




Hope and Recovery: Applying Evidenced Based Strategies to address the growing trend of Co-Occurring Disorders in NH

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Agenda

- Will review mental health and substance use trends in NH and Nationally
- Will review and discuss several Evidenced Based Treatment interventions for Co-Occurring Disorders
- Will learn the secrets to success in working with Co-Occurring populations while applying Evidenced Based strategies.

Public statement from the DEA

“The shift from plant-based drugs, like heroin and cocaine, to synthetic, chemical-based drugs, like fentanyl and methamphetamine, has resulted in the most dangerous and deadly drug crisis the United States has ever faced.”

DEA Administrator Anne Milgram

<https://www.dea.gov/press-releases/2024/05/09/dea-releases-2024-national-drug-threat-assessment>

Substance use trends in NH

NH residents 12 and older:

- **Alcohol: 53.82-62.74%**
- Tobacco: 12.14-16.61%
- Cannabis: 12.18-14.89%
- Opioids 4.5-4.8%
- Hallucinogens: 3.06-3.47%
- Stimulants: 1.80- 2.38%

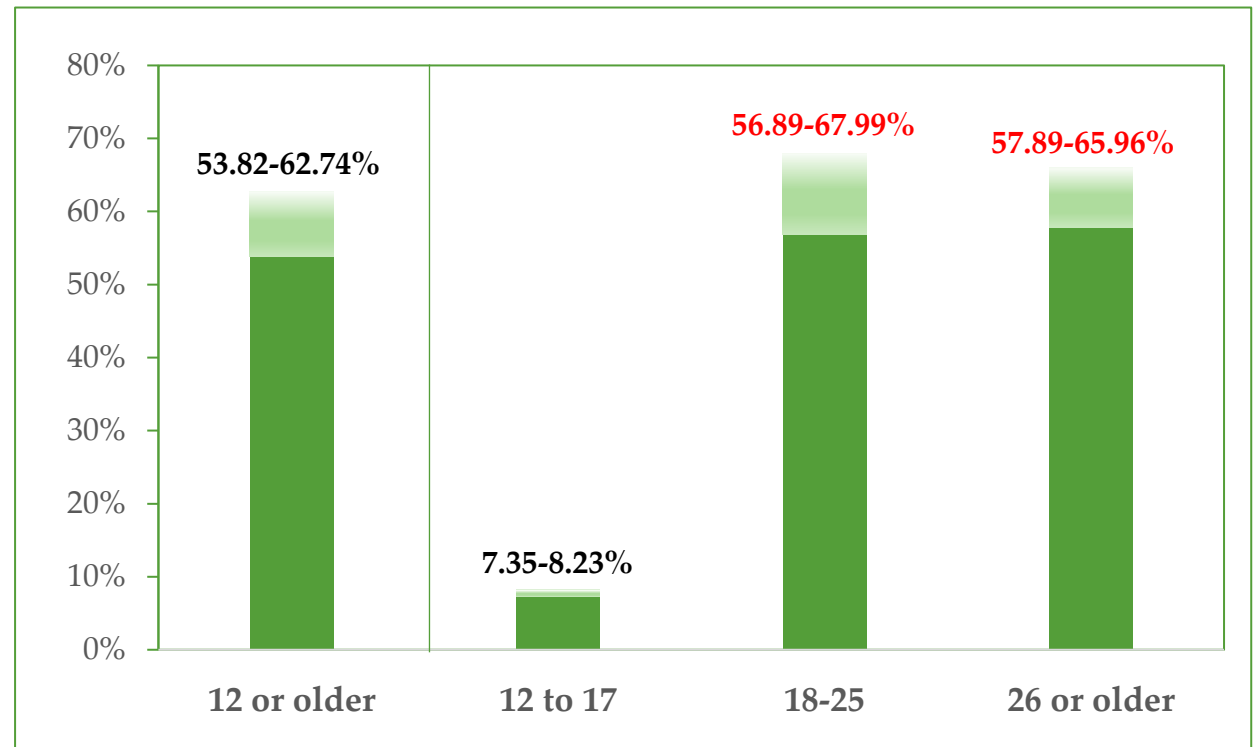
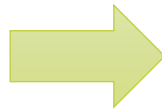
Impact of Alcohol use in NH; 2023

- NH saw 537 deaths attributed to alcohol and 486 fatalities due to drug overdoses in 2023.
- Between 2015 and 2023, NH experienced a rise of 55.5% in the average yearly rate of deaths per capita linked to excessive alcohol consumption.
- Each year in NH, 59.9% of deaths attributed to excessive alcohol consumption resulted from chronic conditions, such as alcohol use disorder.
- Annually, approximately 85.2% of deaths due to excessive alcohol use in NH occur among adults aged 35 and older, whereas 1.66% involve individuals under 21.
- NH has the highest per capita alcohol consumption in the U.S. (4.43 gallons per 100,000).
- NH has the nation's lowest rate of under-21 alcohol-related deaths.

Alcohol use in NH; 2022

Reported alcohol use in the past month:

- 12 or older: 53.82-62.74%
- 12 to 17: 7.35 – 8.23%
- 18 to 25: 56.89-67.99%
- 26 or older: 57.89-65.96%



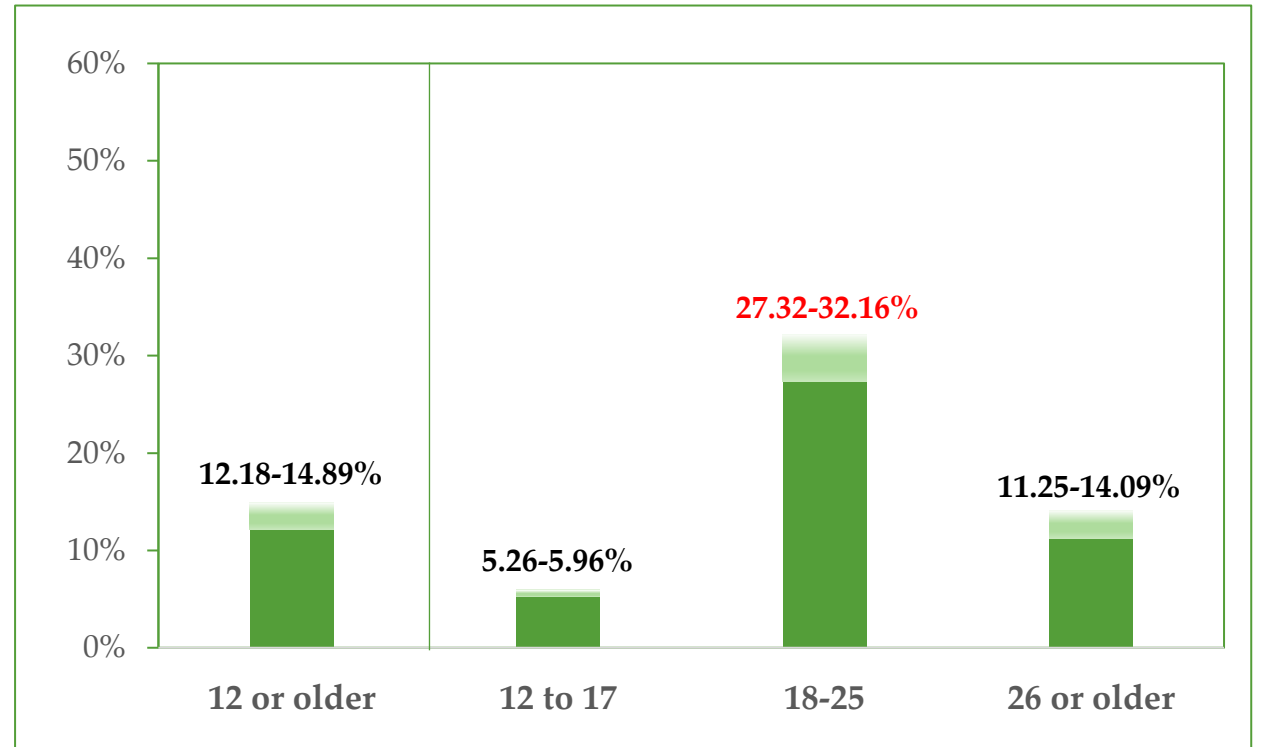
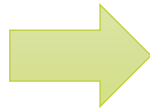
Cannabis use in NH; 2023

- Current Cannabis use among U.S. adults in 2023 was highest in Vermont, where 34% of adults reported using marijuana within the past year. Massachusetts ranked 5th with 30%, Maine 9th with 28% and **NH ranked 25th with 21%**
- The total national average was 21.34%
- Since the legalization of medical marijuana in 2013 NH has experienced a 62% increase in adults reporting using marijuana
- Increased presence of synthetic THC products that have a higher concentration of THC (95-98%)

Cannabis use in NH; 2022

Reported cannabis/marijuana use in the past month:

- 12 or older: 12.18 – 14.89%
- 12 to 17: 5.26 – 5.96%
- **18 to 25: 27.32 – 32.16%**
- 26 or older: 11.25 – 14.09%



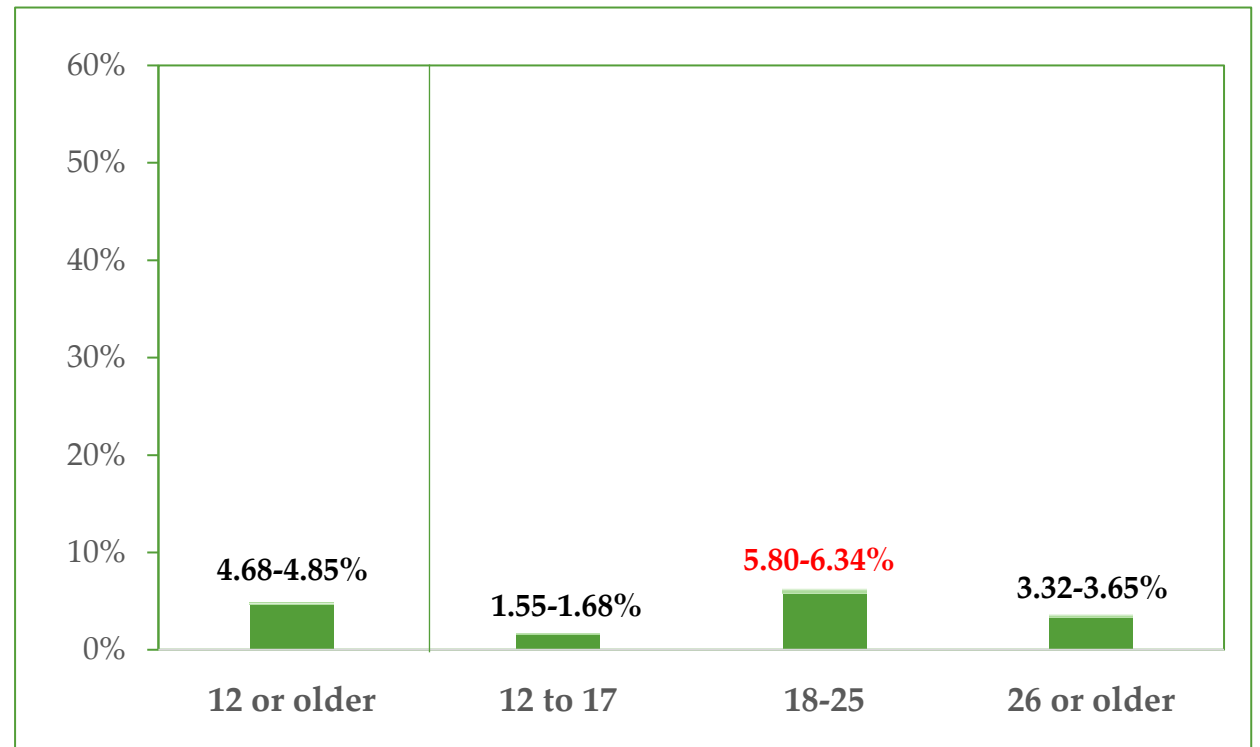
Tobacco Use in NH; 2023

- The use of Tobacco products in NH slightly decreased in 2023 to 12.2% percent of the population
- In New Hampshire the use of tobacco products was not significantly different than the national rate of 12.9%.
- NH ranks 11th among all states in tobacco use
- 1,900 people in NH who die each year from smoking (2020-2023)
- \$729 Million spent on smoking-related health care costs in NH each year
- 158: Number of people in NH who die per month from smoking

