



Governor Dan McKee's Overdose Task Force

August 13, 2025

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

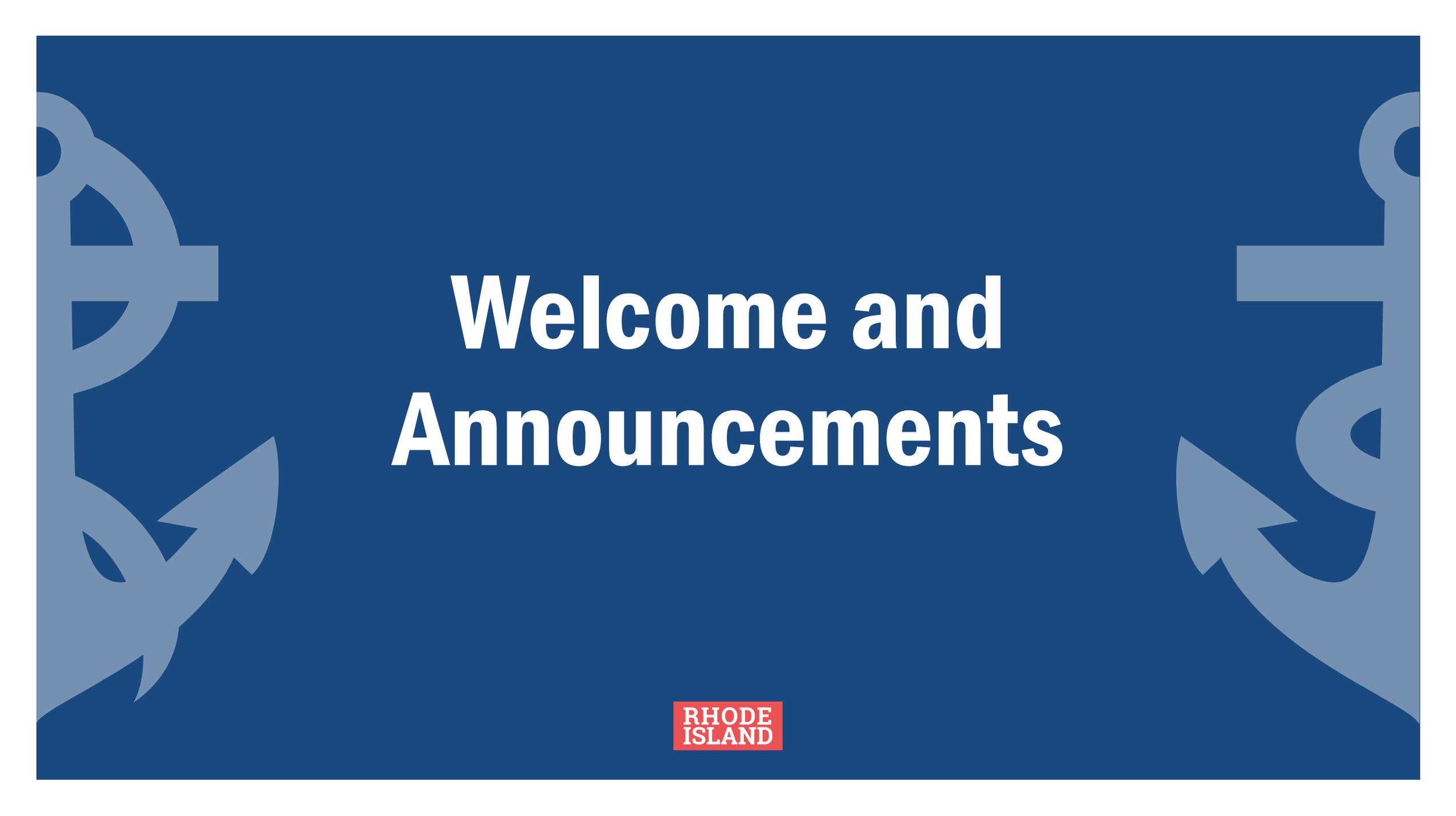
Jerome Larkin, MD; Director, Rhode Island Department of Health

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

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Welcome and Announcements

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International Overdose Awareness Day

Thursday, September 4, 2025 from 12 pm - 4 pm

End Overdose in Rhode Island by joining the state's largest Narcan distribution event.

International Overdose Awareness Day

[Sign up to volunteer](#)
for the statewide naloxone distribution event!



ONE BIG
FAMILY
UNITED IN
HOPE

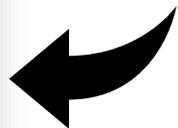
#EndOverdoseRI

Sign Up Here:

Be a part of saving a life. Sign up for the Narcan distribution event today.
For more information or questions, contact IOAD@weberrenew.org

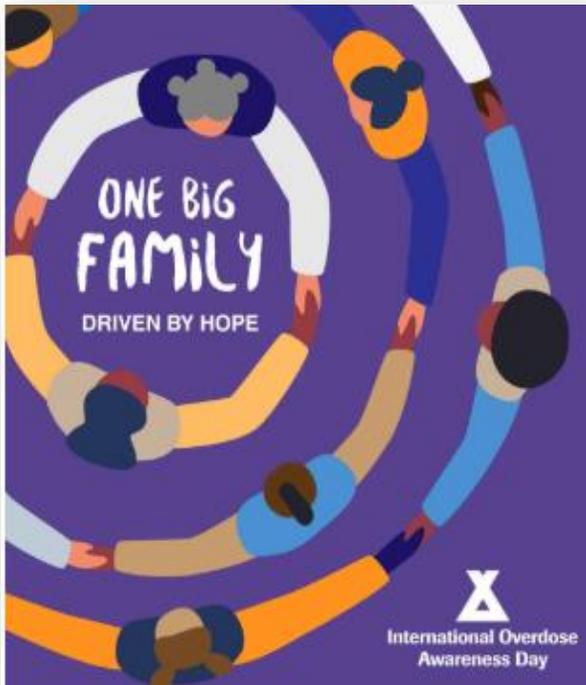


Scan with your smartphone to learn more



Visit Prevent Overdose RI for a list of upcoming community events taking place across Rhode Island!

preventoverdoseri.org/events-calendar



988 DAY
Compassionate Help. Anytime. Anywhere.

Mark your calendar and join us for a kick-off of 988 Day in Rhode Island! Monday, September 8th, 2025

WHAT IS 988 DAY?
988 Day is a yearly national initiative dedicated to raising awareness about the 988 Suicide & Crisis Lifeline and emphasizing the importance of mental health and suicide prevention.

