

Mobilizing U.S. Emergency Departments to Respond to the Overdose Crisis



The Gap

Millions of people with substance use disorders visit emergency departments every year. However, only a minority of the nation's 5,600 EDs offer evidence-based addiction care.

140 million
people visit an ED every year.¹

28%
of adult ED patients screen positive for substance use disorders.²

94%
of people aged 12 or older with a substance use disorder did not receive any treatment at all in 2021.³

Our Mission

Bridge is mobilizing the existing healthcare system to respond to the opioid crisis. With a focus on hospitals, emergency departments, and first responders, we activate local leaders who can transform addiction care and reduce overdose deaths.



We have led implementation efforts in over **300 hospitals in 15 states**, driving rapid adoption of the **Bridge Model's** core elements: treatment, culture, connection.

Our Approach



• Inform and empower local and state leadership to drive innovative public health initiatives.

• Train, support, and elevate local clinical leaders to implement and improve ED-based addiction care.

• Catalyze connections between clinicians, pharmacists, organizations, and policymakers to improve ongoing care and enhance local initiatives for reducing overdose deaths.

SUPPORT OUR WORK

Join our funders and help us expand evidence-based addiction care across the nation.



“At a time when the parishes around us were seeing increases in overdose mortality, the parish where we focused our efforts with Bridge saw a 35% decrease in overdose mortality, which continues to hold steady.” –Melissa Stainback, Regional Opioid Coordinator, Lake Charles, LA

Bridge provides the training, tools, and support clinicians need to make effective, evidence-based care available to every patient who needs it.

- Over 63,000 people accessed our online resources library in the last year.
- The Bridge Model was featured as an *Innovative Model Expanding Access to Medications for the Treatment of Substance Use Disorders* by SAMHSA'S Center for Finance Reform Innovation.⁴

Our drive toward universal access to addiction care builds on the success of our CA Bridge program.⁵ Since 2018, **our pioneering work has transformed addiction care in 276 of California's 331 EDs:**

330,000

patient encounters at CA Bridge hospitals for substance use disorder

107,000

patients prescribed or administered buprenorphine

271,850

naloxone kits ordered by CA EDs

We have dispelled the myth that people struggling with addiction do not want treatment. Of patients with opioid use disorder offered treatment in California EDs, 40% accepted it — even when they were in the ED for a different reason. And if they saw a substance use navigator, this number rose to 85%.⁶

CONNECT WITH BRIDGE

Our goal is for every community to have 24/7 access to ED-based addiction care.



Customized training and technical assistance for hospitals and providers can be developed for any region of the U.S.

Contact us to request assistance for your community, and visit our website for additional information and resources.

bridgetotreatment.org/
[national-bridge](https://national-bridge.org/)

SELECT BRIDGE PUBLICATIONS

Samuels, E. A., et al. (2024) [Scaling Emergency Department Opioid Use Disorder Treatment Across California to Reduce Overdose Deaths, 2019-2023](#). *Am J Public Health*, e1-e5.

Herring, A. A., et al. (2024) [Emergency Department Access to Buprenorphine for Opioid Use Disorder](#). *JAMA Network Open*, 7(1), e2353771.

Snyder, H., et al. (2023). [High-Dose Buprenorphine Initiation in the Emergency Department Among Patients Using Fentanyl and Other Opioids](#). *JAMA Network Open*, 6(3), e231572.

Anderson, E. S., et al. (2023). [Effectiveness of Substance Use Navigation for Emergency Department Patients With Substance Use Disorders: An Implementation Study](#). *Annals of Emergency Medicine*, 81(3), 297–308.

Snyder, H., et al. (2021). [Rapid Adoption of Low-Threshold Buprenorphine Treatment at California Emergency Departments Participating in the CA Bridge Program](#). *Annals of Emergency Medicine*, 78(6), 759–772.

Kalmin, M. M., et al. (2021). [Voting with their feet: Social factors linked with treatment for opioid use disorder using same-day buprenorphine delivered in California hospitals](#). *Drug and Alcohol Dependence*, 222, 108673.

Endnotes

- 1 Cairns, C., Ashman, J., & King, J. M. (2023). *Emergency Department Visit Rates by Selected Characteristics: United States, 2021*. National Center for Health Statistics (U.S.). <https://doi.org/10.15620/cdc.131757>
- 2 Elder, J. W., Wu, E. F., Chenoweth, J. A., Holmes, J. F., Parikh, A. K., Moulin, A. K., Trevino, T. G., & Richards, J. R. (2020). Emergency Department Screening for Unhealthy Alcohol and Drug Use with a Brief Tablet-Based Questionnaire. *Emergency Medicine International*, 2020, 1–7. <https://doi.org/10.1155/2020/8275386>
- 3 Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- 4 Substance Abuse and Mental Health Services Administration. (2024). *Medicaid coverage of medications to reverse opioid overdose and treat alcohol and opioid use disorders* (Publication No. PEP22-06-01-009). Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- 5 *CA Bridge* is funded by the California Department of Healthcare Services (DHCS).
- 6 Herring, A. A., Rosen, A. D., Samuels, E. A., Lin, C., Speener, M., Kaleekal, J., Shoptaw, S. J., Moulin, A. K., Campbell, A., Anderson, E., & Kalmin, M. M. (2024). Emergency Department Access to Buprenorphine for Opioid Use Disorder. *JAMA Network Open*, 7(1), e2353771. <https://doi.org/10.1001/jamanetworkopen.2023.53771>

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