

# Maine Monthly Overdose Report

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For January 2021  
Released February 2021

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## Introduction

This report, funded jointly by the Maine Office of Attorney General and the Office of Behavioral Health, provides an overview of statistics regarding suspected and confirmed fatal and nonfatal drug overdoses in Maine during the month of January, 2021. Data for the report were collected at the Office of Chief Medical Examiner and as part of the Maine Naloxone Distribution Initiative. This report inaugurates a series of monthly reports to be produced within about two weeks of the end of the month, designed to improve transparency and timeliness regarding the Maine's epidemic of substance use morbidity and mortality. Year-to-date numbers will be updated with each new monthly report, as cases are finalized, and their overdose status is confirmed or ruled out. The totals are expected to shift as this evolution occurs. In addition, due to the smaller sample size in each month, we expect totals to fluctuate due to the effects of random variation. These monthly reports will be posted on <https://mainedrugdata.com>.

A "drug death" is defined 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 particular circumstances surrounding that drug use during that moment. Although there are medical, psychosocial, or public policy interventions that can affect individual vulnerability and circumstances, the lethality of the drug or drug combination is rarely amenable to policy interventions.

By highlighting drug death totals at the monthly level, this report will bring attention to the often dramatic shifts in totals that can occur from month to month. Yet, these fluctuations are common with small numbers, and will tend toward an average. Whereas the overall number of overdose deaths is 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 develop ways to monitor components that can be directly affected by specific public health education and harm reduction interventions. For example, we will report the number that had access to naloxone, and future reports will document the number who were alone while using.

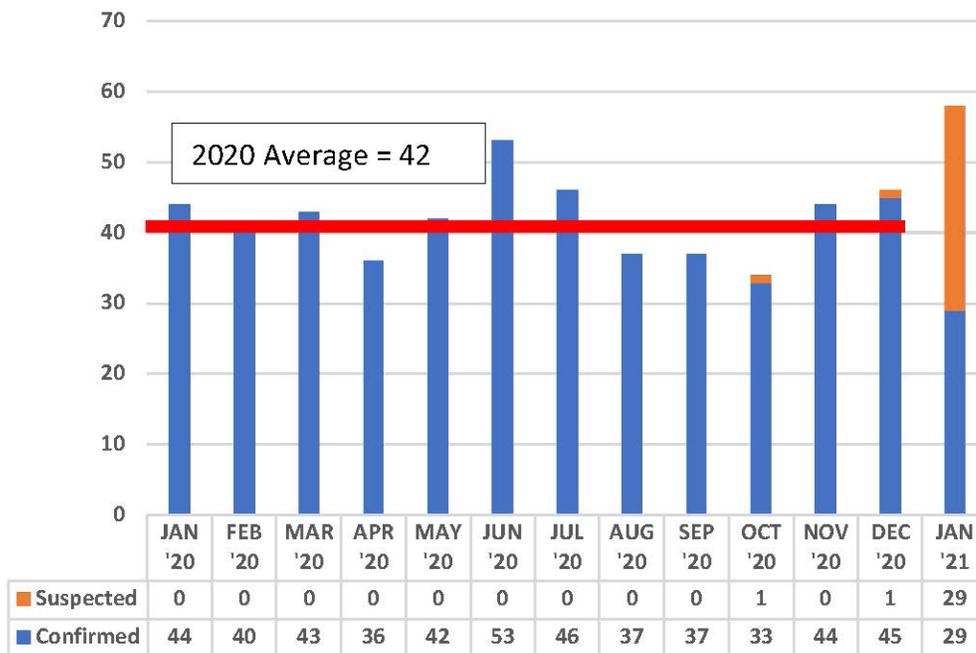
## Fatal Overdoses

### Overview

The January 2021 total of 58 fatal drug overdoses consists of 29 confirmed drug deaths and 29 suspected drug deaths. A suspected drug fatality is identified by physiological signs of overdose as well as physical signs at the scene and witness information. In order to be confirmed, the medical examiner must have issued a final death certificate which includes the names of the specific drugs. A forensic toxicology exam must also be 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. In some cases a complete autopsy is also done. Additional data, such as medical records and police incident reports are also collected. Most cases are completed within one month.

Figure 1 shows the considerable monthly fluctuation over the past year. Although the 2020 average is 42, the range extends from 34 to 53. The high January 2021 number of 58 fatal drug overdoses can be expected to decline in February 2021. The increase in overdose deaths in 2020 is related to effects of the COVID-19 pandemic, and the increase is seen nationally.<sup>1</sup>

**Figure 1. Number of Suspected and Confirmed Fatal Overdoses**



1 Health Alert Network (HAN). Increase in fatal drug overdoses across the United States driven by synthetic opioids before and during the COVID-19 pandemic. Centers for Disease Control and Prevention, CDCHAN-00438, December 17, 2020.

