

My Recovery Response Plan

20-25 minutes with your counselor or support person. Plan for your own goals and risks. Keep completed contact details private.

1 / What I want to protect

What matters to my recovery right now? What is one reason to ask for help early?

2 / A situation I want to prepare for

Who, where, and when? Include thoughts or feelings that may increase my urge to use. No detailed use stories are needed.

3 / Changes I can notice

What personal warning signs have I noticed before? Example: withdrawing from support or skipping appointments. Signs differ across people.

4 / My first response and backup

If _____ happens, I will _____. If that is not enough, I will _____. Where can I go safely?

Connection Before Isolation

Use this alongside your treatment plan. Coping skills do not replace medical care, prescribed treatment, or a response to immediate danger.

5 / People and services I can contact

First contact / number: _____. Backup: _____. After-hours or program support: _____.

6 / If I return to use

I can tell _____ and contact my treatment team by _____. What would help me reconnect promptly without hiding?

7 / One action in the next 24 hours

My action: _____. When: _____. Support: _____. I will review this plan on _____.

Medical safety

Tolerance can drop after a period without opioids, increasing overdose risk if use resumes. Ask a clinician or pharmacist about naloxone and an individualized overdose prevention plan. Do not change prescribed medication based on this worksheet.

Suspected overdose or immediate danger

Call 911. If opioid overdose is suspected, give naloxone if available, follow product and dispatcher directions, and stay until help arrives. Severe withdrawal also needs urgent medical attention; do not attempt an unsupervised detox.

Safety references: CDC, What to Do If You Think Someone Is Overdosing (2024); CDC, Risks and How to Reduce Them. See companion guide for links.