

# MAINE MONTHLY OVERDOSE REPORT

## For August 2023

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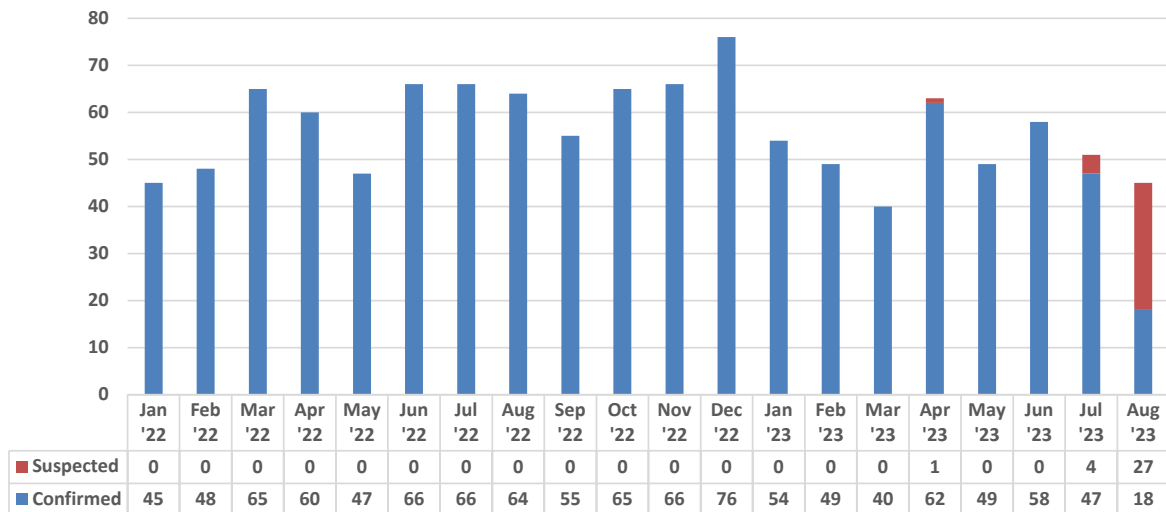
### Overview

This report documents suspected and confirmed fatal and nonfatal drug overdoses in Maine during August 2023 as well as for the period January 2022–August 2023 (Table 1). During August 2023, the proportion of fatal overdoses averaged 5.8% of total overdoses. Monthly proportions of 2023 fatalities have fluctuated from a low of 4.1% in March to a high of 8.1% in April. During the period January–August 2023, fatal overdoses constituted 6.1% of all overdoses, lower than the 6.9% for the year in 2022. The total of confirmed and suspected fatal overdoses January–August, 2023, 409, is 11.3% lower than the total confirmed fatal overdoses for the same period in 2022, 461.

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 April, July, and August. (see Figure 1).

The total number of fatal and reported nonfatal overdoses for August 2023, 782, is displayed in Table 1 near the bottom row. Of those 782, there were 45 (5.8%) confirmed and suspected fatal overdoses, 324 (41.4%) nonfatal emergency department visits, 247 (31.6%) nonfatal EMS responses not transported to the emergency department, 152 (19.4%) reported community overdose reversals, and 14 (1.8%) law enforcement reversals in incidents that did not include EMS.

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



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

|                     | Nonfatal        |                                  |                                   |   | Total nonfatal overdoses | 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 |                          |   |                 |
| 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                               | 44  | 743                      | 54  | 797             |
| February 2023       | 348             | 226                              | 192                               | 27  | 793                      | 49  | 842             |
| March 2023          | 382             | 256                              | 237                               | 54  | 929                      | 40  | 969             |
| April 2023          | 270             | 218                              | 202                               | 27  | 717                      | 63  | 780             |
| May 2023            | 295             | 221                              | 165                               | 30  | 711                      | 49  | 760             |
| June 2023           | 378             | 228                              | 219                               | 26  | 851                      | 58  | 909             |
| July 2023           | 336             | 248                              | 173                               | 18  | 775                      | 51  | 826             |
| August 2023         | 324             | 247                              | 152                               | 14  | 737                      | 45  | 782             |
| 2023 YTD total      | 2629            | 1863                             | 1524                              | 240   | 6256                     | 409   | 6665            |
| % of 2023 YTD total | (39.4%)         | (28.0%)                          | (22.9%)                           | (3.6%)  | (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–August 2023 as well as 2022. During January–August 2023, law enforcement officers responded to a reported 1,174 overdose incidents (380 fatal; 794 nonfatal), and Maine EMS responded to a reported 6,358 incidents (330 fatal; 6,028 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).

