

# SAFETY PLAN

## Substance Use and Abuse Prevention

Preventing substance use and abuse requires acknowledging that there may be other issues at hand. Often, consuming substances may be used as a way of coping with mental health concerns such as depression, anxiety, and stress. These mental health issues may stem from trauma, family or peer conflict, feeling unsafe, feeling uncertain about one's future, or living in an unhealthy environment. While some may find temporary comfort from consuming substances, such as alcohol, the long-term effects can be detrimental to one's health. By creating a plan of action, you can halt the potential for substance abuse.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

What substances have you tried in the past or feel may be a potential concern for you in the future?

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What motivates you to not consume or stop consuming substances?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **WARNING SIGNS:**

What are warning signs and feelings that indicate you may be struggling with your mental health? *Warning signs of a mental health concern may include anger, panic, hopelessness, negative self-talk, feeling depressed, and difficulty performing daily tasks such as bathing, getting dressed, sleeping, etc.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

For each feeling listed above, write down a healthy coping mechanism. *For instance, what are other ways to manage feeling angry? Depressed? Stressed? Have you used this strategy in the past? How has it worked for you?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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### **TRIGGERS:**

What triggers may cause you to use substances? *Triggers are external events or circumstances that may cause someone to use substances. They may include people, places, social situations, or negative emotions such as panic, hopelessness, or negative self-talk.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Who are people you have consumed substances with or will most likely use substances with? Are you still in communication with them?

- |          |           |
|----------|-----------|
| 1. _____ | Yes or No |
| 2. _____ | Yes or No |
| 3. _____ | Yes or No |

What places have you used or considered using substances in the past?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*When you are feeling tempted to use substances, try to avoid interacting with these people and places.*

### **TRUSTWORTHY PEOPLE AND PLACES:**

Who are some safe people you know you can reach out should you be tempted to use substances?

- |          |               |
|----------|---------------|
| 1. _____ | Number: _____ |
| 2. _____ | Number: _____ |
| 3. _____ | Number: _____ |

Where are some safe places you can go to should your environment be tempting?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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### **GOALS:**

What are some short-term (1-6 months) goals you hope to achieve through sobriety?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What are some long-term goals (6 months to 1 year or more) you hope to achieve through sobriety?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **RESPONSIBLE ADULT'S COMMITMENT:**

*As the adult responsible for the youth, I will do the following to ensure that they are safe:*

1. Ensure the youth has appropriate supervision at all times.
2. Monitor the youth's behavior, activities, and mood.
3. Support the youth's participation in positive activities such as:

- \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### **CRISIS NUMBERS & SUPPORTIVE RESOURCES:**

- 911 – *For any emergency, please call this number.*
- Substance Abuse Hotline: 1-800-622-4357
- Suicide Prevention Hotline: 988
- Domestic Violence Hotline: 1-800-799-7233

Local Resources:

- Substance Abuse Treatment Program:  
\_\_\_\_\_
- Support Group (Alcoholics Anonymous, Narcotics Anonymous, Al-Anon / Alateen):  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**I hereby acknowledge that we have read, reviewed, and agreed to the Substance Abuse Prevention Safety Plan:**

Name of Youth	Signature of Youth	Date
Name of Caregiver	Signature of Caregiver	Date
Name of Case Worker	Signature of Case Worker	Date