



Providers
Clinical Support
System

Suicide and Substance Misuse: Supporting Safety

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Laurin Jozlin and Barb Gay

Housekeeping

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- PCSS-MOUD aims to increase the knowledge and skills of healthcare and counseling professionals about available evidence-based treatment approaches for substance use disorder (SUD) with a particular focus on opioid use disorder (OUD). PCSS-MOUD provides free training and mentoring to practitioners on the use of medications for OUD (MOUD) and the integration of these services into mainstream health care.

Funding for this initiative was made possible by cooperative agreement no. 1H79TI086770 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Presenter(s)



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Disclosure to Learners

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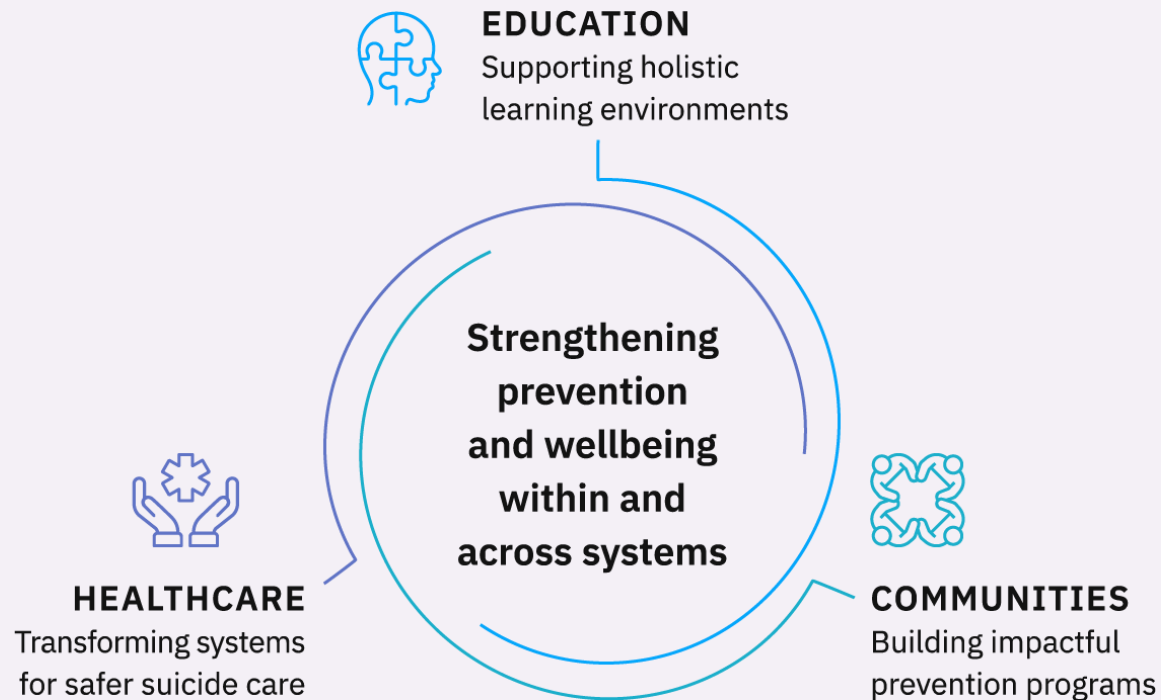
Presenter(s), planner(s), reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months

All disclosures have been reviewed, and there are no relevant financial relationships with ineligible companies to disclose.

All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in patient care. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis.

EDC: Experience, Education & Wellbeing

- Since 1958, Education Development Center (EDC) has collaborated with public and private partners to advance education and health solutions in communities across the globe.
- **EDC Solutions brings this vast expertise directly to you.**



EDC Solutions offers versatile consultation and training for **education**, **community**, and **healthcare** systems committed to **improving prevention and wellbeing** for their workforce and the people they serve.

Educational Objectives

At the conclusion of this activity participants should be able to:

1

Analyze key statistics related to suicide and explain how this data can guide prevention and care strategies in substance use treatment settings.

2

Identify the common risk and protective factors of suicide and substance misuse.

3

Examine and apply key concepts for implementing safer suicide care practices in substance use treatment settings.

988

**SUICIDE & CRISIS
LIFELINE**

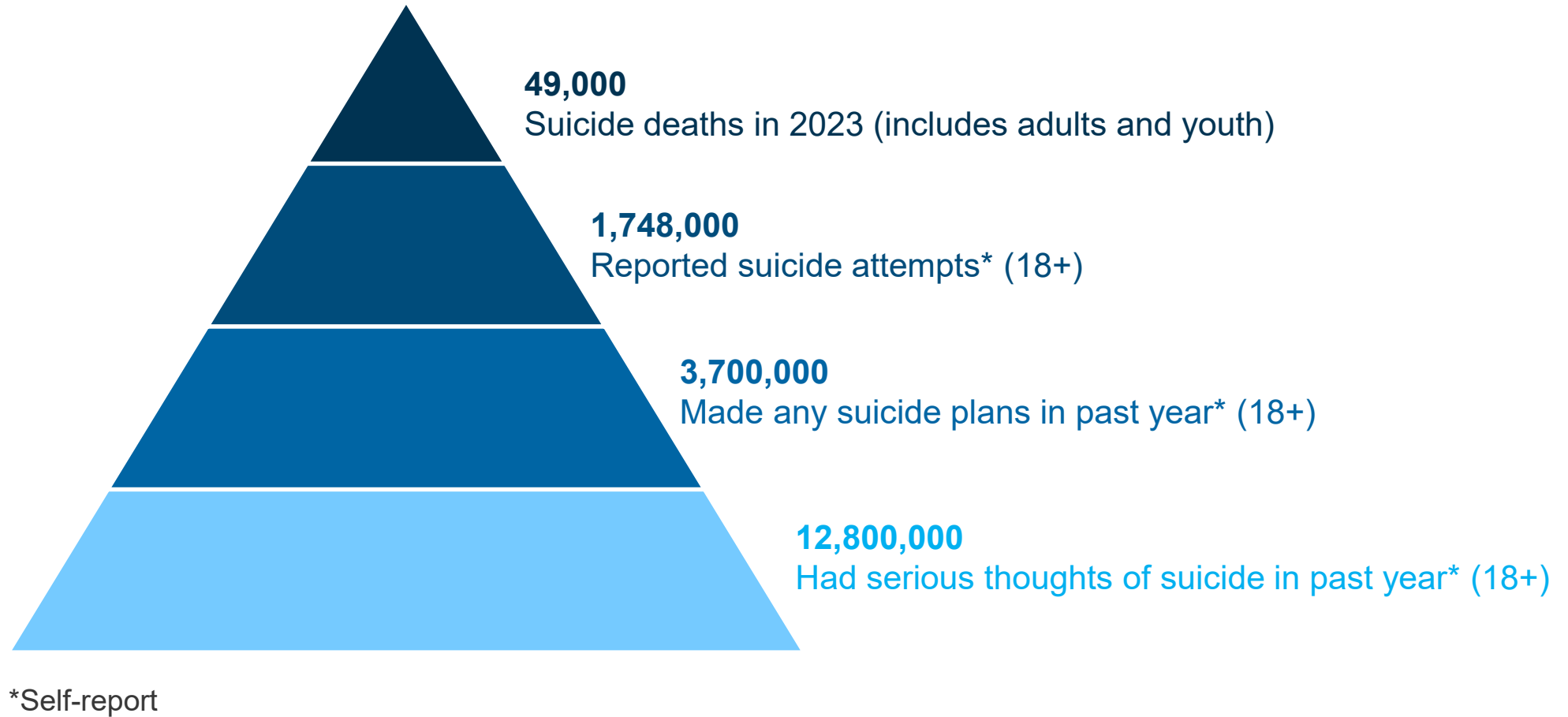
Poll: What word describes how today started for you?

