

The University of Maine

DigitalCommons@UMaine

---

Health & Public Safety

Margaret Chase Smith Policy Center

---

7-30-2021

## Maine Monthly Overdose Report for June 2021

Marcella H. Sorg

*Margaret Chase Smith Policy Center, University of Maine, mhsorg@maine.edu*

Follow this and additional works at: [https://digitalcommons.library.umaine.edu/mcspc\\_healthsafety](https://digitalcommons.library.umaine.edu/mcspc_healthsafety)

---

### Repository Citation

Sorg, Marcella H., "Maine Monthly Overdose Report for June 2021" (2021). *Health & Public Safety*. 18.  
[https://digitalcommons.library.umaine.edu/mcspc\\_healthsafety/18](https://digitalcommons.library.umaine.edu/mcspc_healthsafety/18)

This Report is brought to you for free and open access by DigitalCommons@UMaine. It has been accepted for inclusion in Health & Public Safety by an authorized administrator of DigitalCommons@UMaine. For more information, please contact [um.library.technical.services@maine.edu](mailto:um.library.technical.services@maine.edu).

# Maine Monthly Overdose Report

For JUNE 2021

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

## Overview

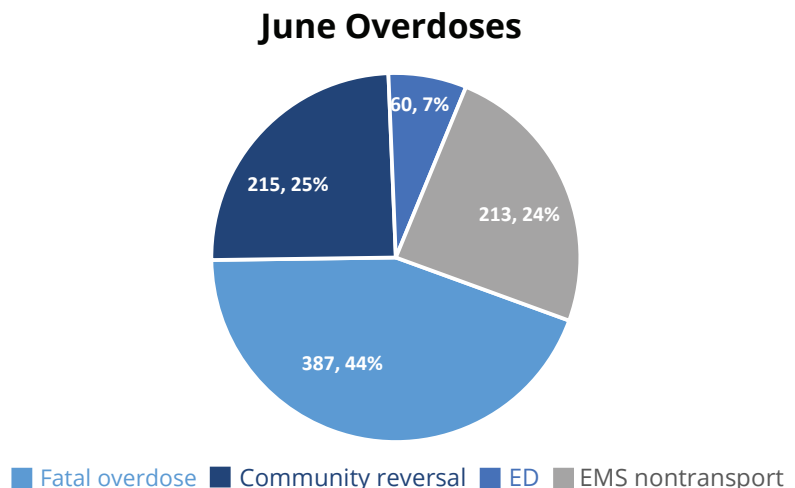
There were 60 suspected and confirmed fatal overdoses in June. The cumulative January-June total is 310, which is 21% higher than the same period in 2020. We are also providing the minimum total of reported nonfatal overdose incidents, 815 in June and 3,759 January-June, compiled by deduplicating data 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 June is 875, of which fatalities are 7%. There are also an unknown number of private overdose reversals that were not reported.

## Comprehensive Total of Fatal and Nonfatal Overdoses

During June 2021, there were an estimated 875 fatal and nonfatal drug overdoses statewide (Figure 1), of which 60 (7%) were suspected and confirmed fatal overdoses. The remaining 815 (93%) were non-fatal overdoses: 387 (44%) emergency department; 213 (24%) EMS not transported; 215 (25%) community reversals. 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 June, 4100, is displayed in Table 1 in the far right-hand column: 310 (8%) fatal overdoses; 1913 (47%) emergency

Figure 1: Fatal and nonfatal overdoses in June 2021



department;1006 (25%) EMS not transported; 840 (21%) reported community reversals; and an estimated 31 (1%) law enforcement reversals without EMS. As mentioned above, there were additional overdose incidents that were not reported, for which the total number is unknown.

