

GOVERNOR DANIEL J. MCKEE'S OVERDOSE TASK FORCE

March 2026 Semi-Annual Report

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Executive Summary

The March 2026 Overdose Task Force Semi-Annual Report provides an overview of progress toward achieving Rhode Island’s priority goals of reducing fatal overdoses and improving people’s lives. The main components of this report include the performance of primary and secondary indicators, future plans, and continued strategic alignment across the full continuum of care.

The Governor’s Overdose Task Force has set forth the following priority outcomes: reducing fatal overdoses, improving people’s lives, addressing inequities, using data to inform action, and addressing social determinants of health. The Task Force and its work groups remain the central body focused on a whole-of-government approach to meeting these goals. The Task Force Strategic Plan continues to align with Governor Dan McKee’s Rhode Island 2030 Plan [Charting a Course for the Future of the Ocean State, January 2026 Update](#) to create a healthier Rhode Island. The Strategic Plan supports Priority 3, which focuses on “Supporting Behavioral Health and Individuals with Intellectual or Developmental Disabilities” by addressing addiction, improving the behavioral health system, and combatting stigma, bias, and discrimination.

Summary of Overarching Priority Goals

The Governor’s Overdose Task Force has a 2030 goal to reduce fatal overdoses by 30%. To achieve these goals and improve people’s lives, the following approaches have been adopted by the Strategic Plan:

- **Use Data to Drive Action:** Initiating a Community Overdose Engagement (CODE) local-level response plan in highest burden communities and targeting private locations.
- **Prevention:** Implementing primary prevention across the lifespan.
- **Expanded Harm Reduction:** Continuing and increasing targeted fentanyl-focused harm reduction services.
- **Targeted Rescue Activity:** Sustaining targeted naloxone distribution to people who use drugs and their families, including private locations.
- **Ensuring Equity:** Increasing targeted harm reduction and treatment for non-Hispanic Black and non-White Hispanic populations.
- **Increasing Access to Treatment:** Improving access to treatment and ensuring treatment on demand.
- **Recovery Supports:** Increasing recovery support, which lowers the risk of overdose-related deaths by addressing substance and opioid use.¹

¹ Erin J. Stringfellow, et al. (2022) *Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis*. Science Advance 8. <https://www.science.org/doi/10.1126/sciadv.abm8147>

2030 Goal: Reducing Overdose Deaths

According to the Rhode Island Department of Health (RIDOH) Office of State Medical Examiners (OSME), 2024 data show a 25% reduction in overdose deaths compared to 2022. Recent data for the first six months of 2025 show a 33% reduction in overdose deaths compared to the first six months of 2024. These trends show that the 2030 goal to reduce fatal overdoses by 30% is on track to be achieved sooner than anticipated. The Overdose Task Force plans to announce the final, confirmed 2025 fatal overdose counts during the June 10, 2026, public meeting.

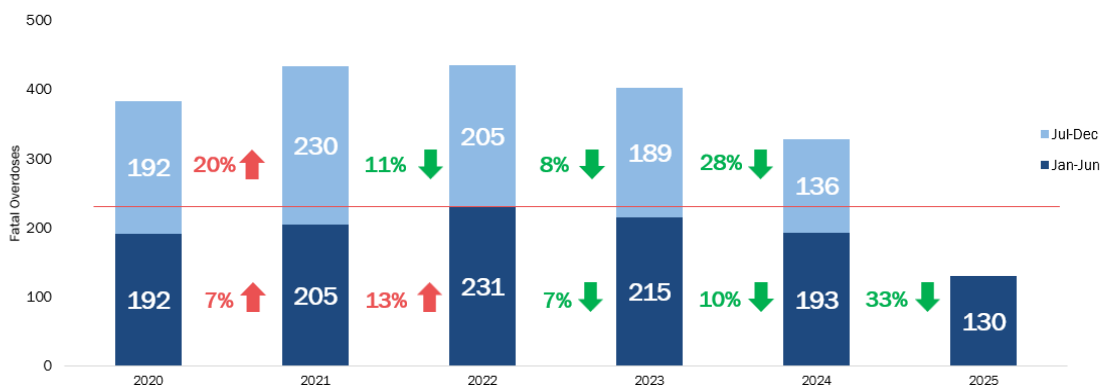
Figure 2: Rhode Island’s Priority Goal to Reduce Fatal Overdose by 30% by 2030

