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Suicidality among individuals using fentanyl in Vancouver: A cross-sectional analysis of substance-use related characteristics

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Abstract

Background

Opioid users report high rates of suicidal ideation and attempts. Opioid overdose is also discussed having a suicidal root in fatalities. This interdependency has not yet been explored in users of fentanyl.

Objectives

To examine suicidality within fentanyl users

Methods

We used data from the Fentanyl Cohort Study, a cross-sectional survey of adults using fentanyl in an acute care hospital. The study analyzed suicidality and its association with substance use-related characteristics.

Results

Among 211 participants, 32.2% reported suicidal ideation in the past six months and 35.5% reported at least one suicide attempt in their lifetime. Female participants reported higher rates of suicide attempts than males (45.8% vs. 29.9%). Suicidal ideation in the past six months was associated with use of multiple substances, use of safety measures, recent overdose history in the last six months, and higher perceived risk of overdose. Lifetime suicide attempt was associated with use of multiple substances and previous participation in substance use treatment. Diagnosis of mental illness was also associated with both outcomes.

Conclusion

Suicidality has critical clinical relevance among individuals using fentanyl. These findings highlight the importance in a thorough suicide screening and integrated support in the care of patients using fentanyl.

Introduction

For over ten years, North America has been entrenched in an opioid crisis, with recent statistics displaying the United States of America experiencing 23.7 deaths per 100,000 population in 2023 (NIDA, 2024) and Canada experiencing 17.7 per 100,000 in 2024 (Government of Canada, 2025). British Columbia (BC), Canada, stands as a focal point in the fentanyl crisis within North America, as overdose contributed to 32.3 deaths per 100,000 (Province of British Columbia, 2025). The crisis has intensified with the introduction of highly potent synthetic opioids such as fentanyl, and recently more potent analogues of fentanyl such as carfentanil or adulterants such as xylazine (Tobias et al., 2025). Better understanding behaviours and motivations associated with high-risk substances is necessary for a more effective response to a historic mortality crisis.

The vast majority of high-risk substance users and overdose victims are suffering from complex concurrent mental health conditions, especially early trauma (Byrne et al., 2024), chronic pain (Kim et al., 2025) and self-harming behaviors including suicidality (An et al., 2025). While some contend that overdoses are accidental in nature and unrelated to suicide intent (Darke et al., 2023), other theories suggest that addiction could be seen as a form of chronic self-harm. Self-harming behaviour itself often overlaps with suicidality (Knipe et al., 2022), and chronic substance use can be conceptualized as self-harm through self-awareness of associated mortality risk (Breet & Bantjes, 2017). This raises concerns with current screening tools failing to capture the intent in opioid users, which may lead to the misclassification of suicides as accidental overdoses (Bohnert et al., 2013).

Several theoretical models provide useful context for understanding this intersection. The notion of "chronic suicide" emphasizes drug addiction as inherently self-destructive (Menninger, 1985). Complementing this, research on suicide involving drug intoxication deaths highlights blurred boundaries between intentional and unintentional overdoses. This ambiguity may contribute to systematic undercounting of suicidality, particularly when intent is unclear or misclassified (Rockett et al., 2018). Psychodynamic perspectives further enrich this view, such as Khantzian's "Self-medication hypothesis" suggesting that substances may be used to regulate unbearable affective states and self-esteem vulnerabilities (Khantzian, 1997). Although these theories provide a clinical foundation for the overlap between opioid-use and suicidality, there remains a lack of empirical data needed to inform how these constructs manifest, especially in the current novel fentanyl crisis where extreme lethality may make it difficult to determine a patient's behavior.

