

Overdose Safety Planning©





About Zero Overdose

Founded in 2020 as a 501(c)(3) non-profit with a vision to become a powerful catalyst for change and driving the creation of a more preventative approach through overdose safety planning.



Mission Toward Zero



Overdose remains a national crisis, fueled by synthetic opioids (fentanyl) and an unpredictable drug supply.



There is a need for proactive, frontline prevention strategies to complement emergency responses.



Our mission is to expand access to safety planning via education for individuals and communities.

Introductions



Your Name & Your Why



Learning Objectives

01

Understand the purpose & key elements of an Overdose Safety Plan

- Recognize how it fits into upstream prevention
- Understand what overdose safety planning is and why it matters

02

Know who is at risk of overdose & know to respond

- Recognize behavioral, emotional and environmental risk factors
- Spot key overdose risks to guide prevention conversations

03

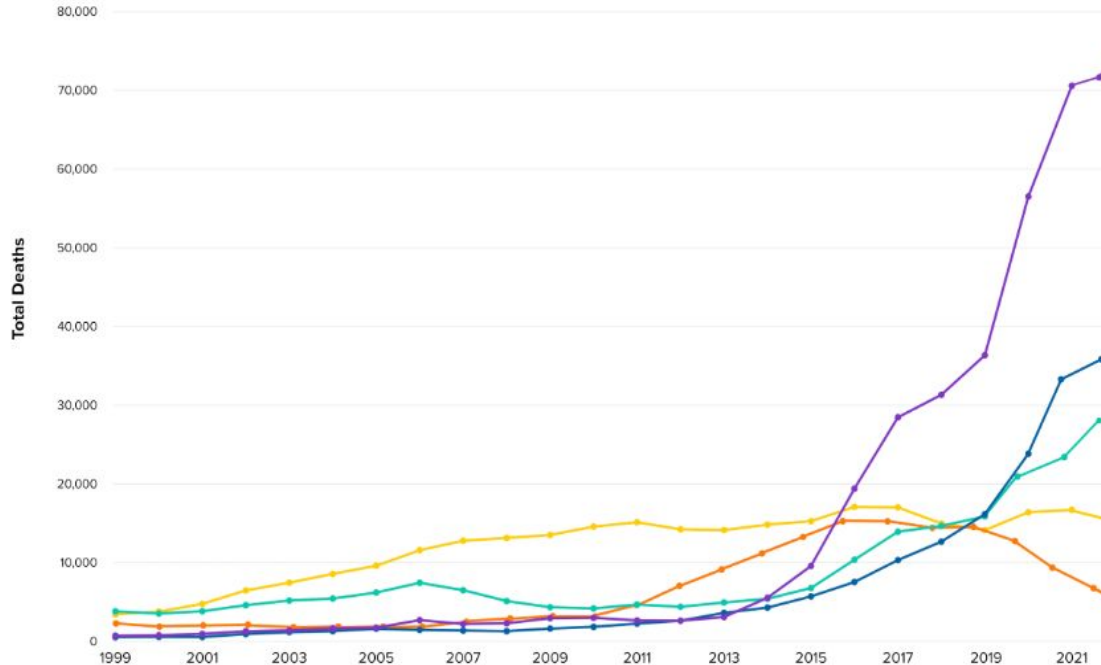
Collaboratively develop personalized safety plans

- Integrate into workflows using risk reduction and motivational interviewing techniques
- Build plans that reflect individual needs



