

## INTRODUCTION

- 80% of opioids globally are consumed by Americans.<sup>1</sup>
- 700,000+ deaths attributed to opioids in America between 1999 and 2020.<sup>2</sup>

**First Wave: (1998-2008)** Over prescription of synthetic opioids, falsely marketed as less deadly and addictive.<sup>1</sup>  
**Second Wave: (2009-2013)** Resurgence of heroin as a result of the restriction of opioid prescriptions.<sup>3</sup>  
**Third Wave: (2014-Present)** The rise of fentanyl because of its accessibility, cost, and potency.<sup>3</sup>

- Fentanyl is 50x stronger than heroin, 100x stronger than morphine. Lethal dose of fentanyl is 2 milligrams.<sup>4</sup>

In 2011, New Hampshire reported 201 opioid-related deaths. That number more than doubled by 2016.<sup>5</sup>

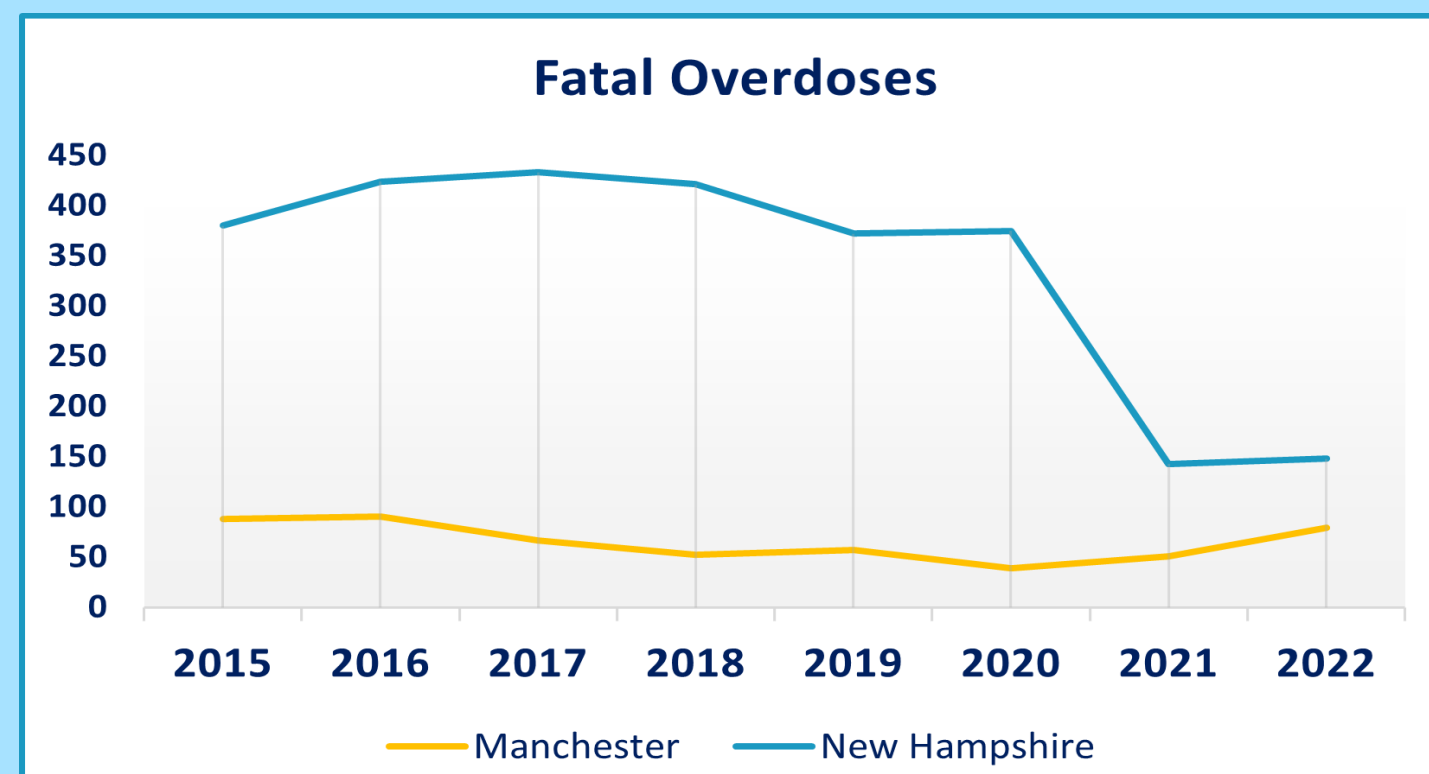


