TO:	The Honorable Kyle Evans Gay, Lieutenant Governor
	The Honorable Melissa Minor-Brown, Speaker of the House
CC:	Delaware General Assembly
FROM:	Overdose System of Care Co-Chairs
	Joanna Champney, Director, Division of Substance Abuse and Mental Health
	Dr. Robert Rosenbaum, State EMS and Preparedness Section Medical Director, Division of Public Health
DATE:	February 26,2026
RE:	**Delaware Overdose System of Care 2025 Accomplishments and 2026 Goals**

The Overdose System of Care (OSOC) was established in 2018 by Delaware Legislation to coordinate the treatment and care provided to individuals who have experienced or are at risk of experiencing an opioid overdose. The legislation called for an OSOC Committee with specific representation to be established under the leadership of the Division of Public Health (DPH) and the Division of Substance Abuse and Mental Health (DSAMH). The OSOC Committee is supported by three Subcommittees: The Acute Opioid Use Disorder (OUD) Stabilization Subcommittee, the Naloxone Subcommittee, and the Data and Quality Subcommittee.

2025 was a year of growth and significant progress for OSOC. At the end of 2024, each OSOC Subcommittee developed goals for 2025. These goals were then turned into workplans that guided the work of the Subcommittees throughout the year.

Overdose System of Care (OSOC) Committee Update

The OSOC Committee held its year-end meeting on December 18, 2025, bringing partners together to reflect on progress, recognize leadership, and identify priorities for the year ahead. The OSOC Committee is co-chaired by Joanna Champney of DSAMH and Dr. Robert Rosenbaum of DPH. This update summarizes the recognition of partners, leaders, and progress shaping overdose prevention and care across Delaware.





Naloxone Distribution Awardees: *Recognizing organizations with ongoing commitment and high achievement in expanding access to life-saving naloxone:*

- **Impact Life**
- **Bayhealth Medical Center**

- **Beebe Healthcare – Lewes Campus**
- **Baylor Women's Correctional Institute**
- **Network Connect**

Emergency Department Care Guidance Awardees:
Honoring partners who contributed leadership and insight to the development of Delaware's emergency department (ED) guidance for caring for people with opioid use disorder:



- **Bayhealth Medical Center**
- **Beebe Healthcare**
- **St. Francis**
- **ChristianaCare**
- **TidalHealth – Nanticoke**



Individual Leadership Recognition: *Celebrating champions who helped strengthen the connection between emergency medical services and follow-up overdose response teams:*

- **John Tinger, Kent County EMS**
- **Justin Conrad, Kent County EMS**

OSOC tracks progress and challenges using shared measures and real-time insights:

- More people are starting medication for opioid use disorder (MOUD) treatment within 48 hours of an ED visit than in previous years, showing meaningful improvement between 2018 (1%) and 2025 (4%).
- Continued challenges remain in keeping people engaged in treatment in the months following an ED visit. There's been no meaningful increase in the average percentage of people starting MOUD in the week following an ED visit.
- In Kent County, the rates of OUD emergency department visits for the first three quarters of 2025 were on average 110.5% above the median rate from 2019 to 2024.
- In New Castle County, the rates of overdose department visits for the first three quarters of 2025 were on average 27.8% above the median rate from 2019 to 2024.
- Several communities are experiencing notable increases in nonfatal overdoses, including ZIP codes 19801, 19802, 19904, and 19977.
- Ongoing street drug reports have identified changing substances in the drug supply throughout the year, reinforcing the importance of timely information sharing and prevention efforts.

Tools Created Through OSOC Collaboration: *OSOC subcommittees worked together to create practical resources that support consistent, high-quality care, including:*

- A Guidance Document for EDs on treating patients with opioid use disorder
- An FAQ for emergency medical services (EMS) personnel responding to overdose calls
- Shared "North Star" measures to track progress in overdose reduction and follow-up care

- Naloxone distribution smart practice guides for hospitals, first responders, treatment providers, and correctional facilities

These updates reflect the collective effort of partners across the state. OSOC is grateful to all partners and for their leadership, collaboration, and continued commitment to saving lives and improving care.

Acute OUD Stabilization Subcommittee

The Acute OUD Stabilization Subcommittee focuses its efforts on supporting individuals who have accessed an ED and/or EMS and have either experienced an opioid overdose or are at high risk for overdose. Much of the Subcommittee's work has focused on initiating MOUD in acute settings followed by referral to community treatment. Over the past several years, the Subcommittee has successfully convened representatives from community treatment providers, EDs, and EMS to establish working relationships, develop referral pathways from acute to community settings, and troubleshoot barriers.

