

Zeroing In: Integrating Suicide and Overdose Prevention

Module 1: Foundations of a Unified Approach

November 13, 2025

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Please take a brief pre-training survey:



Objective

Understand the **scope and impact of suicide and overdose in behavioral health populations**, and why to take a unified “Zero Suicide/Zero Overdose” approach



Overview: Module 1

- Role of Behavioral Health Professionals
- Shared Risks & Protective Factors
- Suicide
 - Scope of problem and risks
 - Zero Suicide
- Drug Use & Overdose
 - Scope of problem and risks
 - Zero Overdose
- Combined Approach
- Examples of Success

Role of Behavioral Health Professionals in Overdose and Suicide Prevention

Role of Behavioral Health Professionals

- Take a holistic approach
- Use tools to assess clients' risk
- Interdict and mitigate risky behavior
- Improve therapy and treatment outcomes
- **Prevent unnecessary deaths**



Why Integrate Suicide & Overdose Prevention?

1

Risks are Interconnected

Suicide and overdose often overlap, with shared risk factors and populations. Addressing them in silos can miss critical issues.

2

Social Drivers Elevate Risk

Housing instability, food insecurity, and other stressors greatly elevate suicide and overdose risk.

3

Overlapping Behaviors

Many individuals at risk experience a mix of mental health concerns, substance use, and SDOH. These factors fuel each other.

4

Risk Stratification

Tackling all three domains together addresses the whole person and can reduce overall harm more effectively than separate plans.

Shared Risks & Protective Factors

Overlap Between Suicide and Overdose

Intent Continuum

- Intent exists on a continuum, which makes it harder to differentiate whether an overdose was a suicide attempt or accidental
- ~5-7% of drug overdose deaths in the U.S. are officially recorded as intentional suicides...
- ...but up to 30% of “Accidental Overdose” deaths may be suicide

NIDA. 2022, February 2. Suicides by drug overdose increased among young people, elderly people, and Black women, despite overall downward trend.

Deaths of Despair

- Overdose is a common method contemplated for suicide
- 58.5% had at least some desire to die before their most recent opioid overdose
- 36% said that they had a strong desire to die
- The year following a non-fatal overdose is a high risk period for suicide

<https://www.nimh.nih.gov/about/director/messages/2019/suicide-deaths-are-a-major-component-of-the-opioid-crisis-that-must-be-addressed.shtml>

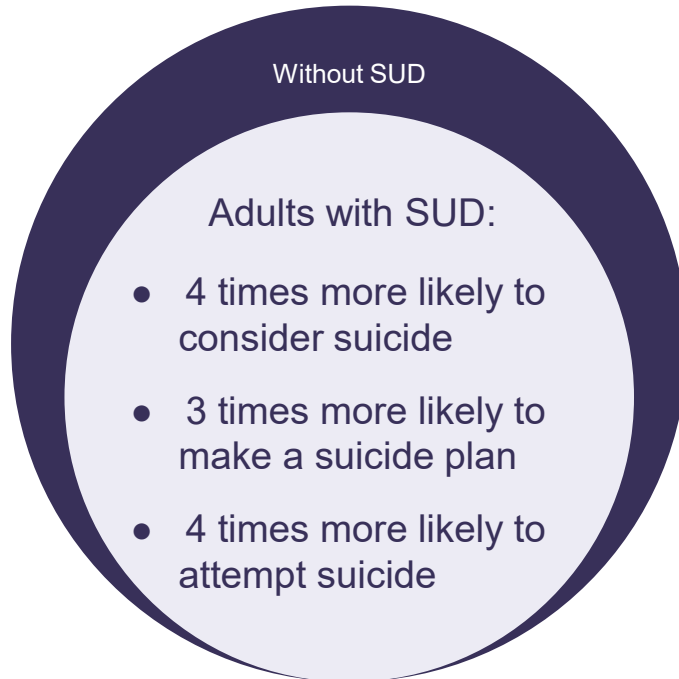
Role of Substances

- ~21% of suicide decedents have BAC $\geq 0.10\%$ at time of death
- Use of alcohol 7x and alcohol use disorder 10x more likely to die by suicide
- Opioid use 14x more likely to die by suicide
- Suicide attempts while under the influence are associated with higher lethality