Figure 1. Chart comparing fatal overdoses in Manchester and in New Hampshire from 2015 to 2022. Data pulled from American Medical Response Opioid Crisis Annual Summary Reports for Manchester, NH from the Department of Health and Human Services website<sup>6</sup> and the New Hampshire Office of Chief Medical Examiner's annual Drug Death Data reports.<sup>7</sup>

In 2019, fatal overdoses in Manchester made up more than 15% of the states total.<sup>7</sup>

## RESEARCH QUESTIONS

- What are the needs of the Manchester community in coping with, and responding to the Opioid Epidemic?
- What changes should be made in current policy to more effectively support the community?

## METHODS

### METHODOLOGY & DATA COLLECTION

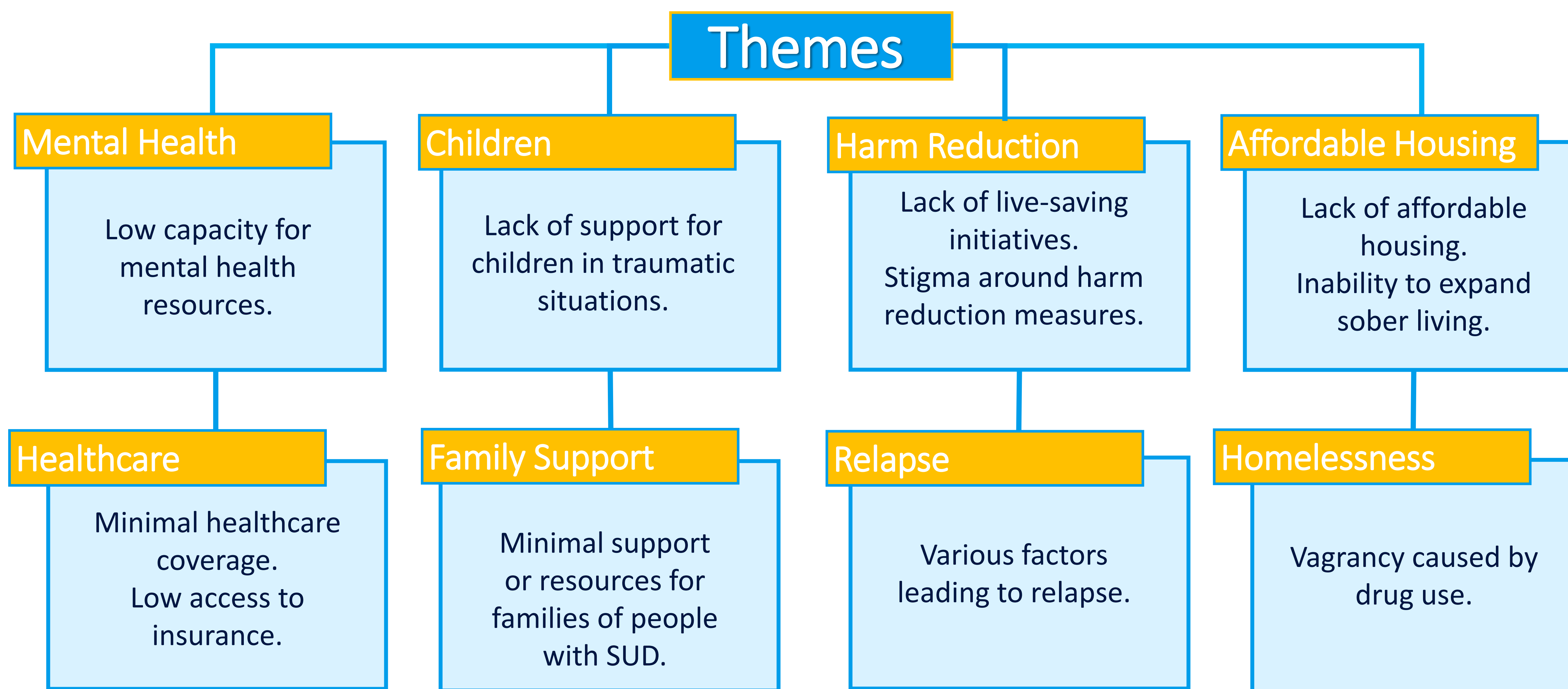
23 total participants. Participant groups 1-3 participated in 20-30-minute interviews. Group 4 participated in a 45-minute focus group. Quantitative data gathered from compiling information from government websites and documents.