In 2025, the group sharpened their focus on increasing consistency across healthcare systems throughout the state and specifically worked to increase ED capacity for initiating MOUD, having conversations with patients around substance use, and strengthening referrals to community treatment.

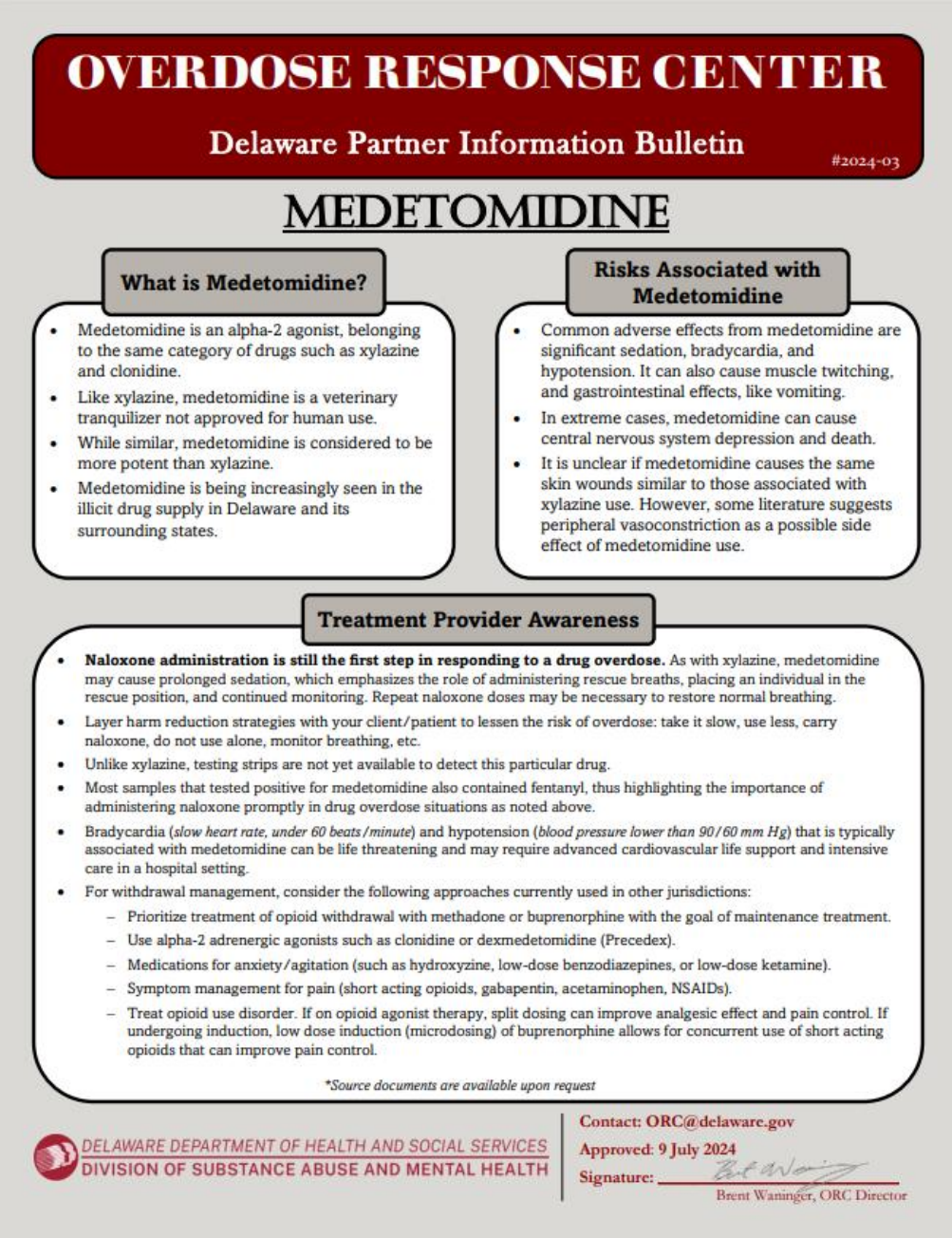
The Subcommittee Co-Chairs and OSOC Medical Advisor, Dr. Gregory Wanner, continued their work with a group of direct care ED staff and leaders to **develop a Delaware-specific Guidance Document** around treating patients with OUD in EDs. The Guidance Document was also informed by community treatment providers and research on national best practices. The group met three times in 2025 to discuss patient engagement, triage and substance use screening, and to review the full document and provide feedback and edits. The Guidance Document was finalized in November 2025 and will be hosted on Delaware's Addiction Treatment Resource Center (ATRC) website (https://atrc.dhss.delaware.gov/). The Document was also presented to the Delaware Healthcare Association's (DHA) Advocacy Council and as of the writing of this memo, two hospital systems have committed to publicizing and implementing the guidance document in practice. The working group has begun planning for a public release event in 2026 in collaboration with the DHA.



