

Keep Your Distance!

I, _____, will avoid or protect myself from addictive substances and the circumstances of their use. I will not consume substance(s) out of addiction. I will not even be near them without reliable support.

Fill in the blanks as specifically as possible—list brands; first names of people; names of towns, businesses, etc.

My first choice drug(s) / substance(s) _____

My favorite substitute substance if my first choice is not available _____

Other substances I must watch out for _____

Harm that my use of those substances has already caused to my:

relationships _____

school or work _____

finances _____

body _____

My main excuses (justifications, rationalizations) to myself and others for why it is okay for me to continue to use drugs despite the harm _____

Where I usually obtain drug(s) _____

People who help me get drugs _____

How I pay for drugs _____

Where I consume them _____

Who I consume them with _____

Time(s) of day _____

Activities related to my use of drugs (*cooking, cookouts, concerts, clubs, sports, after work, dancing, sex...*)

Occasions when it's especially hard not to use (*weekends, payday, holidays, birthdays, weddings...*)

Things I better not touch or even see (*pipes, roach clips, lighters, special glassware, needles...*) _____

Items and situations I must avoid or have help to carefully manage (*cash, credit cards, access to car or truck, internet access, airplane or other travel...*) _____

Relationships I associate with drug use (*Are you more likely to use when the relationship is going well or not going well?*) _____

Memories I associate with drug use (*especially memories you avoid by using*) _____

Feelings I associate with drug use (*especially feelings you avoid by using*) _____

Other matters I must address to protect my recovery _____

Signed _____ Date _____

Ask for Help!

I, _____, will honestly share my story—especially my mistakes and my feelings—with a respectful other person or group in order to build resilience and my ability to cope in all areas of my life including my recovery. I will identify people appropriate to my needs and ask for their help.

Fill in the blanks as specifically as possible—list family members, friends, professionals, peers in recovery, etc. Use first names except for professionals.

When I want to use drug(s) or go near them, before I start, I will call _____

If I can't reach her/him, I will call _____

Or _____

If I see them at all, I will ask these people (whom I associate with obtaining or using drugs) to leave me alone, and I will be rude if necessary _____

If I must go where I will have access to substances (such as alcohol at the supermarket or prescription medication at the doctor's office), I will ask one of the following people who support my recovery to go with me

Places where I can meet sober people _____

People to share healthful activities _____

People to help me through times when it's especially hard not to use _____

People to help me get rid of all my drug-related paraphernalia _____

People to help me manage cash, credit, and transportation _____

People to talk with about relationships _____

About memories _____

About feelings _____

How I will seek help from the Universe / Higher Power of my understanding (*specify at least one daily spiritual practice such as yoga, meditation, or inspirational reading*) _____

Other help I will need for recovery _____

Signed _____ *Date* _____