Governor Dan McKee's Overdose Task Force
June 10, 2026

Richard Leclerc, Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
Jerome Larkin, MD; Director, Rhode Island Department of Health
Alex Gautieri, MSW, LCSW; 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

RHODE ISLAND

RHODE
ISLAND

Honoring Juneteenth

8th Annual Juneteenth RI Festival | June 21; Noon | Roger Williams Park Temple to Music, Providence
Event details are available on JuneteenthRI.com

Celebrating Pride Month in Rhode Island

Pride Month is a time to celebrate together and recognize the impact LGBTQIA+ individuals have had on our collective history locally, nationally, and internationally.

Visit the Rhode Island Pride Events Calendar webpage for more information on the Rhode Island PrideFest Celebration and Illuminated Night Parade and other statewide LGBTQIA+ events.

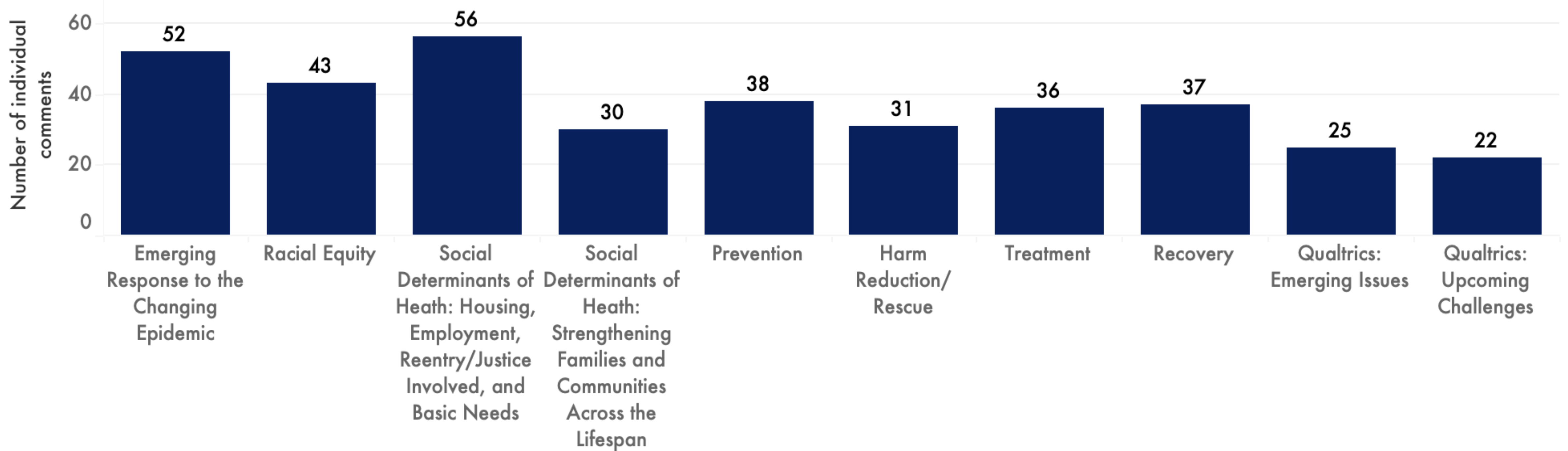
Overdose Task Force 2026 Annual Recommendations

Cathy Schultz, MPH
Overdose Task Force Director
Executive Office of Health and Human Services

RHODE ISLAND

Summary Findings from the 2026 Annual Recommendations Process

In total, there were 370 individual pieces of feedback across the Community Conversation (approximately 35 people, in person and approximately 90 online) and 33 Annual Recommendations Survey responses.



RHODE ISLAND

Cross-Cutting and Emerging Issues

EMERGING ISSUES: Enhanced coordination and collaboration. Monitoring and education on the evolving drug supply. Targeted treatment expansion.

RACIAL EQUITY: Culturally responsive and multilingual infrastructure. Inclusion of diverse voices and lived experiences. Dismantling structural barriers and stigma.

SOCIAL DETERMINANTS OF HEALTH (HOUSING, EMPLOYMENT, RE-ENTRY/JUSTICE-INVOLVED, AND BASIC NEEDS): Expansion of affordable and specialized recovery housing. Structured, justice-involved re-entry support. Workforce development and basic needs.

SOCIAL DETERMINANTS OF HEALTH (STRENGTHENING FAMILIES AND COMMUNITIES ACROSS THE LIFESPAN): Family-centered engagement and intergenerational supports. Lifespan-inclusive peer and clinical resources. Unified leadership and funding alignment.

Four Main Pillars

PREVENTION: School and youth-based initiatives. Prevention and safe prescribing practices. System integration and sustainable funding.

HARM REDUCTION AND RESCUE: Ensure harm reduction services are comprehensive and responsive to the evolving needs of people who use drugs (PWUD). Widespread naloxone supply saturation and post-overdose care, First responder stigma and overdose training.

TREATMENT: Lower barriers to medications for opioid use disorder (MOUD). Ensure equitable access to diverse treatment options. Remove socioeconomic and structural obstacles.

RECOVERY: Strengthen and sustain the workforce. Support multiple pathways to recovery. Integrate continuity of care and housing retention.

Rhode Island Fatal Overdose Data
January 1, 2025 – December 31, 2025

Governor Dan McKee's Overdose Task Force
June 10, 2026

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

Every life lost is one too many.

We also recognize our fellow Rhode Islanders
who’ve lost a loved one to overdose.

Presentation Overview

- Rhode Island General Data Trends
  - Office of State Medical Examiners (OSME) Data
  - State Unintentional Drug Overdose Reporting System (SUDORS) Data
- Key Takeaways
- RIDOH Opioid and Stimulant Use Data Hub
- Questions

Office of State Medical Examiners (OSME) Data

How Does RIDOH Report on Fatal Drug Overdoses?

- The Rhode Island Department of Health (RIDOH) reports on drug overdose deaths using data from the OSME.
- The cause and manner of 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

<table>
<tr><th>Ethnicity</th><th>Race</th><th>Combined Race and Ethnicity</th></tr>
<tr><td rowspan="4">Hispanic or Latino</td><td>Asian</td><td rowspan="4">Hispanic or Latino (of any race)</td></tr>
<tr><td>Black or African American</td></tr>
<tr><td>White</td></tr>
<tr><td>Unknown</td></tr>
<tr><td rowspan="3">Non-Hispanic or Unknown</td><td>Black or African American</td><td>Black, non-Hispanic or unknown ethnicity</td></tr>
<tr><td>White</td><td>White, non-Hispanic or unknown ethnicity</td></tr>
<tr><td>Additional Race Categories</td><td>Asian, non-Hispanic, American Indian or Unknown Race</td></tr>
</table>

RHODE ISLAND DEPARTMENT OF HEALTH

Fatal Overdoses in Rhode Island by Year January 2009 – December 2025

From **2022 to 2025**, overdose deaths in Rhode Island decreased by **50%.**
Rhode Island has surpassed its 2030 goal to reduce overdose deaths by 30%.

In 2025, the State recorded its lowest number of overdose deaths since 2012.

