

MAINE MONTHLY OVERDOSE REPORT

For September 2023

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Overview

This report documents suspected and confirmed fatal and nonfatal drug overdoses in Maine during September 2023 as well as for the period January 2022–September 2023 (Table 1). During September 2023, the proportion of fatal overdoses averaged 6.7% of total overdoses. Monthly proportions of 2023 fatalities have fluctuated from a low of 4.1% in March to a high of 8.1% in April. During the period January–September 2023, fatal overdoses constituted 6.1% of all overdoses, lower than the 6.9% for the year in 2022. The total of confirmed and suspected fatal overdoses January–September 2023, 462, is 10.5% lower than the total confirmed fatal overdoses for the same period in 2022, 516.

Data derived from multiple statewide sources were compiled and deduplicated to compute fatal and nonfatal overdose totals (Table 1). These include nonfatal overdose incidents reported by hospital emergency departments (ED), nonfatal emergency medical service (EMS) responses without transport to the ED, overdose reversals reported by law enforcement in the absence of EMS, and overdose reversals reported by community members or agencies receiving state-supplied naloxone. There are also an unknown number of private overdose reversals that were not reported and an unknown number of community-reported reversals that may have overlapped with emergency response by EMS or law enforcement. The total number of fatal overdoses in this report includes those that have been confirmed, as well as those that are suspected but not yet confirmed for July, August, and September (see Figure 1).

The total number of fatal and reported nonfatal overdoses for September 2023, 830, is displayed in Table 1 near the bottom row. Of those 830, there were 56 (6.7%) confirmed and suspected fatal overdoses, 387 (46.6%) nonfatal emergency department visits, 231 (27.8%) nonfatal EMS responses not transported to the emergency department, 141 (17.0%) reported community overdose reversals, and 15 (1.8%) law enforcement reversals in incidents that did not include EMS.

Figure 1. Suspected and confirmed fatal overdoses, all drugs, January 2022–September 2023

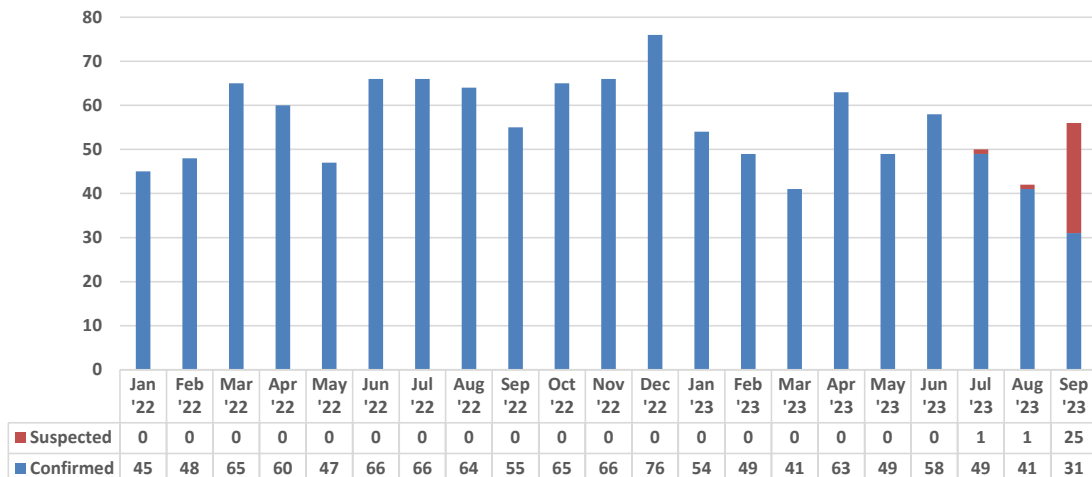


Table 1: Composite reported overdose totals, all drugs, January 2022–September 2023