EVENT DETAILS
Rhode Island State House
Governor's State Room
82 Smith St. Providence, RI 02903
10:00am - 11:00am

To register, scan the QR code or visit:
988DayLaunchSept2025.eventbrite.com

988 SUICIDE & CRISIS LIFELINE | hhpartners.org/988 | HORIZON HEALTHCARE PARTNERS



Statewide Harm Reduction and Rescue Work Group Updates

August 13, 2025

Machiste L. Rankin, CPRS; Center for Alcohol and Addiction Studies, Brown University School of Public Health

Thomas E. Bertrand, MPH, MA; Chief, Center for HIV, Hepatitis, STD, and TB Epidemiology, Division of Emergency Preparedness and Infectious Disease, Rhode Island Department of Health

Catherine Ahern, MSW; Program Manager, URI Community First Responder Program

Nya Reichley, MPA; Community Outreach Coordinator, Rhode Island Department of Health

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Strategic Priorities: Harm Reduction and Rescue Work Groups

Key Priority	Core Strategies
Strengthening Harm Reduction and Rescue	Sustain Naloxone Accessibility via a Statewide Plan and Evaluate Impact
	Maximize Access to Harm Reduction Materials and Resources
	Ensure Harm Reduction Services are Comprehensive and Responsive to the Evolving Needs of People Who Use Drugs
	Improve Alternate Post-Overdose Engagement Strategies
	Prioritize Racial Equity-Focused Harm Reduction Outreach Strategies, including Strategies Supporting Undocumented People
	Implement Comprehensive Harm Reduction Policies

Harm Reduction Work Group

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Rhode Island's Network of Harm Reduction Community-Based Organizations



AIDS Care Ocean State



Harm Reduction Is Evidenced Based

Scientists, including those at the Centers for Disease Control and Prevention (CDC), have studied SSPs for more than 30 years and found that comprehensive SSPs benefit communities.



SSPs save lives by lowering the likelihood of deaths from overdoses.



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



Users of SSPs were **three times more likely** to stop injecting drugs.

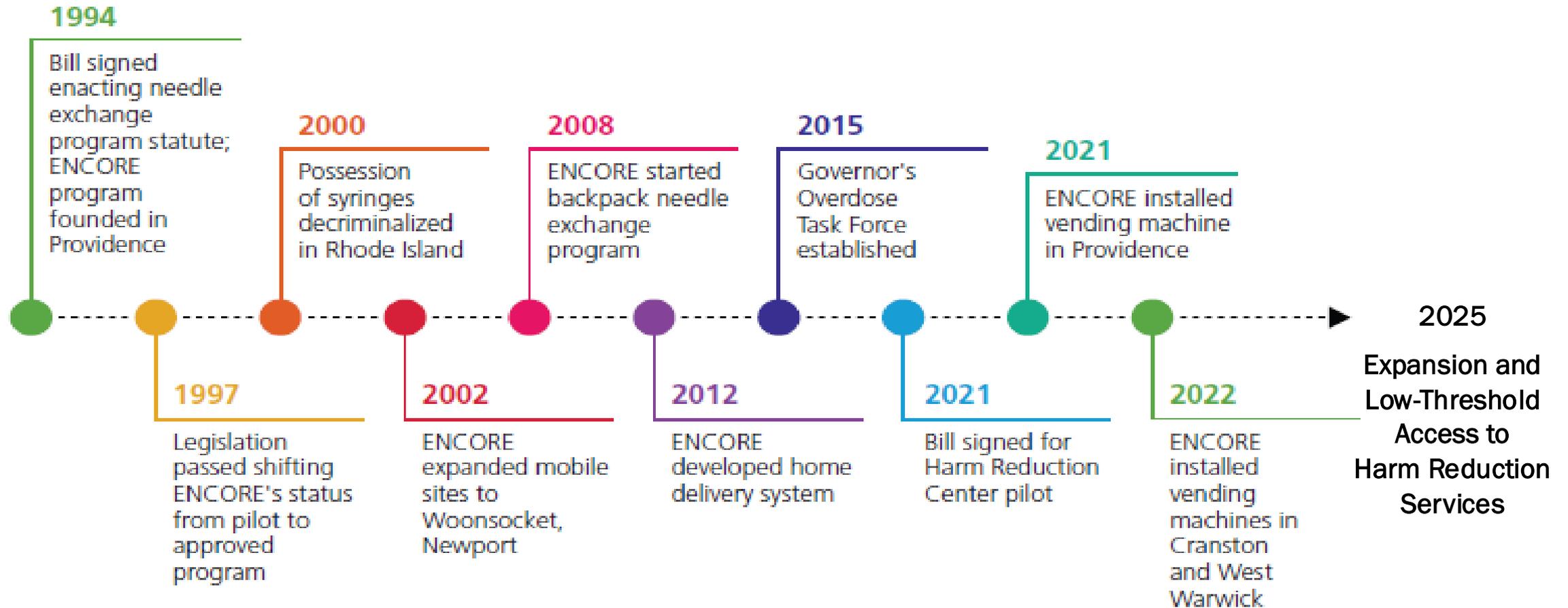


Law enforcement benefits from reduced risk of needlesticks, **no increase in crime**, and the ability to save lives by preventing overdoses.



When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.

