UNDERSTANDING New Hampshire’s Suicide and Drug Use/Overdose Crisis
Executive Summary

While heroin overdoses have dominated the New Hampshire news over the past year or so, overdoses are just the tip of the iceberg of inter-related public health issues facing the state. While enacting laws to tackle the heroin problem may provide a temporary reprieve, it will not permanently solve the crisis. A permanent solution will require serious dialogue and action on the part of political, business, civic, and religious leaders in the state.

First, the burden of illicit drug use in New Hampshire is not only one of the largest in the country, but it is also growing faster than in the rest of the nation. Lowering New Hampshire’s illicit drug use rate to the national average must be a priority. In human terms, that would mean 37,000 fewer Granite Staters using illegal drugs—falling from 144,000 people to 107,000 people.

While the economic and social benefits of a lower illicit drug use rate are substantial, achieving this reduction will not be an easy path. For instance, some of the major factors associated with New Hampshire’s increased drug use include a decline in religiosity, the breakdown of the nuclear family structure, and prison time for non-violent drug users.

Second, it is imperative that New Hampshire’s policymakers work to determine the extent to which the state’s elevated suicide rate is, in fact, even higher due to misclassifications in drug overdoses (which are also at elevated levels), but it is critical that these rates be disentangled, especially given that 1 in 10 young adults in New Hampshire report having seriously considered suicide. Both suicides and drug overdoses spiked in New Hampshire between 2013 and 2014 which suggests that overdoses may be the new face of suicide.

It is critical to understand why so many of New Hampshire’s young people, in particular, find solace in illicit drug use and not in their families, churches, schools, and communities. Otherwise, drug treatment and law enforcement will simply become a revolving door in lives of hopelessness.
Introduction

This study is derived from the Family Prosperity Index (FPI). The FPI broadens the definition of “prosperity” since common metrics, such as GDP, show prosperity as an amorphous aggregate measured strictly in economic terms. They do not accurately or completely reflect who the actor in the prosperity story is and what factors have an impact on their well-being.

Data transformations such as “per capita GDP” still leave much to be desired even as they help control for demographic differences among areas. A child does not interact with GDP the same way as does an adult. Not only are adults and children at different life stages, but, furthermore, their economic activity is co-mingled.

This leads us to the family as the core socio-economic unit from which to judge “prosperity.” Families seeking reliable measures of prosperity look beyond common, crude, economic measures like GDP. Instead, families benefit more from measures that consider safety, opportunity, education, and health to name a few. In turn, the states that perform the best in relation to these factors are the ones that are truly prospering.

In fact, to that point, a landmark study on intergenerational mobility found:

Intergenerational mobility varies substantially across areas. For example, a child born in the bottom fifth of income distribution has a 7.8% change of reaching the top fifth in the U.S. as a whole. But in some places, such as Salt Lake City and San Jose, the chance of moving from the bottom fifth to the top fifth is as high as 12.9%. In others, such as Charlotte and Indianapolis, it is as low as 4.4%. The spatial variation in intergenerational mobility is strongly correlated with five factors: (1) residential segregation, (2) income inequality, (3) school quality, (4) social capital, and (5) family structure.

According to another study:

. . . [S]hifts in marriage and family structure are important factors in states’ economic performance, including their economic growth, economic mobility, child poverty, and median family income.

As such, the FPI comprehensively measures the economic and social factors that are indicative of family prosperity, offering a true alternative to measures such as GDP.

---

1 Although, keep in mind, that “dollars and cents” measures do in fact make value judgments. In essence, anytime a dollar exchanges hands, whether for an abortion, divorce, prostitution, etc., GDP considers it implicitly “good” through inclusion. Yet, for other nonmarket activities, such as the production of stay-at-home moms, GDP considers it a “bad” through exclusion. For more information, see: Warcholik, Wendy P., “Some Economic Applications EvangeliiGaudium,” Crisis Magazine, December 3, 2013. http://www.crisismagazine.com/2013/some-econom-ic-applications-of-evangelii-gaudium?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+CrisisMagazine+%28Crisis+Magazine%29
4 For a full explanation of the methodology behind the Family Prosperity Index, see the full study at: http://familyprosperity.org/application/files/4314/5705/1843/FPI-2016-Paper-FullPublication3-3-16-web.pdf
Based on the 2016 Family Prosperity Index:

