



# Governor Dan McKee's Overdose Task Force

## January 14, 2026

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

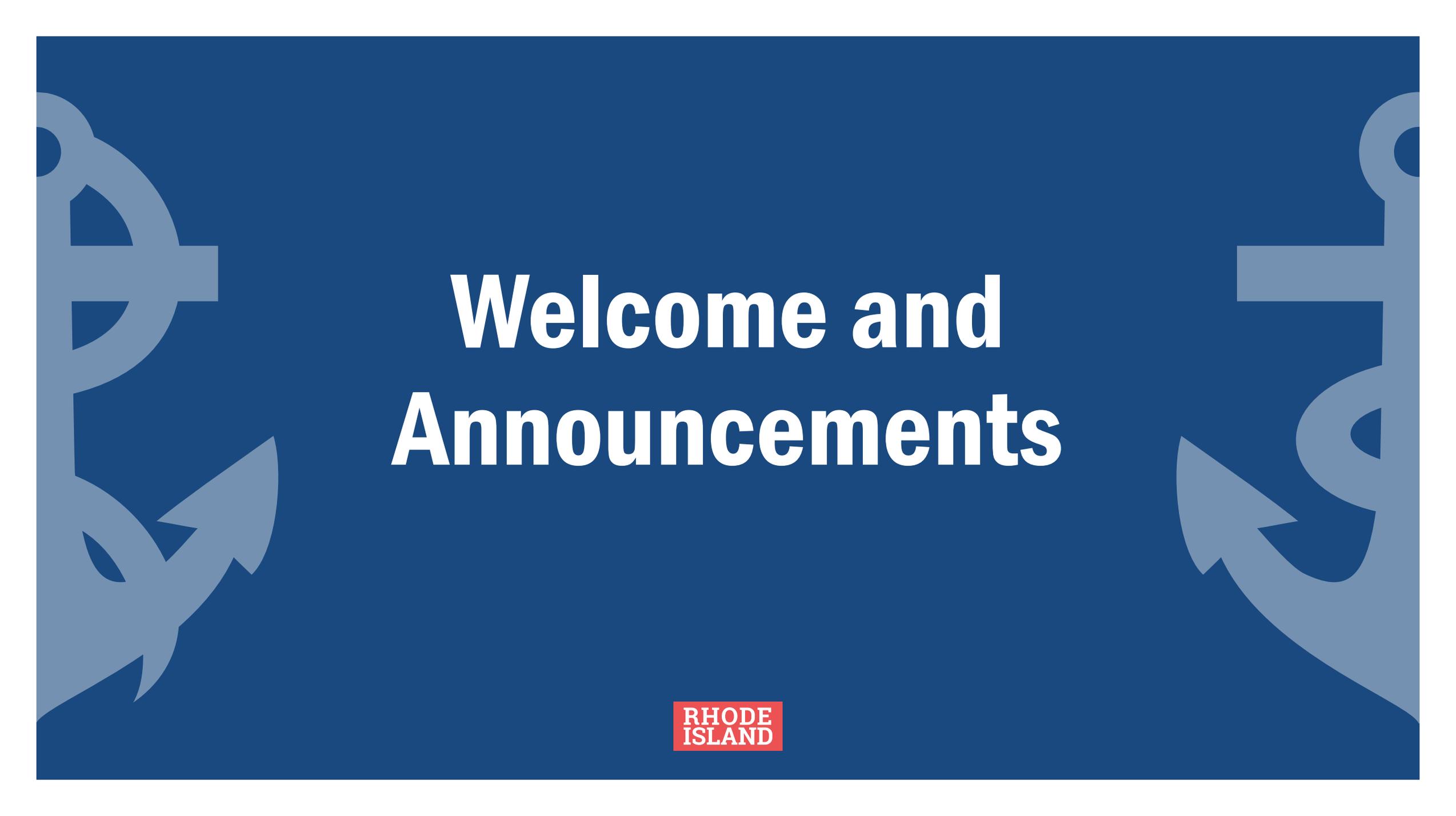
Jerome Larkin, MD; Director, Rhode Island Department of Health

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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# SUBSTANCE USE DISORDER TREATMENT MONTH

Help us highlight resources to help people find their paths to treatment and recovery!  
Check out SAMHSA's communications toolkit with shareable social media graphics and messaging: [samhsa.gov/treatment](https://www.samhsa.gov/treatment)





# SUBSTANCE USE DISORDER TREATMENT MONTH

Help us share our fellow Rhode Islanders' stories about treatment and their unique paths to recovery! Click on the links below to share across your social media networks.

[Ines](#)



[Joseph](#)



For more amazing treatment stories, visit [pori.soapboxx.com/videos](https://pori.soapboxx.com/videos)



# Transitioning to ESSENCE: A New RIDOH Database for Detecting Non-Fatal Overdoses

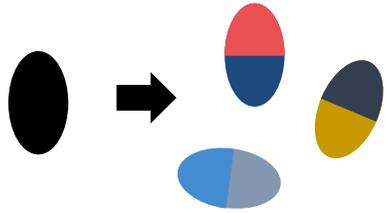
January 14, 2026

Governor's Overdose Task Force Meeting



# Non-Fatal Overdose Spike Alert System

RIDOH will use the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) to identify [drug overdose spikes](#) in Rhode Island.



**Polysubstance Data**

**2.5 X**

**Increased Drug Overdose Counts**



**Locations Based on Residence**



# Thank you!

**Nathaniel Fuchs, MPH**

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Substance Use Epidemiology Program  
Center for Health Data and Analysis  
Rhode Island Department of Health

**Contact Information:**

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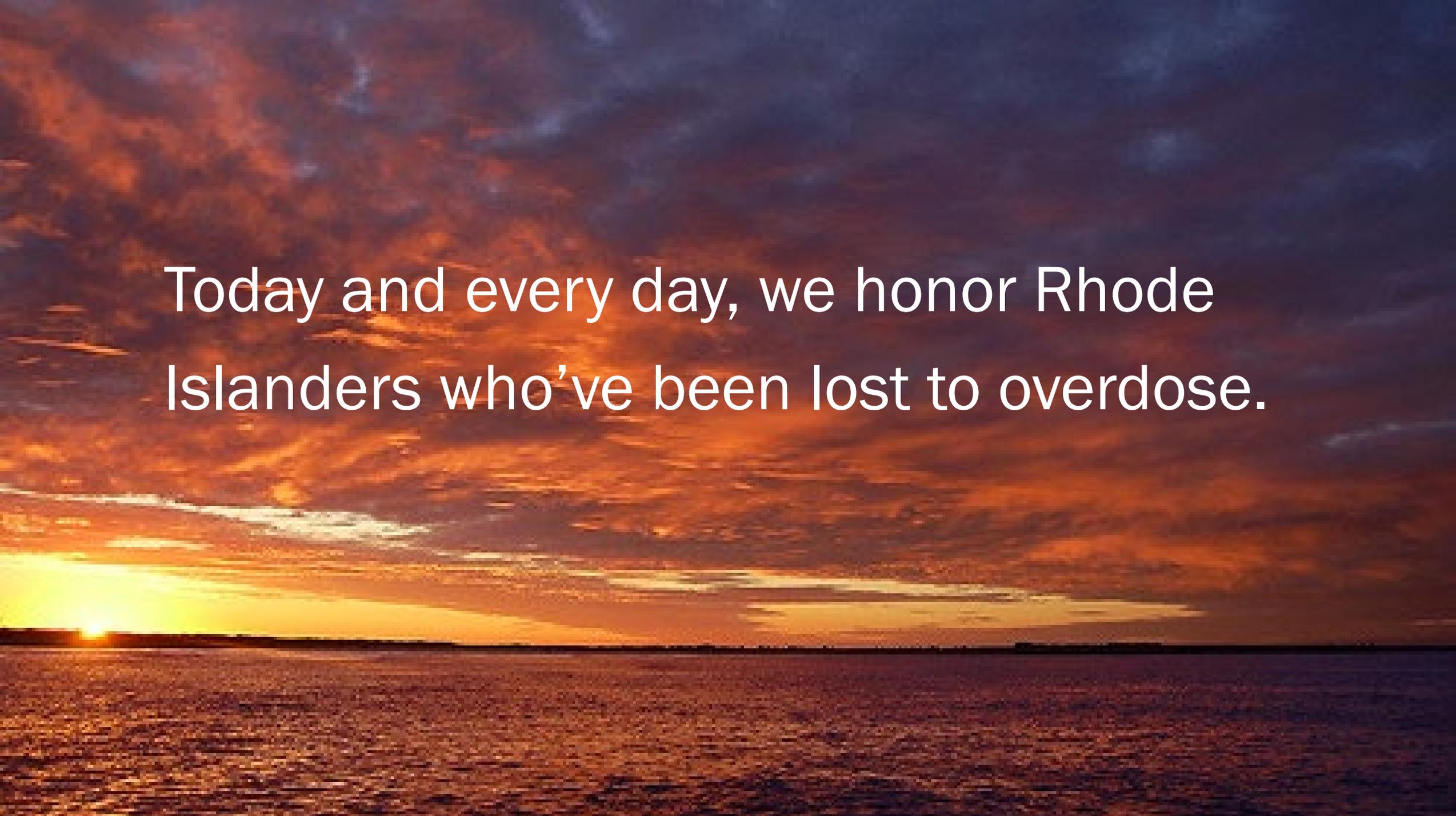


# Accidental Drug Overdose Deaths in Rhode Island, January 1, 2025 – June 30, 2025

January 14, 2026

Governor's Overdose Task Force Meeting



A sunset over a body of water. The sun is low on the horizon, creating a bright orange and yellow glow that reflects on the water. The sky is filled with dark, dramatic clouds, some of which are illuminated by the setting sun, creating a mix of orange, red, and blue tones. The overall mood is somber and reflective.

Today and every day, we honor Rhode  
Islanders who've been lost to overdose.

# How Does RIDOH Report on Fatal Drug Overdoses?

- The Rhode Island Department of Health (RIDOH) reports on drug overdose deaths using data from the Office of State Medical Examiners (OSME).
- The cause and manner of an individual's 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.

