

# MAINE MONTHLY OVERDOSE REPORT

For April 2024

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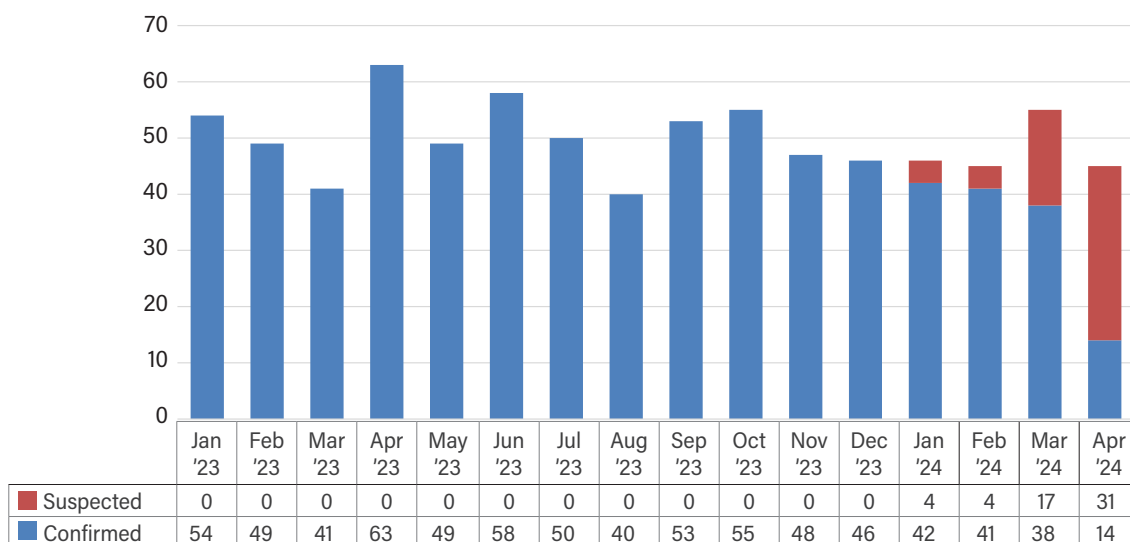
## Overview

This report documents suspected and confirmed fatal and nonfatal drug overdoses in Maine during April 2024 as well as for the period January 2023–April 2024 (Table 1). The total number of confirmed and suspected fatal overdoses January–April, 2024 is 191, 7.7% lower than the total confirmed fatal overdoses for the same period in 2023, 207. The total number of nonfatal overdoses January–April, 2024 is 2,776, 13.4% lower than the total confirmed nonfatal overdoses for the same period in 2023, 3,206. During April 2024, the proportion of fatal overdoses averaged 6.2% of total overdoses. Monthly proportions of 2024 fatalities fluctuated from a low of 6.2% in April to a high of 6.7% in March. During the first four months of 2024, fatal overdoses constituted 6.4% of all overdoses, slightly higher than the 6.1% for the same time period in 2023.

Data derived from multiple statewide sources were compiled and deduplicated to calculate 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 through the Maine Naloxone Distribution Initiative. 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 January, February, March, and April 2024 (see Figure 1).

The total number of suspected and confirmed fatal overdoses and reported nonfatal overdoses for April 2024, 730, is displayed in Table 1 near the bottom row. Of those 730, there were 45 (6.2%) confirmed and suspected fatal overdoses, 255 (34.9%) nonfatal emergency department visits, 232 (31.8%) nonfatal EMS responses not transported to the emergency department, 190 (26.0%) reported community overdose reversals, and 8 (1.1%) law enforcement reversals in incidents that did not include EMS.

