



**MAYOR ROBIN R. CHRISTIANSEN'S BLUE RIBBON  
OPIOID USE DISORDER (OUD)  
TASKFORCE MEETING  
Wednesday, October 29, 2025, at 6:30 PM**



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*City Hall Council Chambers, 15 Lookerman Plaza, Dover, Delaware*

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**AGENDA**

**ADOPTION OF AGENDA**

1. Purpose of OUD-Taskforce Committee
2. Fiduciary Duties of Committee
3. Introduction of Committee Members
4. OUD – Ad-Hoc Committee Chairs
5. Abatement Goals
6. Biopsychosocial Model
7. Traffic Safety Laws
8. Team Dover's Phase 1. Recommendations to the Mayor and City Council (Constituents & OUD- Taskforce Recommendations)

**ADJOURNMENT**

THE AGENDA ITEMS AS LISTED MAY NOT BE CONSIDERED IN SEQUENCE. PURSUANT TO 29 DEL. C. §10004(e)(2), THIS AGENDA IS SUBJECT TO CHANGE TO INCLUDE THE ADDITION OR THE DELETION OF ITEMS, INCLUDING EXECUTIVE SESSIONS, WHICH ARISE AT THE TIME OF THE MEETING.



**MAYOR  
CHRISTIANSEN'S  
BLUE RIBBON  
(**OD**)  
TASKFORCE  
COMMITTEE**



**SETTLEMENT FUNDS PLAN**



**CHAIRMAN  
Dr. Roy Sudler, Jr.**

## THE PURPOSE

- *The purpose of the Mayor's OUD Blue Ribbon Taskforce is to build a healthier community by elevating the voices of a diverse range of stakeholders and strategically investing settlement funds to support initiatives that empower recovery and resilience. Subsequently, generating a lasting impact in the fight against opioid use disorder and paved the way for a brighter future for everyone affected.*

# THE MAYOR'S OPIOID USE DISORDER (OUD) BLUE RIBBON TASKFORCE

*The **Mayor's Blue Ribbon Opioid Use Disorder (OUD) Taskforce**, comprised of six diverse experts with extensive knowledge in the field, is dedicated to implementing a comprehensive and innovative approach to the allocation of **Opioid Settlement Funds**.*

*Through robust interagency collaboration, we will induce transformative progress in the fight against Opioid Use Disorders, elevating outcomes for our community and fostering hope for a healthier future.*

# COMMITTEE'S FIDUCIARY DUTIES

- A. Allocate opioid settlement funds solely for evidence-based interventions that directly target the ongoing opioid crisis.*
- B. Implement robust planning, oversight, accountability, and transparency mechanisms to categorically reject any attempts to divert these vital resources towards unrelated expenses, offsetting government debts, or investing in ineffective strategies and tools.*
- C. Establish strong planning, oversight, accountability, and transparency measures to guarantee that these funds are utilized effectively in combating opioid use disorder, while preventing any misappropriation or underutilization of these critical resources.*
- D. Focus on identifying and promoting optimal harm reduction practices, such as Fentanyl Test Strips (FTS), while crafting robust, evidence-driven policy recommendations that will markedly enhance the Capital of Delaware's response to Opioid Use Disorders and the effectiveness of Treatment Facilities in Kent County.*