Harm Reduction Has a 30-Year History of Growth in RI



Harm Reduction in Action

Client Services

Counseling and Referrals

- **SUD Care**
- Housing
- Mental Health
- Family Planning

HIV/HCV Testing

- Counseling
- Referral
- Confirmation Testing

Supplies

Needle Exchange

- **Naloxone**
- Sterile Syringes
- Fentanyl Test Strips
- Disposal

Safer Sex

- Condoms
- Lubricants

Reproductive Health

- Early Pregnancy Tests

Basic Needs

- Nicorette[®] Gum
- Rain Ponchos
- Backpacks
- Wound Kits
- Hygiene Kits (Women/General)
- Toothbrush/Toothpaste

Access Points

Street Outreach

Fixed Sites

Overdose Prevention Center

Mobile Vans

Home-Delivery Services

Vending Machines

- Community Health Centers
- Substance Use Disorder Treatment Site
- State Supplement Program Location
- Public Transit Hub
- Department of Corrections
 - Women's Prison and Discharge
 - Probation Offices

Harm Reduction Has a Broad Scope

Priority Populations

- **People Who Use Drugs**
- Justice-Involved Individuals
- Unhoused/Unstably Housed
- People Who Exchange Sex for Money
- BIPOC Communities
- LGBTQ Individuals
- Community Health Center Patients
- Pregnant People

Prevention

- **Drug Overdose**
- HIV
- STIs
- Congenital Syphilis
- Hepatitis B and C
- Unplanned Pregnancies
- Oral Health
- Lung and Liver Cancer

Outbreak Response

- **Overdose**
- MPOX
- COVID-19
- HIV
- Hepatitis A

Harm Reduction Programs Are Making an Impact



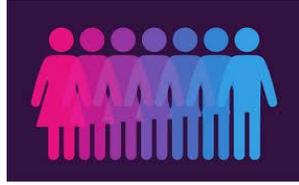
2024 Highlights

26,812 Client Encounters

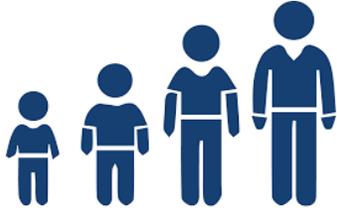
7,450 Unique Clients Served

691,684 Total Supplies Distributed

2024 Harm Reduction Clients Are Diverse and Often Unstably Housed



Male: **57%**
Female: **35%**
Trans/nonbinary: **2%**



18 to 29: **13%**
30 to 54: **63%**
55 and older: **24%**



Hispanic: **19%**
Black: **18%**
White: **54%**
Additional race categories: **3%**



Unhoused/unstably housed: **68%**

BIPOC Communities Are Being Reached, 2024

3,977

Unique BIPOC Clients Served

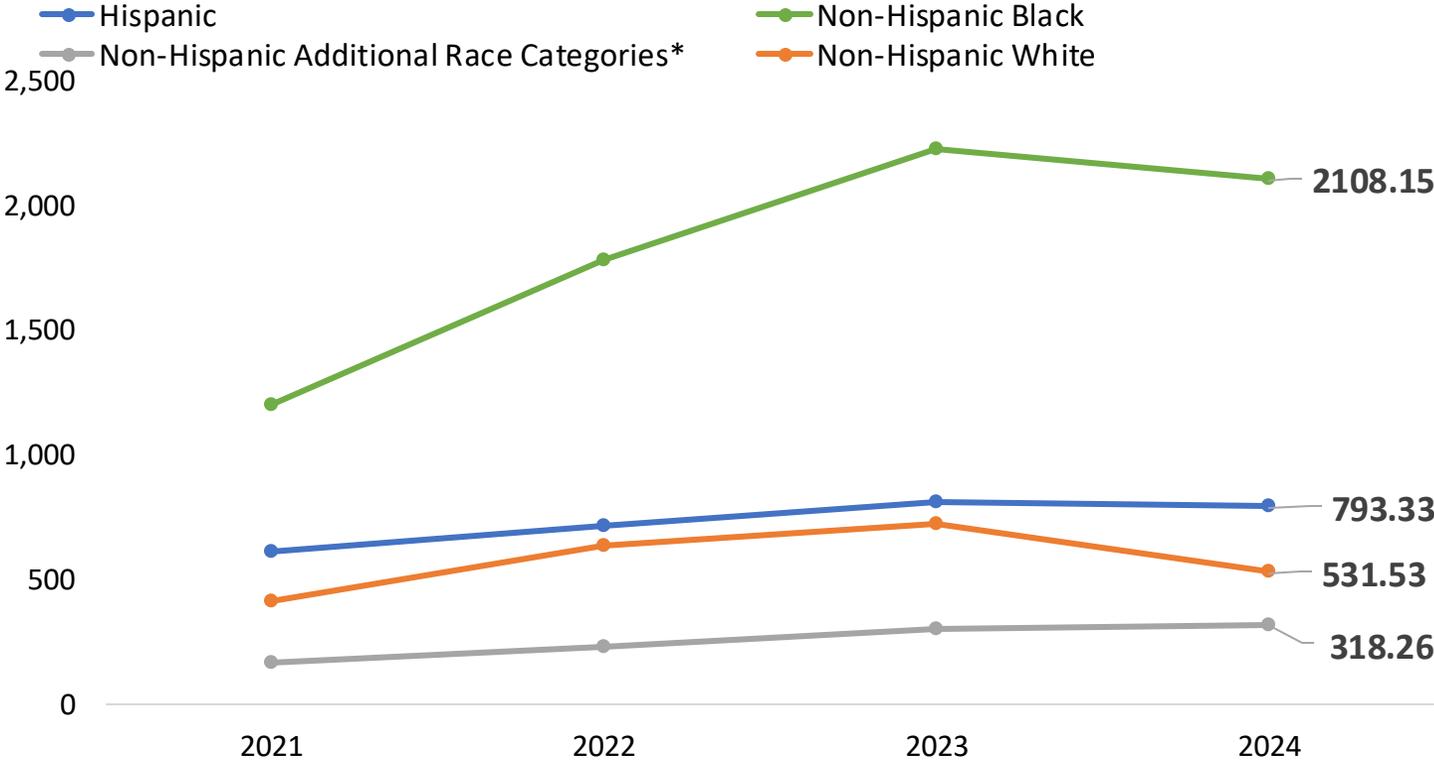
151,091

Supplies Provided to BIPOC Clients

Rates of Engagement for Black Clients are 4 times higher than white Clients

Rate (per 100,000) of Unique Clients Served by Race and Ethnicity and Year

Data Collected by ACOS, PWR, PSN, and CCA

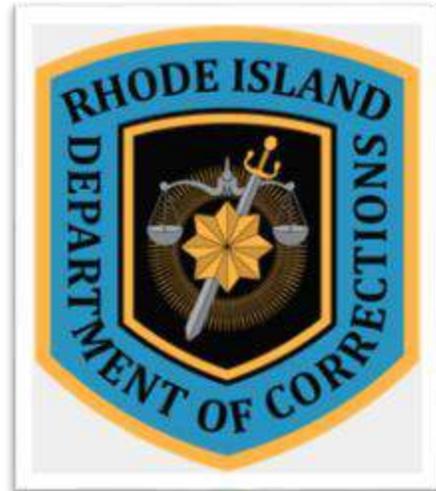


Harm Reduction Vending Machine (HRVM) Pilot Success

- Easy as 1-2-3
 - Enroll (via phone or in person)
 - Enter unique code
 - Receive supplies (quantities limited per week)
- No cost
- Little vandalism
- Total machines = **12**
- Total supplies distributed = **11,076**
- Sample supplies include: naloxone, safe injecting kits, wound kits, basic needs, and hygiene kits.

