
|---|---|
| Best Practices – Outreach & Education | Establish follow-up care protocols for individuals who witness an overdose event, acknowledging the potential trauma and its connection to Adverse Childhood Experiences (ACEs). Provide access to a range of trauma-informed support services that address the emotional and psychological effects of such incidents. This includes mental health counseling, peer support programs, and educational resources on coping strategies. Additionally, implement outreach initiatives to connect witnesses—especially those with a history of ACEs—to holistic care that addresses underlying issues such as substance use, family dynamics, and community support. Training first responders to recognize the signs of trauma and the impact of ACEs can enhance their ability to support individuals effectively in the aftermath of an overdose. |
| Best Practices – Outreach & Education | Enhance access to naloxone education across community, public, school, and family settings through comprehensive training, outreach initiatives, and partnership development. Collaborate with organizations such as law enforcement agencies, health departments, emergency departments, community-based organizations, and harm reduction groups to provide clear, accessible information about naloxone and facilitate training sessions.<br>1. Promote use of destigmatizing language in overdose prevention education to foster a supportive environment around naloxone use. This includes actively working to decrease stigma associated with naloxone and emphasizing its role as a lifesaving tool. |
| Best Practices – Outreach & Education | Implement cross-sector case conferencing as a key prevention strategy to address the complexities of overdose risk. This approach involves bringing together professionals from various sectors—including healthcare, mental health, social services, law enforcement, and community organizations—to collaboratively assess and address the needs of individuals at risk of overdose. By sharing insights, |

| | |
|---|---|
| | resources, and strategies, these teams can develop comprehensive, individualized care plans that integrate support services, treatment options, and harm reduction strategies. Regular case conferences can facilitate communication, enhance coordination of care, and ultimately improve outcomes for high-risk individuals. |
| Best Practices – Outreach & Education | Promote existing compassion fatigue and stigma reduction training programs for community members and service providers that focus on building empathy and understanding toward individuals affected by substance use and overdose, while also equipping participants with tools to manage their own compassion fatigue. Encourage partnerships with local organizations, mental health professionals, and recovery advocates to increase participation and awareness of available training opportunities. |

***Legislative/Policy:***

| **Theme** | **Recommendations** |
|---|---|
| Legislative/ Policy Initiatives | Advocate for the expansion of legislation to ensure the legal availability and use of drug testing strips, including but not limited to fentanyl and xylazine. Promote widespread access to testing strips for various substances as a critical harm reduction tool, enabling individuals to identify dangerous adulterants and make informed decisions. Support public education on the importance of drug checking and its role in preventing overdoses. |
| Legislative/ Policy Initiatives | Leverage Prescription Drug Monitoring Program (PDMP) data to identify unlabeled or mismanaged prescription medications at overdose scenes. Develop protocols that allow EMS to safely access and verify prescription ownership in real-time to enhance overdose response efforts and ensure accurate information is available for follow-up care. This approach can help prevent medication misuse, streamline emergency interventions, and support continuity of care for individuals at risk. |
| Legislative/ Policy Initiatives | Assure that policies created to curtail drug overdose deaths do not adversely affect the access to opioid and other controlled substances for individuals who have a legitimate indication for these medications due to acute, chronic, or end of life pain to avoid unnecessary morbidity and mortality. |
| Legislative/ Policy Initiatives | Assure a balanced public policy which respects the needs of those in pain with the needs of those at risk for addiction and the adverse effects related to addiction including drug overdose morbidity and mortality. |

# APPENDICES

## Appendix A. 2023 Data

### Demographics

**Table A1. New Hampshire Overdose Deaths by Sex, 2023**

| Sex | Count | Percent |
|---|---|---|
| Female | 128 | 29.5% |
| Male | 306 | 70.5% |
| **Total** | **434** | **100.0%** |

**Table A2. New Hampshire Overdose Deaths by Age Group, 2023**

| Age Group | Count | Percent |
|---|---|---|
| 0 to 9[8] | 1-4 | <0.5% |
| 10 to 19 | 1-4 | <0.5% |
| 20 to 29 | 52 | 12.0% |
| 30 to 39 | 130 | 30.0% |
| 40 to 49 | 98 | 22.6% |
| 50 to 59 | 98 | 22.6% |
| 60 to 69 | 35 | 8.1% |
| 70 to 79 | 12 | 2.8% |
| 80+ | 1-4 | <0.5% |
| **Total** | **434** | **100.0%** |