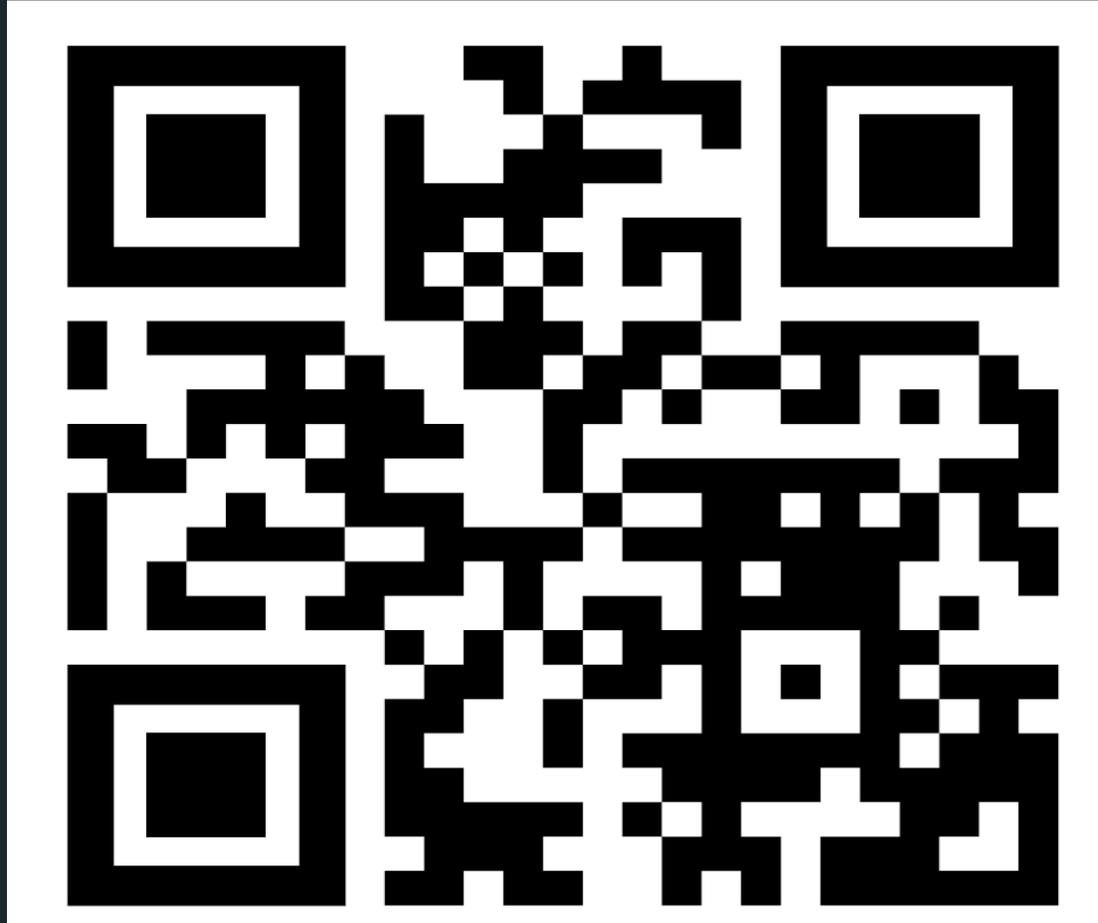
# THE MAYOR'S OUD TASKFORCE COMMITTEE MEMBERS CONSIST OF THE FOLLOWING:

1. The Honorable Dr. Roy Sudler, Jr. (Chairman of the Opioids Use Disorder (OUD) Committee/District 4 City Councilman in the Capital of Delaware)
2. The Honorable Eric L. Buckson (16 Senate District in the Delaware General Assembly).
3. Mr. Benard Pratt (Associate Vice-President of Facilities Management/Planning & Construction for Delaware State University).
4. Mr. James Oxford Sr. (Former Teacher, Athletic Director, and Head Football Coach for Dover High School).
5. Mr. Joseph H. Bedford III (Para-Professional-The Capital School District).
6. Mrs. Toni Jordan (NorthNode Group Counseling LLC.)
7. Mrs. Chelle Paul (Founder of the Criminal Justice Advocacy Organization Divided We Fall of Delaware).