<table>
<thead>
<tr>
<th>THE TOP 10 PROSPERING STATES ARE:</th>
<th>THE BOTTOM 10 STATES ARE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Utah</td>
<td>41 Ohio</td>
</tr>
<tr>
<td>2 North Dakota</td>
<td>42 Florida</td>
</tr>
<tr>
<td>3 Idaho</td>
<td>43 Alabama</td>
</tr>
<tr>
<td>4 Nebraska</td>
<td>44 Maine</td>
</tr>
<tr>
<td>5 South Dakota</td>
<td>45 Louisiana</td>
</tr>
<tr>
<td>6 Wyoming</td>
<td>46 Delaware</td>
</tr>
<tr>
<td>7 Texas</td>
<td>47 Mississippi</td>
</tr>
<tr>
<td>8 Minnesota</td>
<td>48 Rhode Island</td>
</tr>
<tr>
<td>9 Colorado</td>
<td>49 West Virginia</td>
</tr>
<tr>
<td>10 Iowa</td>
<td>50 New Mexico</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah</td>
<td>7.38</td>
</tr>
<tr>
<td>North Dakota</td>
<td>6.46</td>
</tr>
<tr>
<td>Idaho</td>
<td>6.22</td>
</tr>
<tr>
<td>Nebraska</td>
<td>6.14</td>
</tr>
<tr>
<td>South Dakota</td>
<td>6.03</td>
</tr>
<tr>
<td>Wyoming</td>
<td>6.03</td>
</tr>
<tr>
<td>Texas</td>
<td>5.91</td>
</tr>
<tr>
<td>Minnesota</td>
<td>5.80</td>
</tr>
<tr>
<td>Colorado</td>
<td>5.77</td>
</tr>
<tr>
<td>Iowa</td>
<td>5.77</td>
</tr>
</tbody>
</table>

In the 2016 FPI, New Hampshire is the 22nd best state for family prosperity. New Hampshire overall has fallen over time from previous FPI editions. Previously, the state ranked 16th on the 2015 FPI, 24th in 2014, 18th in 2013, and 17th on the 2012 FPI.

More specifically, New Hampshire’s rank on the 6 major indexes that make up the FPI is one of extremes. On the one hand, New Hampshire scores well on economics (12th), family self-sufficiency (2nd), family structure (16th), and family culture (14th). On the other hand, New Hampshire does very poorly on demographics (48th) and family health (45th), which is responsible for its overall FPI score and rank.

While New Hampshire families are facing many challenges, the most urgent danger to the state comes in the form of a suicide and drug use/overdose crisis, which is prematurely ending the lives of Granite Staters in their prime. Many of these tragic stories involve young people who, thus, will never have families themselves. This only stands to compound the crisis of New Hampshire’s aging population—already one of the oldest in the country.

The framework of the FPI offers a more complete picture of the family health crisis New Hampshire faces. Heroin overdoses are just the tip of the iceberg. To understand how the state ended up in this position, this study will first delve into factors that have contributed to the demand side of New Hampshire’s growing illicit drug use problem.

---

5 The 2016 edition of the FPI was the inaugural index. However, the authors create the index for four previous years such that rankings exist for the past 5 years allowing for intertemporal comparisons.
Illicit Drug Use - Causes and Effects

New Hampshire’s elevated rate of illicit drug use imposes a significant economic and social burden on society. In particular, with the arrival of Demographic Winter (too few young people to maintain current population levels), New Hampshire must maximize the productivity of its existing labor force. A recent study by the National Drug Intelligence Center found that the total cost of U.S. illicit drug use in 2007 was $193 billion and came in the form of increased crime ($113 billion), health care costs ($11 billion), and lost productivity ($68 billion).6,7

As shown in Chart 1, New Hampshire’s illicit drug use (as a percent of population) has always significantly exceeded the national average. In fact, New Hampshire has the 8th highest rate of drug use (10.8 percent) and trails regional neighbors Vermont (2nd, 12.6 percent), Rhode Island (3rd, 12.4 percent), Maine (5th, 11.7 percent), and Massachusetts (7th, 11.2 percent).