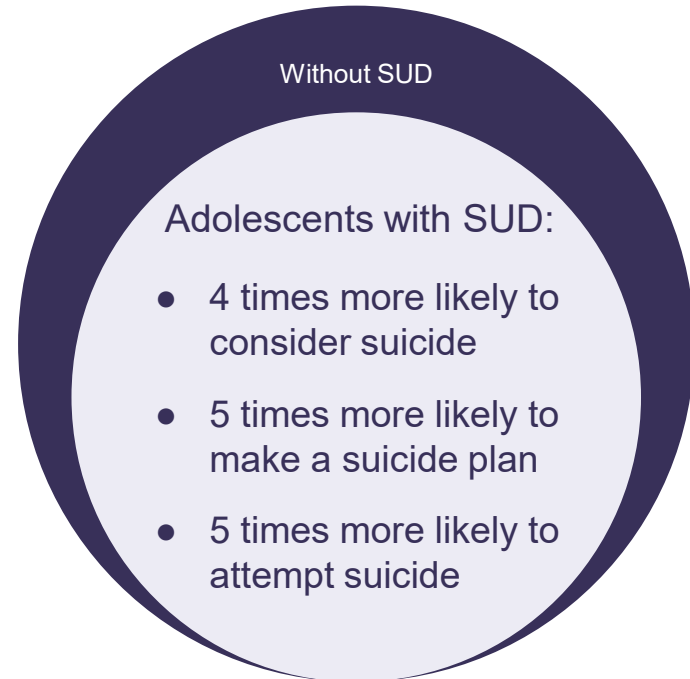
Rizk MM, Herzog S, Dugad S, Stanley B. Suicide Risk and Addiction: The Impact of Alcohol and Opioid Use Disorders. *Curr Addict Rep*. 2021;8(2):194-207. doi: 10.1007/s40429-021-00361-z. Epub 2021 Mar 14. PMID: 3747710; PMCID: PMC7955902.

Patients at Risk for both SUD and Suicide

Adults with SUD vs. Adults without SUD



Adolescents with SUD vs. Adolescents without SUD



Shared Complexities

Continuum of Intent

- Difficult to accurately determine intent post-overdose death

High-Risk Transitions

- Post-ED discharge, post-psychiatric discharge, post-incarceration

High Risk for Adolescents

- 21.9% of age 12+ used illicit drugs in the past year, and 22.2% of high school students reported “seriously considering attempting suicide” in the past year

Shared Risk Factors

Substance Use

Alcohol, opioid, and polydrug use elevates overdose and suicide risk

Physical Pain

Chronic pain patients face increased risk

Co-occurring Disorders

Mental health disorders (depression, anxiety, PTSD), family history

Social Determinants

Poverty, housing, food insecurity, unemployment, justice involvement, firearm access, isolation, personal loss

Shared Protective Factors

- + **Future Orientation:** wanting to attend college, get their driver's license, get married, have a certain profession, or other expressions of hope for the future
- + **Connectedness:** Supportive social network or family, including family of choice, or responsibility to younger siblings or pets
- + **Access to Care:** positive healthcare or therapeutic relationship
- + **Social Determinants:** stable income, reliable housing, access to insurance
- + **Meaningful Activities:** engaged in school, work, or important hobbies
- + **Mental Health:** positive coping or problem-solving skills
- + **Desire to Live:** Fear of death, dying, or pain and suffering
- + **Spirituality:** Religious or spiritual prohibitions

Shared Opportunities for Prevention

Most people at risk of suicide and/or overdose have recent interactions with healthcare providers. However, substance use patterns and suicidal thoughts and plans are rarely discussed unless the person is asked directly.

