



# Governor Dan McKee's Overdose Task Force

## July 10, 2024

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**RHODE  
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# Welcome and Announcements

**RHODE  
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# Different Perspectives

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**Each number has a name and a face.**

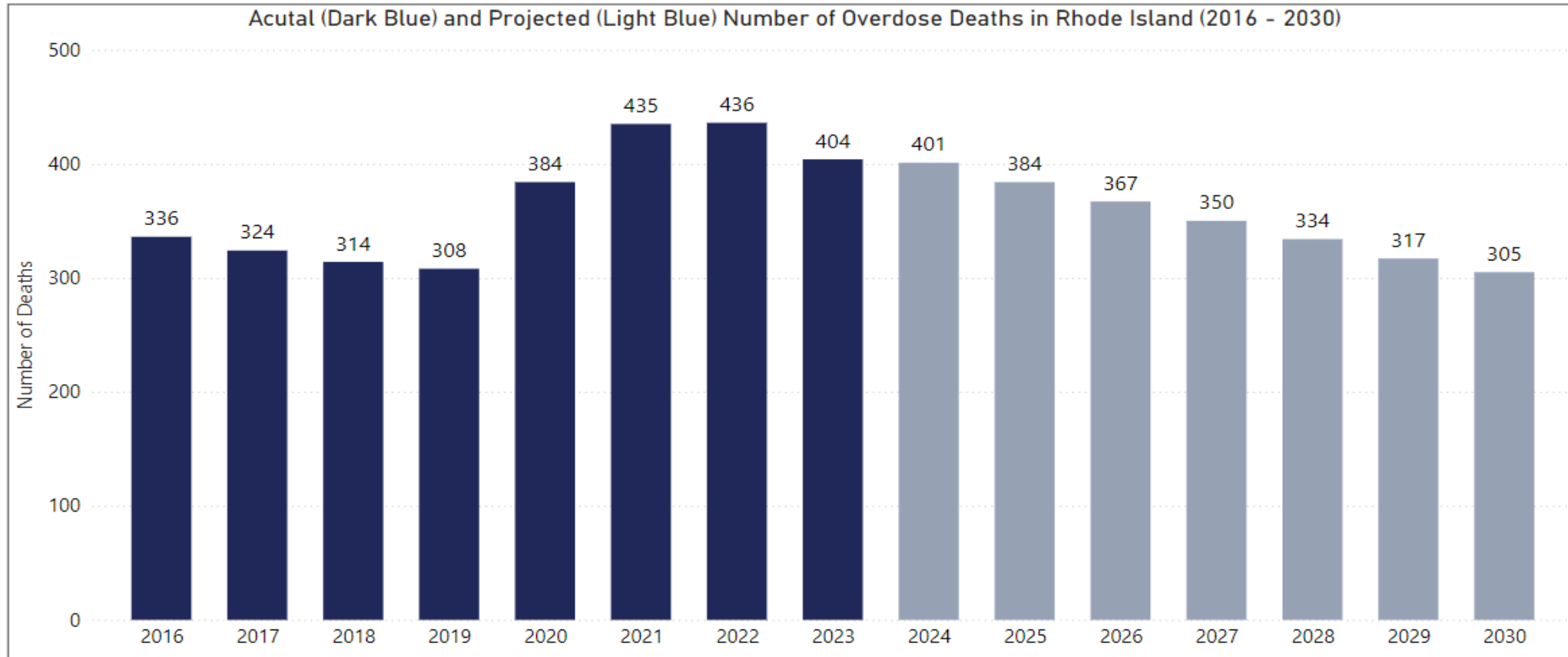
**A person's spouse or partner, child, sibling, friend, neighbor, co-worker...**



# Overdose Deaths in Rhode Island (2016 – 2030)

**National Healthy People 2030 Goal: By 2030, return fatal overdose rates to 2019 levels. The RI Healthy People 2030 goal below would be slightly more rigorous (305 deaths) and aim for a 30% reduction (slightly below 2019 levels).**

**Total deaths fell significantly below Projection for 2023 (417 fatalities) with 404 fatalities.**





# Rhode Island Fatal Overdose Data

January 1, 2023 – December 31, 2023

July 10, 2024

Governor Dan McKee's Overdose Task Force





Today and every day, we  
honor Rhode Islanders  
who have been lost to  
substance use and  
overdose.



Every life lost is one too  
many.



We also honor those who  
are surviving the grief of a  
loved one, or loved ones,  
lost to overdose.



# Presentation Overview

- Rhode Island General Data Trends
  - Office of State Medical Examiners (OSME) Data
  - State Unintentional Drug Overdose Reporting System (SUDORS) Data
- RIDOH Drug Overdose Surveillance Data Hub
- Additional Resources
- Key Takeaways
- Questions



# **Office of State Medical Examiners (OSME)**

# How Does RIDOH Report on Fatal Drug Overdoses?

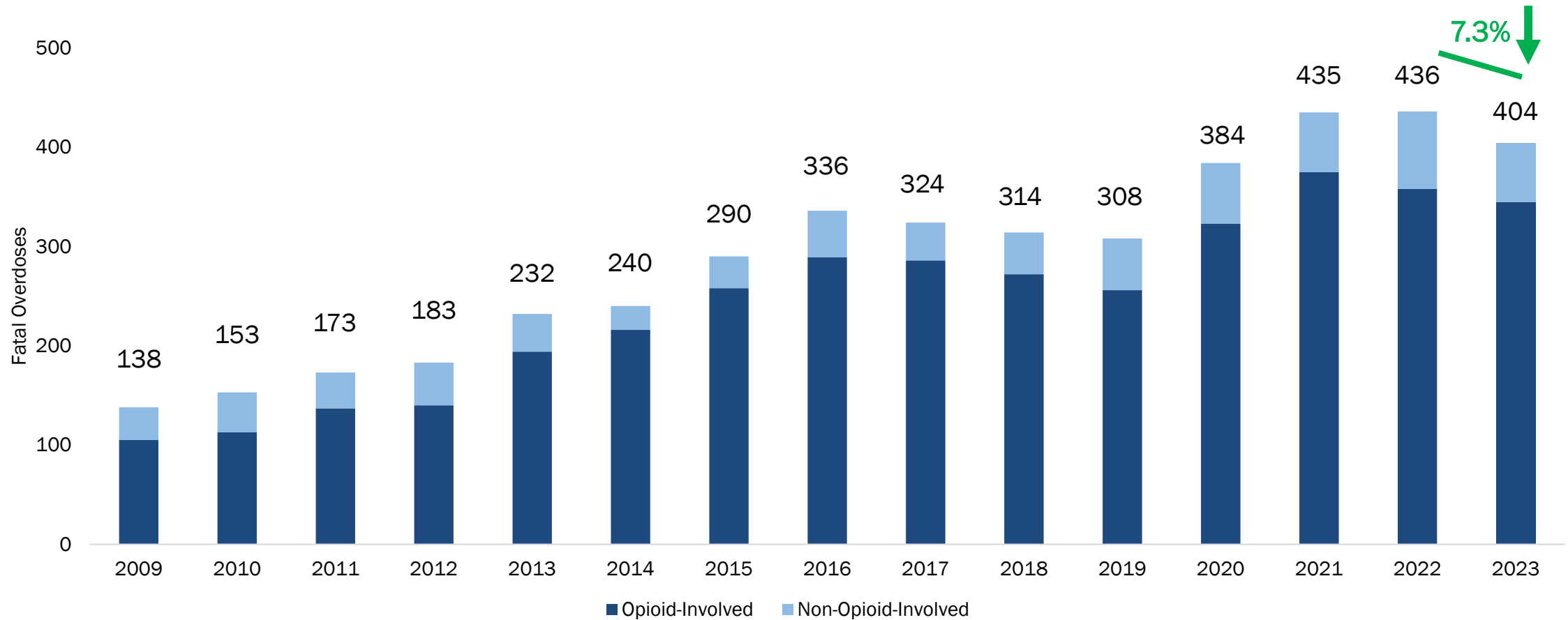
- The Rhode Island Department of Health (RIDOH) reports on drug overdose deaths using data from the OSME.
- The cause and manner of death are based on clinical judgment, experience, and consideration of the following:
  - Autopsy results
  - Toxicology testing
  - Scene investigation
  - Medical history
- RIDOH reports on drug overdose deaths whereby the manner of death is recorded as “Accident” and does not include manners such as suicides, homicides, or undetermined deaths.

