



Governor Dan McKee's Overdose Task Force

April 8, 2026

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RHODE
ISLAND



Welcome and Announcements

**RHODE
ISLAND**



April is Alcohol Awareness Month

**Prevention works.
Treatment is effective.
Recovery is possible.**

[SAMHSA.GOV/FIND-HELP](https://www.samhsa.gov/find-help)

APRIL

**ALCOHOL
AWARENESS
MONTH**

SAMHSA
Substance Abuse and Mental Health
Services Administration

National Prescription Drug Take Back Day

Find a local drug take-back site [near you](#).



SAVE THE DATE

Saturday, April 25

10 a.m. - 2 p.m.





**NATIONAL
PUBLIC HEALTH
WEEK 2026**

Public Health Resource Fair

Wednesday, April 8, 2026 | 3-5 p.m.

Rhode Island State House, Rotunda | 82 Smith St., Providence

Celebrate National Public Health Week with the Rhode Island Department of Health (RIDOH)! Explore RIDOH programs and services, and meet the people working behind the scenes every day to build a ***Better State of Healthy.***



New RIDOH Campaign: A Better State of Healthy

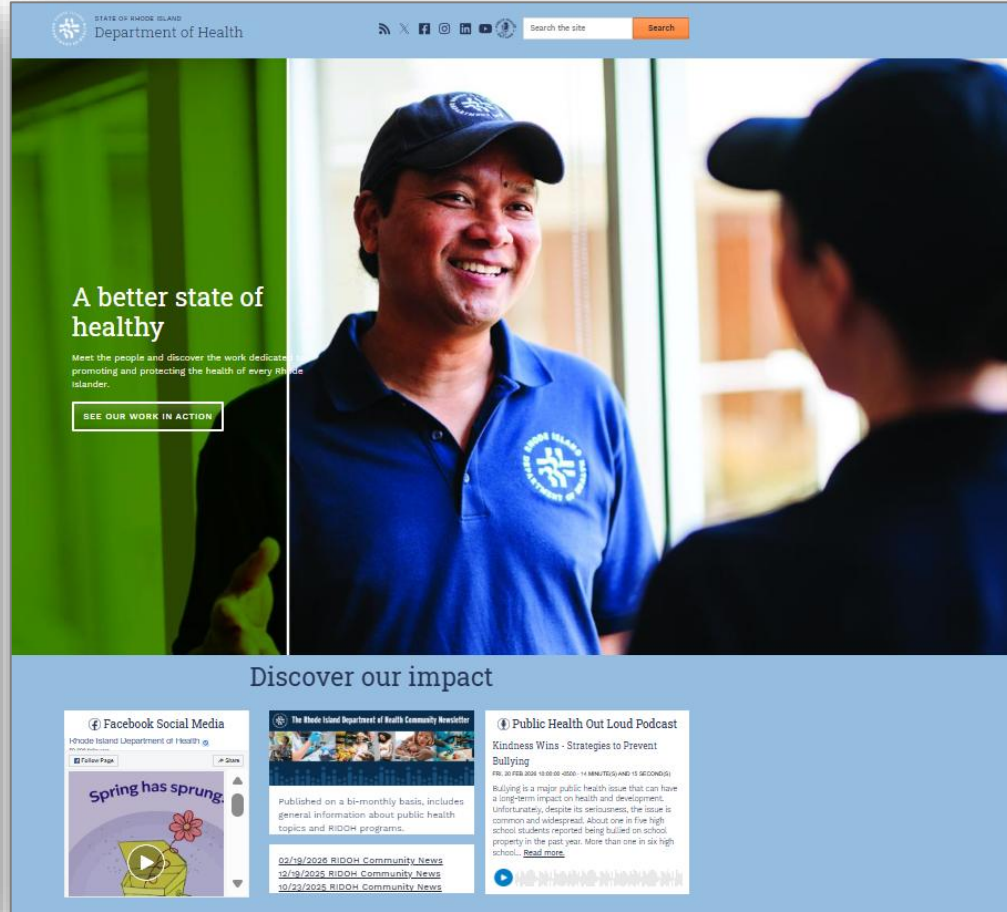
health.ri.gov/better-state-of-health



**A better state of healthy.**

Your Rhode Island Department of Health works every day to protect and promote the health of everyone in our state. We prevent, track, and test for infectious diseases; inspect restaurants and healthcare facilities; and study substance use data to save lives. And that's just a tiny fraction of what we do.

 Learn more about our work.




STATE OF RHODE ISLAND
Department of Health

A better state of healthy

Meet the people and discover the work dedicated to promoting and protecting the health of every Rhode Islander.

[SEE OUR WORK IN ACTION](#)

Discover our impact

- Facebook Social Media**
Rhode Island Department of Health
Follow Post

- The Rhode Island Department of Health Community Newsletter**
Published on a bi-monthly basis, includes general information about public health topics and RIDOH programs.
02/19/2025 RIDOH Community News
01/29/2025 RIDOH Community News
10/23/2024 RIDOH Community News
- Public Health Out Loud Podcast**
Kindness Wins - Strategies to Prevent Bullying
RIDOH is a major public health issue that can have a long-term impact on health and development. Unfortunately, despite its seriousness, the issue is common and widespread. About one in five high school students reported being bullied on school property in the last year. More than one in six high school... [Read more](#)



**Un mejor estado de salud.**

Tu Departamento de salud de Rhode Island trabaja a diario para proteger y promover la salud de todos en nuestro estado. Prevenimos, monitoreamos y realizamos pruebas para detectar enfermedades infecciosas; inspeccionamos establecimientos de alimentos y centros de salud; y nos esforzamos por mantener sanos a los adultos mayores de Rhode Island. Y eso es solo una pequeña parte de lo que hacemos.

 Conoce más sobre nuestra labor.

Free Naloxone for Community Partner Organizations

PreventOverdoseRI.org/get-naloxone

Upgrade Your First Aid Kit
Request a Naloxone Kit Mailed to Your Home at No Cost

PREVENT OVERDOSE RI

Get Help English

About Learn More Prevent An Overdose See The Data Find Resources Get Involved Languages

Get Naloxone

MORE RESOURCES

Overdose Prevention Resources

There are other ways you can be reduce the risks when using drugs.

- Respond to Overdose
- Harm Reduction Practices
- People Who Use Drugs

Information for Community Partners

For organizations distributing naloxone in the community, you can request naloxone and enter data on your distribution by clicking the buttons below.

[Request Naloxone](#) [Enter Your Data](#)

Three Ways to get Naloxone

Download a fact sheet to learn more about the three ways you can get naloxone.

[Download Fact Sheet](#)

Naloxone Request Form for Community Partners

Please read the following message before completing this form:

This form is for community partners to submit naloxone requests.

To be eligible to request naloxone through this form, you must:

- Be a Rhode Island-based non-profit organization, municipality or community-based organization, and
- Have experience with overdose prevention and response training.

Priority will be given to organizations that plan to distribute naloxone kits to individuals at high risk of overdose and families and friends of individuals who are at risk.

Please note: Naloxone is a medicine that must be properly stored; follow all directions for proper usage prior to using. Naloxone cannot be resold.

Primary Contact Person Name
* must provide value

(This person is responsible for coordinating the naloxone distribution including ensuring proper storage, training, and usage of naloxone)

Primary Contact Person Email Address
* must provide value

Primary Contact Person Phone Number
* must provide value

Organization/ Agency Name
* must provide value

What type of naloxone are you requesting today?
* must provide value

Intranasal (Narcan)
 Intramuscular



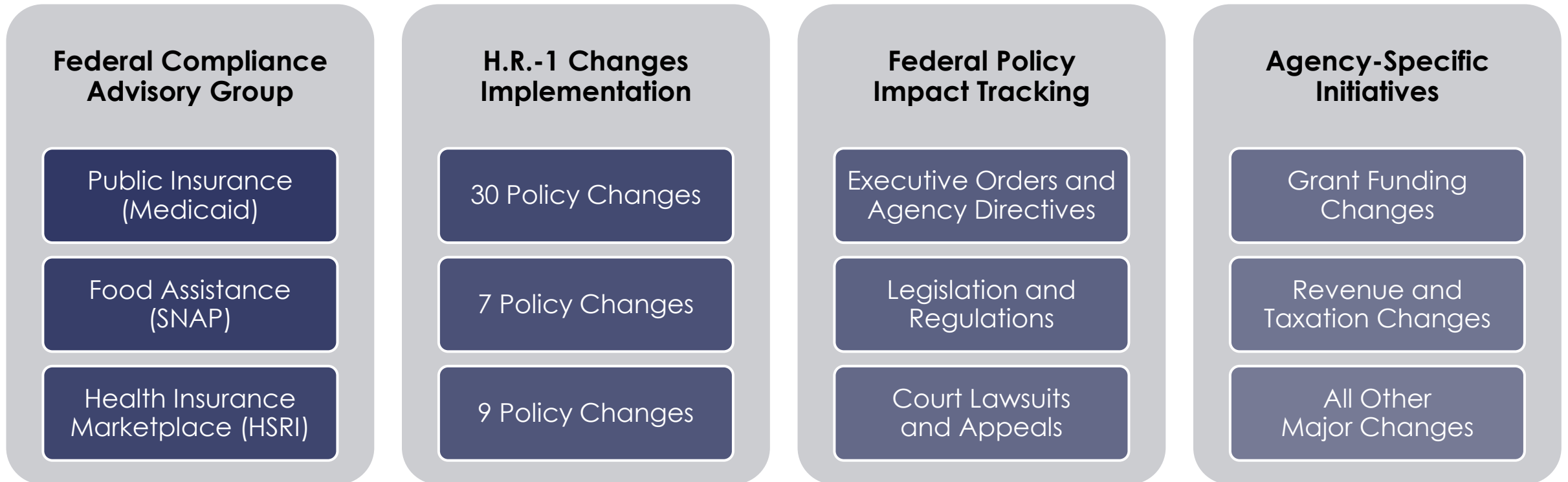
Federal Policy Changes and Compliance Overview

Governor's Overdose Task Force

April 8, 2026

Overall Interagency Approach

- The Rhode Island Executive Office of Health and Human Services (EOHHS) has been working on four buckets of work to monitor and address Federal policy changes in partnership with our sister agencies, the Department of Revenue, and the Office of Management and Budget since last spring.



Federal Compliance Advisory Group (FCAG)



The FCAG was established by the Rhode Island General Assembly in June 2025 to assess the impacts of H.R.-1 federal budget changes to Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Health Insurance Marketplace.



Included **38** members from State agencies, healthcare, unions, businesses, consumer, and advocacy groups.



Held five public meetings in 2025 to assess impact and potential solutions for **36** priority policy changes.



Utilized feedback from **636** attendees, 362 interested parties, **357** gallery walk comments, 47 surveys, and 17 partners.

The FCAG Report led to the submission of 13 initiatives within the Governor's Proposed Budget that recommends approximately \$37M and 37 full-time employees (FTEs) to mitigate near-term impacts such as:

- Changes that severely threatens Medicaid coverage for over 30,000 Rhode Islanders.
- Changes that cut 2,300 households off SNAP and reduces benefits for hundreds more.
- Changes that ended enhanced premium tax credits that helped keep health insurance affordable and may result in roughly 13,000 Rhode Islanders dropping their coverage altogether.