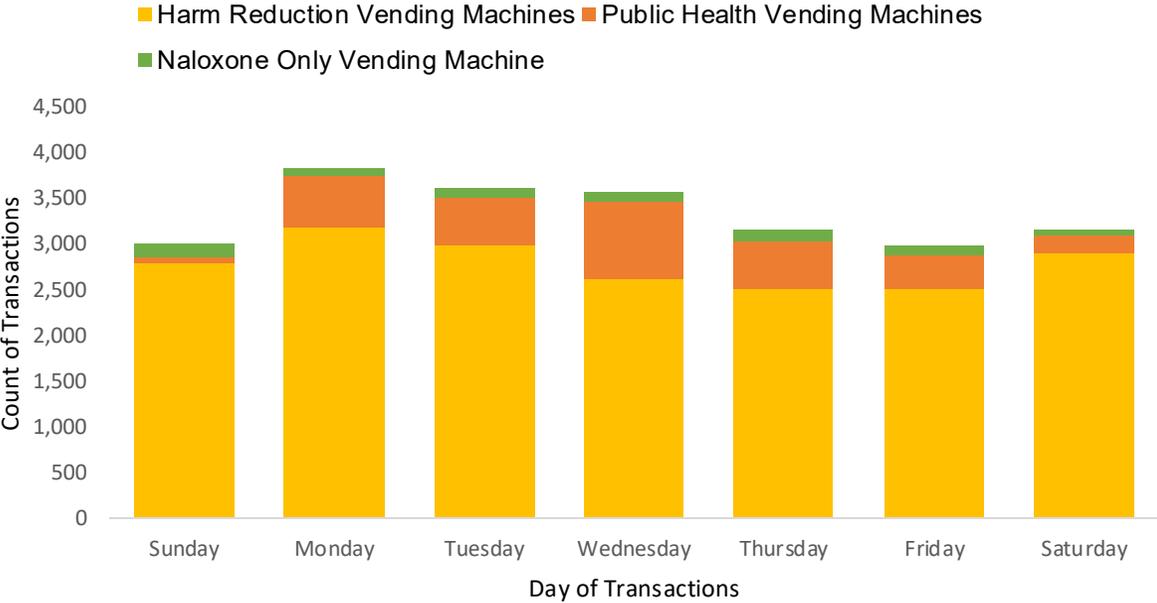


HRVMs Rely on a Diverse Partner Network

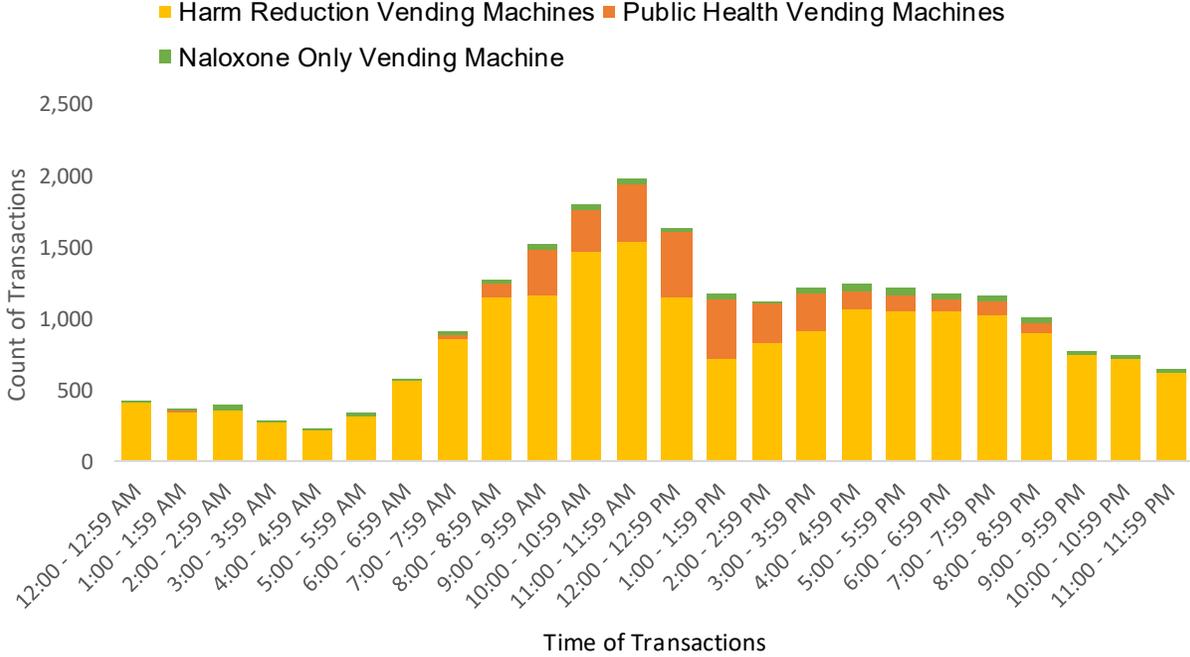


Exterior HRVMs Are Accessed 24/7 by Clients

Count of Transactions by **Day of Week** and Type of Vending Machine
2022 – 2023



Count of Transactions by **Time of Day** and Type of Vending Machine
2022 - 2023



Harm Reduction Core Strategies Are Being Achieved

1. Have overdose deaths decreased? **YES (Overarching Goal)**
2. Are harm reduction supplies in demand? **YES**
3. Are we reaching priority populations? **YES**
4. Are the various harm reduction access points being utilized? **YES**
5. Are we reaching BIPOC communities? **YES**
6. Have newly diagnosed cases of HIV among people who use drugs remained at all-time lows? **YES**
7. Have cases of congenital syphilis declined? **YES**

