RD THE RECOVERY DESK

My relapse prevention plan

Keep it specific, possible, and easy to find when you need it.

Name: _____ Date: _____

1 My triggers and high-risk situations

People, places, times, feelings, money, or routines that raise risk.

2 My early warning signs

What changes first in my sleep, mood, thoughts, contact, or daily routine?

3 My first response to a craving

Where will I go? What will I delay, remove, or do for the next 10 minutes?

4 A second coping option

If the first step does not help, try a different kind of support or activity.

5 People and services I can contact

Name, number, and what I can say: 'I am having an urge. Can you stay with me?'

Tip: Put a copy on your phone and share it with someone you trust, if you choose.

RD THE RECOVERY DESK

When risk increases

Use this page as a next-step plan, not a test of willpower.

6 If I feel close to using

Where can I go, what can I move away from, and who will I contact now?

7 If I use again

My first safe step, a person or service to tell, and how I will reconnect with care.

8 One practical change for the next 24 hours

Food, rest, transport, medication guidance, a meeting, appointment, or safer space.

Safety matters more than a perfect plan

If you may overdose, have severe withdrawal symptoms, or cannot stay safe, seek urgent medical help. Tolerance can decrease after time away from use.

Immediate danger or overdose: 911 **Suicide crisis, Canada/U.S.: call or text 988**

A return to use is a reason to reconnect with support and adjust the plan.

This educational worksheet does not replace medical advice or a treatment plan.

Sources: CAMH, Preventing and managing relapse; NIDA, Treatment and Recovery.
camh.ca | nida.nih.gov