



Governor Dan McKee's Overdose Task Force

October 8, 2025

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

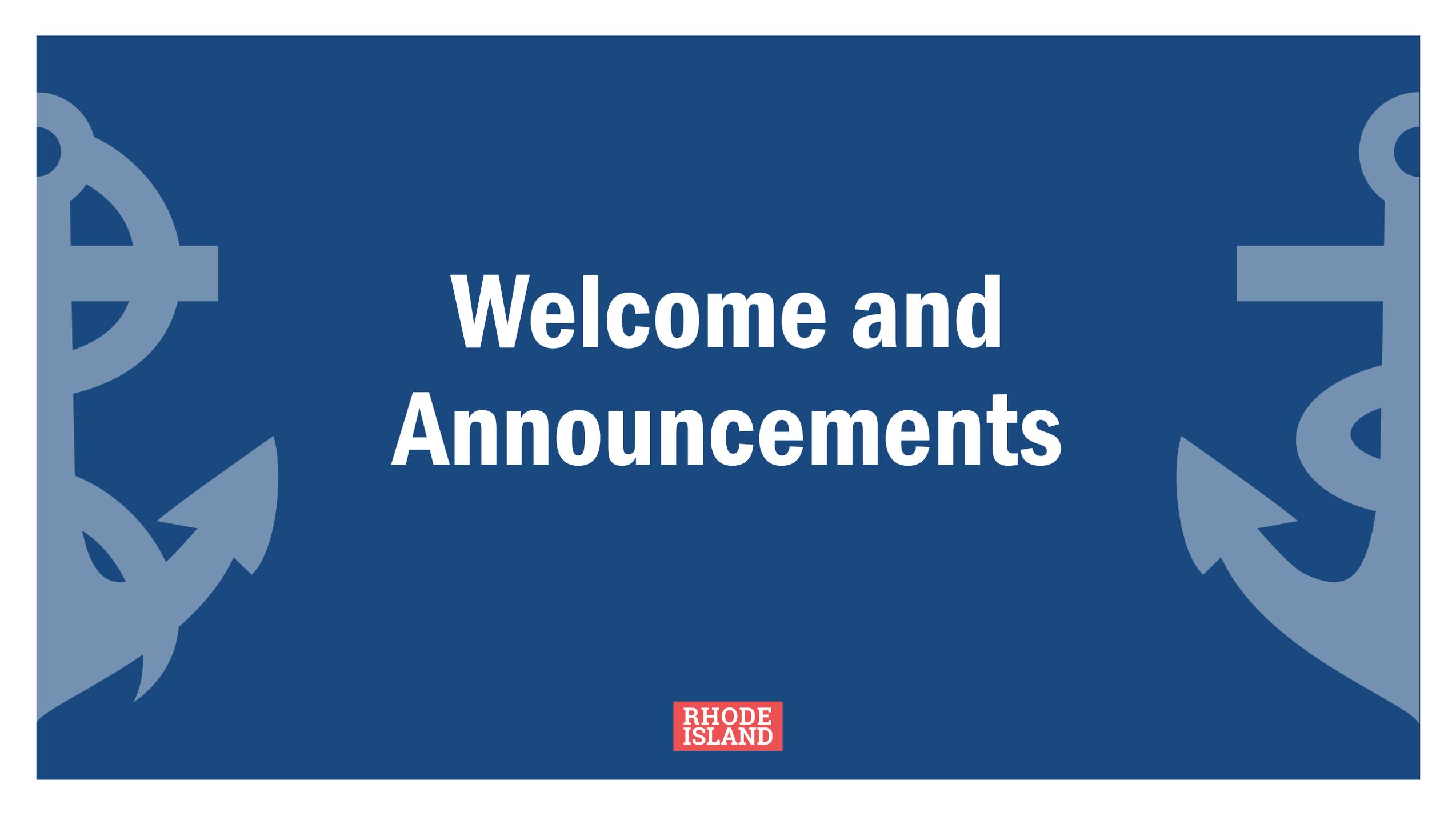
Jerome Larkin, MD; Director, Rhode Island Department of Health

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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Prevention Month: What's Ahead

BHDDH Presents: Amplifying Voices & Telling The Prevention Story October is National Substance Use Prevention Month

Kickoff Events

- Governor Dan McKee has issued a proclamation declaring October as National Prevention Month.
- **Virtual Prevention Panel: Telling the Prevention Story**
- **When:** Wednesday, October 15 at Noon
- **Where:** [Join the discussion on Teams or watch the livestream on BHDDH's Facebook page](#)

Prevention Month: What's Ahead

Community Awareness

- **Red Ribbon Week, from October 23 to 31**, encourages open conversations about staying drug free while raising community awareness.
- **Drug Take Back Day on October 25 from 10 a.m. to 2 p.m.** Safely and anonymously dispose of unwanted or expired medications.
- [Share Your Prevention Story Anonymously](#) via our online survey.
 - In partnership with the Rhode Island Department of Motor Vehicles, prevention stories will appear on public screens to raise awareness.

Opportunities

- [Become a prevention specialist](#) and play an integral role in Rhode Island's prevention efforts.



Drug Take Back
Locations



Prevention Stories



Prevention Specialist

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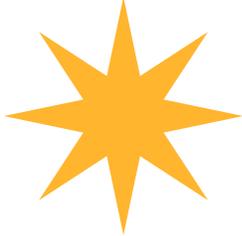
Join an Overdose Task Force Work Group

Learn more and view all meeting schedules at PreventOverdoseRI.org/task-force-work-groups

Work Group	State Agency Co-Chair	Community Co-Chair
Prevention	Tara Cooper (RIDOH) Elizabeth Farrar (BHDDH)	Terrel Newton , Tides Family Services
Rescue	Nya Reichley (RIDOH)	Catherine Ahern , University of Rhode Island Community First Responder Program
Harm Reduction	Thomas Bertrand (RIDOH)	Machiste Rankin , Brown School of Public Health
Treatment	Linda Mahoney (BHDDH)	Jessica Elliott , Community Care Alliance
Family Task Force	Trisha Suggs (BHDDH)	Laurie MacDougall , Allies in Recovery
Recovery	Candace Rodgers (BHDDH)	George O'Toole , East Bay Community Action Program
First Responder	Megan Umbriano (RIDOH)	
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



Rally4Recovery RI



2025

Highlights



Stacey Levin

A Phenomenal Day



- 12 Planning Committee Members
- Pre-Rally Volunteer Pizza Party
- 92 Total Volunteers



