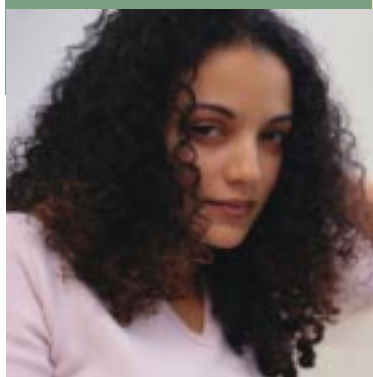
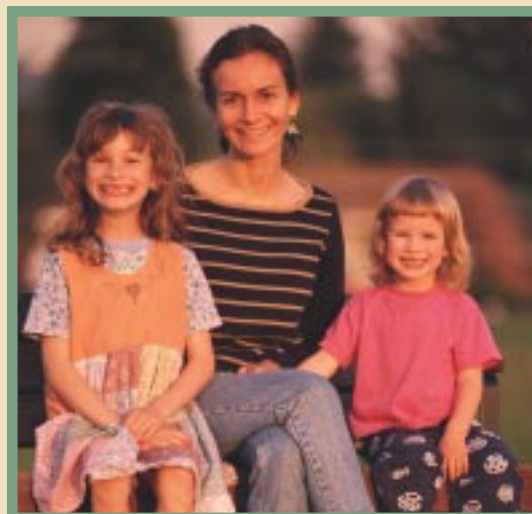


Overcoming the Impact of Alcohol and Other Drug Problems



A Plan for New Hampshire



April 2007

April, 2007

Dear Colleagues,

Today, the misuse of alcohol and other drugs is a problem that affects New Hampshire residents in many ways. It is a factor in our health care costs, business productivity, divorce rates, crime rates, sexual assault, educational outcomes among our youth and many other domains that diminish the quality of life for residents of this state. But it is a problem that we can better control.

In January of 2006, a task force was convened by the New Hampshire Department of Health and Human Services; the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment; Dartmouth Medical School; and the New Hampshire Alcohol and Drug Services Providers' Association to develop a statewide plan to address these critical issues. Representing numerous agencies, organizations and professions task force members assembled to identify the strategies necessary to strengthen the overall system, and improve access to services ranging from prevention through recovery. The task force often engaged in intense deliberations before coming to consensus on the document that follows. This collaborative spirit overrode individual agendas, as members focused on reducing the impact of alcohol and drug abuse in New Hampshire. We would like to thank task force members for their dedication and commitment to the process.

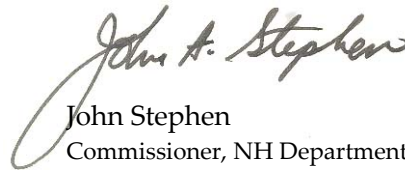
The work of the task force is not over. All stakeholders must continue working on the implementation of the plan, and invitations will soon be extended to many who wish to contribute to the process. Through a cooperative process among the many stakeholders, the goals, objectives and strategies enumerated in this document will be the basis for a work plan specifying responsibilities and timelines.

This plan is intended to be a "living document" – one that will be revisited and modified as implementation proceeds. On behalf of the task force, we invite you to join us in this critical public health initiative.

Sincerely,



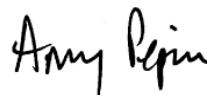
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EXECUTIVE SUMMARY

It is widely acknowledged that the misuse of alcohol and other drugs is one of the most serious public health problems facing our nation. Substance use disorders are chronic health conditions, similar in nature to hypertension and diabetes, and have similar recovery rates to these widespread illnesses. The economic cost to American society from alcohol and drug abuse has been calculated at an estimated \$414 billion annually. These figures encompass not only the resources used to address health issues, but also those expended on crime, disability and lost work time. And while we can calculate the impact in dollars spent, the toll this problem takes in the lives of individuals, families and communities is beyond our ability to accurately assess. We know that alcohol and drug abuse is a contributory factor to many social issues such as job loss, domestic violence, child abuse, accidents and crime, and yet, the resources to address these problems are frequently inadequate and fragmented, as there is no systematic plan for the design and delivery of services to prevent and treat them.

In 2006, the New Hampshire Department of Health and Human Services; the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment; Dartmouth Medical School; and the New Hampshire Alcohol and Drug Services Providers' Association collaboratively convened a task force to develop a plan to address the scope of the problem on a statewide basis, intending that this plan provide the guiding framework to make it possible to deal with the issue in an efficient and effective manner. The process of developing a statewide plan would then serve as an incubator to enhance efforts to coordinate services to address substance use disorders across professional disciplines, and among private organizations and public agencies regionally and statewide.

The work of the task force was grounded in several themes:

- Because the misuse of alcohol and drugs has such widespread impact, addressing these issues is everybody's business. Communities, families, religious organizations, educational institutions, civic groups, employers – everyone needs to become engaged in implementing the solutions.
- Given that the misuse of alcohol and drugs is fundamentally a public health problem, services to address this problem must be incorporated into a fully integrated health care system, inclusive of prevention, intervention and treatment for medical, mental health and alcohol and drug problems.
- Substance use disorders are chronic health conditions, similar in nature to other chronic health conditions such as diabetes and hypertension, and like

those other conditions, require ongoing prevention, intervention, treatment and support.

- Because substance use disorders are chronic, relapsing health conditions, it is essential that the voice of those in recovery be represented at the table where decisions regarding service development, delivery and funding are considered.
- Certain populations have increased vulnerabilities to substance use and abuse. Services directed to those groups must be provided in a manner that is attentive to social, cultural, age and gender differences.

The plan and recommendations that follow serve only as the first prescribed steps in a process designed to build a comprehensive system to address the misuse of alcohol and other drugs. In order for these recommendations to be fulfilled, it will be essential to designate a leadership structure to assume responsibility for and ensure implementation of this plan, monitor the success of the implementation of plan goals and objectives, and review and revise the plan as necessary.

VISION AND RECOMMENDATIONS

We envision a New Hampshire where the problems caused by the use of alcohol and other drugs are prevented through community and family involvement, education, and enforcement; and where people who suffer from substance use and related disorders, and their families, receive effective treatment and support within a recovery-based system.

PRINCIPLE I: ADVANCING SCIENCE

The advancing science regarding substance use disorders will be effectively understood and appropriately utilized.

1. Increase awareness of the biological basis of substance use disorders.
2. Reduce the incidence, burden and progression of substance use disorders by integrating best available science and evidence-based programming into prevention, clinical practice and policy.
3. Integrate the prevention and treatment of substance use disorders into the health care (which includes mental health) and human service systems.

PRINCIPLE II: POLICY AND SERVICE DELIVERY

The design and structure of policy and services to address substance use disorders will ensure that access to timely, appropriate and comprehensive services is sustained and available across the lifespan.

1. Assure that substance use disorders are addressed appropriately through integrated regional systems of prevention, intervention, treatment and recovery support.
2. Establish clearly defined and demarcated authority within state government for the development and funding of policy, operations and services to address the prevention and treatment of substance use disorders.
3. Involve appropriate stakeholders in the development and maintenance of a system for the routine collection and dissemination of epidemiological data.
4. Ensure that service providers utilize data to assess needs, develop priorities, implement programs and evaluate outcomes.
5. Assure collaboration among communities, law enforcement and the military to prevent the distribution of illegal drugs and misuse of prescription medications in New Hampshire.
6. Create and maintain a workforce capable of providing comprehensive and culturally competent service delivery.
7. Manage and monitor the implementation of this Plan.

PRINCIPLE III: CAPACITY

Capacity within the system will be enhanced based on scientific evidence to address individuals with specific conditions and vulnerabilities, and populations at high-risk for substance use disorders, including but not limited to those in the justice system, youth, women, girls, older adults, trauma survivors, those at risk for suicide, homeless persons, minorities, the rural population, the opioid dependent and those with co-occurring disorders.

