

**The Overdose Safety  
Planning Intervention:  
Clinical Tools and Support Materials**



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**[www.ZeroOverdose.org](http://www.ZeroOverdose.org)**

# The Overdose Risk Screening Form

While all use of substances come with some risk, we also know that risk can change a lot by what, how and when someone uses. We care about your wellness and want to better understand your experiences. After completing this screener, we will make a safety plan together which meets you where you are at today.

Please select all that apply from the lists below.

Recent Use of Opioids or Substances With Increased Risk of Accidental Overdose	
<input type="checkbox"/>	Opioids such as pain medication, fentanyl, methadone or heroin, etc, even if rarely or prescribed
<input type="checkbox"/>	Non-opioid substances / medications bought illicitly such as Xanax, cocaine, MDMA, etc., even if occasionally

Past History of Drug Overdose:	
<input type="checkbox"/>	Accidental drug overdose
<input type="checkbox"/>	More than one accidental drug overdose
<input type="checkbox"/>	Intentional use of drugs to overdose

Health and Stressors:	
<input type="checkbox"/>	Health issues which increase risk (eg breathing, liver, immune, or vision)
<input type="checkbox"/>	Life stressors which impact your risk (eg loss of a loved one, housing, money, relationship, treatment)
<input type="checkbox"/>	Are there any other factors which you think could increase your risk of overdose? Please describe below.

What, How, and When You Use Substances:	
<input type="checkbox"/>	Using different strengths or quality of substances
<input type="checkbox"/>	Using when rushed, afraid or in unfamiliar places
<input type="checkbox"/>	Using while you are alone
<input type="checkbox"/>	Using with thoughts of suicide, or not caring if you wake up
<input type="checkbox"/>	Using substances with a syringe
<input type="checkbox"/>	Switching how you use substances (eg snorting, smoking, swallowing)
<input type="checkbox"/>	Using more than one substance together
<input type="checkbox"/>	Using substances while under influence of alcohol

**NOTES:**

# My Safety Plan

## Step One: Things which put me at risk of accidental overdose

(Risks are often 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 found in step one, example: Changing method of use)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Step Three: Things I do regularly (or want to do more) to stay well

(Consider ways you take care of your physical and mental health)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Step Four: People who support my wellness and 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

- \_\_\_\_\_



# Overdose Safety Planning Intervention: Provider Talking Points

## Step One: Identifying Overdose Risk Factors

### In the past 12 months have you had a history of:

**Opioids** (Pain medication, Methadone, heroin): Assess for use of opioids which may be prescribed or obtained illicitly.

**Other substances** (e.g. Xanax, cocaine, ecstasy): Understanding the full scope of substance use allows for more individualized education and prevention strategies.

**Benzodiazepines:** Xanax, Klonopin etc, these medications, whether prescribed or obtained illicitly, substantially increase risk of overdose due to their role as “depressants” which further slow down heart rate and breathing. There is also increase prevalence of illicitly made “pressed” benzodiazepine which are contaminated with fentanyl.

**Cocaine:** Fatal overdoses involving cocaine have increased over 20% in the last year. This dramatic rise in deaths is linked to the increased prevalence of strong synthetic opioids like fentanyl being mixed into the drug supply. Additionally, when someone is using cocaine and opioids together, they are more likely to use more and with less time between doses increasing risk of overdose.

**Ecstasy:** and other “designer” drugs are more frequently found to be contaminated with Fentanyl. People using these drugs may be opioid-naïve, needing less opioid than others to overdose.

**Note:** Individuals who exclusively use non-opioid substances or are abstaining from opioid use are at increased risk of overdose if exposed to opioids due to low or no baseline tolerance.

### Do you have a history of:

**Accidental drug overdose:** People who have had previous drug overdose are more likely to experience future drug overdose. The cause of this is not exactly known, it may be part biological, or an impact of the persons pattern of use.

**History of more than one past overdose:** Risk of experiencing a future overdose increases based on the total lifetime number of overdoses. Having a history of non-fatal overdoses may lead to a false sense of security and compounding health issues.

**Resuming use after decreased tolerance:** Decreased tolerance is one of the largest risk factors for fatal overdose. A body’s tolerance may begin to decrease in as little as 48 hours. Lots of situations may lead to decreased tolerance such as periods of abstinence, incarceration, detox, completion of residential treatment, inconsistency of supply (ex: running out of chronic pain medication before availability of next prescription). Tolerance is also affected by changes in weight and health status.

## What health issues or stressors do I face?

**Breathing issues:** COPD or asthma may increase someone's risk of fatal overdose, as they further contribute to the decrease of oxygen to the brain.

**Vision issues:** When someone has issues with their vision, they may have more difficulty correctly identifying and gauging use of medication or substances; if in an emergency, they may be more vulnerable.

**Financial stress:** Stress in general increases risk of use, but may also impact drug supply, how and where someone uses. It is good to ask questions on how financial stress impacts their use.

**Recent release from jail:** This risk factor is highly correlated with overdose due to decreased tolerance, disruption in treatment and wide range of psychosocial stressors.

**Liver Issues:** Many substances are metabolized by the liver. Changes in functioning impact how long substances remain active in the body and the effect of their strength.

**Recent loss:** Grief and loss are acute triggers of depression and may lead to a longing to join the loved one or to passive suicidal ideation such as "I don't care if I live or die".

**Relationship stress / loss of relationships:** These stressors are associated with emotional distress, changes in living situations, decreased social support, resumed or increased substance use. If identified, it is good to explore how these stressors effect the patient and their risk of overdose.

## How I use impacts risk. Please select all that apply within the last year:

**Using different strengths:** This applies to both prescription medications and drugs. For instance if a person is buying pain medication illicitly, they may frequently use different types and strengths. 10mg of one medication may have a significantly different effect than 10mg of another.