Harm Reduction Work Group: 2025 – 2026 Priorities

1. Improve Access to Oral Health Care
2. Support/Pilot Innovative Interventions to Meet Client Needs
3. Expand Partnerships (i.e., Street Medicine, Justice Assistance)
4. Enhance Policy and Advocacy Efforts

Harm Reduction Work Group: How to Get Involved

- Participate in an upcoming Harm Reduction Work Group meeting!
 - Meetings take place the second Tuesday of every other month from 1 p.m. to 2 p.m.
 - The next meeting is on September 9 via Teams.
- Contact Carol Stone (Carol.Stone@health.ri.gov) to request being added to the Work Group's email communication list.

Rescue Work Group

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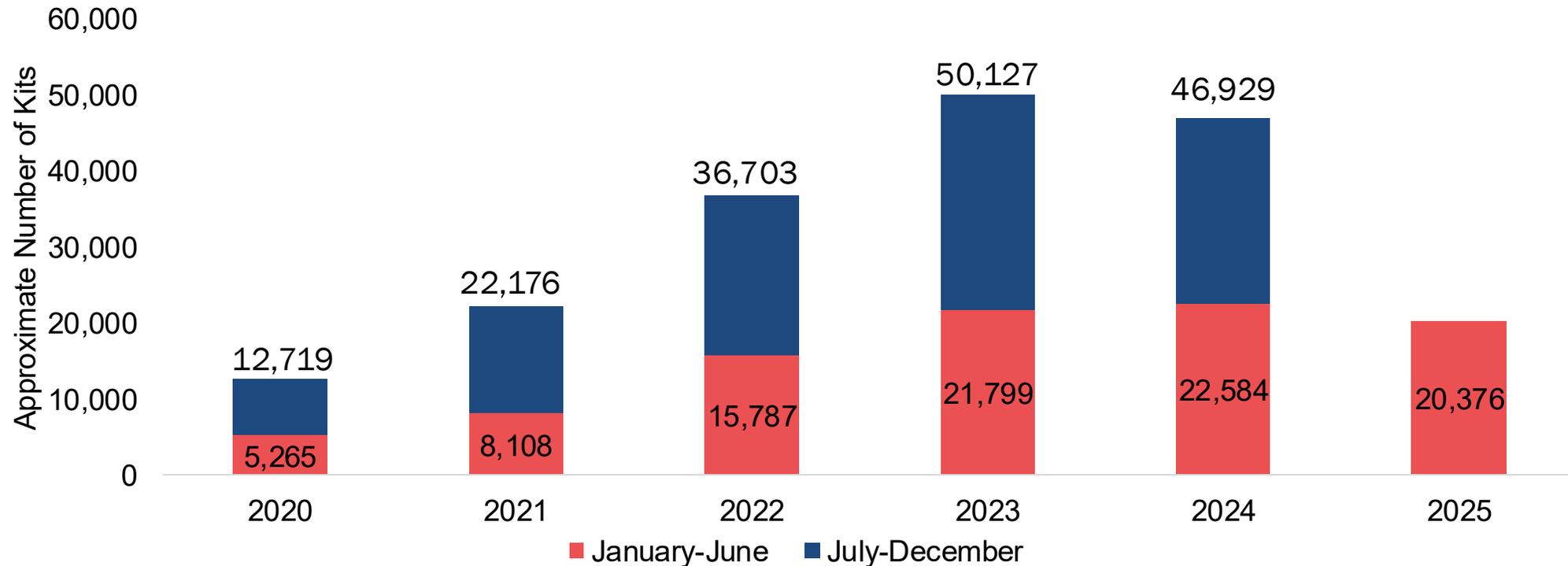
Rescue Work Group: Goals

To eliminate overdose deaths in Rhode Island by ensuring that overdose reversal medications, such as naloxone, and public awareness and preparedness are delivered to all populations using a comprehensive, data-driven approach with special attention given to populations and people who are most vulnerable and underserved.

Additionally, the Rescue Work Group works collaboratively with local partners to ensure sustainable funding for a naloxone supply and to be responsive to local needs in overdose prevention in all Rhode Island communities.

Naloxone Kits Distributed in Rhode Island, January-June 2025

In the first six months of 2025, most naloxone kits were distributed to individuals age 35 to 44 (29%) and individuals identifying as male (46%). The rate of naloxone kit distribution was highest among non-Hispanic and Black individuals (280 kits per 10,000).



Data Source: Community Naloxone Distribution Database, Rhode Island Department of Health (RIDOH). Data updated as of July 17, 2025. Prepared by Kristen St. John.

Year-in-Review Highlights

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Naloxone Legislation, 2025

Mandates naloxone training and availability of naloxone on-site for:

(a) Resident Assistants/ Staff at Rhode Island Colleges and Universities ([S 464 Sub A](#), [H 5595 Sub A](#))

Every institute of higher education in the State of Rhode Island including all public and private colleges and universities shall provide training in the administration of opioid antagonists to every resident assistant as designated by the institution. Such campuses shall provide and maintain on site in each college or university-owned or operated housing units, opioid antagonists in quantities and types sufficient to meet the needs of the housing unit. Such opioid antagonists shall be accessible by resident assistants for use during emergencies to any student, staff, or other individual.

(b) Public Recreation Staff ([S343 Sub A](#), [H 5273 Sub A](#))

All lifeguards, and park and forest rangers, employed to work at any state or municipal public beach or facility on a full-time basis shall be trained in the administration of opioid antagonists, pursuant to the provisions of this chapter. All state or municipal public beaches and facilities, that employ lifeguards, and park and forest rangers, shall maintain and provide a minimum of four (4) doses of the opioid antagonist.

Local Drug Supply

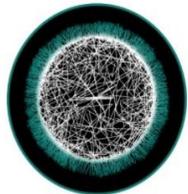
Community Drug Checking through Community Use Testing Study (CUTS), Rachel Serafinski and Merci Ujeneza

727 samples tested by Fourier Transform Infrared Spectroscopy (FTIR),
373 samples tested by the lab at the Center for Forensic Science
Research and Education (CFSRE).