The bar graph below shows Rhode Island fatal overdose data from January 1, 2020, through June 30, 2025. The dark blue bars show the number of fatal overdoses in the first six months of each year from 2020 to 2025. The light blue bars show the number of fatal overdoses in the second half of each year from 2020 to 2024.

In the first six months of 2025, overdose deaths decreased by 33%, with 130 lives lost compared to 193 during the same time period in 2024.

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 March 23, 2026. Prepared by Heidi Weidele.
 Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.



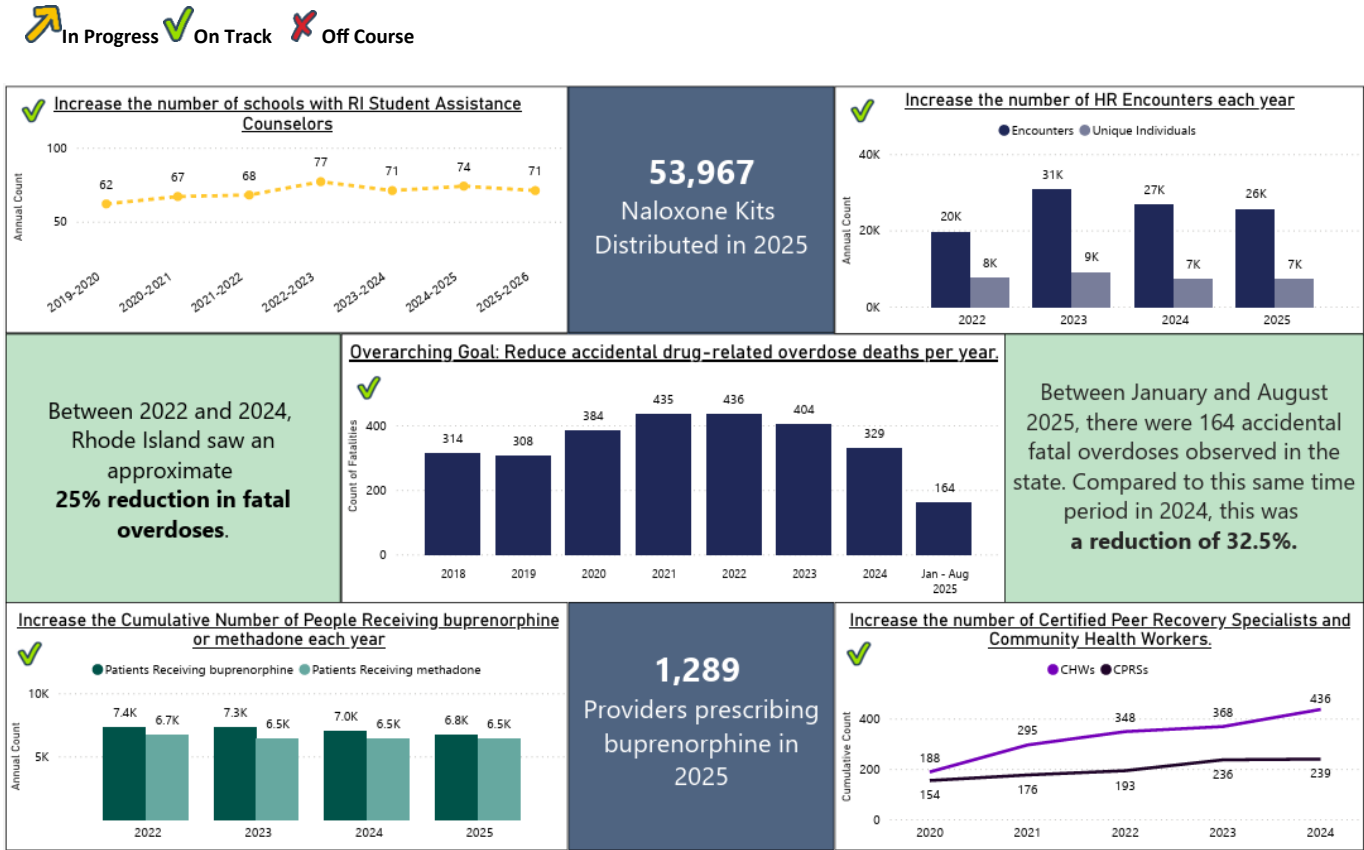
Data Snapshot of Performance

It is essential that collected data are comprehensive, shared across agencies, and streamlined. This helps State agencies and community partners understand gaps, identify emerging issues, and respond to community needs.

These coordinated, focused efforts across the full continuum of care are leading to positive results beyond reducing overdose deaths. By using the Task Force’s strong infrastructure, clear strategy, and input from people directly affected by the overdose crisis, our state is making progress and improving people’s lives.

Figure 4: Snapshot of the Overdose Data Council (ODC) Progress Report

The figure below shows the ODC’s updated data “scorecard” from their most recent ODC Progress Report. The scorecard gives a snapshot of the progress made by the Overdose Task Force across the priority areas of Prevention, Harm Reduction/Rescue, Treatment, and Recovery. The ODC is led and staffed by the Rhode Island Executive Office of Health and Human Services (EOHHS).



