Community Voices for Strategic Planning:

NH Governor's Commission on Alcohol and Drugs

Data Report: 2021 Community Experience Survey, Focus Groups, Key Informant Interviews, and 2022 Listening Session

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Table of Contents

Tables

Figures

Introduction

The Governor's Commission on Alcohol and other Drugs (the Commission)[1] was established in 2000 through a legislative initiative that established the original "Alcohol Fund", which designated a percentage of the proceeds from sales of alcohol to be distributed for prevention and treatment as directed by the Commission. The legislation has been updated several times since then, including changes to the Commission's name, membership, reporting requirements, and to the "Alcohol Fund". The Commission aims to significantly reduce alcohol and other drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated substance misuse prevention, treatment, and recovery services throughout the state.

The Commission is required to provide a strategic plan and regular reports. The current strategic plan is the 3-year Action Plan spanning 2019-2022 with a focus on alignment, coordination, innovation and accountability. The plan encompasses best practices and other key strategy recommendations made by Commission members, Commission Task Forces, and other key stakeholders. As this current plan's timeline approaches its completion, the Commission has conducted a data and input gathering process to inform the development of the next strategic plan. The next strategic plan will:

- Revise and update the current plan
- Focus on diversity, equity, and inclusion
- Review progress and identify gaps
- Include strategies to mitigate impacts of the COVID-19 pandemic
- Include strategies recommended by the Stimulant Work Group to address rising stimulant misuse

The process for developing the next strategic plan included researching available data, progress on existing strategies, and complementary state plans. Next, JSI conducted several primary data collection activities, including the following:

- Online **community experience survey** with residents 18 years and older with experience or concern about alcohol and substance use in NH in the past three years (n=1,733);
- Virtual **focus groups** (n=2) with NH adult residents with personal experience (themselves or a family member/friend) with substance misuse;
- **Key informant interviews** (n=22) with current members of the Commission and representatives of state agencies or departments directly involved in activities related to alcohol and other drugs; and

[1] Currently, the Commission's name in legislation is the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery. The Commission, however, has recognized that this language is outdated and has voted to do business publicly with a shortened name, as the Governor's Commission on Alcohol and other Drugs, until such time as this change is made legislatively.

- Virtual **public input listening session** (n=34 attendees) with professionals working in the field across the continuum of care.

The data from these activities were analyzed and presented to the Task Forces and the Commission for review and to gather recommendations for revisions to the plan. The Chair of the Commission oversees the process and will approve the final strategic plan for dissemination.

This report is a summation of findings from all primary data collection activities described above. It is intended as a supplement to the 2022-2024 Strategic Plan.

Community Experience Survey

The following section provides findings from the community experience survey (n=1,733). The purpose of the Community Experience Survey was to learn about experiences related to alcohol and other drugs in New Hampshire. More specifically, the survey asked about the use of services and supports for the respondents themselves and and/or use for a family member/close friend. The survey also asked about gaps in awareness of resources across the continuum of care including Prevention, Harm Reduction, Treatment, and Recovery & Family Support. For respondents who identified that they had used a particular service, they were then asked about their experiences (benefits and challenges) when accessing those services and supports. Finally, the survey asked respondents about the impact of the COVID-19 pandemic on their own substance use.

Methodology

Data Collection

Any NH resident 18 years old or older affected by or concerned about alcohol and drug use in the last three years during the time of January 2019 to present (at the time of taking the survey) was eligible to participate in the survey. The survey was open from June 17, 2021 until August 6, 2021. Recruitment was conducted through sharing social media ads, utilizing the networks of agencies and providers connected to JSI and/or the Commission, and printed communication materials sent to key organizations providing supports and services across the continuum of care. Incentives for completing the survey were offered through a lottery system. Respondents who completed the survey had the opportunity to enter their name in a separate system for a chance to win one of 50 $40 gift cards. The survey was offered in English and Spanish. Responses in Spanish were translated into English, then updated in the final data set.

Data Analysis

First the data were cleaned by removing invalid responses and duplicates, and recoding variables needed for the analysis. Once the data were cleaned, the final analytical sample was n=1,733. Frequencies were run for all variables and demographics. In addition, key questions were stratified by age, race/ethnicity, and sexual orientation/gender identity. Chi-square statistical tests were run to test for statistically significant differences in services use and awareness and use of substances during the COVID-19 pandemic. Any results with a sample size of less than 5 were suppressed to maintain anonymity of respondents.

Results

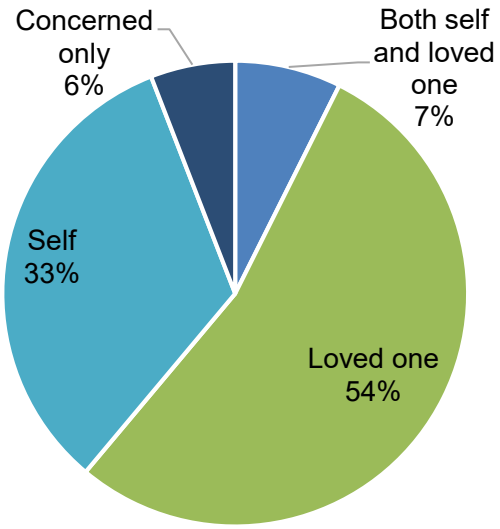
Sample Demographics

Table 1 includes the sample demographics, which show a diverse group of respondents. About half of the respondents to the community survey were male (49%), 43% were female, 7% identified as a transgender male or female, and 2% identified as another gender (e.g., non-binary or gender-nonconforming). A majority of respondents identified as heterosexual/straight (85%) and 15% identified as lesbian, gay, bisexual, or another sexual orientation (LGBQ+). About half of the respondents identified as white, non-Hispanic (47%), 16% identified as Black or African American, 13% as Hispanic/Latinx, 7% as another race (includes Asian, American Indian/Alaskan Native, Middle Eastern/North African, and Native Hawaiian/Pacific Islander), and 17% as multi-racial. Three quarters of the sample was between the ages of 22-29 (26%) or 30-49 years old (49%), with less respondents under 22 years old (11%) or 50 years or older (14%). On the whole, the sample had a high income: 48% had an annual household income between $45K and $100K and 30% had an annual household income greater than $100K. All regional public health networks (RPHN) were represented by respondents, with the greatest number of respondents coming from Greater Monadnock (12%), Capital Area (11%), and North Country (10%), and the least number coming from the Upper Valley (3%).

Table 1: Sample Demographics

	Percent	Frequency
Sexual Orientation		
Bisexual	7%	119
Lesbian/Gay	7%	125
Straight	85%	1462
Another SO	1%	24
Gender Identity		
Trans male/female	7%	114
Male	49%	845
Female	43%	741
Another GI	2%	28
Race		
Multi-Racial	17%	293
Black/African American	16%	280
American Indian/Alaskan Native	3%	50
White	47%	816
Asian	2%	35
Hispanic/Latinx	13%	224
Other*	2%	117

In terms of personal experience with alcohol or drug use, 54% indicated that they had a family member or friend that had been affected by alcohol or drug use since January 2019. An additional 33% had themselves been affected by alcohol or drug use, 7% had both a loved one and themselves experienced substance misuse, and 6% solely identified a general concern about alcohol and drug use in New Hampshire without personal experience (Figure 1). To be eligible for the survey, respondents had to have experience (either personal or through family members) or be concerned with alcohol and drug use in the past three years. It is important to note that this sample of respondents therefore represents a select group of NH adult residents and should not be generalized to the population of NH as a whole.



Use of Services & Gaps in Awareness

Respondents were asked a series of questions related to their use (either for themselves or a family member/friend) and awareness of alcohol and drug use services and supports in NH. While there are many more SUD resources available in NH, the survey asked specifically about those services and supports identified in the previous strategic plan. Responses are provided in Table 2, organized by type of service (i.e., prevention, service access, harm reduction, treatment, and recovery and family support services).

For most of the services and supports asked about in the survey, about half of the respondents identified use for themselves and/or a family member/friend. On average, about 20% of the respondents have used the services and supports for themselves. Another 30%, on average, used the services and supports for a loved one. A higher percentage of respondents used the Doorways system for themselves (22.3%) or their loved one (35.8%). Respondents also were more likely to have used safe storage (22.5%) and Medication for Alcohol Use Disorder (22.2%) for themselves, and Medication for Opioid Use Disorder (34.1%) and Youth Prevention services (33.4%) for a loved one.

On average, 32% of respondents had not used the services and supports but were aware of them. Not surprisingly, while respondents were aware of the Adult Drug Court and services in a language other than English, a higher percentage had not used these programs (33.8%). More surprising was the fact that a higher percentage of respondents were aware of Transitional Living programs and Prescription Drug Take Back events but had not used them (33.6% and

34.3%, respectively). About 19% of respondents, on average, were not aware of the SUD services and supports. The largest gaps in awareness were of specialized treatment services, such as gender-specific (21.6%), affinity groups (21.5%), and language other than English (21.4%), and recovery support services (21.8%) (e.g., childcare and transportation).

Table 2: Use of Services and Supports

	Used for Myself	Used for a Loved One	Did not use, but am Aware	Did not use, and Not Aware
Preventing Problematic Alcohol and Drug Use				
Youth Prevention program. For example, Life of An Athlete, Juvenile Court Diversion, or Student Assistance Programs.	20.6%	33.4%	28.0%	20.0%
Prescription Drug Storage & Disposal				
Prescription drug drop box at a hospital, pharmacy or police department	21.0%	31.9%	32.4%	15.3%
Prescription Drug Take Back Event (offered twice a year)	21.4%	26.8%	34.3%	17.7%
Safe disposal (i.e., Deterra)	20.3%	31.2%	29.0%	19.5%
Safe storage (i.e., lock box)	22.5%	28.4%	29.8%	19.3%
Access Points for Alcohol and Other Drug Services				
Doorways system (either through the website, calling 211, or visiting a physical location)	22.3%	35.8%	25.5%	16.8%
NH Alcohol and Drug Treatment Locator (www.nhtreatment.org)	21.0%	29.9%	30.8%	18.6%
Mobile crisis response teams (emergency mental health services in your home or community)	21.2%	30.0%	31.0%	18.2%
Reducing Negative Consequences of Drug Use				
Syringe service programs	18.4%	32.3%	32.2%	17.3%
Free naloxone	20.0%	29.9%	32.9%	17.4%
Substance Use Disorder Treatment Services				
Medication for Opioid Disorder (methadone, buprenorphine, naltrexone)	18.9%	34.1%	31.7%	16.4%
Medication for Alcohol Use Disorder (e.g., naltrexone, disulfiram)	22.2%	27.1%	32.4%	18.8%
Medication for Tobacco Use Disorder (e.g., bupropion, varenicline)	19.8%	29.2%	31.7%	20.4%
Services for specific gender groups such as women, men, transgender	19.0%	27.3%	33.3%	21.6%
Services for specific groups such as pregnant, LGBTQ+, veterans, adolescents	17.7%	28.8%	33.4%	21.5%
Services in a language other than English	18.8%	27.2%	33.8%	21.4%
Adult Drug Court	18.7%	27.8%	33.8%	20.3%

	Used for Myself	Used for a Loved One	Did not use, but am Aware	Did not use, and Not Aware
Recovery Support Services				
Recovery housing (e.g., sober house)	21.5%	31.6%	33.4%	14.1%
Transitional living (supervised recovery housing with at least three hours of clinical services per week)	20.3%	28.9%	33.6%	18.3%
Recovery support services (e.g., childcare, transportation)	19.8%	30.2%	29.4%	21.8%
Peer recovery support services (e.g., recovery coaching, telephone recovery supports, group meetings)	21.5%	32.5%	29.8%	18.3%
Job training or other job skills programs	21.0%	27.8%	33.2%	18.9%
Family Support and Services				
Home visiting services to support SUD recovery	17.6%	33.2%	30.2%	19.4%
Programs for grandparents who are parenting/have custody of their grandchildren	20.7%	27.6%	32.3%	19.8%

Tables 3-6 in the Appendix show use of services and gaps in awareness by sexual orientation, gender identity, and race/ethnicity. Use of services was higher among LGB respondents when compared to heterosexual respondents. For example, 81% of lesbian and gay respondents used the Mobile Crisis Response Teams for themselves or a loved one compared to 62% of heterosexual respondents. A much higher percentage of bisexuals used Naloxone compared to heterosexual respondents (52% versus 35%). Overall, there was not much difference in service use by age or race/ethnicity. A few exceptions were a lower rate of use among white, non-Hispanic respondents (in comparison to BIPOC respondents) of services in a language other than English, Adult Drug Court, and programs for grandparents as caregivers.