Year	Fatal Overdoses
2009	138
2010	153
2011	173
2012	183
2013	232
2014	240
2015	290
2016	336
2017	324
2018	314
2019	308
2020	384
2021	435
2022	436
2023	404
2024	329
2025	219

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. 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 2009 – December 2025

From **2024 to 2025**, overdose deaths decreased by **33.4%.**

33.4%
2024 - 2025

Fatal Overdoses

Year	Total
2009	138
2010	153
2011	173
2012	183
2013	232
2014	240
2015	290
2016	336
2017	324
2018	314
2019	308
2020	384
2021	435
2022	436
2023	404
2024	329
2025	219

■ Opioid-Involved ■ Non-Opioid-Involved

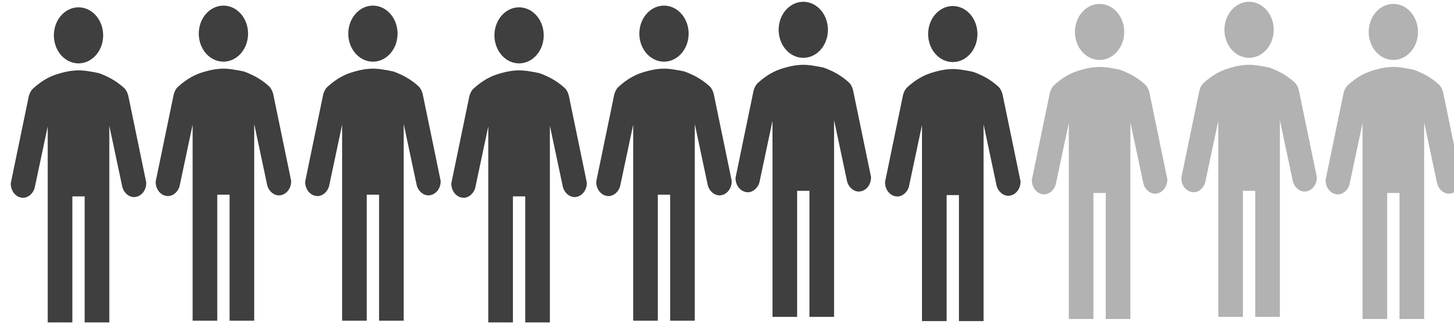
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele.

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

Demographics

Proportion of Fatal Overdoses by Sex January 2025 – December 2025

Most individuals who died from a drug overdose were **male (73%, n=159)**, as categorized by the OSME.



Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele.
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

RHODE ISLAND DEPARTMENT OF HEALTH

Fatal Overdose by Age Category January 2021 – December 2025

In 2025, individuals aged 35 to 64 were most impacted by overdose.

Proportion of Fatal Overdoses

Age	2021	2022	2023	2024	2025
<25	6%	5%	4%	2%	3%
25-34	24%	21%	17%	14%	14%
35-44	23%	24%	28%	24%	25%
45-54	24%	22%	24%	25%	24%
55-64	16%	21%	19%	27%	27%
65+	6%	7%	8%	8%	7%

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele.
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Fatal Overdose by Race and Ethnicity January 2025 – December 2025

More than **7 in 10 overdoses** occurred among **non-Hispanic, white** individuals.

Proportion of Fatal Overdoses

100%
80%
60%
40%
20%
0%

Race and Ethnicity	Proportion	Count
Non-Hispanic, Black	12%	n=25
Hispanic or Latino	15%	n=32
Non-Hispanic, White	72%	n=154
Non-Hispanic, Additional Race		<5

Source: Office of the State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele.
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths. 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.

Ensuring Health Equity in Data

Ensuring Health Equity in Data: Count and Percentage

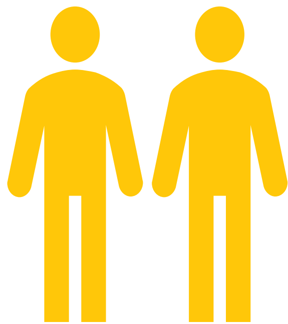
Using overdose data, there are three ways that RIDOH can report on overdoses.

- Count: The number of individuals with a certain condition.
    - 25 individuals who died of an overdose were non-Hispanic, Black.
- Percentage: The number of individuals with a certain condition, divided by the total population with that condition.
    - 12% of individuals who died of an overdose were non-Hispanic, Black (25 overdoses among non-Hispanic, Black individuals / 219 total overdoses).

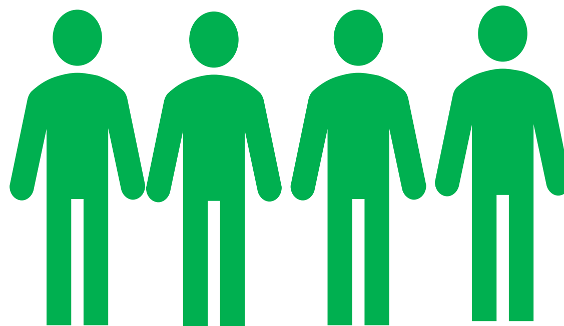
Ensuring Health Equity in Data: Rate

- **Rate:** the number of individuals with a certain condition, divided by the total Rhode Island population of that group.
  - 31.6 non-Hispanic, Black individuals died of an overdose for every 100,000 non-Hispanic, Black Rhode Islanders (23 overdoses / 72,728 non-Hispanic, Black individuals in RI)*100,000 (*limited to Rhode Island residents*)

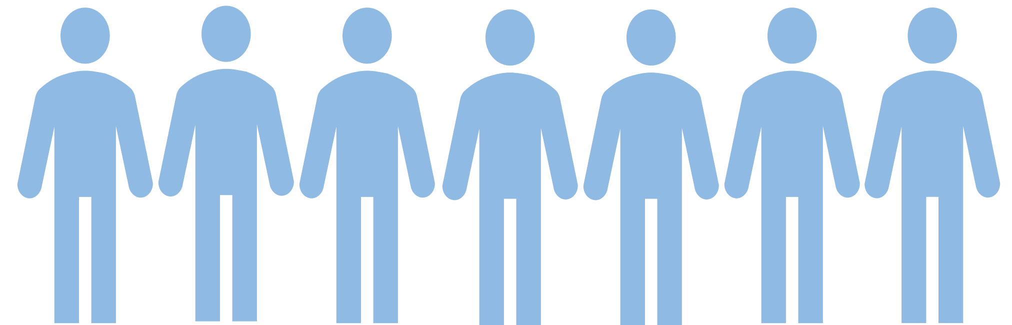
Non-Hispanic, Black Population



Hispanic or Latino Population



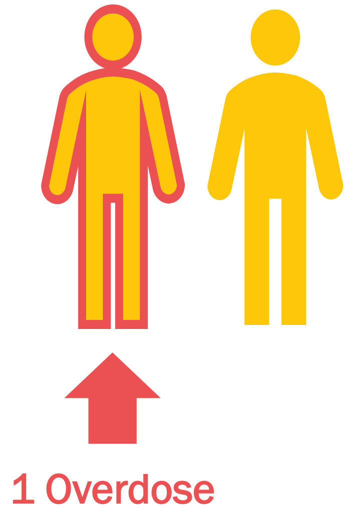
Non-Hispanic, white Population



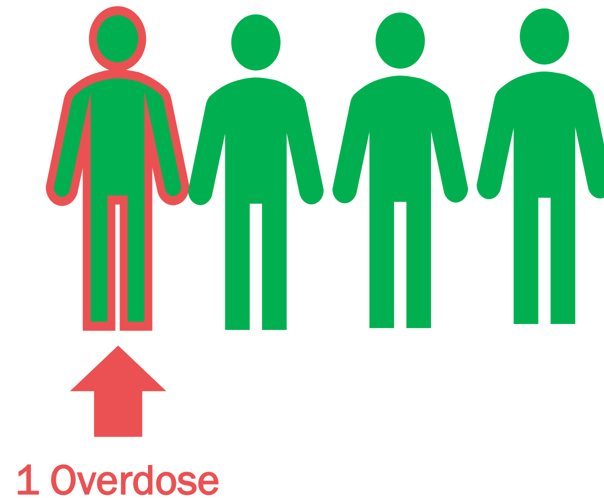
Ensuring Health Equity in Data

The **same count** of overdoses in a **smaller population** means that the **rate of overdose is higher**.

