DEPARTMENT OF HEALTH
REPUBLIC OF THE PHILIPPINES

INTREPRET SERIES 3a

PRESENTATION MODULES (ENGLISH) FOR PSYCHO-EDUCATION SESSIONS

INTENSIVE TREATMENT AND REHABILITATION PROGRAM FOR RESIDENTIAL TREATMENT AND REHABILITATION CENTERS FOR DRUG DEPENDENTS (INTREPRET)

NOVEMBER 2020

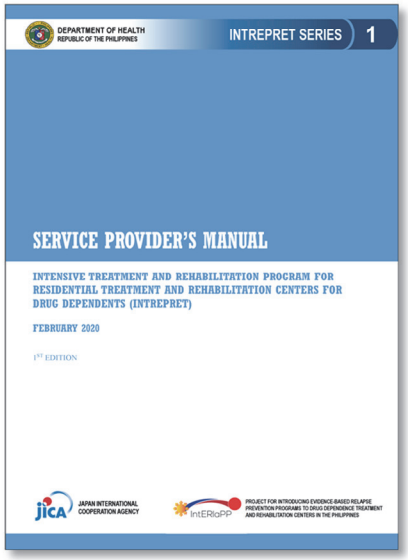
1ST EDITION

JAPAN INTERNATIONAL COOPERATION AGENCY

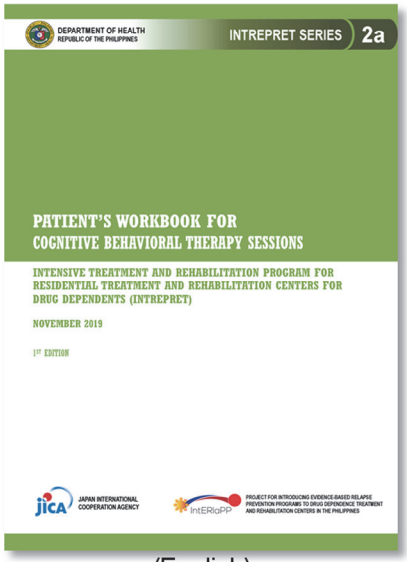
PROJECT FOR INTRODUCING EVIDENCE-BASED RELAPSE PREVENTION PROGRAMS TO DRUG DEPENDENCE TREATMENT AND REHABILITATION CENTERS IN THE PHILIPPINES

INTREPRET Series

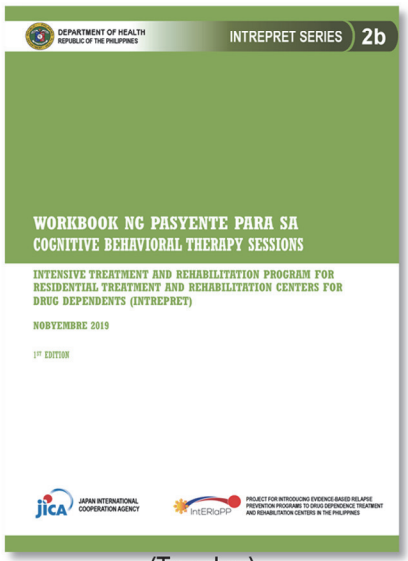
1 Service Provider's Manual



2 Patient's Workbook for Cognitive Behavioral Therapy Sessions

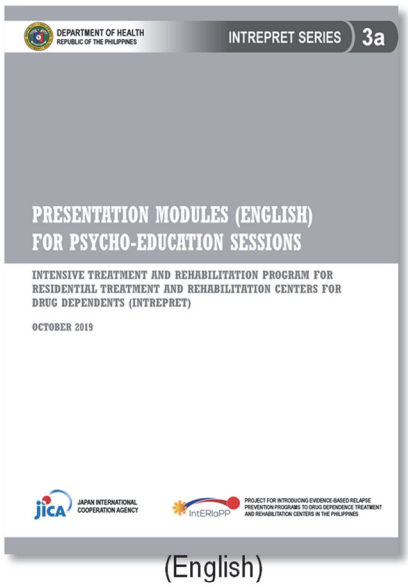


(English)

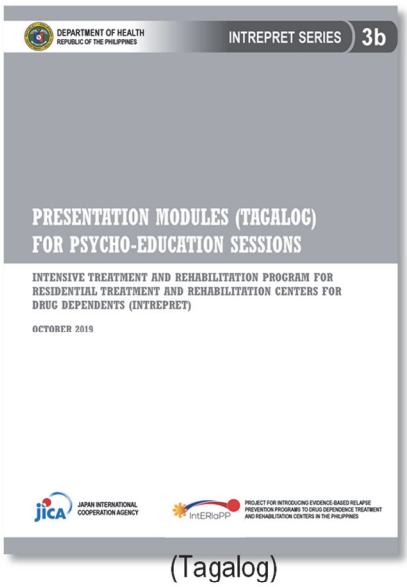


(Tagalog)

3 Presentation Modules for Psycho-Education Sessions



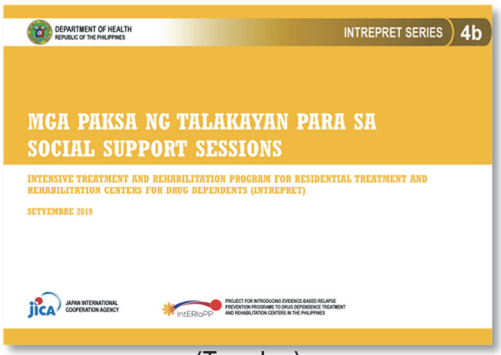
(English)



(Tagalog)

4 Discussion Topics for Social Support Sessions

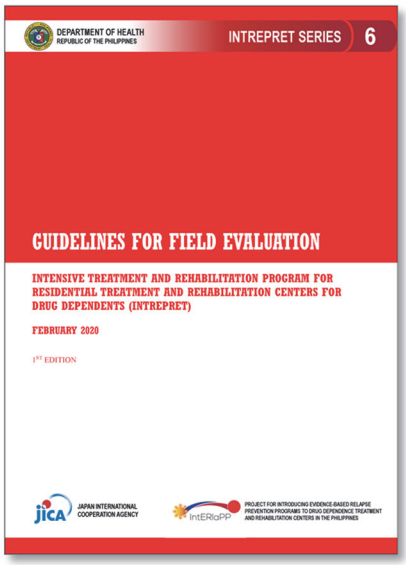
(English)



(Tagalog)

5 Training Kit

6 Guidelines for Field Evaluation



REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH

JICA

IntERIaPP

ACKNOWLEDGMENT

This "Presentation Modules (English) for Psycho-Education Sessions" was developed as part of the activities under the "Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines (IntERlaPP)" that was implemented by the Department of Health (DOH) with the technical support of Japan International Cooperation Agency (JICA).

The materials in this document were developed by adapting the "Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders" (published by the Substance Abuse and Mental Health Service Administration, U.S. Department of Health and Human Services) to the residential settings of the Treatment and Rehabilitation Centers (TRCs) in the Philippines.

The DOH acknowledges the following members for their technical inputs and logistic support through a series of workshops in developing the content of this document.

DOH Officials:

1. **Dr. Jose Bienvenido M. Leabres**, Program Manager, Dangerous Drug Abuse Prevention and Treatment Program/ Project Manager (February 2019 onward), IntERlaPP
2. **Dr. Carol V. Narra**, Medical Officer, Dangerous Drug Abuse Prevention and Treatment Program
3. **Ms. Sabrina Angela Tayo**, Health Program Officer, Dangerous Drug Abuse Prevention and Treatment Program
4. **Dr. Alfonso A. Villaroman**, Chief of Hospital, TRC-Bicutan
5. **Ms. Alpha R. Martin**, Chief Psychologist, Psychological Services Section, TRC-Bicutan
6. **Dr. Joseph B. Fama**, OIC-Chief of Hospital, TRC Dagupan
7. **Mr. Karl S. Anthony Rufo**, Psychologist, TRC Dagupan
8. **Dr. Trinidad A. Geraldine Purugganan**, Chief Health Program Officer, TRC-Tagaytay
9. **Mr. Christopher M. Amata**, Chief Health Program Officer, TRC Cagayan de Oro
10. **Dr. Jasmin T. Peralta**, Chief of Hospital, TRC Cebu
11. **Dr. Nelson J. Dancel**, Chief of Hospital, Mega TRC Fort Magsaysay
12. **Dr. Ma. Teresa C. Iñigo**, Chief of Hospital, TRC Malinao
13. **Dr. Mariano S. Hembra**, Chief of Hospital, Don Jose S Monfort Memorial Medical Center Extension Hospital (DJSMMCEH)
14. **Ms. Ma. Lourdes R. Sare**, Training Specialist, National Center for Mental Health
15. **Ms. Jocelyn Sosito**, Senior Health Program Officer, Bureau of International Health Cooperation

Resource Persons in the Philippines

16. **Mr. Reniel B. Cristobal**, Executive Director, Family Wellness Center Foundation, Inc.

17. **Dr. Ivanhoe C. Escartin**, Deputy Chief of Party, Renew Health Project USAID/ Project Manager (December 2017 – February 2019), IntERlaPP
18. **Ms. Ma. Alodia C. Mercado**, Clinical Psychologist, A-max Psychological Services

Japanese Collaborators

19. **Prof. Takayuki Harada**, Professor, Faculty of Human Sciences, University of Tsukuba
20. **Dr. Noriko Ishizuka**, Visiting Researcher, Faculty of Human Sciences, University of Tsukuba
21. **Dr. Tomohiro Shirasaka**, Director, Department of Psychiatry, Teine Keijinkai Hospital
22. **Dr. Toshiaki Baba**, Assistant Director, Division of Human Capacity Building, Bureau of International Health Cooperation, National Center for Global Health and Medicine
23. **Dr. Kazutaka Nomura**, Assistant Professor, Faculty of Human Sciences, Waseda University
24. **Dr. Ayumi Takano**, Associate Professor, Department of Mental Health and Psychiatric Nursing, Tokyo Medical and Dental University

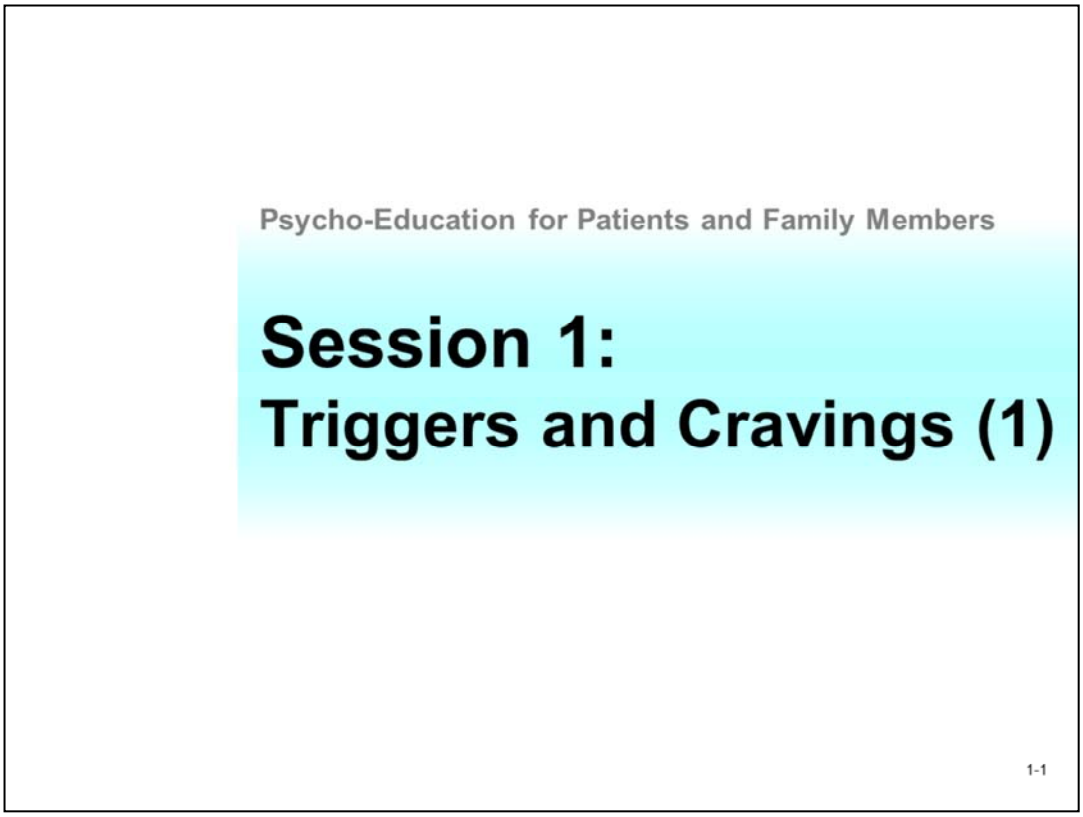
JICA Experts and Secretariat Members

25. **Dr. Shogo Kanamori**, Chief Advisor, IntERlaPP
26. **Ms. Aya Mizusawa**, Project Coordinator, IntERlaPP
27. **Ms. Marcelyn D. Bonhaon**, Technical Assistant, IntERlaPP
28. **Mr. Amando A. Francisco Jr.**, Driver/Office Assistant, IntERlaPP
29. **Mr. Ric Jayson C. Bernardino**, Administrative Assistant, IntERlaPP

This document was field-tested at TRC Bicutan, TRC Dagupan, and TRC Tagaytay and finalized by incorporating feedback from those pilot facilities. DOH appreciates the hospital chiefs and staff members of these TRCs for their cooperation throughout the field-testing process.

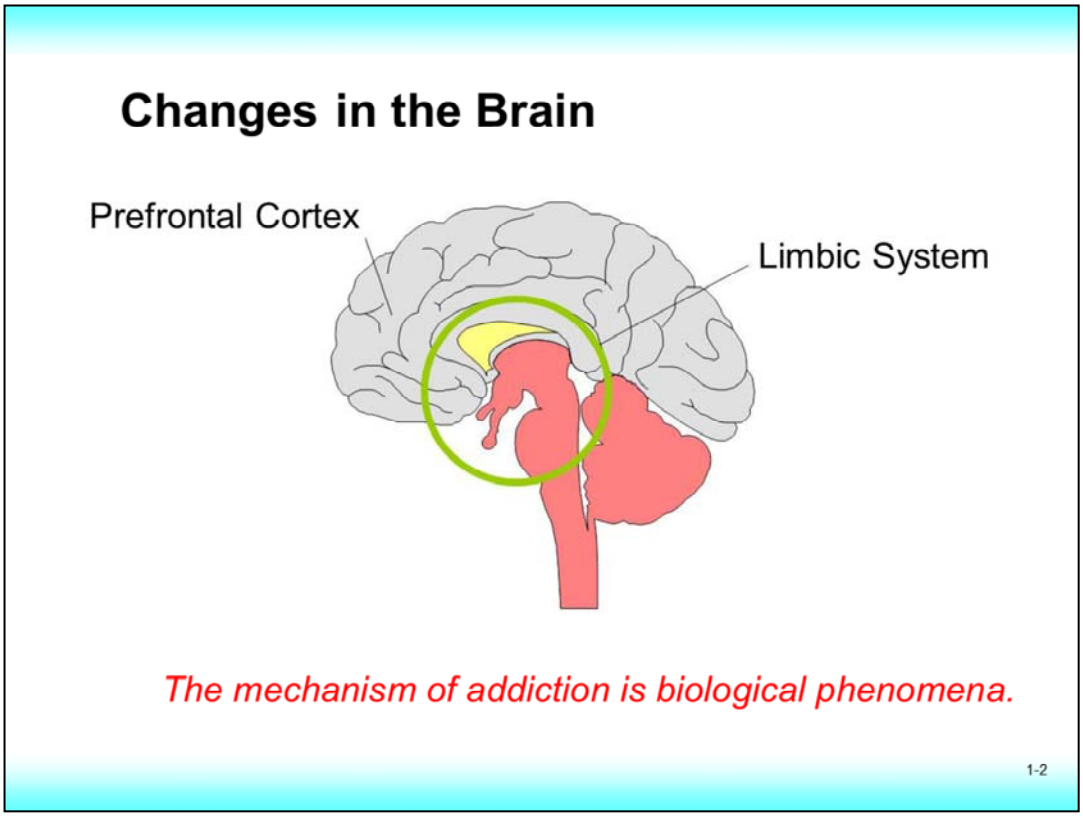
In addition, the DOH extends special thanks to the Japan International Cooperation Agency (JICA) for its technical and financial assistance in the process of developing this document through IntERlaPP.

INDEX



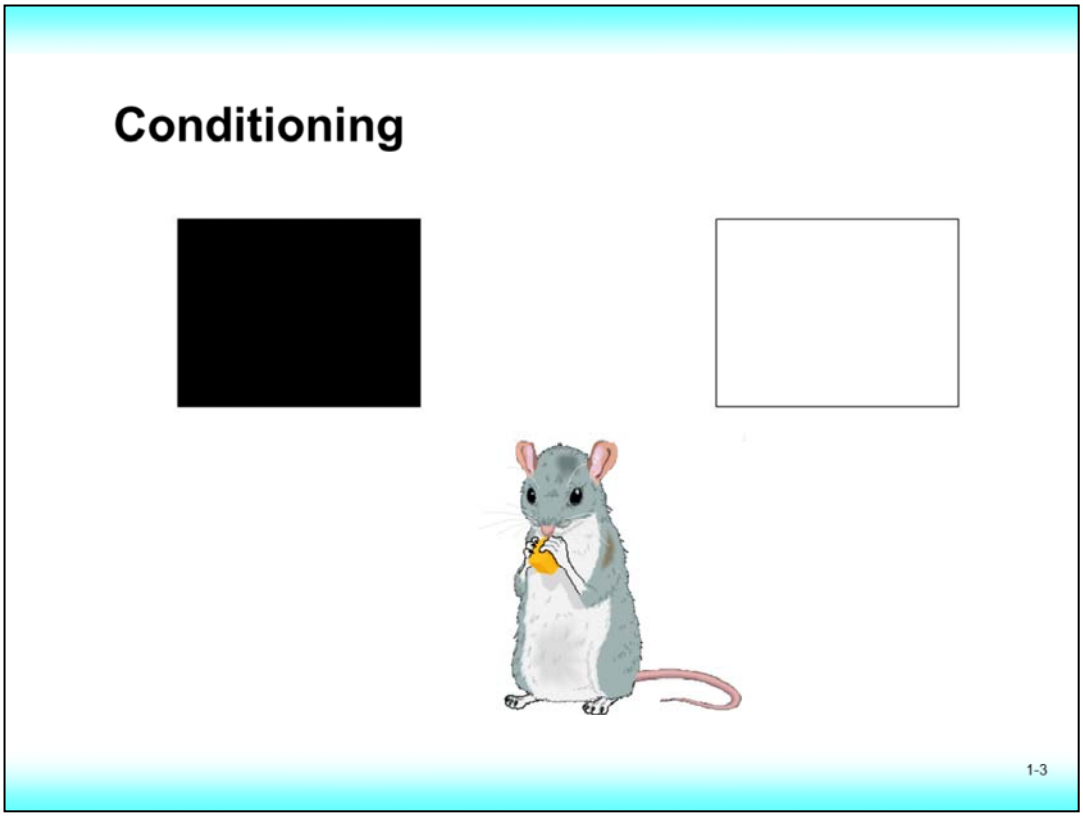
Slide 1-1—Triggers and Cravings

- This presentation begins with an overview of addiction and dependence.
- It then focuses on the development of addiction and cravings and the relationship of environmental and internal triggers for craving.
- Understanding this process allows both patients and families to view substance use disorders in a new, more understandable way and to see what is behind much of the advice given to patients in treatment.
- In short, triggers lead to cravings, and cravings lead to using drugs or drinking alcohol.
- Common sense suggests that being around people, places, or situations that have resulted in past substance use can increase the chances of using or drinking again.
- The influence that triggers have on the brain makes the advice to avoid triggers more than just a good idea; there is no other reliable way to avoid cravings and relapse.



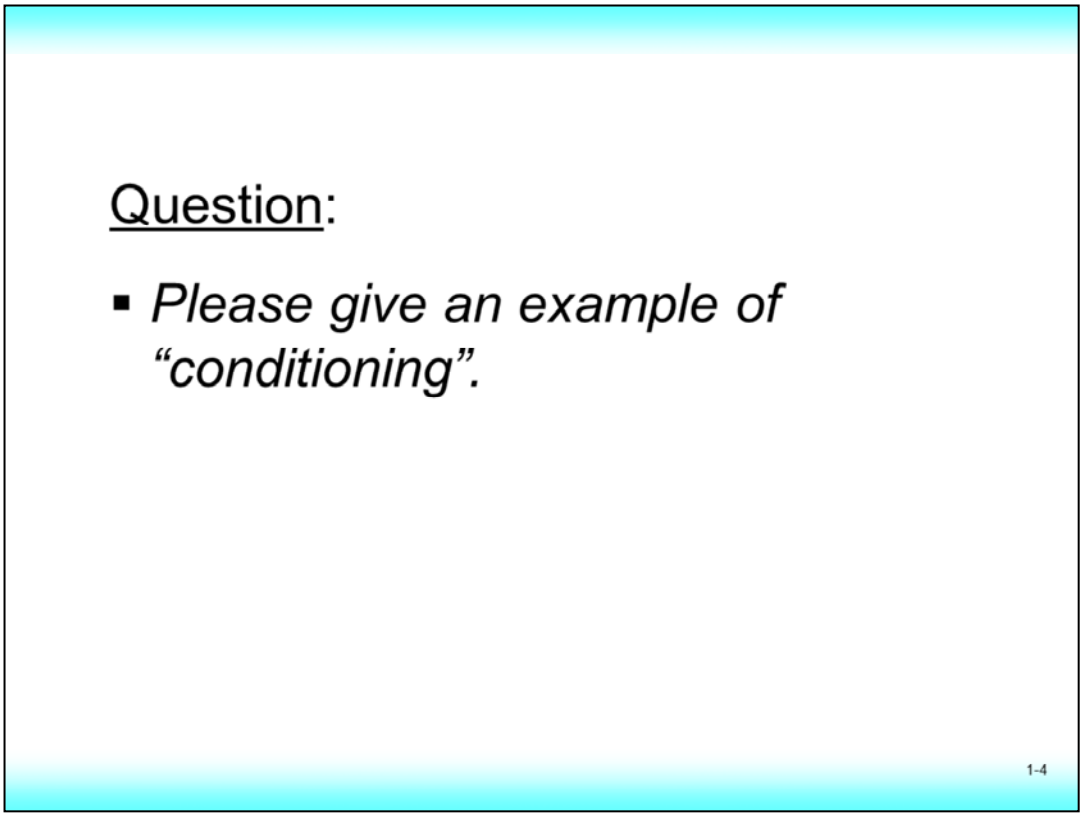
Slide 1-2—Changes in the Brain

- Addiction is a neurobehavioral disorder. To understand what this means, we must look at two important areas of the brain: the prefrontal cortex and the limbic system.
- In a healthy brain, the prefrontal cortex, or outside portion of the brain, is responsible for rational thinking. It is the decisionmaker, the onboard computer of the human being.
- Underneath the cortex is a much older, more primitive part of the brain's anatomy, the limbic system.
- To a greater or lesser degree this lower part of the brain is involved in all forms of addiction. It is where the pleasure and reward system is located and where most, if not all, survival mechanisms originate.
- Pleasure is a powerful biological force for survival. If you do something pleasurable, the brain is wired in such a way that you tend to do it again.
- Unlike the cortex, the limbic system is not under conscious or voluntary control. The powerful effects of drugs and alcohol on this and other parts of the brain can lead to addictive use, lessening normal, rational restraints on behavior.
- Prolonged drug use changes the brain in fundamental and long-lasting ways. These changes are a major component of the addiction itself.
- Accepting addiction as a complicated relationship between the brain and behavior is a step toward recovery.



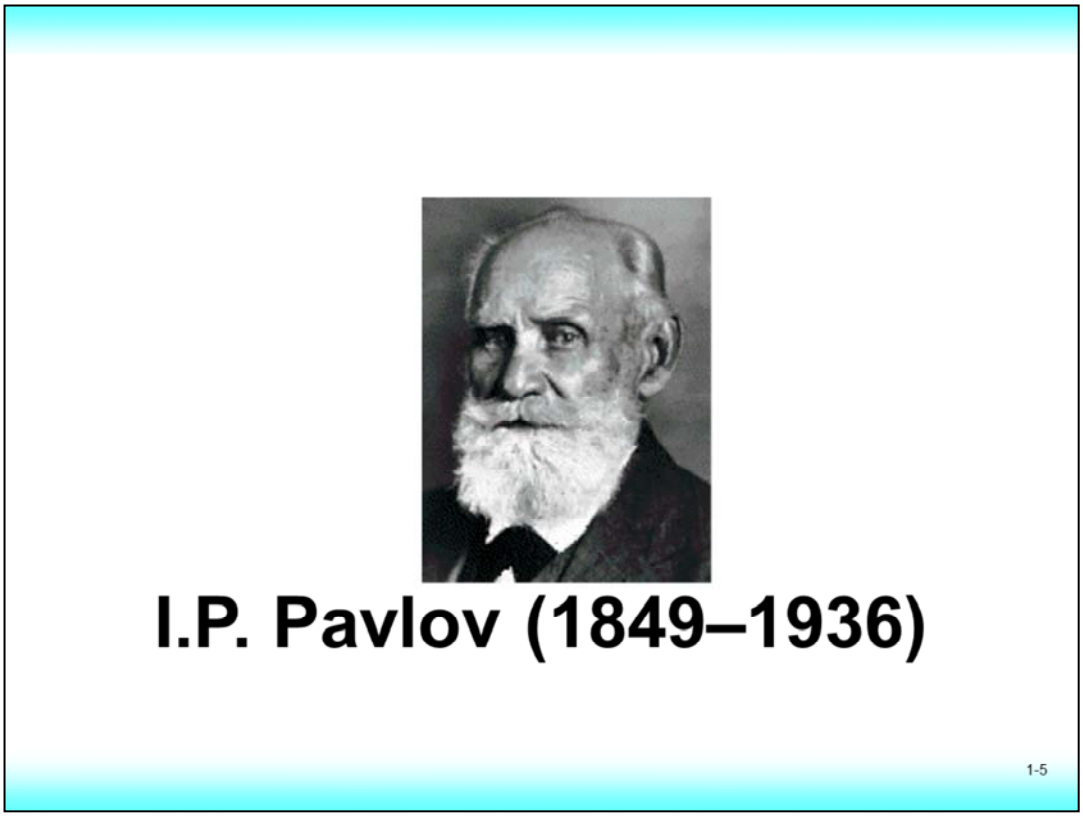
Slide 1-3—Conditioning

- The part of the brain affected by mood-altering substances is the same part of the brain that makes us seek food when we are hungry and water when we are thirsty and is responsible for our sexual drive.
- Hunger, thirst, sexual desire, and the need for nurturing are natural cravings. Satisfying these cravings promotes our survival as individuals and as a species. When a craving is not satisfied (e.g., when a person has not eaten for a long time), satisfying the craving overpowers all other concerns.
- When long-term drug or alcohol use occurs, the brain can become rewired and adapt to these substances as if survival depends on them.
- There is a demonstration that reflects the power of drugs on the brain and behavior:
  - ✓ If you release a caged mouse and it has the option to run into a well-lighted area or a dark area, it always will run into the dark.
  - ✓ Mice and other small rodents have been conditioned to seek out the dark automatically, because darkness protects them from predators. This ingrained survival mechanism evolved over millions of years in this species.
  - ✓ If the mouse is given doses of cocaine in the lighted area, the mouse will go into the lighted area each time it is released from its cage. This classic experiment demonstrates "conditioned place preference," reversing the conditioning that took place over millions of years.



Slide 1-4—Question

- Ask participants to give some examples of "conditioning".

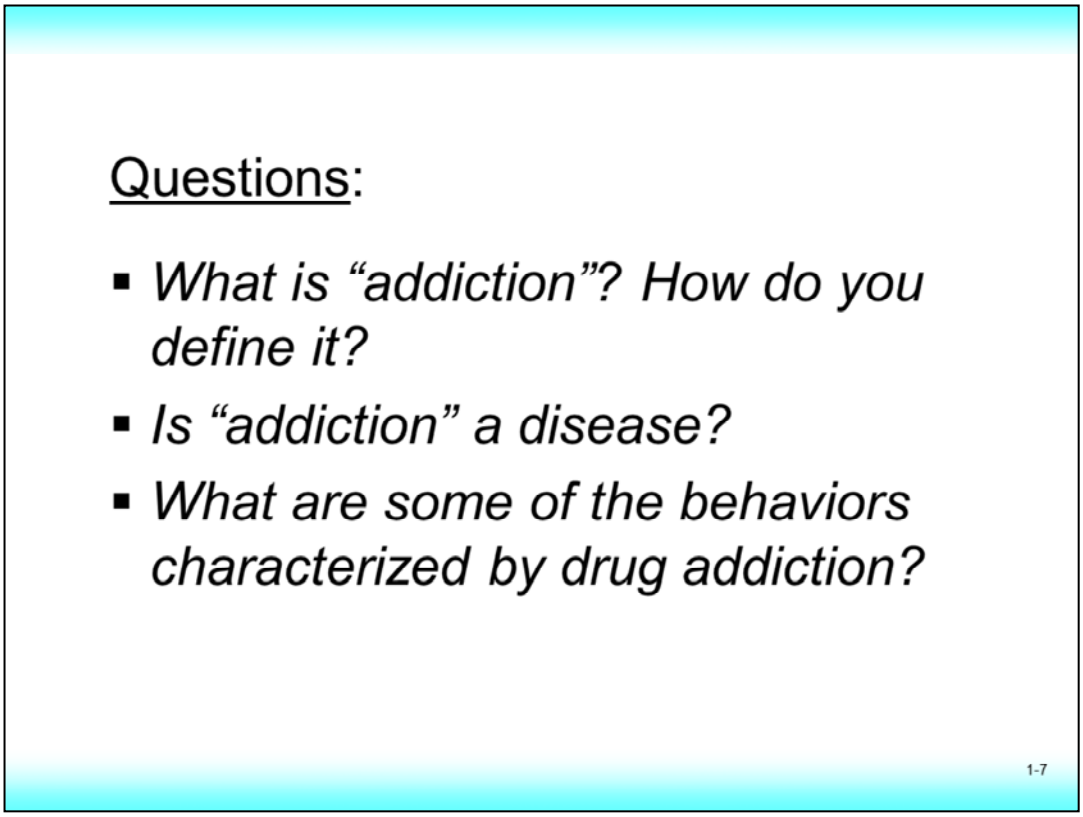


Slide 1-5—Pavlov

- To understand the relationship of triggers to craving, it is important to understand a bit about a process called conditioning.
- I.P. Pavlov, a Russian scientist, received the Nobel Prize for a series of experiments he conducted on the physical processes of digestion.
- These experiments were continued by some of his students, and the conclusions from these experiments became known as the principles of classical conditioning.

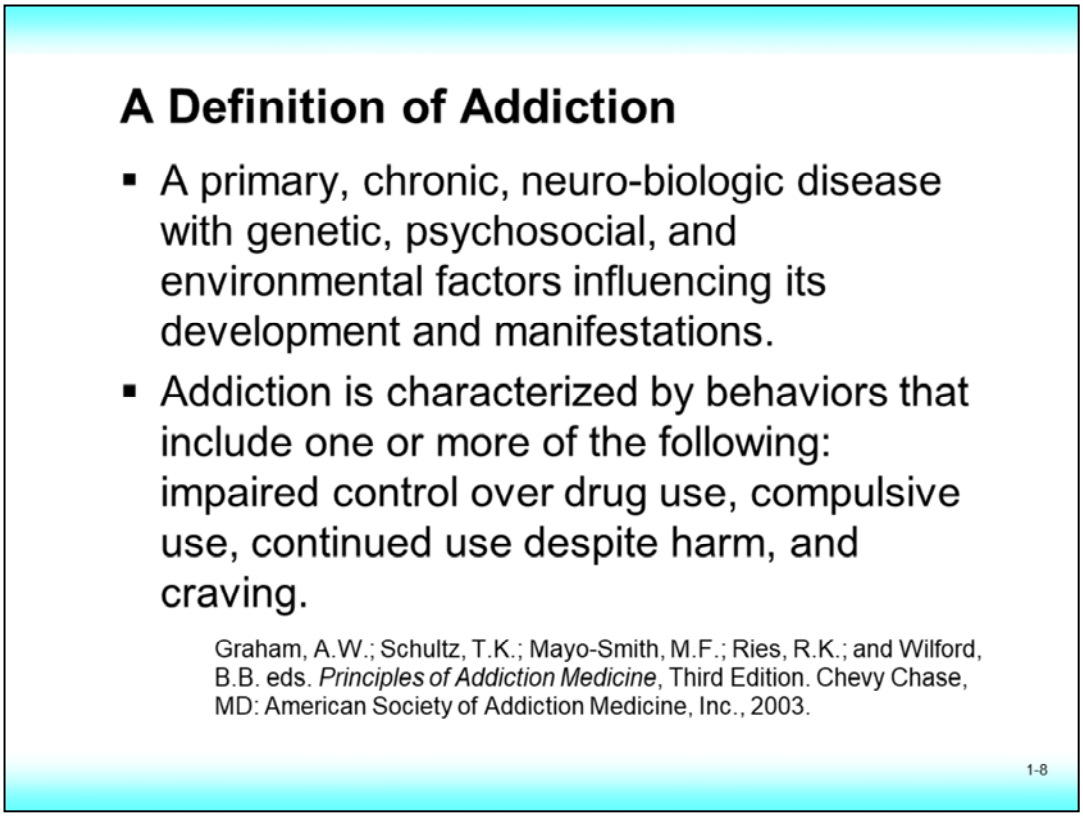
Slide 1-6—Pavlov's Dog

- Pavlov would feed the dogs and ring a bell at the same time.
- The dogs saw and smelled the food that then stimulated, or triggered, a part of their brain, causing them to produce saliva and secrete stomach acid in anticipation of eating.
- In a relatively short time, Pavlov and his colleagues rang the bell without the presence of food, and the dogs still produced saliva and stomach acid as if food were present.
- The dogs connected the sound of the bell, the trigger, with anticipation of eating and responded (involuntarily) physically to the powerful trigger, or stimulus, of the bell.
- Once a dog had been conditioned in this way, no matter how smart or well trained the dog was, it continued to produce fluids at the sound of the bell. It had no choice; the only way that Pavlov's dogs could avoid drooling was by avoiding the bell.
- The dogs had developed a conditioned response to the bell.
- The human brain responds in much the same way to conditioned drug and alcohol triggers that produce cravings.
- Drugs and alcohol produce changes in the brain, which result in feelings of pleasure. Events that people experience or surroundings that people are in when they use are like Pavlov's bell; they cause people to experience cravings (like the dogs' physical response to the bell, salivating) even when they are not using. The brain may even trigger physical reactions that are similar to those initially created by the drug itself.
- For example, if participants were to think about sucking on a lemon, they probably would pucker their lips without even meaning to. This response is based on their experiences of tasting a lemon in the past.
- This sort of response to drug triggers occurs regardless of whether a person intends to use. The dependent person can prevent his or her brain's reaction only by avoiding triggers.
- Triggers and cravings are hallmarks of addiction.



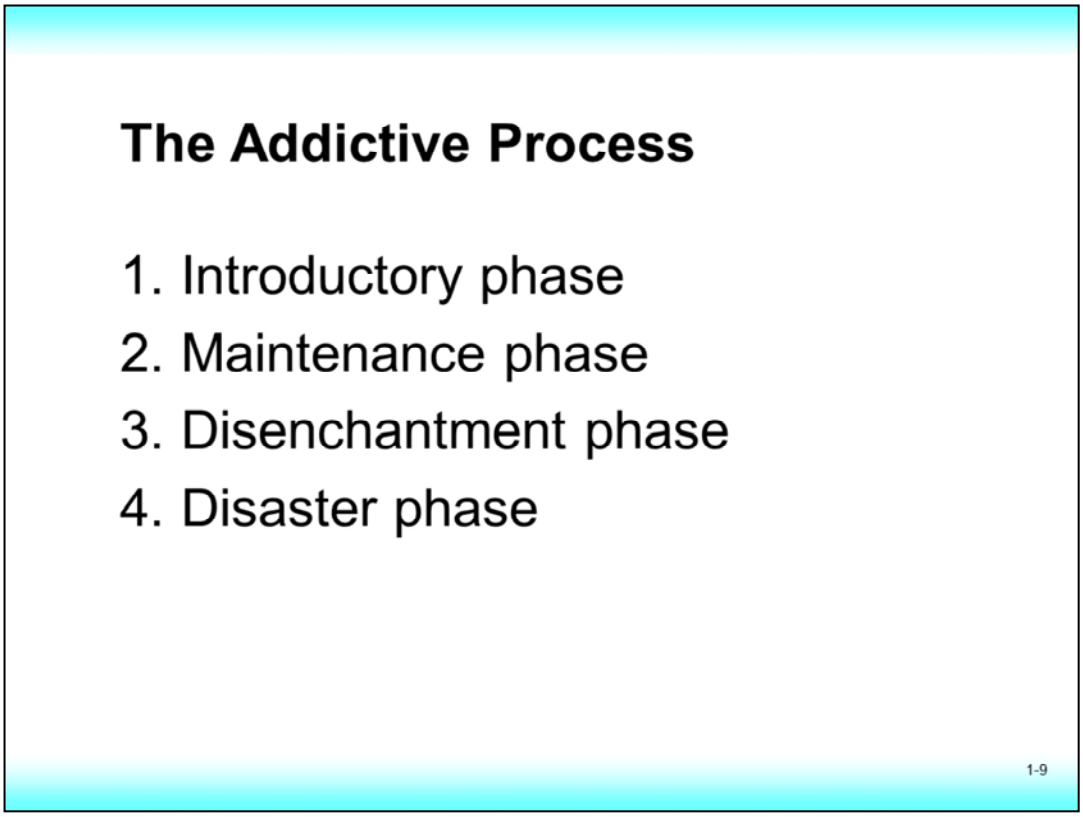
Slide 1-7—Question

- Ask participants the following questions:
  - What is “addiction”? How do you define it?
  - Is “addiction” a disease?
  - What are some of the behaviors characterized by drug addiction?