Opioid use in NH; 2022

Includes Heroin, RX misuse, and synthetic opioid reported use over the past year:

- 12 or older: 4.68 – 4.85%
- 12 to 17: 1.55 – 1.68%
- **18 to 25: 5.80 – 6.34%**
- 26 or older: 3.32 – 3.65%

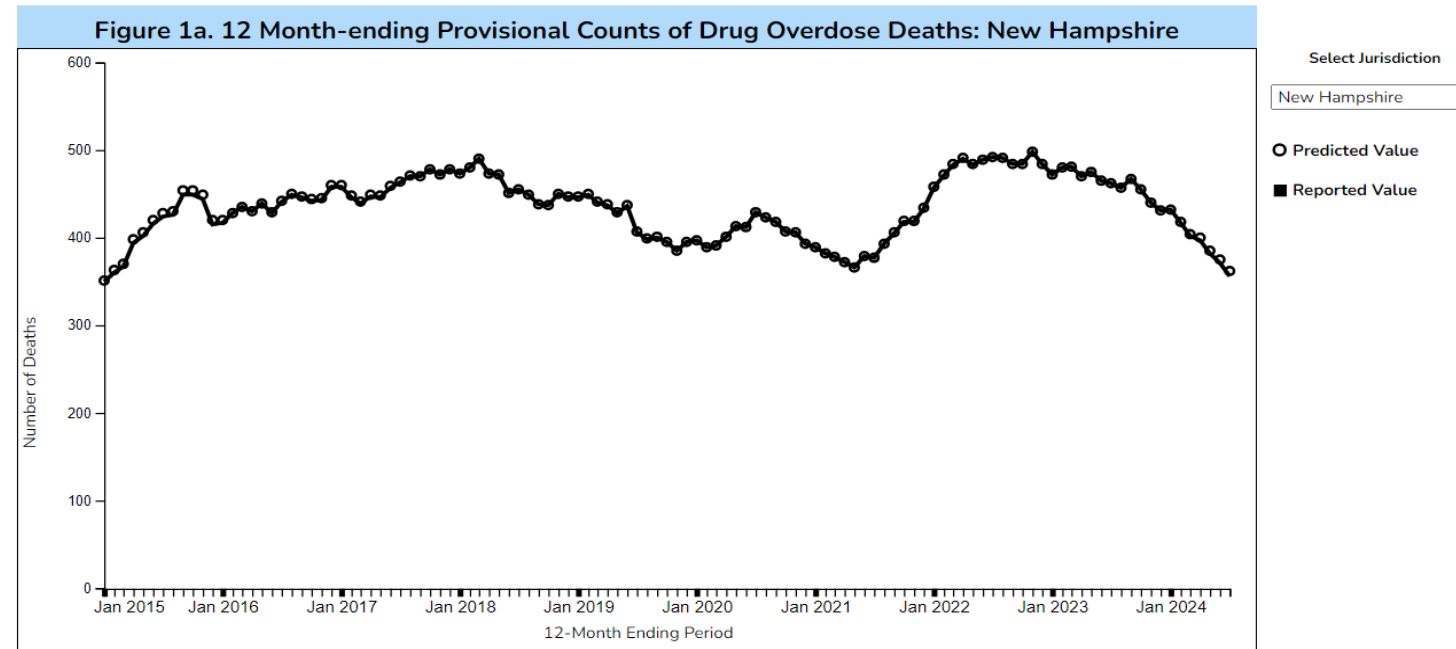


Overdose fatalities in NH; 2023

Overdose Death Data						
	2019	2020	2021	2022	2023	2024*
Total Overdose Deaths	415	417	436	486	430	85
Deaths Involving Opioids	372	357	404	427	385	69
Deaths Involving Cocaine	79	58	36	56	61	8
Deaths Involving Meth	52	59	63	97	62	10
Deaths Pending Toxicology	N/A	N/A	N/A	N/A	N/A	53

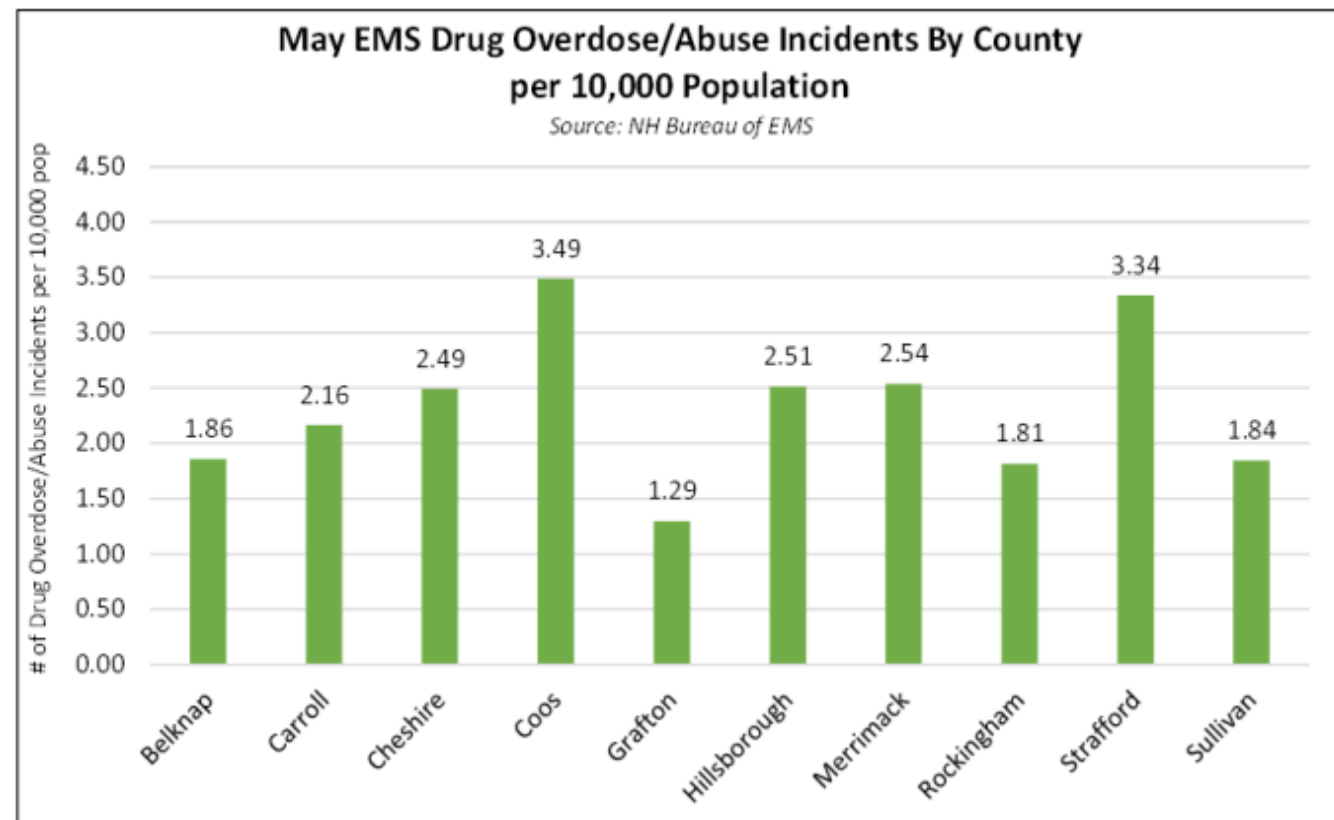
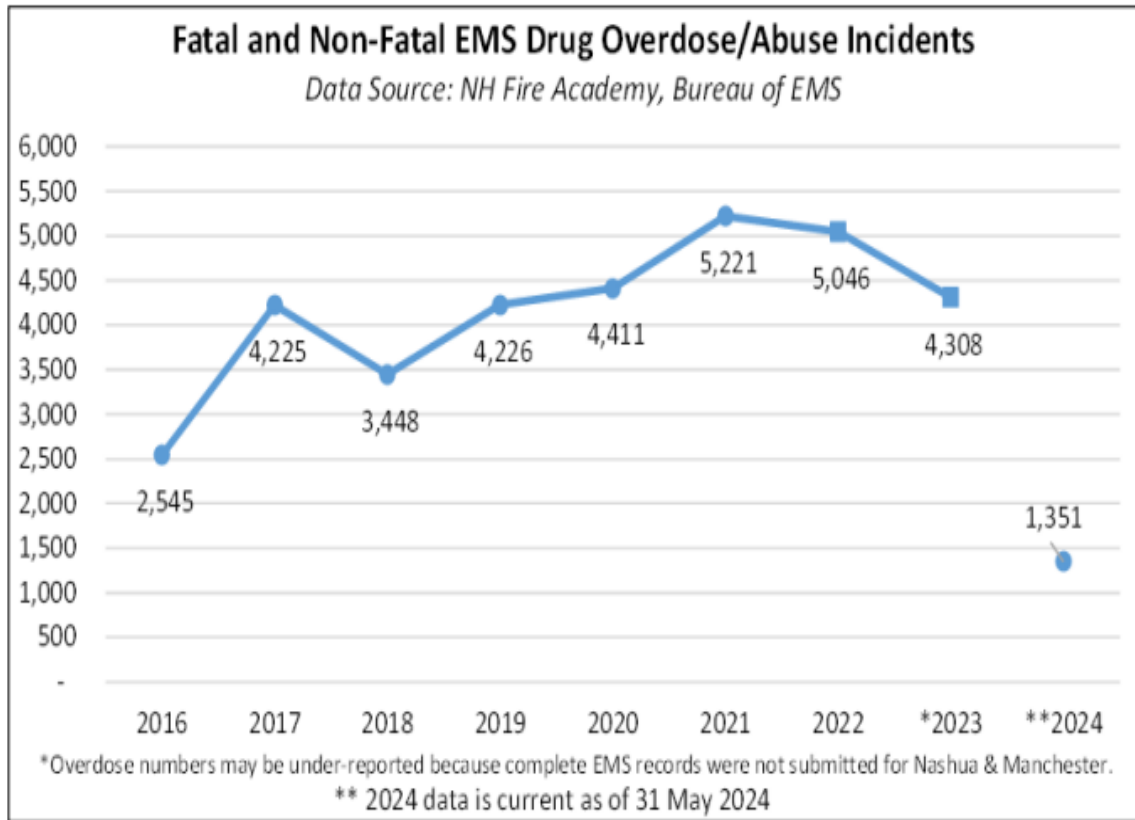
12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: December 1, 2024



* The data for 2024 is not finalized and is based on analysis as of 5/14/2024.