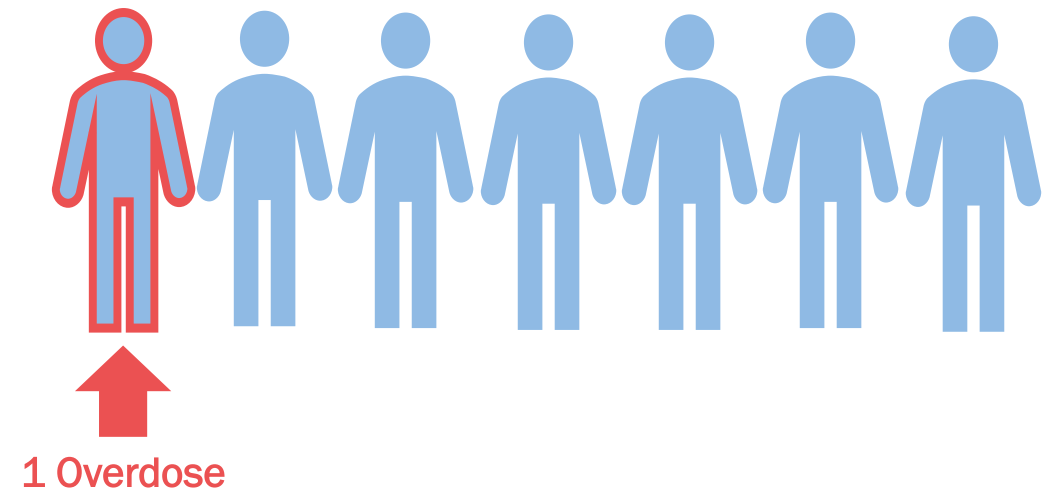
Non-Hispanic, Black Population



Hispanic or Latino Population



Non-Hispanic, White Population



Rhode Island Department of Health

Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2020 – December 2025

In 2025, the rate of fatal overdose decreased among all racial and ethnic groups.

Rate per 100,000 Residents

Year	Non-Hispanic, Black	Hispanic or Latino	Non-Hispanic, White
2020	51.9*	21.3*	35.0
2021	54.3*	25.6*	37.9
2022	53.7*	37.5*	34.7
2023	47.0*	30.9*	35.8
2024	41.2*	23.0*	28.6
2025	31.6*	13.4*	16.5

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26,2026. 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 May 28,2025; 2024 estimate applied for 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.*

Overdose Rate by Race and Ethnicity Among Rhode Island Residents, January 2020 – December 2025

Non-Hispanic, Black Rhode Islanders continued to have the highest rate of fatal overdose compared to other racial and ethnic groups.

Rate per 100,000 Residents

60.0
50.0
40.0
30.0
20.0
10.0
0.0

	Non-Hispanic, Black	Hispanic or Latino	Non-Hispanic, White
2020	51.9*	21.3*	35.0
2021	54.3*	25.6*	37.9
2022	53.7*	37.5*	34.7
2023	47.0*	30.9*	35.8
2024	41.2*	23.0*	28.6
2025	31.6*	13.4*	16.5

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. 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 May 28,2026; 2024 estimate applied for 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.*

Substances Contributing to Cause of Death

Definition: Substance-Involved Fatal Overdose

If a substance is "involved" in a fatal overdose, it means that the substance was listed by the OSME as a contributing cause of death.

It's important to note that not all substances that are present in an individual's body at the time of their death necessarily caused the overdose.

Factors to consider:

- The types of substances in a person's body.
- The amount of a particular substance taken.
- Whether/how the substances interacted with each other.
- Whether the person had medical conditions that could be affected by the substances they had taken.
- Other circumstances.

Fatal Overdose by Drug Type
January 2020 – December 2025

The **number** of fatal overdoses involving **illicit drugs alone decreased** from 165 in 2024 to 118 in 2025. Approximately **half of overdoses** continued to involve prescription drugs alone or in combination with illicit drugs.

Proportion of Fatal Overdoses (0%–100%)

Year	Illicit	Combination	Rx
2020	72% n=275	20% n=76	9% n=33
2021	65% n=281	27% n=119	8% n=35
2022	65% n=282	25% n=109	10% n=43
2023	64% n=257	28% n=112	8% n=33
2024	51% n=165	34% n=112	15% n=49
2025	54% n=118	27% n=60	19% n=41

Rx involves drugs such as:

- *Antidepressants*
- *Antipsychotics*
- *Buprenorphine/Methadone*
- *Anticonvulsants*
- *Muscle relaxers*
- *Prescription opioids*
- *Etc.*

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. 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 disorder, or was obtained without a prescription.*

Substances Contributing to Fatal Overdose January 2023 – December 2025

From **2024 to 2025**, the proportion of overdoses involving **opioids and stimulants remained similar.**

Proportion of Fatal Overdoses

	2023	2024	2025
Any Opioid*	85%	69%	73%
Fentanyl	78%	57%	57%
Any Stimulant*	62%	66%	65%
Cocaine	58%	61%	56%
Amphetamines	12%	12%	12%
Alcohol	19%	27%	22%
Buprenorphine*	3%	3%	6%
Methadone	9%	12%	16%
Antidepressants	12%	17%	16%
Benzodiazepines	12%	15%	15%
OTC	3%	5%	4%
Antipsychotics	4%	8%	5%

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 May 26, 2026. 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 disorder, or was obtained without a prescription.*

Cocaine- and Fentanyl-Involved Fatal Overdoses January 2021–December 2025

In 2025, 3 out of 5 people who died from a **cocaine-involved overdose** also had **fentanyl** contributing to their death.

Year	Total	Fentanyl-Involved	Non-Fentanyl-Involved
2021	232	78% n=180	
2022	219	74% n=161	
2023	234	78% n=182	
2024	199	59% n=118	
2025	123	63% n=77	

Y-axis: Proportion of Cocaine-Involved Overdoses (0%–100%)

■ Fentanyl-Involved ■ Non-Fentanyl-Involved

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. 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 – December 2025

Opioid-involved overdoses were more common among Hispanic or Latino individuals.

Substance	Non-Hispanic, Black	Hispanic or Latino	Non-Hispanic,White
Any Opioid*	60%	91%	70%
Fentanyl	48%	88%	50%
Any Stimulant*	88%	59%	64%
Cocaine	68%	59%	55%
Amphetamines	20%	<5	12%
Alcohol	32%	19%	21%
Buprenorphine*	<5	0%	8%
Methadone	<5	<5	18%
Antidepressants	<5	0%	21%
Benzodiazepines	<5	<5	19%
OTC	<5	<5	5%
Antipsychotics	0%	<5	6%

Y-axis: Proportion of Fatal Overdoses (0%–100%)

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 May 26, 2026. 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 disorder, 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.*

Fatal Overdose by Substance and Race and Ethnicity January 2025 – December 2025

Stimulant-involved overdoses were more common among non-Hispanic Black individuals.

Proportion of Fatal Overdoses

Substance	Non-Hispanic, Black	Hispanic or Latino	Non-Hispanic,White
Any Opioid*	60%	91%	70%
Fentanyl	48%	88%	50%
Any Stimulant*	88%	59%	64%
Cocaine	68%	59%	55%
Amphetamines	20%	<5	12%
Alcohol	32%	19%	21%
Buprenorphine*	<5	0%	8%
Methadone	<5	<5	18%
Antidepressants	<5	0%	21%
Benzodiazepines	<5	<5	19%
OTC	<5	<5	5%
Antipsychotics	0%	<5	6%

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 May 26, 2026. 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 disorder, 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.*

Opioid-Involved Overdose by Age Category
January 2025 – December 2025

Younger individuals were more likely to experience an opioid-involved overdose than older individuals.