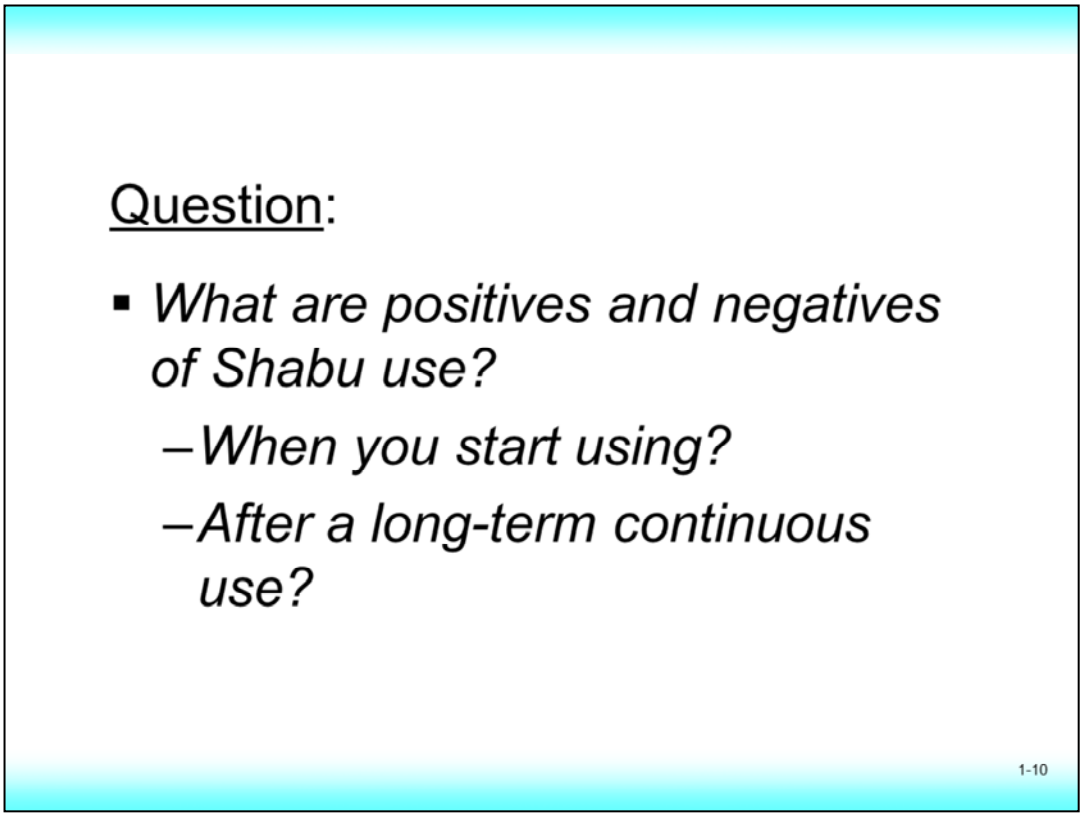
Slide 1-8—A Definition of Addiction

- The slide shows a definition of addiction developed by the American Society of Addiction Medicine.
- "Primary" means that addiction is not just a symptom of another disease or disorder; it is a disease in and of itself.
- "Chronic" means that the disease continues over time and can be treated but not cured. Examples of other chronic diseases include diabetes and heart disease.
- The definition states that genetic, psychosocial, and environmental factors may influence the development and manifestations (symptoms) of the disease.
- "Genetic" means that some people are born with certain susceptibilities to becoming addicted to drugs or alcohol.
- "Psychosocial and environmental factors" means that a person's emotional, mental, and social life as well as his or her family, peers, living situation, employment or school situation, and other life circumstances can affect whether addiction develops and how it develops.
- These psychosocial and environmental factors are important to consider when looking at a person's triggers for drug or alcohol use.



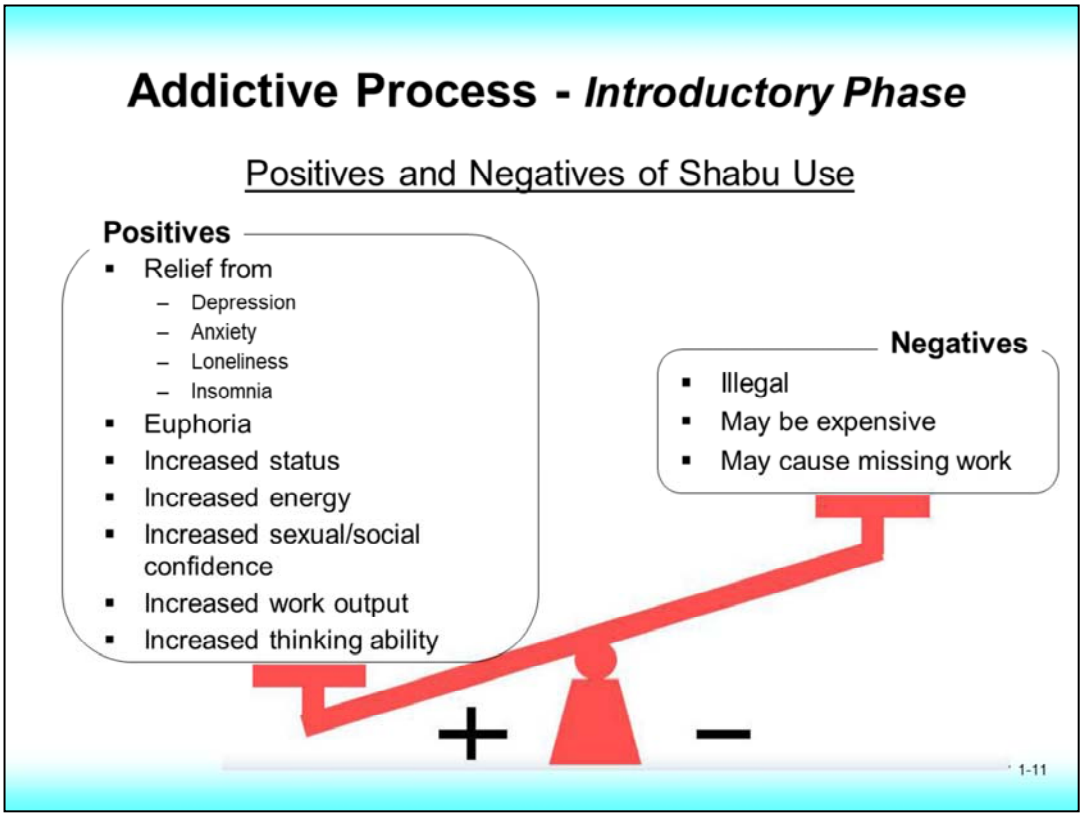
Slide 1-9—The Addictive Process

- The rest of this session looks at the process of developing addiction over time, focusing on craving and the triggering of craving.
- The process of addiction can be looked at in terms of four phases: the introductory phase, the maintenance phase, the disenchantment phase, and the disaster phase.
- During each phase, people experience increasing levels of obsessive thinking, craving responses, use, and consequences resulting from their substance.
- Although the slides are methamphetamine specific, the process of addiction is virtually the same for other addictive drugs and alcohol.



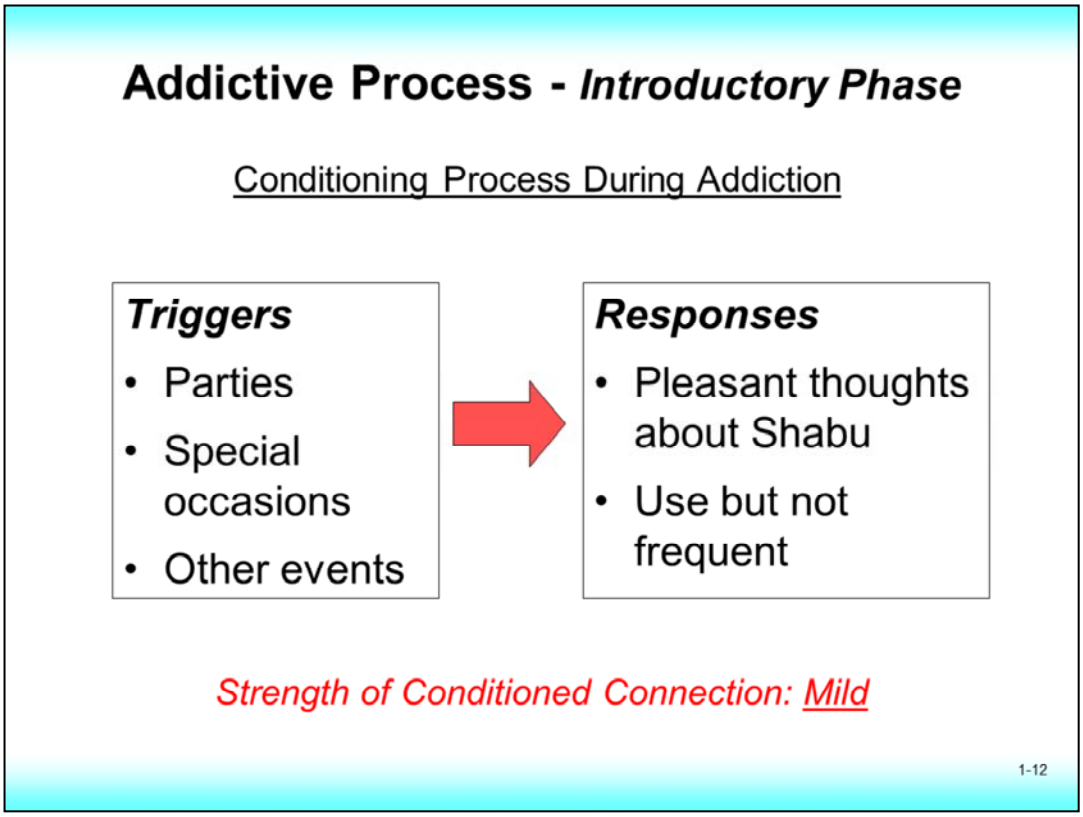
Slide 1-10—Question

- Ask participants what are positives and negatives of Shabu use.
- Highlight the differences between when they start using and after a long-term continuous use.



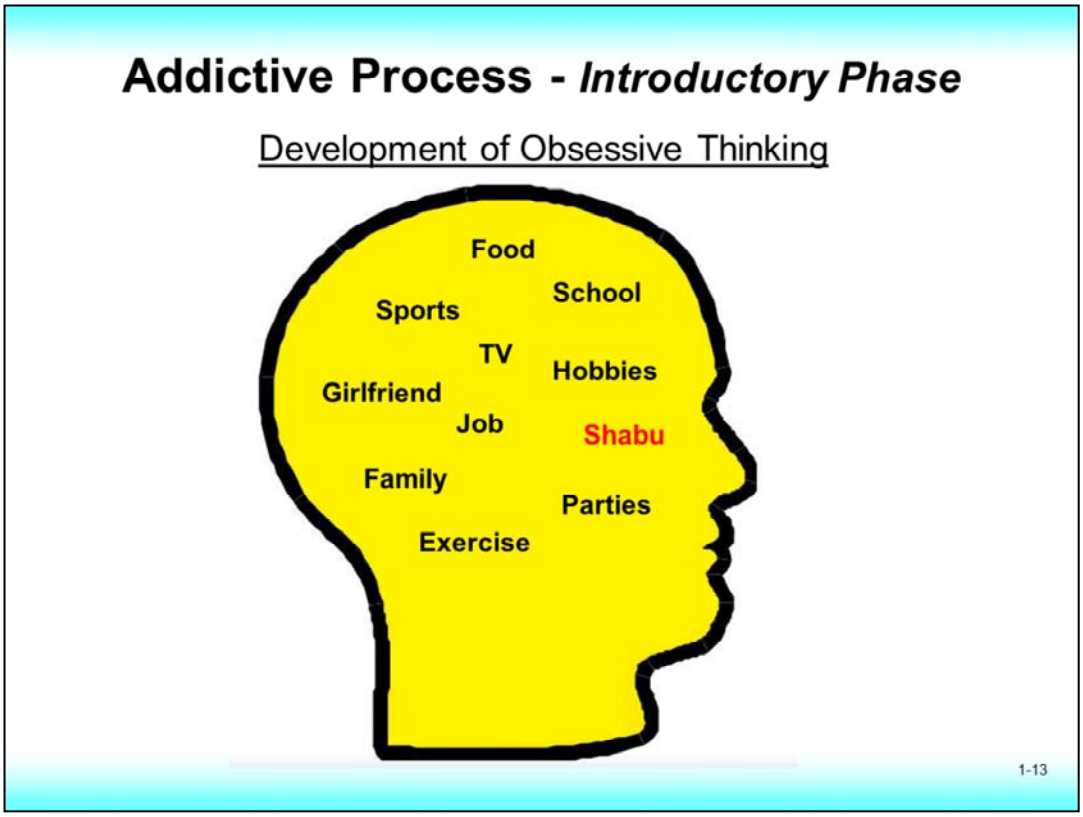
Slide 1-11—Positives and Negatives of Shabu Use (Introductory Phase)

- Shabu (or another drug or alcohol) use is relatively infrequent during the introductory phase of the process of addiction.
- Use may be limited to a few times a year, by chance, or on special occasions.
- The positives of drug or alcohol use appear to outweigh the negatives.



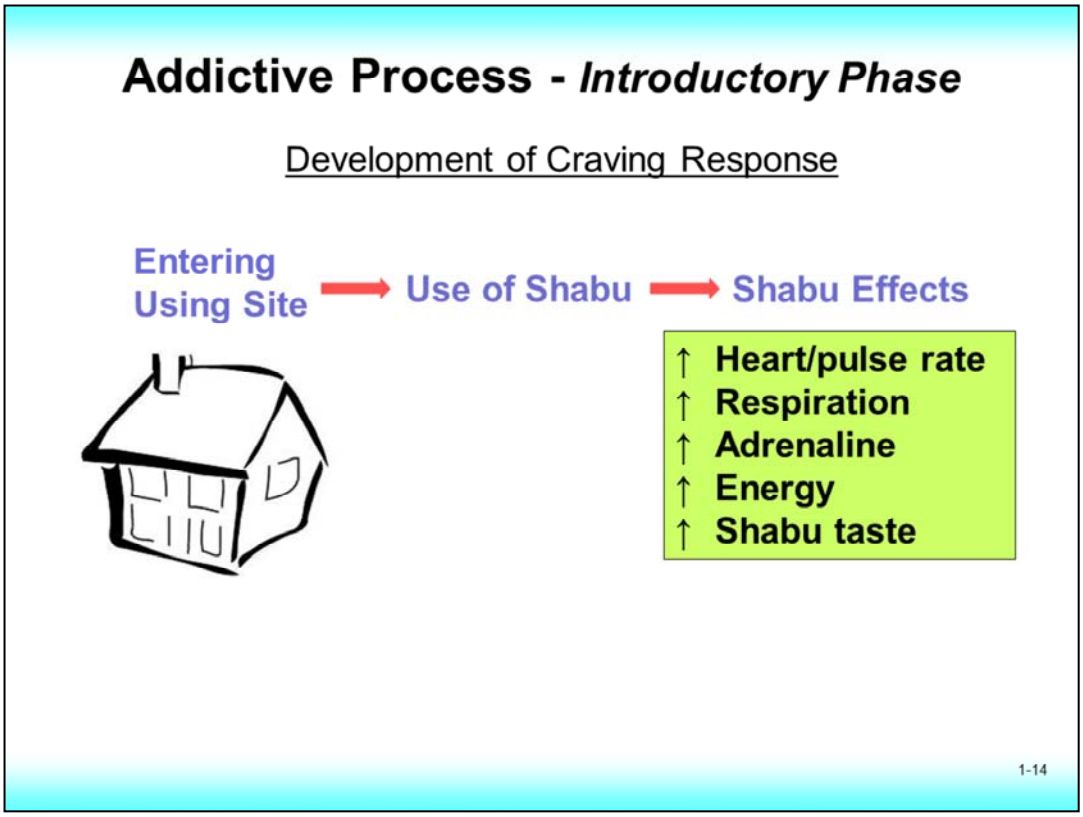
Slide 1-12—Conditioning Process During Addiction (Introductory Phase)

- Unknowingly, persons who use drugs or alcohol are conditioning their brains every time they use, but they experience only a mild association between people, places, or events and drug or alcohol use.



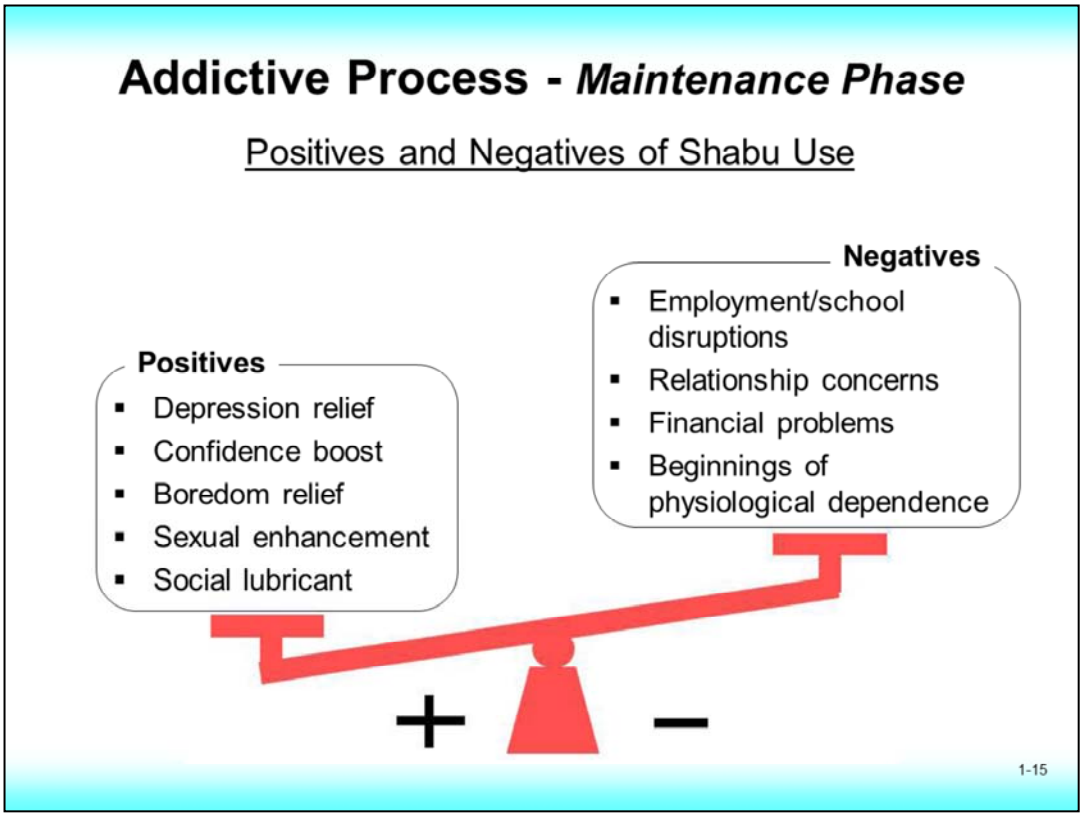
Slide 1-13—Development of Obsessive Thinking (Introductory Phase)

- During this phase, drug or alcohol use is only one small component of a person's overall thought process.



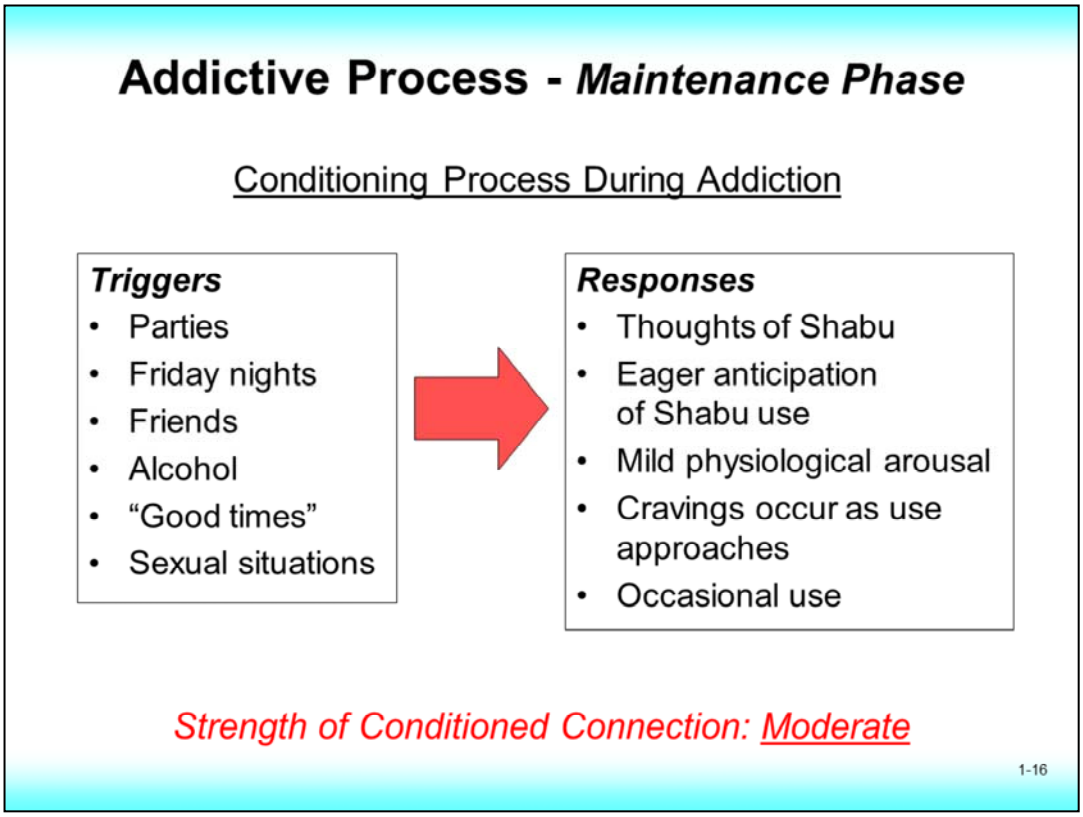
Slide 1-14—Development of Craving Response (Introductory Phase)

- The craving response is the combined experiences of drug or alcohol triggers activating the limbic system and the continuing thoughts about using drugs or alcohol associated with these triggers.
- During this introductory phase, the limbic system is activated directly by Shabu and physiological arousal increases.



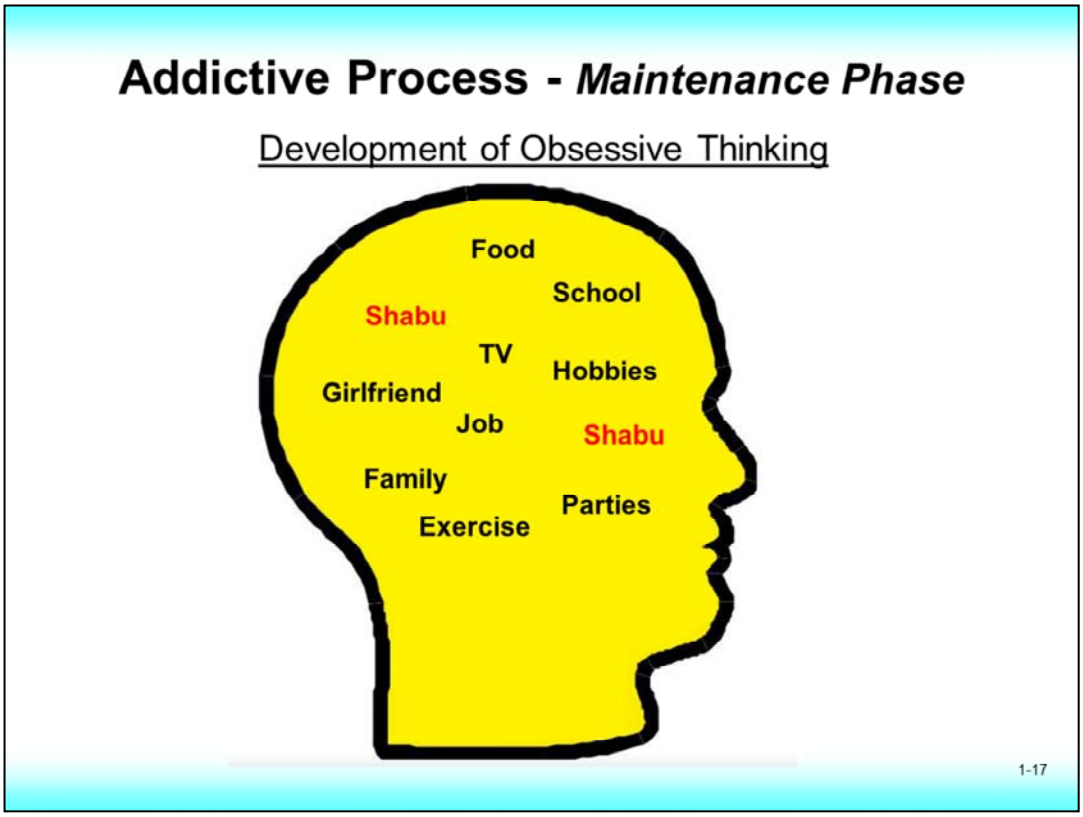
Slide 1-15—Positives and Negatives of Shabu Use (Maintenance Phase)

- During the maintenance phase of the addictive process, the frequency of drug or alcohol use increases to perhaps monthly or weekly.
- The scales begin to lean away from the positives.



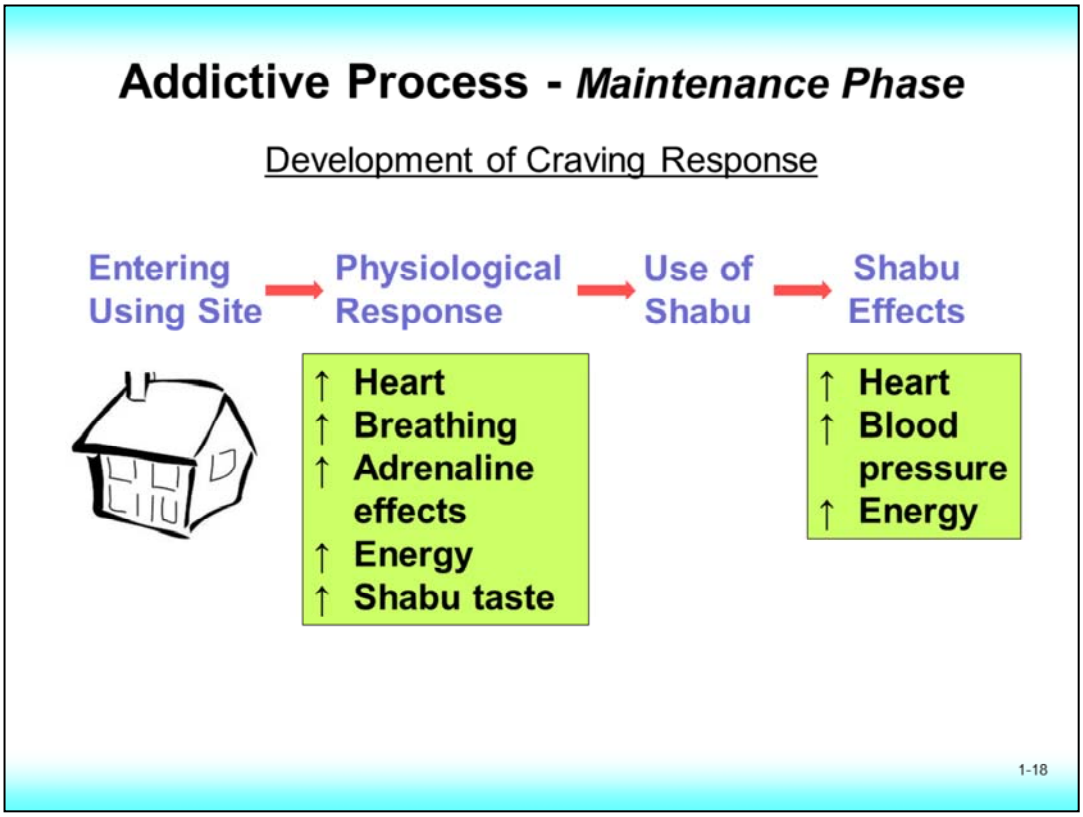
Slide 1-16—Conditioning Process During Addiction (Maintenance Phase)

- Conditioning is progressing. The people, places, and things associated with drug and alcohol use have become triggers.
- Exposure to these triggers causes thoughts about drug and alcohol use.
- These thoughts produce moderate physiological reactions leading to a drive to find and use drugs and alcohol.



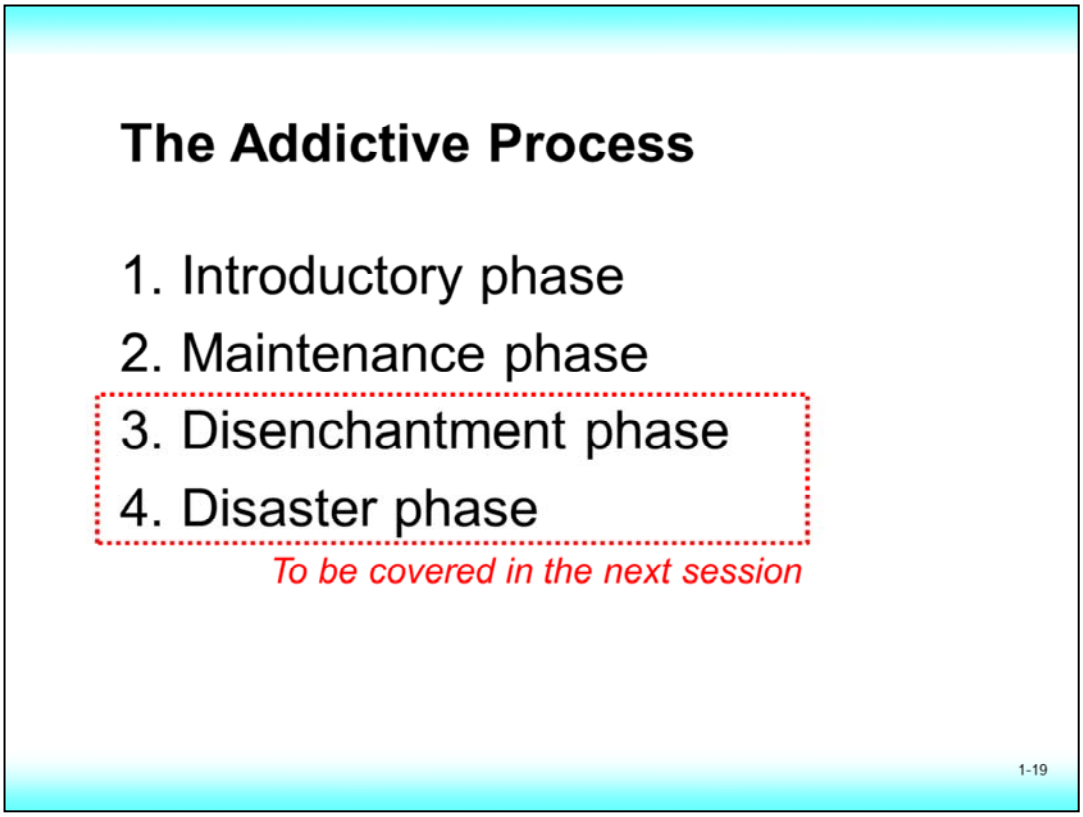
Slide 1-17—Development of Obsessive Thinking (Maintenance Phase)

- Thoughts of drug and alcohol use occur more frequently.



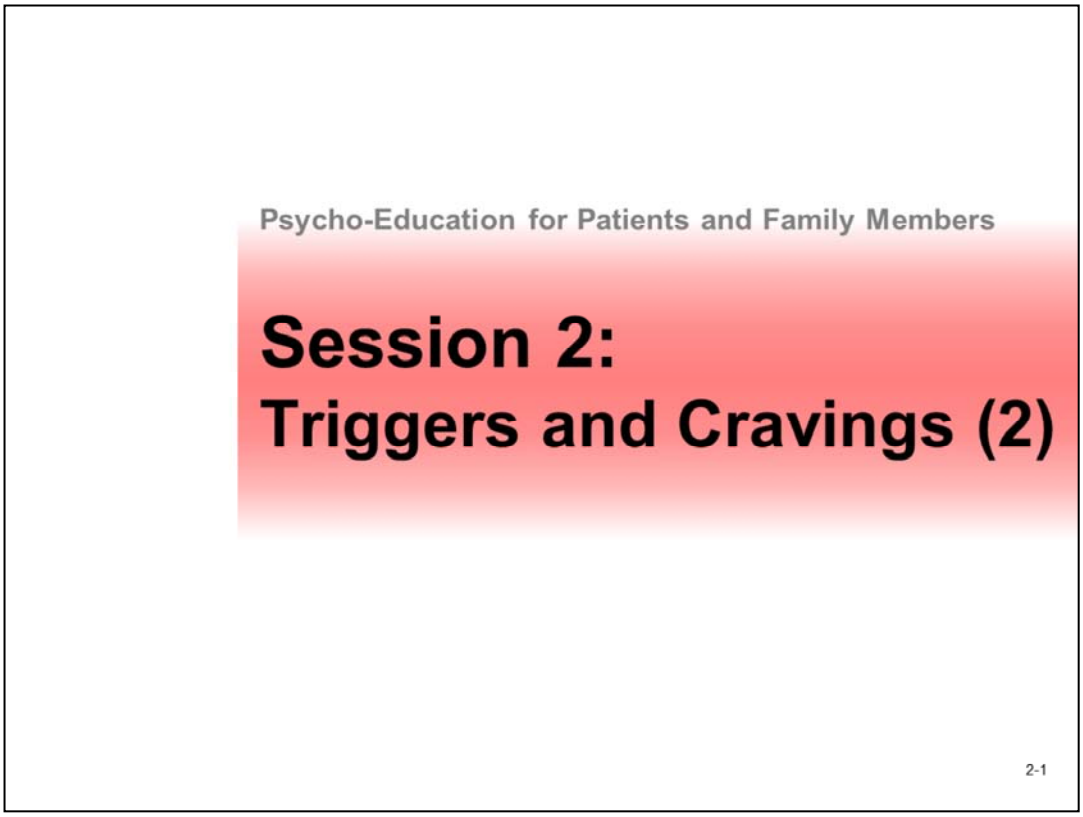
Slide 1-18—Development of Craving Response (Maintenance Phase)

- A mild physiological arousal occurs in situations closely associated with drug and alcohol use.
- As the person encounters drug and alcohol triggers, the limbic system is activated, and drug and alcohol cravings occur.
- When drugs and alcohol finally are ingested, a concurrent physiological state occurs.