# AD-HOC COMMITTEE CHAIRS 2025-2027



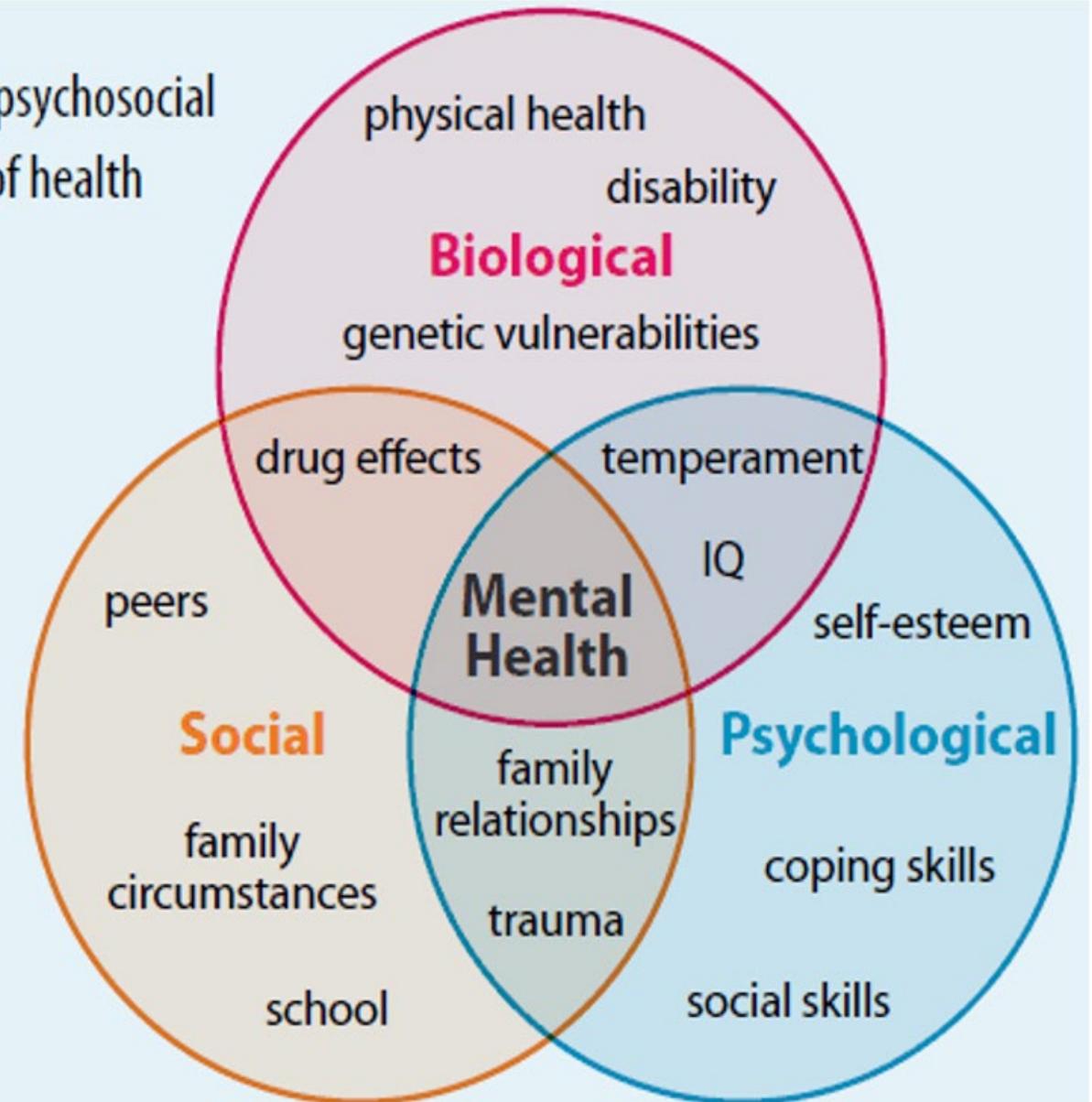
EXHIBIT E. LIST OF OPIOID  
REMEDICATION USES  
PLEASE SCAN



# BIOPSYCHOSOCIAL MODEL

- The **Biopsychosocial (BPS)** Framework is essential for comprehensively addressing addiction and chronic pain, as it calls for a multidimensional approach that incorporates biological, psychological, behavioral, and social factors.
- This integrative perspective deepens our understanding of opioid use disorders and the intricacies of related disease dynamics.

The biopsychosocial model of health



# BIOPSYCHOSOCIAL FRAMEWORK

## (Continued)

- ✓ Research conducted by Harmon, Welch, and Ruby (2021) supported the notion that the **Biopsychosocial (BPS)** framework provides a more profound and nuanced comprehension than a strictly biomedical model. Alitabar (2025) research further underscored this point, emphasizing that adopting the BPS approach enables the implementation of holistic care strategies.
- ✓ These strategies leverage a **multidisciplinary team approach**, involving collaboration among physicians, psychologists, social workers, and rehabilitation specialists, to effectively address the complex interplay of chronic pain factors that influence patient health outcomes.