**Table 1:** Composite overdose totals by month, January - June 2021

Month	Fatal	Nonfatal				Total overdoses
		Emergency department	Ems not transported to emergency dept.	Community reversals with naloxone	Law enforcement reversals with naloxone and without EMS— Estimated	
January	55	255	163	127	5	605
February	42	259	117	100	5	523
March	58	392	169	158	5	782
April	46	320	187	139	5	697
May	49	314	157	101	5	626
June	60	387	213	215	5	880
TOTAL (%)	310 (8%)	1913 (47%)	1006 (25%)	840 (21%)	31 (1%)	4100 (100%)

### Fatal Overdoses

The June 2021 total of 60 fatal drug overdoses consists of 13 confirmed drug deaths and 47 suspected drug deaths. Figure 2 shows the considerable monthly fluctuation of deaths since January 2020. Although the 2020 average is 42, the range extends from 34 to 53. The average so far for 2021 is 51.8, and the range is 42 to 60.

**Figure 2:** Number of suspected and confirmed fatal overdoses by month

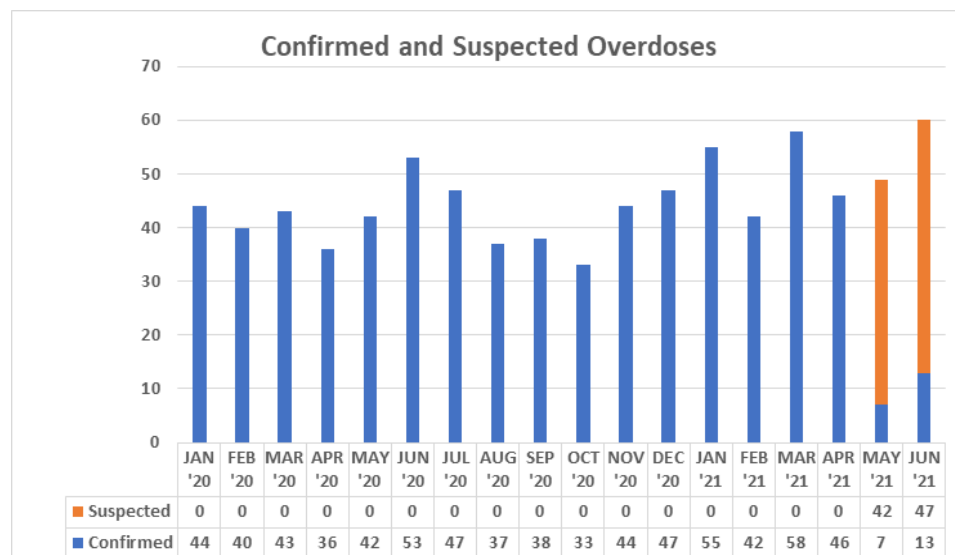


Table 2 shows the frequency distribution of deaths at the county level. The June 2021 totals can be compared either to the percent of the census population on the far left or the percent of all Maine drug deaths for 2019, 2020, and January-June 2021. Caution must be exercised with the small numbers for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

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

Compared to the county death frequencies in 2019, the northward shift of the higher percentages observed previously has stabilized. For example, the cumulative January-June 2021 percentages stayed the same from last month for most counties. Between June and May there has been a slight increase in Knox, Lincoln, Piscataquis, and Waldo while Oxford, Penobscot, and Washington decreased.

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

County	Percentage 2019 Census population	Jan–Dec 2019 N=380	Jan–Dec 2020 N=504	Cumulative Jan–June 2021 Est. N=310	June 2021 Est. N=60
Androscoggin	8%	33 (9%)	52 (10%)	40 (13%)	8 (13%)
Aroostook	5%	14 (4%)	17 (3%)	13 (4%)	4 (7%)
Cumberland	22%	100 (26%)	97 (19%)	55 (18%)	10 (16%)
Franklin	2%	5 (1%)	8 (2%)	5 (2%)	1 (2%)
Hancock	4%	9 (2%)	13 (3%)	11 (4%)	1 (2%)
Kennebec	9%	42 (10%)	49 (10%)	36 (12%)	7 (12%)
Knox	3%	7 (2%)	16 (3%)	5 (2%)	3 (5%)
Lincoln	3%	11 (3%)	9 (2%)	12 (4%)	4 (7%)
Oxford	4%	9 (2%)	15 (3%)	13 (4%)	1 (2%)
Penobscot	11%	53 (14%)	94 (19%)	50 (16%)	8 (13%)
Piscataquis	1%	3 (1%)	10 (2%)	3 (1%)	1 (2%)
Sagadahoc	3%	8 (2%)	8 (2%)	3 (1%)	0 (0%)
Somerset	4%	16 (4%)	13 (3%)	6 (2%)	1 (2%)
Waldo	3%	3 (1%)	9 (2%)	9 (3%)	2 (3%)
Washington	2%	10 (3%)	20 (4%)	13 (4%)	2 (3%)
York	15%	57 (15%)	74 (15%)	36 (12%)	7 (12%)

