

# Maine Monthly Overdose Report

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For MAY 2021  
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Marcella H. Sorg  
Margaret Chase Smith Policy Center  
University of Maine

## Overview

There were 48 suspected and confirmed fatal overdoses in May. The cumulative January–May total is 247, which is 20% higher than the same period in 2020. For the first time, we are also providing the minimum total of reported nonfatal overdose incidents, 575 in May and 3,174 January–May, compiled by deduplicating data derived from multiple statewide sources. These include nonfatal overdose incidents reported by hospital emergency rooms (ED), emergency medical service (EMS) responses without transport to the ED; overdose reversals reported by law enforcement; and overdose reversals reported by community members or agencies receiving state-distributed naloxone. The total number of fatal and nonfatal overdoses combined for May is 623, of which fatalities are 8%. There are also an unknown number of private overdose reversals that were not reported.

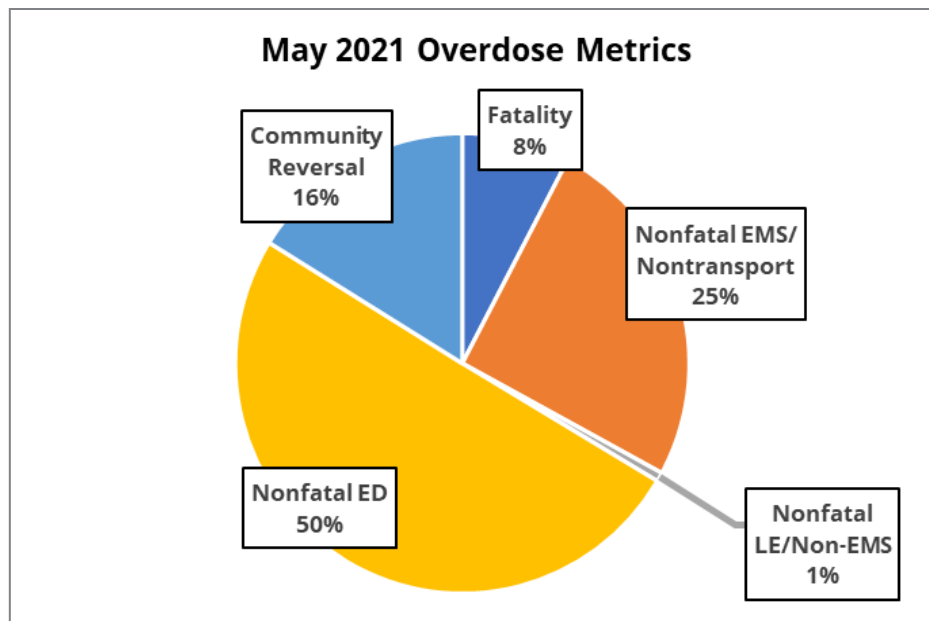
## Comprehensive Total of Fatal and Nonfatal Overdoses

During May 2021, there were an estimated 623 fatal and nonfatal drug overdoses statewide (Figure 1), of which 48 (8%) were suspected and confirmed fatal overdoses. The remaining 575 (92%) were nonfatal overdoses: 313 (50%) emergency department; 157 (25%) EMS not transported; 101 (16%) community reversals; and an estimated 4 (1%) law enforcement reversals without EMS. There were also an unknown number of nonfatal overdoses in which 911 was not called and no reversal report was provided to the Maine Naloxone Distribution Initiative.

The cumulative number of reported fatal and nonfatal overdoses for January through May, 3,222, is displayed in Table 1 in the far right-hand column: 1539 (48%) emergency department; 793 (25%) EMS not transported; 625 (19%) community reversals; and an estimated 18 (<1%) law enforcement reversals without EMS. As mentioned above, there are additional overdose incidents that were not reported for which the total is unknown.

**Table 1.** Comprehensive totals for fatal and nonfatal overdoses, 2021

	Fatal	Nonfatal				Total overdoses
		Emergency department	EMS not transported to emergency dept.	Community reversals with naloxone	Law enforcement reversal with naloxone and without EMS—estimated	
January	55	255	163	127	3.6	549
February	42	259	117	100	3.6	480
March	57	392	169	158	3.6	723
April	45	320	187	139	3.6	650
May	48	313	157	101	3.6	623
TOTAL (%)	247 (8%)	1539 (48%)	793 (25%)	625 (19%)	18.0 (<1%)	3222 (100%)



**Figure 1.** Fatal and nonfatal overdoses in May 2021

### Fatal Overdoses

The May 2021 total of 48 fatal drug overdoses consists of 7 confirmed drug deaths and 41 suspected drug deaths. Figure 1 shows the considerable monthly fluctuation of deaths since January 2020 months. Although the 2020 average is 42, the range extends from 34 to 53. The average so far for 2021 is 49, and the range is 42 to 57.