# Race and Ethnicity Groups

Ethnicity	Race	Combined Race and Ethnicity
Hispanic or Latino	Asian	Hispanic or Latino (of any race)
	Black or African American	
	White	
	Unknown	
Non-Hispanic or Unknown	Black or African American	Black, non-Hispanic or unknown ethnicity
	White	White, non-Hispanic or unknown ethnicity
	Additional Race Categories	Asian, non-Hispanic, American Indian or Unknown Race

# Fatal Overdoses in Rhode Island by Year

## January 2009 – December 2023

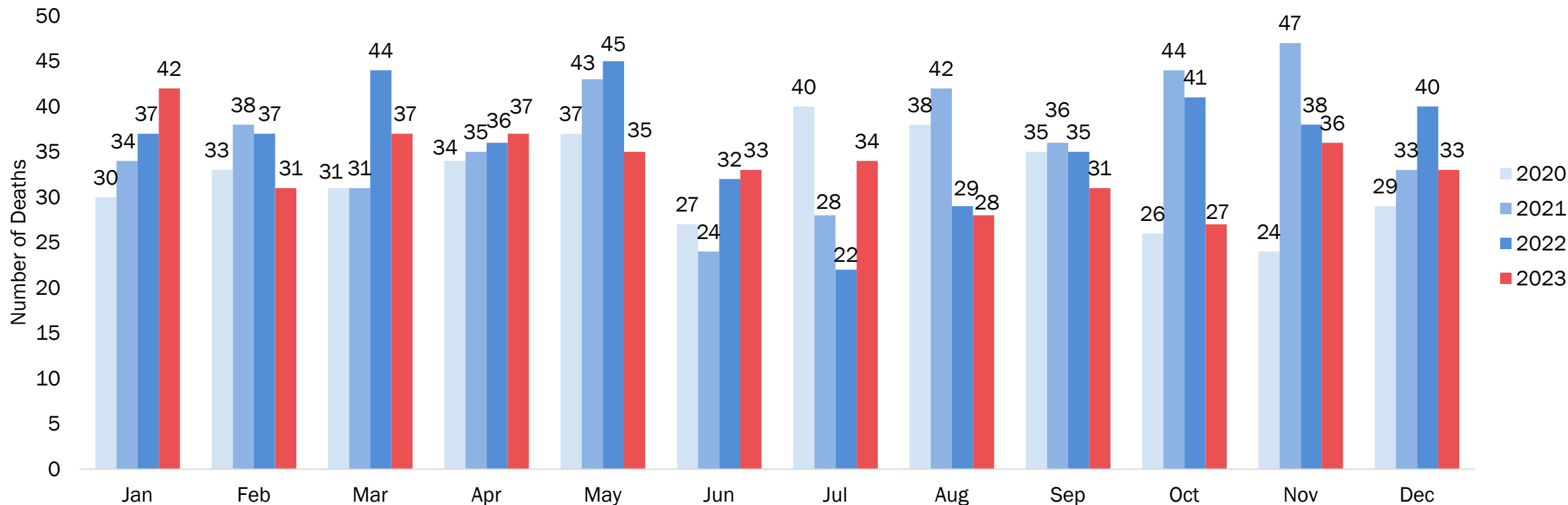


Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.



# Fatal Overdoses in Rhode Island by Month 2020 - 2023



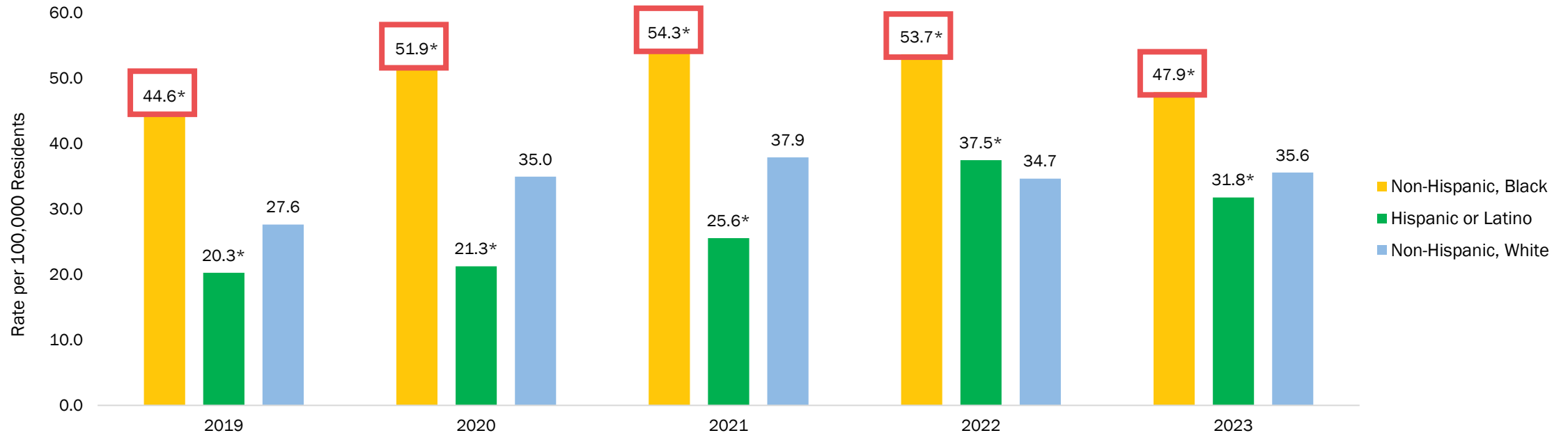
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.



# Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2019 – December 2023

From 2019 to 2023, **non-Hispanic, Black** Rhode Islanders continued to have the highest rate of fatal overdose compared to other race and ethnicity groups.



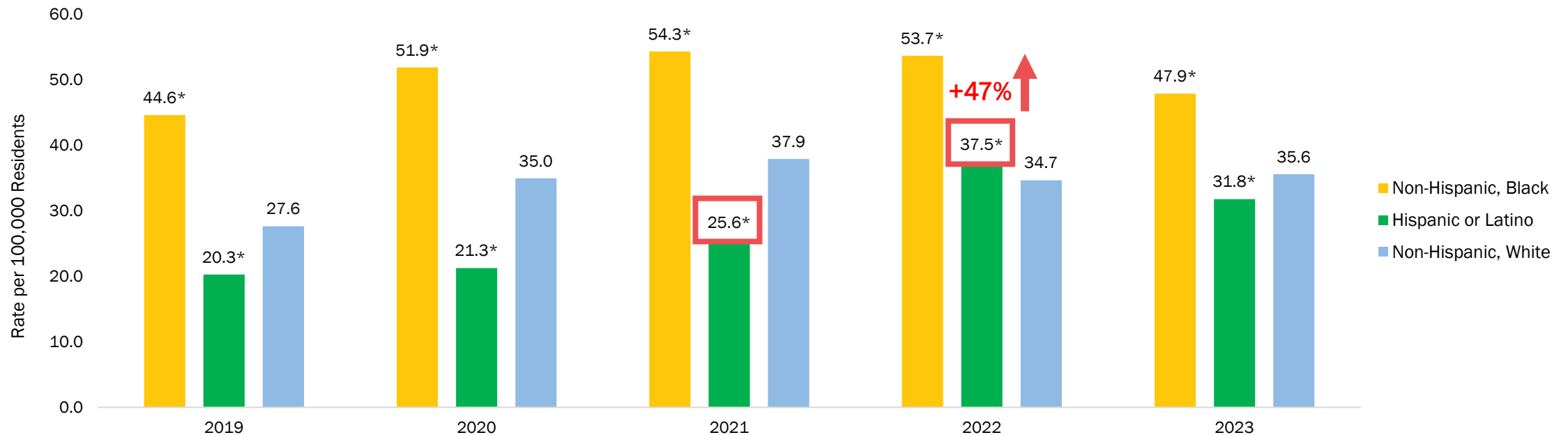
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Population denominator based on CDC WONDER single-race population estimates for each year accessed April 16, 2024; 2022 estimate applied for 2023 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Counts less than five are suppressed. \*Please use caution when interpreting rates marked by an asterisk.



# Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2019 – December 2023

From 2019 to 2023, **non-Hispanic, Black** Rhode Islanders continued to have the highest rate of fatal overdose compared to other race and ethnicity groups. From 2021 to 2022, the rate of fatal overdose among **Hispanic or Latino** Rhode Islanders increased by about 50%.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

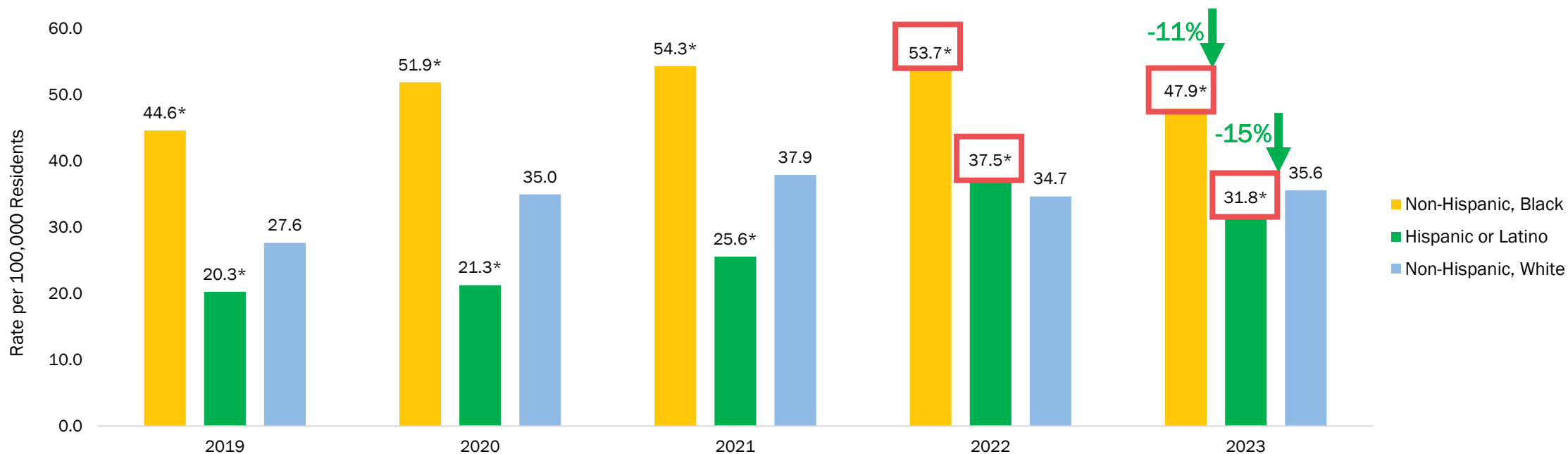
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# Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2019 – December 2023

From 2019 to 2023, **non-Hispanic, Black** Rhode Islanders continued to have the highest rate of fatal overdose compared to other race and ethnicity groups. From 2021 to 2022, the rate of fatal overdose among **Hispanic or Latino** Rhode Islanders increased by about 50%. In 2023, the rate of overdose **decreased** among **non-Hispanic, Black** and **Hispanic or Latino** Rhode Islanders.

