MAINE MONTHLY OVERDOSE REPORT

For March 2024

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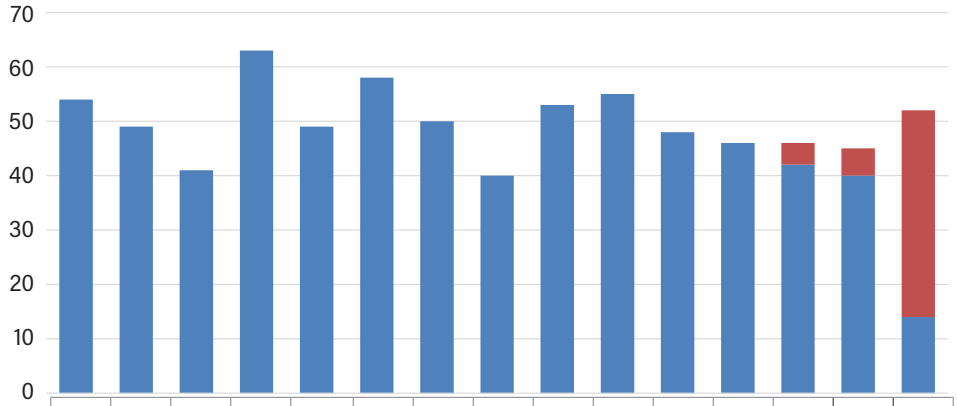
Overview

This report documents suspected and confirmed fatal and nonfatal drug overdoses in Maine during March 2024 as well as for the period January 2023–March 2024 (Table 1). During March 2024, the proportion of fatal overdoses averaged 6.7% of total overdoses. Monthly proportions of 2024 fatalities fluctuated from a low of 6.1% in February to a high of 6.7% in both January and March. During the first three months of 2024, fatal overdoses constituted 6.5% of all overdoses, slightly higher than the 5.6% for the same time period in 2023. The total number of confirmed and suspected fatal overdoses January–March 2024 is 143, 0.7% lower than the total confirmed fatal overdoses for the same period in 2023, 144. The total number of nonfatal overdoses January–March 2024 is 2,057, 15.1% lower than the total confirmed nonfatal overdoses for the same period in 2023, 2,423.

Data derived from multiple statewide sources were compiled and deduplicated to calculate 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 through the Maine Naloxone Distribution Initiative. 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 January, February, and March 2024 (see Figure 1).

The total number of suspected and confirmed fatal overdoses and reported nonfatal overdoses for March 2024, 776, is displayed in Table 1 near the bottom row. Of those 776, there were 52 (6.7%) confirmed and suspected fatal overdoses, 372 (47.9%) nonfatal emergency department visits, 221 (28.5%) nonfatal EMS responses not transported to the emergency department, 119 (15.3%) reported community overdose reversals, and 12 (1.5%) law enforcement reversals in incidents that did not include EMS.

Figure 1. Suspected and confirmed fatal overdoses, all drugs, January 2023 through March 2024



	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Aug '23	Sep '23	Oct '23	Nov '23	Dec '23	Jan '24	Feb '24	Mar '24
Suspected	0	0	0	0	0	0	0	0	0	0	0	0	4	5	38
Confirmed	54	49	41	63	49	58	50	40	53	55	48	46	42	40	14

Table 1: Composite reported overdose totals, all drugs, January 2023–March 2024

	Nonfatal						
	Emergency Dept.	EMS not transported to emergency	Community reversals with naloxone	Law enforcement nonfatal overdose response without EMS	Total nonfatal overdoses	Total confirmed and suspected fatal overdoses	Total overdoses
January 2023	296	221	184	48	749	54	803
February 2023	348	185	192	30	755	49	804
March 2023	382	246	237	54	919	41	960
April 2023	270	217	202	29	718	63	781
May 2023	295	223	165	47	730	49	779
June 2023	378	209	219	35	841	58	899
July 2023	340	291	173	34	838	50	888
August 2023	330	247	152	22	751	40	791
September 2023	390	235	141	26	792	53	845
October 2023	317	254	147	17	735	55	790
November 2023	254	190	101	20	565	48	613
December 2023	325	183	129	23	660	46	706
2023 YTD total	3925	2701	2042	385	9053	606	9659
% of 2023 YTD total	40.6%	28.0%	21.1%	4.0%	93.7%	6.3%	100%
January 2024	269	209	139	27	644	46	690
February 2024	306	221	136	26	689	45	734
March 2024	372	221	119	12	724	52	776
2024 YTD total	947	651	394	65	2057	143	2200
% of 2024 YTD total	43.0%	29.6%	17.9%	3.0%	93.5%	6.5%	100%