Literature has consistently shown associations between traditional opioid-use and mental illness. Individuals diagnosed with Opioid Use Disorder (OUD) are 13 times more likely to die by suicide (Mental Health Commission of Canada, 2020), while being diagnosed with a mental illness can also be a good indicator of suicide risk (Nestadt and Bohnert, 2020). Similarly, individuals who using unprescribed opioids have suicide mortality rate roughly ten times higher than than non-opioid users with the same suicide risk (Larney et al., 2020). High-risk behaviours such as using substances alone, injecting drugs and using polysubstances, were associated with non-fatal overdoses and suicide ideation and attempts (Edalati et al., 2024), which is why is is suggested that overdosing could possibly be seen more as a psychopathological act rather than a problem with dosage (Krausz et al., 1996). This overlap between traditional opioids, psychiatric distress and suicidality is why Rockett et al. (2022) also suggested using "self-injury mortality" as a new category for deaths with a unclear intent of not being definitively proved to be accidental or suicidal in nature. Emerging evidence about fentanyl shows that fentanyl is

specifically is correlated with multiple psychiatric disorders (Caponnetto et al., 2024), In fact, one study showed those who preferred fentanyl alone were 2.5 times more likely to have a severe mental illness compared to those who preferred heroin (Hochstatter et al., 2022), suggesting fentanyl use may be associated with a more complex psychiatric burden than traditional opioids.

While the link between traditional opioids and suicidality has been well-documented and emerging evidence of fentanyl being associated with psychological distress, it remains unclear how the nature or severity of suicidality is affected with the introduction of highly potent synthetic opioids like fentanyl, creating a critical gap in clinical understanding. Because of the extreme lethality of fentanyl, the distinction between accidental and intentional overdose becomes even more unclear, yet empirical data exploring this interdependency during this fentanyl crisis remains limited. Therefore it would be relevant to examine specific self-reported experiences and behaviours participants had while using fentanyl, furthering our understanding of underlying psychological distress. While not all overdoses are intentional, it is possible that these substance use-related characteristics can function as key behavioural indicators of suicidal intent, notably due to fentanyl's lethality possibly leading to rapid and fatal outcomes. By analyzing substance use-related characteristics of fentanyl users, we can identify a disregard for personal safety, which can reflect suicidality and thus provide empirical data to an understudied area. Given how the current fentanyl crisis in North America contributes to overdoses, there are strong grounds to explore the overlap between suicidality, substance use-related characteristics and fatal and non-fatal overdoses with fentanyl users in BC. Consequently, it may be necessary that overdose survivors should be assessed for suicidality, and treatment should include this very critical aspect.

Due to the gap in literature exploring highly potent synthetic opioids like fentanyl and their effect on suicidality, this study aims to explore the constructs of suicidal ideation and suicide attempts in a cross-sectional study of participants who used fentanyl and presented to the hospital. This study also aims to identify any potential associations between suicidality and substance use-related characteristics. We intend to examine substance use-related characteristics in relation to suicidality to further understand how psychological distress and substance use behaviours intersect and to provide new insights that may inform future treatment strategies.

Materials and Methods

This is a secondary-analysis of a cross-sectional study, referred to as the Fentanyl Cohort Study (FCS) which was conducted between November 2022-September 2023 with the purpose of assessing key areas of substance use, mental and physical health and overdose experiences in individuals using fentanyl. Some authors of this manuscript also contributed to previously published work arising from the FCS. The present study uses the same dataset but addresses a distinct research question. Data was collected via convenience sampling from a total of 256 participants, who were recruited at the Vancouver General Hospital (British Columbia) being treated for acute care complaints non-specific to substance use. Participants were recruited through convenience sampling during hospital visits, a practical approach for engaging a hard-to-reach population of individuals using fentanyl. The sample size is comparable with other studies examining suicidality in substance users. During their hospital stay period and once referred by providers, participants were interviewed based on a survey instrument covering: Demographics; substance use patterns and behaviours; motivation and change readiness; physical health; trauma and mental health (including suicidality); healthcare utilization. Participants were also asked if they use fentanyl and their preference for it over other substances. Because the FCS covers a wide range of domains, this study only focuses on suicidality and related domains in its analysis. Other domains of the FCS have been explored elsewhere, such as Kim et al.'s (2024) study exploring chronic pain among fentanyl users. Participants were included in the study if they used opioids including Fentanyl within the last six months prior to survey, were at least 18 years old, and provided informed verbal consent in English. All data was self-reported; the research team did not use medical records or diagnostic documentation/tests.