	Nonfatal					Total confirmed and suspected fatal overdoses	Total overdoses
	Emergency Dept.	EMS not transported to emergency	Community reversals with naloxone	Law enforcement reversals with naloxone and without EMS	Total nonfatal overdoses		
January 2022	295	206	178	39	718	45	763
February 2022	333	185	153	37	708	48	756
March 2022	458	201	202	30	891	65	956
April 2022	290	178	189	26	683	60	743
May 2022	402	248	186	41	877	47	924
June 2022	482	250	177	44	953	66	1019
July 2022	347	287	183	40	857	66	923
August 2022	385	272	255	37	949	64	1013
September 2022	458	256	153	33	900	55	955
October 2022	283	238	177	27	725	65	790
November 2022	287	206	200	20	713	66	779
December 2022	362	212	198	14	786	76	862
2022 total	4382	2739	2251	388	9760	723	10483
% of 2022 total	(41.8%)	(26.1%)	(21.5%)	(3.7%)	(93.1%)	(6.9%)	(100%)
January 2023	296	219	184	43	742	54	796
February 2023	348	226	192	27	793	49	842
March 2023	382	256	237	58	933	40	974
April 2023	270	218	202	26	716	63	779
May 2023	295	221	165	32	713	49	762
June 2023	378	228	219	28	853	58	911
July 2023	339	248	173	33	793	50	843
August 2023	329	247	152	31	759	42	801
September 2023	387	231	141	15	774	56	830
2023 YTD total	3024	2094	1665	293	7076	462	7538
% of 2023 YTD total	(40.1%)	(27.8%)	(22.1%)	(3.9%)	(93.9%)	(6.1%)	(100%)

Law Enforcement Response to Fatal and Nonfatal Overdose Incidents

Due to the method we use to deduplicate nonfatal overdose incidents to derive a composite number of overdoses for the month, the total amount of activity of law enforcement officials is underrepresented in Table 1. The process used to deduplicate overdoses begins by removing fatal overdoses from the emergency department and EMS overdose incidents. Then the number of patients transported to emergency departments by Maine EMS are removed from the EMS overdose incidents. Finally, EMS involvement and fatal overdose incidents are removed from law enforcement responses.

Table 2 shows the public safety response to fatal and nonfatal overdose events in January–September 2023 as well as 2022. During January–September 2023, law enforcement officers responded to a reported 1,297 overdose incidents (430 fatal; 867 nonfatal), and Maine EMS responded to a reported 7,170 incidents (369 fatal; 6,801 nonfatal). During 2022 as a whole, law enforcement officers responded to a reported 2,143 incidents (672 fatal; 1,471 nonfatal), and Maine EMS responded to a reported 9,958 incidents (582 fatal; 9,376 nonfatal).

The reason the total number of fatal drug deaths to which law enforcement responded (672) and the number to which EMS responded (582) in 2022 differs from the final number from the medical examiner in Table 1 (723) is because confirmation that a fatality is actually a drug death cannot happen until the Office of Chief Medical Examiner investigates it and performs comprehensive toxicology testing. Additionally, a few cases investigated by the medical examiner may not have been originally suspected as drug deaths. Nonfatal suspected drug overdoses generally do not receive detailed toxicological confirmation, although some emergency room patients may receive less detailed screening tests (testing presence or absence) for a limited number of the more common drug categories, such as opioids.

Table 2: Fatal and nonfatal overdose emergency response counts from law enforcement and EMS, including overlapping cases

	Fatal overdose response Jan–Dec 2022	Nonfatal overdose response Jan–Dec 2022	Total overdose response Jan–Dec 2022	Fatal overdose response Jan–Sep 2023	Nonfatal overdose response Jan–Sep 2023	Total Overdose Response Jan–Sep 2023
Maine EMS	582	9376	9958	369	6801	7170
Law Enforcement	672	1471	2143	430	867	1297

*Please note numbers will fluctuate from month to month as public safety agencies catch up their reporting. Due to methodological convention, alcohol-only cases are excluded from this table. However, we recognize that alcohol is a large part of substance misuse epidemic. Cases with both drugs and alcohol are included.