79 Tables of Community Partners in Recovery Expo



10 Tables of Employers at the Recovery Friendly Workplace Initiative Job Fair



Kid Zone

staffed by

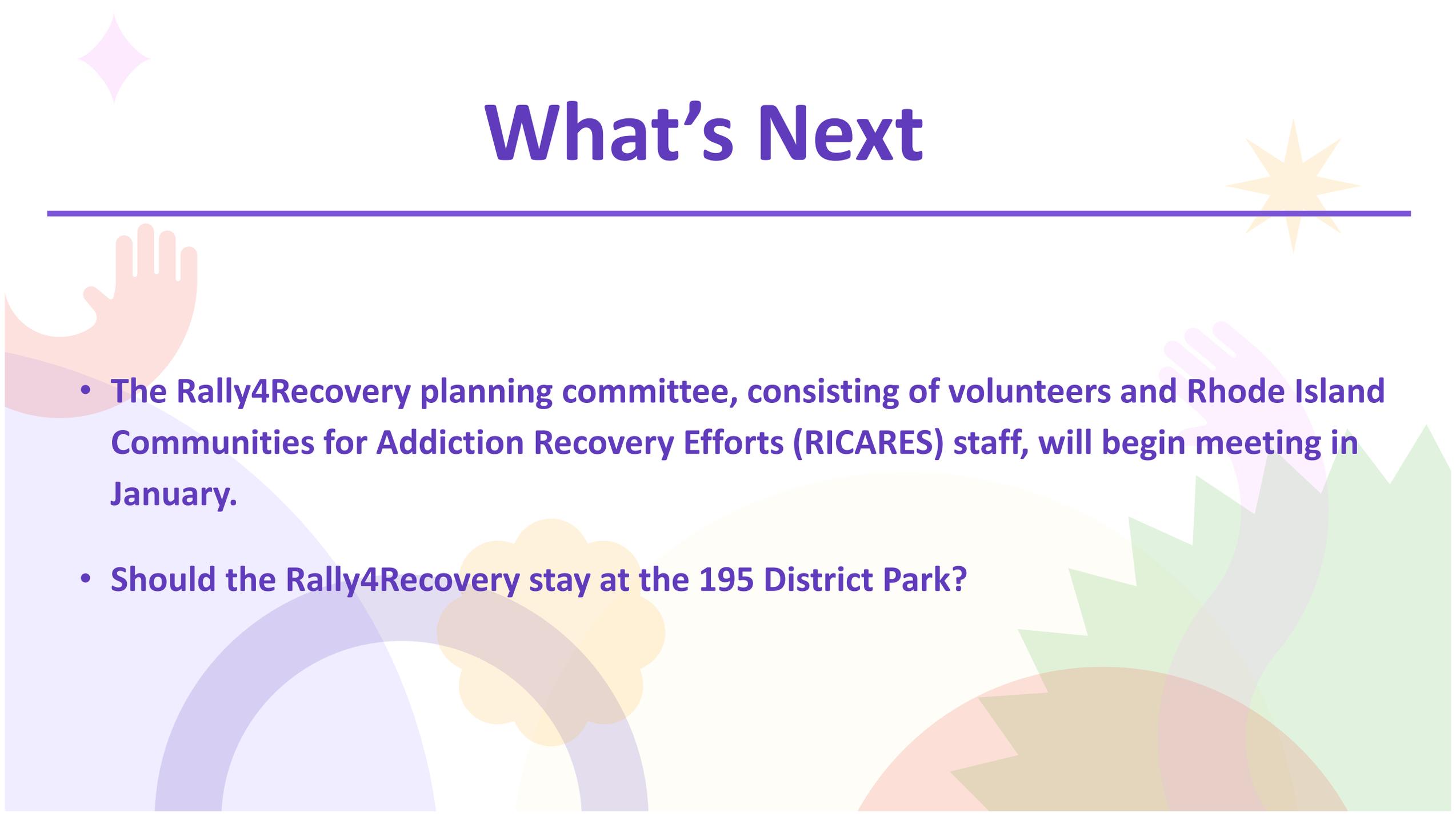
Communities 4 People

6,400
attendees



Rally4Recovery Volunteers





What's Next

- The Rally4Recovery planning committee, consisting of volunteers and Rhode Island Communities for Addiction Recovery Efforts (RICARES) staff, will begin meeting in January.
- Should the Rally4Recovery stay at the 195 District Park?



Thank You 2025 Planning Committee

- Abbie Knapton
- Anita Nester
- Christiana Otele
- Claudia Maiorana
- Jessica Elliot
- Jessica Jean-Charles
- Kristin Phelps
- Max Bahi
- Obed Papp
- Sarah Liew
- Stacey Levin
- Tiffany Barry

Please reach out with any questions!

Thank you!

slevin@ricares.org



Communities for Addiction Recovery Efforts
166 Valley St, Suite 105, Providence, RI 02909
401-585-0772 cell | 401-475-2960 | www.ricares.org



Rhode Island Overdose Fatality Review: Recommendations for Adults Aged 55 and Older

October 8, 2025

Governor Dan McKee's Overdose Task Force

Goals of the Overdose Fatality Review (OFR)

- Examine emerging trends in the overdose epidemic.
- Identify points for prevention and gaps in current policies, systems, and operations.

OFR Quick Facts

- Quarterly case reviews, with additional meetings focused on recommendations
- Reports: Quarterly and annual
- Active members: About 30

Membership



Rhode Island Department of Health

- Coordination Team
- Center for Emergency Medical Services
- Office of State Medical Examiners
- Prescription Drug Monitoring Program
- Task Force Racial Equity Work Group

Other Rhode Island State Agencies

- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
- Rhode Island Department of Children, Youth & Families
- Rhode Island Executive Office of Health and Human Services