Overall, the highest gaps in awareness were among heterosexual, BIPOC, and older respondents. Gaps in awareness were substantially higher among those that identify as heterosexual. About 20-25% of heterosexual respondents did not know of most of the services and supports. This was much different than the 5-10% of LGB respondents that were unaware across most of the services and supports. For example, 21% of heterosexual respondents did not know about transitional living programs compared to 4% of bisexual and 5% of lesbian/gay respondents. Similar patterns were found with transgender respondents compared to their cisgender peers. BIPOC respondents had a higher gap in awareness when compared to white, non-Hispanic respondents. This was especially true for recovery services and harm reduction programs. For example, while only 9% of white, non-Hispanic respondents were unaware of free naloxone, almost one fifth of Black/African American and Hispanic/Latinx respondents did not know about this service (19% and 18%, respectively). Similarly, only 9% of white, non-Hispanic respondents were unaware of recovery housing programs, while 20% and 24% of Black/African American and Hispanic/Latinx respondents did not know about these programs. In terms of age, the greatest gap in awareness was for those 50 years or older and less than 22

years old. This was especially true for those 50 years or older in relation to the Mobile Crisis Response Teams (38% were unaware) and Medication for Opioid Use Disorder (33% were unaware). Of note, 31% of those 50 years and older did not know about family support services, including home visiting and grandparents as caregivers programs.

Experiences Using Services

Respondents were asked to identify from a list of potential challenges those that they or their loved ones have faced in being able to use the alcohol and drug use programs, services, and supports needed.

Figure 2: Challenges Using Services

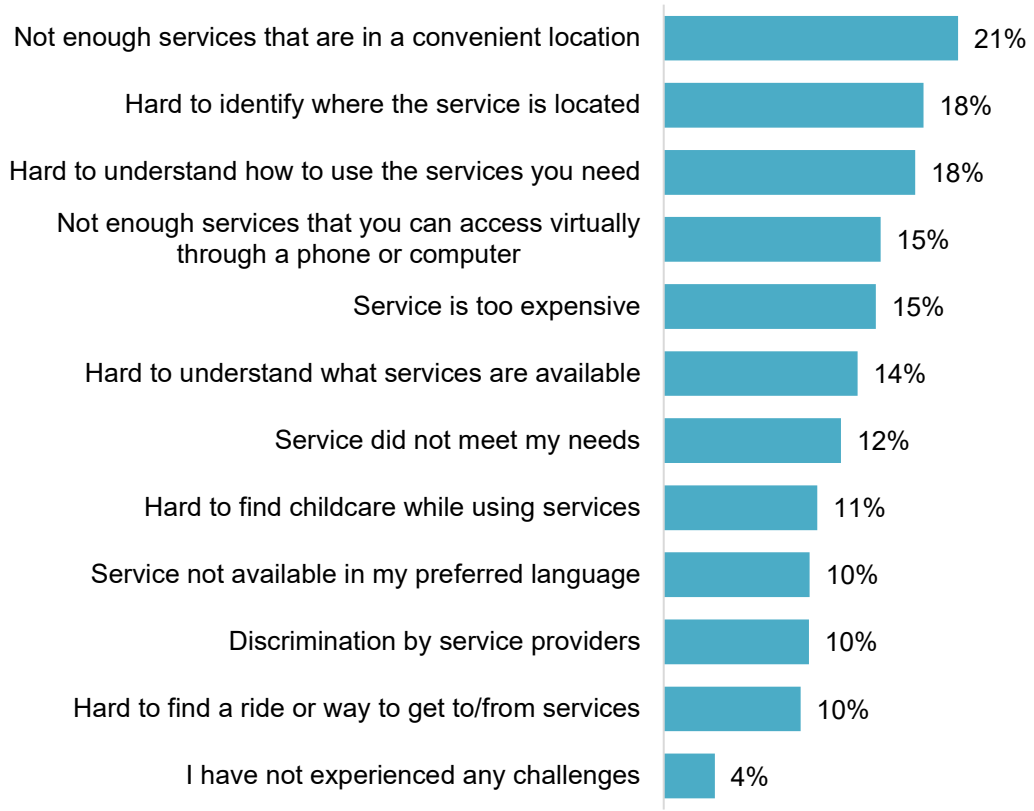
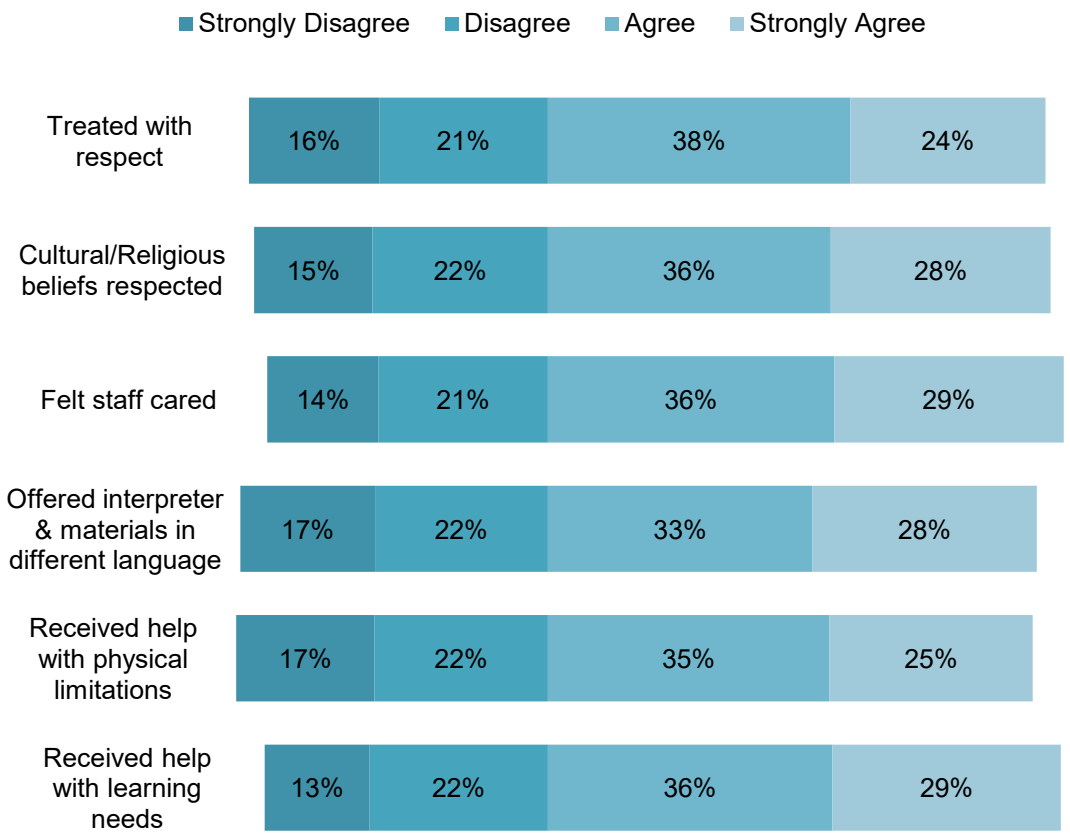


Figure 2 shows the percent of respondents experiencing each challenge. The top five, with 15% or more of respondents identifying each challenge, included not having enough services in a convenient location, difficulty identifying where the service is located, difficulty understanding how to use the services they need, not having enough services that can be accessed virtually through a phone or computer, and the expense of using the service. Of note, only 4% of respondents said that they did not experience any challenges in using the programs, services, and supports that they themselves or a loved one needed.

Respondents were also asked to reflect on their most recent experience related to using alcohol and/or drug services and supports (Figure 3). Of those who used these services for either

themselves or a loved one *and* the experience applied to their situation (for example, they needed *and* received help with physical limitations), close to two-thirds agreed or strongly agreed that they felt the staff cared and that they received help with learning needs (65% and 64%, respectively). Another 63% felt that their cultural and/or religious beliefs were respected and that they were treated with respect overall. It is noteworthy that 40% of respondents disagreed or strongly disagreed that they received the help they needed with physical limitations (e.g., wheelchair accessibility, hard of hearing) or language barriers (e.g., interpreters, materials in a language other than English).

Figure 3: Experiences Using Services and Supports

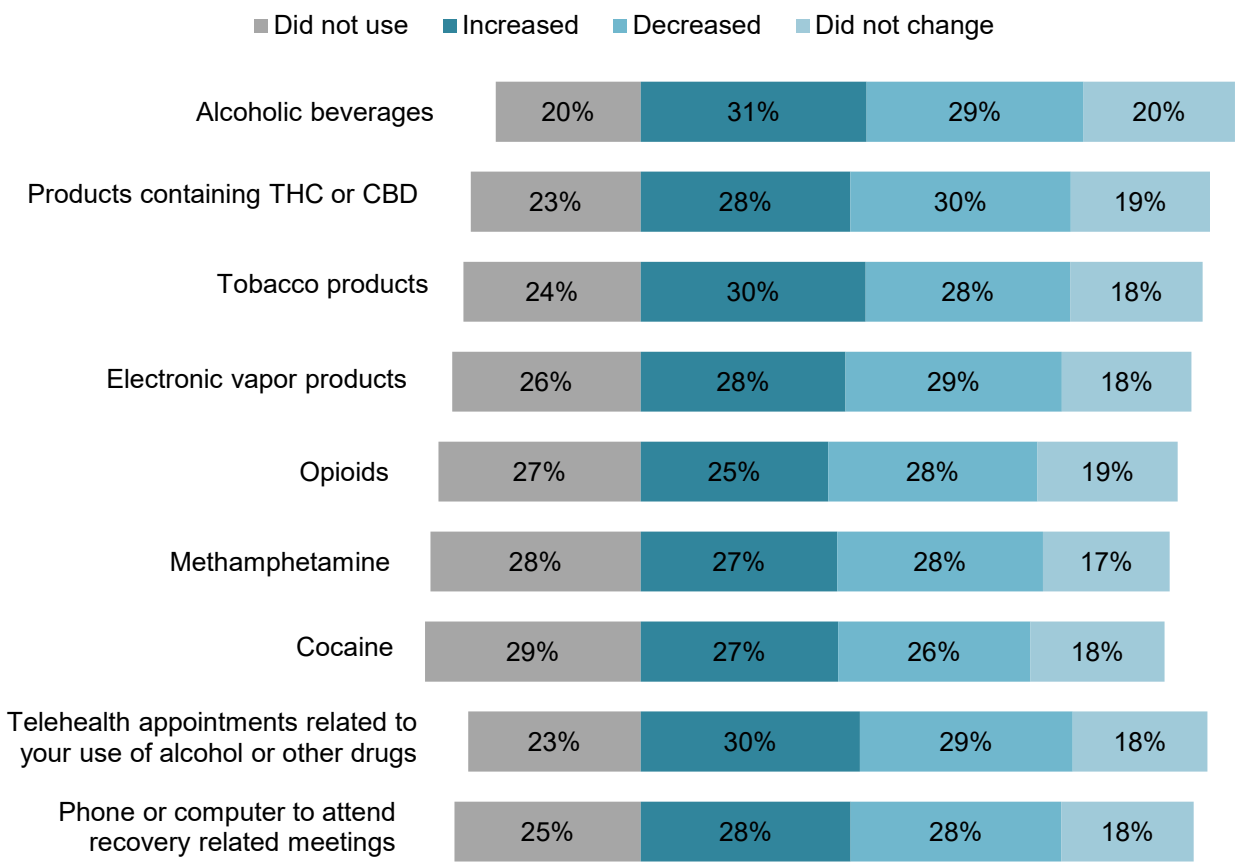


COVID-19 Impacts on Substance Use

Respondents were asked about changes in their use of substances since the beginning of COVID-19 (Figure 4). Specifically, they were asked whether they used the substance, and if so, whether their use increased, decreased, or stayed the same. It is important to note that the results from this question, especially reports of an increase or decrease in use, are self-reported estimates and are relative to their rate of use before the pandemic. Among this sample of respondents, alcoholic beverages were used the most during the pandemic (80% reported using alcohol), followed by products containing THC or CBD (77%) and SUD-related telehealth appointments (77%). On average, about 28% of respondents increased their use of substances during the pandemic and another 28% decreased their use. A slightly higher than average

percentage of respondents reported an increase in alcohol use (31%), the use of tobacco products (30%), and SUD-related telehealth appointments (30%).

Figure 4: Substance Use Since the Beginning of COVID-19



Tables 7-10 in the Appendix show the impact of COVID-19 on substance use by sexual orientation, gender identity, race/ethnicity, and age. LGBT respondents reported a higher increase in almost all substances compared to their heterosexual/cisgender peers. Bisexual respondents had especially high increases in alcohol use (50%), tobacco use (45%), and electronic vapor use (42%). Similarly, a higher than average percentage of transgender respondents reported increases in alcohol use (54%), tobacco use (43%), and use of opioids (42%). There was not much difference in the impact of COVID-19 on substance use between cisgender males and females. While there were not many differences reported between white, non-Hispanic, Black/African American, and Hispanic/Latinx respondents, those who identified as another race/ethnicity (includes Asian, American Indian/Alaskan Native, Middle Eastern/North African, and Native Hawaiian/Pacific Islander) did report higher than average increases for some substances. These included the use of THC/CBD (47%), opioids (40%), methamphetamines (38%), and virtual recovery-related meetings (48%). Overall, changes in the use of substances during COVID-19 was variable by age. Most noticeable was the higher percentage of respondents aged 22-29 who reported an increase in alcohol use (38%), use of

tobacco products (36%), and methamphetamines (34%). Additionally, a higher percentage of those aged 20-29 and 30-39 reported an increase in the use of virtual recovery-related meetings (34%).