Suicide: Recent studies show that the majority of individuals who die by suicide have had contact with a healthcare provider within three months prior to their death



Overdose: 64% of overdose deaths involved recent interactions with healthcare or social services — these are key intervention points

Stanley B, Brown GK, Brenner LA, et al. Comparison of the Safety Planning Intervention with Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. JAMA Psychiatry. 2018;75(9):894–900.
 CDC Overdose Mortality Data, 2023. Based on analysis by O'Donnell et al., MMWR 2023;72:375–380.
<https://www.cdc.gov/mmwr/volumes/72/wr/mm7214a1.htm>

Suicide

Suicide: Scope of Problem



Over
49,000
people died by
suicide in 2023



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

12.8 million
Seriously thought about suicide

3.7 million
Made a plan for suicide

1.5 million
Attempted suicide

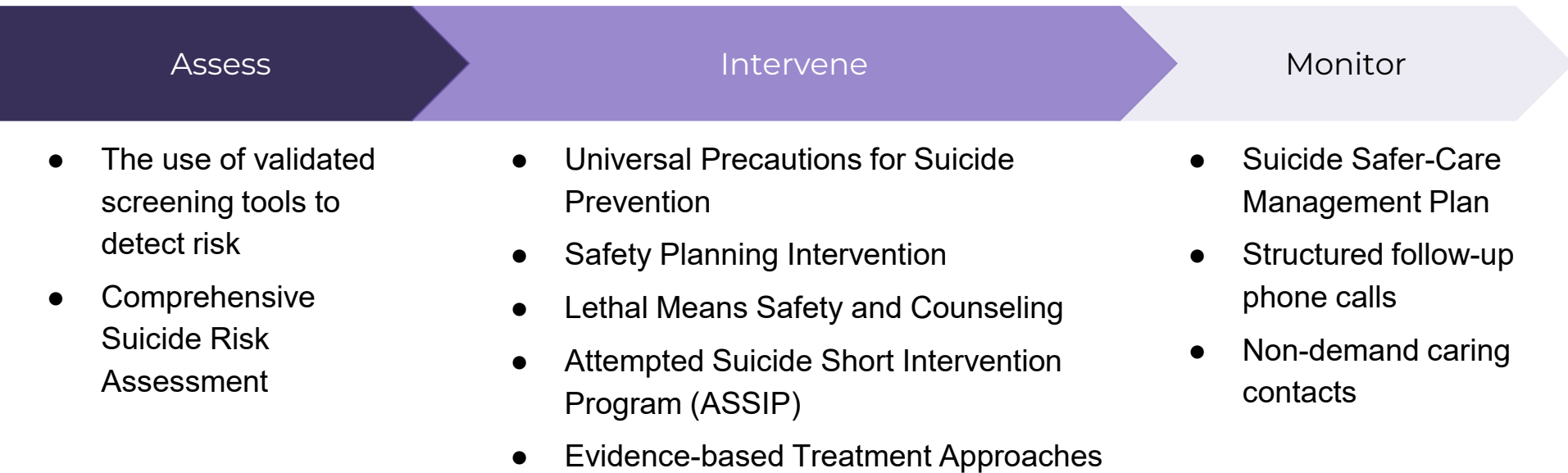
- **Suicide risk is widespread, but certain populations have higher rates:**
 - 14.1 for entire population
 - 27.1 for Native Americans
 - 20.0 for rural residents

deaths per 100,000
- **22% of adolescents had serious suicidal thoughts**
 - 10% made an attempt
 - Accounts for 20% of all youth deaths

Taken from <https://www.cdc.gov/suicide/facts/data.html>

What is AIM-SP?

AIM for Suicide Prevention comprises universal screening and risk assessment for all clients with a higher level of care for clients at elevated suicide risk



<https://www.preventsuicideny.org/suicide-safer-care-practices-the-aim-model/>

Suicide Screening with the C-SSRS

One of the most important ways you can identify a client who is suicidal is to **ask directly about suicidal thoughts and behaviors**

All clients should be screened with the C-SSRS **at intake and at least quarterly** during treatment review, and as clinically indicated

Asks about both ideation and different types of suicidal behavior

1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan." <i>Have you actually had any thoughts of killing yourself?</i>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it." <i>Have you been thinking about how you might kill yourself?</i>
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as oppose to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i>
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>
6) Suicide Behavior Question <i>"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"</i> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

Zero Suicide Framework

Zero Suicide is a quality improvement model that transforms system-wide suicide prevention and care to save lives



- **Lead** system-wide culture change committed to reducing suicides
- **Train** a competent, confident, and caring workforce
- **Identify** individuals with suicide risk via comprehensive screening and assessment
- **Engage** all individuals at-risk of suicide using a suicide care management plan
- **Treat** suicidal thoughts and behaviors directly using evidence-based treatments
- **Transition** individuals through care with warm hand-offs and supportive contacts
- **Improve** policies and procedures through continuous quality improvement