GOALS

CAPACITY

1. Build and fund capacity within the justice system to address the problems associated with substance use disorders.
2. Ensure that a comprehensive array of services to prevent and address substance use and substance use disorders among New Hampshire's youth and their families are available on a regional basis.
3. Ensure that services to prevent and address substance use and substance use disorders among New Hampshire's minority populations are widely available and are attentive to social, cultural, abilities, age and gender differences.
4. Ensure that services to prevent and address substance use and substance use disorders among New Hampshire's older adults are widely available.
5. Ensure that services provided to women and girls are gender-specific and developed utilizing federal guidelines, best practices and current scientific knowledge.
6. Assure that those who are diagnosed with co-occurring substance use and mental health disorders have access to services that address those disorders simultaneously.
7. Assure that significant social issues that are confounded by substance use such as co-occurring substance use and mental health disorders, trauma, domestic violence, child abuse/neglect, suicide and substance use related acquired brain disorders (ABD) are addressed in an integrated or collaborative manner.

PRINCIPLE IV: RESOURCES

The resources for policy and services to address substance use disorders will match the need.

GOALS

RESOURCES

1. Ensure that within 10 years, per capita allocation of public funds shall approximate the national median per capita investment in prevention and treatment of substance use disorders.
2. Base all policies and practices for public and private insurance benefits on the best available science.
3. Invest business and industry resources and energy in addressing the economic impact of substance use disorders on workplaces and communities.
4. Leverage the assets of foundations, other grant makers, and communities to address substance use disorders.

INTRODUCTION

It is widely acknowledged that the misuse of alcohol and other drugs is one of the most serious public health problems facing our nation. Substance use disorders are chronic health conditions, similar in nature to hypertension and diabetes, and have similar recovery rates to these widespread illnesses. The economic cost to American society from alcohol and drug abuse has been calculated at an estimated \$414 billion annually¹. These figures encompass not only the resources used to address health issues, but also those expended on crime, disability and lost work time. And while we can calculate the impact in dollars spent, the toll this problem takes in the lives of individuals, families and communities is beyond our ability to accurately assess. We know that alcohol and drug abuse is a contributory factor to many social issues such as job loss, domestic violence, sexual assault, child abuse, accidents and crime, and yet, the resources to address these problems are frequently inadequate and fragmented, as there is no systematic plan for the design and delivery of services to prevent and treat them.

*In 2005,
147 deaths
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were caused
directly by
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In New Hampshire, where approximately \$10.5 million is expended annually² to directly address these problems through prevention and treatment, the misuse of alcohol and other drugs has a major impact on the health care, human service and criminal justice systems. We know that the impact of alcohol and

*Over half of
New
Hampshire's
high school
students report
using alcohol.*

drug misuse on individual health is considerable, contributing to cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis, and lung disease among other health problems. In 2005, 147 deaths in New Hampshire were caused directly by drugs.³ Crimes related to alcohol and/or drug dependency cost New Hampshire approximately \$144 million in FY 2001⁴. Alcohol and/or drugs have been found to be a factor in at least half of all sexual assault cases.⁵ Additionally, it is estimated that 80 to 85% of all prisoners have alcohol or other drug problems that may have played a role in their commission of the crimes for which they were incarcerated.⁶ According to the National

Highway Traffic Safety Administration, in 2005, alcohol was involved in 36% of New Hampshire's fatal automobile accidents⁷. Among the youth in New Hampshire, alcohol and drug use is especially alarming, with over half of our high school students reporting alcohol use.⁸ It is also important to note that a majority of the people suffering from addiction disorders also present with some form of mental illness⁹. And while we continue to provide funding for services to prevent and treat the problems associated with the misuse of alcohol and drugs, we have fallen short in our efforts to design a system to effectively address the scope and breadth of the problem.

In 2006, the New Hampshire Department of Health and Human Services initiated discussions with Dartmouth Medical School, the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment; and the New Hampshire Alcohol and Drug Services Providers' Association regarding the development of a comprehensive plan on alcohol and drug policy and services. This group jointly convened a task force to develop a statewide plan to address the scope of the problem. Unlike other planning processes across the country, the New Hampshire undertaking was intended to address not only the state system, but focused on the role of various professional and lay groups including health and human service providers, consumers, clergy, law enforcement, educators and many others. Engaging a broad spectrum of stakeholders in the planning process, the conveners sought to solicit input on the potential structure, organization and funding for services intended to prevent and treat the problems associated with alcohol and drug misuse.

Because the misuse of alcohol and drugs has such widespread impact, addressing these issues is everybody's business.

Participants were selected to represent specific constituencies, to ensure the broadest input to the process. [The full list of task force participants can be found at the beginning of this report.] While the group did not undertake an assessment of needs, they did review the current New Hampshire landscape, discussing the extent of the problem, the availability and arrangement of resources, and the gaps in the system. They also examined national trends and strategies, receiving input from Substance Abuse and Mental Health Services Administration (SAMHSA) consultant, Thomas Kirk, Commissioner of Connecticut's Department of Mental Health and Addiction Services. Ultimately, the task force created a set of recommendations to guide the creation of a comprehensive and integrated system for the prevention and treatment of the problems associated with the misuse of alcohol and other drugs in the state of New Hampshire.

The work of the task force was grounded in several themes:

- Because the misuse of alcohol and drugs has such widespread impact, addressing these issues is everybody's business. Communities, families, religious organizations, educational institutions, civic groups, employers – everyone needs to become engaged in implementing the solutions.
- Given that the misuse of alcohol and drugs is fundamentally a public health problem, services to address this problem must be incorporated into a fully integrated health care system, inclusive of prevention, intervention and treatment for medical, mental health and alcohol and drug problems.

- Substance use disorders are chronic health conditions, similar in nature to other chronic health conditions such as diabetes and hypertension, and like those other conditions, require ongoing prevention, intervention, treatment and support.
- Because substance use disorders are chronic, relapsing health conditions, it is essential that the voice of those in recovery be represented at the table where decisions regarding service development, delivery and funding are considered.
- Certain populations have increased vulnerabilities to substance use and abuse. Services directed to those groups must be provided in a manner that is attentive to social, cultural, age and gender differences.

The plan and recommendations that follow serve only as the first prescribed steps in a process designed to build a comprehensive system to address the misuse of alcohol and other drugs. In order for these recommendations to be fulfilled, it will be essential to identify a group to oversee the implementation of this plan, assign responsibility for implementation of plan goals and objectives, monitor the success of the implementation of plan goals and objectives, and review and revise the plan as necessary.

A focused, rational approach to prevention, intervention and treatment of these problems can achieve great strides in reducing the personal and financial impact of this problem on our society.

While we know that the misuse of alcohol and drugs poses a serious threat to the health and well-being of New Hampshire's population, we firmly believe that a focused, rational approach to prevention, intervention and treatment of these problems can achieve great strides in reducing the personal and financial impact of this problem on our society.

Funding for this project was generously provided by Dartmouth College; the New Hampshire Charitable Foundation; the New Hampshire Department of Health and Human Services; and the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment.

THE NATIONAL LANDSCAPE

The national landscape regarding alcohol and drug policy can be characterized, not surprisingly, by increasing competition for federal dollars. The majority of federal resources have historically been distributed through the federal Substance Abuse Prevention and Treatment Block Grant (SAPT) program. Through the block grant program, states received their allocations in accordance with a federal formula, and were required to appropriate dollars to both prevention and treatment. Under this arrangement, states were able to direct dollars toward addressing issues particular to the service needs of their populations. More recently, the federal government has been shifting more of the burden of funding services for the prevention and treatment of alcohol and drug misuse to the states. Obviously, with pressure on state budgets, this has, or will, in many locales result in service cuts.

A recovery oriented system [is] “a process of restoring or developing a meaningful sense of belonging and positive sense of identity apart from one’s condition while rebuilding a life despite or within the limitations imposed by that condition.”