- Calm
- Busy
- Overwhelmed
- Tired
- Hopeful

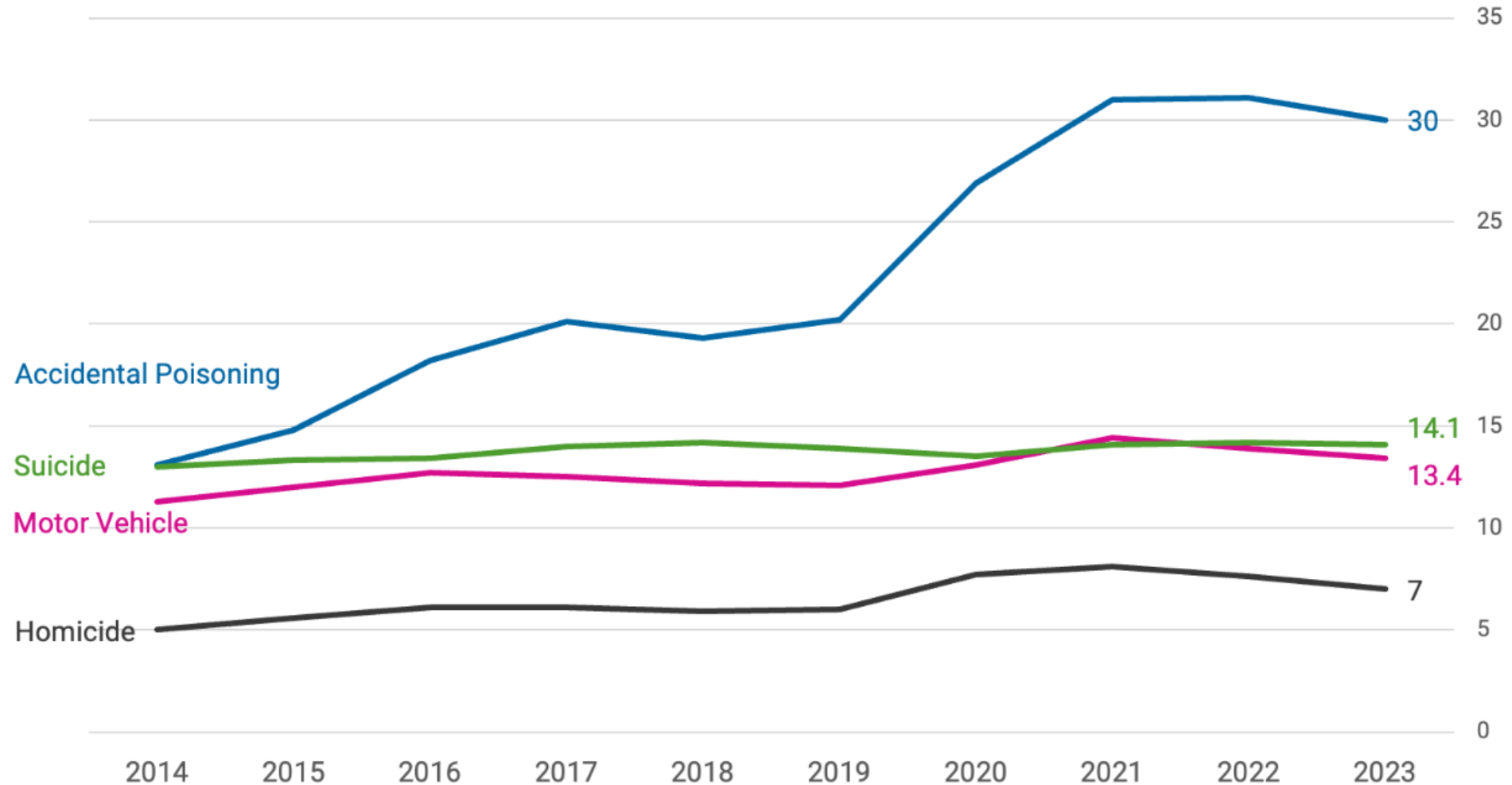


Suicide in the United States

Suicidal Behavior (U.S., 2025)



