Governor Dan McKee's Overdose Task Force
August 12, 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

Welcome and Announcements

RHODE ISLAND

International Overdose Awareness Day

Statewide Naloxone Distribution
September 1; Noon - 4 p.m.
Statewide locations (coming soon!)
Scan the QR code on the flyer to sign up for the statewide naloxone distribution event!

Candlelight Vigil
September 1; 6 p.m. - 8 p.m.
Burnside Park, 40 Kennedy Plaza, Providence

Recovery Month in Rhode Island

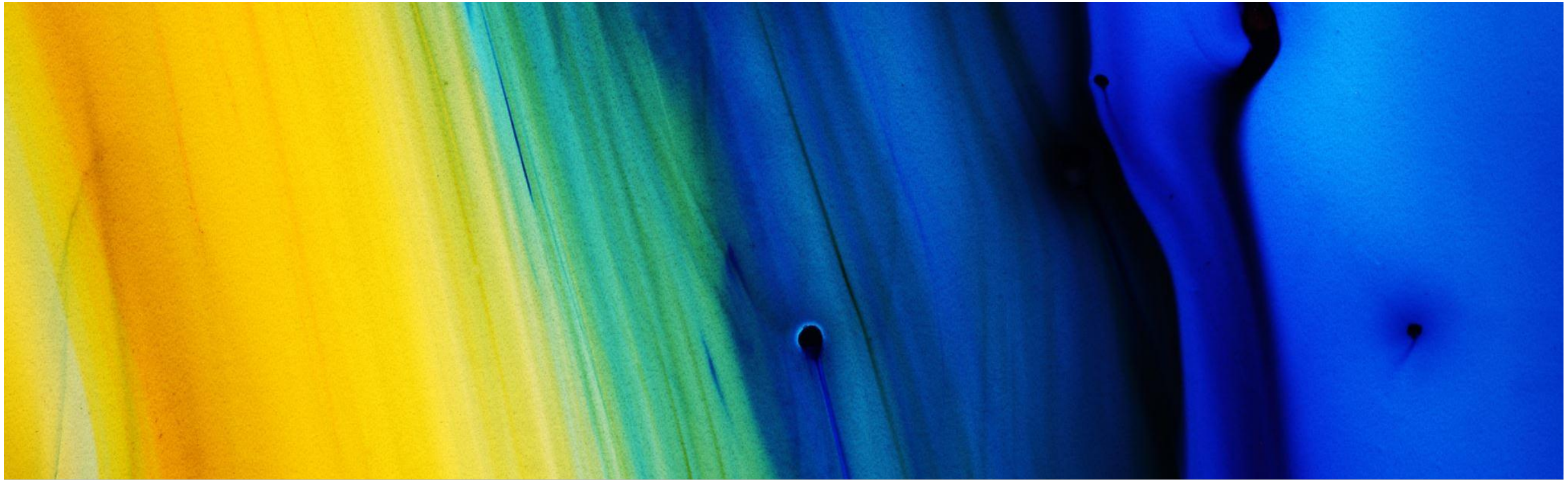
[Main Rally4Recovery]

Saturday, September 19; Noon to 4 p.m.
195 District Park, Providence

[Washington County Rally4Recovery]

Saturday, September 12; Noon to 3 p.m.
University of Rhode Island Quad
10 Ranger Rd., Kingston

East Bay Rally4Recovery
Saturday, September 26; Noon to 3 p.m.
Burr's Hill Park, Warren



The Decision to Not Carry Naloxone: A Mixed-Methods Analysis of Harm Reduction Survey Data, 2021-2024

Governor's Overdose Task Force
August 2026

RHODE ISLAND DEPARTMENT OF HEALTH

Acknowledgements

The Participants

The Miriam Hospital

- Michelle McKenzie
- Haley McKee
- Juan Turbidez
- Johanna Martin

RIDOH

- Nya Reichley
- Ben Hallowell
- Kailai Duan
- Kristen St. John
- Heidi Weidele
- Sarah Ogundare
- Sarah Biester
- Cathy Schultz

Increasing Access to Naloxone is Important

Overdoses are often not medically attended, making community access to naloxone is even more important to prevent fatal overdoses.

Research from our team found that from 2016 to 2021, nearly 50% of fatal overdoses in Rhode Island had at least one bystander present.

Stigma remains a barrier for having naloxone.

Purpose of Our Analysis

- Less is known about the reasons why people who use drugs choose to not carry naloxone.
- This mixed-methods analysis illuminates the perspectives of people who use illicit substances or non-prescribed medications in Rhode Island who reported not carrying naloxone and the reasons they did not.

Harm Reduction Surveillance System (HRSS)

- Launched in January 2021 in partnership with the Miriam Hospital's Preventing Overdose and Naloxone Intervention (PONI).

1 Recruitment

Participants were recruited through referrals and targeted canvassing

2 Survey

Surveys included open and close ended questions related to substance use and harm reduction behaviors.

3 Compensation

Participants were compensated $25 cash upon completion

Our Sample Included 670 Total Individuals

Timeframe	January 1, 2021, to December 31, 2024
Residency	Reside predominantly in Rhode Island 
Age	18 years of age and older
Substance Use	Used illicit substances or medications not prescribed to them in the prior 30 days

Primary Measures

Question 1. Do you currently have naloxone?

- Yes
- No

Question 2. Why don't you have naloxone now?

- ❑ Don't know where to get it
- ❑ Don't want to carry/keep it
- ❑ Am afraid of being hassled by law enforcement if I carry it
- ❑ Not sure how to use it
- ❑ Not comfortable using it
- ❑ Gave my naloxone away and haven't replaced it
- ❑ Used my naloxone and haven't replaced it
- ❑ Other (please specify).

Methods

- Mixed-methods analysis using pooled data from the HRSS (2021-2024)

Quantitative Analysis

Descriptive analysis of key variables of interest:

- Witnessed Overdose in the past 12 mos.
- Experienced Overdose in the past 12 mos.
- Use of opioids
- Housing Status
- Age
- Sex
- Education Level
- Race and Ethnicity

Qualitative Analysis

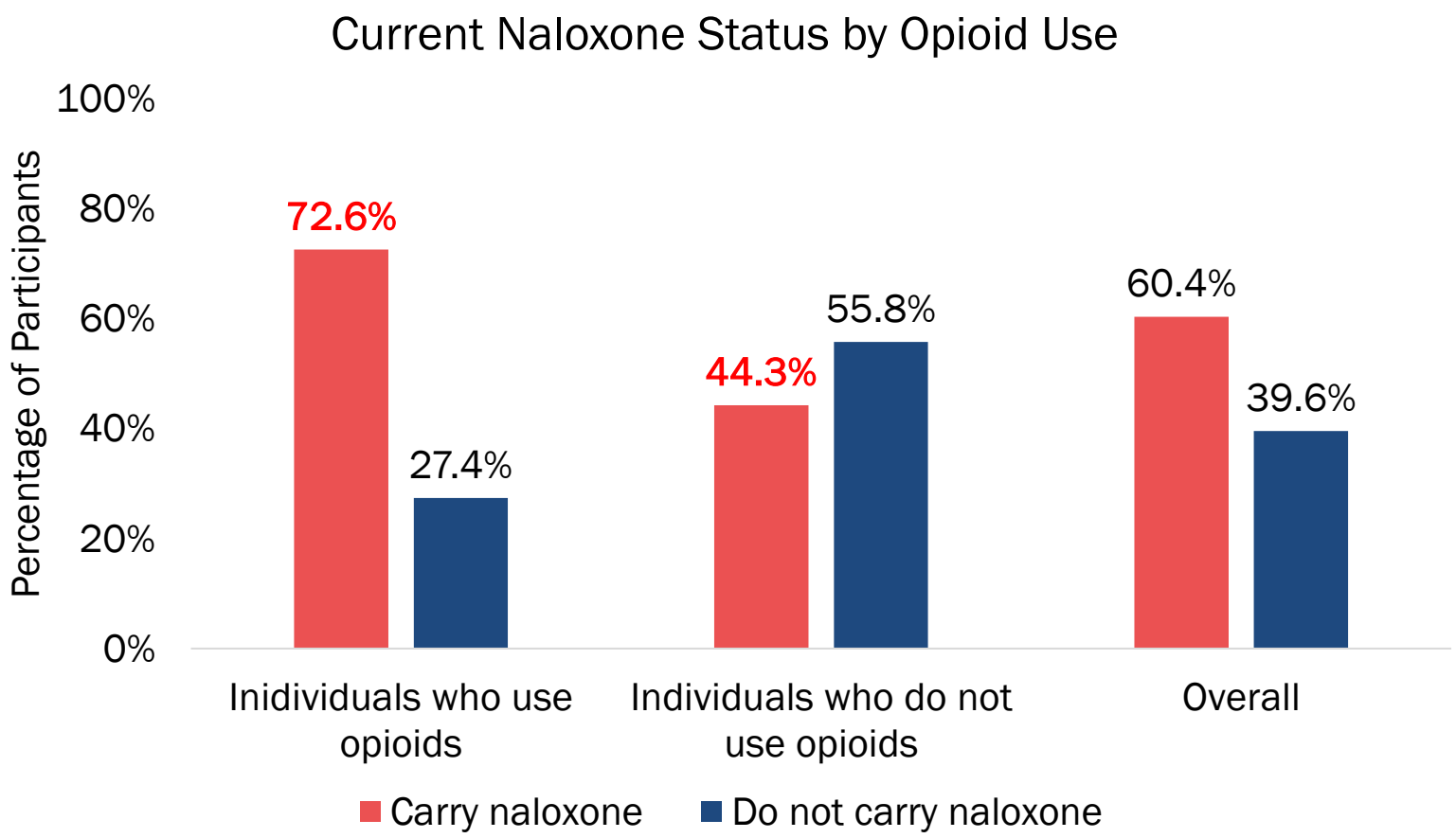
Thematic coding: Initial themes identified by interviewers, PONI, and RIDOH

- Two coders at RIDOH
- One coder PONI

Results

Currently Carrying Naloxone Differed by Opioid Use

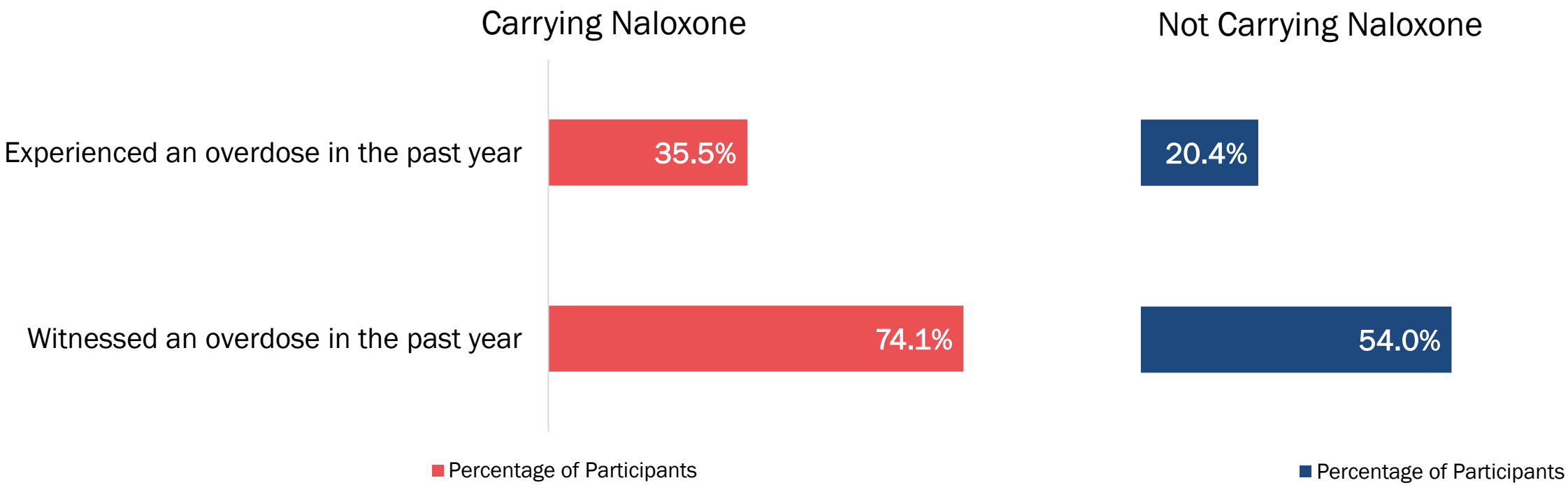
- Overall, 60.4% of participants currently had naloxone.
- Individuals who do not use opioids carried naloxone less than those who use opioids (44.3% vs 72.6%).



