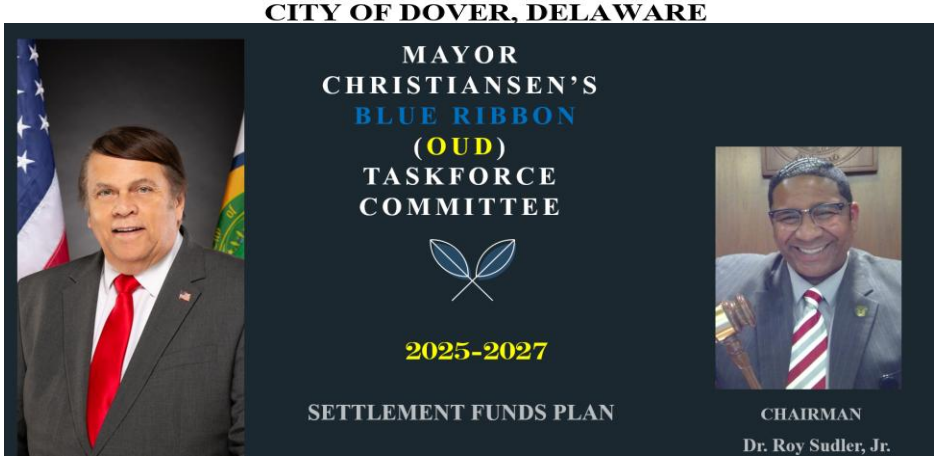
CITY OF DOVER, DELAWARE



MEETING

October 7, 2026, at 6:00 PM [Wednesday]

City Hall Council Chambers, 15 Loockerman Plaza, Dover, Delaware

AGENDA

INVOCATION – Mr. Bernard Pratt

PLEDGE OF ALLEGIANCE – Mrs. Chelle Paul

AGENDA ADDITIONS/DELETIONS

PHASE II. IMPLEMENTATION

AGENDA ITEMS:

1. **Recognition of New Committee Member –** Mr. Brian Potts
2. **Discussion**- Collaboration with the Dover Human Relations Commission (**DHRC**) Intergroup Conflict: Development of Emergency Exit Ramps aimed at providing diversion and support for youth engaged in illicit drug use interlocked with illegal gang activities in the Capital of Delaware.

3. **Starting Point**- TikTok, Theatre, and Youth Art: The convergence of TikTok, theatre, and youth art as a vital force in breaking the silence around Opioid Use Disorder and its devastating effects on the family unit.

TO: Honorable Mayor and Members of the Mayor's Blue Ribbon Opioid Use Disorder Taskforce Committee Members
FROM: Dr. Roy Sudler, Jr., Chairperson, Mayor's Blue Ribbon Opioid Use Disorder Taskforce
DATE: September 25, 2026

SUBJECT: Overlap of Youth Opioid Prevention & Illegal Youth Gang Street Violence

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AGENDA ITEM NUMBER:

A. Collaboration with the Dover Human Relations Commission: Development of Emergency Exit Ramps aimed at providing diversion and support for youth engaged in illegal gang activities.

B. Starting Point for the Utilization of Platforms TikTok, Theatre, and Youth Art: Initiatives focused on amplifying the dialogue surrounding the ramifications of Opioid Use Disorder on the well-being of Delaware's youth.

Subject: Unveiling Dover: Our Voices, Our Recovery

Theme: "Breaking the Chains of Opioid Use Disorder"

Executive Summary

The **Mayor's Blue Ribbon Opioid Use Disorder Task Force** has been mobilized in response to the staggering and accelerating opioid crisis in our community. This comprehensive coalition—comprised of healthcare professionals, public safety officials, advocates for substance use disorder, and leaders from various sectors—has undertaken an exhaustive, data-driven analysis of the opioid epidemic afflicting Dover.

A pivotal discovery of this taskforce reveals the critical interconnectedness between opioid dependency, street-level drug trafficking, and youth gang violence. The dynamics of the illicit drug trade are vicious: they finance organized street crews while ensnaring economically vulnerable and housing-insecure youth into harmful recruitment pathways. To forge a sustainable solution, we must move beyond fragmented, reactive enforcement strategies. We must adopt an integrated, proactive approach that recognizes substance abuse and gang-related violence as intertwined facets of a singular public health crisis.

To this end, we propose implementing localized **Youth-Focused Real-Costs Campaigns** alongside **Group Violence Intervention** (**GVI**) protocols. This dual strategy is designed to insulate at-risk youth from both addiction and gang entrenchment.

Strategic Framework: The Comprehensive Gang Model

In detangling these intertwined challenges, The OUD Taskforce aims to adopt the federal Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Comprehensive Gang Model. This evidence-based strategy expands on our municipal operations toward a balanced target combined enforcement with robust, multi-agency social interventions.