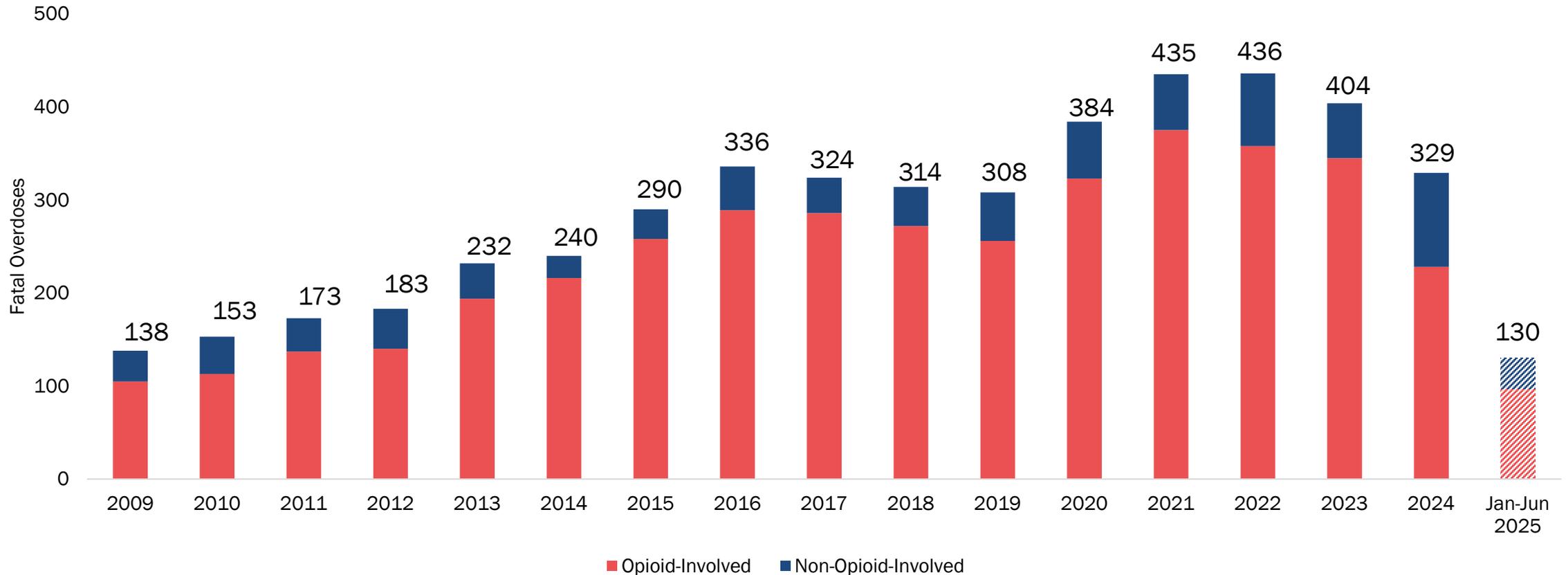


# Race and Ethnicity Groups

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 – June 2025



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.

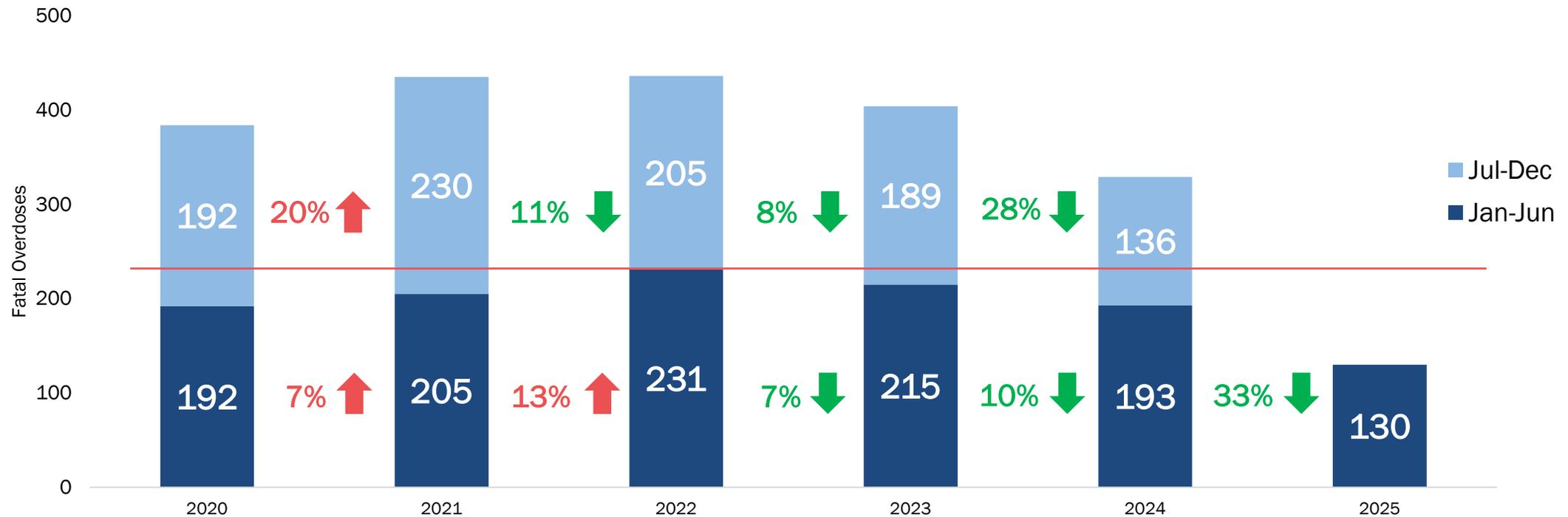
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.



# Fatal Overdoses in Rhode Island by Year

## January 2020 – June 2025

From January 2025 to June 2025, the number of fatal overdoses occurring in Rhode Island **decreased by 33%** compared to the first six months of 2024. **Opioid-involved** fatal overdoses **decreased by 29%**.



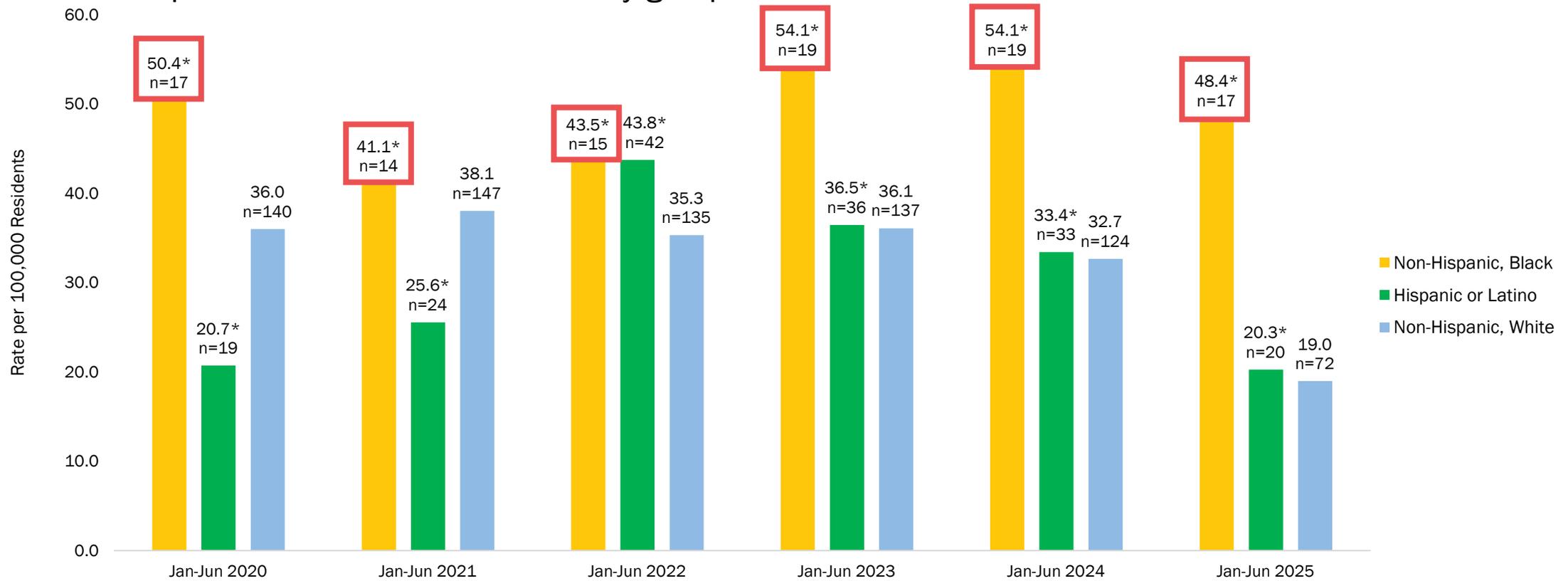
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.

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 2020 – June 2025

From January 2025 to June 2025, **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 November 25, 2025. 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; 2023 estimate applied for 2024 and 2025 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.

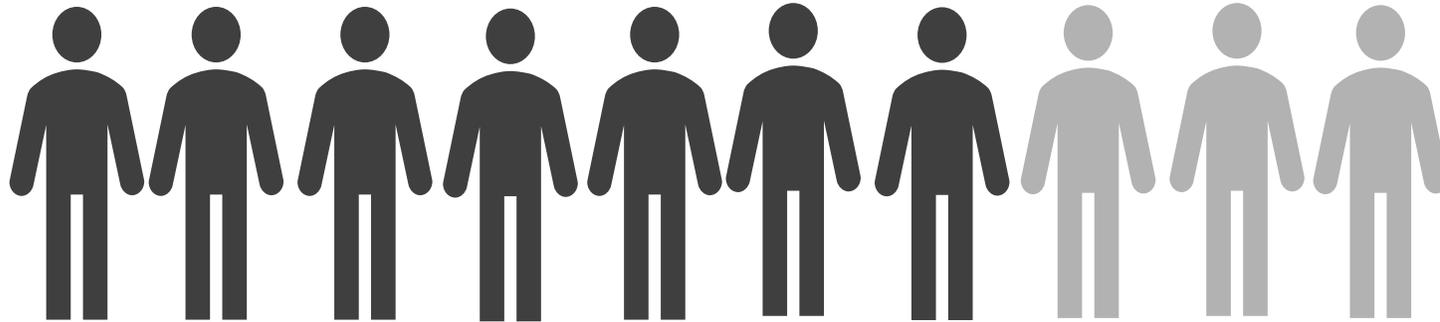


# Proportion of Fatal Overdoses by Sex

## January 2025 – June 2025



Most individuals who died from a drug overdose were **male (72%, n=94)**, as categorized by the OSME.