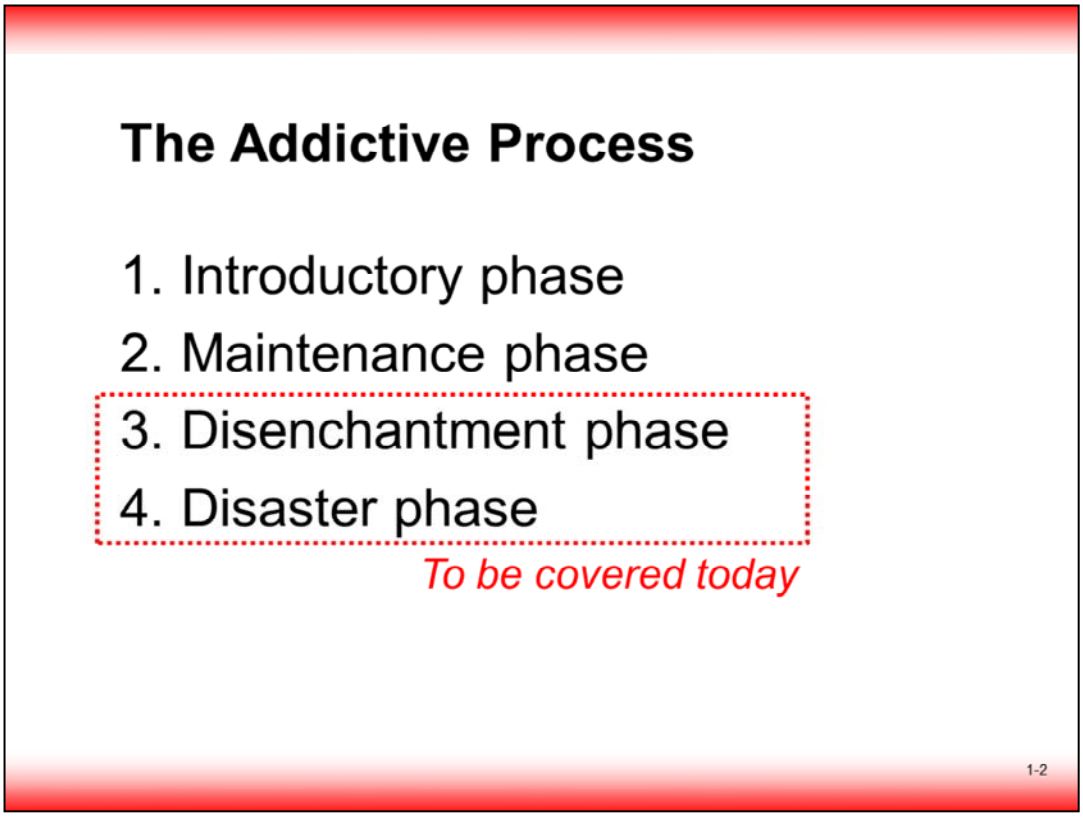
Slide 1-19—Addictive Process (Review)

- Today, we have learned about the introductory phase and maintenance phase of the addictive process.
- The next session looks at the disenchantment phase and disaster phase in the additive process.



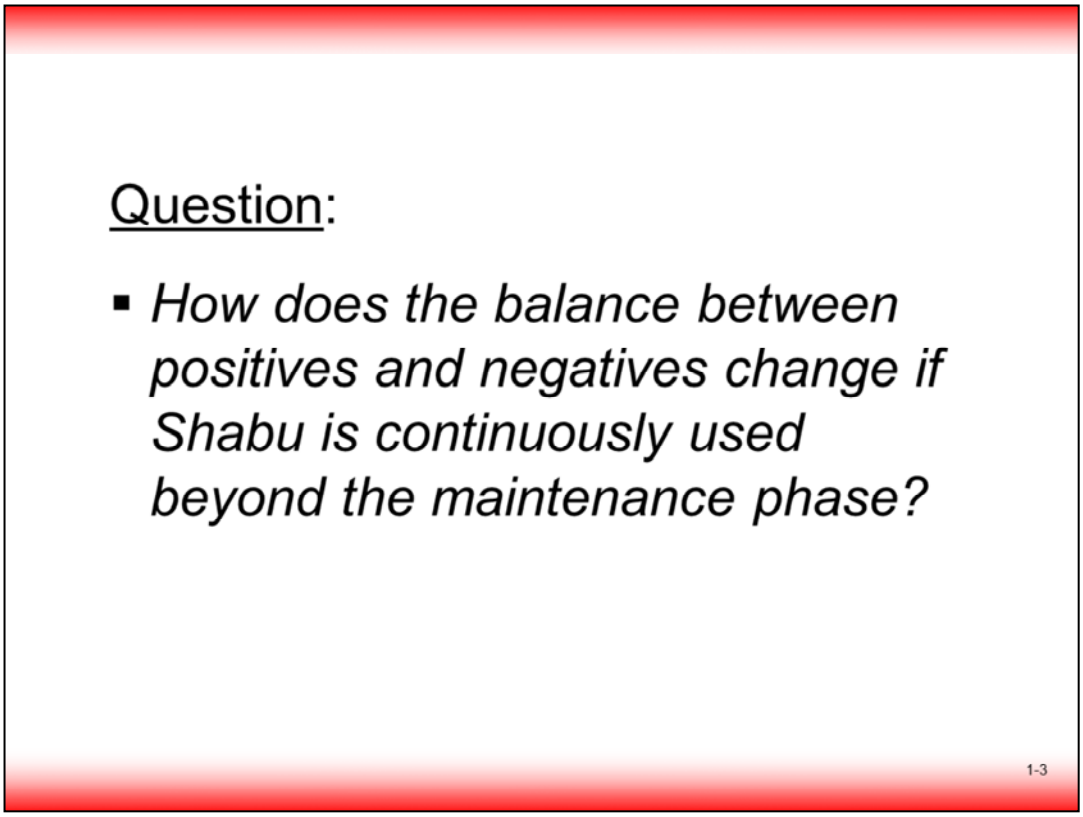
Slide 2-1—Triggers and Cravings (2)

- In the last session, we have learned about the conditioning and the addictive process.
- This session continues to look at the additive process and then gives you techniques to stop cravings.



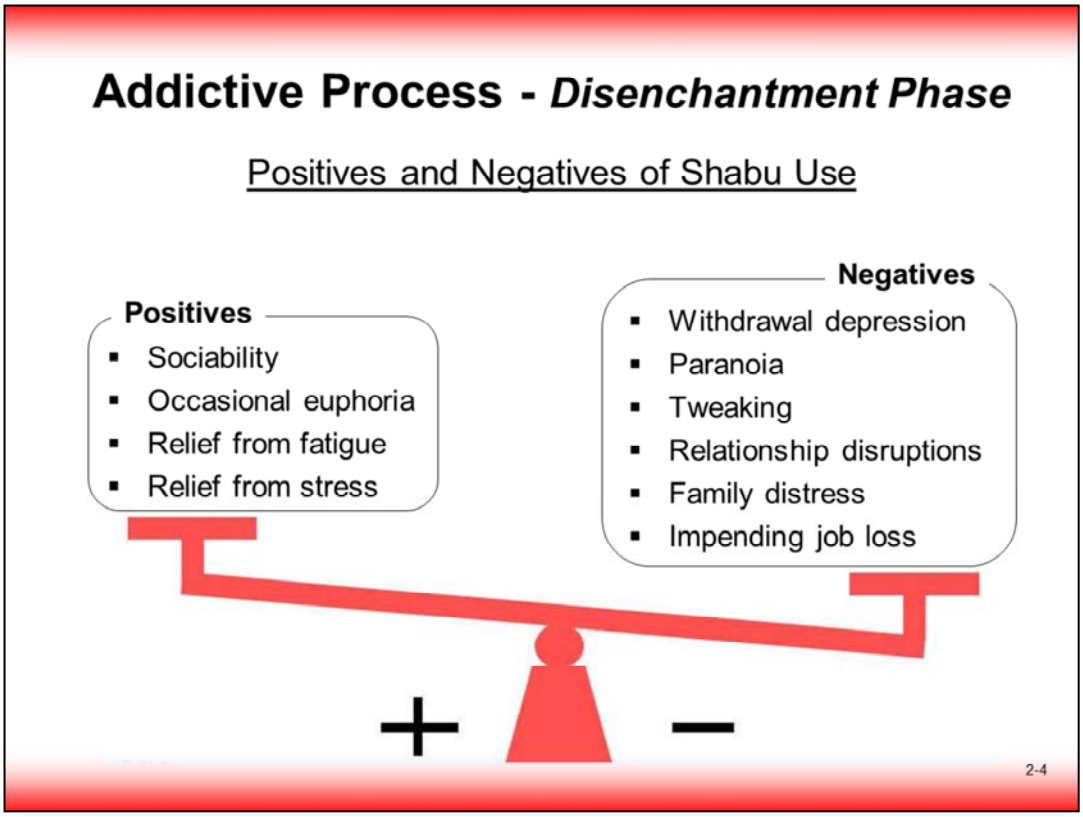
Slide 2-2—Addictive Process (Review)

- We already have learned about the conditioning and the introductory/maintenance phases of the addictive process.
- This session covers the disenchantment phase and disaster phase in the additive process.



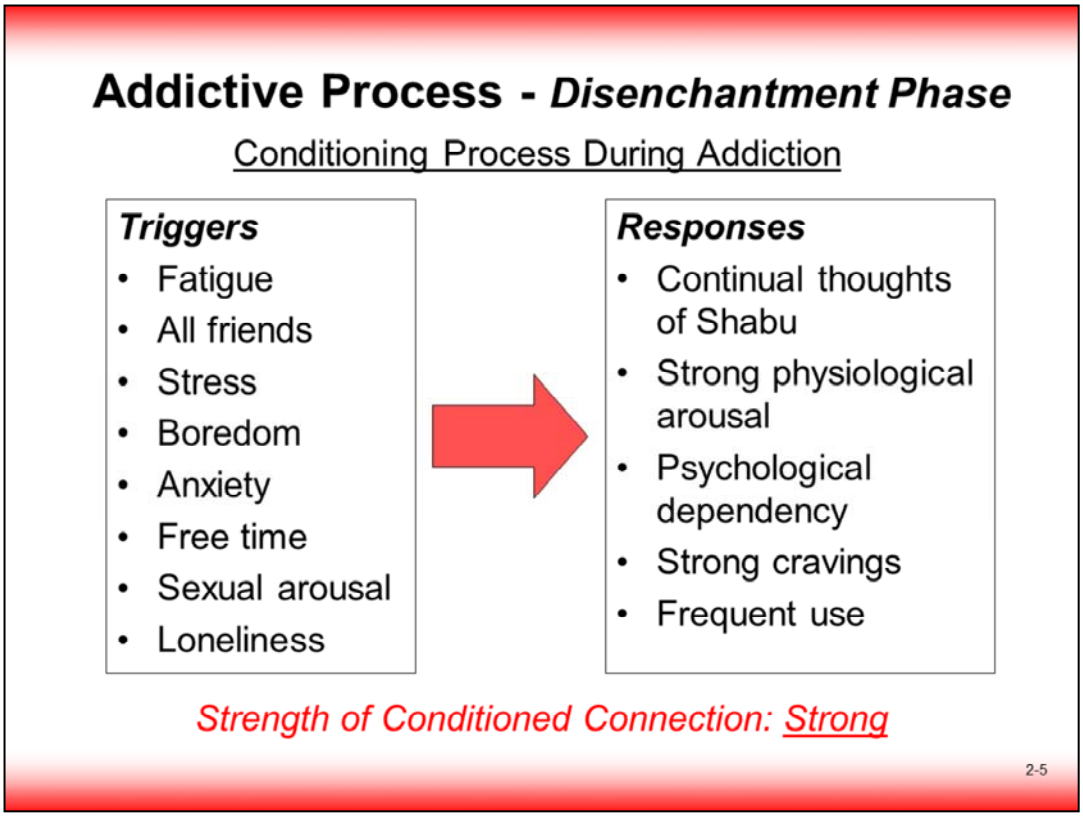
Slide 2-3—Question

- Ask participants how the balance between positives and negatives change Shabu is continuously used beyond the maintenance phase.



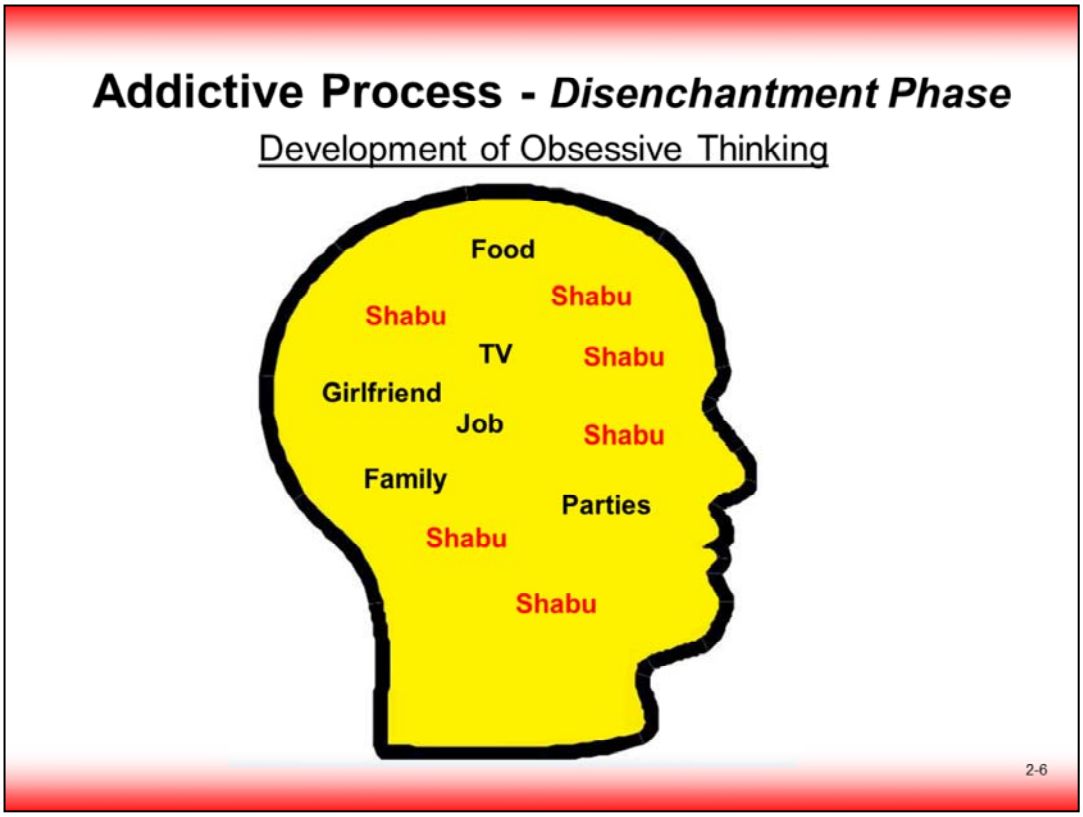
Slide 2-4—Positives and Negatives of Shabu Use (Disenchantment Phase)

- During the disenchantment phase, the scales tip from the positive to the negative.
- The consequences of drug and alcohol use are severe, and the person's life becomes unmanageable.
- At this point the rational decision is to stop using, but the cortex part of the brain is no longer in control.
- Thinking, evaluating, and decision making may appear to be happening, but behavior is not always based on rational thinking.
- People may resolve sincerely to quit using yet may find themselves out of control at the first thought of drugs and alcohol, at the first encounter with someone they used with, at the availability of cash, or with other potent triggers.



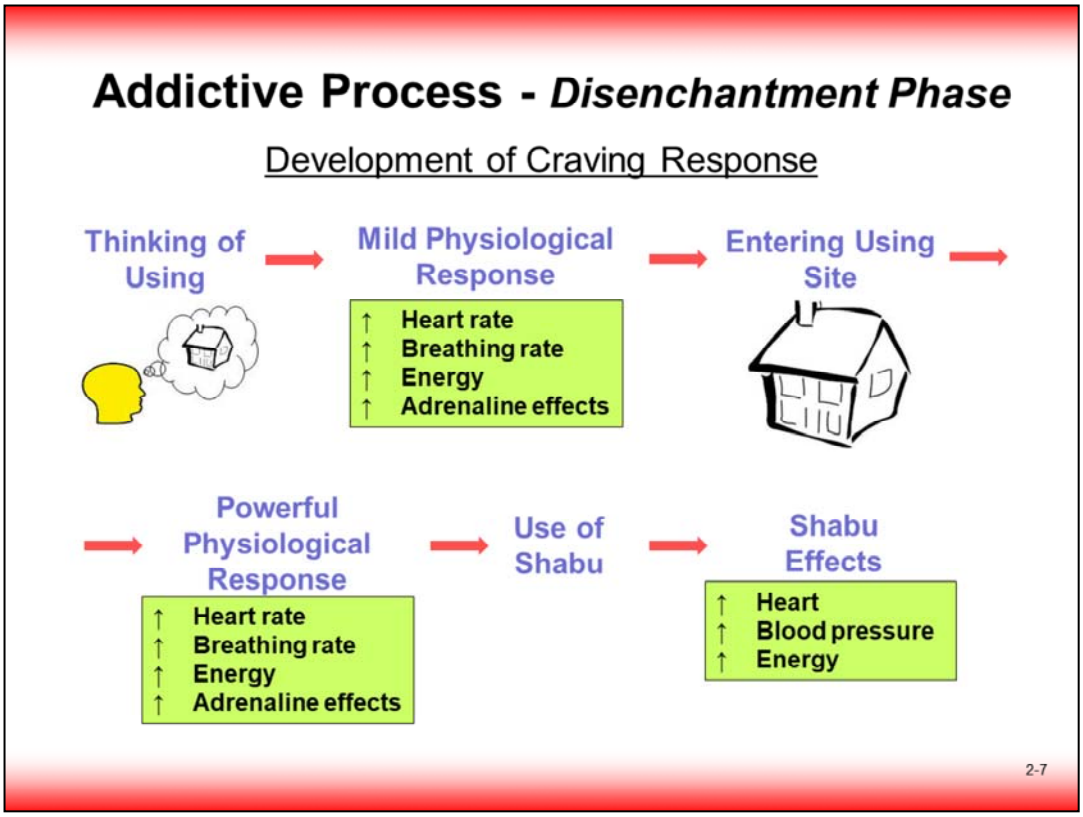
Slide 2-5—Conditioning Process During Addiction (Disenchantment Phase)

- At this point people usually cross the line into addiction, continuing to use in spite of serious negative physical and social consequences.
- Triggers in this phase produce a strong physiological response that drives people to acquire and use drugs and alcohol.



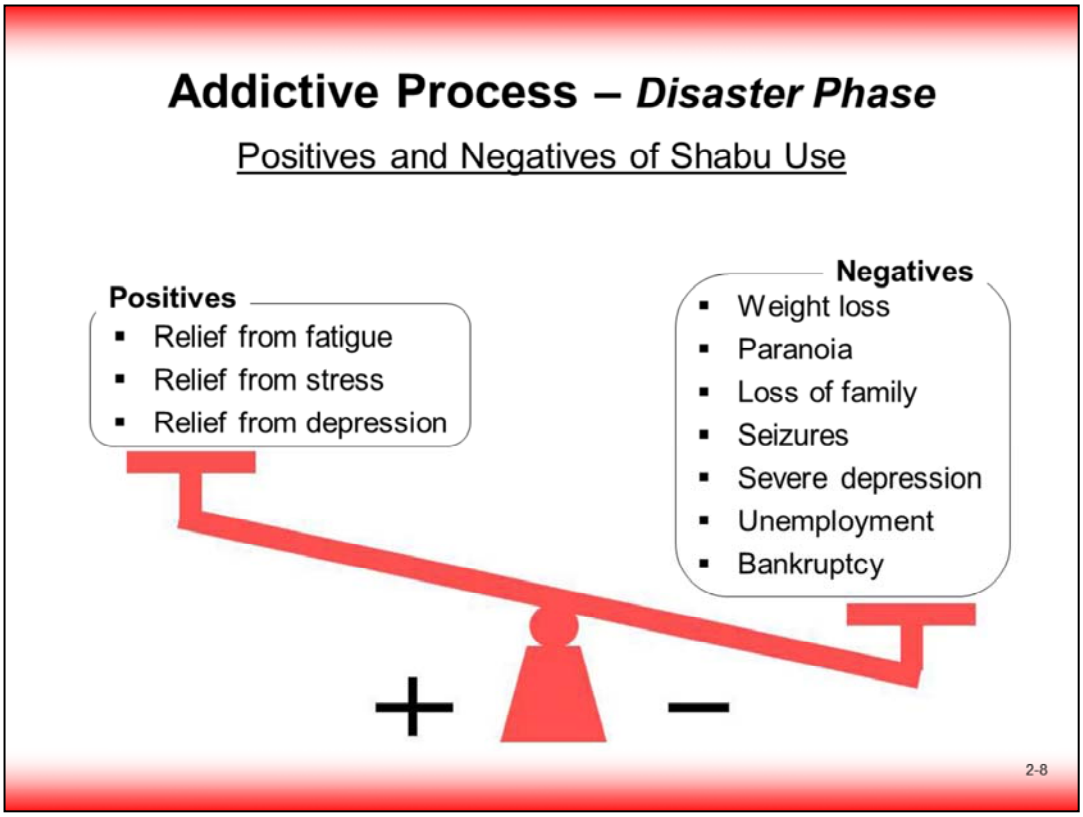
Slide 2-6—Development of Obsessive Thinking (Disenchantment Phase)

- During the disenchantment phase, the frequency of drug and alcohol thinking increases, crowding out most thoughts about other aspects of life.



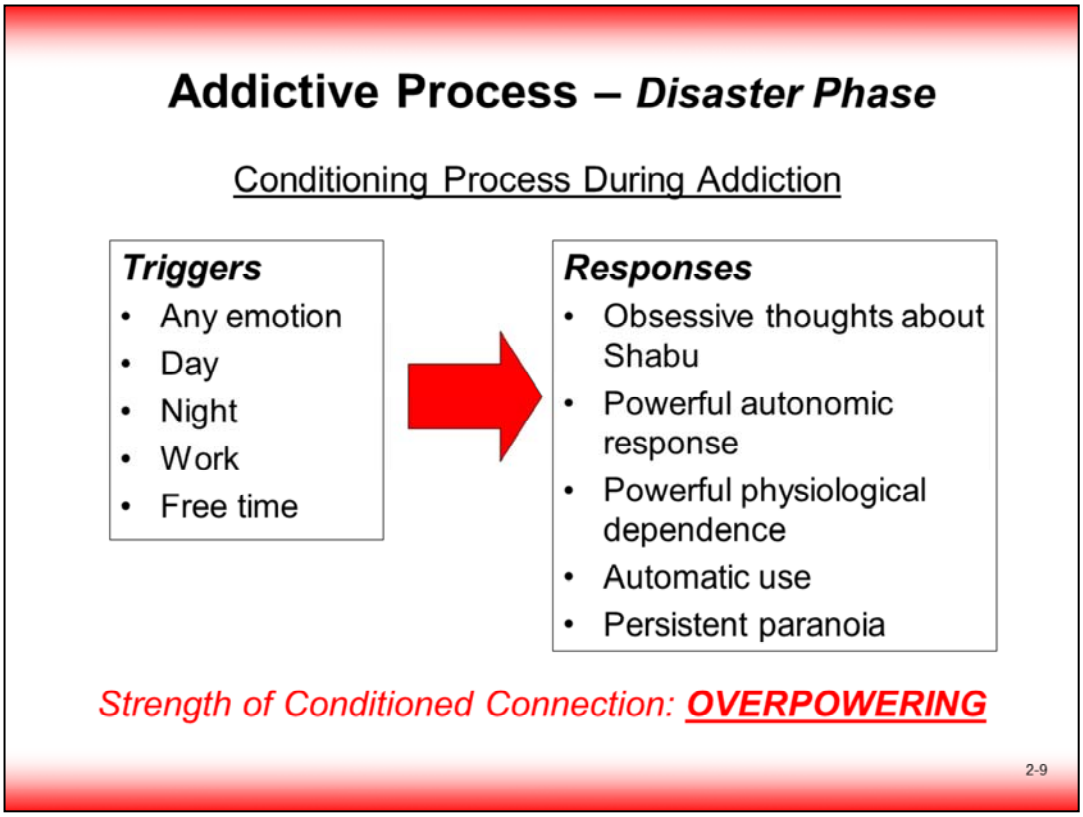
Slide 2-7—Development of Craving Response (Disenchantment Phase)

- In this phase, the craving response is powerful.
- People feel an overpowering physical reaction in situations further and further removed from drugs or alcohol.
- The craving response is almost as powerful as the actual physical reaction to drugs and alcohol.



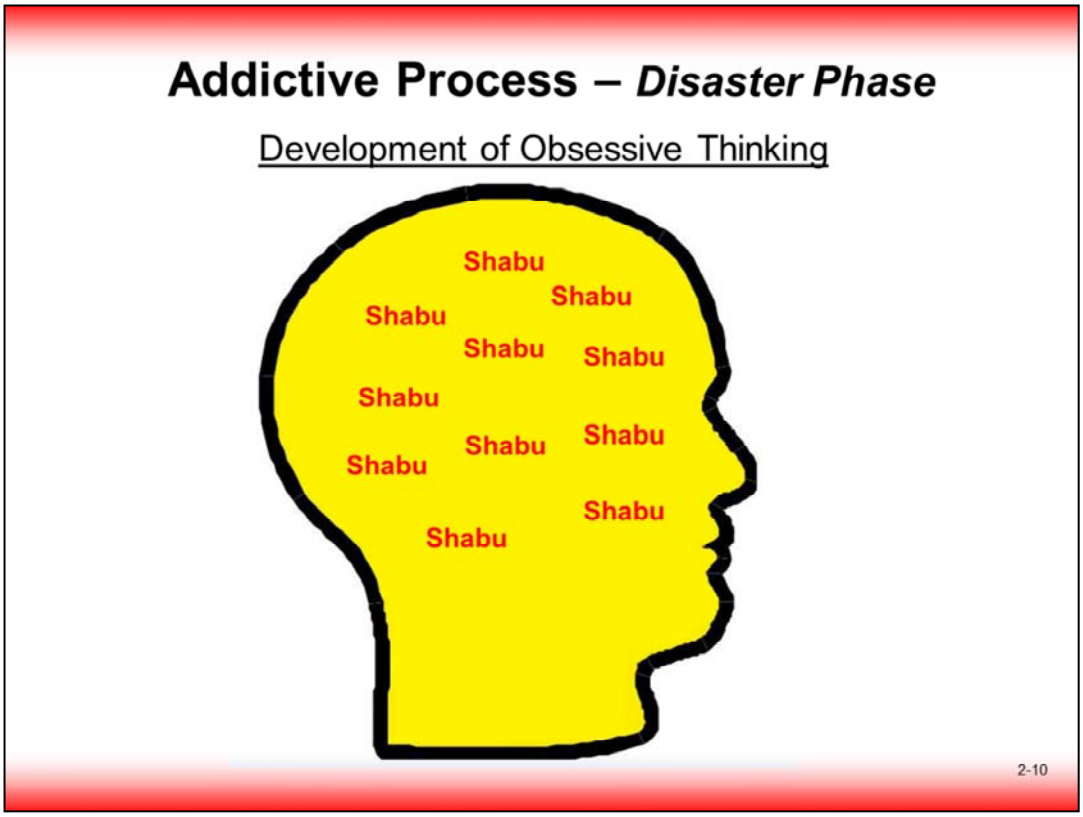
Slide 2-8—Positives and Negatives of Shabu Use (Disaster Phase)

- In the disaster phase, the drug and alcohol use is often automatic.
- People cannot restrain themselves from using drugs or alcohol.
- People's behavior in the phase is much like the behavior of addicted laboratory animals that use drugs until they die.



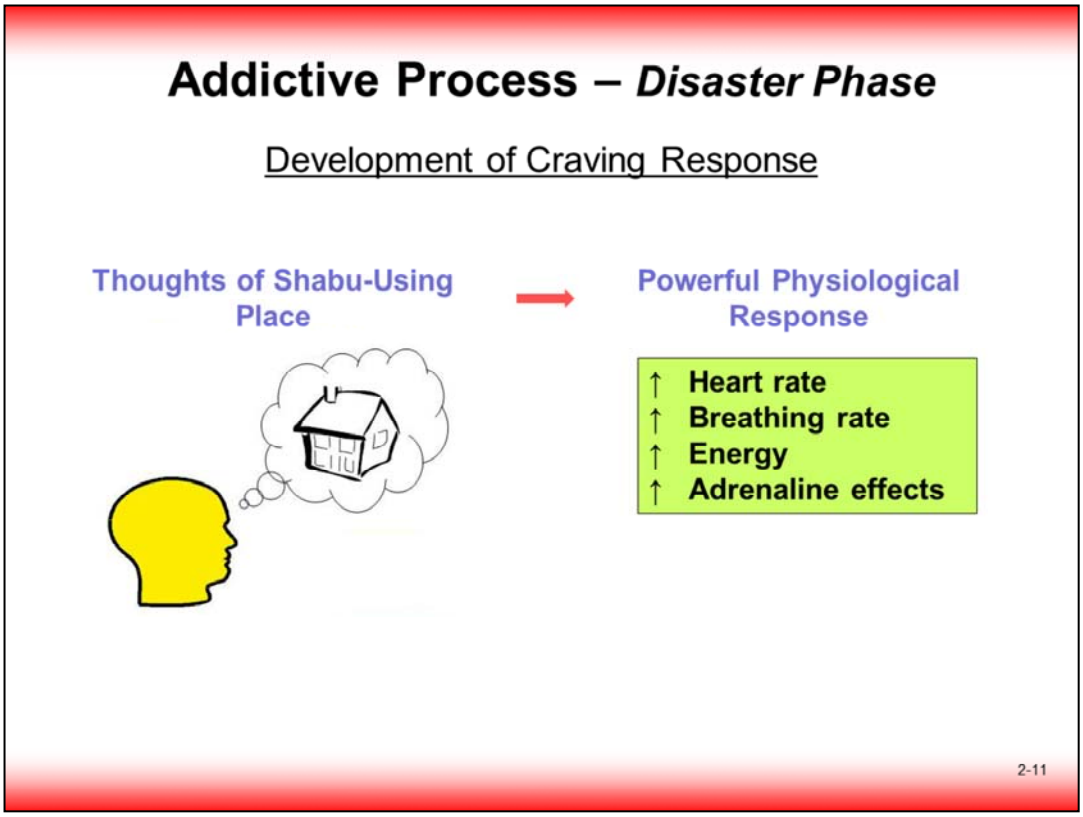
Slide 2-9—Conditioning Process During Addiction (Disaster Phase)

- In this phase, addicted persons are using either daily or in binges, which most likely are interrupted only by physical collapse, hospitalization, or arrest.
- The constant overpowering craving from the limbic system overwhelms the cortex.



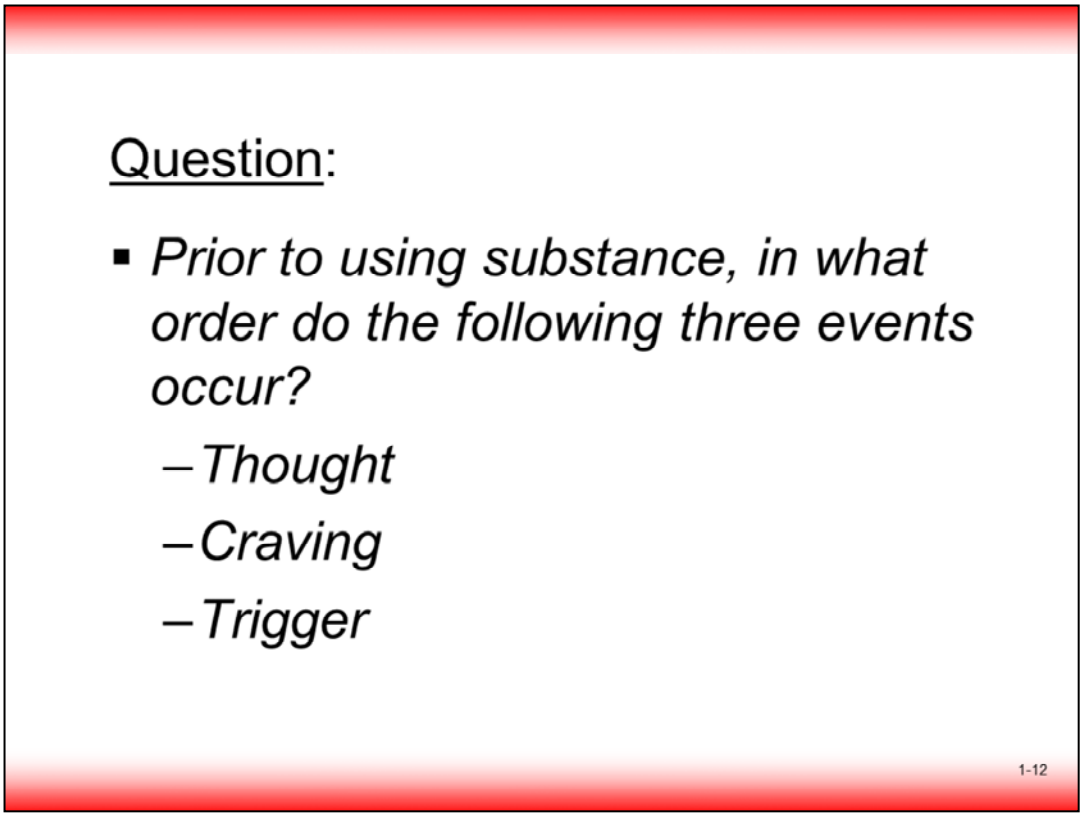
Slide 2-10—Development of Obsessive Thinking (Disaster Phase)

- Thoughts of drug and alcohol use dominate the person's consciousness.



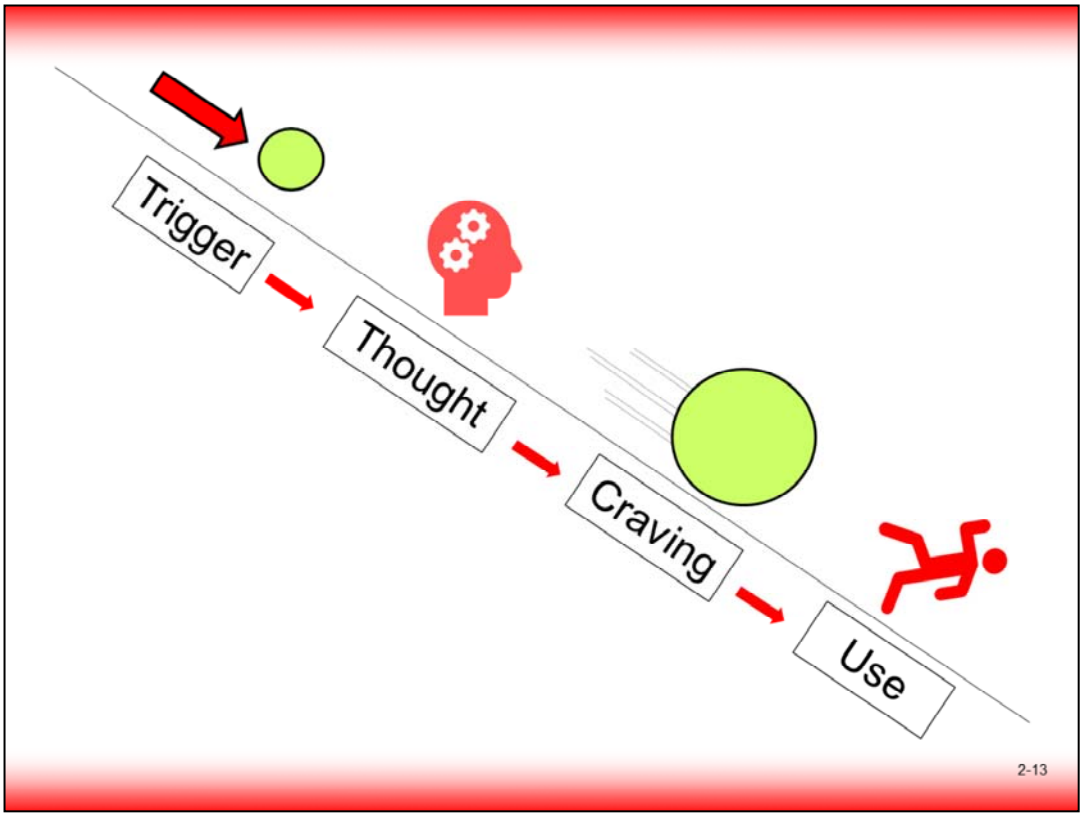
Slide 2-11—Development of Craving Response (Disaster Phase)

- In the disaster phase, cravings can create powerful physiological effects that even can begin to mimic the initial physiological effects of actually ingesting the drug.



