Cravings Plan: 3-3-3 Template

When cravings hit, you don't have to think—just follow your plan. Fill this out ahead of time and keep a copy on your phone and fridge.

How to Use

- **Set a 10-minute timer.**
- **Flip to the back and fill it out now.**
- **Text or call one person from your list right away.**
- **Go to a safe place if you need to reset.**

_____

My default safe place

3 Things To Do (Under 10 minutes)

e.g., 4-7-8 breathing, 5-min walk, cold water

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☐ _____

☐ _____

3 People to Text/Call Now

e.g., sponsor/peer, counselor, friend

☐ _____

☐ _____

☐ _____

3 Places To Go (safe, substance-free)

e.g., meeting, library, gym

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☐ _____

☐ _____

Crisis numbers: 988 (US).

Local emergency: _____

Supports (meetings, groups, hotlines):

_____

Medications I take (and when):_____

_____

Tip: Snap a photo and share with your support people.

Emergency signs: can't be awakened, slow/irregular breathing, seizure → call 911 (US).

If opioids may be involved, use naloxone.