NDEWS Special Report

Counties most frequently ranked among the highest for suspected nonfatal overdose rates January 1, 2026 - September 30, 2026

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The figure below shows the number of reporting weeks in which each county or county equivalent ranked among the ten highest suspected nonfatal overdose rates involving any drug per 10,000 population from January 1 through September 30, 2026. Only counties ranking in the top ten during five or more of the 40 reporting weeks are shown.

Figure 1: Frequency of county ranking among the top ten counties by rate of nonfatal overdoses per 10,000 population

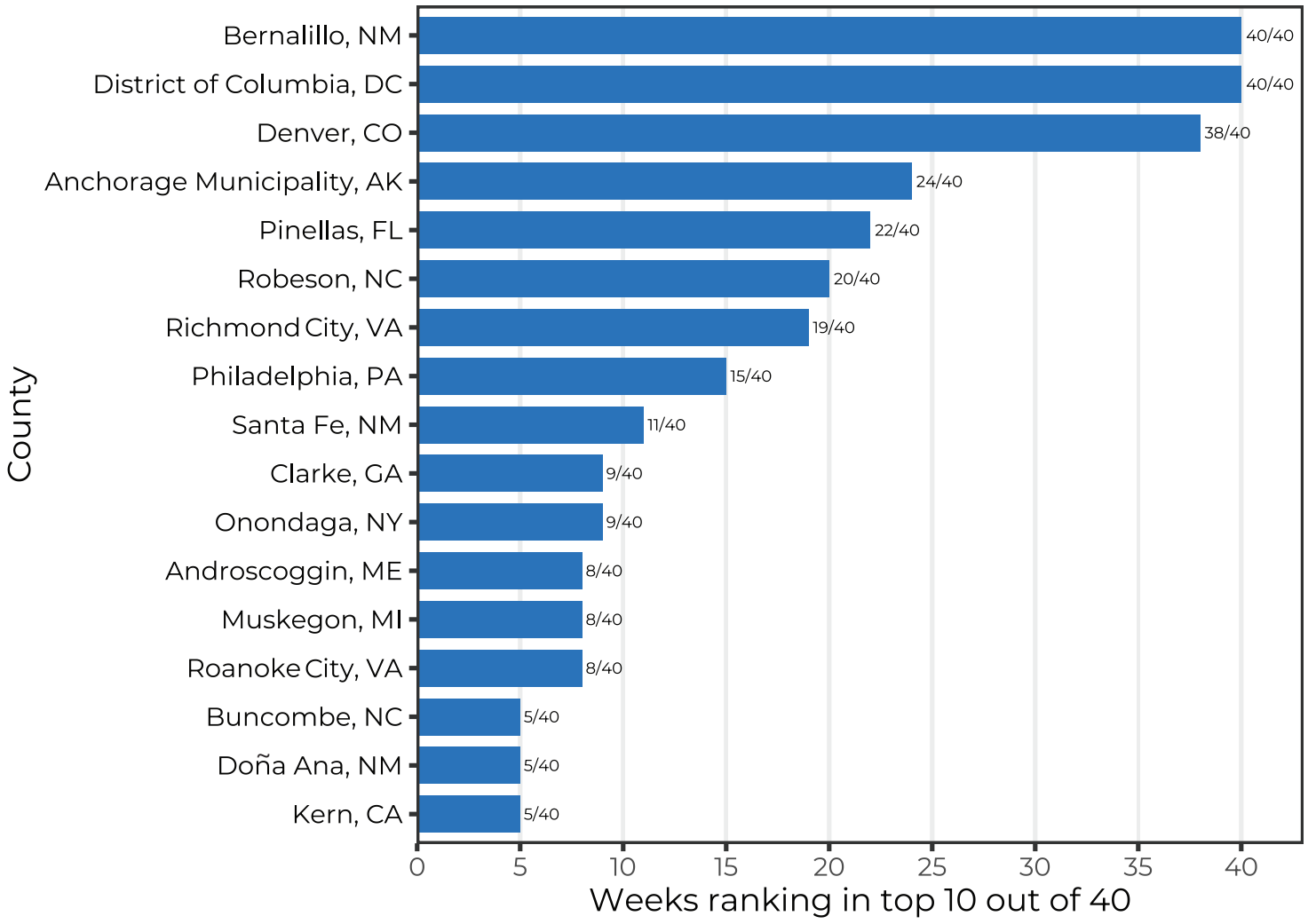

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Table 1: County, State/District, and Highest Single-Week Rate per 10,000 Population
January 1, 2026 - September 30, 2026

State/District	County*	Highest Single-Week Rate per 10,000
DC	District of Columbia	3.38
ME	Androscoggin	2.03
NM	Bernalillo	2.01
VA	Richmond City	1.77
CO	Denver	1.60
NC	Robeson	1.54
VA	Roanoke City	1.31
AK	Anchorage Municipality	1.29
NM	Doña Ana	1.27
GA	Clarke	1.25
MI	Muskegon	1.21
NM	Santa Fe	1.12
NY	Onondaga	1.05
FL	Pinellas	1.05
PA	Philadelphia	1.03
NC	Buncombe	1.02
CA	Kern	0.93

Legend: West Midwest South Northeast

*See Methodology

As shown in Figure 1, a total of 17 counties ranked among the ten highest-rate counties in five or more of the 40 reporting weeks. The District of Columbia and Bernalillo County, NM, had the highest frequency of appearances, ranking in the top ten during all 40 reporting weeks.

Shown in Table 1 are the highest single-week suspected nonfatal overdose rates per 10,000 population for each of the 17 counties from January 1 to September 30, 2026. The District of Columbia, Androscoggin County, ME, and Bernalillo County, NM, recorded the highest single-week rates among these locations. Counties are colored by US Census Bureau region.