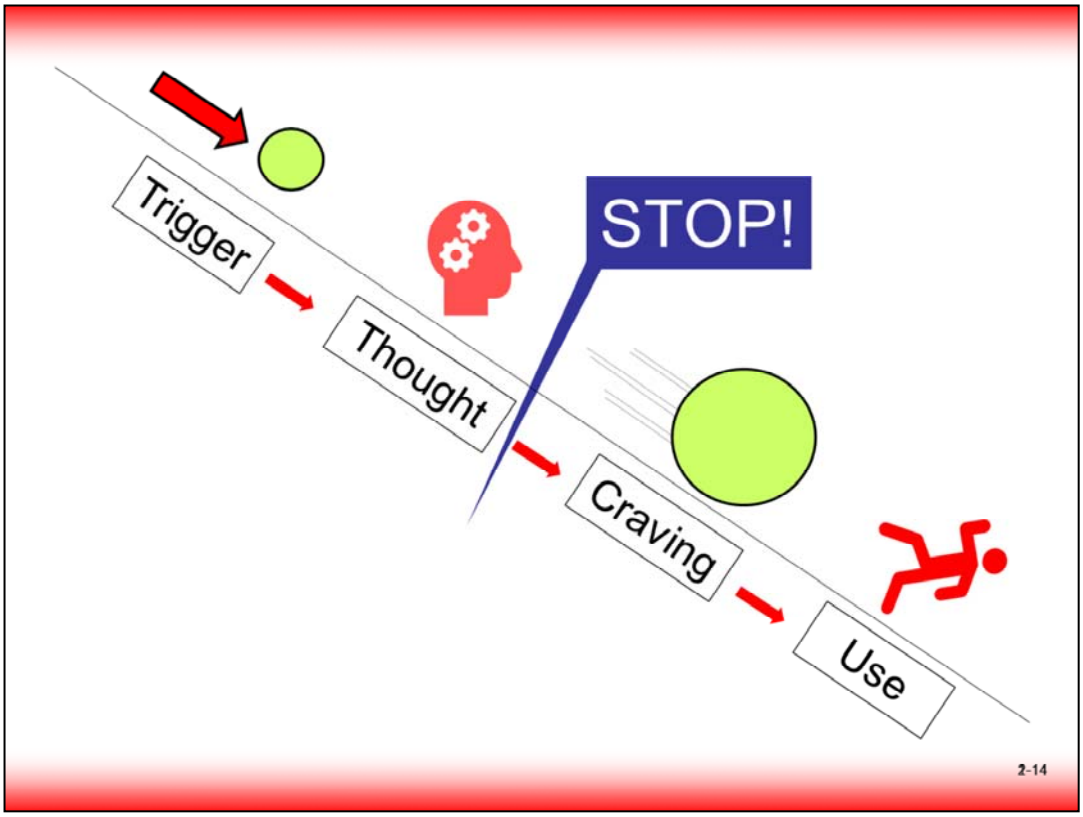
Slide 2-12—Question

- Ask participants about the order of the occurrence of the following three events: Thought, Craving, and Trigger.



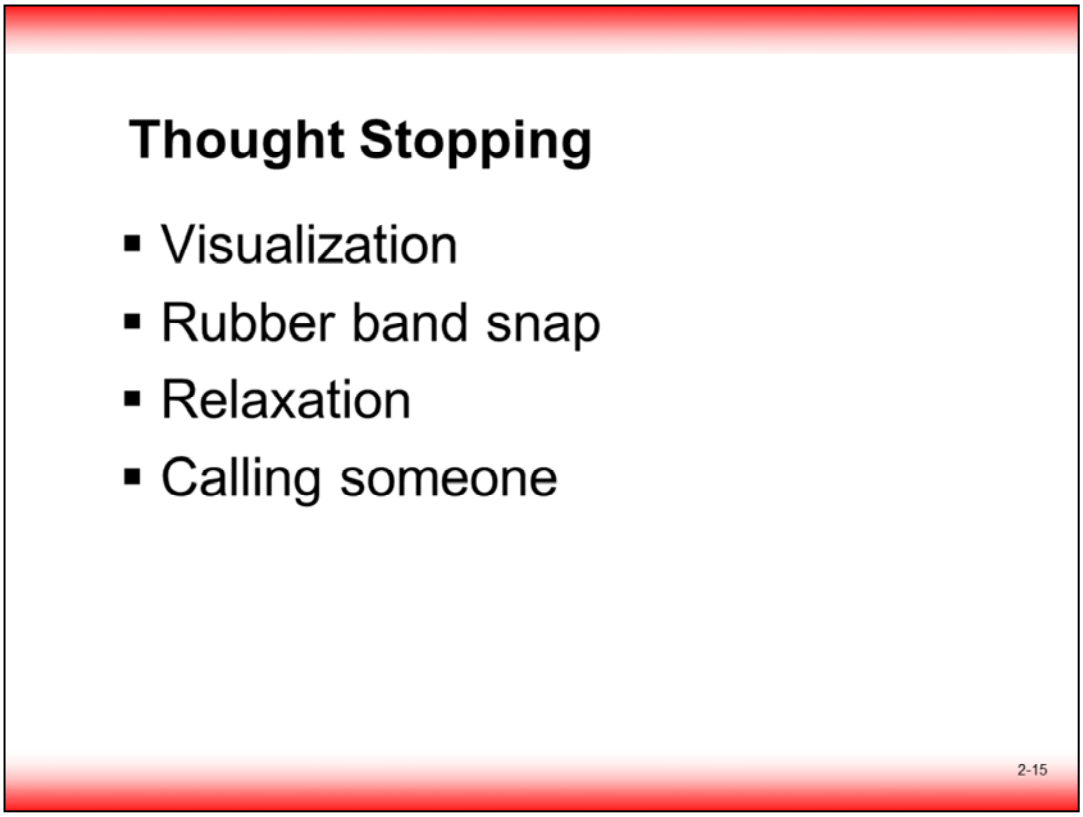
Slide 2-13—Trigger–Thought–Craving–Use

- Craving can be activated by external triggers.
- Triggers can cause thoughts, which can turn into cravings and lead to use.



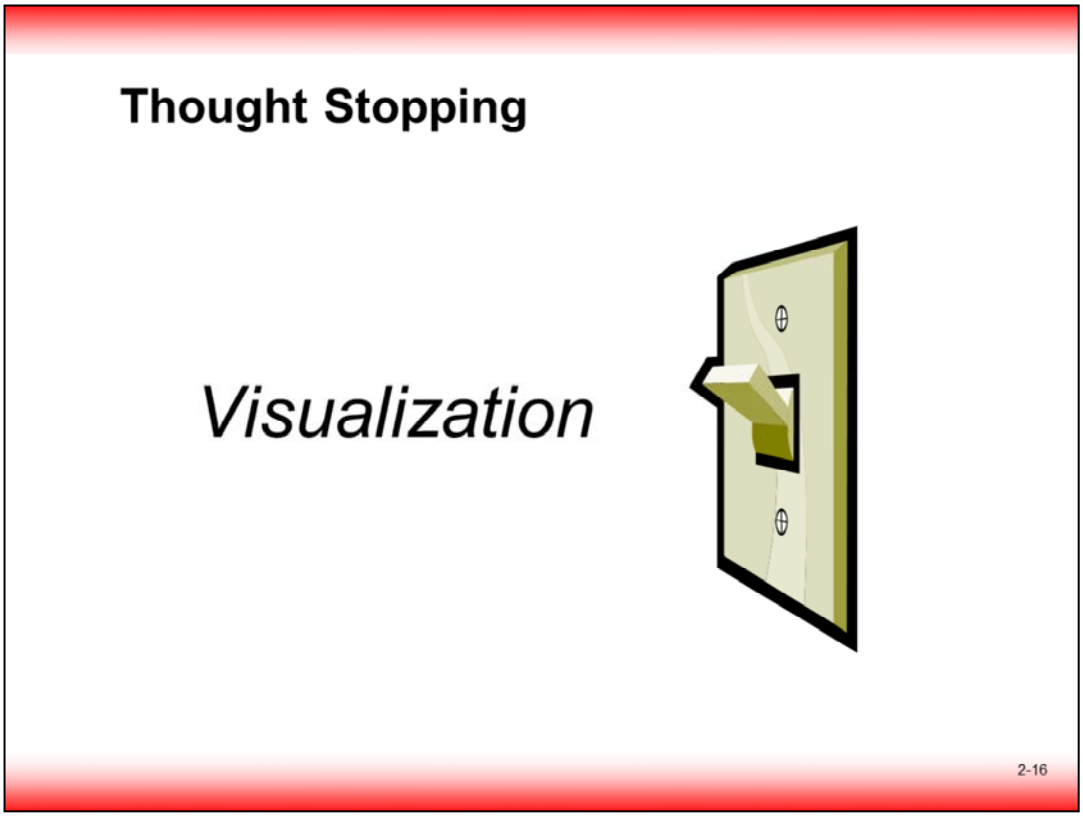
Slide 2-14—Interruption

- The earlier this chain of events is interrupted, the more likely relapse will be avoided.
- An effective technique for coping with triggers and cravings is thought stopping.



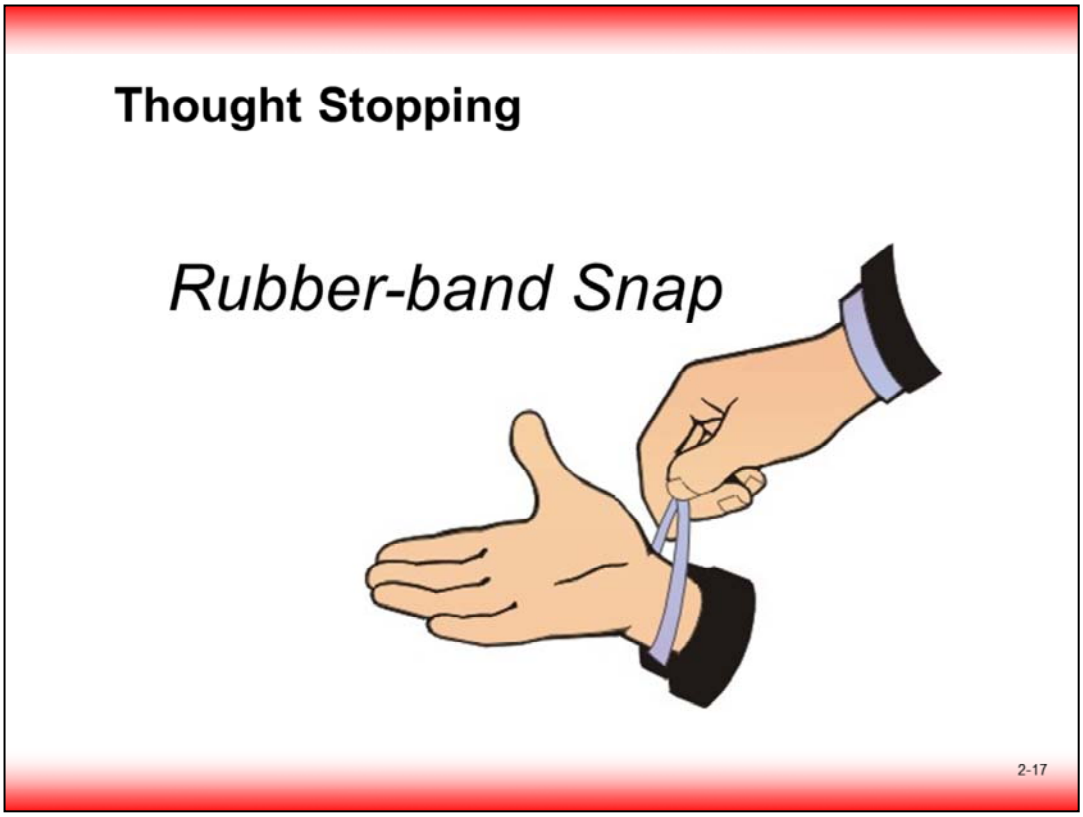
Slide 2-15—Thought Stopping

- Thought stopping interrupts the usual process that culminates in using or drinking.
- The usual reaction to thoughts about using "argue" with the developing thought/craving. The argument usually results in the addiction winning.
- Arguing precedes negotiation, compromise, justification, and, possibly, relapse.
- Thought stopping ends this process before relapse begins, usually stopping cravings in their tracks.
- If thought stopping works, but the thoughts frequently keep coming back, people in recovery may have to change their immediate environments or engage in tasks that require full concentration.
- Thought stopping techniques include
  - ✓ Visualization
  - ✓ Relaxation
  - ✓ Rubber-band snap
  - ✓ Calling someone



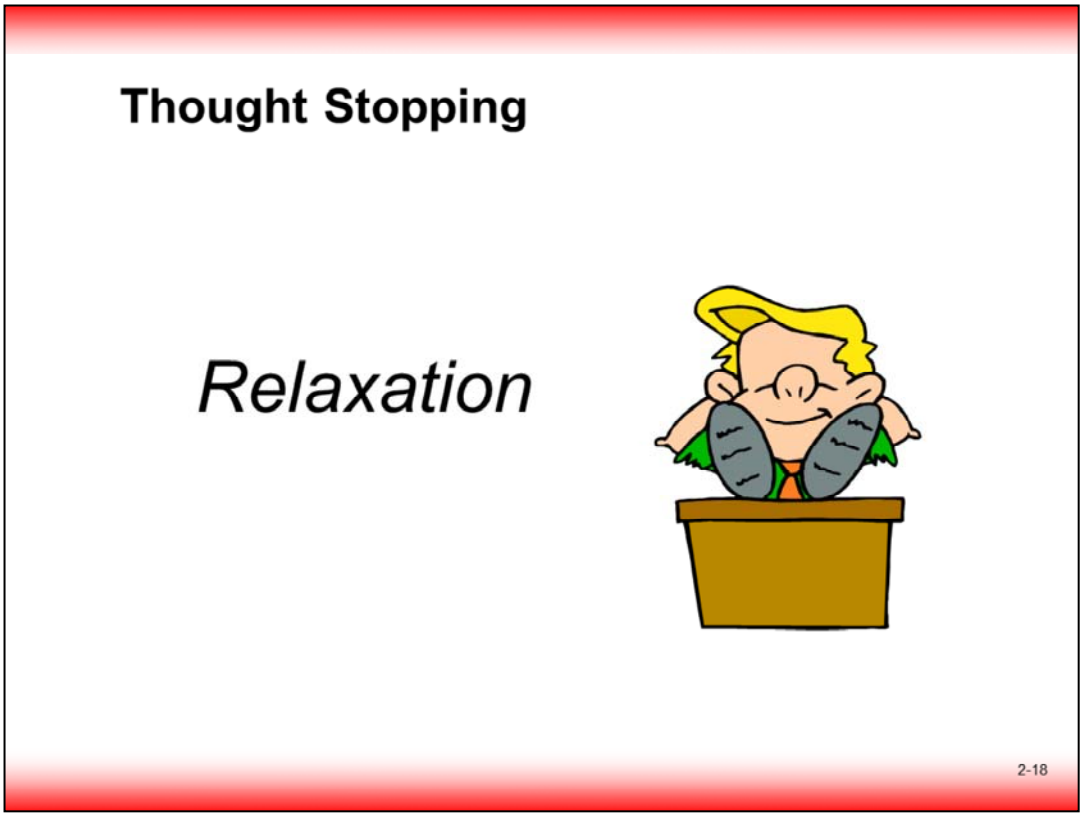
Slide 2-16—Visualization

- When people experience thoughts of using drugs or alcohol, they can visualize a switch or lever and imagine actually moving it from ON to OFF to stop the drug- or alcohol-using thoughts.
- It is important to have another thought ready to replace the drug- or alcohol-using thoughts.
- It should be a pleasurable or meaningful thought and one that does not involve drug or alcohol use.



Slide 2-17—Rubber-band Snap

- The rubber-band behavioral technique helps people in recovery "snap" their attention away from thoughts of using drugs or alcohol.
- People who are addicted simply put a rubber-band loosely around their wrists.
- When a craving or using thought occurs, people snap the rubber-band lightly against their wrists and say "NO" (either aloud or not, depending on the situation) to the drug- or alcohol-using thought.
- As with visualization, people need to have another thought ready to replace the drug- and alcohol-using thoughts.
- This technique works best if people leave the rubber-band on all the time.

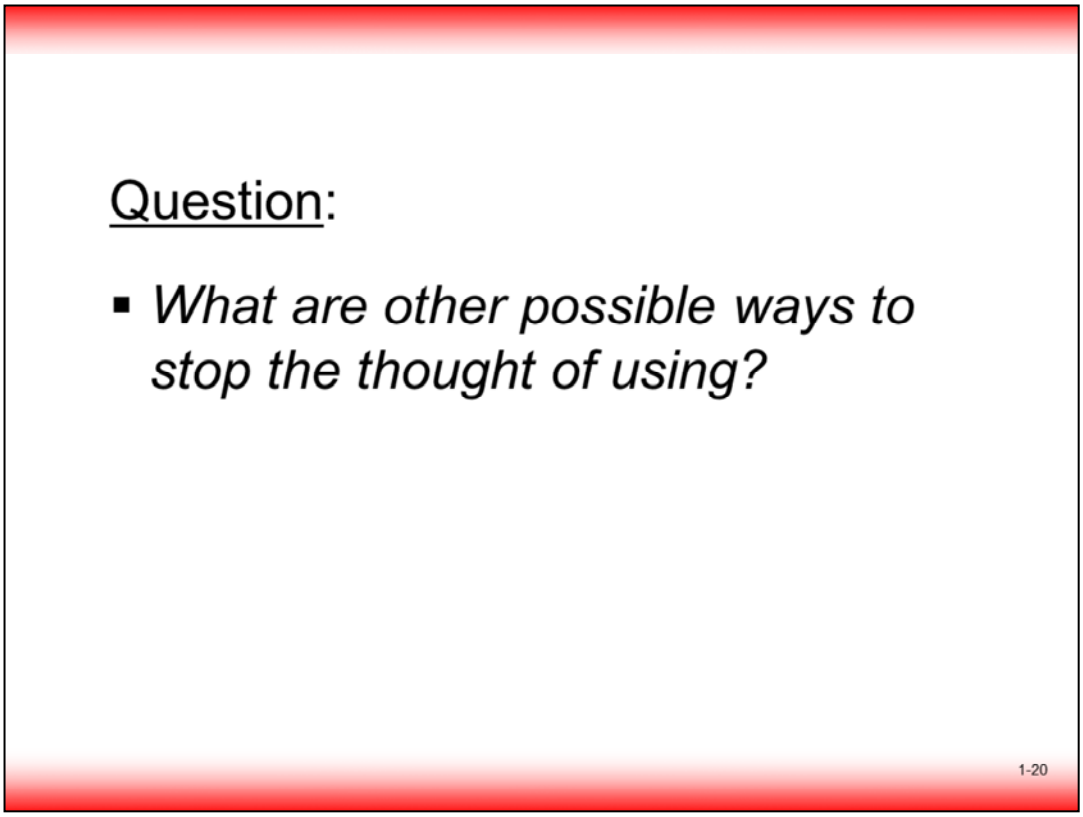


Slide 2-18—Relaxation

- Cravings often create feelings of hollowness, heaviness, and cramping in the stomach.
- These feelings often can be relieved by breathing in deeply (filling the lungs with air) and slowly breathing out three times in a row and by focusing on relaxing the body as much as possible for a few minutes.
- This process can be repeated as often as necessary whenever the feelings return.

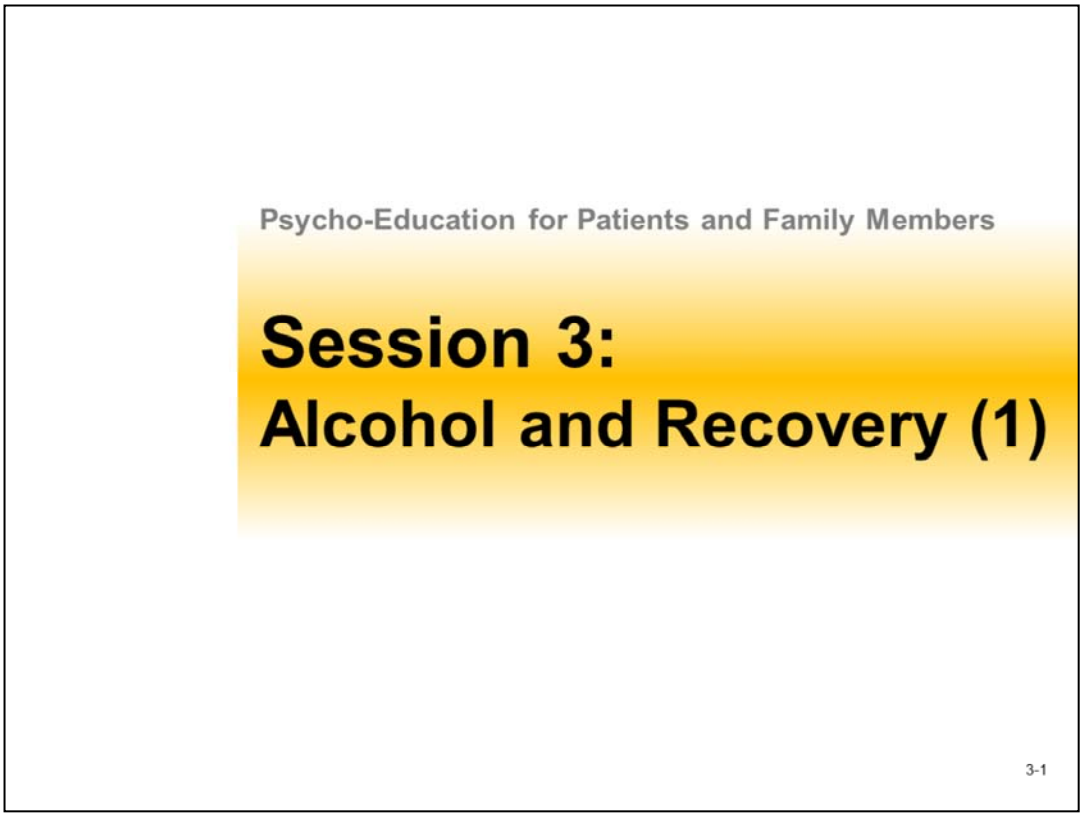
Slide 2-19—Calling Someone

- Talking to another person provides an outlet for feelings and allows people to "hear" their own thinking process.
- Recovering people should carry the phone numbers of supportive people with them always, so they can call whenever support is needed.



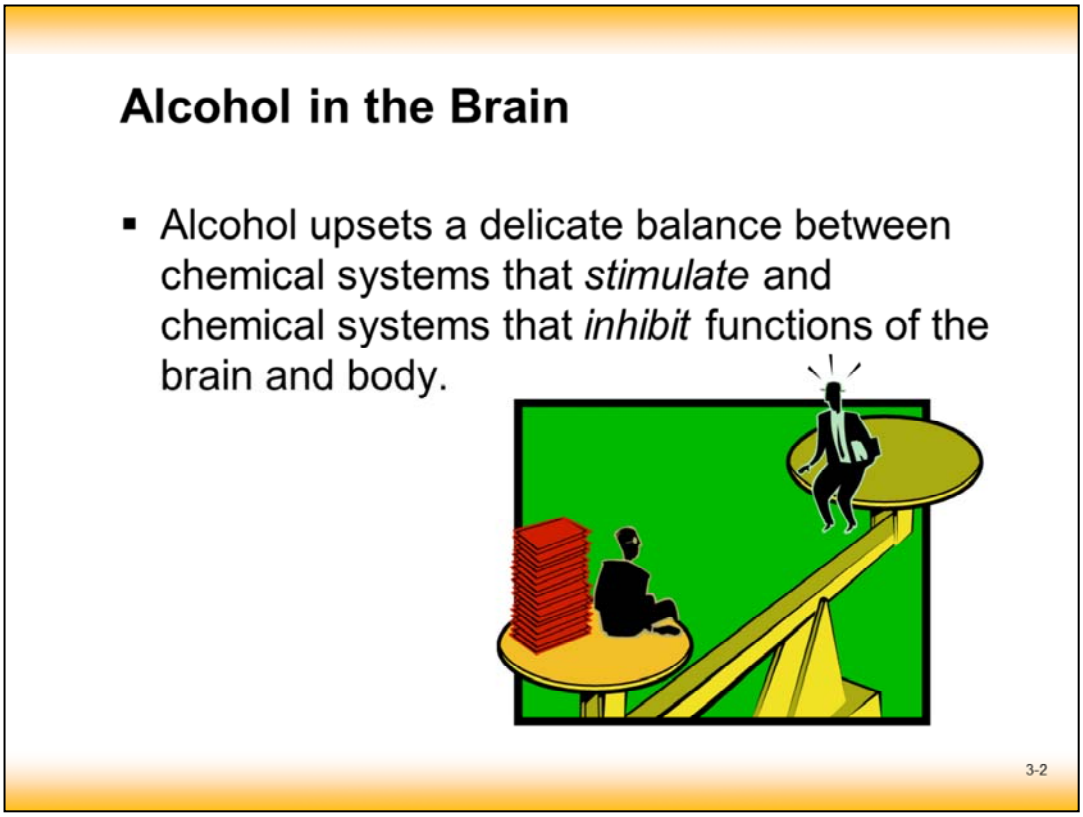
Slide 2-20—Question

- Ask participants about other possible ways to stop the thought of using.



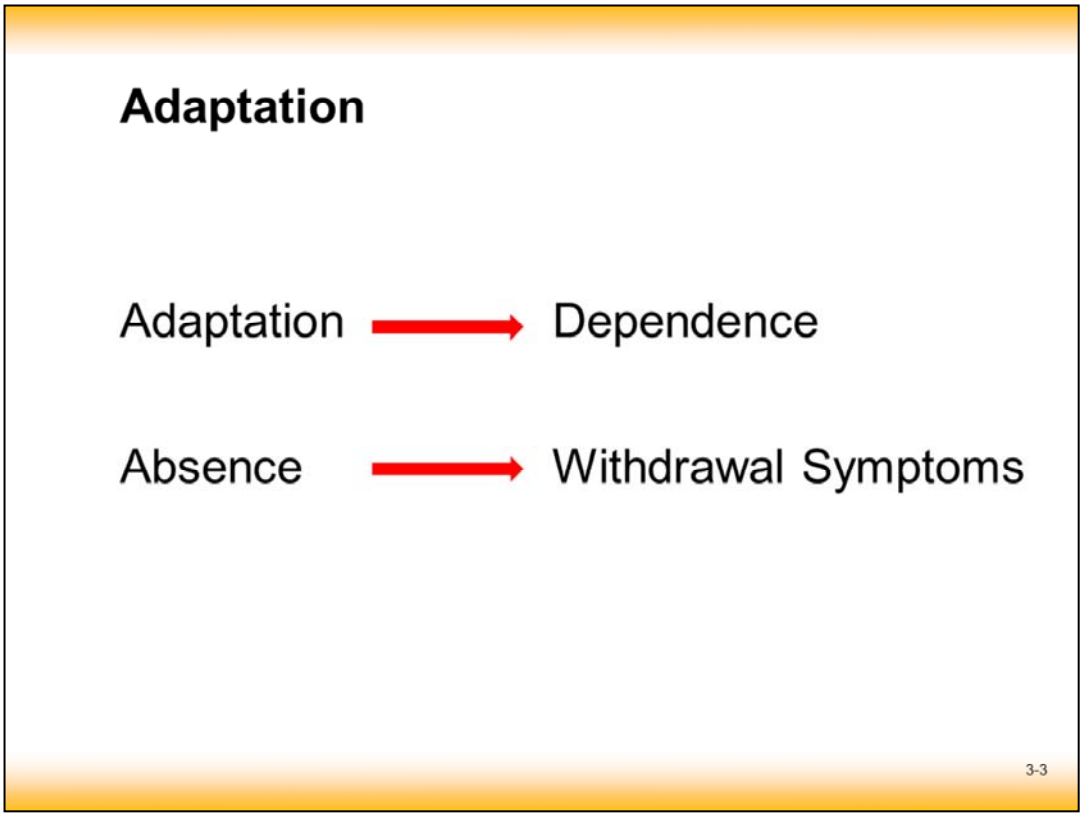
Slide 3-1—Alcohol and Recovery (1)

- This session focuses on alcohol.
- Because alcohol is such a significant and pervasive part of the Philippine culture, not drinking presents a particular challenge for a person recovering from stimulant dependence.
- People in recovery must understand how alcohol can affect their bodies, behaviors, and recoveries.
- Although many people use alcohol occasionally and without problems, alcohol is a powerful substance that can seriously damage people's bodies and lives.



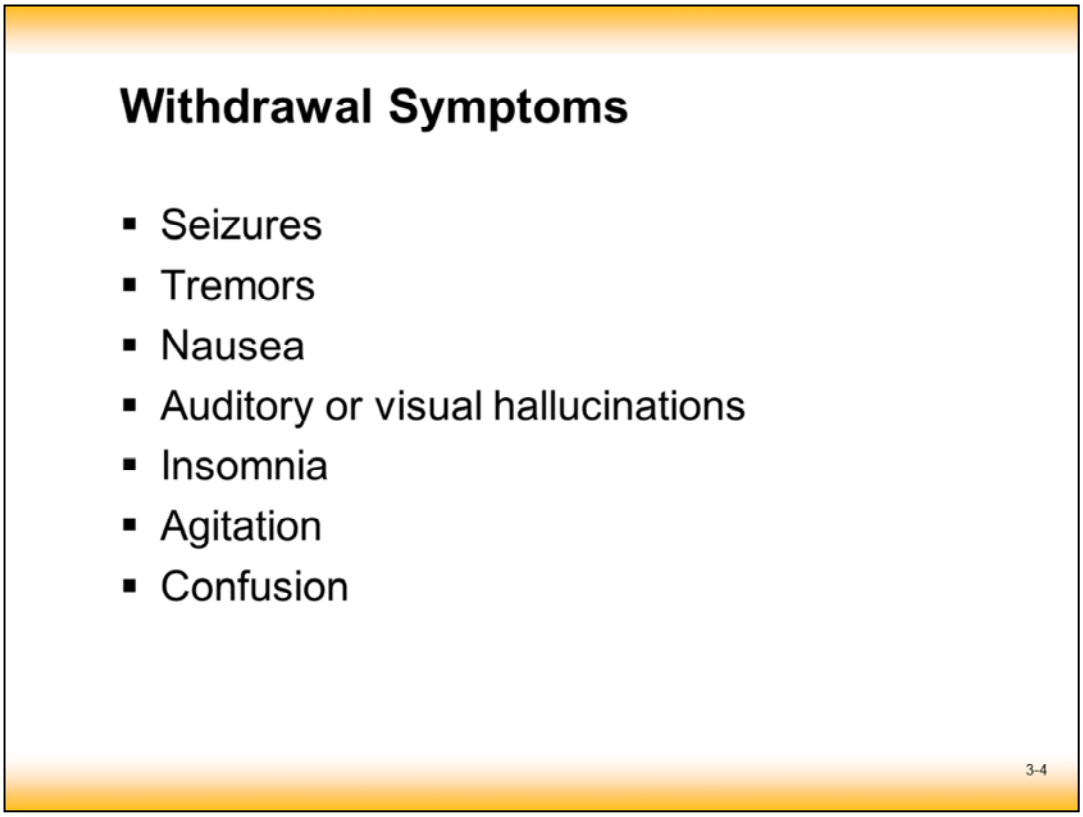
Slide 3-2—Alcohol in the Brain

- Alcohol affects many chemical systems in the brain.
- A delicate balance exists between chemical systems that stimulate and chemical systems that inhibit, or slow down, functions of the brain and body.
- Alcohol interferes with and changes this delicate balance.



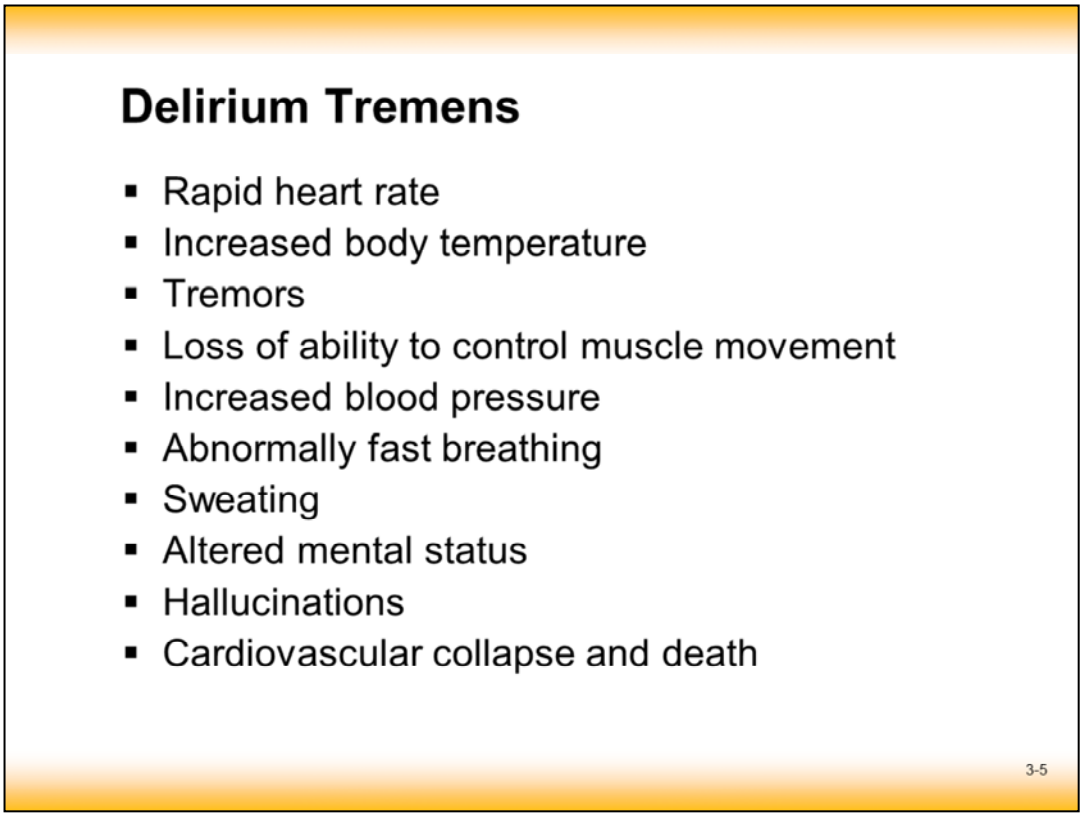
Slide 3-3—Adaptation

- If people drink alcohol frequently and steadily, their brains adapt over time to the presence of alcohol.
- They do this by producing naturally stimulating chemicals in larger quantities than normal.
- As the brain and body adapt, the person can become dependent on alcohol to maintain a chemical balance.
- If a person who is dependent on alcohol stops drinking all at once, the high level of stimulating chemicals can cause withdrawal symptoms because the depressant effect of alcohol is absent.
- Withdrawal symptoms vary depending on how much alcohol and how long a person has been drinking.