Selected Injury-Related Death Rates, 2014-2023

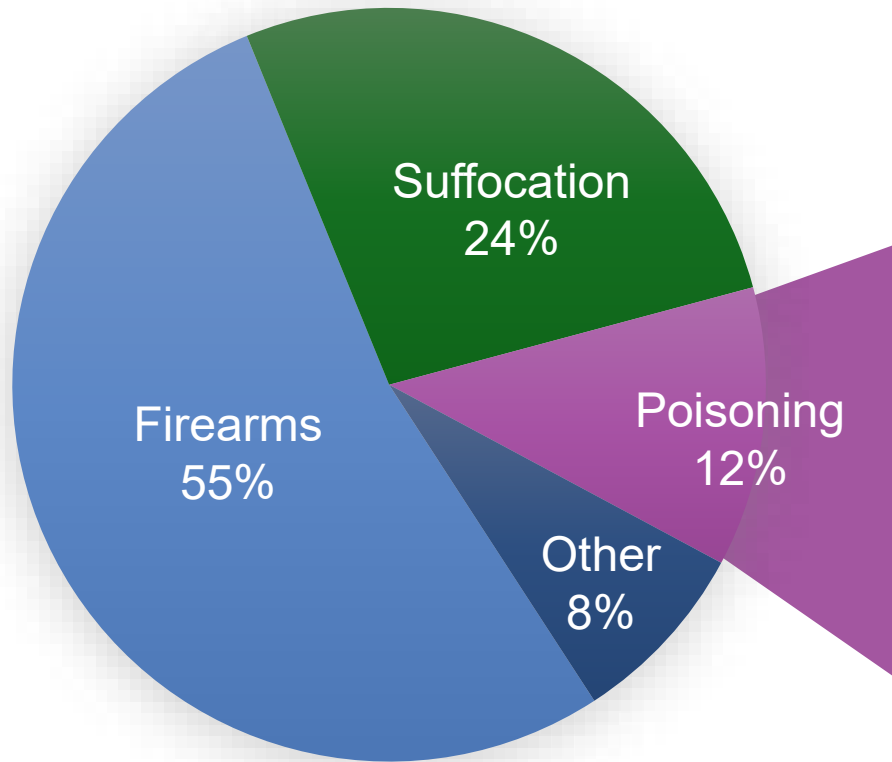


Age-adjusted rate per 100,000

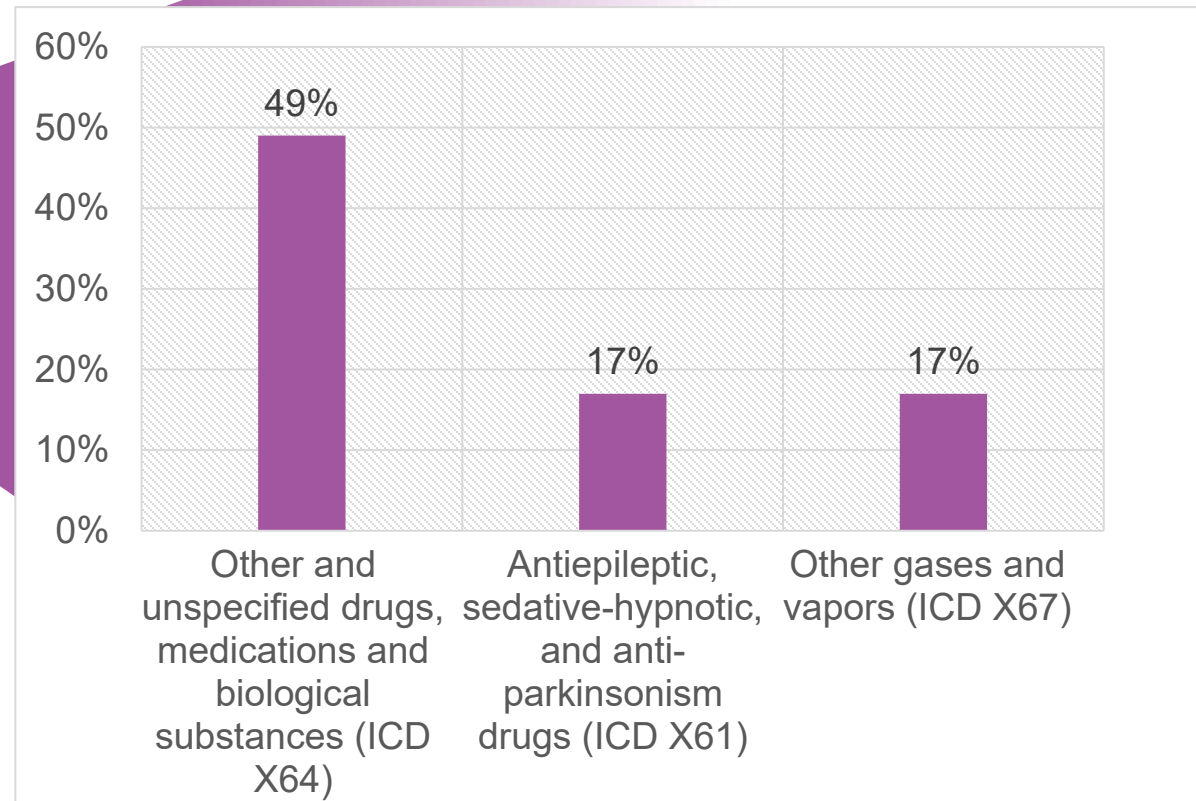
Source: CDC, 2024



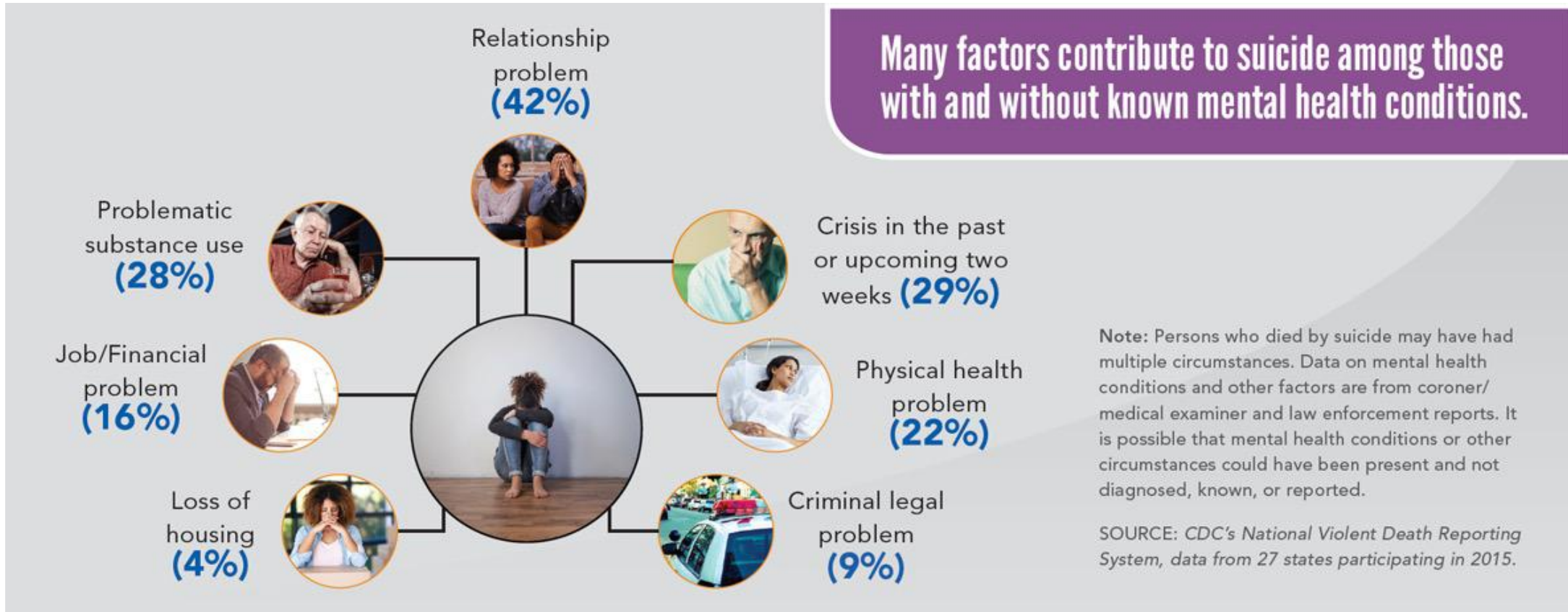
Suicide Deaths by Method (U.S., 2023)



Poisoning Suicides by Substance – 2023



Complexity of Suicide Risk



Suicide, Substance Use Disorder & Opioid Use Disorder

Case Example

Michael R.

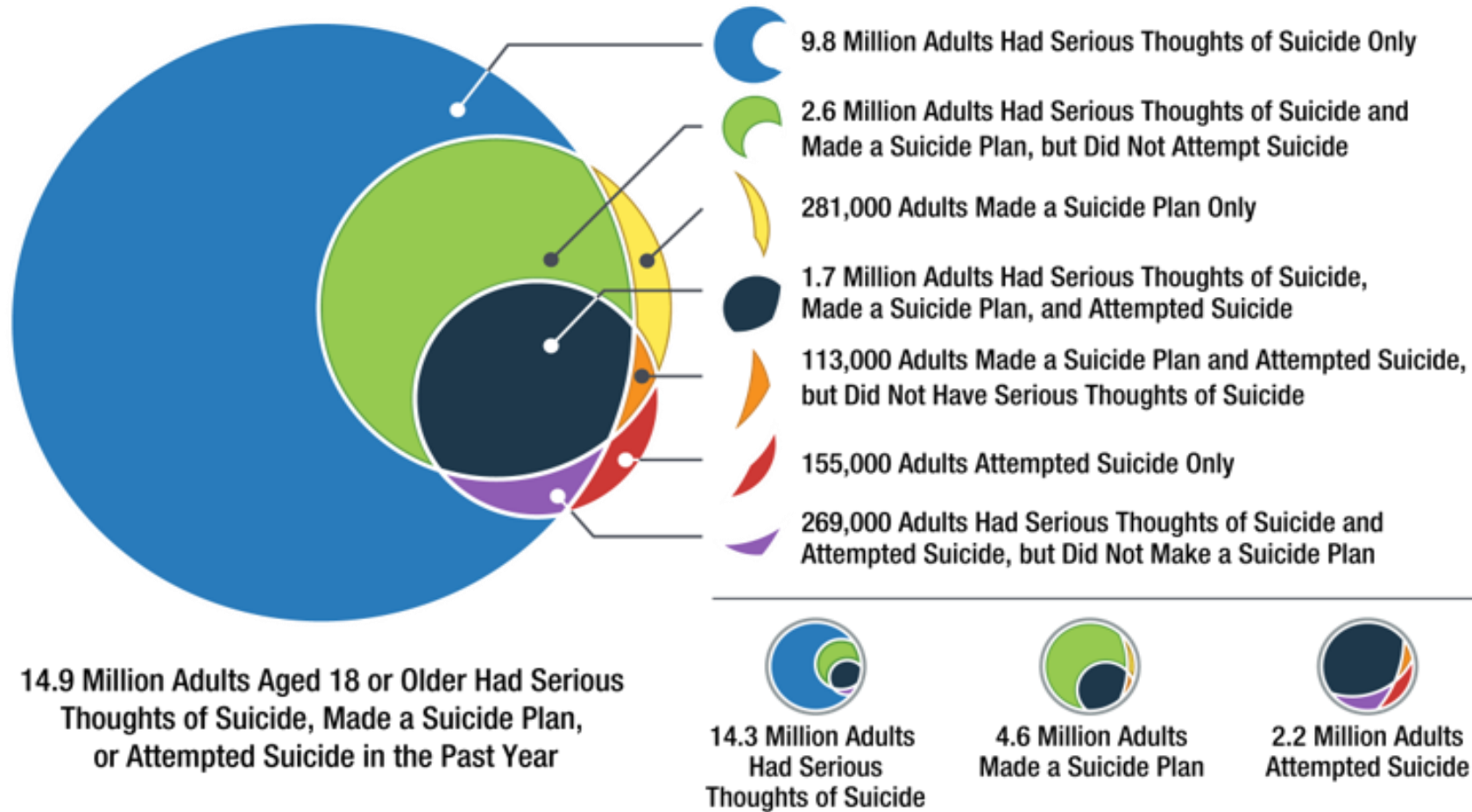
- ▶ 34-year-old male
- ▶ Recent emergency department visit for unintentional overdose, revived with naloxone, discharged with referral to outpatient care.
- ▶ With the outpatient provider, Michael has shared he is feeling depressed, has some thoughts of suicide, and that his drug use is escalating.
- ▶ He has chronic back pain from a work-related accident 5 years ago, for which he was prescribed opioid pain medication.