H.R.-1 Change Implementation

Medicaid – Planning

- Community Engagement Requirements
- Six-Month Renewals
- Changes to Eligibility for Some Non-Citizens
- Changes to Retroactive Coverage

SNAP – Underway

- Community Engagement Requirements
- Standard Utility Allowance
- Non-Citizen Eligibility
- Payment Error Rate

HSRI – Both

- Community Engagement Requirements
- Ending Enhanced Tax Credits
- Non-Citizen Eligibility
- Shortened Open Enrollment

- **For Medicaid changes, the expansion population is impacted the most.**

The expansion population, or “expansion adults,” typically refers to adults between ages 19 to 64 who are not pregnant, are not a parent/caretaker of a minor child, and do not have Medicare.

Federal Policy Impact Tracking

Current Status

Total Policies Evaluated	351
Health & Human Services-Related Policies	167
Related to Overdose	12
Anticipated Impacts	Low

Relevant Themes

- Multiple **tariffs target fentanyl supply** from China, Mexico, and Canada. Street-level effects are uncertain and likely slow.
- Tariffs could potentially **raise costs or cause shortages** for medications and treatment supplies.
- **SUPPORT Act reauthorization** secures federal treatment and recovery funding through 2030 for some of the grants Rhode Island depends on.
- **Fentanyl classified as a weapon of mass destruction**, shifting federal focus toward law enforcement.
- **Federal workforce cuts** could worsen staffing shortages in treatment and recovery services.

Next Steps for Rhode Island



EOHHS, DHS, and HSRI are deeply grateful for the public participation and comment in the FCAG process that assisted with understanding the full scope of Federal budget implications and developing creative yet responsive strategies and options.

- Rhode Island has explored as many avenues as possible to protect vulnerable populations and ensure access to vital healthcare, food assistance, and affordable health insurance.
- Through continued transparent communication, the community can work proactively to be prepared for the adjustments that will be necessary as changes take effect in Rhode Island.

Rhode Island will continue to provide clear, timely information about changes to eligibility, benefits, or services for Medicaid, SNAP, and HSRI members, along with resources to navigate these transitions upon implementation.

- Only by working together across branches of government—and in partnership with the community—will Rhode Island be able to support affected beneficiaries, partners, and systems.
- Rhode Island will continue to update the community, providers, and partners via routine mechanisms and, where applicable, new forums established by the affected agencies.

FCAG Report and Summaries

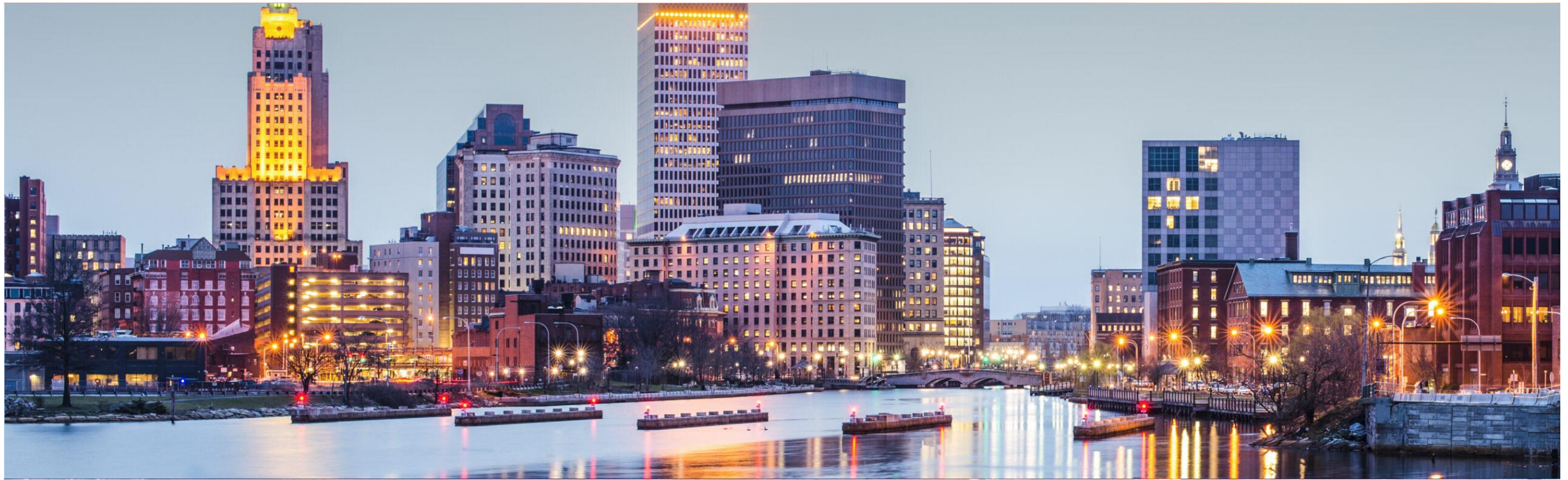
- eohhs.ri.gov/federal-compliance-advisory-group



**BE READY.
STAY COVERED.**

H.R.1 Medicaid Implementation Updates

- Access digital resources: staycovered.ri.gov/updates
- Sign up for our Community Newsletter: bit.ly/EOHHS-news
- Email us at ohhs.communications@ohhs.ri.gov to:
 - ✓ Request printed materials in different languages
 - ✓ Send us feedback
 - ✓ Request a webinar or in-person presentation



Excessive Alcohol Use in Rhode Island: A Leading Cause of Substance-Related Deaths

April 8, 2026

Governor Dan McKee's Overdose Task Force



Funding Statement

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$166,667 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. government.

Funding ends: September 2026



Presentation Overview

- Background
- Alcohol Epidemiology
 - Alcohol-attributable deaths
 - Motor vehicle crashes
 - Alcohol use trends
 - Emergency department visits
 - Alcohol-involved overdoses
- Key Takeaways
- Questions & Comments

Background: Levels of Alcohol Consumption

Excessive drinking includes:

Binge drinking		Heavy drinking	
Women	Men	Women	Men
4	5	8	15
or more drinks	or more drinks	or more drinks	or more drinks
On one occasion		In a week	

 Any drinking during pregnancy

 Any drinking by people younger than 21

[cdc.gov/alcohol](https://www.cdc.gov/alcohol) 

US Standard Drink Sizes

-  12 ounces beer
5% ABV
-  8 ounces malt liquor
7% ABV
-  5 ounces wine
12% ABV
-  1.5 ounces distilled spirits (gin, rum, vodka, or whiskey)
40% (80 proof) ABV

Alcohol by volume (ABV) refers to the strength of the alcoholic beverage.

Source: Centers for Disease Control and Prevention. Alcohol Use and Your Health. January 14, 2025. Accessed March 27, 2025. https://www.cdc.gov/alcohol/about-alcohol-use/index.html#cdc_behavioral_basics_warning_signs-understanding-alcohol-use



Drinking Less Alcohol Is Better for Your Health

Drinking alcohol increases your risks of:

- Certain cancers (e.g., mouth, throat, esophagus, liver, colon, breast (among women), and others)
- Injuries and violence
- Alcohol poisoning
- High blood pressure, heart disease, and stroke
- Liver disease
- Dementia or memory problems
- Depression or anxiety
- Weakened immune system
- Alcohol use disorder

Background: Impacts of Excessive Alcohol Use

- Alcohol is the most used drug among adults in the US, with excessive alcohol use a leading preventable cause of death.
- From 2019 to 2020, alcohol sales increased by **29.7%** in Rhode Island (inflation-adjusted, 2021 dollars).
- In 2023, Rhode Island ranked **19th** in the US for per capita alcohol use.
- Alcohol is a Group 1 carcinogen, and the seven alcohol-related cancers account for **30% of all new cancer cases** in Rhode Island.
- There are *no health benefits with moderate drinking* compared to not drinking.



Alcohol Use and Other Drugs

- Polysubstance use or using two or more drugs at the same time or within a short time of each other, can be dangerous.
 - Includes alcohol, cannabis, prescription drugs, over-the-counter drugs, and illicit drugs.
- Using alcohol with other drugs can increase the risk of overdose, injury, violence, and chronic disease.
 - Using alcohol at the same time or within a few hours of other drugs like opioids or benzodiazepines can make it hard to breathe, which can damage the brain and other organs or cause death.

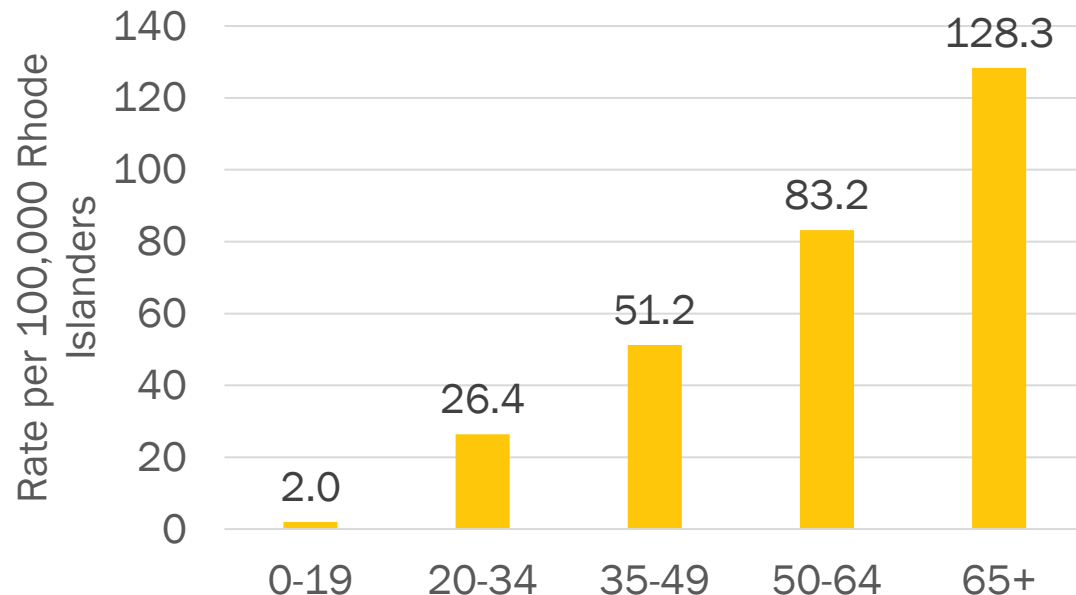


Alcohol Epidemiology in Rhode Island

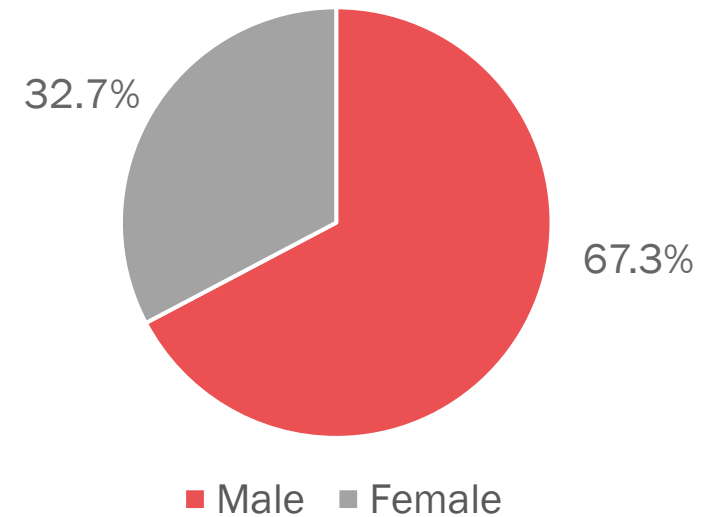
Alcohol-Attributable Deaths in Rhode Island

From 2020 to 2021: There was an annual average of about **600 deaths** per year from excessive alcohol use in Rhode Island (alcohol-attributable).