Level Setting: Data and Trends

Context for the Epidemic



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

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

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

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

Cocaine overdose deaths increased **7.6-fold**

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

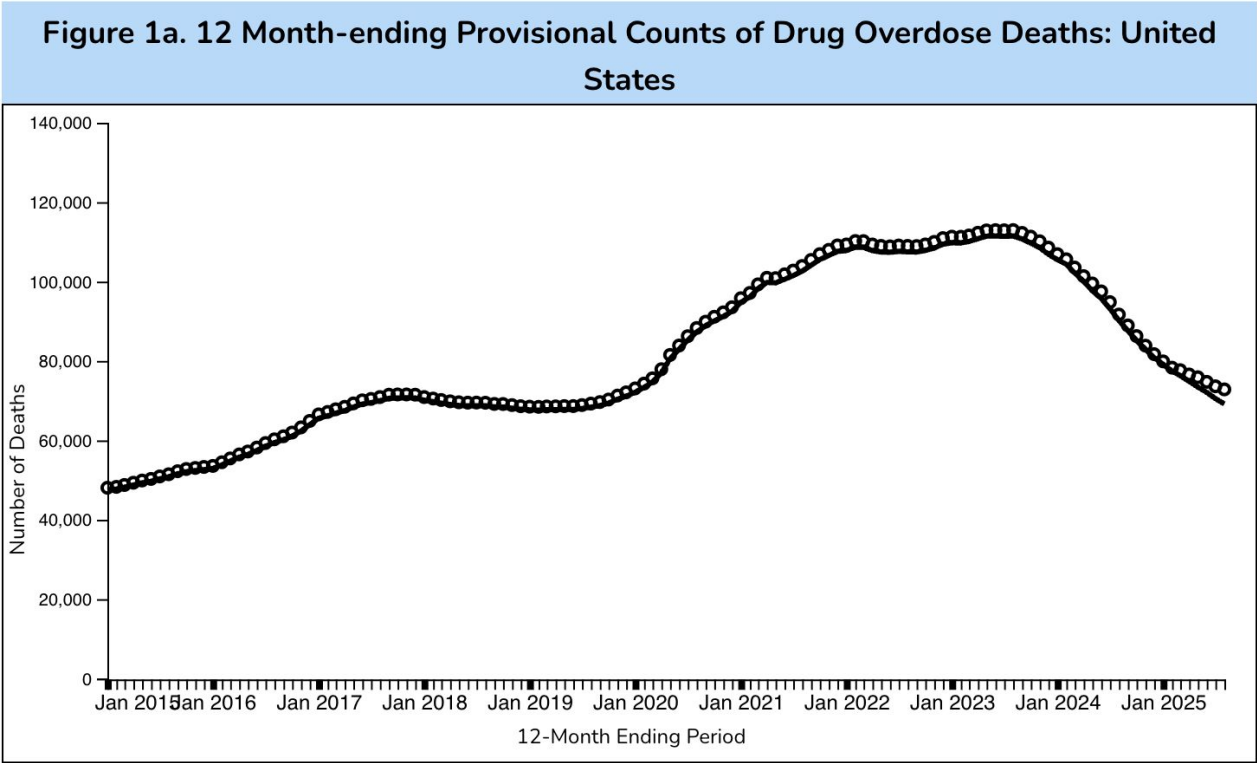
Heroin overdose deaths increased **2.5-fold**

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

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

National Statistics

Based on data available for analysis on: January 4, 2026



Source: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

What is Driving the Decline?

**Expanded
access to
MOUD**

**Spread of
naloxone
distribution**

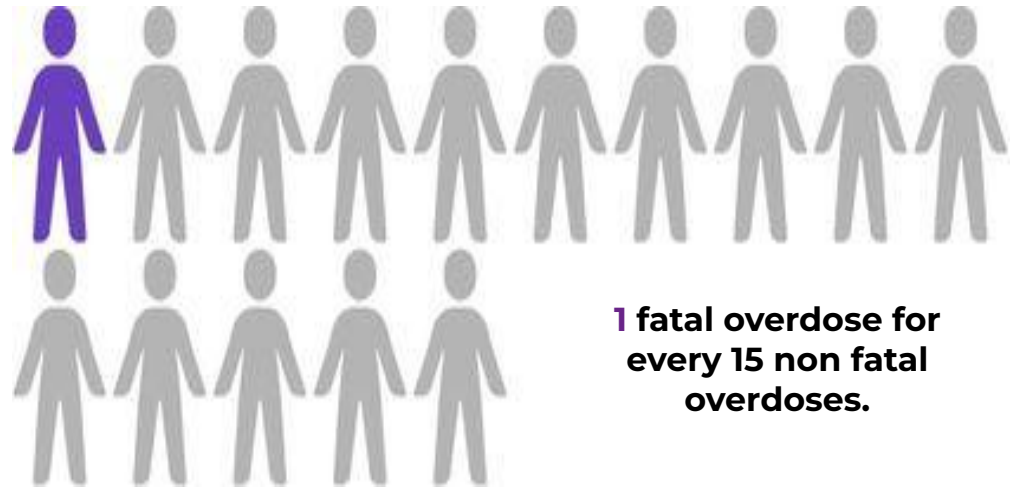
**Growing
emphasis
on risk
mitigation
programs**