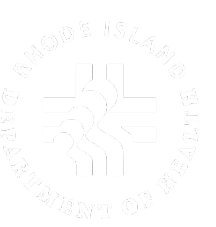


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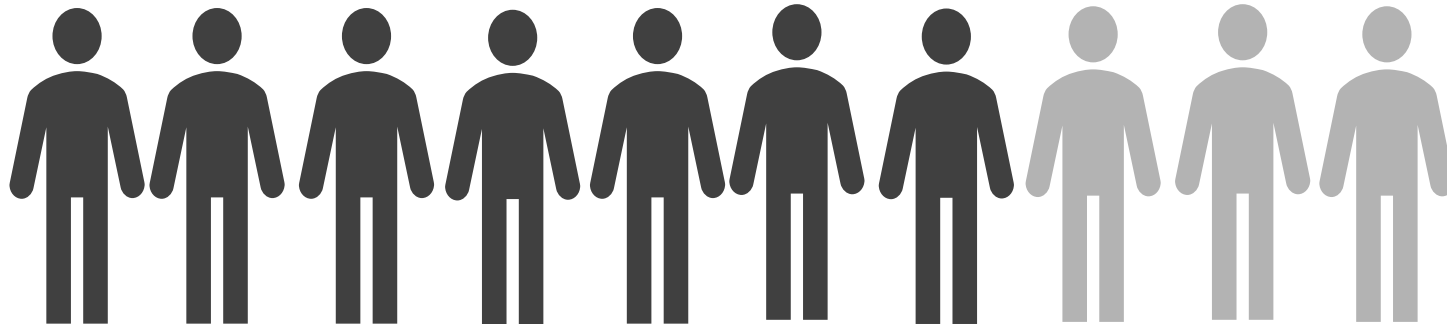
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# Proportion of Fatal Overdoses by Sex January 2023 – December 2023



Most individuals who died from a drug overdose were **male (69%, n=280)**, as categorized by the OSME.

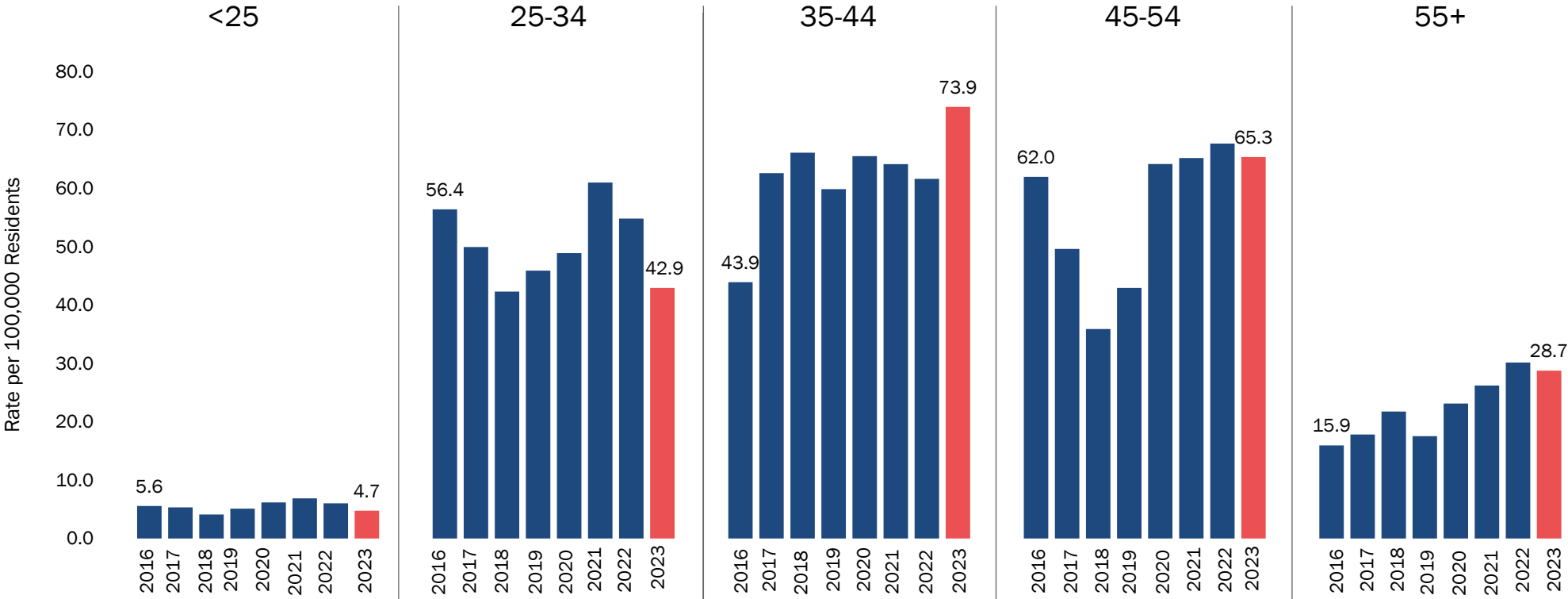


*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.*

*Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.*

# Overdose Rate by Age Group Among Rhode Island Residents, January 2016 – December 2023

Individuals age 25 and older continue to be the most impacted by fatal overdose.



Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Population denominator based on CDC WONDER single-race population estimates for each year accessed December 14, 2023; 2022 estimate applied for 2023 rates. Data limited to accidental drug overdose deaths occurring in Rhode Island among Rhode Island residents.

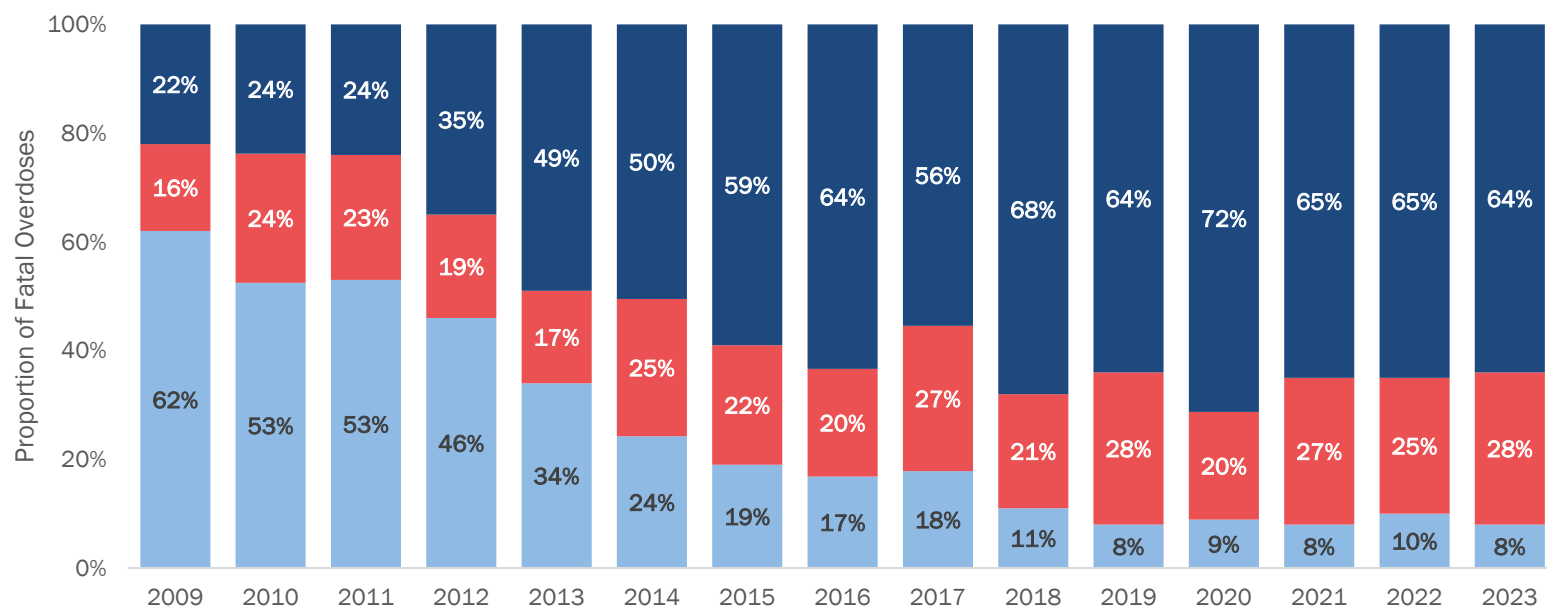
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.



# Fatal Overdose by Drug Type

## January 2009 – December 2023

The proportion of fatal overdoses involving **prescription drugs alone** has **decreased** from **62% (n=85)** in 2009 to **8% (n=33)** in 2023. Approximately **1 in 3** overdoses continue to involve **prescription drugs alone** or in **combination** with illicit drugs.



*Rx involves drugs such as:*

- Antidepressants
- Antipsychotics
- Buprenorphine/Methadone
- Anticonvulsants
- Muscle relaxers
- Etc.