In recent years, the block grant program has been challenged by cuts, with funds reallocated to provide funding for new initiatives and expansion grants for specific service types. Notably, the Access to Recovery program was launched in 2004. It was structured to allocate federal dollars for alcohol and drug services through a voucher system, rather than allowing states to direct dollars to specific programs to treat individuals eligible for state aid. The Access to Recovery program was intended to enable eligible individuals to obtain access to services at effective treatment programs, including faith-based and community-based organizations, and to broaden the base of recovery support. The program provides assessment and referral for individuals seeking treatment and/or support services, and provides vouchers for payment. This initiative incorporates some of the features of managed care, and encourages competition among treatment providers. Access to Recovery also requires states to create a system to monitor program costs and outcomes and establish accountability for delivery of effective treatment.

The Access to Recovery initiative is evidence that there has also been an emerging emphasis on a recovery-oriented system of care. Focusing on what people who suffer from addiction do to manage this condition and to claim or reclaim their lives in the community, a recovery oriented system of care has been characterized as involving “a process of restoring or developing a meaningful sense of belonging and positive sense of identity apart from one’s condition while rebuilding a life despite or

within the limitations imposed by that condition.”¹⁰ Engaging individuals in recovery in determining the need for service as well as in delivering those services has been surfacing as a focal point of treatment design across the country.

Historically, the Substance Abuse Prevention and Treatment Block Grant (SAPT) program has been the bedrock of prevention funding. The SAPT has required that a minimum of 20% of grant revenue be spent on prevention activities, and it should be noted, some states have allocated more. But congressional support for the SAPT block grant has waned over the years, as the Office of Management and Budget (OMB) has become critical of states’ ability to demonstrate that the services supported by this funding have been effective.

As a result, accountability for outcomes has been an area of increasing focus for the federal government. The Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the National Association of State Alcohol and Drug Abuse Directors and with representation from some states, developed the National Outcome Measurement System (NOM). NOM places increased emphasis on demonstrating outcomes and measuring effectiveness (see Appendix 2) and is anticipated to help states assess the impact of programs designed to build resilience and facilitate recovery for people with or at risk for substance use disorders. This methodology is intended to gauge how successful prevention and treatment programs are, and address issues ranging from reducing morbidity, to improving job, housing and social stability.

Successful prevention and treatment programs... address issues ranging from reducing morbidity, to improving job, housing and social stability.

The Center for Substance Abuse Prevention (CSAP), the section within SAMHSA that oversees and administers prevention programming, has had varying levels of discretionary funds to spend on special grant initiatives. There is strong evidence that these discretionary funds have had an impact on substance use rates in the nation, but sustaining these discretionary funds during difficult economic times has been challenging. Over the past twenty years, CSAP has shifted its investment of discretionary funds to drive advancement in knowledge and implementation of best practices in the field of prevention. In the late 1980’s and early 1990’s CSAP funded large demonstration grants that produced the first list of effective model programs. CSAP also funded large community partnership grants to explore the value of community-based coalitions in prevention.

The next large round of grants, State Incentive Grants, asked states to take the lead in creating state systems that supported the use of community-based coalitions to implement best practices, with an emphasis on model programs. One lesson of these

grants has been that model programs are not the silver bullet for prevention, as the conditions under which model programs remain effective are sometimes quite narrow. CSAP learned that allowing innovation and adaptation is a critical part of any formula for providing effective services, while acknowledging the need to set some conditions around such innovation. In response, CSAP is creating a National Registry of Effective Programs, Policies, and Practices to provide communities with examples of activities that may be effective for them, and to share with others strategies that have been proven to work.

From these efforts, CSAP has learned that the process for implementing prevention is critical. One must understand what problems are occurring, the populations affected, and the conditions under which the problems occur; only then can effective approaches be matched to the problem. To implement this finding, SAMHSA introduced the Strategic Prevention Framework State Incentive Grant program (SPF) in

Allowing innovation and adaptation is a critical part of any formula for providing effective services.

2005. The SPF enables states and communities to build the infrastructure necessary for effective and sustainable prevention. SPF grantees are required to implement a five-step process to decrease substance use and abuse: community needs assessment; mobilize and/or build capacity; develop a comprehensive strategic plan; implement evidence-based prevention programs and infrastructure development activities; and monitor process,

evaluate effectiveness. Ultimately, in prevention programming, states are looking for changes in prevalence and consequence data, and utilizing the National Outcome Measures in an attempt at measuring effectiveness.

Other federal programs that focus on prevention include the Drug-Free Communities (DFC) program and the Safe and Drug-Free Schools (DFS) program. DFC focuses on the importance of creating local solutions to local problems. As a cornerstone of Office of National Drug Control Policy's National Drug Control Strategy, DFC provides the funding necessary for communities to identify and respond to local substance use problems. The DFC program now supports over 700 drug-free community coalitions across the country. DFS administers, coordinates, and recommends policy for improving the quality of programs and activities that are designed to provide financial assistance for drug and violence prevention activities, as well as those that promote the health and well being of students in elementary and secondary schools, and institutions of higher education. Activities may be carried out by state and local educational agencies and by other public and private nonprofit organizations.

Another priority for the delivery of prevention and treatment services is to increase access and availability to individuals within the justice system. It has been estimated that of those who are incarcerated in America's jails and prisons, approximately 80 to 85% need alcohol and drug treatment, while only a small portion of that group actually receives treatment. Across the nation, efforts are being made to address these needs, as research continues to demonstrate that punishment for criminal offenses will achieve little if the underlying issues of substance misuse are not dealt with in a consistent, comprehensive fashion, and treatment programs to reduce recidivism are not widespread.

As servicemen and women return from their postings around the world, we are beginning to see an increase in post-traumatic stress disorder (PTSD). Those suffering from PTSD have an increased vulnerability to alcohol and drug abuse.

In addition to the NOMs methodology, there is increased emphasis on the implementation of "evidence-based practices". Many have criticized the field of substance use disorders treatment by suggesting that it has been characterized by an array of services that are based on individual experience and lack consistent protocols. Thus there has been a move toward evaluating treatment methods, and basing access to funding on the implementation of practice guidelines that have been successful in demonstrating effective outcomes. The overall goal is to create a system of treatment that is more science- or research-based, incorporating proven methods into treatment programs.

This emphasis on research and outcomes, in both prevention and treatment, underlies the need to address an increasingly complex issue with ever-diminishing resources. Demonstrating that the expenditure of dollars for prevention and/or treatment of substance use disorders reduces costs in other sectors of the economy continues to be the Holy Grail for those in the field. For while we do not currently have the resources to accumulate all the measures, we know that when substance use disorders is treated, stabilization occurs across the spectrum of family life, employment, and health.

One must understand what problems are occurring, the populations affected, and the conditions under which the problems occur.

THE FACE OF NEW HAMPSHIRE

The misuse of alcohol and drugs in New Hampshire is a problem of significant magnitude. In spite of its ranking as one of the healthiest states in the nation, substance abuse rates in New Hampshire are higher than in many other areas of the country. Nearly 10% of the population reported alcohol abuse or dependence, and almost 11% reported drug abuse or dependence, compared to the national averages of 7.59% and 9.22% respectively¹¹. In 2003, almost half of New Hampshire high school students reported current alcohol use, and one in three reported binge drinking. Among college students, the rates are even higher, with only one in five students reporting abstinence, and over half reporting binge drinking. Drug use among New Hampshire youth ages 18 to 25 ranks among the highest in the country.¹² But as alarming as these statistics are, and while we know that the cost to society associated with these issues is enormous, we currently have the capacity to treat less than 10% of the population in need.

The state currently spends almost \$2.8 million in prevention, and approximately \$7.6 million to directly treat alcohol and drug problems, with a little over half of these funds supplied by the federal government. (This does not include the dollars spent on treatment by private insurance companies or individuals themselves.) These numbers do not reflect the indirect costs – dollars spent on treating health problems aggravated by alcohol and drug use, on the incarceration of individuals affected by alcohol and drug use, or in our child and family service system – which add to the true picture of the cost to our society of this growing problem.

Over the past decades, collaboration among state government entities to address these issues has become increasingly important, as the impact of alcohol and drug problems has been felt across all sectors of the state. The New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment was created "To integrate and coordinate Alcohol and Drug Policy and Services across state agencies." Many strategic initiatives that have resulted are evidence of this approach, including the Strategic Prevention Framework Grant, and Project Recovering Lives.