The Subcommittee facilitated and championed several other critical initiatives in 2025, including reconvening the full Acute OUD Stabilization Subcommittee by re-engaging EMS and treatment provider representatives. EDs and EMS have **seen rapid changes in adulterants in the local drug supply**, particularly xylazine and medetomidine, and having more providers sharing their experiences helped OSOC partners learn quickly about emerging challenges. Finally, based on feedback from

Subcommittee members, DSAMH modified the Delaware Treatment and Referral Network (DTRN) to accommodate after-hours referrals. This change was significant for the Subcommittee, as many patients are seen for OUD in EDs during evenings and weekends, and using DTRN is the most efficient way to make a referral to an appropriate level of ongoing community care after ED discharge.

Another key focus of the Subcommittee has been educating medical providers about the changing landscape of street drug content. DSAMH published several bulletins about emerging substances such as Medetomidine (a veterinary tranquilizer), Tetracaine (a local anesthetic), and Bramazolam (a "designer" benzodiazepine not approved for use in the United States). DSAMH also published monthly drug stamp bulletins to alert the community about the lab-analyzed contents of street drugs collected in Delaware. Of note, the drug stamp "sexy" was associated with a cluster of deaths in October 2025. These topics were discussed in the Acute OUD Subcommittee settings in order for physicians and clinicians to share information about patient withdrawal symptoms and clinical responses.



OVERDOSE RESPONSE CENTER

Delaware Partner Information Bulletin #2024-03

MEDETOMIDINE

What is Medetomidine?

- Medetomidine is an alpha-2 agonist, belonging to the same category of drugs such as xylazine and clonidine.
- Like xylazine, medetomidine is a veterinary tranquilizer not approved for human use.
- While similar, medetomidine is considered to be more potent than xylazine.
- Medetomidine is being increasingly seen in the illicit drug supply in Delaware and its surrounding states.

Risks Associated with Medetomidine

- Common adverse effects from medetomidine are significant sedation, bradycardia, and hypotension. It can also cause muscle twitching, and gastrointestinal effects, like vomiting.
- In extreme cases, medetomidine can cause central nervous system depression and death.
- It is unclear if medetomidine causes the same skin wounds similar to those associated with xylazine use. However, some literature suggests peripheral vasoconstriction as a possible side effect of medetomidine use.

Treatment Provider Awareness

- **Naloxone administration is still the first step in responding to a drug overdose.** As with xylazine, medetomidine may cause prolonged sedation, which emphasizes the role of administering rescue breaths, placing an individual in the rescue position, and continued monitoring. Repeat naloxone doses may be necessary to restore normal breathing.
- Layer harm reduction strategies with your client/patient to lessen the risk of overdose: take it slow, use less, carry naloxone, do not use alone, monitor breathing, etc.
- Unlike xylazine, testing strips are not yet available to detect this particular drug.
- Most samples that tested positive for medetomidine also contained fentanyl, thus highlighting the importance of administering naloxone promptly in drug overdose situations as noted above.
- Bradycardia (*slow heart rate, under 60 beats/minute*) and hypotension (*blood pressure lower than 90/60 mm Hg*) that is typically associated with medetomidine can be life threatening and may require advanced cardiovascular life support and intensive care in a hospital setting.
- For withdrawal management, consider the following approaches currently used in other jurisdictions:
  - Prioritize treatment of opioid withdrawal with methadone or buprenorphine with the goal of maintenance treatment.
  - Use alpha-2 adrenergic agonists such as clonidine or dexmedetomidine (Precedex).
  - Medications for anxiety/agitation (such as hydroxyzine, low-dose benzodiazepines, or low-dose ketamine).
  - Symptom management for pain (short acting opioids, gabapentin, acetaminophen, NSAIDs).
  - Treat opioid use disorder. If on opioid agonist therapy, split dosing can improve analgesic effect and pain control. If undergoing induction, low dose induction (microdosing) of buprenorphine allows for concurrent use of short acting opioids that can improve pain control.