Rate per 100,000 of Alcohol-Attributable Deaths by Age



Proportion of Deaths by Sex



Source: Centers for Disease Control and Prevention. ARDI Alcohol-Attributable Deaths, RI | CDC. Published 2024. Accessed March 5, 2024. https://nccd.cdc.gov/DPH_ARDI/default/Report.aspx?T=AAM&P=62AA1215-7E3B-4DF7-BC11-063A45D51DFD&R=3062ABF1-5E55-4026-BFAF-ECFD88451277&M=0252E0E6-100E-4EB6-A13E-63F5373E7B8D&F=&D=



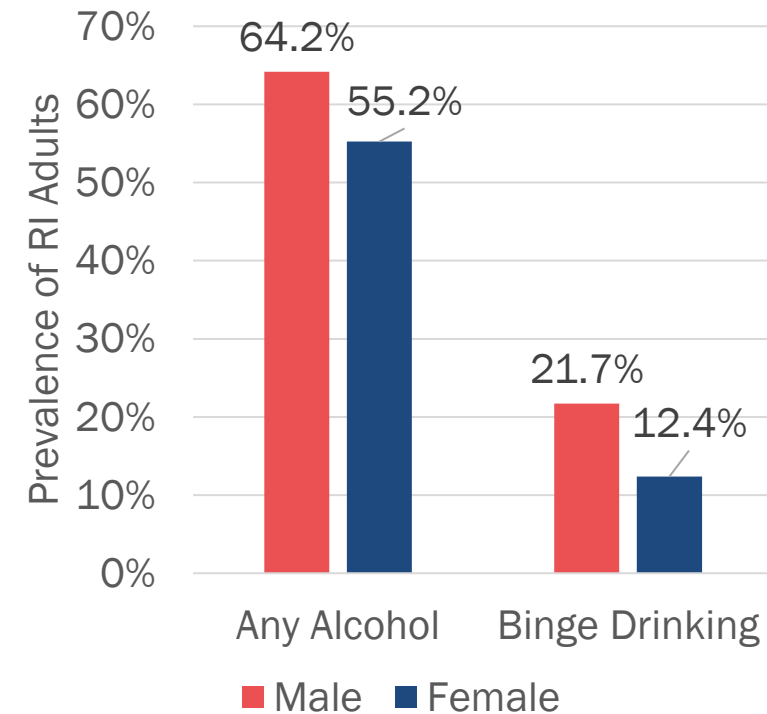
Alcohol-Impaired Fatal Car Crashes in Rhode Island, 2020-2022

- **Rhode Island had the highest percentage of alcohol-impaired traffic fatalities in the US in 2022, with 43% compared to 32% in the US (tied with South Carolina).**
- **Second highest percentage of alcohol-impaired traffic fatalities in the US in 2020, with 42% compared to 30% in the US.**

Alcohol Use Among Adults, 2016-2023

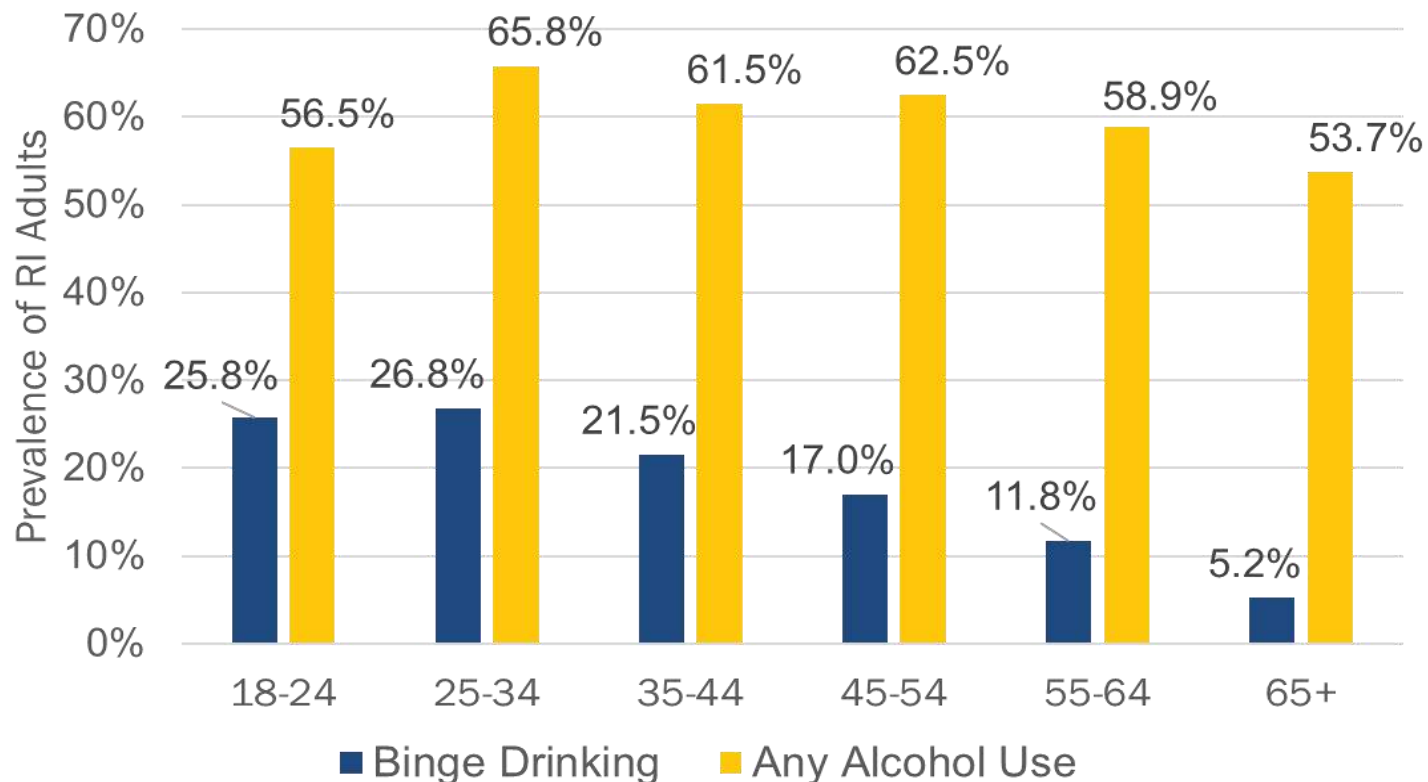
- **About 60% of adults** in Rhode Island reported **using any alcohol** in the past 30 days, compared to 53% nationally (US median).
- **About 16% of adults** in Rhode Island reported **binge drinking** in the past 30 days, compared to 16% nationally (US median).

Alcohol Use by Sex



Alcohol Use Among Adults, 2016-2023

Alcohol Use by Age



Alcohol Use by Race/Ethnicity

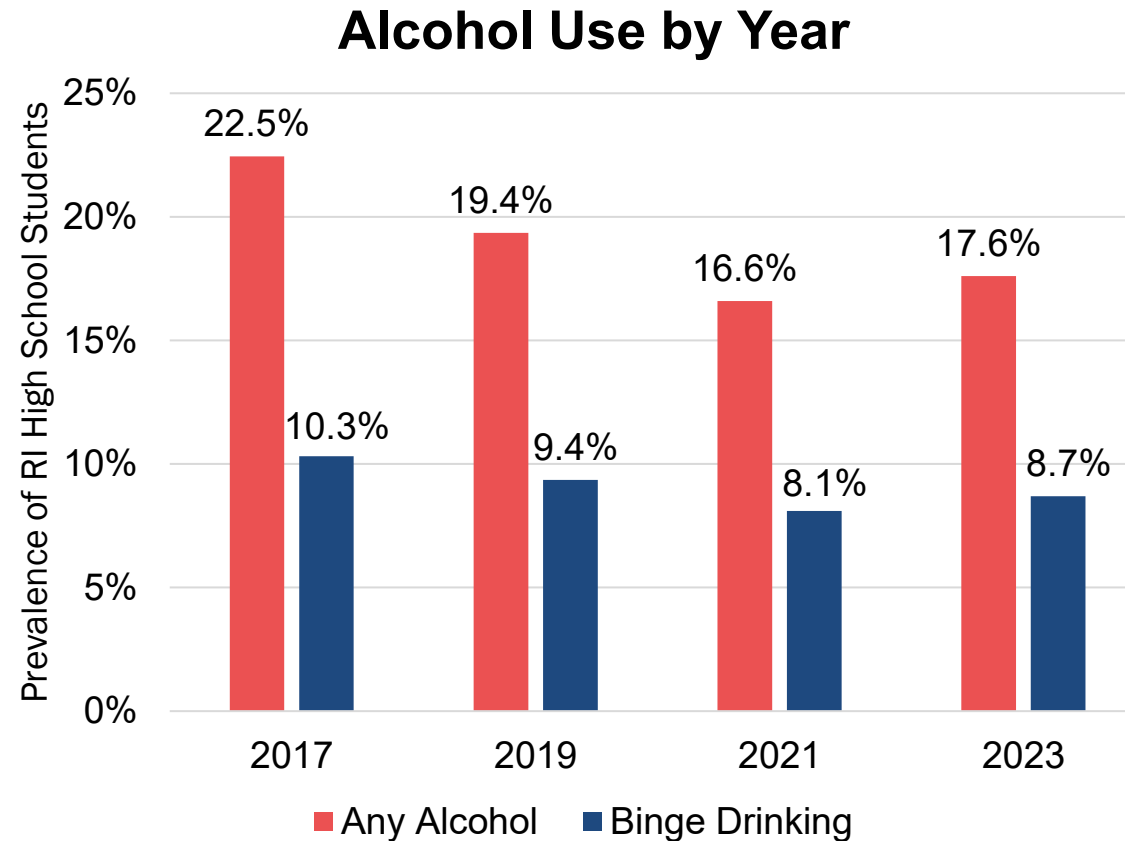
Race/Ethnicity	Any Alcohol	Binge Drinking
Black, non-Hispanic	48.0%	15.2%
Other/Multiple	52.0%	17.4%
Hispanic	45.9%	16.9%
White, non-Hispanic	63.9%	17.0%

Source: Rhode Island Behavioral Risk Factor Surveillance System, 2016-2023



Alcohol Use Among High School Youth, 2017-2023

80% of high school students in Rhode Island did not drink any alcohol in the past 30 days.