Source: Harm Reduction Surveillance System (HRSS), Rhode Island Department of Health (RIDOH)

Carrying Naloxone Differed by Participants' Overdose Experience

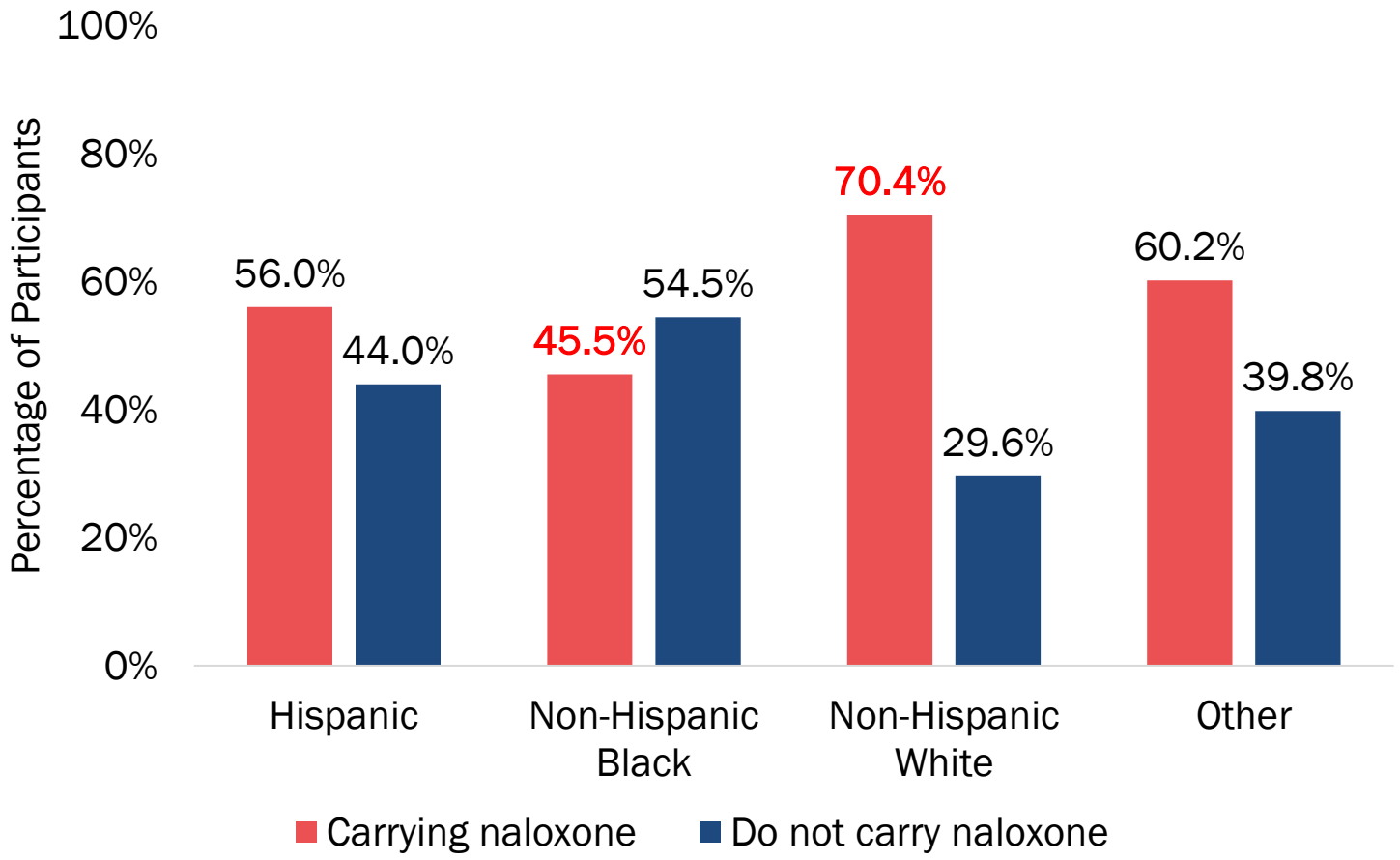
- Compared to those who do not carry naloxone, more of those who carried naloxone experienced or witnessed an overdose in the past year.



Source: Harm Reduction Surveillance System (HRSS), Rhode Island Department of Health (RIDOH)

Carrying Naloxone Differed by Race and Ethnicity

- Non-Hispanic white participants reported carrying naloxone most frequently (70.4%) and non-Hispanic Black participants least frequently (45.5%).

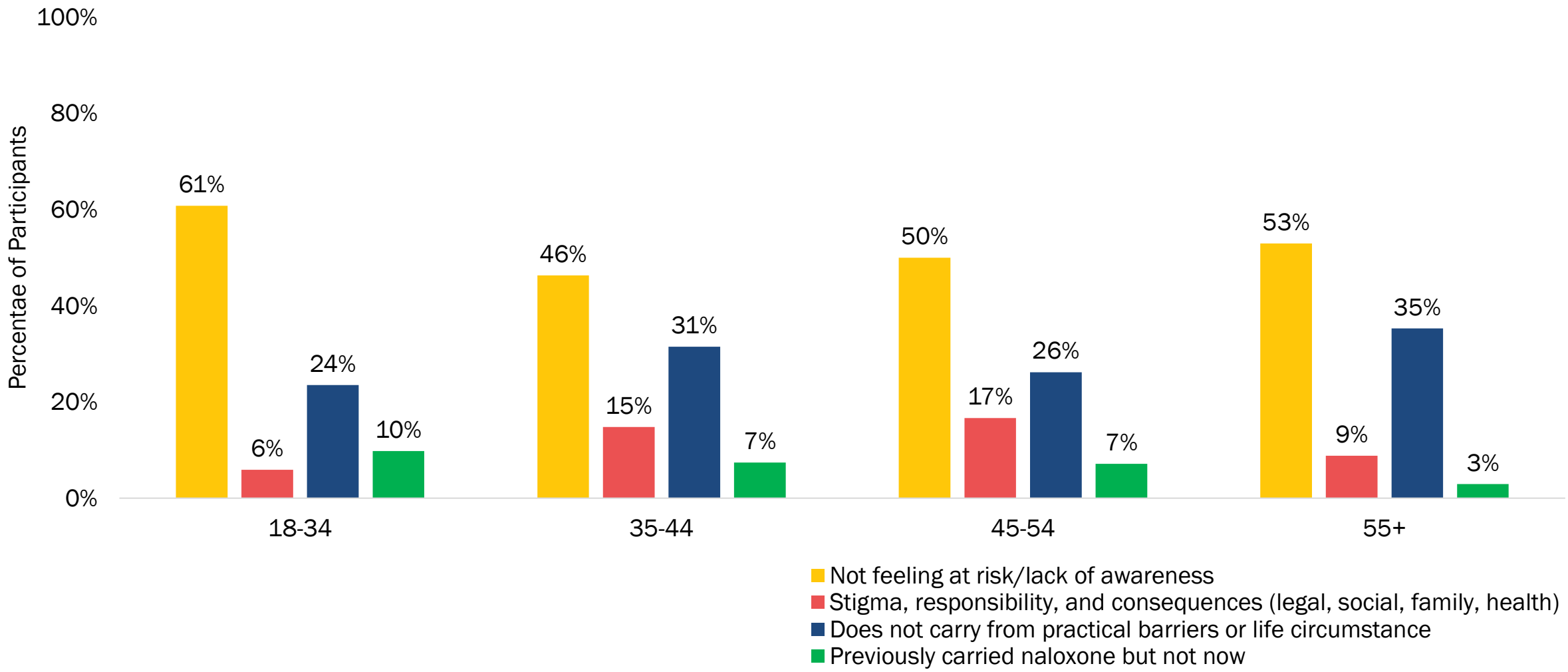


Source: Harm Reduction Surveillance System (HRSS), Rhode Island Department of Health (RIDOH)

Themes and Associated Codes

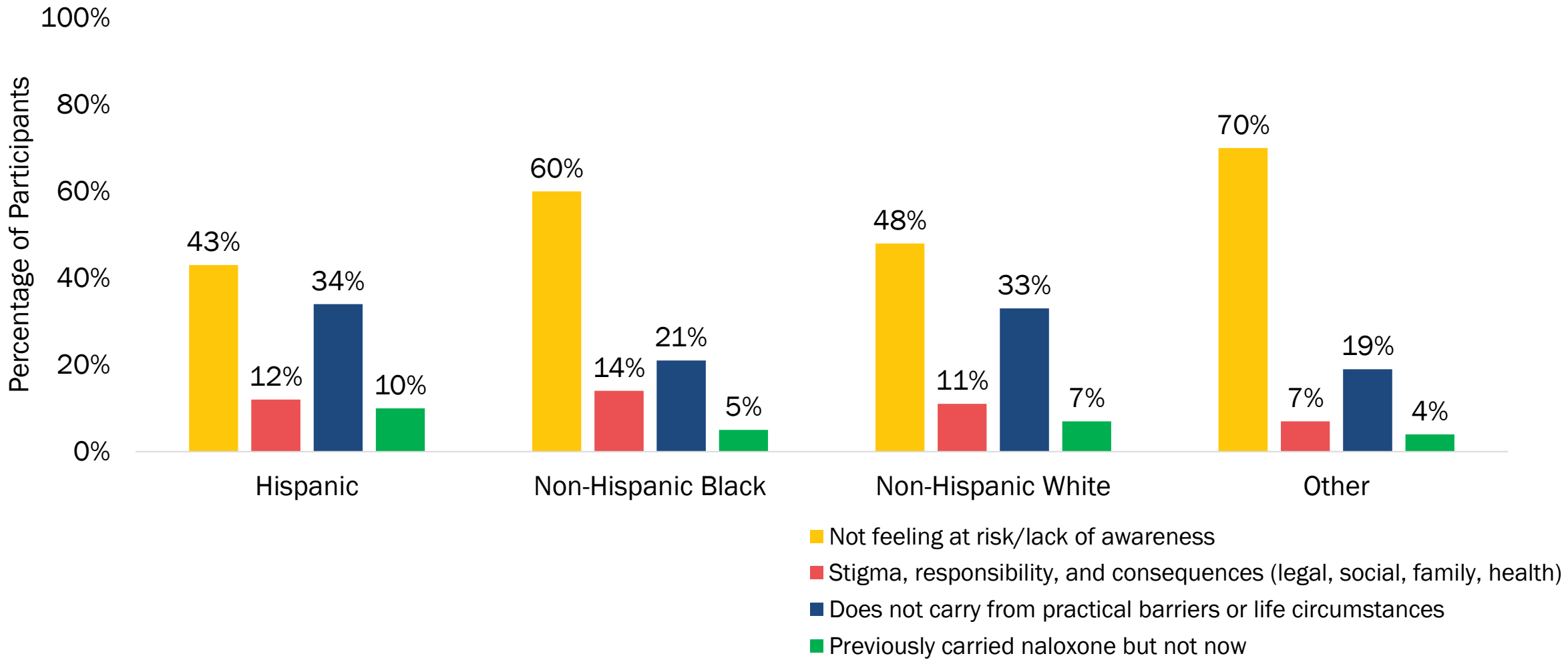
1	**Not Feeling at Risk or Lack of Awareness**	• Does not need naloxone or feel at risk • Lack of awareness	• Not around those at risk • No reason/other
2	**Stigma, Responsibility, and Consequences of Administering or Possessing Naloxone**	• Afraid of the consequences (legal, social, family, health) • Not my responsibility or concern	• Stigma against other PWUD
3	**Does Not Carry Naloxone Due to Practical Barriers or Life Circumstances**	• Could not find or has not yet obtained • Does not carry, keeps at home • Does not want naloxone	• Someone else carries it • Too much to carry • In a life transition
4	**Previously Carried Naloxone but Not Currently**	• Used to have it (used, ran out, gave it away, stolen, lost)	

Thematic Response by Age Group



Source: Harm Reduction Surveillance System (HRSS), Rhode Island Department of Health (RIDOH)
Note: Caution with interpretation; some themes have small counts.

Thematic Response by Race/Ethnicity



Source: Harm Reduction Surveillance System (HRSS), Rhode Island Department of Health (RIDOH)
Note: Caution with interpretation; some themes have small counts.

1 *Not Feeling at Risk or Lack of Awareness*

- Several described that they *“don’t use opioids,”* or fentanyl or said that they *“don’t use dope, I’m a crack user,”* so they did not think naloxone was necessary for them to carry.
    - Or expressed they “*stopped doing opiates”* and “*don’t think they need it.”*
- Others said they *“know [their] limit, have been doing it for ten years,”* or that they have *“never overdosed”* personally.
- One respondent also described that they didn’t think they needed it because they were *“confident in [their] supplier that it’s not laced.”*

1 Not Feeling at Risk or Lack of Awareness

- Others described how they *“never thought of it”* or that they *“weren’t sure”* why they didn’t carry it and that they *“probably should.”*
- Another mentioned that they did not know *“anything about Narcan and I don’t know how to use it”* or that they *“always thought EMT’s had Narcan.”*
- While another described that they were *“old school”* and *“didn’t think about it.”*

2 Stigma, Responsibility, & Consequences of Naloxone

- A respondent described how they did not carry naloxone because they personally *"don't do drugs like people who are addicted,"* expressing they are *"not a junkie."*
- Another said that they are *"not around those types of people,"* while a different respondent said that they *"stay away from people who use needles."*
- Someone else said that they *"wouldn't save someone unless they were close to my heart. It's their fault if they choose to do those drugs."*
- They weren't *"trying to save them if they're not trying to save themselves."*

2 *Stigma, Responsibility, & Consequences of Naloxone*

- They *“don’t want to be in that position”* describing it as *“traumatic.”*
- Another saying they’d had *“enough saving people, it’s a lot to bear.”*
- Many respondents said they would rather call 9-1-1 to help or that they *“had enough stuff in [their] pockets, I’m not a superhero.”*

2 Stigma, Responsibility, & Consequences of Naloxone

- Another said that they had *"lost too many people"* and that it was *"god's choice."*
  - Another said they: *"don't believe in it, when it's time to go it's time to go."*
- Similarly, others expressed that they didn't *"want to feel like it's my fault if someone OD's and dies"* that they didn't *"want that on their hands."*
- Others described how they *"don't like to keep in mind that you can die"* using substances while another mentioned they *"[didn't] want people to use it on them."*
- Another expressed concern about someone having an "*allergic reaction*" to naloxone.

2 Stigma, Responsibility, & Consequences of Naloxone

- Multiple respondents expressed concern that law enforcement *"target people who carry it."*
  - Concerns that *"Good Samaritan doesn't hold up"* or that they *"have a record and could be responsible for their death."*
- Another said, *"I don't do fentanyl, I'm not going to save your life and get accused."*
- One mentioned that they had their car searched by law enforcement and they were *"asked why [they] had 7-9 kits in [their] car."*
- Another said that when law enforcement *"busted them,"* they *"took scales and Narcan."*

3 *Does Not Carry from Practical Barriers or Life Circumstances*

- Multiple said that it was *"back at the house"* or where they were staying.
- Others mentioned they knew a hotel that had it, which they could access, or that they *"don't always have my backpack"* to carry it.
    - Others described it as being *"awkward and bulky"* to carry and that it *"takes too much room in [their] pocket."*
- Several mentioned someone else they are close with (sibling, friend, significant other) carried naloxone, so they didn't.
- Another respondent mentioned how they were just released from the hospital or treatment, and so they hadn't had the opportunity to obtain it yet.

4 *Used to Carry Naloxone but Not Currently*

- One respondent said that they *"passed it along"* because they *"[don't] use fentanyl"* and another said they gave it to the people they saw using substances.
- A respondent said their naloxone was in their bag that was recently stolen, and another said *"someone took it away"* from them.
- Others mentioned that they typically had it and ran out, while one mentioned they had *"used it the day before"* on someone experiencing an overdose.

Key Takeaways

Takeaway Findings

- Most respondents reported currently having naloxone (60%).
- Having naloxone was much more common among people who reported using opioids (72.6%) compared to those who used non-opioids (44.3%).
- Many people who reported not having naloxone said they did not feel at risk for an opioid overdose, even though 20% reported experiencing an overdose personally in the past 12 months.

Takeaway Findings

- Stigma was a common concept described throughout participants' responses, consistent with other literature.
    - Stigma of having naloxone and stigma against other people who use drugs.
- Many reported a lack of awareness or discomfort with using naloxone.
    - Opportunity for more education:
        - What it is, how to use it, why it is important.
        - Potential side effects, increasing confidence in using it.
        - Legal protections of using it or carrying it.