*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 November 25, 2025. Prepared by Heidi Weidele.*

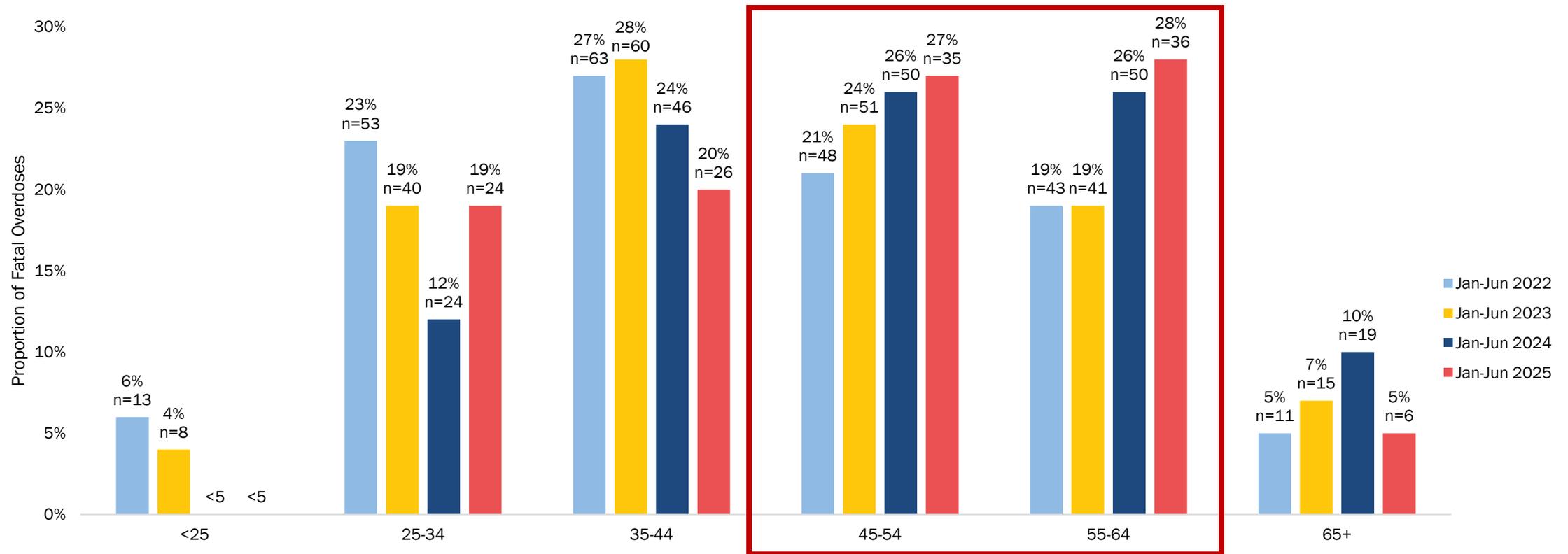


# Proportion of Fatal Overdoses by Age Category

## January 2022 – June 2025



From January 2025 to June 2025, 60% of fatal overdoses occurred among individuals aged 45 and older.



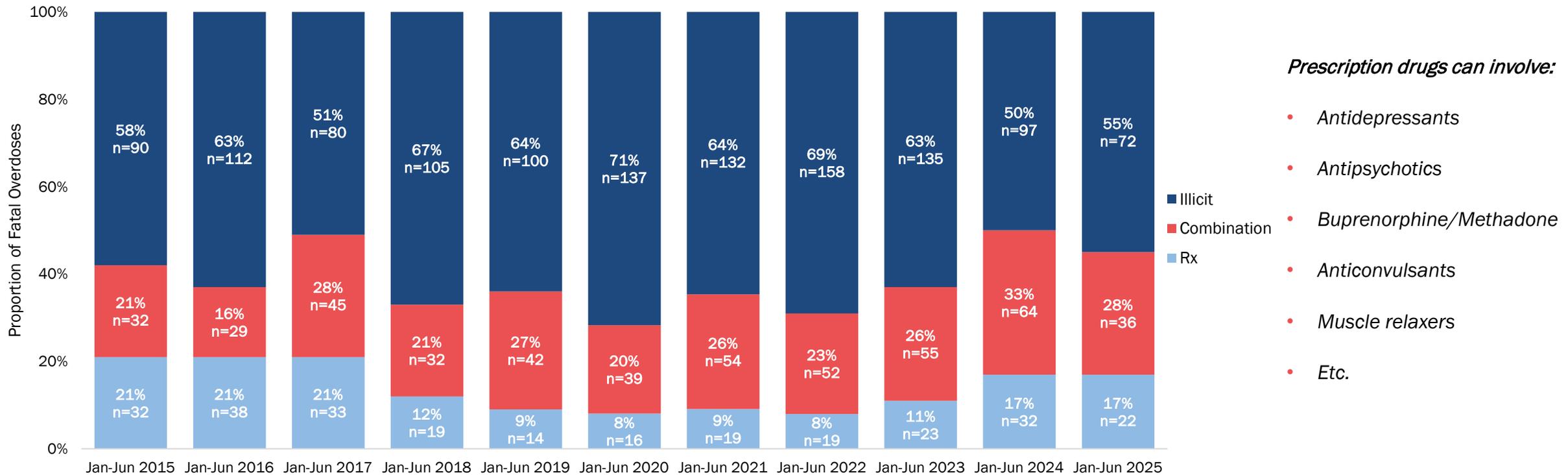
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.



# Fatal Overdose by Drug Type, January 2015 – June 2025

In the first six months of 2025, the proportion of fatal overdoses involving **illicit drugs alone** has increased from **50% (n=97)** to **55% (n=72)**. Almost half of fatal overdoses continued to involve **prescription drugs alone** or in **combination** with illicit drugs.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.

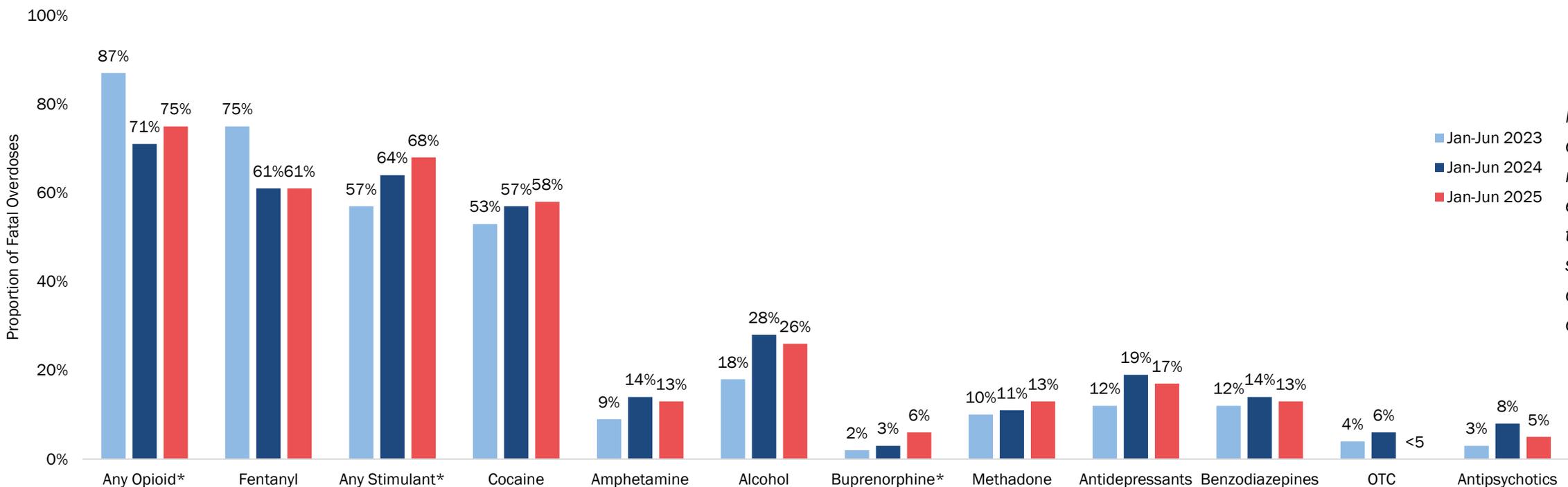
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Excludes overdoses with unknown or missing drug type. Percentages may add to more than 100% due to rounding. \*Buprenorphine indicates any buprenorphine product and does not indicate whether it was prescribed to treat pain, substance use, or was obtained without a prescription.



# Substances Contributing to Fatal Overdose

## January 2023 – June 2025

From January 2025 to June 2025, stimulant overdoses continued to increase. Fentanyl contributed to **61% of overdose deaths**.



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 November 25, 2025. Prepared by Heidi Weidele.