Table 3 displays the age and gender composition of the monthly fatal overdose population. The cumulative proportion of males has increased since 2019. In the first six months of 2021, it was 217 (70%), which is slightly lower than 71% in 2020 and slightly higher than the 68% in 2019. The cumulative age distribution in January – June 2021 compared to 2019 shows the percentage of those 18-39 decreased overall by 5%. The percentage of those 40-59 and those over 60 both rose by 3%. There have been three decedents under 18 in 2021.

During the first six months of 2021, out of 310 confirmed and suspected fatal overdoses, 289 (93%) of the victims were identified as White, 13 (4%) as Black or African American, and 6 (2%) as American Indian/Alaska Native. Out of 305 for which Hispanic ethnicity was reported, 302 (99%) were reported as not Hispanic, and 3 (1%) were identified as Hispanic. Out of the 310 cases, 20 (6%) were identified as having a military background. Prior overdose history was reported for 103 (33%) of the victims. Transient housing status was reported for 26 (8%) 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-June 2021 Est. N=310	June 2021 Est. N=60
Males	258 (68%)	357 (71%)	217 (70%)	43 (71%)
Under 18	0 (0%)	2 (<1%)	3 (1%)	1 (2%)
18-39	171 (45%)	213 (42%)	124 (40%)	21 (34%)
40-59	175 (46%)	235 (47%)	151 (49%)	31 (51%)
60+	33 (9%)	54 (11%)	33 (11%)	7 (12%)

Table 4 reports some of the basic incident patterns. Roughly similar to 2020, during the first six months of 2021, both EMS and police responded to most fatal overdoses, 76%. Law enforcement was more likely to respond to a scene alone (19%) than EMS (5%). The overwhelming majority (87%) of drug overdoses were ruled as accidental manner of death.

During June, 36% of cases had naloxone administered at the scene or in the ambulance, whether by EMS, bystanders, or law enforcement, slightly less than the first six months of 2021 (39%) but greater than 2020 (33%) (see Table 4). This may be due to the greater availability of police trained to administer it through programs like the Attorney General's Naloxone Distribution Initiative and ODMAP. It may also be due to the 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. No one in June had a naloxone prescription, but 7 did in 2020 and 4 in first six months of 2021.

Based on 251 suspected or confirmed drug death cases with EMS records during the first six months of 2021, 114 (45%) victims were already deceased when EMS arrived. Of the remaining 137 (54%), resuscitation was attempted either at the scene or in the ambulance during transport to the emergency room. Of the 137 cases who were still alive when EMS arrived, 43 were transported, and 94 did not survive to be transported. Thus, out of 252 cases with EMS records, only 43 (17%) remained alive long enough to be transported but died during transport or at the emergency room.

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

Event characteristics	Jan–Dec 2020 N=504	Cumulative Jan–June 2021 Est. N=310	June 2021 Est. N=60
Manner of death (suspected or confirmed)			
Accident	457 (91%)	295 (95%)	59 (98%)
Suicide	33 (7%)	9 (3%)	1 (2%)
Undetermined	14 (3%)	4 (1%)	0 (0%)
First Responder			
EMS response alone	28 (6%)	16 (5%)	4 (7%)
Law enforcement alone	107 (21%)	59 (19%)	15 (25%)
EMS and law enforcement	365 (72%)	235 (76%)	41 (68%)
Naloxone Administration			
Naloxone administration at scene and/or (presumably) in ambulance during transport to emergency room	127 (33%)	120 (39%)	22 (36%)
Naloxone administration reported at the scene	83 (22%)	98 (32%)	16 (26%)
Bystander only administered	11 (2%)	17 (6%)	5 (8%)
Law enforcement only administered	8 (2%)	14 (5%)	1 (2%)
EMS only administered	55 (11%)	47 (15%)	9 (15%)
EMS and law enforcement administered	4 (1%)	13 (4%)	1 (2%)
EMS and bystander administered	8 (2%)	6 (2%)	0 (0%)
Law enforcement and bystander administered	0 (0%)	1 (<1%)	0 (0%)
EMS, bystander, and law enforcement administered	-	1 (<1%)	0 (0%)