Participants who did not provide responses to key suicide-related questions were excluded from the analysis. Of the 256 participants recruited for the FCS, the data of 211 were included in the analysis. Suicide ideation was assessed through a single self-reported question, by asking whether participants had experienced thoughts of suicide in the past six months. Lifetime suicide attempt was also assessed by asking participants whether they had ever attempted suicide once in their lifetime. The suicide-related questions used can be found in the Appendix. Valid psychological instruments were not used to assess suicidality because the FCS used a broader questionnaire that covered multiple domains, with only a small subset of questions pertaining to suicidality.

Additionally, we explored the following substance use-related characteristics: Self-reported number of lifetime overdoses, having an overdose experience in the past six months, history of hospital visits post-overdose, preference for visiting a hospital after an overdose, use of safe measures when using opioids (risk-mitigative practices such as using substances with others rather than alone, some harm reduction measures including using overdose prevention sites, overdose prevention phone applications), testing drugs (dose testing drugs before use), engagement in high-risk behaviours (high-risk measures included sharing needles, injecting into an artery, reusing needles), perceived risk of overdosing before using (either none-low or medium-high risk), using opioids with other substances, current participation in treatment for substance use disorder, engagement in opioid agonist treatment (OAT), and intentions to reduce substance use. Next, we examined the association between the suicidal ideation and attempts and substance use-related characteristics. Diagnosis of a mental illness was assessed through self-report of any prior diagnosis made by a healthcare professional. We also explored possible association between the report of any diagnosed mental illness in the sample and suicide behaviour-related variables.

Descriptive data were reported using means and standard deviations for continuous variables and frequencies with percentages for categorical variables. For bivariate analysis, binary logistic regression models were fitted to examine possible associations between suicide-related and substance use-related characteristics with the former as independent variables in the models. Multiple-variable logistic regressions were then fit to adjust for age and gender. Analyses were adjusted for age and gender to minimize confounding effects. Odds ratios (ORs) with 95% confidence intervals (CIs) were provided to assess the statistical significance and strength of associations. Binary logistic regression was run as appropriate to compare outcomes. Gender differences in lifetime suicide attempts were analyzed using a chi-square test, with significance determined at $p < 0.05$. All analyses were conducted using SPSS statistical software version 29. All study procedures received ethics approval from UBC's Clinical Research Ethics Board and the Vancouver Coastal Health Security and Confidentiality Review Board (FCS-H22-00879). Funding was provided by the Vancouver Coastal Health Research Institute (Grant F22-01012).

Results

A total of 211 participants were included in the analysis, who were seeking medical attention for physical and mental conditions, not necessarily their substance use. The mean age of participants was 44.4 ± 11.6. The gender distribution in the sample was 64.7% male, 34.4% female, and 0.9% non-binary.

We confirmed a high prevalence of suicidality in this population. As displayed in Fig. 1, a total of 68 (32.2% of) participants reported suicidal ideation in the past six months, and n = 75 (35.5%) reported a lifetime history of suicide attempts. The proportion of participants with suicidal ideation was comparable between males (31.4%, n = 42) and females (33.3%, n = 24). A clear gender difference emerged among participants who reported a suicide attempt in their lifetime. Nearly half of the female participants (45.8%, n = 33) reported a suicide attempt, compared to 29.9% of male participants (n = 42). This difference in lifetime suicide attempts between males and females was found to be statistically significant through a chi-square test $x^2(1, n = 211) = 5.1$, $p = 0.03$. Given the low frequency of non-binary participants, we were unable to include them in the analysis. Of all participants, 127 (69.4%) were at least diagnosed with a concurrent mental disorder, such as depression, anxiety, or schizophrenia.

In a multivariable analysis and adjusting for age and gender, suicidal ideation in the past six months was strongly associated with concurrent use of fentanyl with at least one other substance (OR 5.80 [95% CI: 1.68-20.00]), use of safe measures (OR 1.05 [95% CI: 1.02–1.09]), and perceived risk of overdose (OR 2.37 [95% CI: 1.16–4.86]) (Table 1). Lifetime suicide attempts were also associated with concurrent use of substances (OR 3.00 [95% CI: 1.15–7.85]), and engagement in substance use disorder (SUD) treatment (OR 1.87 [95% CI: 1.02–3.41) (Table 2). We also observed a significantly higher prevalence of suicidal ideation in the past six months (OR 5.05 [95% CI: 2.16–11.8]) and lifetime suicide attempt (OR 4.35 [95% CI: (1.97–9.61]) among participants who self-reported a history of mental illness.