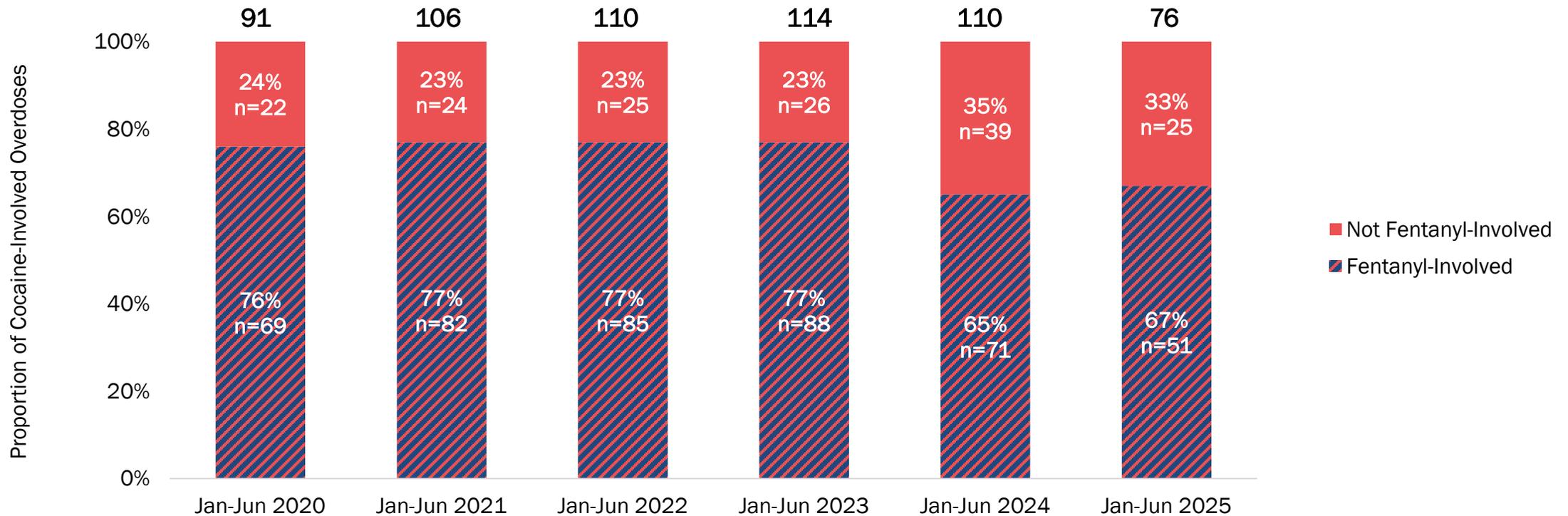
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. \*Any opioid includes fentanyl-involved overdoses. Stimulant-involved overdoses include overdoses where cocaine, amphetamine, or methamphetamine contributed to cause of death. Buprenorphine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



# Cocaine- and Fentanyl-Involved Fatal Overdoses

## January 2020 – June 2025

Approximately **7 in 10 (67%)** of cocaine-involved overdoses also involved fentanyl as a contributing cause of death. Compared to the first six months of 2024, the total number of **cocaine-involved** overdoses **decreased** by **31%**.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.

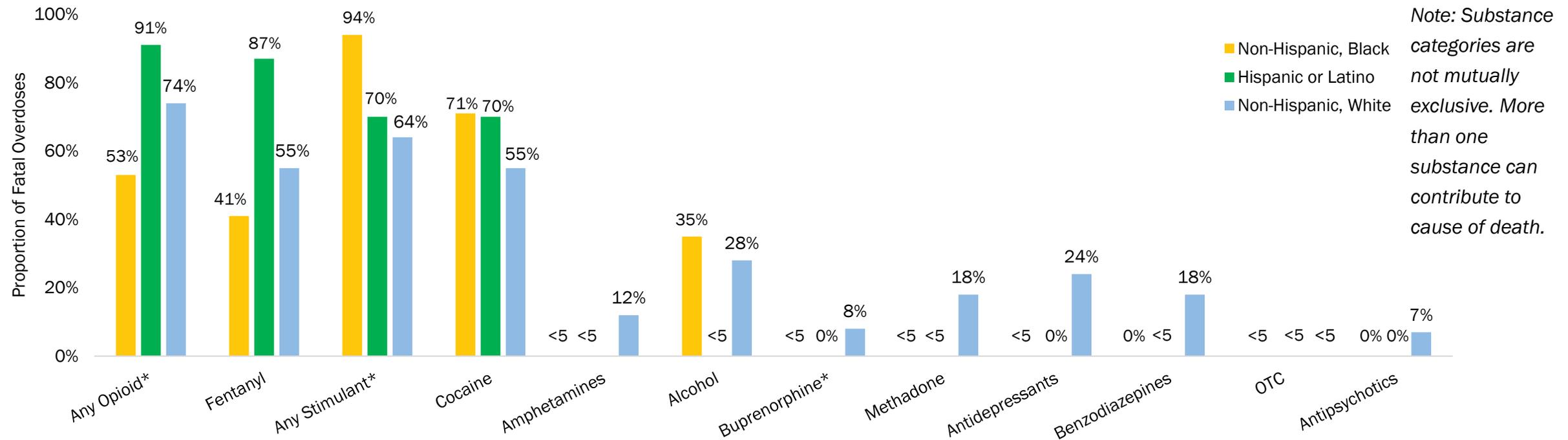
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. Toxicology results do not differentiate between a person's intentional polysubstance use or potential fentanyl contamination. Drug categories are not mutually exclusive. More than one substance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



# Fatal Overdose by Substance and Race and Ethnicity

## January 2025 – June 2025

In the first six months of 2025, the proportion of fatal overdoses involving **any stimulant** was vastly greater among **non-Hispanic, Black** individuals. **Opioid-involved** overdoses were more common among **Hispanic or Latino** individuals.



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. 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, 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.

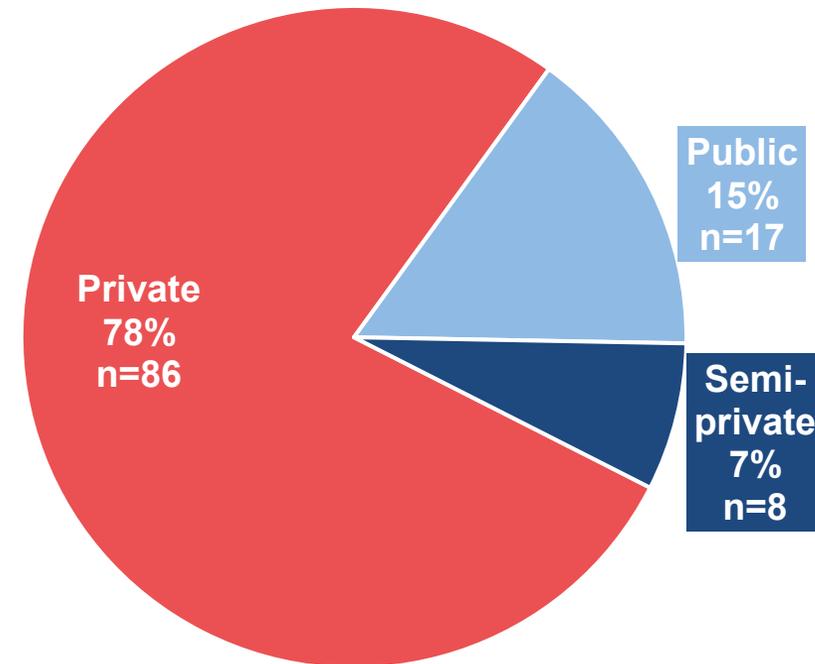


# Types of Overdose Locations January 2025 – June 2025



The OSME collects information about the locations of fatal overdoses. The locations are classified as **Private**, **Semi-Private**, or **Public**. From January to June 2025, **78% 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



Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Note: Excludes unknown or missing setting. Percentages may not add up to 100% due to rounding.

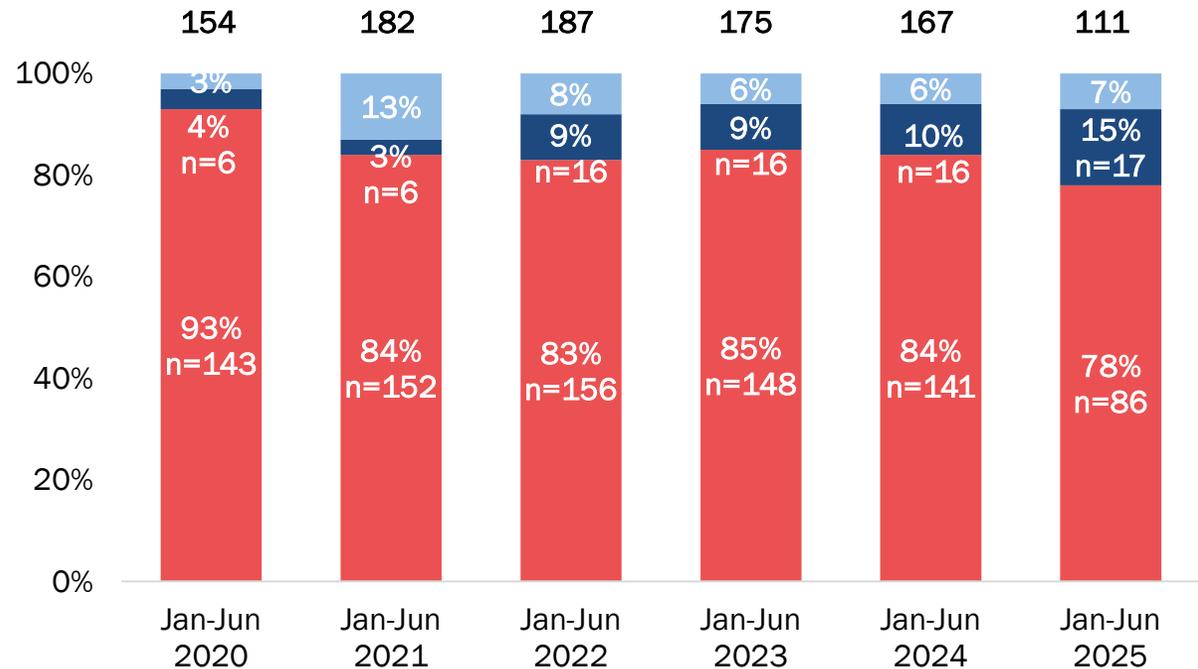


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Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Note: Excludes unknown or missing setting. Percentages may not add up to 100% due to rounding.



# Fatal Overdoses by Incident Municipality

## January 2025 – June 2025

Rhode Island municipalities with the highest counts of fatal overdose are:

1. Providence: 53 overdoses
2. Woonsocket: 11 overdoses
3. Pawtucket: 8 overdoses
4. West Warwick: 7 overdoses
5. Warwick: 6 overdoses
6. North Providence: 6 overdoses
7. Cranston: 6 overdoses
8. Johnston: 5 overdoses

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.