**Table A3. New Hampshire Overdose Deaths by Race and Ethnicity, 2023**

| Race | Count | Percent |
|---|---|---|
| American Indian or Alaska Native | 1-4 | <0.5% |
| Asian | 0 | 0.0% |
| Black or African American | 5-9 | <3.0% |
| Hispanic or Latino | 16 | 3.7% |
| White | 376 | 86.6% |
| Two or More Races | 5-9 | <3.0% |
| Other/Unknown | 27 | 6.2% |
| **Total** | **434** | **100.0%** |

[8] The Northern New England Poison Center classifies the majority of poisonous exposure deaths among children ages 0-12 as General Unintentional Exposures, which are instances where the person involved was not capable of understanding or foreseeing the consequences of their actions.

**Table A4. New Hampshire Overdose Deaths by State of Residence, 2023**

| State | Count | Percent |
|---|---|---|
| Massachusetts | 16 | 3.7% |
| New Hampshire | 396 | 91.7% |
| Vermont | 7 | 1.6% |
| States with less than 5 deaths in each | 13 | 3.0% |
| **Total** | **432** | **100.0%** |

**Table A5. New Hampshire Overdose Deaths by Marital Status, 2023**

| Marital Status | Count | Percent |
|---|---|---|
| Divorced | 116 | 26.7% |
| Married, but separated | 10 | 2.3% |
| Married/Civil Union | 65 | 15.0% |
| Never Married | 221 | 50.9% |
| Widowed | 15 | 3.5% |
| Unknown/Not Classified | 7 | 1.6% |
| **Total** | **434** | **100.0%** |

**Table A6. New Hampshire Overdose Deaths by Education Level, 2023**

| Education Level | Count | Percent |
|---|---|---|
| Less than or equal to 8th grade | 10-14 | <5.0% |
| 9th - 12th grade; no diploma | 60 | 13.8% |
| High school graduate or GED completed | 254 | 58.5% |
| Some college credit, but no degree | 38 | 8.8% |
| Associate's degree | 26 | 6.0% |
| Bachelor's degree | 21 | 4.8% |
| Master's, Doctorate, or professional degree | 1-4 | <1.0% |
| Unknown | 18 | 4.1% |
| **Total** | **434** | **100.0%** |

## Drug Overdose

**Table A7. New Hampshire Overdose Deaths by Type of Drug[9], 2023**

| Type of Drug | Subtype | Count | Percent |
|---|---|---|---|
| Opioids | - | 392 | 90.3% |
| Opioids | Heroin | 1-4 | <3.0% |
| Opioids | Natural & semi-synthetic opioids | 25 | 5.8% |
| Opioids | Methadone | 10-14 | <3.0% |
| Opioids | Synthetic opioids, excluding methadone | 373 | 85.9% |
| Cocaine | - | 72 | 16.6% |
| Psychostimulants with abuse potential | - | 74 | 17.1% |

[9] Drug types are defined using the National Vital Statistics System (NVSS): https://www.cdc.gov/nchs/nvss/index.htm. NVSS defines drug types using ICD-10 T-codes from the contributing cause of death fields in the death certificate. The categories are opioid, including various subtypes, cocaine, and psychostimulants. These categories are not mutually exclusive, meaning a death can have any combination of codes, including multiple opioid sub-codes. Drug type is identified based on toxicology.

## Appendix B. NH Drug Overdose Fatality Review Commission Legislation

**Chapter 126-DD**

**New Hampshire Drug Overdose Fatality Review Commission**

**Section 126-DD:1**

126-DD:1 Commission Established.

I. There is established a commission to review information and data related to drug overdose fatalities in New Hampshire. The members of the commission shall be as follows:

(a) One member of the senate, appointed by the president of the senate.

(b) Three members of the house of representatives, appointed by the speaker of the house of representatives.

(c) The attorney general, or designee.

(d) The chief medical examiner, or designee.

(e) The commissioner of the department of health and human services, or designee.

(f) The commissioner of the department of safety, or designee.

(g) The chairperson of the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, or designee.

(h) A representative of the New Hampshire Association of Chiefs of Police, appointed by the association.

(i) A representative of the New Hampshire Association of Fire Chiefs, appointed by the association.

(j) A health official from a city health department, appointed by the governor.

(k) A victim/witness advocate, appointed by the attorney general.

(l) A representative of the New Hampshire Hospital Association, appointed by the association.