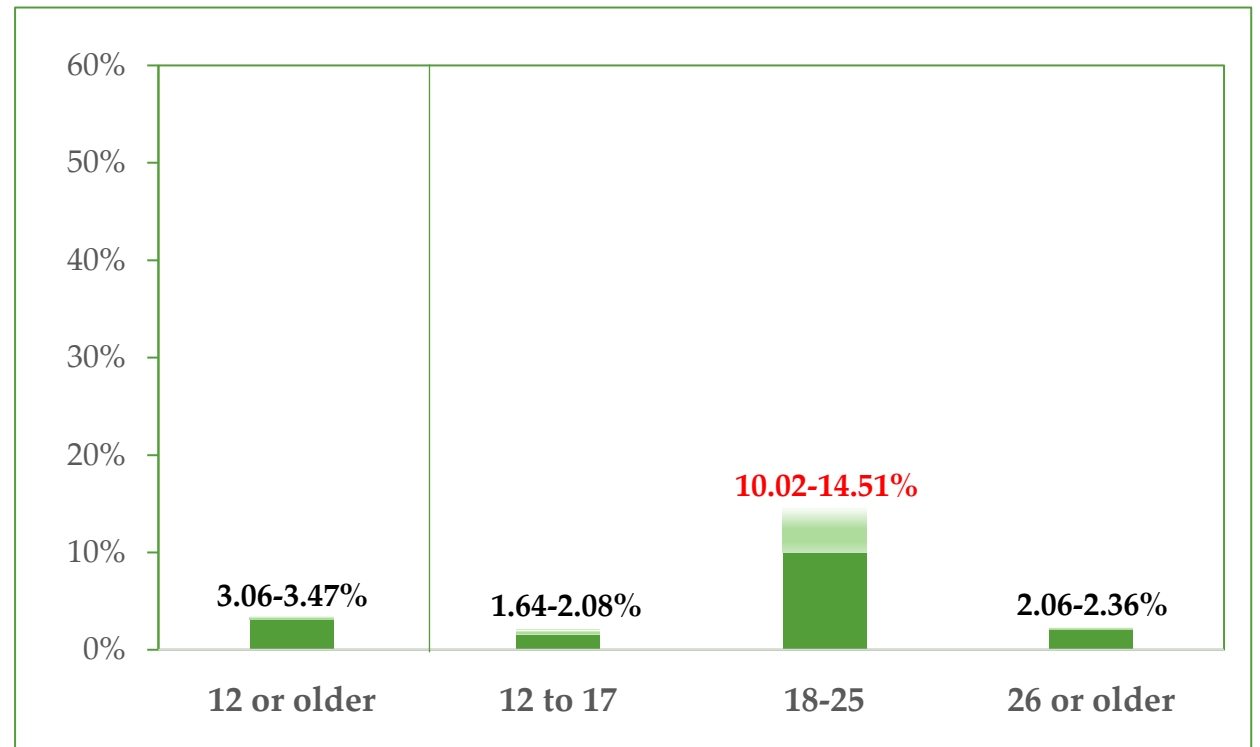
Overdose rates by NH County; 2023



Hallucinogens use in NH; 2022

Reported hallucinogen use over the past year:

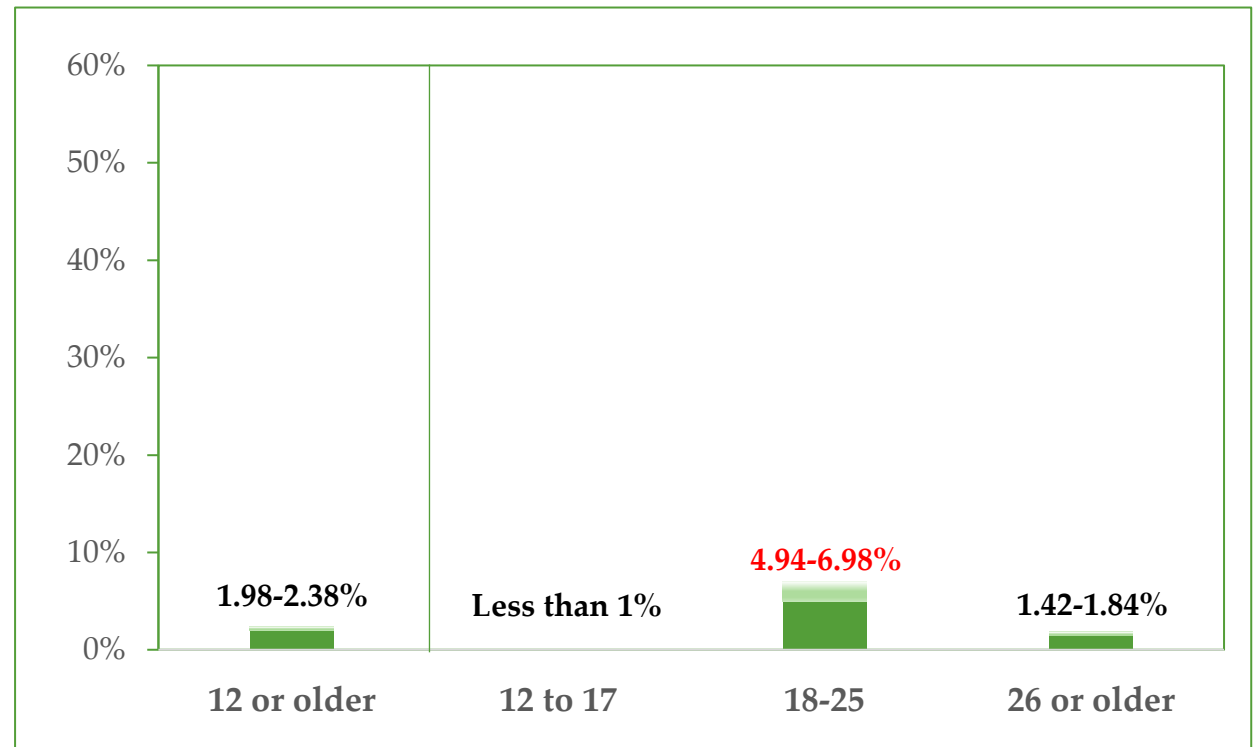
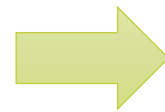
- 12 and older: 3.06-3.47%
- 12 to 17: 1.64 – 2.08%
- **18 to 25: 10.02 – 14.51%**
- 26 and older: 2.06 – 2.36%



Stimulant Use in NH 2022

Includes Methamphetamine, Cocaine, and RX reported stimulant misuse over the past year:

- 12 or older: 1.98 – 2.38%
- 12 to 17: less than 1%
- **18 to 25: 4.94 – 6.98%**
- 26 or older: 1.42 – 1.84%



NH Controlled Drug Case information

Year	Cannabis	Cocaine	Heroin	Fentanyl-class	Pharmaceuticals	Synthetics	Methamphetamine
2018	433	913	264	1,794	1,123	101	919
2019	289	843	322	1,718	1,058	83	1,169
2020	240	702	199	1,593	1,060	101	1,118
2021	199	685	114	1,731	1,011	136	1,310
2022	167	722	84	1,644	827	118	1,136
2023	171	811	63	1,577	609	114	1,033

NH Controlled Drug Case information

Age ranges of defendants 2023:

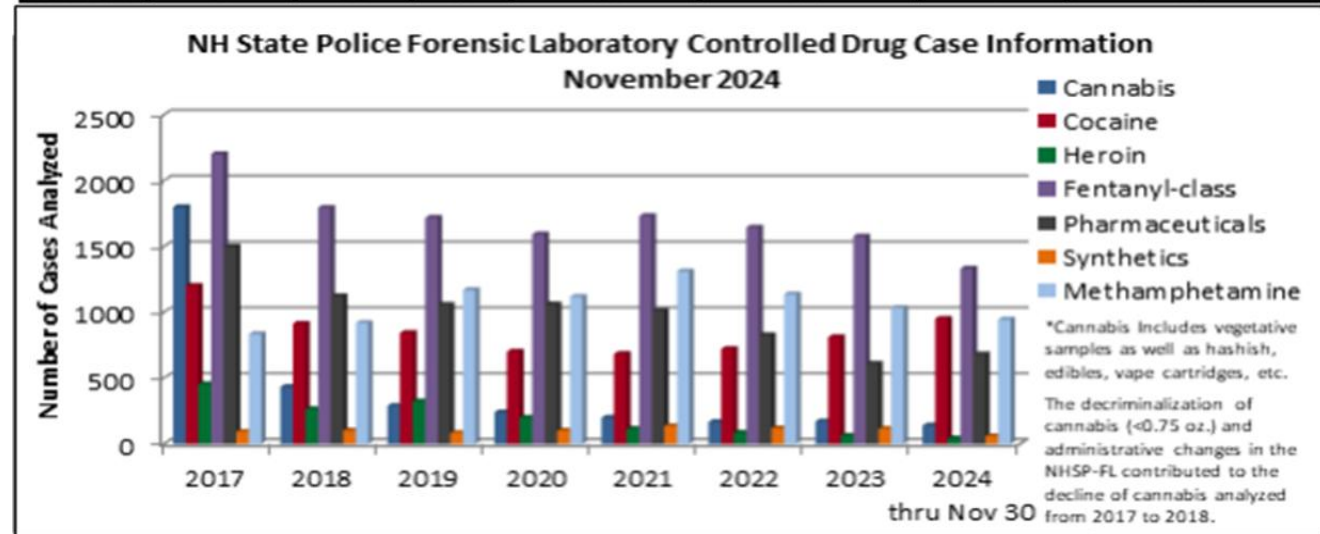
12 to 17: 11% = 481

18 to 25: 54% = 2365

26 and older: 35% = 1532

Total cases for 2023: 4,378

Year	Cannabis*	Cocaine	Heroin	Fentanyl-class	Pharmaceuticals	Synthetics	Methamphetamine
2017	1,799	1,201	453	2,202	1,499	93	834
2018	433	913	264	1,794	1,123	101	919
2019	289	843	322	1,718	1,058	83	1,169
2020	240	702	199	1,593	1,060	101	1,118
2021	199	685	114	1,731	1,011	136	1,310
2022	167	722	84	1,644	827	118	1,136
2023	171	811	63	1,577	609	114	1,033
2024 thru Nov 30	140	951	41	1,332	681	59	945
Nov 2024	17	90	8	107	58	4	86



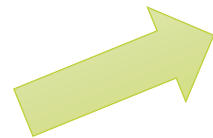
Substance Use Disorder trends in NH; 2022

Substance use disorders (SUD)

- 12 and older: 15.86-17.12%
- 12 to 17: 5.43-7.82%
- **18 to 25: 29.55 – 31.98%**
- 26 and older: 12.81 -15.51%

Alcohol Use disorder (AUD)

- 12 and older: 11.06-11.69%
- 12-17: 3.45-3.73
- **18-25: 18.47-20.92%**
- 26 and older: 11.02-11.50%



Accessing Treatment

SUD & AUD combined

- 12 and older: 4.31-4.76%
- 12-17: 2.71-3.70%
- **18-25: 4.19-4.85%**
- 26 and older: 4.31-4.75%