“Sometimes I wish I wouldn’t wake up.”

- ▶ He has shared that he has occasional thoughts of intentionally overdosing, though he doesn’t have a specific plan or timeline.
- ▶ He says his opioid use temporarily relieves emotional pain and hopelessness,

“It’s the only time I don’t feel completely numb or miserable.”

Suicidal Behavior and Past-Year Substance Use Disorder, United States 2024 (NSDUH)



Suicide Risk and Protective Factors

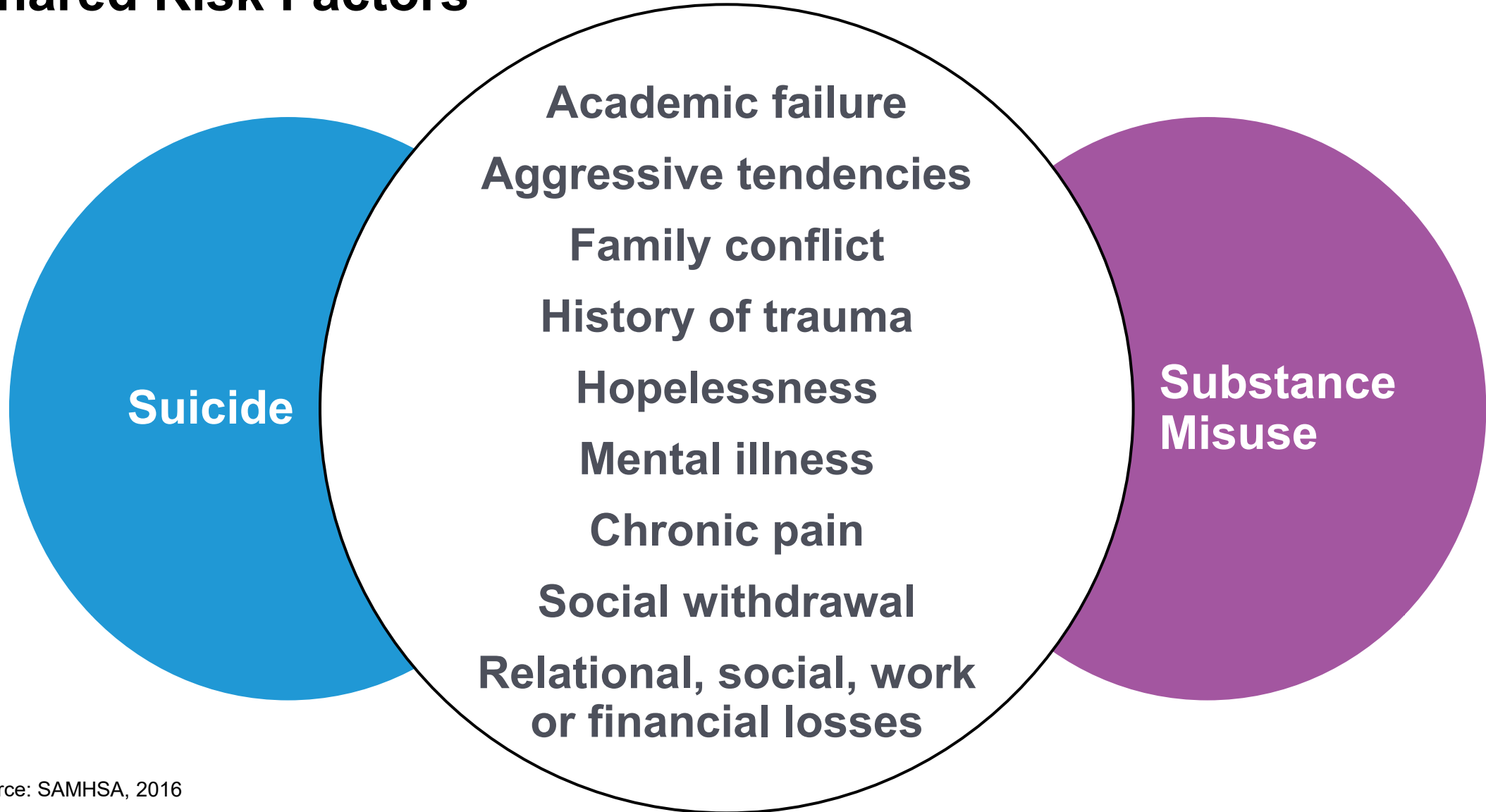
Risk Factors

- Prior suicide attempt(s)
- Misuse of alcohol or other drugs/substance use disorder
- Mental disorders
- Access to lethal means
- Knowing someone who died by suicide
- Social isolation
- Chronic disease and disability