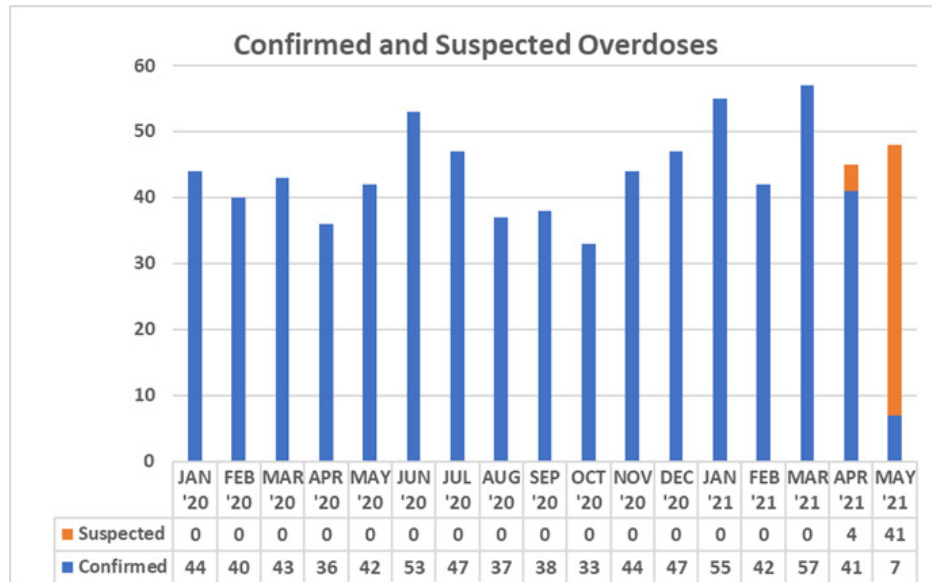


Figure 2. Number of suspected and confirmed fatal overdoses by month

Table 2 shows the frequency distribution of deaths at the county level. The May 2021 totals can be compared either to the percent of the census population on the far left or the percent of all Maine drug deaths for 2019, 2020, and January-May 2021. Caution must be exercised with the small numbers for a single month. They may fluctuate randomly, without any significant statistical meaning.

The cumulative percentages of deaths for many counties for 2021 (January – May) fall within 0%-1% of the 2019 census distribution, including those of Franklin, Hancock, Kennebec, Lincoln, Piscataquis, Sagadahoc, and Waldo. Counties that are 2% or higher than the census include Androscoggin (5%), Oxford (2%), Penobscot (6%), and Washington (3%). Counties that are 2% or lower than the census include Aroostook (-2%), Cumberland (-5%), Knox (-3%), Somerset (-3%) and York (-4%).

Compared to the county death frequencies in 2019, the northward shift of the higher percentages observed last month has stabilized slightly. For example, the cumulative January-May 2021 percentages for York and Cumberland Counties which dropped last month increased by 1%, while Androscoggin and Penobscot Counties stayed the same respectively. Between May and April there has been a slight increase except for Franklin, Hancock, Lincoln, Oxford, Piscataquis, and Sagadahoc, all of which decreased.

**Table 2.** County of death among suspected and confirmed overdoses

County	Percentage of 2019 Census Population	Jan-Dec 2019 N=380	Jan-Dec 2020 N=504	Cumulative Jan-May 2021 Est. N=247	May 2021 Est. N=48
Androscoggin	8%	33 (9%)	52 (10%)	32 (13%)	7 (15%)
Aroostook	5%	14 (4%)	17 (3%)	9 (4%)	2 (4%)
Cumberland	22%	100 (26%)	97 (19%)	44 (18%)	8 (17%)
Franklin	2%	5 (1%)	8 (2%)	4 (2%)	0 (0%)
Hancock	4%	9 (2%)	13 (3%)	10 (4%)	1 (2%)
Kennebec	9%	42 (10%)	49 (10%)	29 (12%)	8 (17%)
Knox	3%	7 (2%)	16 (3%)	1 (<1%)	0 (0%)
Lincoln	3%	11 (3%)	9 (2%)	8 (3%)	2 (4%)
Oxford	4%	9 (2%)	15 (3%)	12 (5%)	0 (0%)
Penobscot	11%	53 (14%)	94 (19%)	43 (17%)	9 (19%)
Piscataquis	1%	3 (1%)	10 (2%)	2 (<1%)	0 (0%)
Sagadahoc	3%	8 (2%)	8 (2%)	3 (1%)	0 (0%)
Somerset	4%	16 (4%)	13 (3%)	4 (2%)	1 (2%)
Waldo	3%	3 (1%)	9 (2%)	5 (2%)	1 (2%)
Washington	2%	10 (3%)	20 (4%)	11 (5%)	2 (4%)
York	15%	57 (15%)	74 (15%)	30 (12%)	7 (15%)