Strategic Context: The Underpinnings of Local Gun Violence

In-depth intelligence and crime analysis categorically demonstrate that gun violence in the capital of Delaware is predominantly concentrated among local, fluid "hybrid" youth street crews, rather than large national entities. It is my observation that the current spate of shootings can be traced back to three critical intersecting factors:

a. **Retaliatory Turf Disputes:** Unchecked rivalries erupt in violent conflicts over high-volume drug distribution corners, creating a cycle of retaliatory violence that reverberates through our neighborhoods.
b. **Narcotics Revenue Control:** The lucrative illicit drug trade, propelled by local demand for opioids, ecstasy, and marijuana, is the financial lifeblood of these crews. Violence is used to enforce debts, eliminate competition, and protect supply chains.
c. **Social Media Escalation:** Juveniles are leveraging digital platforms to flaunt illegal firearms, claim territories, and publicly insult rival crews, which rapidly escalates interpersonal disputes into armed confrontations.

Core Strategic Pillars & Objectives

1. Targeted "Real Cost" Youth-Focused Campaigns (The Capital District Initiative)

Objective: Launch peer-led educational initiatives aimed at curbing opioid experimentation among vulnerable youth demographics in their familiar digital environments.

Action Items: Allocate the use of $68,000 from the Delaware Opioid Settlement fund to help kick off **"Unveiling Dover: Our Voices Our Recovery — Breaking the Chains of Opioid Use Disorder."** Collaborate with the **Capital School District and local universities to produce 10-15 impactful TikTok videos** that resonate with youth. This initiative culminates in a live public production at the **Schwartz Center** for the Arts, designed to destigmatize recovery and amplify the narratives of marginalized communities, including those facing homelessness and racial disparities.

2. DHRC and Social Intervention & "Credible Messengers"

Objective: Deploy violence interrupters to mitigate retaliatory conflicts and disrupt cycles of substance abuse before they escalate.

Action Items: Recruit “Credible Messengers”—individuals with lived experience in gang involvement or incarceration—as trusted mentors within affected neighborhoods. These specialists will monitor social media for real-time tensions and provide on-the-spot mediation, alongside immediate support for youth recovering from gunshot injuries in hospitals.

3. Establishment of Emergency Exit Ramps & Refuge Programs

Objective: Create immediate, secure physical and economic pathways for youth seeking to disengage from active street crews.

Action Items: Invest in safe-house refuge programs that enable the temporary relocation of youths facing immediate danger, while developing structured “exit ramps” that provide swift access to trauma-informed psychological support, tattoo removal services, and expedited vocational placement.

- This comprehensive, multi-faceted approach is not just a response; it is a proactive blueprint for transforming our community. The interrelationship between opioid dependency, gang violence, and youth vulnerability demands nothing short of our unwavering commitment and decisive action. Together, we can dismantle these cycles of violence and pave the way toward a healthier, safer, safer Dover for all. Guarantee immediate exit ramps—such as housing, mental health counseling, and addiction treatment—for individuals willing to leave the gang lifestyle.

1. **Integrated Low-Barrier Treatment Pipelines**

    - **Target:** Eliminate systemic bottlenecks preventing individuals from accessing Medications for Addiction Treatment (MAT), such as Suboxone and Methadone.
    - **Action Items:** Form a co-responder Crisis Intervention Team (CIT) pairing Dover Police officer with licensed mental health clinicians; establish a 24/7 post-overdose hospital-to-clinic bridge program to transition emergency room patients into long-term outpatient care immediately.

Fiscal & Administrative Action Requested

The Taskforce requests City Council acceptance of this Executive Summary and approval to transition into Phase II implementation. Financing for the proposed initiatives will be sustained primarily through the city's allocated portion of the State of Delaware Opioid Settlement Fund, yielding zero net impact on the municipal general fund for the upcoming fiscal year.

CITY OF DOVER, DELAWARE

EXHIBIT E List of Opioid Remediation Uses Schedule A Core Strategies

Schedule A

file:///C:/Users/Roysu/OneDrive/Documents/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
B. MEDICATION-ASSISTED TREATMENT ("MAT") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT
C. PREGNANT & POSTPARTUM WOMEN
D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("NAS")
E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
F. TREATMENT FOR INCARCERATED POPULA TION
G. PREVENTION PROGRAMS
H. EXPANDING SYRINGE SERVICE PROGRAMS

Schedule B

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)
B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY
C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)
D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS
G. PREVENT MISUSE OF OPIOIDS
H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS
J. LEADERSHIP, PLANNING AND COORDINATION

CONSTITUENT RECOMMENDATIONS:

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