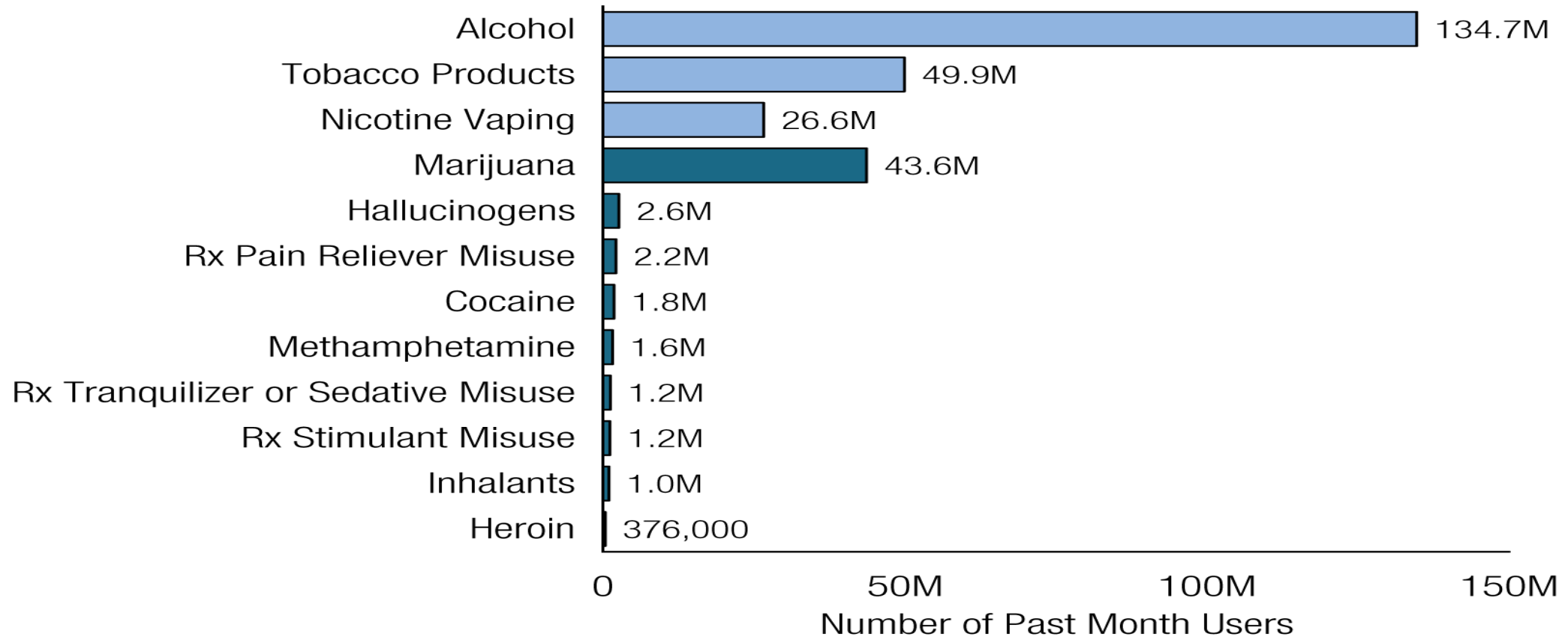
NH Overdose Fatality Rates Nationally

Fatal drug overdose rates in the United States 2023, by state:

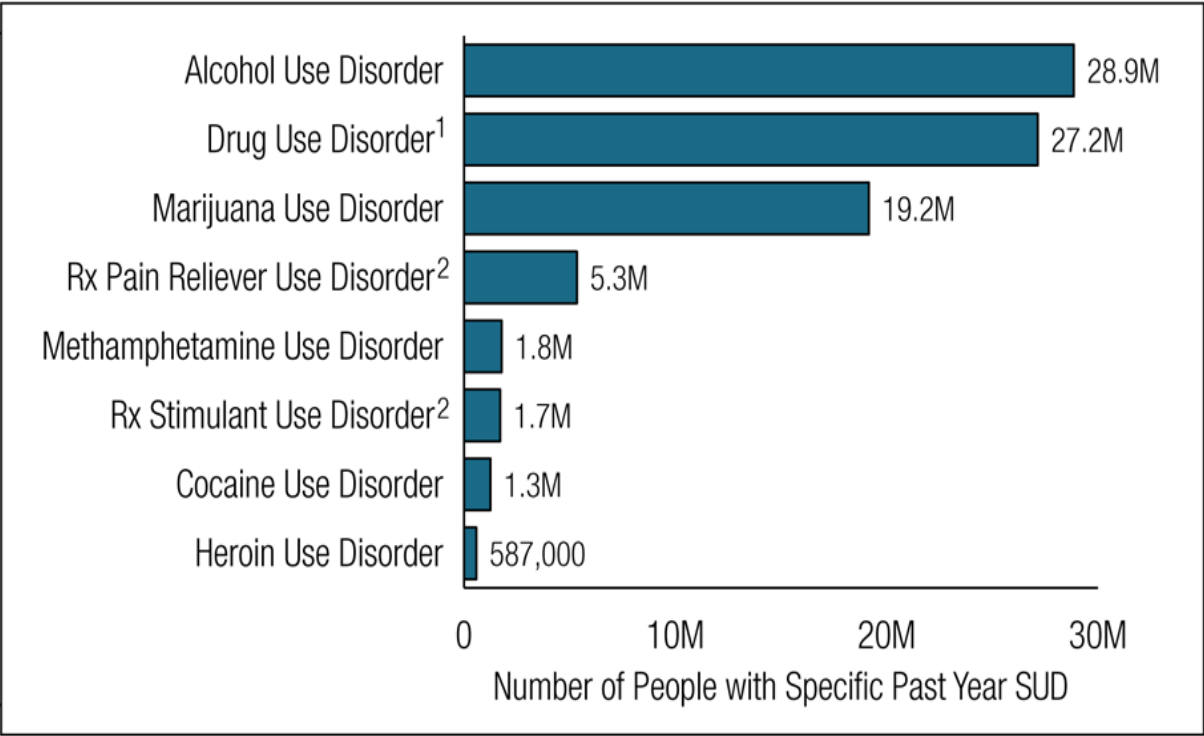
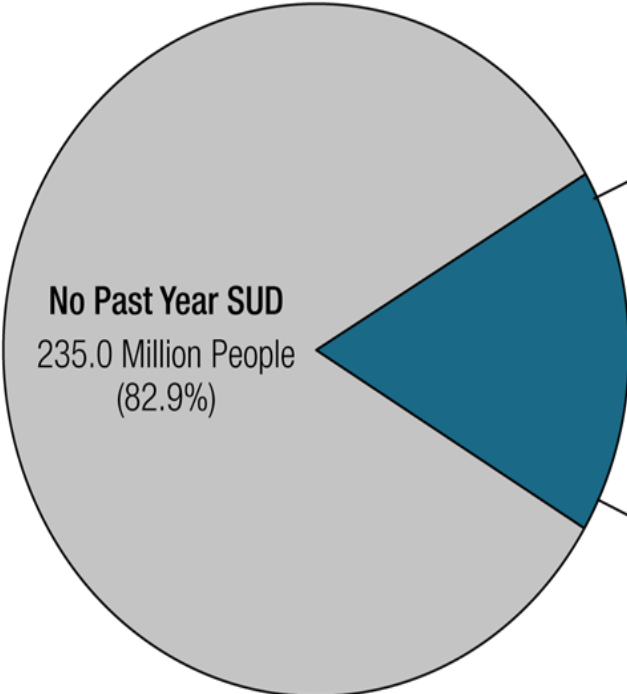
- NH with 36 per 100,000 ranked 21st
- Maine with 54 per 100,000 ranked 6th
- Vermont with 50 per 100,000 ranked 9th
- Massachusetts with 37 per 100,000 ranked 19th

Substance Use Nationally

2023 National Survey on Drug Use and Health (NSDUH)



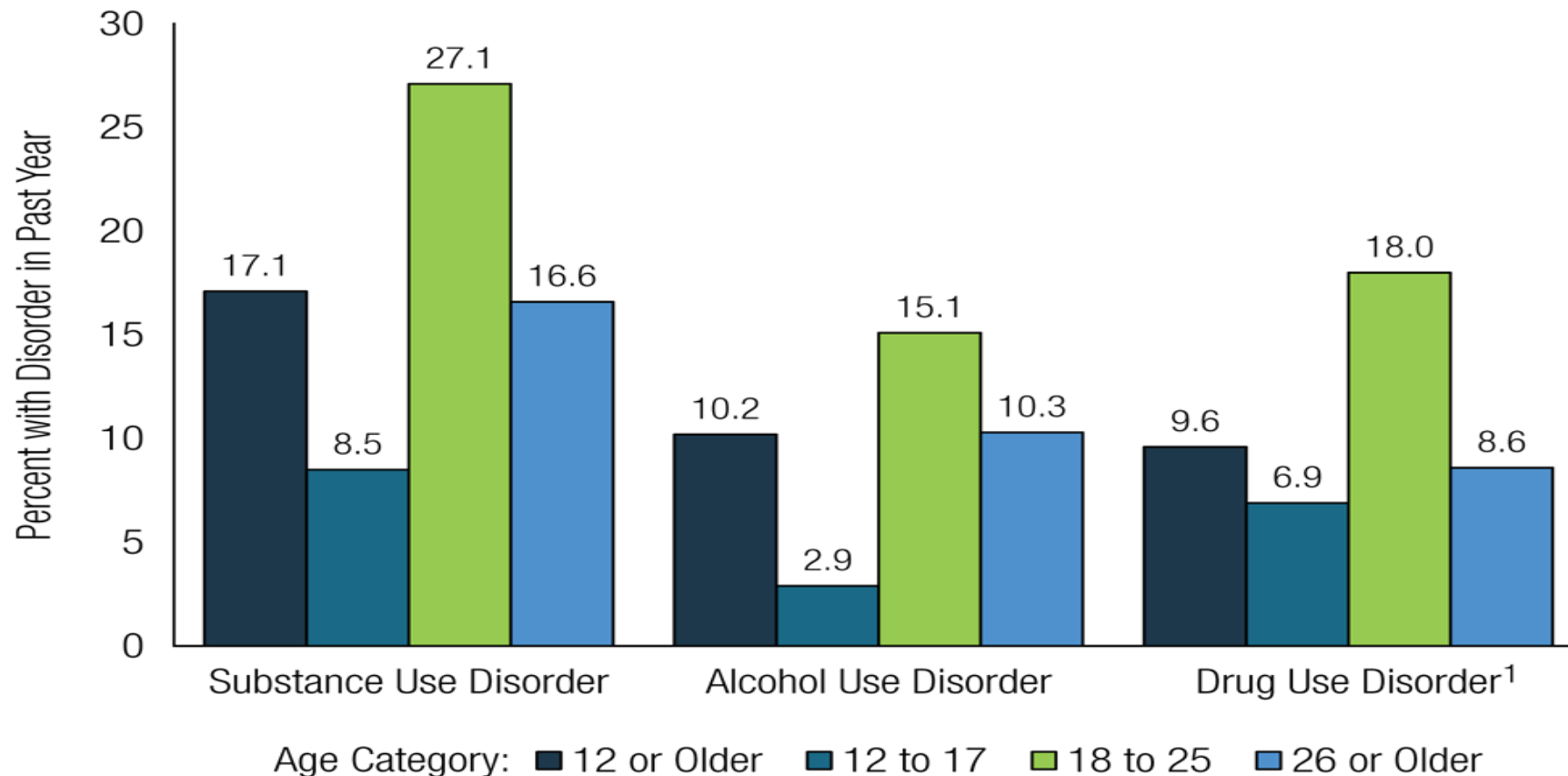
Substance Use Disorders (SUD) Nationally; 2023



<https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>

Substance Use Disorders (SUD) Nationally; 2023

SUD, AUD, or Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2023



Impact of Alcohol abuse Nationally

U.S. deaths each year (2020–2021) alcohol related:

- Caused about 178,000 deaths.
- This was a 29% increase from just a few years earlier (2016–2017), when there were an estimated 138,000 deaths per year.
- According to SAMHSA Rates of death due to alcohol increased over 30% during COVID pandemic.
- 4 out of every 10 violent crimes in the US involve someone who is under the influence of alcohol



Alcohol Use Disorders (AUD) & Opioid Use Disorders (OUD) Nationally

Alcohol-Related Deaths Increased During COVID-19

Death certificates listing alcohol **increased 25.5%** from 78,927 in 2019 to 99,017 in 2020, the first year of the **pandemic**. And **10% more** to 108,891 in 2021.



