At A Glance: Priority Health Outcomes

Premature Death: Substance Use in Delaware

The 2025-2028 Delaware State Health Improvement Plan (SHIP) utilized insights from the 2022-2023 Delaware State Health Assessment (SHA) to identify five key health priorities based on health disparities throughout the state. The five priorities include chronic disease, mental health, maternal health, premature death, and avoidable injury. The SHIP breaks down the premature death priority into goals related to reducing drug-related substance use and alcohol consumption in youth and adults. This edition of the *At A Glance* series examines substance use in Delaware, following a conversation with Joanna Champney, the Division Director at the Delaware Division of Substance Abuse and Mental Health (DSAMH).

In 2021, Delaware had the fifth highest rate of drug overdose deaths in the nation (My Healthy Community, 2021)[1]. In the same year, Delaware had a drug overdose death rate of 54.1 per 100,000 residents, which is a 69% increase from 2016 to 2021 (My Healthy Community, 2021). This number is much higher than the national average of 32.4 per 100,000 residents (Kaiser Family Foundation [KFF], 2021). Opioid overdoses are often the main cause of drug overdoses (Silverman, 2017). This is true in Delaware, as in 2021, there were 450 opioid related deaths, which accounted for 88% of drug overdose deaths in the state (KFF, 2020). Health disparities in substance use can be seen in the non-Hispanic Black population here in Delaware (America's Health Rankings [AHR], 2021). In 2022, Black communities had a higher drug death rate due to injury at 66.0 deaths per 100,000 compared to Hispanic (26.6 deaths per 100,000) and white (59.6 deaths per 100,000) populations (Ruwa, 2024). To combat these disparities, Delaware must turn its attention toward prevention and reducing substance use through targeted, evidence-based interventions.

To decrease the rates of substance use in Delaware, the Delaware government is working on increasing access to effective substance use disorder treatment, drug take-back days, administration of naloxone or "Narcan," and better education for families and communities on safe opioid use (CDC, 2024). These strategies are proving effective. In 2023, the total deaths

1. The data that is presented throughout the report was accessed before February 1, 2026 and may no longer be available. My Healthy Community is in the process of moving location and links may not work properly.

attributed to drug overdose in Delaware were 527, which indicates a 1.8% decrease from 2022 (Rini, 2024). This is the first time in 10 years that Delaware's overdose fatality rate decreased. This trend continued in 2024, where there were 338 overdose deaths, which is around a 36% decrease from 2023 (Lee, 2025). Some other strategies that SHIP coalition organizations and individual members plan to promote in order to reduce substance use in Delaware include increasing awareness and use of needle or syringe exchange programs and/or other harm-reduction programs, and increasing awareness of survivor supports, including victim-centered advocacy and health care services, housing programs, and legal and law enforcement protection (Delaware Department of Health and Social Services [DHSS], 2025).

Traditionally, Delaware has ranked high on substance use and drug overdoses for decades. However, over the past couple of years, due to recent efforts by policymakers and organizations, this trend has been slowly declining. More strategies should continue to be developed and maintained to keep substance use low and improve health for all Delawareans. Joanna Champney discusses how DSAMH has played a central role in driving this progress, reporting a 36% decrease in overdose deaths between 2023 and 2024 through expanded access to treatment, data-driven interventions, and strong partnerships with hospitals and emergency services. Programs such as the Substance Use Disorder (SUD) Navigator Program help uninsured individuals connect to ongoing care after detox, addressing a major barrier to recovery. Harm reduction initiatives, including widespread Narcan distribution, fentanyl and xylazine test strips, and the publication of monthly Street Drug Reports, have improved overdose prevention and community awareness. Delaware is also working to reduce disparities through its Health Equity Advancement Project (HEAP), which funds trusted community organizations to lead culturally tailored outreach and anti-stigma campaigns. Despite these advances, challenges remain, particularly in addressing stigma, increasing culturally competent care, and ensuring equitable access to treatment and recovery support across all counties. Continued investment in prevention, education, and community-based partnerships will be essential to sustain progress and ensure every Delawarean has the opportunity to live a healthy, substance-free life.

References

America's Health Rankings (2021). *2021 annual report: State summary—Delaware*. https://www.americashealthrankings.org/learn/reports/2021-annual-report/state-summaries-delaware

Centers for Disease Control and Prevention (2024, August 29). *Delaware funding priorities*. https://www.cdc.gov/injury/budget-funding/delaware.html

Delaware Department of Health and Social Services (2025, January). *State Health Improvement Plan*. Division of Public Health.

