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Marcella H. Sorg

Daniel S. Soucier

Yimin Wang

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MAINE MONTHLY OVERDOSE REPORT

For November 2023

Marcella H. Sorg, Daniel S. Soucier, Yimin Wang
Margaret Chase Smith Policy Center, University of Maine

Overview

This report documents suspected and confirmed fatal and nonfatal drug overdoses in Maine during November 2023 as well as for the period January 2022–November 2023 (Table 1). During November 2023, the proportion of fatal overdoses averaged 7.4% of total overdoses. Monthly proportions of 2023 fatalities have fluctuated from a low of 4.2% in March to a high of 7.8% in April. During the period January–November 2023, fatal overdoses constituted 6.1% of all overdoses, lower than the 6.9% for the year in 2022. The total number of confirmed and suspected fatal overdoses January–November 2023 is 559, 13.6% lower than the total confirmed fatal overdoses for the same period in 2022, 647. The total number of nonfatal overdoses January–November 2023 is 8,576, 4.4% lower than the total confirmed nonfatal overdoses for the same period in 2022, 8,974.

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 September, October, and November (see Figure 1).

The total number of fatal and reported nonfatal overdoses for November 2023, 638, is displayed in Table 1 near the bottom row. Of those 638, there were 47 (7.4%) confirmed and suspected fatal overdoses, 253 (39.7%) nonfatal emergency department visits, 213 (33.4%) nonfatal EMS responses not transported to the emergency department, 101 (15.8%) reported community overdose reversals, and 24 (3.8%) law enforcement reversals in incidents that did not include EMS.

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

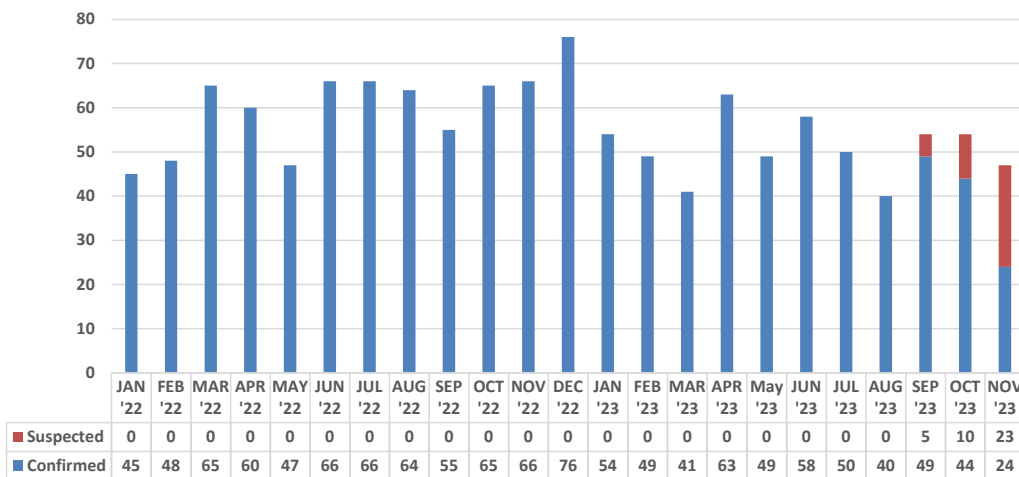


Table 1: Composite reported overdose totals, all drugs, January 2022–November 2023

	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	62	761	54	815
February 2023	348	226	192	45	811	49	860
March 2023	382	256	237	68	943	41	984
April 2023	270	218	202	51	741	63	804
May 2023	295	221	165	61	742	49	791
June 2023	378	228	219	52	877	58	935
July 2023	339	248	173	49	809	50	859
August 2023	330	247	152	44	773	40	813
September 2023	389	231	141	41	802	54	856
October 2023	316	229	147	34	726	54	780
November 2023	253	213	101	24	591	47	638
2023 YTD total	3596	2536	1913	531	8576	559	9135
% of 2023 YTD total	39.4%	27.8%	20.9%	5.8%	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 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–November 2023 as well as 2022. During January–November 2023, law enforcement officers responded to a reported 1,501 overdose incidents (520 fatal; 981 nonfatal), and Maine EMS responded to a reported 8,626 incidents

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–Nov 2023	Nonfatal overdose response Jan–Nov 2023	Total Overdose Response Jan–Nov 2023
Maine EMS	582	9376	9958	449	8177	8626
Law Enforcement	672	1471	2143	520	981	1501

*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.