# Fatal Overdoses by Incident Municipality

## January 2025 – June 2025

Incident Municipality	Overdoses January 2024 – June 2024	Overdoses January 2025 – June 2025
Providence	54	53
Woonsocket	13	11
Pawtucket	14	8
West Warwick	10	7
Warwick	13	6
North Providence	5	6
Cranston	14	6
Johnston	8	5

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele. Note: Statewide estimates from CDC Wonder, 2023 estimates applied for 2025 rates. Fatal overdoses rates are restricted to Rhode Island residents.



# Key Takeaways: January 2025 – June 2025

- Overdose deaths decreased by 33% compared to the first six months of 2024.
- The rate of overdose decreased across all race and ethnicity groups. Non-Hispanic, Black Rhode Islanders continued to experience the highest rate of fatal overdose.
- Most overdoses occurred among individuals aged 25 and older, with 60% of overdoses occurring among those aged 45 and older.

# Key Takeaways: January 2025 – June 2025 (continued)

- The proportion of overdoses involving illicit drugs alone increased compared to the first six months of 2024.
- Opioids contributed to 75% of fatal overdoses in the first six months of 2025, while any stimulant contributed to 68% of fatal overdoses.
- Stimulant- and cocaine-involved fatal overdoses were more common among non-Hispanic, Black individuals compared to Hispanic or Latino and non-Hispanic, white individuals.

# RIDOH Opioid and Stimulant Use Data Hub

For more information, visit RIDOH's Opioid and Stimulant Use Data Hub at [health.ri.gov/od-datahub](https://health.ri.gov/od-datahub).

- Fatal Overdoses
- Non-Fatal Overdoses
- Overdose Heat Maps
- Naloxone Distribution
- Data for Download
- Data Requests



Fatal Overdoses



Non-Fatal  
Overdoses



Overdose Spike  
Alert System



Controlled  
Substance  
Prescribing



Harm Reduction  
Supply Distribution



Naloxone  
Distribution



Non-Fatal Overdose  
Toxicology



Data Linkage  
StoryMap

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

**PREVENT  
OVERDOSE RI**



# Additional Resources

- RIDOH offers **free educational brochures, posters, and fact sheets** for community outreach. Order them on [RIDOH's Addiction and Overdose Publications webpage](#).
- 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, Perinatal Substance Use, and Family Task Force. [The work groups meet on a monthly or bi-monthly basis and are always welcoming new volunteers](#).
- 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. [Access OFR reports here](#).





# Questions?

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Substance Use Epidemiology Program  
Rhode Island Department of Health  
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# Overdose Data Council (ODC) Update

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January 14, 2026

Governor's Overdose Task Force Meeting

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# Rhode Island's Strategic Framework to Overdose Response

Governance,  
Community Engagement,  
and Transparency



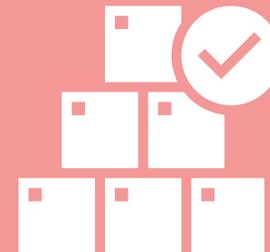
Data Capacity,  
Surveillance, and  
Evaluation



Equity Focus, Disparity  
Reduction, and  
Emergent Response



Programs, Activities,  
and Investments



Sustainability,  
Stewardship, and  
Communications



# Overdose Data Council (ODC)

## DATA REFRESH

Enhance data quality, consistency, and utility to support strategic decision-making and transparency.

- Review and update overdose-related metrics
- Apply evidence-based definitions
- Remove outdated metrics
- Include demographic stratifications
- Identify data gaps and new measures

## INDICATOR INPUT PROCESS

Bodies who help to inform the development of Priority Indicators.

- Community and partners
- Task Force co-chairs
- Research and subject-matter experts
- Small and large overdose data councils

# Overdose Data Council Scorecard: Key Definitions

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 In Progress	 On Track	 Off Course
The indicator is <b>progressing as planned</b> , as data are actively monitored for developing trends.	The indicator is <b>meeting expectations</b> and remains consistent with projected outcomes.	The indicator is <b>not progressing as intended</b> and requires corrective action.

# ODC Scorecard: Overall Strategies

 In Progress

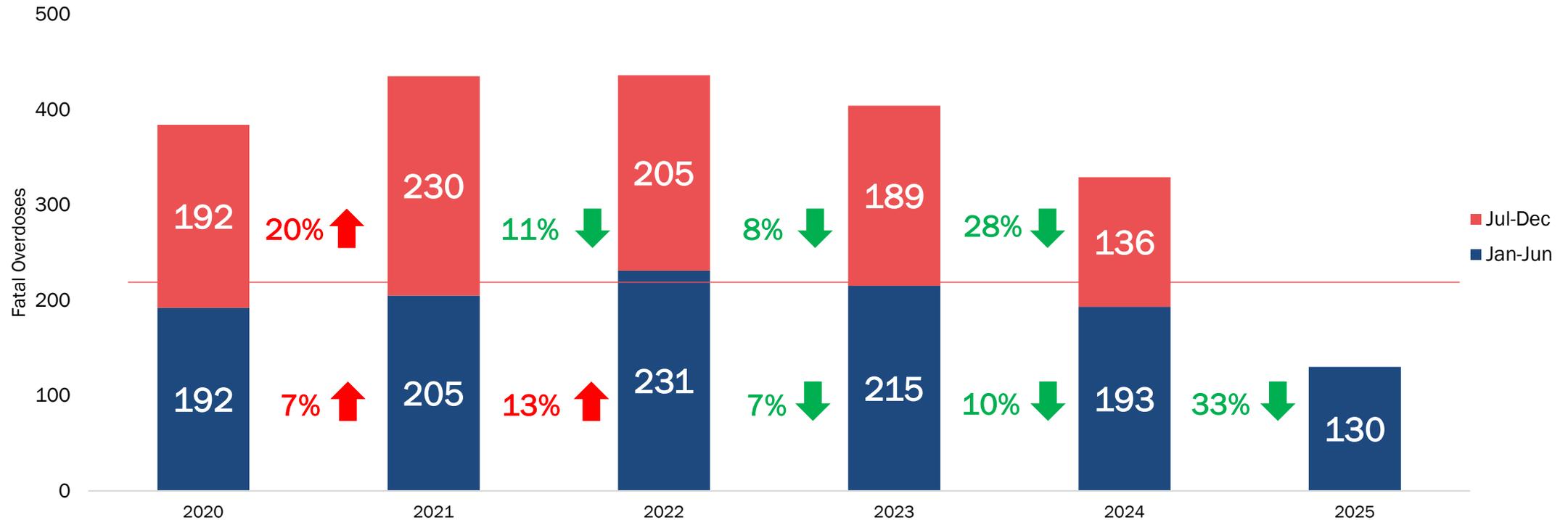
 On Track

 Off Course

Goals	Metric Type	Metric and Aim	Update	Status	2030 Target
Overall Strategies	Primary	Reduce accidental drug-related overdose deaths per year.	Semi-Annually		305
	Primary	Reduce the number of emergency department (ED) visits for overdose (quarterly average).	Quarterly		Under Review

# Overall Strategies: Fatalities

From January 2025 to June 2025, the number of fatal overdoses occurring in Rhode Island **decreased by 33%** compared to the first six months of 2024. **Opioid-involved** fatal overdoses **decreased by 29%**.



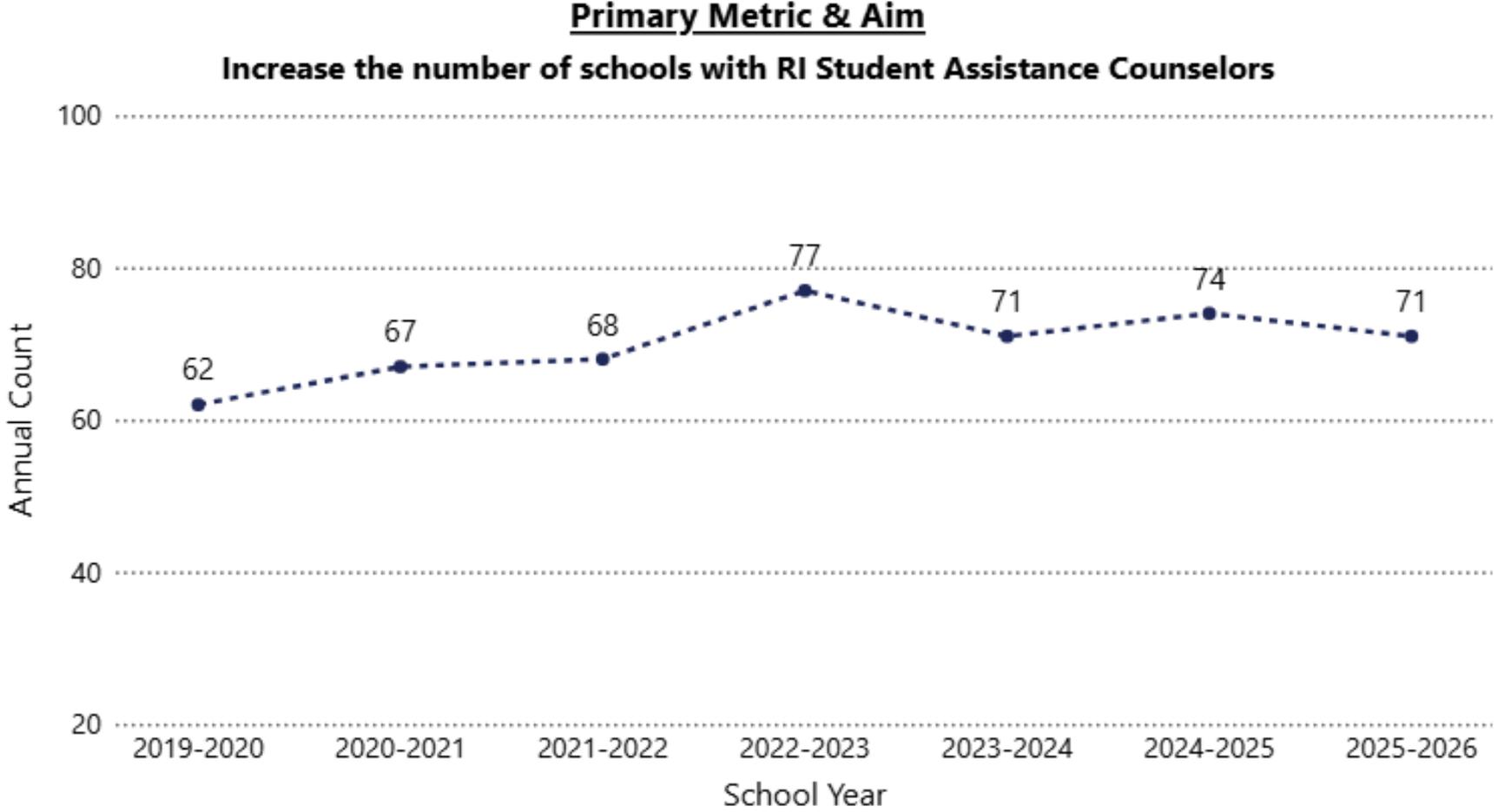
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of November 25, 2025. Prepared by Heidi Weidele.