Note: The dashboard snapshot featured above is sampled from an internal overdose dashboard housed at EOHHS. The abbreviation “HR” stands for “Harm Reduction.”

Strategic Plan Refresh

The process for updating the [2026-2028 Overdose Task Force Strategic Plan](#), or “Roadmap,” is included in the January 31, 2026 Interim Report. The updated Strategic Plan was presented during the [February 2026 meeting](#) of the Governor’s Overdose Task Force and is available on [PreventOverdoseRI.org’s Action Plan](#) webpage. The metrics and targets for prevention, treatment, and recovery are currently being reviewed by the State’s interagency data teams and will be updated by the end of 2026.

Conclusion

Rhode Island is on track to meet its 2030 goal of reducing overdose deaths by 30%. Increased investments in prevention, harm reduction/rescue, treatment, and recovery, along with efforts to address social determinants of health, are helping to improve communities and save lives.

An Interim Report will be released in June 2026 with final overdose death data and an update on progress toward the 2030 goal. The next annual report, due in September 2026, will include an overview of investments and spending for State Fiscal Years 2023 through 2026.

To access the most recent reports submitted to the General Assembly, please review the [Opioid Settlement Funded Project Annual Report, December 29, 2025](#) and the [Opioid Stewardship Fund Annual Report for the State Fiscal Year 2025, January 30, 2026](#).

Visit [PreventOverdoseRI.org’s Track Our Action Plan](#) webpage for additional information.