SOURCE: White et. al, JAMA, 2022; CDC, 2023.

Impact of Alcohol and Opioids in the United States



Alcohol

Past-Year Use
% of population
177,278,000
62.5%

Alcohol Use Disorder (AUD)
% of population
28,859,000
10.2%

Emergency Department Visits
4,274,523
All alcohol-related, annual average 2016-2021

Hospitalizations
1,987,498
All that list alcohol, annual average 2016-2021
527,122
Primarily for alcohol, annual average 2016-2021

Deaths*
178,307
Average annual 2020-2021 deaths

61,063 Acute (e.g., injury) **117,245** Chronic (e.g., liver disease)



Opioids

Past-Year Misuse
% of population
9,072,000
3.2%

Opioid Use Disorder (OUD)
% of population
5,679,000
2.0%

Emergency Department Visits
2,149,474
All opioid-related, annual average 2016-2021

Hospitalizations
1,400,019
All that list opioids, annual average 2016-2021
119,311
Primarily for opioids, annual average 2016-2021

Deaths*
74,521
Average annual 2020-2021 overdose deaths

63,559 Synthetic Opioids **11,169** Heroin **14,716** Rx Opioids

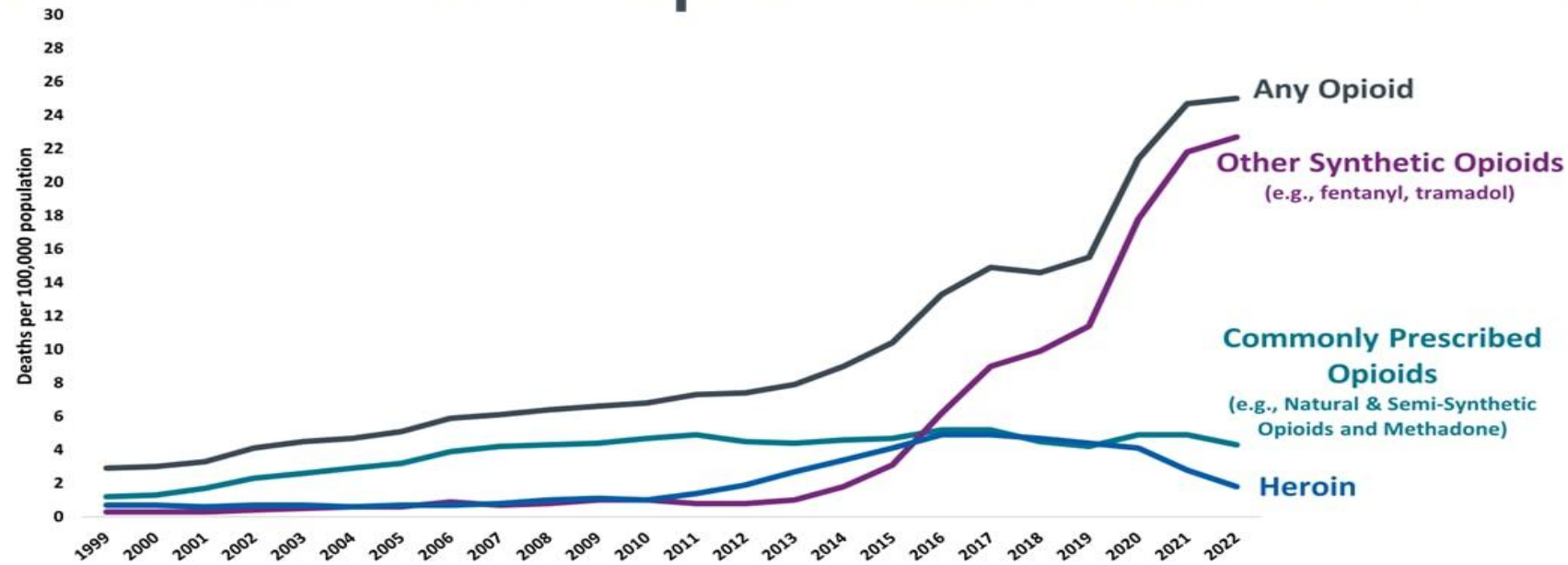
Sources: 2023 NSDUH Tables 2.1A&B, 1.1A&B, 5.1A&B; 2021 HCUP-NEDS; 2020-2021 CDC ARDL; 2022 NIDA Drug Overdose Death Rates.
* Acute and chronic alcohol-related deaths do not add to the total due to rounding. Note that the values for the three opioid types sum to more than the total because some deaths involve multiple types of opioids.

Impact of Tobacco Use Nationally

- Smoking causes many diseases including cancer and cardiovascular and lung diseases. Smokeless tobacco use is a risk factor for cancers of the mouth, esophagus, and pancreas
- Tobacco product use remains the leading cause of preventable disease and death in the United States. In 2022, 49.2 million (19.8%)—or nearly 1 in 5—U.S. adults reported current tobacco product use.

Impact of Opioid Misuse Nationally

Three Waves of Opioid Overdose Deaths



Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

Wave 2: Rise in Heroin Overdose Deaths Started in 2010


Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2024. <https://wonder.cdc.gov/>.



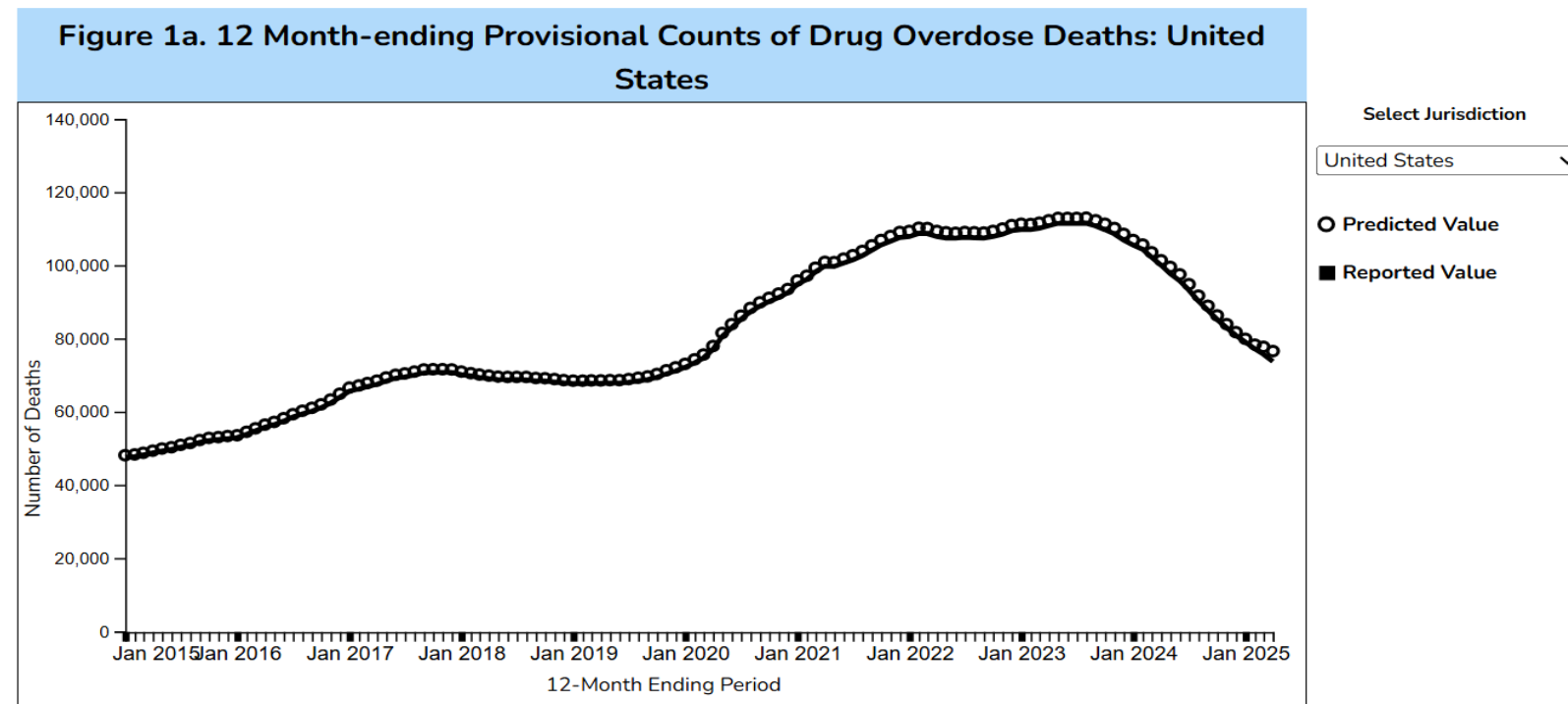
Overdose Fatalities Nationally

2019: 70,630
2020: 93,000
2021: 107,600
2022: 107,941
2023: 105,007
2024: 80,499 (Provisional)



