



Governor Dan McKee's Overdose Task Force

July 9, 2025

Richard Leclerc; Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

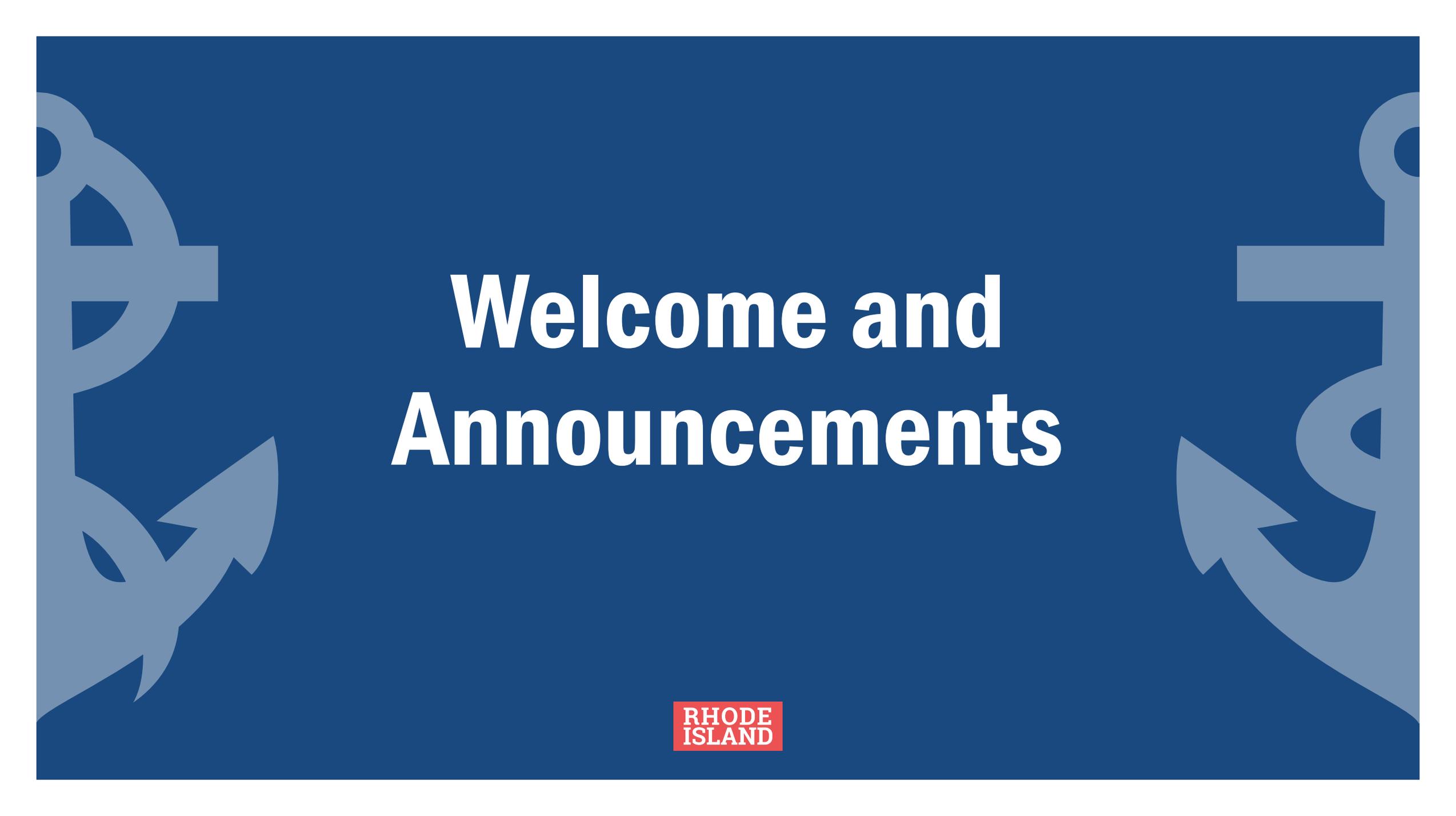
Jerome Larkin, MD; Director, Rhode Island Department of Health

Alex Gautieri, MSW; Task Force Community Co-Chair

Ana Novais, MA; Assistant Secretary, Rhode Island Executive Office of Health and Human Services

Cathy Schultz, MPH; Task Force Director, Rhode Island Executive Office of Health and Human Services

RHODE
ISLAND



Welcome and Announcements

**RHODE
ISLAND**

BHDDH Announces New Funding Opportunities

New! Increasing Engagement in Treatment

- Pilot Program to Address Complex Stimulant Use Disorders
- Deadline: Noon on August 4, 2025

New! Supporting Recovery

- Recovery House Services
- Deadline: August 18, 2025

Learn more: preventoverdoseri.org/funding-announcements

Request Free Harm Reduction Supplies

**Need Safe Rx
& Cannabis
Storage?**

It's in the bag!

Get yours FREE at riprevention.org/campaigns



Get free naloxone at
PreventOverdoseRI.org/get-naloxone

**PREVENT
OVERDOSE RI** 

Overdose Task Force Work Groups

Learn more and get involved: preventoverdoseri.org/task-force-work-groups

Task Force Work Groups	State Co-Chair	Community Co-Chair
Prevention	Tara Cooper (EOHHS) Elizabeth Farrar (BHDDH)	Terrel Newton, Tides Family Services
Rescue	Nya Reichley , (RIDOH)	Catherine Ahern, URI Community First Responder Program
Harm Reduction	Thomas Bertrand (RIDOH)	Machiste Rankin, Brown University School of Public Health
Treatment	Linda Mahoney (BHDDH)	Jessica Elliott, Community Care Alliance
Recovery	Candace Rodgers (BHDDH)	George O'Toole, East Bay Community Action Program
First Responder	Megan Umbriano (RIDOH)	Vacancy
Racial Equity	Monica Tavares (RIDOH)	Donna (Deedee) Williams, Project Weber/RENEW Carlene Fonseca, The Greatest You Consulting
Perinatal Substance Use Task Force	Margo Katz (RIDOH)	Arlo Narva, Project Weber/RENEW
Family Work Group	Trisha Suggs (BHDDH)	Laurie MacDougall, Allies in Recovery

International Overdose Awareness Day (IOAD)

Save the Date for IOAD

Statewide Naloxone Distribution

Events: **Thursday, September 4**



New RIDOH Data Linkages StoryMap



Scan with your smartphone to access the StoryMap

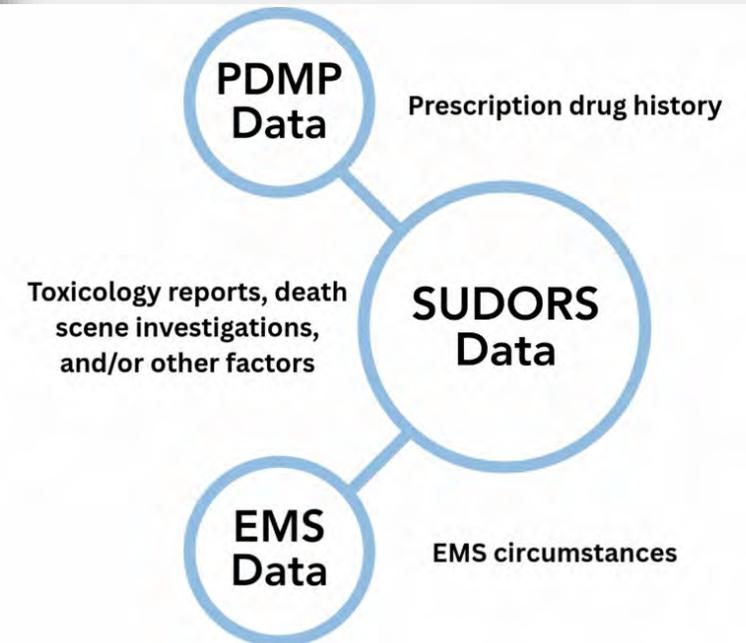


Substance Use Data Linkages

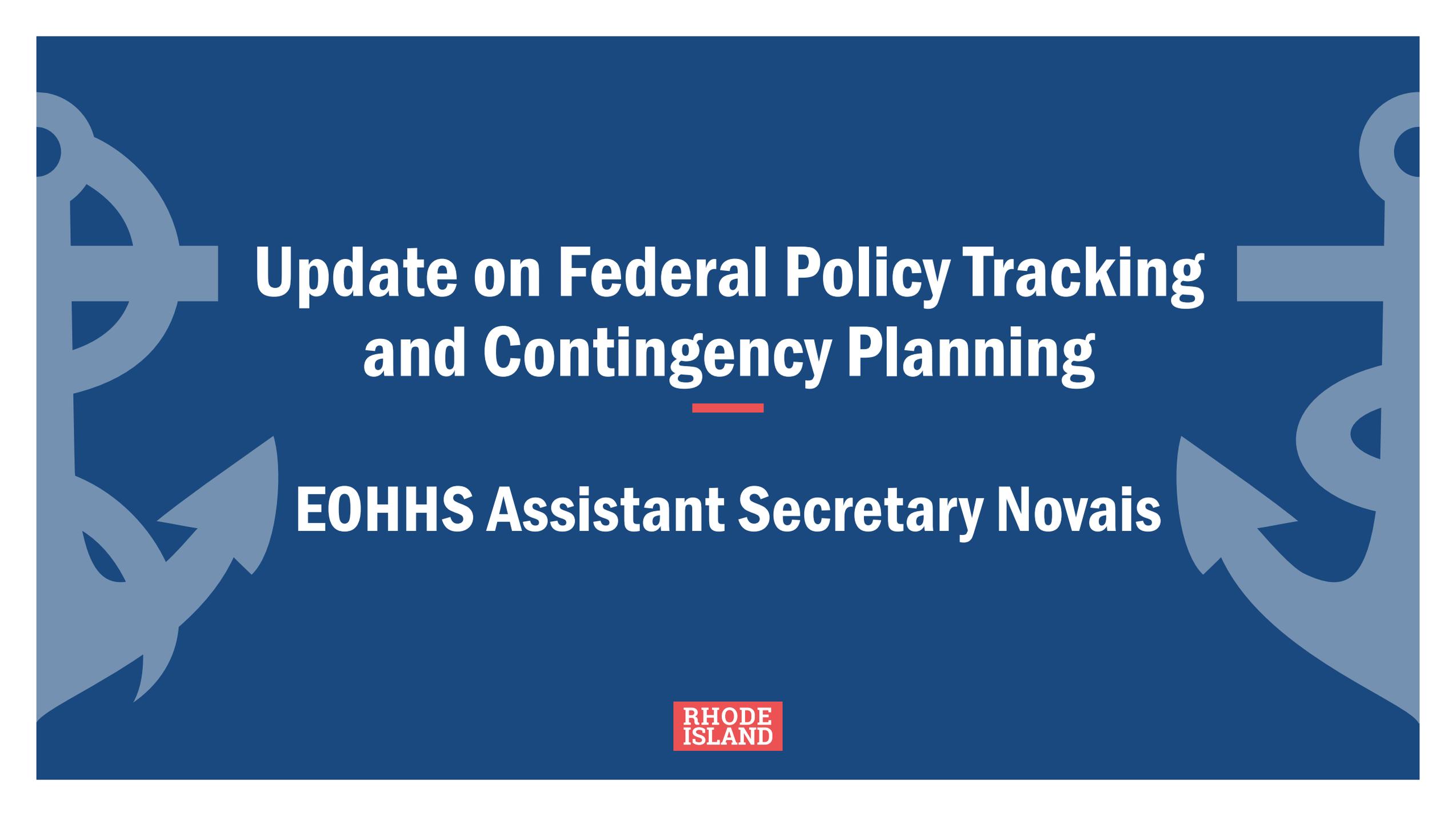
Exploring Data on Overdose Risk Factors in Rhode Island

Rhode Island Department of Health - Substance Use Epidemiology Program

July 2, 2025



tinyurl.com/48y2ttjz



Update on Federal Policy Tracking and Contingency Planning

EOHHS Assistant Secretary Novais

Update from the Opioid Settlement Advisory Committee (OSAC)

OSAC Chairperson:

Brandon DL Marshall, PhD
Professor, Department of Epidemiology
Brown University School of Public Health
66 Pavilion Ave., 2nd Floor, Providence, RI 02905
brandon_marshall@brown.edu

**RHODE
ISLAND**

New Funding Announcements on Prevent Overdose RI

New! Increasing Engagement in Treatment

- Pilot Program to Address Complex Stimulant Use Disorders
- Deadline: Noon on August 4, 2025

New! Supporting Recovery

- Recovery House Services
- Deadline: August 18, 2025

New! Supporting Recovery

- Coordination of Advanced Dental Services for People in Recovery
- Deadline: 1 p.m. on July 28, 2025

Addressing Emerging Issues or Targeting High Burden Communities

- Municipal Incentive Funds
- Rolling Opportunity Ending: August 31, 2029

Learn more: preventoverdoseri.org/funding-announcements



What's New in Public Access

Opioid Settlement Advisory Committee Communications Form

Thank you for your inquiry. Please complete and submit this form to share your request.