Table 1
Substance use-related characteristics and their association with suicidal ideation in the past six months as an outcome. Variables were adjusted for both age and gender. Subgroup sample percentages represent the proportion of individuals with a "Yes" or "No" trait out of the total individuals responding to the corresponding question. Total counts and proportions of the whole cohort differ by number of missing values removed per substance-use related variable.

Substance use related characteristics	**Suicidal Ideation In The Past Six Months**			
	N (%)	**Yes**	**No**	**Odds Ratio (95% CI)**
		N (%)	**N (%)**	
Visited hospital after an overdose in the past	80 (37.9)	26 (32.5)	54 (67.5)	0.99 (0.96–1.02)
Lifetime history of overdose	156 (98.7)	57 (36.5)	99 (63.5)	1.02 (0.98–1.06)
6-month history of overdose	78 (49.4)	38 (48.7)	40 (51.3)	1.32 (1.13–1.55)
Preference for visiting hospital in future after an overdose	84 (39.8)	29 (34.5)	55 (65.5)	1.03 (0.53–2.01)
Perceived risk of overdose as medium-high risk	39 (18.5)	19 (48.7)	20 (51.3)	2.37 (1.16–4.86)
Intention to reduce or stop fentanyl use	149 (70.6)	55 (36.9)	94 (63.1)	0.98 (0.94–1.02)
Current participation in substance use treatment	94 (44.5)	36 (38.3)	58 (61.7)	0.80 (0.46–1.42)
Previously receiving opioid agonist treatment	190 (90.0)	64 (33.7)	126 (66.3)	2.02 (0.54–7.52)
Use of multiple substances	165 (78.2)	63 (38.2)	102 (61.8)	5.80 (1.68-20.00)
Diagnosis of a Mental Illness	114 (54.0)	53 (46.5)	61 (53.5)	5.05 (2.16–11.8)
Possession of Narcan kit	145 (68.7)	53 (36.6)	92 (63.4)	1.58 (0.80–3.15)
Use of Safe Measures	160 (75.8)	53 (33.1)	107 (66.9)	1.05 (1.02–1.09)
Engagement in High Risk Behaviours	69 (32.7)	29 (42.0)	40 (58.0)	1.64 (0.89–3.05)

Table 2
Substance use-related characteristics and their association with lifetime suicide attempt history as an outcome. Variables were adjusted for both age and gender. Subgroup sample percentages represent the proportion of individuals with a "Yes" or "No" trait out of the total individuals responding to the corresponding question. Total counts and proportions of the whole cohort differ by number of missing values removed per substance-use related variable.

Substance use related characteristics	Lifetime History of Suicide Attempt			
	N (%)	Yes N (%)	No N (%)	Odds Ratio (95% confidence interval)
Visited hospital after an overdose in the past	80 (37.9)	33 (41.3)	47 (58.8)	1.00 (0.97–1.03)
Lifetime history of overdose	156 (73.9)	64 (40.4)	93 (59.6)	1.03 (0.99–1.06)
6-month history of overdose	78 (49.4)	34 (43.6)	44 (56.4)	1.10 (0.93–1.29)
Preference for visiting hospital in future after an overdose	84 (39.8)	33 (39.3)	51 (60.7)	1.07 (0.55–2.07)
Perceived risk of overdose as medium-high risk	39 (18.4)	18 (46.2)	21 (53.8)	1.88 (0.91–3.88)
Intention to reduce or stop fentanyl use	150 (71.1)	60 (40.0)	90 (60.0)	0.98 (0.94–1.02)
Current participation in substance use treatment	94 (44.5)	40 (42.6)	54 (57.4)	1.87 (1.02–3.41)
Previously receiving opioid agonist treatment	191 (90.5)	70 (36.6)	121 (63.3)	1.69 (0.50–5.68)
Use of multiple substances	166 (78.7)	67 (40.4)	99 (59.6)	3.00 (1.15–7.85)
Diagnosis of a Mental Illness	112 (53.0)	56 (50.0)	56 (50.0)	4.35 (1.97–9.61)
Possession of Narcan kit	145 (68.7)	59 (40.7)	86 (59.3)	1.82 (0.92–3.62)
Use of Safe Measures	160 (75.8)	58 (36.2)	102 (63.8)	0.89 (0.38–2.05)
Engagement in High Risk Behaviours	70 (33.1)	31 (44.3)	39 (55.7)	1.63 (0.88-3.00)