Takeaway Findings

- Multiple responses describing negative law enforcement interactions when carrying naloxone.
    - More information from community members on interactions with law enforcement/ first responders during overdoses and having naloxone on hand.
- Witnessing/responding to an overdose with naloxone can be traumatizing, and responding often can cause burnout/compassion fatigue.
    - Need more research on burnout, trauma, and compassion fatigue among peer responders.

Limitations

- Collected qualitative responses using an open-ended survey response, potentially limiting the depth of responses.
- HRSS uses purposeful convenience sampling in one state, so results are not generalizable outside of the study population.
- Proportion carrying naloxone could be higher than other comparable people who use drugs, since many respondents had engaged with harm reduction agencies in Rhode Island.
- Social desirability bias (face-to-face interviews).

Questions or Comments?

Scan the QR Code to Access the Published Paper

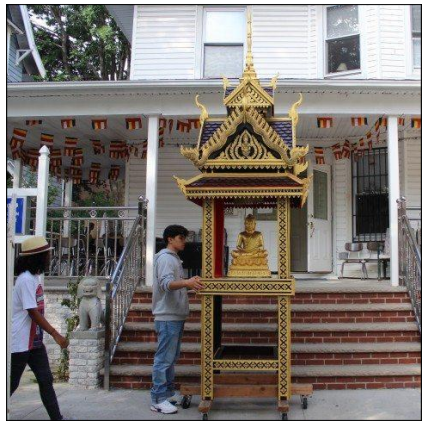
Emily Ledingham, PhD, MPH
Senior Epidemiologist
Center for Health Data and Analysis
Rhode Island Department of Health
Emily.Ledingham@health.ri.gov

Jaejoon Shin, MPH
Junior Project Manager
Center for Health Data and Analysis
Rhode Island Department of Health
Jaejoon.Shin.ctr@health.ri.gov

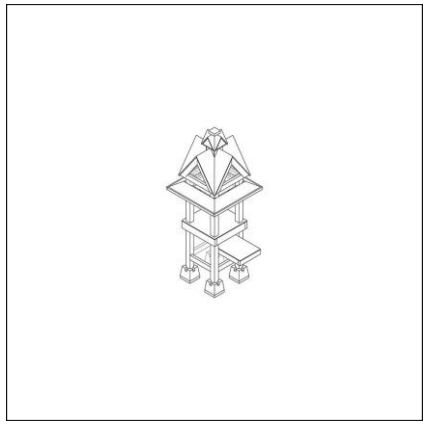
Authors: Emily M. Ledingham PhD, MPH, Jaejoon Shin MPH, Nya Reichley MPA, Michelle McKenzie MPH, Elijah McCray BS, Kristen St John MPH, Benjamin D. Hallowell PhD.

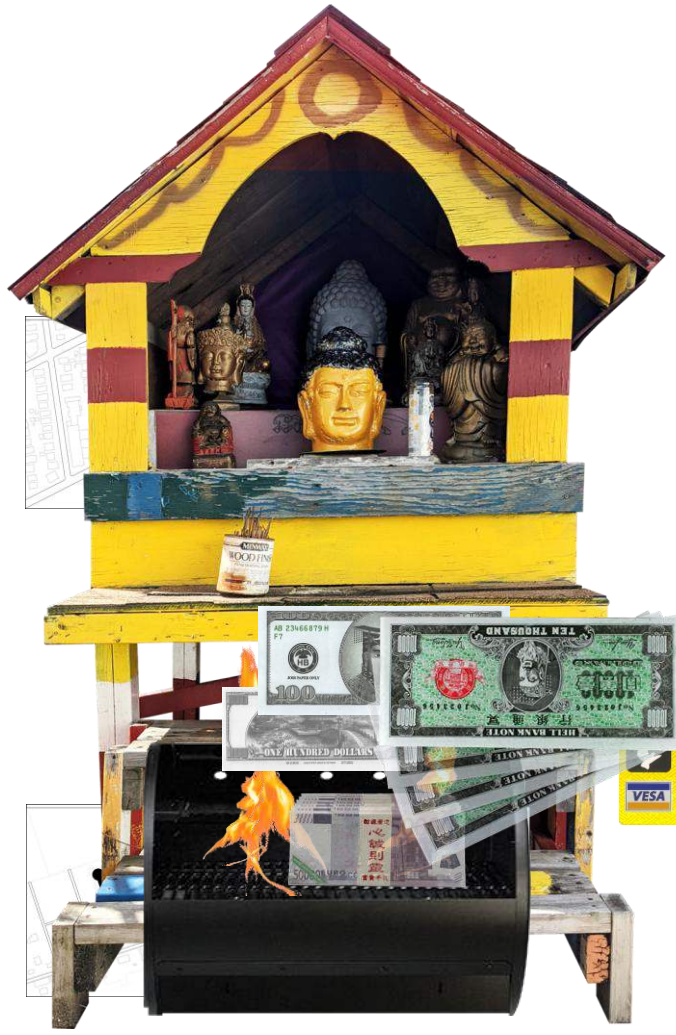
The Mutual Aid Altar

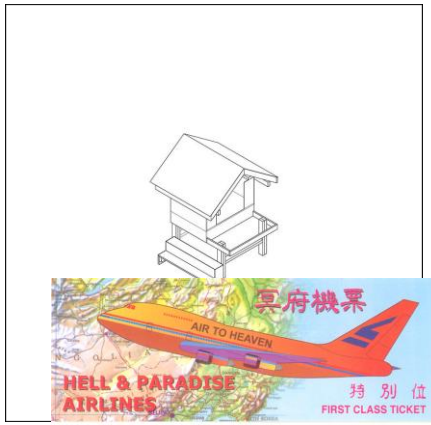
(Vuthy Lay & Filbert Aung)



WAT SAMAKKI - Brooklyn, NY

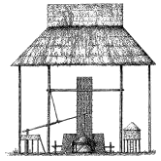


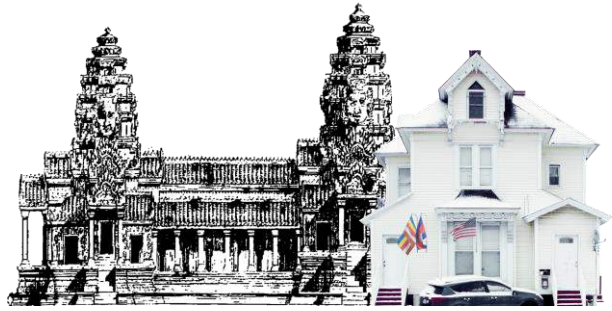




WAT THORMIKARAM - Providence, RI

WAT DHAMMAVARARAM - Stockton, CA





Filbert

Vuthy

APHA 2024
ANNUAL MEETING & EXPO
Minneapolis | Oct. 27-30
Rebuilding Trust in Public Health and Science

INTERLACE
INTERLACE GRANT FUND

PPHC
at Brown University

people
place &
health
collective

COMMUNITY FIRST RESPONDER PROGRAM
URI.EDU/CFRP
Naloxone | Safer Supplies

RHODE ISLAND RIAF ABORTION FUND

WEBER*RENEW

PVDPERIOD.

The Mutual Aid Altar is a public shrine that provides free health and harm-reduction supplies anonymously, available 24/7 year-round. This site-specific installation draws on the visual language of diasporic Buddhist altar traditions. It seeks to expand access to essential resources while inviting the broader community to reconsider harmful narratives and stigmas surrounding sexual health and substance use.

Launched on Memorial Day: May 27, 2025 (1-Year of Data Tracking)

347 fentanyl test kits

570 straight pipe kits

277 safer snorting kits

683 wound care kits

535 emergency contraceptives

391 safer sex kits

292 packs of Narcan®

321 bubble pipe kits

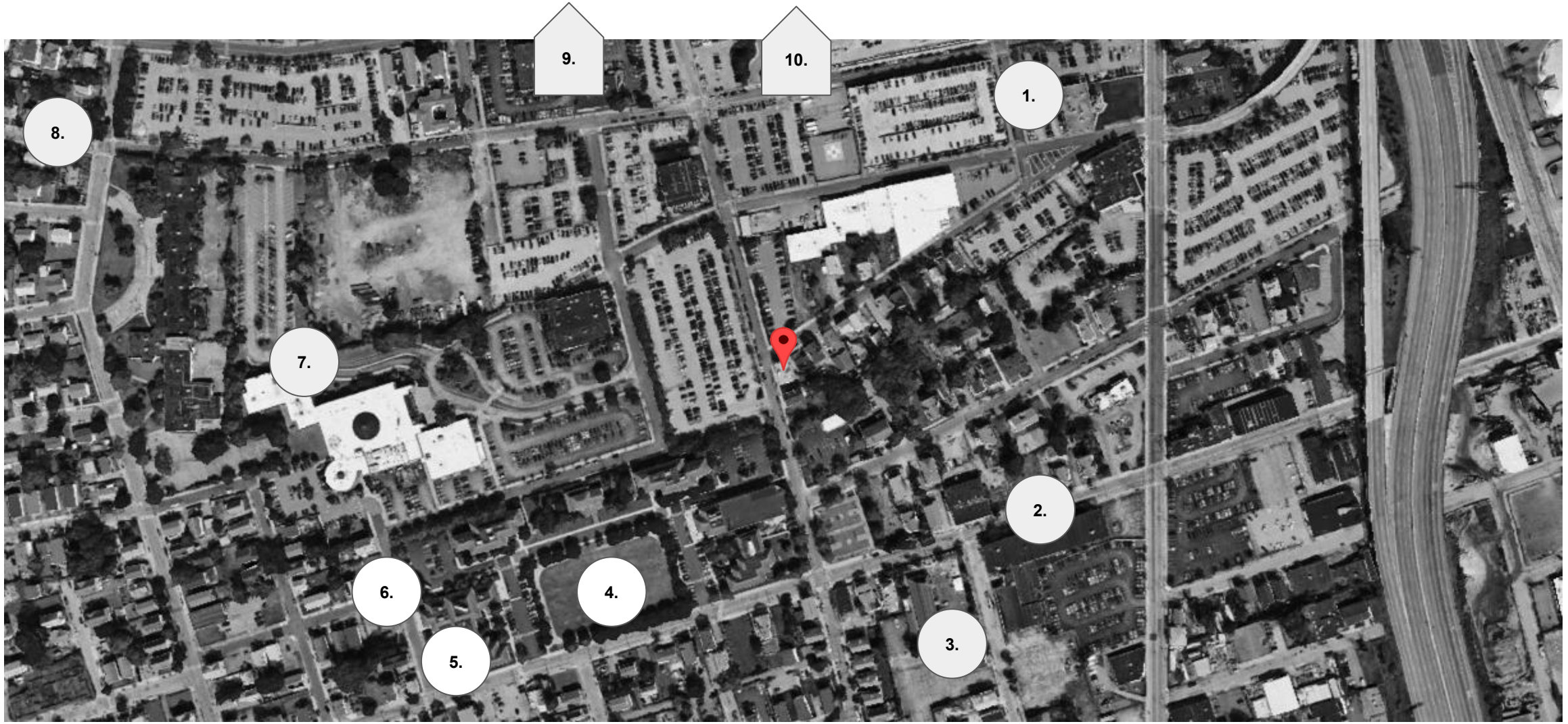
224 boofing kits

133 hygiene kits

755 pregnancy tests

428 menstruation kits


COMPASSION
I CARE
LOVE
YOU



The Mutual Aid Altar
1. PWR - Overdose Prevention Center
2. The Emmanuel House Men's Shelter
3. The Buddhist Center of New England
4. The Met High School
5. SWAP - 320 Prairie Avenue
6. The Rosa Parks Resource Center
7. CCRI - Liston Campus
8. Davey Lopes Recreation Center
9. Women & Infants Hospital
10. Rhode Island Hospital

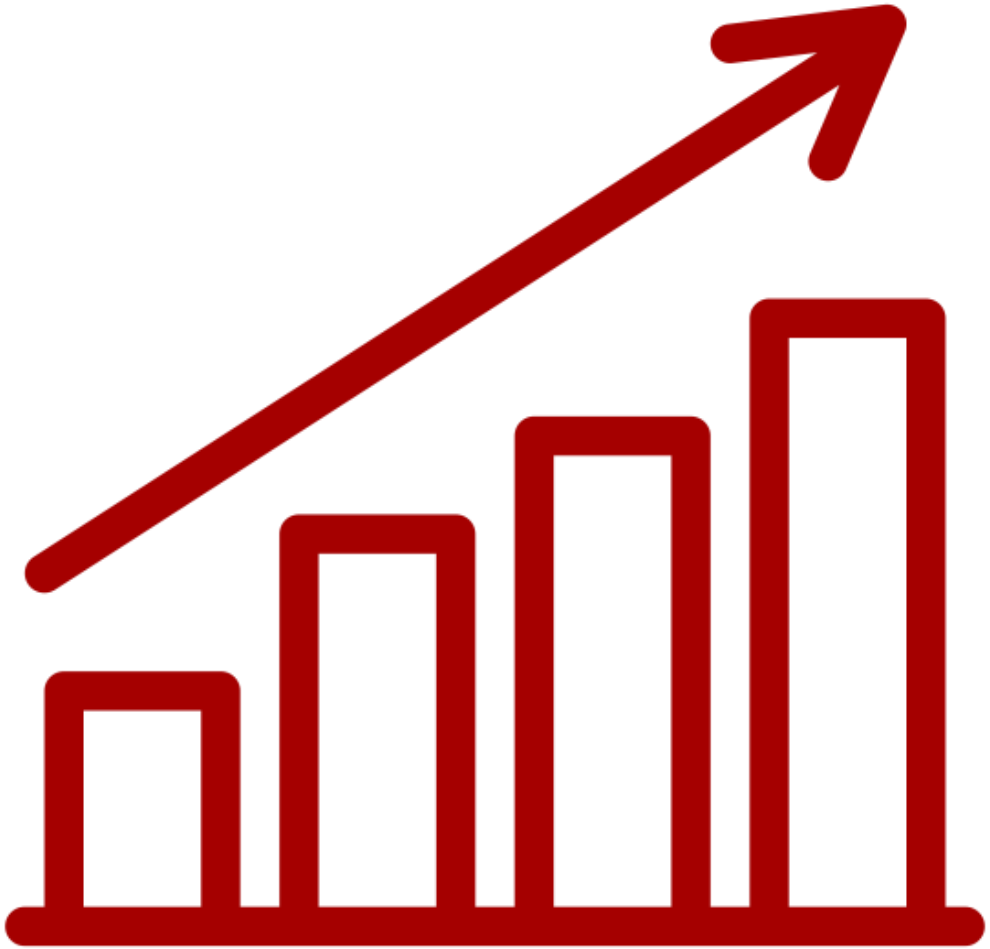

@ oun.incognito

Trends in Cocaine-Related Emergency Department Visits and Fatalities in Rhode Island