1. Name

Enter your answer

2. Email Address

Enter your answer



Contact Us

Contact the Rhode Island Opioid Settlement Advisory Committee by sending an email to [✉ OHHS.OpioidSettlement@ohhs.ri.gov](mailto:OHHS.OpioidSettlement@ohhs.ri.gov) or submitting [this contact form](#).



<https://eohhs.ri.gov/Opioid-Settlement-Advisory-Committee>

Settlement Account Update: State Fiscal Years 2023 - 2025

Agency	Total SFY23- SFY25 Allocations	Total SFY23 - SFY25 Spent through May 2025	Estimated encumbered or obligated for SFY25 and SFY26
EOHHS	\$24M Est.	\$12M	*\$23M
RIDOH	\$8M Est.	\$5M	\$8M
BHDDH	\$16M Est.	\$5M	\$9.2M
Total	\$48M Est.	\$22M	\$40.2M

** Note: EOHHS allocations include funds for other agencies, administration, evaluation, communications (translations), and emerging issues.*

2025: Past and Future OSAC Meetings

Join us for a future OSAC meeting!

When: The fourth Wednesday of each month from 1 p.m. to 3 p.m.

Where: In person at the Rhode Island Department of Administration, Conference Room 2A, or virtually by Microsoft Teams.

May 28	National expert presentation and Task Force recommendations
June 25	Programmatic updates from RIDOH, BHDDH, and EOHHS
July 23	Review process and proposed fiscal year 2027 allocations
August 27	Hold consensus vote on proposed recommendations to be sent to the EOHHS Secretary
October 22	Year in Review



How to **START** to Treat Stimulant Use Disorder (StUD)

Governor Dan McKee's Overdose Task Force

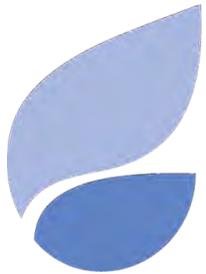
July 9, 2025



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center

CENTER
BOSTON
MEDICAL

Funders



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center



Disclosure and Disclaimer

The faculty and planning committee have no relevant financial relationships to disclose.

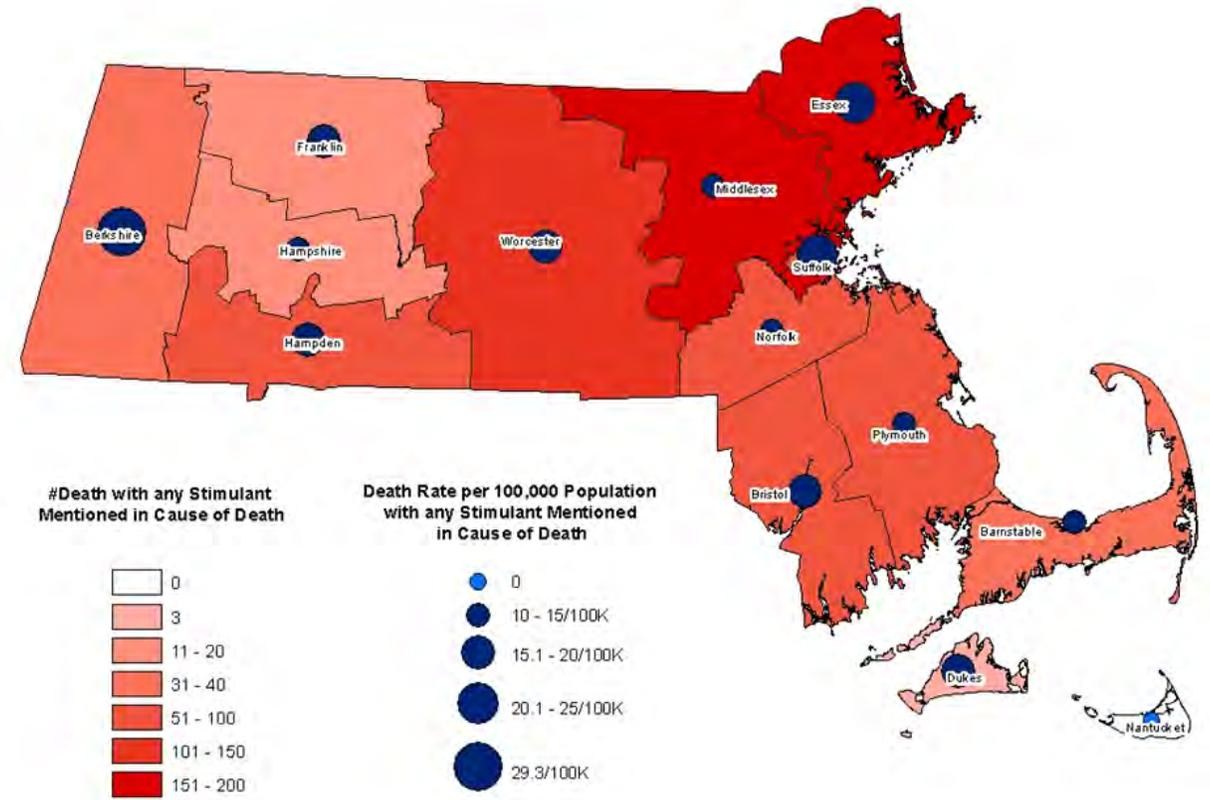
This content and the content presented by Grayken Center for Addiction TTA (Grayken TTA) is intended solely to inform and educate qualified healthcare professionals, shall not be used for medical advice, and is not a substitute for the advice or treatment of a qualified medical professional. Boston Medical Center, Grayken TTA, and contributors are not acting as healthcare providers or professional consultants on behalf of any specific patient and disclaim establishing a provider-patient relationship with any specific patient.

Planting the Seed

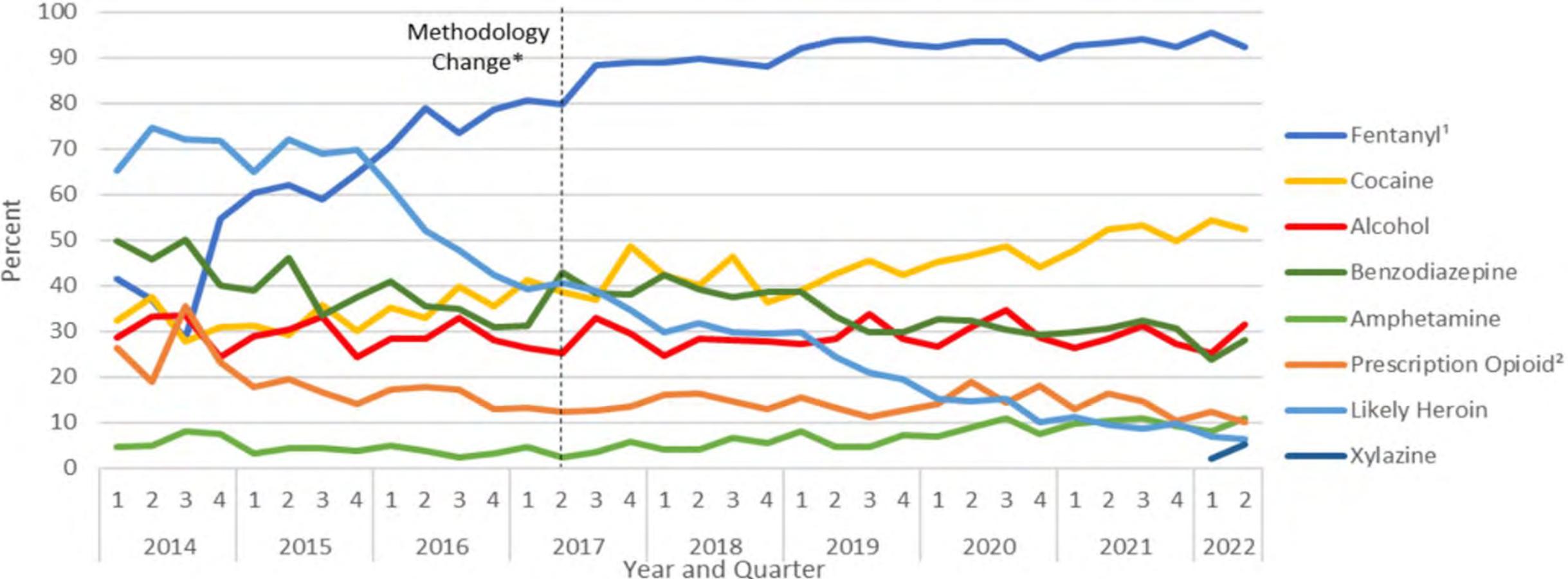
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Stimulant-Related Mortality by County; Massachusetts, 2020

Highest rates of stimulant involved deaths were seen in Berkshire County followed by Suffolk and Essex.