**Chart 1**

Illicit Drug Use
Calendar Years 2002 to 2014

---


7 Since the publication of the 2016 Family Prosperity Index, new data for 2014 on illicit drug use has become available. As such, the analysis in this section incorporates this new data and, therefore, will be different from the published index.
This translates into an FPI score of 3.15 in the illicit drug use sub-index for New Hampshire, the 8th worst, though better than regional neighbors Massachusetts (2.71, 7th lowest), Maine (2.18, 5th lowest), Rhode Island (1.76, 4th lowest), and Vermont (1.75, 3rd lowest).

Overall, the data shows that the burden of illicit drug use in New Hampshire is not only one of the most substantial in the country, but it is also growing faster than in the rest of the nation. Lowering New Hampshire’s illicit drug use rate to the national average must be a priority. In human terms, that would mean 37,000 fewer Granite Staters using illegal drugs—falling from 144,000 people to 107,000 people.

Before such a reduction can be realized, New Hampshire’s political, business, civic, and religious leaders, as well as the citizens of the state, must have an understanding of the factors that lead people down the path of drug abuse.

**DECLINE IN RELIGION**

A large and growing body of evidence shows that religion cannot only help prevent people from using illicit drugs, but it plays a strong role in effective treatment programs. Consider the findings of these two comprehensive studies.

First, a study from The National Center on Addiction and Substance Abuse found:

> God, religion and spirituality are key factors for many in prevention and treatment of substance abuse and in continuing recovery . . . [a]dults who never attend religious services are almost twice as likely to drink, three time likelier to smoke, more than five times likelier to have used an illicit drug other than marijuana, almost seven times likelier to binge drink and almost eight time likelier to use marijuana than those who attend religious services at least weekly . . . [t] eens who never attend religious services are twice as likely to drink, more than twice as likely to smoke, more than three times likelier to use marijuana and binge drink and almost four times likelier to use illicit drugs than teens who attend religious services at least weekly.8

Second, a study from the the Annie E. Casey Foundation found:

> Religion is an important protective factor against substance abuse and an important support for persons in recovery. Religious people are less likely than others to use drugs and less likely to experience negative drug-related consequences9

The importance of this is shown in Chart 2, which plots the religious weekly attendance rate and the illicit drug use rate for the 50 states (as averaged between 2008 and 2014). The northeastern states dominate the upper left quadrant of the chart where low religiosity is correlated with high drug use, while deep southern states and Utah dominate the lower right quadrant where high religiosity is correlated with low drug use.

---


Additionally, religiosity significantly lowers the odds of a person using illicit drugs wherever they may live. In fact, Gallup performed an extensive analysis of their polling data on the rate of marijuana use among various subgroups and found:

Only 2% of weekly churchgoers and 7% of less frequent attenders say they use marijuana, but this rises to 14% of those who seldom or never attend a religious service.\(^\text{10}\)

This factor is problematic since New Hampshire scores poorly in religiosity—ranking as the 3rd least religious state, based on weekly religious attendance, in the 2016 Family Prosperity Index. Only neighboring Maine (24 percent) and Vermont (20 percent) have lower levels of religious attendance.

BREAKDOWN OF THE FAMILY

The family plays a very important protective role in combatting illicit drug use because the groundwork for abuse begins in childhood. In fact, according to The National Center on Addiction and Substance Abuse:

[A] child who gets through age 21 without smoking, using illegal drugs or abusing alcohol is virtually certain never to do so . . . [t]he good news is that parents have enormous power to be a healthy influence on their children, to help steer them from involvement with tobacco, alcohol and drugs. Parents who abstain from cigarettes and illegal drugs, drink responsibly, have high expectations for their children, monitor their whereabouts, know their friends and provide loving support and open communication are less likely to have children who smoke, drink and use drugs. Parents who consistently disapprove of tobacco, alcohol or drug use are much likelier to have teens who grow up drug free. Teens whose parents are ‘hands on’—engaged in their teens’ lives, supervising them, establishing rules and standards of behavior—are at one-fourth the risk of abusing substances. Teens from families where religion is important are less likely to smoke, drink and use drugs. Teens with an excellent relationship with either parent are at 25 percent lower risk for substance abuse; those with excellent relationships with both parents are at a 40 percent lower risk.\(^{11}\)

And, more specifically, the Center finds that instituting simple family routines, such as having family dinners, can confer this protective shield on their children.\(^{12}\)