Courtney Bearnot, MD, MPH

Epidemic Intelligence Service Officer
Centers for Disease Control and Prevention
Rhode Island Department of Health

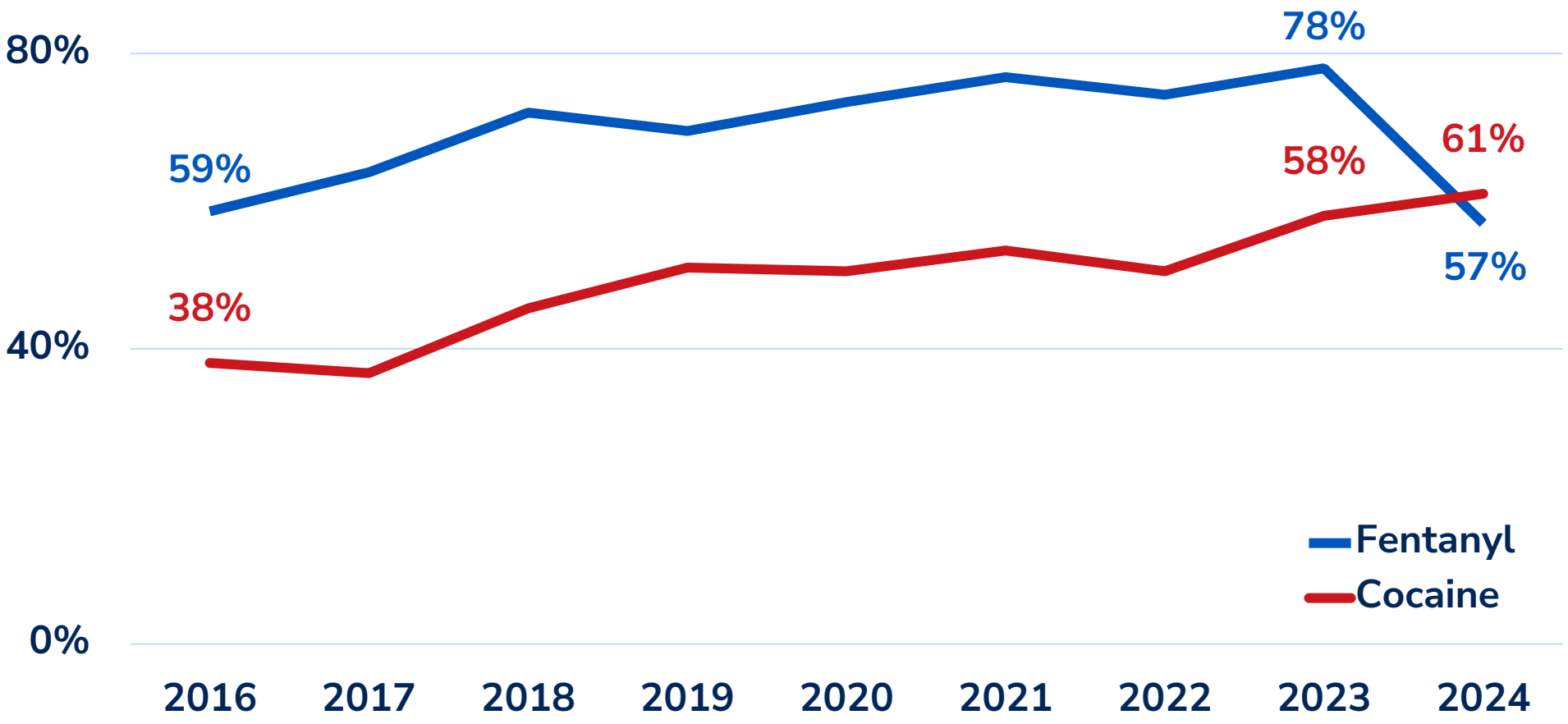
Governor's Overdose Task Force Meeting
August 12, 2026



During 2011–2023, the number of fatal overdoses involving cocaine increased 529%.

Source: Tanz LJ, Miller KD, Dinwiddie AT, et al. Drug Overdose Deaths Involving Stimulants — United States, January 2018–June 2024. MMWR Morb Mortal Wkly Rep 2025;74:491–499.

In 2024, cocaine contributed to 61% of fatal overdoses in Rhode Island.



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


EMERGENCY

» **Does emergency department (ED) data show the same trends as fatal overdose data?**

- Does emergency department (ED) data show the same trends as fatal overdose data?
- Can we use ED data to identify populations at risk of future cocaine-involved overdose deaths?

Data Sources

Emergency Department data

Non-Fatal Cocaine Use

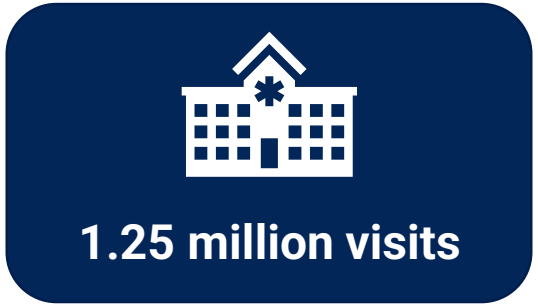
Office of State Medical Examiners

Fatal Overdoses

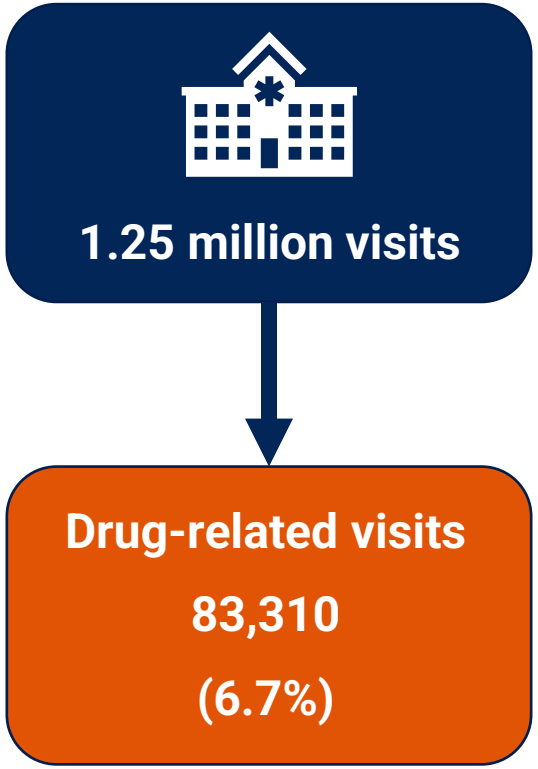
Inclusion Criteria

Oct 2020
- Dec 2024

18 Years
or Older



Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH).



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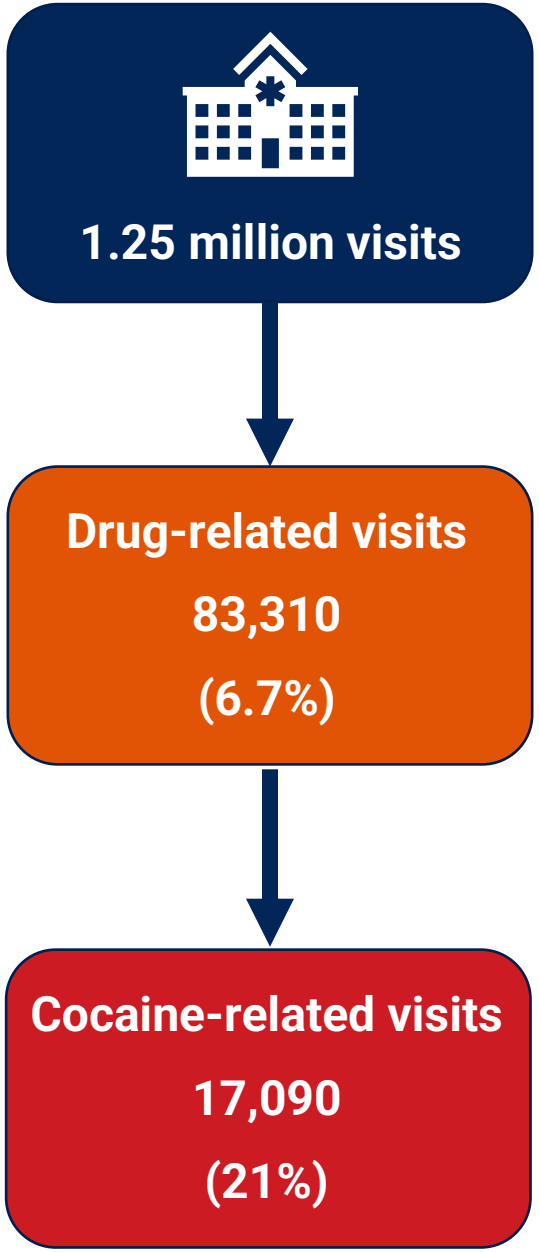
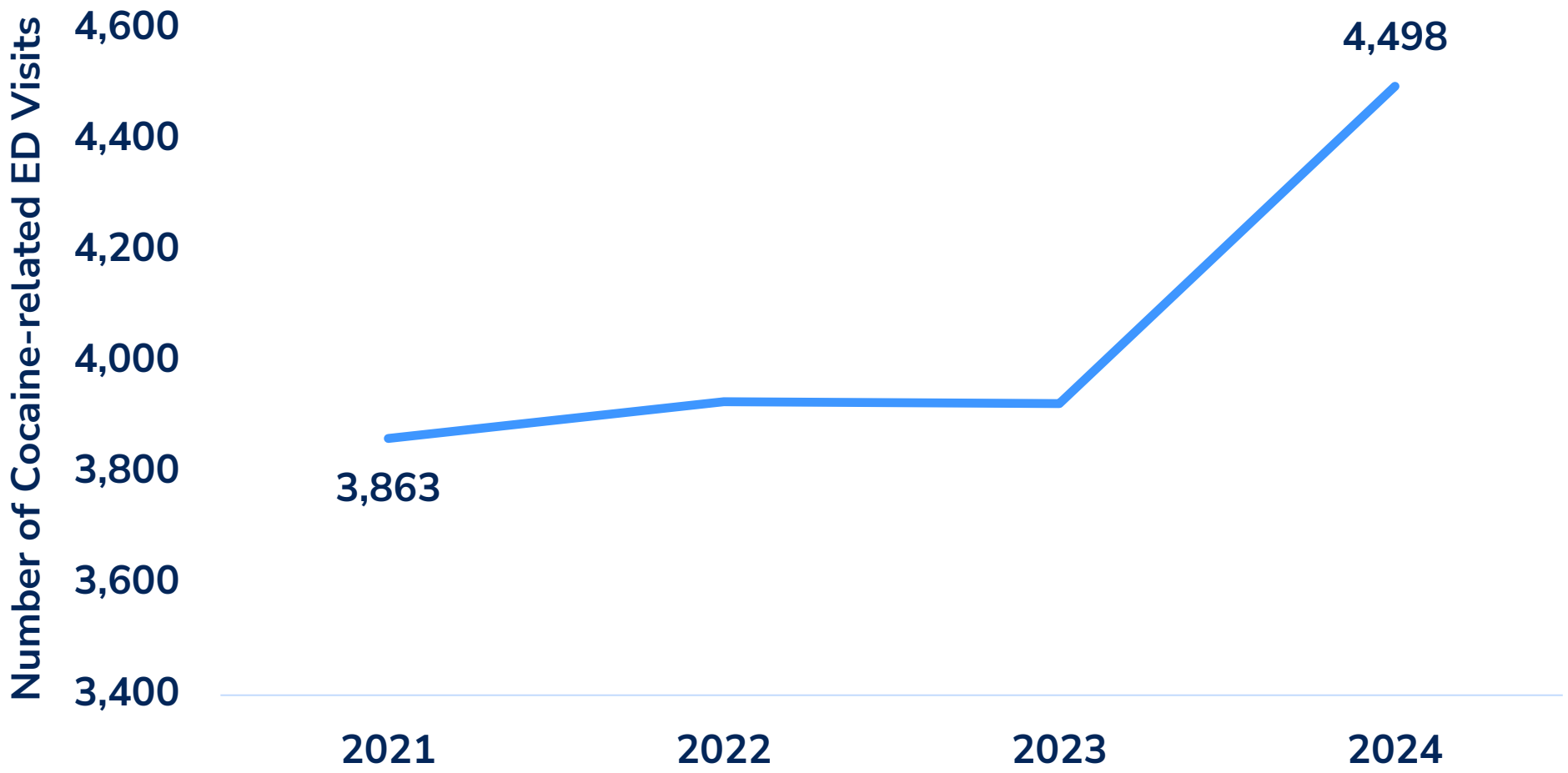


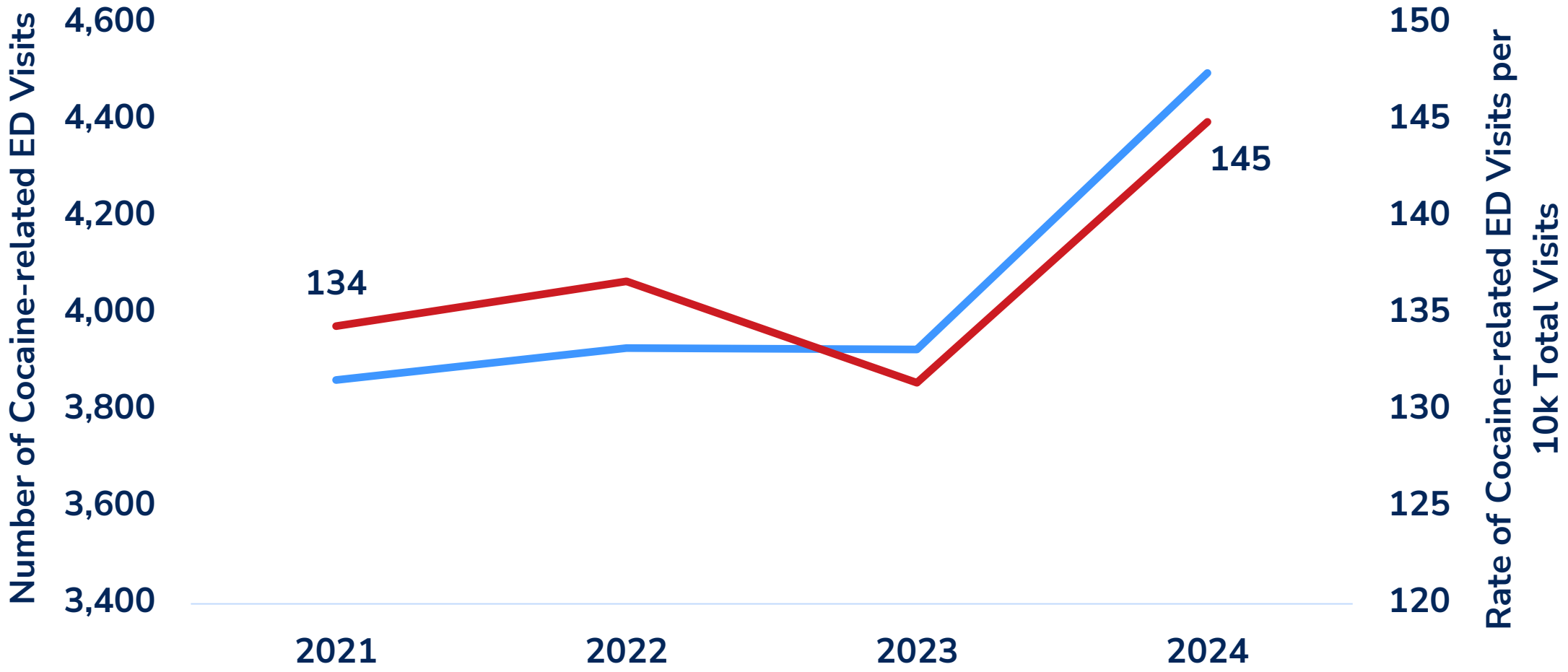
Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH).