- Group 1:** Four Non-profit workers or Recovery Specialists
- Group 2:** Five First Responders
- Group 3:** Five Policy Experts
- Group 4:** Seven People in Recovery

### DATA ANALYSIS

3 waves of qualitative coding were conducted to identify major themes within the four groups using NVivo Software. **Wave 1:** Descriptive coding, **Wave 2:** Sentiment coding, **Wave 3:** In Vivo coding. These codes were used to create themes based on recurring patterns, which were then compared between the groups to find similarities and differences.

The themes identified by the analysis were compared with the quantitative data on opioid overdoses and fatal overdoses. They were also compared to the quantitative data tracking federal grants, which are sorted into five categories outlined by the CDC as characteristics of an effective response to a health epidemic.



**Mental Health**  
Low capacity for mental health resources.

**Children**  
Lack of support for children in traumatic situations.

**Harm Reduction**  
Lack of live-saving initiatives. Stigma around harm reduction measures.

**Affordable Housing**  
Lack of affordable housing. Inability to expand sober living.

**Healthcare**  
Minimal healthcare coverage. Low access to insurance.

**Family Support**  
Minimal support or resources for families of people with SUD.

**Relapse**  
Various factors leading to relapse.

**Homelessness**  
Vagrancy caused by drug use.

## Federal Opioid Response Funding to New Hampshire

**Capacity**  
State and local ability to respond quickly and effectively to overdose outbreaks by providing resources, licensing, and building partnerships.

**Prevention**  
Preventing overdoses and further development of Opioid Use Disorder through educational and awareness campaigns.