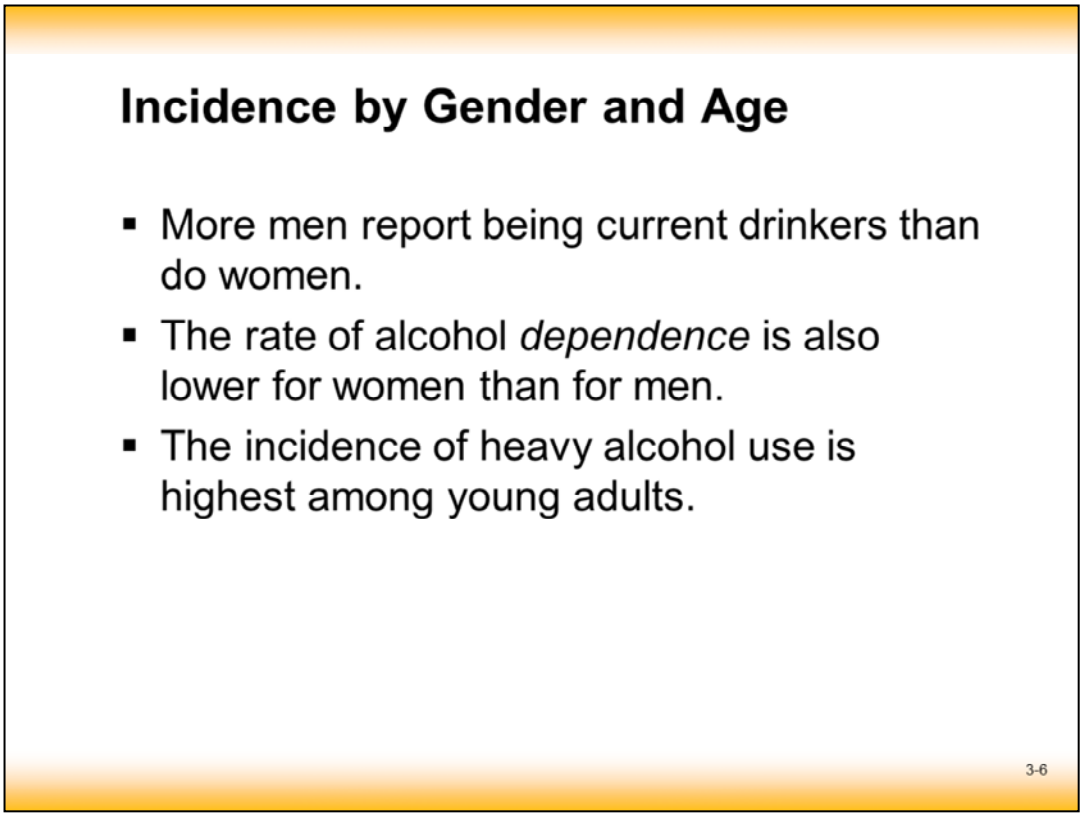
Slide 3-4—Withdrawal Symptoms

- Withdrawal symptoms can include
  - ✓ Seizures
  - ✓ Tremors (shakiness)
  - ✓ Nausea
  - ✓ Auditory or visual hallucinations (hearing or seeing things that aren't there)
  - ✓ Insomnia
  - ✓ Agitation (extreme nervousness and irritability)
  - ✓ Confusion



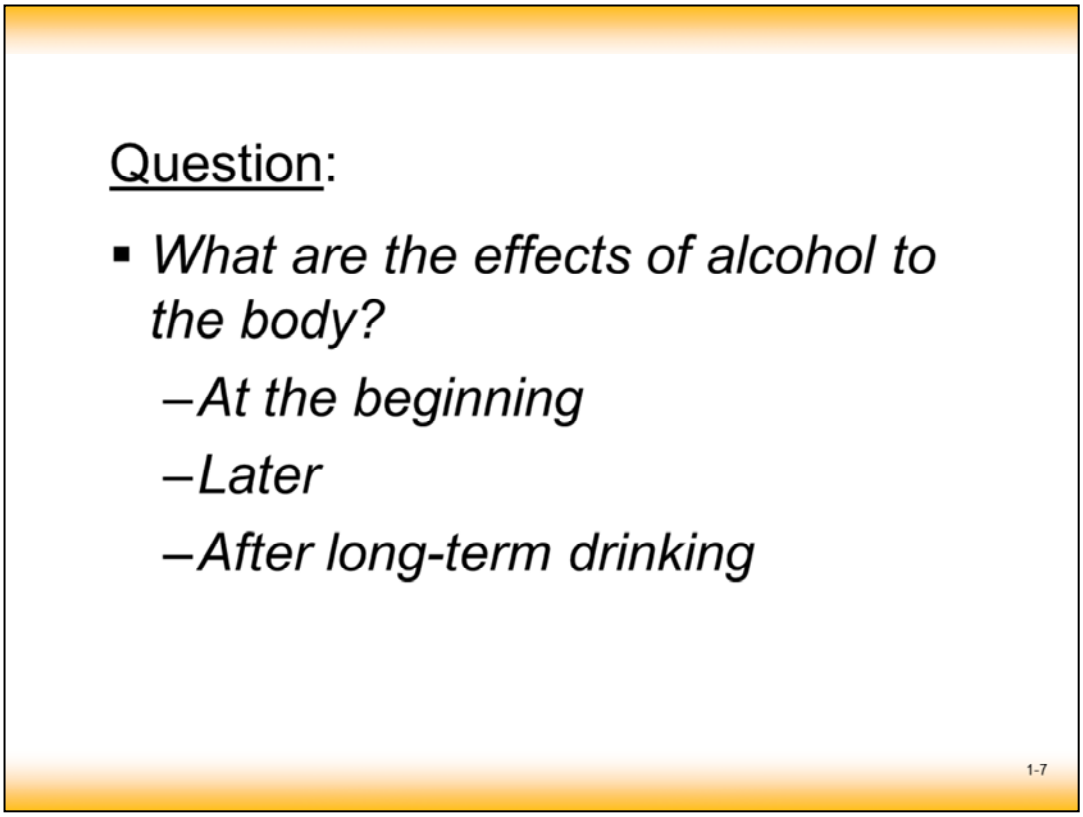
Slide 3-5—Delirium Tremens

- Alcohol withdrawal can be life-threatening.
- Delirium tremens (DTs) is a dangerous withdrawal condition.
- Without treatment, as many as 1 out of every 20 people who develop its symptoms dies.
- Symptoms of DTs include
  - ✓ Rapid heart rate
  - ✓ Tremors
  - ✓ Increased body temperature
  - ✓ Loss of ability to control muscle movement
  - ✓ Increased blood pressure
  - ✓ Altered mental status
  - ✓ Abnormally fast breathing
  - ✓ Hallucinations
  - ✓ Sweating
  - ✓ Cardiovascular collapse and death



Slide 3-6—Incidence by Gender and Age

- In general, more men report being current drinkers than do women.
- The rate of alcohol dependence is also lower for women than it is for men.
- The incidence of heavy alcohol use is highest among young adults.

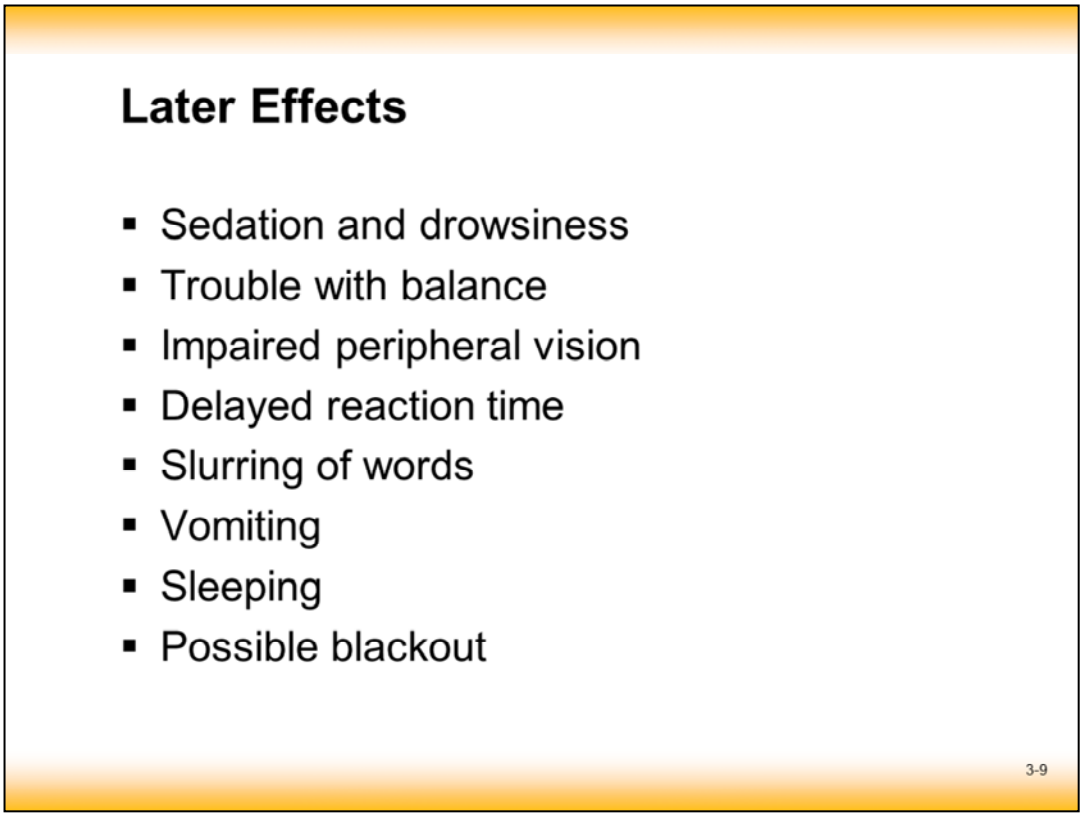


Slide 3-7—Question

- Ask participants about the effects of alcohol to the body at the beginning, later, and after long-term drinking.

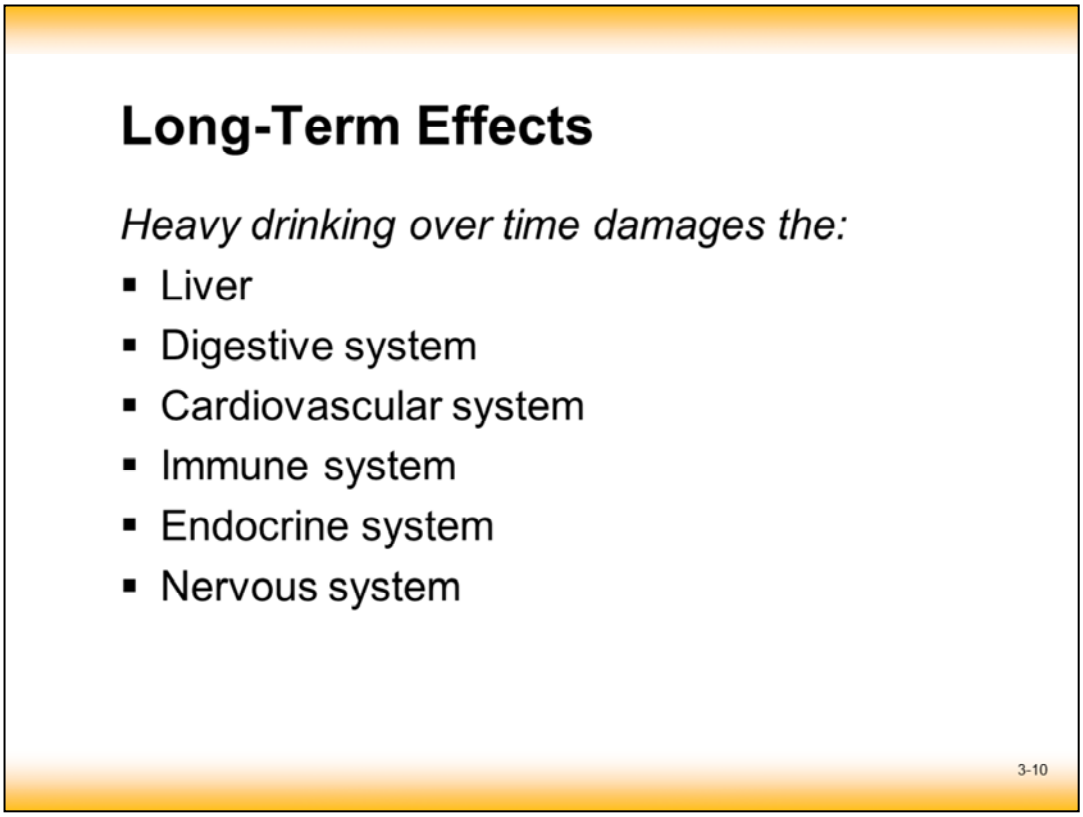
Slide 3-8—Initial Effects of Alcohol

- When people first begin to drink, they experience
  - ✓ Feelings of well-being or euphoria
  - ✓ Talkativeness and increased sociability
  - ✓ Lowered inhibitions (people may do or say things they otherwise would not do or say)



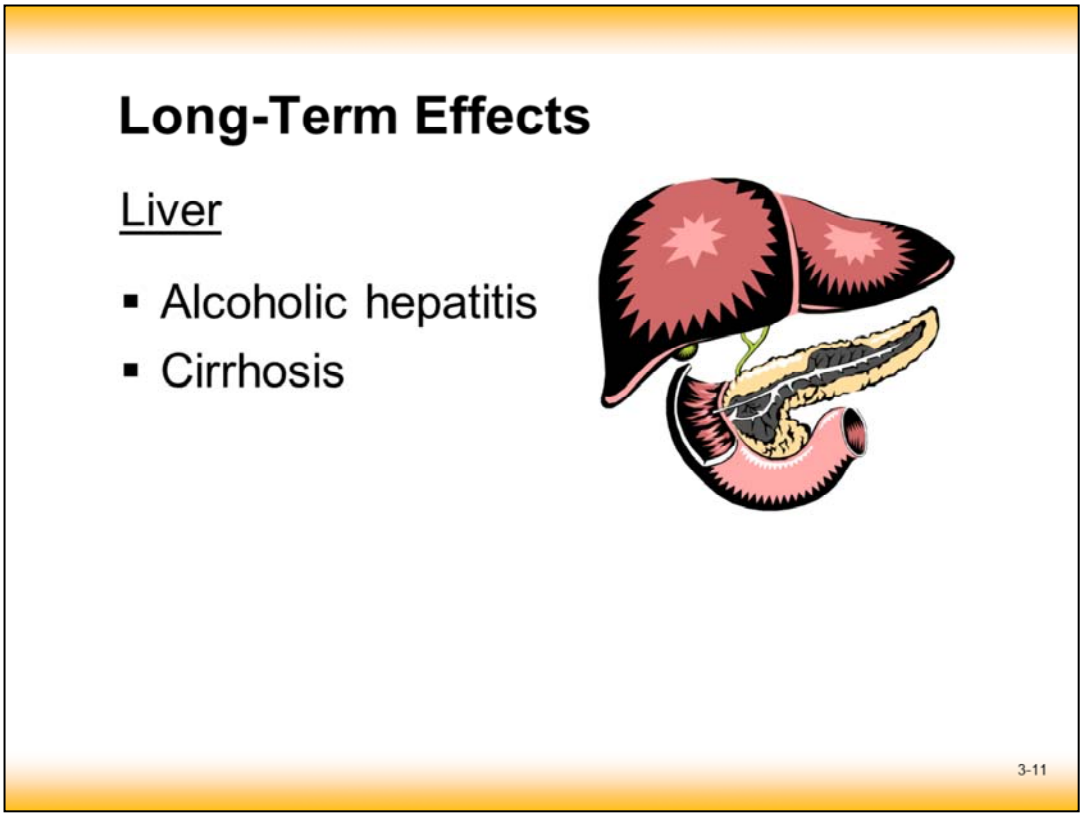
Slide 3-9—Later Effects

- As people continue to drink, they begin to feel sedated and drowsy and may
  - ✓ Have trouble with balance
  - ✓ Vomit
  - ✓ Experience impaired peripheral vision (the ability to see to the sides)
  - ✓ Fall asleep
  - ✓ Experience delayed reaction time
  - ✓ Slur their words
  - ✓ Black out and not remember anything that happened for a period while under the influence



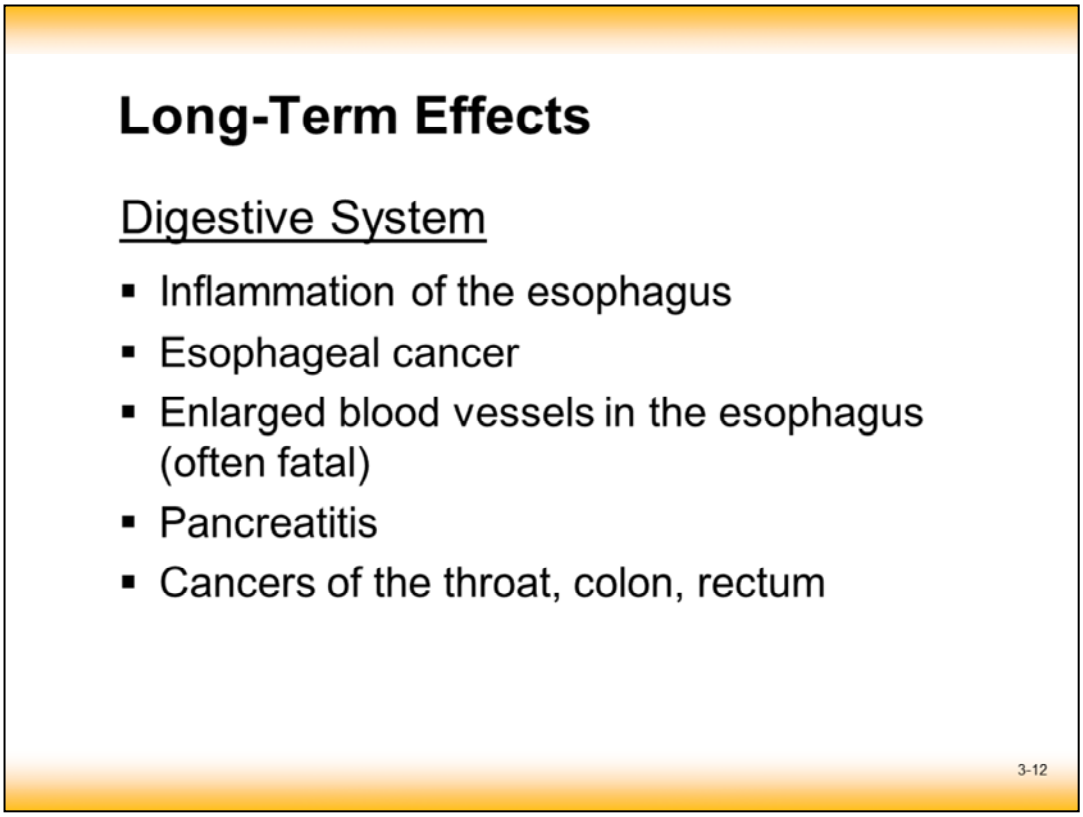
Slide 3-10—Long-Term Effects

- Heavy drinking can cause significant damage to organ systems in the body.
- "Heavy" drinking can be defined as binge drinking on five or more occasions in the past month.
- Binge drinking is drinking five or more drinks on one occasion at least once in the past month.
- When alcohol is consumed, it enters the bloodstream and is distributed throughout the body.
- Although heavy drinking is most commonly associated with liver damage, it also can affect the digestive, cardiovascular, immune, endocrine, and nervous systems.



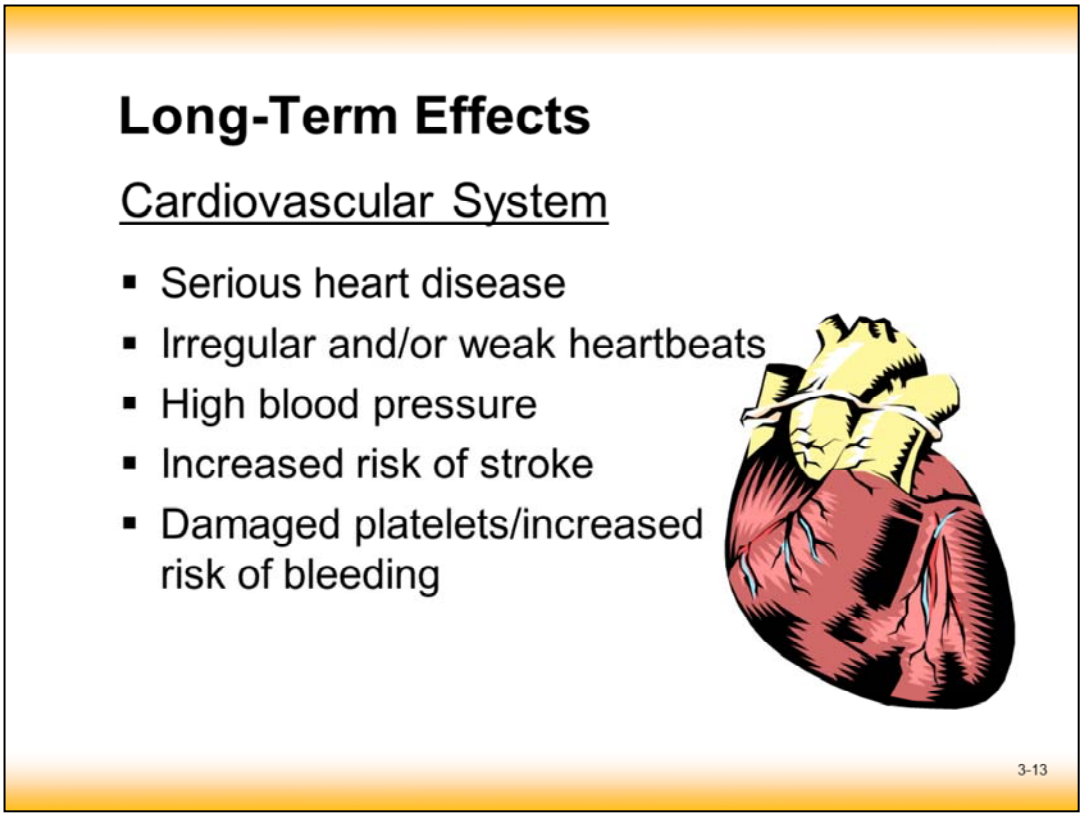
Slide 3-11—Long-Term Effects (Liver)

- The liver is the primary site of alcohol metabolism (breaking down the alcohol into other chemicals and eliminating it from the body), yet a number of the chemicals produced by this process are toxic (poisonous) to the liver itself.
- These toxins add up over time, leading to alcohol-induced liver damage.
- This damage can take the form of either inflammation (alcoholic hepatitis) or scarring (cirrhosis).
- Often both types of damage exist in the same person.



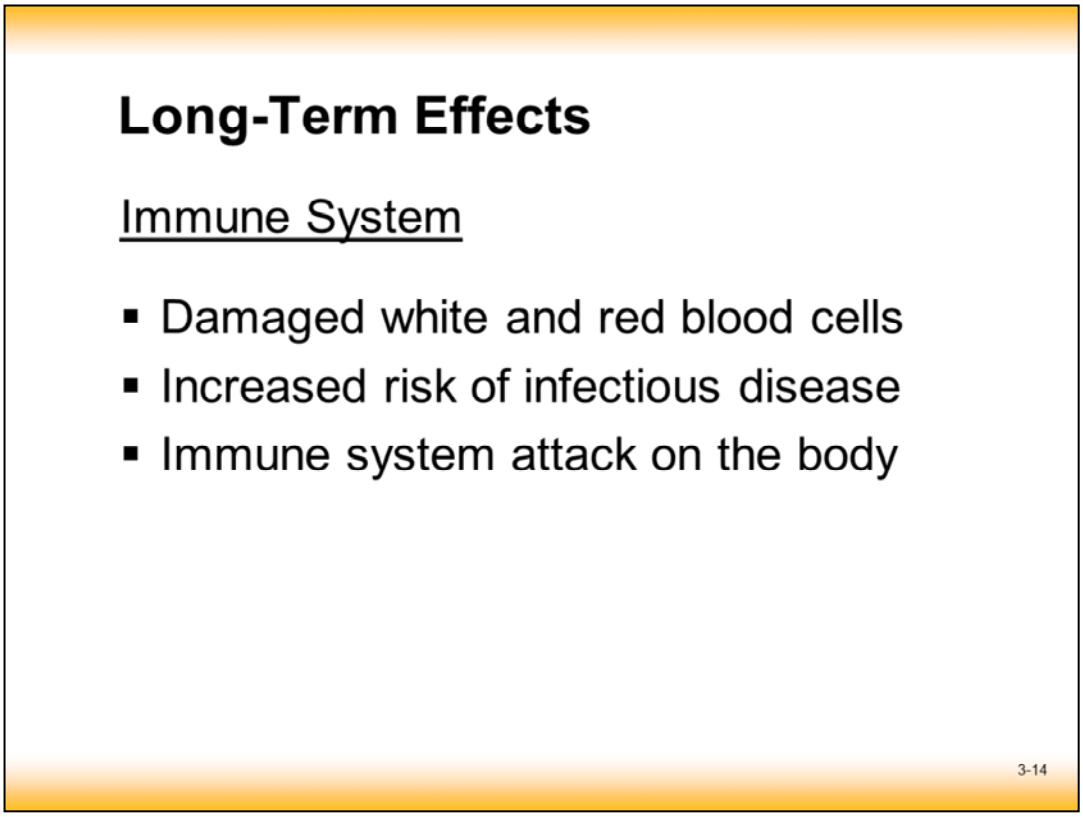
Slide 3-12—Long-Term Effects (Digestive System)

- Alcohol also affects the digestive system.
- Excessive drinking has been shown to cause chronic inflammation of the esophagus (the passageway to the stomach), which can lead to esophageal cancer.
- Enlarged blood vessels in the esophagus (esophageal varices) can be caused by liver disease.
- These blood vessels can rupture; when this happens, it is often fatal.
- Heavy alcohol use has been linked to pancreatitis (inflammation of the pancreas) and cancers in the throat, colon, and rectum.



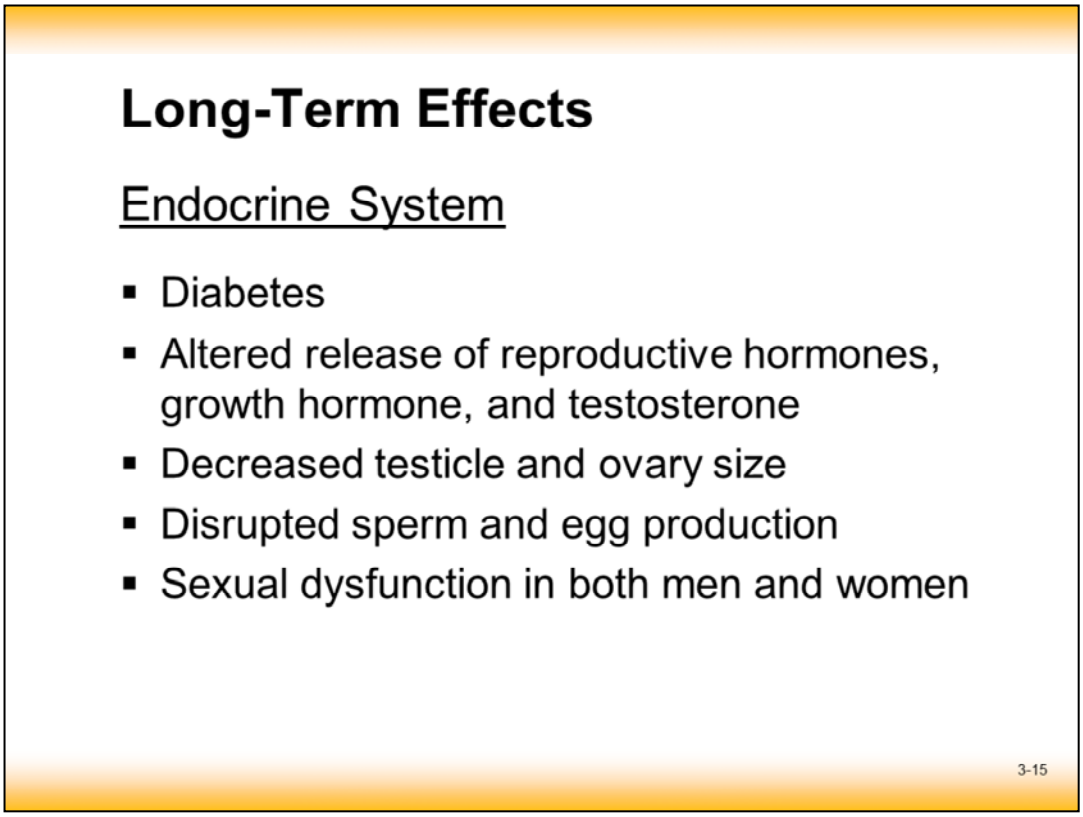
Slide 3-13—Long-Term Effects (Cardiovascular System)

- Although moderate alcohol intake (one drink per day for women; two drinks for men) has been shown in some studies to be heart protective, heavy alcohol use is associated with serious heart disease:
  - ✓ It interferes with the pumping action of the heart, causing irregular and/or weak heartbeats.
  - ✓ It causes high blood pressure, which can increase the risk of stroke.
- Blood platelets, involved in blood clotting, also are damaged, causing an increased risk of bleeding.



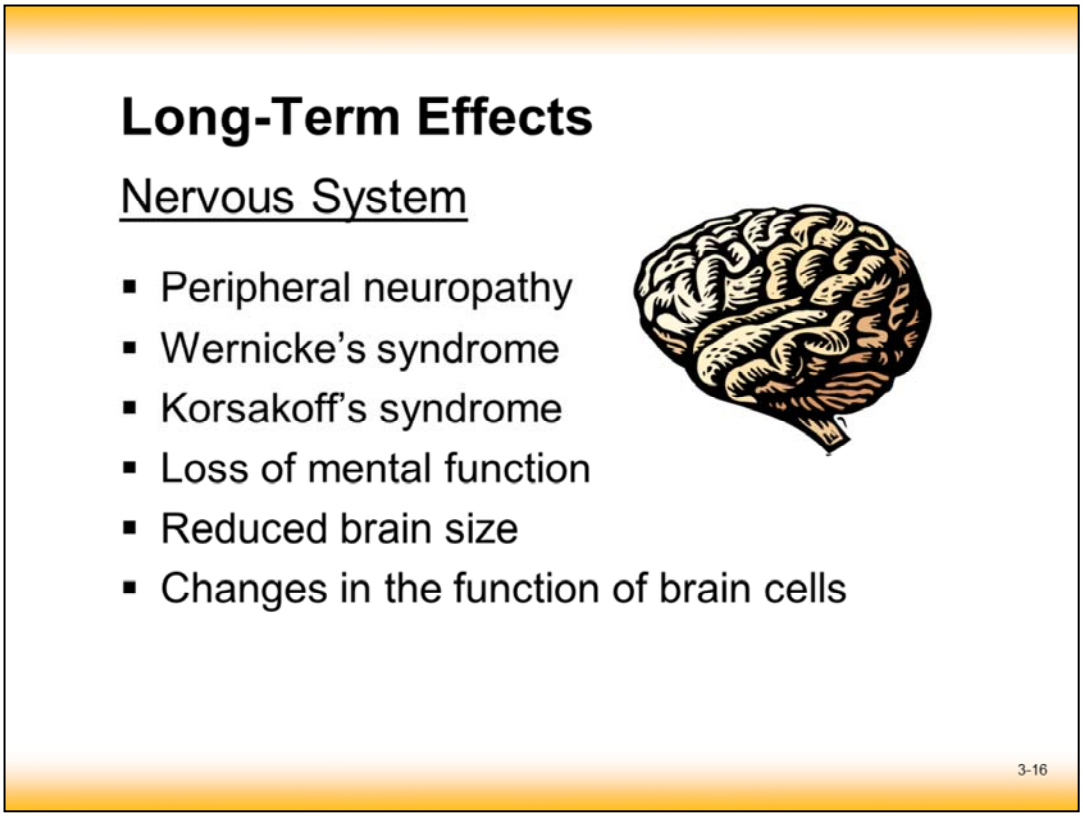
Slide 3-14—Long-Term Effects (Immune System)

- Alcohol can seriously affect the body's immune system (the system that protects the body from disease) by damaging white and red blood cells.
- People who drink heavily experience more infectious diseases than do people who drink only moderately.
- Alcohol can damage the immune system to a level where the immune system attacks the body. This can result in, or worsen, alcohol-induced organ damage such as alcoholic liver disease.



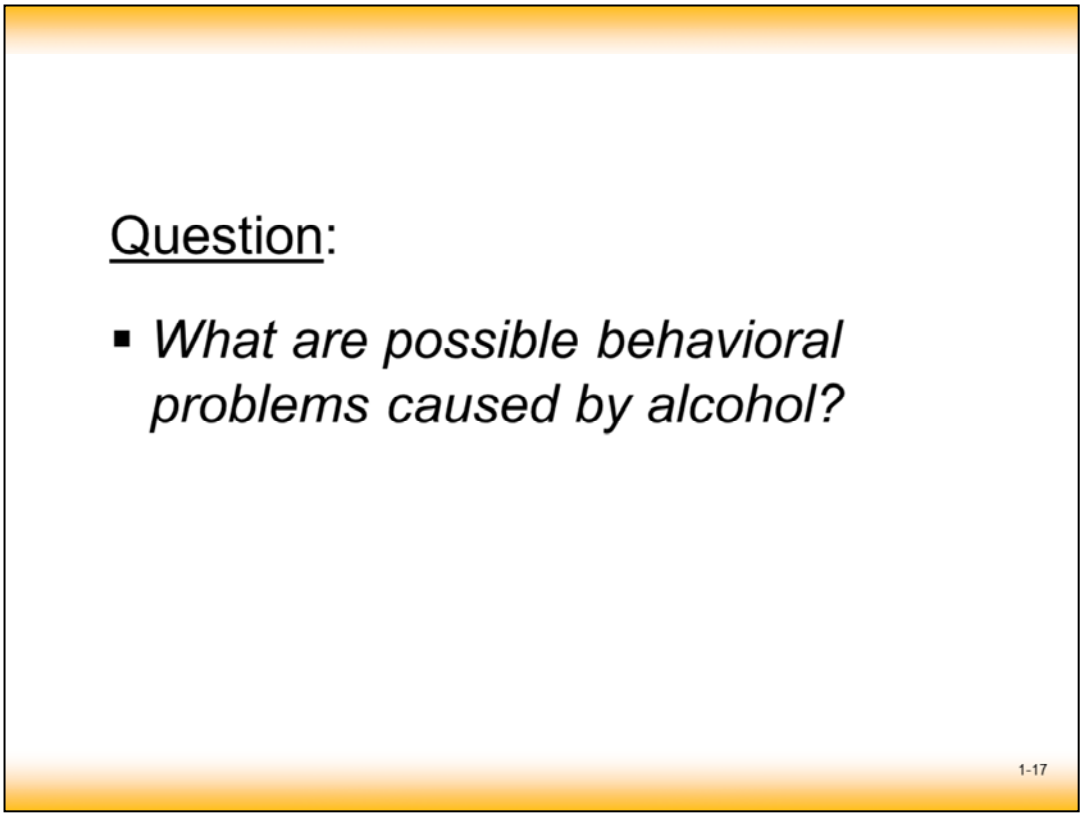
Slide 3-15—Long-Term Effects (Endocrine System)

- The body's endocrine system (the hormone-controlling system) can be damaged by long-term alcohol use.
- The balance of the hormones insulin and glucagon, which regulate blood sugar levels, is disrupted; diabetes is common among people who drink heavily.
- Drinking alcohol can alter the release of reproductive hormones, growth hormone, and testosterone.
- The effects of alcohol on hormone systems include decreased testicle and ovary size and disrupted sperm and egg production.
- Alcohol-induced changes in hormone concentrations are associated with sexual dysfunction in both men and women.



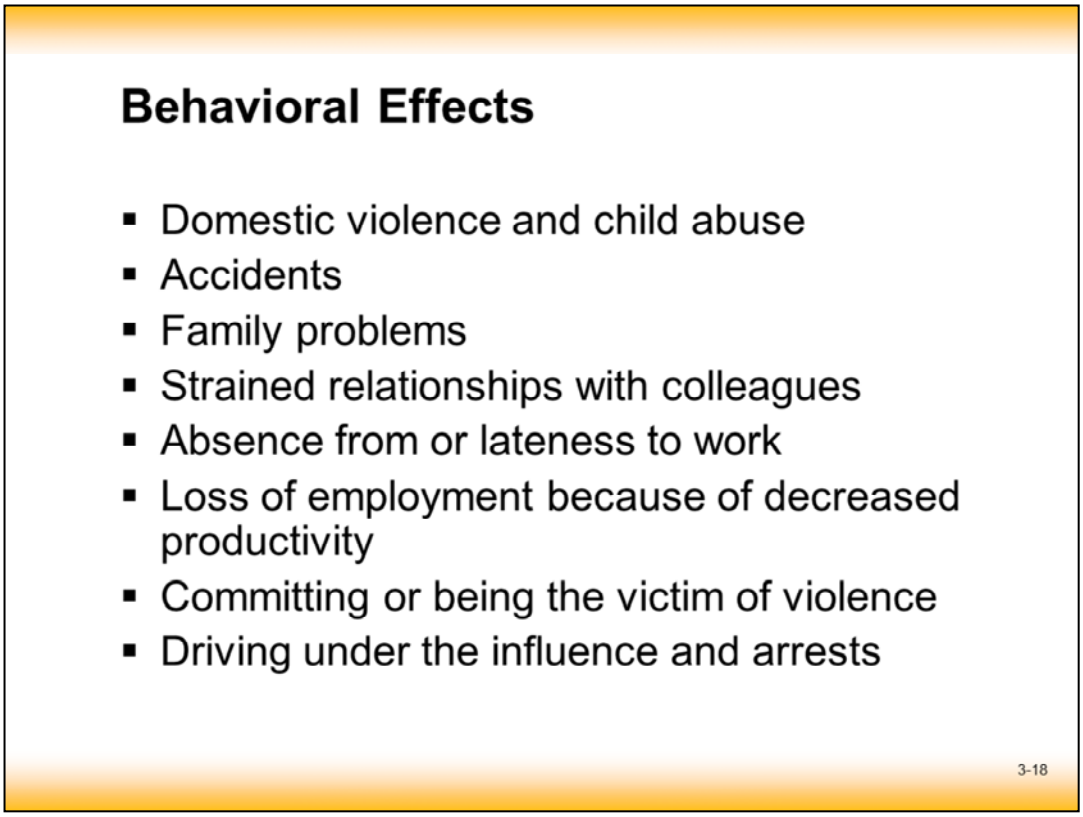
Slide 3-16—Long-Term Effects (Nervous System)

- Heavy use of alcohol may damage the nervous system. This damage may include
  - ✓ Peripheral neuropathy, resulting in numbness and tingling in the legs, arms, and/or hands
  - ✓ Wernicke's syndrome, resulting in disordered eye movements, very poor balance, and difficulty walking
  - ✓ Korsakoff's syndrome, resulting in severely affected memory, preventing new learning from taking place
- In addition to these nervous system disorders, most people who drink heavily have some loss of mental function, reduced brain size, and changes in the function of brain cells.