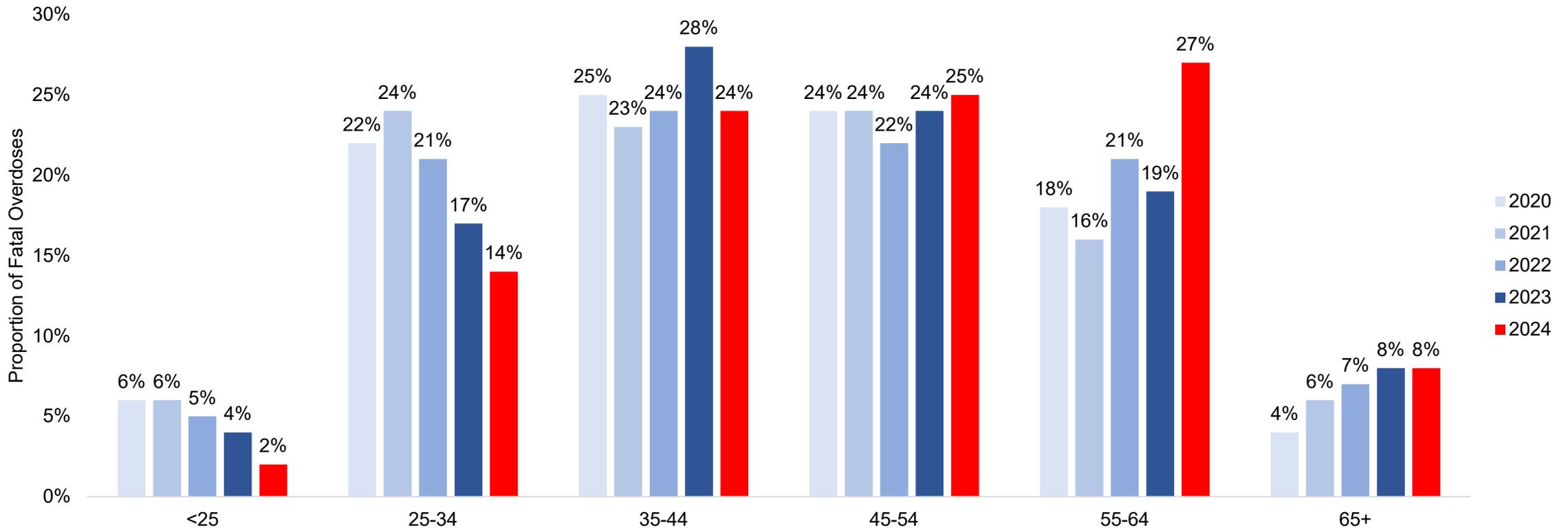
Community Partners

- Family Representation
- Harm Reduction and Recovery Support Agencies
- Heroin-Opioid Prevention Effort (HOPE) Initiative
- New England High Intensity Drug Trafficking Area (HIDTA)
- Rhode Island Regional Prevention Coalition
- Treatment Providers/Hospitals/Community Health Center
- University of Rhode Island Community First Responder Program

Fatal Overdose by Age Category January 2020 – December 2024



In 2024, the proportion of overdoses among individuals **aged 55 to 64 increased**.



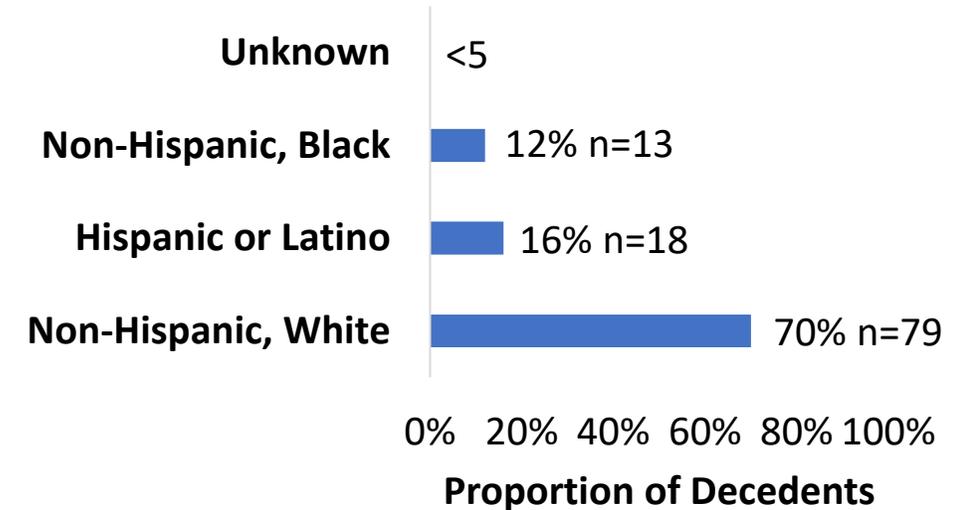
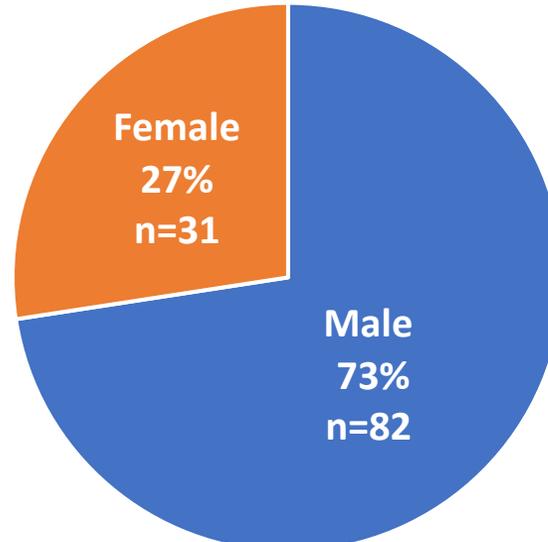
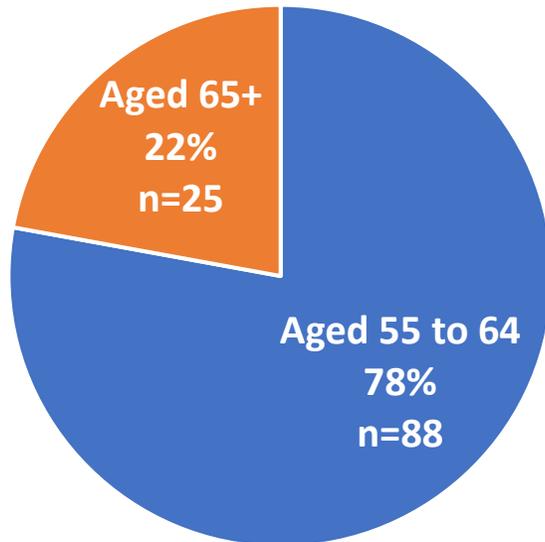
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

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

2024 Decedent Demographics



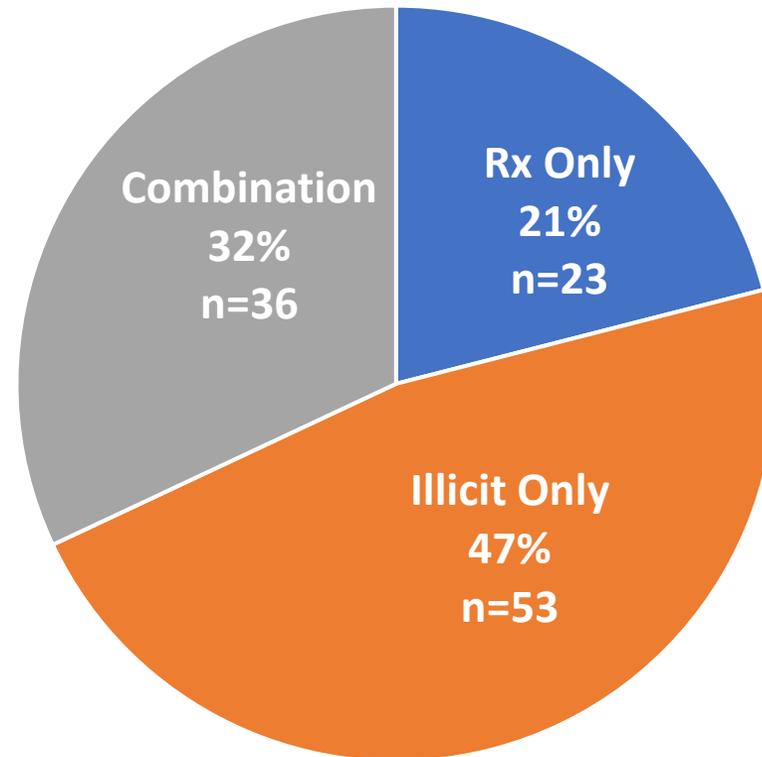
From January 1, 2024 to December 31, 2024, **113 individuals** aged 55 and older experienced a fatal overdose in Rhode Island.