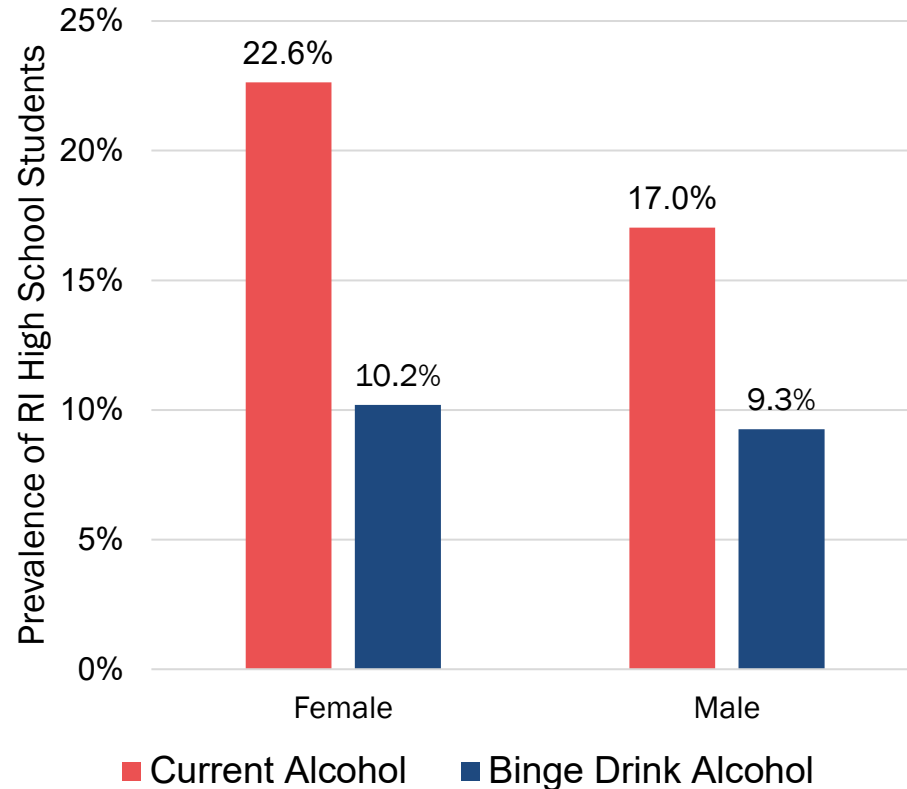


Source: Rhode Island Youth Risk Behavior Surveillance System, 2017-2023

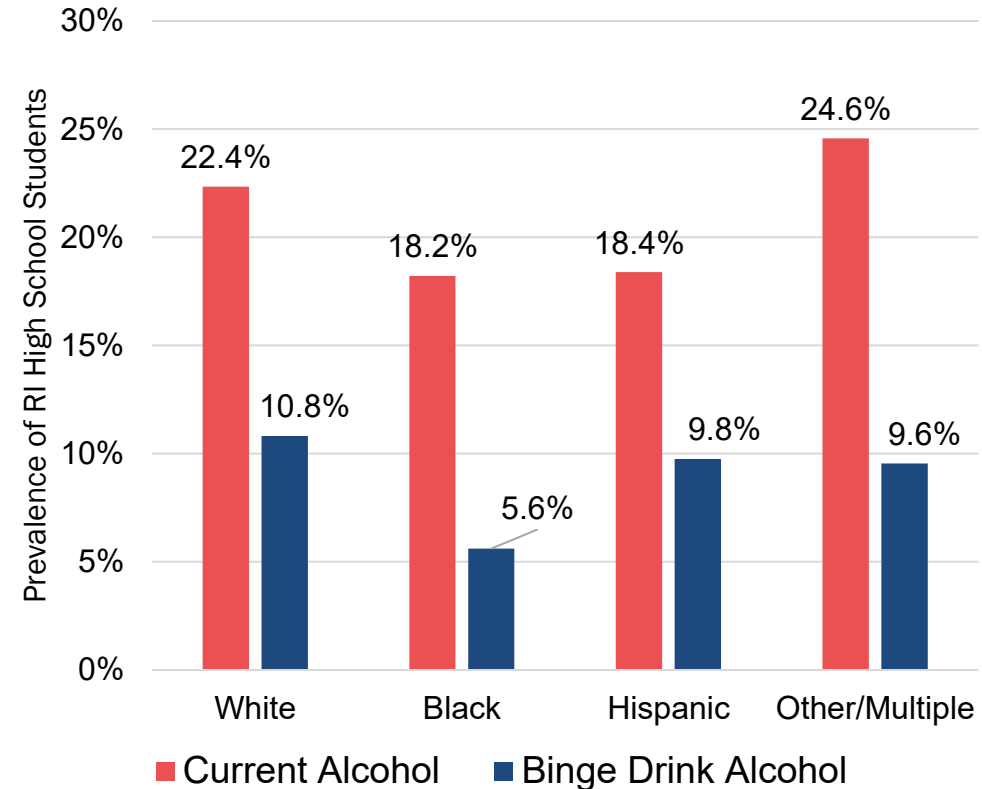


Alcohol Use Among High School Youth, 2017-2023

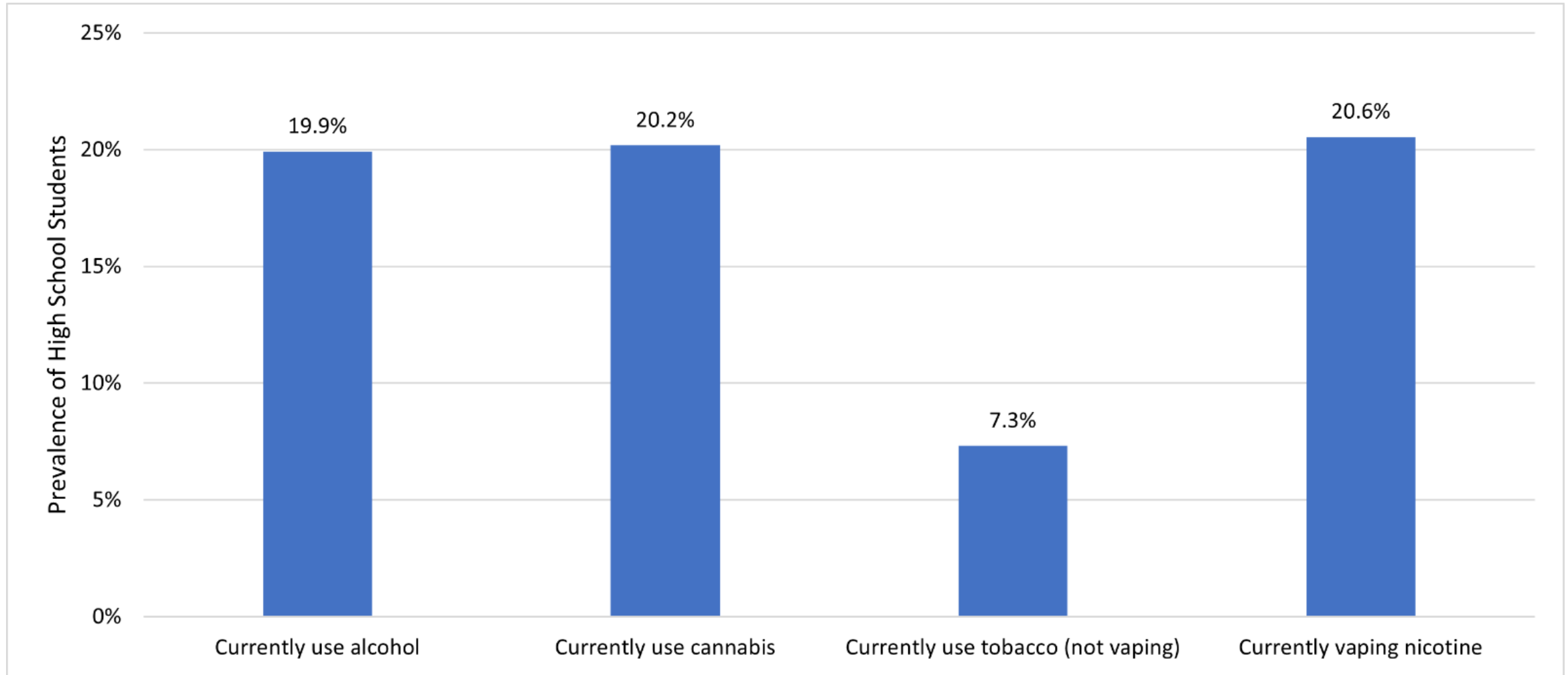
Alcohol Use by Sex



Alcohol Use by Race/Ethnicity



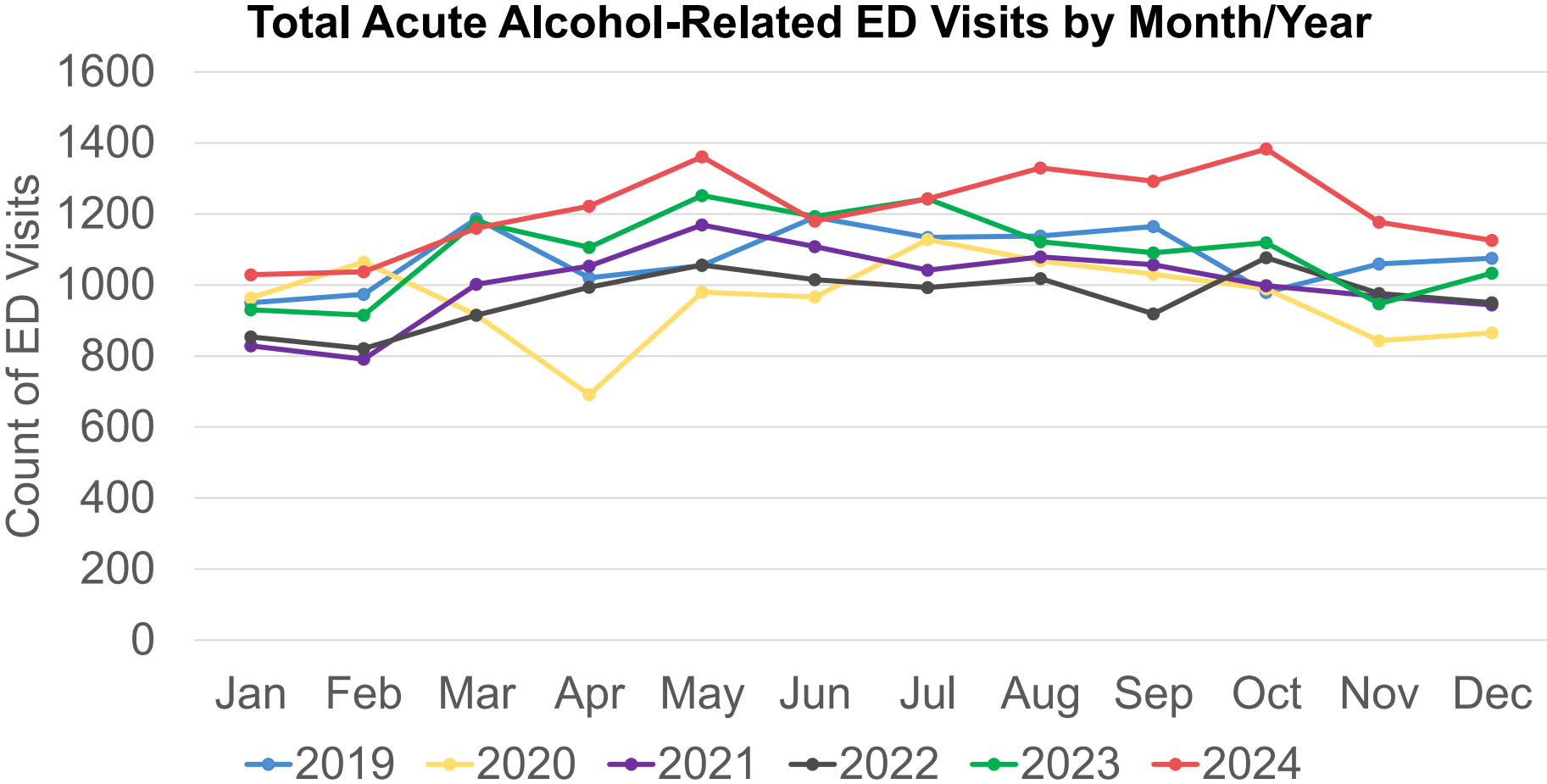
Alcohol Use Among High School Youth, 2017-2023