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

|                 | Fatal overdose response<br>Jan–Dec 2022 | Nonfatal overdose response<br>Jan–Dec 2022 | Total overdose response<br>Jan–Dec 2022 | Fatal overdose response<br>Jan–Aug 2023 | Nonfatal overdose response<br>Jan–Aug 2023 | Total overdose response<br>Jan–Aug 2023 |
|-----------------|---|--|---|---|--|---|
| Maine EMS       | 582                                     | 9376                                       | 9958                                    | 330                                     | 6028                                       | 6358                                    |
| Law Enforcement | 672                                     | 1471                                       | 2143                                    | 380                                     | 794  | 1174                                    |

\*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.

### County Distribution of Suspected Nonfatal Overdoses with EMS Response

Table 3 shows the frequency distribution of nonfatal overdoses at the county level. Due to how overdose reversals are reported by community partners and emergency departments, only EMS cases have county frequencies. Often, law enforcement officers are also present at these nonfatal overdose events. The August 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 with small numbers for a single month. These may fluctuate randomly, without reflecting any significant statistical trend.

January–August 2023 percentage totals for most counties fall within 0 to 1 percentage points of the 2020 census distribution. Penobscot County and Androscoggin County are 3 percentage points higher than the 2020 census proportion. York County is 4 percentage points lower than the 2020 census proportion.

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

|              | % 2020 estimated<br>Census population | Jan–Dec 2022<br>Est. N = 9377 | Jan–Aug 2023<br>Est. N = 6028 | Aug 2023<br>Est. N = 779 |
|--------------|---------------------------------------|-------------------------------|-------------------------------|--------------------------|
| Androscoggin | 8%                                    | 1055 (11%)                    | 644 (11%)                     | 88 (11%)                 |
| Aroostook    | 5%                                    | 490 (5%)                      | 284 (5%)                      | 43 (6%)                  |
| Cumberland   | 22%                                   | 2194 (23%)                    | 1391 (23%)                    | 184 (24%)                |
| Franklin     | 2%                                    | 140 (1%)                      | 86 (1%)                       | 8 (1%)                   |
| Hancock      | 4%                                    | 287 (3%)                      | 187 (3%)                      | 18 (2%)                  |
| Kennebec     | 9%                                    | 922 (10%)                     | 607 (10%)                     | 80 (10%)                 |
| Knox         | 3%                                    | 245 (3%)                      | 209 (3%)                      | 27 (3%)                  |
| Lincoln      | 3%                                    | 162 (2%)                      | 110 (2%)                      | 15 (2%)                  |
| Oxford       | 4%                                    | 410 (4%)                      | 236 (4%)                      | 31 (4%)                  |
| Penobscot    | 11%                                   | 1293 (14%)                    | 869 (14%)                     | 119 (15%)                |
| Piscataquis  | 1%                                    | 90 (1%)                       | 73 (1%)                       | 6 (1%)                   |
| Sagadahoc    | 3%                                    | 130 (1%)                      | 92 (2%)                       | 11 (1%)                  |
| Somerset     | 4%                                    | 392 (4%)                      | 284 (5%)                      | 30 (4%)                  |
| Waldo        | 3%                                    | 199 (2%)                      | 133 (2%)                      | 17 (2%)                  |
| Washington   | 2%                                    | 221 (2%)                      | 118 (2%)                      | 19 (2%)                  |
| York         | 16%                                   | 1147 (12%)                    | 705 (12%)                     | 83 (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.