Drug Use & Overdose

Overdose: Scope of problem

1

Overdose continues to be a national crisis, driven by the prevalence of synthetic opioids like fentanyl

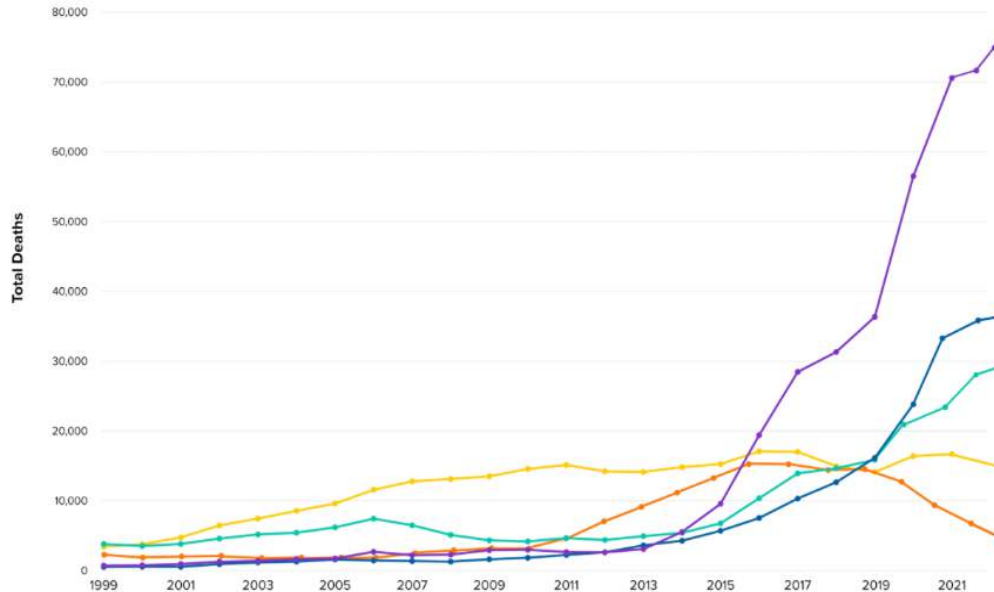
2

87% of those with Opioid Use Disorder do not receive treatment

3

67% of overdose deaths present at least one intervention opportunity

Synthetic Opioids Fuel Overdose Deaths



Synthetic opioids excluding methadone overdose deaths increased **103-fold**

Psychostimulants with abuse potential (primarily methamphetamine) overdose deaths increased **64-fold**

Cocaine overdose deaths increased **7.6-fold**

Rx opioid overdose deaths increased **4.1-fold**

Heroin overdose deaths increased **2.5-fold**

Wave 1: Rise in Rx Opioid Overdose Deaths Started in the **1990s**

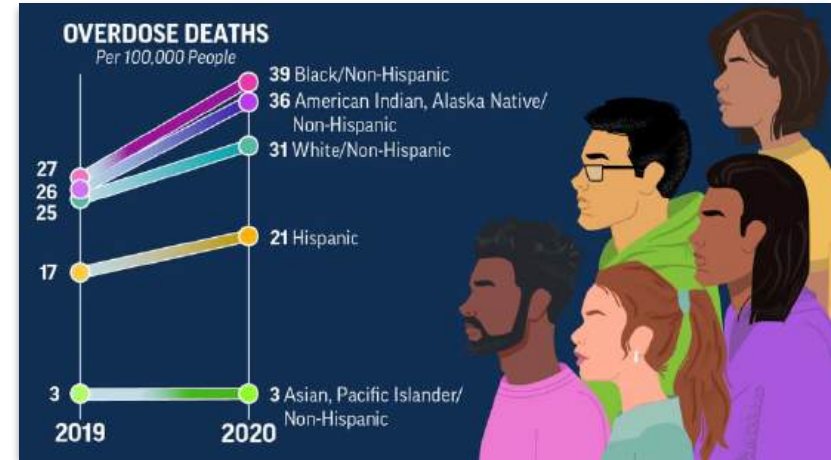
Wave 2: Rise in Heroin Overdose Deaths Started in **2010**

Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in **2013**

4. 1999–2021: final data file; 2022–2023: provisional data file, accessed 1/24/24). Source: National Vital Statistics System Mortality File

Vulnerable Behavioral Health Populations

- People with mental health conditions, including a high risk of suicide
- Adolescents, especially Black and Hispanic
- LGBTQ+ individuals
- Native Americans
- Individuals with chronic pain
- Homeless individuals



Zero Overdose Framework

Zero Overdose is dedicated to reducing overdose events by expanding access to overdose safety planning and education for individuals and communities at risk



SCREENING

Screening identifies those at risk, allowing for personalized safety plans



SAFETY PLANNING

Safety plans address substance use, mental health, and social factors



SUPPORT

Collaboration among professionals and communities strengthens prevention efforts

Overdose Risk Formula

Effect of Drug on the Body



Mindset



Setting

Amount: The volume of opioids the body processes



Route: How quickly and intensely a drug enters the body



Tolerance: How a person's body has adapted to a drug due to repeated use

The emotional state of person when using drugs, as well as the purpose

Elements of the environment, where the person is, who and what is around

Heightened Overdose Risk:

- loss of tolerance after abstinence or incarceration (e.g., recent release from a treatment or carceral facility)
- chronic pain patients with multiple prescriptions
- mixing with sedatives (e.g., benzodiazepines)
- using alone
- unstable housing

Overdose Safety Plan Items

1. Things that put me at risk
2. Actions I can take to reduce risk
3. Things I do regularly to stay well
4. People who support my wellness and I can ask for help
5. Professionals and agencies I can call when in crisis
6. Number 1 reason I want to live today
7. Next steps I will take to reduce risk

My Safety Plan

Step One: Things that put me at risk of an accidental overdose
(Risks include the use of medications or illicit drugs, methods of use, history, and health factors.)

• _____ • _____
• _____ • _____

Step Two: Actions I can take to reduce my risk of overdose
(Consider steps that address the risks identified in step one, such as changing method of use.)

• _____ • _____
• _____ • _____

Step Three: Things I do regularly (or wish to do more of) to stay well
(Consider ways you take care of your physical and mental health.)

• _____ • _____
• _____ • _____

Step Four: People who support my wellness and whom I can ask for help

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Step Five: Professionals and agencies I can call in a crisis

Name: _____	Phone: _____
Program: _____	Phone: _____
Urgent Care: _____	Phone: _____

Local Crisis Hotline: _____
SAMHSA's National Helpline: **1-800-662-HELP (4357)**

Step Six: The number one reason I want to live today

Step Seven: The next step I am willing to take to reduce my risk

Taking a Community-Wide Approach

Zero Overdose works with community-based organizations, health systems, and public health partners to develop and conduct trainings on how to use the Safety Plan and questionnaire

Who is at risk?

Who can intervene early?



Combined Approach

Why Use A Combined Approach?

Suicide prevention and overdose prevention are complementary, not competing, efforts



Benefits to combining

- /1 Overlapping risk factors
- /2 Shared screening tools
- /3 Collaboration of healthcare professionals
- /4 Coordinated care plans across services
- /5 Improved interventions
- /6 Potential for improved outcomes
- /7 More positive patient experiences
- /8 Fewer preventable deaths

Adverse Childhood Experiences (ACES)



How do these risk factors interact? How do ACES support a combined approach?

Shared Tools

- Screening tools can be adapted to address risk factors for both drug use and suicide
- “Toolkits” for health professionals and social workers can be modified to include both

WHEN TOCKE SCREENING TOOL FOR YOUTH AND ADULTS

Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if all of you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

0: No 1: Yes

0: No 1: Yes

0: No 1: Yes

0: No 1: Yes

If you chose "yes" to the question, answer:

0: Yes, but not really 1: Yes, very

If patient answers "Yes" to any of Questions #1 through #4, ask the following safety questions:

0: Yes 1: No

5. Are you having thoughts of killing yourself right now?

0: Yes 1: No

If yes, describe briefly:

Screening result and next steps

No to all questions #1-4

Regressive screen:

No interventions necessary at this time. **NOTE:** Clinical judgment can allow doctors to do negative screen.