(449 fatal; 8,177 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).

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 categorized by county; only EMS case data include county frequencies. The November 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 statistically significant trend.

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

	% 2020 estimated Census population	Jan–Dec 2022 N = 9377	Jan–Nov 2023 Est. N = 8177	Nov 2023 Est. N = 630
Androscoggin	8%	1055 (11%)	837 10%	60 10%
Aroostook	5%	490 (5%)	406 5%	35 6%
Cumberland	22%	2194 (23%)	1882 23%	154 24%
Franklin	2%	140 (1%)	132 2%	12 2%
Hancock	4%	287 (3%)	240 3%	16 3%
Kennebec	9%	922 (10%)	803 10%	53 8%
Knox	3%	245 (3%)	285 3%	25 4%
Lincoln	3%	162 (2%)	171 2%	13 2%
Oxford	4%	410 (4%)	326 4%	24 4%
Penobscot	11%	1293 (14%)	1173 14%	92 15%
Piscataquis	1%	90 (1%)	100 1%	7 1%
Sagadahoc	3%	130 (1%)	118 1%	8 1%
Somerset	4%	392 (4%)	403 5%	29 5%
Waldo	3%	199 (2%)	175 2%	11 2%
Washington	2%	221 (2%)	171 2%	19 3%
York	16%	1147 (12%)	955 12%	72 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.

January–November 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 and Sagadahoc County is 2 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 November 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 and Androscoggin County are 4 percentage points higher than the 2020 census proportions. York County is 5 percentage points lower than the 2020 census proportions.

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

	% 2020 estimated Census population	Jan–Dec 2022 N = 723	Jan–Nov 2023 Est. N = 557	Nov 2023 Est N = 46
Androscoggin	8%	69 (10%)	65 12%	5 11%
Aroostook	5%	47 (7%)	34 6%	1 2%
Cumberland	22%	134 (19%)	110 20%	12 26%
Franklin	2%	13 (2%)	6 1%	0 0%
Hancock	4%	24 (3%)	20 4%	3 7%
Kennebec	9%	54 (7%)	55 10%	5 11%
Knox	3%	20 (3%)	15 3%	2 4%
Lincoln	3%	14 (2%)	6 1%	1 2%
Oxford	4%	36 (5%)	19 3%	1 2%
Penobscot	11%	109 (15%)	84 15%	4 9%
Piscataquis	1%	9 (1%)	15 3%	1 2%
Sagadahoc	3%	11 (2%)	5 1%	0 0%
Somerset	4%	35 (5%)	29 5%	2 4%
Waldo	3%	21 (3%)	10 2%	1 2%
Washington	2%	24 (3%)	23 4%	5 11%
York	16%	103 (14%)	61 11%	3 7%

Age and Sex Distribution of Fatal Overdose Victims

Table 5 displays the age and sex composition of the November 2023 fatal overdose population, the 2022 and 2023 year-to-date fatal overdose population, and the 2020 estimated census population. When comparing the November 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 the same in 2023 (73%) as in 2022 (73%). The cumulative age distribution for 2023 compared to 2022 shows 3 deaths under 18 in 2022 and 3 in 2023, a decrease of 5 percentage points in the proportion of those aged 18–39, an increase of 4 percentage points 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-Nov 2023 Est. N = 559	Nov 2023 Est. N = 47
Males	49%	527 (73%)	409 73%	36 77%
Under 18	19%	3 (<1%)	3 1%	0 0%
18-39	26%	295 (41%)	204 36%	14 30%
40-59	27%	333 (46%)	277 50%	26 55%
60+	29%	92 (13%)	75 13%	7 15%