**Source documents are available upon request*

DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Contact: ORC@delaware.gov
Approved: 9 July 2024
Signature: _____
Brent Waninger, ORC Director

Data and Quality Subcommittee

The Data and Quality Subcommittee is charged with

developing processes to evaluate the work of OSOC holistically and transparently, for which the Subcommittee uses four North Star measures listed below. Patient rates of:

1. MOUD prescription at ED discharge (assessed by monitoring MOUD prescriptions filled in the 48 hours after ED discharge)
2. Outpatient engagement in follow-up treatment after ED discharge
3. MOUD initiation after ED discharge (assessed by monitoring MOUD prescriptions filled between 48 hours and 7 days following ED discharge)
4. Sustained engagement in MOUD treatment

In 2025, a major focus of the Subcommittee was **developing and launching a public-facing OSOC Data Dashboard**. Version 1.0 was made public in December 2025 and displays regularly updated visualizations of North Star measures 1 and 3, as well as additional relevant priority metrics that help describe the context within which OSOC operates (e.g., total number of fatal overdoses). The Data Dashboard serves to automate and streamline OSOC data collection and approval and supports accessibility and transparency of OSOC data.

The Subcommittee also developed North Star measure targets in collaboration with the Acute OUD Stabilization Subcommittee, to set an achievement goal and measure progress over time. Additionally, this Subcommittee identified the most relevant EMS buprenorphine initiation data points to include in the OSOC Data Dashboard; these will be added with the rollout of version 2.0.

Lastly, the Subcommittee continued convening a quarterly OSOC Quality Evaluation session to discuss system-level successes, gaps, and opportunities for improvement. During each Quality Evaluation session, OSOC partners from EDs, community treatment providers, and EMS provide deidentified case presentations so the group can discuss and learn from real-world examples. The Subcommittee co-chairs shared findings and recommendations with the OSOC Committee throughout the year.

Naloxone Subcommittee

The Naloxone Subcommittee works to increase naloxone access throughout Delaware, with an emphasis on ED and treatment provider dispensing, first responder leave-behind, and distribution to individuals leaving incarceration.



In 2025, the Naloxone Subcommittee's work focused on quality improvement and qualitative data to **identify gaps in distribution and expand participation** in support of achieving the goals of the Subcommittee. The original stated goals of the Naloxone Subcommittee have all been accomplished, and as a result Subcommittee membership has decreased in recent years. In 2025, Subcommittee membership was expanded and reinvigorated to ensure adequate representation

from naloxone programs relevant to OSOC. DSAMH also hired a Statewide Naloxone Coordinator and onboarded them to the Subcommittee. Reconvening relevant stakeholders advanced targeted conversations with naloxone dispensing partners.



As part of these efforts, Health Management Associates engaged naloxone dispensing champions from EDs, first responder leave behind programs, community treatment providers, and correctional facilities in key informant interviews to identify strategies they use for effective, strategic, and high-volume naloxone dispensing. As an output of these conversations, the Subcommittee created naloxone distribution smart practice guides tailored for each setting. The guides are under final review and will be released to relevant dispensing partners in 2026.

2026 OSOC Goals



OSOC members have collaborated to draft ambitious goals for 2026, including:

- Socialize and build commitment from hospital system leadership to implement Delaware-specific guidance for managing OUD in EDs by hosting a public signing ceremony in collaboration with the Delaware Healthcare Association.
- Implement version 2.0 of the OSOC Data Dashboard by incorporating North Star measures 2 and 4 and relevant EMS buprenorphine induction measures and automating data feeds.
- Monitor and, where feasible, improve performance on North Star Measures by bringing together hospital, EMS, treatment providers, and other stakeholders to troubleshoot barriers and advocate for meaningful solutions.
- Pilot a referral support line staffed by DSAMH's Bridge Clinic, planned to be a resource for ED staff to support referrals from EDs to the most appropriate level of care for ongoing community treatment.
- Hold quarterly discussions on process and quality improvement around naloxone dispensing, with a focus on law enforcement, advanced life support leave-behind, basic life support leave-behind, and Department of Corrections. Review and analyze input from

these discussions to identify barriers and determine what changes are needed to standing orders, program agreements, additional training, or other existing resources. Implement, disseminate, and revise naloxone dispensing smart practice guides as additional feedback from high-achieving dispensers become available.