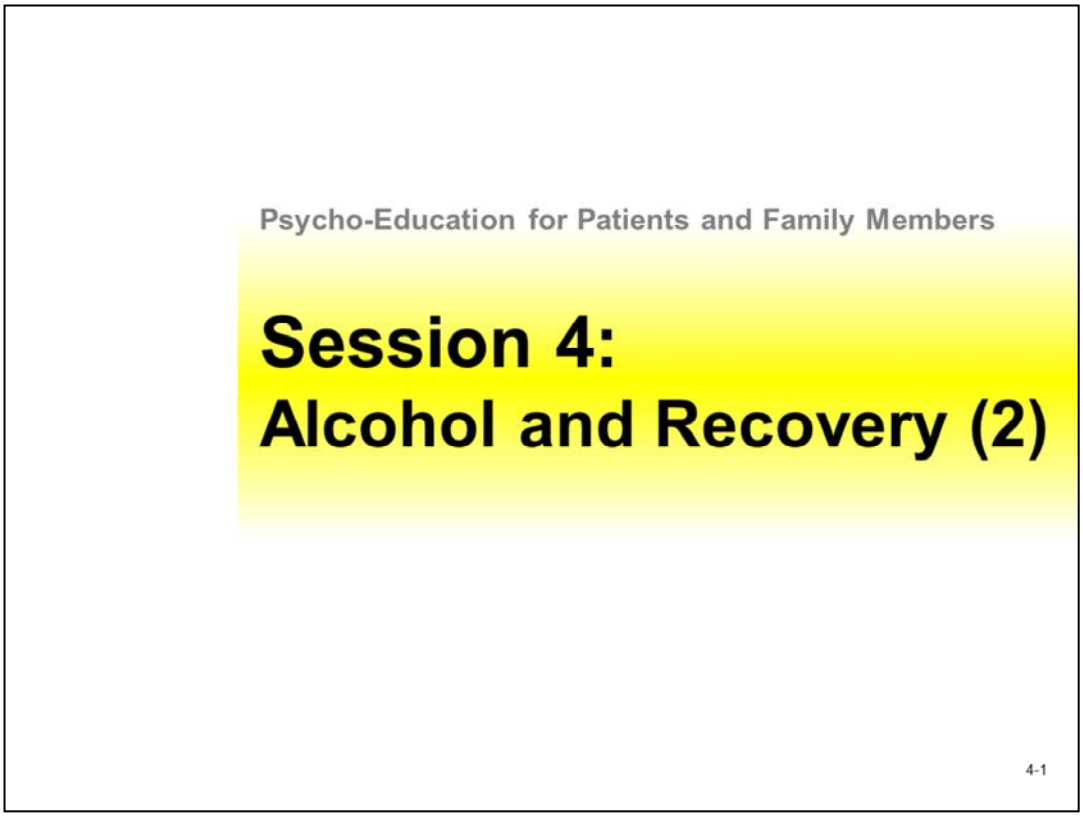
Slide 3-17—Question

- Ask participants about possible behavioral problems caused by alcohol.



Slide 3-18—Behavioral Effects

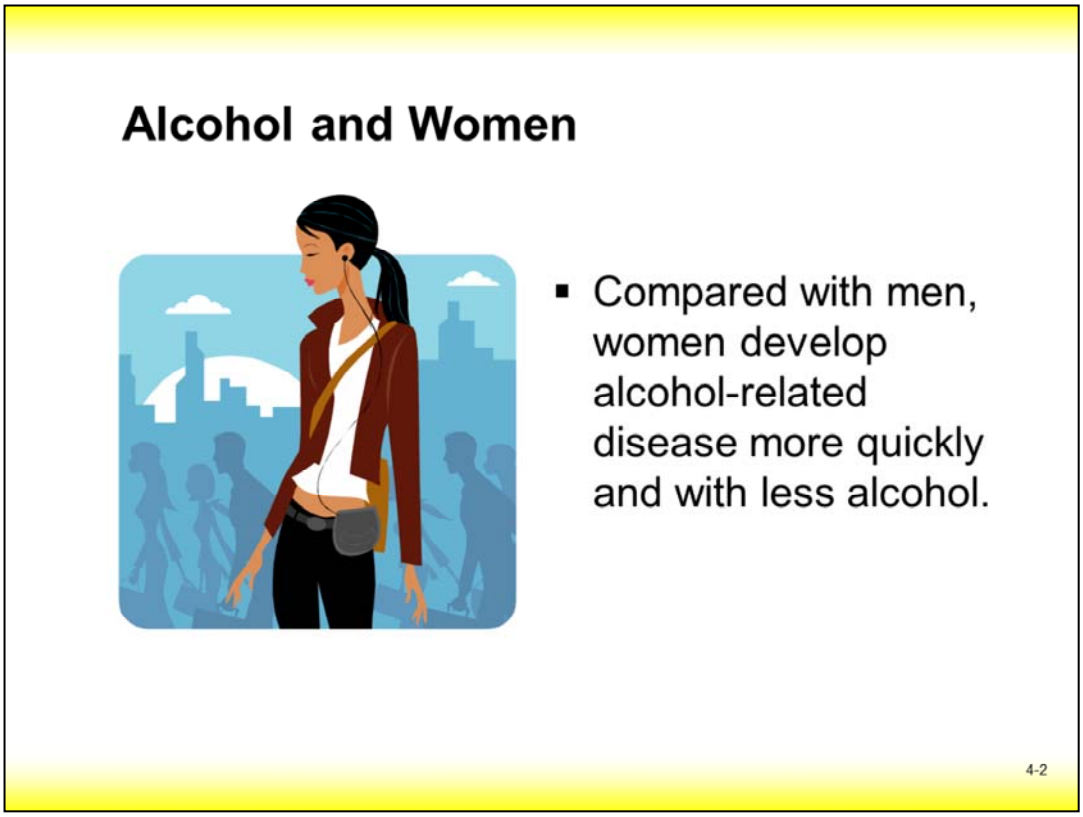
- Drinking can cause behavioral and physical problems.
  - ✓ Alcohol use is associated with domestic violence, child abuse, and assault.
  - ✓ Use is associated with all types of accidents.
  - ✓ The more heavily a person drinks, the greater the potential for problems at home, at work, with friends, and even with strangers. These problems may include
    - Arguments with or separation from spouse and other family members
    - Strained relationships with colleagues
    - Absence from or lateness to work with increasing frequency
    - Loss of employment because of decreased productivity
    - Committing or being the victim of violence
    - Auto crashes and/or arrests for driving under the influence (DUI)



4

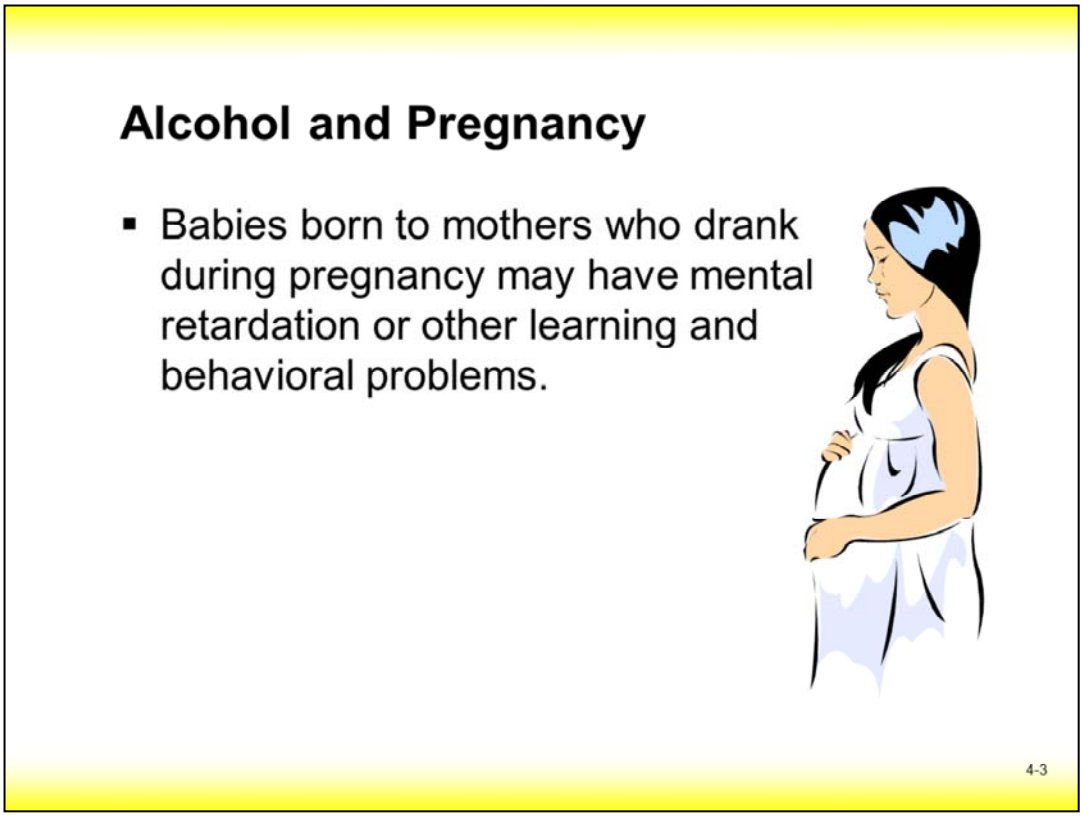
Slide 4-1—Alcohol and Recovery (2)

- In the last session, we learned about the adaptation of alcohol to the body systems and its withdrawal symptoms.
- We also looked at the effects of alcohol to the body and behavioral problems caused by alcohol.
- Today, we are going to learn about its effects to women and babies and understand why it is important to abstain from drinking alcohol during recovery from drug dependence.



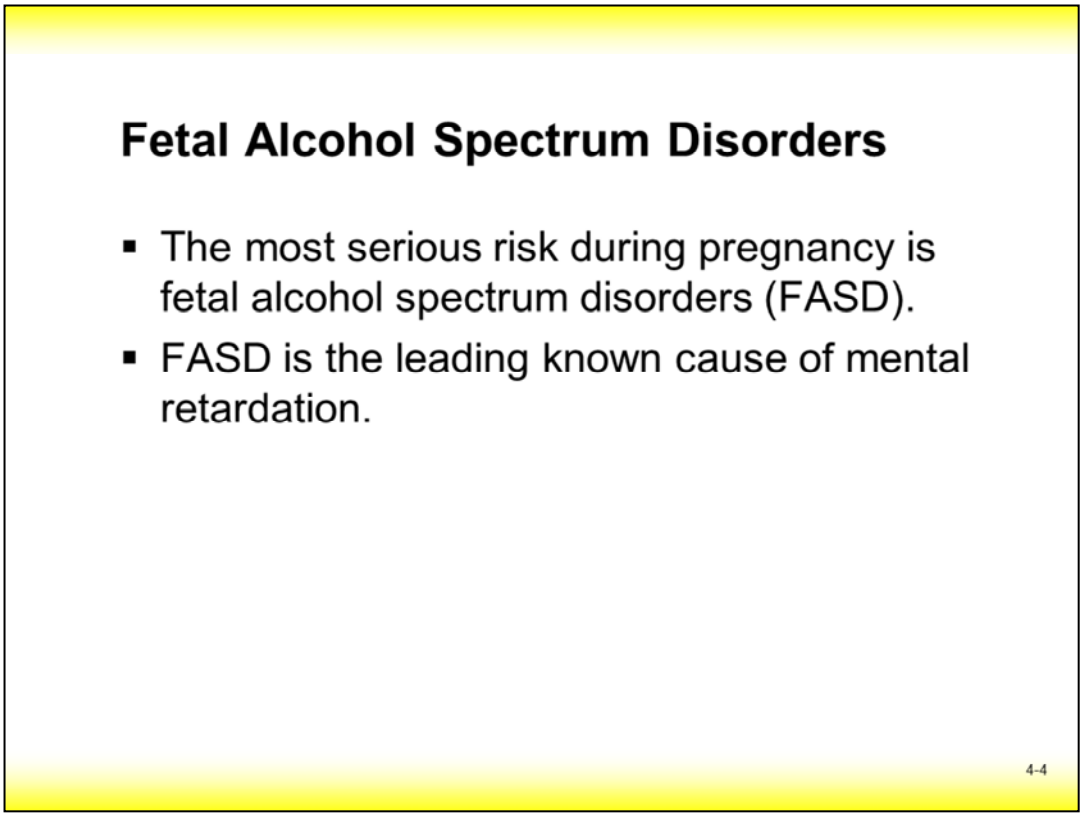
Slide 4-2—Alcohol and Women

- Drinking affects women differently than it affects men:
  - ✓ Over the long term, women develop alcohol-related disease more quickly and after drinking less alcohol than men do.
  - ✓ Women develop alcoholic liver disease more quickly and after drinking less alcohol than men do. Women are more likely than men to develop alcoholic hepatitis (liver inflammation) and to die from cirrhosis.
  - ✓ Women are more vulnerable than men to alcohol-induced brain damage.
  - ✓ Among people who drink heavily, men and women have similar rates of alcohol-related heart disease, even though women drink less alcohol over a lifetime than men do.
- For some women, even moderate drinking can slightly raise the risk of breast cancer.



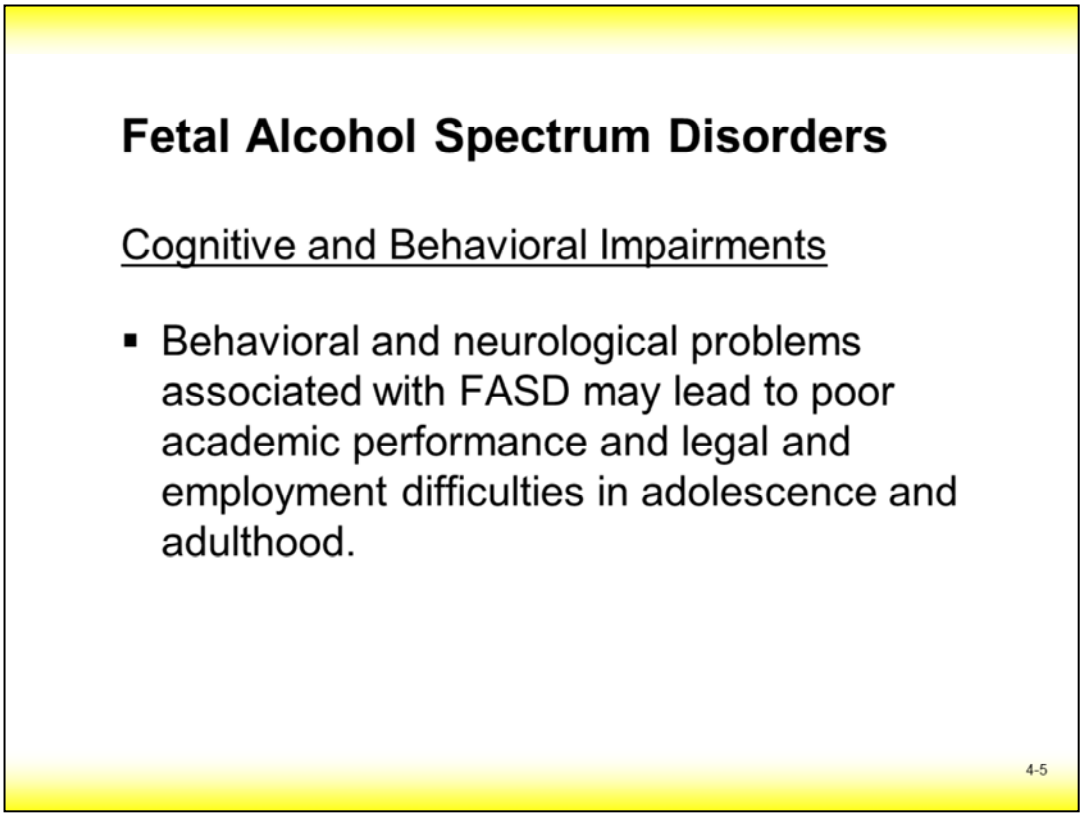
Slide 4-3—Alcohol and Pregnancy

- A woman who drinks when she is pregnant puts her baby at risk of serious problems.
- Babies born to mothers who drank during pregnancy may have mental retardation or other learning and behavioral problems.
- Research has not found any amount of alcohol to be safe during pregnancy.



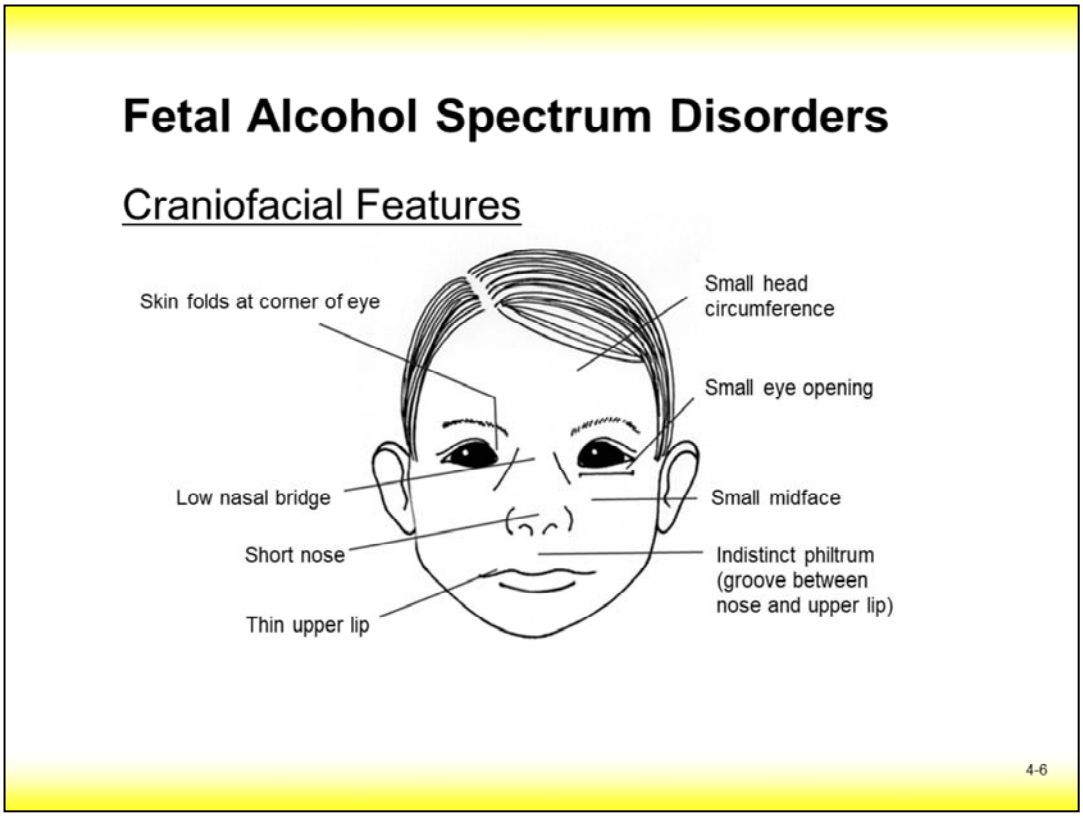
Slide 4-4—Fetal Alcohol Spectrum Disorders

- The most serious risk is fetal alcohol spectrum disorders (FASD).
- FASD is the leading known cause of preventable mental retardation.



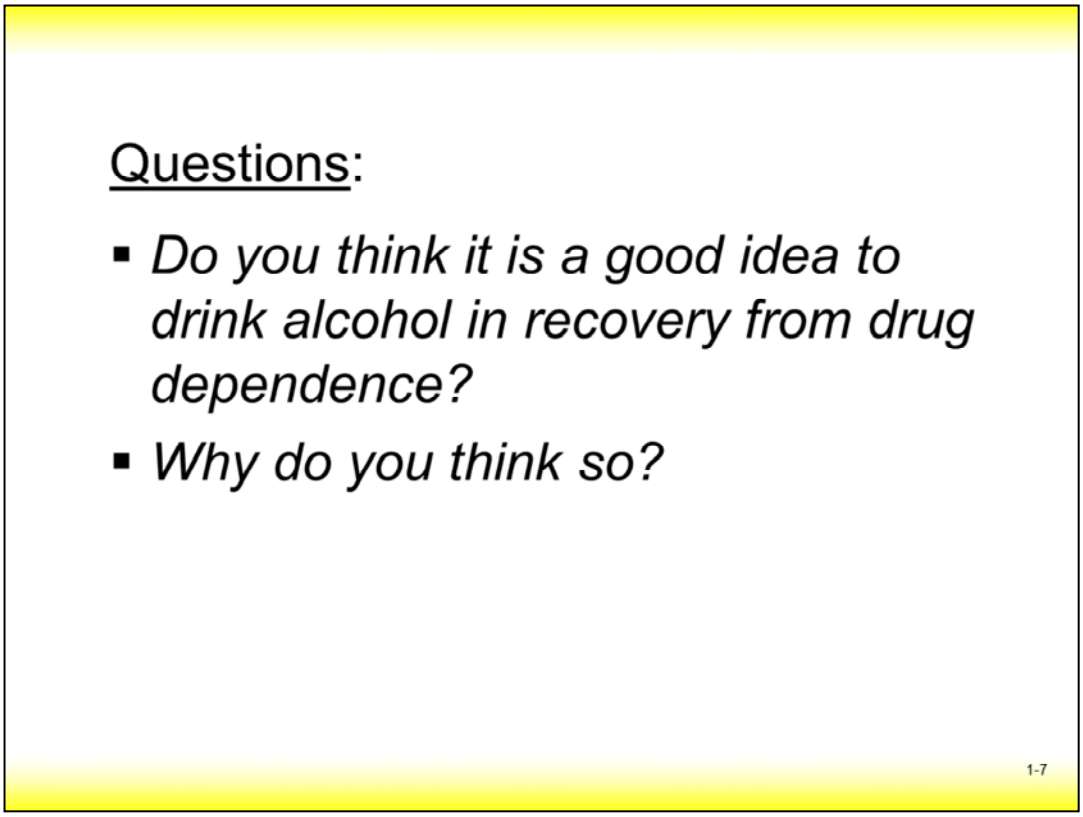
Slide 4-5—Fetal Alcohol Spectrum Disorders (Cognitive and Behavioral Impairments)

- Although the effects of FASD vary, children with the syndrome have cognitive and behavioral impairments.
- Behavioral and neurological problems associated with FASD may lead to poor academic performance and legal and employment difficulties in adolescence and adulthood.



Slide 4-6—Fetal Alcohol Spectrum Disorders (Craniofacial Features)

- Children with severe FASD usually have distinctive facial and head features, such as
  - ✓ Skin folds at the corner of the eyes
  - ✓ A small head circumference
  - ✓ A low nasal bridge
  - ✓ A small eye opening
  - ✓ A short nose
  - ✓ A small midface
  - ✓ An indistinct philtrum (the groove between the nose and upper lip)
  - ✓ A thin upper lip



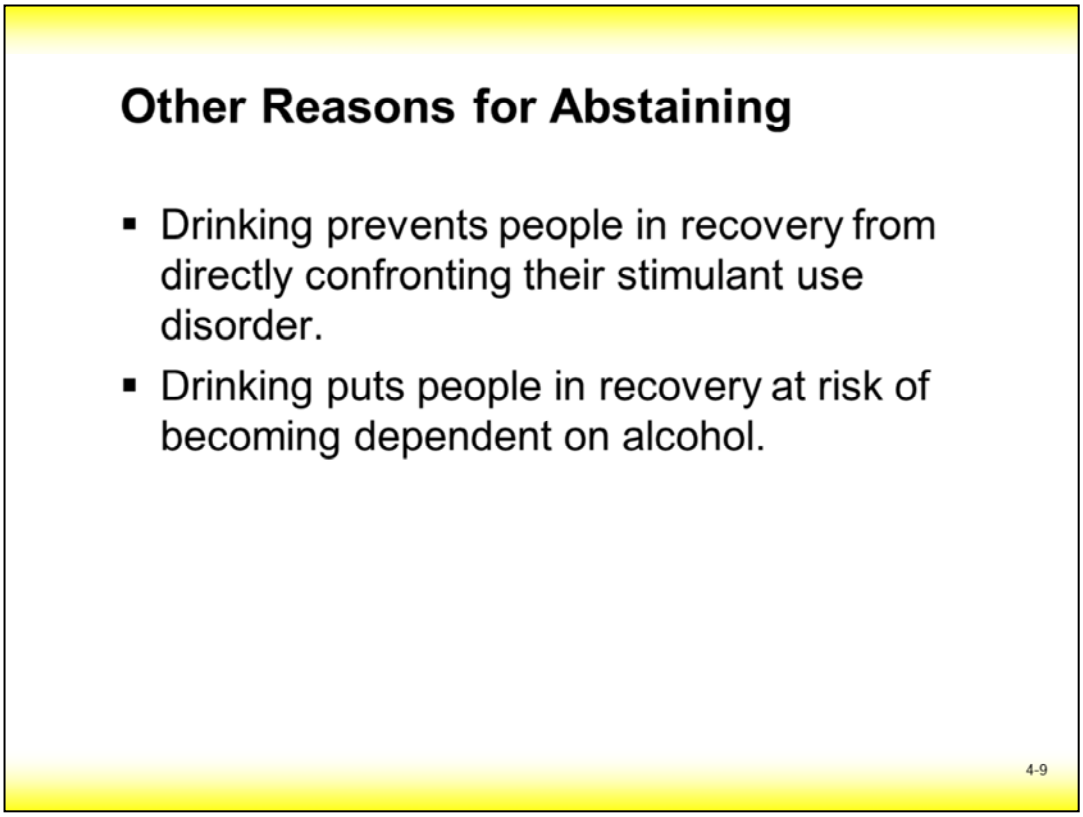
4

Slide 4-7—Question

- Ask participants if it is a good idea to drink alcohol in recovery and why.

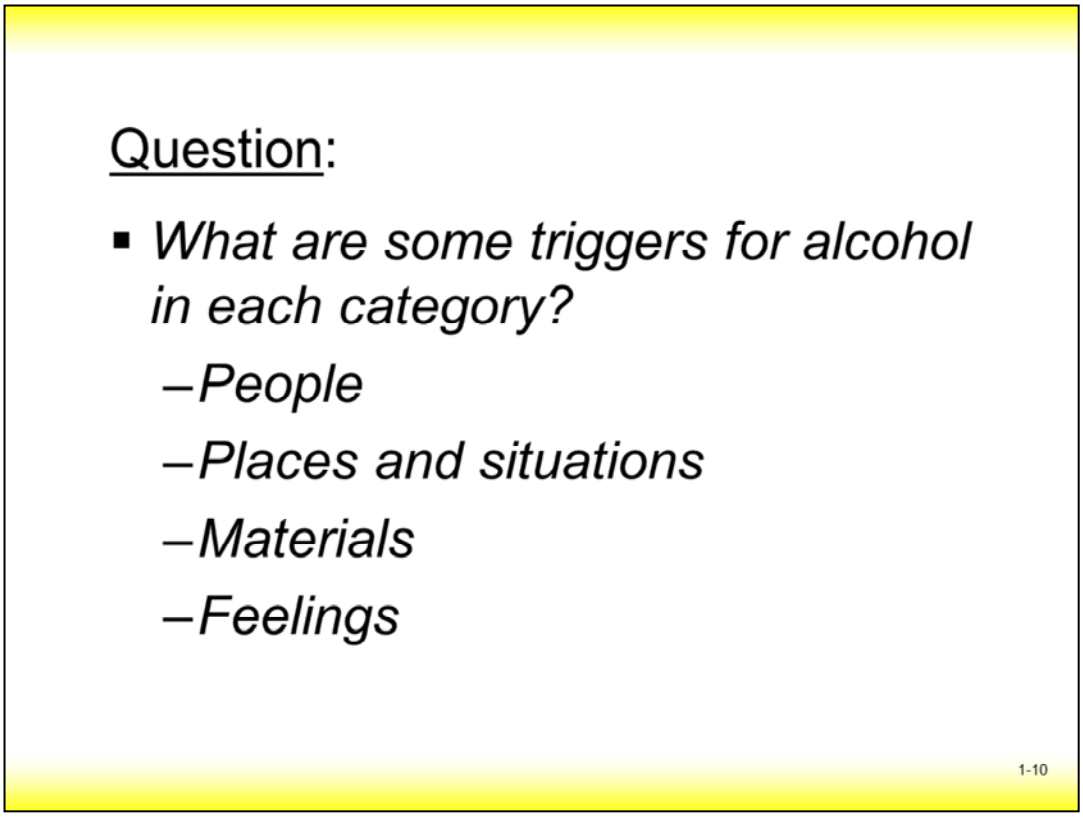
Slide 4-8—Total Abstinence

- Heavy alcohol use has obvious damaging effects.
- However, occasional, light drinking can have a damaging effect on a person in recovery, even if the person has never experienced any problems with alcohol.
- Patients in treatment of drug dependence are asked to stop using all illicit drugs and alcohol, no matter what drug or drugs brought them into treatment.
- One big reason for this is that studies show that people who use stimulants are eight times more likely to relapse to stimulant use if they use alcohol than if they don't drink.



Slide 4-9—Other Reasons for Abstaining

- There are other reasons for abstaining from alcohol. When people are learning to handle problems without resorting to stimulants, using alcohol to numb the uncomfortable learning process is counterproductive for two reasons:
  - ✓ Drinking alcohol prevents people from directly confronting their stimulant use problem.
  - ✓ Drinking puts people in recovery at risk of becoming dependent on alcohol while they are trying to overcome their dependence on stimulants.

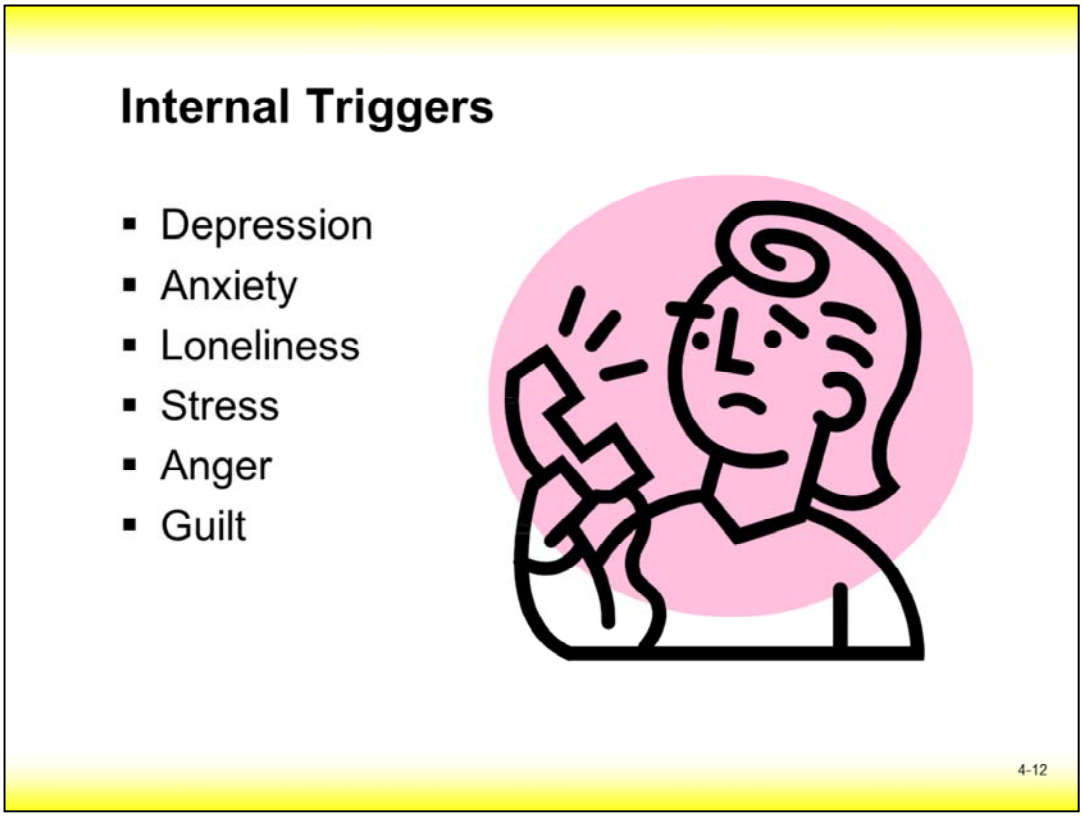


Slide 4-10—Question

- Ask participants some triggers for alcohol in each of the four categories: People, Places and situations, Materials, and Feelings.

Slide 4-11—Alcohol Triggers Are Everywhere

- A person in recovery who is trying to stop using alcohol faces a difficult struggle.
- External triggers bombard people in recovery; consumption of alcohol may be assumed to be the norm, especially at social functions and celebrations.
- Drinking often accompanies certain activities: wine with dinner, a beer at the game, a drink after work.
- It is hard for a person in recovery to go through a typical day without coming across many reminders—both cultural and personal—of alcohol.
- Advertisements, movies, and TV shows link drinking with being happy, popular, and successful.
- Recovering people encounter colleagues, friends, and family members with whom they used to drink and pass by bars or liquor stores that they used to frequent.
- Alcohol is integral to celebrations such as parties and weddings.
- A person in recovery who is not drinking may feel left out of the fun or less cool.

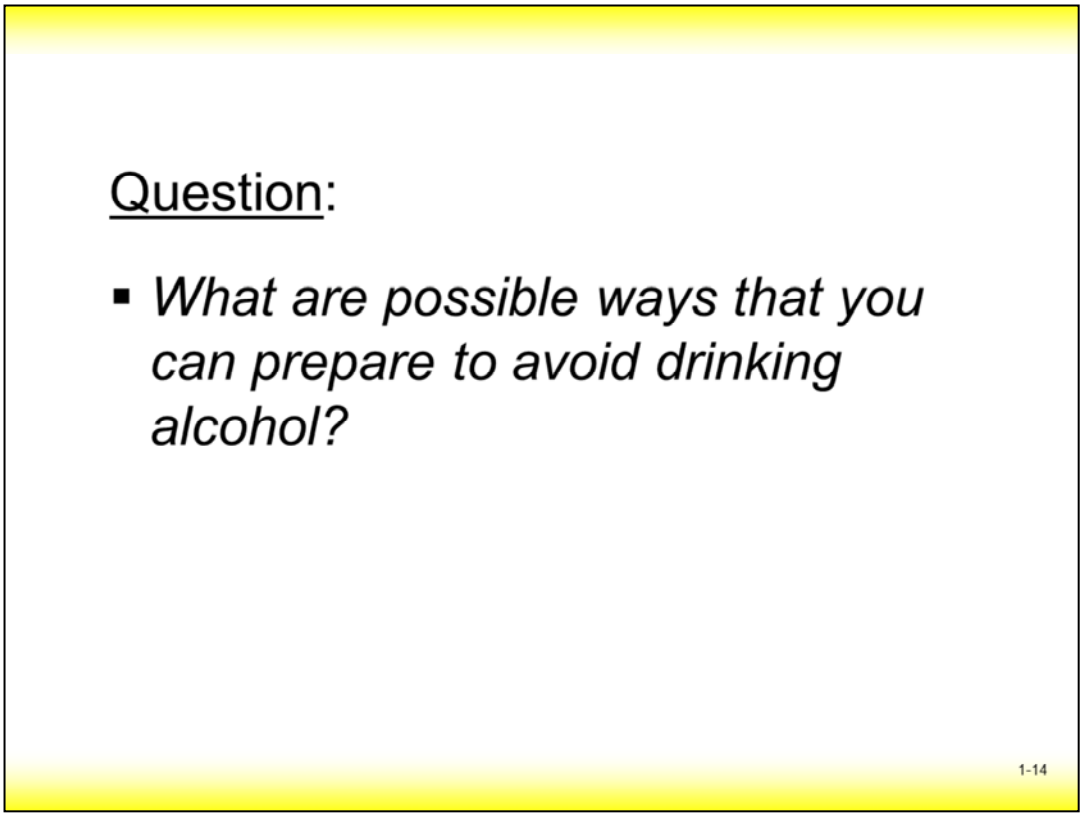


Slide 4-12—Internal Triggers

- Internal triggers also pose problems:
  - ✓ Depression, anxiety, and loneliness are all characteristic of recovery.
  - ✓ These emotional states and others, such as stress, anger, and guilt, are cues to drink for many people.
  - ✓ Facing the emotional fallout from quitting other substances, people in recovery may feel justified in turning to alcohol to "relieve" their mental state.

