



ASAM  
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# *Meeting People Where They Are: Integrating Medical Care Into a Harm Reduction Program*





## Disclosure Information

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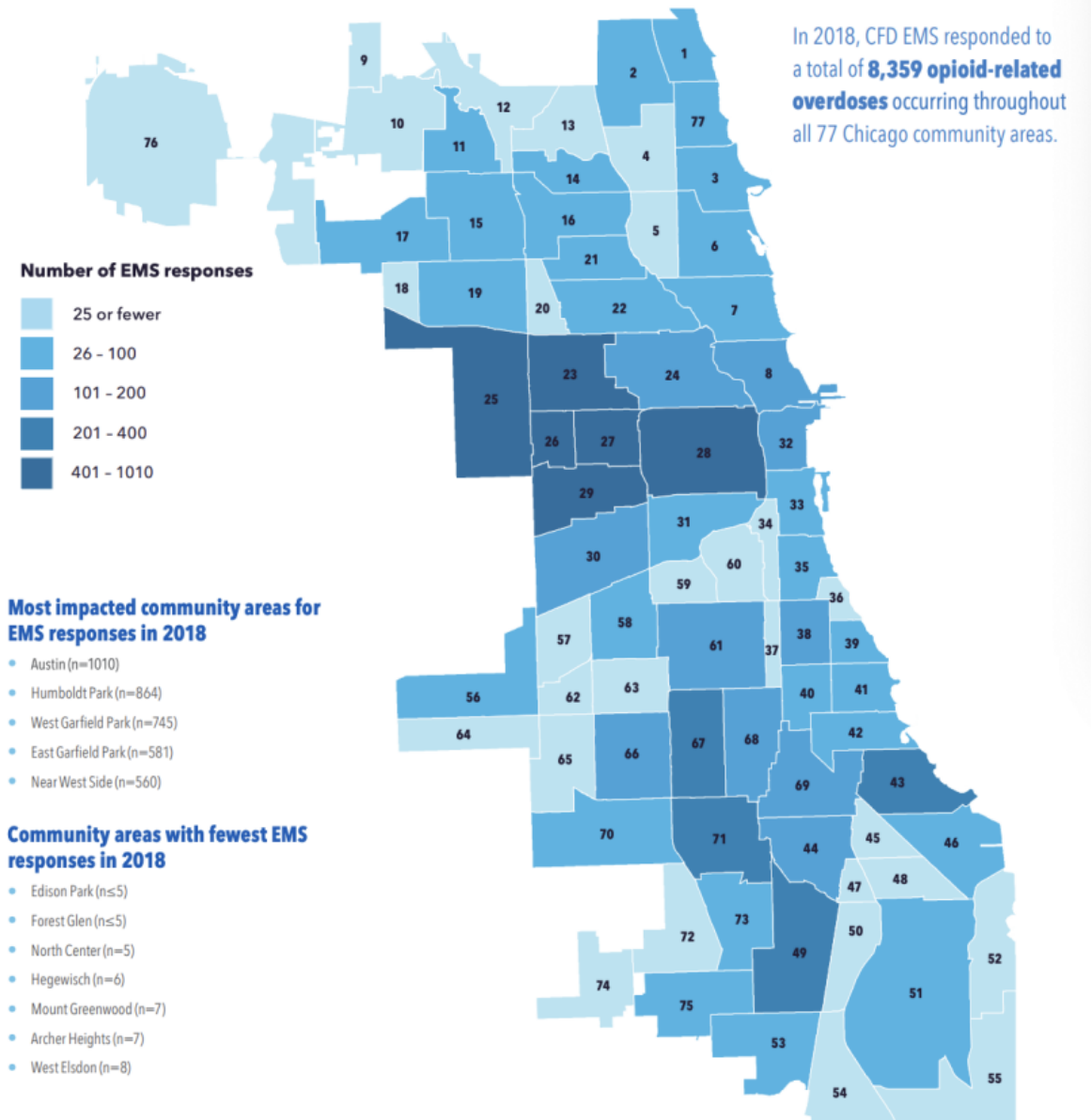
- No disclosures.