Limitations

There were several limitations to this survey that should be considered when interpreting the findings. Most notably, eligibility criteria and recruitment methods provided a survey sample that represents a select group of NH adult residents. Specifically, almost all of the respondents have experience with substance use either themselves or through a loved one, and were most likely already connected with substance use services and supports. These findings, therefore, should not be generalized to the population of NH as a whole. Secondly, while we thoroughly cleaned the data to remove responses that were clearly invalid (e.g., duplicate responses or originating from outside the United States), the high percentage of respondents with experience in some service areas (e.g., grandparent program, home visiting, services in a language other than English, and Adult Drug Court) may indicate that several questions about service use were misunderstood or reported inaccurately. Without data with which to compare these responses or cognitive interviews to assess the psychometric properties of the survey questions, it is difficult to determine how the respondent interpreted and answered the question. Still, these data in combination with the qualitative data collected via focus groups of community members with SUD experience, provide valuable information to inform the development of the Commission's 2022-2024 strategic plan.

Key Informant Interviews

This section presents themes from key informant interviews (n=22). Participants included members of the Commission and representatives of state agencies or departments directly involved in activities related to alcohol and other drugs.

Methodology

Data Collection

The KIIs (n=22) included eleven open-ended questions asked of interviewees in an effort to gain understanding and input on:

- The Commission's purpose and current structure and potential revisions to optimize its function and impact
- The Commission's reporting requirements and related deliverables
- Strategies for updating the action plan for the 2022-2024 time period

JSI developed the interview guide, scheduled and conducted the interviews and analyzed the data. Interviewees did not receive a stipend for their participation in the KIIs. Each interview was recorded and notes were captured using a live notetaker as well as the transcript available through Zoom. The interviewer informed and requested verbal consent from the interviewees before recording each interview.

Data Analysis

Thematic analysis was conducted using primarily notes from each interview, with transcripts used when clarification or additional information was needed. Two separate JSI staff coded the notes to ensure thoroughness and reduce bias. Themes are presented in three categories, including Commission duties, operations and structure, and reporting. Strengths, challenges and interviewees' suggestions for improvement are also described.

Results

Commission Duties

Background

The Commission has the following duties:

I. **Developing Statewide Plan:** Develop and revise, as necessary, a statewide plan for the effective prevention of alcohol and drug abuse, particularly among youth, and a comprehensive system of treatment and recovery services for individuals and families affected by alcohol and drug abuse.

II. **Advising on Prevention**: Advise the governor and general court on and promote the development of effective community-based alcohol and drug abuse prevention strategies.

III. **Advising on Treatment and Recovery** : Advise the governor and the general court on and promote the development of treatment services to meet the needs of citizens addicted to alcohol or other drugs.
    A. Advise the governor and the general court on and promote the development of recovery services to meet the needs of citizens in recovery from alcohol and other drug misuse.

IV. **Identifying Unmet Needs**: Identify unmet needs and the resources required to reduce the incidence of alcohol and drug abuse in New Hampshire and to make recommendations to the governor and general court regarding legislation and funding to address such needs.

V. **Dispersing Moneys**: Authorize the disbursement of moneys from the alcohol abuse prevention and treatment fund, pursuant to RSA 176-A:1, III.

VI. **Presenting to the Legislature:** Make presentations at least once each legislative session to the house and senate finance committees, the senate health and human services committee, the house health, human services and elderly affairs committee, and the fiscal committee of the general court.

Duties Overall

Interviewees were asked how well the Commission was meeting its duties. Some interviewees said that **the Commission is meeting its duties overall or meeting most of its duties**. The following sections share detailed findings for each duty.

Duty I: Developing Statewide Plan

Several interviewees noted that the Commission is meeting its duty around having a statewide plan and most felt that **the current plan is effective**. Some of the stated strengths of the plan included that it is comprehensive, easy to understand with clearly outlined, measurable goals and objectives.

There were mixed opinions about whether the plan is being used as regularly as it should, with one interviewee stating that the Commission "constantly" reviews it and others indicating that more frequent monitoring is needed. A couple of the interviewees either stated that they were not familiar with the current plan or asked for more time to review the plan before providing feedback on it.

Interviewees' Suggestions for Improvement of the 2022 Strategic Plan:

- **Make the plan more nimble**, such that the GC can respond to changing needs
- **Use data to update goals and objectives,** which may include improving the Commission's access to data
- **Establish an internal action plan** that is aligned with the strategic plan, which may include additional details such as person(s) or agencies responsible
- **Increase the plan's focus upon prevention,** including emphasis on youth as well as prevention throughout the lifespan

- **Address the interrelationship between substance use and other health issues**, including health issues such as mental health and COVID-19 and social issues such as housing, transportation, justice system involvement and child protection

Duties II & III: Advising on Prevention, Treatment and Recovery

There were mixed opinions about how well the Commission is advising the governor and general court regarding the delivery of effective and coordinated alcohol and drug misuse prevention, treatment and recovery resources throughout the state. Some interviewees stated that the Commission has a collaborative role with the Governor, with the ability to share data and make recommendations. They noted that the governor or his staff attend meetings and are engaged. A couple of people said that the capacity of the Commission to advise has gotten stronger over time. However, many others indicated that they were not sure how the Commission was meeting this duty, felt that it was falling short or did not think that this was happening at all. Some noted that opportunities to advise occur "ad hoc" and usually through liaisons or proxies rather than directly with the governor himself. Several people commented that they would like the advisory role to be more strategic and transparent.

Duty IV: Identifying Unmet Needs

Many interviewees said that **identifying and addressing emerging issues is an area of improvement for the Commission**. In the words of one interviewee, "If we want to remain relevant and effective, we need to balance accomplishable ideas and putting ideas that might not be for right now on the back burner." Another person noted, "We can't just focus on today's crisis, we need to see what's coming."

Interviewees' Suggestions for Improvement:

- **Monitor trends and prioritize accordingly** in order to remain relevant.
- **Establish positions or plans on emerging issues or unmet needs** such as marijuana, methamphetamine, and harm reduction

Duty V: Disbursing Moneys

There were mixed opinions about how well the Commission is meeting its duty to authorize the disbursement of moneys from the alcohol abuse and prevention treatment fund. Many interviewees described a good process for making funding recommendations, with adequate representation of important stakeholders and attention to the entire continuum of care. However, others commented on the large amount of time spent on this activity, suggested that the process could be streamlined, questioned whether funds were being directed to the highest priorities, identified instances of duplication of effort and wanted more data about the impact that funded initiatives are having upon substance use. The contracting process was identified as an area of improvement. Interviewees described the process as inefficient, slow, poorly resourced and not transparent.Some interviewees commented on the "patchwork", disparate nature of funding streams in New Hampshire as a barrier.

Duty VI: Presenting to the Legislature

Nearly all interviewees agreed that **the Governor's Commission is not meeting the duty of making regular presentations to legislative committees.** There were mixed statements about the extent that the current Commission is presenting to the legislature, with some saying that they were unaware of the status, others commenting that it was not happening enough and a number of interviewees stating that it was not happening at all. **Interviewees agreed about the high value of this activity, recognizing the power of the legislature to set policy and make investments.** One interviewee noted that there may be challenges with this activity for some GC members, as they are restricted from crossing the line into advocacy or lobbying.

Interviewees' Suggestions for Improvement:

- **Develop a process** for making legislative recommendations, potentially something similar to the process used for making funding recommendations
- **Create a specific task force** for legislative recommendations (See also, Task Force Structure)
- **Add goals** around testifying to the legislature to the strategic plan
- **Be strategic about presentations and their content**:
    - Conduct presentations early in the legislative session to maximize impact
    - Engage GC members who are also legislators in planning
    - Present GC reports to the legislature and share information on the impact that funding investments have made on substance use
    - Provide opportunities for those with lived experience to present to the legislature

Additional Duties

While there were many suggestions about how the GC could improve or build upon its efforts, most interviewees agreed that there was no need to formally add duties to the Commission's purpose. They noted that **the current duties are substantial, the legislation is broad and there is flexibility within the statewide plan to accommodate new activities**.

Commission Operations and Structure

Collaboration and Partnership

Many interviewees identified **collaboration as a strength of the GC**. They noted that the Commission and its task forces have good representation from a wide cross-section of stakeholders including treatment, recovery, and state government officials. As stated by one interviewee, "Our commission in general is very broad and well made up, and also invites public comment if we were ever missing a voice." Some said that bringing these partners together builds relationships, enables coordination, adds credibility to the Commission's recommendations and facilitates change at key departments in the state.

Interviewees' Suggestions for Improvement:

- **Diversify membership** to include those with lived experience and practitioners
- **Enhance collaboration between treatment and recovery**

Task Force Structure

There were mixed opinions about the current structure of the task forces. Many interviewees stated that they felt **the task forces maximize efficiency**, with one person describing this structure as "pivotal" to the success of the Commission. Those who described the structure as a strength noted that task forces can focus on a particular issue, convene people with specific expertise in that area, look at issues more closely and make informed recommendations to the Commission.

There were multiple comments indicating that **the task force structure is unwieldy and hinders collaboration**. Many interviewees stated that there are too many task forces and one person said that some task forces are too large to be effective. Others noted that there is not enough collaboration across task forces and there is competition for funding. In the words of one interviewee, "Some separation of issues is needed, but disjointedness prevents statewide efforts. The structure is limiting progress." Representatives of subpopulations like the military and schools also noted the challenge of deciding which task force to join; all of the topics are relevant to their population but they do not have the capacity to attend all the meetings.

Interviewees' Suggestions for Improvement:

- **Make task forces shorter-term**, with flexibility to form and disband them based upon current priorities
- **Reduce the number of task forces** and perhaps create more subcommittees or working groups
- **Add new task forces/committees/working groups** including those focused upon budget, emergent issues and legislative priorities
- **Change or eliminate the Opioid Task Force**. Some suggested renaming it with a focus to be more "polydrug" and reflect the evolution of the pandemic or combining it with the treatment group.
- **Clarify roles, responsibilities and succession plans** for task force members. One person said that it was not clear how they could get involved with the task forces. Others commented that many on the GC have long tenure and governance processes like reappointment procedures, succession planning and eligibility criteria for chairs are lacking.

Commission Reporting

The effectiveness of the dashboard and reports might be limited because data are difficult to find and there are restrictions with confidentiality and sharing.

There was little awareness and use of the GC dashboard. Comments ranged from a complete lack of awareness, to those who were aware of it but never or rarely use it, to others who seemed to be confusing it with something else. Individual interviewees said that they accessed the dashboard for writing reports, reviewing the data or looking for gaps in funding. **Duplication with other dashboards** was a weakness noted by several people.

Some feel that GC reports are helpful, while others find that they are not helpful and feel compulsory. Those that used the reports said that they found value in sharing them with others and showcasing the work of the Commission.

Interviewees' Suggestions for Improvement:

- **Make the dashboard and reports more visible** by emailing Commission and/or task force members with links to the updated dashboard or reports and presenting highlights at Commission and/or task force meetings. In the words of an interviewee, "If you want people to use it, you have to direct their attention to it."
- Dashboard
    - **Align the GC dashboard with other dashboards** to reduce duplication
    - **Include geographical data and trends** including mapping overdoses and where people are receiving services
    - **Create a dashboard to track funding.** This could include funding recommendations made, investments made over time to prevention, treatment and recovery services, and the services that resulted.
- Reports
    - **Make reports more user-friendly**, by creating shorter narratives, more visuals (charts, graphs) and more "storytelling" about the people impacted by substance use
    - **Use goals and/or a logic model as the foundation for reports**
    - **Align reports with pressing issues**
    - **Consider the intended audience for the reports**
    - **Highlight the relationship between substance use and mental health**
    - **Report on the impact of substance use on families**

Focus Groups

This section presents themes from two focus groups that were conducted in order to learn about experiences related to alcohol and other drugs in New Hampshire from adults with SUD experience and adult family members. The focus groups aimed to understand:

- Utilization and awareness of specific programs, services and supports
- Cultural appropriateness of programs, services and supports
- Gaps in programs/services/supports

Methodology

Data Collection

Two 90 minute focus groups were conducted virtually; one was with New Hampshire adults (age 18+) with personal SUD experience who have accessed or tried to access prevention, treatment, and/or recovery programs, services and supports, and the other was with New Hampshire adults (age 18+) who had family experience with SUD.