County Distribution of Suspected Nonfatal Overdoses with EMS Response

Table 3 shows the frequency distribution of nonfatal overdoses at the county level. Overdose reversal totals reported by community partners and emergency departments are not categorized by county; only EMS cases include county frequencies. The September 2023 monthly totals in the far right column can be compared to the percentage of the census population on the far left or the percentage of nonfatal overdoses for the year in 2022, or for the year-to-date in 2023. Caution must be exercised viewing single counties, especially for a single month, due to small numbers. These may fluctuate randomly, without reflecting any significant statistical trend.

January–September 2023 percentage totals for most counties fall within 0 to 1 percentage points of the 2020 census distribution. Penobscot County is 3 percentage points higher than the 2020 census proportion. Androscoggin County is 2 percentage points higher than the 2020 census proportion. York County is 4 percentage points lower than the 2020 census proportion.

County Distribution of Suspected and Confirmed Fatal Overdoses

Table 4 shows the frequency distribution of fatal overdoses at the county level. The September 2023 monthly totals in the far right column can be compared either to the percentage of the census population in the far-left column or the percentage of all Maine fatal overdoses for the 2022 year as a whole, or to the year-to-date total for 2023. Caution must be exercised when viewing single counties with small numbers for a single month. These may fluctuate randomly, without reflecting any significant statistical trend. The 2023 percentages for most counties fall within 0 to 2 percentage points of the 2020 census distribution. Penobscot County is 5 percentage points higher and Androscoggin County is 3 percentage points higher than the 2020 Census proportions. Cumberland County is 3 percentage points lower and York County is 5 percentage points lower than the 2020 Census proportions.

Table 3: County of EMS incident among suspected and confirmed nonfatal overdoses

	% 2020 estimated Census population	Jan-Dec 2022 N = 9377	Jan-Sep 2023 Est. N = 6801	Sep 2023 Est. N = 771
Androscoggin	8%	1055 (11%)	709 (10%)	65 (8%)
Aroostook	5%	490 (5%)	321 (5%)	37 (5%)
Cumberland	22%	2194 (23%)	1567 (23%)	176 (23%)
Franklin	2%	140 (1%)	104 (2%)	18 (2%)
Hancock	4%	287 (3%)	207 (3%)	20 (3%)
Kennebec	9%	922 (10%)	686 (10%)	79 (10%)
Knox	3%	245 (3%)	229 (3%)	19 (2%)
Lincoln	3%	162 (2%)	128 (2%)	18 (2%)
Oxford	4%	410 (4%)	270 (4%)	34 (4%)
Penobscot	11%	1293 (14%)	982 (14%)	112 (15%)
Piscataquis	1%	90 (1%)	82 (1%)	9 (1%)
Sagadahoc	3%	130 (1%)	103 (2%)	11 (1%)
Somerset	4%	392 (4%)	332 (5%)	48 (6%)
Waldo	3%	199 (2%)	150 (2%)	17 (2%)
Washington	2%	221 (2%)	138 (2%)	20 (3%)
York	16%	1147 (12%)	793 (12%)	88 (11%)

*EMS nonfatal overdose counts include incidents where a patient may have died after admission to the ED. Please note numbers will fluctuate from month-to-month as public safety agencies catch up their reporting. Due to methodological convention, alcohol-only cases are excluded from this table. However, we recognize that alcohol is a large part of substance misuse epidemic. Cases with both drugs and alcohol are included.

Table 4: County of death among suspected and confirmed fatal overdoses

	% 2020 estimated Census population	Jan-Dec 2022 N = 723	Jan-Sep 2023 Est. N = 462	Sep 2023 Est N = 56
Androscoggin	8%	69 (10%)	51 (11%)	2 (4%)
Aroostook	5%	47 (7%)	27 (6%)	4 (7%)
Cumberland	22%	134 (19%)	90 (19%)	7 (13%)
Franklin	2%	13 (2%)	6 (1%)	0 (0%)
Hancock	4%	24 (3%)	14 (3%)	3 (5%)
Kennebec	9%	54 (7%)	49 (11%)	8 (14%)
Knox	3%	20 (3%)	12 (3%)	3 (5%)
Lincoln	3%	14 (2%)	5 (1%)	0 (0%)
Oxford	4%	36 (5%)	17 (4%)	5 (9%)
Penobscot	11%	109 (15%)	74 (16%)	13 (23%)
Piscataquis	1%	9 (1%)	12 (3%)	0 (0%)
Sagadahoc	3%	11 (2%)	5 (1%)	0 (0%)
Somerset	4%	35 (5%)	25 (5%)	3 (5%)
Waldo	3%	21 (3%)	5 (1%)	1 (2%)
Washington	2%	24 (3%)	17 (4%)	1 (2%)
York	16%	103 (14%)	53 (11%)	6 (11%)