# First, Let's Go To Chicago

- West and South Sides most impacted
- Opioid fatalities exceed traffic accidents and homicides combined
- Overdoses are one of the top drivers of the racial life expectancy gap in Chicago

Map 1

## CFD EMS RESPONSES FOR OPIOID-RELATED OVERDOSE BY COMMUNITY AREA OF INCIDENT—CHICAGO, 2018



# COIP: Where it All Began

- Founded in 1986 in the UIC School of Public Health to address HIV among people who use drugs
- Main focus: peer support and harm reduction
- Storefront sites across Chicago, primarily West and South Side
- Mobile harm reduction units, syringe service program, and street outreach teams
- Indigenous Leader Outreach Model





# Now to Add the Medicine

**2018:**

Primary care/OBOT  
at West Side Field  
Station/SSP

**2024:**

South Side  
Expansion van  
and clinic

**Summer 2021:**

Mobile MOUD  
Program began

**2025:**

Adding two more  
expansion vans

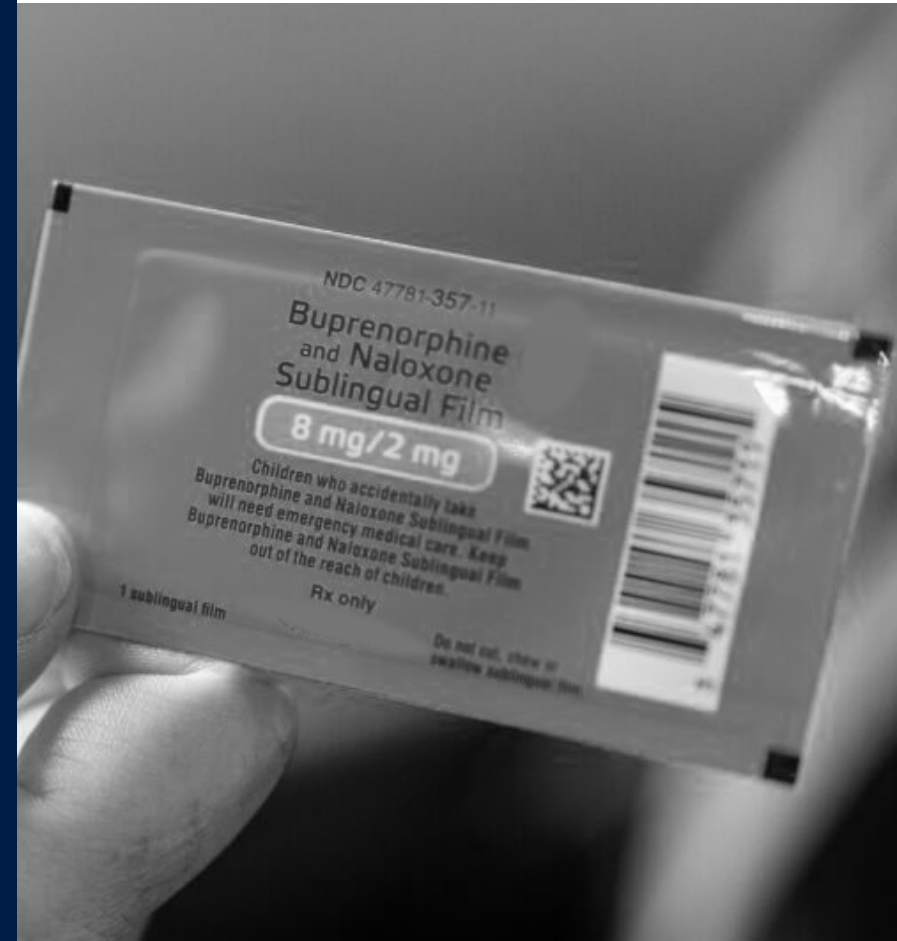


# Building a Bus: The Mobile Unit



# MOUD on Wheels: Dispensing Buprenorphine

- Summer 2022 began dispensing buprenorphine directly from the mobile unit
- Partnership with Family Guidance Centers, an opioid treatment program
- Eliminates pharmacy barriers
- Can give to patients who do not have insurance
- Requires DEA approval, which is a process