12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: September 7, 2025



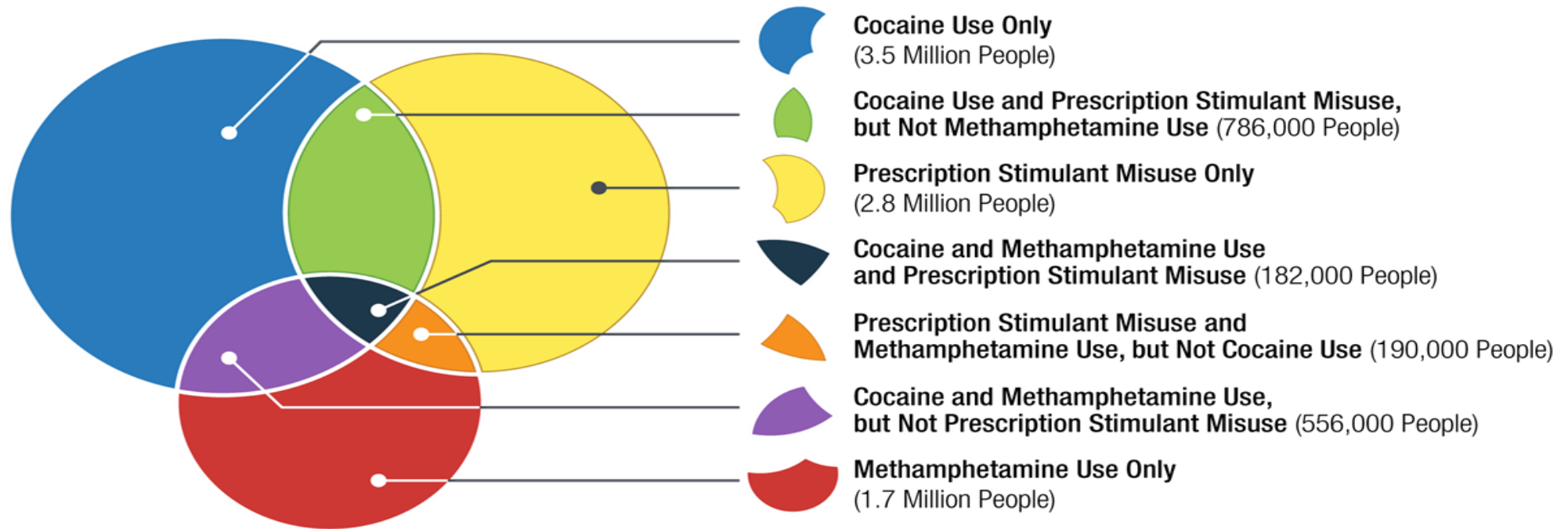
Impact of Cannabis Use Nationally

- Cannabis is the most commonly used federally illegal drug in the United States; 52.5 million people, or about 19% of Americans, used it at least once in 2022.
- Recent research estimated that approximately 3 in 10 people who use cannabis have cannabis use disorder.
- The risk of developing cannabis use disorder is even greater for people who begin use prior to age 18.

Impact of Stimulant Misuse Nationally

- The researchers found that overdose deaths from stimulants other than cocaine almost tripled from 2018 to 2023. Yet methamphetamine use increased by only 43% during the same period. The number of people using methamphetamine and cocaine together increased by 60%, and the number with MUD increased by 62%.
- Frequent methamphetamine use, defined as using for at least 100 days in the past year, increased by 66%. These results point to a growing trend in risky use patterns, which may have led to more overdose deaths.
- A 'fourth wave' of overdose mortality is growing due to stimulant- and polysubstance-related deaths. Daniel Ciccarone, M.D

Past Year Stimulant Misuse Nationally: Among People Aged 12 or Older; 2023



**9.7 Million People Aged 12 or Older with
Past Year CNS Stimulant Misuse**

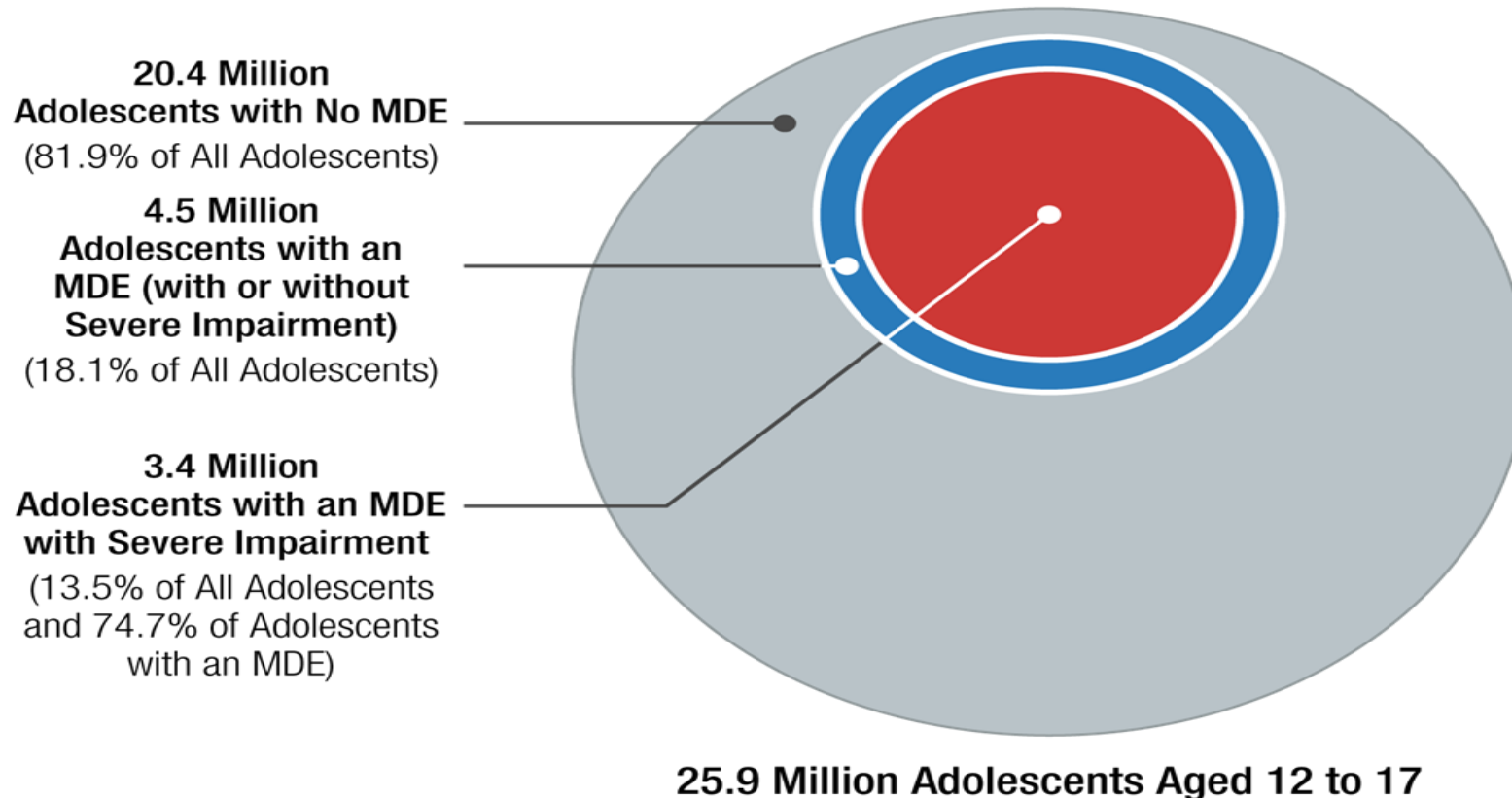


Mental Health Data Nationally and in NH



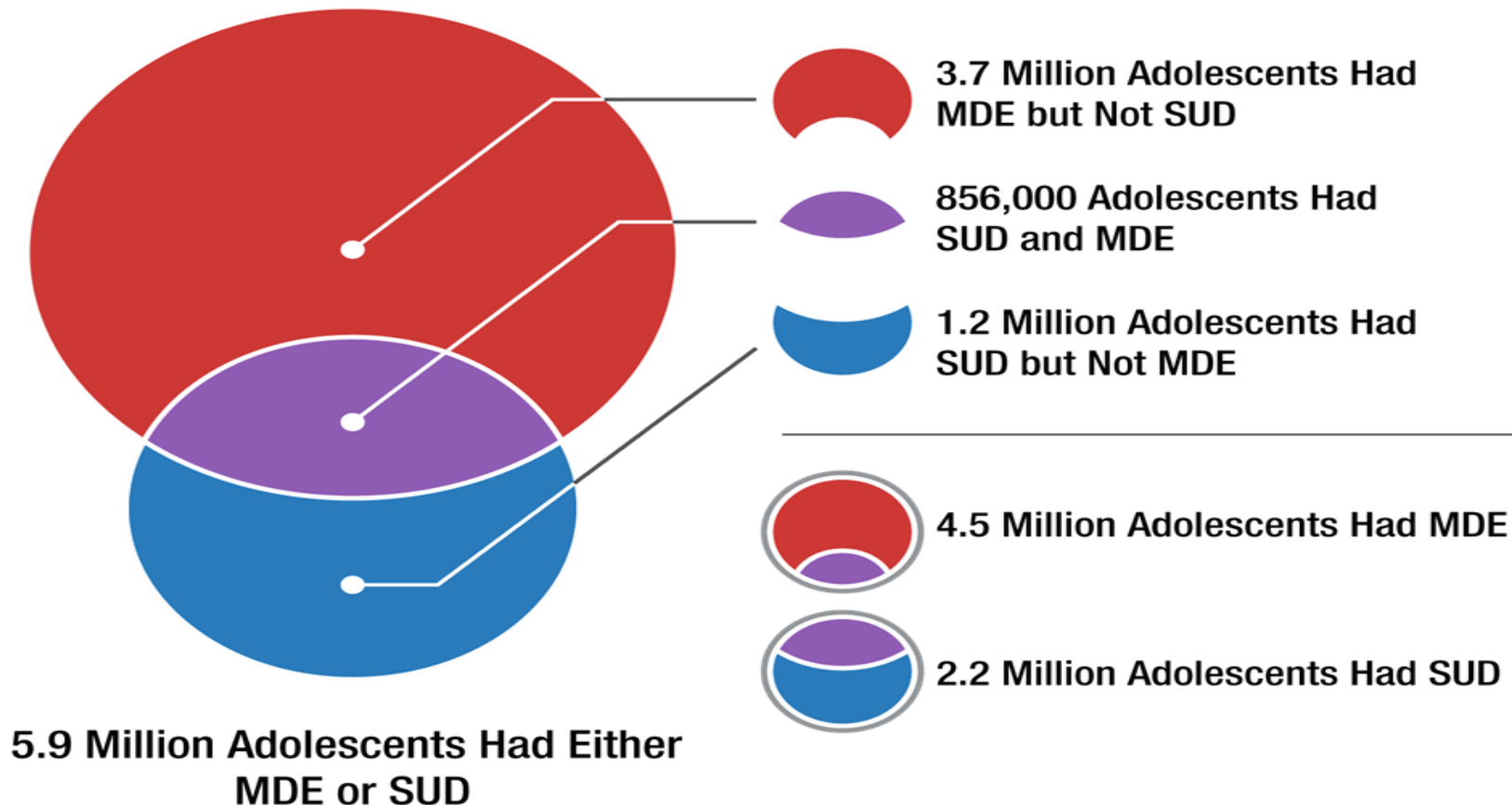
Mental Health Nationally

Major Depressive Episode (MDE) or MDE with Severe Impairment
in the Past Year: Among Adolescents Aged 12 to 17; 2023