**Using with a syringe:** Injecting and smoking of drugs take effect rapidly making it difficult to gauge strength. For these reasons injecting drugs has higher risk of overdose than other methods.

**Using while rushed or afraid:** The quicker substances are used, the faster and stronger their effect. In situations where someone is using and not wanting to get caught, they may engage in riskier use. Feeling rushed may also increase heart and breathing rates further accelerating the effect of substances.

**Switching methods of use:** When someone changes how they use such as from smoking to injecting, they may be less familiar with how much they can tolerate or how quickly they take effect. These factors can lead to an increase risk of accidental overdose.

**Using in unfamiliar places:** similar to being rushed or afraid, when using in unfamiliar places, people may change how they use, what they are using, and with whom they are using. Asking additional questions will help understand how this relates to the individual's risk.

**Using more than one substance at a time:** There is a saying, "1+1 does not equal 2. 1+1 equals 5". This may help emphasize the synergistic effect substances have on the brain.

**Using with thoughts of suicide:** There is a strong correlation between suicide and overdose. Substance use increases risk of suicide, thoughts of suicide increase risk of overdose. Should suicidal ideation be identified, assess for immediate risk, current treatment and need for linkages to care.

**Using opioids with alcohol:** Like opioids, alcohol is a depressant which slows the body's functions increasing risk of overdose. Alcohol also impairs the senses, making it more difficult to gauge the effect of substances, and impaired judgment may lead to riskier use.

## Step Two: Actions I Can Take to Reduce My Risk

### How I use:

**Be extra careful when using alone:** Never using alone may not be realistic or the client's goal. If someone uses alone, practicing other strategies to reduce risk is even more important.

**Take turns with a buddy:** Taking turns using increases opportunity for the other person to use naloxone and or call for help. If everyone uses the same substance at the same time, no one may be able to take action if it was contaminated with synthetic opioids.

**Use less over a longer period of time:** This helps the body process the opioids easier without exceeding tolerance.

**Use only one substance at a time:** This is particularly relevant to depressants such a benzodiazepine, and can be a good recommendation for individuals who use alone.

**Start with opioids if mixing with alcohol or other substances:** Alcohol decreases the ability to gauge the effect of opioids. Using opioids first allows someone to better know how high they are and their limits.

**Test the strength before using larger amounts:** Sometimes referred to as "a tester shot", it allows the person to see if it is the effect they were expecting or if it may be contaminated with synthetic opioids.

**Switch to a safer method of use.** Higher to lower methods of risk are frequently considered: injecting -> smoking -> snorting -> ingesting pills. Encouraging someone to switch to a "safer" method of use can be helpful, especially if they use alone.

**Be careful when switching what I use:** Raise awareness that when someone changes the type of drugs they use, it can increase risk because they may not be as familiar with the effect and how much to use. It becomes more important to consider other prevention strategies.

### Before I use:

**Know what pills I am taking and their strength:** There are pill identifier apps and websites which help identify pills and counterfeit pills, and can calculate "morphine equivalents". These resources help individuals make informed choices and understand the "amount" of opioids they are consuming.

**Keep naloxone nearby and tell others where to find it:** This should be on everyone's safety plan! If a client does not have naloxone, be prepared to assist them. This is an excellent "next step" upon completing their safety plan.

**Test my drugs for fentanyl:** There is increased availability of fentanyl test strips. Currently they can be obtained through syringe exchange and at Ellenville Regional Hospital.

**Take medication as prescribed:** Here is an opportunity to reinforce use of MOUD, and explore use of benzodiazepine and/or chronic opioid pain medication. Discuss their adherence to medications and how this may impact overdose risk (ex: running out of medications before the next prescription)

**Talk to others who have used the same supply:** Knowledge leads to informed choices and may contribute to safer practices.

**Stick with treatment even if I am struggling:** MOUD is highly protective against overdose. Encouraging someone to remain in care despite substance use or other stressors is very important. Identifying that someone is falling out of care or has fallen out of care is an important risk factor to address.

**Share my safety plan with others:** Involving others increases likelihood that the individual will utilize the safety plan; involving others helps them understand the client and how to help them prevent overdose.

### **When and where I use:**

**Avoid using alone:** This speaks to one of the biggest risk factors for overdose. Assist the person in thinking creatively such staying on the phone with someone they know or the Never Use Alone hotline.

**Use when I am in familiar places:** Here is an opportunity to raise awareness of this lesser known risk (using in unfamiliar places) and consider alternatives.

**Use when I am not rushed:** Encouraging a person to consider their patterns of use may lead to improved planning. Perhaps if rushed, only use a small amount to avoid withdrawal; once a better place is reached, then use the full amount.

**Be aware of my health issues:** Health issues are dynamic risk factors. When someone is ill, has high / low blood sugar, or dehydrated, their tolerance may decrease and risk may increase.

**Keep important medications with me:** Many medications take action quickly, but only if you have them on hand. This is paired well if health issues have been identified.

**Make a plan for someone to check on me:** Whether in person or by phone, making a plan for someone to call 911 if the person is not responsive may save their life. If by phone, it is important for the person who is checking on them to know their exact location.

### **In case of crisis:**

**Call 911 if I believe someone is having an overdose:** Reinforce the message “use naloxone **and** call 911”

**Seek medical attention if I have had an overdose:** There may be additional medical issues as a result of non-fatal overdose. Local emergency rooms offer initiation of MOUD.

**Call a crisis hotline if having thoughts of suicide:** Thoughts of suicide are common and can rapidly change someone’s risk state. Reinforce availability of local and national crisis services, which can be found on the safety plan.

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