The focus groups consisted of 5-7 participants per session. The sample of participants was not representative due to the recruitment methods through social media, communication materials and outreach through key networks and organizations. Using a screening form (available in English and Spanish) that asked several demographic questions, JSI made every effort to ensure diversity of respondents as much as possible based on age, race/ethnicity, gender identity, sexual orientation, and geographic region.

Participants invited to the focus groups received an information sheet via email which described the study (e.g., project purpose, confidentiality, risks/benefits, and contact information) and served as an informed consent. Focus group participants received a $50 gift card as a thank you for sharing their thoughts and experiences. Key points from the information sheet were reviewed and verbal consent from the participants was obtained prior to recording the interview. Notes were captured using a live notetaker as well as by obtaining the transcript through an audio transcription service.

Data Analysis

Qualitative analysis utilized a systematic and iterative approach. The project team developed a deductive coding scheme and conducted a thematic analysis of the transcripts with selective representative quotations to highlight key themes. At least two coders were used to reduce bias and ensure reliability of findings. A qualitative data analysis software program, Dedoose, was used to code and analyze these data. Themes are organized into five categories: identifying service information and needs, helpful services, impact of services, experience accessing services, and participants' suggestions for improvement. Representative quotes for each theme are presented.

Results

Identifying Service Information and Needs

Participants had mixed experiences with respect to the ease of identifying their or their loved one's needs and finding services that met those needs. Many people said that they went to their primary care provider for help and they were able to connect them with services. A couple of participants said that they self-identified that they or their loved one needed help after a crisis. Some were able to connect with services through online searches, online educational or support groups, recovery support services, their insurance provider, rehabilitation programs, and personal contacts. Others reported that they found it difficult to find the services that they needed and it required a lot of time, effort and/or persistence on their part.

Representative Quotes:

> *I didn't really know the exact help I need[ed], so I just contacted my doctor.*
>
> *[I]t was easy for me. I'm someone that's online every day, so I get some information from online sources.*
>
> *Researching that, it's just awful, because you call. You wait for people to call you back. Then, we finally called back the doctor from the hospital that we were working with, and they had no further suggestions. It was not good.*
>
> *But by the time we got answers and stuff, we just ended up having to do everything outpatient and making do with not having the resources, basically.*

Helpful Services

Services that were described by multiple participants as helpful were primary care, inpatient programs, recovery support and support groups. The following sections provide more detail about each service.

Primary Care

Several people with SUD appreciated that their primary care physician advised them, prescribed medication and referred them to treatment, therapy and other services.

Representative Quote:

> *I just went out to my doctor. I asked him for advice about what am I going to do ... He really advised me… He prescribed a particular drug for me. He told me some things I can be doing instead of taking alcohol at those times.*

Inpatient Programs

Inpatient treatment programs such as rehabilitation programs, and treatment programs in prison and hospitals were mentioned as helpful by people with SUD. They appreciated:

- The lack of access to substances while in the program, which helped to break the cycle of addiction
- Establishing connections to services to use beyond inpatient treatment

Representative Quote:

> *[R]ehab … keep[s] me away from alcohol and the vicinity. Going to a rehab you temporarily have to stay there…When I left the rehab, I was introduced to some kind of support groups that helped me through all these sessions. And I think it has been really helping me out to date.*

Recovery Support

Family members of those experiencing SUD mentioned recovery support services as helpful, but people with a history of SUD did not. Family members appreciated:

- Supports for the family and the person experiencing SUD
- Help navigating the system and connecting families to resources. For example, knowing which programs take which insurances and helping to arrange transportation.
- Free programming, including education, support groups
- Healthy social connections for people with SUD

Representative Quotes:

> *I just wanted to add that recovery is a process, and it affects all the members in our family. If it weren't for the resources that were made available through our Recovery Hub center, I don't know where my family would be right now...I just don't know if any of us would ... number one, my family would still be together, or some of us would not be alive right now.*
>
> *I can say the recovery community organization in our community would help navigate the resources…It's been that good, healthy social connection, too. I'm just thinking of some of the cafes and stuff that he's attended during that time, which has been meaning more than the actual treatment services, at times, because even though he's still being seen weekly, and going for labs every week and stuff like that, it's the mental part of it that kind of keeps him where he needs to be.*

Support Groups

Both family members and those experiencing SUD described support groups as helpful. They appreciated:

- Connecting with others who have similar experiences
- Online groups
- 12-Step programs

Representative Quotes:

> *The 12-step programs have always been helpful for me mostly because I know that this disease is something that you can't do on your own. It's not something that you can conquer. You need a fellowship.*
>
> *I think being active in the 12-step program has really been beneficial for me, not only to me, but for the people, my family, people I don't necessarily get to see a lot. But they*

could certainly tell the difference and it's changed our relationship immensely. It's awesome.

I went to Al-Anon meetings every Friday for a good two years, I think, which also, having those resources was important for me to hold my family together.

Impact of Services

Services had a widespread impact upon those experiencing SUD and their loved ones. Two areas of improvement were in their relationships with others and their self-esteem.

Representative Quotes:

Overall Impact

I would say it helped us in every area of our life. I mean, we dealt with six overdoses, and without treatment, and without the ongoing support that comes from the Peer Recovery community center, I just don't know that my husband would be alive. I don't know that my father would have ... my kids would have their relationships back. I don't know that I would be working. I don't know that we would've been able to keep my house. There's just so much that recovery, as difficult as things are still, I can't imagine if he was still active, where we would be. I don't know that I'd still be married, you know what I mean?

The main reason why I went to the rehab back then was because I almost lost my job at that point in time because I used to get drunk most times....And since I left to rehab, I think I'll be able to control the fact that I don't drink in the morning.... [A]ll these services have really helped me with my family issues. It has really helped me with my work. It has really helped me with my social life as well, so I think these services has been great so far.

Relationships

Most of my relationships in the past, friendships and otherwise were unhealthy to say the least … So I think being active in the 12-step program has really been beneficial for me, not only to me, but for the people, my family, people I don't necessarily get to see a lot. But they could certainly tell the difference and it's changed our relationship immensely. It's awesome.

Self-Esteem

It made a lot of difference because when I take alcohol…you will think as if I'm a monster … But attending those programs, knowing the dangers of what alcohol can actually do to me ... It not only made me change to people around me, it also made me change myself to myself.

Experience Accessing Services

Prominent topics among those experiencing SUD and their loved ones with respect to accessing services were expenses, transportation and program location, capacity,

system navigation and advocacy and staff interactions. The following sections provide more detail about each of these topics.

Expenses

There is a huge financial impact for people and families who are receiving treatment for addiction. This was mentioned more frequently by family members than by people experiencing SUD. They noted:

- **High out of pocket costs for some programs make them inaccessible**
- **Insurance helps, but there are still limitations.** These include high premiums and deductibles as well as gaps in coverage such as programs not accepting their insurance, eligibility restrictions, limitations on length of stay in a treatment program and failure to cover transportation or ambulance costs.

Representative Quotes:

> *I think the most important thing, an issue of finances. Yeah. I guess that's the biggest hurdle when it comes to ... or the biggest challenge when it comes to getting services.*
>
> *[W]e have insurance for my loved one, but it's very, very expensive, and if we didn't have the insurance for the number of hospitalizations ... emergency room visits and treatment … we would've gone bankrupt.*
>
> *[T]hey didn't take our insurance, or they only took one of the Medicaid programs, one of them. Then, there was no options, basically.*
>
> *[T]he referral that we got was for a $40,000 a month treatment center in Connecticut that was handicap-accessible and dealt with pain issues, as well as addiction. I basically told the doctor, "Are you crazy right now? I work in a poor church in a very small community. There's no possible way I could afford to send him to a private pay resource like that."*
>
> *So, financially, it's been a wicked drain on us, because in addition to not having those resources, he's not working anymore. Yeah. My daughter is going to a New Hampshire university that's not cheap, so it's like life is going on when all of this is going on in the background, which makes it really difficult.*

Transportation and Program Location

Some described transportation as one of the largest barriers to receiving services that they face. They may not have their own vehicle, be able to afford gas, and/or be able to drive because of their condition. Relying upon family and friends becomes a burden.

The fact that specialized services are not available locally makes access even more difficult. Examples of specialized services included inpatient programs and programs that are handicap accessible and/oraddress co-occuring conditions such as mental health and pain management.

Representative Quotes:

I have issues with transportation most times. I don't have a car and I don't have any means of transportation.

It's an awful stressor … because you just can't take time off from work to provide transportation for somebody…I think the assumption is, if you have a vehicle, you can get where you need to go, but that's not always true, if medical conditions are making such that you can't drive, or other reasons.

I've also faced these types of issues like oh, okay. This center can actually help, but it's pretty far away.

Capacity

There is limited capacity to serve people with SUD and co-occurring disorders (mental health, pain). **There may be long wait lists and those with other challenges** (transportation, insurance, disability) **may not be able to find a facility that can serve them.**

Representative Quote:

I think about the mental health piece that goes along with it, and the wait lists are just ridiculous in our area. Hearing about the mental health center, there's a six month wait list for adults to be seen for co-occurring mental health stuff, because depression goes hand in hand with all of this.

[W]e called 211. We called the back of our insurance cards. We went through 18 different places that was given to us on a list, and I think two of them actually were only handicap accessible, I think one in the North Country and one of the bigger hospitals in the southern part of the state. But then, they didn't take our insurance, or they only took one of the Medicaid programs, one of them. Then, there was no options, basically.

It's just really tough, because there's still no real pain management going on, because when I think stigma, and policy, and bias still plays into, nobody wants to touch somebody with substance use disorders that goes through surgeries and has to be back on opiates for a season. So, the surgeons get stuck, and it's not their specialty. They're not trained in addiction. They're not trained in pain management, really. But nobody else will touch him, so what do you do?

System Navigation and Advocacy

People experiencing SUD or their family members note that they often need to find an advocate or become their own advocates in order to be able to navigate the complex system of care.

Representative Quote:

I think back, kind of like what somebody else was saying, those poor people that are trying to do this themselves when they're going through whatever they're going through, because I was incredibly persistent.

Staff/Program Interactions

Many participants said that they had positive experiences interacting with programs and staff. However, some recognized that stigma is still present, influencing their experience of accessing and receiving care.

Representative Quotes:

I can tell you, our experiences have been a very mixed bag. We had a really great response from our local first responders. Sometimes, I think it's because they kind of knew my husband's story. But the local hospital, his ... the last overdose that he went through, the only thing the doctor said to him was, "Has your wife left you yet?" That was the only communication that the doctor had with him, and it was a nurse that was just really kind to him. He was already feeling the guilt, and shame, and everything else that people dump on him for carrying this disease in his brain, you know?

I was really kind of surprised. Their passion, their faith, and what they do was really a huge part of why I'm where I'm at today…And I think it a huge part of the foundation for my recovery, absolutely it was because just to watch them … come to work and not be like, "Oh, another day at work with these drunks or these drug addicts."

Participants' Suggestions for Improvement

Focus group participants made several suggestions for improvement, including:

- **Offer free or low cost services**
- **Develop more services at the local level**
- **Raise awareness about available programs**

The following sections provide more detail about each of these topics.

Offer Free or Low Cost Services

Several people suggested that free services for substance use disorder would greatly improve access. Subsidies for programs or insurance were also mentioned as a way to lower costs.

Representative Quote:

[I]f … there might be materials that the organizations feel it's mandatory for the masses to have…it should be made free or it should be given out at a very subsidized rate that even the low-income earners can be able to … participate.

Develop More Services at the Local Level

Participants said that developing a wider variety of services locally would help alleviate transportation challenges and raise awareness about services. The types of services they were

interested in establishing included mental health centers, clinics, inpatient programs, and rehabilitation services.

Representative Quote:

> *I also think having centers closer to people. I mean, creating more mental health centers and clinics closer to people can actually solve the problem of transportation and all that.*

Raise Awareness About Available Programs

A few participants indicated that raising awareness about available programs may help people find the services they need. Suggestions included using social media and print materials to promote programs. One person also suggested adding more descriptors to the 211 directory and updating it more frequently.

Representative quote:

> *I'll say awareness … [will] make it a bit easier for us to know about … the programs. …[S]ocial media really is something that actually identifies the easiest way for us to access these programs.*

Listening Sessions

This section presents themes from one virtual listening session that included professionals (n=34) working in the field across the continuum of care. The listening session sought to understand the needs and priorities of NH residents, service providers, and partner organizations related to alcohol and other drugs

Methodology

Data Collection

Eligibility criteria to participate in the listening session included any NH adult resident who has been affected by or concerned about alcohol and drug use in New Hampshire. Recruitment targeted those who had accessed services and supports, as well as providers of services related to alcohol and other drugs. Participants (n=24) were all providers of SUD-related services in NH, although some also spoke about personal experience.