# Patient Demographics: *7/2021 – 6/2023*

Characteristic	n (%)
Age [(mean years (SD))]	46.5 +/- 12.6
<b>Gender (n=1083)</b>	
Male	741 (68.4)
Female	341 (31.5)
Nonbinary	1 (0.09)
Undisclosed/unknown	2 (0.2)
<b>Race/Ethnicity (n=1053)</b>	
Black or African American	672 (63.8)
White	224 (21.2)
Hispanic/Latinx	124 (11.8)
Other/Unspecified	66 (6.3)
Asian	4 (0.4)
American Indian/Alaska Native	2 (0.2)
<b>Insurance status (n=911)</b>	
Insured	642 (70.4)
Insured by Medicaid	423 (46.4)
Uninsured	269 (29.5)



# Substance Use History (n=571)

Substance Use History	n (%)
<b>Route of use (n=381)</b>	
Only insufflating	289 (75.9)
Using multiple routes	62 (16.3)
Only injecting	22 (5.8)
Only oral	8 (2.1)
<b>Polysubstance use (n=351)</b>	
Documented polysubstance	324 (92.3)
Documented non-polysubstance	27 (7.7)
<b>Amount used (n=352)</b>	
Bags per day, mean (range)	5.2 (0.2-25)
<b>Duration of use (n=288)</b>	
Years of use, mean (range)	19.2 (0.2-51)

# Lesson #1: Relationships are Key

- Harm reduction/SSP is anonymous and allows for quick engagement
- Patients usually referred from the outreach team, encouraging them to seek care
- Word of mouth is how most people find us





# Integrating with Harm Reduction

- Access to drug checking services with FTIR spectrometry
- Drug testing strips
- Naloxone
- Safer use kits
  - Syringes
  - Safer snorting kits
  - Pipes



## Lesson #2: People Will Want to Come Back

- Initial vision of the van: have patients bridge to brick-and-mortar sites
- People did not want to go elsewhere
  - So how do we meet their needs?

	FY21-22, n (%) (n=1005)	FY22-23, n (%) (n=1578)
<b>Type of Visit</b>		
Initial	587 (58.5)	496 (31.4)
Return Visits (all)	416 (41.5)	1082 (68.6)
Return Mobile Visits	357 (35.5)	943 (59.8)
Total Mobile Visits	944 (93.9)	1439 (91.2)
<b>Return Visit Location</b>		
Mobile Unit	357 (85.8)	943 (87.2)
COIP Clinic	47 (11.3)	111 (10.3)
MSHC	11 (2.6)	21 (1.9)
Other UIC Clinic	0	7 (0.6)



# “I Want to Stay Here.”



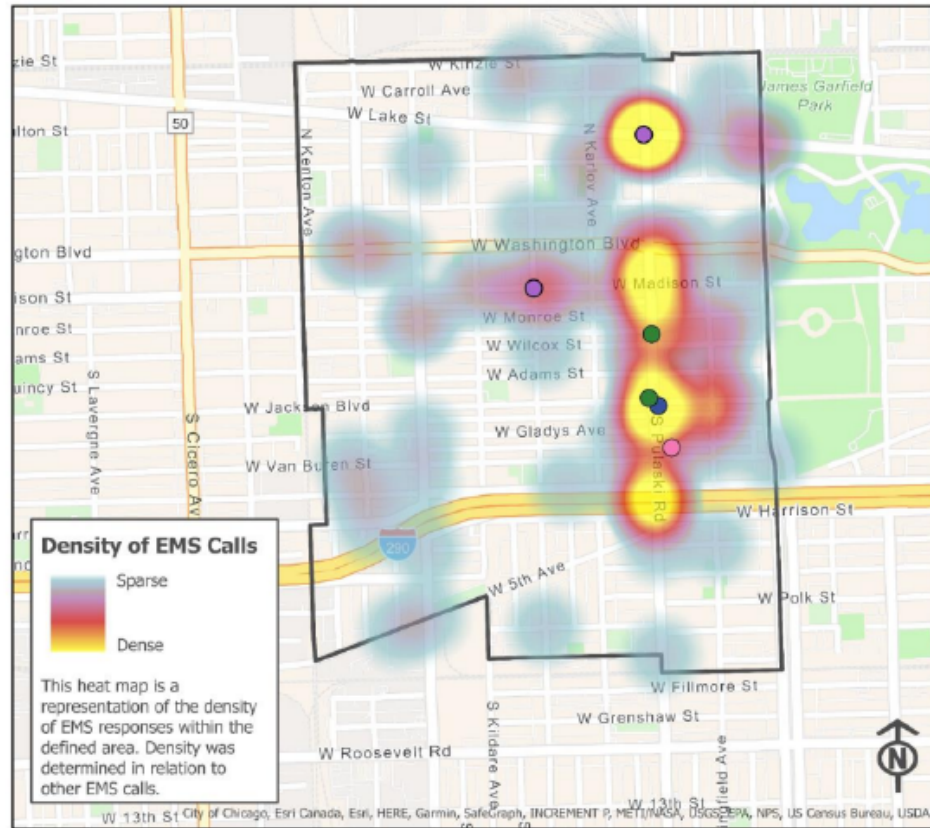
- Similar patient attitudes seen at Baltimore’s PCARE Van
  - <10% of patients transitioned to clinics
  - Strong patient preference to stay at the van
  - Highlighted need to develop longitudinal care models in mobile units