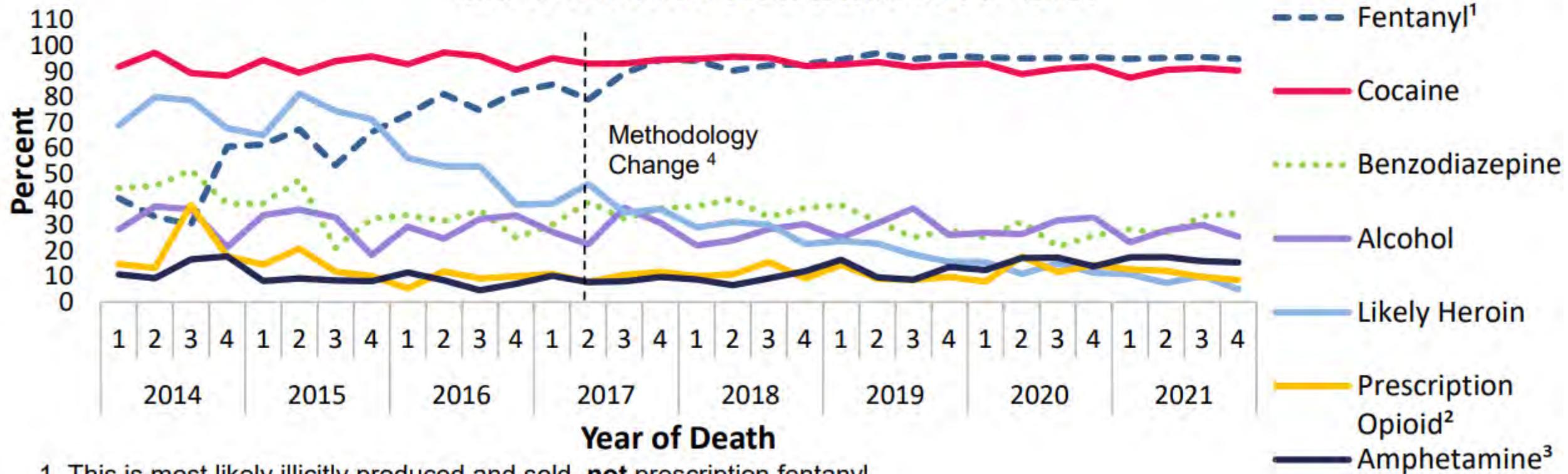


Overdose Deaths in Massachusetts, 2014–2022



Overdose Deaths in Massachusetts

**Figure 5. Acute Stimulant Poisoning Deaths with Specific Drugs Present
Massachusetts Residents: 2014 - 2021**



1. This is most likely illicitly produced and sold, **not** prescription fentanyl

Fentanyl Contamination of the Stimulant Supply

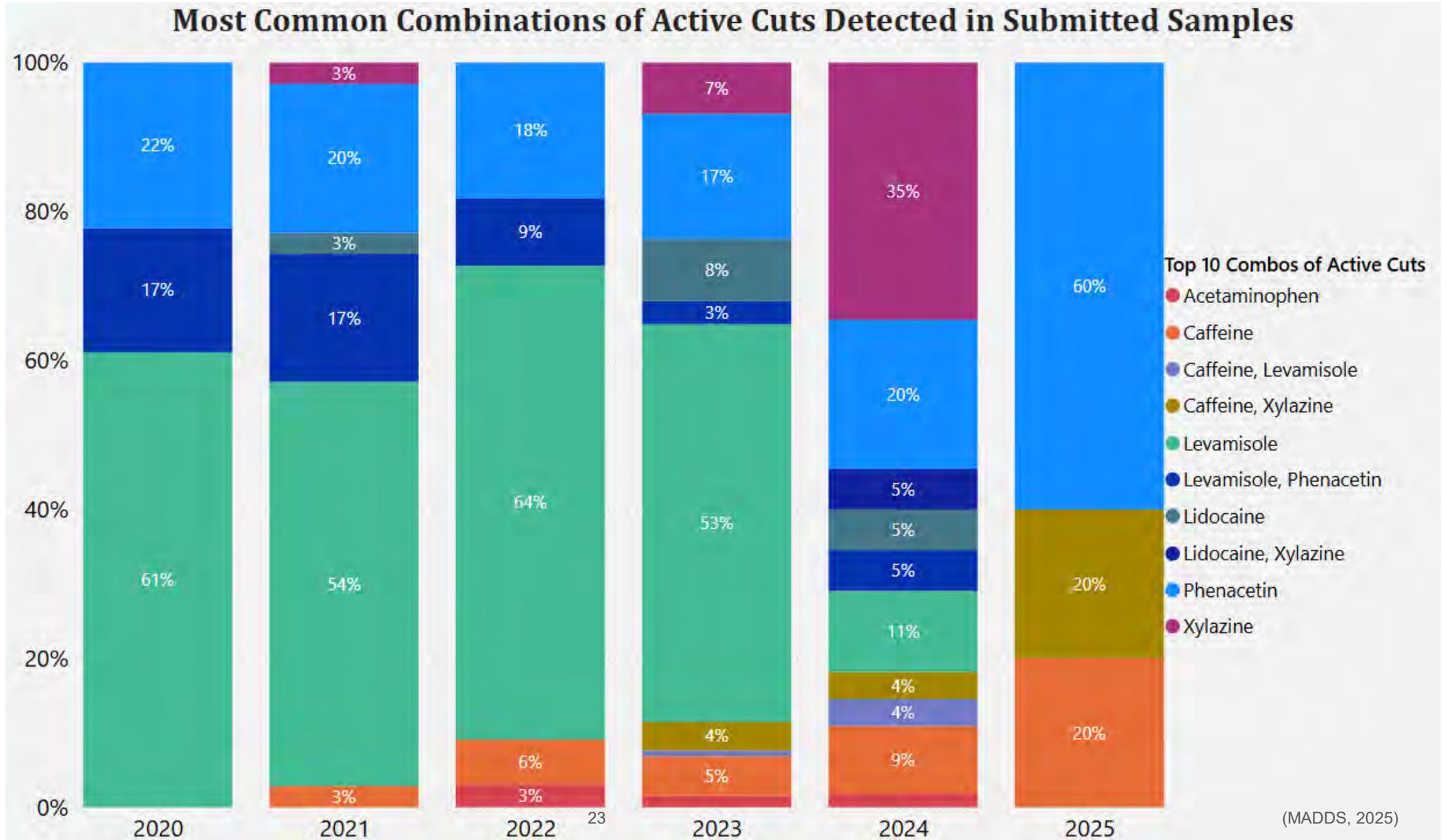
- In a study of drug samples submitted for testing, approximately 13.5% of stimulant samples had unknown fentanyl.
 - Cocaine (21%) > Methamphetamine (8.9%) samples
- Fentanyl is a critical lab result in patients who are using stimulants with no known co-consumption of opioids.
- Opioid-naïve individuals who use stimulants are particularly at risk for death from fentanyl contamination of the stimulant supply.



Creating a Fentanyl Response/Safety Plan

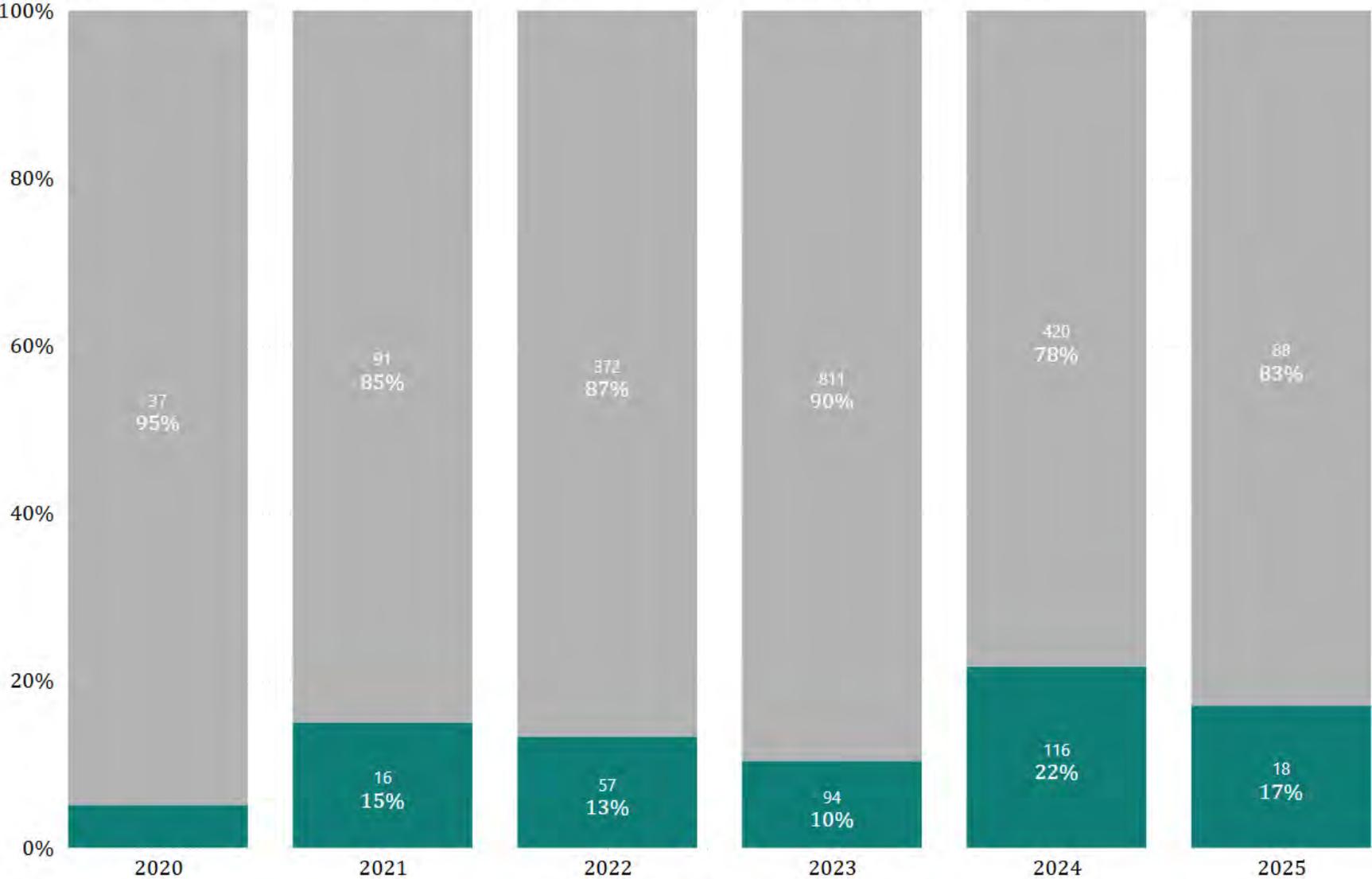
- Attempt to contact the patient by phone or text prior to their next visit.
- Prioritize fentanyl test strips and access to drug checking systems.
- Encourage robust opioid overdose prevention education:
 - Never use alone, provide with hotline information
 - Naloxone access and administration
 - Consider prescribing to protect
- Attempt to determine if the exposure is regularly happening or the result of aberrant contamination.
 - Regular exposure may require assessment of opioid withdrawal and appropriate medications for opioid use disorder (MOUD).
 - Complicated withdrawal presentations should also prompt evaluation of potential regular contamination.