## County Distribution of Suspected and Confirmed Fatal Overdoses

Table 4 shows the frequency distribution of fatal overdoses at the county level. The August 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. Androscoggin County and Penobscot 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<br>estimated<br>Census<br>population | Jan–Dec 2022<br>Est. N = 723 | Jan-Aug 2023<br>Est. N = 409 | Aug 2023<br>Est. N = 45 |
|--------------|---|------------------------------|------------------------------|-------------------------|
| Androscoggin | 8%  | 69 (10%)                     | 49 (12%)                     | 3 (7%)                  |
| Aroostook    | 5%  | 47 (7%)                      | 23 (6%)                      | 4 (9%)                  |
| Cumberland   | 22%   | 134 (19%)                    | 84 (21%)                     | 7 (16%)                 |
| Franklin     | 2%  | 13 (2%)                      | 8 (2%)                       | 3 (7%)                  |
| Hancock      | 4%  | 24 (3%)                      | 10 (2%)                      | 2 (4%)                  |
| Kennebec     | 9%  | 54 (7%)                      | 39 (10%)                     | 3 (7%)                  |
| Knox         | 3%  | 20 (3%)                      | 9 (2%)                       | 2 (4%)                  |
| Lincoln      | 3%  | 14 (2%)                      | 6 (1%)                       | 0 (0%)                  |
| Oxford       | 4%  | 36 (5%)                      | 12 (3%)                      | 2 (4%)                  |
| Penobscot    | 11%   | 109 (15%)                    | 62 (15%)                     | 7 (16%)                 |
| Piscataquis  | 1%  | 9 (1%)                       | 12 (3%)                      | 0 (0%)                  |
| Sagadahoc    | 3%  | 11 (2%)                      | 6 (1%)                       | 2 (4%)                  |
| Somerset     | 4%  | 35 (5%)                      | 22 (5%)                      | 6 (13%)                 |
| Waldo        | 3%  | 21 (3%)                      | 4 (1%)                       | 0 (0%)                  |
| Washington   | 2%  | 24 (3%)                      | 16 (4%)                      | 1 (2%)                  |
| York         | 16%   | 103 (14%)                    | 47 (11%)                     | 3 (7%)                  |

## Age and Sex Distribution of Fatal Overdose Victims

Table 5 displays the age and sex composition<sup>1</sup> of the August 2023 fatal overdose population, the 2023 and 2022 fatal overdose population, and the 2020 estimated census population. When comparing the August 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 slightly higher in 2023 (74%) than in 2022 (73%). The 2023 totals were 303 males and 106 females. The cumulative age distribution for 2023 compared to 2022 shows 3 deaths under 18 in 2022 and 1 in 2023, a decrease of 4 percentage points in the proportion of those aged 18–39, an increase of 3 percentage point in those aged 40–59, and no change in the proportion of those 60 and above.

<sup>1</sup> Note that death certificate data contain sex as a recorded category and do not contain gender categories.

**Table 5: Decedent age group and sex among suspected and confirmed fatal overdoses\***

|          | % 2020 estimated Census population | Jan-Dec 2022 Est. N = 723 | Jan-Aug 2023 Est. N = 409 | Jul 2023 Est. N = 45 |
|----------|------------------------------------|---------------------------|---------------------------|----------------------|
| Males    | 49%                                | 527 (73%)                 | 303 (74%)                 | 35 (78%)             |
| Under 18 | 19%                                | 3 (<1%)                   | 1 (<1%)                   | 0 (0%)               |
| 18-39    | 26%                                | 295 (41%)                 | 152 (37%)                 | 20 (44%)             |
| 40-59    | 27%                                | 333 (46%)                 | 201 (49%)                 | 20 (44%)             |
| 60+      | 29%                                | 92 (13%)                  | 55 (13%)                  | 5 (11%)              |

\*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 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 lack information about these variables. Out of 408 decedents for whom race was reported January through August 2023, 90% of the victims were identified as White, 4% as Black/African American, and 2% as American Indian/Alaska Native. Out of 400 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-Aug 2023 Race Est. N = 408 Ethnicity Est. N = 400 | Aug 2023 Race Est. N = 45 Ethnicity Est. N = 45 |
|--|--|---|---|---|
| White alone, non-Hispanic                      | 91%  | 670 (93%)                                   | 366 (90%)   | 42 (93%)  |
| Black/African American alone, non-Hispanic     | 2%   | 17 (2%)                                     | 15 (4%)   | 3 (7%)  |
| American Indian/Alaska Native, non-Hispanic    | 1%   | 14 (2%)                                     | 8 (2%)  | 0 (0%)  |
| Other race and 2+ races combined, non-Hispanic | 7%   | 11 (2%)                                     | 7 (2%)  | 0 (0%)  |
| Hispanic/Latinx alone or in combination        | 2%   | 7 (1%)                                      | 4 (1%)  | 0 (0%)  |

\*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 364 cases for which military background was reported January–August 2023, 25 (7%) were identified as having a military background. Out of the 45 cases in August 2023 where military background was reported, 3 (7%) were identified as having a military background.

Of the 409 total suspected and confirmed fatal overdose cases year-to-date in 2023, undomiciled or transient housing status was reported for 48 (12%) of victims. Among those 48, the largest proportions of undomiciled persons were found in Cumberland County (15, 31%), Penobscot County (13, 27%) and Androscoggin County (8, 17%). In August 2023, 8 decedents (18%) were identified as undomiciled.