Source: Rhode Island Youth Risk Behavior Surveillance System, 2017-2023



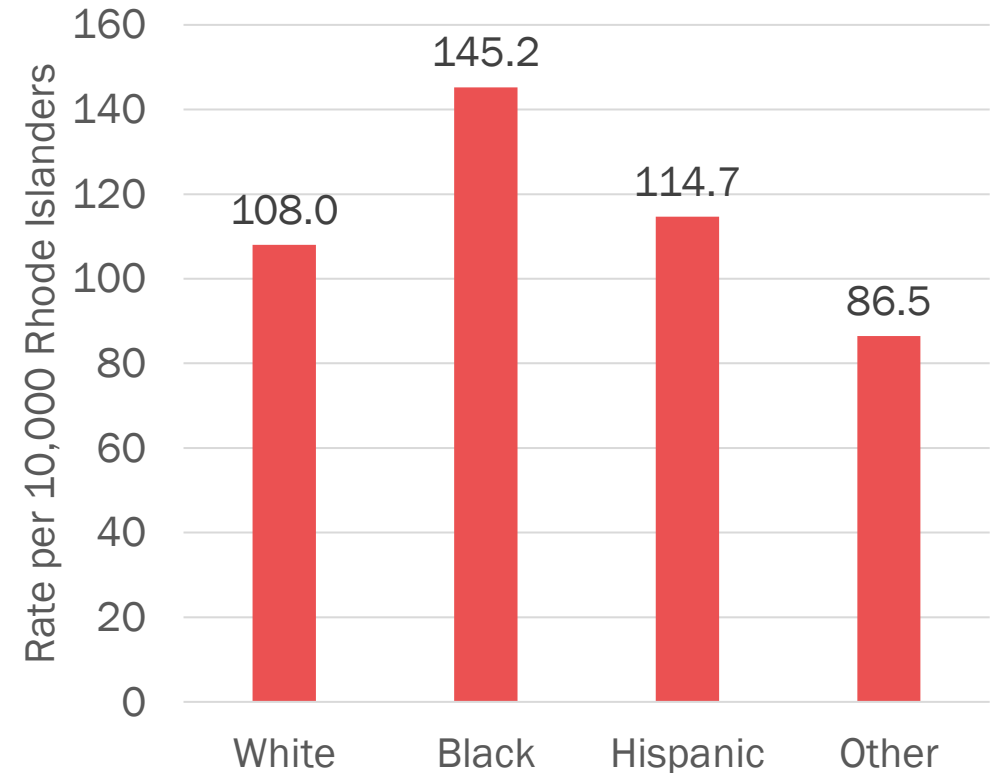
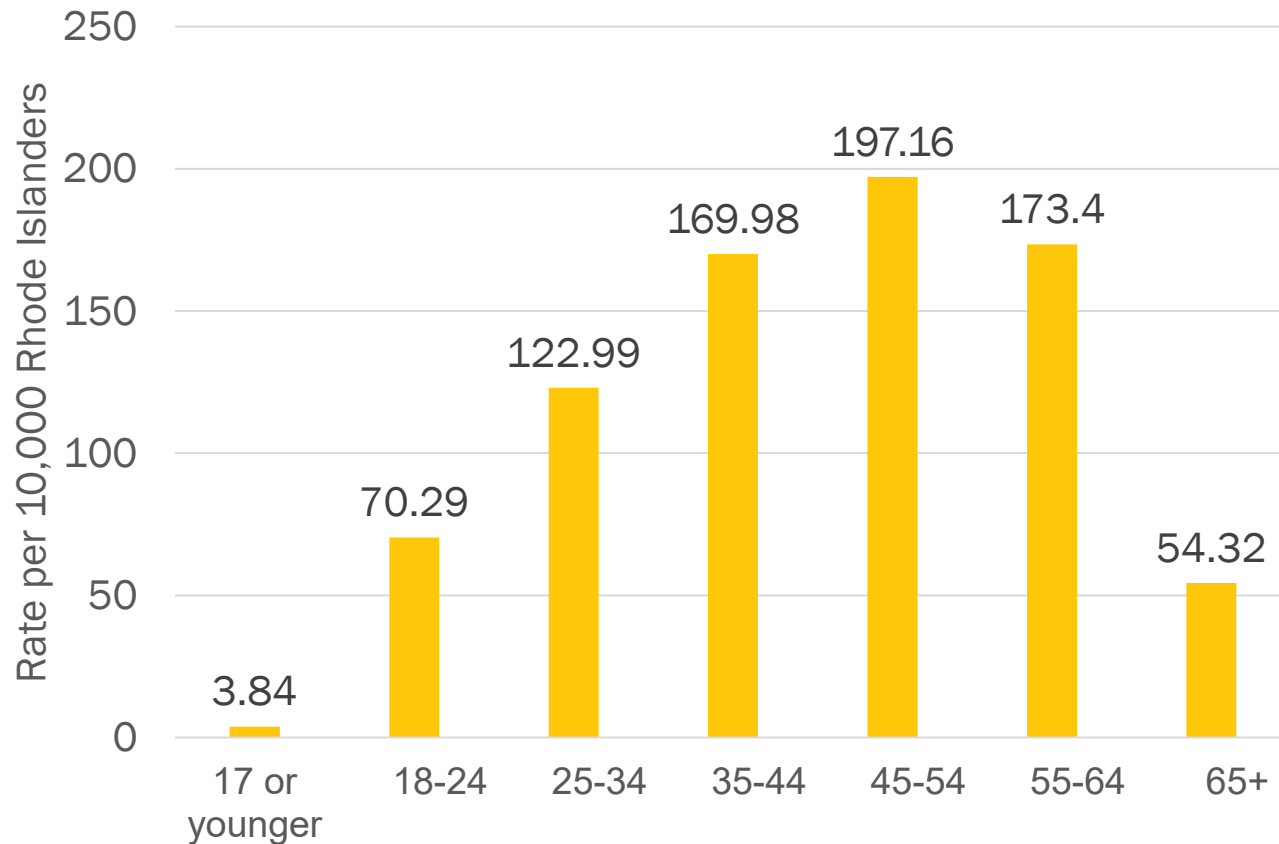
Emergency Department (ED) Visits, 2019-2024



Source: National Syndromic Surveillance System, 2018-2024



Rate of Alcohol-Related ED Visits by Age and Race/Ethnicity, 2018-2024

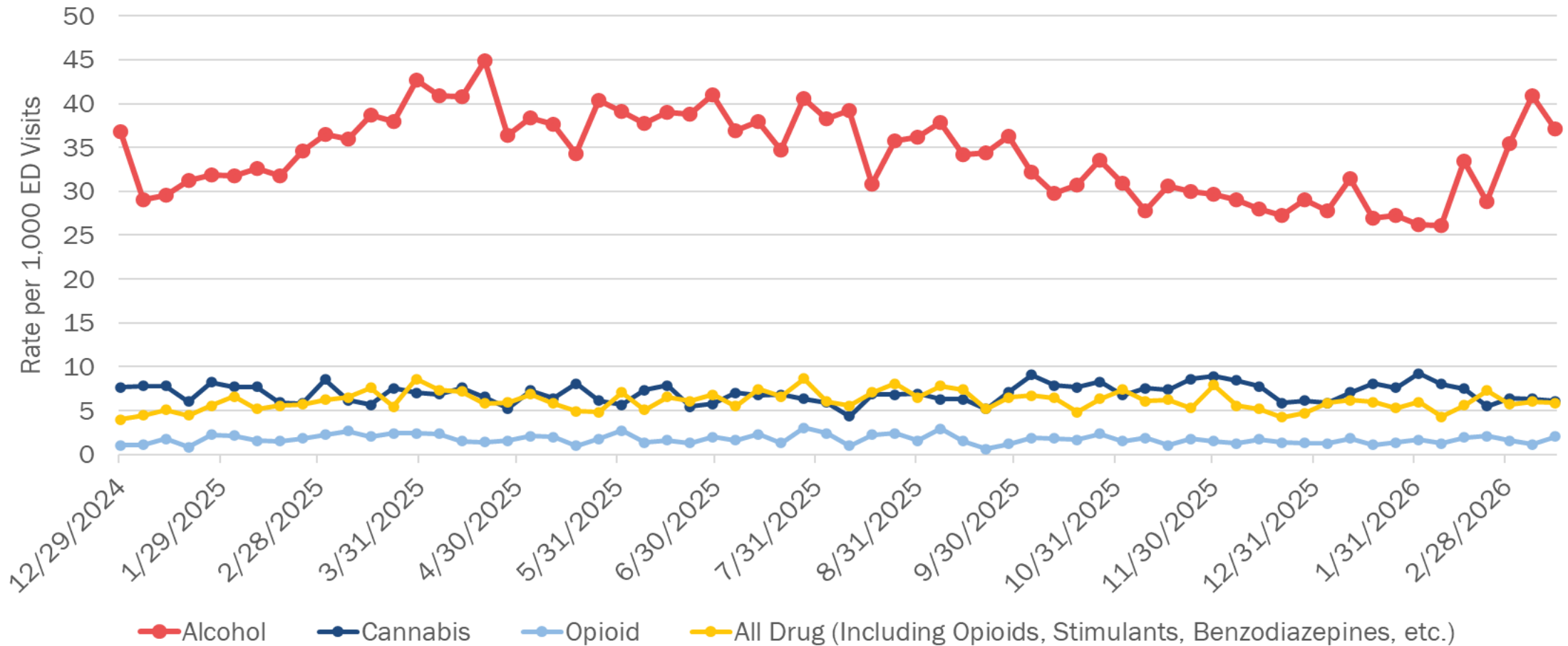


Source: National Syndromic Surveillance System, 2018-2024



Rate of Weekly Visits per 1,000 ED Visits by Substance

January 2025-March 2026



Note: These rates are estimates, and subject to reliability of available ED data and the Centers for Disease Control and Prevention case classifications. These likely underrepresent the true burden, though help estimate overall trends.

