

Community Services Board Keep safe. Prevent overdose.

In a life-threatening emergency, call 911.

703-573-5679
Fairfax Detoxification Center
703-502-7000

Peer Outreach Response Team (PORT)
Connect with peer support specialists
703-559-3199

CSB Entry & Referral

703-383-8500

My Safety Plan

□ I know that after not using for a while, my tolerance will be lower. So I will avoid using large amounts of opioids, benzodiazepines, and/or alcohol.
 □ I will not use drugs and alcohol together and will not mix drugs (including prescribed drugs).
 □ I will take my prescription medications as prescribed and will not abuse them.
 □ I will be careful where I get my drugs. I know the strength of the drug may differ among dealers.
 □ I will try not to use alone so that I always have someone near who can help me if I overdose.
 □ I will participate and encourage others to participate in a REVIVE! opioid overdose reversal training (www.fairfaxcounty.gov, search 'revive').

I know that abstinence (not using) is the **only** way to be sure I don't overdose. But if I relapse, I will take

Find out about **REVIVE!** training to prevent opioid overdoses. www.fairfaxcounty.gov, search 'revive'.

☐ If I relapse, I agree to tell _____ and ask for help.



☐ If I am in danger, or if someone I am with is in danger, I will call 911.