Law Enforcement Response to Fatal and Nonfatal Overdose Incidents

Due to the method used to deduplicate nonfatal overdose incidents to derive a composite number of overdoses for the month, the total activity of both law enforcement officials and EMS agencies is underrepresented in the above table. 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–March 2024 as well as January–December 2023. During January–March 2024, law enforcement officers responded to a reported 372 overdose incidents (135 fatal; 237 nonfatal), and Maine EMS responded to a reported 2,153 incidents (108 fatal; 2,045 nonfatal). During 2023 as a whole, law enforcement officers responded to a reported 1,615 incidents (562 fatal; 1,053 nonfatal), and Maine EMS responded to a reported 9,330 incidents (479 fatal; 8,841 nonfatal).

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

	Fatal overdose response Jan–Dec 2023	Nonfatal overdose response Jan–Dec 2023	Total overdose response Jan–Dec 2023	Fatal overdose response Jan–Mar 2024	Nonfatal overdose response Jan–Mar 2024	Total Overdose Response Jan–Mar 2024
Maine EMS	479	8841	9330	108	2045	2153
Law Enforcement	562	1053	1615	135	237	372

*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. Please note these numbers may fluctuate higher than the data in Table 1. This is due to the fact that some EMS overdoses responses, once the patient is transported to the hospital, are deemed to be non-overdose emergencies such as cardiac arrest or diabetic coma.

County Distribution of Suspected Nonfatal Overdoses with EMS Response

Table 3 shows the frequency distribution of nonfatal overdoses to which EMS responded at the county level. Overdose reversal totals reported by community partners and emergency departments are not reported by county; only EMS case data include county frequencies. The March 2024 monthly totals in the far right column can be compared to the percentage of the census population on the far left, the percentage of nonfatal overdoses for the year in 2023, or the January–March 2024 year-to-date total. Caution must be exercised viewing single counties, especially for a single month, due to small numbers. These may fluctuate randomly, without reflecting any statistically significant trend.

January–March 2024 percentage totals for most counties fall within 0 to 1 percentage points of the 2020 census distribution. Cumberland is 3 percentage points higher than the 2020 census proportion. Androscoggin County, Aroostook County, Kennebec County and Penobscot County are 2 percentage points higher than the 2020 census proportion. York County is 6 percentage points lower and Sagadahoc County is 2 percentage points lower than the 2020 census proportion.

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

	% 2020 estimated Census population	Jan–Dec 2023 Est. N = 8841		Jan–Mar 2024 Est. N = 2045		Mar 2024 Est. N = 669	
Androscoggin	8%	912	10%	210	10%	75	11%
Aroostook	5%	447	5%	135	7%	42	6%
Cumberland	22%	2038	23%	513	25%	166	25%
Franklin	2%	138	2%	35	2%	8	1%
Hancock	4%	255	3%	59	3%	16	2%
Kennebec	9%	871	10%	215	11%	70	10%
Knox	3%	300	3%	61	3%	23	3%
Lincoln	3%	185	2%	37	2%	12	2%
Oxford	4%	355	4%	79	4%	28	4%
Penobscot	11%	1253	14%	276	13%	89	13%
Piscataquis	1%	109	1%	24	1%	10	1%
Sagadahoc	3%	130	1%	23	1%	11	2%
Somerset	4%	431	5%	102	5%	35	5%
Waldo	3%	193	2%	37	2%	11	2%
Washington	2%	193	2%	43	2%	16	2%
York	16%	1031	12%	196	10%	57	9%

*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.