Across four multivariable regressions examining the lifetime and 6-month overdose history in relation to suicidal ideation and suicide attempts outcomes, recent overdose in the past six months was significantly associated only with suicidal ideation in the past six months (OR 1.32 [95% CI: 1.13–1.55]) (Tables 1–2). As shown in Table 1 and Table 2, total response counts fluctuate slightly across characteristics due to missing data from participants who chose not to answer specific questions

Discussion

This study addresses a critical research gap by demonstrating suicidality in fentanyl users. By analyzing self-reported behaviours and experiences in fentanyl users, we understand how highly potent opioids affect suicidality, which can ultimately guide treatment protocols for this population. Our findings indicate both suicide ideation and lifetime suicide attempt are associated with several substance-use related characteristics. By demonstrating suicidality within this population through self-reported questions about suicide history, investigating their experiences and behaviours while using, and understanding the extreme lethality of fentanyl, this data demonstrates how lines can be blurred between an accidental overdose and a deliberate suicide attempt. Current clinical screening tools are inadequate to capture suicidality within fentanyl users and treatment protocols should consider this.

Our observed suicidality rates is consistent with prior research, such as Shiraly et al. (2024) who found rates (at the time of the study) of 23.6% suicidal ideations in the past week and 6.7% for suicide attempts in the past year among those who used illicit substances (with the most common being opioids). Notably, we found a distinct gender difference between male and female participants. Female participants were more likely to have attempted suicide in their lifetime. This is in accordance the gender paradox of suicide (Freeman et al., 2017) and aligns with research highlighting elevated rates of suicide attempts among females with substance use disorders (Dore et al., 2012), though literature specifically examining gender differences among patients with a history of overdose remains limited. While suicidal ideation was comparable between male and female participants, the marked difference in lifetime suicide attempts

suggests a need for gender-responsive suicide prevention efforts within this population. We attempted to identify existing studies that examine this relationship specifically among individuals who primarily use opioids, but found little published evidence, underscoring a critical gap in literature.

Previous studies have examined the association between suicide and overdose constructs among participants using opioids and those who have experienced an overdose. Connery et al. (2022) demonstrated a high prevalence of suicidal behaviours in a cohort of individuals with a history of overdose (45% of individuals reported some desire to die before their most recent overdose). Compared to their findings, our results suggest a similarly elevated prevalence of suicidality, with approximately one third of participants reporting recent suicidal ideation (32.2%) and over one-third reporting lifetime suicide attempts (35.5%). In the context of overdose history, suicidal ideation within the past six months associated with experiencing an overdose within the past six months, after controlling for gender and age. The findings suggests that suicidal ideation may be a relevant marker for acute overdose risk. It is also possible that overdose risk may co-occur with suicidality, as this relationship could even be described as a “syndemic”, where the relationship between opioid-use and suicidality may worsen overdose outcomes (Christie, 2021). With fentanyl being 50–100 times stronger than traditional opioids, (Shafi et al., 2022), the risk of overdose and mortality increases exponentially, resulting in traditional suicide screening and clinical interventions lagging behind in accurately assessing suicidality within fentanyl users.

Due to overdose history playing a significant role in suicide ideation, it is possible that awareness of associated risks may affect their perception and risk-mitigating practices. Some participants who experienced suicidal ideation in the past six months assessed their risk of overdosing as medium-high risk, though limited evidence is available to assess this association. Individuals who perceive overdosing as medium-high risk while using opioids may have had exposure to overdose events, either personally or in their social networks especially when using a more potent opioid such as fentanyl where the risk of overdose is much higher than traditional opioids. The classification of individuals who use opioids with ideation as medium-high risk for overdose may highlight that although intent to die may not be explicitly stated, and the act of using opioids may function as a form of chronic self-harm. This can obscure the intent between accidental overdose and suicide. Rockett et al. (2018) demonstrates how suicide notes can be used as evidence to classify a drug-related death as a suicide. However, in the absence of such evidence, these deaths are labelled as accidental. In the context of fentanyl, the distinction between accidental and intentional deaths becomes even more obscured because of fentanyl’s ability to cause rapid overdose and mortality. Due to the complexity of this, our study shows an overlap between these two variables that should be further investigated in future studies, and ways of how our classification systems may obscure the suicidal nature of many overdoses.