Age and Sex Distribution of Fatal Overdose Victims

Table 5 displays the age and sex composition¹ of the September 2023 fatal overdose population, the 2022 and 2023 year-to-date fatal overdose population, and the 2020 estimated census population. When comparing the September 2023 data with 2023 year-to-date and 2022 data, as well as the census population proportion, caution must be exercised as the small number of cases in each month is vulnerable to random fluctuation that may not reflect a significant statistical trend. The cumulative proportion of males is slightly higher in 2023 (74%) than in 2022 (73%). The cumulative age distribution for 2023 compared to 2022 shows 3 deaths under 18 in 2022 and 2 in 2023, a decrease of 4 percentage points in the proportion of those aged 18–39, an increase of 4 percentage point in those aged 40–59, and no change in the proportion of those 60 and above.

Table 5: Decedent reported age group and sex among suspected and confirmed fatal overdoses*

	% 2020 estimated Census population	Jan–Dec 2022 N = 723	Jan–Sep 2023 Est. N = 462	Sep 2023 Est. N = 56
Males	49%	527 (73%)	340 (74%)	39 (70%)
Under 18	19%	3 (<1%)	2 (<1%)	1 (2%)
18–39	26%	295 (41%)	172 (37%)	23 (41%)
40–59	27%	333 (46%)	230 (50%)	28 (50%)
60+	29%	92 (13%)	58 (13%)	4 (7%)

*Percentages may not total 100 due to rounding.

Table 6 displays the reported race and ethnicity of confirmed and suspected fatal overdoses in 2022 and 2023 year-to-date compared to the 2020 census population. Note that race and ethnicity are not finalized until the full death certificate is entered into Vital Records, and a small number of decedents’ records currently lack information about these variables. Out of 461 decedents for whom race was reported January through September 2023, 90% of the victims were identified as White, 4% as Black/African American, and 2% as American Indian/Alaska Native. Out of 452 decedents for whom Hispanic ethnicity status was reported, 1% were identified as Hispanic.

Table 6: Decedent race and ethnicity among suspected and confirmed fatal overdoses*

	% 2020 Estimated Census Population: Race & Hispanic/Latinx Ethnicity	Jan–Dec 2022 Race N = 720 Ethnicity N = 706	Jan–Sep 2023 Race Est. N = 461 Ethnicity Est. N = 452	Sep 2023 Race Est. N = 56 Ethnicity Est. N = 55
White alone, non-Hispanic	91%	670 (93%)	413 (90%)	50 (93%)
Black/African American alone, non-Hispanic	2%	17 (2%)	19 (4%)	4 (7%)
American Indian/Alaska Native, non-Hispanic	1%	14 (2%)	8 (2%)	0 (0%)
Other race and 2+ races combined, non-Hispanic	7%	11 (2%)	8 (2%)	1 (2%)
Hispanic/Latinx alone or in combination	2%	7 (1%)	4 (1%)	0 (0%)

*Race and ethnicity data for some cases are unavailable until drug deaths are confirmed.

†Percentages may not total 100 due to rounding.

1 Note that death certificate data contain sex as a recorded category and do not contain gender categories.

Military Status and Housing Stability of Fatal Overdose Victims

Out of the 462 cases for which military background was reported January–September 2023, 26 (5.6%) were identified as having a military background. Out of the 56 cases in September 2023 where military background was reported, 2 (4%) were identified as having a military background.