Age and Gender Distribution of Suspected Nonfatal Overdoses with EMS Response

Table 4 displays the age composition of individuals suspected of experiencing nonfatal overdoses involving EMS response in March 2024, Janaury–March 2024 as well as January–December 2023. Overdose reversal totals reported by community partners and emergency departments are not categorized and reported by age; only EMS case data include age frequencies at a monthly cadence. Age group totals can be compared to the 2020 census proportion by age group in the far left column, or the January - December 2023 totals. When comparing the March 2024 data with the 2024 year-to-date column, the 2023 data or 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 age distribution for January–March 2024 compared to the 2020 census poportion shows a disproportionately large impact of suspected nonfatal overdose victims with EMS involvement in those aged 25-54. There are 12 percentage points fewer of those under the age of 18 compared to the census population, 4 percentage points fewer of those aged 55-64, and14 percentage points fewer of those 65 and older compared to the census proportion of the population.

Table 4: Reported age group among suspected nonfatal overdose victims involving EMS response

	% 2020 estimated Census population	Jan–Dec 2023 Est. N = 8786		Jan-Mar 2024 Est. N =2045		Mar 2024 Est. N = 672	
< 18	18%	409	5%	113	6%	41	6%
18-24	7%	877	10%	209	10%	68	10%
25-34	12%	1945	22%	424	21%	135	20%
35-44	12%	2375	27%	542	27%	175	26%
45-54	12%	1343	15%	321	16%	113	17%
55-64	16%	1074	12%	246	12%	88	13%
> 64	23%	763	9%	190	9%	52	8%

Table 5 displays the reported gender of individuals experiencing nonfatal overdoses involving EMS response in January–March 2024 as well as January–December 2023. Overdose reversal totals reported by community partners and emergency departments, as well as fatal overdoses are not categorized by gender; only EMS case data include gender categories at a monthly cadence. Gender group totals can be compared to the 2020 census proportion by age group in the far left column or the January–December 2023 totals in the center column. When comparing the January–March 2024 with 2023, 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. Males represent 49% of the 2020 estimated census population and 60% of the nonfatal overdose victims with EMS involvement during January–March 2024.

Table 5: Reported gender among suspected nonfatal overdose victims involving EMS response

	% 2020 estimated Census population	Jan–Dec 2023 Est. N = 8798		Jan–Mar 2024 Est. N = 1976		Mar 2024 Est. N = 639	
Male	49%	5297	60%	1189	60%	392	61%
Female	51%	3476	40%	786	40%	247	39%
Transgender	Not collected	25	<1%	1	<1%	0	0%

County Distribution of Suspected and Confirmed Fatal Overdoses

Table 6 shows the frequency distribution of fatal overdoses at the county level. The March 2024 monthly totals in the far right column can be compared either to the percentage of the census population in the far-left column, the percentage of county fatal overdoses for 2023, or the January–March 2024 year-to-date percentages. 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 January–March 2024 percentages for most counties fall within 0 to 1 percentage points of the 2020 census distribution. Knox County is 5 percentage points higher than the 2020 census proportions. Aroostook County is 4 percentage points higher and Kennebec is 2 percentage points higher than the 2020 census proportion. Cumberland County is 7 percentage points lower than the 2020 census proportion, York County is 5 percentage points lower and Sagadahoc County is 2 percentage points lower than the 2020 census proportion.

Table 6: County of death among suspected and confirmed fatal overdoses

	% 2020 estimated Census population	Jan–Dec 2023 Est. N = 604		Jan–Mar 2024 Est. N = 143		Mar 2024 Est. N = 52	
Androscoggin	8%	69	11%	13	9%	4	8%
Aroostook	5%	39	6%	13	9%	6	12%
Cumberland	22%	116	19%	22	15%	6	12%
Franklin	2%	6	1%	1	1%	0	0%
Hancock	4%	22	4%	4	3%	2	4%
Kennebec	9%	60	10%	16	11%	7	13%
Knox	3%	16	3%	11	8%	5	10%
Lincoln	3%	7	1%	5	3%	2	4%
Oxford	4%	25	4%	6	4%	1	2%
Penobscot	11%	91	15%	14	10%	5	10%
Piscataquis	1%	17	3%	2	1%	1	2%
Sagadahoc	3%	7	1%	2	1%	2	4%
Somerset	4%	29	5%	7	5%	3	6%
Waldo	3%	10	2%	6	4%	1	2%
Washington	2%	26	4%	5	3%	1	2%
York	16%	64	11%	16	11%	6	12%