Cocaine Cut

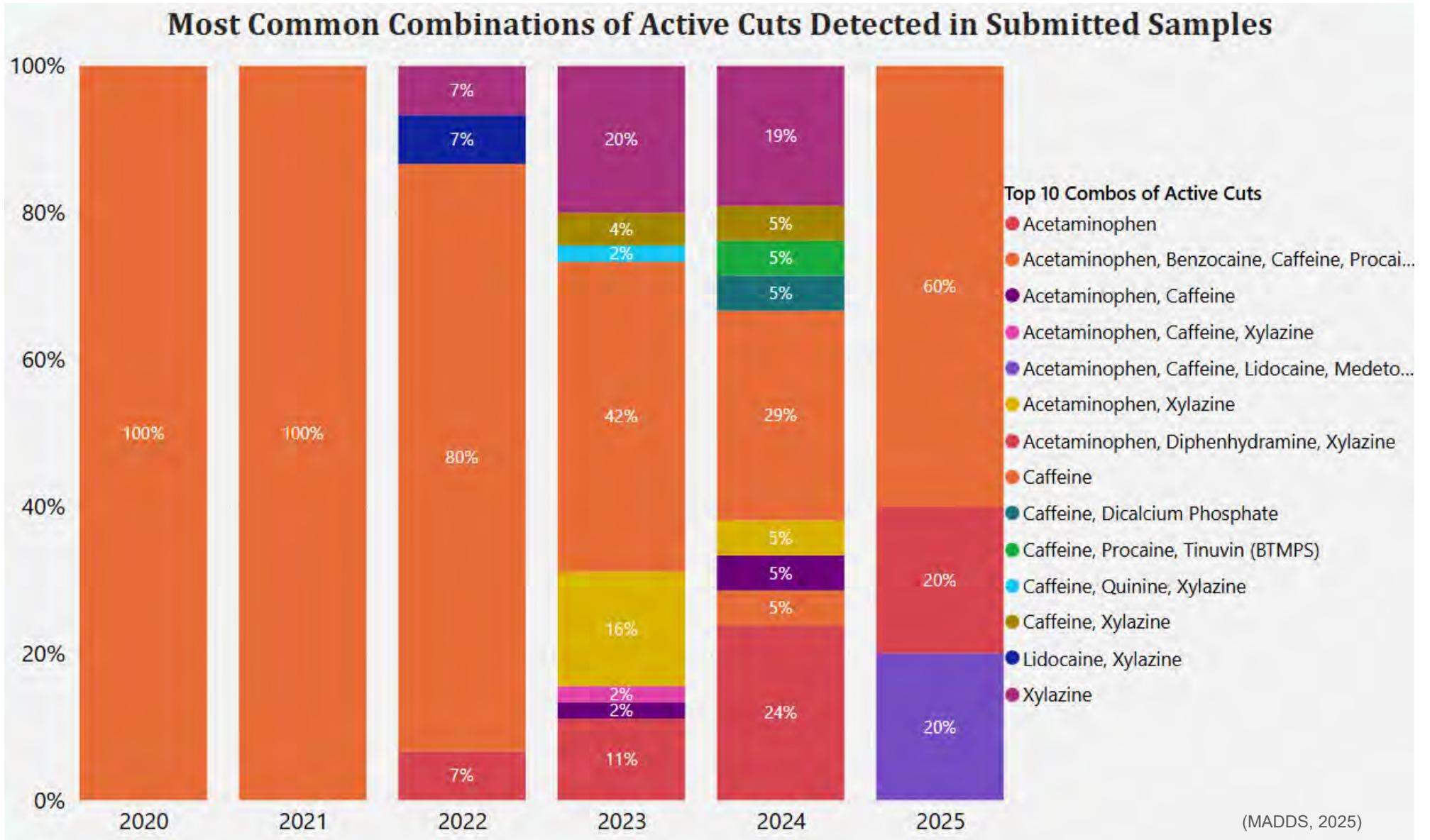


Fentanyl Contamination in Cocaine in Massachusetts

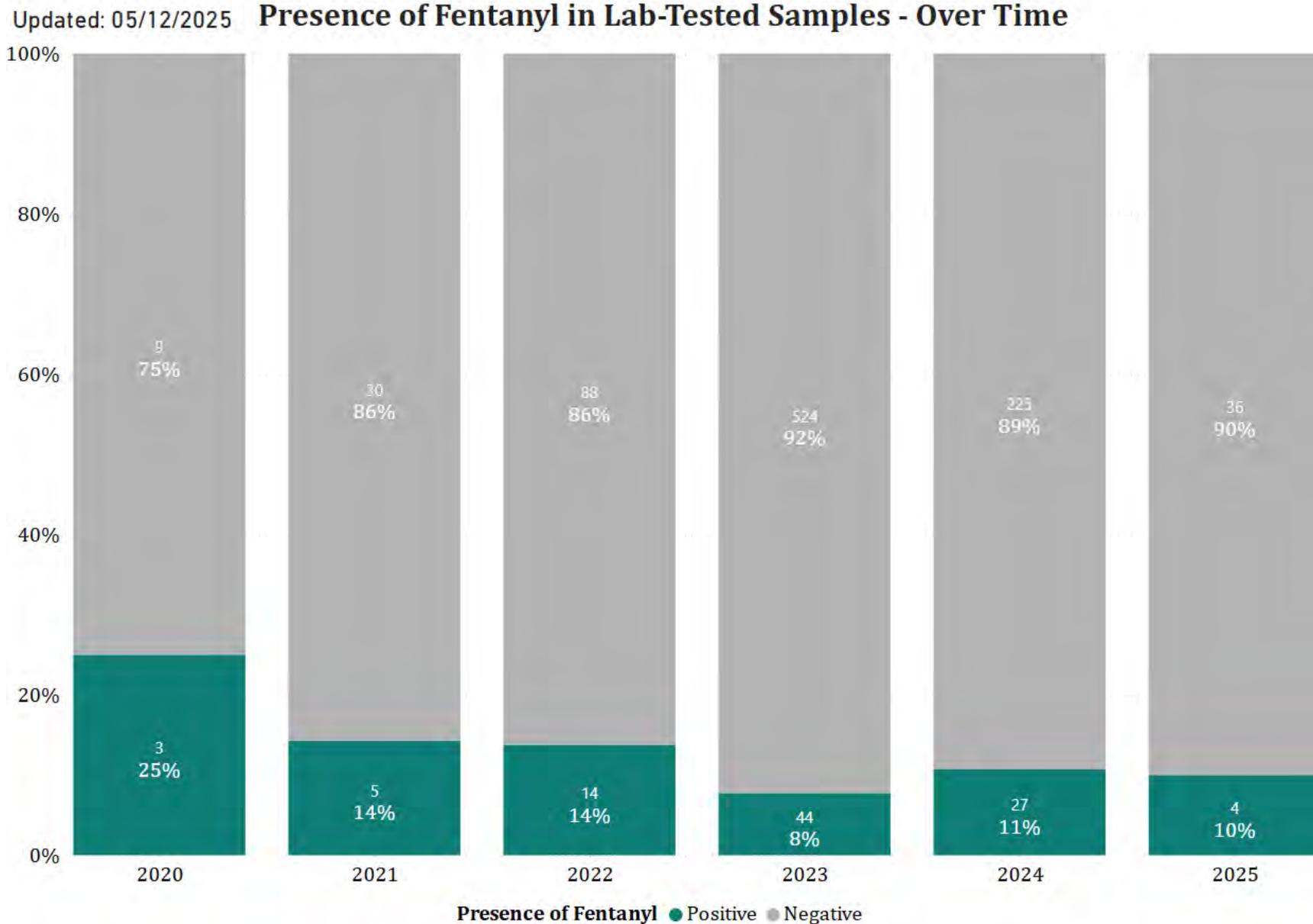
Updated: 05/12/2025 Presence of Fentanyl in Lab-Tested Samples - Over Time



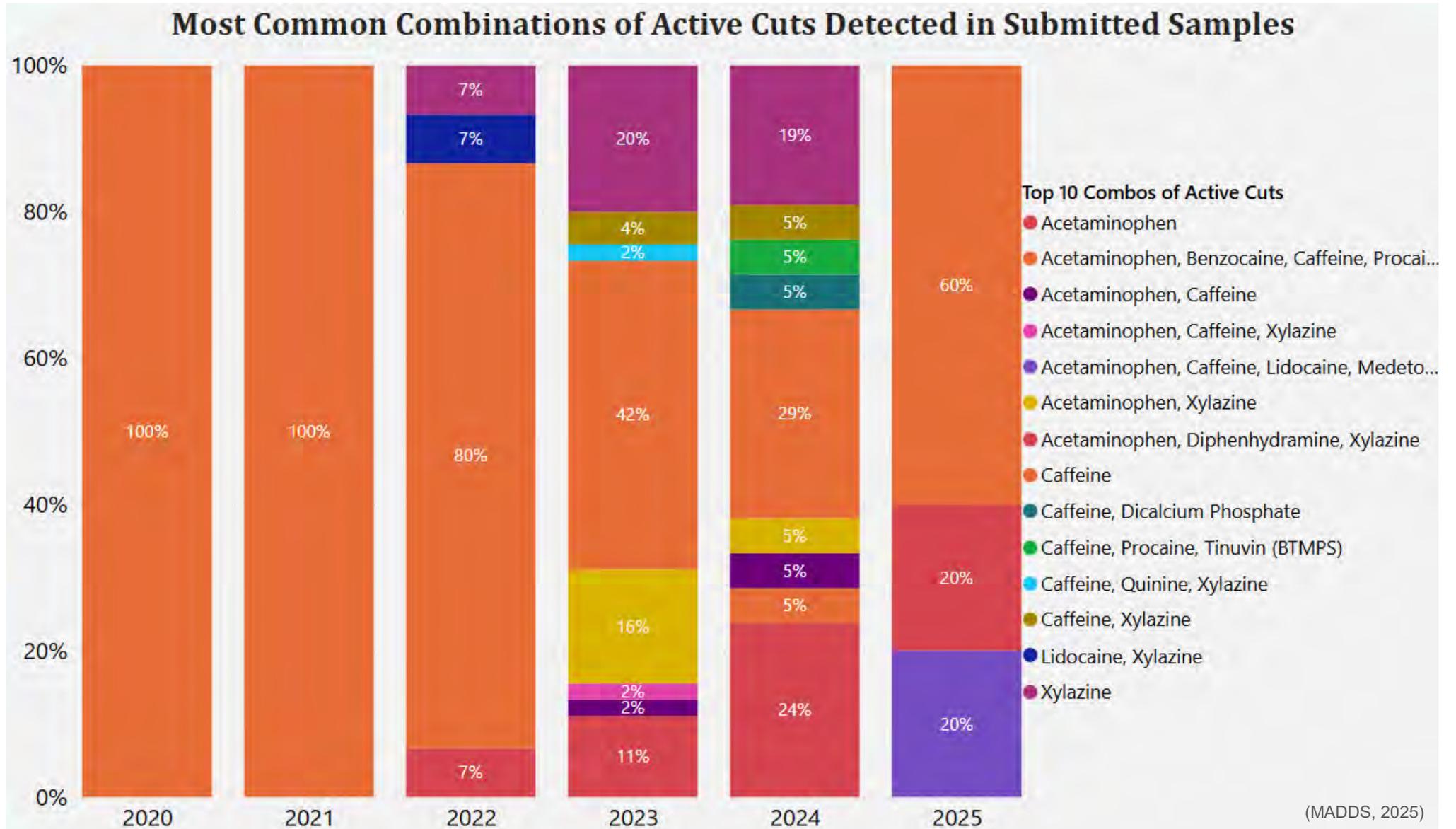
Methamphetamine Cut



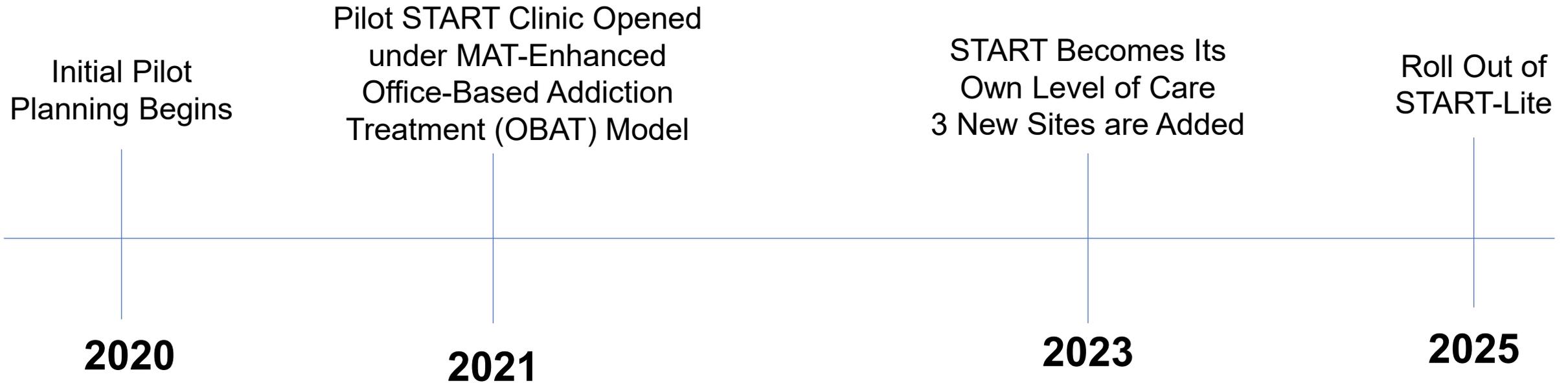
Fentanyl Contamination in Methamphetamine in Massachusetts



MDMA Cut



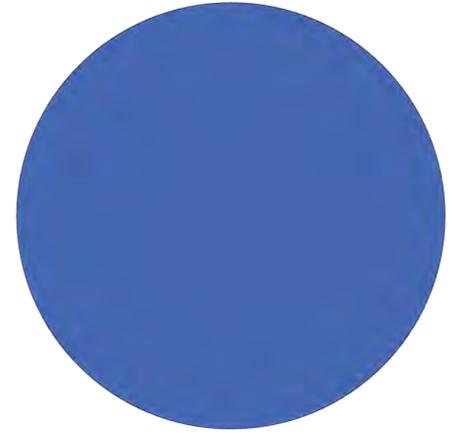
Stimulant Treatment and Recovery Team (START) Implementation Timeline



START
Stimulant Treatment and Recovery Team



Creating a Culture for Treatment



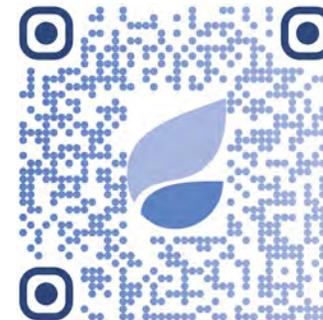
Targeting Affected Populations

- Strategize on ways to create a clinic environment that is visibly safe for affected groups; visual cues can be helpful.
- Ask questions and conduct intakes to meet the cultural needs of the communities you are trying to serve.
- Conduct a clinic self-audit
 - Most importantly, determine who isn't represented in your current treatment program.
 - How can you change practices to make it more warm and engaging for all folx?

Examples of Preferred Language

 Say this...	 Instead of this...
<ul style="list-style-type: none"> • Person with a substance use disorder • Person with addiction • Person who uses drugs 	<ul style="list-style-type: none"> • Addict, junkie, crackhead, tweaker, abuser, pill-popper
<ul style="list-style-type: none"> • Risky or unhealthy alcohol or drug use 	<ul style="list-style-type: none"> • Abuse
<ul style="list-style-type: none"> • Medication for addiction treatment (MAT) • Treatment 	<ul style="list-style-type: none"> • Medication-assisted treatment (MAT), replacement therapy
<ul style="list-style-type: none"> • Negative or positive urine toxicology, expected versus unexpected results, in active use 	<ul style="list-style-type: none"> • Dirty or clean urine
<ul style="list-style-type: none"> • Neonatal Abstinence Syndrome (NAS) • Newborn with Substance Exposure 	<ul style="list-style-type: none"> • Addicted baby • Crack baby
<ul style="list-style-type: none"> • Person living with HIV 	<ul style="list-style-type: none"> • Poz, “has the bug”, “full blown” AIDS
<ul style="list-style-type: none"> • Altered perception of reality 	<ul style="list-style-type: none"> • Delusional, nuts, crazy, tweaking
<ul style="list-style-type: none"> • Protective behaviors, trauma response 	<ul style="list-style-type: none"> • Violent, aggressive, monsters, tweaking

Visit the Grayken TTA [website](#) to take the “Words Matter” pledge or download a copy in English and Spanish!



Is ATS Appropriate?

Acute Treatment Services (ATS) are provided to members experiencing, or at significant risk of developing, an uncomplicated, acute withdrawal syndrome as a result of an alcohol and/or other substance use disorder. Members receiving ATS (American Society of Addiction Medicine (ASAM) Medically Monitored Intensive Inpatient Services) do not require the medical and clinical intensity of hospital-based, medically managed withdrawal management, nor can they be effectively treated in a less intensive outpatient level of care. Admission to ATS (ASAM Medically Monitored Intensive Inpatient Services) is appropriate for members who meet diagnostic and dimensional admission criteria specified in accordance with the ASAM Criteria®.

Substance-specific withdrawal management protocols that are individualized, documented, and available on-site. **At minimum, these include withdrawal management protocols** for alcohol, **stimulants**, opioids, and sedative hypnotics (including benzodiazepines) with capacity to use all Food and Drug Administration-approved medications for the treatment of substance use disorders.