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

# ODC Scorecard: Prevention Strategies

Pillar	Metric Type	Metric and Aim	Update	Status	2030 Target
Reinforcing Comprehensive Prevention	Primary	Increase the number of schools with Rhode Island Student Assistance Services (RISAS) counselors (counselors trained to prevent substance use and promote mental health).	Semi-Annually		Under Review
	Secondary	Sustain the number of opioid-naïve patients receiving an opioid prescription (quarterly average).	Quarterly		Under Review
	Equity	Increase the diversity of the RISAS student assistance workforce.  Assess potential racial and ethnic disparities among students receiving services from student assistance counselors.	Annually	Under Review	Under Review

# Prevention Strategies: RISAS Counselors



Source: Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals

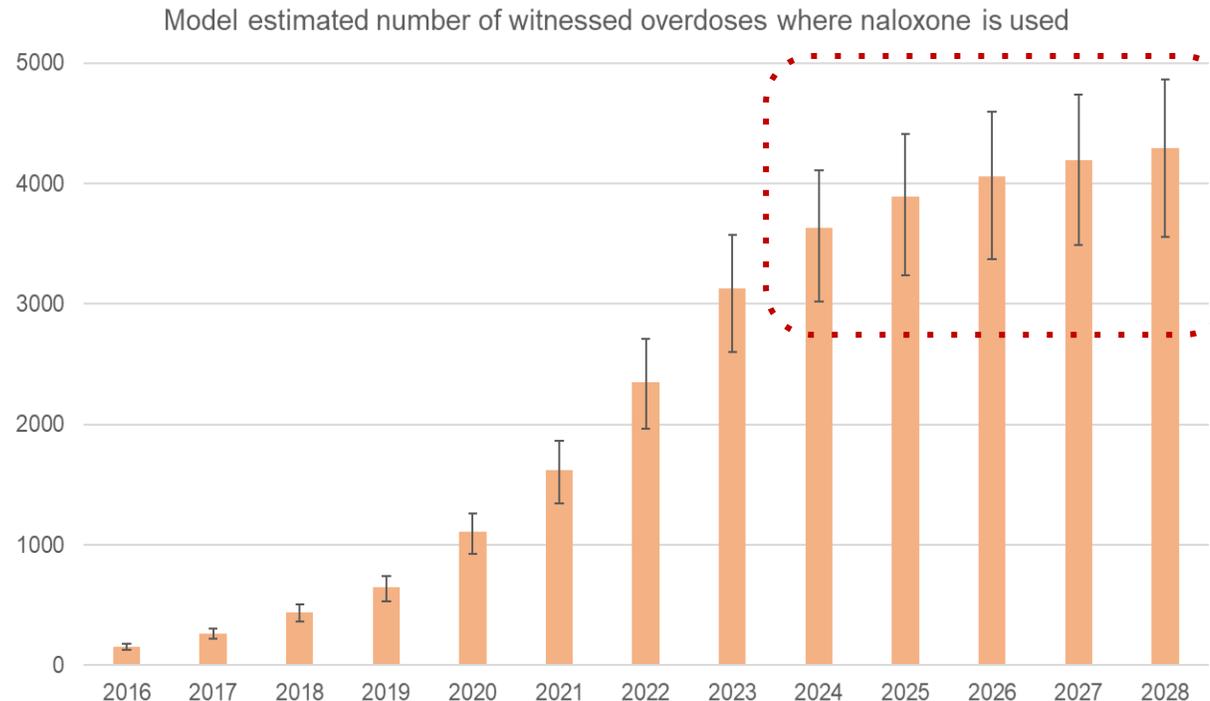
# ODC Scorecard: Harm Reduction and Rescue Strategies

Pillar	Metric Type	Metric and Aim	Update	Status	2030 Target
Strengthening Harm Reduction and Rescue	Primary	Sustain the number of naloxone kits distributed in the community each year.	Quarterly		50,000 minimum
		Increase the number of in-person harm reduction encounters each year.	Quarterly		Encounters: 32,280
	Equity	Increase the number of unique individuals served each year.			
		Increase the number of naloxone kits across racial and ethnic groups.	Quarterly		Under Review
		Increase the rate of encounters across racial and ethnic groups.			

# The PROFOUND microsimulation model helps us estimate the effect of distributing 50,000 naloxone kits per year.

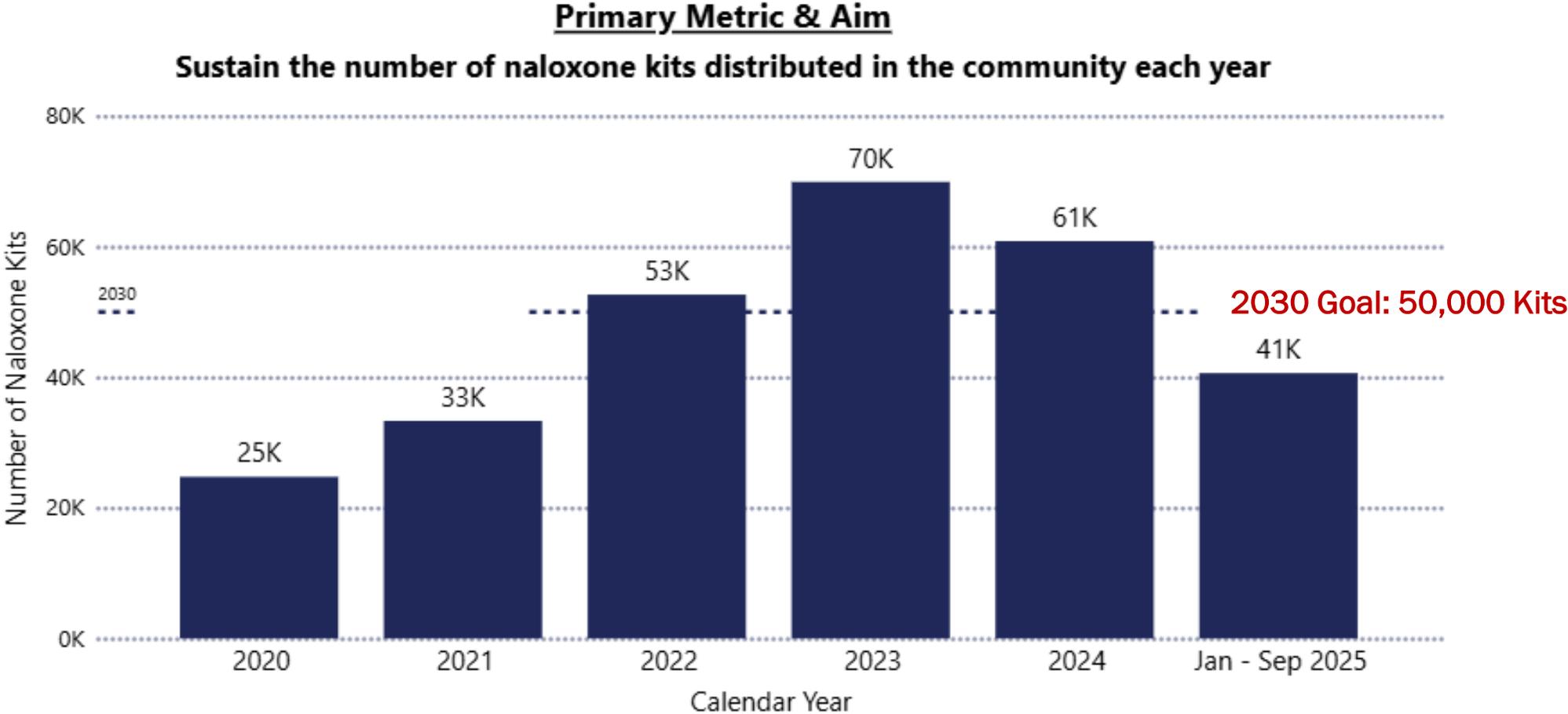
The model demonstrates that approximately one overdose death is prevented for every **750 naloxone kits distributed**.

We estimate that about **4,000** witnessed overdoses are reversed by naloxone each year.



Assuming we maintain a 2023 level of naloxone distribution.