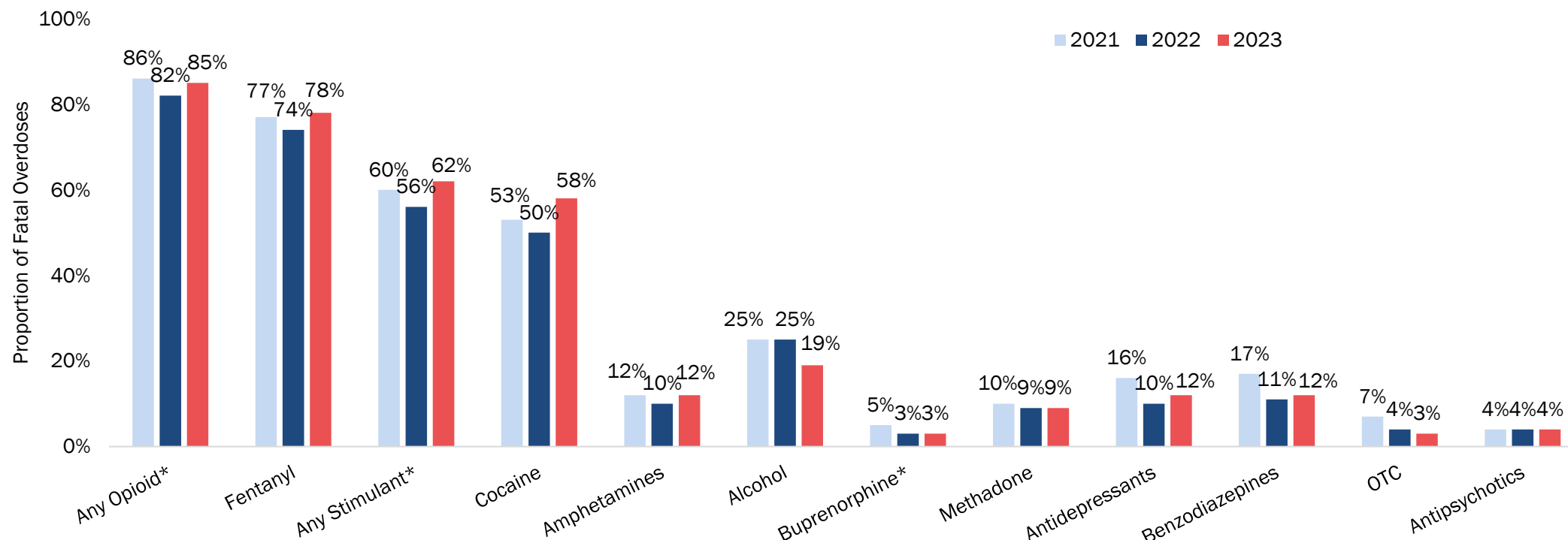
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.



# Substances Contributing to Fatal Overdose

## January 2021 – December 2023

Opioids and fentanyl continue to drive fatal overdoses in Rhode Island. From January to December 2023, **fentanyl contributed to 3 in 4 overdose deaths**. More than half of overdoses (**62%**) involved **any stimulant**.



*Note: Substance categories are not mutually exclusive. More than one substance can contribute to cause of death.*

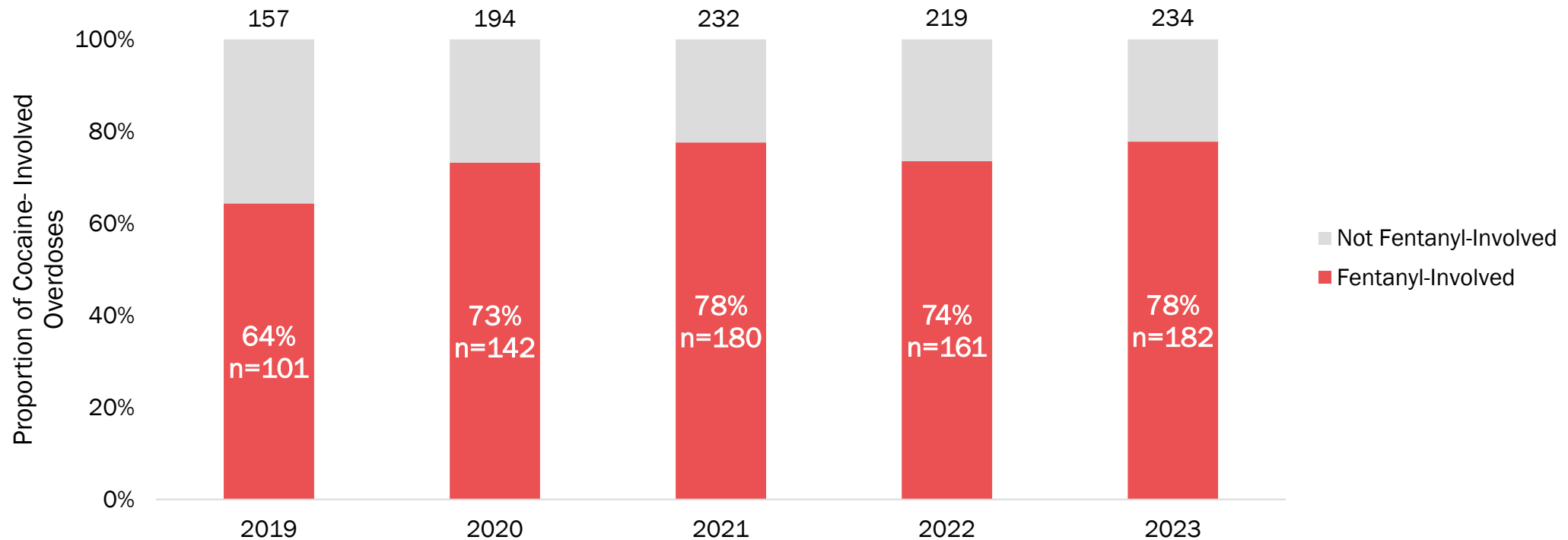
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Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \*Any opioid includes fentanyl-involved overdoses. Stimulant-involved overdoses include overdoses where cocaine, amphetamine, or methamphetamine contributed to cause of death. Buprenorphine indicates any buprenorphine and does not indicate whether it was prescribed to treat pain, substance use disorder, or was obtained without a prescription.



# Cocaine-Involved Fatal Overdoses January 2023 – December 2023

Each year, **approximately 3 out of 4** people who died from a cocaine-involved overdose also had fentanyl contributing to their cause of death.



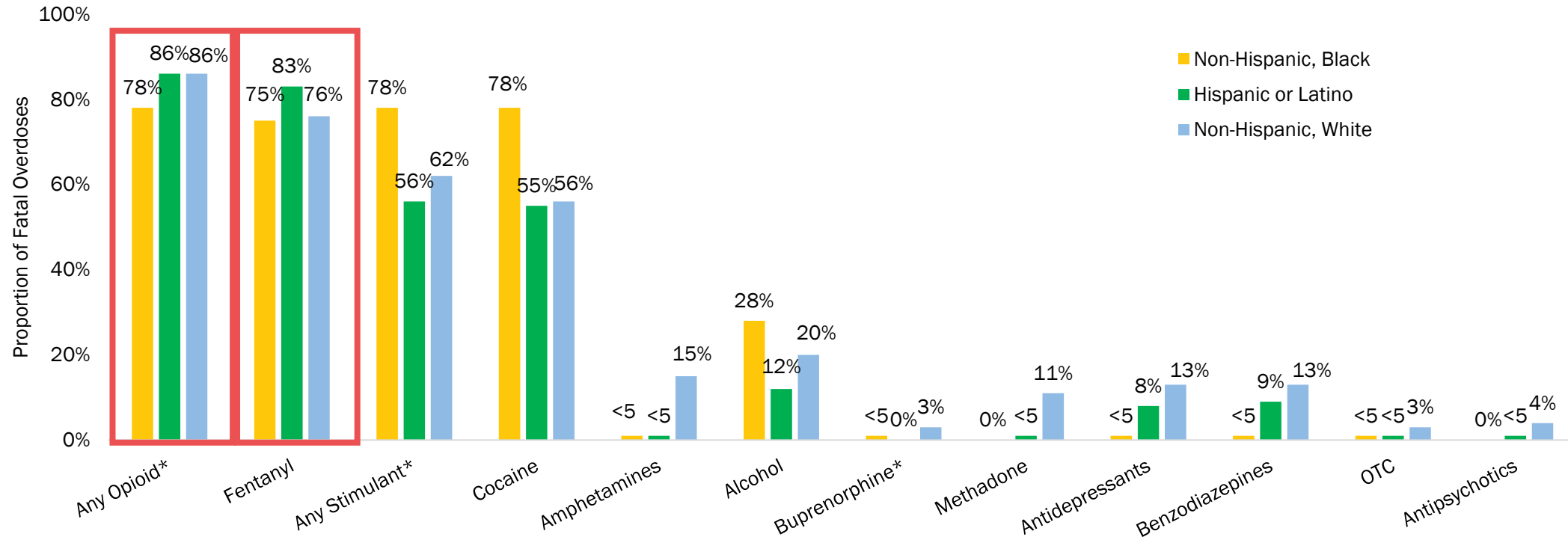
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. Drug categories are not mutually exclusive. More than one substance may have contributed to the cause of death.

# Fatal Overdose by Substance and Race and Ethnicity

## January 2023 – December 2023

Opioids and fentanyl continue to drive fatal overdoses, regardless of race and ethnicity.



Note: Substance categories are not mutually exclusive. More than one substance can contribute to cause of death.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \*Any opioid includes fentanyl-involved overdoses. Stimulant-involved overdoses include overdoses where cocaine, amphetamine, or methamphetamine contributed to cause of death. Buprenorphine indicates any buprenorphine and does not indicate whether it was prescribed to treat pain, substance use disorder, or was obtained without a prescription. Due to RIDOH's Small Numbers Reporting Policy, fatal overdoses among decedents of unknown or additional race and ethnicity are not shown. All other racial and ethnic groups include people who identify as non-Hispanic ethnicity or have unknown ethnicity. Counts less than five are suppressed.