Proportion of Fatal Overdoses

100%
80%
60%
40%
20%
0%

	<25	25-34	35-44	45-54	55-64	65+
Opioid-Involved	86% n=6	100% n=30	81% n=44	74% n=39	56% n=33	44% n=7

■ Opioid-Involved ■ Non-Opioid-Involved

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. 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*

Other Substances of Concern
January 2025 – December 2025

Novel ("Designer") Benzodiazepines: Fewer than 5

- Novel benzodiazepines that are not approved for medical use in the US. Includes bromazolam, clonazolam, and etizolam, etc.

Ketamine: Fewer than 5

- A dissociative anesthetic (typically administered in hospital settings) with a recent increase in prescribing, e-prescribing, recreational use, and off-label use (mental health, chronic pain, etc.).

Kratom/Mitragynine: Fewer than 5

- A plant byproduct with effects similar to opioids and/or stimulants. It does not have FDA approval for any use, but has been used to relieve pain, improve mood, increase energy, or serve as an alternative to substance use treatment. Kratom can cause adverse outcomes such as dependence, withdrawal, and fatal overdose.

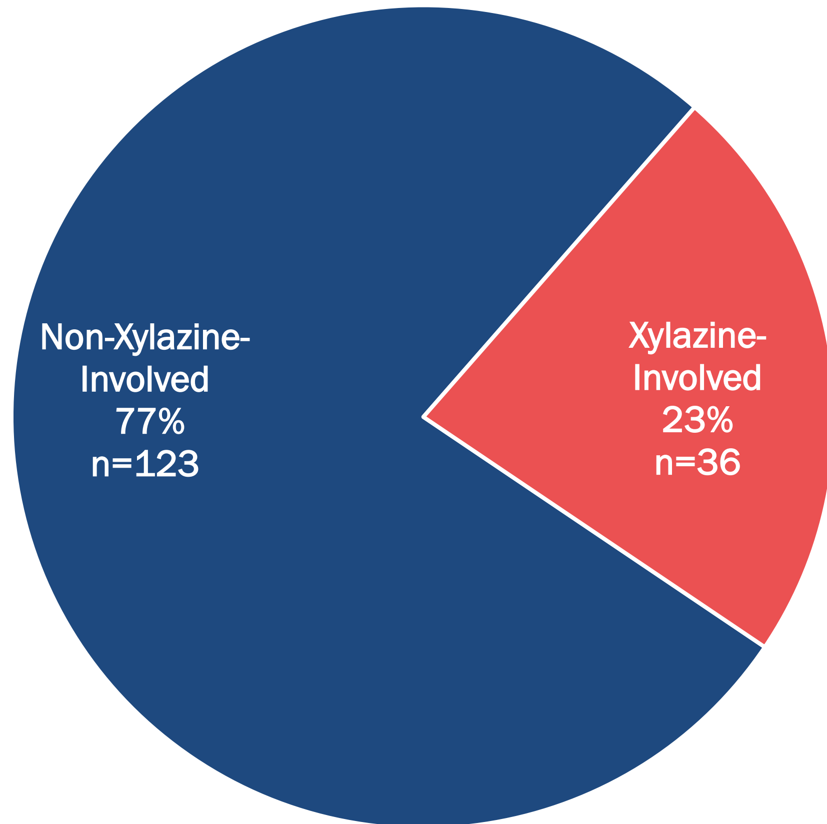
Medetomidine and 7-OH will be added to fatal overdose drug panels for 2026 cases.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele.

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

Xylazine-Involved Fatal Overdoses January 2025 – December 2025

Almost 1 out of 4 people who died from an **opioid-involved overdose** also had xylazine **contributing** to their cause of death.



Xylazine is a non-opioid animal tranquilizer not approved for human use.

Over time, xylazine has become more prevalent as an adulterant in the US drug supply.

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele.

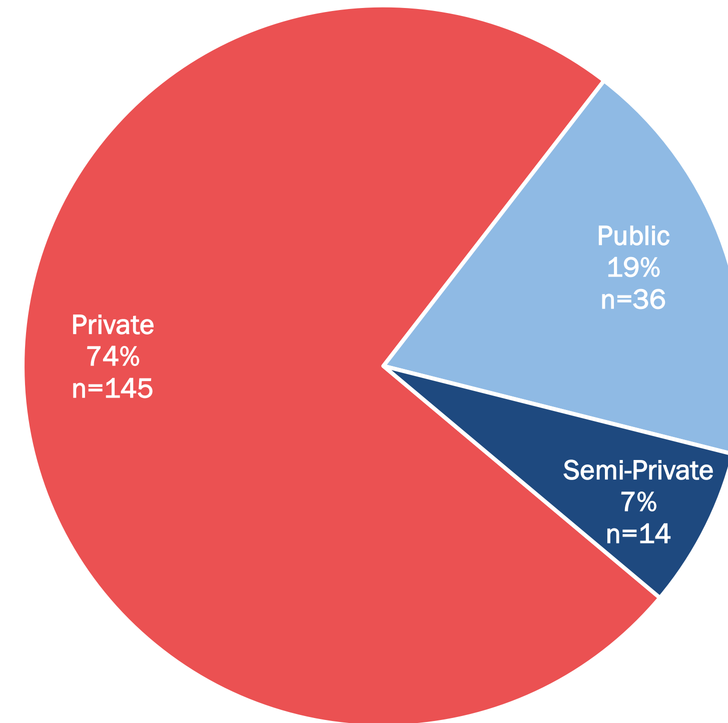
Note: Data reflect accidental drug overdose deaths and do not include suicides, homicides, or undetermined deaths.

Fatal Overdose Locations

Types of Fatal Overdose Locations January 2025 – December 2025

The OSME collects information about the locations of fatal overdoses. These locations are classified as **Private**, **Semi-Private**, or **Public**. In 2025, 74% of fatal overdoses occurred in private settings like a home.

Private	Private residence, garage, camper
Semi-Private	Hotel, motel, shelter, assisted living facility, nursing home, hospital, prison, group home, treatment facility, transitional housing
Public	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 May 26,2026.
Note: Excludes unknown or missing setting. Percentages may not add up to 100% due to rounding .

RHODE ISLAND DEPARTMENT OF HEALTH

Fatal Overdoses by Incident Municipality January 2025 – December 2025

In 2025, at least one fatal overdose took place in 26 of Rhode Island’s 39 municipalities.

Municipality	Fatal Overdoses
Providence	63
Woonsocket	19
Warwick	13
West Warwick	12
Cranston	11
North Providence	8
Pawtucket	7
Johnston	6
Coventry	6
East Providence	5

Statewide Rate:
16.4 per 100,000

Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH). Data updated as of May 26, 2026. Prepared by Heidi Weidele. Note: Municipal population estimates from the American Community Survey, 2023 estimates applied for 2025 rates. Statewide population estimate from CDC WONDER, 2024 estimate applied for 2025 rate. Fatal overdoses are restricted to RI residents.

State Unintentional Drug Overdose Reporting System (SUDORS)

What Is SUDORS?