Slide 4-13—Relapse Risk Posed by Alcohol

- Drinking lowers a person's inhibitions and makes the person more likely to act impulsively on any using thoughts they may have.
- Because alcohol affects the rational, reasoning part of the brain, people who are drinking are ill equipped to cope with any triggers for stimulant use they encounter.
- In addition, people who are drinking are more likely to encounter triggers than are individuals who are not drinking. For example, drinking may
  - ✓ Put people in recovery into contact with other people who use stimulants
  - ✓ Put people in recovery into a "party" atmosphere that can trigger the desire to use stimulants
  - ✓ Trigger a desire for the stimulant high

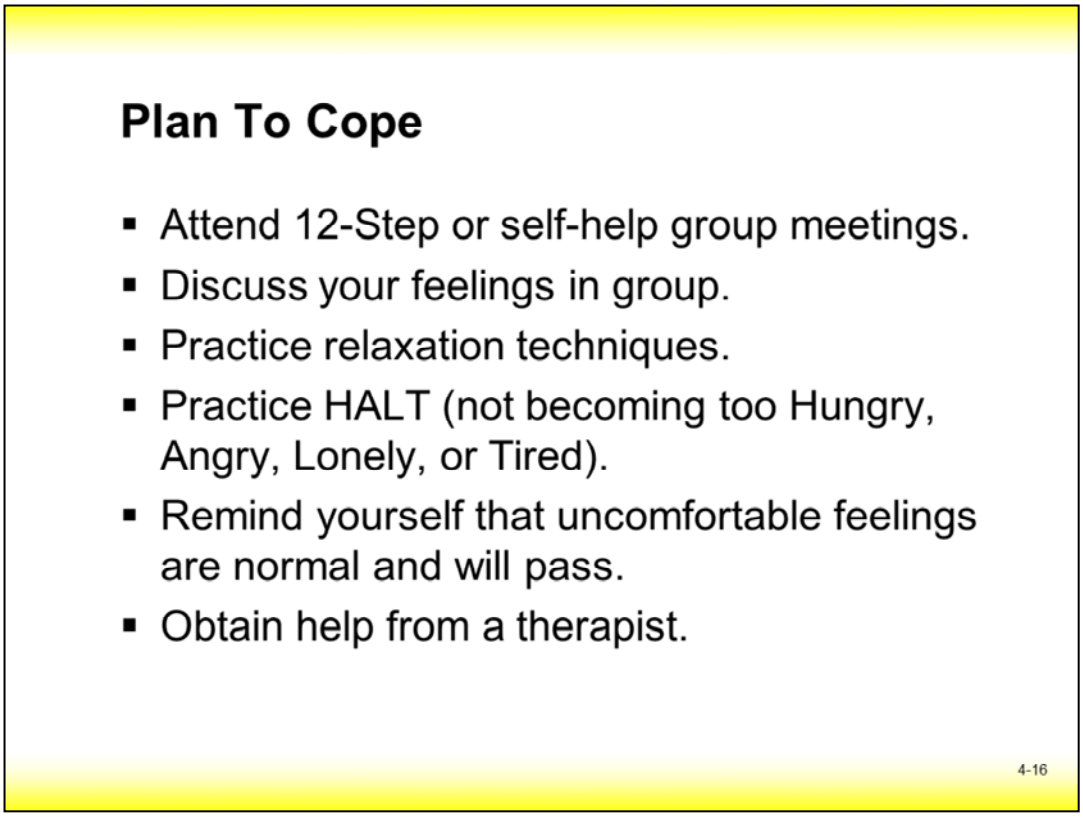


Slide 4-14—Question

- Ask participants for possible ways to avoid drinking alcohol.

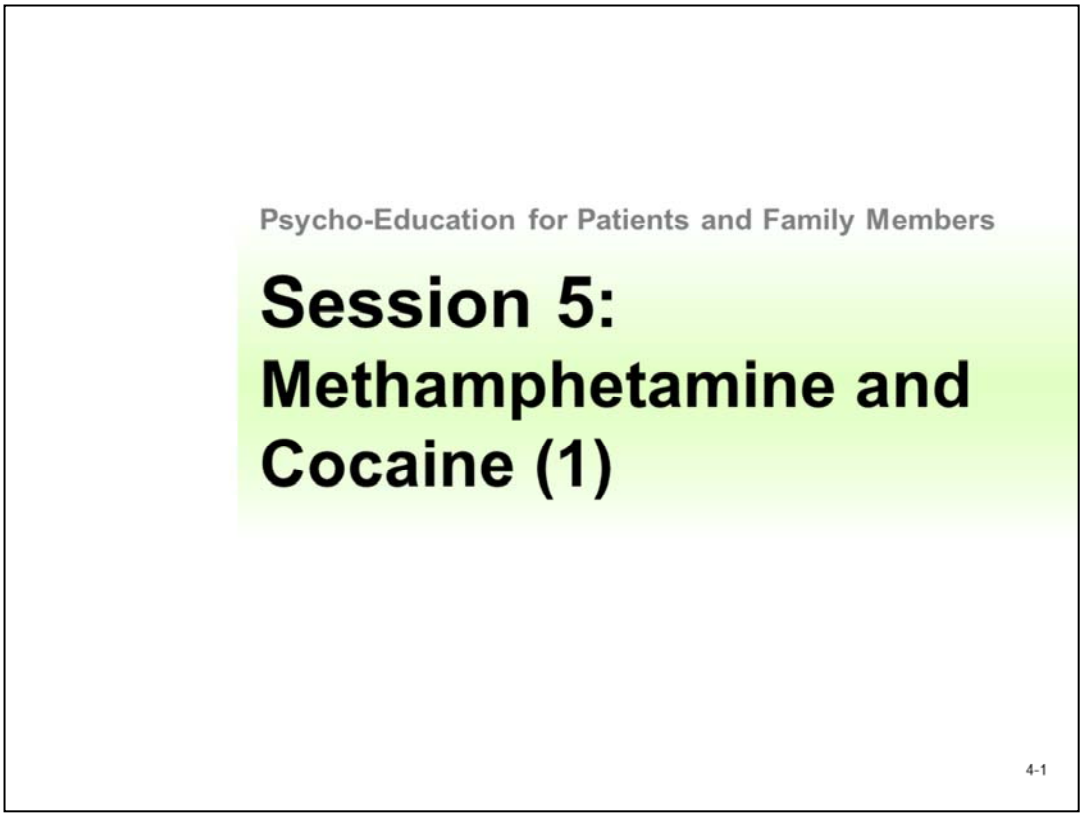
Slide 4-15—Plan Not To Drink

- It is important for people in recovery to plan not to drink, rather than wait until they are confronted with a trigger or urge to drink. For example, people in recovery can
  - ✓ Think about other ways of celebrating
  - ✓ Avoid being around others who are drinking
  - ✓ Think about ways of spending time with friends that don't involve alcohol
  - ✓ Make friends with others who are in recovery
  - ✓ Practice saying "no thank you"
  - ✓ Avoid going to bars and parties
  - ✓ Ask family members not to drink in their presence or keep alcohol in the house



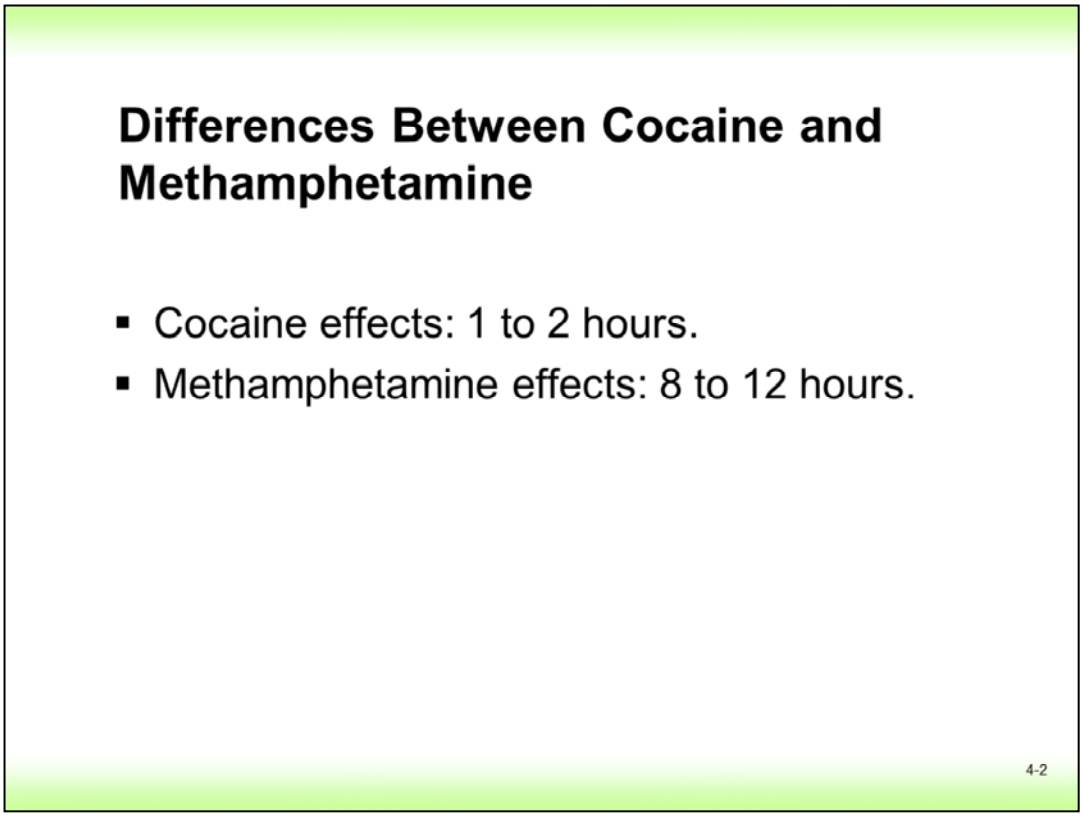
Slide 4-16—Plan To Cope

- A person in recovery should develop a plan for coping with the uncomfortable feelings that arise during recovery. This plan could include
  - ✓ Regularly attending 12-Step or mutual-help group meetings
  - ✓ Discussing feelings openly in Matrix group sessions
  - ✓ Regularly practicing relaxation techniques
  - ✓ Practicing HALT (not becoming too hungry, angry, lonely, or tired)
  - ✓ Developing a way to remember that uncomfortable feelings are normal in recovery and will pass
  - ✓ Obtaining help from a therapist if feelings become too overwhelming



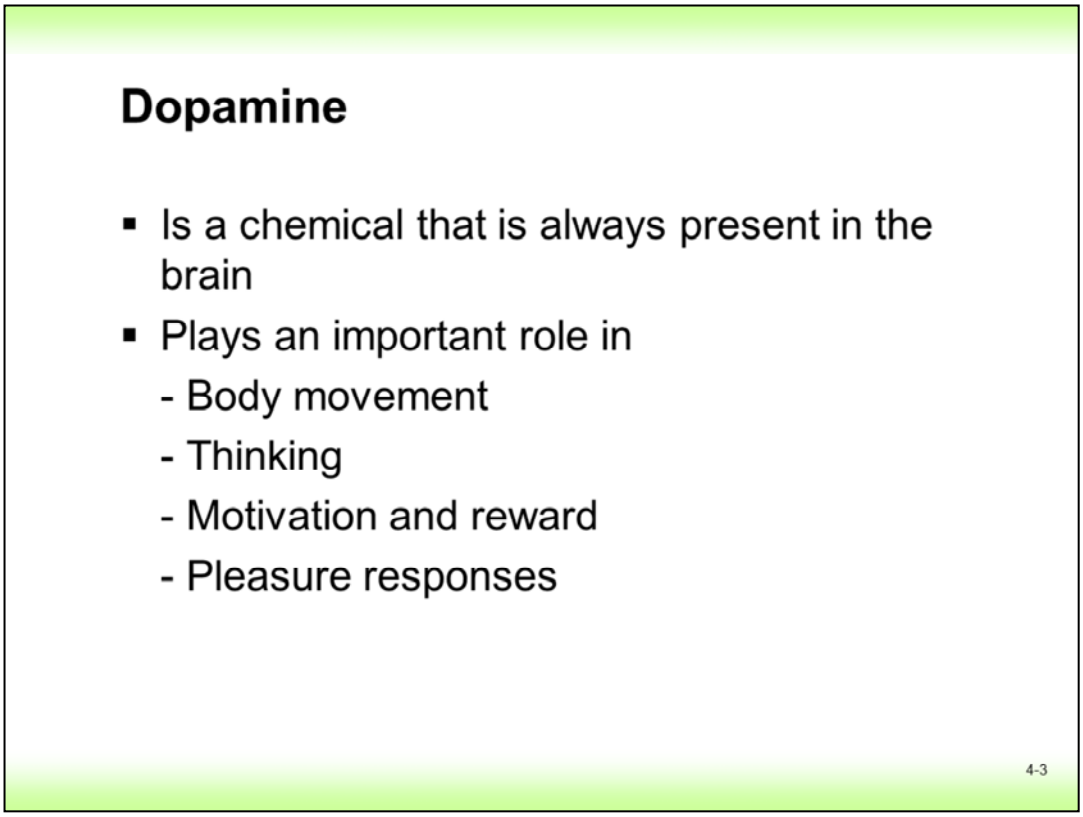
Slide 5-1—Methamphetamine and Cocaine

- This session focuses on methamphetamine (Shabu) and cocaine.
- Both are highly addictive stimulant drugs that are similar in many ways, although there are significant differences as well.



Slide 5-2—Differences Between Cocaine and Methamphetamine

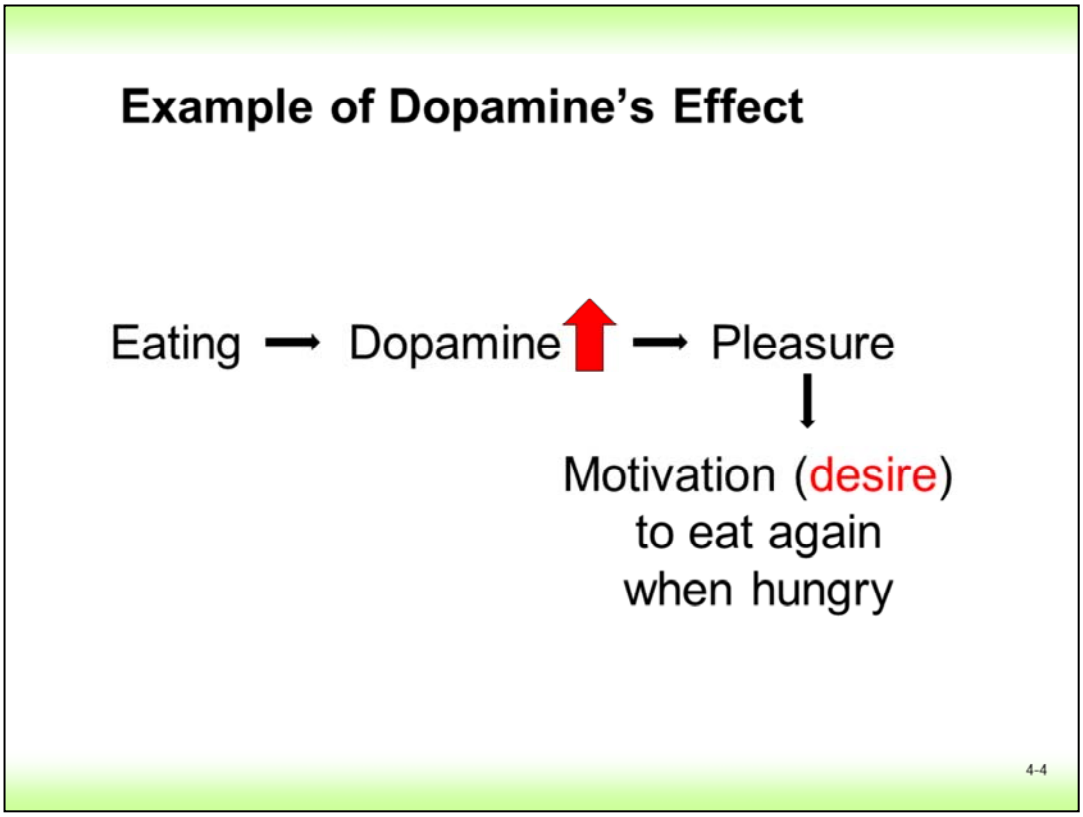
- Cocaine and methamphetamine differ in that cocaine is processed out of the body much faster than is methamphetamine, so the effects, or high, of cocaine don't last as long.
- The effects of cocaine last for only 1 to 2 hours, whereas the effects of methamphetamine last 8 to 12 hours.
- Withdrawal from methamphetamine also can last longer, and the symptoms of withdrawal may be more intense than those of cocaine withdrawal.



5

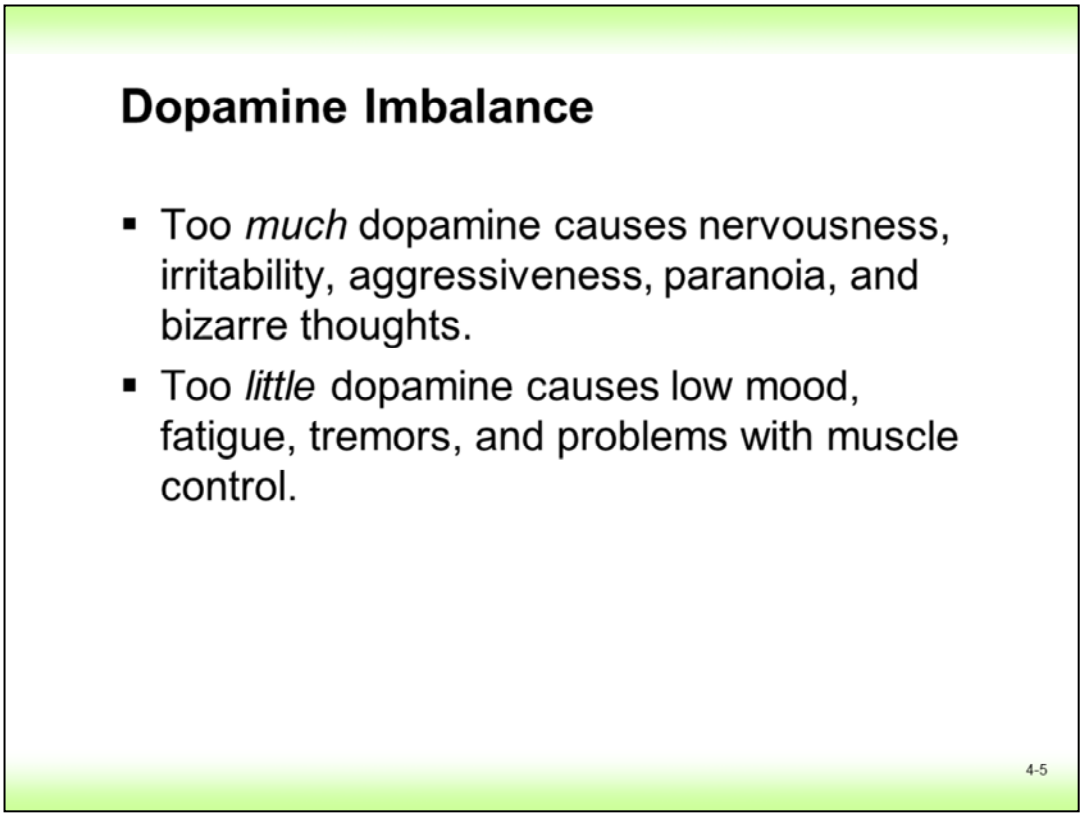
Slide 5-3—Dopamine

- The effects of both Shabu and cocaine are caused by the drugs' effects on dopamine, a chemical that is always present in the brain.
- Dopamine plays an important role in
  - ✓ Body movement
  - ✓ Thinking
  - ✓ Motivation and reward
  - ✓ Pleasure responses
- Dopamine also plays an important role in addiction to any drug.



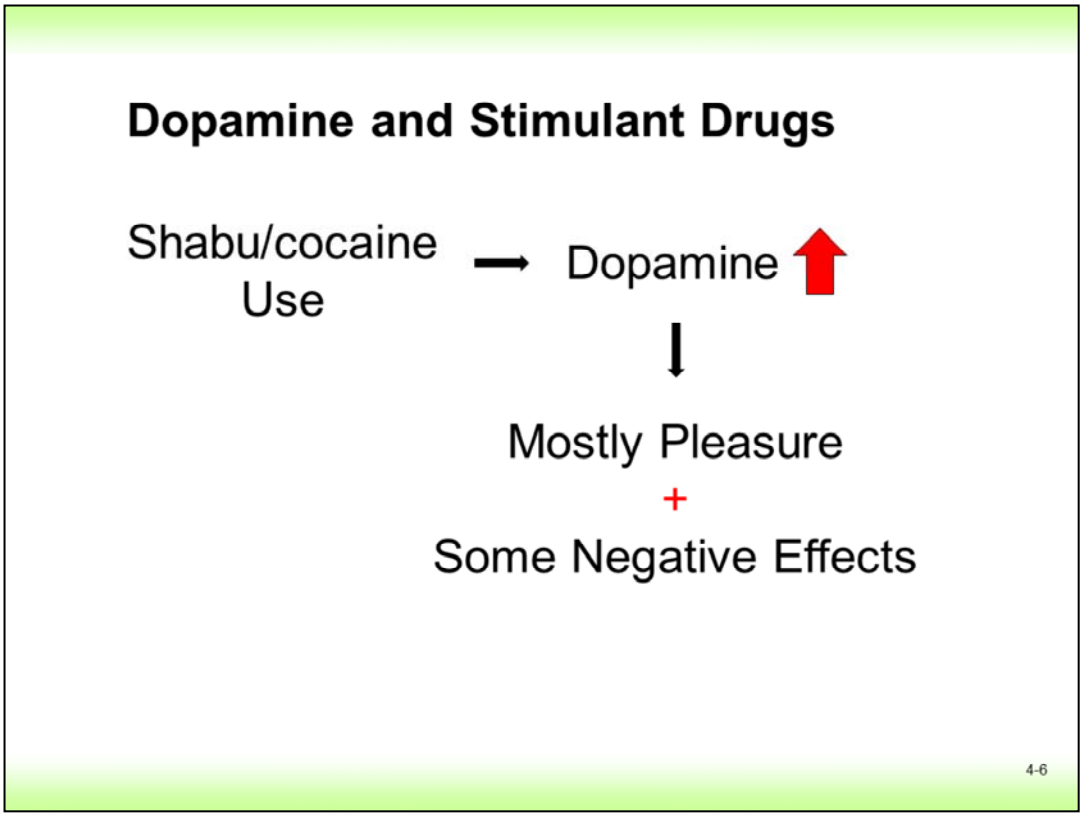
Slide 5-4—Example of Dopamine's Effect

- When a person engages in natural activities like eating, drinking, and sex, dopamine is released by cells in the brain and creates immediate (though short-lasting) feelings of pleasure by stimulating other cells in the brain.
- These feelings reward the basic activities of eating, drinking, and sex and motivate people to repeat them, ensuring survival.



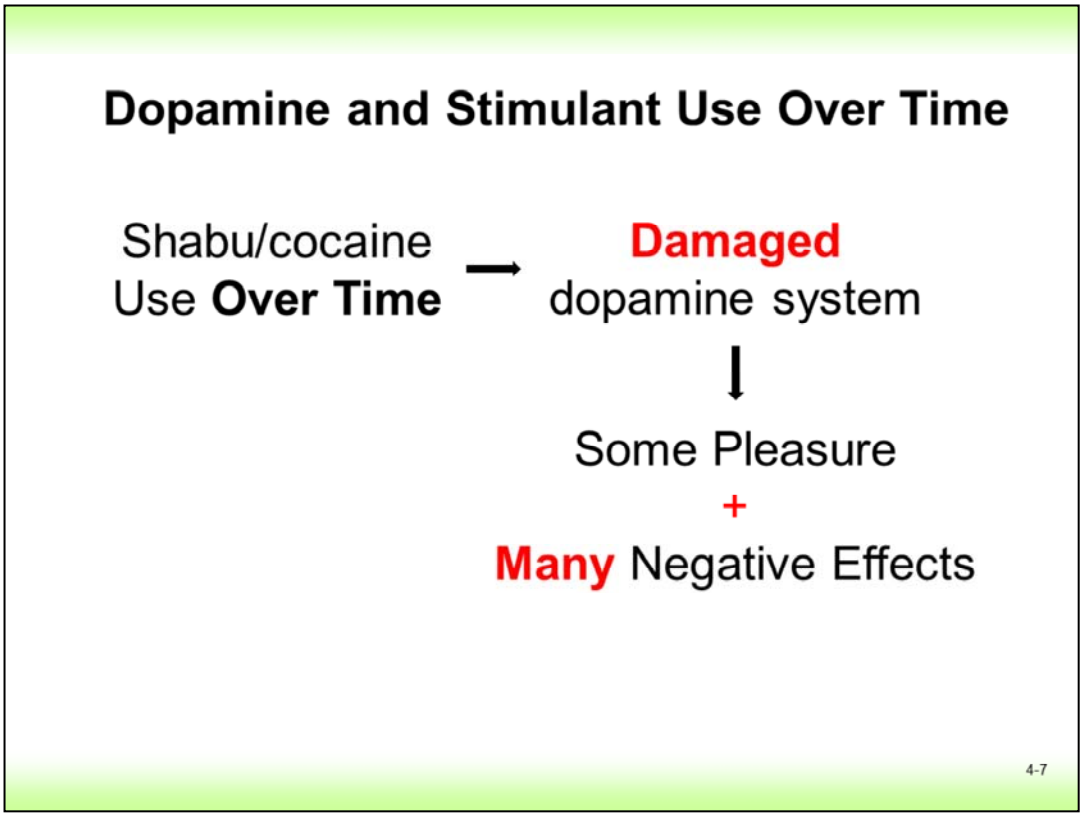
Slide 5-5—Dopamine Imbalance

- When the natural balance of dopamine is upset (by a drug, for example), a person can experience negative effects:
  - ✓ Too *much* dopamine may produce nervousness, irritability, aggressiveness, fears that are not based on reality, and bizarre thoughts.
  - ✓ Too *little* dopamine is associated with low mood, fatigue, and the tremors and the inability to control movement that are part of Parkinson's disease.



Slide 5-6—Dopamine and Stimulant Drugs

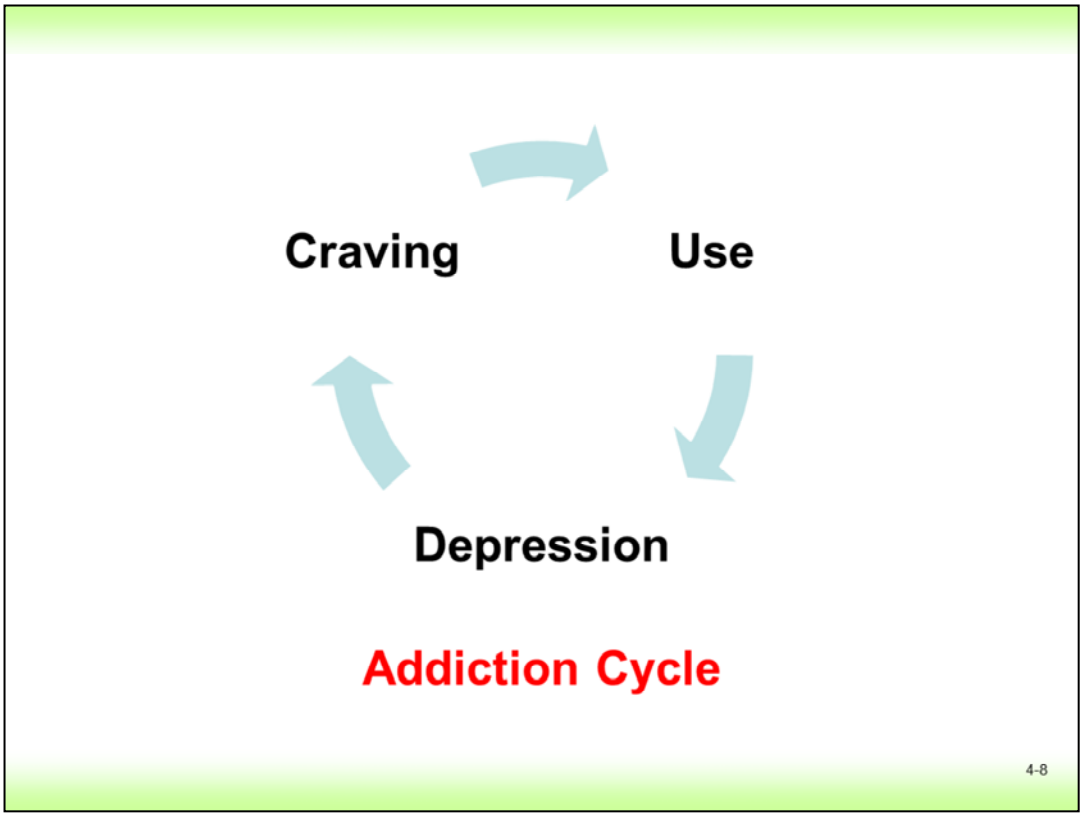
- When a person uses Shabu or cocaine, too much dopamine becomes available in the brain.
- Although each drug increases the amount of dopamine in the brain in a different way, many of the effects are the same.
- When a person first starts taking Shabu or cocaine, he or she will experience primarily pleasurable effects but will also experience some negative effects that are caused by too much dopamine.



5

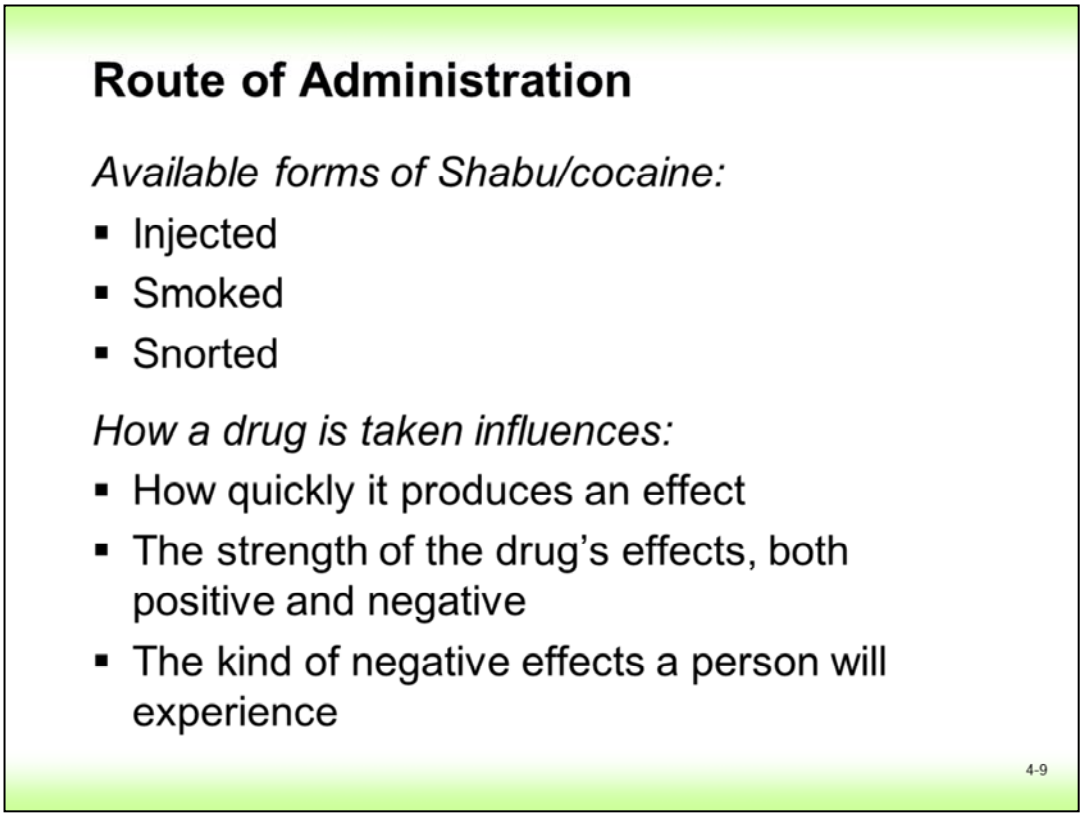
Slide 5-7—Dopamine and Stimulant Use Over Time

- As a person continues to use Shabu or cocaine, the brain's dopamine system becomes damaged.
- As the damage increases, the person will continue to experience some pleasurable effects but also will experience substantial negative effects from Shabu or cocaine.



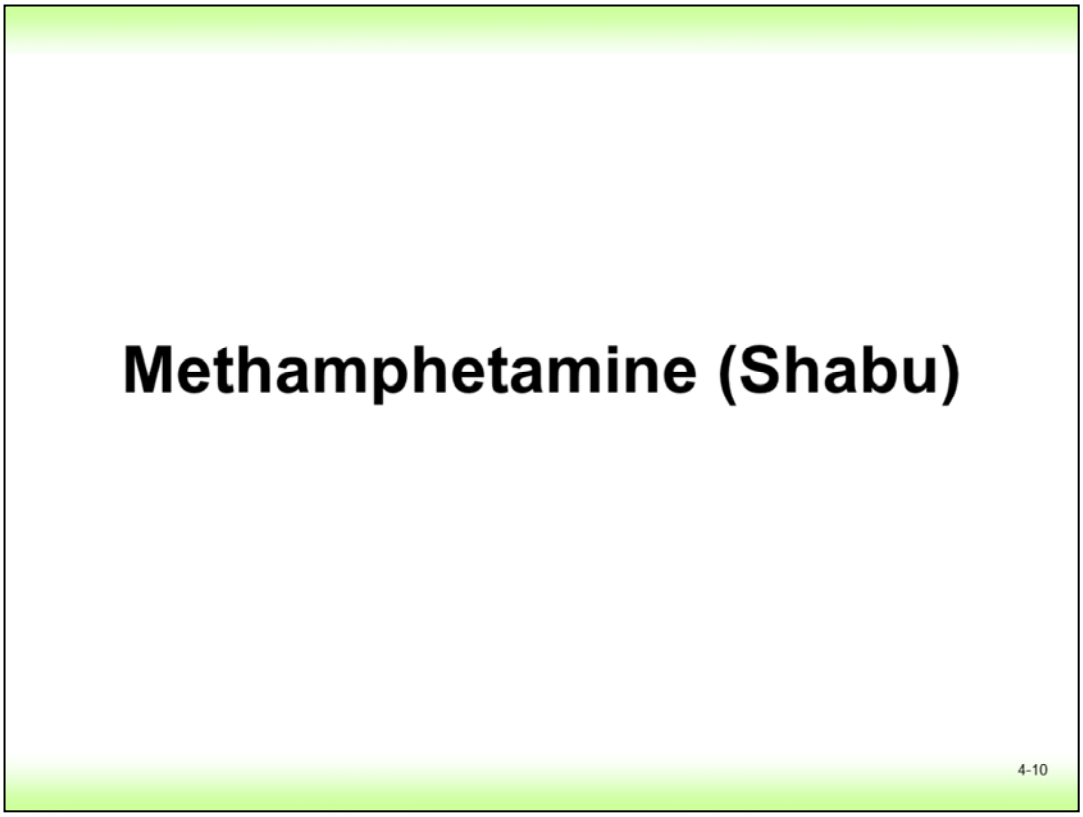
Slide 5-8—Use–Depression–Craving–Use

- When the stimulant and euphoric effects of Shabu or cocaine wear off, dopamine levels may decrease to levels that are below normal, and the person experiences an abrupt drop in mood and energy levels.
- Symptoms of fatigue and depression are common.
- These negative feelings often create a strong desire (craving) in the person to take the drug again.
- Over time (often, very little time), this use–depression–craving–use cycle leads to addiction.