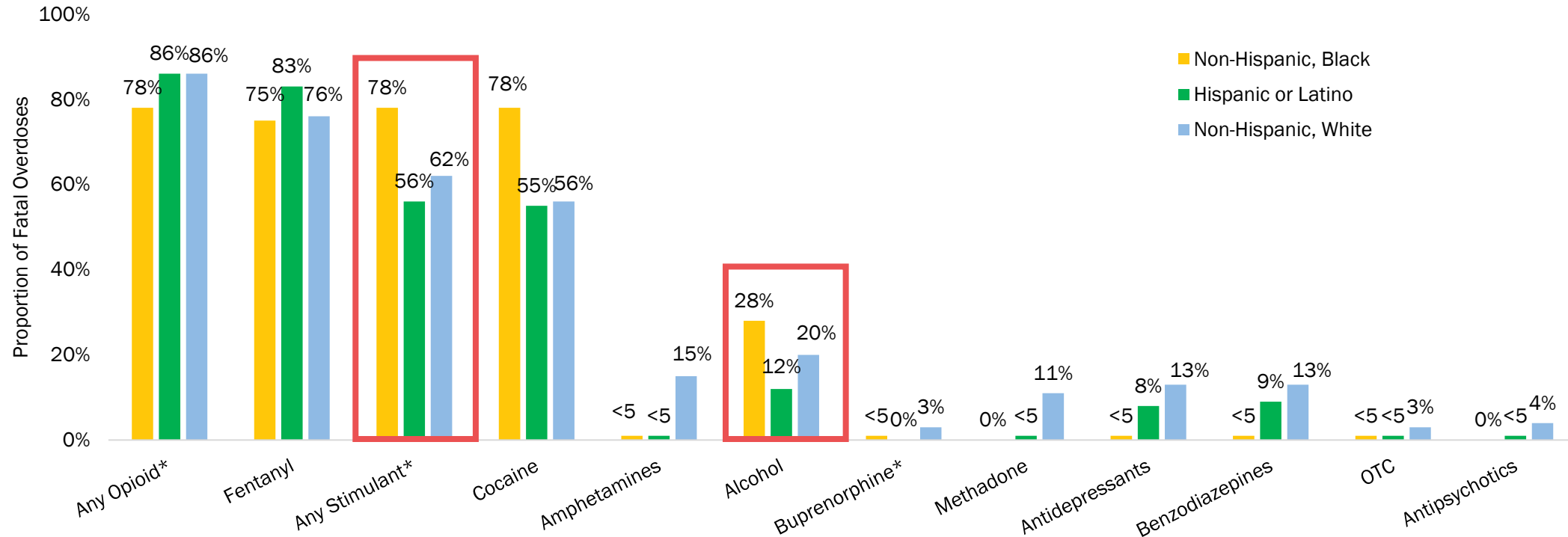


# Fatal Overdose by Substance and Race and Ethnicity

## January 2023 – December 2023

Opioids and fentanyl continue to drive fatal overdoses, regardless of race and ethnicity.

In 2023, **non-Hispanic, Black** individuals were more likely to experience **stimulant-** and **alcohol-involved** overdoses compared to other race and ethnicity groups.



*Note: Substance categories are not mutually exclusive. More than one substance can contribute to cause of death.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

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# Emerging Substances of Concern

## January 2023 – December 2023

- **Novel ('Designer') Benzodiazepines : 5 (1% of overdoses)**
  - Novel benzodiazepines that are not approved for medical use in the US. Includes bromazolam, clonazolam, etizolam, etc.
- **Ketamine: Less than 5**
  - A dissociative anesthetic (typically administered in hospital settings) with a recent increase in prescribing, e-prescribing, recreational use, and off-label use (mental health, chronic pain, etc.).

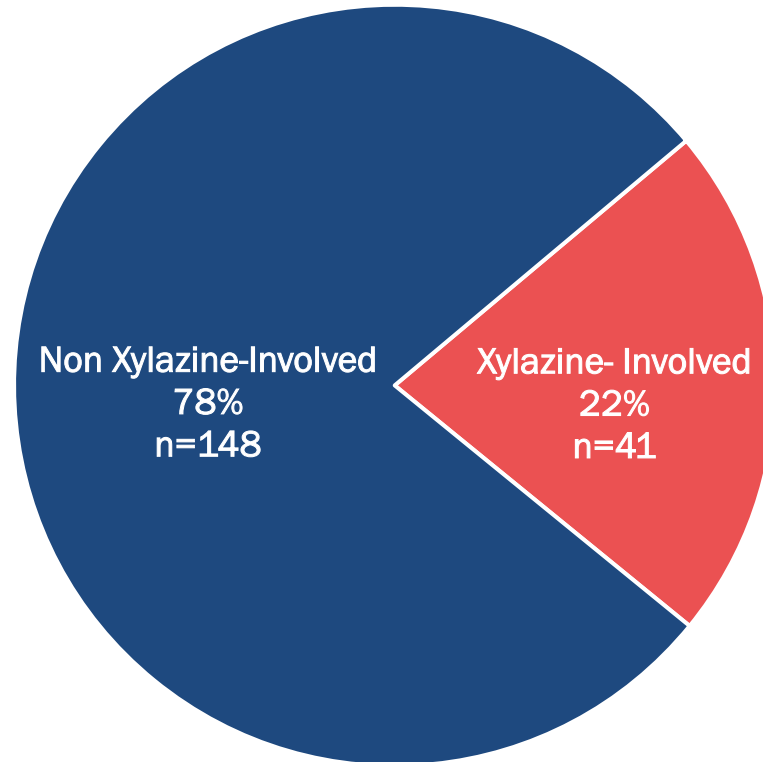
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*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.*

# Xylazine-Involved Fatal Overdoses

## June 2023 – December 2023

In June 2023, Rhode Island began testing for **xylazine** among opioid-involved overdoses. From June 2023 to December 2023, **approximately 1 out of 5** people who died from an **opioid-involved overdose** also had **xylazine contributing** to their cause of death.



*Xylazine is a non-opioid animal tranquilizer, not approved for human use.*

*Over time, xylazine has become more prevalent as an adulterant in the US drug supply.*

*Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.*

*Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.*

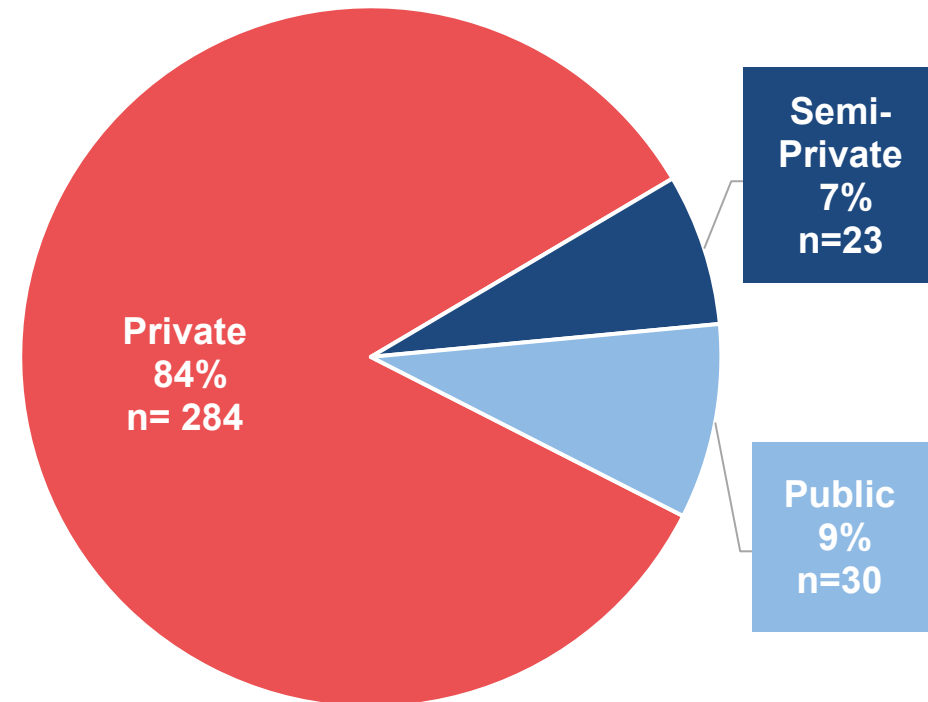
# Types of Overdose Locations

## January 2023 – December 2023



The OSME collects information about the locations of fatal overdoses. These locations are classified as **Private**, **Semi-Private**, or **Public**. In 2023, **84%** of fatal overdoses occurred in **private settings**.

<b>Private</b>	Private residence, garage, camper
<b>Semi-Private</b>	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
<b>Public</b>	Business, parking lot, bar, sidewalk, wooded area, office, motorways/roads, cemetery, park, abandoned property, railroad tracks



# Fatal Overdoses by Incident Municipality

## January 2023 – December 2023

- In 2023, at least one fatal overdose took place in almost all Rhode Island municipalities.
- The municipalities with the highest rates of fatal overdose:
  1. Woonsocket: 67.4 per 100,000
  2. Providence: 53.3 per 100,000
  3. Pawtucket: 46.6 per 100,000
  4. East Providence: 31.9 per 100,000
  5. Cranston: 31.5 per 100,000
  6. Warwick: 24.1 per 100,000

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele. Note: Population estimates from the American Community Survey, 2022 estimates applied for 2023 rates. Fatal overdoses are restricted to RI residents.

# Top 3 Incident Municipalities by Race and Ethnicity January 2023 – December 2023

Most overdoses occur in **Providence**, regardless of a decedent's race and ethnicity.