Substances Contributing to Cause of Death Among Individuals Age 55+, January 2024 - December 2024



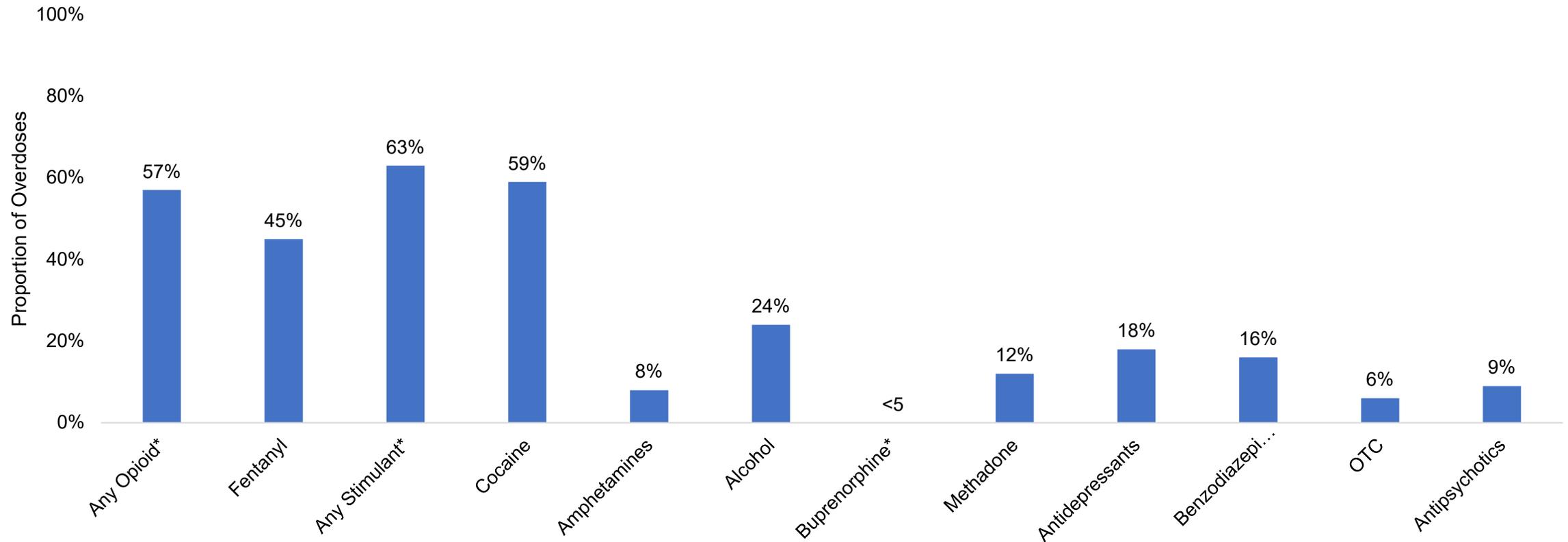
Approximately **8 in 10** overdoses **involved an illicit substance**.



Substances Contributing to Death Among Individuals Age 55+, January 2024 – December 2024



Stimulant-involved overdose was most common among individuals aged 55 and older.



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

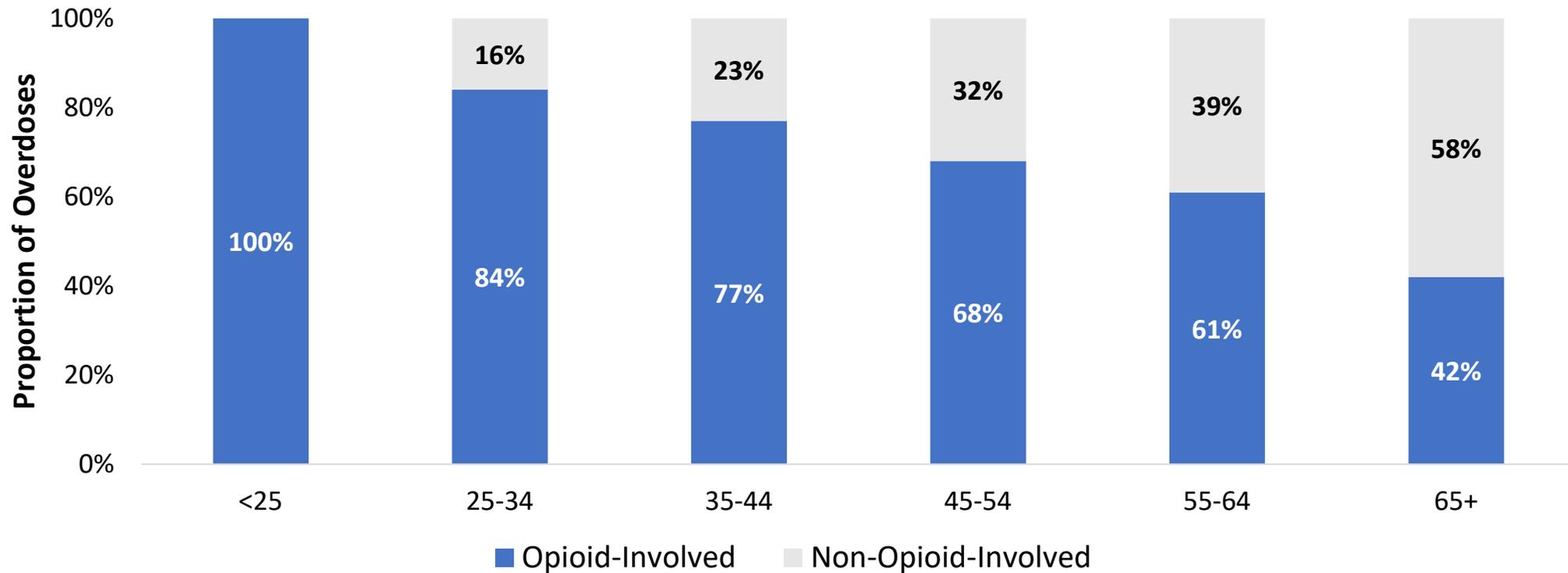
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. *Stimulant-involved overdoses also capture overdoses involving cocaine, amphetamine, and methamphetamine. Opioid overdoses also capture overdoses involving fentanyl, buprenorphine, and methadone.