JSI planned and facilitated the 90 minute remote public listening session via zoom. The listening session systemically went through four levels of care along the continuum: 1) prevention; 2) treatment; 3) harm reduction; and 4) recovery. For each area, JSI asked respondents to provide information on the services and supports that they would like to see prioritized in the next strategic plan. It also included time for open comments at the end. The listening session was recorded. Notes were captured using a live notetaker as well as obtaining the transcript through an audio transcription service.

Data Analysis

Qualitative analysis utilized a systematic and iterative approach. The project team developed a deductive coding scheme and conducted a thematic analysis of the transcripts with selective representative quotations to highlight key themes. At least two coders were used to reduce bias and ensure reliability of findings. A qualitative data analysis software program, Dedoose, was used to code and analyze these data. Themes are organized into five categories: cross-cutting themes and priority services and supports for prevention, treatment, harm reduction, and recovery. Representative quotes for each theme are presented.

Results

Cross-Cutting Themes

A few priority areas were consistently raised across the continuum of care (CoC):

- **Focus on workforce development**, including hiring, retention, and professional development. There is a growing need for providers in the state due to increases in the number of individuals needing care. However, the supply of trained professionals does not meet the demand and more resources are needed to address this gap.

Representative Quote:

I think workforce development and retention need to be our priority focus. Given the current staffing shortages across the continuum without quality workforce development efforts, we will continually be working at a disadvantage of demand versus supply.

- **Increase and/or dedicate funding** for services in prevention, treatment, harm reduction, and recovery. Current challenges include overly restrictive funding requirements, inconsistent funding, sustainability concerns, and difficulty evaluating outcomes of investments.

  Representative Quote:

  If they want to prioritize this epidemic in the state, a lot of the services that are provided across a continuum need to have dedicated monies to them in the state's budget. And If you look around just at the New England states, we are so behind or at least a decade behind other states in addressing this problem at the leadership level.

- **Address co-occurring mental health challenges** in prevention, treatment, harm reduction, and recovery services.

  Representative Quote:

  And I think with what we've all seen prior to the pandemic was mental health issues arising. And we know how they coexist with substance use, but we're seeing an increase even now during the pandemic because of the pandemic. And that's highlighted with the US Surgeon General's advisory on youth mental health.

Priority Services and Supports

Listening session participants offered suggestions for priority services and supports across the CoC, including prevention, treatment, harm reduction, and recovery. The following sections provide more detail on each of these suggestions.

Prevention

Strengthen school programming.

- Establish prevention as a core piece of school programming, including a consistent, integrated curriculum throughout the year
- Create legislation for mandatory prevention counselors
- Go beyond middle and high schools to include elementary schools

Representative Quotes:

It just seems that every two years we have to be in a panic of how we're going to keep counselors in the schools just to support kids and we're often the first line of defense. We're the people that hook students up with mental health and substance use services that need it. Try to convince parents to support their kids by making sure that they get into these services. Many of these kids live with addiction with parents that oftentimes don't act. I would like the state of New Hampshire to make a really bold move and suggest to the legislature, basically to make prevention mandatory in New Hampshire

schools, but all New Hampshire schools have to provide some kind of prevention counseling to students. This is oftentimes the first place that kids come in contact with somebody that…has given them hope for a better life. And we need a statute in the state of New Hampshire, we need some lawmaker who is bold and believes in what prevention really is to take those reigns.

…take a look at what they're calling core curriculum and kind of incorporate that into a critically urgent need and put it into the core curriculum so it becomes part of the day for students and not just two weeks out of the year. It becomes a year round thing that happens.

Broaden prevention efforts beyond substance misuse.

- Provide a "web of opportunities for positive childhood experiences" for families with young children before they get to school. Promote hobbies and other interests, similar to the model in treatment and recovery
- Provide better access to mental health services, especially trauma and coping

Representative Quotes:

I'd love to see … a shift or an evolution of prevention and being less about not doing something in the future and more focused on concerted efforts with other maybe non-traditional types of services that expand people's experiences in developing hobbies and passions and joys and things like that.

I think prevention should also include a focus on early childhood and families with young children before they get to school. Increasing the web of opportunities for positive childhood experiences in communities is important part of prevention.

Support current infrastructure, including community coalitions and regional public health networks

- Provide consistent messaging/communications around prevention for regional public health networks to use in their communities
- Support current workforce through increased salaries/benefits and professional development

Representative Quotes:

Push out communication [about prevention] to the regions that's consistent. Although each region is a little bit different, I think it's really important that we are sending clear messages that are vetted and consistent and clear for our communities. And then also making sure that we do professional development for our regional public health network leads that's consistent and flexible with their schedules.

I would really like to see them [student assistance counselors] elevated so that they're treated more like professionals…. I think we're giving them a lot of support, but they really need to be treated better in terms of their salary and their benefits.

Treatment

Develop more case management/system navigation services. Recognizing that systems of care are complicated, it is important to go beyond making people aware of services. Create system navigator positions to assist clients in finding the services they need and moving through the CoC.

Representative Quotes:

> *I think we need navigator positions at every level of the continuum of care for persons affected with substance use disorders.*
>
> *So since the doorway model is already built, using it and expanding it by hiring maybe some treatment navigators for parents that actually sit down with parents and they'll navigate the whole process of trying to get a kid into treatment from the beginning to the end, to the placement until they're enrolled, until they have been admitted and they dropped off at the door.*
>
> *My son has a substance use disorder and having tried to navigate the system for him here in New Hampshire, it is extremely difficult. And when he's in chaotic use, it's impossible for him. And as I think about the question, it's really... I would say case management, case management, having some navigators, a sub navigator case, somebody who can help families. I work healthcare adjacent, I like to say and so I really do understand how to navigate this world and it's extremely difficult. And so somebody who doesn't have that kind of support, I think that needs to be a priority as we go forward to somebody who... One phone call and you have somebody walking you through every process.*
>
> *There's a lot of organizations that offer care navigation services throughout the state of New Hampshire. So I just want to throw that out there because I think they're there and they're not always being utilized to the fullest extent they can be. Not only treatment centers, but insurance companies have them as well. And they can be incredibly helpful and useful, particularly from the insurance companies, right? Because they have a better understanding about all the care that the member has versus maybe one organization.*

Increase care coordination and collaborations among providers.

- Facilitate more warm hand-offs between providers, especially to reach clients after a ED/hospital visit
- Create networking opportunities among professionals in the field to increase collaborations and partnerships, particularly during time of decreased workforce
- Build on doorways hub and spoke model to create a more integrated system of care

Representative Quotes:

> *I'm having a hard time getting patients with them knowing that I'm here in Exeter and that I'm seeing patients on telehealth. Even with communicating with the ERs they just give my patient, they give a patient with substance use disorder a sheet of paper and*

says, 'Hey, check this out,' and have them follow up…. Maybe some networking time that we can swap ideas and say, 'Hey, this is the extra time that I have' because I have extra time. I'm willing to be part of a mobile unit. I'm willing to help out. Just point me in the right direction and I'll help out. So I think maybe a list of where people need help, what help do they need, and do you need it to be free or not?

I think there's a better way to collaborate and to partner with other organizations, particularly given the staffing shortages that we all face. And so if we're all sort of struggling to find that one LADAC, we're all going to have a problem with it. And so how do we work together to help the patients that we're seeing with the staff that we have? I think there [are] natural ways to do that. It's just not nearly as natural in New Hampshire and Northern New England as it might be in other places. And kudos to us Northern New Englanders for sort of having that fierce independence, but I think sometimes we need to let down our guard a little bit and share.

...the doorway and the regional public health network are established. We need to build them both out to the next level with consistent sustainable funding and more robust teams.

Assist children with SUD and their families.

- Address the severe lack of youth treatment options in NH
- Include treatment options for youth with co-occuring mental health challenges
- Provide funding for every regional public health network to employ a licensed social worker or Licensed Alcohol and Drug Addiction Counselor (LADAC) to work with youth in the community
- Create youth peer mentoring programs

I have three kids today that... Or parents rather that asked, please help me, please help me. A mom of six kids, her 15 year old is the oldest. It's just a nightmare to try. And she calls me and I'm like, I can't tell you to go anywhere in New Hampshire because there's nowhere in New Hampshire to go. So I have to say, please look outside of New Hampshire, look throughout New England. And then if we end up placing somebody in Florida or Texas or California, that's unfortunate and shame on New Hampshire, if that's where we have to go to get our kids treated.

Parent support is difficult to find, and we are often at the forefront of treatment. And even as someone who also works in said area, I had to really search for help.

I love the idea of the doorway, but it's a streamlined process into a broken system. We still don't have treatment in New Hampshire for our kids.

We are seeing an increase in depression and anxiety, suicidal ideation, an increase in violence, increased trauma, and even kids actively shooting heroin. It's a real mess. I fear that the powers that be think prevention is just a few lessons in a classroom and

teenage angst. We are drowning here in the trenches and we are the first line of defense to prevent kids from ending their lives. It has only gotten worse with COVID.

Would be great if we had funding for if every region had a licensed social worker or a LADAC in every region. And I think with what we've all seen prior to the pandemic was mental health issues arising. And we know how they coexist with substance use, but we're seeing an increase even now during the pandemic because of the pandemic. And that's highlighted with the US Surgeon General's advisory on youth mental health.

Harm Reduction

Ensure access to helpful harm reduction services, including Naloxone, drug testing kits, syringe service programs, and knowledge of doctors in their communities with medication-assisted treatment (MAT) waivers.

Representative Quote:

We're constantly running out of Naloxone at the center and it's something we like to keep on hand for people to just when they drop in to grab. They know when they need it, so they come to the center and it's unfortunate when we have to turn people away. Say, come back later.

Vivitrol and SUBLOCADE access, that's huge. I definitely think if we could get more providers that would do SUBLOCADE and Vivitrol, that would be extremely helpful or more available lists.

Provide education for the general public and healthcare providers about harm reduction to dispel stigma and misunderstanding.

- Acknowledge that misunderstanding and stigma are major barriers to providing harm reduction services in some communities
- Create more cohesive messaging and communication, and ensure that each public health network has a harm reduction strategy
- Train hospitals and other healthcare providers in a broader harm reduction definition, which includes meeting basic needs and treating people with respect and dignity

Representative Quotes:

But there are some mindsets and beliefs that go back a few years and we're stuck there. So this modern thinking of, 'I'm going to actually give you a clean needle to inject your drugs.' When I know that drugs are still illegal, is a really foreign concept for a lot of people to grasp. I know in the smaller communities that we have, that that will not fly.

Harm reduction includes meeting basic needs, meeting people where they are with respect and dignity. It is okay to show love to patients and families.

Focus on more person-centered, harm-reduction services that go beyond syringe service programs.

- Ensure harm reduction is seen from the consumer perspective, not just the provider perspective
- Treat harm reduction as the modality of choice

Representative Quotes:

> *So harm reduction is really important, right? It's important for the whole continuum. And I feel like the state of New Hampshire started at a really, very focused place, which was needle exchange. And I would love to see us back it up and back it out and make sure that harm reduction is understood. What is that? How do you get involved with harm reduction? What are the tangible things that people can do? And I think it can go across prevention, treatment, and recovery, and we need to understand that and we need to lock into this because we cannot help people that are dead. So we have to get in front of that and figure out how we all can be part of harm reduction. And we have as a state so far from what I've seen, taken it from the lens of the provider and not from the consumer and not from the people, our population in our communities.*
>
> *But I think I'd love to see the program really taking the lead in, a program, any program, taking the lead in designing something that truly is based on what the patient, the client comes wanting to achieve and helping them to navigate that process, as opposed to telling them that they go through, say the matrix model, or they do this. And we do chapters this, and we do the big book on Sundays. And it just gets really complicated to do all of that and say harm reduction.*
>
> *And when I say harm reduction, my definition is similar to what other people have already said. It's very broad. It's not just needle exchange. It's all of the other things that we should be doing to prevent harm, avert harm, reduce harm.*

Use a community engagement/trust-building approach.

- Build on experiences with successful community outreach programs that use collaborative care teams
- Utilize community health workers in every public health region to do outreach work

Representative Quotes:

> *I went out with him [to the homeless camp] several times and we did a lot of medical intervention and things like that, but we didn't have access to needles or anything for needle exchange or things like that. I think if that program had been more robust and more supported, I think that would've been very good to continue something like that because, when we went out there, the ability for all of these people would, they would all come out and, and talk with, there was trust built. There was rapport. And I think seeing the same people over and over and knowing that they were going to get stuff, we gave them all kinds of things….*

I also would love to see a community health worker, which is its own credential now, or training, in every public health region. And we've tried to make that pitch before, but that would be a liaison for all of us who are out there doing the provider work with the population that just gives us another level of outreach that many communities are not doing right now. And I think that would be a huge bonus. They've been enormously successful in our community.

Recovery

Increase personal recovery capital.

