My relapse prevention plan

1. My goal, warning signs and actions

Name or identifier I choose:

Written with; date; plan version:

1. MY GOAL AND WHAT MATTERS TO ME

Substance(s) and recovery goal agreed with my treatment team:

What I want this change to make possible:

Strengths and things that have helped before:

2. WHAT I WANT TO NOTICE

Situation, place, person or feeling that can make my goal harder:

Early changes I notice in my thoughts, routines or behavior:

How I recognize a craving:

3. MY NEXT STEPS

If [specific situation or warning sign]:

Then I will [specific, achievable action]:

Where / what I need / how I will get there:

If that is unavailable or does not help, I will:

Another situation and its action:

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2. My support, care and urgent-help routes

Name or identifier I choose:

Plan date / version (match page 1):

4. PEOPLE AND SERVICES I CAN CONTACT

Name or service; number / agreed channel; available hours:

What I am asking them to do; availability confirmed when:

If there is no answer, my next contact or service:

What I agree can be shared; safe message wording:

5. MY ONGOING CARE AND PRACTICAL SUPPORT

Treatment / peer support / other chosen activity; next date:

Medication questions or access problems to discuss with my prescriber:

Transport, cost, housing, language or other barrier; who will help:

6. IF I RETURN TO USE OR NEED URGENT HELP

Person/service to contact promptly for reassessment; backup:

Individual overdose/withdrawal instructions supplied by my clinician:

Medical emergency number / location:

Separate crisis-support service / number / hours:

Do not wait for a routine callback during a medical emergency.

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3. Review, follow-up and current copies

Name or identifier I choose:

Plan date / version (match page 1):

7. MY NEXT REVIEW

Date/time; person responsible; agreed contact method:

What would lead us to review sooner:

What we will check: action tried, support reached, barriers, use and safety:

8. COPIES AND CHANGES

Where I keep my copy; who has permission to receive which part:

Change / reason / date / agreed with:

Who needs the updated copy:

Follow-up: what actually happened, who reported it and when:

Keep completed copies private. Replace older copies when your plan changes.