Of the 462 total suspected and confirmed fatal overdose cases year-to-date in 2023, undomiciled or transient housing status was reported for 52 (11%) of victims. Among those 52, the largest proportions of undomiciled persons were found in Cumberland County (17, 33%), Penobscot County (13, 25%) and Androscoggin County (8, 15%). In September 2023, 4 decedents (7%) were identified as undomiciled.

Basic Incident Patterns of Fatal Overdoses

Table 7 reports some of the basic incident patterns for fatal overdoses. September 2023 can be compared to either 2023 year-to-date or 2022 as a whole. Caution must be exercised interpreting a single month of data as numbers may fluctuate randomly and not reflect a statistically significant trend. In addition, data totals may change slightly as suspected cases are confirmed or eliminated. Both EMS and police responded together to most fatal overdoses (73%) in 2023. Law enforcement was more likely to respond to a scene alone (19%) than EMS (6%). The overwhelming majority (93%) of confirmed fatal drug overdoses were ruled as, or suspected of being, accidental manner of death. Of the 462 confirmed or suspected fatal overdoses in 2023, 160 (35%) had a history of prior overdose. Although most cases had bystanders or witnesses present at the scene by the time first responders arrived, the details about who was present at the time of the overdose were frequently unclear. However, responding family and friends or bystanders administered naloxone for 64 (14%) of the 2023 fatal overdoses, higher than 2022 (11%), 2021 (9%), and 2020 (4%). Often, bystanders or witnesses administered naloxone in addition to EMS and/or law enforcement. During 2023, 26% of suspected and confirmed fatal overdose cases had naloxone administered at the scene by EMS, bystanders, and/or law enforcement. This rate is lower than in 2021 (30%) and slightly higher than in 2022 (25%).

Of the 368 suspected or confirmed drug death cases with EMS involvement during 2023, 209 (57%) victims were already deceased when EMS arrived. In the remaining 159 (43%) cases, resuscitation was attempted either at the scene or presumably in the ambulance during transport to the emergency room. Of those 159 who were still alive when EMS arrived, 46 (29%) were transported, and 112 (70%) did not survive to be transported and 1 had an unknown status. Thus, out of 368 ultimately fatal cases with EMS response, only 46 (13%) remained alive long enough to be transported but died during transport or at the emergency room. This outcome is likely due to a combination of the high number of cases with fentanyl as a cause of death and individuals using alone. Fentanyl acts more quickly than other opioids, and there is less time for bystanders to find an overdose victim alive, administer naloxone, and call 911.

Table 8 displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths. As expected, within the 435 confirmed drug death cases so far in 2023, nonpharmaceutical fentanyl was the most frequent cause of death, mentioned on the death certificate of 341 (78%) victims.

Fentanyl is nearly always found in combination with multiple other drugs. Heroin involvement, declining rapidly in recent years, was reported as a cause of death in 10 (2%) of 2023 deaths. Xylazine and nonpharmaceutical tramadol were identified as co-intoxicants with fentanyl for the first time in 2021. Among 435 confirmed deaths in 2023, there were 38 cases (9%) with xylazine listed in addition to fentanyl as a cause of death, and 3 cases (1%) with tramadol listed along with fentanyl.

Stimulants continue to increase as a cause of death, usually in combination with other drugs, particularly fentanyl. Cocaine-involved fatalities constituted 153 (35%) of confirmed cases in 2023, an increase from 29% in 2022. Fentanyl is mentioned as a cause in combination with cocaine in 126 cases, 82% of 2023 cocaine cases. Methamphetamine was cited as a cause of death in 137 (31%) of the confirmed fatal overdoses in 2023,