Yes to 1 or 2

Active screen:

1. Patient is engaged in health care

2. Patient is not suicidal

3. Patient is not suicidal

4. Patient is not suicidal

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45. Patient is not suicidal

46. Patient is not suicidal

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen: "Yes" or "No"

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Post month
Ask questions that are bolded and underlined	YES NO
Ask Questions 1 and 2	
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	
2) <u>Have you actually had any thoughts of killing yourself?</u>	
IF YES TO 2, ask questions 3, 4, 5, and 6. IF NO TO 2, go directly to question 6.	
3) <u>Have you been thinking about how you might do this?</u>	
E.g. "I thought about taking an overdose but I never made a specific plan as to what method I would actually do it...and I would never go through with it."	
4) <u>Have you been thinking about how you might do this?</u>	
As opposed to "I have the thoughts but I definitely will not do anything about them."	
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u>	
6) <u>Have you actually done this plan?</u>	
4) <u>Have you ever done anything, started to do anything, or prepared to do anything to kill yourself?</u>	YES NO
Examples: Collected pills, obtained a gun, gave away valuable, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, used the tool but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	
IF YES, ask: <u>How did you feel the past few months?</u>	

- Low Risk
- Moderate Risk
- High Risk

For questions and more information contact: Kelly Peters, PhD

New York State Psychiatric Institute, 1015 York Avenue, New York, NY 10021, psychiatry@nyspi.nyu.edu

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My Safety Plan

Step One: Things that put me at risk of an accidental overdose
(Risks include the use of medications or illicit drugs, methods of use, history, and health factors.)

• _____	• _____
• _____	• _____
• _____	• _____

Step Two: Actions I can take to reduce my risk of overdose
(Consider steps that address the risks identified in step one, such as changing method of use.)

• _____	• _____
• _____	• _____
• _____	• _____

Step Three: Things I do regularly (or wish to do more of) to stay well
(Consider ways you take care of your physical and mental health.)

• _____	• _____
• _____	• _____
• _____	• _____

Step Four: People who support my wellness and whom I can ask for help

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Step Five: Professionals and agencies I can call in a crisis

Name: _____	Phone: _____
Program: _____	Phone: _____
_____	Phone: _____

Local Crisis Hotlines:
SAMHSA's National Helpline: 1-800-662-HELP (4357)

Step Six: The number one reason I want to live today

Step Seven: Overdose Risk Assessment

While an overdose can occur anyone day, we also know that risk varies greatly depending on what, how, and where someone uses. We want to support your wellness and want to better understand your experiences. Please complete this form, and all will help us to develop a safety plan that fits you where you are now. Please select all that apply from the risk below.

Recent Opium or Opioid Use Associated with an Increased Risk of Accidental Overdose
☐ opioids used without medication, treatment, medications or harm-reducing interventions or as prescribed
☐ borrowed substances or medications without being told such as needles, syringes, lighters, etc. were contaminated

Drug Overdose History
☐ accidental drug overdose
☐ more than one accidental drug overdose
☐ intentional use of drugs to overdose

Health and Wellness
☐ Do you have any health concerns that could impact your risk of overdose? (e.g., liver, stomach, eye, or respiratory issues)
☐ Have you had any recent stressors that may impact your risk of overdose? (e.g., loss of loved one, financial stress, relationship issues, or incarceration)
☐ Are there any other factors that you believe may impact your risk of overdose? Please describe below.

Factors of Use, Place, How, and When
☐ Using substances at different strengths or brands
☐ Using alone/empty and not with others or in substance service settings
☐ Using when you are stressed
☐ Using when having suicidal thoughts or not taking your meds or
☐ Using in situations through an intermediary like (DOP, a friend,
☐ Changing how you use substances (e.g., snorting, smoking,
☐ Using more than one substance at the same time or within a short period of time
☐ Using other substances while under the influence of alcohol

NOTE:

This document is for informational purposes only and is not intended to replace professional medical advice or treatment. It is not a substitute for professional medical advice or treatment. It is not a substitute for professional medical advice or treatment. It is not a substitute for professional medical advice or treatment.