Kaiser Family Foundation. (2021, December 13). *Mental health and substance use state fact sheets: Delaware*. https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/delaware/

Kaiser Family Foundation. (2020, February 13). *Opioid overdose deaths and opioid overdose deaths as a percent of all drug overdose deaths*. https://www.kff.org/other/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22

Lee, A. (2025, April 28). *Delaware sees a decrease in drug overdose deaths, according to state agencies*. Delaware Public Media. https://www.delawarepublic.org/science-health-tech/2025-04-28/delaware-sees-a-decrease-in-drug-overdose-deaths-according-to-state-agencies

My Healthy Community. (2021). *Drug overdose deaths: Delaware overview*. Delaware Department of Health and Social Services. https://myhealthycommunity.dhss.delaware.gov/topics/drug-overdose-deaths/overview/state

Rini, J. (2024, April 4). *Delaware overdose deaths decrease for the first time in a decade*. State of Delaware News. https://news.delaware.gov/2024/04/04/delaware-overdose-deaths-decrease-for-the-first-time-in-decade/

Ruwa, R. (2024, November 15). *Understanding racial disparities in drug overdose deaths*. Healthline. https://www.healthline.com/health/drug-overdose-by-race

Silverman, P. M., Mack, J., Anderson, F. S., & Rattay, K. T. (2017). *The Delaware opioid epidemic*. Delaware Journal of Public Health, *3*(4), 26–33. https://doi.org/10.32481/djph.2017.08.008

Delaware SHIP Stakeholder Interview with Dr. Alexandra Wynn, Elena Lynn, and Joanna Champney, Division Director, Delaware Division of Substance Abuse and Mental Health

Q: What is your position, and how long have you worked there?

Joanna Champney: Sure. I'm Joanna Champney, the Division Director at the Delaware Division of Substance Abuse and Mental Health (DSAMH), which is part of the Department of Health and Social Services (DHSS). I lead one of 10 divisions at DHSS, and I've been in this position for four years.

Q: Overall, what is your impression of the current state of substance use in Delaware?

Joanna Champney: We've made a lot of progress reducing drug poisonings and overdoses. Between 2023 and 2024, we saw a 36% decrease in deaths, which is great. The year before, there was only a 2% reduction, so that's a big jump. We're focused on continuing to expand access to treatment and overdose response, using data-driven strategies to target areas with higher overdose rates. We still have a lot of work to do, but the data shows we're moving in a good direction.

Q: What would you say are some of the factors that influence a person's substance use?

Joanna Champney: Trauma, poverty, and early use are major factors. Using substances during the teen years increases the likelihood of addiction later in life. Lack of access to things like housing, employment, transportation, childcare, and health care can also push people toward self-medicating with illicit substances. Trauma, whether in childhood or adulthood, combined with life stressors, really predisposes people to substance use.

Q: What would you say are some of the main barriers Delaware residents face when seeking care for substance use?

Joanna Champney: Insurance is a big one. People don't always understand how their insurance type impacts treatment options. For those without insurance, we have contracts with providers in each county to offer free treatment across levels of care. But a big barrier is that many people don't know where to go or how to navigate the system. We created a *Guide to Accessing Publicly Funded Treatment* to help people understand which providers offer free services, from detox to sober living. Transportation and other social determinants are also barriers. And the crisis of active addiction itself can make it difficult for people to make sound decisions about health care. Substance use and mental health disorders can cause cognitive impairment, so we've invested heavily in navigation support programs to help people understand and access care.

Q: Could you speak a little more on the ways you've tried to help people navigate the process?

Joanna Champney: Yes. We're really proud of our SUD Navigator Program. SUD stands for Substance Use Disorder. It was created because people with insurance often have care navigators, but uninsured people don't. Even when people complete detox, they often don't make it to the next level of care, like outpatient or residential treatment, because of issues like transportation or unfamiliarity with providers. We found uninsured individuals were less likely to reach the next level of care, so we created this program to meet clients at the detox facility and build a relationship before discharge. The navigators work with clients and clinicians to plan next steps and troubleshoot barriers like transportation or housing. We're seeing great results from this program, which focuses mainly on uninsured individuals.

Q: What are some strengths of Delaware's health system in reducing substance use?