BSAS Complaint Line

 **Phone**

(617) 624-5171

Utilizing a Nurse Care Manager Model

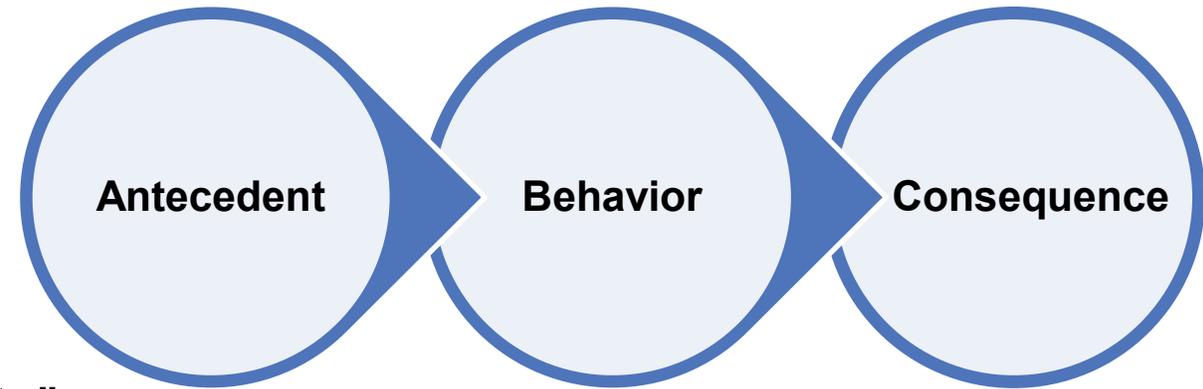
In Massachusetts, the Nurse Care Manager (NCM) Model of Care is common for treating alcohol and opioid use disorders.

1. Nurses help to manage medications.
2. Nurses act as a “lynchpin” for care coordination.
3. Nurses are trained to meet the particular psychiatric and medical needs of people using stimulants.

Behavioral Health Treatments

- Behavioral health interventions are first line in the treatment of StUD.

1. Contingency Management
2. Community Reinforcement Approach
3. Matrix Model
4. Exercise-Supported Recovery
5. Trauma-Informed Care "Seeking Safety"



- Research indicates that a combination of behavioral health approaches are the best at producing abstinence at 12 weeks.
- **Contingency management, combined with any additional behavioral health approach, improves outcomes.**

Available Groups through START



GROUP SCHEDULE

Call 617-414-7490 if you have any questions



START

Stimulant Treatment and Recovery Team



	Monday	Tuesday	Wednesday	Thursday
Group name	1) Recovery Support: 11am-12pm 2) Life Skills Group: 12:30pm-1:30pm	1) Medical : 11am-12pm 2) Art: 12:30pm-2pm	1) Behavioral health: 10am-11am 2) Cooking group (2nd Wednesdays): 10:00am-12:30pm	1) Women's Group: 9am-10am 2) Behavioral health : 10:20am-11:20am 3) Medical : 11:30am-12:30pm
Group Facilitators	1) Kristin Parent 2) Joseli Alonzo	1) Meg Hudson 2) Logan Puleikis and Joseli Alonzo	1) Kristin Parent 2) Gabby Simons	1) Meg Brett and Joseli Alonzo 2) Meg Brett 3) Marielle Baldwin
Location	1) Family Medicine group room 2) Meet in Family Medicine	1) Family Medicine group room 2) Crosstown Building 2nd floor Room 2128	1) Family Medicine group room 2) Teaching Kitchen (Meet at Family Med first)	Family Medicine group room NOTE: 10:20am behavioral health groups need approval to join
Zoom ID	No Zoom ID	1) 925 2624 7269 2) No Zoom ID	No Zoom ID	1) 927 3048 7759 2) 967 0993 9157 3) 993 7619 8423
Description	Recovery support : Peer-led support group where recovery topics are brought by group members to facilitate Life Skills: Talks about the things that helps make life feel more manageable - learning new skills and "figuring it out" with support of others.	Medical group: Explores topics related to physical health and recovery. Art group: Teaches art skills, through exercises and discussions. Practices alternative ways of expressing yourself, building meaning in life, and creating new relationships with the world around you.	Wed BH group: Low-barrier, patient-directed group led by psych family medicine residents. around recovery skills. Cooking group: Learn to cook new meals and how to practice healthy habits around nutrition	Women's group: Focused on empowering women to build freedom through recovery 10:20am BH group: Specialized for people with history of engaging in chemsex Medical group: Explores topics related to physical health and recovery



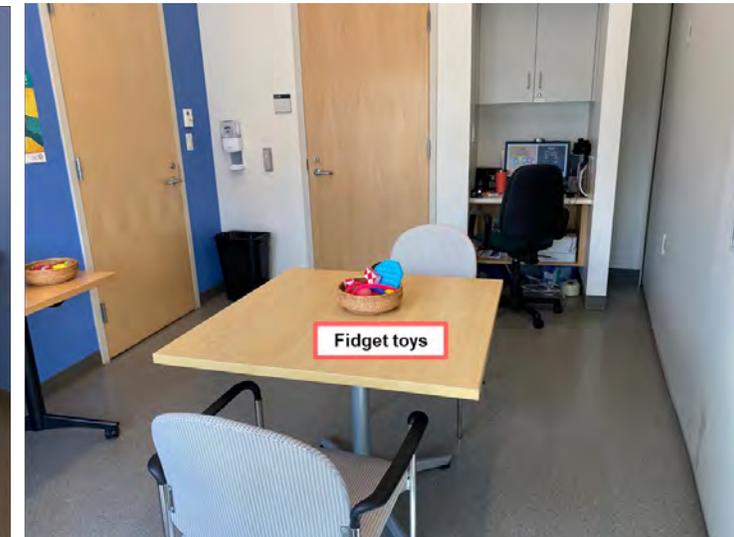
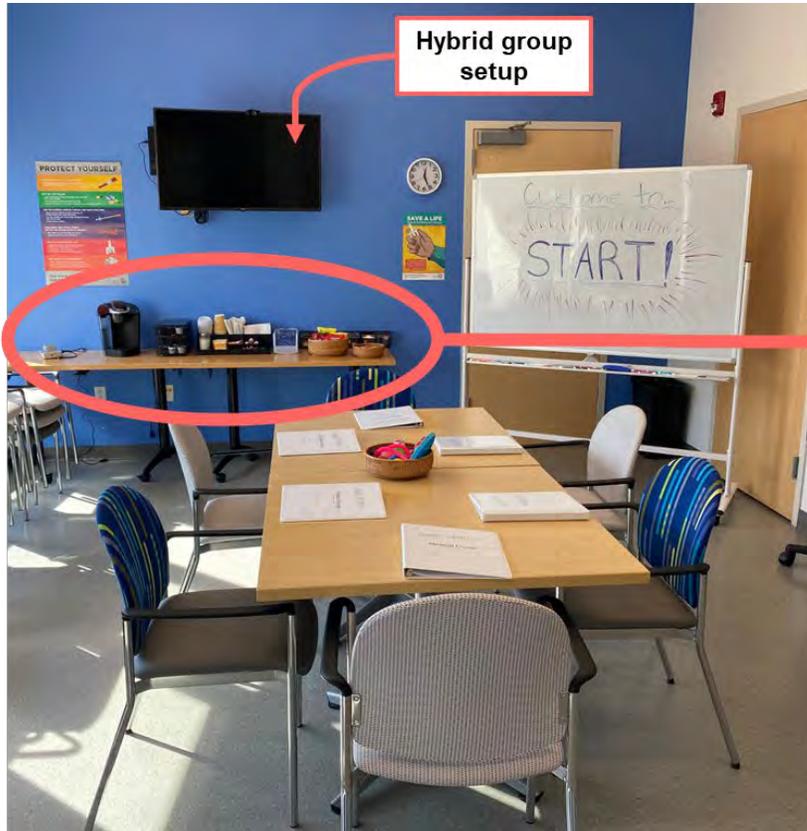
Lessons Learned



Creating Low-Barrier Spaces



Creating Safe Spaces

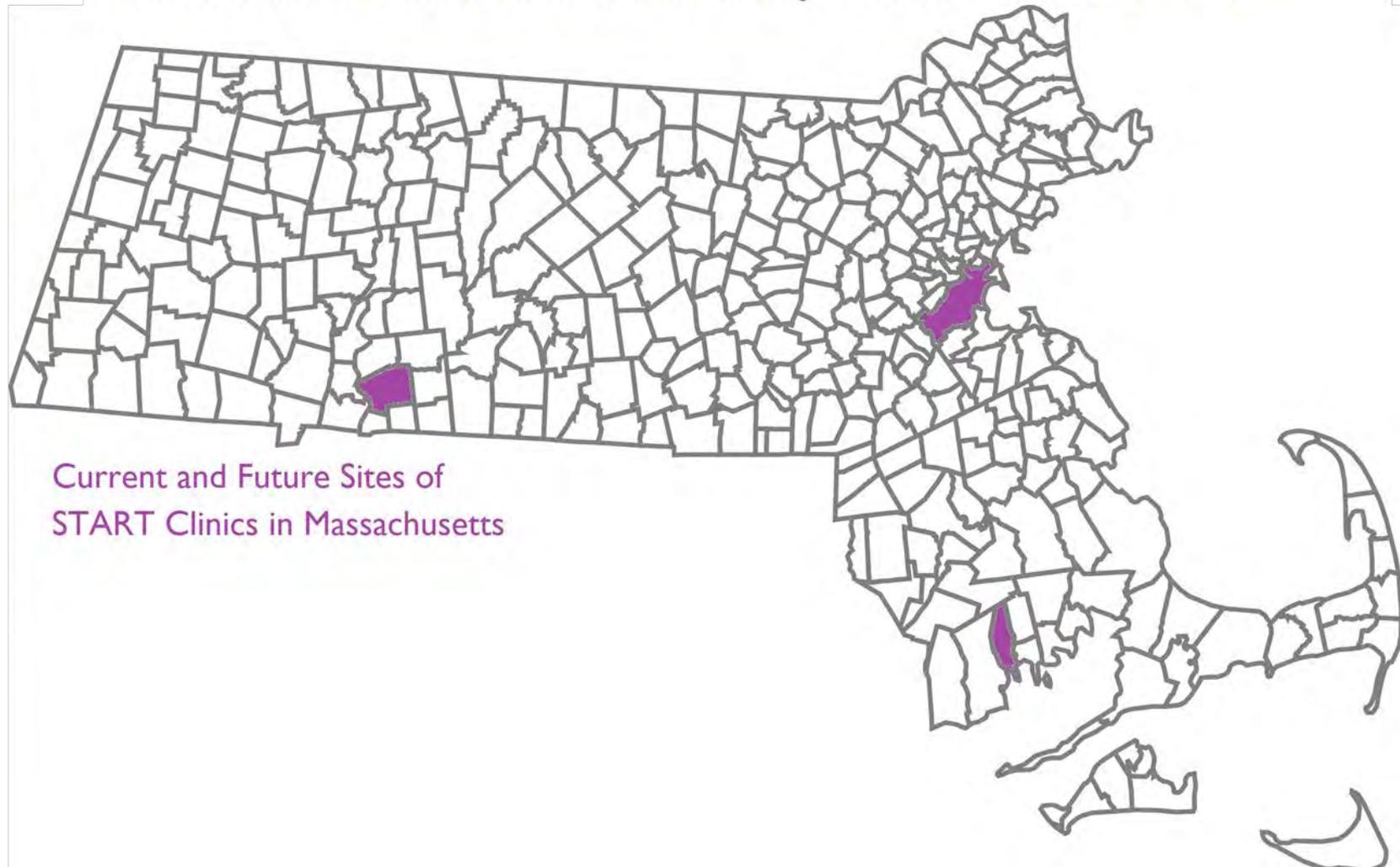


A View Inside



START

Stimulant Treatment and Recovery Team



Current and Future Sites of
START Clinics in Massachusetts

References

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References

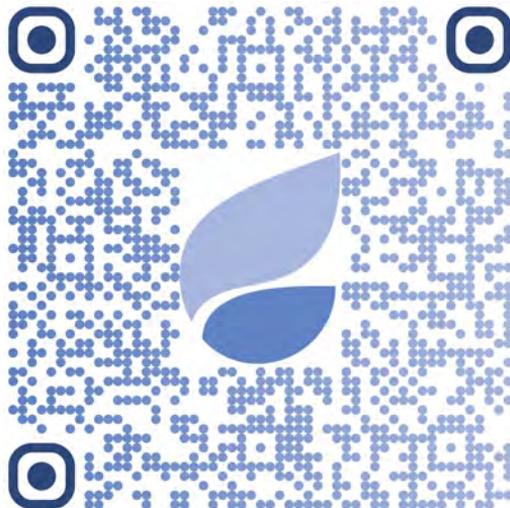
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Resources

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Related Trainings: Essentials of Stimulant Treatment

- Three-hour training via Zoom.
- More details about stimulant treatment and integration into outpatient care.
- Free continuing education (CE) opportunities.
- *If you are interested in more information, [please visit our website at addictiontraining.org](https://addictiontraining.org) or scan the below QR code with your smartphone.*



Virtual Drop-in Office Hours

Monthly opportunities to ask your addiction-related questions



To learn more and join an upcoming session, [click here](#) or scan QR code!