Upcoming Activities and Next Steps

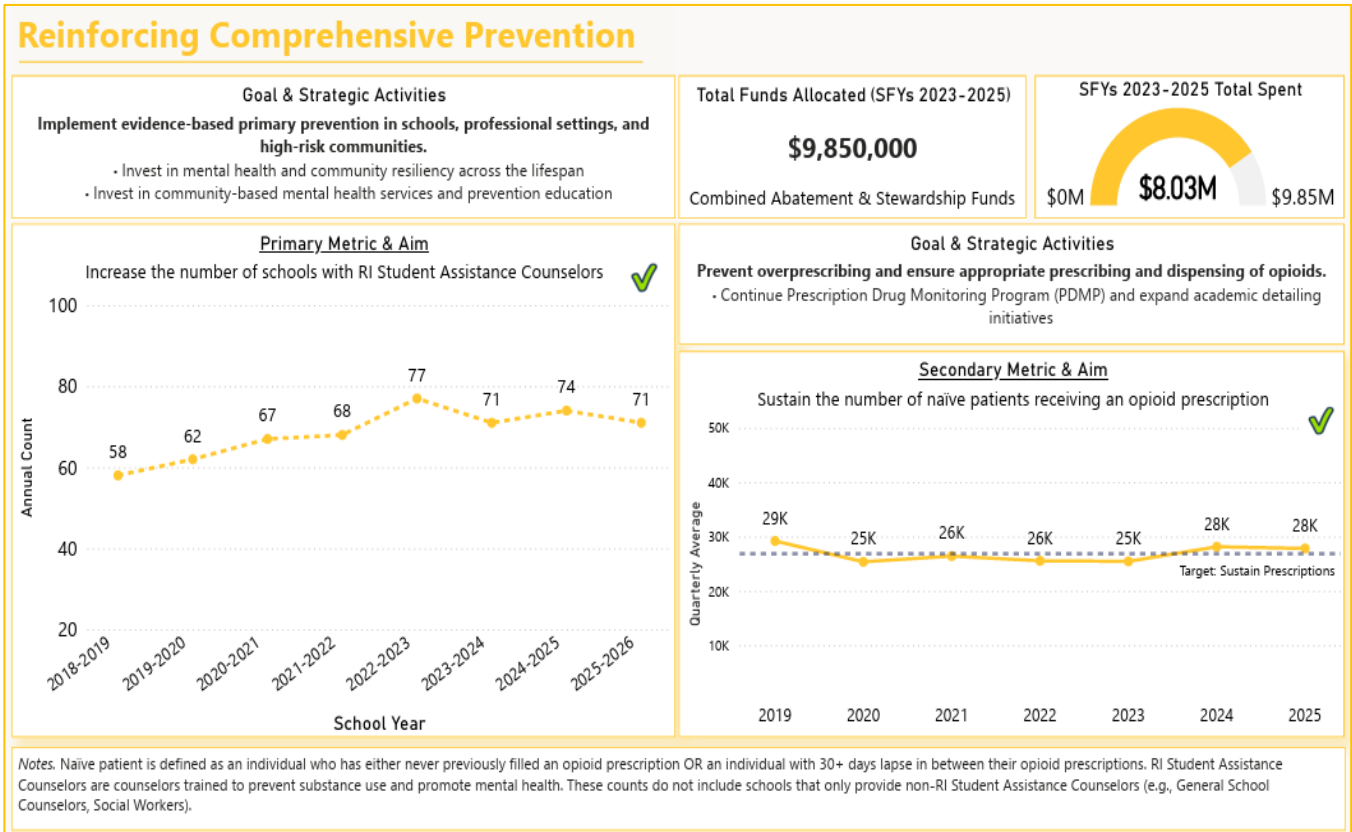
Activity	Timeline	Status
Provide the Governor’s Overdose Task Force Interim Report with an update on progress toward the 2030 goal.	June 2026	On Track
Submit the September 2026 Semi-Annual Report with an overview of investments and spending for State Fiscal Years 2023 through 2026.	September 2026	On Track

For questions or concerns pertaining to this Semi-Annual Report, please contact Rhode Island’s Overdose Task Force Director, Cathy Schultz, MPH; Cathy.A.Schultz@ohhs.ri.gov.