Table 3 displays the age and sex composition of the monthly fatal overdose population. The cumulative proportion of males has increased since 2019. In the first five months of 2021, it was 70%, which is slightly lower than 71% in 2020 and slightly higher than the 68% in 2019. The cumulative age distribution in January–May 2021, compared to 2019, shows the percentage of those 18–39 decreased overall by 4%. The percentage of those 40–59 and those over 60 both rose by 2%. There was one decedent under 18 in 2021.

During the first five months of 2021, out of 247 confirmed and suspected fatal overdoses, 232 (94%) of the victims were identified as White, 9 (4%) as Black or African American, and 6 (2%) as American Indian/Alaska Native. Out of 242 for which Hispanic ethnicity was reported, 240 (99%) were reported as not Hispanic, and 2 (1%) were identified as Hispanic. Out of the 247 cases, 18 (7%) were identified as having a military background. Prior overdose history was reported for 82 (33%) of the victims. Transient housing status was reported for 21 (9%) of the victims.

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

Characteristics	Jan-Dec 2019 N=380	Jan-Dec 2020 N=504	Cumulative Jan-May 2021 Est. N=247	May 2021 Est. N=48
Males	258 (68%)	357 (71%)	173 (70%)	36 (75%)
Under 18	0 (0%)	2 (<1%)	1 (<1%)	1 (2%)
18-39	171 (45%)	213 (42%)	102 (41%)	19 (40%)
40-59	175 (46%)	235 (47%)	118 (48%)	21 (44%)
60+	33 (9%)	54 (11%)	26 (11%)	7 (15%)

Table 4 reports some of the basic incident patterns. Roughly similar to 2020, during the first five months of 2021, both EMS and police responded to most fatal overdoses, 77%. Law enforcement was more likely to respond to a scene alone (18%) than EMS (5%). The overwhelming majority (88%) of drug overdoses were ruled as accidental manner of death.

During May, 40% of cases had naloxone administered at the scene or in the ambulance, whether by EMS, bystanders, or law enforcement, slightly less than the first five months of 2021 (47%) as a whole, but greater than 2020 (33%) (see Table 3). This may be due to the greater availability

**Table 4.** Event characteristics among suspected and confirmed overdoses

Event characteristics	Jan-Dec 2020 N=504	Cumulative Jan-May 2021 Est. N=247	May 2021 Est. N=48
<b>Manner of death (suspected or confirmed)</b>			
Accident	457 (91%)	217 (88%)	46 (96%)
Suicide	33 (7%)	7 (3%)	2 (4%)
Undetermined	14 (3%)	7 (3%)	0 (0%)
<b>First Responder</b>			
EMS response alone	28 (6%)	12 (5%)	4 (8%)
Law enforcement alone	107 (21%)	44 (18%)	6 (13%)
EMS and law enforcement	365 (72%)	191 (77%)	38 (79%)
<b>Naloxone Administration</b>			
Naloxone administration at scene and/or (presumably) in ambulance during transport to emergency room	127 (33%)	117 (47%)	19 (40%)
Naloxone administration reported at the scene	83 (22%)	83 (34%)	15 (31%)
Bystander only administered	11 (2%)	13 (5%)	3 (6%)
Law enforcement only administered	8 (2%)	12 (5%)	2 (4%)
EMS only administered	55 (11%)	37 (15%)	5 (10%)
EMS and law enforcement administered	4 (1%)	12 (5%)	2 (4%)
EMS and bystander administered	8 (2%)	7 (3%)	2 (4%)
Law enforcement and bystander administered	0 (0%)	1 (<1%)	0 (0%)
EMS, bystander, and law enforcement administered	-	1 (<1%)	1 (2%)

of police trained to administer it through programs like the Attorney General’s Naloxone Distribution Initiative and ODMAP, and greater availability in the community due to the Maine Naloxone Distribution Initiative. Although most cases had bystanders present at the scene when first responders arrived, the details about who may have been present at the time of the overdose were usually unclear. None of the May decedents had naloxone prescriptions, but 7 did in 2020 and 4 in first four months of 2021.