The number cocaine-related ED visits increased 16%.



Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH)

The rate of cocaine-related ED visits per 10k total visits increased 9%.



Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH)

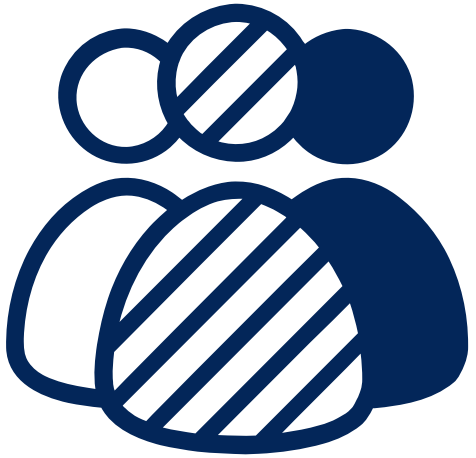
Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH)

42 Years

Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH)

♂

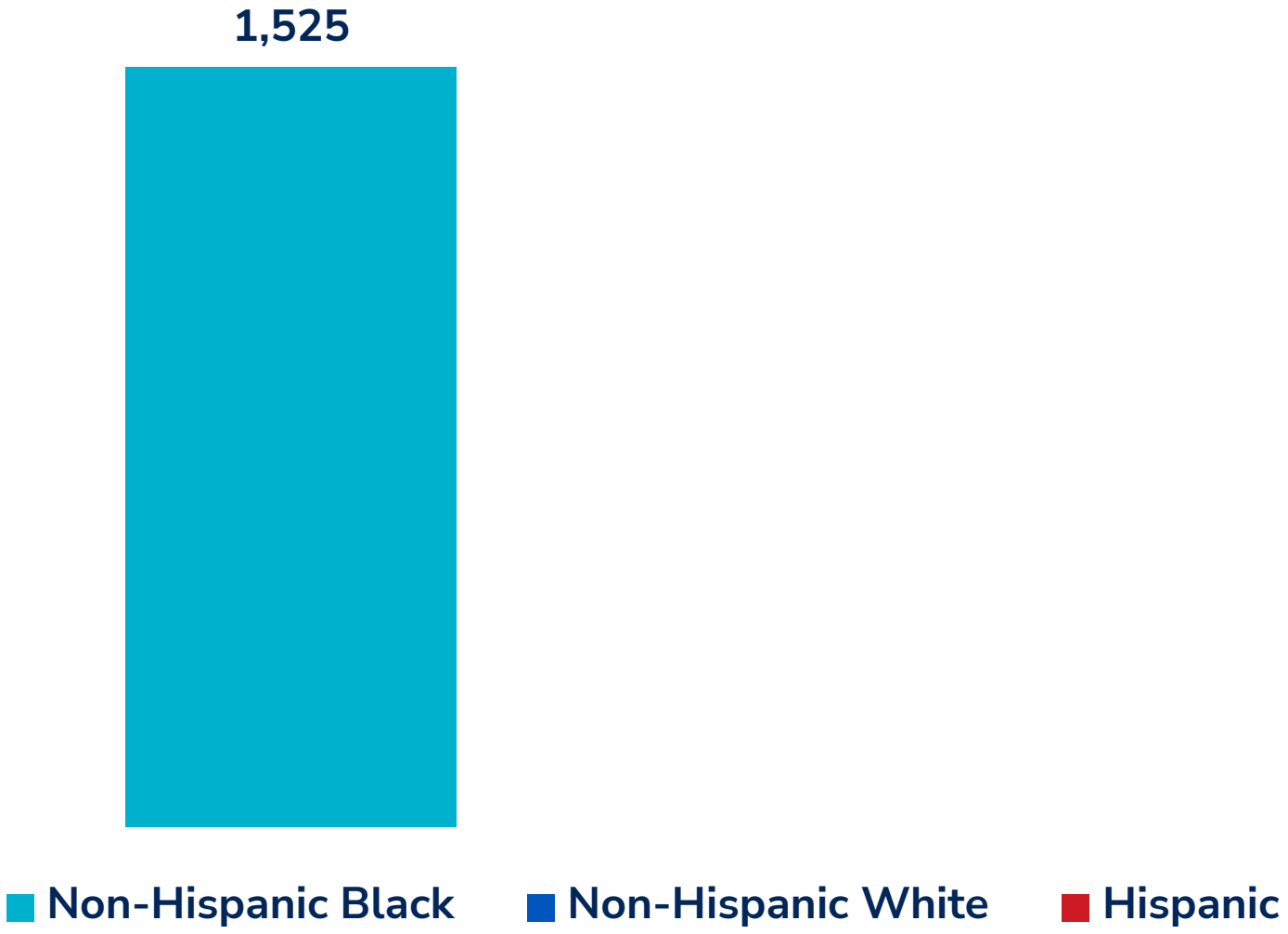
42 Years



61%
Non-Hispanic White

Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH)

The Non-Hispanic Black population had the highest rate of cocaine-related visits per 100k population.



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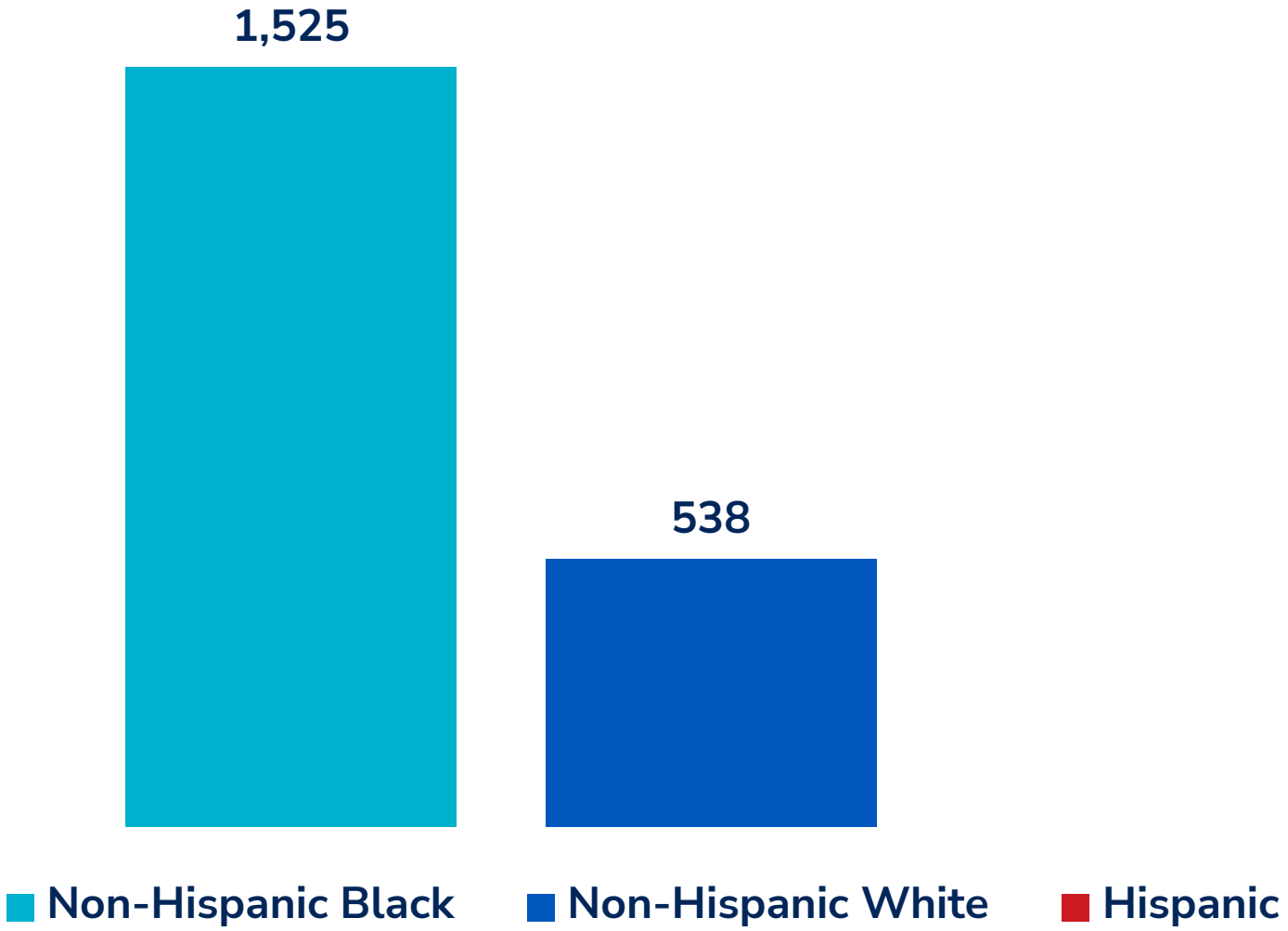

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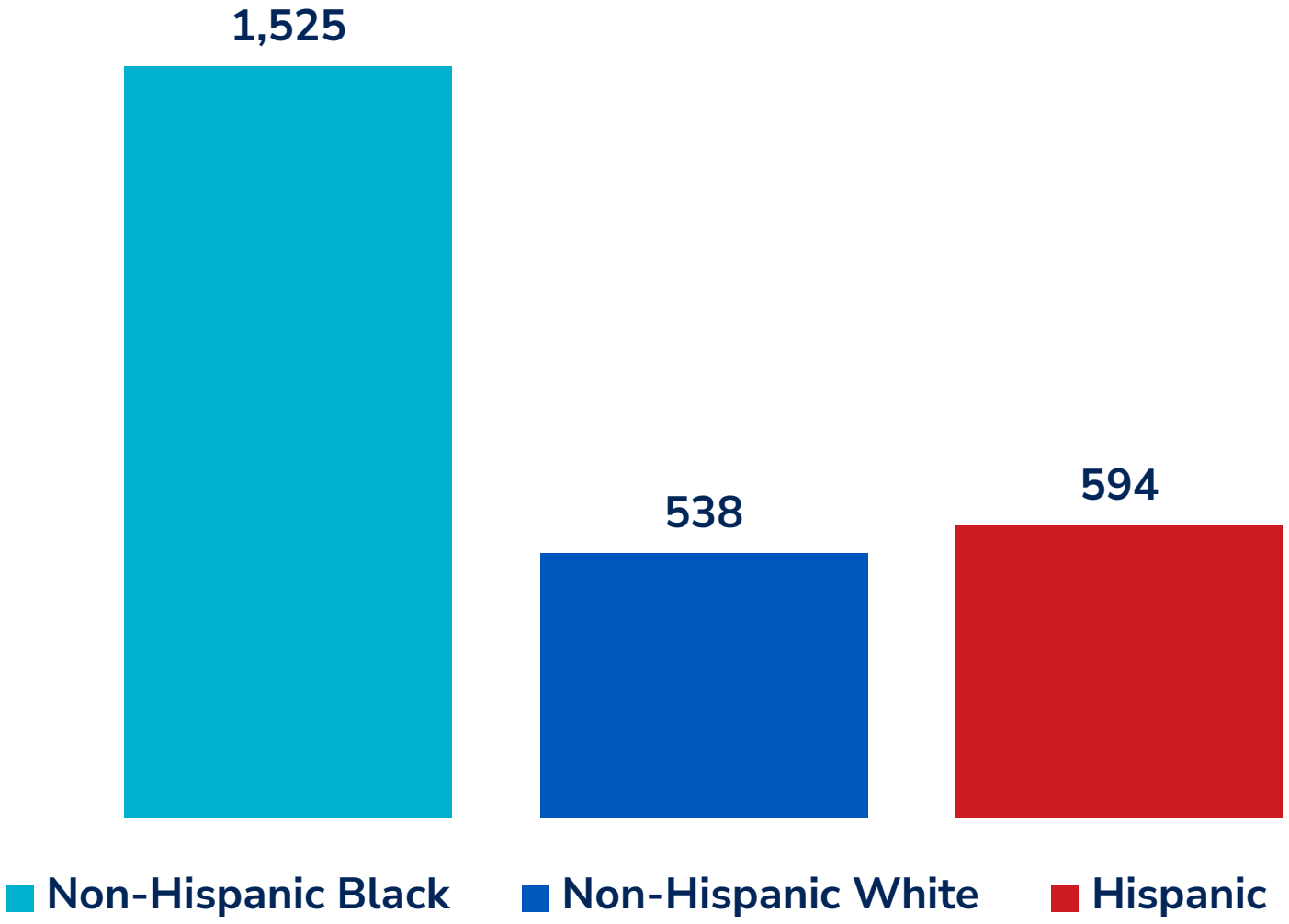


Source: Hospital discharge data, Oct 2020 – Dec 2024, Rhode Island Department of Health (RIDOH)