While methamphetamine use has not reached the same proportions as elsewhere in the country, it is an important issue for New Hampshire. More than 6% of people 12 and older in New Hampshire have used methamphetamine sometime during their lives, and over an 18-month period beginning in 2004, 12 of 18 methamphetamine labs seized

In spite of its ranking as one of the healthiest states in the nation, substance abuse rates in New Hampshire are higher than in many other areas of the country.

in New England were in New Hampshire. To address this problem, the New Hampshire Government Leaders Methamphetamine Task Force developed a strategic plan to educate citizens, law enforcement and legislators on the subject of methamphetamine.

After treatment within state-funded programs, clients showed marked improvement in abstinence from use, stability in housing, employment and involvement with the legal system.

The task force published a comprehensive plan dealing with methamphetamine, including sections on legislation, law enforcement, protection of children and incapacitated adults, prevention, treatment, environmental protection, and public awareness/outreach.

The New Hampshire Department of Health and Human Services (NH DHHS) oversees prevention, treatment and policy for alcohol and drug services, and contracts with providers to deliver services to those in need and those considered vulnerable to alcohol and drug problems. The state works with approximately 60 facilities that provide a range of inpatient, residential and outpatient services, with a total number of 225 beds available for crisis intervention, treatment and sobriety maintenance. Over the past 20 years, 15 privately funded treatment facilities have closed primarily as the result of changes in insurance industry policies regarding reimbursement of inpatient care.

Attracting and retaining qualified staff in New Hampshire's prevention and treatment programs has been a historical problem. While many programs employ master's prepared staff, there is a scarcity of licensed alcohol and drug counselors (LADC) across the state. This staffing issue is felt equally across the spectrum of care, and further confounds the state's efforts to secure treatment for those within the justice system.

Within the justice system, New Hampshire's statistics generally mirror the national landscape, with upwards of 80% of those incarcerated in the state's jails and prisons having the need for treatment of substance use disorders. Access to services for the incarcerated is extremely limited and coordination of care after release equally fragmented. Alternative sentencing programs that create substitutes for incarceration have been developed in New Hampshire, principally through the Academy Program, which is available in some of the state's counties. Another alternative to incarceration, the drug court model, has been implemented on a limited pilot basis. Through a special court, cases involving substance-abusing offenders are handled through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives.

In spite of these obstacles, New Hampshire's treatment programs are able to demonstrate effectiveness, when evaluated on important measures from the National Outcome Measures (NOMs). In a survey conducted at six/twelve/or eighteen months

after treatment within state-funded programs, clients showed marked improvement in abstinence from use, stability in housing, employment and involvement with the legal system. Similarly, prevention programs demonstrated effectiveness in reducing the percentage of youth who had their first drink prior to age 13, tried marijuana for the first time before age 13, had at least one drink or used marijuana in the last 30 days, and increased the percentage of youth who think it is wrong for someone their age to smoke marijuana.

New Hampshire has also received federal grant funding to develop infrastructure and prevention capacity at the community level, through the Strategic Prevention Framework (SPF) initiative. Through this grant, the state has begun the process to develop and support ten coalitions, who will assess community needs and priorities for alcohol and drug prevention services, build capacity to provide services, and implement strategic plans to effectively respond to emerging trends within their communities. Another recently proposed initiative is the state's Project Recovering Lives, through which, NH DHHS would administer pilot programs designed to provide medical and addiction treatment services to individuals referred by the justice system and the Division of Children, Youth and Families.

NH DHHS has also focused on building capacity to collect and manage outcomes data. It is thus poised to respond to the National Outcomes Measures (NOMs) system, and demonstrate the effectiveness of its prevention and treatment initiatives, ensuring that it will be well positioned to compete for federal dollars. These and other on-going activities across the state have set the stage for significant change in the way New Hampshire will confront the problems of substance use disorders and coupled with the development and subsequent implementation of the recommendations that follow, put New Hampshire in a position to strengthen its ability to successfully address and reduce the problems posed by the misuse of alcohol and drugs among its residents.

*The state has begun
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[and] to effectively
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VISION AND RECOMMENDATIONS

We envision a New Hampshire where the problems caused by the use of alcohol and other drugs are prevented through community and family involvement, education, and enforcement; and where people who suffer from substance use and related disorders, and their families, receive effective treatment and support within a recovery-based system.

PRINCIPLE I: ADVANCING SCIENCE

The advancing science regarding substance use disorders will be effectively understood and appropriately utilized.

GOALS

ADVANCING SCIENCE

1. Increase awareness of the biological basis of substance use disorders.
 - a. Improve understanding among the general public, healthcare (which includes mental health) providers and policy makers of substance use disorders as chronic health conditions with acute episodes, and as a public health problem.
 - b. Eliminate stigma and discrimination against those who suffer from substance use disorders.
 - c. Disseminate information regarding the profound impact of alcohol and drug use on the brain, particularly the developing adolescent brain.
2. Reduce the incidence, burden and progression of substance use disorders by integrating best available science and evidence-based programming into prevention, clinical practice and policy.
 - a. Develop a public/private partnership between state government and regional institutions of research and training to ensure that the best available science is embedded in programs and services for the prevention, intervention, treatment of and recovery from substance use disorders.
 - b. Assure the ongoing dissemination of emerging science on substance use disorders to policy makers and practitioners.

- c. Develop a compendium of best practice protocols and outcome measures for use by all prevention and treatment programs/providers.
 - i. Establish a group of key stakeholders to regularly review, endorse and disseminate best practices.
 - ii. Implement a system to measure the effectiveness of all programming that meets the needs of state government, policy makers, providers and federal requirements.
 - iii. Incorporate best practices, including medication-assisted recovery, into all programming.
 - iv. Require and fund the use of sound evaluation design, including the collection of baseline data, consumer-driven evaluation and continuous review of outcome data in all programs.
 - v. Prioritize for receipt of state and federal funding those programs that utilize recognized measurement systems and demonstrate successful outcomes.
- 3. Integrate the prevention and treatment of substance use disorders into the health care (which includes mental health) and human service systems.
 - a. Encourage individuals with substance use disorders to establish and maintain a relationship with a primary health care provider
 - b. Ensure screening for substance use disorders within health care (which includes mental health), human service, law enforcement/ corrections, and other community-based organizations.
 - i. Provide appropriate comprehensive assessment, including but not limited to suicidality, physical, sexual and emotional trauma, and sexually transmitted diseases, for those who screen positively for substance use disorders.
 - ii. Screen all individuals who present for treatment at hospital emergency departments after any major traumatic event for substance use disorders.
 - c. Create financial reimbursement and other incentives to support screening and referral services for substance use and/or substance use disorders in all healthcare (including mental health) and human service venues.

PRINCIPLE II: POLICY AND SERVICE DELIVERY

The design and structure of policy and services to address substance use disorders will ensure that access to timely, appropriate and comprehensive services is sustained and available across the lifespan.

GOALS

POLICY AND SERVICE DELIVERY

1. Assure that substance use disorders are addressed appropriately through integrated regional systems of prevention, intervention, treatment and recovery support.
 - a. Establish clear definitions and reimbursement for prevention, intervention, treatment and recovery support
 - i. Establish specific language in policies and funding criteria to define and differentiate program modalities including intervention and recovery support.
 - b. Establish services that are timely, comprehensive and appropriately tailored to the needs of high-risk populations.
 - c. Assure that the full spectrum of services is available regionally to all individuals in need of service. Consider those services that historically have been nominally included, such as intervention, medication assisted recovery and recovery support.
 - d. Integrate services to identify and effectively address substance misuse into key systems including:
 - i. General health care (which includes mental health)
 - ii. Education
 - iii. Corrections
 - iv. Social services
 - e. Establish funding priorities to promote regionalized efforts among community stakeholders to address needs, overcome gaps in service, avoid unnecessary duplication, and provide information and referral for the prevention and treatment of substance use disorders.
 - f. Include concepts of informed, shared decision-making to actively engage consumers and families in their own prevention, treatment and recovery, and in assessing the results of these interventions.
2. Establish clearly defined and demarcated authority within state government for the development and funding of policy, operations and services to address the prevention and treatment of substance use disorders.