Source: National Syndromic Surveillance System, 2025-2026

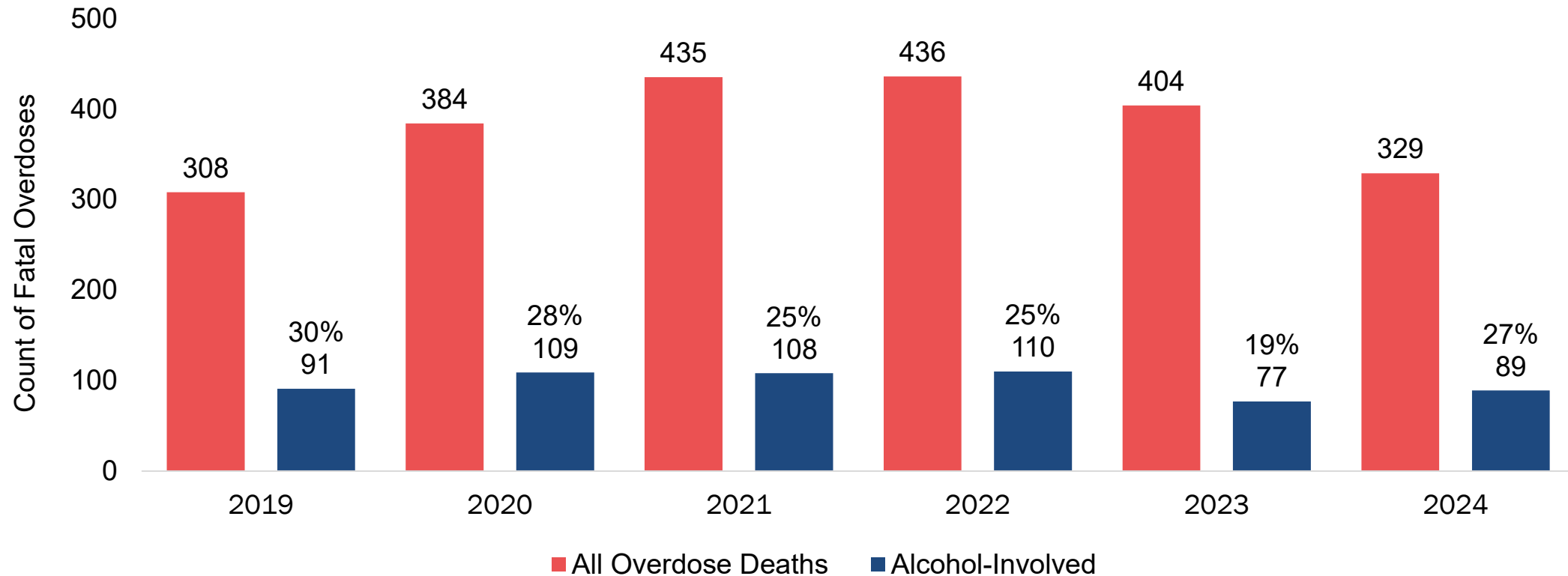


What are Alcohol-Involved Overdose Deaths?

- The Office of the State Medical Examiners (OSME) overdose data capture drug overdose deaths that are ruled as accidental by the medical examiners (ME).
 - Based on toxicology testing, autopsy results, scene investigations, and medical history.
- Alcohol is a contributing cause of death if the ME determines alcohol was related to how the injury occurred, another acute significant condition, or the cause of death (polysubstance use).

Alcohol-Involved Overdose Deaths, Rhode Island, 2019-2024

Both the number and percentage of alcohol-involved overdose deaths have **decreased** since 2020. In 2024, **27% of overdose deaths** were alcohol-involved.



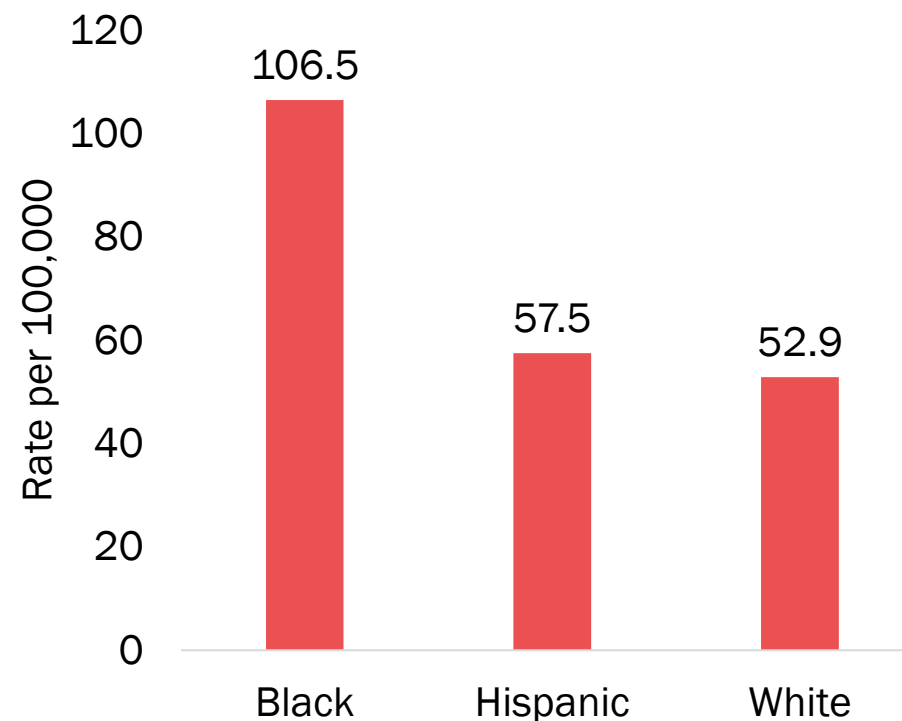
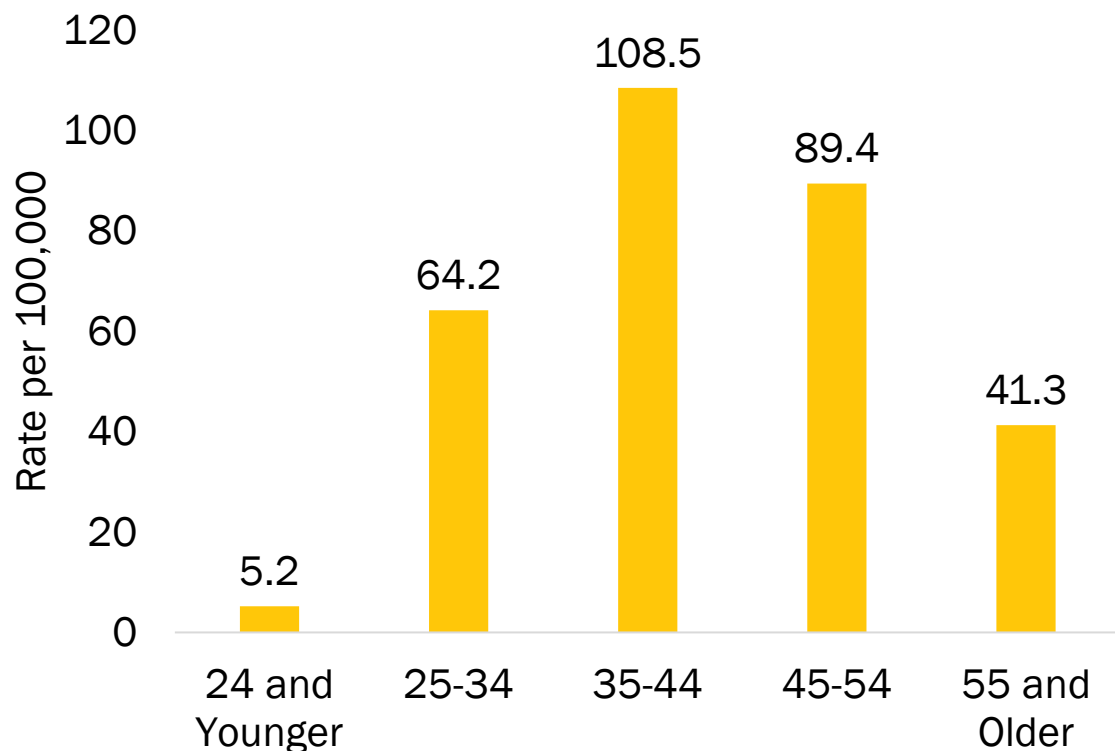
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH).

Data updated as of November 28, 2025. Prepared by Emily Ledingham and Heidi Weidele.

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



Alcohol-Involved Overdose Death Rate by Age and Race/Ethnicity in Rhode Island, 2019-2024