Joanna Champney: Delaware's small size is a big advantage; we have a cohesive treatment community and strong provider collaboration. Our licensing and enforcement team does an excellent job of ensuring quality. We also have strong partnerships with emergency medical services and hospitals through two statutorily established committees: the *Overdose System of Care Committee* and the *Addiction Action Committee*. These help us coordinate overdose reduction strategies across systems.

Q: Has the stigma around substance use in Delaware changed over recent years?

Joanna Champney: We've made progress, but still have work to do. There's ongoing funding for anti-stigma campaigns and community engagement. Stigma remains stronger in some communities, especially among people of color. We noticed overdose deaths decreasing overall, but increasing among persons of color. So, we launched initiatives like the *Health Equity Advancement Project* to improve culturally competent care and reduce stigma. We're partnering with trusted community voices to help normalize asking for help and accessing treatment. We also promote 988, the behavioral health crisis line, and ensure that our outreach materials reflect diverse communities. As for youth, school surveys show that while drug use rates haven't increased, teens see drugs as *less dangerous* than before, which is concerning given the rise of fentanyl. It's a tough balance between raising awareness without using scare tactics.

Q: How can Delaware improve harm reduction and public health education around alcohol and drug use?

Joanna Champney: It's an interesting time. There's been some federal pushback against harm reduction, so we're navigating that carefully. The Substance Abuse and Mental Health Services Administration recently clarified that activities like Narcan distribution, fentanyl and xylazine test strips, and safe storage boxes are still permitted. In Delaware, we use state funding, not federal, for our syringe services program. We focus on meeting people where they are and reducing risk even if they're not ready for treatment. We publish a monthly *Street Drug Report* showing the chemical makeup of local drug stamps, for example, what substances are found in

batches like “Hey Yeah.” These reports are distributed in shelters, treatment centers, and outreach programs to help people understand what’s in the local supply. We also distribute over 44,000 Narcan kits a year through treatment programs, hospitals, law enforcement, corrections, and outreach teams. We support harm reduction conferences like the one hosted by Impact Life. While some harm reduction tools (like safer smoking kits) can’t use federal funds, we’re relieved that most of our work remains allowed. It’s a complex space, but we’re continuing to move forward with state and allowable federal resources.

Q: Are there any initiatives in Delaware to support and advocate for individuals and families affected by substance use?

Joanna Champney: Yes. We’re expanding recovery support and family-based programs. One in development is called *CRAFT*, Community Reinforcement and Family Training. It’s designed to help family members and close friends of people who use drugs learn supportive, harm reduction–based strategies and set flexible, loving boundaries. Unlike programs that encourage people to “detach with love,” CRAFT recognizes that most families don’t want to detach. It’s evidence-based and teaches realistic approaches to support recovery while maintaining relationships and self-care. We hope to launch statewide CRAFT groups within the next year.

Q: What is being done to address health equity and reduce disparities in Delaware’s substance use treatment?

Joanna Champney: About two years ago, we partnered with the University of Delaware to analyze treatment outcomes and found that people of color had worse outcomes, even after controlling for income and employment. We’re now expanding that study to all treatment providers in the state. We’re using the results to design strategies for culturally appropriate care, offering provider training on culturally competent practices, and assessing agencies’ language, messaging, and inclusivity. Our *Health Equity Advancement Project* has also built partnerships with trusted community organizations like Mother African Union Church, Tabitha Medical Center, and Black Mothers in Power. Through our State Opioid Response Grant, these organizations receive funding to design their own outreach and anti-stigma campaigns tailored to their communities. This approach allows trusted messengers to shape messaging that resonates locally, and it’s brought new partners to the table who are now building capacity to support recovery and health equity work in Delaware. We’ve realized that sustainable progress doesn’t come from top-down messaging; it has to come from within the community. The more we can support trusted local leaders, the more effective our outreach becomes. We’re also working with faith-based groups, community health workers, and recovery peer specialists to help us identify barriers that we might miss from an administrative level. It’s about making sure that everyone, regardless of race, income, or ZIP code, has the same chance to recover and live a healthy life.

Q: Is there anything else you’d like to add that you think is important for us to understand about substance use and recovery work in Delaware?

Joanna Champney: I'd just say that substance use is a public health issue, not a moral failing. Every person's recovery path looks different, and our job as a system is to make sure there are many doors to walk through, not just one. We want people to know that recovery is possible and that treatment works. Delaware is building a strong continuum of care that includes prevention, harm reduction, treatment, and recovery support. It takes all of those pieces working together to save lives and strengthen communities.