Table 7: Incident characteristics among suspected and confirmed fatal overdoses

	Jan-Dec 2022 N = 723	Jan-Sep 2023 Est. N = 462	Sep 2023 Est N = 56
EMS response alone	38 (5%)	29 (6%)	3 (5%)
Law enforcement alone	131 (18%)	90 (19%)	12 (21%)
EMS and law enforcement	541 (75%)	339 (73%)	40 (71%)
Private transport to Emergency Dept.	13 (2%)	3 (<1%)	1 (2%)
Naloxone administration reported at the scene	182 (25%)	121 (26%)	18 (32%)
Bystander only administered	44 (6%)	28 (6%)	3 (5%)
Law enforcement only administered	31 (4%)	11 (2%)	3 (5%)
EMS only administered	49 (7%)	36 (8%)	5 (9%)
EMS and law enforcement administered	11 (2%)	10 (2%)	3 (5%)
EMS and bystander administered	26 (4%)	30 (6%)	3 (5%)
Law enforcement and bystander administered	5 (1%)	9 (2%)	0 (0%)
EMS, bystander, and law enforcement administered	6 (1%)	3 (1%)	0 (0%)
Naloxone administered by unspecified person	0 (0%)	1 (<1%)	0 (0%)
History of prior overdose	269 (37%)	160 (35%)	11 (20%)

one percentage point lower than 2022 (32%); 114 (83%) of the methamphetamine deaths also involved fentanyl as a co-intoxicant cause of death. Cocaine and methamphetamine are named together on 33 (8%) death certificates in 2023, in most of those cases (29, 88%) as co-intoxicants of fentanyl.

Table 8: Key drug categories and combinations causing death among confirmed overdoses

Cause of death (alone or in combination with other drugs) Sample size for confirmed cases only	Jan-Dec 2022 N = 723	Jan-Sep 2023 Est. N = 435	Sep 2023 Est. N = 31
Fentanyl or fentanyl analogs	560 (77%)	341 (78%)	26 (84%)
Heroin	19 (3%)	10 (2%)	1 (3%)
Cocaine	213 (29%)	153 (35%)	12 (39%)
Methamphetamine	234 (32%)	137 (31%)	11 (35%)
Pharmaceutical opioids**	156 (22%)	79 (18%)	4 (13%)
Fentanyl and heroin	18 (2%)	10 (2%)	1 (3%)
Fentanyl and cocaine	171 (24%)	126 (29%)	10 (32%)
Fentanyl and methamphetamine	189 (26%)	114 (26%)	9 (29%)
Fentanyl and xylazine	46 (6%)	38 (9%)	3 (10%)
Fentanyl and tramadol	10 (1%)	3 (1%)	1 (3%)*

*Nonpharmaceutical tramadol is now being combined with fentanyl in pills and powders for illicit drug use. When found in combination with fentanyl, and in the absence of a known prescription, tramadol is categorized as a nonpharmaceutical opioid.

Highlight of the Month

Expansion of OPTIONS Behavioral Health Liaisons Initiative

In January 2023, Governor Janet T. Mills announced an expansion of the OPTIONS (Overdose Prevention Through Intensive Outreach, Naloxone and Safety Initiative) Program, representing a doubling of the number of behavioral health liaisons from 16 to 32. The expansion will allow for an additional liaison in several counties and an additional two liaisons in the counties of York, Cumberland, Androscoggin, Penobscot and Aroostook. The counties receiving one additional liaison are Knox, Waldo, Washington, Kennebec, Oxford, and Franklin. The allocation was based upon the number of overdoses in each county along with the relative availability of treatment. The funds for the expansion will come from that portion of the opioid litigation settlements held by Attorney General Aaron Frey. The contracts with the four behavioral health firms that hire and supervise the liaisons are in the process of being amended, and it is hoped that the new liaisons can be hired and in place by the end of the calendar year.

The OPTIONS program began in late 2021 and has proven to be an effective program. The licensed behavioral health liaisons de-escalate behavioral health crises, engage in postoverdose follow-up visits and refer persons in need as well as affected others to community and state-based resources/services to address problematic drug use. Since the beginning of the program, law enforcement officers have made 2,698 referrals to liaisons (data as of August 31, 2023). Other referrals come from treatment providers, recovery coaches, EMS providers, and emergency departments. In turn, the liaisons have made nearly 2,500 referrals to community-based treatment with over 75% of the individuals making it to their first appointment. The liaisons are embedded in various law enforcement agencies across the state.