# Harm Reduction and Rescue Strategies: Naloxone



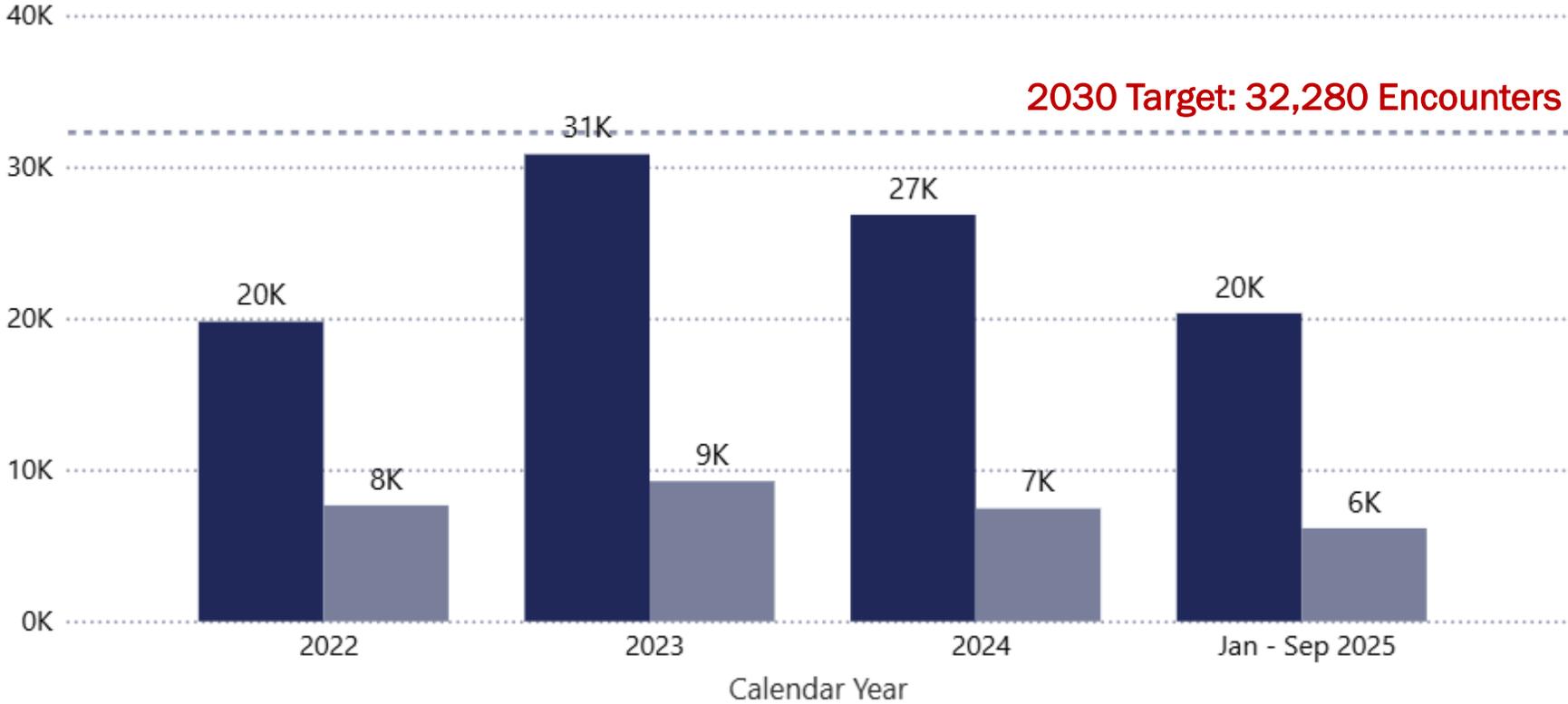
Source: Naloxone Distribution Dataset, Rhode Island Department of Health (RIDOH)

# Harm Reduction and Rescue Strategies: Encounters

## Primary Metrics & Aims

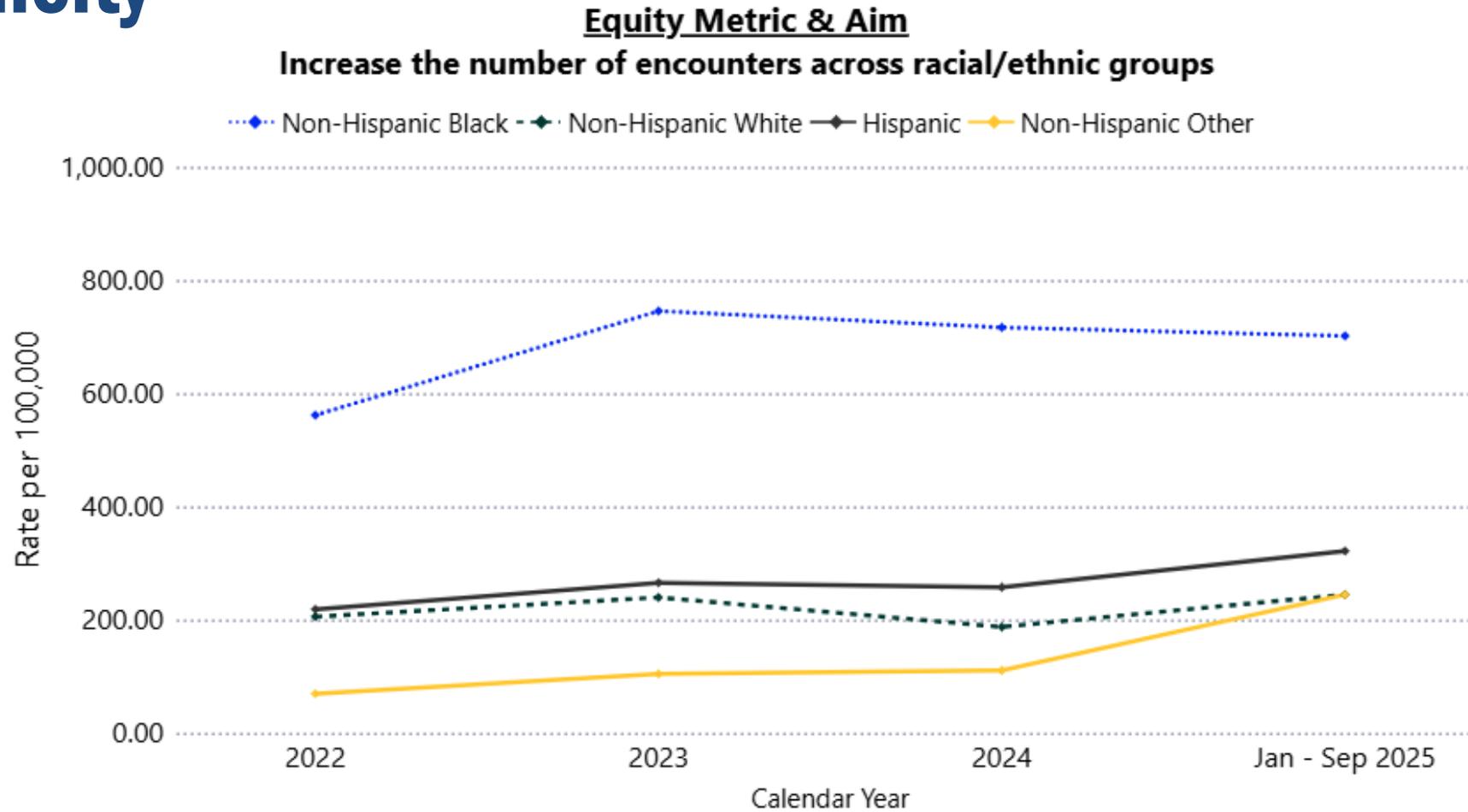
Increase the number of Harm Reduction Encounters & Unique Individuals served each year

● Encounters ● Unique Individuals



Source: Harm Reduction Dataset, CHP/CHHSTE, Rhode Island Department of Health (RIDOH)

# Harm Reduction and Rescue Strategies: Encounters by Race and Ethnicity



Source: Harm Reduction Dataset, Rhode Island Department of Health (RIDOH)

# ODC Scorecard: Treatment Strategies

Pillar	Metric Type	Metric & Aim	Update	Status	2030 Target
Increasing Engagement in Treatment	Primary	Increase the rate of people connected to treatment within six months of a non-fatal overdose (quarterly average).	Quarterly	Under Review	Under Review
	Secondary	Sustain the rate of people receiving buprenorphine treatment. Sustain the rate of people receiving methadone treatment.	Quarterly		Under Review
		Increase the cumulative number of people receiving buprenorphine treatment each year. Increase the cumulative number of people receiving methadone treatment each year.	Quarterly		Buprenorphine: 8,100  Methadone: 7,060

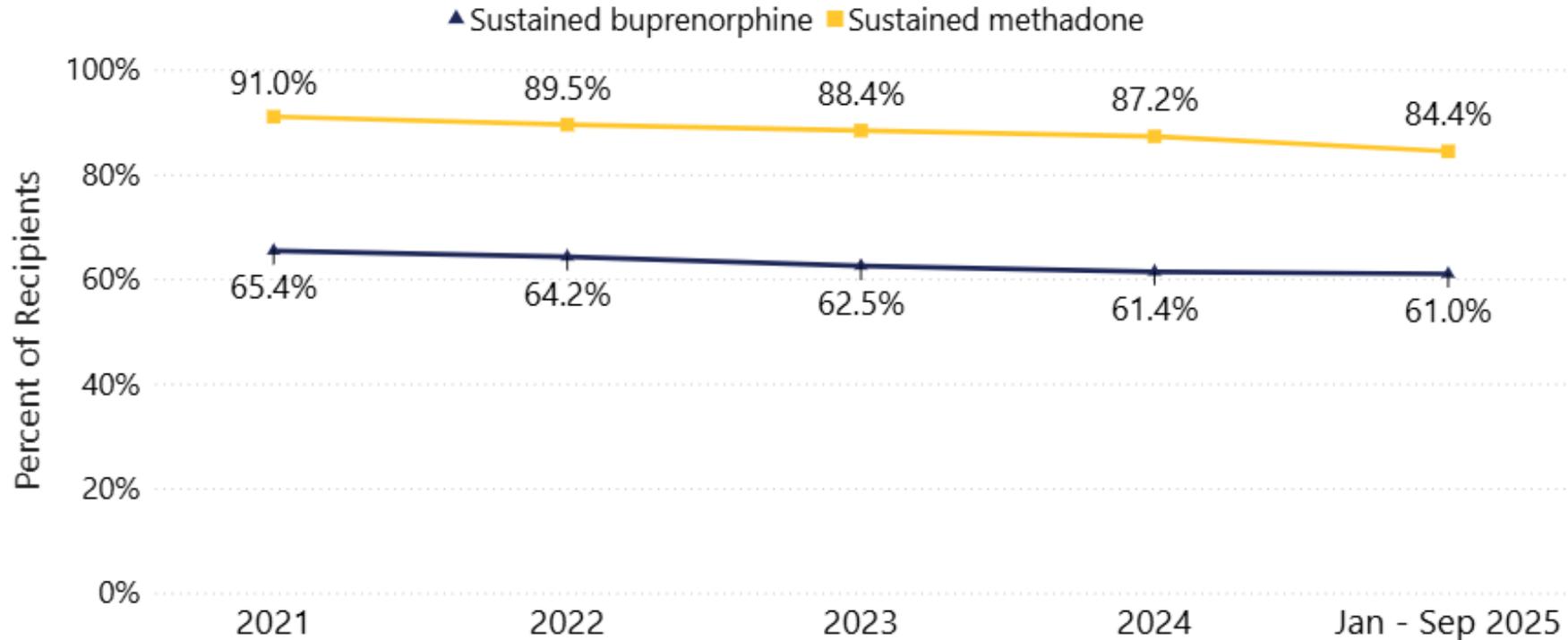
# ODC Scorecard: Treatment Strategies

Pillar	Metric Type	Metric & Aim	Update	Status	2030 Target
Increasing Engagement in Treatment	Secondary	Increase the number of healthcare professionals prescribing buprenorphine each year.	Annually		1,362
	Equity	Increase the rate of people connected to treatment within six months of a non-fatal overdose (quarterly average), by race/ethnicity.	Quarterly	Under Review	Under Review