Opioid-Involved Overdose by Age Category

January 2024 – December 2024



As age increased, individuals were less likely to experience an opioid-involved overdose compared to younger individuals.



August 2025 Case Review



- Topic: Individuals aged 55 and older whose death occurred between January 1 to December 31, 2024
- Four decedents
- Guests joined the OFR Team to provide expertise:
 - Executive Office of Health and Human Services
 - HopeHealth
 - Rhode Island Office of Healthy Aging
 - Rhode Island Parent Information Network

August 2025: Key Recommendations



Create and disseminate harm reduction information that is tailored specifically to older adults.

Create and distribute a toolkit that helps individuals identify signs that an older adult is experiencing behavioral health challenges.

Establish earlier screening practices and interventions for older adults who are experiencing a change in cognition or behavior.

Encourage the use and reimbursement of pharmacist-led medication reviews for older individuals who are more at risk for negative health outcomes.

Other Recent Key Recommendations



Educate the public about the increased risk of overdose and other negative health outcomes associated with stimulant use and co-occurring chronic conditions (i.e., diabetes, obesity, hypertension).

Expand Rhode Islanders' access to health services by supporting programs that bring preventative and primary care directly to people in the community to include emergency medical services (EMS) mobile integrated health (MIH) and street medicine programs.

Provide access to naloxone in all public restrooms, particularly those that offer more privacy (i.e., portable toilets, grocery stores, shopping malls).

Next Steps



- Continue to share OFR recommendations and integrate them into RIDOH's strategic planning.
- Continue to collaborate with the Governor's Overdose Task Force to ensure recommendations are incorporated and aligned with statewide overdose prevention work.
- Support collaboration opportunities to put recommendations into action.

How You Can Get Involved



Use the OFR as
a Data Source

Suggest Case
Review Topics

Fill an Open
Voluntary
Position on the
OFR Team



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Drug Overdose Prevention Program
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Heidi Weidele, MPH

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Substance Use Epidemiology Program
Rhode Island Department of Health
Heidi.Weidele@health.ri.gov



Rhode Island's *No Matter Why You Use* Public Awareness Campaign

October 8, 2025

Governor Dan McKee's Overdose Task Force

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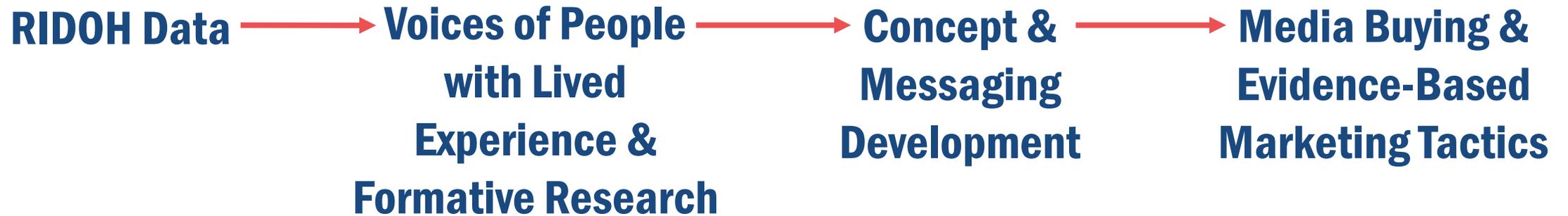
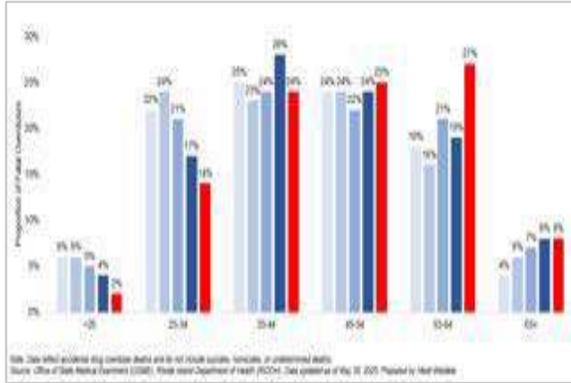


No Matter Why You Use

**An Overdose Prevention Public Awareness
Campaign for Rhode Islanders Age 45 and Older**

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Strategic Development of Statewide Campaigns



Using 2024 Fatal Overdose Data to Drive Action



RIDOH's 2024 Office of State Medical Examiners data show:

- **60% of fatal overdoses occurred among individuals aged 45 and older.** *This highlights the urgent need for tailored interventions for this population.*
- **Non-Hispanic, Black Rhode Islanders continued to experience the highest rate of fatal overdose.** *More overdose deaths involved cocaine/stimulants in this population compared to Hispanic or Latino and non-Hispanic, white individuals.*
- **Stimulants, like cocaine, crack cocaine, meth, and amphetamines, contributed to 65% of fatal overdoses,** reflecting a growing public health concern beyond opioid-related overdoses. *The proportion of overdoses involving stimulants continues to rise.*
- **Fentanyl contributed to 57% of fatal overdoses,** which represents a decrease from historical numbers. *This shows that fentanyl is still a primary cause of overdose deaths.*

**Last year in
Rhode Island...**

7 in 10
overdose deaths
involved
more than one type
of substance

Substances included: Alcohol, antidepressants, antipsychotics, barbiturates, benzodiazepines, opioids, over-the-counter medicines, stimulants, or other drugs.

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.



Federal and Statewide Collaboration with Strong Community Partnerships





Campaign Formative Research

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Formative Research Goals



Gain

Gain a better understanding of opioid, stimulant use, and potentially polysubstance use.



Explore

Explore the impacts of co-occurring conditions and mental health issues.



Identify

Identify ways to integrate caregivers and family members into messaging, creative concepts, and outreach efforts.



Discover

Discover effective ways to reach individuals who use substances, friends, and family members within home settings (given that most fatal overdoses occur in private settings such as homes).

Key Informant Interviewees



Licensed Social Worker

3 Years in Recovery

Certified Community Health Worker

**Harm Reduction
Director**

Director of Community-Based Services

Skilled Tradesman

**Recovery Center
Director**

Former Early Childhood Educator

Peer Recovery Coach

Licensed Chemical Dependency Professional

Certified Peer Recovery Specialist

23 Years in Recovery

Long-Term Recovery

10 Years in Recovery

Physician

Certified Substance Use Counselor

Public Health Professional

Quotes from Research Participants



“At 45 to 64, asking myself, what have I achieved? Feeling hopeless... not fitting into society, and not trusting the system, feeling like the system hasn’t traditionally been there for us [men of color].”

“To be honest, we can feel the stigma, we can see it in their expressions and their faces.”

“People go back to using when they find themselves under emotional distress... most have some sort of mental health issue...”

“This 45 to 64 age group is more likely to have already burned bridges with family members or likely has already been isolated from family, in addition to being from a generation that doesn’t traditionally believe in being involved in their mental health...”