- a. Sustain appropriate integrated administrative infrastructure at the state level through future administrations.
 - b. Ensure coordination among and adherence to the plan by all relevant state entities through the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment (pursuant to RSA 12-J:1-4).
 - c. Ensure that the state system maintains common principles in its policies and practices in addressing substance use disorders, to include:
 - i. Acceptance of substance use disorders as public and personal health problems.
 - ii. Acceptance of a health paradigm regarding prevention and treatment of substance use disorders.
 - iii. Acknowledgement of addiction as a chronic condition requiring longitudinal support for recovery.
 - iv. Use of evidence-based approaches with continuing outcomes assessment to capture effective innovative practices.
3. Involve appropriate stakeholders in the development and maintenance of a system for the routine collection and dissemination of epidemiological data.
 - a. Identify critical data elements and standards needed for the effective planning, development, and management of programs and services.
 - b. Ensure that a state epidemiological workgroup continues to identify data that will inform statewide programming and funding priorities.
 - c. Develop policies that support consistent data collection across the lifespan.
 - d. Ensure that all state agencies participate in the collection and analysis of epidemiological data.
 - e. Mandate a bi-annual youth behavior risk survey (YRBS) of middle and high school youth.
 4. Ensure that service providers utilize data to assess needs, develop priorities, implement programs and evaluate outcomes.
 - a. Include consumers and families in guiding their own prevention, treatment and recovery activities, and in assessing the results thereof.
 5. Assure collaboration among communities, law enforcement and the military to prevent the distribution of illegal drugs and misuse of prescription medications in New Hampshire.
 6. Create and maintain a workforce capable of providing comprehensive and culturally competent care.

- a. Create a workforce development plan with input from key stakeholders and related disciplines to address such issues as wages, supervision, barriers to licensure, cultural competency, gender sensitivity, etc.
 - b. Revise the workforce credentialing process to better meet the demand for services.
 - i. Advocate for improvements in the licensing process for licensed alcohol and drug counselors (LADCs).
 - ii. Build accelerated opportunities for professionals in related fields to become dually credentialed.
 - iii. Encourage institutions of higher education to offer degree programs that will graduate professionals who will meet certification requirements.
 - iv. Strengthen support for the prevention credentialing process.
 - v. Support credentialing of the peer recovery support workforce.
 - vi. Explore credentialing for other members of the workforce such as student assistance counselors and those working with individuals with co-occurring disorders.
 - vii. Encourage credentialing for professionals in evidence-based practice.
7. Manage and monitor the implementation of this Plan.

PRINCIPLE III: CAPACITY

Capacity within the system will be enhanced based on scientific evidence to address individuals with specific conditions and vulnerabilities, and populations at high-risk for substance use disorders, including but not limited to those in the justice system, youth, women, girls, older adults, trauma survivors, those at risk for suicide, homeless persons, minorities, the rural population, the opioid dependent and those with co-occurring disorders.

GOALS

CAPACITY

-
- 1. Build and fund capacity within the justice system to address the problems associated with substance use disorders.
 - a. Ensure the participation of the Departments of Justice and Corrections in the development of policy and service planning for the justice system.
 - b. Support the development of expertise and resources within public defender offices to provide client evaluation and assessment.

- c. Provide an integrated system of care for those within the justice system, and their families, who are affected by substance use disorders.
 - i. Enhance and utilize community resources to serve the needs of those who are involved in the justice system.
 - ii. Create incentives for community providers to participate in prevention, treatment and aftercare for those incarcerated in New Hampshire jails and prisons.
 - iii. Assure that all appropriate treatment options are available within the justice system.
 - iv. Assure that services for individuals with substance use disorders in the justice system are trauma-informed and family inclusive.
- d. Measure program effectiveness on the basis of the ability to reduce substance use disorders-related recidivism.
- e. Ensure that those affected by substance use disorders, who do not pose a danger to the community, have access to alternatives to incarceration.
 - i. Expand the drug court program to serve adolescents and adults in every county in New Hampshire.
 - ii. Ensure that juvenile court diversion is available within all family and district courts.
 - iii. Clarify and strengthen the role of probation, parole and the judiciary in addressing the needs of those affected by substance use disorders.
- 2. Ensure that a comprehensive array of services to prevent and address substance use and substance use disorders among New Hampshire's youth and their families are available on a regional basis.
 - a. Establish outreach, prevention and intervention programs for youth in every school district and college/university campus.
 - i. Target activities to address substance use disorders in schools and colleges/universities based on age, gender and transitional times in the educational cycle.
 - ii. Increase the availability and access to information regarding prevention, intervention and treatment of substance use disorders for parents of all New Hampshire students.
 - b. Enhance the effectiveness of school nurses, resource officers and other school personnel in addressing substance use disorders through training in early identification, intervention and referral.
 - i. Establish and implement training protocols for staff involved in school screenings.

- c. Establish and enforce consistent, evidence-based practices and policies regarding the use of alcohol and other drugs on school grounds, at school-sponsored events, and by students at other times.
 - d. Establish criteria for school district plans to address the prevention, intervention, treatment and recovery support needs of all students
 - i. Require that each school district develop and obtain school board approval for an annual plan to address the prevention, intervention, treatment and recovery support needs of all students, in accordance with established criteria.
 - ii. Ensure that Student Assistance Programs (SAP) are available in all New Hampshire schools and college/university campuses.
 - e. Provide access to services for families with identified substance use and addiction problems without resorting to the juvenile justice system.
 - f. Provide resources to create and sustain statewide parent support services.
 3. Ensure that services to prevent and address substance use and substance use disorders among New Hampshire's minority populations are widely available and are attentive to social, cultural, abilities, age and gender differences.
 - a. Ensure that professionals in substance use disorders programs are trained to address issues specific to New Hampshire's diverse populations.
 - b. Assure access to professional medical interpretation for individuals seeking services for prevention and treatment of substance use disorders and who are limited English proficient (LEP), deaf, hard of hearing, and/or speech or vision impaired.
 4. Ensure that services to prevent and address substance use and substance use disorders among New Hampshire's older adults are widely available.
 - a. Increase the availability of and access to comprehensive, prevention, education, referral and treatment programs in age appropriate terminology for the older adult population and within such settings as senior centers, adult day care, retirement communities and other long-term care facilities across New Hampshire.
 - b. Encourage family involvement in the prevention, intervention and treatment of older adults who are affected by substance use disorders.
 - c. Develop strategies to address prescription drug misuse and abuse among older adults.
 5. Ensure that services provided to women are gender-specific and developed utilizing federal guidelines, best practices and current scientific knowledge.

- a. Embed substance use prevention, intervention and recovery programming in community transitional housing facilities where women with minor children reside.
 - b. Support the integrity of families and encourage child reunification by offering women the least restrictive level of care within their communities.
 - c. Develop programs that are family inclusive.
6. Assure that those who are diagnosed with co-occurring substance use and mental health disorders have access to services that address those disorders simultaneously.
- a. Ensure that the capability to treat co-occurring substance use and mental health disorders is maintained through integrated and/or collaborative direct service provision, including case management and referral.
 - b. Base program certification and reimbursement on demonstrated ability to address co-occurring substance use and mental health disorders through integrated and/or collaborative direct service provision.
7. Assure that significant social issues that are confounded by substance use such as co-occurring substance use and mental health disorders, trauma, domestic violence, child abuse/neglect, suicide and substance use related acquired brain disorders (ABD) are addressed in an integrated or collaborative manner.

PRINCIPLE IV: RESOURCES

The resources for policy and services to address substance use disorders will match the need.