Based on the 203 suspected or confirmed drug death cases with EMS records during the first five months of 2021, 94 (46%) victims were already deceased when EMS arrived. Of the remaining 109 (54%), resuscitation was attempted either at the scene or in the ambulance during transport to the emergency room. Of the 109 cases who were still alive when EMS arrived, 34 were transported, and 75 did not survive to be transported. Thus, out of 203 cases with EMS records, only 34 (17%) remained alive long enough to be transported but died during transport or at the emergency room.

Table 5 displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths. As expected, nonpharmaceutical fentanyl was the most frequent cause of death during the first five months of 2021 at 153 (62%), slightly lower than in 2020. Fentanyl is nearly always found in combination with multiple other drugs. Heroin involvement has been declining during the last several years, causing 5% of 2021 deaths, compared to 11% last year. Illicit stimulants have been increasingly mentioned as a cause of death in recent years. Methamphetamine caused 20% of the 2021 overdoses, which is equal to 2020. Cocaine-involved fatalities January–May constituted 18% of cases, slightly lower than 23% in 2020. Fentanyl as a cause of death is found in combination with cocaine in 15% of cases, and in combination with methamphetamine in 16%. Pharmaceutical opioids were named as a cause of death in 21% of cases during the first five months of 2021, all in combination with other drugs, 2% lower than 2020.

**Table 5.** Key drug categories and combinations causing death among confirmed overdoses

Cause of death (alone or in combination with other drugs) Sample size for completed cases only	Jan–Dec 2020 N=504	Cumulative Jan–May 2021 N=247	May 2021 N=48
Nonpharmaceutical opioids			
Fentanyl or fentanyl analogs	336 (67%)	153 (62%)	5 (10%)
Heroin	57 (11%)	12 (5%)	0 (0%)
Nonpharmaceutical stimulants			
Cocaine	118 (23%)	44 (18%)	1 (2%)
Methamphetamine	99 (20%)	49 (20%)	1 (2%)
Pharmaceutical opioids**	118 (23%)	51 (21%)	1 (2%)
Key combinations			
Fentanyl and cocaine	97 (19%)	38 (15%)	1 (2%)
Fentanyl and methamphetamine	70 (14%)	39 (16%)	1 (2%)

\*\*The opioid tramadol is now being combined with fentanyl in pills and powders for illicit drug use. When found in combination with fentanyl, tramadol will henceforth be categorized as a nonpharmaceutical opioid.

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

The Department of Human Services and Partnership to End Addiction launched on June 25 a free texting service that alerts Maine residents to any sudden increase in overdoses, both fatal and nonfatal, in their county. Any resident interested in receiving such alerts can simply text SPIKE to 1-888-963-5669 and follow the prompts. The program will link the individual to resources through Maine's OPTIONS initiative. They will be directed to the Know Your Options website (<https://www.knowyouroptions.me>) where they can learn how to get a naloxone kit or contact the OPTIONS liaison in their county.

Those individuals who sign up will receive free notifications on their mobile devices if three or more fatal or nonfatal overdoses occur in their county within a 24 hour period.

Maine is the first state to launch the program with the Partnership on a statewide basis

## Background Information about this Report

*This report, funded jointly by the Maine Office of Attorney General and the Office of Behavioral Health<sup>1</sup>, provides an overview of statistics regarding suspected and confirmed fatal and nonfatal drug overdoses in Maine during the month of March 2021. Data for the fatal overdoses were collected at the Office of Chief Medical Examiner and data regarding non-fatal overdoses were contributed by the Maine CDC, Maine Emergency Management Services, Maine ODMAP initiative, Maine Naloxone Distribution Initiative, and Office of Attorney General Naloxone Distribution. Monthly reports are designed to improve transparency and timeliness regarding Maine's epidemic of substance use morbidity and mortality. Year-to-date numbers are updated with each monthly report, as medical examiner cases are finalized, and their overdose status is confirmed or ruled out. 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 due to the effects of random variation. The monthly reports will be posted on [mainedrugdata.org](http://mainedrugdata.org).*

*A “drug death” is confirmed when one or more drugs are mentioned on the death certificate as a cause 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 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. In order 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. 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.*

*By highlighting drug death 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 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 seek to monitor components that can be directly affected by specific public health education and harm reduction interventions. Maine Monthly Overdose Report*

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<sup>1</sup> The Office of Attorney General supports ongoing 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 also provides funding to the State of Maine's Office of Behavioral Health and Center for Disease Control, which support university programs involving fatal and non-fatal overdoses, and enable collection of data included in this report. The conclusions represented here do not necessarily represent those of the U.S. CDC.