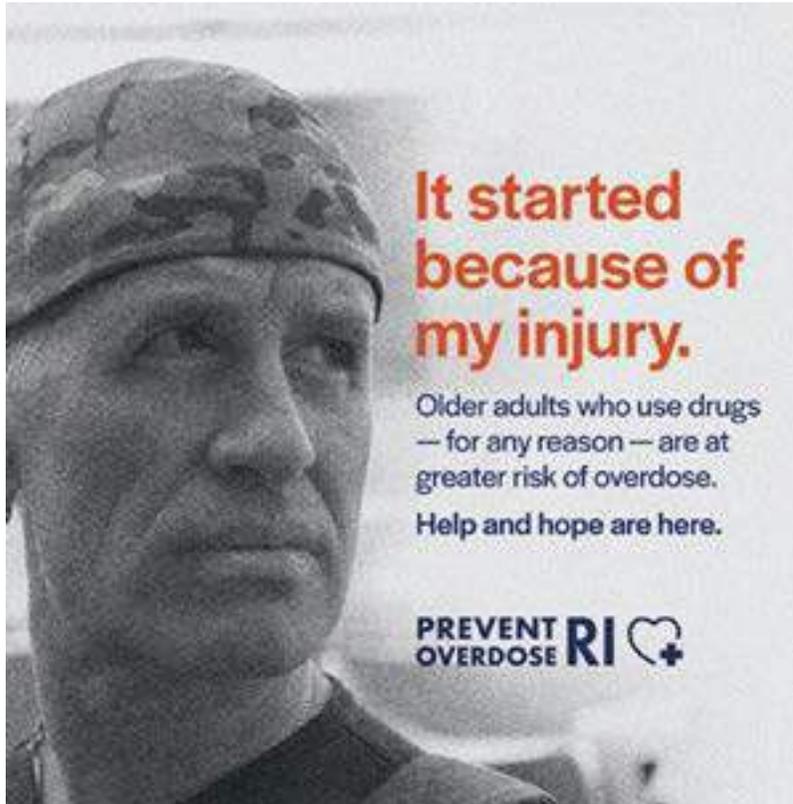
Research Participant Recommendations



Campaign messaging should:

- Communicate directly and overtly, without creating a sense of fear.
- Address denial or the lack of awareness, by educating audiences about the consequences of habits that may not be deemed risky (like dangerous drug combinations).
- Create a message that has a “human touch” where people can feel safe, welcomed, and comfortable connecting emotionally.
- Say that “Help is available, you’re not alone, and it’s OK to ask for or get help.”

Campaign Concept Unanimously Selected



It started because of my injury.

Older adults who use drugs — for any reason — are at greater risk of overdose.
Help and hope are here.

PREVENT OVERDOSE RI 

This advertisement features a black and white photograph of an older man wearing a head-mounted EEG device. The text is positioned to the right of his face.



It started because of my anxiety.

Older adults who use drugs — for any reason — are at greater risk of overdose.
Help and hope are here.

PREVENT OVERDOSE RI 

This advertisement features a black and white profile photograph of an older woman with long, light-colored hair. The text is positioned to the left of her face.



It started because I'm lonely.

Older adults who use drugs — for any reason — are at greater risk of overdose.
Help and hope are here.

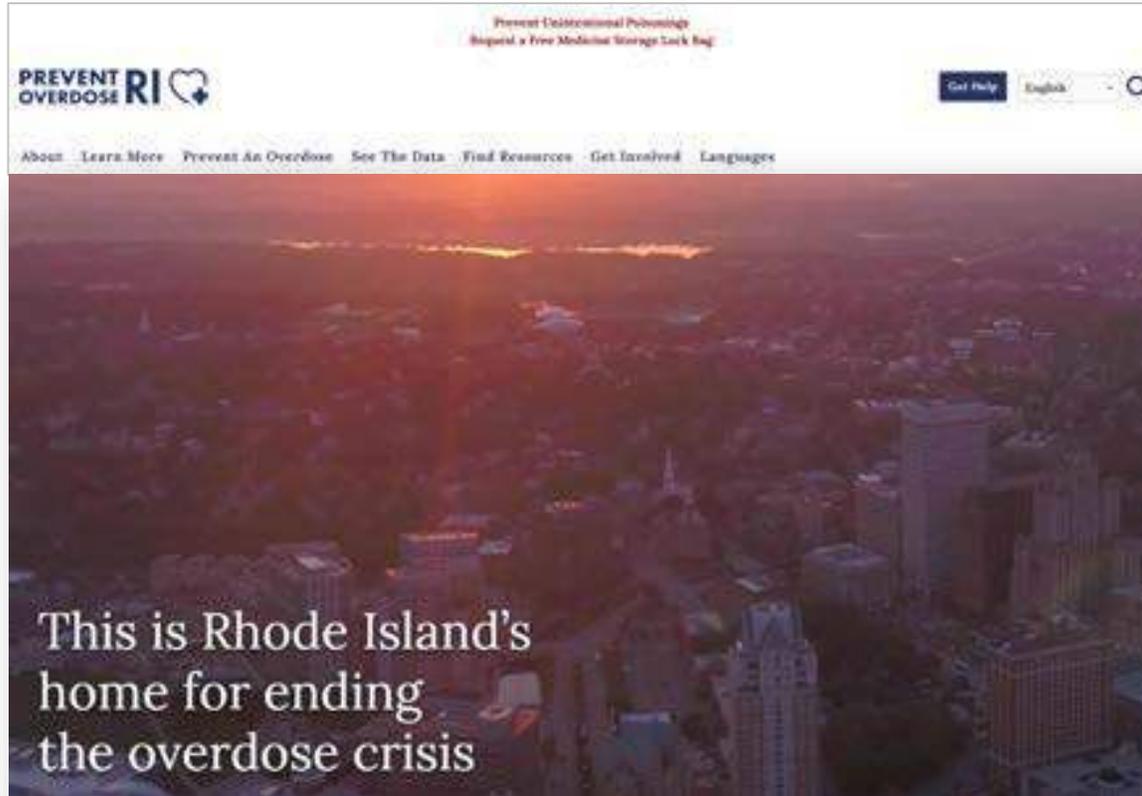
PREVENT OVERDOSE RI 

This advertisement features a black and white profile photograph of an older woman with dark, curly hair. The text is positioned to the right of her face.