**Improved
public
education
and
awareness**

CDC NVSS; AMA Overdose Report 2024; SAMHSA ORCCA; CDC MMWR 2023
Krawczyk, N., Rivera B. D., Jent V, Keyes K. M., Jones C. M., Cerdá M. Has the treatment gap for opioid use disorder narrowed in the U.S.: A yearly assessment from 2010 to 2019¹. Int J Drug Policy. 2022 Dec;110:103786. doi: 10.1016/j.drugpo.2022.103786. Epub 2022 Aug 4. PMID: 35934583; PMCID: PMC10976290.<https://pubmed.ncbi.nlm.nih.gov/35934583/>

Decline Does Not Mean Zero

- **Overdose prevention efforts cannot be one-size-fits-all.**
- **Despite overall decreases, overdose death rates are not equal across demographic groups.**
- **Death counts significantly underestimate the true scale of overdose risk.**



Centers for Disease Control and Prevention. Nonfatal Drug Overdose Surveillance and Epidemiology Syndromic Surveillance (DOSE-SYS) System. Atlanta, GA: US Department of Health and Human Services, CDC; [2026, February, 9]. Access at: <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/dose-dashboard-nonfatal-surveillance-data.html>

Taking a Community-Wide View

Who is at risk?

Chronic Pain Patients
College-Aged Youth
Criminal Justice Involved
Older Adults
Pregnant and Postpartum Women
Unhoused Population
Youth & Adolescents

Opportunity
to Reduce
Risk

Who can intervene early?

Community Hospitals & Health Centers
Risk Reduction Agencies
Housing Agencies
LGBTQ+ Organizations
Correctional Health
Public Health Agencies
Student Health Services

Intentional vs. Unintentional

Intentional Overdose

What it is: Drug use with the *intent to self-harm*.

Key risk signals: Recent suicidal thoughts, depression, major stressors, prior attempts.

Safety planning focus:

- Suicide risk screening
- Mental health support & crisis planning
- Reducing access to lethal quantities

Unintentional Overdose

What it is: Accidental overdose (dose miscalculation, tolerance changes, drug mixing, fentanyl exposure)

Key risk signals: Using in isolation, recent abstinence, mixing substances, unknown supply

Safety planning focus:

- Naloxone access & training
- Overdose prevention techniques
- Safer dosing & drug checking

Roughly 9 out of 10 deaths are unintentional

The Call to Action

*Many unintentional overdoses occur among people **who do not** identify as having a substance use disorder.*



Ensure this frontline service is available for all populations



Prevent overdose events, not just deaths from overdose



Building Safety Before Crisis



The Overdose Safety Planning Intervention

- **Rooted in principles of Motivational Interviewing**
- **Based on shared-decision making and person-centered approach**
- **Models best practices for addressing suicide**
- **Included in SAMHSA's 2023 Opioid-Overdose Reduction Continuum of Care Approach (ORCCA) Practice Guide**
- **Included in New York State Office of Addiction Services and Supports (OASAS) Program Guidance**

Safety Planning - Getting Started

Structured to mitigate overdose risks through seven strategic steps:

1. Identifying Risk Factors
2. Creating Actionable Steps for Risk Reduction
3. Regular Wellness Practices
4. Building a Support Network
5. Identifying Professional Resources
6. Maintaining Motivation & Engagement
7. Committing to Ongoing Risk Reduction



The Overdose Safety Planning Form©

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 \(4357\)](tel:1-800-662-HELP)

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

Accessible & Flexible

Brief & Practical

Person-Centered

Grounded in Risk Reduction

Realistic & Meaningful

Supports Provider Flexibility

Why Overdose Safety Planning

Overdose Safety Planning works in periods of high risk and has few barriers to implementing – anyone can have a meaningful discussion about safety planning

Proactive Prevention:

Naloxone is essential but **reactive**; overdose safety planning intervenes *before* an overdose occurs.



Bridging Missed

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



Empowering &

Destigmatizing: Like safer sex education or seat belt campaigns, safety planning provides practical tools without judgment, encouraging safer choices.