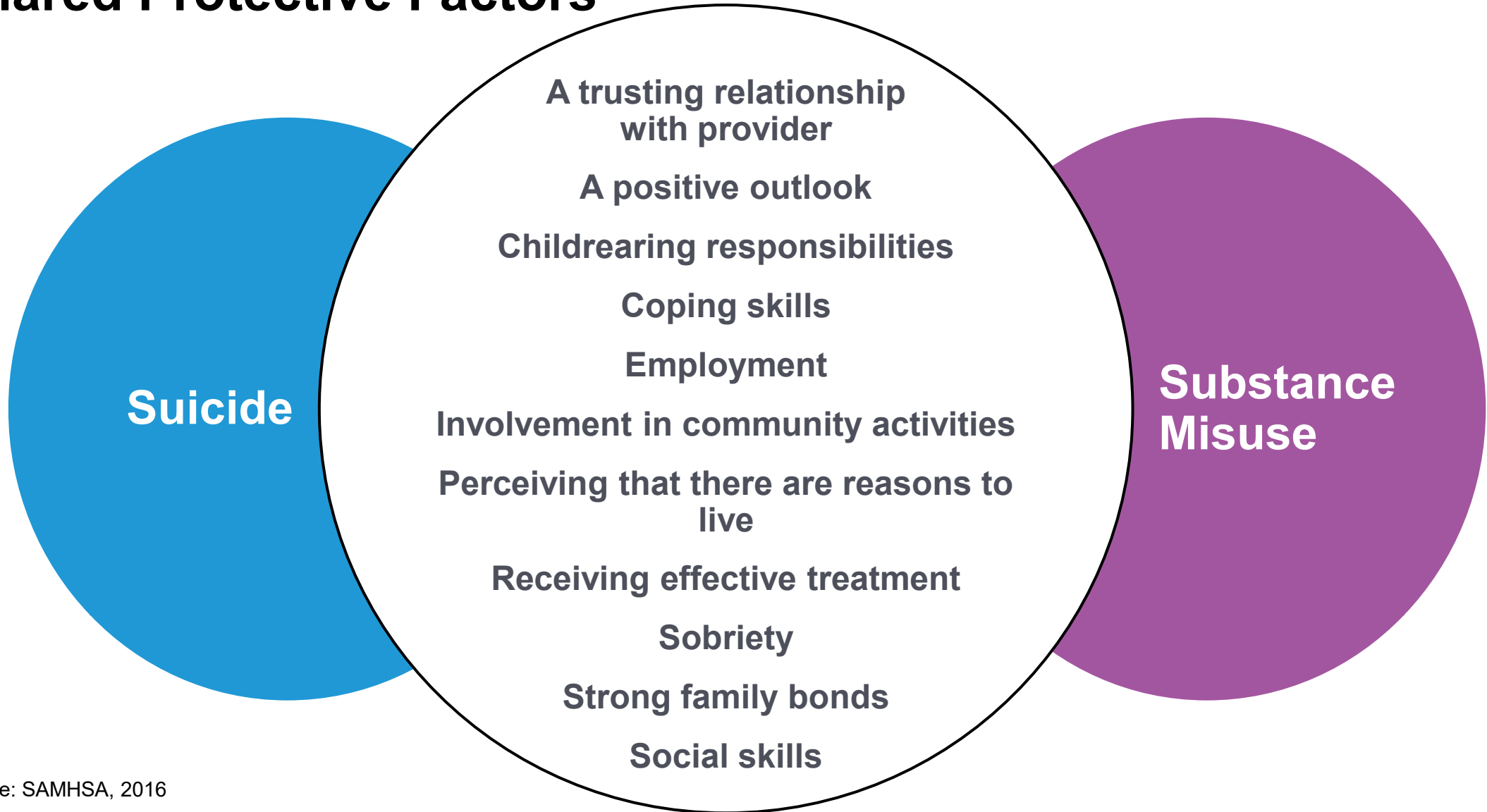
Protective Factors

- Effective behavioral health care
- Connectedness
- Life skills
- Self-esteem
- Sense of purpose or meaning in life
- Cultural or religious or personal beliefs that discourage suicide

Shared Risk Factors



Shared Protective Factors



From the Research

- Adults who receive high doses of opioids are at increased risk for suicide.
- Adults who misuse opioids weekly are more are more likely to engage in suicide planning and attempts.
- Adults who have an opioid use disorder are 13x more likely to die by suicide than the general population.



From the Research (cont.)

- Emergency Department (ED) patients who survive an opioid overdose are:
 - 100x more likely to die of an unintentional overdose;
 - 18x more likely to die by suicide within a year than patients who visit the ED for other reason.

- People using opioids regularly are 75% more likely to make suicide plans and 2x more likely to attempt suicide.



Sources: SAMHSA National Estimates From Drug-Related Emergency Department Visits, 2024

Image Source: PowerPoint, 2024

Safer Suicide Care Practices

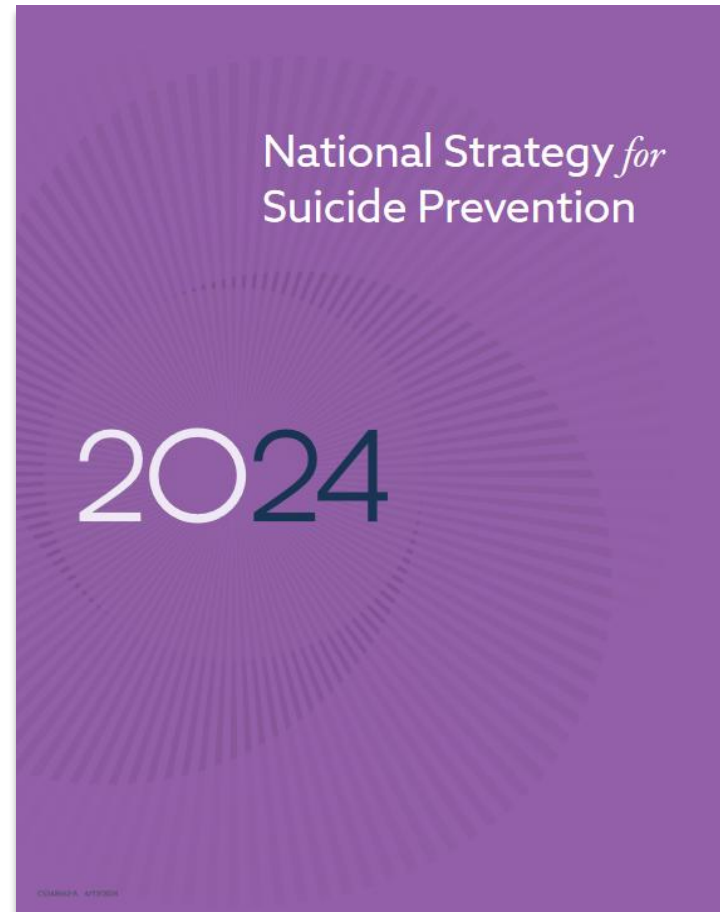
Poll: When a client expresses suicidal thoughts, what do you feel most strongly?

- Concern for safety
- Anxiety/fear of liability
- Confidence in my skills
- Uncertainty about next steps
- A mix of emotions



2024 National Strategy for Suicide Prevention

- **Goal 8:**
 - Implement effective suicide prevention services as a core component of healthcare.
- **Goal 9:**
 - Improve the quality and accessibility of crisis care service across all communities.



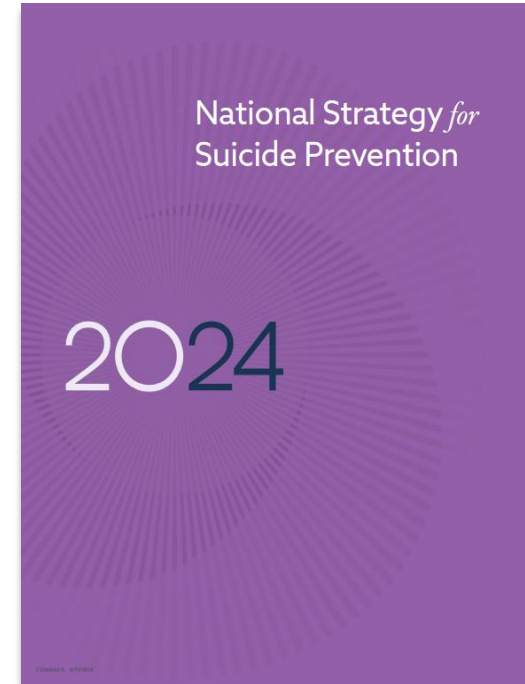
2024 National Strategy for Suicide Prevention

- **Goal 8:**

- Implement effective suicide prevention services as a core component of healthcare.

