The following information developed by key stakeholders provides context for health care and community service providers and their staff relative to the state’s comprehensive effort to address the opioid and overdose crisis. Materials associated with these efforts are available at anyoneanytimenh.org

1. More people died in New Hampshire from a drug-related overdose in 2014 than ever before, and the majority of deaths were caused by opioid overdose (e.g. prescription pain relievers, heroin, street fentanyl, etc.). Drug overdose deaths totaled 326 in 2014, and 232 have been confirmed for 2015 as of September 18, 2015.¹

2. To help prevention overdose deaths, the opioid antagonist NALOXONE can now be prescribed by any prescriber to any person or patient who may be at risk of an opioid overdose or who knows someone who may be at risk of an overdose. House Bill 271² was signed into law and became effective July 2, 2015. The law stipulates:

   A health care professional authorized to prescribe an opioid antagonist may prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose; and

   No health care professional who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist directly or by standing order and no person who, acting in good faith and with reasonable care, stores, dispenses, or distributes an opioid antagonist or administers an opioid antagonist to another person who the person believes is suffering an opioid-related drug overdose shall be subject to any criminal or civil liability, or any professional disciplinary action, for any action authorized by [the law] or any outcome resulting from an action authorized by [the law].

3. Pharmacies should be prepared to fill prescriptions for naloxone that may be filled by friends and family. Family and friends are often experiencing significant emotions associated with their loved one’s opioid dependence and are likely to have questions about how to use the naloxone, when to call 911, what signs they should be looking for, and so forth. A helpful set of instructions is included with this letter. Please use this or other materials as a reference. Compassionate and informational responses are often helpful to loved ones who are learning about how to use naloxone in a life-threatening situation.

4. The Department of Health and Human Services has purchased intranasal naloxone kits and is distributing them to community health centers and other public health partners for free distribution and patient/public education in the administration of naloxone. Participating community health centers are listed at anyoneanytimenh.org.

5. Hospital Emergency Departments in New Hampshire may consider providing intranasal naloxone to someone who is being treated in the emergency room for an opioid overdose. As described above, medical staff can prescribe the take-home naloxone kits to the individual patient or to friends or family of the patient who may be with them in the ER.

6. Health Insurers should consider the implication of NH’s new naloxone access law in terms of coverage for naloxone prescriptions that may be for a friend of family member. Allowing coverage of the low-cost intranasal form of naloxone to the insured as well as to friends and family of the insured will support the legislation and its intent – to help save lives and provide hope for treatment and recovery.

¹ New Hampshire Medical Examiner’s Office
² http://www.gencourt.state.nh.us/legislation/2015/HB0271.html
7. **House Bill 270**, also known as the “Good Samaritan Law,” was signed and became effective on June 2, 2015. This law protects anyone who acts in good faith to help in an opioid overdose situation from arrest or prosecution for possession or use of illegal drugs.

8. **The increase in the misuse of opioids increases risk of infectious diseases such as HIV and Hepatitis.** All health professionals and systems are asked to underscore these risks with patients and to provide adequate prevention, screening, testing and treatment for infectious diseases associated with needle-injecting drug use. More information and resources are available at [http://www.cdc.gov/hiv/riskbehaviors/idu.html](http://www.cdc.gov/hiv/riskbehaviors/idu.html) and from other federal partners.

9. **Relevant resources, practice rules, and other protocols** being amended or adopted by the NH Boards of Pharmacy and Medicine to support the naloxone access are available on-line:
   - NH Board of Medicine statement allowing prescribers to prescribe naloxone to non-patients
   - NH Board of Pharmacy information and resources to support naloxone access.

10. **The Department of Safety’s Bureau of Emergency Medical Services** has provided training for medical credentialed staff to educate patients or clients on naloxone administration.

11. **The NH 211 Information and Referral Line** is an active state partner and is providing information and referral services to the public for those seeking treatment and recovery support services.

12. **NH’s Health Protection Program (NH HPP)** is currently providing health coverage with a broad array of treatment and recovery support services in its benefit package for low income adults. For information on eligibility or registration, visit [http://www.dhhs.nh.gov/ombo/nhhpp/](http://www.dhhs.nh.gov/ombo/nhhpp/).

13. **The NH Bureau of Drug and Alcohol Services** has funded the state’s Regional Public Health Network and Community Health Center systems for expanded prevention services, universal alcohol and drug screening among all patients, and is rolling out strategies this fall for expanded Medication Assisted Treatment and Recovery Support Services.

14. **The Departments of Health and Human Services, Safety, and other state agencies** are aggressively seeking federal support to expand prevention, treatment and recovery support services. This year alone, the state and communities have been awarded $2.5M in federal funding for school- and college-based prevention services, $324,997 in new Drug Court funding, $248,564 in youth treatment planning funds, $500,000 in Drug Free Community prevention coalition funding, and $75,000 in peer recovery support capacity development.

15. **AnyoneAnytimeNH** is a public awareness and education initiative of the New Hampshire Department of Health and Human Services. Media and promotional materials for public education and awareness associated with naloxone access, prevention messages, and treatment and recovery resources are available at [www.anyoneanytimenh.org](http://www.anyoneanytimenh.org). Materials will be expanding and continually updated on this site as the campaign continues.

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