(February 2023 – May 2025):

- [Xylazine](#)
- Medetomidine
- BTMPS
- Nitazenes

Find more data on their results and local drug supply at [Street Check](#).



**STREET CHECK
COMMUNITY
DRUG CHECKING**



Medetomidine Detected in the Rhode Island Drug Supply

Updated December 11, 2024

The [Rhode Island Department of Health](#) (RIDOH) is sharing new information on the emerging substance contaminant called [medetomidine](#).

Medetomidine is the latest central nervous system (CNS) depressant to appear as a contaminant alongside [fentanyl](#) and [xylazine](#) in the drug supply.

Medetomidine has been found in a few illicit drug samples in Rhode Island. It has also been identified [across several states in the US and Canada](#) and has been observed in overdoses in major metropolitan areas. Recent overdose reports in Philadelphia, Chicago, and elsewhere have all been associated with [fentanyl or heroin](#) drug products containing medetomidine, as well as [xylazine](#) and/or other substances.

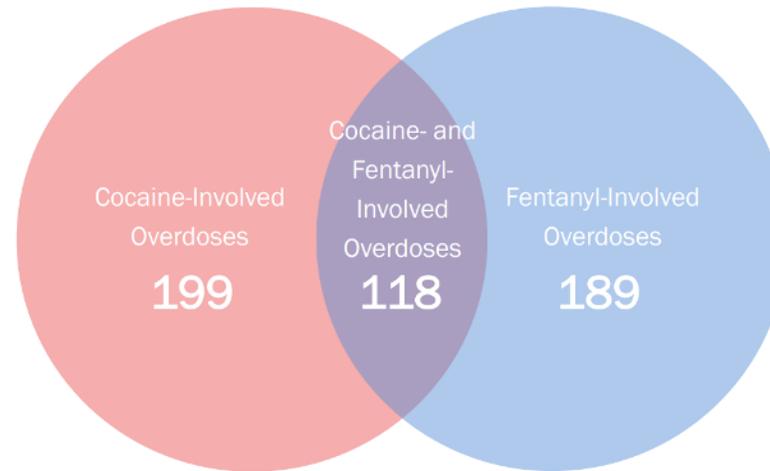
What is medetomidine?

- Medetomidine is a non-opioid sedative that has been FDA-approved for use in veterinary medicine. Like xylazine, medetomidine is a synthetic alpha-2 agonist but it is more potent and causes longer effects.
- The effects of medetomidine can include sedation, relief of pain and anxiety, muscle relaxation, slow heart rate, low blood pressure, and hallucinations.
- Most analytical testing does not differentiate between medetomidine and dexmedetomidine (Precedex™), a sedative that is FDA-approved for human use.

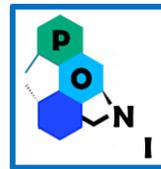
Stimulant Use and Overamping Info-sheet

In 2024, 61% of fatal overdoses had cocaine contributing to the overdose. The percentage of fatal overdoses with fentanyl contributing decreased from 78% to 57%.

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



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



Future Priorities

GOTF 2025 Annual Recommendations Survey

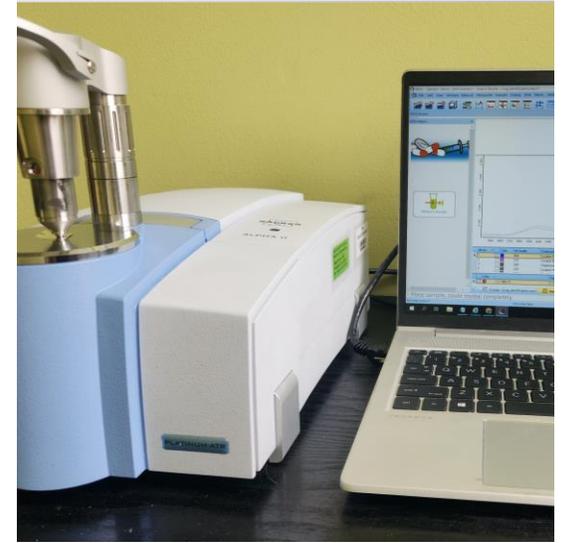
Rescue Work Group Core Strategy: Sustain naloxone accessibility via a statewide plan and evaluate impact.

Emerging Issues/Topics:

- “Public access to naloxone use education and proper training.”
- “Maintaining multiple access points for harm reduction services, sustained funds for harm reduction supplies and staffing.”
- “Providing harm reduction education to families and support people of those who use or are in recovery. Working toward new and innovative strategies to distribute naloxone.”
- “Keeping up with/responding to changes in the drug supply; continuing to find innovative ways to reach individuals in private locations to prevent overdose.”

Rescue Work Group: Looking Ahead

- Support **community drug checking**, continuing to follow the local drug supply for **emerging substances**.
- Continue and support efforts to improve **low- or no-barrier naloxone access**.
- Evaluate **equitable distribution of naloxone** statewide.
- Build resources and increase awareness related to **stimulant use** and overdose/overamping.
- Explore initiatives that address access to naloxone for **individuals using alone in private settings** in response to Overdose Fatality Review (OFR) recommendations.
- Explore initiatives that **empower the family and/or support system** of people who use or who are in recovery.



274 Plain St. Providence, 02905

Rescue Work Group: How to Get Involved

- Participate in an upcoming Rescue Work Group meeting!
 - Meetings take place the second Thursday of every other month from 10 a.m. to 11:30 a.m.
 - The next meeting is on Zoom: [August 14](#)
- Contact Carol Stone (Carol.Stone@health.ri.gov) to request being added to the Work Group's email communication list.
- [Sign up to receive overdose spike alerts](#) and learn about Rhode Island regions impacted by overdose.

Rescue Work Group: Free Naloxone, Training, and More

Visit PreventOverdoseRI.org to:

- [Get free naloxone administration training and request mail-delivery naloxone \(for individuals\)](#)
- [Request a bulk supply of free naloxone to distribute to community members \(for organizations/agencies\)](#)
- Access resources and data about naloxone and harm reduction, overdose prevention, treatment, recovery, and more.