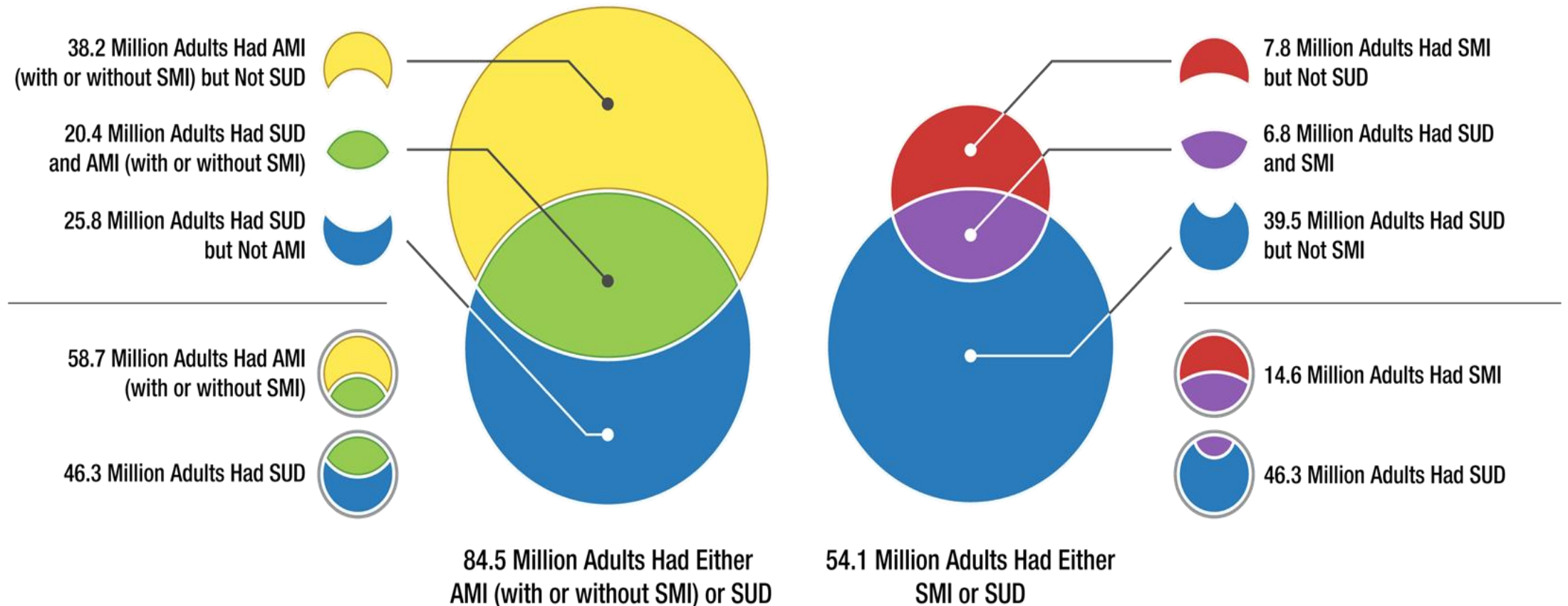
Mental Health Nationally

Past Year Major Depressive Episode (MDE) or Substance Use Disorder (SUD): Among Adolescents Aged 12 to 17; 2023



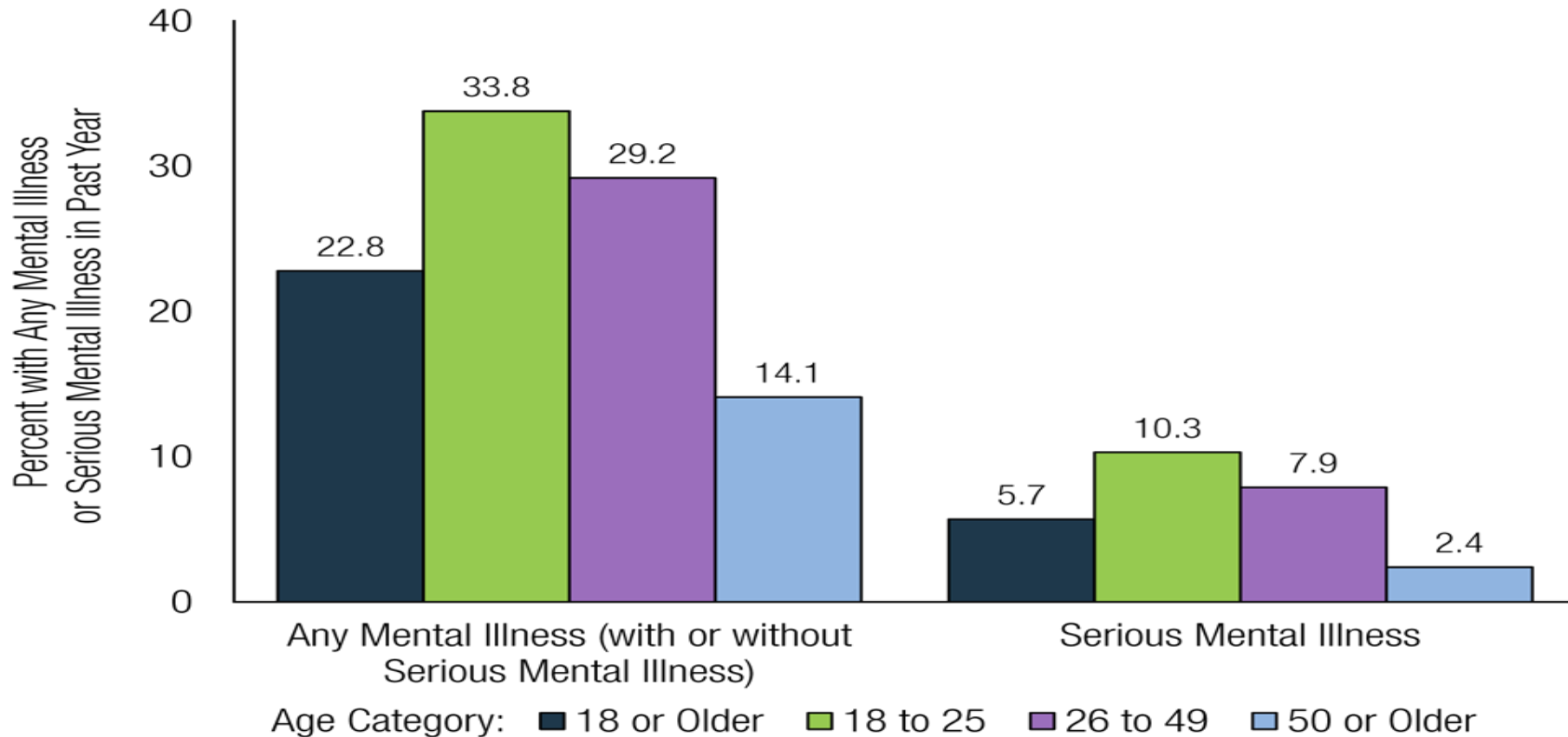
Mental Health Nationally

Any Mental Illness (AMI), Serious Mental Illness (SMI), or Substance Use Disorder (SUD) in the Past Year: Among Adults Aged 18 or Older; 2023



Mental Health Nationally

AMI or SMI in the Past Year: Among Adults Aged 18 or Older; 2023



Co-Occurring Disorders Nationally

- According to SAMHSA 7.6% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2021 (19.4 million people)
- In 2022 SAMHSA reported the number increased to 21.5 million adults in the United States that have a co-occurring substance use disorder and mental illness.
- 17.1 percent of the U.S. population, aged 12 or older, (approximately 48.5 million individuals) met the criteria for substance use disorder (SUD).

Mental Illness in NH; 2022

Any Mental Illness

- 18 and older: 22.20-23.26%
- 18-25: 39.43-44.49%
- 26 and older: 20.39-21.15%

Serious Mental Illness

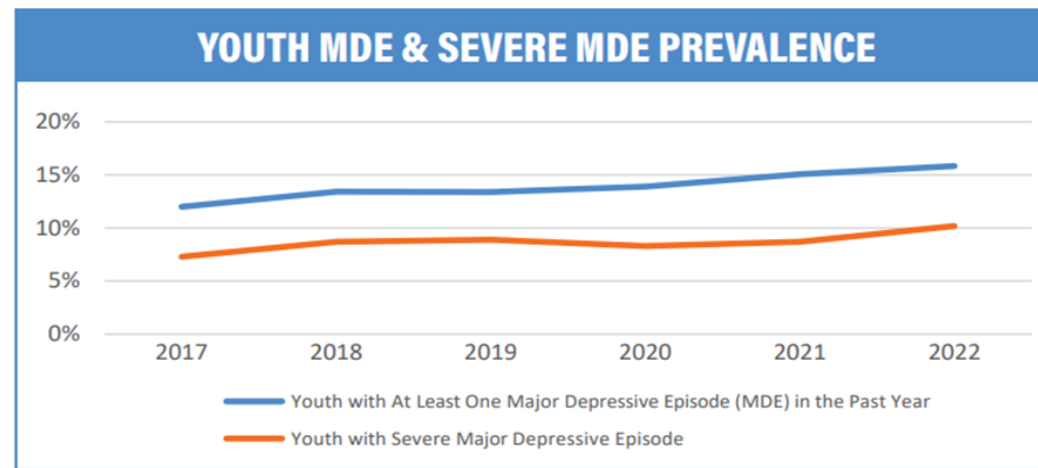
- 18 and older: 5.86-6.39%
- 18-25: 11.78-12.46%
- 26 and older: 4.96-5.46%

Major Depressive Disorder

- 12-17: 20.56-21.72%
- 18 and older: 8.58-9.50%
- 18-25: 19.75-21.00%
- 26 and older: 6.96-7.69%

Mental Illness in NH

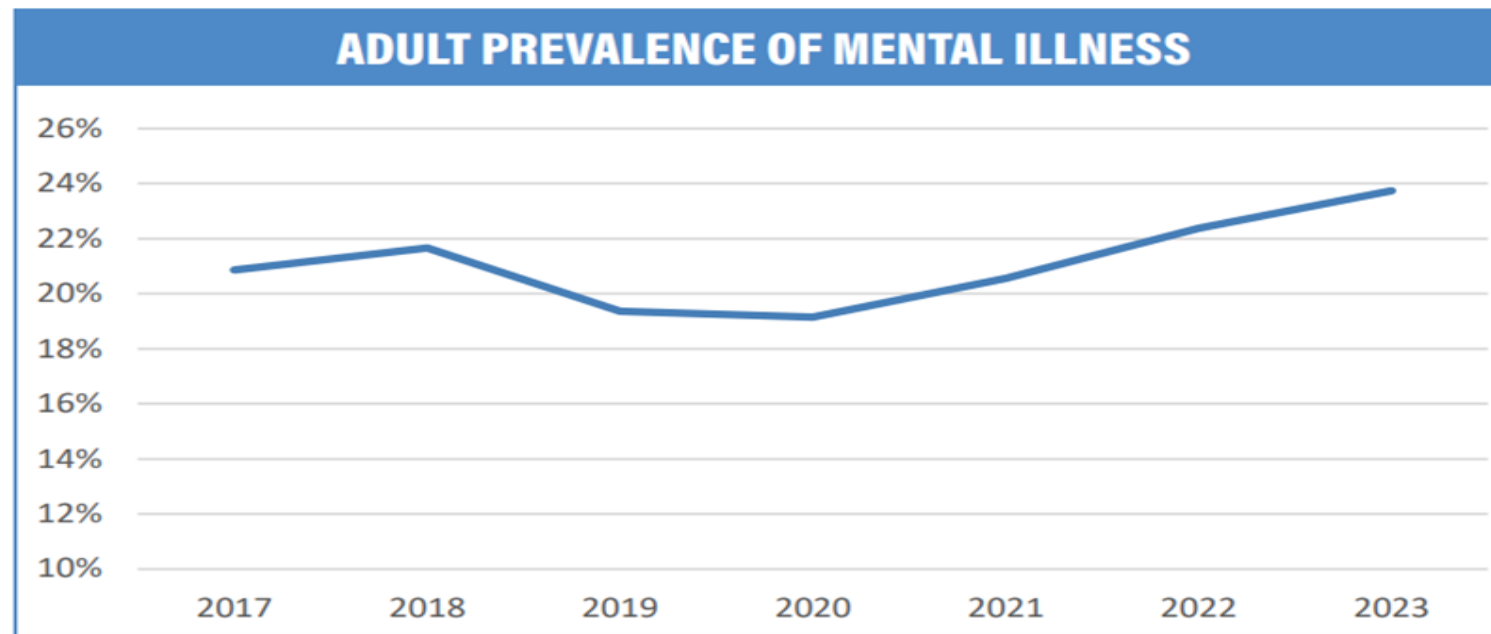
- Approximately 17 percent of youth in New Hampshire experienced at least one MDE in 2022, while 13 percent of New Hampshire youth experienced at least one severe MDE, categorized as MDE with psychotic features and suicidal ideation. Both measures were the highest they had been in five years, with MDEs increasing seven percent and severe MDEs increasing 30 percent since 2022.