Age and Sex Distribution of Fatal Overdose Victims

Table 7 displays the age and sex composition of the March 2024 fatal overdose population, the January-March 2024 year-to-date fatal overdose population, the 2023 year-to-date fatal overdose population, and the 2020 estimated census population. When comparing the March 2024 data with 2023 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 lower in January–March 2024 (68%) compared to 2023 (73%). The age distribution for 2024 compared to the 2020 census poportion shows a disproportionately large impact of fatal overdoses in those aged 35–64, as was true in 2023, 3 percentage points lower for those aged 18-24, and 17 percentage points lower for those 65 and older.

Table 7: Decedent reported age group and sex among suspected and confirmed fatal overdoses*

	% 2020 estimated Census population	Jan–Dec 2023 Est. N = 606		Jan–Mar 2024 Est. N = 143		Mar 2024 Est. N = 52	
Male	49%	441	73%	97	68%	36	69%
< 18	18%	3	<1%	3	2%	2	4%
18-24	7%	28	5%	6	4%	5	10%
25-34	12%	85	14%	17	12%	6	12%
35-44	12%	198	33%	45	31%	17	33%
45-54	12%	135	22%	36	25%	9	17%
55-64	16%	119	20%	27	19%	10	19%
> 64	23%	38	6%	9	6%	3	6%

*Percentages may not total 100 due to rounding.

Table 8 displays the reported race and ethnicity of confirmed and suspected fatal overdoses in March 2024, January–March 2024, and January–December 2023 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 140 decedents for whom race was reported January-March 2024, 89% of the victims were identified as White, 0% as Black/African American, and 4% as American Indian/Alaska Native. Out of 138 decedents for whom Hispanic ethnicity status was reported, 4% were identified as Hispanic.

Table 8: Decedent race and ethnicity among suspected and confirmed fatal overdoses*

	% 2020 Estimated Census Population: Race & Hispanic/ Latinx Ethnicity	Jan–Dec 2023 Race N = 605 Ethnicity N = 589		Jan–Mar 2024 Race N = 140 Ethnicity N = 138		Mar 2024 Race Est. N = 50 Ethnicity Est. N = 50	
White alone, non-Hispanic	91%	551	91%	125	89%	43	86%
Black/African American alone, non-Hispanic	2%	24	4%	0	0%	0	0%
American Indian/Alaska Native, non-Hispanic	1%	12	2%	5	4%	2	4%
Other race and 2+ races combined, non-Hispanic	7%	11	2%	4	3%	2	4%
Hispanic/Latinx alone or in combination	2%	7	1%	6	4%	3	6%

*Race and ethnicity data for some cases are unavailable until drug deaths are confirmed. †Percentages may not total 100 due to rounding.

Military Status and Housing Stability of Fatal Overdose Victims

Out of the 141 cases for which military background was reported January–March 2024, 5 (4%) were identified as having a military background. Out of the 52 cases in March 2024 where military background was reported, 0 (0%) were identified as having a military background.

Of the 143 total suspected and confirmed fatal overdose cases year-to-date in 2024, undomiciled or transient housing status was reported for 17 (12%) victims. Among those 17, the largest proportions of undomiciled persons were found in Androscoggin County (5, 29%) and Cumberland County (3, 18%). In March 2024, 9 fatal overdose victims (17%) were identified as undomiciled.