- Meet people's basic needs, such as food, housing, and childcare
- Address co-occuring mental health challenges in recovery
- Increase fundings for, and access to, transitional housing

Representative Quotes:

And I know childcare is not an easy situation for any of the patients that I have. Because if they have one or two children, sometimes they've got their own problems and I'm having a harder time helping them find that childcare. Food and housing always has to come first, because if they don't have a house, if they're couch surfing, if they don't have their children with them and their couch surfing, it's really hard for them."

Transitional housing actually would be extremely helpful as well. I think transitional housing for prior to going to sober living would be great. So I definitely think we really need to invest more into some state funded transitional housing, and then maybe supporting some additional sober living houses. But I think the transitional living part where it would be more structured environment for a couple of months before they go into sober living would be really an ideal transition from treatment.

Increase community recovery capital.

- Increase funding for recovery friendly workplaces
- Work towards becoming a "recovery ready" state with resources in the community that are welcoming and assist people in sustaining recovery
- Establish more recovery support institutions, such as recovery high schools and recovery housing, especially for parents and formerly incarcerated individuals

Representative Quotes:

We had received a grant through the governor's office to teach employers how to be recovery friendly and support staff with substance use issues so they don't lose talented people, but they get them the help that they need, again, into a broken system. But dedicating money in that because once our grant from the governor's office ended, it ended. And all the services that we had built, again, infrastructure goes away, we had to put on hold and pause, because there was no continued funding for us to continue to train employers on how to be recovery friendly.

I think we haven't really thought about how are we becoming a recovery ready state. And we have recovery friendly workforce opportunities and workplaces and we are one, but I think we have to think more holistically about becoming recovery ready communities because this recovery process for everyone is lifelong. So arguably we'll have generations of people who are going to need to have welcoming and supportive communities. And what does that look like? And what do we have in these communities and what don't we have in these communities?

Housing access is a huge issue for previously incarcerated women who have felony on their record, addiction, and mental health. The lists are ridiculously long, five to eight years. There is not enough public access and the rents are extremely high in the local community. It is an extremely stressful issue for recovering women and for many having housing for them and their children.

Reduce "clinical" aspects of peer-based recovery supports. The federal funding that some peer-based recovery services receive requires peers to collect data and conduct assessments. When one person with lived experience serves in a more "clinical" role, asking questions of another person with lived experience, it creates an imbalance of power that is contrary to the tenets of peer support. However, licensure and billing are dependent upon meeting these requirements.

Representative Quotes:

The federal grant requirements, unfortunately, require specific things, but it does really affect a peer model when you're trying to have that type of a relationship with somebody and you're adding clinical type of services, it changes the dynamic completely.

And it's becoming more clinicalised and data driven, which... We need data. I love data. We need data to prove that what we're doing is working. But I think that it's on the ground as it's rolling out, it is really backfiring. So I just want to make sure that... I just wanted to point that out, that the direction is really a turn off for a lot of people that are in the field and are leaving the field because of the direction that the recovery service is going in the state.

*Definitely echo [other participant's] point of imbalance of power and GPRAs [Government Performance and Results Modernization Act] are not helpful in a peer recovery model. As we continue to get pushed into a more clinical model [*it*] imposes clinical barriers, additional licensures, insurance billing, different ethical standards. These all pose barriers to access, workforce, and finance. It inhibits the support offered in a true peer model.*

Conclusion

While each data source in itself provides useful information about SUD services and supports in NH, examination of the community survey, key informant interviews, focus group and listening session data together reveals some common themes. These include: 1) workforce development and program capacity; 2) system navigation and access to services; 3) holistic approaches; and 4) stigma. These themes provided a good starting point for the GC to develop recommendations for the 2022-2024 plan and priority focus areas.

Workforce Development and Program Capacity: There are not enough services or trained staff to meet demand. It is difficult to find appropriate treatment options in the state, especially for youth and those with co-occurring mental illness or physical limitations.

System Navigation and Access to Services: People experiencing SUD and their families need more support to navigate the complex system of care. Some are not aware of the services available. Others may have challenges identifying and accessing the services they need. Expenses, program location and transportation present barriers to accessing care for many. System navigation, case management and care coordination services are helpful and worthy of additional investment.

Holistic Approaches: In order to be successful in addressing substance use throughout the continuum, it is important to develop a system of care that is focused upon the whole person and the context in which they live. This includes providing more resources to improve the social determinants of health, such as economic stability, housing and transportation. It also includes greater investments in prevention, promoting positive mental health and including families in services throughout the continuum.

Stigma: Positive interactions with program staff can have a profound impact upon those with substance use disorders. However, there is still a significant amount of stigma associated with this disease. Stigma is a barrier to seeking support, accessing services and sustaining gains in recovery.

Appendix A: Data Tables

Table 3: Service Use and Awareness by Sexual Orientation

I have USED this support for myself/family member/friend				
	Bisexual	**Lesbian/Gay**	**Straight/ Heterosexual**	**Another Sexual Orientation**
Preventing Problematic Alcohol and Drug Use				
Youth Prevention Programs	57.6%	62.1%	52.1%	50.0%
Prescription Drug Storage & Disposal				
Prescription Drug Take Back Event	54.2%	58.4%	46.9%	34.8%
Prescription Drug Drop Box	59.3%	62.4%	50.9%	56.5%
Safe Disposal	53.4%	68.0%	50.4%	21.7%
Safe Storage	51.3%	62.1%	50.1%	47.8%
Access Points for Alcohol and Other Drug Services				
Doorways System	66.7%	67.2%	56.2%	62.5%
NH Alcohol and Drug Treatment Locator	57.6%	60.8%	49.6%	37.5%
Mobile Crisis Response Teams	76.2%	80.8%	61.9%	57.9%
Reducing Negative Consequences of Drug Use				
Syringe Service Programs	59.0%	63.7%	49.1%	43.5%
Free Naloxone	52.1%	44.4%	34.5%	25.0%
Substance Use Disorder Treatment Services				
Medication for Opioid Use Disorder	67.2%	60.8%	51.1%	41.7%
Medication for Alcohol Use Disorder	58.8%	57.6%	48.3%	20.8%
Medication for Tobacco Use Disorder	52.1%	63.2%	47.4%	50.0%
Gender-Specific Services	61.9%	58.9%	44.0%	37.5%
Affinity Groups (e.g., pregnant, LGBTQ+)	49.6%	61.6%	44.3%	54.2%
Services in a Language Other than English	59.0%	58.4%	44.3%	--
Adult Drug Court	53.0%	58.5%	45.5%	37.5%
Recovery Support Services				
Recovery Housing	66.7%	59.7%	50.8%	58.3%
Transitional Living	61.5%	62.4%	46.9%	41.7%
Recovery Support Services	57.6%	60.0%	48.2%	50.0%
Peer Recovery Support	68.4%	62.4%	51.0%	47.8%
Job Training/Job Skills Program	62.4%	55.2%	46.6%	60.9%
Family Support and Services				
Home Visiting for SUD Recovery	58.0%	63.2%	49.5%	33.3%
Programs for Grandparents as Caregivers	51.3%	62.1%	47.4%	25.0%

-- Data are suppressed when n<5.

I have NOT USED this support but DID know that it exists				
	Bisexual	**Lesbian/Gay**	**Straight/ Heterosexual**	**Another Sexual Orientation**
Preventing Problematic Alcohol and Drug Use				
Youth Prevention Programs	33.1%	35.5%	25.8%	20.8%
Prescription Drug Storage & Disposal				
Prescription Drug Take Back Event	39.8%	36.8%	33.1%	56.5%
Prescription Drug Drop Box	36.4%	36.8%	31.3%	43.5%
Safe Disposal	36.4%	27.2%	28.0%	52.2%
Safe Storage	33.3%	33.1%	29.0%	30.4%
Access Points for Alcohol and Other Drug Services				
Doorways System	27.4%	32.0%	24.7%	20.8%
NH Alcohol and Drug Treatment Locator	29.7%	34.4%	30.2%	45.8%
Mobile Crisis Response Teams	10.7%	9.1%	13.2%	--
Reducing Negative Consequences of Drug Use				
Syringe Service Programs	34.2%	34.7%	31.2%	43.5%
Free Naloxone	46.2%	55.6%	50.9%	66.7%
Substance Use Disorder Treatment Services				
Medication for Opioid Use Disorder	31.0%	36.8%	30.0%	45.8%
Medication for Alcohol Use Disorder	37.8%	34.4%	30.7%	66.7%
Medication for Tobacco Use Disorder	41.0%	28.0%	30.1%	29.2%
Gender-Specific Services	28.0%	33.9%	32.2%	41.7%
Affinity Groups (e.g., pregnant, LGBTQ+)	42.0%	32.0%	31.9%	29.2%
Services in a Language Other than English	32.5%	33.6%	31.8%	70.8%
Adult Drug Court	40.2%	35.8%	31.7%	50.0%
Recovery Support Services				
Recovery Housing	32.5%	37.9%	32.9%	37.5%
Transitional Living	34.2%	32.8%	32.4%	45.8%
Recovery Support Services	37.3%	32.8%	27.3%	33.3%
Peer Recovery Support	26.5%	32.8%	28.4%	43.5%
Job Training/Job Skills Program	32.5%	39.2%	32.2%	
Family Support and Services				
Home Visiting for SUD Recovery	35.3%	34.4%	28.7%	33.3%
Programs for Grandparents as Caregivers	38.5%	32.3%	30.8%	41.7%

-- Data are suppressed when n<5.

I HAVE NOT used this support and DID NOT know that it exists				
	Bisexual	**Lesbian/Gay**	**Straight/ Heterosexual**	**Another Sexual Orientation**
Preventing Problematic Alcohol and Drug Use				
Youth Prevention Programs	9.3%	--	22.2%	29.2%
Prescription Drug Storage & Disposal				
Prescription Drug Take Back Event	5.9%	4.8%	20.0%	--
Prescription Drug Drop Box	4.2%	--	17.8%	--
Safe Disposal	10.2%	4.8%	21.5%	26.1%
Safe Storage	15.4%	4.8%	20.9%	21.7%
Access Points for Alcohol and Other Drug Services				
Doorways System	6.0%	--	19.1%	--
NH Alcohol and Drug Treatment Locator	12.7%	4.8%	20.2%	--
Mobile Crisis Response Teams	13.1%	10.1%	24.8%	--
Reducing Negative Consequences of Drug Use				
Syringe Service Programs	6.8%	--	19.7%	--
Free Naloxone	--	--	14.6%	--
Substance Use Disorder Treatment Services				
Medication for Opioid Use Disorder	--	--	18.9%	--
Medication for Alcohol Use Disorder	--	8.0%	21.0%	--
Medication for Tobacco Use Disorder	6.8%	8.8%	22.5%	20.8%
Gender-Specific Services	10.2%	7.3%	23.8%	20.8%
Affinity Groups (e.g., pregnant, LGBTQ+)	8.4%	6.4%	23.9%	--
Services in a Language Other than English	8.5%	8.0%	23.8%	--
Adult Drug Court	6.8%	5.7%	22.8%	--
Recovery Support Services				
Recovery Housing	--	--	16.4%	--
Transitional Living	4.3%	4.8%	20.7%	--
Recovery Support Services	5.1%	7.2%	24.4%	--
Peer Recovery Support	5.1%	4.8%	20.7%	--
Job Training/Job Skills Program	5.1%	5.6%	21.2%	21.7%
Family Support and Services				
Home Visiting for SUD Recovery	6.7%	2.4%	21.8%	33.3%
Programs for Grandparents as Caregivers	10.3%	5.6%	21.8%	33.3%

-- Data are suppressed when n<5.