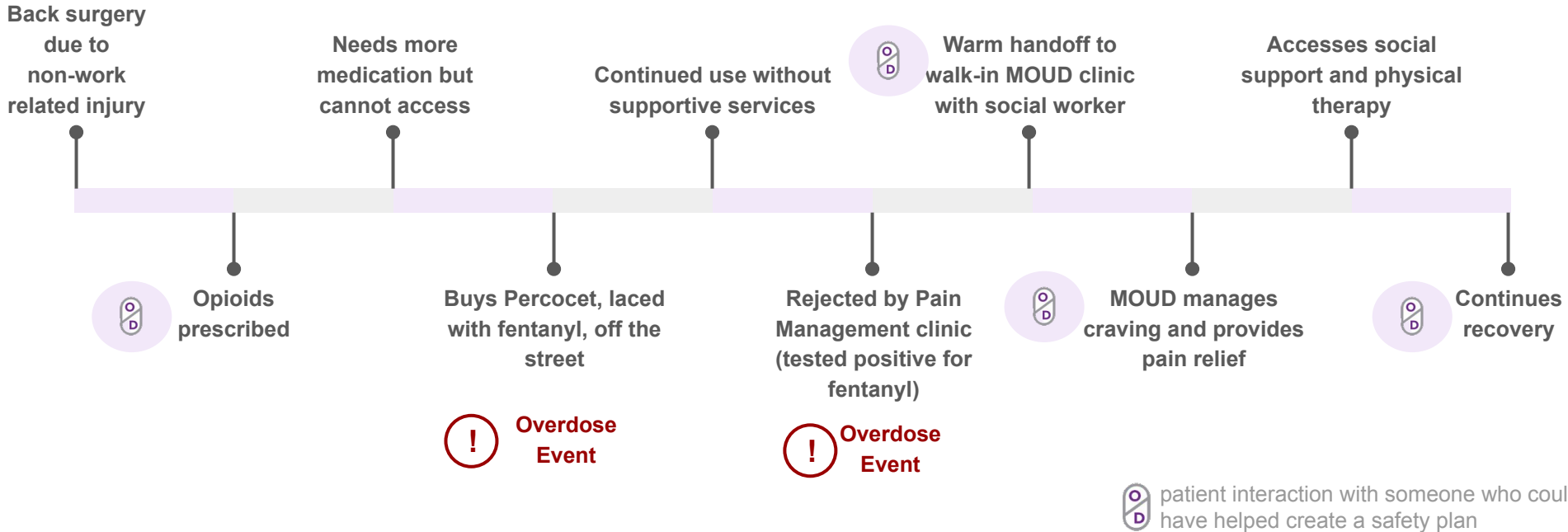
[Stanley B, Brown GK, Brenner LA, et al.](#) Comparison of the Safety Planning Intervention with Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. JAMA Psychiatry. 2018;75(9):894–900.