Examples:

- *Routine screening for all patients using PHQ-9 or C-SSRS during primary care and behavioral health visits*
- *Emergency departments provide Safety Planning Interventions (SPI) and schedule follow-up within 24–48 hours before discharge.*
- *Providers ensure continuity of care through warm handoffs and scheduling outpatient appointments prior to discharge.*
- *Electronic health records (EHRs) are used to flag at-risk patients and track assessment, safety planning, and follow-up care.*



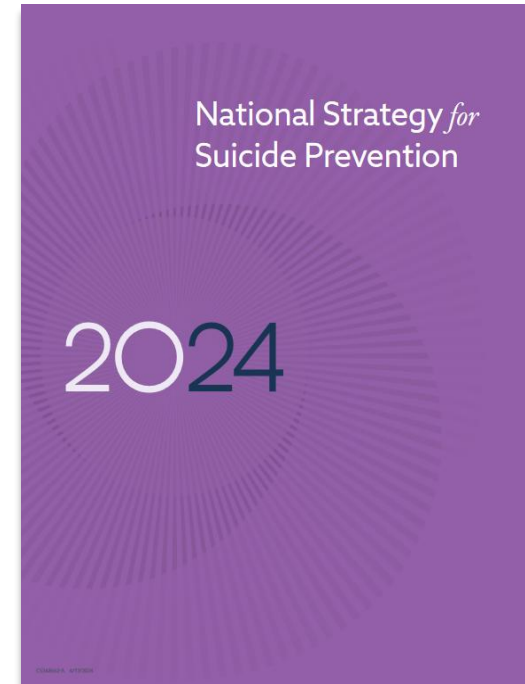
2024 National Strategy for Suicide Prevention

- **Goal 9:**

- Improve the quality and accessibility of crisis care service across all communities.

Examples:

- *Expand access to the **988 Suicide & Crisis Lifeline** with 24/7, multilingual support.*
- *Deploy mobile crisis teams for on-site, community-based response.*
- *Integrate crisis services with local health systems for seamless referrals.*
- *Offer telehealth, text, and chat options to improve accessibility.*
- *Create crisis stabilization centers as alternatives to emergency department*



Why Zero Suicide?

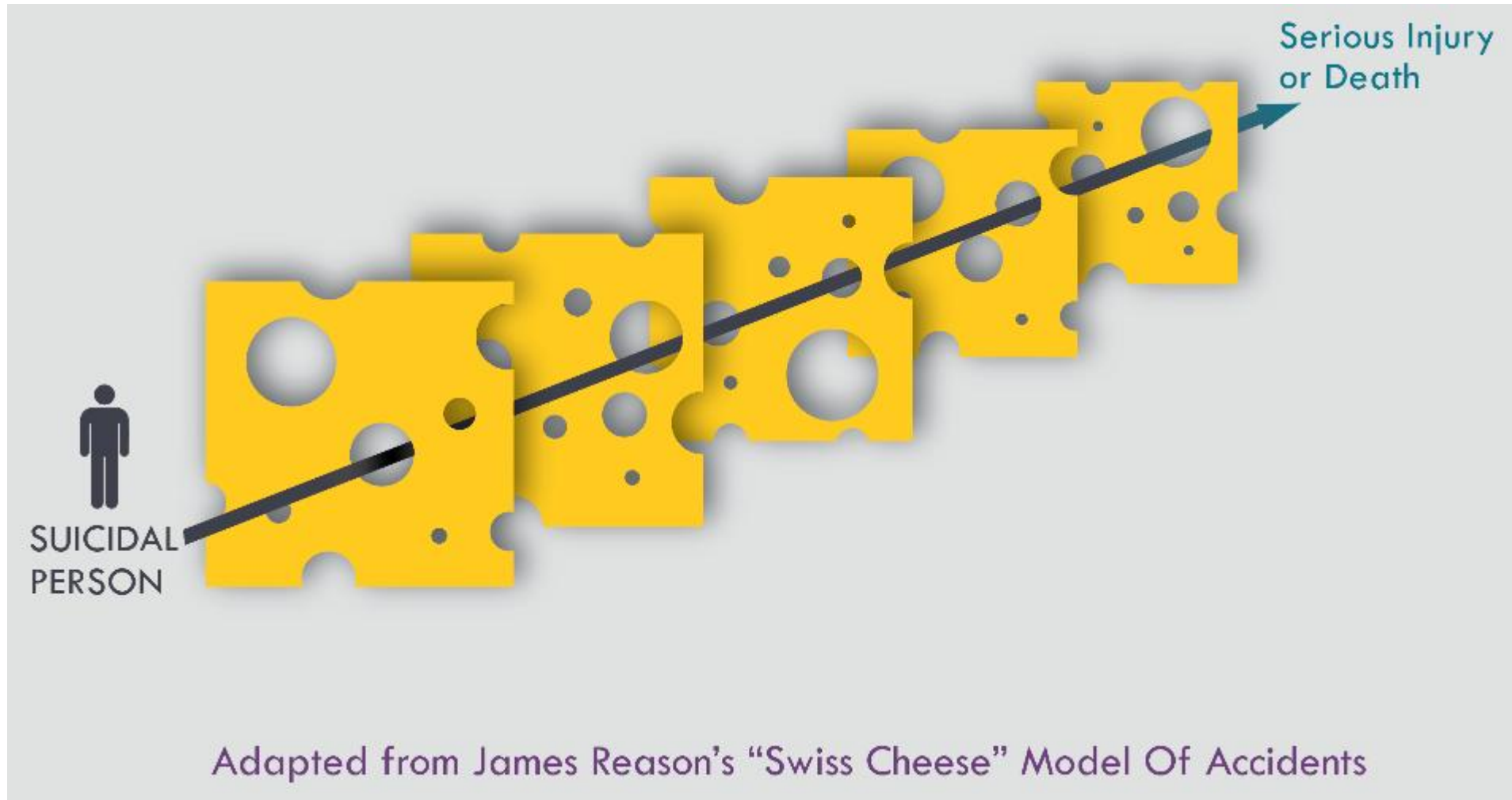
- ▶ *Health care systems have a vital role in suicide prevention*

- ▶ ***For individuals who died by suicide:***
 - 92% saw a healthcare provider year before death
 - 48% saw a primary care provider 30 days before death
 - 25% saw a mental health provider 90 days before death
 - Nearly 30% had healthcare visit one week before death
 - Over 50% had healthcare visit 30 days before death