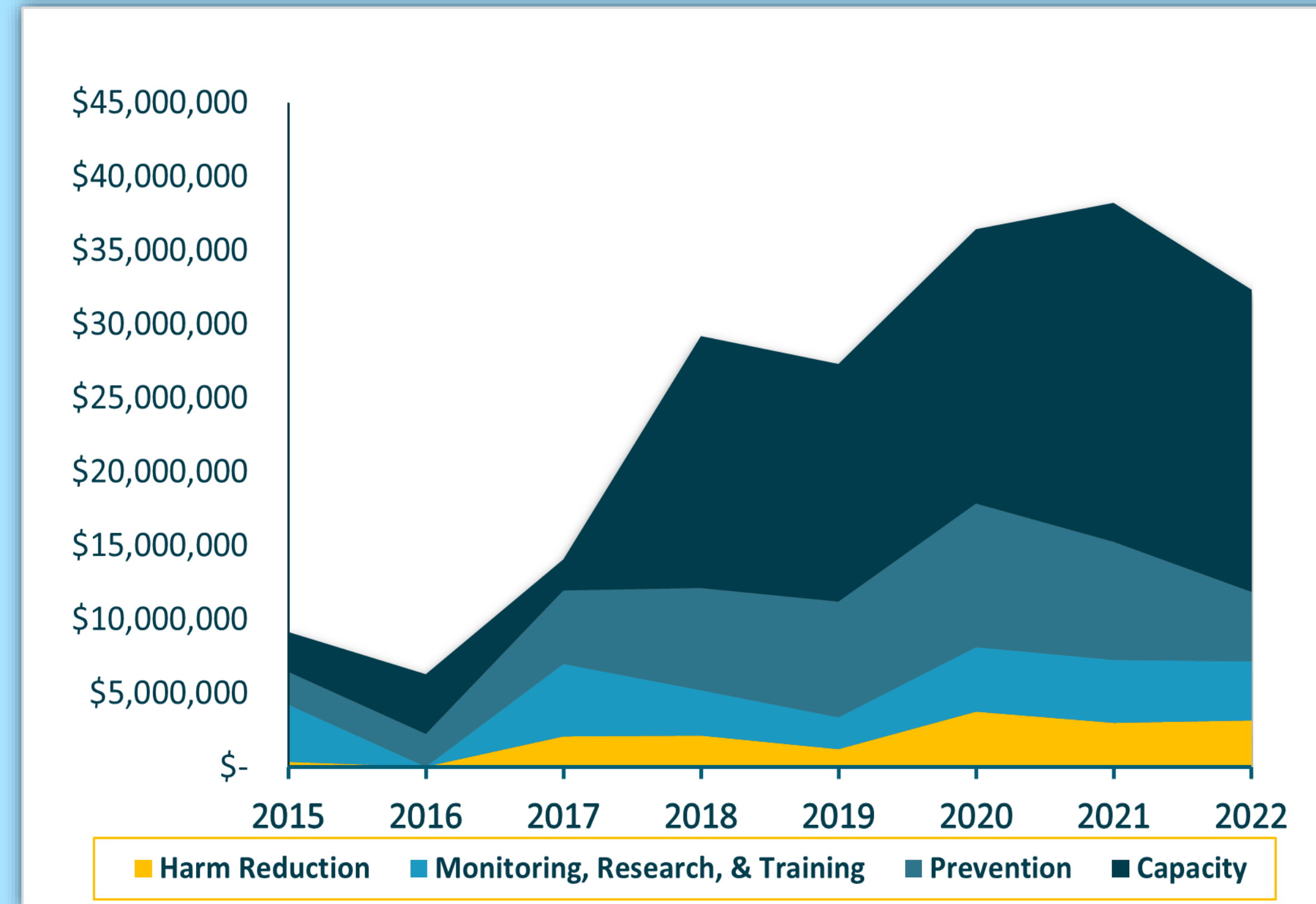


Figure 2. Chart depicting the funding from the federal government to New Hampshire to respond to the Opioid Crisis. Funding categories based on the CDC's Evidence-Based Opioid Response Strategies.<sup>8</sup> Data gathered from USASpending.gov.<sup>9</sup>

**Monitoring, Research, Training**  
Monitoring trends for hotspots and spikes to effectively allocate resources and training.

**Harm Reduction**  
Programs and strategies aimed at preventing fatalities and minimizing negative consequences associated with drug use.

## RESULTS

### Support and Resources

- The city does not have the support and resources it requires but is working efficiently for the resources it has.
- More support should be offered through the federal government and coordinated through the state.

