

# No Use Challenge

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My provider has recommended that no use of alcohol or other drugs is the safest choice for me at this time of my life.

I, \_\_\_\_\_, agree to not drink/use \_\_\_\_\_ (alcohol, tobacco product, vape product, marijuana, and other drugs, or take anyone else's medicine) for the next \_\_\_\_\_ days, and then my provider will check in with me.

- I also will not provide alcohol and/or other drugs for anyone else during this time.
- I agree not to drive a motor vehicle, scooter, or bike while under the influence of drugs (including marijuana) or alcohol.
- I will not ride with a driver who has been drinking or using drugs (including marijuana).

I will follow-up with my provider, \_\_\_\_\_, on \_\_\_\_\_.

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Signature

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Date

*Provide a copy of this signed form to the client.*