## Basic Incident Patterns of Fatal Overdoses

Table 7 reports some of the basic incident patterns for fatal overdoses. August 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 409 confirmed or suspected fatal overdoses in 2023, 150 (37%) 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 58 (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, 25% 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 the same as 2022 (25%).

**Table 7: Incident characteristics among suspected and confirmed fatal overdoses**

|  | Jan-Dec 2022<br>Est. N = 723 | Jan-Aug 2023<br>Est. N = 409 | Aug 2023<br>Est N = 45 |
|--|------------------------------|------------------------------|------------------------|
| EMS response alone                               | 38 (5%)                      | 26 (6%)                      | 5 (11%)                |
| Law enforcement alone                            | 131 (18%)                    | 76 (19%)                     | 8 (18%)                |
| EMS and law enforcement                          | 541 (75%)                    | 304 (75%)                    | 31 (69%)               |
| Private transport to Emergency Dept.             | 13 (2%)                      | 2 (<1%)                      | 1 (2%)                 |
| Naloxone administration reported at the scene    | 182 (25%)                    | 104 (25%)                    | 11 (24%)               |
| Bystander only administered                      | 44 (6%)                      | 25 (6%)                      | 1 (2%)                 |
| Law enforcement only administered                | 31 (4%)                      | 9 (2%)                       | 1 (2%)                 |
| EMS only administered                            | 49 (7%)                      | 31 (8%)                      | 3 (7%)                 |
| EMS and law enforcement administered             | 11 (2%)                      | 4 (1%)                       | 1 (2%)                 |
| EMS and bystander administered                   | 26 (4%)                      | 24 (6%)                      | 3 (7%)                 |
| Law enforcement and bystander administered       | 5 (1%)                       | 6 (1%)                       | 1 (2%)                 |
| EMS, bystander, and law enforcement administered | 6 (1%)                       | 3 (1%)                       | 1 (2%)                 |
| Naloxone administered by unspecified person      | 0 (0%)                       | 1 (<1%)                      | 0 (0%)                 |
| History of prior overdose                        | 269 (37%)                    | 150 (37%)                    | 14 (31%)               |

Of the 330 suspected or confirmed drug death cases with EMS involvement during 2023, 185 (56%) victims were already deceased when EMS arrived. In the remaining 145 (44%) cases, resuscitation was attempted either at the scene or presumably in the ambulance during transport to the emergency room. Of those 145 who were still alive when EMS arrived, 42 (29%) were transported, and 102 (70%) did not survive to be transported and 1 had an unknown status. Thus, out of 330 ultimately fatal cases with EMS response, only 42 (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 8 displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths. As expected, within the 377 confirmed drug death cases so far in 2023, nonpharmaceutical fentanyl was the most frequent cause of death, mentioned on the death certificate of 296 (79%) 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 9 (2%) of 2023 deaths. Xylazine and nonpharmaceutical tramadol were identified as co-intoxicants with fentanyl for the first time in 2021. Among 377 confirmed deaths in 2023, there were 33 cases (9%) with xylazine listed in addition to fentanyl as a cause of death, and 2 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 133 (35%) of confirmed cases in 2023, an increase from 29% in 2022. Fentanyl is mentioned as a cause in combination with cocaine in 109 cases, 82% of 2023 cocaine cases. Methamphetamine was cited as a cause of death in 119 (32%) of the confirmed fatal overdoses in 2023, the same percentage as in 2022; 98 (82%) of the methamphetamine deaths also involved fentanyl as a co-intoxicant cause of death. Cocaine and methamphetamine are named together on 30 (8%) death certificates in 2023, in most of those cases (26, 87%) 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<br>Est. N = 723 | Jan-Aug 2023<br>Est. N = 377 | Aug 2023<br>Est. N = 18 |
|--|------------------------------|------------------------------|-------------------------|
| Fentanyl or fentanyl analogs   | 560 (77%)                    | 296 (79%)                    | 14 (78%)                |
| Heroin   | 19 (3%)                      | 9 (2%)                       | 0 (0%)                  |
| Cocaine  | 213 (29%)                    | 133 (35%)                    | 8 (44%)                 |
| Methamphetamine  | 234 (32%)                    | 119 (32%)                    | 6 (33%)                 |
| Pharmaceutical opioids**   | 156 (22%)                    | 67 (18%)                     | 5 (28%)                 |
| Fentanyl and heroin  | 18 (2%)                      | 9 (2%)                       | 0 (0%)                  |
| Fentanyl and cocaine   | 171 (24%)                    | 109 (29%)                    | 7 (39%)                 |
| Fentanyl and methamphetamine   | 189 (26%)                    | 98 (26%)                     | 4 (22%)                 |
| Fentanyl and xylazine  | 46 (6%)                      | 33 (9%)                      | 1 (6%)                  |
| Fentanyl and tramadol  | 10 (1%)                      | 2 (1%)                       | 1 (6%)                  |

