

# 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: \_\_\_\_\_  
Urgent Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Crisis Hotline: \_\_\_\_\_

988 Suicide and Crisis Hotline: 988 24/7 confidential crisis support

## 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

- \_\_\_\_\_

