My Safety Plan

Step One: Things which put me at ri	
(Risks are often use of medications of	illicit drugs, methods of use, history, and health factors)
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Step Two: Actions I can take to redu (Consider steps that address the risks	ce my risk of overdose found in step one, example: Changing method of use)
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•	•
Step Three: Things I do regularly (or	
(Consider ways you take care of your p	
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•	•
Step Four: People who support my v	vollnoss and I can ask for holn
Name:	·
Name:	
Name:	
Step Five: Professionals and agenci	
Name:	Phone:
Program:	Phone:
Detox/Urgent Care:	Phone:
Local Crisis Hotline:	
SAMHSA's National Helpline: <u>1-800-66</u>	<u> 2-HELP (4357)</u>
Step Six: The number one reason I v	vant to live todav
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Step Seven: The next step I am willing to take to reduce my risk	