\*\*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—Update on Maine Recovery Council

The Maine Recovery Council was established in late November 2022, to be the recipient of one-half of the funds received by the state through the national opioid litigation settlements. The Council consists of 15 appointees and its legal basis is found in both the Maine State Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds (including Schedule A, Core Strategies and Schedule B, Approved Uses), as incorporated into the court orders establishing the settlements, and Public Law 2022 Chapter 661 (L.D. 1722) enacted by the legislature and signed into law as an emergency measure by Governor Janet T. Mills on April 25, 2022.

The core functions of the Council include doing a needs assessment, facilitating collaboration among state, subdivisions and stakeholders and distributing grants from the Maine Recovery Fund through a transparent process. Settlement proceeds will be received by the Fund every year for 18 years and as of Oct. 1, 2023, there is approximately \$17 million available to spend.

In the last year, the Council has completed some critical administrative/organizational tasks such as establishing bylaws and a conflict-of-interest policy. In the future, the Council will be receiving public input into its spending plan with an expectation of starting to make funds available no later than early 2024.

The Council is also required to develop a centralized public dashboard or other repository for publication of expenditure data and will require outcome related data from any entity that receives funds from the Council. All the spending must be consistent with the opioid remediation uses set forth in schedules A and B of the Memorandum of Understanding filed in Maine Superior Court. Council appointments were made in 2022 by Governor Mills, Attorney General Aaron Frey, the President of the Maine Senate Troy Jackson and the Speaker of the House Ryan M. Fecteau and certain of the 39 subdivisions that will be receiving funds directly during the duration of the 18-year pay-out. The current members of the Council are as follows:

- Liz Blackwell-Moore, Public Health Director, Cumberland County
- Todd Brackett, Sheriff of Lincoln County
- Rep. Lydia Crafts, ME State Representative for House District 46
- Joseph Everett, President & CEO, Opportunity Alliance, Portland
- Betsy Fitzgerald, former County Administrator, Washington County
- Courtney Gary-Allen, Organizing Director, Maine Recovery Advocacy Project
- Pat Kimball, retired and former President of Wellspring, Bangor
- Benjamin Mann, Deputy Commissioner of Finance, Maine DHHS
- Bruce Noddin, Executive Director/Founder, Maine Prisoner Re-entry Network
- Myles Ouellette, MBA, LADC, CCS Aroostook County
- Eric Small, Deputy Chief, Sanford Police Department
- Gordon Smith, JD, Director of Opioid Response, Office of the Governor
- Kinna Thakarar, MD, Infectious Disease and Addiction Medicine specialist
- Chasity Tuell, Director, Northern Maine Director of Harm Reduction Services, Maine Access Points
- Paul Vinsel, DO, Physician specializing in Addiction Medicine, Tri-County Mental Health Services, Lewiston

Council members serve two-year terms with a limit of two terms. Pat Kimball is the current chair and in that capacity also chairs the Executive Committee. The Council recently established subcommittees on Governance, Finance, and Grants and Programs. Administrative support currently provided to the Council by the Office of the Attorney General, the Council is currently in the process of contracting for additional administrative and consulting assistance.

The Council meets every month and all the meetings of the Council and its subcommittees are public meetings and at least a two-week notice is provided to the public. Currently, members of the public can attend meetings in-person or via a remote link to zoom. The second Thursday of each month, from 2:00 to 4:00 PM, is the current meeting time of the full council and the meetings are generally held at 109 Capital St. in Augusta.

More information on the Council and its work can be found on the following websites: [www.maine.gov/ag/recovery-council](http://www.maine.gov/ag/recovery-council) and [www.maine.gov/ag/opioids](http://www.maine.gov/ag/opioids).

Communications can be sent to the Council at [info.recoverycouncil@maine.gov](mailto:info.recoverycouncil@maine.gov).



## 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 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](http://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.*

<sup>1</sup> 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.