Assessing overdose risk-mitigative practices, we found that reporting suicidal ideation was significantly associated with increased odds of employing safety measures (e.g. using substances with others, using overdose-prevention sites, testing drugs for contamination). Though the odds were not a substantial amount, this finding may seem counterintuitive and there was limited research to assess this association; however, one possible explanation is higher self-perceived risk of overdose, which coincides with Mistler et al.’s (2020) findings where those who previously experienced an opioid overdose were more likely to use harm-reduction measures. Individuals with suicidal ideation may represent a higher-risk subgroup with greater involvement in healthcare systems and harm reduction services (Johansson et al. 2025). The co-occurence of suicidal ideation and harm reduction behaviours among those who use opioids may reflect a complex interplay between risk awareness, psychological distress and healthcare engagement. This finding may also inform the blurred intent Rockett et al. (2018) mentioned.

Additionally, those who have had suicide attempts in their lifetime or experienced suicidal ideation in the past six months were also more likely to have concurrently used multiple substances with fentanyl in the past six months. This confirms our findings in Table 1 showing that suicidal ideation was significantly associated with the use of multiple substances. Polysubstance use is common among fentanyl users, with a high proportion of overdose fatalities involving drug combinations (Park et al., 2022; Tsang et al., 2024. Prior studies have shown that co-use of traditional opioids with depressants such as benzodiazepines or alcohol may lead to increased suicidal behaviours (Martinotti et al., 2009). The concurrent use of fentanyl with substances could be due to prolonging the effects or enhancing the “high” (Friedman & Shover, 2023) but it could also reflect the “chronic suicide” construct (Menninger, 1985), as combining highly potent fentanyl with other substances suggests a pattern of extreme risk-taking.

Building upon the role of psychological distress among individuals who use fentanyl, those who used fentanyl and had experienced suicidal ideation in the past six months or had attempted suicide in their life were more likely to have received a diagnosis of mental illness. Numerous studies have also shown that individuals experiencing mental health challenges are at elevated risk of substance use and self-harm. Too et al. (2019) displays that individuals diagnosed with a mental disorder had about an eight-fold increased risk of suicide compared to those without a mental disorder. Bohnert et al. (2019) found that more than 40% of suicide and overdose deaths involved traditional opioids, and that one of the shared risk factors was mental health disorders. Though the presence of a mental disorder increases one’s likelihood of experiencing an opioid overdose, the casual direction remains complex and the introduction of fentanyl complicates this relationship even more. As reported by Tsang et al. (2024), fentanyl users experience not only a high prevalence of mental health diagnosis, but also having an overdose history and experiencing social factors that can contribute to psychiatric distress such as unemployment and housing issues among those who use other substances.

Individuals engaged in SUD treatment reported one or more suicide attempts in their lifetime more frequently than those not engaged in treatment. While it may seem paradoxal that individuals in SUD treatment have higher suicide attempts, one possibility for this may be that individuals in SUD treatment are more at risk (have a higher baseline of SUD use and/or co-occurring mental disorders) than those not in treatment, and thus have greater involvement in treatment naturally. Another possibility may be that the severity of psychological distress may increase when individuals are experiencing withdrawals during SUD treatment. This is in line with Yarborough et al. (2024), who reported that tapering opioid use in individuals using prescription opioids caused mental illness symptoms to intensify in roughly 40% of participants in their study. Given that fentanyl has the ability to cause withdrawals that are more severe and last longer than traditional opioids like heroin (Luba et al., 2022) and is much more potent than prescribed opioids (Shafi et al., 2022), psychological distress seen in comparison to Yarborough et al’s study may be even more pronounced.