Table 1 shows the frequency distribution of deaths at the county level. The January 2021 totals can be compared either to the percent of the census population on the left or the percent of all Maine drug deaths for 2020 on the right. Caution must be exercised with these small numbers. They are likely to fluctuate randomly, without any significant statistical meaning. In general, the percentages for January accord with both the 2020 patterns and the census distribution. The larger counties show the most deviation from that distribution, with Penobscot higher and Cumberland lower than their share of the population.

**Table 1.** County of death among suspected and confirmed overdoses

County	Percentage of 2019 census population	January 2021 Est. N=58	Jan-Dec 2020 Est. N=503
Androscoggin	8	8 (14%)	51 (10%)
Aroostook	5	0 (0%)	17 (3%)
Cumberland	22	12 (21%)	98 (19%)
Franklin	2	0 (0%)	8 (2%)
Hancock	4	2 (3%)	13 (3%)
Kennebec	9	6 (10%)	48 (10%)
Knox	3	0 (0%)	17 (3%)
Lincoln	3	3 (5%)	9 (2%)
Oxford	4	3 (5%)	14 (3%)
Penobscot	11	8 (14%)	94 (19%)
Piscataquis	1	1 (2%)	10 (2%)
Sagadahoc	3	1 (2%)	7 (1%)
Somerset	4	1 (2%)	13 (3%)
Waldo	3	3 (5%)	9 (2%)
Washington	2	2 (3%)	20 (4%)
York	15	9 (16%)	75 (15%)

Table 2 displays the age and gender composition of the monthly fatal overdose population. The larger number of males at 62% is slightly lower than most of Maine’s drug death periods in the past, which are closer to 70%, but can be expected to trend toward the 2020 average. The age distribution is clustered in the two middle categories, from 18–39 and 40–59. There are no decedents that were under 18, and few over 60.

**Table 2.** Decedent characteristics among suspected and confirmed overdoses

Characteristics	January 2021 Est. N=58	Jan-Dec 2020 Est. N=503
Males	36 (62%)	356 (71%)
Under 18	0 (0%)	1 (<1%)
18-39	20 (34%)	213 (42%)
40-59	30 (52%)	235 (47%)
60+	8 (14%)	52 (10%)

Table 3 reports some of the basic incident patterns. Similar to 2020, in January 2021, both EMS and police responded to most fatal overdoses, 75%. Law enforcement is more likely to respond to a scene alone than EMS. The overwhelming majority of January drug overdoses were ruled as accidental manner of death. Naloxone was administered to 21% of the victims, mostly by EMS (8%). Unfortunately, many victims have already died before first responders arrive. And non-opioid drugs will not respond to naloxone. Future monthly reports will tally how many have bystanders present.

**Table 3.** Event characteristics among suspected and confirmed overdoses

Event Characteristic	January 2021 Est. N=58	Jan-Dec 2020 Est. N=503
EMS or law enforcement response		
EMS response alone	4 (7%)	29 (6%)
Law enforcement response alone	11 (18%)	108 (21%)
Both EMS and law enforcement	45 (75%)	361 (72%)
Manner of death (suspected or confirmed)		
Accident	57 (95%)	456 (91%)
Suicide	1 (2%)	33 (7%)
Undetermined	0 (0%)	12 (2%)
Naloxone Administration	12 (21%)	74 (15%)
Bystander only administered	2 (3%)	11 (2%)
Law enforcement only administered	0 (0%)	8 (2%)
EMS only administered	8 (13%)	42 (8%)
EMS and law enforcement administered	1 (2%)	4 (1%)
EMS and bystander administered	1 (2%)	9 (2%)

Table 4 displays the overall pattern of the most prominent drug categories. As expected, nonpharmaceutical fentanyl is the most frequent cause of death, at 69%, similar to 2020. Heroin involvement has been declining during the last several years, with only one case in January. The stimulants have been increasing in recent years, and in January cocaine-involved fatalities constituted 28% of cases and methamphetamine 31%. Amphetamine is a metabolite of methamphetamine, and is frequently found with it. Fentanyl is found in combination with cocaine in 17% of cases, the same percentage as is fentanyl and methamphetamine. Pharmaceutical opioids were found in only four cases, 14%, all in combination with other drugs.