Basic Incident Patterns of Fatal Overdoses

Table 9 reports some of the basic incident patterns for fatal overdoses. March 2024 can be compared to 2023 as a whole or to January-March year-to-date totals. 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 (70%) in 2024 year to date. Law enforcement was more likely to respond to a scene alone (24%) than EMS (5%). The overwhelming majority (89%) of confirmed fatal drug overdoses were ruled as, or suspected of being, accidental manner of death. Of the 143 confirmed or suspected fatal overdoses in 2024, 51 (36%) 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 13 (9%) of the 2024 fatal overdoses, lower than 2023 (13%). Often, bystanders or witnesses administered naloxone in addition to EMS and/or law enforcement. During 2024, 22% of suspected and confirmed fatal overdose cases had naloxone administered at the scene by EMS, bystanders, and/or law enforcement. This rate lower than in 2023 (26%).

Of the 108 suspected or confirmed drug death cases with EMS involvement during 2024, 56 (52%) victims were already deceased when EMS arrived. In the remaining 51 (47%) cases, resuscitation was attempted either at the scene or presumably in the ambulance during transport to the emergency room. 1 case (1%) had an unreported response once EMS arrive. Of those 51 who were still alive when EMS arrived, 17 (33%) were transported, and 34

(67%) did not survive to be transported. Thus, out of 108 ultimately fatal cases with EMS response, only 17 (16%) 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 9: Incident characteristics among suspected and confirmed fatal overdoses

	Jan–Dec 2023 Est. N = 606		Jan–Mar 2024 Est. N = 143		Mar 2024 Est. N = 52	
EMS response alone	37	6%	7	5%	3	6%
Law enforcement alone	120	20%	35	24%	14	27%
EMS and law enforcement	441	73%	100	70%	35	67%
Private transport to Emergency Dept.	5	1%	0	0%	0	0%
Naloxone administration reported at the scene	156	26%	32	22%	14	27%
Bystander only administered	39	6%	8	6%	5	10%
Law enforcement only administered	15	2%	2	1%	0	0%
EMS only administered	43	7%	15	10%	5	10%
EMS and law enforcement administered	10	2%	0	0%	0	0%
EMS and bystander administered	30	5%	4	3%	3	6%
Law enforcement and bystander administered	8	1%	1	1%	1	2%
EMS, bystander, and law enforcement administered	4	1%	0	0%	0	0%
Naloxone administered by unspecified person	4	1%	0	0%	0	0%
History of prior overdose	205	34%	51	36%	14	27%

Table 10 displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths. As expected, within the 96 confirmed drug death cases so far in 2024, nonpharmaceutical fentanyl was the most frequent cause of death, mentioned on the death certificate of 75 (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 3 (3%) of 2024 deaths and 12 (2%) of 2023 deaths. Xylazine and nonpharmaceutical tramadol were identified as co-intoxicants with fentanyl for the first time in 2021. Among 96 confirmed deaths in 2024, there were 20 cases (21%) with xylazine listed in addition to fentanyl as a cause of, and 0 cases (0%) 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 41 (43%) of confirmed cases in 2024, higher than 2023 (37%) and an increase from 29% in 2022. Fentanyl is mentioned as a cause in combination with cocaine in 32 cases, 78% of 2024 cocaine cases. Methamphetamine was cited as a cause of death in 44 (46%) of the confirmed fatal overdoses in 2024, higher than in 2023 (33%); 36 (82%) of the methamphetamine deaths also involved fentanyl as a co-intoxicant cause of death. Cocaine and methamphetamine are named together on 13 (14%) death certificates in 2024, in most of those cases (11, 85%) as co-intoxicants of fentanyl.

Table 10: 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 2023 Est. N = 606		Jan–Mar 2024 Est. N = 96		Mar 2024 Est. N = 17	
Fentanyl or fentanyl analogs	472	78%	75	78%	11	65%
Heroin	12	2%	3	3%	0	0%
Cocaine	226	37%	41	43%	9	53%
Methamphetamine	198	33%	44	46%	7	41%
Pharmaceutical opioids**	109	18%	7	7%	1	6%
Fentanyl and heroin	12	2%	3	3%	0	0%
Fentanyl and cocaine	192	32%	32	33%	6	35%
Fentanyl and methamphetamine	163	27%	36	38%	6	35%
Fentanyl and xylazine	60	10%	20	21%	1	6%
Fentanyl and tramadol	3	0%	0	0%	0	0%

**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.

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 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.