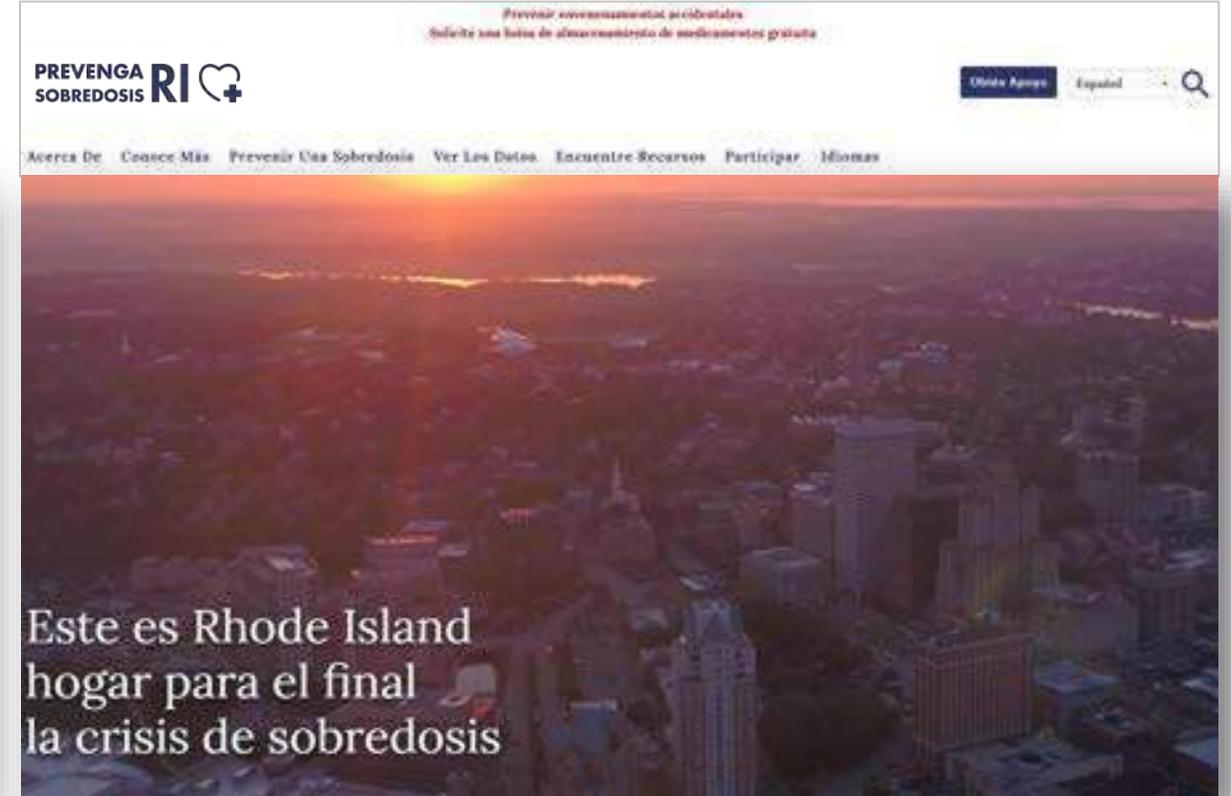
Campaign Landing Pages (English and Spanish)



PreventOverdoseRI.org



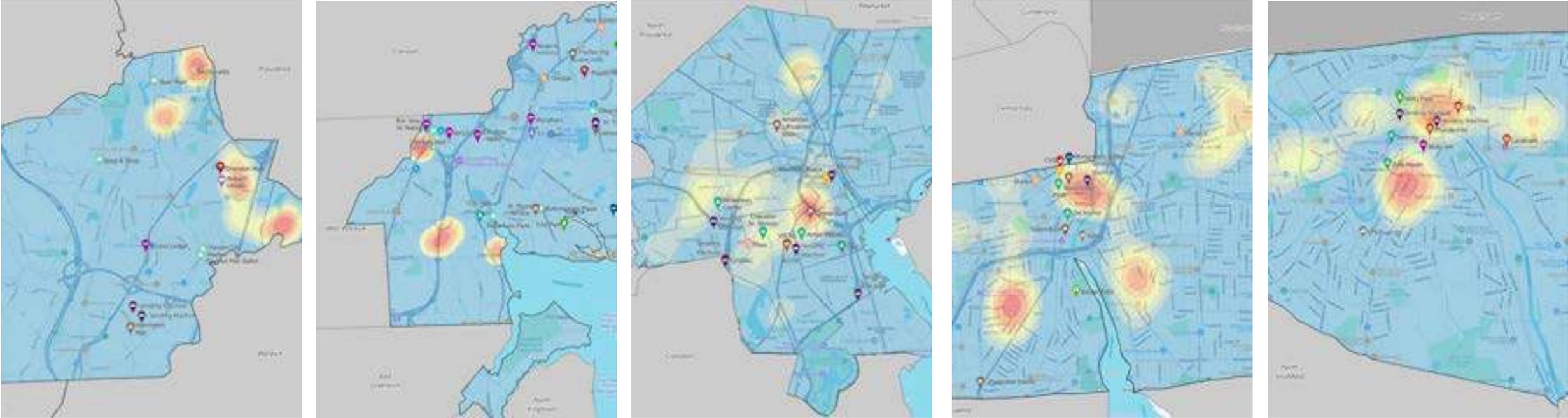
PrevengaSobredosisRI.org



Paid Media Advertisements

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Strategic Placement of Media Buys Using RIDOH 2024 Fatal Overdose Data and Heat Maps



Source: Office of State Medical Examiners (OSME)

Paid Digital and Social Media Ads



Plus, ads on local news, sports, and gaming apps!

PREVENT OVERDOSE RI

It started because of my injury.

Older adults who use drugs — for any reason — are at greater risk of overdose. Help and hope are here.

PreventOverdoseRI.org

PREVENT OVERDOSE RI

It started because of my anxiety.

Older adults who use drugs — for any reason — are at greater risk of overdose. Help and hope are here.

PreventOverdoseRI.org

PREVENT OVERDOSE RI

It started because I'm lonely.

Older adults who use drugs — for any reason — are at greater risk of overdose. Help and hope are here.

PreventOverdoseRI.org

PREVENT OVERDOSE RI

It started because I'm grieving.

Older adults who use drugs — for any reason — are at greater risk of overdose. Help and hope are here.

It started because I'm lonely.

Older adults who use drugs — for any reason — are at far greater risk of overdose. Help and hope are here.

PREVENT OVERDOSE RI

PreventOverdoseRI.org

Gasoline Pump Advertisements

51 gas stations across Rhode Island

This Sale

\$



It started
because of
my injury.

PREVENT
OVERDOSE RI 

Gallons

Gasoline Pump Advertisements (Spanish)

51 gas stations across Rhode Island

PrevengaSobredosisRI.org

**PREVENT
OVERDOSE RI** 

Las personas mayores que
consumen drogas, por cualquier
motivo, corren un mayor riesgo
de sufrir una sobredosis.
La ayuda y la esperanza
están aquí.