# Lesson #3: The Community Drives the Bus

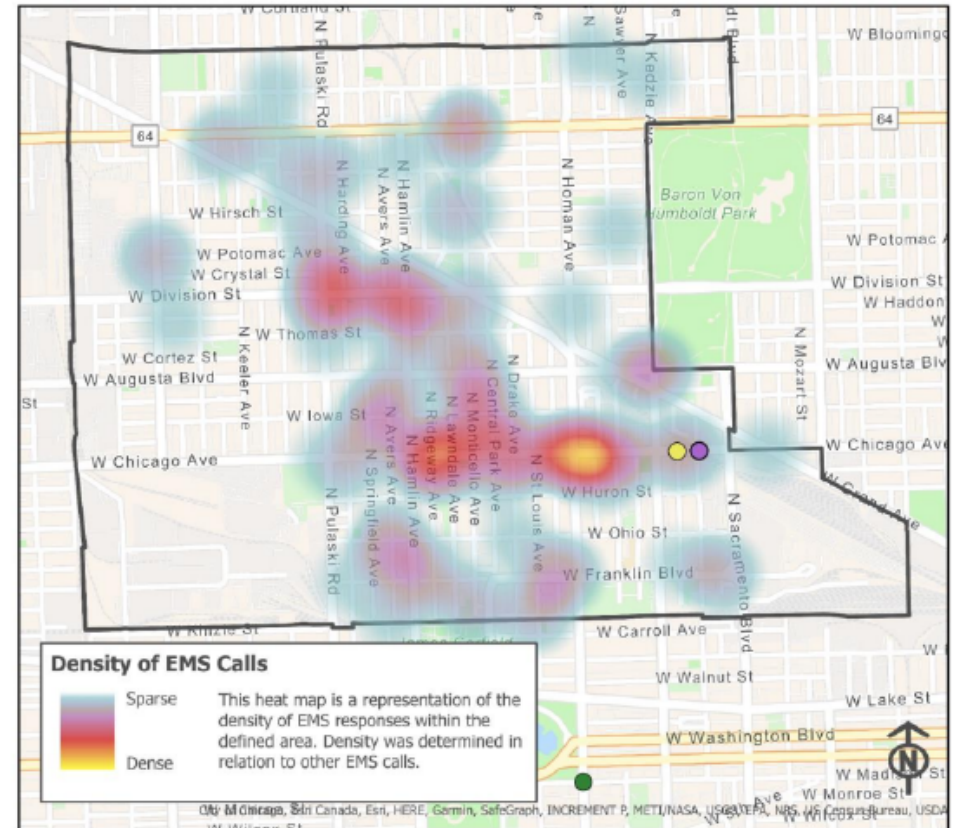
- Need to tailor what the van offers to meet community needs
  - Example: Summer 2021, COVID vaccines given at almost half the visits
- Development of wound care formulary and protocols
- Continually seek to improve range of services offered on the bus
- Benefit of van: able to adjust schedule/locations to meet community needs and emerging hot spots