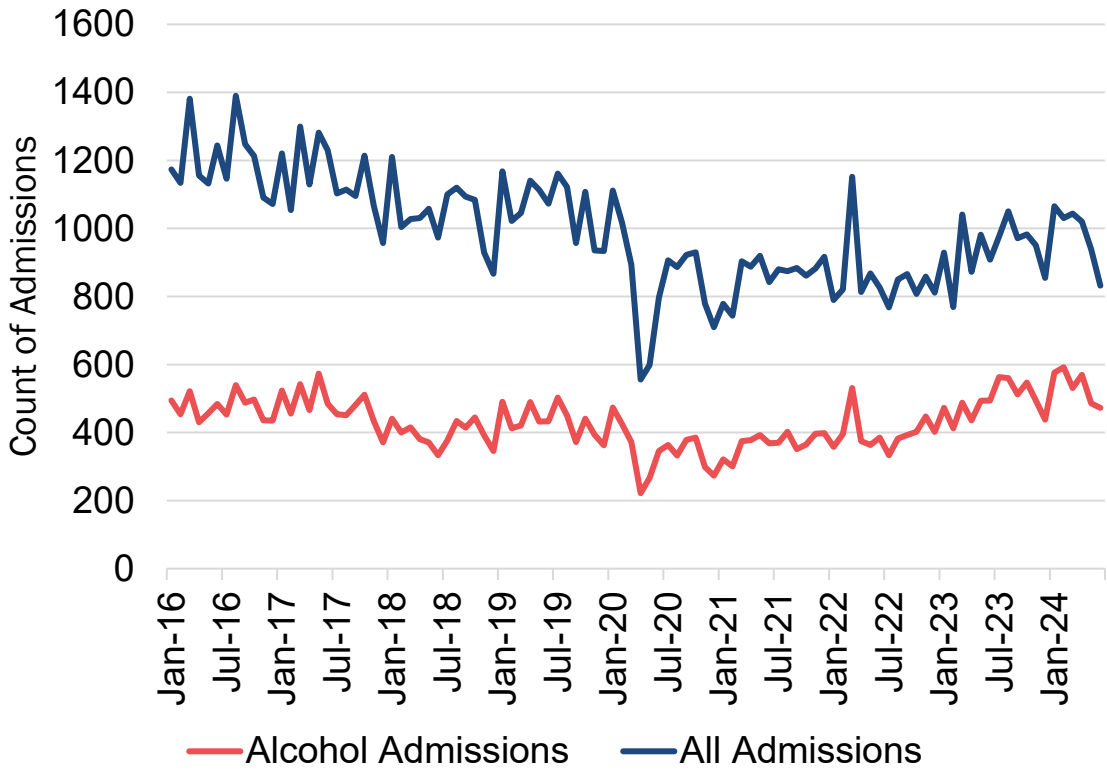


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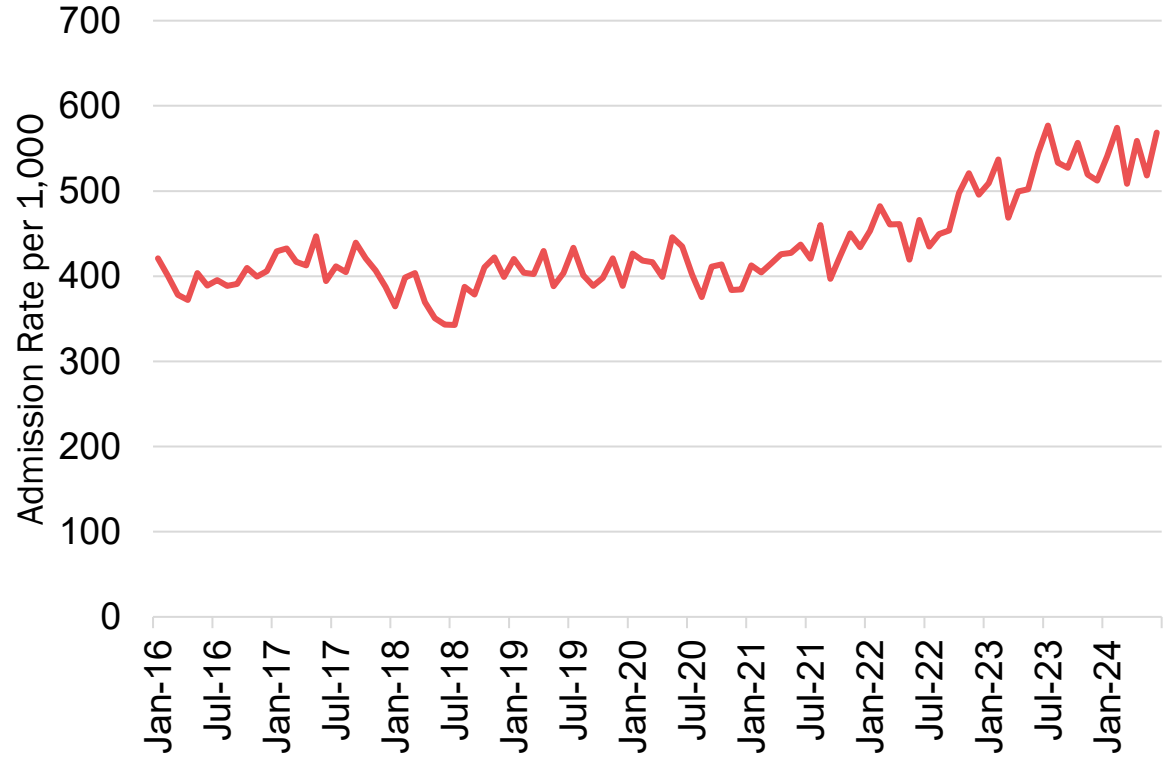


Substance Treatment Admissions 2016-2024: Primary Alcohol

Count of All Versus Primary Alcohol Admissions



Rate of Primary Alcohol-Related Admission per 1,000 Admissions

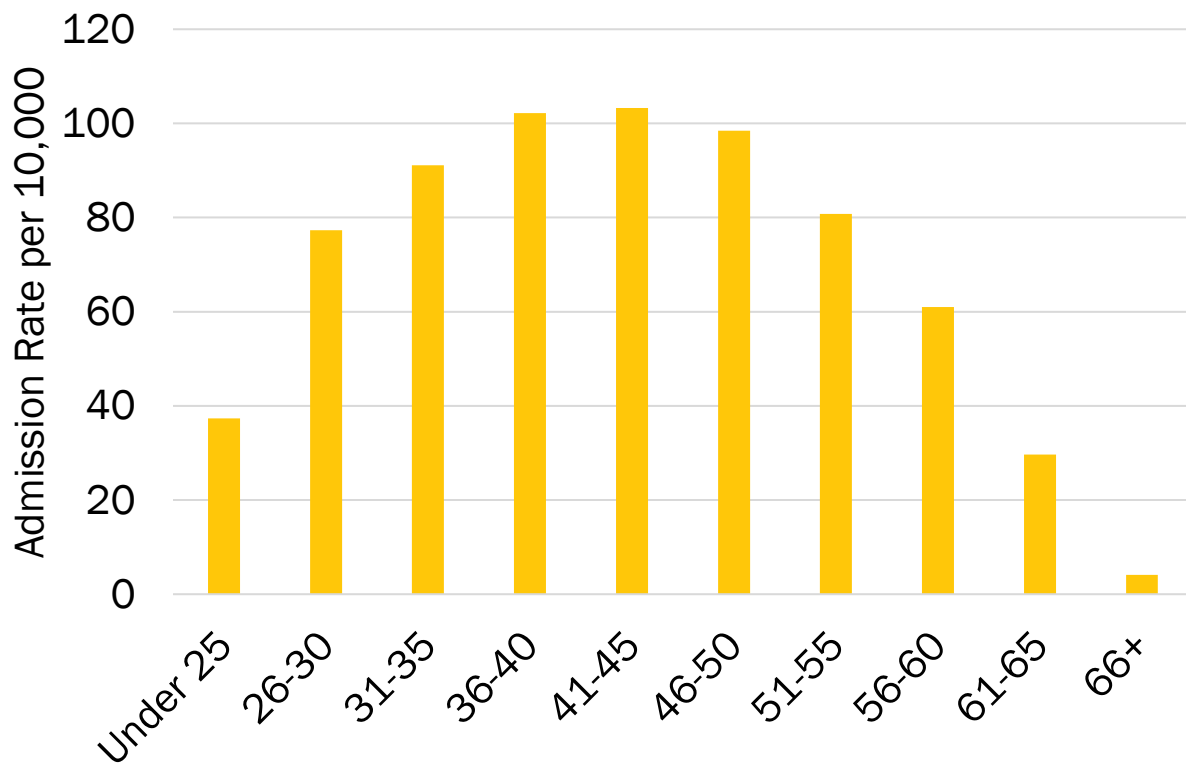


Source: 2016-2024, Rhode Island Behavioral Health On-Line Database

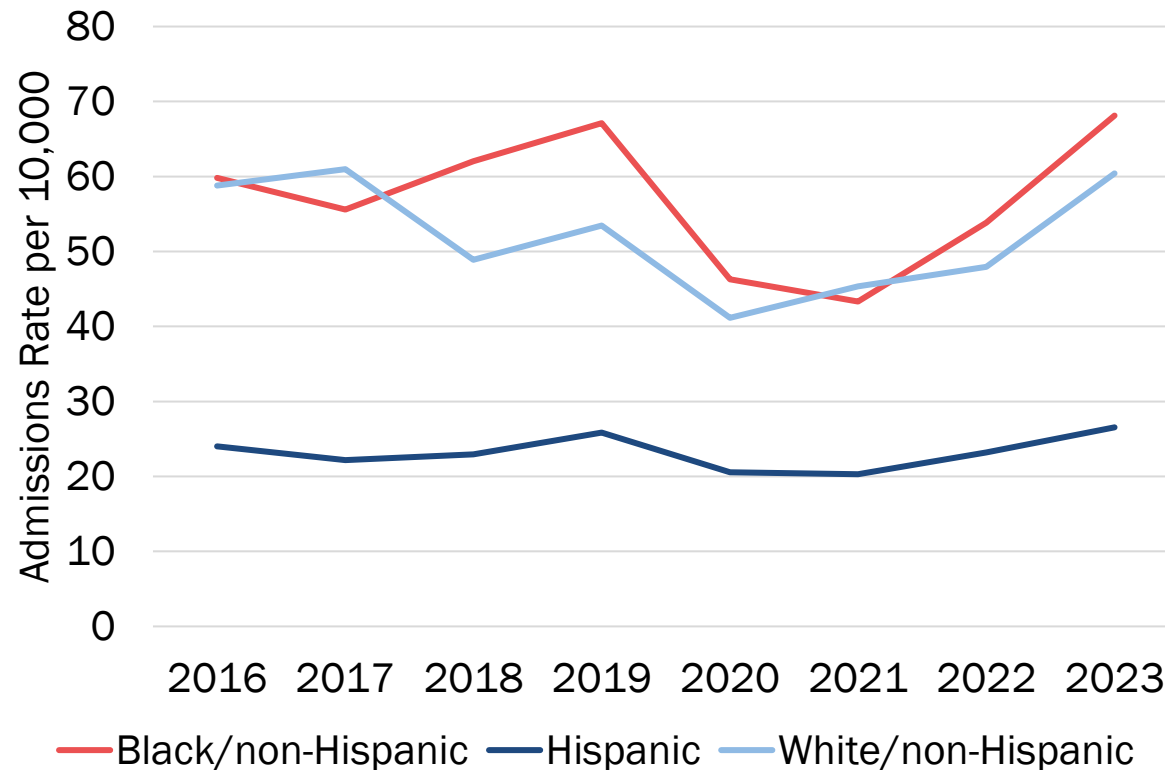


Substance Treatment Admissions 2016-2023: Primary Alcohol

Average Rate of Alcohol-Related Treatment Admissions by Age per 10,000 Visits



Average Rate of Alcohol-Related Treatment Admissions by Race/Ethnicity per 10,000 Visits



Source: 2016-2023, Rhode Island Behavioral Health On-Line Database



Key Takeaways

- There are about **600 deaths per year** from excessive alcohol use in Rhode Island, a top cause of death for our state.
- **30% of all new cancer cases** in Rhode Island are cancer types that are associated with alcohol.
- **Alcohol is the most involved substance** for substance-related ED visits
- **Alcohol-impaired motor vehicle crash fatalities** are a high burden in Rhode Island.
- Most health impacts are observed among **adults ages 35 to 54**.

Next Steps

- Continue to monitor epidemiologic trends related to alcohol in Rhode Island.
 - Need to find sustainable funding.
- Increase prevention efforts – particularly for adults ages 35 and older – to reduce excessive alcohol use.
 - Help adults make informed drinking decisions.
 - Reduce negative harms associated with excessive alcohol use.
- Continue to increase interagency collaboration to address excessive alcohol use.

Forfeited Tax Dollars

- Rhode Island does not charge sales tax on wine and spirits at liquor stores.
 - Legislation was enacted in July 2013, exempted temporarily, and then made permanent in June 2015.
- In 2024, the Rhode Island Division of Taxation estimated that **Rhode Island forfeited approximately \$19.82 million in wine and spirits sales tax revenue.**
- Additionally, research suggests that the value of alcohol excise taxes has declined since 1970 in the US from insufficient and infrequent tax increases.