# BIOPSYCHOSOCIAL HOLISTIC MULTIFACETED APPROACH

## *Proposed Recommendations for the Abatement of OUD in the Capital of Delaware:*

- 1. Investment in Detox Treatment Center Infrastructure:** Develop a state-of-the-art Detox Treatment Center that incorporates comprehensive wrap-around services. This facility should be staffed with specialized addiction therapists and social workers and utilize evidence-based therapeutic programs to address opioid use disorder (OUD) effectively.
- 2. Enhancement of Behavioral Health Integrations:** Strengthen the behavioral health landscape by expanding the operational capacity of existing treatment centers and increasing the workforce of peer support specialists. This approach is vital for fostering a holistic network of support that promotes prevention and recovery.
- 3. Expansion of Telehealth Services:** Broaden the accessibility of Non-Medical Treatment options for opioid use disorders through telehealth initiatives. Telehealth can facilitate significant improvements in patients' behavioral and emotional management of pain, enhancing overall functional outcomes.

# **BIOPSYCHOSOCIAL**

## **HOLISTIC MULTIFACETED APPROACH**

**( Continued ) :**

**4. Data and Research:** Conduct both qualitative and quantitative research on Biopsychosocial determinants that contribute to opioid use disorders to deepen the scientific understanding of public health risks and identify harm reduction strategies within the illicit drug market. This research should include comprehensive surveys targeting market participants who engage with highly addictive substances that carry risks such as overdose, irreversible brain damage, and mortality in the Capital of Delaware.

**5. Mobile Intervention Units:** Deploy mobile units to provide immediate referrals to harm reduction services tailored for individuals suffering from opioid use or OUD, particularly those with co-occurring substance use and mental health disorders. These units can enhance outreach and accessibility to critical resources.

**6. Youth-Focused Campaigns:** Allocate funding for targeted Real Cost Media Campaigns and programs aimed at preventing opioid use among youth and other vulnerable demographics. Special attention should be given to the unique needs of communities disproportionately affected by the epidemic, including homeless populations and communities of color, to ensure effective engagement and support.

# INFRASTRUCTURE:

## PART THREE:

### OTHER STRATEGIES

#### J. LEADERSHIP, PLANNING AND COORDINATION

- Support efforts to **provide leadership**, planning, coordination, facilitations, **training and technical assistance** to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

#### 3. *Invest in infrastructure or staffing at government or not-for-profit agencies*

to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with **OUD** and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

# ENHANCED BEHAVIORAL HEALTH INTERGRATIONS

## Schedule B

### Approved Uses

#### PART ONE: TREATMENT

#### **E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME**

- Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

**8.** *Provide enhanced support for children and family members* suffering trauma because of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

# ENHANCED BEHAVIORAL HEALTH INTERGRATIONS

(Continued) :

## 2 EXHIBIT E

List of Opioid Remediation Uses Schedule

A Core Strategies

### E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICE

3. *Broaden scope of recovery services* to include co-occurring SUD or mental health conditions.
4. *Provide comprehensive wrap-around services* to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. *Hire additional social workers or other behavioral health workers* to facilitate expansions above.

# ENHANCED BEHAVIORAL HEALTH INTERGRATIONS

(Continued):

## PART TWO

### PREVENTION F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

#### G. PREVENT MISUSE OF OPIOIDS

- Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

**12.** *Support greater access to mental health services and support for young people*, including services and support provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (**when not properly addressed**) increase the risk of opioid or another drug misuse.

# EXPAND TELEHEALTH:

- Non-Medical Treatment for OUD such as Cognitive behavioral therapy (CBT) helps patients change their behavioral and emotional responses to pain, which can improve their functioning. Mindfulness-based stress reduction is another effective option.

## Schedule B

### Approved Uses

#### PART ONE: TREATMENT

#### TREAT OPIOID USE DISORDER (OUD)

- Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring substance use disorder or Mental Health (“SUD/MH”) conditions through evidence-based, or evidence informed programs or strategies that may include, but are not limited to, those that:
  - 3. *Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH*** conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

# DATA AND RESEARCH

## PART THREE: OTHER STRATEGIES

### L. RESEARCH

- SUPPORT OPIOID ABATEMENT RESEARCH THAT MAY INCLUDE, BUT IS NOT LIMITED TO, THE FOLLOWING:
  2. *Research into non-opioid treatment* of chronic pain.
  4. *Research on novel harm reduction and prevention efforts* such as the provision of fentanyl test strips.
  8. *Qualitative and quantitative research regarding public health risks* and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
  9. *Geospatial analysis of access barriers to Medication-Assisted Treatment (MAT)* and their association with treatment engagement and treatment outcomes.