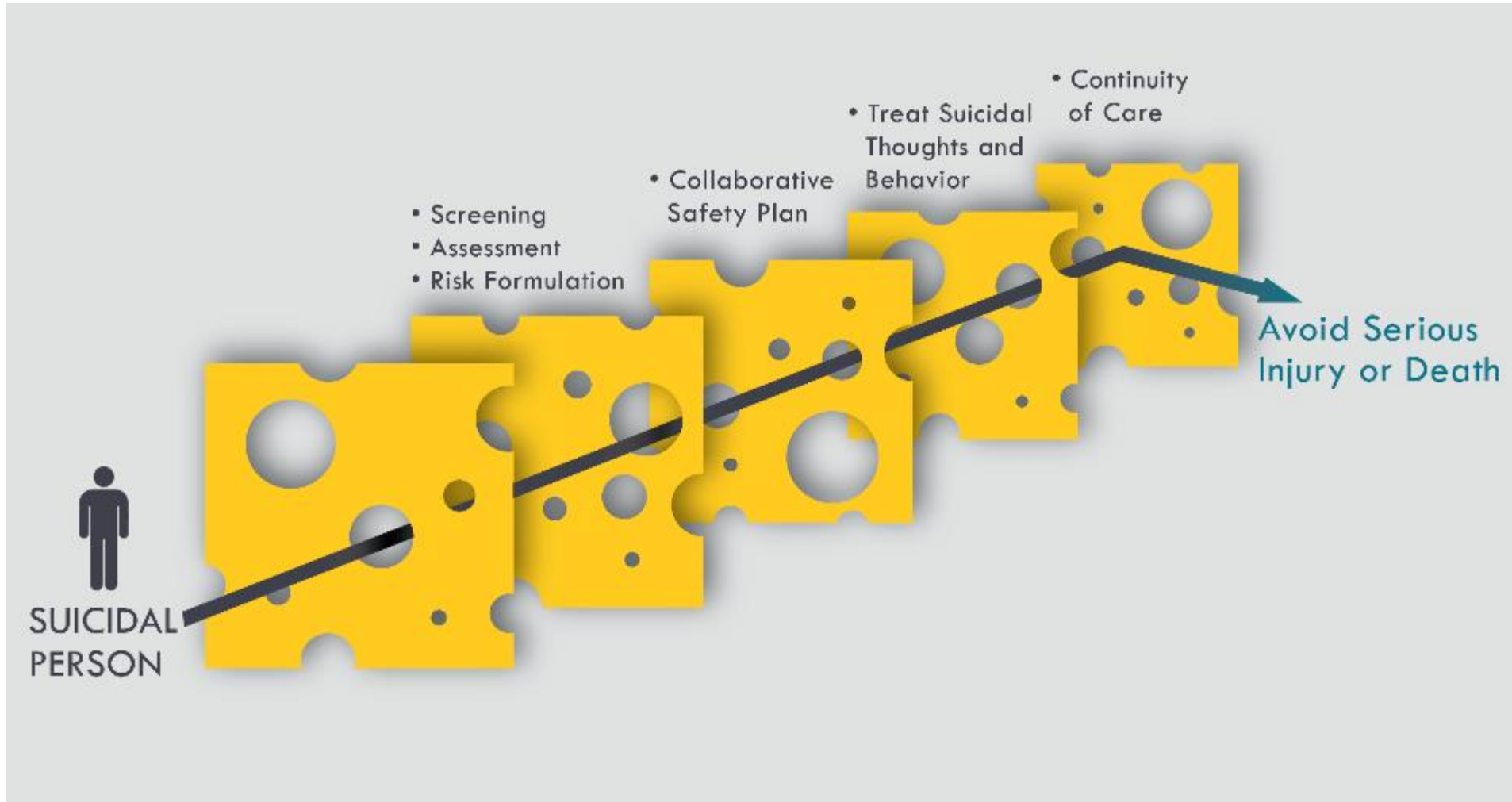


**Zero Suicide
Institute**

A Focus on Patient Safety and Error Reduction



A Focus on Patient Safety and Error Reduction

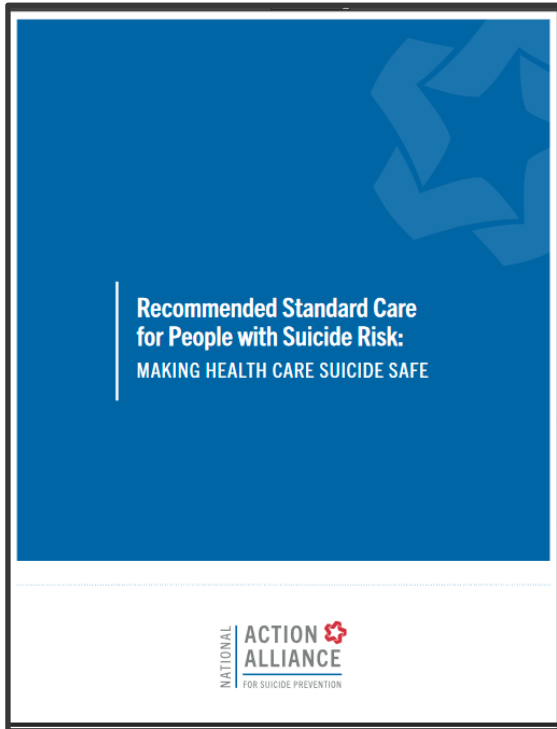




Language Matters

Instead of This...	Say This...
Committed/completed suicide	Died of/by suicide
Successful/unsuccessful suicide attempt	Suicide death/attempt
Manipulative/attention seeking/cry for help	[Describe behavior]
A borderline/schizophrenic	Diagnosed with...
Knowing someone who died by suicide	Sense of purpose or meaning in life
Treatment resistant	Not ready to engage/has opted out
Non-compliant	Choosing not to [X]/making other choices

Every Health System Has a Role



Primary Care	Outpatient Behavioral Health Care	Emergency Department Care	Behavioral Health Inpatient Care
Identify suicide risk in patients with mental illness (MI)/substance use disorder (SUD)	Identify/assess suicide risk at each visit	Identify patients who have harmed selves or have MI/SUD	Identify/assess suicide risk at admission and daily
Safety planning and lethal means counseling/safety	Safety planning and lethal means counseling/safety	Safety planning and lethal means counseling/safety	Safety planning and lethal means counseling for post-discharge; involve family
Refer to specialized care; make mental health (MH) appt	Provide treatment and support for those at risk	Refer to specialized care; make MH appt	Make MH apt
Caring contact within 48 hours	Caring contacts for care transitions or missed appointments	Caring contact within 48 hours Second caring contact in 7 days	Caring contact within 48 hours Second caring contact in 7 days

Zero Suicide: Identify and Engage

- Screening, assessment, and risk formulation
 - Not to *predict* suicide but rather to *plan* effective suicide care
 - Tools used will be dependent on the organization, staff, and population needs
 - Examples: PHQ9, ASQ, Columbia Suicide Severity Rating Scale (C-SSRS)
 - Licensed providers conduct a risk assessment specific to suicide
 - Examples: AMSR, Columbia Suicide Severity Rating Scale (C-SSRS), SAFE-T
 - Collaborative safety planning
 - Lethal means safety
 - CALM
 - Care pathway

Considerations for Safer Care across Suicide and OUD

- Trauma-informed, holistically-responsive systems
- Screening for both suicide risk and substance use
- Brief interventions, including collaborative safety planning
- Addressing lethal means safety, for all means
- Central involvement of peer supports and lived experience
- Treatment modalities that address co-occurring disorders

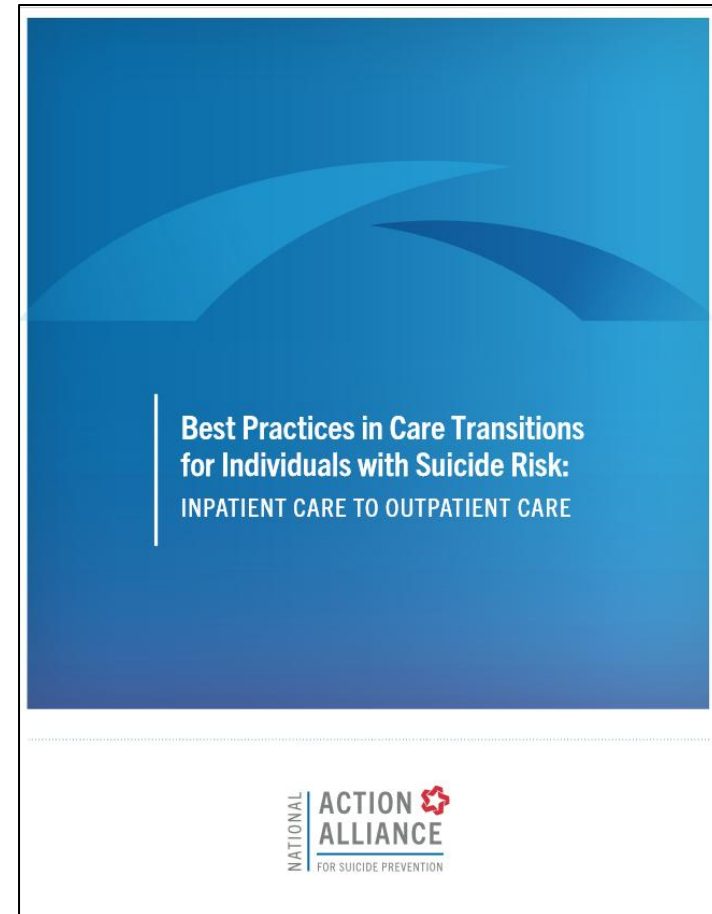
Recovery-Specific Safety Planning

- ▶ Include **both** suicidality and substances
 - Risk factors for both
 - Natural supports (everyday informal relationships/community connections)
 - Treatment Resources
 - Medication considerations
 - Relapse/recurrence of use prevention plan
 - Psychoeducation to family about lethality of substances (especially opioids)

Care Transitions

- ▶ Post-behavioral health discharge is a high-risk moment for suicide and overdose.