While this study demonstrated suicidality in fentanyl users, there are several limitations. This sample was drawn from a hospital in Vancouver, BC, which may limit generalizability, e.g., groups of people with complex comorbidities, or those who identify as nonbinary in our study, which were too small to analyze. It is not representative for the overall cohort of high-risk substance users. Caution should be used when interpreting estimates with wide confidence intervals. Suicide-related questions were asked using a brief questionnaire, rather than psychometric instruments with evidence of validity.

Declarations

Conflict of Interest Statement:

The authors report no relevant financial or non-financial conflicts of interest.

Conclusion

The current response to this historic opioid crisis has not been successful, as mortality is high. It is suggested that high-risk substance use and suicidality should be seen as overlapping syndromes and addressed concurrently. This study demonstrates the complex relationship between suicidality, fentanyl use, and certain substance-use related characteristics. Although our study used direct questions to assess suicidality, future research should look into using psychometric instruments with evidence of validity. Given the high prevalence of suicidality among individuals who use fentanyl in our study, routine screening for suicidal ideation is recommended to be a standard component of assessment following an overdose. For those who are surviving an overdose episode and are hospitalized, it is unlikely they will be assessed for suicidality and be provided appropriate and specialized care. This suggests a need for early and routine screening for suicidality and targeted interventions integrated into treatment plans, especially for overdose survivors.

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Figures

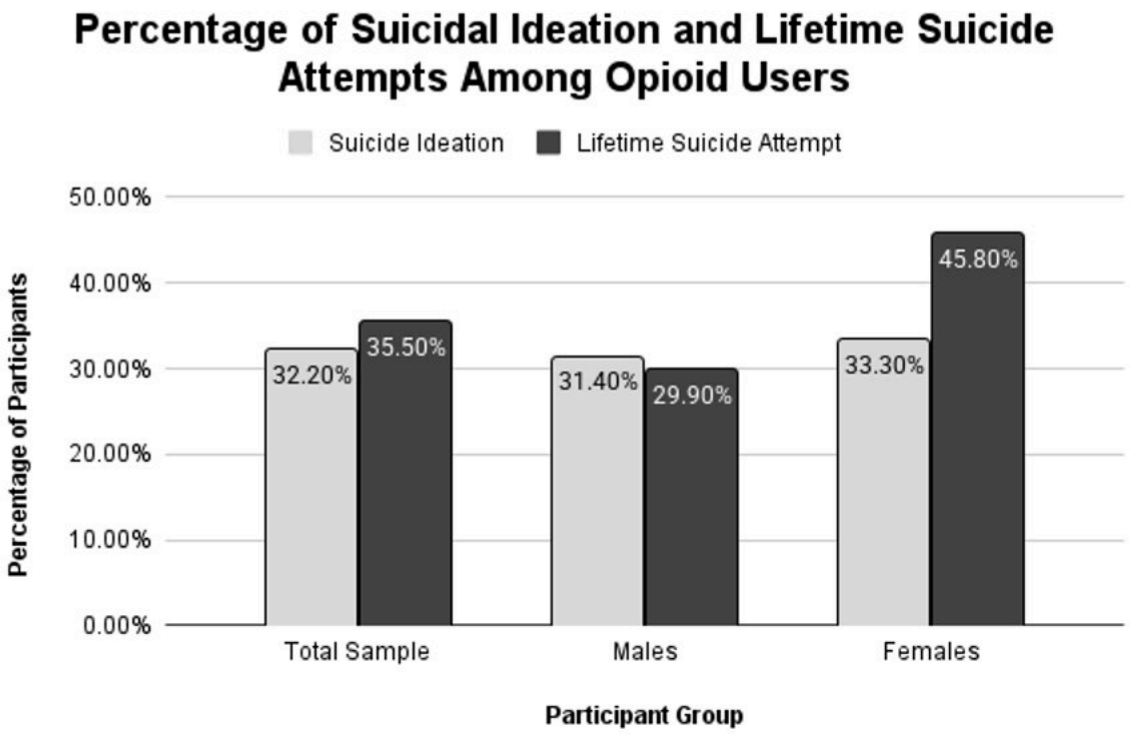


Figure 1

Percentage of participants reporting suicidal ideation in the past six months and lifetime suicide attempts, stratified by gender and total sample (n = 211)

Supplementary Files

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