Local and Streaming Radio Ads (English/Spanish)



Strategic Public Relations Efforts



To further generate awareness, the campaign includes a public relations plan with targeted media opportunities:

- Sponsorship of a [September 30 Fentanyl Crisis segment on WPRI](#)
- News release for Substance Use Awareness Month
- A series on personal recovery stories
- Additional opportunities to address stigma and connect audiences to local resources



Community Outreach and Call to Action

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Community Outreach Toolkit: New Palm Cards (English/Spanish)

250 Locations Across Rhode Island



Among overdose deaths* in Rhode Island,

61% involved cocaine

57% involved fentanyl

82% occurred in the home

and 100% were preventable.

*2024 data

PREVENT OVERDOSE RI

Reduce the risk of overdose if you or someone you care about uses drugs.

- Learn the signs of an overdose and how to respond. Be prepared to call 911.
- Always have naloxone, an overdose-reversal medication, nearby.
- Avoid using drugs alone. Have someone check on you when you're using.
- Connect yourself or a loved one to care.
- Learn and share information about harm reduction resources.
- Locate local treatment and recovery support services.

Find more information and resources, including free naloxone and HIV/hepatitis C testing, at PreventOverdoseRI.org/help-a-loved-one

Entre las muertes por sobredosis* en Rhode Island,

el 61% estuvieron relacionadas con la cocaína,

el 57% con el fentanilo,

el 82% ocurrieron en el hogar

y el 100% se pudieron haber evitado.

Datos de 2024*

PREVENT OVERDOSE RI

Reduce el riesgo de sobredosis si usted o alguien que le importa consume drogas.

- Aprenda a reconocer los signos de una sobredosis y cómo responder. Prepárese para llamar al 911.
- Tenga siempre a la mano naloxona, un medicamento que revierte las sobredosis.
- Evite consumir drogas cuando está solo. Pida a alguien que le vigile cuando consuma.
- Conéctese con servicios de cuidado para usted o un ser querido.
- Aprenda y comparta información sobre los recursos para la reducción de daños.
- Localice los servicios locales de tratamiento y apoyo para la recuperación.

Encuentre más información y recursos, incluyendo naloxona gratis y pruebas del VIH/hepatitis C, en PrevengaSobredosisRI.org

Community Outreach Toolkit: New Tri-Fold Brochure (English/Spanish)

250 Locations Across Rhode Island



English/español

It started because of my injury.
Todo comenzó por mi lesión.

It started because I'm lonely.
Todo comenzó por mi soledad.

It started because of my anxiety.
Todo comenzó por mi ansiedad.

No matter why you use drugs, help and hope are here.

No importa por qué consumes drogas, aquí puede encontrar ayuda y esperanza.

If you think someone is experiencing an opioid overdose, give them naloxone.
Naloxone reverses the effects of opioids such as fentanyl, heroin, methadone, codeine, hydrocodone, and oxycodone. It does not reverse the effects of other types of drugs like alcohol, xylazine, or stimulants like cocaine or crack cocaine.

If the person has taken mixed drugs and an opioid is involved, naloxone will reverse opioid effects, but someone may continue to be sedated from the other drugs. Naloxone can help save them from brain damage or even death.

Get free overdose prevention training and naloxone at PreventOverdoseRI.org/ or get-naloxone.com/

Si cree que alguien está sufriendo una sobredosis de opioides, adminístrele naloxona. La naloxona revierte los efectos de opioides como el fentanilo, la heroína, la metadona, la codeína, la hidrocodona y la oxicodona. No revierte los efectos de otros tipos de drogas como el alcohol, la xilazina o estimulantes como la cocaína o el crack.

Si la persona ha tomado una combinación de drogas y un opioide está involucrado, la naloxona revertirá los efectos opioides, pero la persona podría continuar sedada por las otras drogas. La naloxona puede ayudar a prevenir daño cerebral o incluso la muerte.

Puedes obtener capacitación gratis sobre prevención de sobredosis y naloxona en <https://theyar.com/yr/anti911>

PREVENT OVERDOSE RI
PreventOverdoseRI.org
PrevengaSobredosisRI.org

Important information if you're over 45.
In Rhode Island, overdose deaths are rising among adults age 45 and older. It's important to know that if you're using drugs, the risk of experiencing an overdose is higher as you age.

Información importante si tienes más de 45 años.
En Rhode Island, las muertes por sobredosis están aumentando entre los adultos de 45 años o más. Es importante saber que, si consumes drogas, el riesgo de sufrir una sobredosis es mayor a medida que envejeces.

PREVENT OVERDOSE RI

People who are older can have unique and sometimes complex health risks. Maybe you take a prescription to help with pain from an injury. Maybe you use other drugs to cope with stress or loneliness. And maybe you mix prescriptions with other drugs. Those substances might have dangerous interactions, which could lead to a fatal overdose.

No matter why you use, the health risks can be serious.
Thankfully, help and hope are here. If you or someone you love uses drugs, you can find local treatment, recovery, and harm reduction resources at PreventOverdoseRI.org.

Las personas mayores pueden tener riesgos de salud únicos y a veces complejos. Quizás tome algún medicamento recetado para aliviar el dolor de una lesión. Quizás use otros medicamentos para lidiar con el estrés o la soledad. Y quizás mezcle medicamentos recetados con otros medicamentos. Estas sustancias podrían tener interacciones peligrosas, lo que podría provocar una sobredosis mortal.

Sea importante por qué consume, los riesgos para la salud pueden ser graves.
Afortunadamente, la ayuda y la esperanza están aquí. Si usted o alguien a quien ama consume drogas, puede encontrar recursos locales para el tratamiento, la recuperación y la reducción de daños en PreventOverdoseRI.org.

How to recognize an overdose.
Know these signs of an overdose, and you could save someone's life.

- Breathing slowly. A person may have very slow, shallow breaths, make gurgling noises, or stop breathing.
- Can't be woken up. They may be awake but unable to talk or may not respond when you try to wake them up.
- Changes to skin tone. Their skin tone can turn grayish or ashen to bluish purple.

Call 911 if you're with someone you think is having an overdose.

Cómo reconocer una sobredosis.
Conoce estos signos de sobredosis y podría salvarle la vida a alguien.

- Respiración lenta. La persona puede tener una respiración muy lenta y superficial, emitir sonidos de gorgoteo o dejar de respirar.
- No se puede despertar. Puede estar despierto, pero incapaz de hablar o no responder cuando se intenta despertarlo.
- Cambios en el tono de la piel. El tono de la piel puede volverse grisáceo o cenizo hasta azul morado.

Lláme al 911 si está con alguien que cree que está sufriendo una sobredosis.

Help Share this New Campaign!



- **Stay tuned for a campaign toolkit:** Check out the October edition of the [Overdose Task Force Newsletter](#) for shareable content.
- **New printed resources:** Pick up the new palm cards and tri-fold brochures at the next in-person [Task Force meeting](#) on November 12.
- **Help share this messaging:** Amplify this information across your social media, websites, newsletters, and other communication channels.



Thank You

Questions?

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Public Comment

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