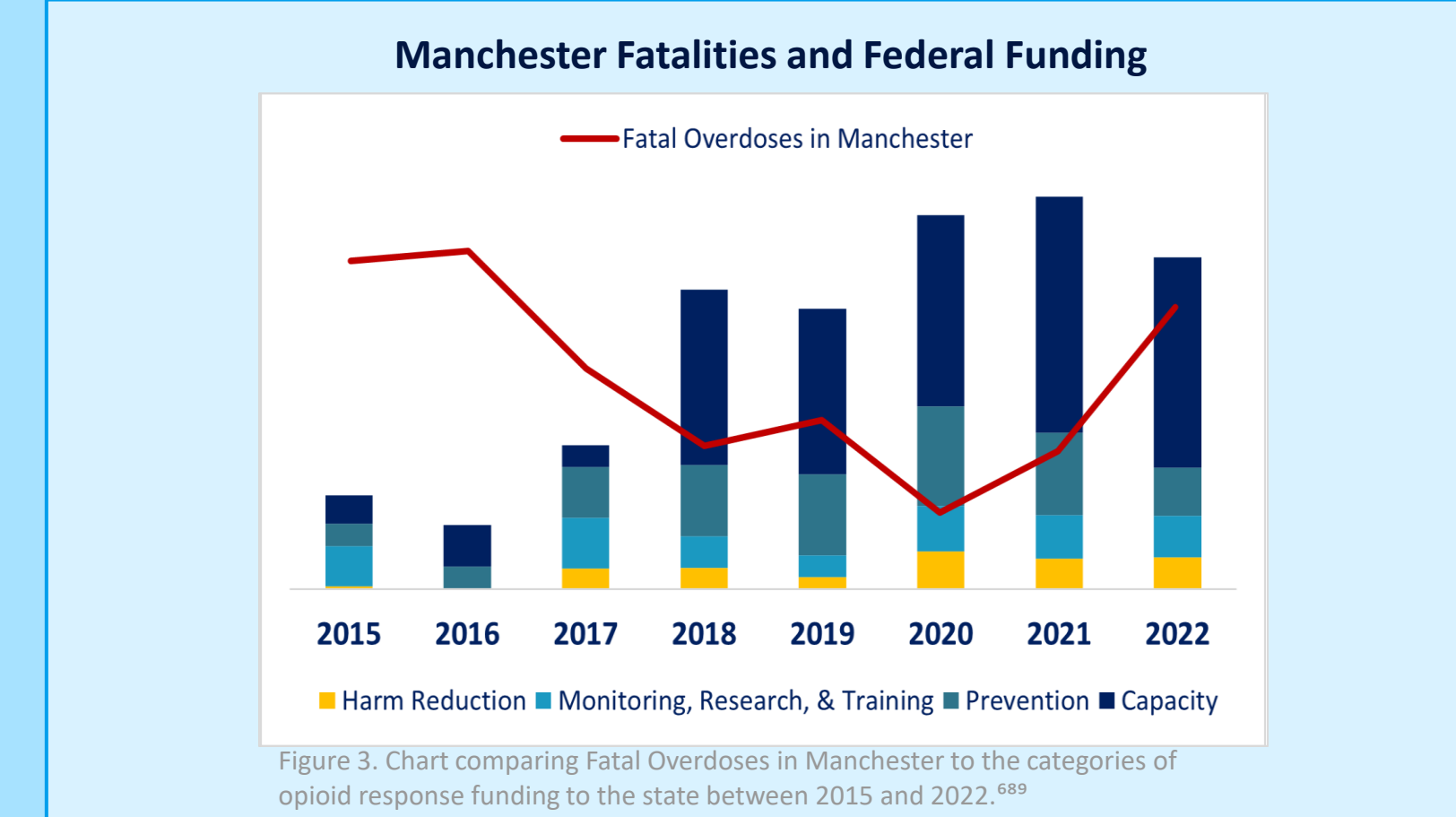


Figure 3. Chart comparing Fatal Overdoses in Manchester to the categories of opioid response funding to the state between 2015 and 2022.<sup>9</sup>

### Funding

- Capacity funding has been primarily allocated to Manchester, causing the population of people with SUD to grow.
- With the growing population of people with SUD, there should be more efforts targeted at Harm Reduction.
- The City's Capacity to treat people with SUD is limited by a lack of affordable housing, in-patient care, and extended care. Funding should shift from connecting resources to providing them.
- More money should be put into Prevention toward Mental Health and supporting children.

## POLICY REFORM AREAS

**Strengthen Mental Health Resources**

**Provide More Support For Children in Traumatic Environments**

**Expand Harm Reduction Measures**

**Expand Affordable Housing and Sober Living**

**Healthcare Reform for Access to Long-Term Treatment (more than 30 days)**

## FUTURE RESEARCH

- Re-analyzing the federal funding data with the more specific CDC Framework guiding principles to improve the accuracy of the quantitative data.
- Expanding on the policy reform areas by researching effective response models to cross-analyze with the specific needs of the Manchester community in order to identify comprehensive, evidence-based policy reform suggestions.
- Diving deeper into the homelessness crisis in Manchester and drawing comparisons between study findings to cross-analyze with state licensing and zoning regulations in order to provide policy reform suggestions that would address both issues.

## Federal Response

- Participants in groups 1 and 3 shared negative views about the ability of the federal government respond.
- Sentiments in groups 2 and 4 were mixed.

## State Response

- Participants in all groups held mixed views on the State's ability to respond.
- 5 participants mentioned that the state is slow to adapt.

## City Response

- 17 participants across all groups had positive views of the local ability to respond given the resources at hand.
- Only 2 suggested the city could do more.

References  
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