Data Sources

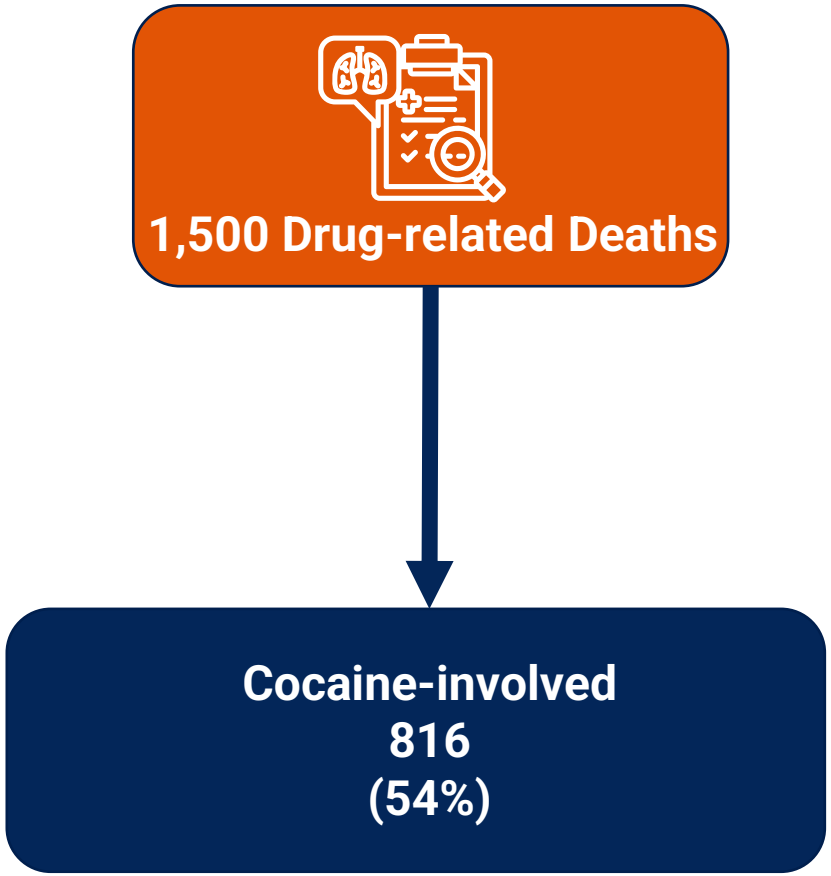
Emergency Department data

Non-Fatal Cocaine Use

Office of State Medical Examiners

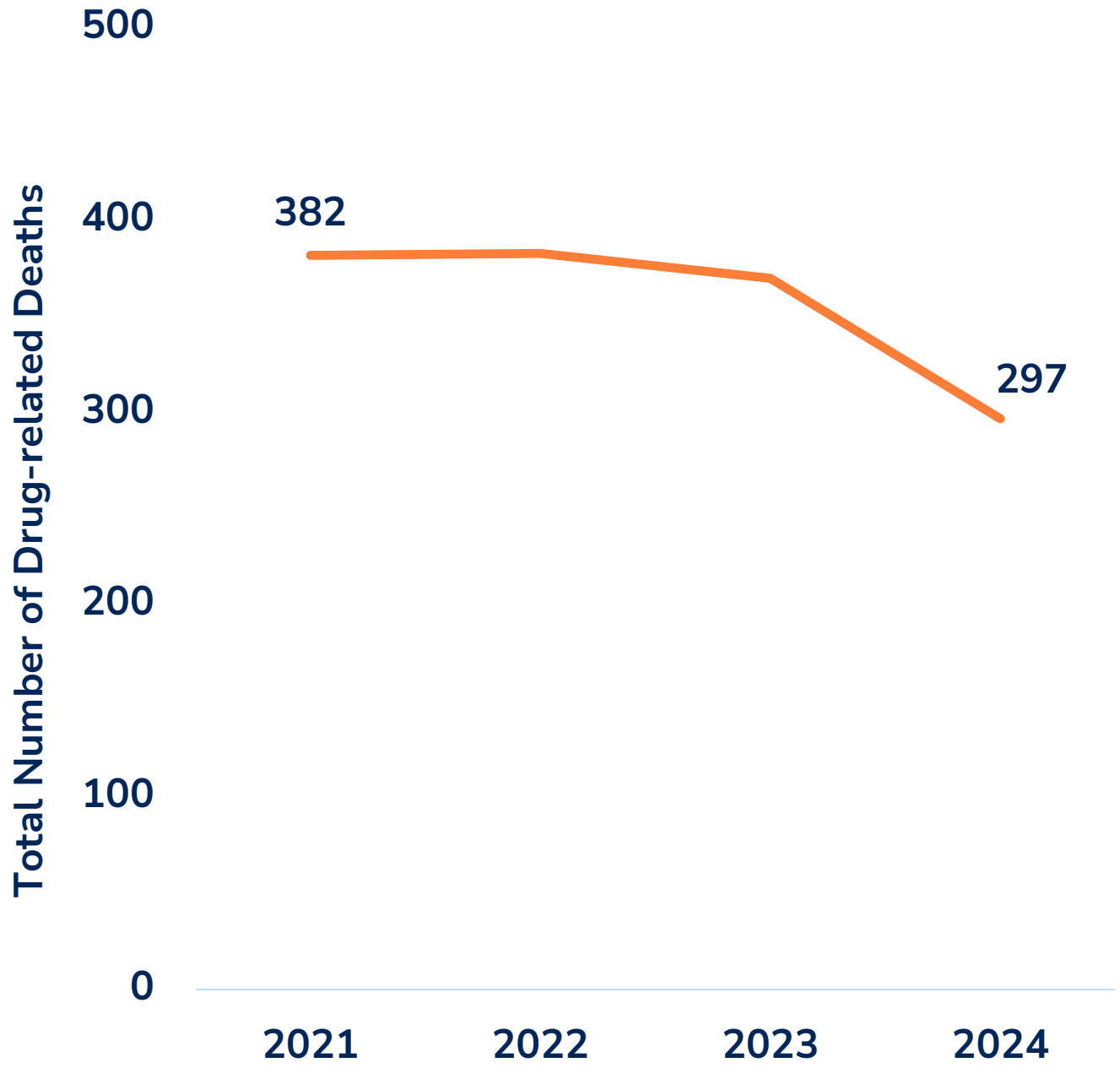
Fatal overdoses

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



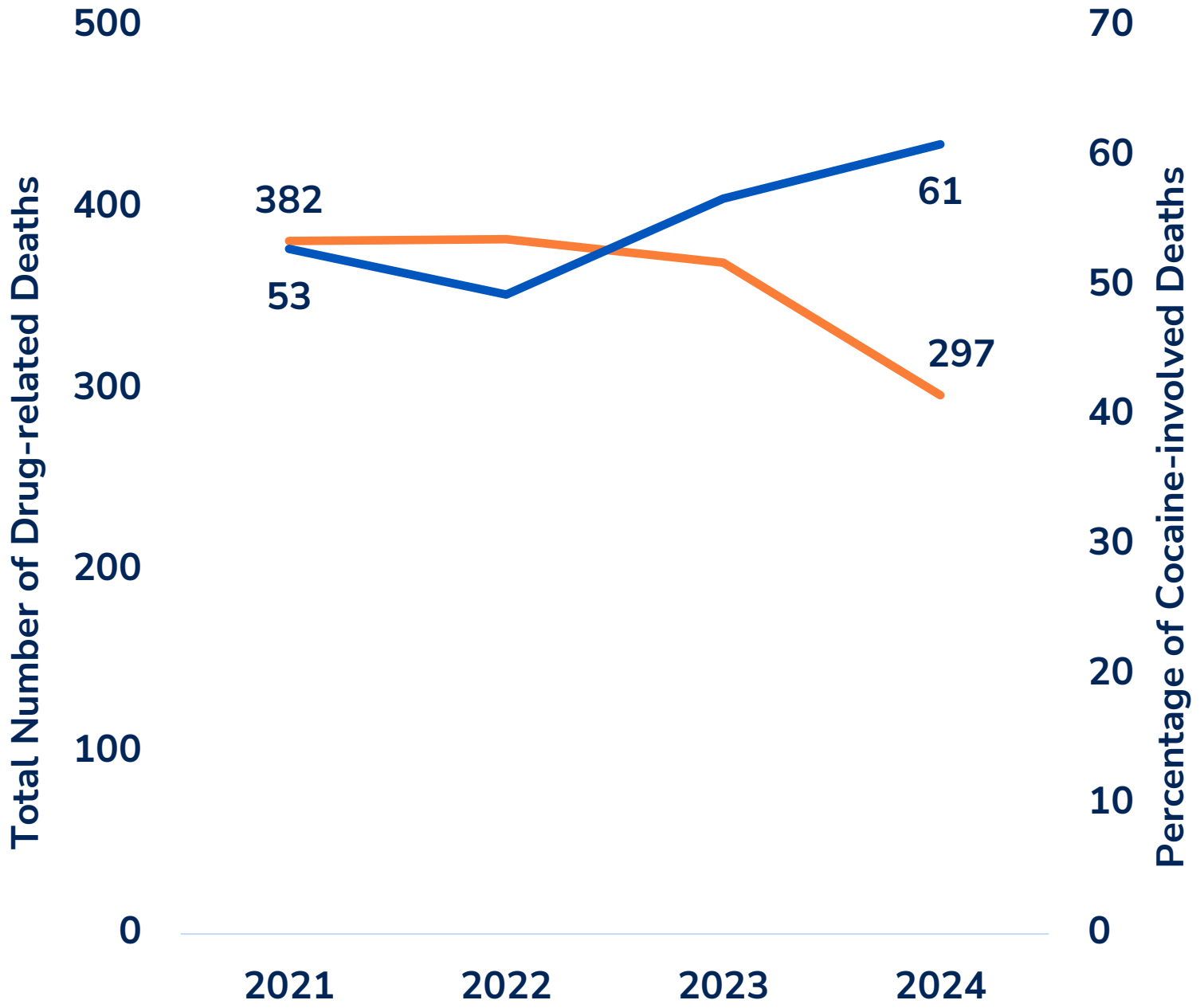
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH).

Overall, drug-related deaths decreased 22%.



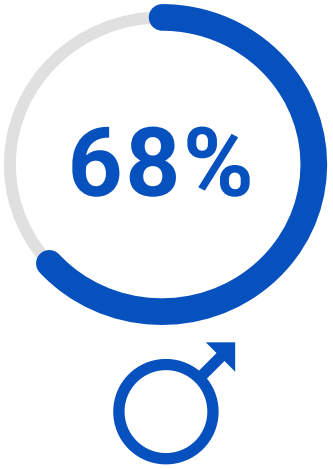
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

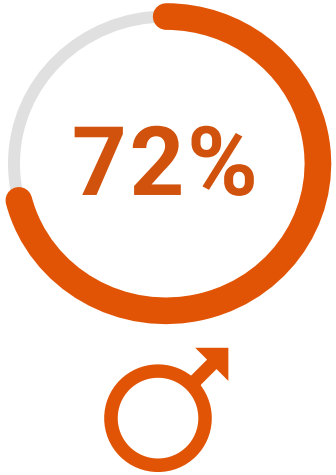
The percentage of cocaine-involved deaths increased from 53% to 61%.



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

Individuals with cocaine-related visits and cocaine-involved deaths were both mostly male.





Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

The median age for a cocaine-involved death was 46 years which is 4 years older than for those with an ED visit.

42 years

46 years

Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

The median age for a cocaine-involved death was 46 years which is 4 years older than for those with an ED visit.

42 years

46 years
Cocaine-involved

Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

The median age for a death involving cocaine without an opioid was 54.5 years which is 12.5 years older than for those with an ED visit.

42 years

46 years
Cocaine-involved

54.5 years
Cocaine without Opioid

Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

The median age for a death involving both cocaine and an opioid was 44 years.