PRISON TIME FOR DRUG USERS

America’s prison system is a revolving door of the incarceration and re-incarceration of people addicted to illicit drugs or subjected to their ill-effects. Consider these facts from a comprehensive study published by The National Center on Addiction and Substance Abuse:\(^{13}\)

First, drug use plays a substantial role in determining whether an individual will end up in prison:

Illicit drugs are implicated in the incarceration of three-quarters (75.9 percent) of all inmates in America. In addition to the inmates who were convicted of an drug law violation, 54.3 percent of alcohol law violators, 77.2 percent of those who committed a property crime, 65.4 percent of inmates who committed a violent crime, and 67.6 percent of those who committed other crimes either committed their crime to get money to buy drugs, were under the influence of drugs at the time of the crime, had a history of regular drug use or had a drug use disorder.\(^{14}\)


\(^{14}\) Ibid, pg. 13.
Second, there is a strong correlation between illicit drug use and recidivism:

Substance-involved offenders are likelier to recidivate than those who are not substance involved. Over half (52.2 percent) of substance-involved inmates have one or more previous incarcerations compared with 31.2 percent of inmates not substance-involved. High rates of recidivism translate into burdensome incarceration costs for society, averaging $25,144 per inmate, per year and ranging from a low of $10,700 in Alabama to a high of $65,599 in Maine. Breaking the cycle of re-arrests and re-incarceration requires breaking the cycle of addiction.15

Finally, illicit drug use is at the root of an inter-generational incarceration problem:

In 2016, American prisons and jails held an estimated 1.0 million substance-involved parents with more than 2.2 million minor children; 73.7 percent (1.7 million) of these children are 12 years of age or younger. The minor children of inmates are at a much higher risk of juvenile delinquency, adult criminality and substance misuse than are minor children of parents who have not been incarcerated. Almost four-fifths of incarcerated mothers (77 percent in state prison and 83 percent in federal prison) reported being the primary daily caregiver for their children prior to their imprisonment compared with 26 percent of fathers incarcerated in state prisons and 31 percent incarcerated in federal prisons.16

**Self Mortality– Drug Overdose or Suicide?**

This study also examines the FPI self-mortality sub-index, which illustrates the relationship between suicide and drug overdoses. While suicide and drug overdoses appear to be unrelated issues, the fact is that many suicides are mistaken for drug overdoses. For instance, according to a recent study:

Official vital statistics indicate that suicide surpassed motor vehicle traffic crashes as the leading cause of injury mortality in the United States in 2009. However, this shift may actually have occurred several years earlier, even while it remained undetected. The rate of pharmaceutical and other drug-intoxication deaths rose by 125% between 2000 and 2013, with most being classified as accident (unintentional injury) or undetermined intent. Many of these deaths were likely misclassified suicides. Suicide is plausibly the most underestimated manner of death in both clinical medicine and public health, since it likely is often obfuscated by death investigations that are inadequate for validly differentiating manner.17

More troubling, a new study by the Substance Abuse and Mental Health Services Administration found that in New Hampshire, 10.29 percent of young adults between the ages of 18 to 25 had serious thoughts of suicide (the highest level in the country) in 2013-2014. New Hampshire’s rate was 38 percent higher than the national average (7.44 percent).18 This suggests that New Hampshire’s suicide and/or drug overdose numbers will

---

15 Ibid, pg. 5.
16 Ibid, pg. 4.
remain elevated in the near term.

First, as shown in Chart 3, New Hampshire’s suicide rate, as a percent of population, has not only been higher than the national average, but it is also growing at a faster rate. Between 2000 and 2014, New Hampshire’s suicide rate increased by 76 percent to 0.019 percent (13th highest) from 0.011 percent. Over the same time period, the national average grew by 29 percent to 0.013 percent from 0.01 percent.

**Chart 3**

Suicides
Calendar Years 2000 to 2014

Source: U.S. Department of Health & Human Services: Centers for Disease Control and Prevention, American Conservative Union Foundation, and Granite Institute
Second, as shown in Chart 4, New Hampshire’s drug overdose rate, as a percent of population, has also been higher than the national average, and it is also growing at a dramatically faster rate. Between 2000 and 2014, New Hampshire’s drug overdose rate increased by 563 percent to 0.026 percent (3rd highest) from 0.004 percent. Over the same timeperiod, the national average grew by 124 percent to 0.016 percent from 0.007 percent.