**Figure 1. Suspected and confirmed fatal overdoses, all drugs, January 2023 through April 2024**



**Table 1:** Composite reported overdose totals, all drugs, January 2023–April 2024

	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 nonfatal overdose response without EMS			
January 2023	296	238	184	48	766	54	820
February 2023	348	204	192	30	774	49	823
March 2023	382	260	237	54	933	41	974
April 2023	270	232	202	29	733	63	796
May 2023	295	238	165	47	745	49	794
June 2023	378	232	219	35	864	58	922
July 2023	340	307	173	34	854	50	904
August 2023	330	266	152	22	770	40	810
September 2023	390	256	141	26	813	53	866
October 2023	317	274	147	17	755	55	810
November 2023	255	214	101	20	590	47	637
December 2023	325	202	129	23	679	46	725
2023 YTD total	3925	2701	2042	385	9276	605	9881
% of 2023 YTD total	40.6%	28.0%	21.1%	4.0%	93.9%	6.1%	100%
January 2024	269	238	139	10	656	46	702
February 2024	306	204	136	22	668	45	713
March 2024	376	260	119	12	767	55	822
April 2024	255	232	190	8	685	45	730
2024 YTD total	1203	934	584	52	2776	191	2967
% of 2024 YTD total	40.7%	31.5%	19.7%	1.8%	93.6%	6.4%	100%

## Law Enforcement Response to Fatal and Nonfatal Overdose Incidents

Due to the method used to deduplicate nonfatal overdose incidents to derive a composite number of overdoses for the month, the total activity of both law enforcement officials and EMS agencies is underrepresented in the above table due to the overlap between them. 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–April 2024 as well as January–December 2023. During January–April 2024, law enforcement officers responded to a reported 469 overdose incidents (180 fatal; 289 nonfatal), and Maine EMS responded to a reported 3,136 incidents (150 fatal; 2,986 nonfatal). During 2023, law enforcement officers responded to a reported 1,615 incidents (562 fatal; 1,053 nonfatal), and Maine EMS responded to a reported 10,331 incidents (478 fatal; 9,833 nonfatal).

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

	Fatal overdose response Jan-Dec 2023	Nonfatal overdose response Jan-Dec 2023	Total overdose response Jan-Dec 2023	Fatal overdose response Jan-Apr 2024	Nonfatal overdose response Jan-Apr 2024	Total overdose response Jan-Apr 2024
Maine EMS	478	9833	10311	150	2986	3136
Law Enforcement	562	1053	1615	180	289	469

\*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. Please note these numbers may fluctuate higher than the data in Table 1. This is due to the fact that some EMS overdoses responses, once the patient is transported to the hospital, are deemed to be non-overdose emergencies such as cardiac arrest or diabetic coma.

### 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 reported by county; only EMS case data include county frequencies. The April 2024 monthly totals in the far right column can be compared to the percentage of the census population on the far left, the percentage of nonfatal overdoses for the year in 2023, or the January-April 2024 year-to-date total. 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. January–April 2024 percentage totals for most counties fall within 0 to 1 percentage points of the 2020 census distribution. Compared to the 2020 census proportion, Cumberland County is 3 percentage points higher, Androscoggin County and Penobscot County are 2 percentage points higher, York County is 4 percentage points lower, and Sagadahoc County is 2 percentage points lower.

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

	% 2020 estimated Census population	Jan-Dec 2023 est. N = 9833	Jan-Apr 2024 est. N = 2986	Apr 2024 est. N = 686
Androscoggin	8%	1009 10%	304 10%	75 11%
Aroostook	5%	485 5%	176 6%	33 5%
Cumberland	22%	2305 23%	733 25%	160 23%
Franklin	2%	160 2%	54 2%	8 1%
Hancock	4%	276 3%	77 3%	11 2%
Kennebec	9%	963 10%	310 10%	65 9%
Knox	3%	327 3%	82 3%	17 2%
Lincoln	3%	227 2%	58 2%	12 2%
Oxford	4%	397 4%	116 4%	28 4%
Penobscot	11%	1351 14%	386 13%	90 13%
Piscataquis	1%	114 1%	30 1%	4 1%
Sagadahoc	3%	151 2%	40 1%	12 2%
Somerset	4%	471 5%	148 5%	40 6%
Waldo	3%	219 2%	64 2%	18 3%
Washington	2%	215 2%	66 2%	18 3%
York	16%	1163 12%	342 11%	95 14%

\*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.