42 years

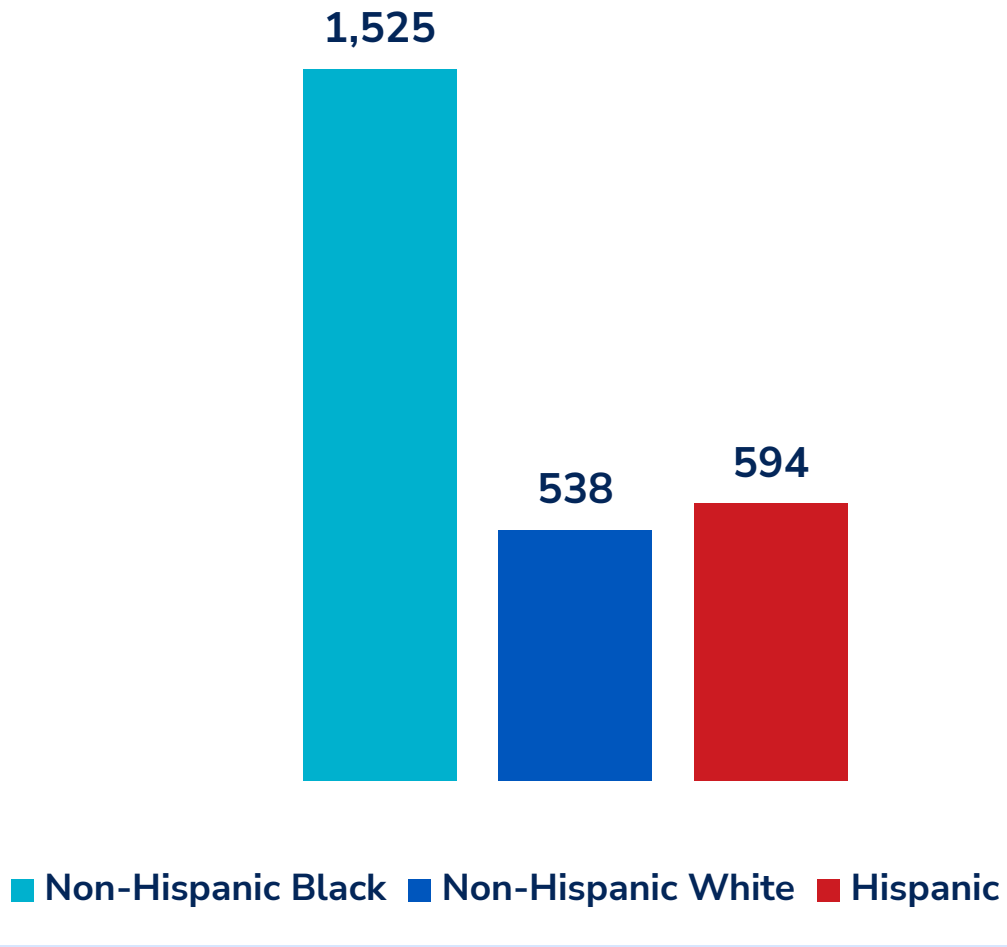
46 years
Cocaine-involved

54.5 years
Cocaine without Opioid

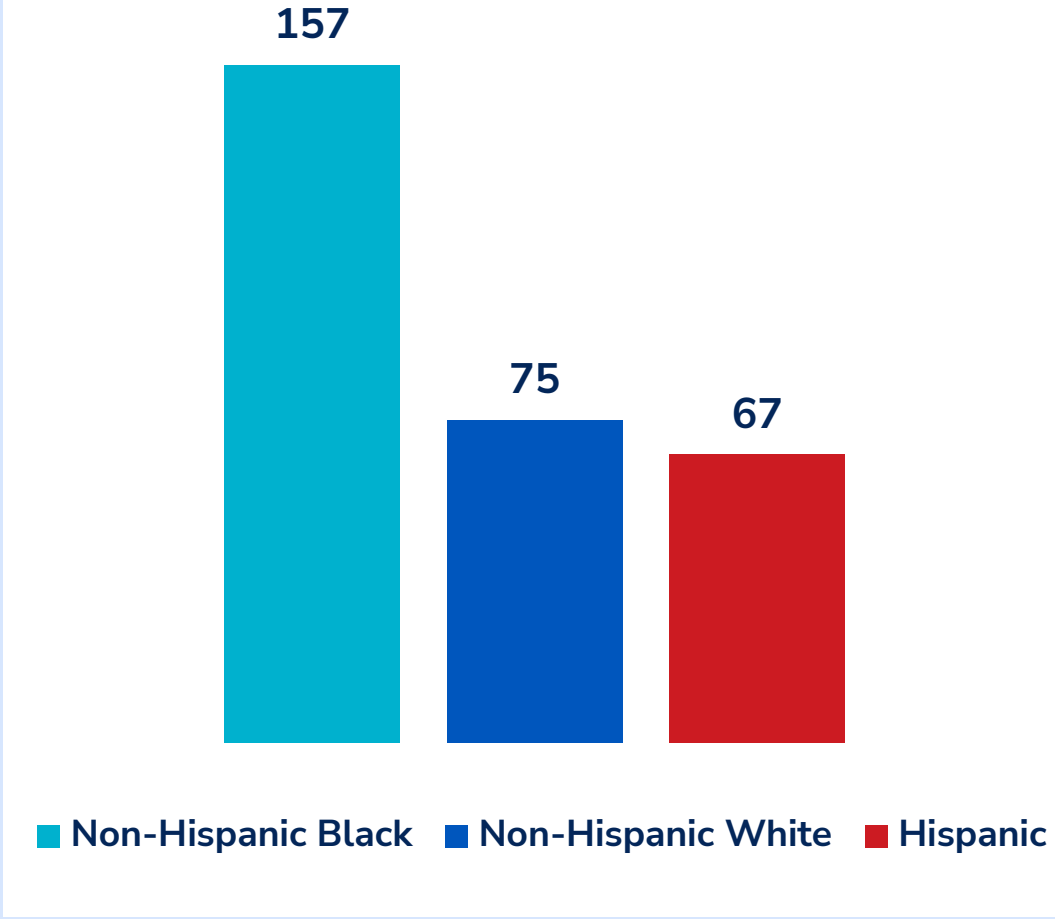
44 years
Cocaine with Opioid

Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH).

Cocaine-related Visits Per 10k Visits

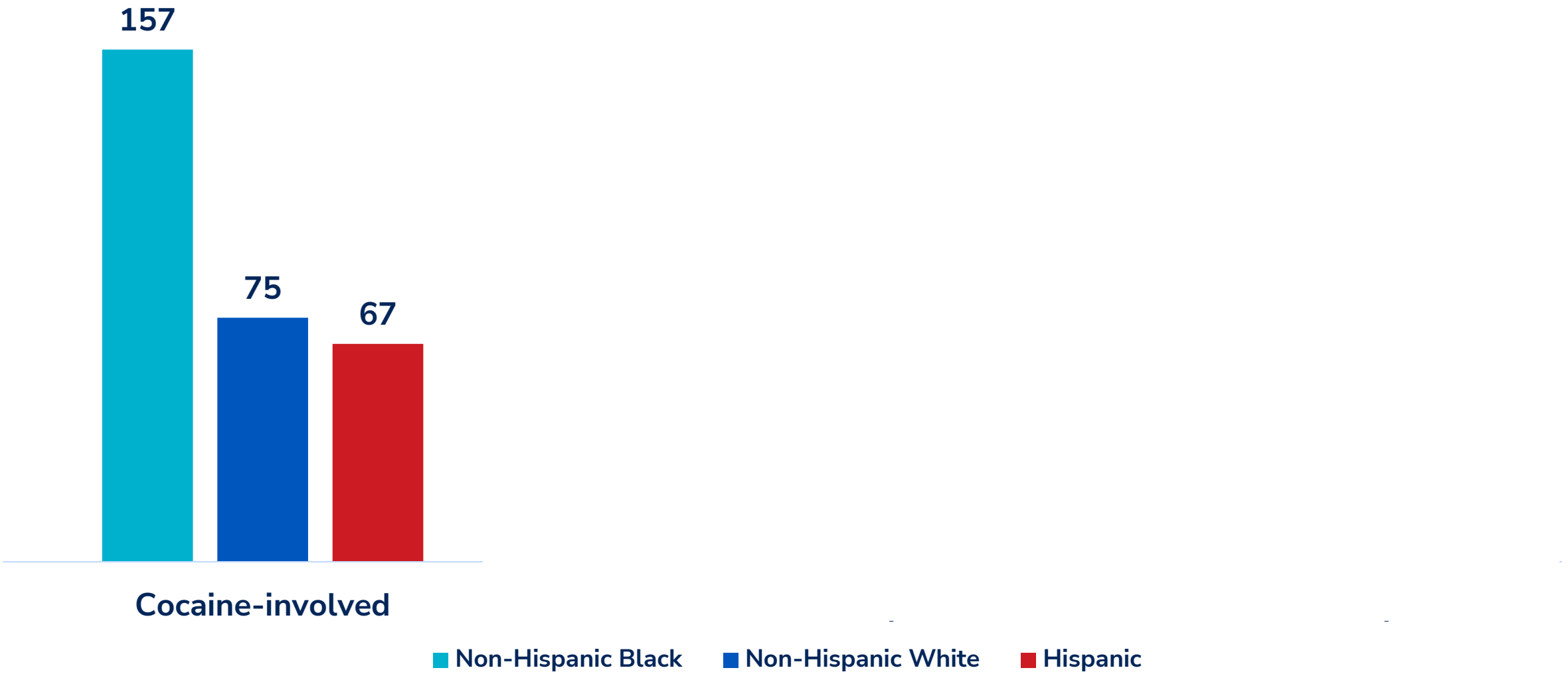


Cocaine-involved Deaths Per 100k



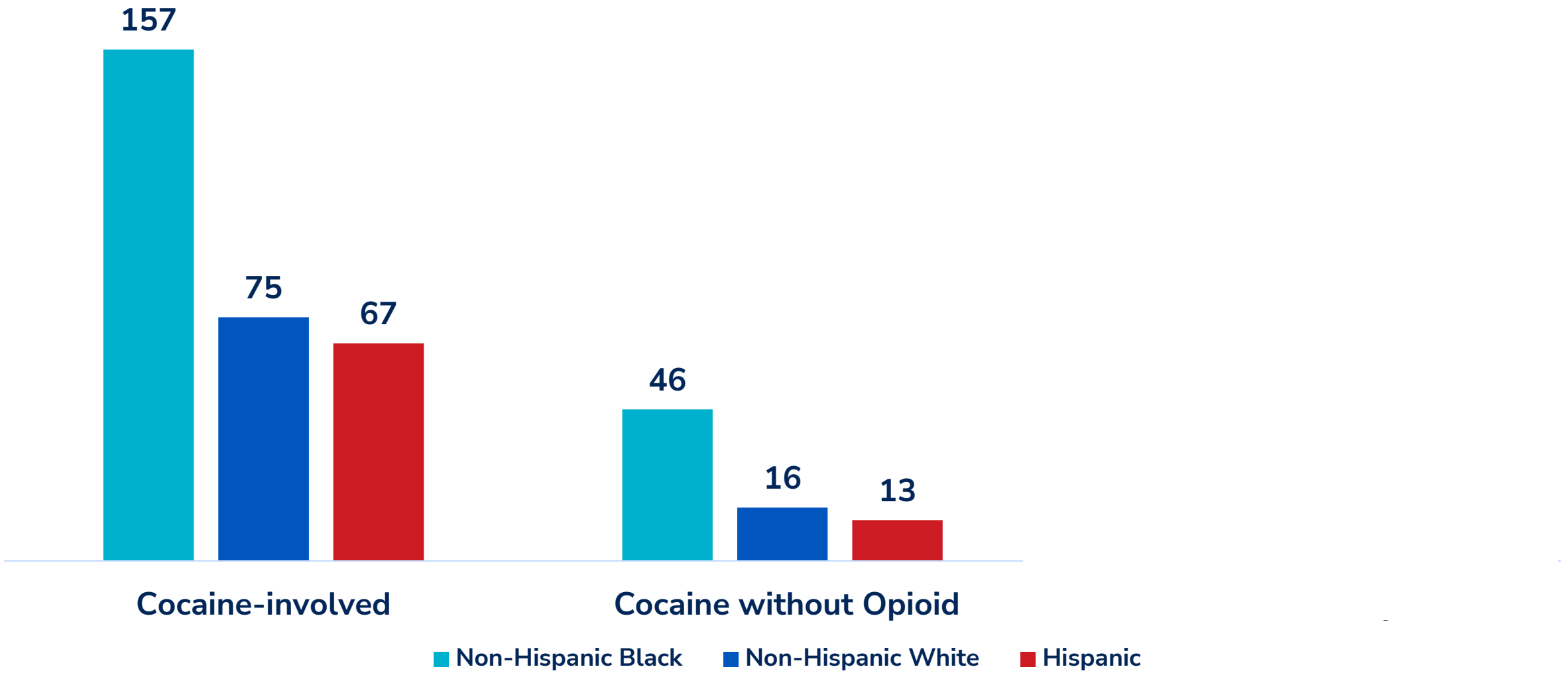
Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

The Non-Hispanic Black population had the highest rate of cocaine-involved fatal overdoses regardless of opioid involvement.



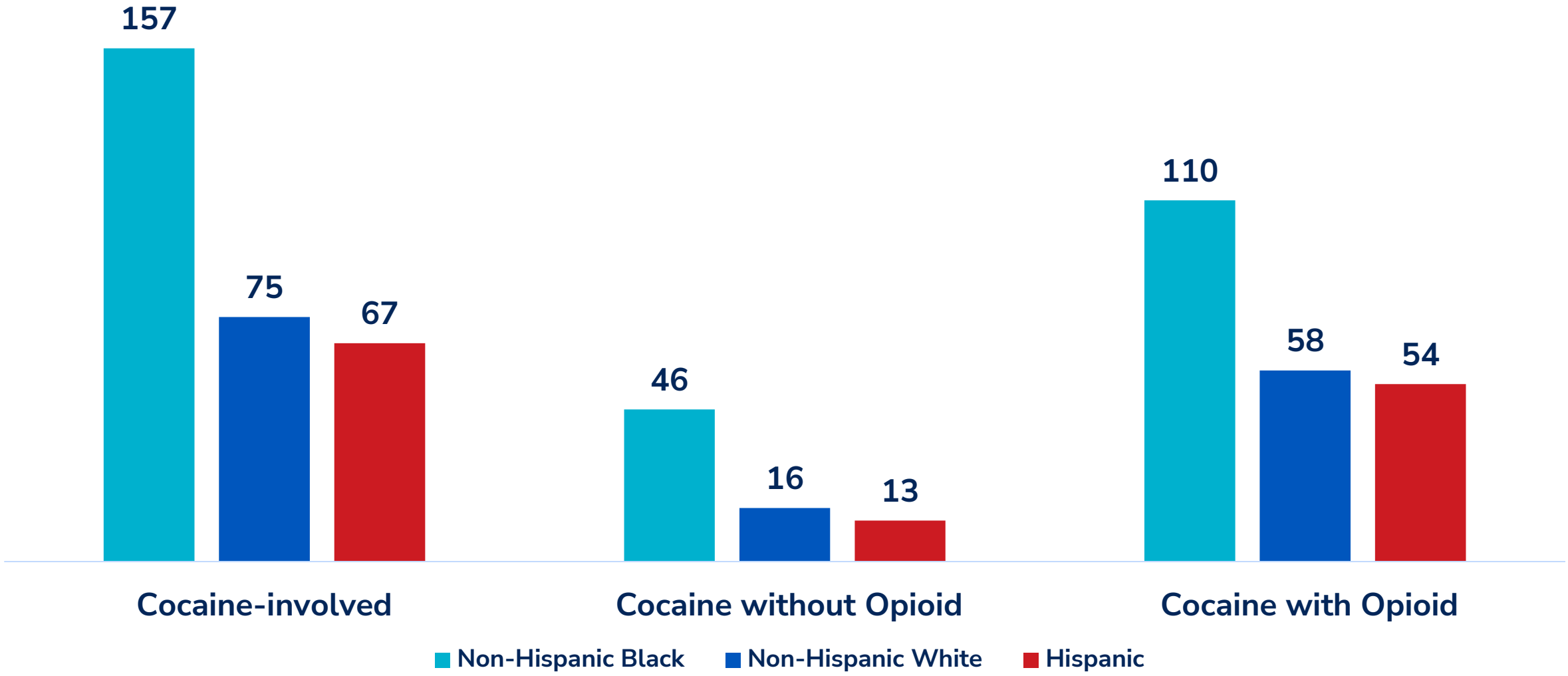
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH).

The Non-Hispanic Black population had the highest rate of cocaine-involved fatal overdoses regardless of opioid involvement.