- SUDORS captures unintentional (accidental) or undetermined drug overdose deaths that occur in Rhode Island.
- Information is abstracted from the death certificate and the medical examiner's record, which often include medical and law enforcement records.
- For this presentation, we are including **unintentional and undetermined drug overdose deaths occurring between January 1, 2025, and June 30, 2025.**

Decedent Usual Occupation, January 2025 – June 2025

Among individuals who experienced a fatal overdose in the first six months of 2025, the most common known occupations were **natural resources, construction,** and **maintenance occupations.**

Not seeking paid work 11%
Disabled 5%
Unemployed <5
Production, transportation, and material moving 14%
Natural resources, construction, and maintenance occupations 23%
Sales and office occupations 12%
Service occupations 17%
Management, business, science, & arts 19%

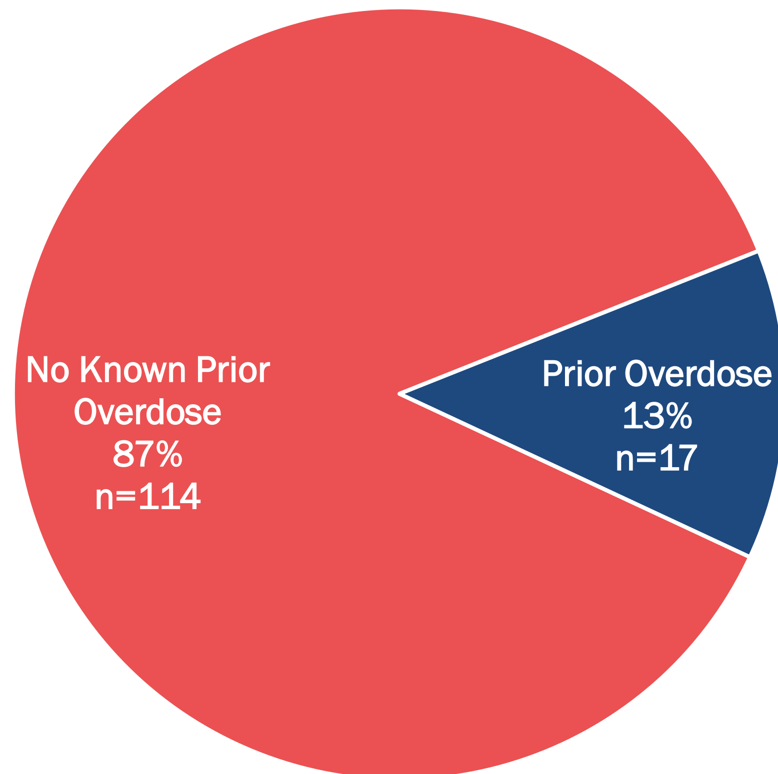
0% 5% 10% 15% 20% 25%
Proportion of Decedents

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of May 5, 2026. Prepared by Heidi Weidele.

Note: Data reflect accidental and undetermined drug overdose deaths. Due to rounding, percentages may add to more than 100. Excludes individuals with unknown occupation.

History of Prior Overdose, January 2025 – June 2025

Among individuals who experienced an overdose in Rhode Island, **87% of decedents had no known history of experiencing a prior medically attended* overdose.** It could be assumed that, for most decedents, their fatal overdose was their first medically attended overdose.



While a history of non-fatal overdose is considered a risk factor for subsequent fatal overdose, most decedents had no known history of prior medically attended* overdose.

**Medically attended overdose pertains to overdoses where an individual engaged with emergency or medical services at the time of the event.*

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of May 5, 2026. Prepared by Heidi Weidele.

Note: Data reflect accidental and undetermined drug overdose deaths. SUDORS captures known overdose history through case investigations, medical records, and law enforcement records. As such, the number of decedents with overdose history may be undercounted.

Substance Use Treatment by Race and Ethnicity January 2025 – June 2025

Hispanic or Latino individuals were **less likely to ever receive treatment** for substance use compared to other racial and ethnic groups.

Proportion of Fatal Overdoses

	Non-Hispanic, White	Non-Hispanic, Black	Hispanic or Latino
No Evidence of Treatment	68%	69%	90%
Current Treatment	17%	<5	<5
Treated In the Past	15%	<5	<5

Types of substance use treatment and recovery supports included (according to SUDORS):

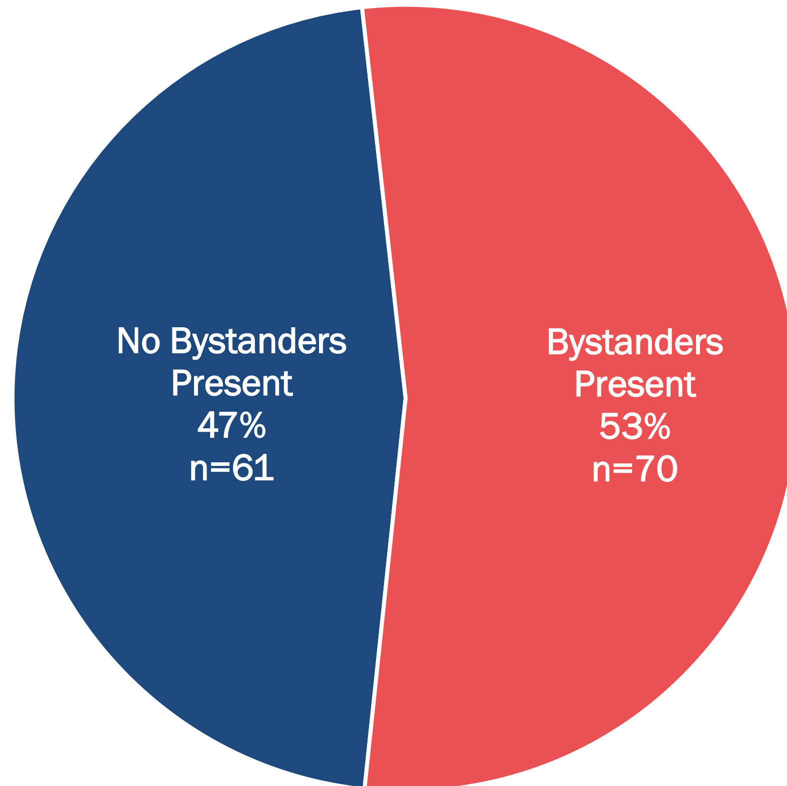
- Medications for opioid-use disorder (MOUD)
- Counseling, therapy, psychiatry for a substance use disorder
- Inpatient/outpatient rehabilitation
- Narcotics Anonymous/Alcoholics Anonymous
- Other unspecified treatment

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of May 5, 2026. Prepared by Heidi Weidele.

Note: Data reflect accidental and undetermined drug overdose deaths. 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.

Bystander Presence, January 2025 – June 2025

Among overdose deaths where bystander information was known, **53% had a bystander present.**



The CDC defines a bystander as an individual who is:

- Age 11 and older;
- Physically nearby during or shortly preceding the drug overdose; and
- Able to respond to the overdose.

Source: State Unintentional Drug Overdose Reporting System (SUDORS), Rhode Island Department of Health (RIDOH). Data updated as of May 5, 2026. Prepared by Heidi Weidele.
Note: Data reflect accidental and undetermined drug overdose deaths. Excludes overdoses with unknown circumstances related to bystander presence.

Key Takeaways

- In 2025, the State recorded its lowest number of overdose deaths since 2012.
- From 2022 to 2025, overdose deaths in Rhode Island decreased by 50%. Rhode Island has surpassed its 2030 goal to reduce overdose deaths by 30%.
- From 2024 to 2025, all overdose deaths decreased by 33.4%.
- The proportion of overdoses involving individuals aged 35 to 64 continued to be elevated.
- In 2025, the rate of overdose decreased among all racial and ethnic groups. Non-Hispanic Black Rhode Islanders continued to experience the highest rate of fatal overdose.
- The proportion of overdoses involving opioids (73%), fentanyl (57%), stimulants (65%), and illicit drugs alone (54%) was similar to previous years.

Key Takeaways (Continued)

- Younger individuals were more likely to experience an opioid-involved overdose than older individuals.
- Stimulant-involved overdoses continued to be more common among non-Hispanic Black individuals. Opioid-involved overdoses were more common among Hispanic or Latino individuals.
- Most overdoses continued to happen in private settings (74%). In about half of fatal overdoses, a bystander was present at the time of the overdose event (53%).
- For most individuals (87%), their fatal overdose was their first medically attended overdose.
- Non-Hispanic white (32%) and non-Hispanic Black (31%) individuals were more likely to have received treatment for substance use disorder compared to Hispanic or Latino individuals (10%).