GOALS

RESOURCES

1. Ensure that within 10 years, per capita allocation of public funds shall approximate the national median per capita investment in prevention and treatment of substance use disorders.
 - a. Fully fund the Alcohol Fund per RSA 176-A:1.
 - b. Increase revenues from related sources for the explicit purpose of funding effective prevention and treatment of substance use disorders.
 - c. Take advantage of every federal funding opportunity that is consistent with this plan.
2. Base all policies and practices for public and private insurance benefits on the best available science.

- a. Ensure that reimbursement for substance use disorders service treatment is consistent with other chronic conditions and is based on science.
 - b. Establish a substance abuse treatment benefit for individuals eligible for Medicaid.
3. Invest business and industry resources and energy in addressing the economic impact of substance use disorders on workplaces and communities.
 - a. Collect and report reliable data on lost productivity.
 - b. Encourage businesses that provide either insured or self-funded benefit plans to advocate for and provide appropriate levels of benefits consistent with the best available science.
 - c. Ensure that business and industry financially supports community-based prevention and recovery support.
 - d. Provide workplace education for employees on the parental role and responsibility in addressing substance use disorders.
 - e. Encourage New Hampshire employers to provide Employee Assistance Programs.
4. Leverage the assets of foundations, other grant makers, and communities to address substance use disorders.
 - a. Develop and use private and community resources as catalysts to change systems, promote best practices, and influence political will.
 - b. Utilize foundation resources to complement rather than supplant public responsibility.

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GLOSSARY

Acquired Brain Injury (ABI): refers to damage to the brain which occurs after birth and is not related to, a congenital disorder, a developmental disability or a process which progressively damages the brain. ABI damage may be caused by traumatically (i.e., from an external force such as a collision, fall, assault or sports injury), through a medical problem or disease process, which causes damage to the brain (internal process or pathology).

Alcohol Fund: refers to the Alcohol Abuse Prevention and Treatment Fund established in 2000 by the NH General Court to fund substance abuse prevention and treatment programs. The fund is derived from a portion of the Liquor Commission's gross profits from the sale of liquor and other revenues (see RSA 176:16-A).

Chronic, Relapsing Health Condition: "Chronic condition" is a medical term indicating that the condition persists over time (throughout the individuals lifetime). Individuals that are symptom free are in remission, but not cured. "Relapsing condition" indicates that individuals with chronic medical conditions, such as alcohol and drug disorders, sometimes relapse back into active symptomology (in this case use of alcohol and or drugs). Relapse is more common in early recovery and should not be thought of as either usual or unusual, but a condition that sometimes happens. Certain treatment practices can help reduce the incidence of relapse.

Co-occurring Disorders/Co-occurring Substance Use and Mental Health Disorders: refers to substance use disorders and mental health disorder that occur concurrently, requiring a coordinated or integrated response to provide treatment for both disorders in a simultaneous manner.

Dually Credentialed: refers to clinicians that are licensed as LADC (Licensed Alcohol and Drug Abuse Counselors) and that also hold a clinical license through the New Hampshire Board of Mental Health Practice. It is worth noting that the ICRC (international Certification Reciprocity Consortium) will soon offer an international and reciprocal certification for practitioners working with co-occurring/concurrent substance use and mental health disorders.

Employee Assistance Program (EAP): refers to a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns that may adversely affect employee job performance.

Epidemiological Workgroup: refers to a workgroup that has been established under the auspices of the Strategic Prevention Framework grant to study the cause, prevalence, patterns, trends and consequence of alcohol and drug use in New Hampshire.

Evidence-based Practices/Programming: refers to treatment practices in which research and practices have been demonstrated to be effective.

Health Paradigm: refers to a health model that includes certain prescribed dimensions of healthcare, such as medical, oral health, mental health and substance use.

Integrated System/Fully Integrated System/Integration: The term integrate, when used in the context of integrating prevention and treatment of substance use disorders with other systems, means that an individual will receive services appropriate to his/her condition regardless of whether he/she is seen by a medical, mental health, social services or other clinical practitioner. For example, if an individual seeks medical care, and has an underlying substance use disorder, the medical practitioner will have the requisite skills to screen, intervene, treat and/or refer the individual for services appropriate for that substance use disorder.

Throughout this plan, we refer to the health care system and specify "which includes mental health", as we believe that mental health services must be seen as integral to general health care, and should not be viewed as a separate and distinct service system. Services designed to treat substance use disorders must also be essential components of those systems.

Justice System: refers to courts (including mental health and or drug courts), diversion programs, correctional facilities, and probation and parole.

Licensed Alcohol and Drug Counselors (LADC): refers to addiction treatment counselors that are licensed by the State of NH and that meet ICRC (International Certification Reciprocity Consortium) requirements for addiction counselors.

Limited English Proficient (LEP): refers to the official term used by the federal government to designate individuals whose first language is not English and who lack the English skills needed to be able to receive instruction only in English.

Medication Assisted Recovery: refers to the use of medicine(s) that research has shown to be effective in the treatment of certain substance use disorders. Examples include methadone and buprenorphine for the treatment of opioid addiction, acamprosate for the treatment of alcohol use disorders.

Opioid Dependent: refers to individuals that are addicted to a class of drugs known as narcotics, which refers to opium or opium derivatives, and their semi-synthetic or fully synthetic substitutes; and include names such as; heroin, methadone, oxycodone, fentanyl, hydrocodone, and Vicodin, to name a few.

Recovery: Many experts have offered formal definitions of recovery. William White, addiction clinician, author, acclaimed recovery advocate and currently Senior Research Consultant at Chestnut Health Systems Lighthouse Institute, defines recovery as “the process through which severe alcohol and drug problems (here defined as those problems meeting DSM-IV criteria for substance abuse or substance dependence) are resolved in tandem with the development of physical, emotional, ontological (spirituality, life meaning), relational and occupational health.”

It is important to note that the term 'recovery' has become broadly used and means many things to many people. For those with substance use disorder, recovery, at its most elemental form, is a personal process of change that begins with abstinence from the addictive use of alcohol and other drugs. This effort alone can be a catalyst toward personal growth.

Many individuals in recovery from addiction, as well as many family members who see themselves in recovery from the negative dynamics of familial (often generational) addiction, describe substance use disorders as having physical, psychological and spiritual dimensions. Many of these same individuals embrace the notion that their lives have become transformed in overcoming the negative multidimensional consequences of addiction, and as a result they are

afforded the opportunity to fully participate in life and realize their potential as human beings. These changes run the gamut from abstinence to a complex physical, psychological and spiritual transformation.

Finally, it is also important to note that not all individuals who have met the criteria for substance use disorders and who are now abstinent, nor all family members that have addressed the consequences of familial substance use disorder, consider themselves to be "in recovery."

Recovery Support: refers to services that support an individual's long term recovery, and may include community-based recovery centers that might provide an array of support services, peer-lead recovery support services, such as recovery coaching (done by an individual that has been in recovery for an extended period of time and who provides paraprofessional counseling to those that are new to the recovery process and or other types of ancillary services including, for example, transportation).

Student Assistance Program (SAP)/Counselors: refers to counselors that work with students in primary and high school settings to address an array of issues including problems associated with alcohol and other drug use.

Substance Abuse: refers to misuse of alcohol (including any underage use) and illicit use of drugs that lead to physical and mental impairment.

Substance Use Disorders: includes two primary diagnoses by the American Psychological Association, i.e., alcohol and or drug "abuse" (defined above) or "dependence" (or addiction, which is characterized as alcohol and/or drug seeking use that persists in the face of negative consequences, and includes biological and most often social, psychological and spiritual dimensions).

Youth Risk Behavior Survey (YRBS): refers to the national, state, and local school-based surveys of 9th through 12th grade students conducted by CDC (Centers for Disease Control & Prevention) every two years to provide data about alcohol, tobacco and other drug use and other risky behavior representative of high school students. The state and local surveys are facilitated by the NH Department of Education (DOE) and Department of Health and Human Services (DHHS). Information about NH's YRBS is available at <http://www.ed.state.nh.us/>.