# Treatment Strategies: Buprenorphine and Methadone

## Secondary Metrics & Aims

**Sustain the rate of people receiving sustained buprenorphine or methadone treatment**



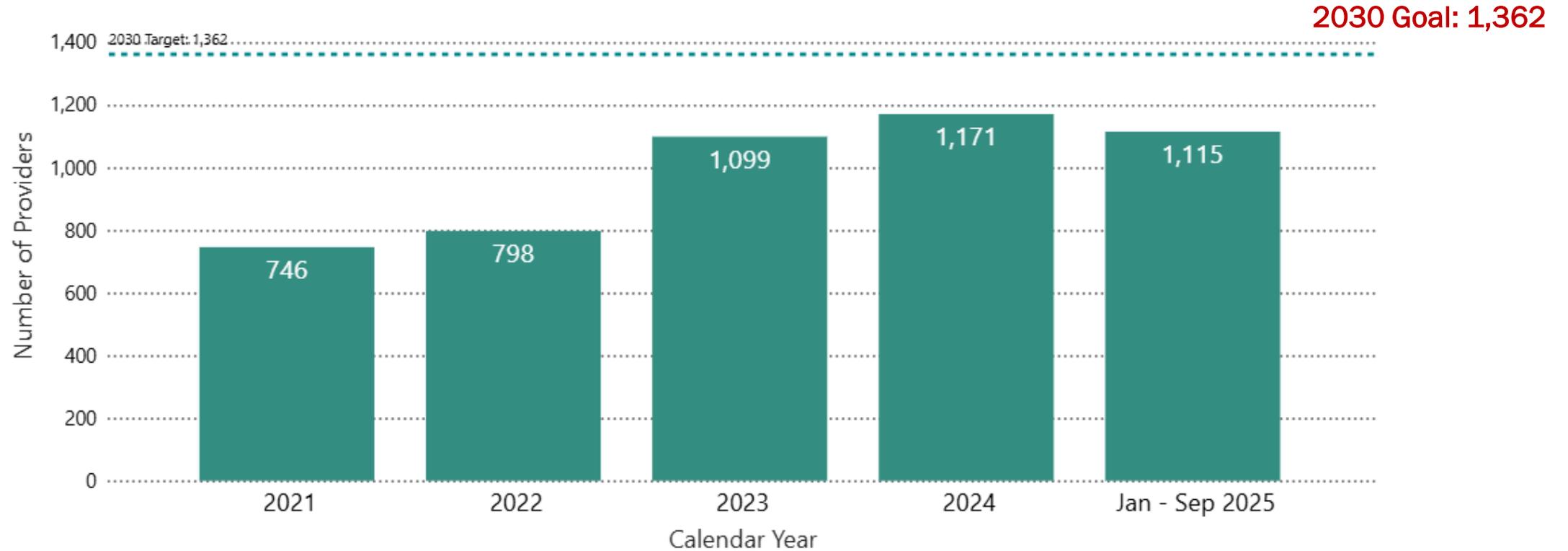
Sources: Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH); Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)

Notes: (1) Sustained engagement in buprenorphine and methadone is defined as treatment engagement for at least 180 days without a gap of more than 7 days.

# Treatment Strategies: Buprenorphine Providers

## Secondary Metric & Aim

Increase the number of providers prescribing buprenorphine formulations approved for Opioid Use Disorder



Source: Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH)

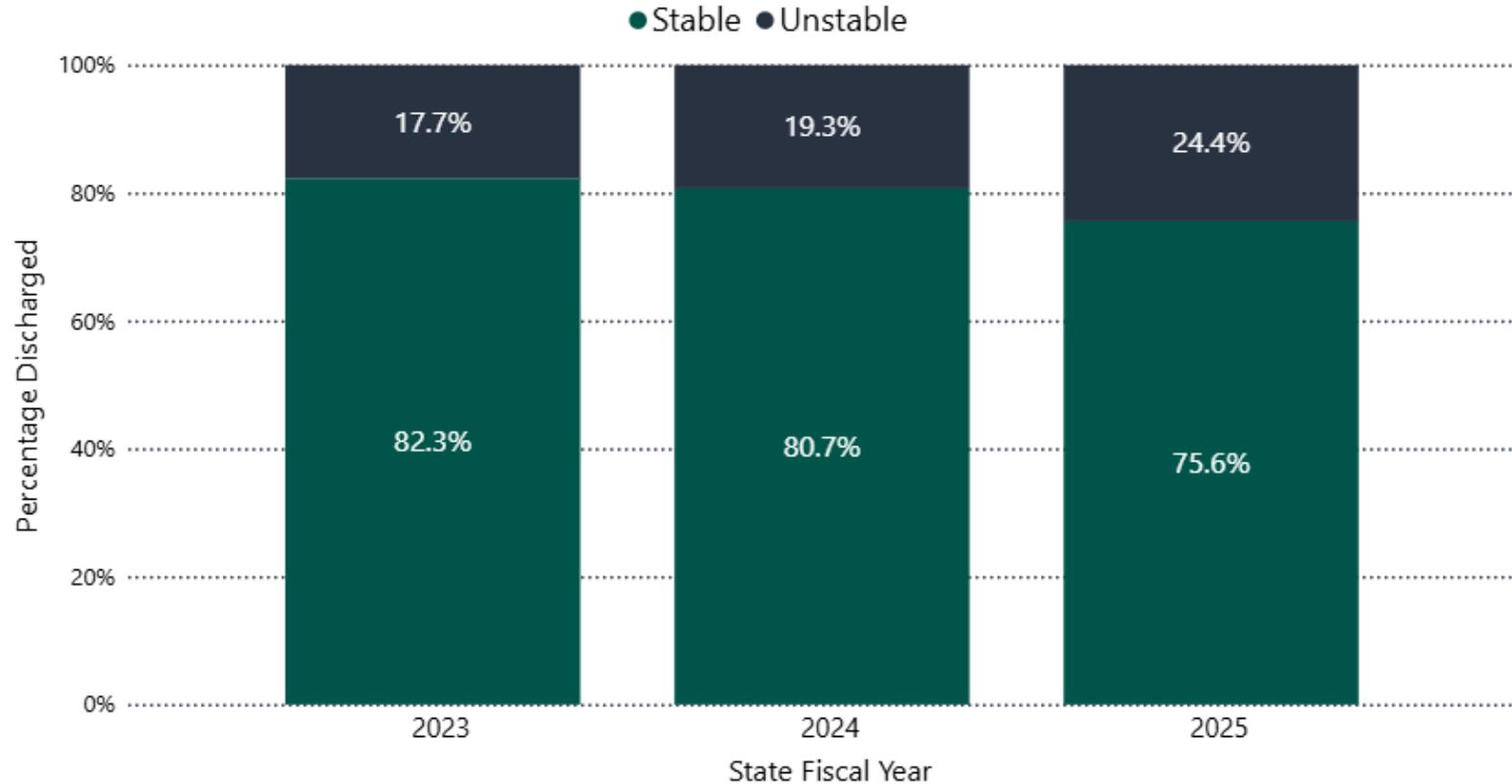
# ODC Scorecard: Recovery Strategies

Pillar	Metric Type	Metric & Aim	Update	Status	2030 Target
Supporting Recovery	Primary	Increase the number of certified peer recovery specialists (CPRSs) and community health workers (CHWs).	Annually		725
	Secondary	Increase the percentage of people leaving a recovery house for other stable housing.	Annually		Under Review
	Equity	Increase the racial, ethnic, and linguistic diversity of CPRSs and CHWs.  Decrease disparities among people leaving recovery housing for other stable housing, by race and ethnicity.	Annually	Under Review	N/A

# Recovery Strategies: Recovery Housing

## Secondary Metric & Aim

Increase the percentage of people leaving a state funded recovery house for other stable housing



Source: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)

Note: Data for State Certified Recovery Housing include State-funded beds in certified recovery housing. Stable housing includes independent living and dependent living. Dependent living includes group homes, nursing homes, and recovery housing.

# Key Takeaways

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**Overall:** From January 2025 to June 2025, the number of fatal overdoses occurring in Rhode Island decreased by 33% compared to the first six months of 2024.

**Prevention:** RISAS counselors serviced 71 schools during the 2025 to 2026 school year.

**Harm Reduction:** Between 2022 and 2024, Rhode Island successfully distributed 50,000 naloxone kits annually to high-risk communities. The state is on track toward achieving this goal in 2025.

**Treatment:** From 2021 to 2025, the percentage of individuals in sustained treatment has gradually declined. Encouragingly, the number of unique providers prescribing buprenorphine for OUD has increased by 57% from 2021 to 2024.

**Recovery:** In SFY 2025, 75.6% of individuals left a State-funded recovery house for other stable housing.

# Next Steps

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1. Share up-to-date metrics on the [Prevent Overdose RI](#) (PORI) public dashboard.
2. Review and refine the primary, secondary, and equity metrics, as well as the targets that are under review across all pillars.
3. Increase community representation at the Overdose Data Council.
4. Include aligned scorecard metrics in the refined Strategic Plan (i.e., “Roadmap”).

# Open Discussion

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1. Which data trends are you encouraged by?
2. Do you see any areas of opportunity or improvement with these data?
3. How or where can we share this data to ensure they inform meaningful future action?



# Thank you!

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# Public Comment

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