RHODE ISLAND DEPARTMENT OF HEALTH

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.

- Fatal Overdose Information
- Non-Fatal Overdose Data
- Data for Download
- Overdose Heat Maps
- Data Requests
- Other Data

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, resources, and free naloxone, visit PreventOverdoseRI.org.

Rhode Island Department of Health

Questions?

Heidi Weidele, MPH
Fatal Overdose Epidemiologist
Substance Use Epidemiology Program
Rhode Island Department of Health
Heidi.Weidele@health.ri.gov

OPEN DOOR HEALTH

Addressing Stimulant Use in the LGBTQ+ Community

Dr. Philip A. Chan, MD
Chief Medical Officer, Open Door Health, Rhode Island Public Health Institute (RIPHI)

Dr. Amy S. Nunn, ScD
Chief Executive Officer, Open Door Health, RIPHI

Background: Rhode Island Stimulant Use Working Group

- There are **limited** treatment options in Rhode Island for stimulant use, including for populations that are disproportionately impacted, such as BIPOC and LGBTQ+ individuals.
- There is a **strong correlation** among those who use stimulants (particularly crack and methamphetamine) and **homelessness** and **sex work**.
- More **urban-centered stimulant treatment programs** focusing on the **BIPOC** and the **LGBTQ+** community are needed.
- More **evidence-based programs** are needed, focused on stimulant treatment and specifically **contingency management**. However, it is also noted that contingency management is part of a **larger approach** to stimulant use treatment (i.e., clinical, holistic, and behavioral).
- A focus on **geographic areas** where stimulant use is prevalent is also important.
- Expanded **mental health treatments** are also needed for those who may have lasting mental health issues as a result of stimulant use (e.g., schizophrenia, paranoia, etc.).

In November 2023, due to the increasing burden of stimulants in the Rhode Island community and the lack of available treatment options, several stakeholders convened to form the Rhode Island Stimulant Use Working Group. This group was comprised of State agencies, community-based organizations, and others who are interested in addressing stimulant use in Rhode Island.

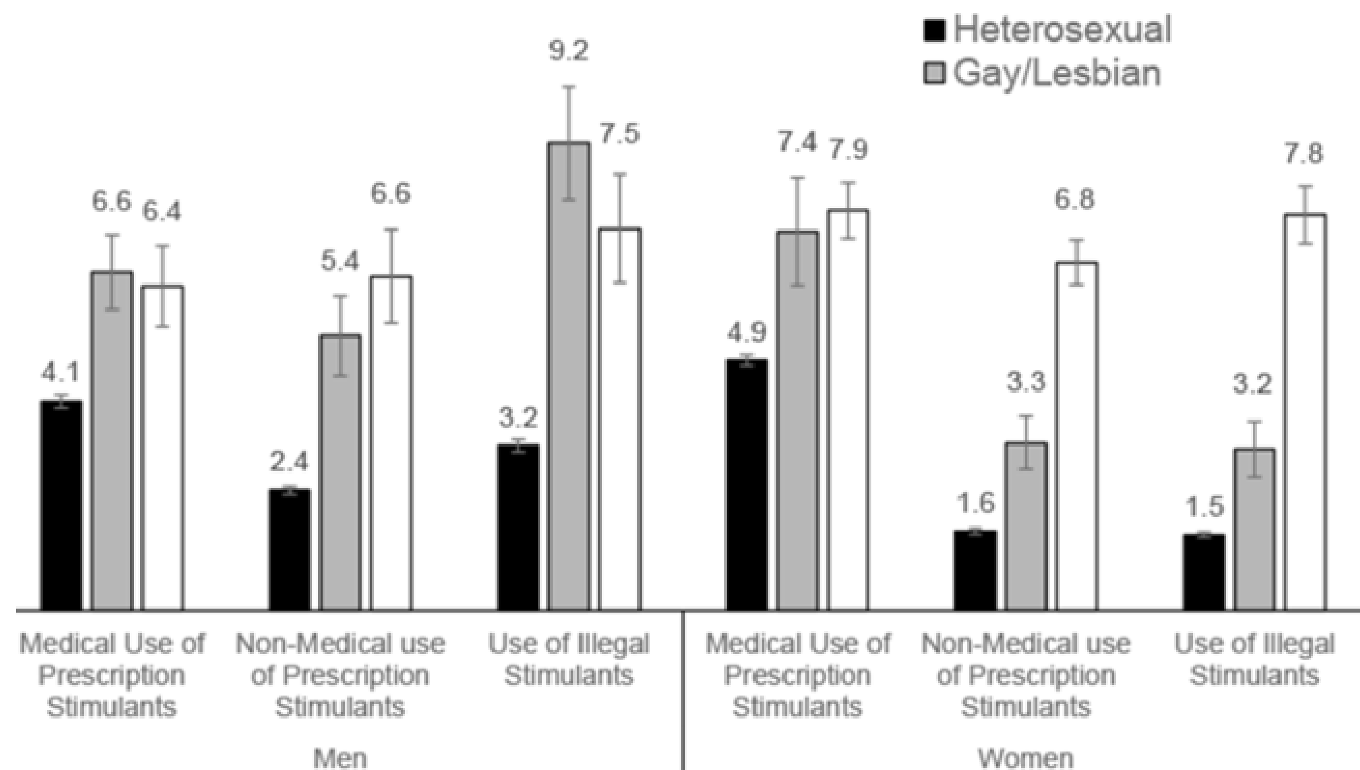
Overview of Current Stimulant Use Treatment Options in Rhode Island

- **Brown University Health Recovery Center**
- **Ocean State Recovery Center** (OSRC; Chris Dorval: Clinical Director): Stimulant Response Track Intensive Outpatient Clinical Treatment
- **SSTAR** (Fall River, MA): Offers Intensive Outpatient Program (IOP) for those with substance use disorders; a four to six-week program.
- **Open Door Health**: Piloting an LGBTQ+ stimulant treatment program based on contingency management and integrated behavioral health (supported by BHDDH).
- **BHDDH-Supported Opioid Treatment Centers (OTCs):** Also conducting a pilot program based on contingency management for stimulant users specifically. BHDDH has applied to use Medicaid funding for contingency management.

In general, there are **limited** treatment options for stimulant use in Rhode Island and even more so for marginalized communities including **BIPOC** and **LGBTQ+** individuals.