## Age and Gender Distribution of Suspected Nonfatal Overdoses with EMS Response

Table 4 displays the age composition of individuals suspected of experiencing nonfatal overdoses involving EMS response in April 2024, January–April 2024, as well as January–December 2023. Overdose reversal totals reported by community partners and emergency departments are not categorized and reported by age; only EMS case data include age frequencies at a monthly cadence. Age group totals can be compared to the 2020 census proportion in the far left column. 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 age distribution for both 2023 and 2024 year to date compared to the 2020 census proportion shows a disproportionately large impact of suspected nonfatal overdose victims with EMS involvement for those aged 25–54. In 2024, for example, there are 13 percentage points fewer of those under the age of 18 compared to the census population, 2 percentage points fewer of those aged 55–64, and 14 percentage points fewer of those 65 and older.

**Table 4:** Reported age group among suspected nonfatal overdose victims involving EMS response

	% 2020 estimated Census population	Jan–Dec 2023 est. N = 9480	Jan–Apr 2024 est. N = 3001	Apr 2024 est. N = 694
< 18	18%	402 4%	143 5%	28 4%
18–24	7%	903 10%	294 10%	71 10%
25–34	12%	2083 22%	593 20%	126 18%
35–44	12%	2313 24%	749 25%	167 24%
45–54	12%	1520 16%	472 16%	107 15%
55–64	16%	1314 14%	419 14%	104 15%
> 64	23%	945 10%	331 11%	91 13%

Table 5 displays the reported gender of individuals experiencing nonfatal overdoses involving EMS response in January–April 2024 as well as January–December 2023. Overdose reversal totals reported by community partners and emergency departments, as well as fatal overdoses are not categorized by gender; only EMS case data include gender categories at a monthly cadence. Gender group totals can be compared to the 2020 census proportion by age group in the far left column or the January–December 2023 totals in the center column. When comparing the January–April 2024 with 2023, 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. Males represent 49% of the 2020 estimated census population and 60% of the nonfatal overdose victims with EMS involvement during January–April 2024.

**Table 5:** Reported gender among suspected nonfatal overdose victims involving EMS response

	% 2020 estimated Census population	Jan–Dec 2023 Est. N = 9789	Jan–Apr 2024 Est. N = 2893	Apr 2024 Est. N = 664
Male	49%	5966 61%	1725 60%	375 56%
Female	51%	3797 39%	1167 40%	289 44%
Transgender	Not collected	26 0.3%	1 0%	0 0%

### County Distribution of Suspected and Confirmed Fatal Overdoses

Table 6 shows the frequency distribution of fatal overdoses at the county level. The March 2024 monthly totals in the far right column can be compared either to the percentage of the census population in the far-left column, the percentage of county fatal overdoses for 2023, or the January–April 2024 year-to-date percentages. 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 January–April 2024 percentages for most counties fall within 0 to 1 percentage points of the 2020 census distribution. Compared to the 2020 census proportion, Aroostook County is 4 percentage points higher, Knox County is 3 percentage points higher, Lincoln County is 2 percentage points higher, York County is 7 percentage points lower, Cumberland County is 5 percentage points lower, and Hancock County is 2 percentage points lower.