RIDOH's Excessive Alcohol Use Surveillance Data Hub

For more information, visit RIDOH's [Excessive Alcohol Use Surveillance Data Hub](#).

- Introduction to Excessive Alcohol Use
- Adult Excessive Alcohol Use
- Alcohol Use Among Youth
- Alcohol-Involved Overdose Deaths
- Alcohol Outlet Density
- Traffic Crashes and Alcohol
- Reports and Resources



Introduction to Excessive Alcohol Use



Adult Excessive Alcohol Use



Alcohol Use Among Youth



Alcohol-Involved Overdose Deaths



Alcohol Outlet Density



Traffic Crashes and Alcohol



Reports and Resources

PREVENT OVERDOSE RI 



Rhode Island Alcohol Use Resources

BHDDH-Licensed Alcohol and Substance Use Disorder Treatment Providers

Adult Treatment and Recovery Support

- [24/7: BH Link Walk-In Triage Center](#)
- [24/7: 988 Lifeline](#)
- [Certified Community Behavioral Health Clinics \(CBHCs\)](#)
- [Recovery Centers](#)
- [RI Open Beds](#)

Youth Treatment and Recovery Support

- [24/7: 988 Lifeline](#)
- [24/7 Kids' Link RI](#)
- [Tides Family Services](#)
- [Family Service of Rhode Island](#)
- [MMTherapy](#)

Prevention

- [Prevention Resources Centers](#)
- [Rhode Island Regional Prevention Coalitions](#)





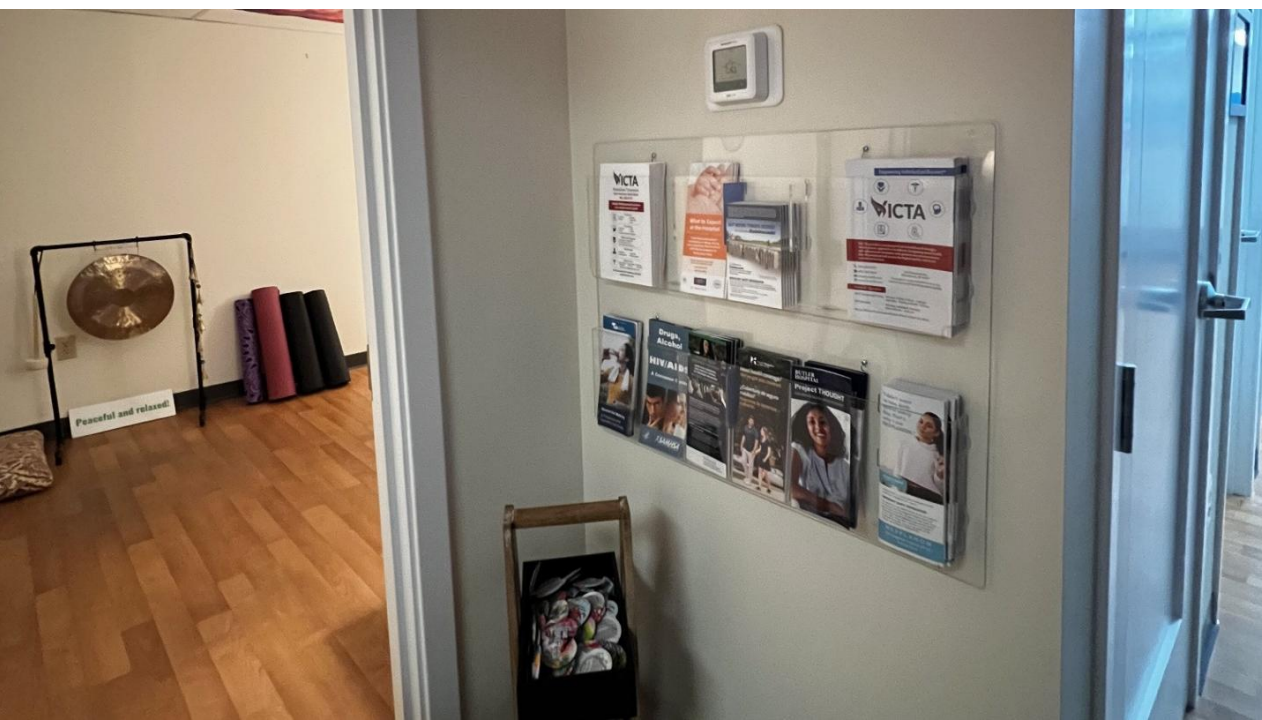
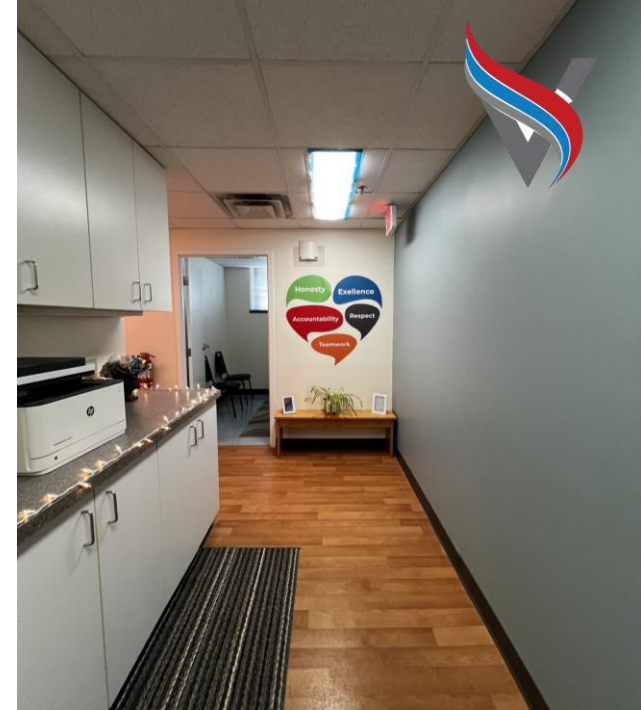
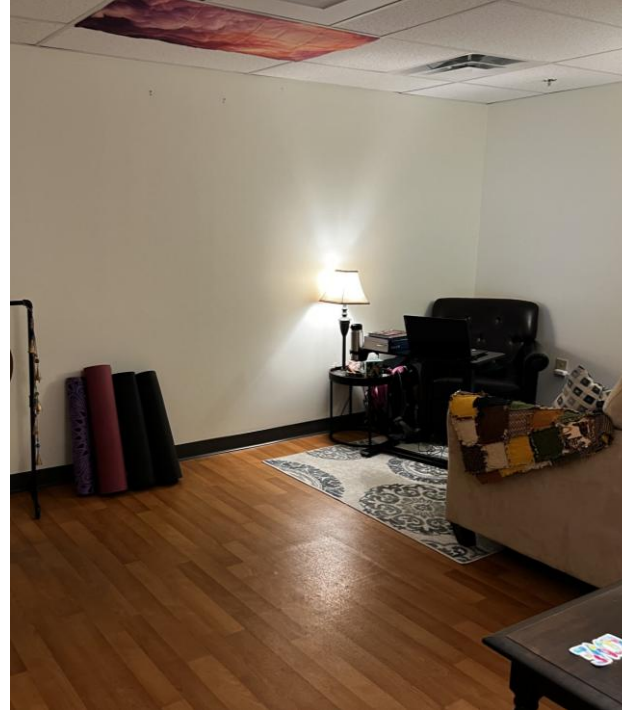
Questions or Comments?

Emily Ledingham, PhD, MPH
Senior Epidemiologist
Center for Health Data and Analysis
Rhode Island Department of Health
Emily.Ledingham@health.ri.gov

First Year of VICTA Services at the Overdose Prevention Center

Lisa Peterson, LMHC/LCDP/LCDS/MAC
Chief Operating Officer, VICTA
Governor's Overdose Task Force
April 8, 2026





Introducing VICTA 2.0
45 Willard Ave.
Providence

How Do You Measure a Year?

1/17/2025-12/31/2025



- **Opened in January 2025**
- **Co-located with Project Weber/RENEW's Overdose Prevention Center (OPC)**
- **Licensed by the Rhode Island Department of Health (Ambulatory Care Facility)**
- **Staffed by a full-time nurse, full-time therapist, and 20 hours of physician services**

- **Drop-in and on-demand access to care**
- **Medical and clinical treatment including medications for substance use disorder**
- **Wellness services (auricular acupuncture, sound baths, light therapy, and more!)**

- **2,915 services delivered**
- **363 unique individuals treated**

Services Provided 1/17/25-12/31/25

<u>Service Type</u>	<u># Visits</u>
Physician visit – New patient	146
Physician visit – Established patient	276
Nursing visit	1,429
Individual Substance Use Disorder (SUD) counseling	593
Individual mental health (MH) counseling	155
Outpatient group	244
Initial assessment – SUD	29
Initial assessment – MH	30
Crisis therapy	7
Life and Wellness Coaching	6
Grand Total	2,915



Reaching Underserved Community Members

OPC

Race/Ethnicity	Percentage by Race
American Indian or Alaska Native	2.61%
Asian	0.75%
Black or African American	27.99%
Hispanic or Latino	19.03%
Native Hawaiian or Other Pacific Islander	0.75%
Other Race	4.48%
White	44.40%
Grand Total	100.00%

Elmwood

Race/Ethnicity	Percentage by Race
American Indian or Alaska Native	2.06%
Asian	0.75%
Black or African American	15.00%
Hispanic or Latino	17.19%
Native Hawaiian or Other Pacific Islander	0.19%
Other Race	3.81%
White	61.00%
Grand Total	100.00%



What Are the Unmet Needs in Our Community?

62% reported being unhoused or in a shelter

< 10% of individuals served at Elmwood Ave. site reported being unhoused or in a shelter

34% of individuals presenting for care had a primary medical diagnosis

33% of those presenting for Behavioral Healthcare had a secondary or tertiary medical diagnosis

80% kept at least one follow up service

10% had no health insurance



What Are the Unmet Needs In Our Community?

Emergency needs/direct assistance provided:

- Snacks and drinks
- Toiletries
- Walmart/Stop & Shop gift cards
- Tents and tarps
- Winter clothes
- Blood pressure monitor
- Storage costs
- Bus passes
- Lyft rides to medical appointments



How Does Harm Reduction Show Up at VICTA?



Listening with no agenda



Support for basic needs



Educating and offering options



Seeing people, not problems



Voluntary access to the right treatment at the right time



Any small step that improves someone's quality of life

And of course...



What's Next?

- Programming:
 - Enhanced care coordination capabilities
 - Peer and case management services
 - Expanded medical services
 - Family education series
 - Approved as a site for Brown Addiction Medicine Fellows
- Funding:
 - Increase third-party payer reimbursements to offset decreased Opioid Settlement Advisory Committee (OSAC) funding.
 - Identify additional grant and partnership opportunities to allow continued flexibility of the drop-in model.





Thank You



Questions?

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Public Comment

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