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>

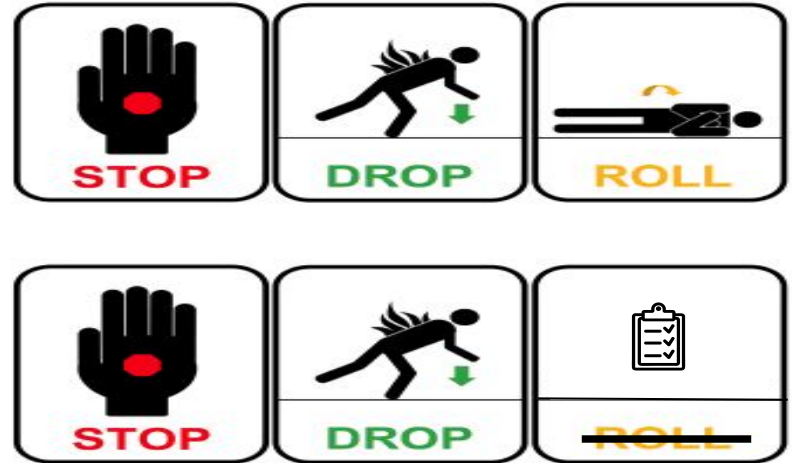


Opportunities for Intervention



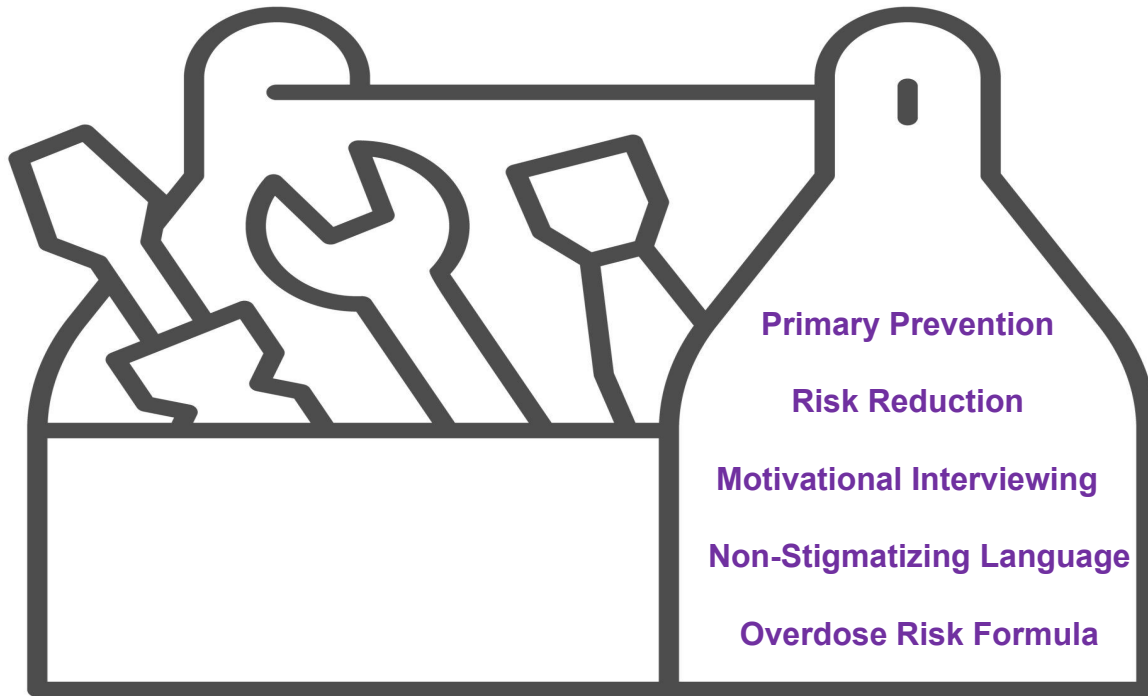
Stop, Drop and Plan

- **Physical fire:** Stop, Drop, Roll → prevent harm immediately
- **Emotional fire:** Take protective steps → ground yourself, interrupt repetitive thoughts
- **Goal:** Be prepared before emotions escalate → right care, right person, right time



PLAN

Tools for Effective Safety Planning



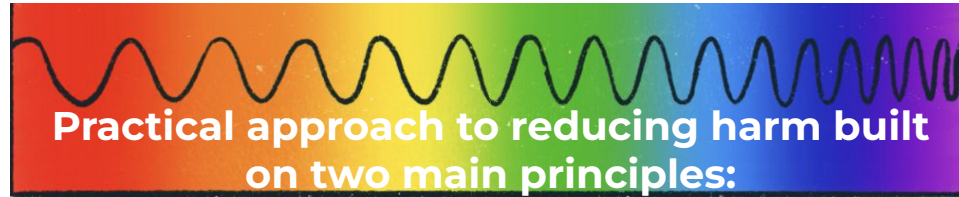
Primary Prevention

- Prevents substance use before it begins
- Addresses root causes and social conditions
- Focuses on populations and systems



What are some strategies related to primary prevention in public health?

The Goal of Risk Reduction



Practical approach to reducing harm built on two main principles:

Meeting People Where They Are Both Physically and Emotionally

Promoting Safer Choices Without Judgment Focused On Well-Being

What are some examples of risk reduction?

Motivational Interviewing (MI)

What is Motivational Interviewing?

An evidence-based approach to helping individuals move through the stages of change.

Effective in promoting positive behavior changes for substance abuse, diet, exercise, and managing chronic conditions.