Source: Mental Health America

Mental Illness in NH

- In 2023, 24% of adults in New Hampshire, or roughly one in four, had a mental illness; this was slightly higher than the national average of 21%.

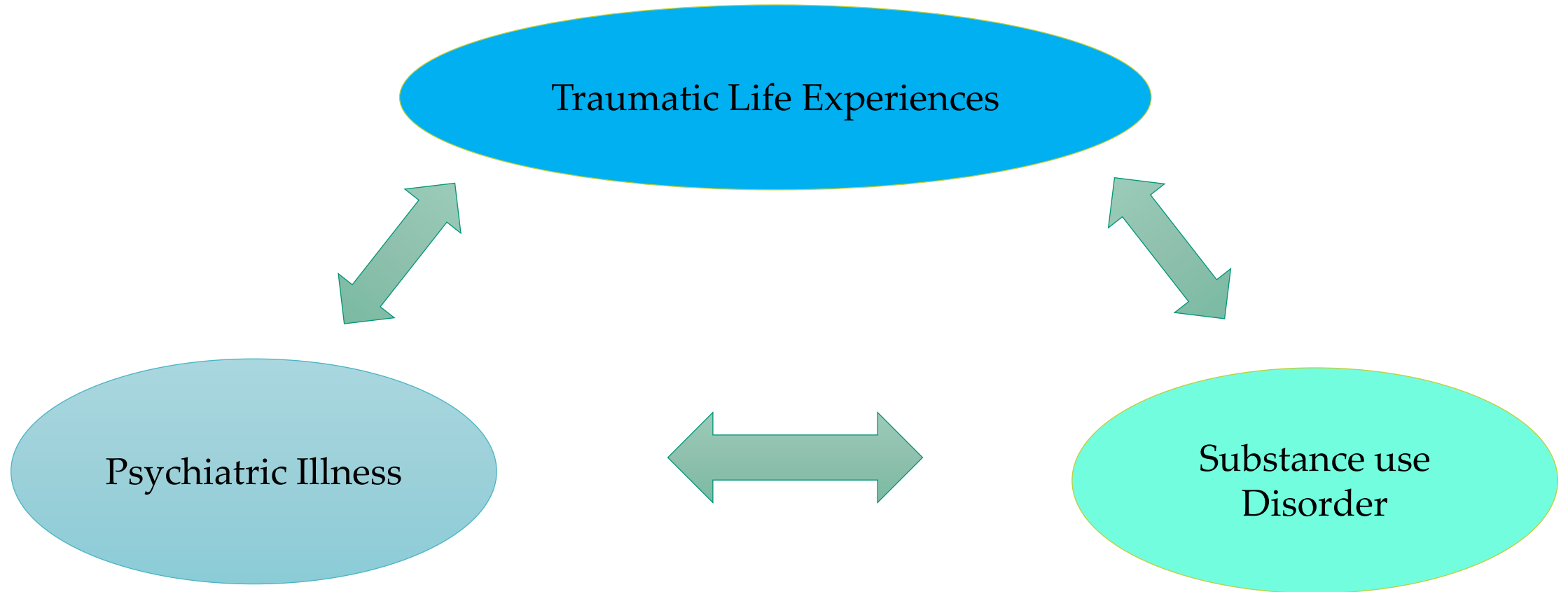


Source: Mental Health America

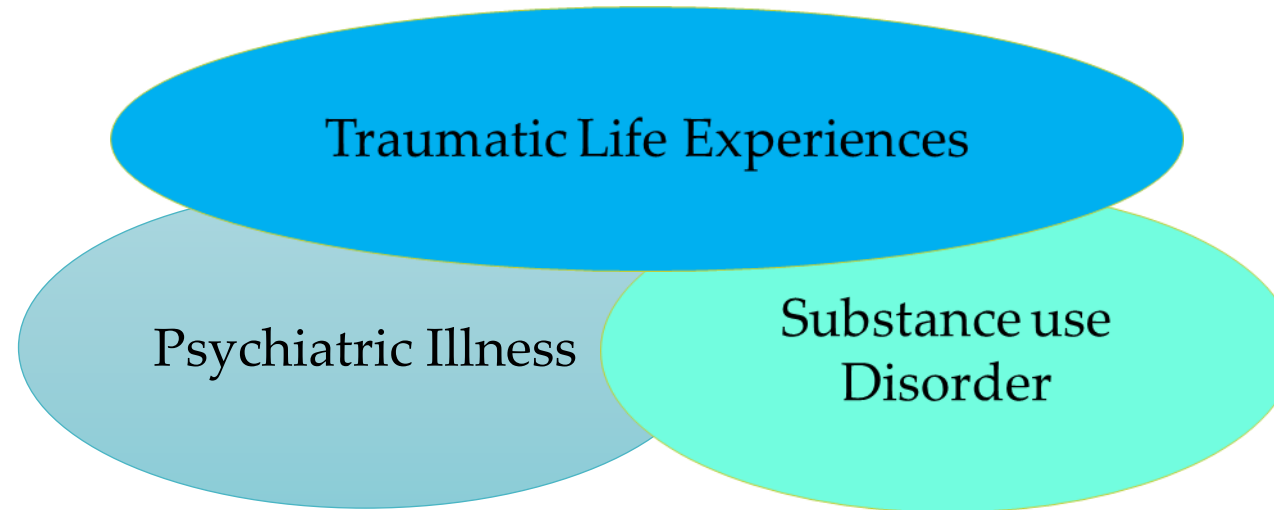
Co-occurring is the Rule, not the Exception

- In 2023, of the 24% of adults in New Hampshire, who experienced any mental illness; 68% also had a co-occurring substance use disorder.
“Highest risk age bracket was 18-25”
- In 2022, of the 30% of youth in New Hampshire, who experienced an MDE; 46% were also identified as using substances and 19% had a co-occurring substance use disorder.

Co-occurring is the Rule, not the Exception



Co-occurring is the Rule, not the Exception



- 95% of individuals with SUD/AUD report lifetime trauma
- 78% of individuals with a MHD reported lifetime trauma
- 50-67% of individuals with SUD/AUD have lifetime h/o PTSD
- 51-62% of individuals MHD have lifetime h/o PTSD

Co-occurring is the Rule, not the Exception

- In 2022 about half the people with substance use disorders in NH have higher rates of co-occurring mental illnesses during their lifetime
- Among people in NH treatment settings, two-thirds have co-occurring mental illnesses with a substance use disorder. “Mood disorders, post-traumatic stress disorder and anxiety disorders are common”.
- Due to the high rates of co-occurring disorders among people receiving treatment in NH, clinicians need the knowledge and skills to help recipients manage both illnesses – the substance use disorder and the mental health disorder - in order to achieve recovery

Co-Occurring Disorders Evidenced Based Assessments and Treatment Interventions



Brief Substance Use Disorder Assessment Tools

To be used in addition to a thorough biopsychosocial assessment

Adult screening assessments:

- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT)
- Cut, Annoyed, Guilty and Eye (CAGE)

Brief Substance Use Disorder Assessment Tools cont.

**To be used in addition to a thorough biopsychosocial
assessment**

Adolescents screening tools:

- Screening to Brief Intervention (S2BI)
- Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)
- Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)
- CRAFTT Assessment (Car, Relax, Alone, Forget, Friends, Trouble)

Brief Mental Health Screening Tools

To be used in addition to a thorough biopsychosocial assessment

Adult screening assessments:

- PHQ-9 (Patient Health Questionnaire-9):
- ACE Questionnaire (Adverse Childhood Experiences)
- GAD-7 (Generalized Anxiety Disorder -7)
- DASS-21 (Depression, Anxiety, and Stress Scale – 21 Items)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Life Events & PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5)

Brief Mental Health Screening Tools cont.

To be used in addition to a thorough biopsychosocial assessment

Children/adolescent screening assessments:

- SDQ (Strengths and Difficulties Questionnaire)
- Vanderbilt ADHD Diagnostic Rating Scale
- BAC-C (Brief Assessment Checklist for Children)
- BAC-A (Brief Assessment Checklist for Adolescents)
- PHQ-9A (Patient Health Questionnaire for Adolescents)

Evidenced Based Therapy's; Adult

Theoretical framework:

- Stages of Change, Person Centered, Harm Reduction, & Strengths Based Approaches.

Individual therapy:

- Cognitive Behavioral Therapy's (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Accelerated Resolution Therapy (ART).

Evidenced Based Therapy's; Adult

Psychoeducational/Therapeutic groups:

- Enhanced-Illness Management & Recovery, Wellness Recovery Action Planning, Seeking Safety, Matrix Model, Mindfulness education, CBT & DBT.

Family involvement/therapy:

- Behavioral Family Therapy, Narrative Therapy, Structural Therapy, & Systemic Therapy.

Evidenced Based Therapy's; Adolescence

Theoretical Framework:

- Stages of Change, Person Centered, & Strengths Based Approaches.

Individual Therapy

- Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), & Supportive Therapy.

Evidenced Based Therapy's; Adolescence

Group Therapy

- Seven Challenges, Skill building, & Dialectical Behavioral Therapy.

Family Therapy:

- Brief Strategic Family Therapy, Attachment-Based Family Therapy, & Family Systematic Therapy.

Key Techniques for Working with COD Clients

- 1. Provide motivational enhancement consistent with the client's specific stage of change.**
- 2. Design contingency management techniques to address specific targeted behaviors.**
- 3. Use cognitive-behavioral therapeutic techniques.**
- 4. Use relapse prevention/harm reduction techniques.**
- 5. Use repetition and skill-building to address deficits in functioning.**
- 6. Facilitate client participation in mutual self-help groups.**
- 7. Be flexible and treat what's in front of you!**

Developing Successful Therapeutic Relationships w/ COD clients

- 1. Develop and use a therapeutic alliance to engage the client in treatment.**
- 2. Always maintain a recovery perspective.**
- 3. Manage countertransference.**
- 4. Monitor psychiatric/substance use disorder symptoms.**
- 5. Use supportive and empathic counseling.**
- 6. Employ culturally appropriate methods.**
- 7. Look to re-enforce increasing structure and accessing/connecting with outside support.**

Secrets to success

- **When using treatment interventions that support MH relapse prevention the same concepts can be applied to SUD.**
- **Targeting stress management will significantly help clients to manage co-occurring symptoms.**
- **Understand that active mental health and substance use symptoms create disconnection verses recovery requires connection.**
- **Understanding and acknowledging that stigma is alive and well.**
- **Attend additional training to expand knowledge and experience (Dr Snipes).**



Questions?

References & Resources

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