**Substance Abuse and Mental Health Services Administration
National Outcome Measures (NOMs)**

DOMAIN	OUTCOME	MEASURES		
		Mental Health	Substance Abuse	
			Treatment	Prevention
Reduced Morbidity	Abstinence from Drug/Alcohol Use	NOT APPLICABLE	Reduction in/no change in frequency of use at date of last service compared to date of first service ▶	30-day substance use (non-use/reduction in use) ▶ Perceived risk/harm of use ▶ Age of first use ▶ Perception of disapproval/attitude
	Decreased Mental Illness Symptomatology	Under Development	NOT APPLICABLE	NOT APPLICABLE
Employment/ Education	Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status and of children by increased school attendance ▶	Increase in/no change in number of employed or in school at date of last service compared to first service ▶	Perception of workplace policy; ATOD-related suspensions and expulsions; attendance and enrollment
Crime and Criminal Justice	Decreased Criminal Justice Involvement	Profile of client involvement in criminal and juvenile justice systems	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service ▶	Alcohol-related car crashes and injuries; alcohol and drug-related crime
Stability in Housing	Increased Stability in Housing	Profile of client's change in living situation (including homeless status) ▶	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service ▶	NOT APPLICABLE
Social Connectedness	Increased Social Supports/Social Connectedness ¹	Under Development	Under Development	Family communication around drug use
Access/Capacity	Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity ▶	Unduplicated count of persons served; penetration rate-numbers served compared to those in need ▶	Number of persons served by age, gender, race and ethnicity
Retention	Increased Retention in Treatment - Substance Abuse	NOT APPLICABLE	Length of stay from date of first service to date of last service ▶ Unduplicated count of persons served ▶	Total number of evidence-based programs and strategies; percentage youth seeing, reading, watching, or listening to a prevention message
	Reduced Utilization of Psychiatric Inpatient Beds - Mental Health	Decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days ▶	NOT APPLICABLE	NOT APPLICABLE
Perception of Care	Client Perception of Care ²	Clients reporting positively about outcomes ▶	Under Development	NOT APPLICABLE
Cost Effectiveness	Cost Effectiveness (Average Cost) ²	Number of persons receiving evidence-based services/number of evidence-based practices provided by the State	Number of States providing substance abuse treatment services within approved cost per person bands by the type of treatment	Services provided within cost bands
Use of Evidence-Based Practices	Use of Evidence-Based Practices ²		Under Development	Total number of evidence-based programs and strategies

¹ For ATR, "Social Support of Recovery" is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends supportive of recovery.

² Required by 2003 OMB PART Review.

NEW HAMPSHIRE OFFICE OF ALCOHOL AND DRUG POLICY

2007 ALCOHOL AND OTHER DRUG FACT SHEET

SCOPE OF THE PROBLEM

- The 2002 and 2003 National Survey on Drug Use and Health (NSDUH) indicates that New Hampshire:
 - Has a higher than average rate of alcohol abuse or dependence (9.09% compared to 7.59% of the population);
 - Has one of the highest rates of abuse or dependence on illicit drugs among young people 18-25 years of age (27.7% vs. 21.37%); and
 - Has approximately 68,585 people who were dependent on either alcohol or illicit drugs and need treatment.

YOUTH

- Based on the 2005 New Hampshire Youth Risk Behavior Survey (YRBS) of high school students:
 - 19.3% of the students had their first drink of alcohol other than a few sips before age 13;
 - 44.0% of the students had at least one drink of alcohol on one or more of the past 30 days;
 - 28.4% of the students had 5 or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days (this is called “binge drinking”);
 - 7.1% of the students tried marijuana for the first time before age 13;
 - 25.9% of the students used marijuana one or more times during the past 30 days;
 - 9.0% of the students used any form of cocaine, including powder, crack, or freebase, one or more times during their life;
 - 3.3% of the students used some form of cocaine, including powder, crack, or freebase, one or more times during the past 30 days;
 - 11.3% of the students sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life;

- 2.1% of the students used heroin one or more times during their life;
 - 5.5% of the students used methamphetamines one or more times during their life;
 - 5.5% of the students used ecstasy one or more times during their life;
 - 1.8% of the students used a needle to inject any illegal drug into their body one or more times during their life; and
 - 26.9% of the students were offered, sold, or given an illegal drug on school property by someone during the past 12 months.
- Data from the NH Division of Children, Youth and Families for 2006 indicates that an average of 46% of parents or guardians in all child protective custody cases where abuse or neglect was confirmed had an identified substance abuse issue.
- Administrators at the Department of Health and Human Services' Tobey School estimate that approximately 20% of their students have either identified substance abuse issues for which they are involved in outside treatment (e.g., LADAC services, Drug Court) or significant issues with substance use that are being addressed through their school treatment plans. In addition, they estimate that, at a minimum, 15% also have familial substance abuse issues.

SUBSTANCE ABUSE AND CRIME, PUBLIC SAFETY & INCARCERATION

- According to the Department of Corrections' 2005 Annual Report, there were 2,280 individuals incarcerated in secured New Hampshire facilities, distributed as follows:
- NH State Prison – 1,406
 - Lakes Region Facility in Laconia – 255
 - Northern Correctional Facility in Berlin – 521
 - NH State Prison for Women at Goffstown – 98
- Other individuals involved with the Department of Corrections include:
- Individuals on Probation/Parole (includes offenders on Home Confinement) – 5,860
 - Individuals in the Secured Psychiatric Unit – 46; and
 - Individuals in Halfway Houses – 139

- Parole violators as a share of total prison admissions have increased from less than one-quarter of admissions in FY 1998 to almost one-third of all admissions in FY 2005.
- According to the NH Center for Public Policy Studies:
 - Twenty-two percent of the people incarcerated in state and county jails on any given day were convicted of a specific alcohol or drug crime, including DWI or the possession or sale of a controlled drug;
 - A much larger number—perhaps 80 to 85 % of all prisoners—have alcohol or other drug problems that may have played a role in their commission of other types of crime, from domestic violence to burglaries to sex offenses;
 - The overwhelming majority of offenders leave state or county custody with their alcohol or drug problems intact and unchecked, and many of those offenders commit new crimes and end up back in custody;
 - The NH Parole Board’s data for 2002 indicate that 93% of parole violators used both alcohol and other drugs; and
 - Approximately 12,700 people in New Hampshire—most of them outside the prison walls—have committed crimes and need treatment for alcohol or drug dependencies.
- The top 5 crimes which lead to commitment to NH prisons in SFY 2005 included:
 - Parole Violation (39.2 %)
 - Probation Revocation (10.2%)
 - Drugs-Manufacturing, Sale, Possession (9.9%)
 - Sex Offenses (8.4%)
 - Traffic Offenses (6.8%)

TREATMENT CAPACITY

- New Hampshire’s publicly-funded treatment system has the capacity to provide treatment for approximately 6,000 people (or 10% of the people who need it).
- Data collected by the Division of Public Health Services (DPHS) indicates that in 2005, 5,783 individuals were enrolled in state-funded substance

abuse treatment programs and 629 individuals were enrolled in methadone maintenance programs (regulated by the state but not funded by the state), and that of these 5,783 individuals in the state-funded programs:

- Approximately 65% were men and approximately 35% were women; and
 - The three drugs most likely to be considered these individuals' primary drug of choice were alcohol, marijuana, and heroin.
- In 2005, the average wait time in New Hampshire before an individual could receive any kind of residential treatment services was 58 days, 11 days for crisis/detoxification, 14 days for any kind of outpatient services and 3 days for methadone maintenance.

HEALTH, HEALTH CARE, MORBIDITY AND MORTALITY

Alcohol and other drugs play a significant role in the morbidity and mortality of NH's citizens, as evidenced by the following facts:

- New Hampshire's Medical Examiner indicated that:
 - There were 147 deaths in 2005 due solely to drugs, with the top four drugs being opiates, methadone (from the sale of illegally diverted prescription methadone and other sources, not from methadone clinics); cocaine, and alcohol; and
 - Most drug deaths were characterized as "accidental," (usually from an overdose) with suicide being the second highest cause.
- In 2004, the NH Highway Safety Agency reported that of 116 motor vehicle fatalities, 47 (or about 37%) were alcohol related.
- One in every five Medicaid hospital days (20%) is attributable to substance abuse.