Questions?

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Project Weber/RENEW

Ashley Perry, Deputy Director
Overdose Prevention Center Co-Director

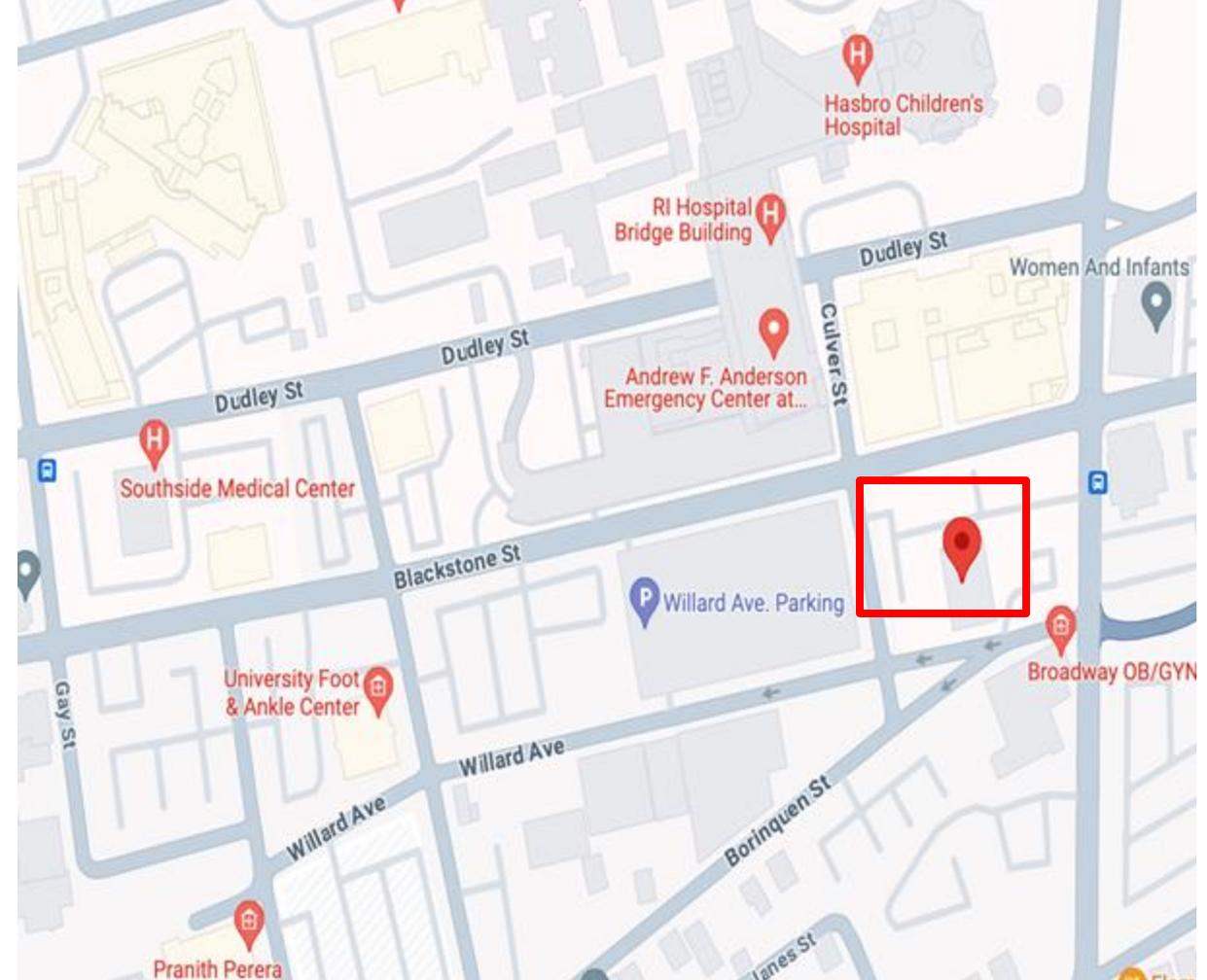


WEBER*RENEW

- Rhode Island's largest center for harm reduction and recovery services
- Peer-led organization
- Primarily serves Rhode Island's urban core
- Serves more than 6,000 individuals a year, across 20,000 encounters
- Services include: Outreach, Safe Space, Case Management, Recovery Support Services, and Basic Needs



Located at 45 Willard Ave., Providence



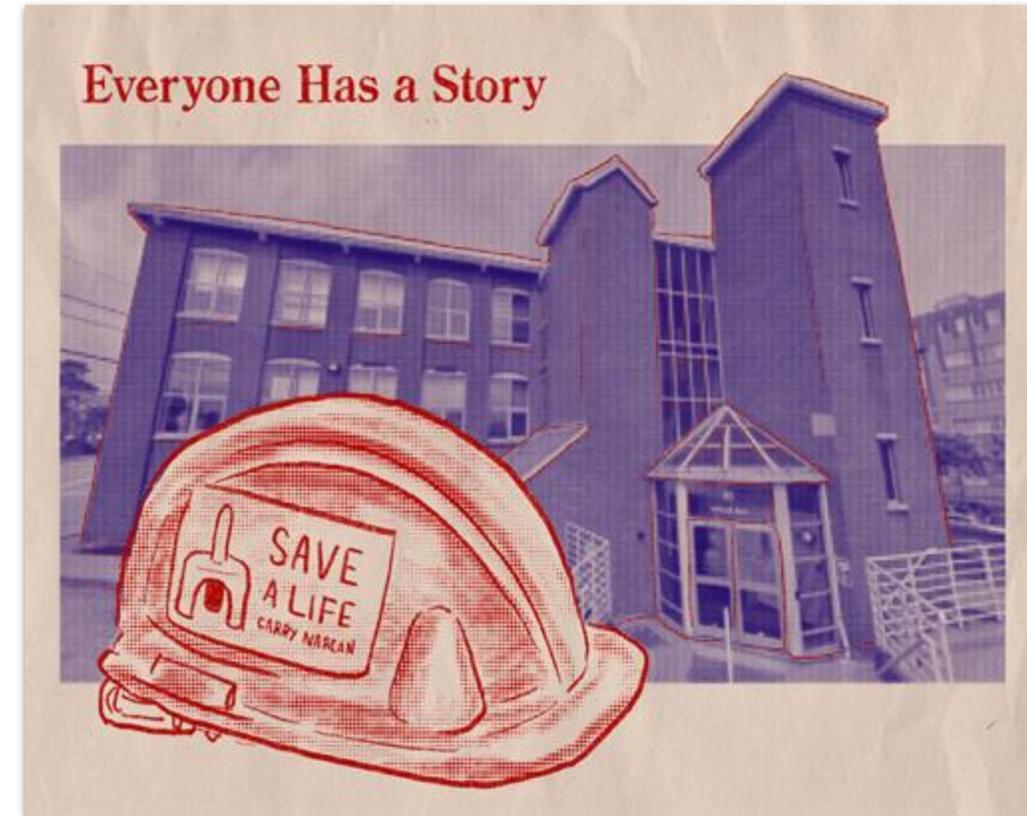
What is an Overdose Prevention Center (OPC)?