General Office Hours:

2nd Thursday of each month from 5 – 6pm EST

Stimulant-Focused Office Hours:

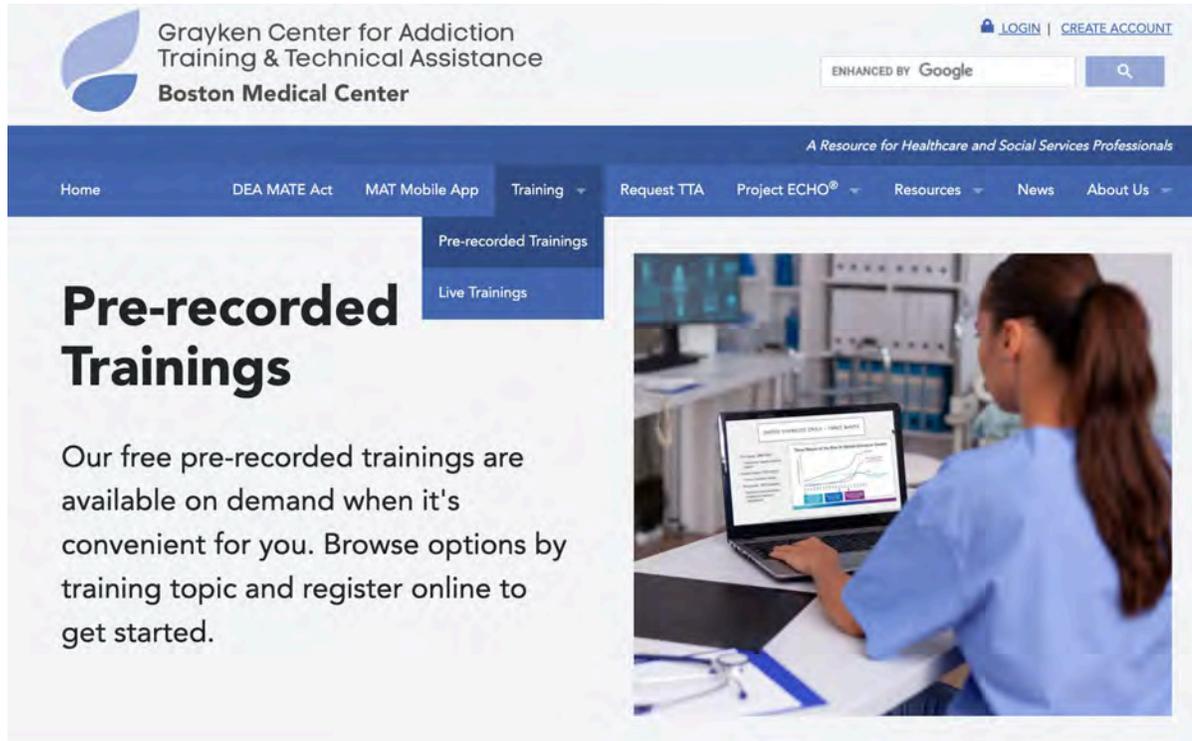
3rd Thursday of each month from 5– 6pm EST

- Hosted by BMC Grayken TTA Clinical Educators
- Open to all clinical providers and staff supporting those with substance use



FREE Pre-Recorded Trainings

Advancing Addiction Treatment: Building Knowledge of Substance Use & Specialty Topics; Substance Use Disorders 101; Nuts & Bolts of Buprenorphine Treatment



The screenshot shows the website for the Grayken Center for Addiction Training & Technical Assistance at Boston Medical Center. The page features a navigation menu with options like Home, DEA MATE Act, MAT Mobile App, Training, Request TTA, Project ECHO, Resources, News, and About Us. A search bar is present with the text 'ENHANCED BY Google'. The main content area is titled 'Pre-recorded Trainings' and includes a sub-menu for 'Pre-recorded Trainings' and 'Live Trainings'. A large image shows a healthcare professional in blue scrubs working at a computer workstation. Below the image, there is a paragraph of text describing the free pre-recorded trainings.

Grayken Center for Addiction Training & Technical Assistance
Boston Medical Center

ENHANCED BY Google

Home DEA MATE Act MAT Mobile App Training Request TTA Project ECHO Resources News About Us

Pre-recorded Trainings
Live Trainings

Pre-recorded Trainings

Our free pre-recorded trainings are available on demand when it's convenient for you. Browse options by training topic and register online to get started.

- ✓ 20 separate trainings on various **specialty topics**
- ✓ Count towards **DEA MATE Act** requirement
- ✓ **FREE CME/CE & completion certificates**
- ✓ **On-demand 24/7**



To access our free recorded trainings, [click here](#) or scan the QR code!



Empowering Loved Ones of People with Addiction

An Educational Group

Empowering Loved Ones is a FREE educational program for family members, partners, and friends of people who use substances problematically. Information given to families can, directly and indirectly, impact the course of a loved one's substance use disorder. Just as the course of a loved one's substance use disorder can, directly and indirectly, impact family members and their wellbeing.

The group offers education, up-to-date information, and skill-building to promote the health of those impacted by a loved one's substance use.

When? 2nd and 4th Wed of every month
7:00 to 8:30 PM EST

Where? Virtual via Zoom

Who? This group is only for family members, partners, and friends impacted by the substance use of a loved one.

To sign up

Email: EmpoweringFamilies@bmc.org

Once added to our listserv, session registration and other resources will be emailed.



Harm Reduction Short Videos

we're excited to announce our new

HARM REDUCTION SHORT VIDEO SERIES



The new Harm Reduction Educational Series is a collection of **15 short videos** now available as part of our virtual harm reduction toolkit developed to equip healthcare professionals and community partners with **practical harm reduction skills to better support patients who use substances**. Topics covered include **safer smoking**, **injecting**, **sniffing**, **booty bumping**, and **overdose prevention and reversal**.



[Click here](#) or scan
QR code to watch!



More from Grayken Center for Addiction TTA

A free education, support and capacity building resource on best practices for caring for patients with substance use disorder



Register for free [live](#) and [recorded](#) trainings



Access free [resources](#)



[Join our mailing list](#) to stay in touch and informed about our offerings!



Grayken Center for Addiction
Training & Technical Assistance
Boston Medical Center

Questions? Email info@addictiontraining.org

POINTS:
**Prevent Overdoses Involving stimulants
Study Findings**

Governor Dan McKee's Overdose Task Force
July 9, 2025

Jackie White Hughto, PhD, MPH
Traci Green, PhD, MSc





Most Stimulant Deaths Involve Opioids

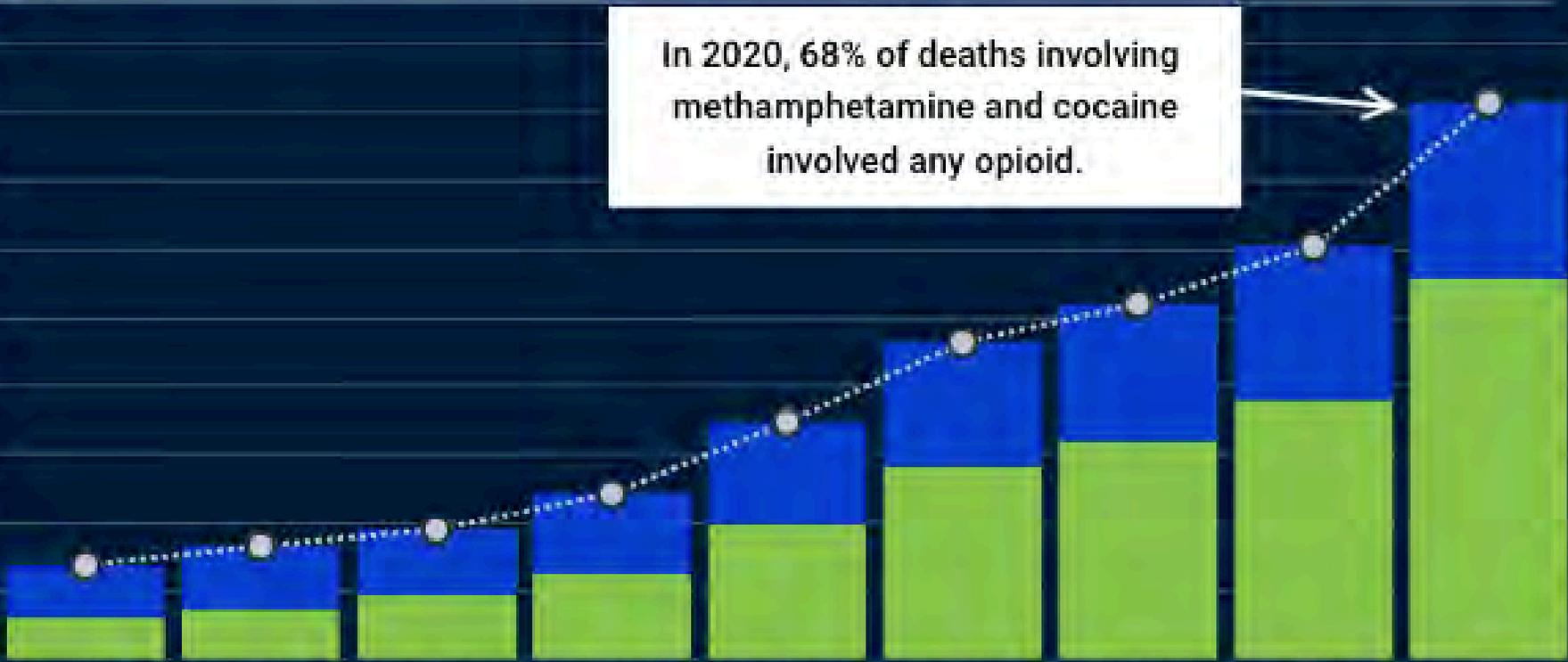
Overdose Deaths Involving Each Substance

45K
40K
35K
30K
25K
20K
15K
10K
5K
0

2012 2013 2014 2015 2016 2017 2018 2019 2020

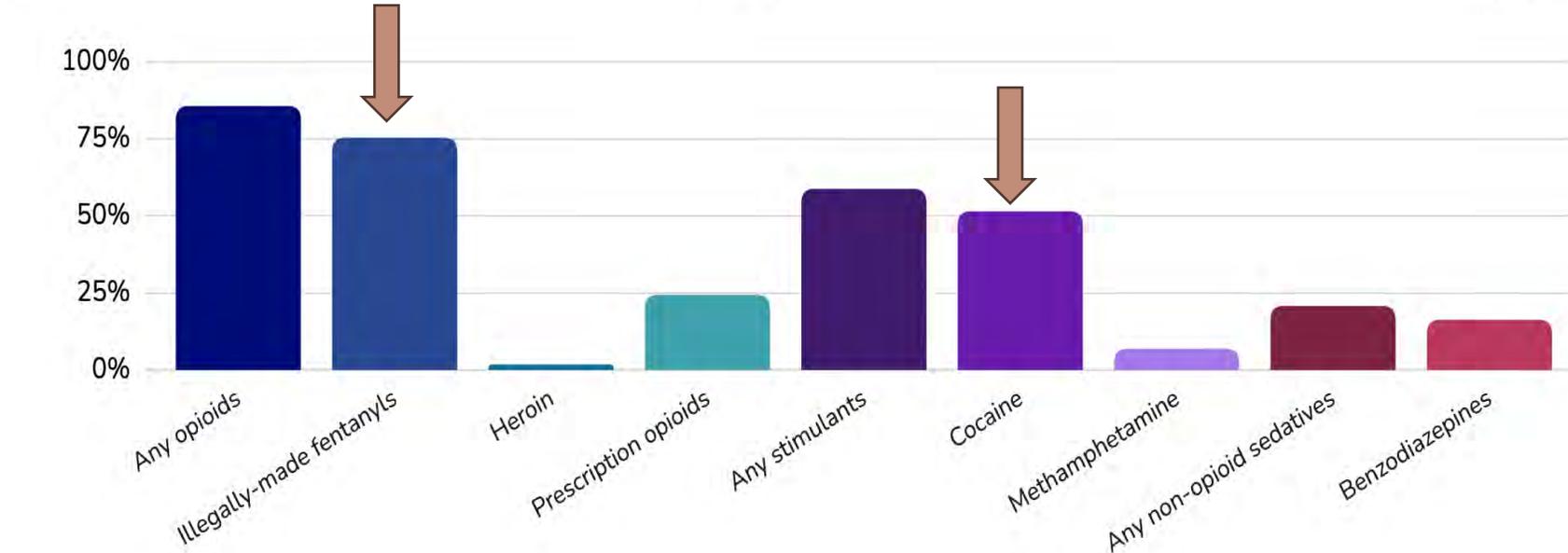
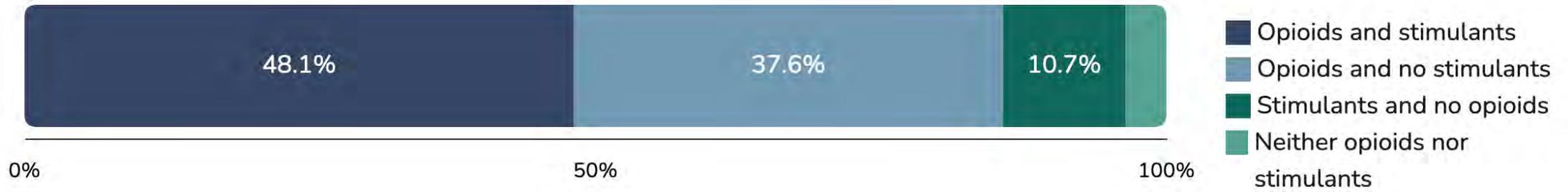
● Stimulant ● Stimulant & any opioid involvement ● Stimulant with no opioid involvement

In 2020, 68% of deaths involving methamphetamine and cocaine involved any opioid.