Appendix

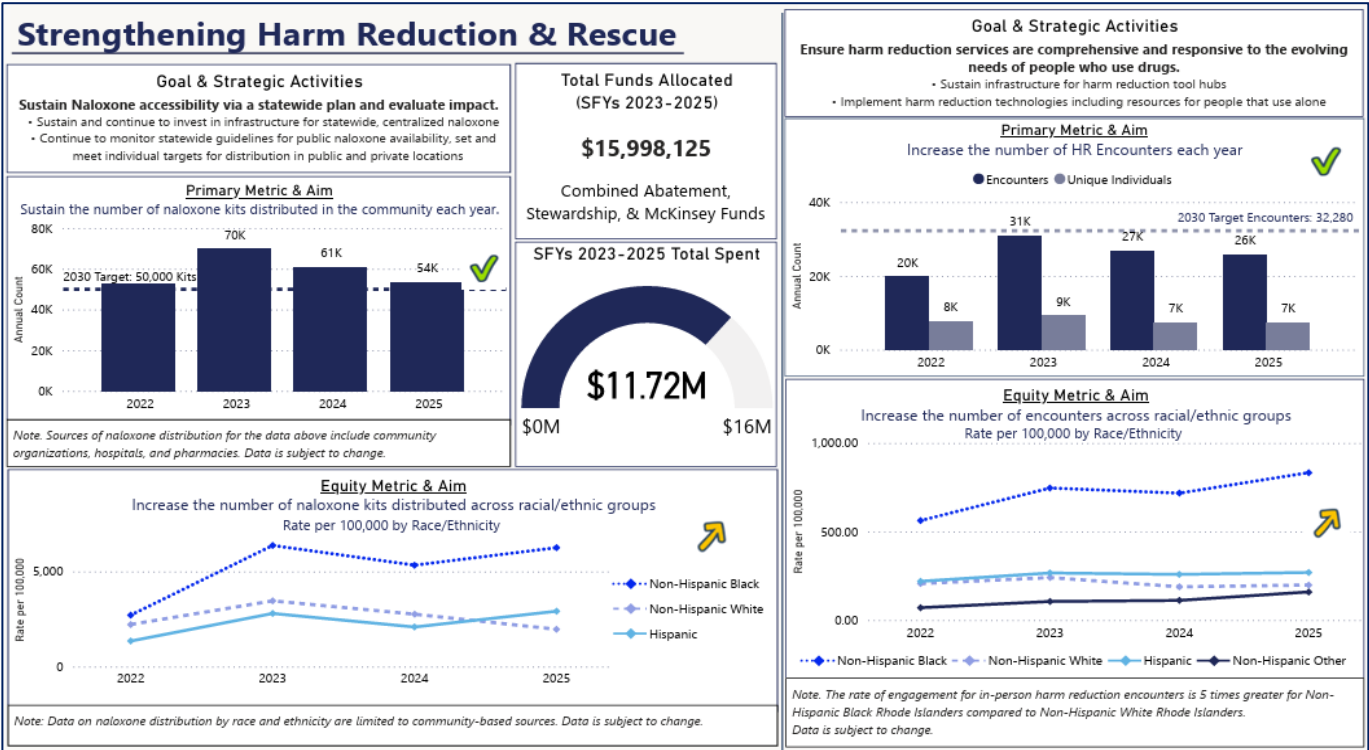
The EOHHS dashboards featured in the Appendix include sample data from the Overdose Task Force’s four main priorities: Reinforcing Comprehensive Prevention; Strengthening Harm Reduction and Rescue; Increasing Engagement in Treatment; and Supporting Recovery. These dashboards present a portion of the agency’s overall data and are not exhaustive.