**Table 6:** County of death among suspected and confirmed fatal overdoses

	% 2020 estimated Census population	Jan–Dec 2023 est. N = 603		Jan–Apr 2024 est. N = 191		Apr 2024 est. N = 45	
Androscoggin	8%	69	11%	18	9%	5	11%
Aroostook	5%	39	6%	17	9%	3	7%
Cumberland	22%	116	19%	33	17%	11	24%
Franklin	2%	6	1%	2	1%	1	2%
Hancock	4%	22	4%	4	2%	1	2%
Kennebec	9%	60	10%	20	10%	3	7%
Knox	3%	16	3%	11	6%	0	0%
Lincoln	3%	7	1%	9	5%	4	9%
Oxford	4%	25	4%	10	5%	3	7%
Penobscot	11%	91	15%	19	10%	4	9%
Piscataquis	1%	17	3%	3	2%	1	2%
Sagadahoc	3%	7	1%	4	2%	2	4%
Somerset	4%	29	5%	9	5%	2	4%
Waldo	3%	10	2%	8	4%	2	4%
Washington	2%	25	4%	6	3%	1	2%
York	16%	64	11%	18	9%	2	4%

### Age and Sex Distribution of Fatal Overdose Victims

Table 7 displays the age and sex composition of the fatal overdose population for April 2024, January–April 2024, and January to December 2023, compared to the 2020 estimated census population. When comparing the April 2024 data with 2023 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 lower in January–April 2024 (68%) compared to January–December 2023 (73%). The age distribution for 2024 compared to the 2020 census poportion shows a disproportionately large impact of fatal overdoses in those aged 35-64, as was true in 2023, 3 percentage points fewer for those aged 18-24, and 16 percentage points fewer for those 65 and older.

**Table 7: Decedent reported age group and sex among suspected and confirmed fatal overdoses\***

	% 2020 estimated Census population	Jan–Dec 2023 est. N = 605	Jan–Apr 2024 est. N = 191	Apr 2024 est. N = 45
Male	49%	440 73%	129 68%	29 64%
< 18	18%	3 0%	3 2%	0 0%
18–24	7%	28 5%	7 4%	1 2%
25–34	12%	85 14%	22 12%	5 11%
35–44	12%	198 33%	59 31%	13 29%
45–54	12%	135 22%	46 24%	9 20%
55–64	16%	118 20%	41 21%	14 31%
> 64	23%	38 6%	13 7%	3 7%

\*Percentages may not total 100 due to rounding.

Table 8 displays the reported race and ethnicity of confirmed and suspected fatal overdoses in April 2024, January–April 2024, and January–December 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 currently lack information about these variables. Out of 189 decedents for whom race was reported January–April 2024, 92% of the victims were identified as White, 0% as Black/African American, and 3% as American Indian/Alaska Native. Out of 186 decedents for whom Hispanic ethnicity status was reported, 4% were identified as Hispanic.

**Table 8: Decedent race and ethnicity among suspected and confirmed fatal overdoses\* -**

	% 2020 estimated Census population: race & Hispanic/Latinx ethnicity	Jan–Dec 2023 race N = 604 ethnicity N = 588	Jan–Apr 2024 race N = 189 ethnicity N = 186	Apr 2024 race est. N = 44 ethnicity est. N = 44
White alone, non-Hispanic	91%	550 91%	173 92%	43 98%
Black/African American alone, non-Hispanic	2%	24 4%	0 0%	0 0%
American Indian/Alaska Native, non-Hispanic	1%	12 2%	5 3%	0 0%
Other race and 2+ races combined, non-Hispanic	7%	11 2%	4 2%	0 0%
Hispanic/Latinx alone or in combination	2%	7 1%	7 4%	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 190 cases for which military background was reported January–April 2024, 7 (4%) were identified as having a military background. Out of the 44 cases in April 2024 where military background was reported, 2 (5%) were identified as having a military background.

Of the 191 total suspected and confirmed fatal overdose cases year-to-date in 2024, undomiciled or transient housing status was reported for 27 (14%) victims. Among those 27, the largest proportions of undomiciled persons were found in Cumberland County (8, 30%), Androscoggin County (7, 26%) and Penobscot County (4, 15%). In April 2024, 6 fatal overdose victims (13%) were identified as undomiciled.