RIPHI

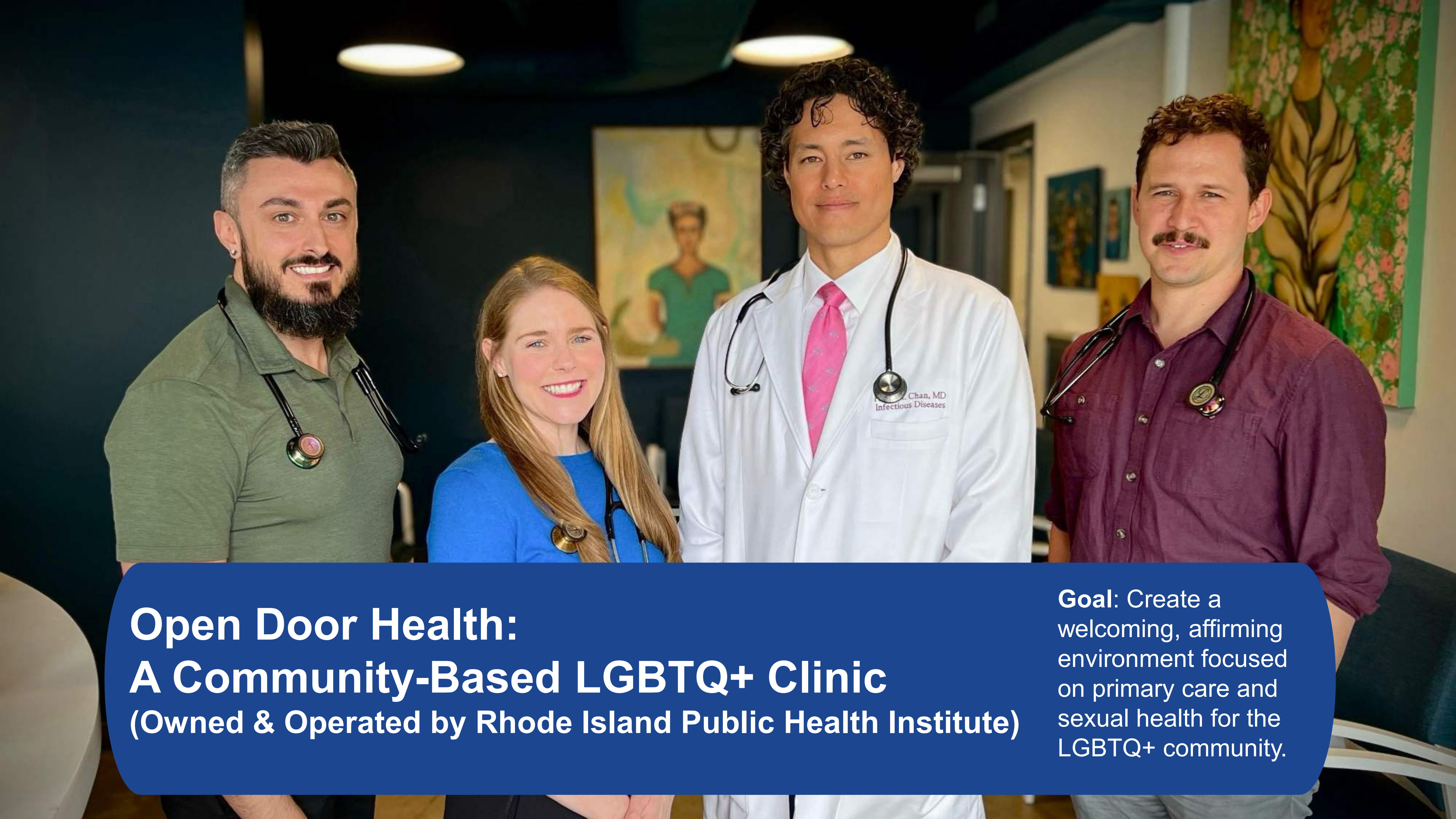
Stimulant Use among the LGBTQ+ Population in the United States



Data were analyzed for N=126,463 adults in the 2015–2017 National Survey on Drug Use and Health (Philbin et al., AJPM, 2020).

Gay men had **2.6x** higher odds and bisexual women **2.7x** of illegal stimulant use compared to heterosexual people.

RIPHI


Chan, MD
Infectious Diseases
Open Door Health:
A Community-Based LGBTQ+ Clinic
(Owned & Operated by Rhode Island Public Health Institute)
Goal: Create a welcoming, affirming environment focused on primary care and sexual health for the LGBTQ+ community.

Our Mission

To eliminate health disparities in Rhode Island and beyond.

Our Vision

All people have the opportunity to achieve their greatest potential for being healthy.

Open Door Health/Rhode Island Public Health Institute (RIPHI)

A Community-Based LGBTQ+ Clinic

1. Built from the ground up.
2. Opened March 2, 2020 (First state COVID-19 case diagnosed on February 29, 2020).
3. Focused on LGBTQ+ primary care, sexual health, and STI testing.
4. Focused on telemedicine-based encounters during COVID-19.
5. Funded initially by grant support (Rhode Island EOHHS and other private grants).

RIPHI

Open Door Health: Virtual Tour

- The clinic is located on a side street in an **underserved** area of the city.
- The clinic is on a **bus route** with **ample** street parking.
- The clinic was designed to be **welcoming** and **affirming**.
- **Same-day** appointments for **STI visits** and **vaccinations**.
- The clinic also has fully equipped **exam rooms, staff work areas,** and a **clinical laboratory**.

RIPHI

Active Patients

Primary/Gender Care Patients: 6,000+

Average Patient Age: 33 years old

70% LGBTQ+

15% Uninsured

25% Hispanic/Latino

15% Black/African American

Patients Cared for Daily: 80-100+

Sexual Health Clinic

Vaccines

Integrated Behavioral Health

1,000+ PrEP Patients

200+ HIV Patients

Addressing Stimulant Use in Rhode Island: A Care Continuum

The Stimulant Use Disorder (SUD) Care Continuum

Identify Individuals at Risk of SUD	**Prevention Efforts**	**Screening** people for SUD	**Assessment** and **Diagnosis**	**Linkage** to care	**Retention** in care	**Treatment Goals**

Stimulant Use Disorder (DSM-5-TR criteria): A problematic pattern of stimulant use leading to clinically significant impairment or distress, as manifested by two or more of the following within a 12-month period:

- Methamphetamine is often taken in **larger amounts** or over a **longer period** than was intended.
- There is a **persistent desire** or unsuccessful efforts to **cut down** or control methamphetamine use.
- A great deal of **time** is spent in activities necessary to obtain methamphetamine, use methamphetamine, or recover from its effects
- **Craving**, or a strong desire or urge to use methamphetamine.
- Recurrent methamphetamine use resulting in a failure to fulfill major role obligations at **work**, **school**, or **home**.
- Continued methamphetamine use despite having persistent or recurrent **social** or **interpersonal problems** caused or exacerbated by the effects of methamphetamine.
- Important **social**, **occupational**, or **recreational** activities are given up or reduced because of methamphetamine use
- Recurrent methamphetamine use in situations in which it is **physically hazardous**.
- Continued methamphetamine use despite **knowledge** of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by methamphetamine.
- **Tolerance** (Larger doses needed to achieve the same effect).
- **Withdrawal** (Symptoms experienced when not using a substance).

***Treatment Goals can include abstinence, reduction in use, and/or other harm reduction goals.**

RIPHI

Screening for Stimulants and Other Substances

Sexual Health Clinic Visits (N=2,295)	
Substance Used	**%**
Cannabis	**47%**
Poppers	**20%**
Cocaine/Crack	**4.1%**
Prescription stimulants	**4.3%**
Methamphetamines	**1.3%**
Inhalants	**0.4%**
Sedatives or sleeping pills	**2.0%**
Hallucinogens	**7.1%**
Street opioids	**0.1%**
Prescription opioids	**0.8%**

Dates: 10/1/2024-9/30/25
Total Visits: N=2,295

Number of Unique Patients: N=1,510

Number of visits reporting any substance use in last three (3) months: N=1,249 (54%)

Number of visits reporting any substance use in last three (3) months (excluding Cannabis): N=645 (28%)

N=464 (20%) reported personally knowing someone who had overdosed in the past.

RIPHI

OPEN MIND
AT OPEN DOOR HEALTH

Integrated Behavioral Health at Open Door Health

Opened **November 2024**

Integrated behavioral health services for primary care patients

Staff: Licensed independent clinical social worker, licensed mental health counselor, psychiatrist, psychologists, and patient navigator

Counseling and **short-term behavioral health therapy**, navigation to additional services, medication management (in conjunction with clinical providers).

Addiction services: Buprenorphine, naltrexone, etc.