Distribution of Overdose Deaths by Opioid and Stimulant Involvement

Rhode Island, 2021



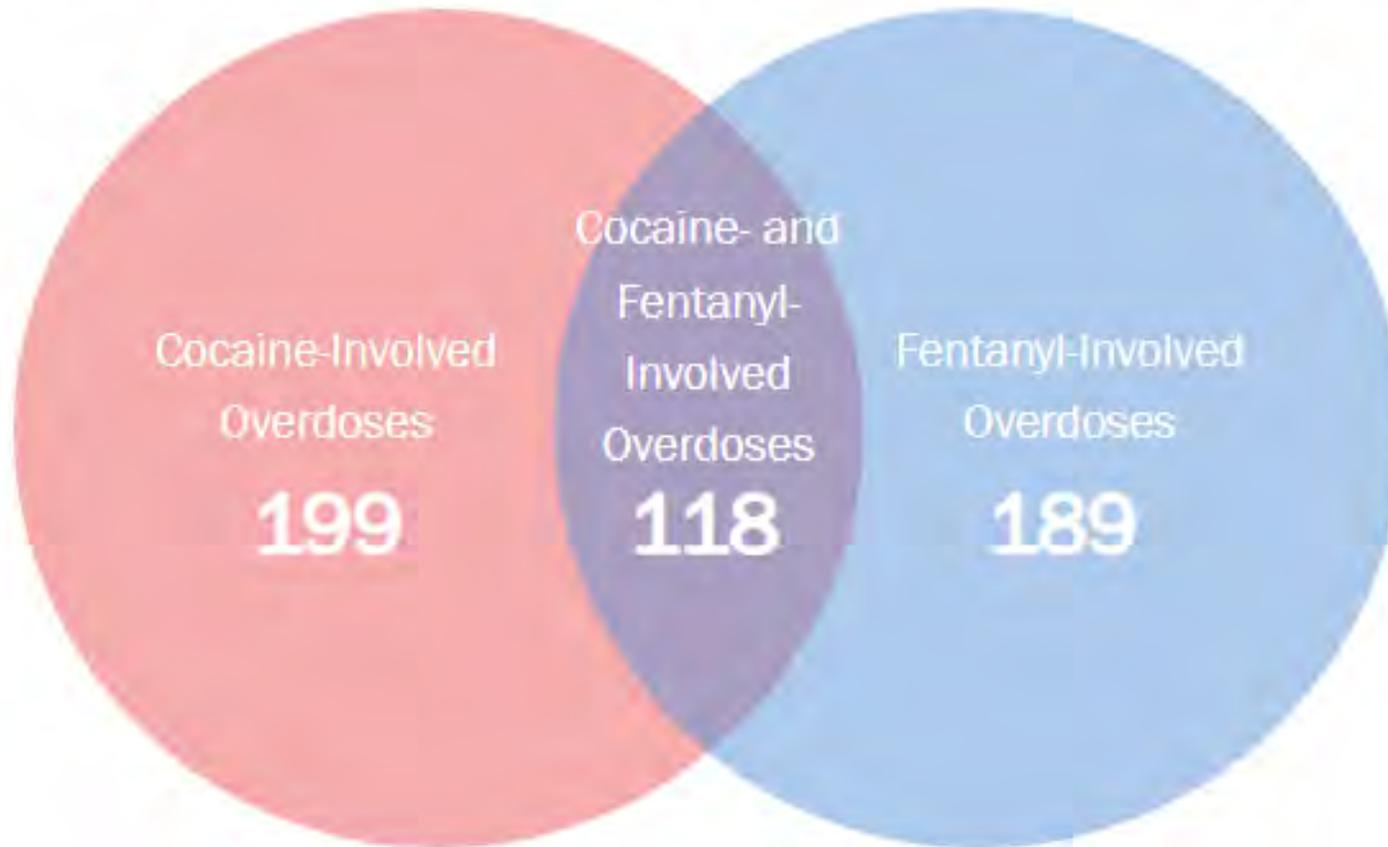
Males
age 45–54
Black, non-
Hispanic people
= highest overdose
death rates

85.7% involved at least one opioid and 58.8% involved at least one stimulant.
Illegally-made fentanyl = most common opioid
Cocaine = most common stimulant

Cocaine- and Fentanyl-Involved Fatal Overdoses

January 2024 – December 2024

In 2024, **118 overdoses** involved both **cocaine and fentanyl** as a cause of death.



In 2024, cocaine-involved overdose deaths surpassed fentanyl-involved overdose deaths for the first time in Rhode Island since 2013, with six in 10 (61%) involving cocaine.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 30, 2025. 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.



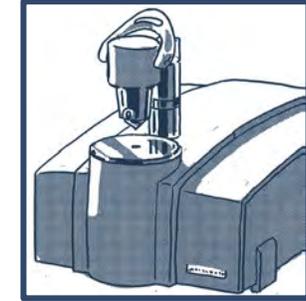


POINTS RESEARCH QUESTIONS AND METHODS

Is fentanyl in the stimulant supply?



Drug checking using samples from people who use stimulants (PWUS)



How does fentanyl enter the stimulant supply?



Surveys and interviews with PWUS and people who distribute drugs (PWDD)



How do people who use and distribute drugs navigate the stimulant supply?



Surveys and interviews with PWUS and PWDD



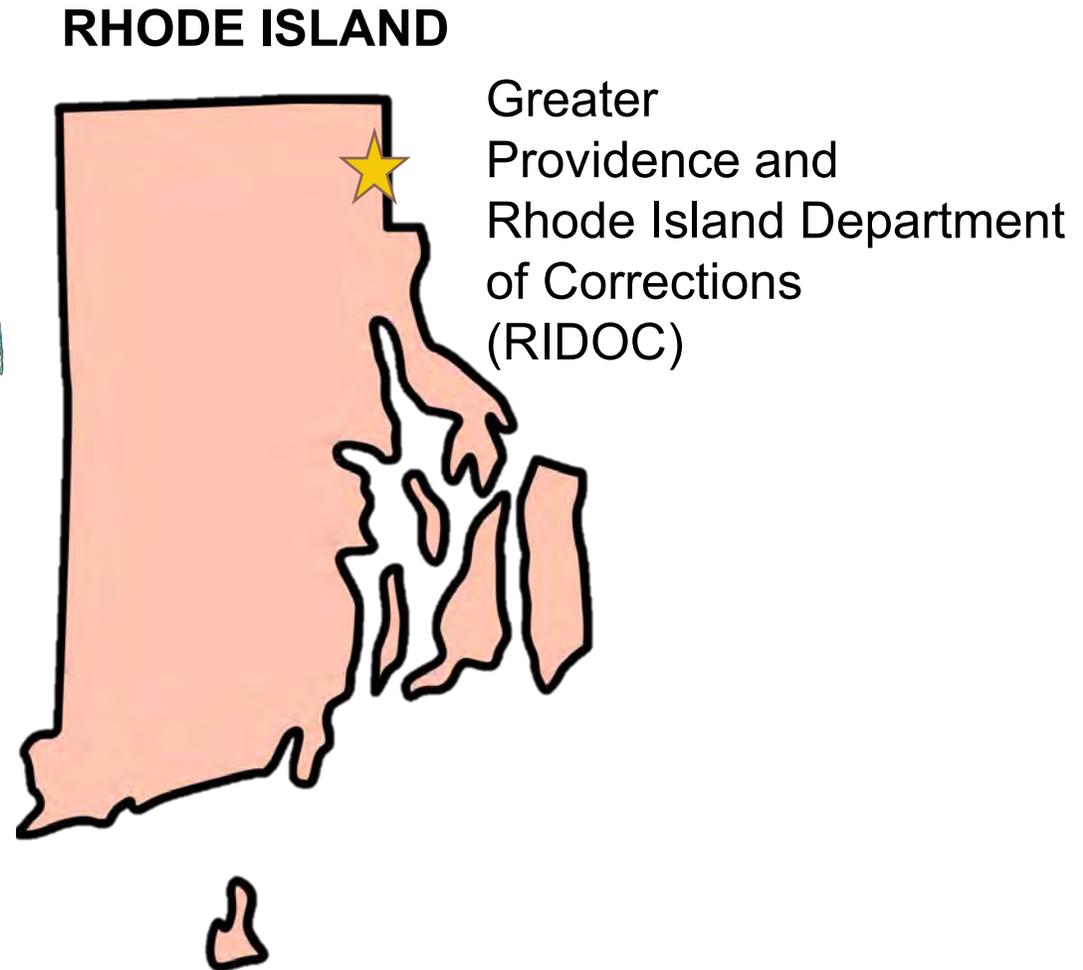
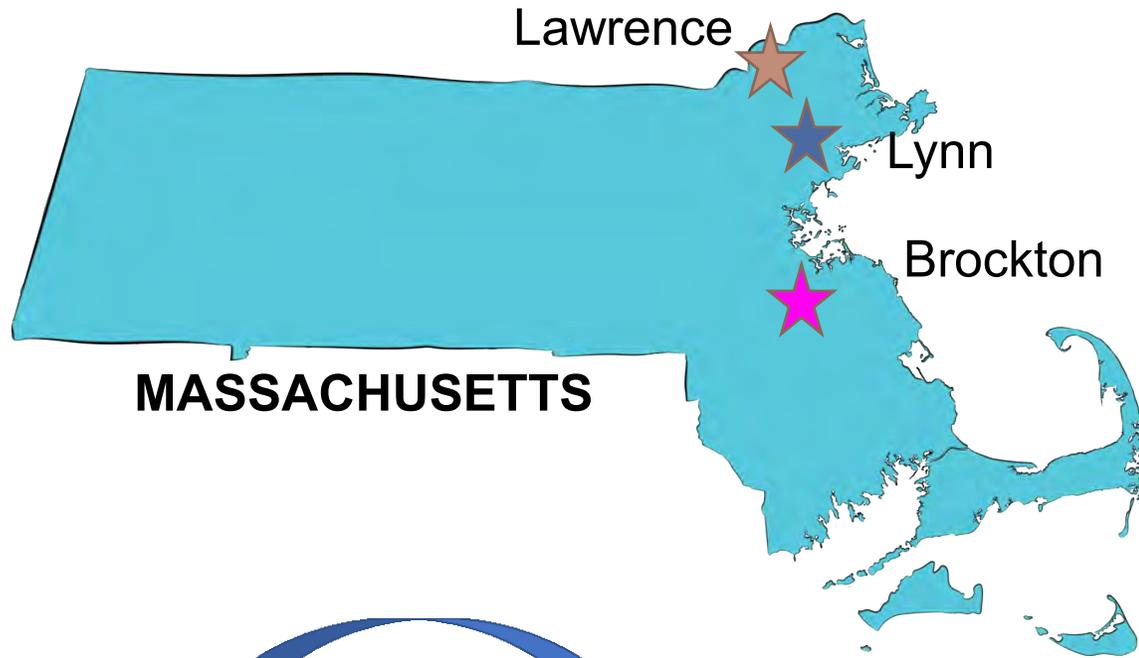
What can be done to reduce stimulant-involved overdose deaths?