### Basic Incident Patterns of Fatal Overdoses

Table 9 reports basic incident patterns for fatal overdoses. April 2024 can be compared to 2023 as a whole or to January–April year-to-date totals. 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 (73%) in 2024 year to date. Law enforcement was more likely to respond to a scene alone (21%) than EMS (5%). The overwhelming majority (92%) of confirmed fatal drug overdoses were ruled as, or suspected of being, accidental manner of death. Of the 191 confirmed or suspected fatal overdoses in 2024, 64 (40%) 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 other bystanders administered naloxone for 25 (13%) of the 2024 fatal overdoses, the same as 2023. Often, bystanders or witnesses administered naloxone in addition to EMS and/or law enforcement. During 2024, 26% of suspected and confirmed fatal overdose cases had naloxone administered at the scene by EMS, bystanders, and/or law enforcement. This rate is also the same as 2023 (26%).

Of the 163 suspected or confirmed drug death cases with EMS involvement during 2024, 86 (53%) victims were already deceased when EMS arrived. In the remaining 77 (47%) cases, resuscitation was attempted either at the scene or presumably in the ambulance during transport to the emergency room. 1 case had an unreported response once EMS arrived. Of those 77 who were still alive when EMS arrived, 27 (35%) were transported, and 50 (65%) did not survive to be transported. Thus, out of 163 ultimately fatal cases with EMS response, only 27 (17%) 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 9: Incident characteristics among suspected and confirmed fatal overdoses**

	Jan-Dec 2023 est. N = 605	Jan-Apr 2024 est. N = 191	Apr 2024 est. N = 45
EMS response alone	36 6%	9 5%	2 4%
Law enforcement alone	120 20%	40 21%	7 16%
EMS and law enforcement	441 73%	140 73%	35 78%
Private transport to Emergency Dept.	5 1%	1 1%	1 2%
Naloxone administration reported at the scene	155 26%	50 26%	17 38%
Bystander only administered	39 6%	16 8%	8 18%
Law enforcement only administered	15 2%	3 2%	1 2%
EMS only administered	43 7%	19 10%	4 9%
EMS and law enforcement administered	10 2%	1 1%	1 2%
EMS and bystander administered	30 5%	5 3%	0 0%
Law enforcement and bystander administered	8 1%	2 1%	1 2%
EMS, bystander, and law enforcement administered	4 1%	1 1%	1 2%
Naloxone administered by unspecified person	3 0%	0 0%	0 0%
History of prior overdose	204 34%	64 34%	14 31%

Table 10 displays the frequencies of the most prominent drug categories causing death among confirmed drug deaths. As expected, within the confirmed drug death cases so far in 2024, nonpharmaceutical fentanyl was the most frequent cause of death, mentioned on the death certificate of 106 (78%) 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 3 (2%) of 2024 deaths and 12 (2%) of 2023 deaths. Xylazine and nonpharmaceutical tramadol were identified as co-intoxicants with fentanyl for the first time in



2021. Among 136 confirmed deaths in 2024, there were 25 cases (18%) with xylazine listed in addition to fentanyl as a cause of, and 0 cases (0%) 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 53 (39%) of confirmed cases in 2024, higher than 2023 (37%) and an increase from 29% in 2022. Fentanyl is mentioned as a cause in combination with cocaine in 44 cases, 83% of 2024 cocaine cases. Methamphetamine was cited as a cause of death in 56 (41%) of the confirmed fatal overdoses in 2024, higher than in 2023 (33%); 47 (84%) of the methamphetamine deaths also involved fentanyl as a co-intoxicant cause of death. Cocaine and methamphetamine are named together on 15 (11%) death certificates in 2024, in most of those cases (13, 87%) as co-intoxicants of fentanyl.