*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 558 decedents for whom race was reported January through November 2023, 89% of the victims were identified as White, 4% as Black/African American, and 2% as American Indian/Alaska Native. Out of 544 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-Nov 2023 Race Est. N = 558 Ethnicity Est. N = 544	Nov 2023 Race Est. N = 47 Ethnicity Est. N = 45
White alone, non-Hispanic	91%	670 (93%)	495 89%	41 87%
Black/African American alone, non-Hispanic	2%	17 (2%)	23 4%	2 4%
American Indian/Alaska Native, non-Hispanic	1%	14 (2%)	9 2%	0 0%
Other race and 2+ races combined, non-Hispanic	7%	11 (2%)	11 2%	1 2%
Hispanic/Latinx alone or in combination	2%	7 (1%)	6 1%	1 2%

*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 559 cases for which military background was reported January–November 2023, 31 (6%) were identified as having a military background. Out of the 47 cases in November 2023 where military background was reported, 3 (6%) were identified as having a military background.

Of the 559 total suspected and confirmed fatal overdose cases year-to-date in 2023, undomiciled or transient housing status was reported for 65 (12%) of victims. Among those 65, the largest proportions of undomiciled persons were found in Cumberland County (22, 34%), Penobscot County (15, 23%), Androscoggin County (9, 14%) and Kennebec County (6, 9%). In November 2023, 8 decedents (17%) were identified as undomiciled.

Basic Incident Patterns of Fatal Overdoses

Table 7 reports some of the basic incident patterns for fatal overdoses. November 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 (74%) 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 559 confirmed or suspected fatal overdoses in 2023, 196 (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 78 (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 the rate in 2022 (25%).

Of the 447 suspected or confirmed drug death cases with EMS involvement during 2023, 251 (56%) victims were already deceased when EMS arrived. In the remaining 196 (44%) cases, resuscitation was attempted either at the scene or presumably in the ambulance during transport to the emergency room. Of those 196 who were still alive when EMS arrived, 59 (30%) were transported, and 136 (69%) did not survive to be transported and 1 had an unknown status. Thus, out of 447 ultimately fatal cases with EMS response, only 59 (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 7: Incident characteristics among suspected and confirmed fatal overdoses

	Jan-Dec 2022 N = 723	Jan-Nov 2023 Est. N = 559	Nov 2023 Est N = 47
EMS response alone	38 (5%)	33 6%	2 4%
Law enforcement alone	131 (18%)	106 19%	9 19%
EMS and law enforcement	541 (75%)	413 74%	34 72%
Private transport to Emergency Dept.	13 (2%)	4 1%	1 2%
Naloxone administration reported at the scene	182 (25%)	143 26%	14 30%
Bystander only administered	44 (6%)	36 6%	6 13%
Law enforcement only administered	31 (4%)	15 3%	2 4%
EMS only administered	49 (7%)	38 7%	1 2%
EMS and law enforcement administered	11 (2%)	13 2%	2 4%
EMS and bystander administered	26 (4%)	34 6%	1 2%
Law enforcement and bystander administered	5 (1%)	12 2%	2 4%
EMS, bystander, and law enforcement administered	6 (1%)	4 1%	0 0%
Naloxone administered by unspecified person	0 (0%)	1 0%	0 0%
History of prior overdose	269 (37%)	196 35%	20 43%