- **Comprehensive services**, including monitored drug consumption by trained professionals
- Evidence-based way to keep people alive
- 0 people died at an OPC
- 30% increase in getting people to treatment
- Reduction in public drug usage and drug litter (needles)
- Exist across the world, but very few in the United States



Comprehensive Services at 45 Willard Ave.

- **1st Floor:** Medical services - behavioral health, medical, and substance use treatment provided by VICTA
- Laundry, showers, drop-in center, basic needs, harm reduction supplies, case management, recovery housing placements, and peer recovery support
- **2nd Floor:** Overdose Prevention Center with supervised consumption
- **3rd Floor:** Leased to a partner agency with complimentary services



Welcome to the Overdose Prevention Center



Different Types of Consumption Spaces



Data From the Overdose Prevention Center

>6 Months of Services (January 13, 2025 - August 5, 2025)

- 3,377 visits
- 474 unique participants
- 110 interventions – 61 non-fatal overdoses, 8 times naloxone was used, 1 EMS call
- Participants
 - 87% unhoused
 - 78% say they would be using alone if not at an OPC
 - 76% say they would be using outside, 13% in public restroom, 16% in a park
 - 51% White, 24% Black, 23% Latinx, 9% Native American, 3% Multiracial



- ♥ 189 Prescriber Visits
- ♥ 275 Individual Counseling Sessions
- ♥ 65 Intake Assessments
- ♥ 549 Nursing Visits

“ If I did not start coming here, I would be dead or in a diabetic coma”

- D

Brown University's People, Place & Health Collective is conducting an independent research study.

- Study of overdose prevention centers in the United States.
- Study team is partnering with OnPoint NYC, Project Weber/RENEW, and city and State agencies to evaluate health and neighborhood outcomes.
- The study is led by Brandon Marshall, Ph.D. at Brown University and Magda Cerdá, DrPH, MPH at New York University.

Nighborhood observation pre/post OPC



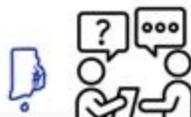
Observations around the OPC and comparison neighborhood to look at OPC impacts on drug-related activity and other outcomes (e.g., police presence) pre/post OPC implementation.

Community surveys



Brief surveys with business leaders, residents, and community organizations in the OPC neighborhood to understand perceptions.

Qualitative research



(1) Fieldwork in/around OPCs; (2) Interviews with people who use drugs pre-OPC implementation to understand OPC perceptions and service needs in RI; (3) Interviews with OPC clients and staff to examine OPC experiences, barriers and facilitators, and programmatic needs.

OPC cohort surveys with data linkages



Cohort of OPC clients (n=1000) across RI and NYC with data linkages to look at OPC engagement, MOUD/treatment uptake, ED visits, overdose, and other impacts.

Community Impacts



Analyses of overdose, crime, neighborhood disorder, and policing using existing data sets (e.g., ED data) in neighborhoods with and without OPCs

Cost and Cost-Effectiveness



(1) Operational costs and cost-effectiveness of OPCs implementation and sustainability; (2) healthcare utilization costs of OPC and non-OPC clients; (3) interviews with OPC staff about costs



denotes activity only in RI



denotes activity only in NYC



denotes activity in both RI and NYC

Study Website



The screenshot shows the homepage of the 'safer' study website. At the top left is the 'safer' logo. At the top right are navigation links for 'Home' and 'Team'. The main content area has a dark blue background with white text and decorative white geometric shapes. The primary heading is 'Study Assessing the Effectiveness of Overdose Prevention Centers Through Evaluation Research'. Below this is the main title, 'The First Federally Funded Study of Overdose Prevention Centers'. At the bottom, a paragraph states: 'We are partnering with community organizers, researchers, and experts to generate evidence to inform the implementation of OPCs across the nation.'

safer.opcinfo.org



Community Perceptions of OPCs

Methods

- Research staff surveyed 125 people who lived and/or worked within a 0.75 mile radius of the OPC in Rhode Island.

Findings and Implications

- 74% supported an OPC opening in their neighborhood, and 81% supported an OPC opening elsewhere in the city.
- Support for an OPC was associated with greater perceived visibility of homelessness in the neighborhood ($p=0.04$) and younger age ($p=0.01$) (and no other demographics).
- High acceptability is likely attributable to ongoing grassroots education and public awareness campaigns championed by local harm reduction programs; findings underscore the importance of community engagement to bolster support for OPCs.

Slide by Dr. Brandon Marshall of Brown University



Community Outreach

- Conducted 3 rounds of canvassing to residential neighbors.
- Attended/presented at community meetings.
- Talked to organizations and businesses in the area.





HEALTH, SAFETY, AND SUPPORT LIVE HERE

4:35:09

Thank You!



International Overdose Awareness Day

Thursday, September 4, 2025 from 12 pm - 4 pm

End Overdose in Rhode Island by joining the state's largest Narcan distribution event.



Sign Up Here:

Be a part of saving a life. Sign up for the Narcan distribution event today.
For more information or questions, contact IOAD@weberrenew.org



Questions / Follow Up



Time for questions

We'd also love to hear more from you.

Please let us know if you'd like a tour!

Ashley Perry

aperry@weberrenew.org

www.weberrenew.org



Public Comment

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