**Table 10: 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 2023 Est. N = 605	Jan-Apr 2024 Est. N = 136	Apr 2024 Est. N = 17
Fentanyl or fentanyl analogs	472 78%	106 78%	10 59%
Heroin	12 2%	3 2%	0 0%
Cocaine	226 37%	53 39%	1 6%
Methamphetamine	198 33%	56 41%	5 29%
Pharmaceutical opioids**	108 18%	16 12%	3 18%
Fentanyl and heroin	12 2%	3 2%	0 0%
Fentanyl and cocaine	192 32%	44 32%	1 6%
Fentanyl and methamphetamine	163 27%	47 35%	5 29%
Fentanyl and xylazine	60 10%	25 18%	3 18%
Fentanyl and tramadol	3 0%	0 0%	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

### **U.S. CDC Announces Preliminary Overdose Deaths for 2023 Citing Maine as One of Four States with the Largest Decline**

*Preliminary U.S. CDC analysis finds fatal overdoses decreased nationally by 3 percent in 2023; Maine, Kansas, Nebraska, and Indiana only states with annual decreases of 15 percent or more.*

Overall, the CDC found that drug overdose deaths in the nation decreased by three percent in 2023, the first annual decrease since 2018. Drug deaths in Maine decreased by nearly 16% over this same period; only Kansas, Nebraska, and Indiana also saw decreases of 15 percent or more, according to the report from the U.S. CDC's National Center for Health Statistics.

This new provisional data comes as the Mills Administration continues to combat the opioid epidemic by expanding availability and distribution of the overdose-reversal drug naloxone; strengthening drug prevention initiatives in communities and schools; and increasing the number of treatment beds across the state, among other strategies. Beds available for medically supervised withdrawal have nearly doubled in the last six months with approximately 100 such beds now available to all patients, whether commercially insured, on MaineCare or uninsured.

"This encouraging Federal data shows that the policies enacted by my Administration and the Legislature are making meaningful progress in our fight against the opioid epidemic. While we are cautiously optimistic, we know our work is far from over," said Governor Janet Mills. "We will continue to work with partners across the state to prevent substance use disorder, to expand treatment options for those facing addiction, and to save lives."

"This analysis is cause for hope for all those working to fight the opioid epidemic every day," said Department of Health and Human Services Commissioner Jeanne Lambrew and Office of Behavioral health Director Sarah Squirrel. "But we will not rest in our efforts to prevent substance use disorder, improve access to treatment, and help those who are already on their path to recovery. There is more to be done and we're grateful to our partners across the state as we continue to work to save the lives of Maine people struggling with substance use disorder."

"Although fatal overdoses in Maine may have lessened over the past year, Maine people are still losing too many friends and family members to SUD and highly lethal drugs like fentanyl," said Gordon Smith, Director of Opioid Response. "In partnership with many organizations, advocates, businesses, schools, hospitals and people from across Maine, we will remain diligent and dogged in our efforts to prevent people from using drugs, connect people to recovery, and importantly, help keep people alive."

"It is motivating to see these statistics going down both nationally and especially here in Maine, affirming that our significant efforts in-state are making a difference," said Attorney General Aaron Frey. "We need to continue our focus on reducing overdose deaths and must continue to use all the tools at our disposal with the same urgency."

On May 2, Governor Mills celebrated the opening of Milestone Recovery's expanded SUD treatment facility in Portland. In the last year, Maine has opened 50 new treatment beds in Auburn, Bangor, Windham, Presque Isla and Portland with more beds to come in both Androscoggin, Knox and Washington counties. Since Governor Mills took office, the number of treatment beds in Maine for SUD has increased by 50 percent.

The supplemental budget signed by Governor Mills on April 22 included \$4 million she proposed to expand Medication for Opioid Use Disorder (MOUD) in Maine county jails, which builds upon the proven use of MOUD in Maine prisons operated by the Maine Department of Corrections.

Governor Mills will highlight these developments at the 6th Annual Opioid Response Summit on July 25 at the Central Maine Community College in Auburn. Registrations for the conference will begin by June 1.

## 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](https://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 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.