	Non-Hispanic, Black	Hispanic or Latino	Non-Hispanic, White
	N (%)	N (%)	N (%)
1	Providence 16 (44%)	Providence 39 (64%)	Providence 56 (21%)
2	Pawtucket 7 (19%)	Remaining municipalities are <5	Woonsocket 26 (10%)
3	Remaining municipalities are <5		Pawtucket 25 (9%)

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

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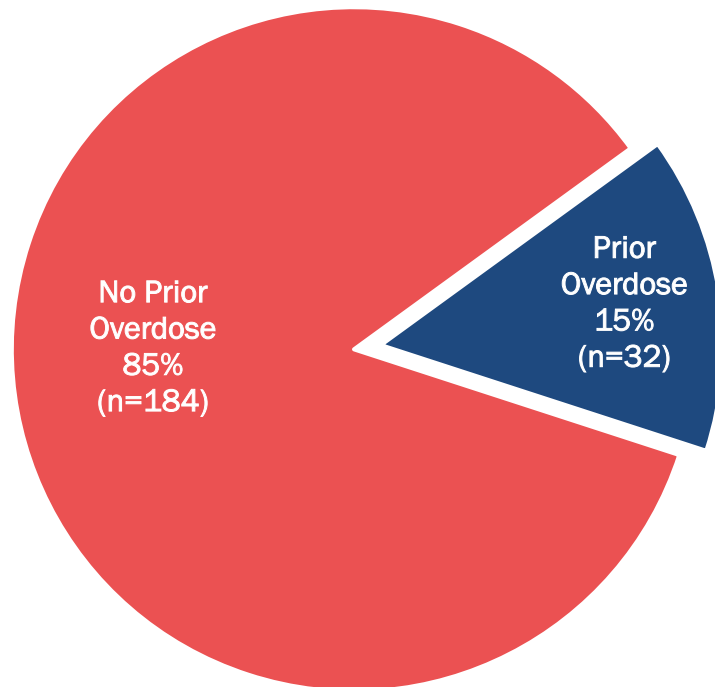
# **State Unintentional Drug Overdose Reporting System (SUDORS)**

# What Is SUDORS?

- SUDORS captures unintentional (accidental) or undetermined drug overdose deaths that occur in Rhode Island.
- Information is abstracted from the death certificate and the medical examiner record, which often includes medical and law enforcement records.
- For the purposes of this presentation, we are including **unintentional and undetermined drug overdose deaths occurring between January 1, 2023 and June 30, 2023.**

# History of Prior Overdose, January 2023 – June 2023

Among individuals who experienced an overdose in Rhode Island from January to June 2023, **85% of decedents had no known history of experiencing a prior medically attended\* overdose.** This means that, for most decedents, their first overdose was a fatal overdose.



While a history of non-fatal overdose is considered a risk factor for subsequent fatal overdose, most decedents have no known history of prior medically attended\* overdose.

*\*Medically attended overdose pertains to overdoses where an individual engaged with emergency or medical services at the time of the event.*

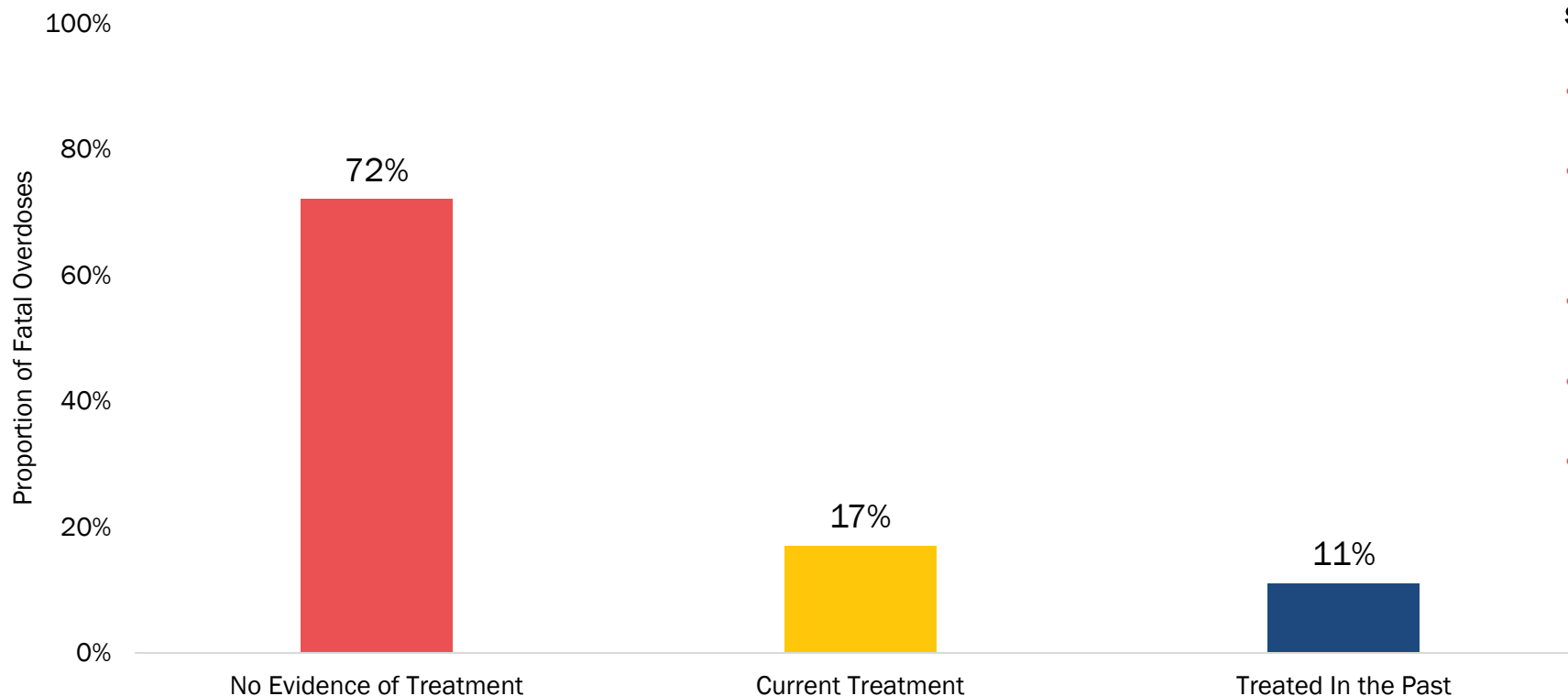
Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

Note: Data reflect accidental and undetermined drug overdose deaths. SUDORS captures known overdose history through case investigations, medical records, and law enforcement records. As such, the number of decedents with overdose history may be undercounted.



# Substance Use Treatment, January 2023 – June 2023

Among individuals who experienced a fatal overdose in the first six months of 2023, **72% did not have any known history of treatment for substance use.**



Types of substance use treatment and recovery supports included (according to SUDORS):

- Medications for opioid-use disorder (MOUD)
- Counseling, therapy, psychiatry for a substance use disorder
- Inpatient/outpatient rehabilitation
- Narcotics Anonymous/Alcoholics Anonymous
- Other unspecified treatment

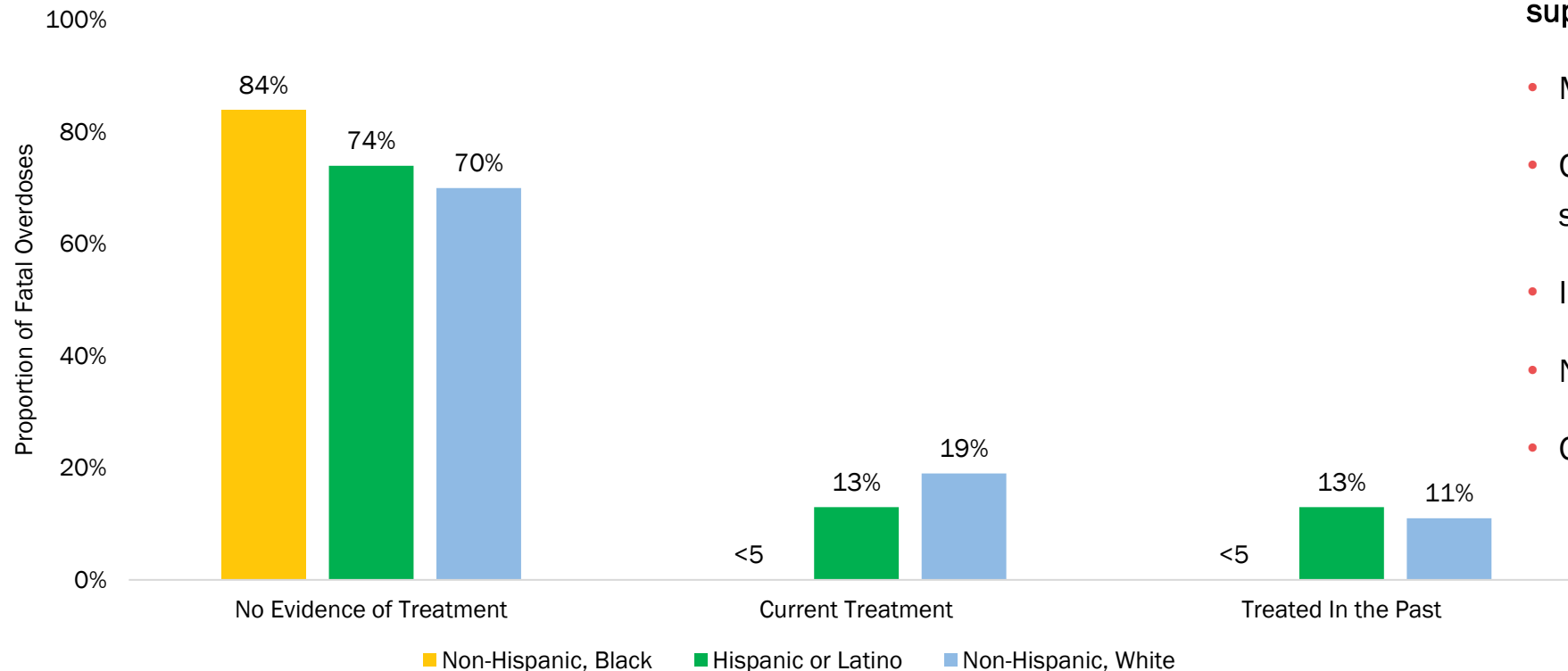
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Note: Data reflect accidental and undetermined drug overdose deaths.