# DATA AND RESEARCH (Continued):

## PART ONE: TREATMENT

### TREAT OPIOID USE DISORDER (OUD)

- Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring substance use disorder or Mental Health (“SUD/MH”) conditions through evidence-based, or evidence informed programs or strategies that may include, but are not limited to, those that:15
- 10.** Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

### NOTATIONS:

Empirical research indicates significant gender differences in the pathways to opioid use disorder (OUD) among people with chronic pain. Women are more likely to be initially exposed to opioids through a legitimate prescription for a chronic pain condition and develop a more rapid course of addiction, while men tend to present with higher rates of other substance use and antisocial behaviors. This has major implications for prevention, assessment, and treatment strategies, as a one-size-fits-all approach is less effective.

# MOBILE INTERVENTION UNITS

## PART ONE: TREATMENT

### TREAT OPIOID USE DISORDER (OUD)

- Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring substance use disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence informed programs or strategies that may include, but are not limited to, those that:15

**5.** *Support mobile intervention, treatment, and recovery services*, offered by qualified professionals and service providers, such as peer recovery coaches, for people with OUD and any co-occurring SUD/MH conditions and for people who have experienced an opioid overdose.

## PART TWO: PREVENTION

### H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

- Support efforts to prevent or reduce overdose deaths or other opioid-related harm through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

**11.** *Supporting mobile units* that offer or provide referrals to harm reduction services, treatment, recovery support, health care, or other appropriate services to people that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

# YOUTH REAL COST CAMPAIGNS

## Schedule A

### Core Strategies

- States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“Core Strategies”).<sup>14</sup>

#### G. PREVENTION PROGRAMS

1. *Funding for media campaigns to prevent opioid use* (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);

#### PART TWO: PREVENTION

#### G. PREVENT MISUSE OF OPIOIDS

- Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. *Funding media campaigns to prevent opioid misuse.*

# YOUTH REAL COST CAMPAIGNS (Continued):

6. *Supporting community coalitions in implementing evidence-informed prevention*, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. *Engaging non-profits and faith-based communities* as systems to support prevention.
9. *School-based or youth-focused programs or strategies* that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

# TRAFFIC SAFETY LAWS (CONTINUED)

**In 2019, the city of Newark, New Jersey, implemented a controversial policy targeting drivers who give money to individuals soliciting donations from the medians.**

**City officials argued that this practice not only poses a significant safety risk but also contributes to traffic delays, thereby creating a public safety hazard. As a result, violations of this new regulation were classified as offenses, aimed at maintaining the flow of traffic and ensuring the safety of both drivers and pedestrians.**

Under [Delaware Code Title 21, § 4186](#), it is **illegal** for a driver's view to be obstructed by objects, passengers, or the vehicle's load. Individuals who obstruct traffic can face charges for disorderly conduct and public intoxication, depending on the specifics of the situation.

# DANGERS OF VISUAL DISTRACTION

*Giving money to an individual* requires a combination of manual, visual, and cognitive distraction

1. **Manual**- moving a hand from the steering wheel to get money from the wallet or purse
  2. **Visual** – Looking away from the road to find the money and to see the person receiving it.
  3. **Cognitive** – Thinking about the exchange, the individual's situation, and the process of handing over the money.
- **Endangering Others** = Individuals in Traffic, particularly on MEDIANS and HIGHWAYS on-ramps, can endanger the panhandler, the driver, and other road users.

# TEAM DOVER'S

Constituent's Recommendations:

OUD - Taskforce Recommendations:

# KEY REFERENCES

- 1. Alitabar H. S. (2025). The Biopsychosocial Model in Modern Healthcare: Barriers to Holistic Patient Care. International Journal of Body, Mind and Culture, 12(2), 1-4. DOI: 10.61838/ijbmc.v12i2.950**
- 2. Harmon, Z. S., Welch, E., N & Ruby, C., L. (2021). Conceptualizing Drug Addiction and Chronic Pain through a Biopsychosocial Framework to Improve Therapeutic Strategies. IntechOpen. DOI: 10.5772/intechopen.95601**
- 3. Wiss D. A. (2019). A Biopsychosocial Overview of the Opioid Crisis: Considering Nutrition and Gastrointestinal Health. Frontiers in public health, 7, 193.  
<https://doi.org/10.3389/fpubh.2019.00193>**