**Table 4.** Key drug categories and combinations causing death among confirmed overdoses

Cause of death (alone or in combination with other drugs)	January 2021 N=29	Jan-Dec 2020 N=501
<b>Nonpharmaceutical opioids</b>		
Fentanyl or fentanyl analogs	20 (69%)	337 (67%)
Heroin	1 (3%)	53 (11%)
<b>Nonpharmaceutical stimulants</b>		
Cocaine	8 (28%)	119 (24%)
Methamphetamine/amphetamine	9 (31%)	102 (20%)
<b>Pharmaceutical opioids</b>	4 (14%)	119 (24%)
<b>Key combinations</b>		
Fentanyl and cocaine	5 (17%)	97 (19%)
Fentanyl and methamphetamine/amphetamine	5 (17%)	72 (14%)

### Nonfatal Overdoses

We do not have a precise way to calculate nonfatal overdoses. Several metrics can be used to estimate minimum numbers of nonfatal overdoses from different perspectives (see Table 5). This includes, for example, counting the number of responses by EMS in which the EMT or paramedic suspects an overdose and administers naloxone. However, many persons involved with an overdose event do not call 911. One syringe access program in Maine estimates that as many as 74% of overdose events do not include a 911 call. Put another way, the 911 calls may represent only 26% of the overdoses, whereas 74% constitute “private overdoses.” Some of these persons will unfortunately die. In about 15% of EMS overdose cases, the patient is revived, but refuses to be transported to the emergency room. Some may receive naloxone, but are found later not have had an overdose, but were unconscious or had stopped breathing for another reason.

**Table 5.** Five partially overlapping metrics estimating the number of nonfatal overdoses per month

Metrics frequently used to estimate overdose numbers	Unduplicated monthly estimate based on 4th quarter 2020
Number of EMS runs in which naloxone was administered <sup>1</sup>	105
Number of Emergency Department visits likely involving a drug overdose <sup>2</sup>	277
Number of overdose reversals reported by community naloxone distributors and users of the OD-ME mobile app, minus the number of fatal overdoses in which bystanders administered naloxone (163-2=161) <sup>3</sup>	161
Number of incidents in which law enforcement administered naloxone <sup>4</sup>	21

Sources:

<sup>1</sup> Maine EMS; Maine Office of Chief Medical Examiner

<sup>2</sup> Maine CDC, Syndromic Surveillance

<sup>3</sup> Maine Naloxone Distribution Initiative, OD-ME mobile app

<sup>4</sup> Maine Office of Attorney General and ODMap Initiative

## Highlight of the Month Regarding Substance Use Disorder Public Policy Response

### About OPTIONS

The Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) initiative is a coordinated effort of the Maine Office of Behavioral Health (OBH) and other state agencies to improve the health of Mainers using substances through harm reduction strategies, helping them on the road to recovery, and dramatically reducing the number of fatal and nonfatal drug overdoses. (See the OPTIONS website at <https://knowyouroptions.me>)

### OPTIONS Public Health Campaign

Through interviews with over 53 state and community leaders, the OPTIONS public health campaign strives to reflect and amplify the voices of Mainers affected by the opioid epidemic. In doing so, the campaign aims to:

1. Improve the understanding of the Good Samaritan Law and increase calls to 9-1-1 for medical assistance in the event of an overdose emergency.
2. Invigorate the Have It On Hand campaign to increase the distribution and availability of life saving Naloxone across the state.
3. Educate those at-risk on safer drug use practices that reduce the risk of both fatal and nonfatal overdose.
4. Connect people affected by the opioid epidemic with local prevention, harm reduction, recovery, treatment, and general support resources.

For more information on the campaign, contact [rowland.robinson@maine.gov](mailto:rowland.robinson@maine.gov).

### OPTIONS Liaisons

The OPTIONS liaison initiative embeds licensed behavioral health clinicians within local emergency medical services (EMS) and law enforcement agencies in every county across Maine. Liaisons work alongside their first responder counterparts to:

1. Engage in post-overdose follow up and help with referrals.
2. Conduct proactive outreach with at-risk communities.
3. De-escalate behavioral health crises when possible.
4. Provide short-term counseling interventions when appropriate.

Each OPTIONS liaison serves the entire county in which they are located. As part of the OPTIONS liaison initiative, OBH and the Maine CDC are working to better integrate the varying levels of support services in each county. These services may include Syringe Service Programs (SSPs), naloxone distributors, Recovery Centers, MAT treatment providers, food and housing supports among others. For more information on the OPTIONS liaison program, contact [sybil.mazerolle@maine.gov](mailto:sybil.mazerolle@maine.gov).

### OPTIONS Liaisons, by County\*

- Androscoggin County: Dave Bilodeau — [dbilodea@tcmhs.org](mailto:dbilodea@tcmhs.org)
- Oxford County: Glenn Gordon — [glenn.gordon@ocmhs.org](mailto:glenn.gordon@ocmhs.org)
- Kennebec County: Jasmine Daniels — [jdaniels@crisisandcounseling.org](mailto:jdaniels@crisisandcounseling.org)

\*The OPTIONS liaison program is currently being implemented. This list will be updated as liaisons come on board for each Maine county.