Other services: HIV care and prevention, Hepatitis C treatment (including Advanced Care), STI testing and treatment

Addressing Stimulant Use in Rhode Island: A Care Continuum

The Stimulant Use Disorder (SUD) Care Continuum

- **Identify** Individuals at Risk of SUD
- **Prevention Efforts**
- **Screening** people for SUD
- **Assessment and Diagnosis**
- **Linkage** to care
- **Retention** in care
- **Treatment Goals**

Open Door Health uses an integrated medical and behavioral health approach in addition to contingency management to address stimulant use disorder.

Clinical Assessment	Behavioral Health Assessment	Contingency Management
Assessment by a medical provider is important to diagnose stimulant use disorder and help facilitate other services. Treating other co-occurring medical conditions is also important (i.e., HIV, STIs, Hepatitis C, chronic diseases, etc.)	**Cognitive behavioral therapy** (CBT) is effective in treating stimulant use disorder. Treating other **co-occurring psychiatric disorders** is also important.	**Contingency management** has demonstrated the **best effectiveness** in the treatment of stimulant use disorder compared to any other intervention studied and represents the current standard of care.

RIPHI

Clinical Management (Amphetamines)

Non-psychostimulant Medications

- **Low- to Moderate-Frequency** (fewer than 18 days a month): Can consider prescribing **bupropion** to promote reduced use of amphetamines (also effective in treating tobacco use disorder and/or depression if these are present).
- Can consider prescribing **bupropion and naltrexone** to promote reduced use of amphetamines (also effective in treating tobacco use disorder and/or depression if these are present, as well as alcohol use disorder).
- Can consider prescribing **topiramate** to promote reduced amphetamine use (also used to treat alcohol use disorder).
- Can consider prescribing **mirtazapine** to promote reduced amphetamine use (also used to treat depression).

Psychostimulant Medications

- For patients with amphetamine use disorder, clinicians can consider prescribing a long-acting methylphenidate formulation to promote reduced use of amphetamines.

Contingency Management Protocol

- **Baseline assessment,** which includes collecting demographics and behaviors.
- **Initial visit** is in person.
- Subsequent visits are **virtual**.
- **Urine collection** involves using temperature-sensitive urine cups and drug strips.
- The **continency management program** runs for 12 weeks and requires you to check in with staff three times a week for approximately 10 to 15 minutes.
- At the end of **12 weeks**, people are reassessed for substance use and other outcomes.
- People are also assessed at **6-, 9-, and 12-month intervals** to determine if additional services are needed.

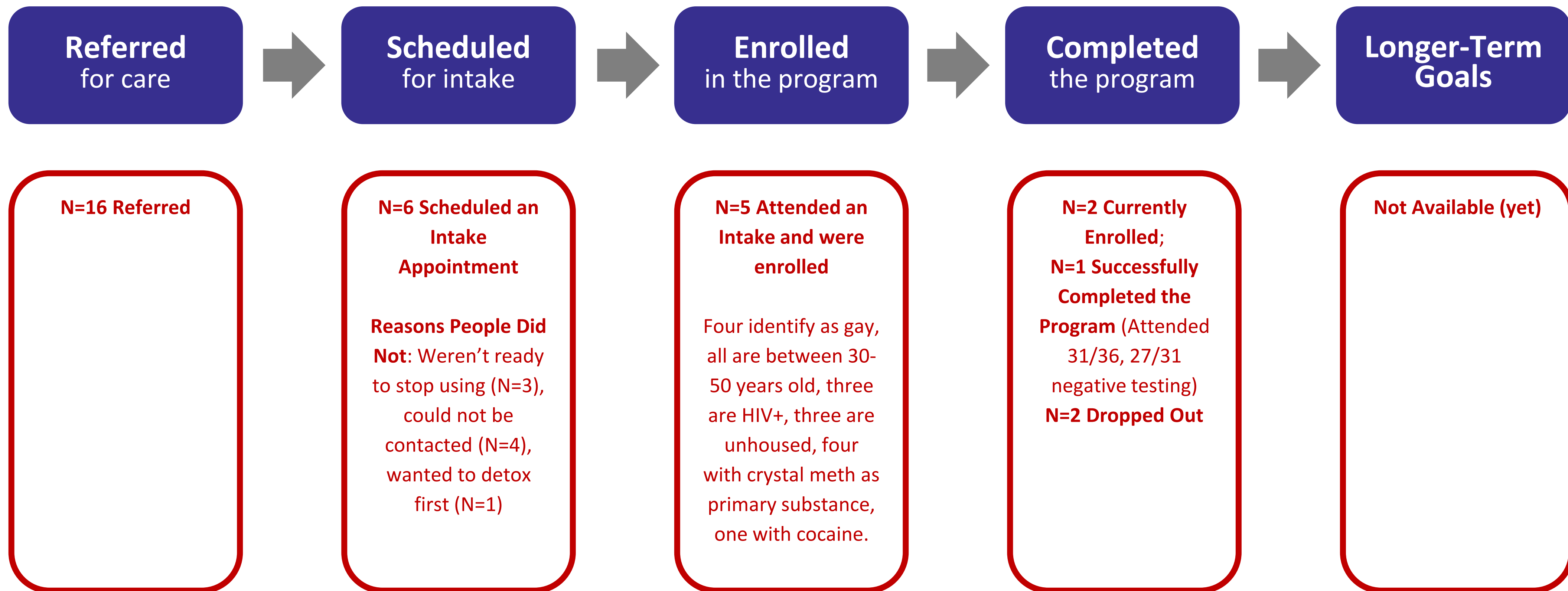
SAFElife™ T-Cup 12-Panel CLIA Waived Instant Drug Test Cup with Specimen Validity Testing/ Adulteration Strips

Contingency Management Schedule					
Weeks	**Non-reactive sample 1**	**Non-reactive sample 2**	**Non-reactive sample 3**	**Max total per week**	**Max total for 3 weeks**
Week 1	$20*	$10	$10	$40	
Week 2	$10	$10	$10	$30	
Week 3	$10	$10	$10	$30	$100
Week 4	$15	$15	$15	$45	
Week 5	$15	$15	$15	$45	
Week 6	$15	$15	$15	$45	$135
Week 7	$20	$20	$20	$60	
Week 8	$20	$20	$20	$60	
Week 9	$20	$20	$20	$60	$180
Week 10	$25	$25	$25	$75	
Week 11	$25	$25	$25	$75	
Week 12	$25	$25	$25	$75	$225
		Possible Total Rewards			**$640**

***Incentives provided as Amazon Gift Cards**

RIPHI

Open Door Health: Contingency Management Program



RIPHI

Other Harm Reduction Services at Open Door Health

October 2022: Began stocking Narcan to distribute to patients/community members upon request.
October 2023: Instituted a pilot program asking patients presenting to the STI clinic if they would be interested in receiving free Narcan during their visit.
November 2023: Expanded harm reduction services to include fentanyl testing strips, wound care kits, and safe-snorting kits.
December 2024: Adopted a universal offer of free Narcan to all patients. Every patient is now asked when they check in at the front desk.
In the last 12 months (10/1/2024-9/30/25): Distributed 426 doses of Narcan to 205 unique patients, 45 fentanyl testing kits, and 12 safe-snorting kits.

Dr. Philip A. Chan, MD, MS

Chief Medical Officer, Open Door Health, Rhode Island Public Health Institute
Consultant Medical Director, Rhode Island Department of Health
Philip.Chan@riphi.org

Acknowledgements:

- Program supported by BHDDH and SAMHSA
- In collaboration with Brown University Health
- Special thanks to JD Crooks (Contingency Management), Peter Salhaney, Michaela Maynard, Yelena Malyuta, Max Erbe, Jessie Tardif and the IBH Team at Open Door Health

RIPHI RHODE ISLAND PUBLIC HEALTH INSTITUTE

OPEN DOOR HEALTH

Public Comment

RHODE ISLAND