# Substance Use Treatment by Race and Ethnicity

## January 2023 – June 2023

Non-Hispanic, Black and Hispanic or Latino individuals were less likely to ever receive treatment for substance use compared to non-Hispanic, white individuals.



Types of substance use treatment and recovery supports included (according to SUDORS):

- Medications for opioid-use disorder (MOUD)
- Counseling, therapy, psychiatry for a substance use disorder
- Inpatient/outpatient rehabilitation
- Narcotics Anonymous/Alcoholics Anonymous
- Other unspecified treatment

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of June 21, 2024. Prepared by Heidi Weidele.

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# A Glance Around New England...

State	Population (2020)	2022 Fatalities	2023 Fatalities	% Change	Source
Connecticut	3,610,000	1,464	1,342	8.3% Decrease	<a href="#">Connecticut Overdose Statistics</a>
Maine	1,360,000	723	606	16.2% Decrease	<a href="#">Maine Overdose Statistics</a>
Massachusetts	7,000,000	2,357	2,125*	9.8% Decrease	<a href="#">Massachusetts Overdose Statistics</a>
New Hampshire	1,378,702	487	430	11.7% Decrease	<a href="#">New Hampshire Overdose Statistics</a>
Rhode Island	1,097,379	436	404	7.3% Decrease	<a href="#">Rhode Island Overdose Statistics</a>
Vermont	643,077	244*	234*	4.1% Decrease	<a href="#">Vermont Overdose Statistics</a>

\*Note that Vermont and Massachusetts only report on Opioid-related Overdose Fatalities

# Key Takeaways

- From 2022 to 2023, all overdose deaths decreased by 7.3%. Opioid-involved deaths decreased by 4%.
- In 2023, the rate of overdose decreased among non-Hispanic, Black (-11%) and Hispanic or Latino (-15%) individuals. The rate of overdose among non-Hispanic, white individuals remained similar to prior years.
  - Most deaths among non-Hispanic, Black (44%) and Hispanic or Latino (64%) individuals took place in Providence.
- Opioids (85%) and fentanyl (78%) continued to drive overdose deaths. Cocaine is now a contributing cause in 58% of overdose fatalities.
- Most decedents (72%) did not have a history of receiving treatment for substance use. Non-Hispanic, Black (84%) and Hispanic or Latino (74%) individuals were less likely to ever receive substance use treatment.
- For many decedents (85%), their first known medically attended overdose was fatal.

# RIDOH Drug Overdose Surveillance Data Hub

For more information, visit RIDOH's Drug Overdose Surveillance Data Hub at [health.ri.gov/od-datahub](https://health.ri.gov/od-datahub)

- Fatal Overdose Information
- Data for Download
- Overdose Heat Maps
- Data Requests
- Other Substance Use Epidemiology Program Surveillance Systems



Fatal Overdoses



Real-Time  
Overdose Tracking



Non-Fatal Overdose  
ED Visits



Non-Fatal Overdose  
EMS Runs



Harm Reduction  
Supply Distribution



Naloxone  
Distribution



Controlled  
Substance  
Prescribing



Non-Fatal Overdose  
Toxicology

For more data, local resources, and access to free naloxone, visit [PreventOverdoseRI.org](https://PreventOverdoseRI.org).

# Additional Resources

- RIDOH offers free, printed educational materials for a variety of audiences. Order [RIDOH's addiction and overdose educational resources](#).
- If you would like to receive **RIDOH Overdose Spike Alert emails**, please use [this link to subscribe](#).
- The **Governor's Overdose Task Force** relies on the support, engagement, and feedback from its various work groups: Prevention, Rescue, Harm Reduction, Treatment, Recovery, First Responder, Racial Equity, Substance-Exposed Newborns (SEN), and Family Task Force. The work groups meet on a monthly or bi-monthly basis and are always welcoming new volunteers. [Learn more](#).
- To receive the **Governor's Overdose Task Force monthly newsletter**, please use this [link to subscribe](#).
- The **Rhode Island Overdose Fatality Review (OFR) Team** develops recommendations for State and local partners to prevent fatal overdoses throughout the state. [Read OFR reports here](#).



We are deeply grateful to those across our state, especially frontline care providers, who have given so much of themselves, and continue to do so every day, to help end the overdose crisis.



# Questions?

Heidi Weidele, MPH  
Fatal Overdose Epidemiologist  
Substance Use Epidemiology Program  
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# Rhode Island Overdose Response Strategy (ORS) Team

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*July 2024*



Funded by the Office of National Drug Control Policy and  
the Centers for Disease Control and Prevention



**COLLABORATE • SHARE • INFORM & HELP**

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# Rhode Island ORS Team

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**Tom Chadronet**

*Public Health Analyst*



**Bryan Volpe**

*Drug Intelligence Officer*



# Federal Acknowledgement

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*This presentation is supported in part by the Centers for Disease Control and Prevention (CDC) of the US Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,600,000 for Capacity Building for Public Health Analysts in the Overdose Response Strategy with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the US Government.*



# What is the ORS?

The ORS is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and innovative strategies.



Visit us at  
[ORSprogram.org](https://ORSprogram.org)!



# Relationships

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- Our partners at the Rhode Island Department of Health (RIDOH) and its Forensic Drug Chemistry Laboratory.
- The ORS Team is a member of various work groups within the Governor's Overdose Task Force.
- Local, state and federal law enforcement agencies (e.g., Office of National Drug Control Policy (ONDCP), Drug Enforcement Administration (DEA), and Customs and Border Protection (CBP)).



# Relationships

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- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH).
- We recently partnered with Brown University researchers to analyze seized drug data and the challenges with understanding the Rhode Island drug supply.
- This work has resulted in a publication within the *Journal of the American Medical Association* (JAMA) and continued analysis.



# Forensic Drug Chemistry Laboratory

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- Positively identify controlled substances submitted by law enforcement and medical examiners; findings are court-certified.
- Robust historical database with pill identifications.
- Capable of use as a public health monitoring system. In January 2020, the testing queue was 12 days and priority cases took less than four days.



# Opioids and Other Substances

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## What we've seen in Rhode Island...

Fentanyl

Furanyl fentanyl

Acetyl fentanyl

Paraflourofentanyl

Benzyl fentanyl

Valeryl fentanyl

Methoxyacetyl fentanyl

4-Fluoroisobutyrfentanyl (FIBF)

Carfentanil

Xylazine

Bromazolam

Etizolam





# Carfentanil

- Carfentanil was first detected locally by the RIDOH Forensic Drug Chemistry Laboratory in September 2016. This was the first detection of carfentanil east of Ohio.
- The sample contained both furanyl fentanyl and carfentanil.
- Carfentanil was identified in 80 cases from 2017 to 2021, but from 2022 to present, only four cases were identified.



*Courtesy of RIDOH Forensic Drug Chemistry Lab*



# Counterfeit Pill Presence

Counterfeit pills are abundant in Rhode Island. Counterfeit pills look like real prescription medications. These pills are clandestinely made in unregulated conditions, with unknown dosage amounts.

**ONE PILL CAN KILL!**

Common Counterfeit Pills Made with Fentanyl

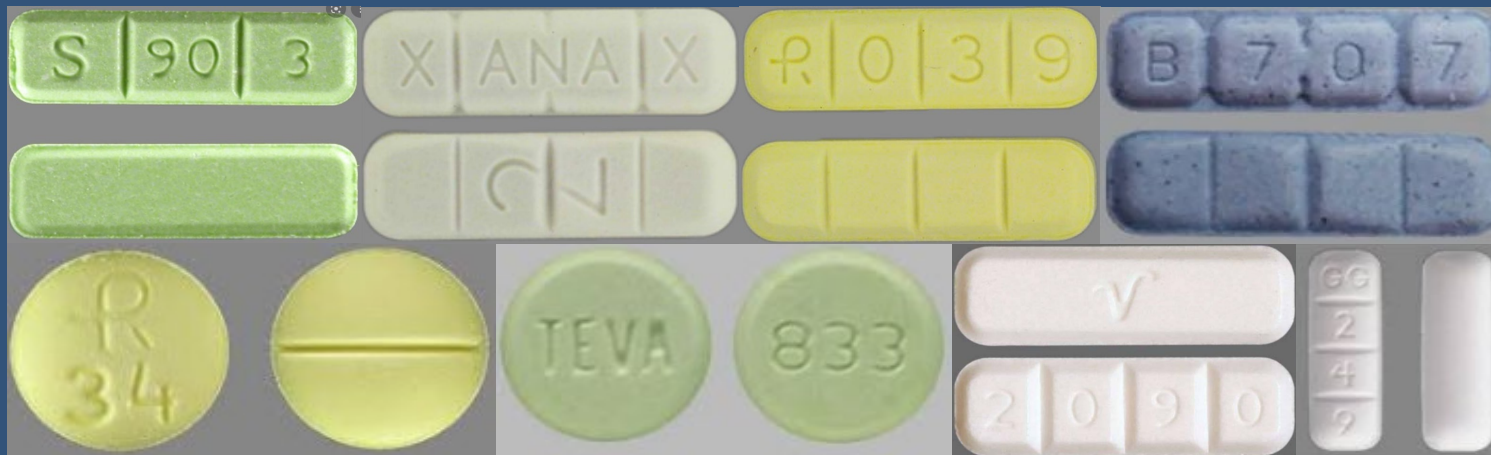


# Counterfeit Pill Presence

## Common Counterfeit Pills Made with Methamphetamine



## Common Counterfeit Benzodiazepine Pills



# Stimulants

Cocaine remains the most common stimulant submitted to the lab. Most seizures, approximately 70%, consist of “rock/crack cocaine.”



Methamphetamine (meth) has been on the increase since 2017, and recently the number of cases with meth in crystal form has increased significantly.