Table 8 displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths. As expected, within the 513 confirmed drug death cases so far in 2023, nonpharmaceutical fentanyl was the most frequent cause of death, mentioned on the death certificate of 403 (77%) 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 12 (2%) of 2023 deaths. Xylazine and nonpharmaceutical tramadol were identified as co-intoxicants with fentanyl for the first time in 2021. Among 513 confirmed deaths in 2023, there were 42 cases (8%) 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 189 (36%) of confirmed cases in 2023, an increase from 29% in 2022. Fentanyl is mentioned as a cause in combination with cocaine in 158 cases, 84% of 2023 cocaine cases. Methamphetamine was cited as a cause of death in 162 (31%) of the confirmed fatal overdoses in 2023, the same percentage as in 2022; 133 (82%) of the methamphetamine deaths also involved fentanyl as a co-intoxicant cause of death. Cocaine and methamphetamine are named together on 40 (8%) death certificates in 2023, in most of those cases (34, 85%) 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-Nov 2023 Est. N = 513	Nov 2023 Est. N = 18
Fentanyl or fentanyl analogs	560 (77%)	403 77%	18 75%
Heroin	19 (3%)	12 2%	1 4%
Cocaine	213 (29%)	189 36%	11 46%
Methamphetamine	234 (32%)	162 31%	7 29%
Pharmaceutical opioids**	156 (22%)	96 18%	4 17%
Fentanyl and heroin	18 (2%)	12 2%	1 4%
Fentanyl and cocaine	171 (24%)	158 30%	10 42%
Fentanyl and methamphetamine	189 (26%)	133 26%	6 25%
Fentanyl and xylazine	46 (6%)	42 8%	1 4%
Fentanyl and tramadol	10 (1%)	3 1%	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.

Highlight of the Month

1000 Maine Lives Campaign

The Maine Medical Association (MMA), the Maine Osteopathic Association (MOA), the Maine Hospital Association (MHA) and over 20 additional medical and professional specialty societies earlier this month launched the 1000 Maine Lives Campaign which is intended to reduce fatal drug overdoses in the state by 1000 lives over the next five years.

Erik Steele, D.O., Immediate Past President of the MMA conceived the Campaign during his year as President of the physician group. “Our goal is expansion of access to lifesaving OUD care into every corner of Maine, and engage every part of the healthcare delivery system in this lifesaving work – we want you to be able to walk in to any emergency department, your doctor’s office, any hospital, and get this help,” said Dr. Steele.

“1000 of our fellow Mainers – people we know, work with, love. We are committed to trying to prevent the loss of the equivalent of a small Maine town during the next five years”, added Dr. Steele.

In addition to MMA, MOA and MHA, additional participants in the campaign include Greater Portland Health, the Maine Primary Care Association, The Maine Association of Physician Assistants, the Maine Academy of Family Physicians, the Maine Association of Psychiatric Physicians, the Maine Chapter of the American College Physicians, Maine Health and Northern Light Health Care.

Governor Mills applauded this effort when Dr. Steele described it during the Governor’s 5th Annual Opioid Response Summit on July 20. The State of Maine is a partner in the Campaign. “We welcome the leadership of Maine’s medical community in combatting the opioid epidemic and strongly support the goal of the 1000 Lives Campaign”, said Gordon Smith, the State’s Director of Opioid Response. “Although overdoses in Maine have lessened this year, Maine people are still losing too many friends and family members to substance use disorder and highly lethal drugs like fentanyl. This effort is a welcome step to helping more individuals enter treatment, find recovery supports, and most important, stay alive.”

This campaign is indebted to the work of Dr. Donald Berwick and the Institute for Healthcare Improvement (IHI). Over twenty years ago, the Institute launched its 100,000 lives campaign focused on saving 100,000 lives in this country by reducing the number of medical errors in the nation’s hospitals. Thousands of hospitals joined the campaign and over time, hundreds of thousands of lives were saved. Similar to this effort, the new campaign seeks to prevent OUD deaths by implementing a set of health care site-and clinician-specific interventions to improve the treatment of substance use disorder (OUD). The interventions will be chosen based on their ability to reduce deaths. The campaign will be led by Maine’s physician and other clinician leadership, partnering with the State of Maine, opioid treatment providers, outpatient and residential treatment centers and other key stakeholders. Health care organizations and clinicians will assume the leadership role that this effort requires, and take the lead in convincing health care organizations and clinicians to sign on to these increased efforts.

“Despite strong efforts, too many Mainers continue to die each year of opioid overdoses. It is time for the entire healthcare continuum to recognize substance use disorder for the chronic illness that it is and to embrace every opportunity to treat this disease when patients are ready and to provide harm reduction treatment and support for those who continue to use substances,” said Renee Fay-LeBlanc, MD, Medical Director of Greater Portland Health.

The Campaign formally begins on January 1, 2024.

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.