↗ In Progress
 ✓ On Track
 ✗ Off Course



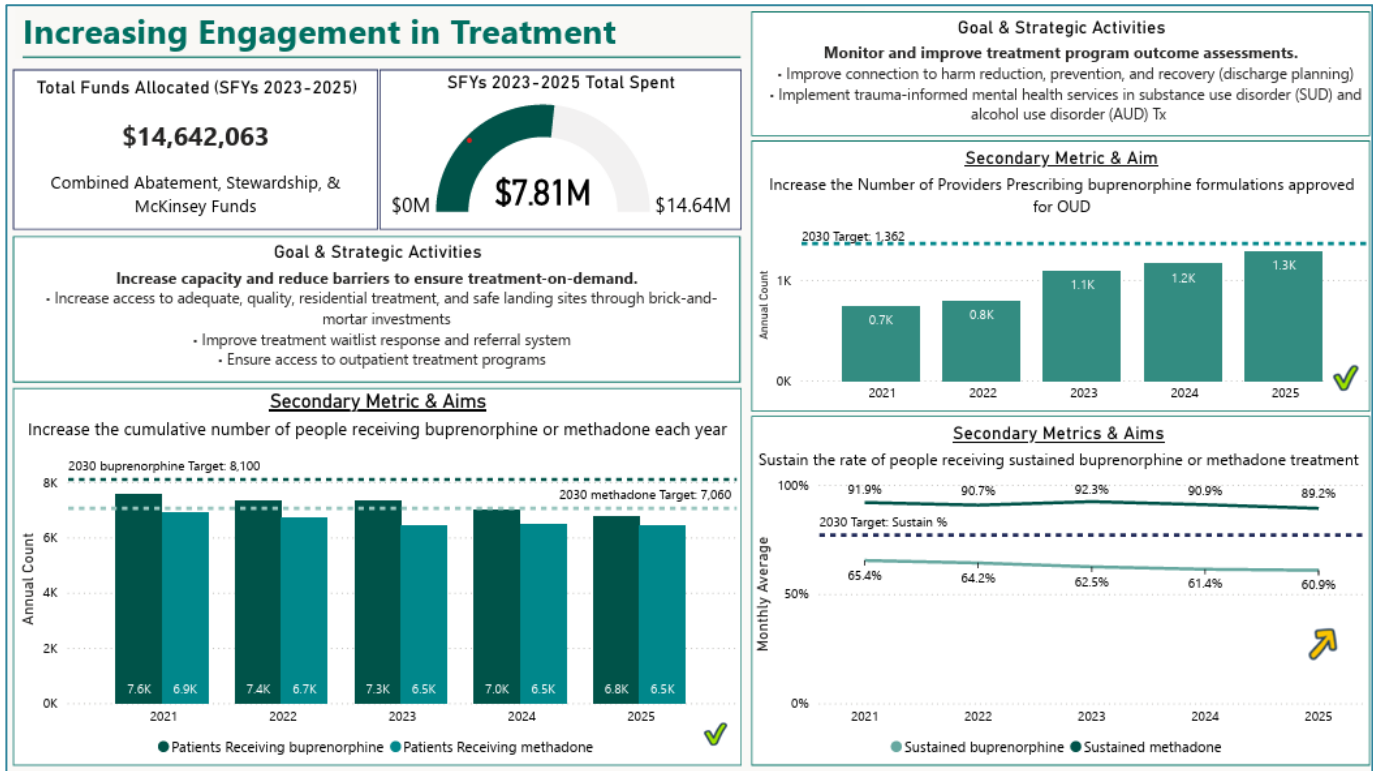
Sources: Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH)

👉 In Progress 🟢 On Track 🛑 Off Course



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

↗ In Progress
 ✓ On Track
 ✗ Off Course



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. (2) Regarding cumulative counts of individuals receiving buprenorphine, counts are limited to individuals who received buprenorphine treatment via a pharmacy and do not capture individuals provided treatment outside of the pharmacy setting. This may include those receiving some injectable buprenorphine formulations and those receiving buprenorphine while in a clinic.

Sources: Prescription Drug Monitoring Program (PDMP); Rhode Island Department of Health (RIDOH); Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH); Executive Office of Health & Human Services (EOHHS); RI Ecosystem

👉 In Progress 🟢 On Track 🛑 Off Course