# Xylazine

- Scheduled in Rhode Island in September of 2020 by the Director of Health.
- The RIDOH Forensic Drug Chemistry Laboratory had seen xylazine in samples submitted by law enforcement several years prior.
- Currently, we see xylazine as a fentanyl adulterant in both powder and counterfeit pill form.



# Xylazine Data

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- Test results in 2021 revealed that xylazine was in approximately **37% of all fentanyl** samples submitted in Rhode Island.
- Test results in 2024 show that xylazine is now in approximately **50 to 55% of fentanyl** samples submitted in Rhode Island.



# Data Limitations

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Seized drug data consists of, but are not limited to, the following law enforcement cases:

- Overdose investigations, fatal and nonfatal
- Narcotics arrest/seizures
- Found/voluntary turn-in narcotics
- Driving while impaired (DWI) cases
- Motor vehicle accident investigations





# Toxicology Data from the Rhode Island State Health Laboratories

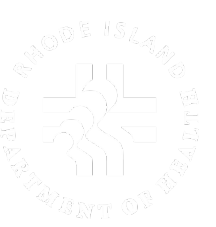
July 10, 2024

Governor Dan McKee's Overdose Task Force





# Rhode Island State Health Laboratories (RISHL)



**The RISHL is responsible for the generation of data that is key in establishing an integrated surveillance system.**

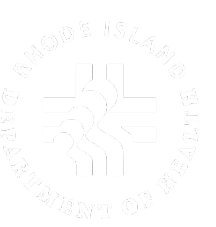
**Forensic Drug Chemistry** – Analysis of drug seizures from law enforcement

**Forensic Toxicology** – Postmortem analysis in support of investigations from the Office of State Medical Examiners (OSME) (for suspected fatal overdose).

**Clinical Toxicology** – Analysis of hospital-submitted specimens from patients believed to have experienced a non-fatal overdose



# Forensic Drug Chemistry



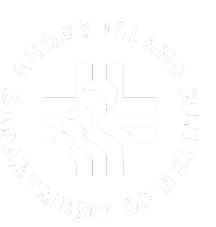
**Analyzes physical substances seized from law enforcement.**

**In 2023, the Forensic Drug Chemistry laboratory analyzed 3,285 submissions from law enforcement.**

- **Submissions represent street level and pre/post distribution supply.**
- **Cocaine, fentanyl, and xylazine were the most frequently identified substances representing 24%, 15%, and 7% of the total, respectively.**
- **Maintains close partnership with the New England High Intensity Drug Trafficking Areas (HIDTA) to maintain situational awareness of the circulating drug supply.**



# Forensic Toxicology



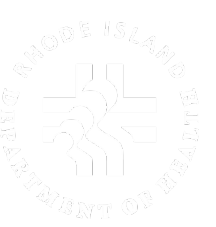
## Responsible for DUI and postmortem toxicological investigations

**In 2023, the Forensic Toxicology lab analyzed 3,346 cases from the OSME, where illicit drugs contributed to 404 deaths (subject to change).**

- **Comprised of six full-time scientists**
- **Preliminary toxicology screening can detect emerging drugs of concern such as xylazine, designer benzodiazepenes, fentanyl analogs, and nitazene derivatives**
- **Maintains confirmatory methods for a variety of drug classes**



# Clinical Toxicology



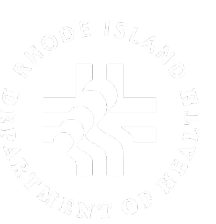
**Responsible for toxicological investigations surrounding non-fatal, opioid-related overdoses**

**Residual blood specimens obtained throughout the course of treatment at a hospital emergency department are sent to the RISHL to identify the responsible substance.**

- **Surveillance provides real-time insight into opioid overdose trends**
- **The program will expand to offer a non-targeted approach to analysis**
- **Assists the Forensic Toxicology laboratory in OSME investigations involving opioids**



# Disseminating Information on Emerging Substances of Concern



- Healthcare professional advisories
- Educational resources
- Social media
- E-newsletter alerts
- Earned media

**RIDOH Provider Advisory**

October 24, 2022

Updates from testRI: Findings on Xylazine

**RIDOH Healthcare Professional Advisory**

February 23, 2024

**Advisory on the Presence of Designer Benzodiazepines in Counterfeit Alprazolam (Xanax®)**

The Rhode Island Department of Health (RIDOH) is notifying healthcare professionals about recent detections of designer benzodiazepines in counterfeit alprazolam (Xanax®), in the local drug supply.

The Centers for Disease Control and Prevention (CDC) issued a [Morbidity and Mortality Report \(MMWR\)](#) describing three individuals in the Chicago area with exposure to a "designer benzodiazepine," after ingesting counterfeit alprazolam (Xanax®) pills.

In Rhode Island, bromazolam has been detected in overdose reports, biological specimen in the context of substance use treatment, and in the drug supply in counterfeit alprazolam.

Bromazolam is a "designer benzodiazepine" in the triazolobenzodiazepine class. It was first synthesized in 1978.

**RIDOH Healthcare Professional Advisory**

April 19, 2024

**Detection of Carfentanil in Local Drug Supply Testing**

The Rhode Island Department of Health (RIDOH) is notifying healthcare professionals about the recent detection of **carfentanil** in local drug supply testing by the Rhode Island State Health Laboratories, including the presence of carfentanil in a counterfeit oxycodone pill with an M30 marking.

**What is carfentanil?**

- Carfentanil is a highly potent fentanyl analog that is up to 100 times more potent than fentanyl.<sup>1,2</sup>
- Carfentanil is not approved for human use but is used in veterinary medicine for sedation and analgesia in large animals.

Department of Health (RIDOH), in partnership with Brown University School of Public Health, introduce [testRI](#), a two-year research study to monitor the local drug supply in Rhode Island and how changes to the supply affect people who use drugs in our communities.

Research work?

Some tests used equipment, like pipes and syringes, that are not readily available in the community or donated by individuals or local organizations. These items are tested using advanced confirmatory toxicology methods. The results of the study can be found on Rhode Island's [PreventOverdoseRI.org](#).

# Disseminating Information on Emerging Substances of Concern



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The Providence Journal

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DRUGS

## RI's illicit drug supply is almost all contaminated with fentanyl. Here's what a study found

Katie Mulvaney  
Providence Journal

Published 5:16 a.m. ET May 28, 2024 | Updated 8:09 a.m. ET May 28, 2024

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HEALTH

## Veterinary tranquilizer found in RI's illicit drug supply

Posted: Jan 18, 2023 / 07:26 PM EST  
Updated: Jan 18, 2023 / 07:27 PM EST

### How to Stay Safer with Xylazine

Xylazine is a powerful veterinary sedative recently found in the Rhode Island drug supply. Xylazine isn't an opioid but can still impact an overdose.

**Have naloxone and don't use alone**  
Drugs that have xylazine in them very often have fentanyl, too. Make sure you and your friends carry naloxone. Make sure someone is around to administer naloxone if you overdose.

**Call 911**  
If you think that someone is overdosing, call 911 first and administer naloxone until breathing is restored. The Good Samaritan Law provides certain legal protection, whether you have drugs on you or not.

**Support breathing**  
If the person is breathing again but is still sedated, they don't need more naloxone. Put the person on their side supported by a bent knee. This will help them breathe.

**Treat your wounds and use new supplies**  
Xylazine can cause severe wounds and ulcers that can lead to an infection. Wounds may occur even if you do not inject.

The Providence Journal

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"I couldn't figure out why it was burning," Treglia said. "It felt like gasoline running through your veins. It eats you from the inside out."

More on xylazine: ['Enormous problems:' Animal sedative found in local drug supply increases overdose risk](#)

Amy Treglia shows scarring on her arms caused by xylazine, a veterinary tranquilizer that is being used as a cutting agent for heroin and fentanyl. Kris Craig/The Providence Journal

**Xylazine is making itself known in Rhode Island's drug supply**

ACE Classifieds

The Providence Journal

Sports Entertainment Lifestyle Food Advertise Obituaries eNewspaper Legals

DRUGS

## 'Enormous problems:' Animal sedative found in local drug supply increases overdose risk

*Animal sedative found in local drug supply increases overdose risk*

Jack Perry  
The Providence Journal

Published 5:00 a.m. ET Jan. 20, 2023

A powerful animal tranquilizer that can increase the risk of overdose and cause serious skin wounds has been found in the local drug supply, the [Rhode Island Department of Health](#) warns.

### Cómo mantenerse más seguro con xilazina

La xilazina es un poderoso sedante veterinario encontrado recientemente en Rhode Island en los suministros de drogas. La xilazina no es un opiáceo, pero aún puede provocar una sobredosis.

**Tenga naloxona y cuando use droga, no consuma solo/a.** Los medicamentos que contienen xilazina muy a menudo también contienen fentanilo. Asegúrese que usted y sus amigos lleven naloxona. Asegúrese de que haya alguien cerca para administrarle naloxona si tiene una sobredosis.

**Llamar al 911** Si cree que alguien está teniendo una sobredosis, llame primero al 911 y adminístrele naloxona hasta que se restablezca la respiración. La Ley del Buen Samaritano brinda cierta protección legal, ya sea que tenga con usted drogas o no.

**Ayuda para la Respiración.** Si la persona está respirando nuevamente pero aún está sedada, no necesita más naloxona. Ponga a la persona de lado con el apoyo de una rodilla doblada. Esto les ayudará a respirar.

**Trate sus heridas y use nuevos suministros**  
La xilazina puede causar heridas y úlceras graves que pueden provocar una infección. Las heridas pueden ocurrir incluso si no se inyecta o en lugares donde nunca se inyectó. Es importante usar nuevos suministros y obtener atención médica para las heridas.

Para obtener suministros, recursos y más información sobre el uso seguro de drogas, visite [PreventOverdoseRI.org/xylazina](#)

PREVENT OVERDOSE RI



**Questions?**

# Public Comment

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**RHODE  
ISLAND**