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 six months of 2021 at 192 (62%), slightly lower than in 2020 (67%). Fentanyl is nearly always found in combination with multiple other drugs. Heroin involvement has been declining during the last several years; it was reported as a cause in 5% of 2021 deaths, compared to 11% last year. Illicit stimulants have been increasingly mentioned as a cause of death in recent years, usually as a co-intoxicant of fentanyl. Methamphetamine was cited as a cause in 22% of the overdoses, which is slightly more than 2020. Cocaine-involved fatalities January – June constituted 17% of cases, less than the 23% in 2020. Fentanyl is found in combination with cocaine in 15% of cases, and in combination with methamphetamine in

17%. Pharmaceutical opioids were named as a cause of death in 18% of cases during the first six months of 2021, all in combination with other drugs, 5% lower than 2020. Xylazine has been identified as co-intoxicant of fentanyl in an increasing number of deaths in 2021, total 17 out of. Among 257 confirmed cases January - June, the number and percent of cases with xylazine listed as a cause of death is 27 (11%) of confirmed overdose deaths, and 17 (7%) with tramadol listed as one of the causes of death.

**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-June 2021 N=310	June 2021 N=13
<b>Nonpharmaceutical opioids</b>			
Fentanyl or fentanyl analogs	336 (67%)	192 (62%)	8 (62%)
Heroin	57 (11%)	15 (5%)	2 (15%)
<b>Nonpharmaceutical stimulants</b>			
Cocaine	118 (23%)	53 (17%)	1 (8%)
Methamphetamine	99 (20%)	67 (22%)	5 (38%)
Pharmaceutical opioids**	118 (23%)	57 (18%)	2 (15%)
<b>Key combinations</b>			
Fentanyl and cocaine	97 (19%)	45 (15%)	1 (7%)
Fentanyl and methamphetamine	70 (14%)	53 (17%)	3 (23%)
Fentanyl and xylazine	0 (0%)	27 (11%)	4 (31%)
Fentanyl and tramadol	0 (0%)	17 (5%)	1 (7%)

\*\*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 no longer counted as a pharmaceutical opioid.

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

### **Accidental Drug Overdose Death Review Panel**

On June 21, 2021, Governor Janet T. Mills signed into law L.D. 1718, An Act to Establish the Accidental Drug Overdose Death Review Panel. The legislation was sponsored by Rep. Richard Evans of Dover-Foxcroft who is a physician. Because the bill included an emergency preamble and passed with more than a two-thirds majority, the law took effect immediately. The law establishes an Accidental Drug Overdose Death Review Panel to review a subset of deaths caused by accidental drug overdoses and to recommend to state, county and local agencies methods of preventing deaths as the result of such overdoses, including modification or enactment of laws rules, policies and procedures. Despite the title of the bill, the panel also has the authority to review non-fatal overdoses, when such review promotes the purpose of the panel. The panel is made of up fifteen (15) individuals representing a number of state offices, law enforcement agencies and including impacted family members and persons in recovery. The panel also will include one or more physicians who treat substance use disorder, an EMS representative and a harm reduction specialist. The panel will be chaired by the state's Director of Opioid Response and the first meeting is expected to be held by Sept. 1 once all the appointments are made. The panel will be staffed by the research team at the Margaret Chase Smith Policy Center at the University of Maine.

The panel will operate similar to the processes followed by other fatality review panels in the state such as the Maternal and Infant Death Review Panel. Provisions in the law allow these panels to collect materials that might otherwise be confidential and to deliberate in private when necessary. Several other states have similar panels which have been considered to be an effective strategy in preventing overdose deaths.

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*

---

<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.