Of the 17 counties ranked in the top ten five or more times, 35.3% were in the Western region, 5.9% were in the Midwestern region, 41.2% were in the Southern region, and 17.6% were in the Northeastern region.

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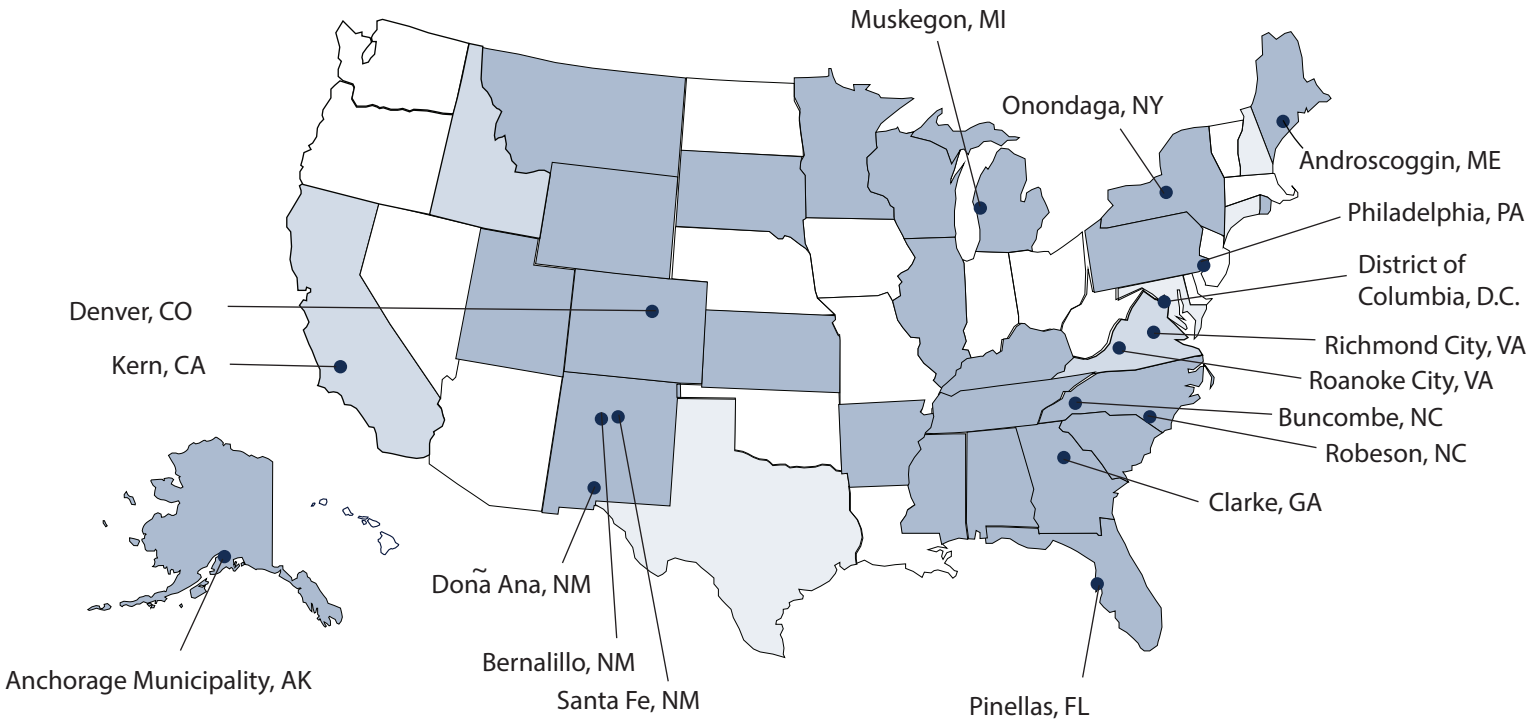
Map of National Underlying Event Coverage



Underlying Event Coverage Legend ☐ No Coverage ☐ 1%-33% ☐ 34%-66% ☐ 67%-99%

Methodology: For each county or county equivalent*, weekly overdose rates per 10,000 population were calculated by dividing the number of suspected nonfatal overdose encounters by the county population and multiplying by 10,000. Counties were ranked by rate within each reporting week, and the ten counties with the highest rates were selected. Jurisdictions with county-level underlying event coverage less than 67% were excluded from analysis. The number of weeks each county appeared among the top ten was then counted across 40 weeks from January to September 2026. The chart and table display only counties with five or more appearances. The table displays the highest single-week rate for each county that appeared in the top ten for at least five reporting weeks.

EMS encounters involving suspected nonfatal overdoses were analyzed by county from January 1 through September 30, 2026. Eligible encounters were identified using the nonfatal overdose syndrome definition. Only encounters involving emergency response services in which patient contact was made were included. Dispatch classifications follow National Emergency Medical Services Information System (NEMSIS) guidelines.

Limitations: biospatial.io data reflect pre-hospital EMS encounters and do not include hospital outcomes or toxicological confirmation. Much of the classification relies on clinical impressions, self-report, or bystander accounts. Additionally, EMS encounters involving suspected overdoses may be underreported, overreported, or misclassified. Underlying event coverage varies by state, with incomplete reporting in some states. States with less than 67% coverage are AZ, CA, CT, DE, IA, ID, IN, LA, MA, ND, NE, NH, NJ, NV, OH, OK, OR, TX, VA, VT, WA, and WV.

Rates in counties with small populations may fluctuate substantially because of a small number of encounters. The frequency of top-ten appearances reflects a county's relative ranking among counties with available data. It does not indicate the magnitude of differences in overdose rates or establish an increasing or decreasing trend over time.