Table 4: Service Use and Awareness by Gender Identity

I have USED this support for myself/family member/friend				
	trans male/ female	**male**	**female**	**other**
Preventing Problematic Alcohol and Drug Use				
Youth Prevention Programs	69.0%	54.6%	48.9%	60.7%
Prescription Drug Storage & Disposal				
Prescription Drug Take Back Event	51.3%	48.9%	46.5%	48.1%
Prescription Drug Drop Box	66.7%	52.8%	49.6%	57.7%
Safe Disposal	60.4%	50.2%	51.6%	59.3%
Safe Storage	63.1%	52.3%	47.8%	53.8%
Access Points for Alcohol and Other Drug Services				
Doorways System	64.0%	58.5%	55.9%	60.7%
NH Alcohol and Drug Treatment Locator	67.0%	48.3%	51.1%	51.9%
Mobile Crisis Response Teams	79.7%	64.0%	62.2%	69.6%
Reducing Negative Consequences of Drug Use				
Syringe Service Programs	59.8%	51.0%	49.3%	50.0%
Free Naloxone	44.1%	32.8%	39.1%	35.7%
Substance Use Disorder Treatment Services				
Medication for Opioid Use Disorder	63.2%	49.8%	54.4%	57.1%
Medication for Alcohol Use Disorder	55.8%	50.1%	47.8%	42.9%
Medication for Tobacco Use Disorder	59.6%	48.3%	48.2%	46.4%
Gender-Specific Services	58.9%	47.1%	43.2%	46.4%
Affinity Groups (e.g., pregnant, LGBTQ+)	58.8%	45.1%	44.8%	53.6%
Services in a Language Other than English	57.9%	44.7%	45.9%	33.3%
Adult Drug Court	54.9%	45.1%	47.4%	50.0%
Recovery Support Services				
Recovery Housing	64.6%	50.5%	53.2%	50.0%
Transitional Living	63.4%	46.6%	49.5%	50.0%
Recovery Support Services	54.9%	52.0%	46.9%	42.9%
Peer Recovery Support	59.8%	50.1%	55.4%	46.4%
Job Training/Job Skills Program	52.2%	47.7%	48.6%	53.6%
Family Support and Services				
Home Visiting for SUD Recovery	62.3%	52.8%	46.8%	53.6%
Programs for Grandparents as Caregivers	58.4%	46.5%	49.1%	48.1%

I have NOT USED this support but DID know that it exists				
	trans male/female	**male**	**female**	**other**
Preventing Problematic Alcohol and Drug Use				
Youth Prevention Programs	29.2%	25.4%	28.3%	25.0%
Prescription Drug Storage & Disposal				
Prescription Drug Take Back Event	44.2%	34.7%	31.8%	44.4%
Prescriiption Drug Drop Box	31.6%	32.1%	32.0%	42.3%
Safe Disposal	33.3%	31.2%	25.5%	29.6%
Safe Storage	28.8%	31.2%	27.8%	30.8%
Access Points for Alcohol and Other Drug Services				
Doorways System	35.1%	25.1%	24.2%	25.0%
NH Alcohol and Drug Treatment Locator	27.7%	32.1%	29.6%	33.3%
Mobile Crisis Response Teams	8.1%	14.2%	12.2%	--
Reducing Negative Consequences of Drug Use				
Syringe Service Programs	36.6%	31.9%	30.7%	39.3%
Free Naloxone	54.1%	53.7%	47.6%	57.1%
Substance Use Disorder Treatment Services				
Medication for Opioid Use Disorder	31.6%	32.9%	28.2%	35.7%
Medication for Alcohol Use Disorder	36.3%	32.0%	31.0%	39.3%
Medication for Tobacco Use Disorder	30.7%	31.9%	28.9%	39.3%
Gender-Specific Services	31.3%	31.0%	33.6%	35.7%
Affinity Groups (e.g., pregnant, LGBTQ+)	29.8%	34.1%	31.6%	25.0%
Services in a Language Other than English	32.5%	34.0%	30.5%	44.4%
Adult Drug Court	35.4%	32.7%	32.3%	39.3%
Recovery Support Services				
Recovery Housing	32.7%	35.1%	31.0%	42.9%
Transitional Living	29.5%	33.4%	32.3%	39.3%
Recovery Support Services	37.2%	27.5%	27.6%	46.4%
Peer Recovery Support	32.1%	29.2%	27.3%	42.9%
Job Training/Job Skills Program	39.8%	32.1%	32.0%	28.6%
Family Support and Services				
Home Visiting for SUD Recovery	35.1%	28.9%	29.6%	32.1%
Programs for Grandparents as Caregivers	33.6%	34.6%	28.0%	29.6%

-- Data are suppressed when n<5.

I HAVE NOT used this support and DID NOT know that it exists				
	trans male/ female	**male**	**female**	**other**
Preventing Problematic Alcohol and Drug Use				
Youth Prevention Programs	--	20.0%	22.8%	--
Prescription Drug Storage & Disposal				
Prescription Drug Take Back Event	4.4%	16.4%	21.7%	--
Prescriiption Drug Drop Box	--	15.1%	18.4%	--
Safe Disposal	6.3%	18.6%	22.9%	--
Safe Storage	8.1%	16.5%	24.4%	--
Access Points for Alcohol and Other Drug Services				
Doorways System	--	16.4%	19.9%	--
NH Alcohol and Drug Treatment Locator	5.4%	19.6%	19.3%	--
Mobile Crisis Response Teams	12.2%	21.8%	25.6%	21.7%
Reducing Negative Consequences of Drug Use				
Syringe Service Programs	--	17.2%	20.0%	--
Free Naloxone	--	13.5%	13.3%	--
Substance Use Disorder Treatment Services				
Medication for Opioid Use Disorder	5.3%	17.3%	17.4%	--
Medication for Alcohol Use Disorder	8.0%	18.0%	21.2%	17.9%
Medication for Tobacco Use Disorder	9.6%	19.9%	22.8%	--
Gender-Specific Services	9.8%	21.9%	23.3%	17.9%
Affinity Groups (e.g., pregnant, LGBTQ+)	11.4%	20.8%	23.6%	21.4%
Services in a Language Other than English	9.6%	21.2%	23.5%	22.2%
Adult Drug Court	9.7%	22.1%	20.3%	--
Recovery Support Services				
Recovery Housing	--	14.4%	15.8%	--
Transitional Living	7.1%	20.0%	18.2%	--
Recovery Support Services	8.0%	20.6%	25.5%	--
Peer Recovery Support	8.0%	20.8%	17.3%	--
Job Training/Job Skills Program	8.0%	20.2%	19.3%	17.9%
Family Support and Services				
Home Visiting for SUD Recovery	--	18.3%	23.6%	--
Programs for Grandparents as Caregivers	8.0%	18.9%	22.9%	22.2%

-- Data are suppressed when n<5.

Table 5: Service Use and Awareness by Age

I have USED this support for myself/family member/friend						
		<22	**22-29**	**30-39**	**40-49**	**50-65+**
Preventing Problematic Alcohol and Drug Use						
	Youth Prevention Programs	46.4%	57.4%	57.0%	54.2%	41.6%
Prescription Drug Storage & Disposal						
	Prescription Drug Drop Box	46.4%	55.5%	57.3%	47.7%	48.0%
	Prescription Drug Take Back Event	50.5%	48.1%	49.5%	45.7%	46.3%
	Safe Disposal	45.9%	50.8%	57.3%	49.7%	48.4%
	Safe Storage	52.6%	53.6%	52.5%	47.0%	47.7%
Access Points for Alcohol and Other Drug Services						
	Doorways System	52.0%	62.0%	61.5%	56.7%	48.6%
	NH Alcohol and Drug Treatment Locator	46.9%	52.1%	53.6%	49.7%	47.8%
	Mobile Crisis Response Teams	66.0%	72.0%	68.3%	58.3%	49.5%
Reducing Negative Consequences of Drug Use						
	Syringe Service Programs	45.4%	54.6%	52.1%	53.1%	43.0%
	Free Naloxone	37.2%	35.5%	39.5%	35.2%	32.2%
Substance Use Disorder Treatment Services						
	Medication for Opioid Use Disorder	52.6%	54.9%	56.3%	49.2%	46.9%
	Medication for Alcohol Use Disorder	46.4%	51.6%	53.6%	45.2%	45.1%
	Medication for Tobacco Use Disorder	49.5%	54.8%	50.3%	47.2%	38.4%
	Gender-Specific Services	52.0%	46.9%	47.9%	44.0%	40.6%
	Affinity Groups (e.g., pregnant, LGBTQ+)	53.1%	45.3%	47.3%	45.8%	40.4%
	Services in a Language Other than English	45.4%	47.1%	48.3%	46.7%	39.6%
	Adult Drug Court	51.5%	50.1%	49.5%	40.1%	41.6%
Recovery Support Services						
	Recovery Housing	54.4%	54.5%	55.9%	48.4%	46.5%
	Transitional Living	52.3%	49.2%	51.7%	46.1%	44.4%
	Recovery Support Services	48.7%	55.6%	52.5%	45.7%	40.8%
	Peer Recovery Support	47.7%	55.4%	53.8%	51.9%	52.2%
	Job Training/Job Skills Program	50.8%	52.2%	49.7%	44.6%	43.0%
Family Support and Services						
	Home Visiting for SUD Recovery	52.0%	51.7%	53.3%	52.6%	42.0%
	Programs for Grandparents as Caregivers	54.6%	49.9%	51.8%	46.1%	38.0%

I have NOT USED this support but DID know that it exists					
	<22	**22-29**	**30-39**	**40-49**	**50-65+**
Preventing Problematic Alcohol and Drug Use					
Youth Prevention Programs	30.1%	27.1%	26.6%	24.8%	28.2%
Prescription Drug Storage & Disposal					
Prescription Drug Drop Box	33.7%	30.1%	33.6%	32.5%	30.3%
Prescription Drug Take Back Event	25.5%	35.9%	35.9%	36.0%	31.4%
Safe Disposal	29.1%	29.4%	29.7%	28.3%	26.6%
Safe Storage	24.5%	29.2%	31.4%	34.0%	24.7%
Access Points for Alcohol and Other Drug Services					
Doorways System	23.5%	23.8%	26.7%	25.1%	27.3%
NH Alcohol and Drug Treatment Locator	28.1%	34.4%	29.7%	31.7%	26.5%
Mobile Crisis Response Teams	10.3%	8.8%	13.6%	18.7%	12.6%
Reducing Negative Consequences of Drug Use					
Syringe Service Programs	30.6%	31.5%	33.5%	29.2%	32.4%
Free Naloxone	44.4%	53.4%	53.5%	48.9%	49.8%
Substance Use Disorder Treatment Services					
Medication for Opioid Use Disorder	23.0%	31.8%	32.3%	31.9%	29.8%
Medication for Alcohol Use Disorder	32.1%	30.8%	33.8%	33.7%	26.6%
Medication for Tobacco Use Disorder	23.5%	31.1%	31.5%	31.1%	33.9%
Gender-Specific Services	27.0%	35.5%	33.1%	32.8%	27.5%
Affinity Groups (e.g., pregnant, LGBTQ+)	26.0%	35.5%	33.4%	29.7%	34.3%
Services in a Language Other than English	31.6%	32.0%	33.1%	33.4%	31.4%
Adult Drug Court	27.6%	32.7%	34.1%	36.0%	29.8%
Recovery Support Services					
Recovery Housing	28.2%	32.3%	33.4%	37.6%	32.7%
Transitional Living	25.6%	33.5%	34.7%	34.4%	30.9%
Recovery Support Services	22.1%	29.3%	26.9%	32.0%	30.6%
Peer Recovery Support	28.2%	26.8%	30.9%	31.4%	24.9%
Job Training/Job Skills Program	26.7%	33.0%	31.5%	35.9%	34.4%
Family Support and Services					
Home Visiting for SUD Recovery	26.5%	32.8%	30.2%	27.7%	26.9%
Programs for Grandparents as Caregivers	23.5%	35.7%	31.9%	31.5%	30.6%

I HAVE NOT used this support and DID NOT know that it exists						
		<22	**22-29**	**30-39**	**40-49**	**50-65+**
Preventing Problematic Alcohol and Drug Use						
	Youth Prevention Programs	23.5%	15.5%	16.5%	21.1%	30.2%
Prescription Drug Storage & Disposal						
	Prescription Drug Drop Box	19.9%	14.4%	9.1%	19.8%	21.7%
	Prescriiption Drug Take Back Event	24.0%	16.0%	14.6%	18.3%	22.3%
	Safe Disposal	25.0%	19.8%	13.0%	22.0%	25.0%
	Safe Storage	23.0%	17.2%	16.1%	19.0%	27.6%
Access Points for Alcohol and Other Drug Services						
	Doorways System	24.5%	14.2%	11.8%	18.3%	24.1%
	NH Alcohol and Drug Treatment Locator	25.0%	13.5%	16.7%	18.6%	25.7%
	Mobile Crisis Response Teams	23.7%	19.3%	18.1%	23.0%	37.9%
Reducing Negative Consequences of Drug Use						
	Syringe Service Programs	24.0%	13.9%	14.3%	17.6%	24.6%
	Free Naloxone	18.4%	11.1%	7.0%	15.9%	18.0%
Substance Use Disorder Treatment Services						
	Medication for Opioid Use Disorder	24.5%	13.3%	11.4%	18.9%	23.3%
	Medication for Alcohol Use Disorder	21.4%	17.6%	12.6%	21.1%	28.3%
	Medication for Tobacco Use Disorder	27.0%	14.2%	18.3%	21.7%	27.8%
	Gender-Specific Services	20.9%	17.6%	19.1%	23.2%	32.0%
	Affinity Groups (e.g., pregnant, LGBTQ+)	20.9%	19.1%	19.3%	24.5%	25.3%
	Services in a Language Other than English	23.0%	20.8%	18.6%	19.8%	29.0%
	Adult Drug Court	20.9%	17.2%	16.4%	23.9%	28.6%
Recovery Support Services						
	Recovery Housing	17.4%	13.3%	10.7%	14.0%	20.8%
	Transitional Living	22.1%	17.3%	13.6%	19.5%	24.7%
	Recovery Support Services	29.2%	15.1%	20.5%	22.4%	28.6%
	Peer Recovery Support	24.1%	17.8%	15.3%	16.8%	22.9%
	Job Training/Job Skills Program	22.6%	14.9%	18.8%	19.5%	22.5%
Family Support and Services						
	Home Visiting for SUD Recovery	21.4%	15.5%	16.5%	19.6%	31.0%
	Programs for Grandparents as Caregivers	21.9%	14.4%	16.3%	22.4%	31.4%

