



## Bridging the Gap: Street Outreach and Harm Reduction in Philadelphia

*By Jeanmarie Perrone, MD*

Despite the imminent rain, on the Tuesday afternoon of SAEM25 week in Philadelphia, a group of attendees partnered with the street medicine team from the Center for Addiction Medicine and Policy (CAMP) at the University of Pennsylvania to join outreach efforts, distributing naloxone and other harm-reduction materials to the local community.

### Why Harm Reduction Matters Now More Than Ever

There is a desperate need for innovative solutions to address the escalating overdose crisis in Philadelphia. Like many cities across the U.S., Philadelphia has seen a devastating rise in overdose deaths

in Black and Brown neighborhoods historically underserved by health systems. The crisis is driven by the influx of fentanyl and other adulterants into the drug supply, which has become increasingly toxic and unpredictable.

In response, CAMP developed a community engagement plan focused on increasing access to naloxone and drug-checking supplies, such as fentanyl and xylazine test strips. Our goal is not only to expand access but also to foster meaningful conversations about substance use and safety, equipping communities with resources, including treatment pathways. Outreach efforts include real-time education on the

importance of carrying naloxone, recognizing and responding to overdoses, and knowing where to seek recovery support. Volunteers also demonstrate how to test substances using fentanyl strips and explain how these tools can reduce the risk of overdose. These evidence-based techniques form the foundation of harm reduction.

During street outreach with SAEM volunteers, we engaged with community members who shared their experiences of losing family members to overdose and navigated commonly held myths and misinformation about substance use. Many volunteers gained renewed perspective and knowledge about recovery resources.

**“During street outreach with Society for Academic Emergency Medicine volunteers, we engaged with community members who shared their experiences of losing family members to overdose and navigated commonly held myths and misinformation about substance use.”**

The opportunity to participate in street outreach is one of many events regularly organized by CAMP. Our interdisciplinary team—including physicians, nurses, public health professionals, and peer specialists—works collaboratively to address the overdose crisis by integrating clinical care, community engagement, and education. Together, we aim to bridge the gap between our university and the local community, expanding access to life-saving resources. Our outreach events reduce harms associated with substance use and support access to medication for opioid use disorder (MOUD), ultimately saving lives.

As a core aspect of our work at CAMP, street outreach also provides an opportunity to introduce our low-barrier buprenorphine bridge clinic, the CareConnect Warmline. Founded in 2021, the warmline provides short-term buprenorphine bridge prescriptions, care linkage, and resource navigation to anyone seeking OUD treatment. These services are provided by certified recovery specialists (CRSs) and substance use navigators (SUNs) in collaboration with our virtual urgent care, Penn Medicine On Demand (PMOD), and are frequently used as a follow-up resource for patients initiated on buprenorphine in our four Philadelphia emergency departments.

### **Educating the Educators**

While direct outreach is essential, our efforts do not stop there. Through CAMP's training and education initiatives, we work closely with

community leaders, organizations, and laypeople to build a sustainable network of harm-reduction champions. By equipping trusted messengers with the knowledge and tools to intervene in overdose situations, we aim to extend our impact beyond what our team can do alone.

We have conducted overdose reversal trainings at churches, community centers, and across our campus community to destigmatize substance use disorder (SUD) and promote available resources for treatment and recovery. These sessions often serve as a starting point for broader discussions on stigma, racial inequities in health care, and the systemic drivers of the overdose crisis.

### **A Model for Academic-Community Collaboration**

The strength of CAMP's outreach efforts lies in its multidisciplinary team. The program is led by Dr. Jeanmarie Perrone, an emergency medicine physician trained in medical toxicology and a nationally recognized leader in addiction medicine. All CAMP leaders have deep expertise in evidence-based practices to treat substance use disorder. Our peer specialists and navigation team play a vital role in bridging the gap between initiating treatment in the ED and the communities we serve.

Our model is novel in its integration of clinical innovation—a peer-led model with buprenorphine—with grassroots outreach. Through the

CareConnect Warmline, our team provides low-barrier access to buprenorphine and linkage to care in the community, addressing the upstream causes of overdose by reducing stigma, promoting safer use, and increasing access to essential resources.

### **Looking Ahead**

With the support of volunteers from across the country, the CAMP team assembled and distributed 180 harm-reduction kits. As we continue our harm-reduction work, we remain grounded in the belief that every life is worth saving. By acknowledging the realities of substance use and responding with compassion and evidence-based tools, we are creating pathways to healing that center the dignity and humanity of every individual.

*To learn more about our work or get involved, visit our [website!](#)* ▶

### **ABOUT THE AUTHOR**



*Dr. Perrone is professor of emergency medicine, medical toxicology and addiction medicine initiatives, and director of the Center for Addiction Medicine and Policy at the University of Pennsylvania.*

*She has worked closely with health system leadership since 2020 to expand substance use treatment, education and research. Her work began in the emergency department, building 24/7 access to treatment initiation. Her team rapidly implemented a virtual telehealth bridge clinic, CareConnect, during the COVID-19 pandemic to expand low-barrier access to medications and has treated more than 4,000 patients.*