SCOPE AND MAGNITUDE OF THE PROBLEM IN NEW HAMPSHIRE

New Hampshire rates of alcohol and drug abuse are higher than many other areas of the country

Note: Data in tables from SAMHSA NSDUH 2002 – 2003 Reports:

	NATIONAL AVERAGE			NEW HAMPSHIRE		
Percentage Alcohol and Drug Use						
Topic	All	12 to 17	18-25	All	12 to 17	18-25
Illicit Drug Use Abuse (past month)	8.25%	11.4%	20.24%	11.15%	14.46%	29.61%
Marijuana (month)	6.18%	11.03%	17.17	10.23%	11.79%	27.31%
Alcohol Use (past month)	50.50%	17.67%	60.91%	59.8%	21.44%	71.78%
Binge Drinking (5 or more drinks on one occasion) in the past month)	22.75%	10.65%	41.25%	24.02%	13.29%	49.11%

Rates of alcohol abuse and dependence in New Hampshire are higher than national averages:

Percentage of Alcohol and Drug Abuse and Dependence (DSM IV)

Alcohol Abuse or Dependence (within past year)	7.59%	5.88%	17.43%	9.09%	7.54%	23.21%
Alcohol Dependence (within past year)	3.34	2.09	6.87	3.48	2.32	7.69
Drug Abuse or Dependence (within past year)	9.22	8.89	21.37	10.90	11.69	27.70
Illicit Drug Dependence (within the past year)	1.91	2.97	5.36	2.07	3.19	7.36

Data in this table from the National Survey on Drug Use and Health (formerly National Household Survey)

	NATIONAL AVERAGE			NEW HAMPSHIRE		
Alcohol and Drug Use (Estimated number of people rounded off to nearest thousand)						
Topic	All	12 to 17	18-25	All	12 to 17	18-25
Illicit Drug Use Abuse (Past Month)				137,790		
Marijuana (past month)				126,420		
Alcohol Use (past month)				739,000		
Binge Drinking* (past month) * 5 or more drinks on one occasion				296,589		

Alcohol and Drug Abuse and Dependence (DSM IV)

(Estimated number of people rounded off to nearest thousand)

Alcohol Abuse or Dependence (within past yr)				112,333		
Alcohol Dependence (within past year)				43,005		
Drug Abuse or Dependence (within past year)				134,700		
Illicit Drug Dependence (within the past year)				25,580		

Data in this table from the National Survey on Drug Use and Health (formerly National Household Survey) 2003/2004 and based on US 2000 Census Report for NH
NH Population 2000: 1,235,786

ALCOHOL: THE BIGGEST ISSUE

According to the publication *New Hampshire Alcohol Data 1990 to 2003* (DHHS, 2003), In 2003 almost half of New Hampshire high school students in grades 9-12 reported current alcohol use, and one in three reported binge drinking. In 2003, less than one in five New Hampshire college students surveyed reported abstaining from alcohol consumption, while over half reported binge drinking. Alcohol dependence and alcohol with secondary drug dependence, accounted for the highest percentage (56%) of admission rates to publicly funded treatment programs in New Hampshire (NSDUH 2003).

Risky drinking has been associated with such health problems as: high blood pressure, violence, sexually transmitted disease, unintentional injuries, cirrhosis, cancer, heart disease, stroke, fetal alcohol syndrome, and depression. In 2002, 38% of all motor vehicle crash fatalities in New Hampshire were alcohol related.

"As a state, we must confront these data head on," remarked John A. Stephen, Commissioner of Health and Human Services. "Risky behavior, such as binge drinking or heavy drinking, has lifelong health consequences. Alcohol also plays a key role in many driving related injuries and fatalities as well as other accidental injuries and death. This is a significant public health issue facing New Hampshire."

Other key findings about the impact of alcohol use in New Hampshire include:

- ❑ In 2002, 29% of women enrolled in the public prenatal programs reported drinking alcohol 3 months prior to pregnancy. Research has shown that women who use alcohol prior to pregnancy recognition, which may be interpreted as a portion of time 3 months prior to pregnancy, often continue using alcohol during pregnancy.
- ❑ In 2003, 26% of high school students in New Hampshire reported initiating alcohol use before age 13. Youth who initiate alcohol use before age 13 are at an increased risk for alcohol dependence.
- ❑ In 2002, 80% of New Hampshire college students surveyed reported current alcohol use and 58% reported binge drinking, indicating the majority of college students are engaging in risky drinking behaviors.

DRUG USE: A GROWING PROBLEM

New Hampshire ranks among the states with the highest rates of illicit drug dependence among young people 18 to 25 years of age and the highest rates of drug dependence among all age groups (NSDUH 2003).

Marijuana

New Hampshire is among the states with the highest rates of Marijuana use (NSDUH 2003)

Heroin

According to the US Department of Justice, National Drug Intelligence Center, retail quantities of heroin, primarily South American heroin, are most readily available in the Plymouth area, the Seacoast region, and the western part of the state, and are increasingly available in rural areas of New Hampshire.

Cocaine

New Hampshire is among the states with the highest rates of Cocaine use (NSDUH 2003)

Methamphetamine

Although treatment admissions for methamphetamine abuse remain relatively low, these rates have doubled over two years (from 2000 to 2003). In addition methamphetamine drug lab seizures have increased over the past two years.

ALCOHOL AND OTHER DRUG TREATMENT ADMISSION RATES:						
	Alcohol	Marijuana	Opiates	Cocaine	Amphetamines	Total of All Treatment Admissions
2000	3955	1075	540	449	21	6437
2003	2945	850	776	430	42	5364

SCOPE OF SUBSTANCE ABUSE PROBLEMS IN NEW HAMPSHIRE CORRECTIONAL FACILITIES

Excerpts for the NH Center for Policy Studies: “Under the Influence”:

- Crime in New Hampshire is virtually synonymous with alcohol and other drugs. Twenty-two percent of the people incarcerated in state and county jails on any given day were convicted of a specific alcohol or drug crime, including DWI or the possession or sale of a controlled drug. A much larger number—perhaps 80 to 85 percent of all prisoners—have alcohol or other drug problems that may have played a role in their commission of other types of crime, from domestic violence to burglaries to sex offenses.
- The Center estimates that approximately 12,700 people in New Hampshire—most of them outside the prison walls—have committed crimes and need treatment for alcohol or drug dependencies.
- New Hampshire’s taxpayers will pay about \$104 million to prosecute, incarcerate, or otherwise supervise the individuals who committed alcohol- or drug-related crimes over the previous year (FY 2001).
- Thousands of inmates with alcohol and drug problems spend months in county jails and receive little if any treatment; the counties invest only 1 or 2 percent of their corrections budgets in treatment.
- Spending on corrections in New Hampshire has been soaring for two decades. The NH Department of Corrections was the third-fastest growing function supported by the state’s general fund. Spending is up because New Hampshire is incarcerating more people in state prisons than ever before. Comparable growth in inmate populations and expense has occurred in the state’s 10 county jails, which are financed primarily by local property taxpayers. Keeping thousands of people locked up cost the state and counties more than \$102 million in FY 2001 and is crowding out the state and county governments’ ability to address other public priorities.
- A health problem—alcohol or drug dependencies—has contributed to crime and helped fill New Hampshire’s jails and prisons, yet treatment for alcohol and drug problems has been a low priority for state and county departments of correction.

- The alcohol- and drug-related crimes committed last year alone will end up costing New Hampshire's taxpayers approximately \$104 million. In addition, the victims of those crimes will lose approximately \$40 million in medical expenses, property damage, and lost wages, to say nothing of the pain and suffering associated with the crimes. (See Figure 1 and detailed calculations summarized in Table 6.)

For additional information Reference: NH Center for Public Policy Studies Documents:

- Under the Influence – 2002
- Under the Influence II – 2002