Table 6: Service Use and Awareness by Race/Ethnicity

I have USED this support for myself/family member/friend					
	Black/ African American	**White**	**Hispanic/ Latinx**	**Multi-racial**	**Other**
Preventing Problematic Alcohol and Drug Use					
Youth Prevention Programs	50.5%	54.2%	47.8%	55.5%	56.4%
Prescription Drug Storage & Disposal					
Prescription Drug Drop Box	55.6%	51.9%	50.4%	50.9%	56.0%
Prescription Drug Take Back Event	48.2%	47.0%	49.3%	48.1%	52.6%
Safe Disposal	54.8%	49.7%	49.6%	53.2%	56.0%
Safe Storage	54.5%	48.3%	50.9%	53.4%	55.2%
Access Points for Alcohol and Other Drug Services					
Doorways System	56.3%	58.2%	55.4%	58.0%	62.4%
NH Alcohol and Drug Treatment Locator	53.9%	47.5%	47.3%	56.7%	57.8%
Mobile Crisis Response Teams	64.6%	61.6%	66.1%	67.2%	70.0%
Reducing Negative Consequences of Drug Use					
Syringe Service Programs	53.6%	50.5%	46.0%	51.9%	52.6%
Free Naloxone	38.0%	34.1%	38.8%	39.6%	34.5%
Substance Use Disorder Treatment Services					
Medication for Opioid Use Disorder	53.8%	52.9%	48.7%	53.4%	55.6%
Medication for Alcohol Use Disorder	53.2%	46.8%	48.7%	51.9%	51.7%
Medication for Tobacco Use Disorder	51.8%	46.7%	50.9%	49.1%	53.0%
Gender-Specific Services	44.8%	43.3%	43.8%	53.4%	56.4%
Affinity Groups (e.g., pregnant, LGBTQ+)	49.3%	42.6%	50.9%	45.4%	53.8%
Services in a Language Other than English	52.3%	38.8%	49.1%	53.9%	54.3%
Adult Drug Court	55.2%	40.1%	53.1%	51.5%	49.6%
Recovery Support Services					
Recovery Housing	55.0%	51.3%	48.7%	55.7%	55.6%
Transitional Living	47.1%	47.7%	45.7%	52.2%	59.8%
Recovery Support Services	48.7%	50.7%	44.6%	50.3%	53.8%
Peer Recovery Support	45.5%	52.9%	57.0%	55.5%	56.9%
Job Training/Job Skills Program	48.7%	46.9%	47.3%	52.6%	51.3%
Family Support and Services					
Home Visiting for SUD Recovery	49.3%	49.5%	51.8%	54.6%	53.0%
Programs for Grandparents as Caregivers	56.6%	41.7%	52.0%	54.1%	54.3%

I have NOT USED this support but DID know that it exists					
	Black/ African American	**White**	**Hispanic/ Latinx**	**Multi-racial**	**Other**
Preventing Problematic Alcohol and Drug Use					
Youth Prevention Programs	24.4%	27.8%	25.4%	22.3%	41.0%
Prescription Drug Storage & Disposal					
Prescription Drug Drop Box	25.4%	36.2%	25.9%	28.0%	43.1%
Prescriiption Drug Take Back Event	28.2%	39.3%	24.7%	30.0%	41.4%
Safe Disposal	23.3%	30.9%	27.2%	26.6%	37.1%
Safe Storage	24.0%	34.6%	21.4%	25.7%	33.6%
Access Points for Alcohol and Other Drug Services					
Doorways System	21.1%	28.3%	21.0%	21.5%	33.3%
NH Alcohol and Drug Treatment Locator	22.9%	36.3%	25.9%	24.6%	35.3%
Mobile Crisis Response Teams	7.9%	17.8%	6.3%	9.7%	11.3%
Reducing Negative Consequences of Drug Use					
Syringe Service Programs	24.3%	35.0%	25.4%	29.7%	44.8%
Free Naloxone	43.4%	56.5%	42.9%	44.7%	64.7%
Substance Use Disorder Treatment Services					
Medication for Opioid Use Disorder	20.4%	36.2%	26.3%	25.7%	39.3%
Medication for Alcohol Use Disorder	22.9%	37.3%	26.8%	26.6%	39.7%
Medication for Tobacco Use Disorder	25.2%	34.4%	22.3%	30.4%	34.2%
Gender-Specific Services	29.7%	36.3%	32.1%	21.9%	35.0%
Affinity Groups (e.g., pregnant, LGBTQ+)	22.1%	37.7%	21.9%	35.2%	35.0%
Services in a Language Other than English	23.3%	40.9%	25.4%	22.9%	34.5%
Adult Drug Court	23.3%	40.8%	22.3%	24.6%	40.9%
Recovery Support Services					
Recovery Housing	24.8%	39.2%	27.7%	25.4%	41.9%
Transitional Living	23.9%	38.0%	30.9%	27.0%	35.0%
Recovery Support Services	22.2%	31.3%	25.9%	25.0%	37.6%
Peer Recovery Support	26.5%	33.0%	22.0%	21.2%	36.2%
Job Training/Job Skills Program	29.0%	36.7%	24.6%	27.1%	40.2%
Family Support and Services					
Home Visiting for SUD Recovery	28.6%	31.8%	22.3%	25.3%	41.9%
Programs for Grandparents as Caregivers	23.3%	38.1%	24.2%	26.0%	34.5%

I HAVE NOT used this support and DID NOT know that it exists					
	Black/ African American	**White**	**Hispanic/ Latinx**	**Multi-racial**	**Other**
Preventing Problematic Alcohol and Drug Use					
Youth Prevention Programs	25.1%	18.0%	26.8%	22.3%	--
Prescription Drug Storage & Disposal					
Prescription Drug Drop Box	19.0%	11.9%	23.7%	21.2%	--
Prescriiption Drug Take Back Event	23.6%	13.7%	26.0%	21.8%	6.0%
Safe Disposal	21.9%	19.4%	23.2%	20.1%	6.9%
Safe Storage	21.5%	17.1%	27.7%	20.9%	11.2%
Access Points for Alcohol and Other Drug Services					
Doorways System	22.6%	13.5%	23.7%	20.5%	4.3%
NH Alcohol and Drug Treatment Locator	23.2%	16.2%	26.8%	18.8%	6.9%
Mobile Crisis Response Teams	27.5%	20.6%	27.6%	23.1%	18.8%
Reducing Negative Consequences of Drug Use					
Syringe Service Programs	22.1%	14.5%	28.6%	18.4%	--
Free Naloxone	18.6%	9.4%	18.3%	15.7%	--
Substance Use Disorder Treatment Services					
Medication for Opioid Use Disorder	25.8%	10.9%	25.0%	20.9%	5.1%
Medication for Alcohol Use Disorder	23.9%	15.8%	24.6%	21.5%	8.6%
Medication for Tobacco Use Disorder	23.0%	18.8%	26.8%	20.5%	12.8%
Gender-Specific Services	25.4%	20.5%	24.1%	24.7%	8.5%
Affinity Groups (e.g., pregnant, LGBTQ+)	28.6%	19.6%	27.2%	19.5%	11.1%
Services in a Language Other than English	24.4%	20.3%	25.4%	23.2%	11.2%
Adult Drug Court	21.5%	19.1%	24.6%	23.9%	9.6%
Recovery Support Services					
Recovery Housing	20.1%	9.5%	23.7%	18.9%	--
Transitional Living	28.9%	14.3%	23.3%	20.8%	5.1%
Recovery Support Services	29.0%	18.0%	29.5%	24.7%	8.5%
Peer Recovery Support	28.0%	14.1%	21.1%	23.3%	6.9%
Job Training/Job Skills Program	22.2%	16.4%	28.1%	20.3%	8.5%
Family Support and Services					
Home Visiting for SUD Recovery	22.1%	18.7%	25.9%	20.1%	5.1%
Programs for Grandparents as Caregivers	20.1%	20.2%	23.8%	19.9%	11.2%

-- Data are suppressed when n<5.

Table 7: COVID-19 Increased use by Sexual Orientation

	bisexual	lesbian/gay	straight	other
Use of alcoholic beverages	50.0%	41.5%	28.1%	25.0%
Use of products containing THC or CBD (such as marijuana, vape pens, and edibles)	34.7%	40.7%	26.5%	47.8%
Use of tobacco products like cigarettes, chewing tobacco, or snuff.	45.4%	35.2%	29.0%	20.8%
Use of electronic vapor products such as JUUL, blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. etc.	42.4%	36.0%	25.7%	37.5%
Use of opioids (heroin, fentanyl, prescription drugs like oxycodone)	26.1%	37.9%	24.3%	20.8%
Use of methamphetamine	39.0%	34.4%	25.2%	
Use of cocaine	34.8%	33.9%	25.4%	25.0%
Use of a phone or computer to attend medical or behavioral health appointments related to your use of alcohol or other drugs	42.4%	44.0%	27.0%	50.0%
Use of a phone or computer to attend recovery related meetings (for example: AA, NA, SMART Recovery)	47.5%	42.7%	25.6%	29.2%

Table 8: COVID-19 Increased use by Gender Identity

	trans male/ female	male	female	other
Use of alcoholic beverages	53.6%	30.8%	26.4%	42.9%
Use of products containing THC or CBD (such as marijuana, vape pens, and edibles)	38.9%	28.0%	26.4%	46.4%
Use of tobacco products like cigarettes, chewing tobacco, or snuff.	43.0%	30.5%	27.9%	42.9%
Use of electronic vapor products such as JUUL, blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. etc.	34.5%	26.9%	27.2%	35.7%
Use of opioids (heroin, fentanyl, prescription drugs like oxycodone)	42.5%	23.0%	25.1%	35.7%
Use of methamphetamine	40.7%	25.0%	26.1%	32.1%
Use of cocaine	41.2%	25.7%	24.9%	46.4%
Use of a phone or computer to attend medical or behavioral health appointments related to your use of alcohol or other drugs	40.7%	29.5%	27.2%	55.6%
Use of a phone or computer to attend recovery related meetings (for example: AA, NA, SMART Recovery)	46.0%	27.0%	26.6%	46.4%

Table 9: COVID-19 Increased use by Age

	<22	22-29	30-39	40-49	50-65+
Use of alcoholic beverages	22.4%	38.2%	33.0%	27.2%	23.0%
Use of products containing THC or CBD (such as marijuana, vape pens, and edibles)	26.5%	30.2%	32.0%	28.2%	19.4%
Use of tobacco products like cigarettes, chewing tobacco, or snuff.	30.6%	36.1%	30.1%	27.9%	24.3%
Use of electronic vapor products such as JUUL, blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. etc.	27.0%	33.2%	31.9%	21.1%	19.3%
Use of opioids (heroin, fentanyl, prescription drugs like oxycodone)	26.5%	26.9%	27.3%	24.8%	18.9%
Use of methamphetamine	23.5%	33.8%	25.6%	24.0%	21.5%
Use of cocaine	29.6%	27.1%	29.5%	24.4%	21.3%
Use of a phone or computer to attend medical or behavioral health appointments related to your use of alcohol or other drugs	30.6%	32.5%	32.7%	24.0%	24.2%
Use of a phone or computer to attend recovery related meetings (for example: AA, NA, SMART Recovery)	20.4%	33.8%	33.8%	20.9%	23.5%

Table 10: COVID-19 Increased use by Race/Ethnicity

	Black/ African American	White	Hispanic /Latinx	Multi-racial	Other
Use of alcoholic beverages	27.2%	31.8%	26.3%	30.1%	38.8%
Use of products containing THC or CBD (such as marijuana, vape pens, and edibles)	28.2%	27.8%	28.1%	22.6%	47.4%
Use of tobacco products like cigarettes, chewing tobacco, or snuff.	26.4%	34.6%	27.2%	24.6%	31.6%
Use of electronic vapor products such as JUUL, blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. etc.	28.7%	26.6%	23.7%	28.3%	39.3%
Use of opioids (heroin, fentanyl, prescription drugs like oxycodone)	25.4%	24.5%	24.1%	22.9%	39.7%
Use of methamphetamine	29.7%	24.3%	25.1%	26.4%	38.5%
Use of cocaine	24.4%	25.9%	27.2%	27.0%	35.7%
Use of a phone or computer to attend medical or behavioral health appointments related to your use of alcohol or other drugs	24.0%	32.7%	21.4%	30.4%	35.3%
Use of a phone or computer to attend recovery related meetings (for example: AA, NA, SMART Recovery)	25.4%	29.5%	25.4%	22.6%	47.9%