More data on the OPTIONS program is available on the Maine Drug Data Hub at www.mainedrugdata.org. Metrics on the OPTIONS data dashboard include

- Proactive referrals made to the liaisons
- The number of overdose education and antistigma trainings conducted by OPTIONS liaisons as well as the number of individuals trained
- Referrals to treatment, harm reduction, prevention, and recovery services by liaisons
- The amount of naloxone distributed by the liaisons
- The housing status of the individuals referred to liaisons

Appreciation is expressed to the four behavioral health organizations that partner with the state to hire and supervise the liaisons: Sweetser, Tri-County Mental Health Services, Community Health and Counseling Services, and the Aroostook Mental Health Center. Appreciation, too, for the efforts of the several law enforcement agencies that welcome the liaisons to work within their organizations.

Background Information about this Report

This report, funded jointly by the Maine Office of Attorney General and the Office of Behavioral Health,¹ provides an overview of statistics regarding suspected and confirmed fatal and nonfatal drug overdoses each month. Data for the fatal overdoses were collected at the Office of Chief Medical Examiner and data regarding nonfatal overdoses were contributed by the Maine CDC, Maine Emergency Medical Services, Maine ODMAP initiative, Maine Naloxone Distribution Initiative, and Office of Attorney General Naloxone Distribution. Year-to-date numbers are updated as medical examiner cases are finalized, and their overdose status is confirmed or ruled out, and as occasional lagged EMS, ED, and ODMAP data totals are finalized. The totals are expected to shift as case completion occurs. In addition, due to the small sample size in each month, we expect totals to fluctuate from month to month because of random variation. The monthly reports are posted on mainedrugdata.org.

A “drug death” is confirmed when one or more drugs are mentioned on the death certificate as a cause or significant contributing factor for the death. Most drug-induced fatalities are accidents related primarily to drug lethality, the unique vulnerability of the drug user, such as underlying medical conditions, and the circumstances surrounding drug use during that moment.

A “suspected” drug fatality is identified by physiological signs of overdose as well as physical signs at the scene and witness information. To be confirmed as a drug death, the medical examiner must have issued a final death certificate which includes the names of the specific drugs. A forensic toxicology exam must also have been done, which includes a minimum of two toxicology tests, one to screen for drugs present, and another that will quantify the levels of drugs in the decedent’s system. All cases receive a thorough external examination and comprehensive toxicology tests. In some cases, a complete autopsy is also done. Additional data, such as medical records and police incident reports are also collected. Normally cases are completed within one month; however, due to recent problems being experienced by our national toxicology testing service, completion of cases is occurring at about 6–8 weeks after death, and occasionally longer.

By highlighting drug deaths at the monthly level, this report brings attention to the often-dramatic shifts in totals that can occur from month to month. These fluctuations are common with small numbers and will tend toward an average over time. Whereas the overall number of overdose deaths are a critical indicator of individual and societal stress, this metric itself can be quite resistant to public policy interventions due to its complexity. Overdose fatalities occur because of multiple unique and interacting factors, as mentioned above. For that reason, these reports will seek to monitor components that can be directly affected by specific public health education and harm reduction interventions. The statistics in this report reflect both suspected and confirmed “occurrent” deaths, that is, deaths that occur in the State of Maine, even though they may not be Maine residents. These totals also do not include Maine residents who die in other states. For these reasons, totals will differ slightly from the statistics reported by the National Center for Health Statistics, which reports only confirmed “resident” deaths. In addition, due to recently reported updates of toxicology results and newly confirmed or eliminated drug death cases, both the 2021 and 2022 statistics have changed slightly from those reported in the previous monthly report.

¹ The Office of Attorney General supports ongoing research regarding research on fatal overdoses by the University of Maine. Additionally, the Overdose Data to Action cooperative agreement from the U.S. Centers for Disease Control & Prevention also provides funding to the State of Maine’s Office of Behavioral Health and Maine Center for Disease Control, which also supports university programs involving fatal and nonfatal overdoses surveillance and enables the collection of nonfatal metrics included in this report. The conclusions in this report do not necessarily represent those of the U.S. Centers for Disease Control and Prevention.