Workshops with community stakeholders involved in overdose prevention and treatment

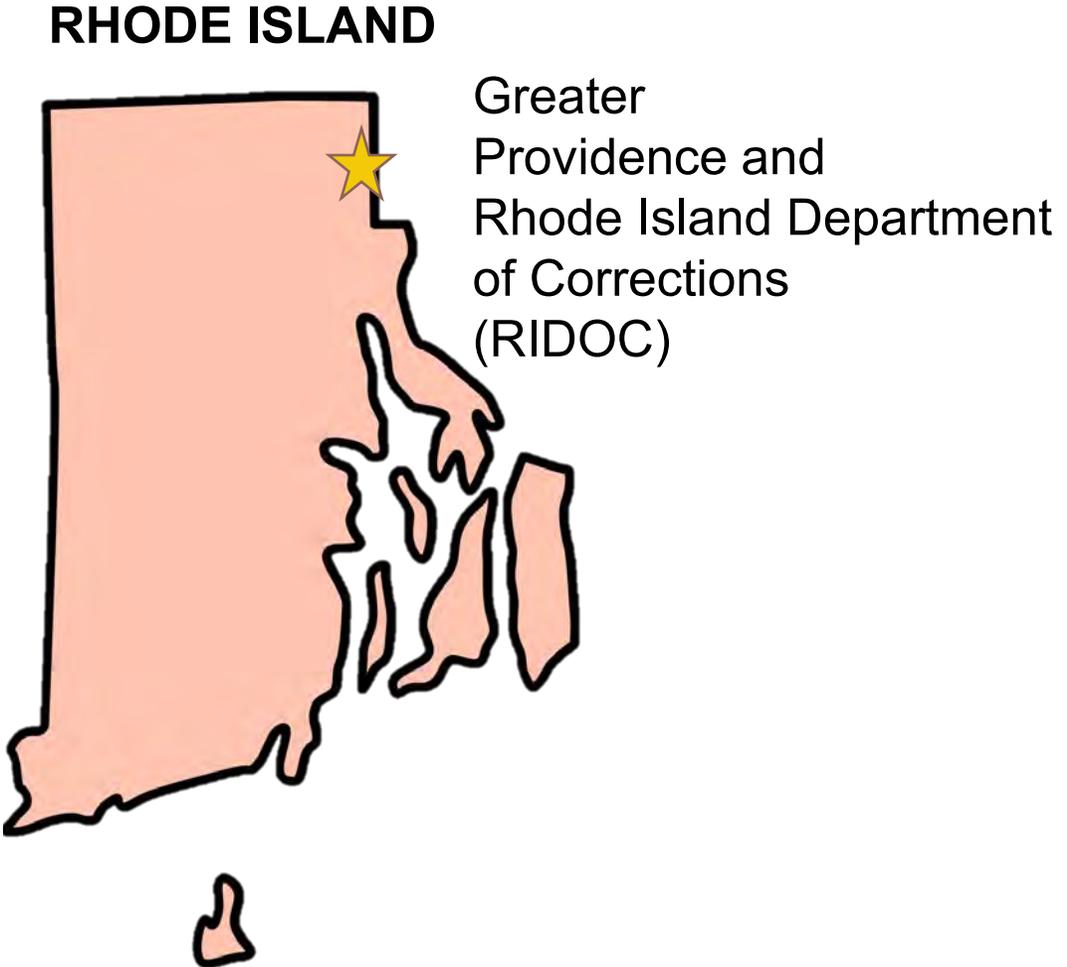


*Primary focus = Fentanyl- and stimulant-involved overdoses
Secondary focus = Stimulant without fentanyl overdoses*



Data Collection Period - All Aims, All Sites: March 2022 - June 2024
(surveys, interviews, drug checking, and community intervention development workshops)

Rhode Island Data Collection	
Providence: People Who Use Stimulants March 2022 - April 2022	
Total Surveys	56
Total Interviews	23
Total drug samples	72
RIDOC: People Who Distribute Drugs May 2023 - July 2023	
Total Surveys	30
Total Interviews	30
Intervention Strategy Development	
Community Stakeholders	7



Data Collection Period - All Aims, All Sites: March 2022 - June 2024
(surveys, interviews, drug checking, and community intervention development workshops)

KEY TERMS

PWUS = People Who Use Stimulants

PWUS → to people who we recruited from the community based on their use of stimulants in the past 30 days.

**PWUS' Gradient of Risk of Fatal Overdose
By Substance Use History**

Highest Risk

Lowest Risk

“Stimulant Only”

*Uses Stimulants, No History
of Regular Opioid Use*

“Stimulant w/Opioid History”

*Uses Stimulants, Past
History of Regular Opioid Use*

“Stimulant + Opioid”

*Uses Stimulants and
Opioids*

PWDD = People Who Distribute Drugs

PWDD → people recruited from the RIDOC who were sentenced for drug distribution or manufacturing

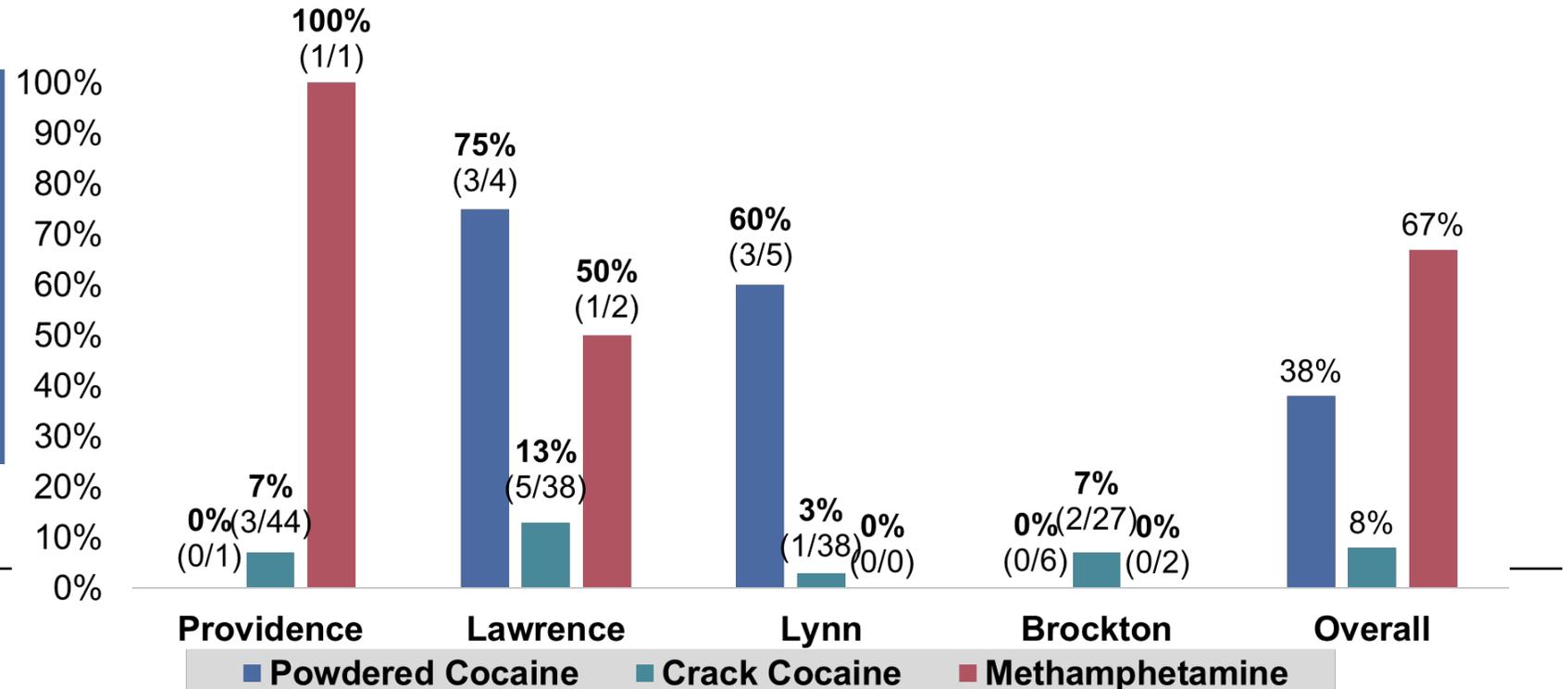
IS FENTANYL IN THE STIMULANT SUPPLY?

72 Samples from Providence tested

- 7% (3/44) crack cocaine samples contained fentanyl
- 50% (1/2) powdered cocaine contained fentanyl
- 100% (1/1) methamphetamine samples contained fentanyl
- 0% (0/3) Adderall samples contained fentanyl



% (n/N) of Samples Unexpectedly Containing Fentanyl



HOW DOES FENTANYL ENTER THE STIMULANT SUPPLY?

INTENTIONAL CONTAMINATION

- Less endorsed by PWDD
- Some theorized that getting people “hooked” could help to increase profit if clients survive, though most saw this pathway as bad for business in the case of stimulant sales.



UNINTENTIONAL CONTAMINATION

- More endorsed by PWDD
- PWDD reported surface-level contamination and bag mix-ups when distributors/manufacturers deal fentanyl and stimulants.

“Fentanyl has a physical addiction... Now if you’re using a drug that has fentanyl or heroin mixed into it, now you have a physical dependency on it. You know it’s just one more way to bring somebody back to your business.”
– **Sold stimulants and opioids**

“I had a lady die, it still haunts me to this day. I'd always bag them a different way, with fatty double bagged. I had a lady steal one of the bags thinking it was crack but it wasn't, and when we came back to the house she was dead. It's greed, people are greedy. Dealers might mix up bags because they put it all in the same bag and they aren't paying attention. It's all down to carelessness.”
– **Sold stimulants and opioids**

HOW DOES UNINTENTIONAL CONTAMINATION OCCUR?

- In a rush/moving too fast
- Sloppy, not being careful
- Using drugs while dealing and cutting
- Products look alike/human error
- Contamination happening further up the distribution/manufacturing chain



Cocaine



Fentanyl



RISK

Unintentional bag mix-ups = PWDD may be unaware
→ Trust erodes

How do PWUS Experience and Navigate the Stimulant Supply? Key Risk Factors for Stimulant and Fentanyl Overdose

TOLERANCE

- Stimulant-only group → No tolerance for fentanyl



- Lower income → Less access to higher quality product



- Less fentanyl knowledge among stimulant-only group.
- Harm reduction messages not reaching many PWUS.
- People learning about fentanyl in the stimulant supply via word of mouth or personal or witnessed exposure, including overdose.
- Some people are aware, but don't think they are at risk.

How do PWUS Experience and Navigate the Stimulant Supply?

Key Risk Factors for Stimulant and Fentanyl Overdose



- Many PWUS report using alone and inside
Seen as protective against law enforcement and stigma, especially for people of color.



- Trust in dealer = primary harm reduction strategy
Trust may be less effective in an unstable market.



- Limited knowledge and use of fentanyl test strips, especially among stimulant-only group.



- Limited knowledge and/or trust in the Good Samaritan Law, especially among stimulant-only group and PWUS of color.



- Less carrying of and comfort with using naloxone, especially among stimulant-only group.

How do PWUS Experience and Navigate the Stimulant Supply? Key Risk Factors for Stimulant without Opioids Overdose

Stimulant (without opioids) overdoses were **common** among **222 PWUS** (all sites).

- **42%** witnessed and **35%** personally overdosed on stimulants.
 - **49%** of those who overdosed had used crack cocaine prior to last overdose.

Most PWUS reported moderate-to-severe symptoms, yet 9-1-1 was called in less than half of personal or witnessed stimulant overdoses.

Factors associated with 9-1-1 help-seeking:

- **More likely:** Higher educational attainment (witness) and severe symptoms (person overdosing)
- **Less likely:** Number of overdoses witnessed (witness) and crack cocaine (person overdosing)

Self-management = preferred over 9-1-1 as it is seen as generally effective and a way to avoid law enforcement and other adverse consequences.



STAKEHOLDER WORKSHOPS

Identified seven Rhode Island stakeholders from across the overdose prevention and treatment continuum.



Stakeholders participated in four workshops between September 2023 and October 2023.

- Workshop 1: Presented and discussed data from Aims 1 and 2.
- Workshop 2: Reviewed Aims 1 and 2, identified risk and protective factors for stimulant-involved overdoses, and generated intervention strategies to target Rhode Island-specific risk factors.
- Workshop 3: Reviewed and ranked strategies according to feasibility, acceptability, effectiveness, cost, timeframe, stigma, and equity.
- Workshop 4: Reviewed intervention strategy rankings; identified and discussed short-term barriers and facilitators to implementation and potential change agents; and outlined next steps.

STRATEGIES

EXAMPLES



1. Expansion of Harm Reduction Messaging, Education, and Supply Dissemination

Stimulant-focused harm reduction (HR) messaging, door-to-door canvassing, bad batch alerts, HR vending machines, HR in everyday settings, HR education in correctional settings



2. Expansion of Drug Checking and Supply-Side Harm Reduction Strategies

Real-time drug checking program at HR organizations with PWUS/PWDD, safer cutting and distributing education to PWDD



3. Expansion of Stimulant Use/Substance Use Treatment Services

Prescribed stimulants as safe supply, access to detoxification and treatment for stimulant use disorder, harm reduction workforce expansion



4. Creation/Expansion of Safe Consumption Sites and Drop-in Spaces

Overdose prevention centers and holistic wellness centers for people who use stimulants



5. Policy and Other Structural-Level Changes

Good Samaritan Law revisions, improved access to harm reduction housing, and mandated public overdose notices in locations where overdoses occur

NEXT STEPS AND QUESTIONS



Rhode Island Hospital
Lifespan. Delivering health with care.®



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Click the digital repository link on the POINTS website to access all interim findings:
Fresh-Research.com/POINTS

Public Comment

**RHODE
ISLAND**