# CDPH Opioid Overdose Maps



West Garfield Park

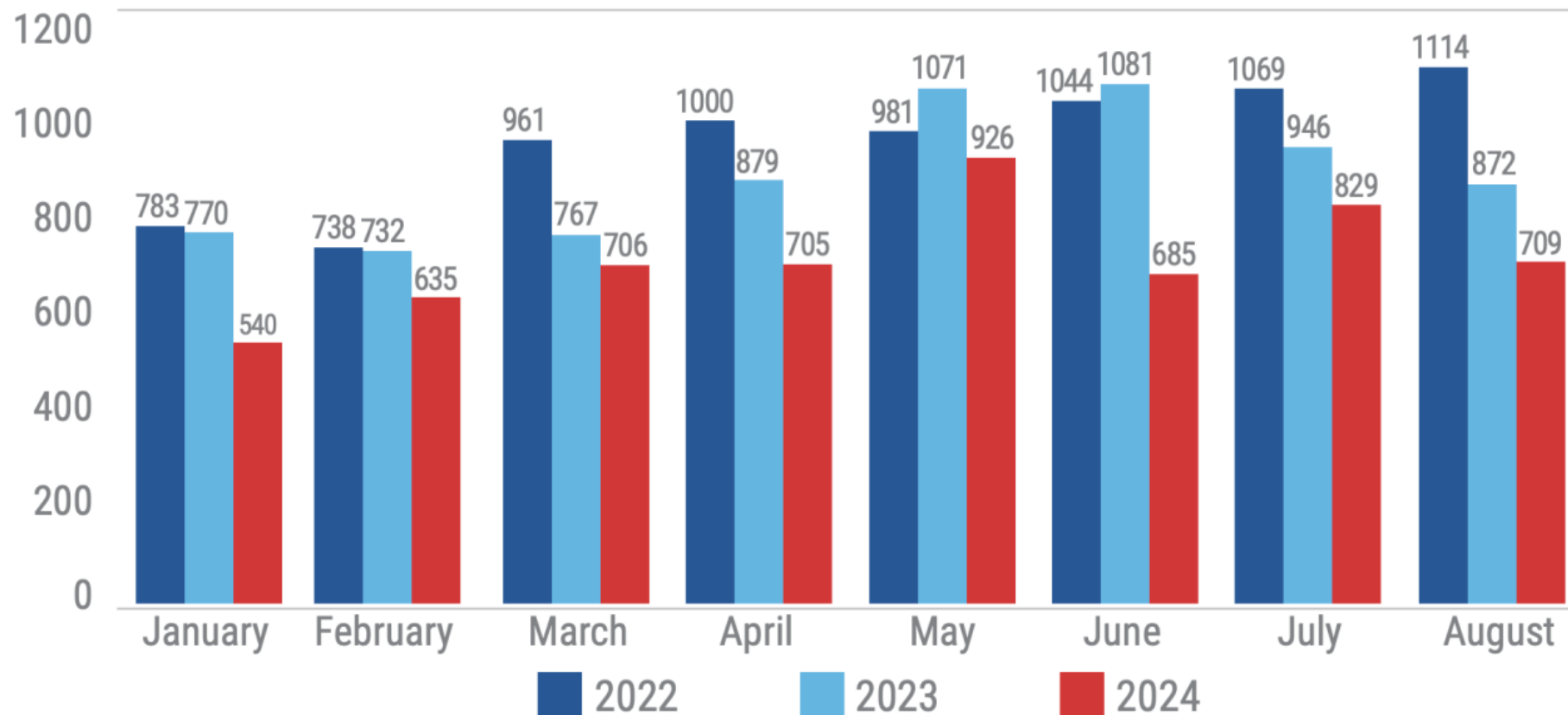


Humboldt Park



# The Good News is...

**Figure 2: Opioid-related overdose EMS responses in Chicago, January-August 2022-2024**



# Final Takeaways

- Adding medical care into community-based, trusted harm reduction programs is a critical step to improve access to care
- Bridges are not always what people want – cannot bridge people into a system that does not serve them
- MOUD access is critical, but often not enough - primary care and other medical services are needed in these settings



# Acknowledgements: The COIP Team



# References

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