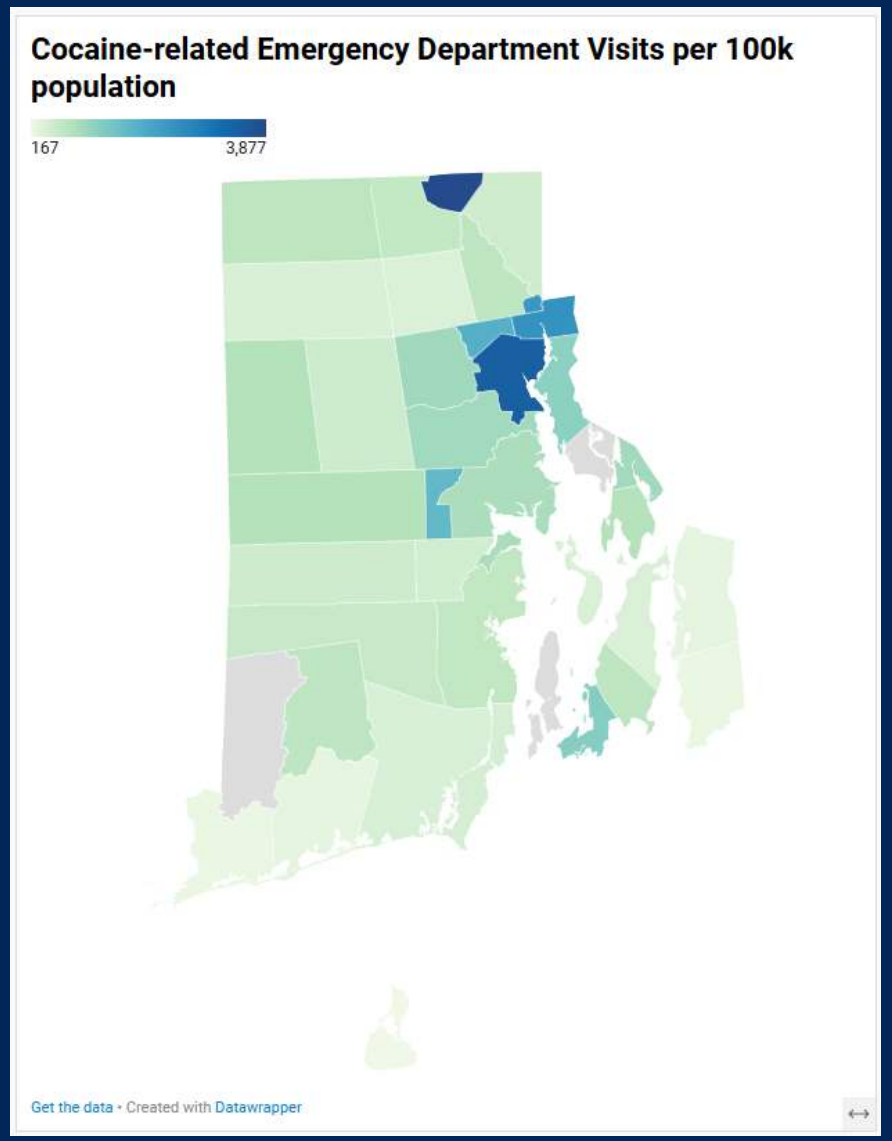
Source: Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

The Non-Hispanic Black population had the highest rate of cocaine-involved fatal overdoses regardless of opioid involvement.



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

Municipalities with the highest population rate of cocaine-related visits and cocaine-involved deaths were the same.



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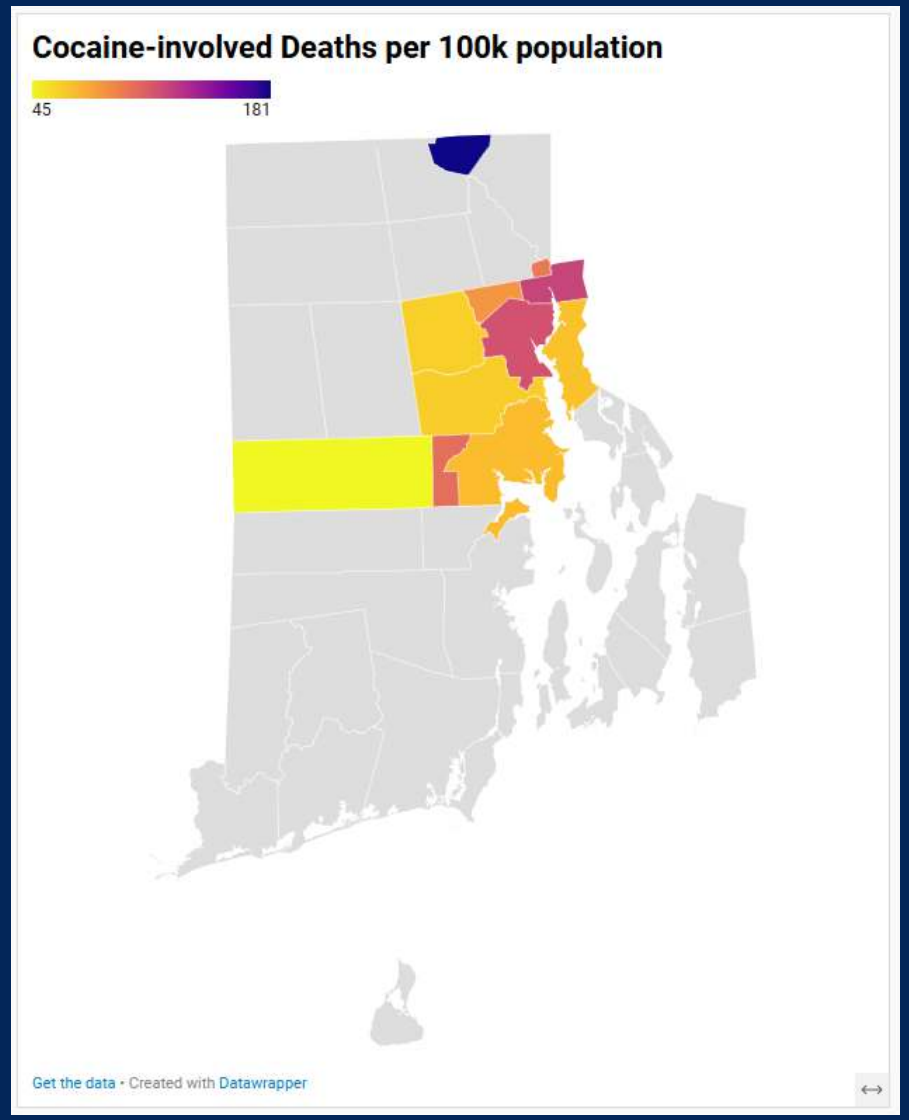


Emergency Department data

Non-Fatal Cocaine Use

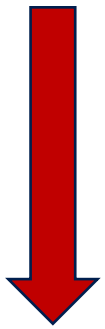
+

Office of State Medical Examiners

Fatal overdoses

1 in 50 people with a cocaine-related ED visit died of a fatal overdose within 1 year.

ED cocaine-related visit



2.2%

Fatal overdose

ED visit for nonfatal opioid overdose

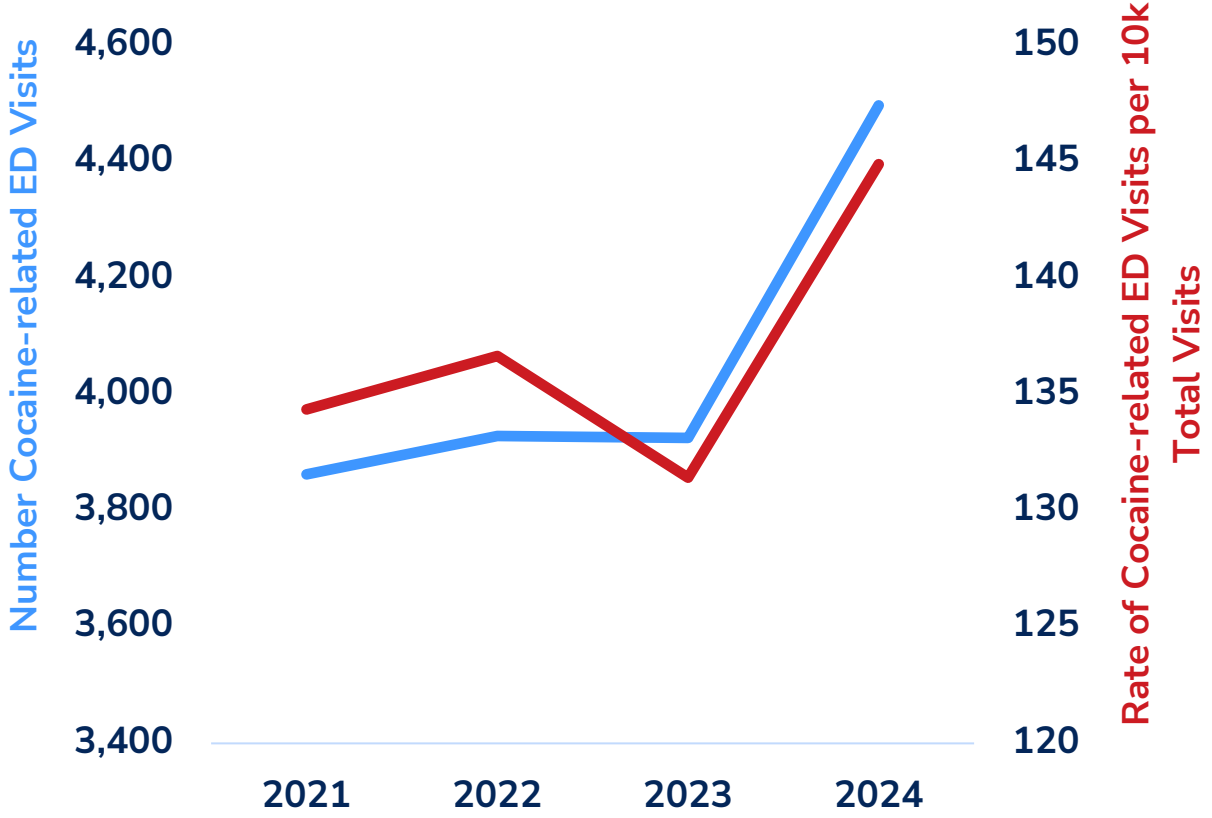
4%

Fatal opioid overdose

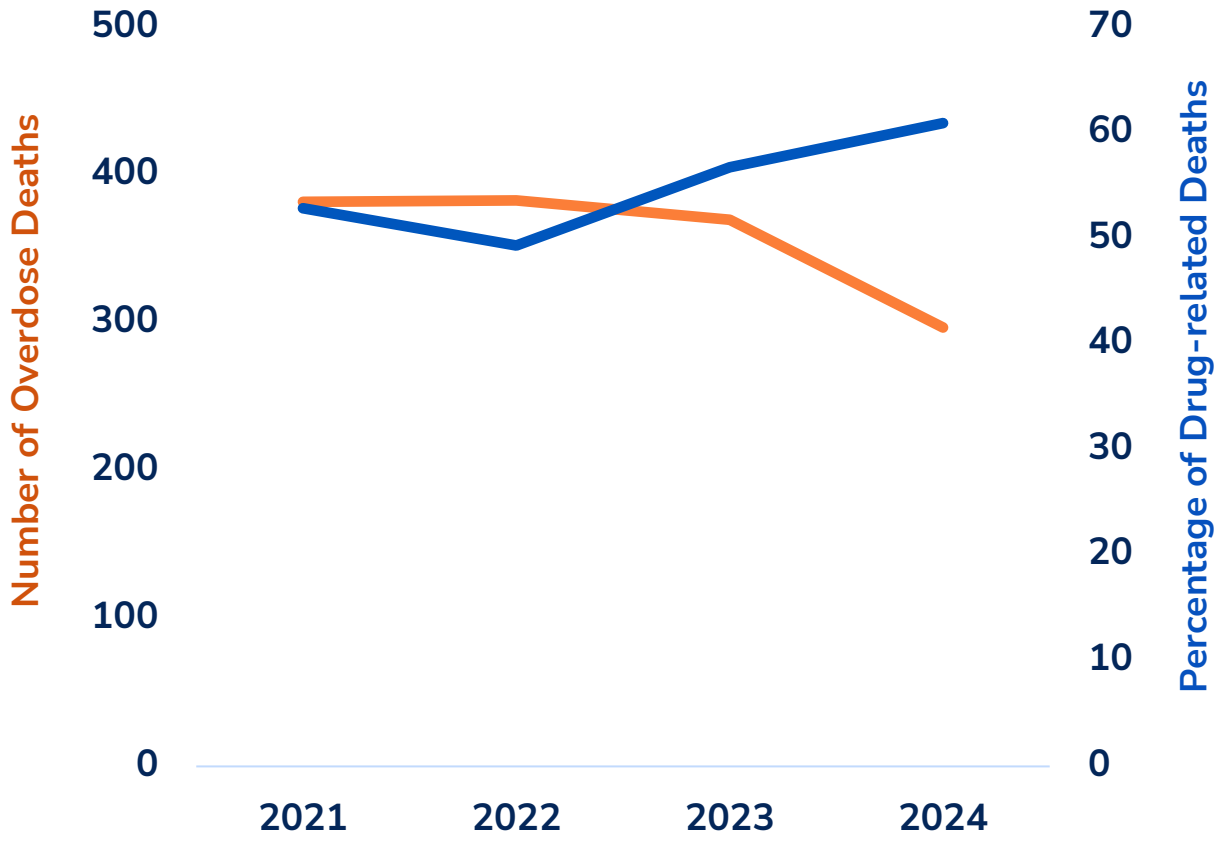
Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH)

ED data does reflect trends seen in fatal overdose data.

Number and Rate of Cocaine-involved Visits



Number and Percentage of Cocaine-involved Deaths



Source: Hospital discharge data, Oct 2020 – Dec 2024 & Office of State Medical Examiners (OSME), Rhode Island Department of Health (RIDOH).

ED data reflected demographic trends seen in fatal overdose data.

ED data reflected demographic trends seen in fatal overdose data.

- ✓ Sex

ED data reflected demographic trends seen in fatal overdose data.

- ✓ Sex
- ✓ Age

The Non-Hispanic Black community experienced a disproportionate burden of both ED visits and fatal overdoses involving cocaine regardless of opioid involvement.

- ✓ Sex
- ✓ Age
- ✓ At-risk population

There was high geographic overlap of ED visits and fatal overdoses involving cocaine.

- ✓ Sex
- ✓ Age
- ✓ At-risk population
- ✓ Geography

ED data may be able to identify populations at risk of future mortality.

- ✓ Sex
- ✓ Age
- ✓ At-risk population
- ✓ Geography
- ✓ Increased risk of fatal overdose post-discharge

Acknowledgements

Rhode Island Department of Health
Substance Use Epidemiology Program

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 https://www.cdc.gov/
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Public Comment

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