Interventions Improved by Addressing Both Risks

- Medically-Assisted Treatment (MAT)
- Inpatient and outpatient treatment programs
- Psychoeducational groups
- Psychotherapy (group and individual)
- Counseling (group and individual)
- Support groups



Collaboration of Healthcare Professionals

- Professionals typically deal with suicide and overdose/drug use separately
- Better use of resources when one team can more efficiently and effectively address these overlapping issues

Potential for Improved Outcomes

- Increased awareness of shared risk factors
- Fewer preventable deaths
- More positive client experiences and more coordinated care plans

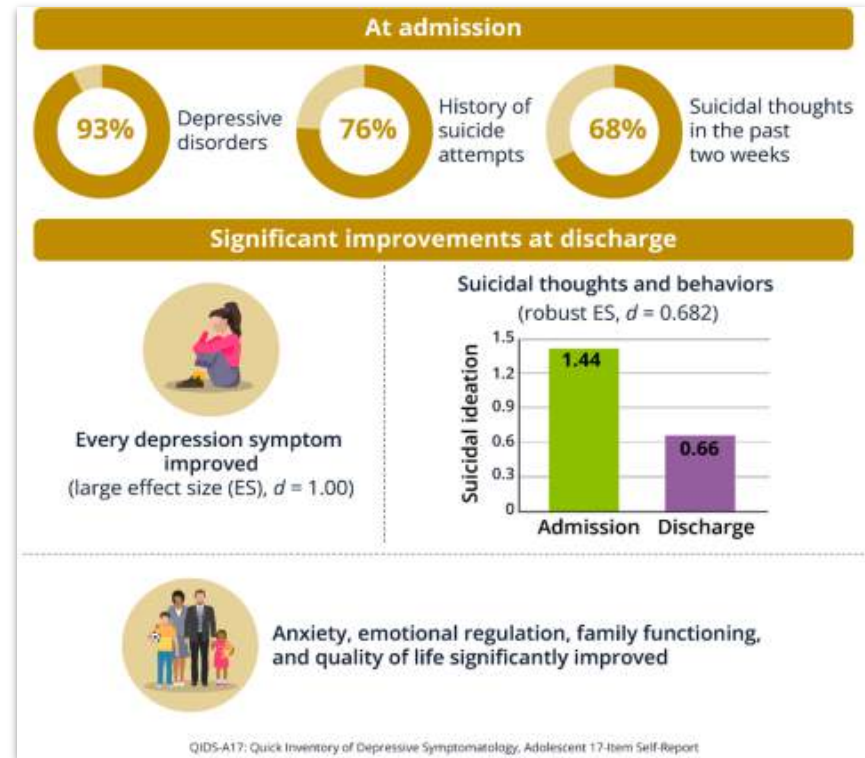


Examples of Success

Zero Suicide: Boston Children's Hospital

Key outcomes:

- **Reduction of suicidality** for adolescents in inpatient psychiatry
- **Improved lethal means counseling** in the emergency department
- **Expansion of suicide risk protocols** in primary care



Education Development Center, n.d.

Suicide and Opioid Overdose Prevention: Colorado Public Health Initiative

Key strategies:

- Partnering to improve outcomes
- Leveraging data and information systems to make an impact
- Collaborating to improve public health systems infrastructure
- Bolstering programs and services to better health

How Strong Partnerships Improved Colorado's Suicide And Overdose Prevention Strategy



Review & Next Steps

Review of Module 1

- ✓ There are shared risks, complexities, protective factors, and opportunities for prevention across suicide and overdose
- ✓ Any substance is associated with an increased risk for suicide-related behavior, deaths, and unintentional and intentional overdoses
 - Alcohol and opioids are among the substances most commonly found in suicide decedents, but any substance use should be taken seriously
 - Other factors that increase risk of intentional and unintentional overdose include: polysubstance misuse, taking drugs via injection, using longer acting/ potent substances, getting substances from unknown sources, and using alone
- ✓ Helpful to consider intentionality on a continuum, as opposed to all or none
 - Not all overdoses are intentional
- ✓ Accurate assessment and effective treatment for all populations should address suicide, substance misuse, and mental health **together**

Join us for Module 2



SIPPS Module 2:
Mental Health and SUD Screening in
Behavioral Health Settings
*(Including Suicide & Overdose
Screening)*

**Thursday Dec 11, 2025
12:30pm – 2:30pm ET**



Post-Training Survey:
Please complete this brief survey. Your
responses help us evaluate and
improve our programs. All data is
confidential and reported in aggregate.

Q&A

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