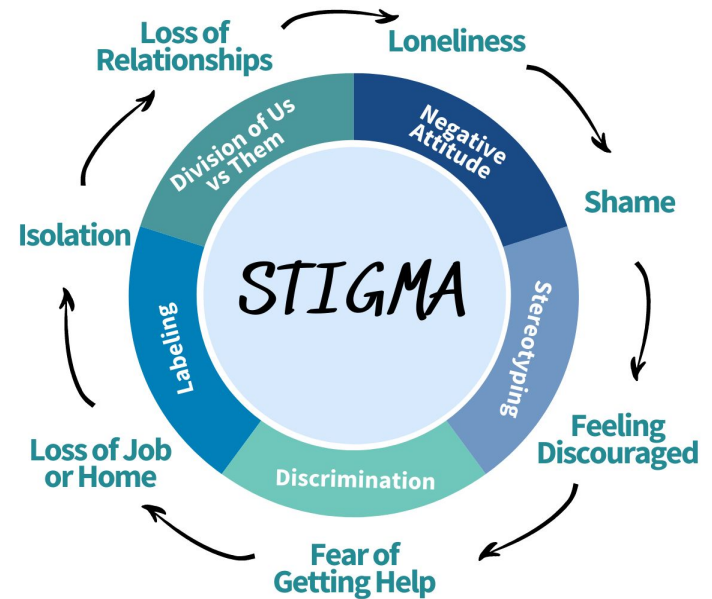


Motivational Interviewing Skills (OARS):

- O**pen ended questions
- A**ffirmations
- R**eflective listening
- S**ummarization

How Stigma Impacts People Who Use Drugs

- **Avoiding Help**
- **Negative Reactions**
- **Healthcare Impact**



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



Risk increases when high-potency or unpredictable drugs intersect with reduced tolerance, health vulnerabilities, and unsafe use conditions.

Overdose Risk: Amount

What increases risk due to Amount?

- Volume of substance used
- High strength or unknown dose
- Mixing substances (e.g., opioids + alcohol, benzodiazepines, stimulants)
- Unknown contamination of substances (e.g., fentanyl)



1+1=5

In other words, mixing drugs can create more danger than expected

Overdose Risk: Route

FASTER ONSET



Injection (Intravenous): **20-60 seconds**

Smoking: **2-10 min**

Rectal: **5-10 min**

Injection (Intramuscular): **10-20 min**

Injection (Subcutaneous): **15-30 min**

Snorting: **2-30 min**

Oral: **15-60 min**

SLOWER ONSET



Speed of onset is directly related to overdose risk

Overdose Risk: Tolerance

What is Tolerance?

As the body becomes used to a substance, more is needed to feel the same effect.

- After a break from use (as little as 48 hours)
- After using less
- After changing supplier
- After transitions in care (e.g., after giving birth in a hospital)



Substance tolerance changes significantly during transitions of care, especially when leaving a hospital, detox center, or incarceration facility

Overdose Risk: Mindset

The emotional state of person when using drugs and the purpose.

- What are some of the reasons a person uses drugs?
- How could this impact their use & risk?
- Thoughts of suicide are not uncommon.



Mood at the time of drug use can play a large role in choices made about Amount and Route, such as taking a larger dose or an unfamiliar route

Overdose Risk: Setting

Setting refers to elements of the environment, where the person is, who and what is around.

- Using in isolation with no one around
- Using while rushed / afraid / unfamiliar location
- Availability of naloxone (Narcan)
- Access to type and purity, as well as route of use



Setting can also impact choices made in regards to Amount and Route based on what is available in that specific environment

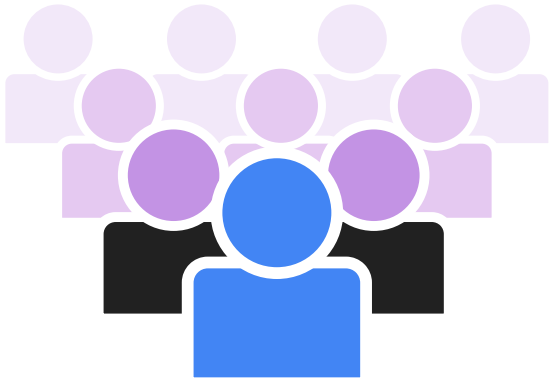


Building an Overdose Safety Plan



Insert Relevant Case

We Can't End Overdose Alone



Working Together on a Mission Toward Zero

- The goal is to expand this project across the community and various partners.
- We want community partners spanning health providers to nonprofits to schools to join in the mission of reaching a **Zero Overdose** future.
- Adopting overdose safety planning across these settings can significantly expand reach and collectively make a county-wide impact.

Collaboration Opportunities

Training



Zero Overdose provides training to organizations, individual providers and community members in overdose and suicide prevention strategies.

Technical Assistance



Zero Overdose offers technical assistance and coaching at the organizational in developing and implementing prevention programming.

Grant Partnerships



Zero Overdose partners in development and implementation of local, state, federal and foundation grants.

Get in touch!



Email

info@zerooverdose.org



Phone

(314) 266-9026



Website

www.ZeroOverdose.org



Thank you!

For training opportunities or more
information please contact
info@zerooverdose.org