

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: _____
Detox/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

- _____