This translates into an FPI score in the self-mortality sub-index of 2.41 for New Hampshire, the 2ndworst in the country behind regional neighbors which fared better: Vermont (4.04, 11th lowest), Maine (4.28, 15th lowest), Rhode Island (5.64, 33rd lowest), Connecticut (5.75, 35th lowest), and Massachusetts (6.09, 39th lowest).

Additionally, of particular interest is the fact that both suicides and drug overdoses spiked in New Hampshire between 2013 and 2014, which reinforces the conclusions of the above study showing that many suicides are mistaken for accidental overdoses.

Before New Hampshire can improve its self-mortality score, it is imperative that policymakers gain a better understanding of the connection between its elevated accidental overdose and suicide rates. This will greatly inform the approach to bringing down both measures since suicide involves a long-term public health approach whereas drug overdose would feature more of a drug treatment/law enforcement approach.
Conclusion

Using the holistic framework provided by the FPI, the Granite State has some deep-seated hopelessness, especially among the younger generations where 1 in 10 now seriously consider suicide. This is fertile ground for illicit drug abuse, which too often leads to overdoses – accidental, as well as intentional. But, it appears, drug overdoses may be the newest face of suicide.

The data suggests that much of this hopelessness may lie in the tremendous institutional flux that has occurred over the decades. Perhaps the most profound is the precipitous decline in religiosity as New Hampshire now ranks among the least religious states in the country. Yet, historically, churches have played a significant role in the state’s communities as evidenced by the vast number of religious edifices, now standing mostly empty, that dot the landscape.

Drug treatment and law enforcement cannot be the sole solution to this epidemic. Granite Staters must figure out why so many of today’s youth find solace in illicit drug use and not in their families, churches, schools, and communities. Otherwise, treatment and enforcement will simply become a carousel that traps, rather than help, our neighbors struggling with their inner demons.
About the Authors

**Wendy P. Warcholik, Ph.D.**

*Director, Family Prosperity Initiative*
*Senior Research Fellow, American Conservative Union Foundation*

As a public choice economist trained in applied microeconomics and econometrics, Wendy Warcholik has spent her career applying economic tools to the problems of state government. Wendy is currently a Senior Fellow at the American Conservative Union Foundation, Illinois Policy Institute and the Oklahoma Council of Public Affairs. Her professional experience includes positions as Economist at the U.S. Department of Commerce’s Bureau of Economic Analysis, Chief Forecasting Economist for the Commonwealth of Virginia’s Department of Medical Assistance Services, and Adjunct Scholar with The Tax Foundation. She has worked as a consultant to free-market think tanks across the country for the past ten years.

Warcholik is the co-creator of The Tax Foundation’s popular State Business Tax Climate Index, now in its fourteenth year of publication.

She received her Ph.D. in Economics from George Mason University. While pursuing her Ph.D., she was a Bradley Research Fellow with Nobel Laureate James Buchanan’s Center for the Study of Public Choice. Additionally, Warcholik has taught numerous economics courses to MBA students.

**J. Scott Moody, M.A.**

*President and CEO, Granite Institute*
*Senior Research Fellow, American Conservative Union Foundation*

J. Scott Moody has worked as a Public Policy Economist for over 18 years. He is the author, co-author and editor of 180 studies and books. He has testified before the House Ways and Means Committee of the U.S. Congress as well as various state legislatures. His work has appeared in Forbes, CNN Money, State Tax Notes, Portland Press Herald, New Hampshire’s Union Leader, Hartford Courant, The Oklahoman, and Albuquerque Journal.

Scott is the former CEO and Chief Economist of the State Policy Network affiliated think tank The Maine Heritage Policy Center. He currently serves as a Senior Fellow at the American Conservative Union Foundation, Illinois Policy Institute and the Oklahoma Council of Public Affairs. His professional experience includes positions as Senior Economist at The Tax Foundation and Senior Economist at The Heritage Foundation. Additionally, he was appointed to Maine’s Consensus Economic Forecasting Commission by Governor Paul LePage (R) in January 2011 and served for 4 years.

Moody is the co-creator of The Tax Foundation’s popular State Business Tax Climate Index, now in its fourteenth year of publication.

He received his Master of Arts in Economics from George Mason University.