

OVERDOSE RISK SELF-ASSESSMENT:

A Guide for Loved Ones and Allies

* **Overview**

The National Council for Mental Wellbeing, in partnership with the Centers for Disease Control and Prevention (CDC), has adapted this tool for loved ones and allies to support individuals who may be at risk for overdose.

* **Purpose**

This overdose risk self-assessment is intended for people who use drugs (PWUD). Once complete, PWUD can discuss the results with a loved one or ally. The tool includes information and resources to reduce overdose risk.

* **Target Audiences¹**

- Loved ones
- Allies
- PWUD

¹ For a tool for clinicians, see The Overdose Safety Planning Intervention: Clinical Tools and Support Materials from the Zero Overdose: <https://www.zerooverdose.org/>

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For the Loved One or Ally

Instructions

Ask the PWUD to complete the self-assessment checklist on **Page 4**. Once they are done, use the information and resources below to engage in a discussion about safety and overdose risk reduction. The table below indicates the level of risk the PWUD is exposed to for each “yes” answer.

Overdose Risk Level ■ At Risk ■ Moderate Risk ■ High Risk		This column offers helpful information to discuss with the PWUD.
Questions	Overdose Risk Level	Helpful Information
1. I don't use dope/heroin, but I do use other street drugs (e.g., coke, stimulants).	At Risk	Other drugs are increasingly contaminated with fentanyl. Drug testing supplies are available.
2. I am currently using dope/heroin, fent or tranq.	At Risk	The dope supply is contaminated with other substances. Drug testing supplies are available.
3. I often use alone , or I am hiding my use.	High Risk	You are more likely to overdose if you are using alone.
4. I have recently had a period of time when I used less or stopped my use .	High Risk	Your tolerance level goes down after a period of stopping or slowing your drug use. If your tolerance level has gone down, you are more likely to overdose.
5. I don't care if I overdose.	High Risk	Are you suicidal? Do you have a plan to harm yourself? If the PWUD answered yes, call 988 or 911.
6. I have other health problems like hepatitis, asthma, COPD or open wounds.	High Risk	Certain drugs can cause shallow breathing which can trigger asthma. Other medical conditions can also make it more likely to have an overdose.
7. I am pregnant or postpartum.	High Risk	There are medical options for pregnant and postpartum women.

Questions	Overdose Risk Level	Helpful information
8. I have overdosed within the last three months.	Moderate Risk	You are more likely to have an overdose if you have recently overdosed.
9. I seek out fentanyl or the strongest dope.	Moderate Risk	Fentanyl is one of the most common drugs involved in overdose deaths.
10. I am mixing dope/heroin and other street drugs.	Moderate Risk	Mixing illicit/street drugs is linked to higher chances of overdose.
11. I use different amounts of drugs, types of drugs or dealers.	Moderate Risk	
12. I am currently taking methadone, buprenorphine or some other medication-assisted treatment .	Moderate Risk	While on these medications, your tolerance goes down. If you were to have a recurrence of illicit use, you are more likely to have an overdose.
13. I do not test my drugs first.	Moderate Risk	Testing your supply allows you to know what it might be contaminated with.
14. I am injecting substances.	At Risk	Injection increases risk of overdose.
15. I do not have my basic needs covered, like housing, food, clothing or connection to others.	At Risk	Not having basic needs met can increase the risk for overdose.

Self-assessment

Instructions

Please answer these questions about your substance use. Remember, there are no right or wrong answers. After you have answered all of the questions, discuss your answers with the loved one or ally who gave you this self-assessment checklist.

	Yes	No
1. I do not use dope/heroin, but I do use other street drugs (e.g., coke, meth). Skip this question if it does not apply to you.		
2. I am currently using dope/heroin, fentanyl or tranq.		
3. I often use alone, or I am hiding my use.		
4. I have recently had a period of time when I used less or stopped my use.		
5. I don't care if I overdose.		
6. I have other health problems like hepatitis, asthma, COPD or open wounds.		
7. I am pregnant or postpartum.		
8. I have overdosed within the last three months.		
9. I seek out fentanyl or the strongest dope.		
10. I am mixing dope/heroin with other street drugs.		
11. I use different amounts of drugs, types of drugs or dealers.		
12. I am currently taking methadone, buprenorphine or some other medication-assisted treatment.		
13. I do not test my drugs before using them.		
14. I am injecting substances.		
15. I do not have my basic needs covered, like housing, food, clothing or connection to others.		

Resources

Basic Needs and Financial Assistance

- [Get Help with Housing Expenses](#)
- [Supplemental Nutrition Assistance Program \(SNAP\)](#)

Crisis and Mental Health Support

- [988 Suicide & Crisis Lifeline](#)
- [Columbia Suicide Risk Scale](#)

Healthcare Access

- [How to find low-cost health care in your community](#)
- [Find a CCBHC](#)

Substance Use

- [Drug Checking | DanceSafe](#)