- ▶ **Key strategies:**
 - Communication between organizations
 - Follow up
 - Involve family members/natural supports
 - Collaborative safety planning
 - Leverage the role of peer support
 - Caring contacts
 - Monitoring and continuous quality improvement



Next Steps

▶ Stay current with suicide trends

- [SPRC](#)
- [National Strategy for Suicide Prevention](#)
- [988](#)

▶ Learn more about [Zero Suicide](#)

- Screening Tools and Resources
- Collaborative Safety Planning
- Caring Contacts
- Inpatient to Outpatient memorandum of understanding (MOU)
- Care Recommendations

▶ Consider additional trainings:

- [Zero Suicide Training Options](#)
- [AMSR SUD](#)
- [Zero Overdose](#)
- [Mental Health First Aid](#)
- [American Psychiatric Nurses Assn. Suicide Prevention Certificate Program](#)



References

1. Opioid Misuse, Overdose, and Suicide Webinar Series (SAMHSA):
<https://zerosuicide.edc.org/resources/resource-database/opioid-misuse-overdose-and-suicide-webinar-series>
2. TIP 50: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment (SAMHSA):
<https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4381.pdf>
3. Zero Suicide website: <https://zerosuicide.edc.org/>
4. National Strategy for Suicide Prevention: <https://theactionalliance.org/national-strategy-suicide-prevention>
 - Recommended Standard Care for People with Suicide Risk:
https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf
 - Best Practices for Care Transitions for Individuals with Suicide Risk:
https://theactionalliance.org/sites/default/files/report_-_best_practices_in_care_transitions_final.pdf
5. Suicide Prevention Resource Center: <https://sprc.org/>
6. CDC Facts About Suicide: <https://www.cdc.gov/suicide/facts/index.html>

PCSS-MOUD Steering Committee

- ▶ PCSS-MOUD is led by the American Academy of Addiction Psychiatry (AAAP), in collaboration with a coalition of national professional and healthcare organizations.



Learn more about the Steering Committee and its partner organizations:
<https://pcssnow.org/about/steering-committee/>



PCSS-MOUD Mentoring Program

- ▶ Designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder (MOUD).
- ▶ Supported by a national network of providers with expertise in addictions, pain, and evidence-based treatment, including MOUD.
- ▶ Three mentoring options are available to meet your needs.
- ▶ No cost to participate.



For more information visit:
<https://pcssNOW.org/mentoring/>

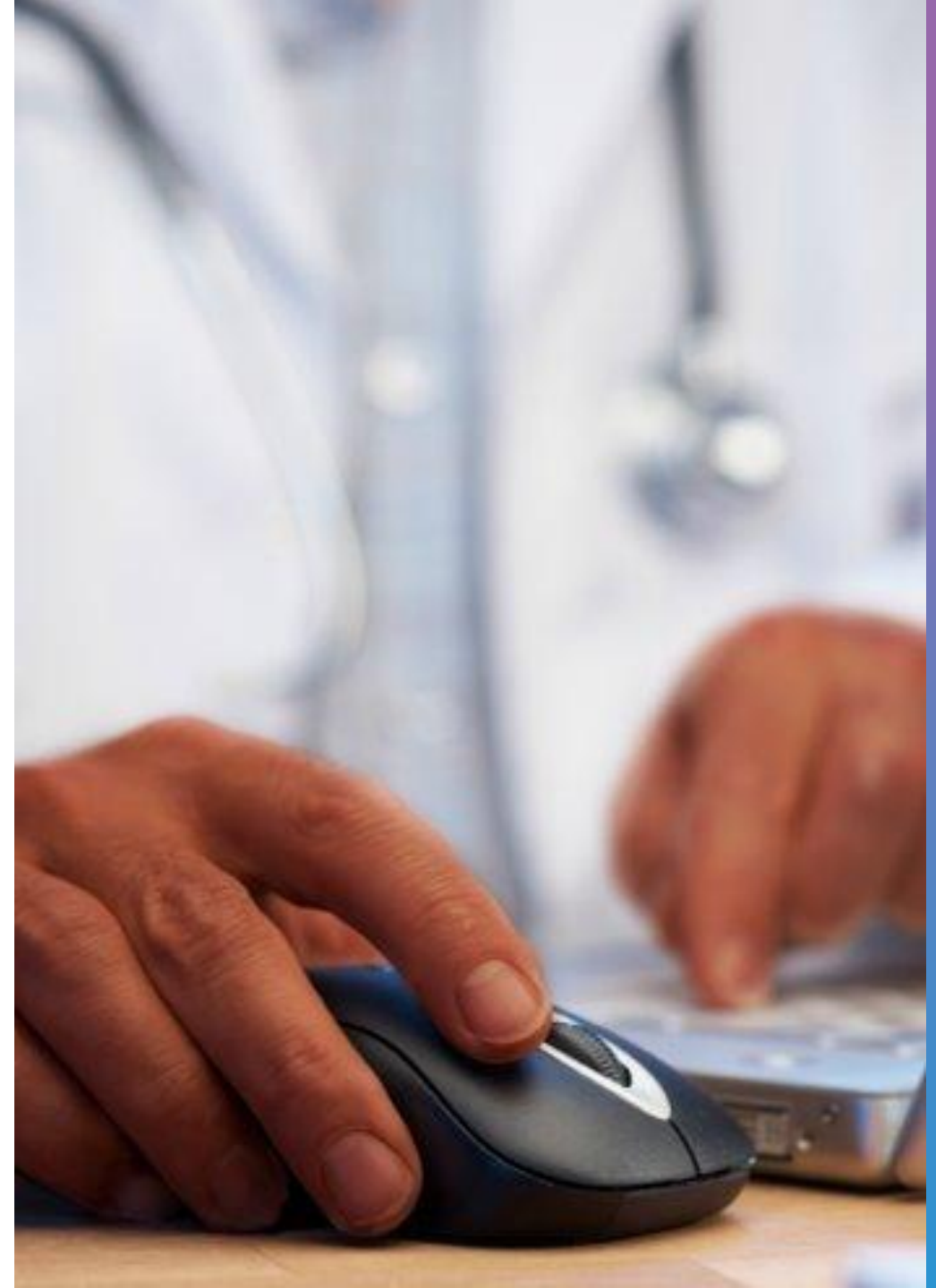
1: Discussion Forum

- ▶ An online discussion forum moderated by addiction specialists where health professionals can post questions and receive answers from clinical experts and other colleagues.

 [Register here at no cost!](#)



For more information visit:
<https://pcssNOW.org/mentoring/>



2: Ask a Clinical Question

- ▶ A simple and direct way to receive an answer related to Substance Use Disorder, Opioid Use Disorder, and other related topics. Designed to provide a prompt response to clinical questions via email.



[Submit your clinical question](#)



For more information visit:
<https://pcssNOW.org/mentoring/>



3: One-on-One Mentoring

- ▶ Provides individualized, one-on-one guidance via email, phone, or in-person (if feasible), to discuss specific clinical issues. Members are “matched up” with one of our mentors in their region. This is the most in-depth of the three PCSS-MOUD mentoring tools. Please contact pcssmentoring@aaap.org to receive a mentor request form.



[Browse our Mentors](#)



For more information visit:
<https://pcssNOW.org/mentoring/>



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