(m) A representative of the recovery community, appointed by the governor.

(n) A representative of the treatment community, appointed by the governor.

(o) A representative of the prevention community, appointed by the governor.

(p) A representative of New Futures, appointed by that organization.

(q) A representative from American Medical Response, appointed by that organization.

(r) A representative of the Drug Enforcement Administration, appointed by the administration.

(s) The governor's advisor on addiction and behavioral health.

(t) A suicide prevention specialist, appointed by NAMI-New Hampshire.

(u) A representative of the New Hampshire Medical Society, appointed by the society.

II. (a) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission.
(b) A member of the commission appointed under subparagraphs I(a)-(g) or (s) shall serve a term conterminous with their term in office. A member appointed under subparagraph I(h)-(r) or (t) shall serve a 6-year term, provided that initial appointments shall be for staggered terms of one to 6 years.
(c) Members of the commission shall sign confidentiality statements that prohibit any unauthorized dissemination of information except when disclosures may be necessary to enable the commission to carry out its duties under this subdivision. No material shall be used for reasons other than for which it was intended.

III. (a) The commission shall:
(1) Review trends and patterns of overdose-related fatalities in New Hampshire.
(2) Identify high-risk factors, current practices, and gaps in system responses.
(3) Recommend policies, practices, and services that will encourage collaboration and reduce overdose fatalities.
(4) Improve sources of data collection by developing a system to share information between agencies and offices that work with individuals struggling with addiction.
(5) Educate the public, policy makers, and funders about overdose-related fatalities and about strategies for intervention and effective prevention, treatment, and recovery.
(6) Review laws and programs enacted in other states, counties, or municipalities.
(b)(1) Upon the request of the chairperson of the commission and as necessary to carry out the commission's duties, the chairperson shall be provided, within 5 days excluding weekends and holidays, with access to information and records regarding a drug overdose fatality that is being reviewed by the commission or regarding the person who overdosed on drugs. The commission may request the information and records from any of the following:
(A) A provider of medical, dental, or behavioral health care.
(B) Any state or a political subdivision of this state that might assist the commission in reviewing the fatality.
(2) A law enforcement agency, with the approval of the prosecuting attorney, may withhold from a review team investigative records that may interfere with a pending criminal investigation or prosecution.

IV. (a) The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Eleven members of the commission shall constitute a quorum.
(b) The department of health and human services shall provide administrative support to the commission.

V. The commission shall:
(a) Meet no fewer than 6 times per year to conduct reviews of overdose fatalities.
(b) Study the adequacy of statutes, rules, training, and services to determine what changes are needed to decrease the incidence of preventable overdose fatalities and, as appropriate, take steps to implement these changes.
(c) Educate the public regarding the incidence and causes of overdose fatalities and the public's role in preventing these deaths.
(d) Review all overdose fatalities except for fatalities of children under 18 years of age and fatalities related to women while pregnant or with one year of the end of pregnancy.
(e) Complete an annual statistical report on the incidence and causes of overdose fatalities in this state during the past fiscal year and submit a copy of this report, including its recommendations for proposed legislation and actions, to the governor, the senate president, and the speaker of the house of representatives. The commission shall submit the report on or before December 15 of each year commencing on December 15, 2021.

VI. The commission shall not:
(a) Call witnesses or take testimony from individuals who have been identified by the department of justice as potential witnesses in any criminal prosecution arising from an overdose death until the completion of such prosecution.
(b) Enforce any public health standard or criminal law or otherwise participate in any legal proceeding, unless a member of the team is involved in the investigation of the death or resulting prosecution and must participate in a legal proceeding in the course of performing his or her duties outside the team.

VII. (a) Proceedings, records, and opinions of the commission are confidential, not subject to RSA 91-A, and not subject to discovery, subpoena, or introduction into evidence in any civil or criminal proceeding. Nothing in this subparagraph shall be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the proceedings of the commission.
(b) Members of the commission shall not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting of the team. Nothing in this subparagraph shall be construed to prevent a member of the commission from testifying to information obtained independently of the commission or which is public information.

VIII. (a) The commission shall maintain the confidentiality of all records pursuant to RSA 169-C:25, RSA 170-G:8-a, and all other related confidentiality laws.

(b) The information and records obtained and created in execution of the commission's official functions shall be exempt from disclosure pursuant to RSA 91-A and shall be privileged and exempt from use or disclosure in any criminal or civil matter or administrative proceeding. No person who participates in the official functions of the commission shall be compelled to testify or produce evidence in any judicial or administrative proceeding with respect to any matter involving exercise of his or her official duties.

(c) Commission members, their agents and employees, shall not be subject to, and shall be immune from, claims, suits, liability, damages or any other recourse, civil or criminal, arising from any act, proceeding, decision or determination undertaken or performed or recommendation made, provided such persons acted in good faith and without malice in carrying out their responsibilities, authority, duties, powers and privileges of the offices conferred by this subdivision upon them.

(d) No organization, institution, or person furnishing information, data, reports, or records to the commission shall be liable in damages to any person or subject to any other recourse, civil or criminal.

(e) Any person who knowingly discloses case records or other information obtained from commission proceedings shall be guilty of a misdemeanor.

Source. 2020, 39:54, eff. Sept. 27, 2020.

## Appendix C. NH Drug Overdose Fatality Review Commission Membership

**Donna Soucy,** *Senator*
Appointed in 2021

**David Nagel,** *House of Representatives*
Appointed in 2023

**Myles Matteson,** *Attorney General designee*
Appointed in 2023

**Jonathan Ballard,** *Department of Health and Human Services designee*
Appointed in 2020

**Anna Thomas,** *Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery designee*
Appointed in 2020

**Henry Thomas,** *New Hampshire Association of Fire Chiefs*
Appointed in 2020

**Bianca Monroe,** *Victim/Witness Advocate*
Appointed in 2020

**John Burns,** *Representative of the Recovery Community*
Appointed in 2020

**Shannon Swett,** *Representative of the Prevention Community*
Appointed in May 2023

**Christopher Stawasz,** *American Medical Response*
Appointed in 2020

**Amy Cook,** *Suicide Prevention Specialist*
Appointed in 2023

**Dave Mara,** *Governor's Advisor on Addiction and Behavioral Health*
Appointed in 2020

**Joe Schapiro,** *House of Representatives*
Appointed in 2021

**David Love,** *House of Representatives*
Appointed in 2023

**Jennie Duval,** *Chief Medical Examiner designee*
Appointed in 2024

**John Kelly,** *Department of Safety designee*
Appointed in 2020

**Bradley Osgood,** *New Hampshire Association of Chiefs of Police*
Appointed in 2023

**Bobbie Bagley,** *Health Official from a City Health Department*
Appointed in 2020

**Carol Furlong,** *New Hampshire Hospital Association*
Appointed in 2020

**Matt Davis,** *Representative of the Treatment Community*
Appointed in 2020

**Jake Berry,** *New Futures*
Appointed in 2020

**Paul Spera,** *Drug Enforcement Administration*
Appointed in 2023

**Luke Archibald,** *New Hampshire Medical Society*
Appointed in 2020

## Appendix D. NH Drug Overdose Fatality Review Commission Confidentiality Agreement

**Acknowledgment Of Confidentiality for The**
**New Hampshire Drug Overdose Fatality Review Commission Members**

The New Hampshire Drug Overdose Fatality Review Commission was established to conduct comprehensive, multidisciplinary reviews of trends and patterns of overdose related fatalities in New Hampshire for the purpose of identifying high-risk factors, current practices, and gaps in system responses associated with the deaths and to make recommendations for policies, practices, and services that will encourage collaboration and reduce overdose fatalities.

To ensure a coordinated response that fully addresses all systemic concerns surrounding overdose deaths, all relevant data should be shared and reviewed by the team, as permitted by law, including historical information concerning the decedent and the circumstances surrounding the death. Much of this information is protected from disclosure by law.

Under New Hampshire RSA 126-DD:1, proceedings, records, and opinions of the New Hampshire Drug Overdose Fatality Review Commission are confidential and exempt from New Hampshire RSA 91-A (New Hampshire's Right-to-Know Law).

Having read the above, I the undersigned member of the New Hampshire Overdose Fatality Review Commission, understand, acknowledge, and agree that all information reviewed or accessed by me will remain confidential and not be used or disclosed for reasons other than that which was intended and authorized pursuant to NH RSA 126-DD:1 and/or other state and federal law. Further, I understand, acknowledge, and agree that no such confidential information or material may be taken from the committee meetings. I acknowledge that any knowing disclosure of confidential information or records obtained from committee proceedings is a misdemeanor.

Print Name:_____

Authorized Signature:_____

Witness:_____

Date:_____