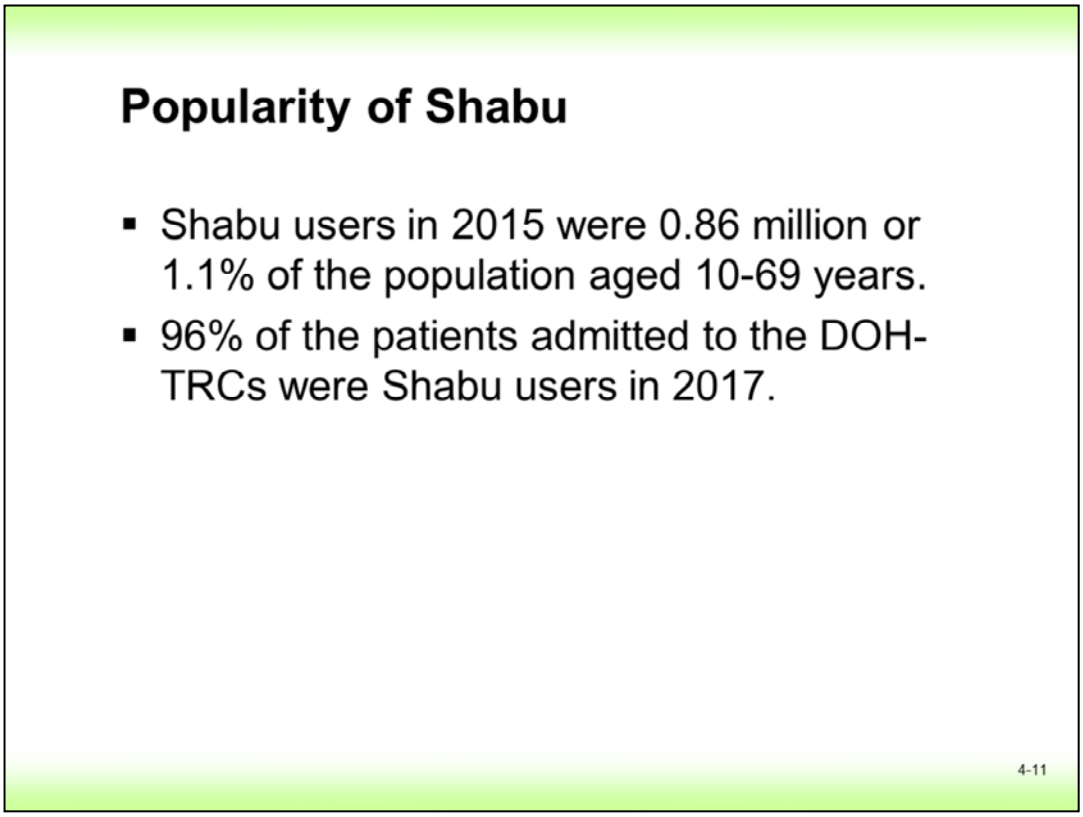
Slide 5-9—Route of Administration

- Both Shabu and cocaine are available in various forms that can be
  - ✓ Injected
  - ✓ Smoked
  - ✓ Snorted
- How a drug is taken influences
  - ✓ How quickly it produces an effect
  - ✓ The strength of the drug's effects, both positive and negative
  - ✓ The negative effects a person will experience



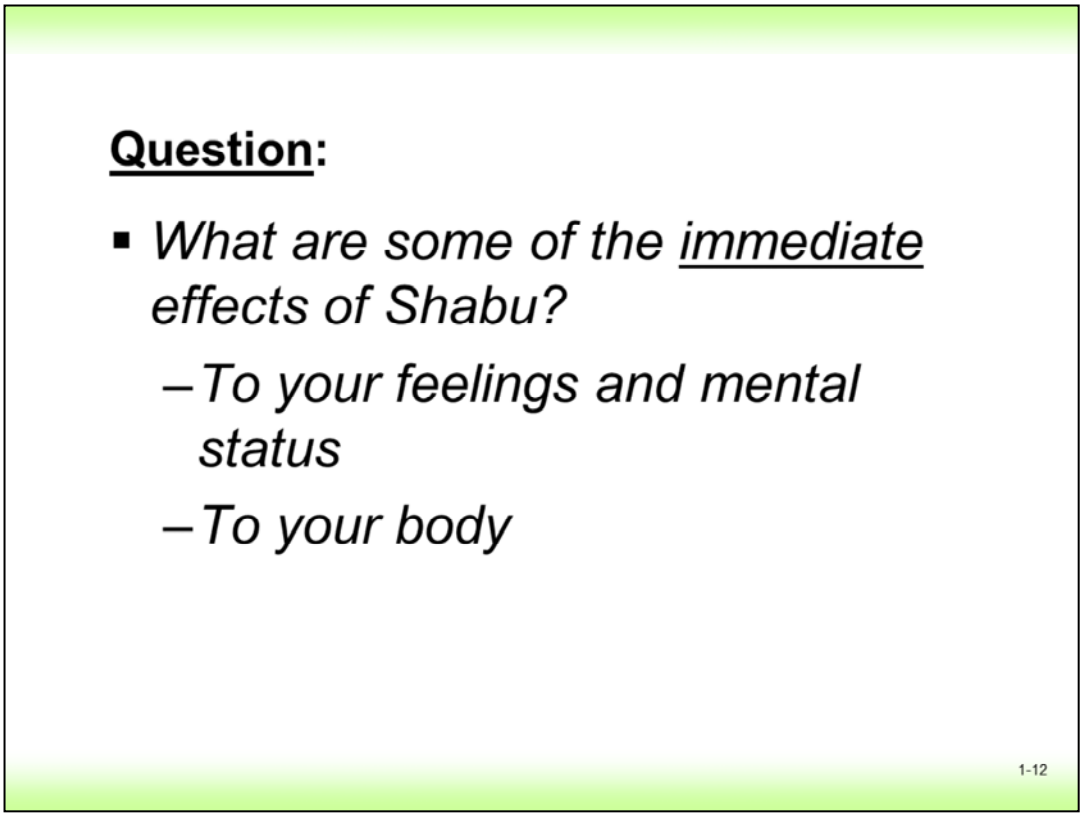
Slide 5-10—Methamphetamine (Shabu)

- The first stimulant drug we will discuss is Methamphetamine or Shabu, a synthetic drug that is manufactured from common chemicals.



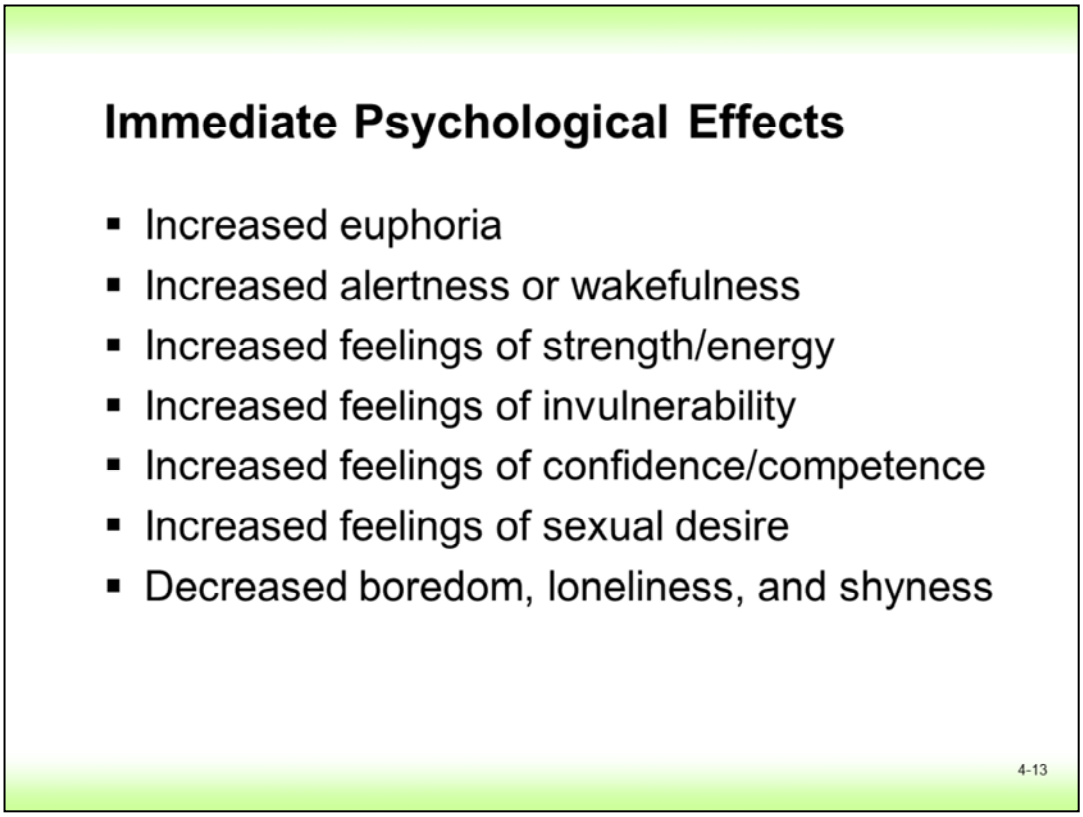
Slide 5-11—Popularity of Shabu

- According to the report of Dangerous Drug Board (DDB), the Shabu users in 2015 were 0.86 million of 1.1% of the population aged 10-69 in the Philippines.
- Shabu users accounted for 96% of the patients admitted to the TRCs operated by DOH in 2017.



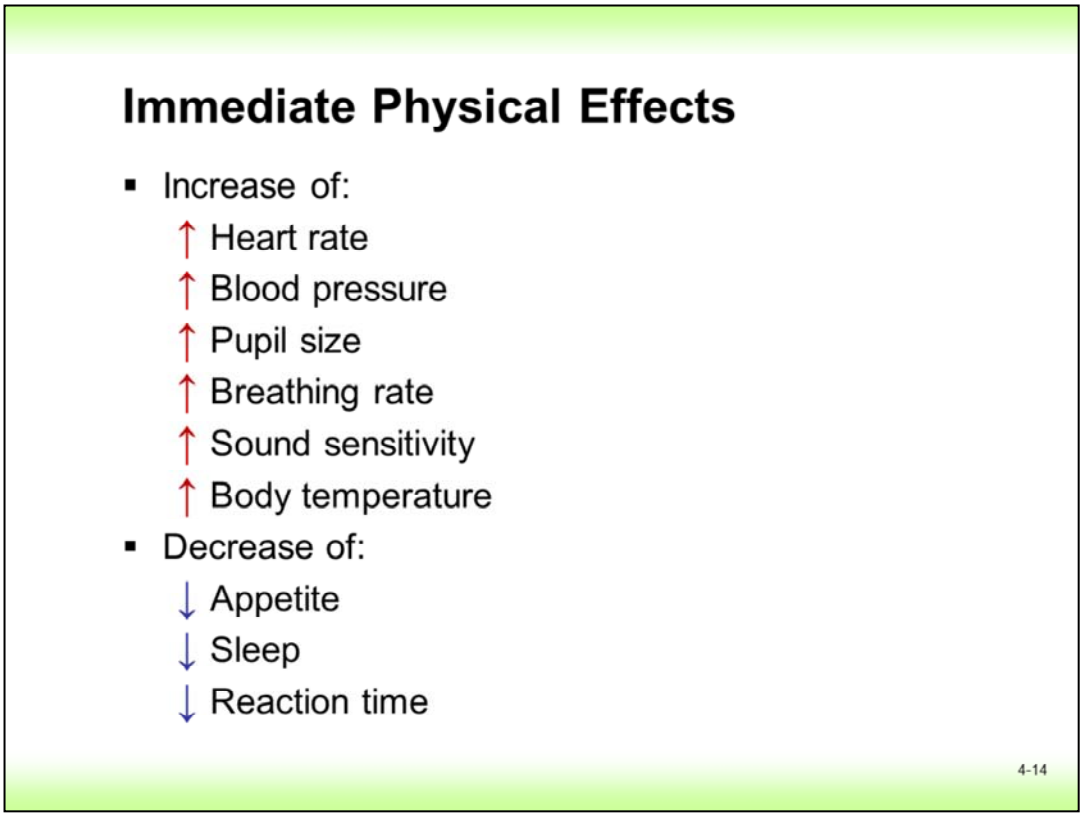
Slide 5-12—Question

- Ask participants about some of the immediate effects of Shabu: (1) To their feelings and mental status, and (2) To their body.



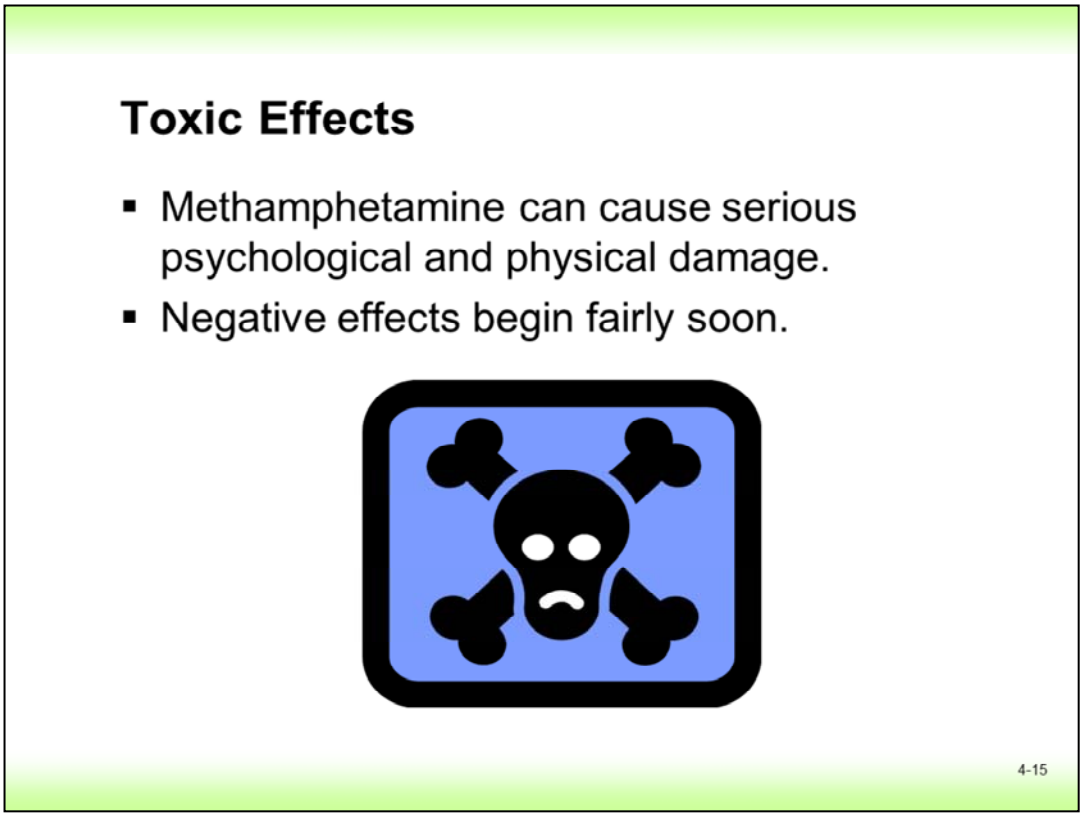
Slide 5-13—Immediate Psychological Effects

- The immediate psychological effects of methamphetamine include
  - ✓ Euphoria
  - ✓ Alertness or wakefulness
  - ✓ Feelings of increased strength and renewed energy
  - ✓ Feelings of invulnerability (feeling that nothing bad can happen to you)
  - ✓ Feelings of increased confidence and competence
  - ✓ Intensified feelings of sexual desire
  - ✓ Decreased feelings of boredom, loneliness, and shyness



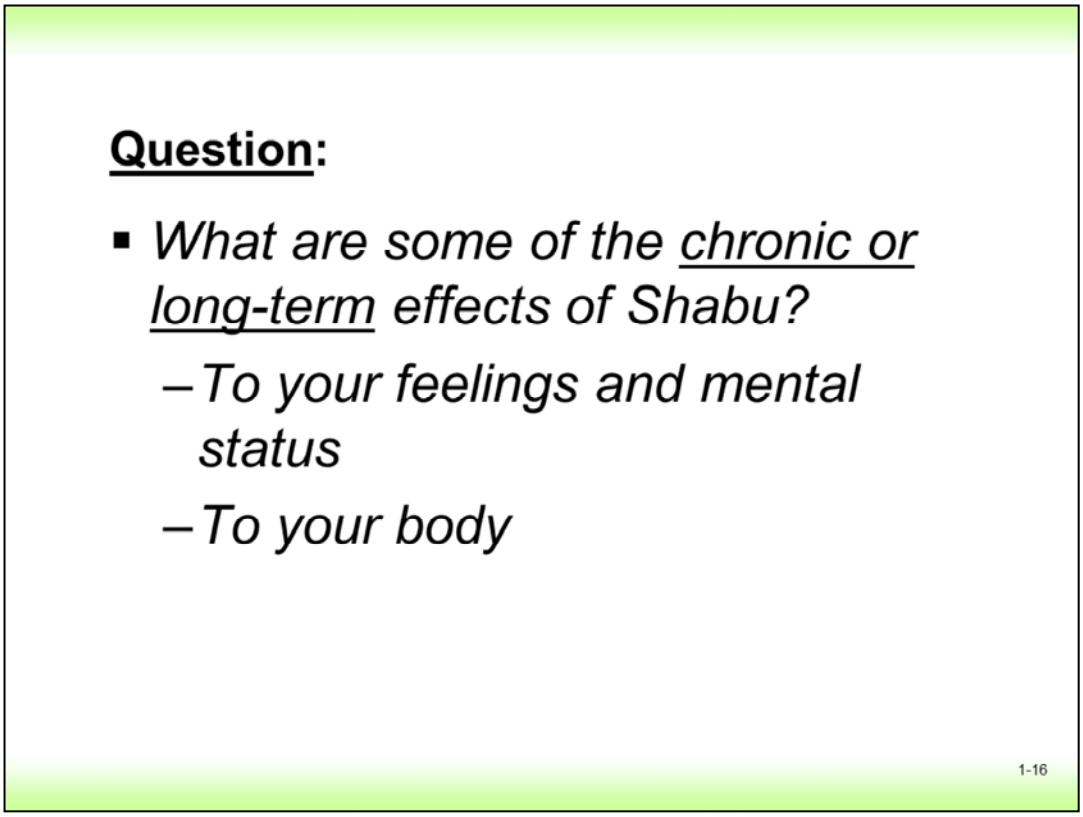
Slide 5-14—Immediate Physical Effects

- The immediate physical effects of methamphetamine include
  - ✓ Increased
    - Heart rate
    - Pupil size
    - Sensitivity to sound and stimulation
    - Blood pressure
    - Breathing rate
    - Body temperature
  - ✓ Decreased
    - Appetite
    - Sleep
    - Reaction time



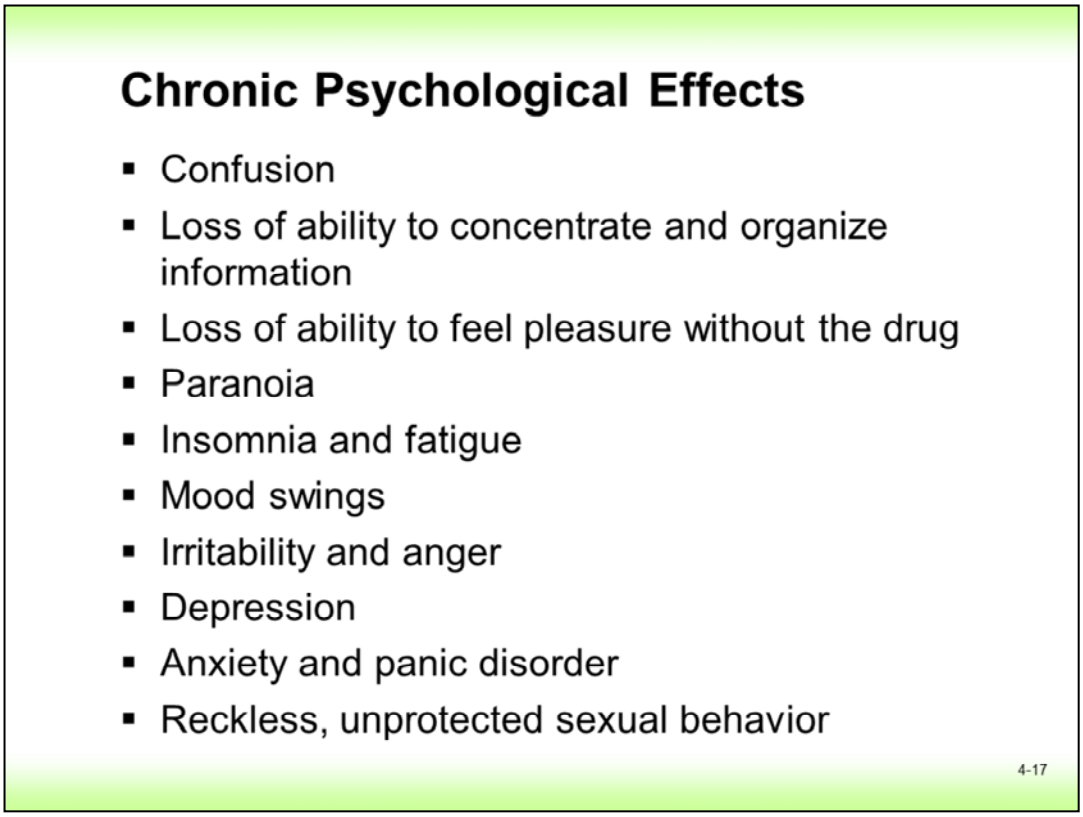
Slide 5-15—Toxic Effects

- These effects may not sound bad, or they even may sound desirable.
- However, Shabu can cause serious long-term psychological and physical damage (toxic effects).
- Although many toxic effects go away in time, even after a person stops using Shabu, some effects can be permanent.
- Most negative effects begin fairly soon with regular Shabu use.



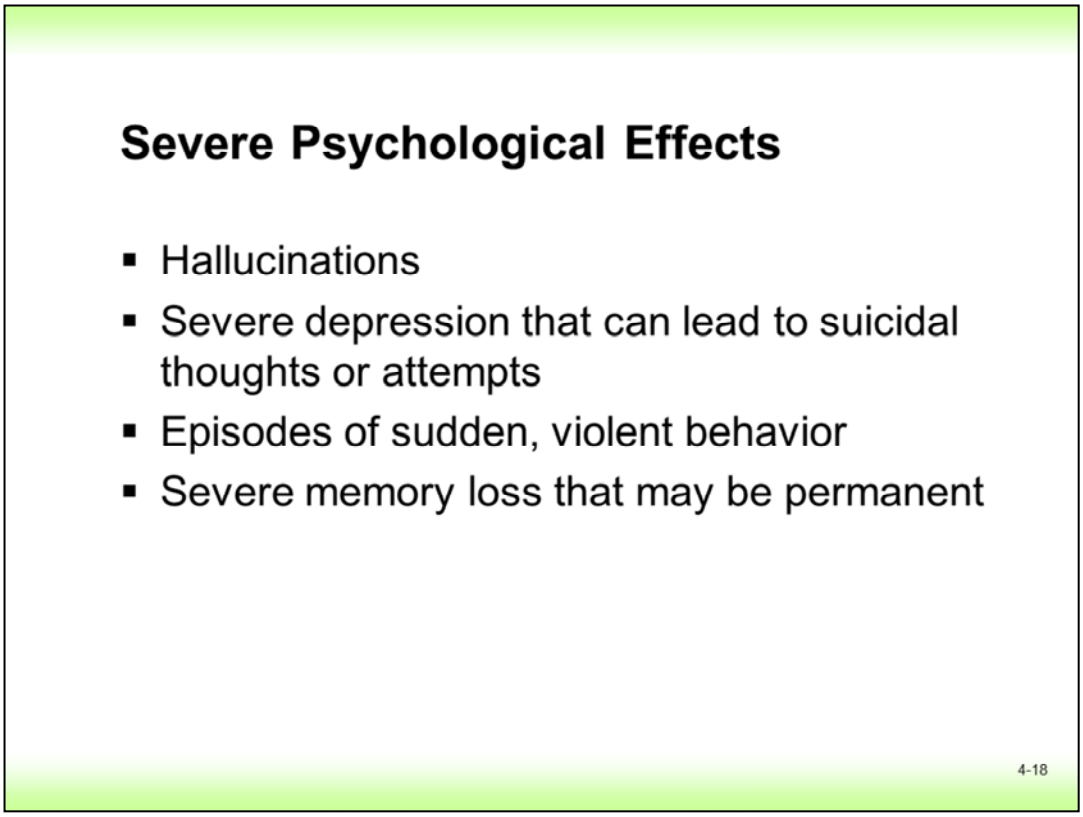
Slide 5-16—Question

- Ask participants about some chronic or long-term effects of Shabu: (1) To their feelings and mental status, and (2) To their body.



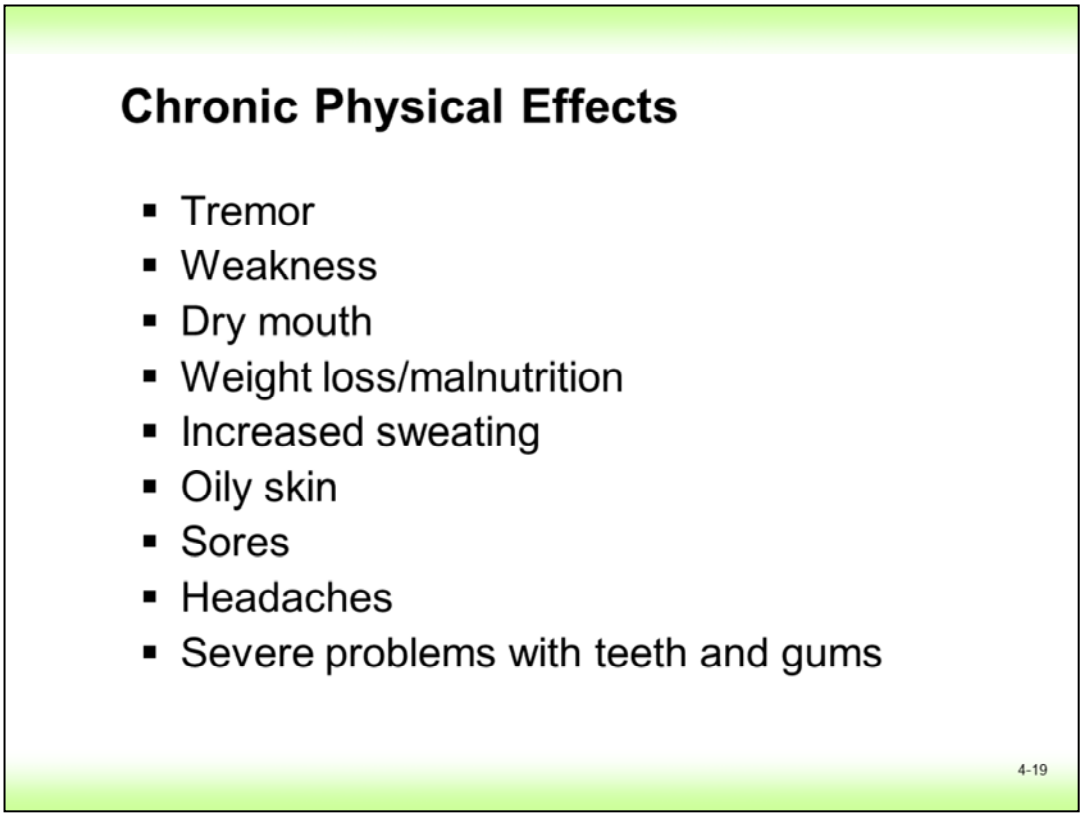
Slide 5-17—Chronic Psychological Effects

- Chronic psychological effects ("chronic" means that these effects may begin later in a person's use cycle and last a long time) of Shabu use include increased
  - ✓ Confusion
  - ✓ Loss of ability to concentrate and organize information
  - ✓ Mood swings
  - ✓ Irritability and anger
  - ✓ Loss of ability to feel pleasure without the drug
  - ✓ Paranoia (persistent feelings that one is being watched, is being followed, or is about to be harmed)
  - ✓ Insomnia and fatigue
  - ✓ Depression
  - ✓ Anxiety and panic disorder
  - ✓ Depression when not using Shabu, called "crashing"
  - ✓ Reckless, unprotected sexual behavior



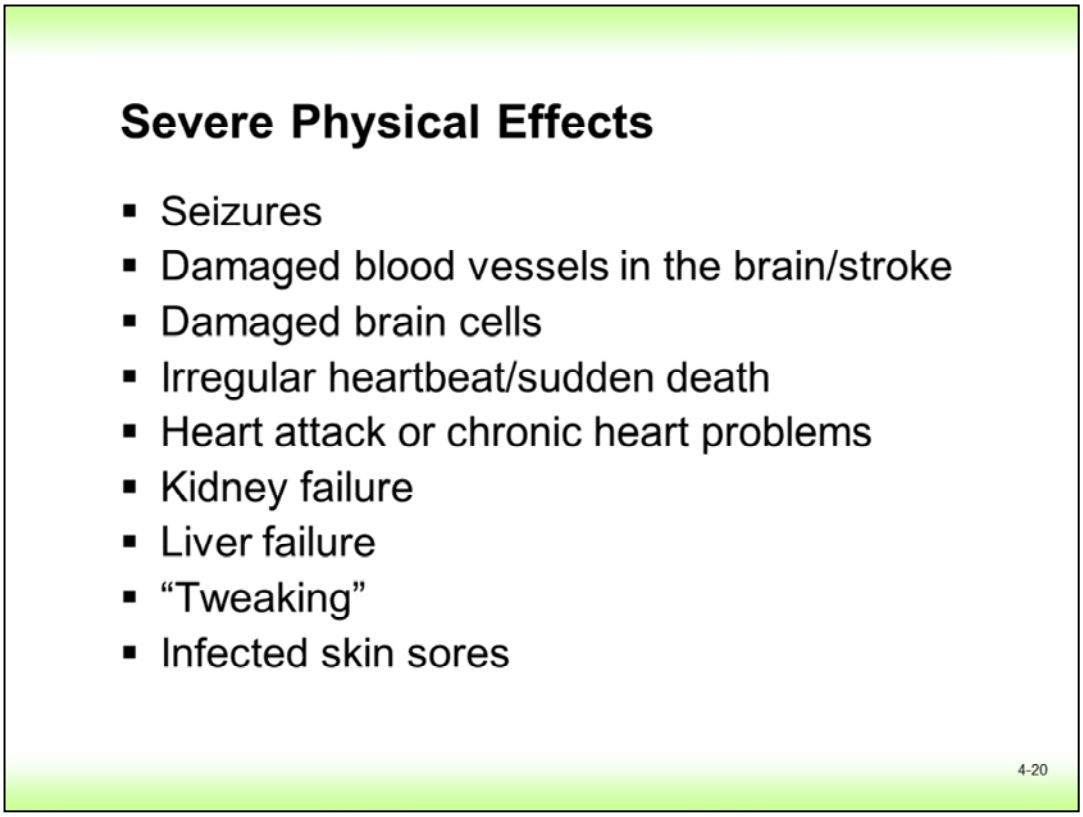
Slide 5-18—Severe Psychological Effects

- Particularly severe psychological effects can include
  - ✓ Tactile hallucinations (the person feels as if things are crawling on him or her) or auditory hallucinations (the person hears things that aren't there)
  - ✓ Severe depression that can lead to suicidal thoughts or attempts
  - ✓ Episodes of sudden, violent behavior
  - ✓ Severe memory loss that may be permanent



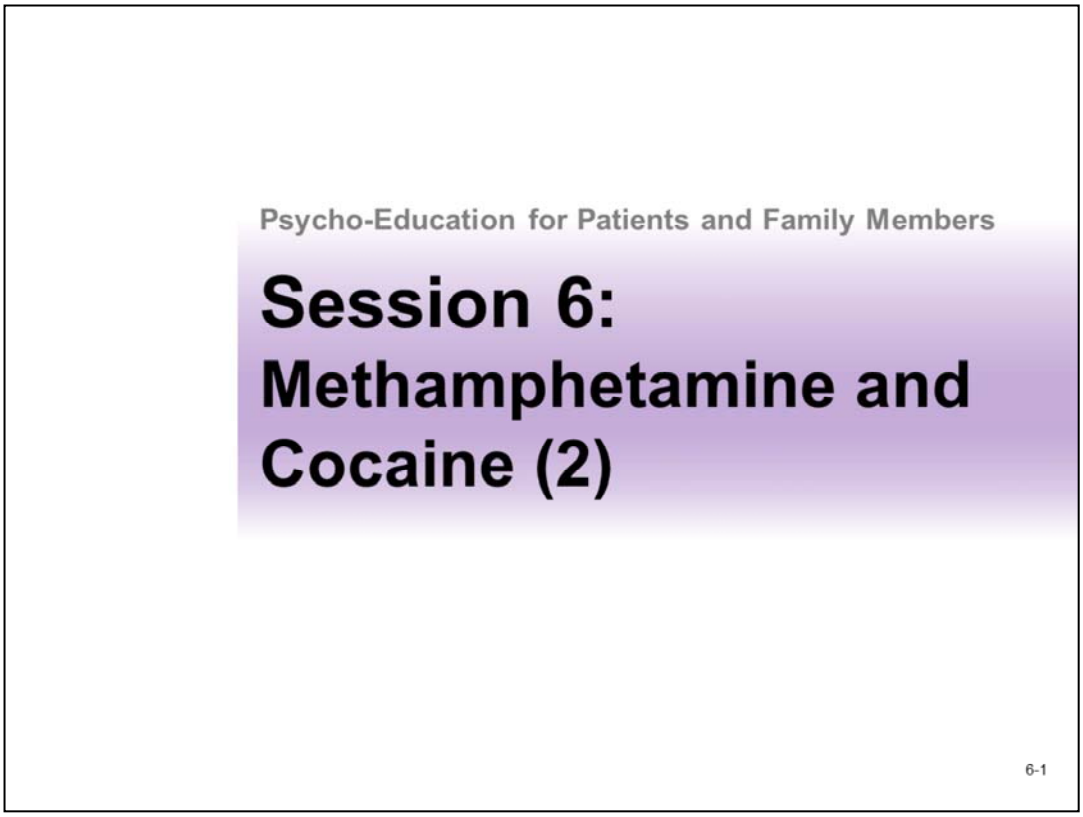
Slide 5-19—Chronic Physical Effects

- Chronic physical effects of use include
  - ✓ Tremor (shakiness)
  - ✓ Weakness
  - ✓ Dry mouth
  - ✓ Weight loss and malnutrition
  - ✓ Increased sweating
  - ✓ Only skin
  - ✓ Sores caused by oily skin and by the person picking at his or her skin, a common effect of Shabu use
  - ✓ Headaches
  - ✓ Severe problems with teeth and gums caused by teeth grinding, decreased blood flow to the mouth, and decreased saliva



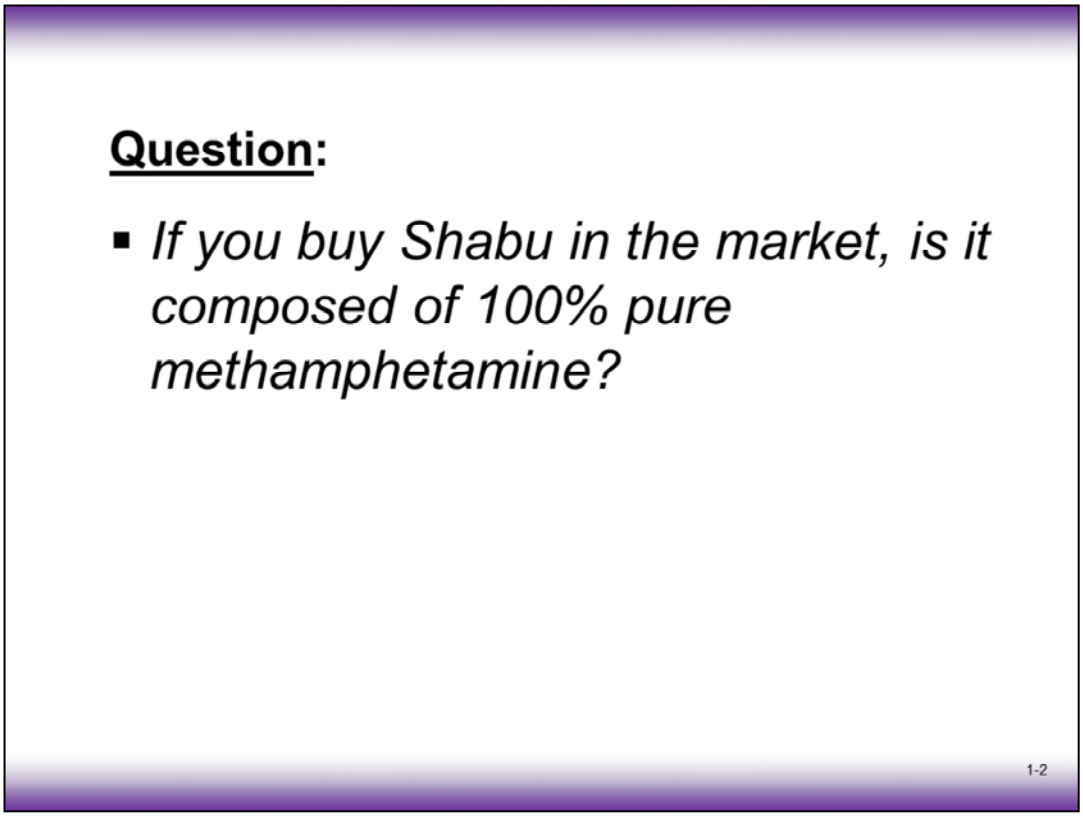
Slide 5-20—Severe Physical Effects

- Particularly severe physical effects can include
  - ✓ Seizures
  - ✓ Damage to small blood vessels in the brain, which can lead to stroke
  - ✓ Damaged brain cells
  - ✓ Irregular heartbeat that can cause sudden death
  - ✓ Heart attack or chronic heart problems, including the breaking down of the heart muscle
  - ✓ Kidney failure
  - ✓ Liver failure
  - ✓ "Tweaking," movements that a person can't control that are repeated regularly
  - ✓ Infected skin sores that can cause severe scarring



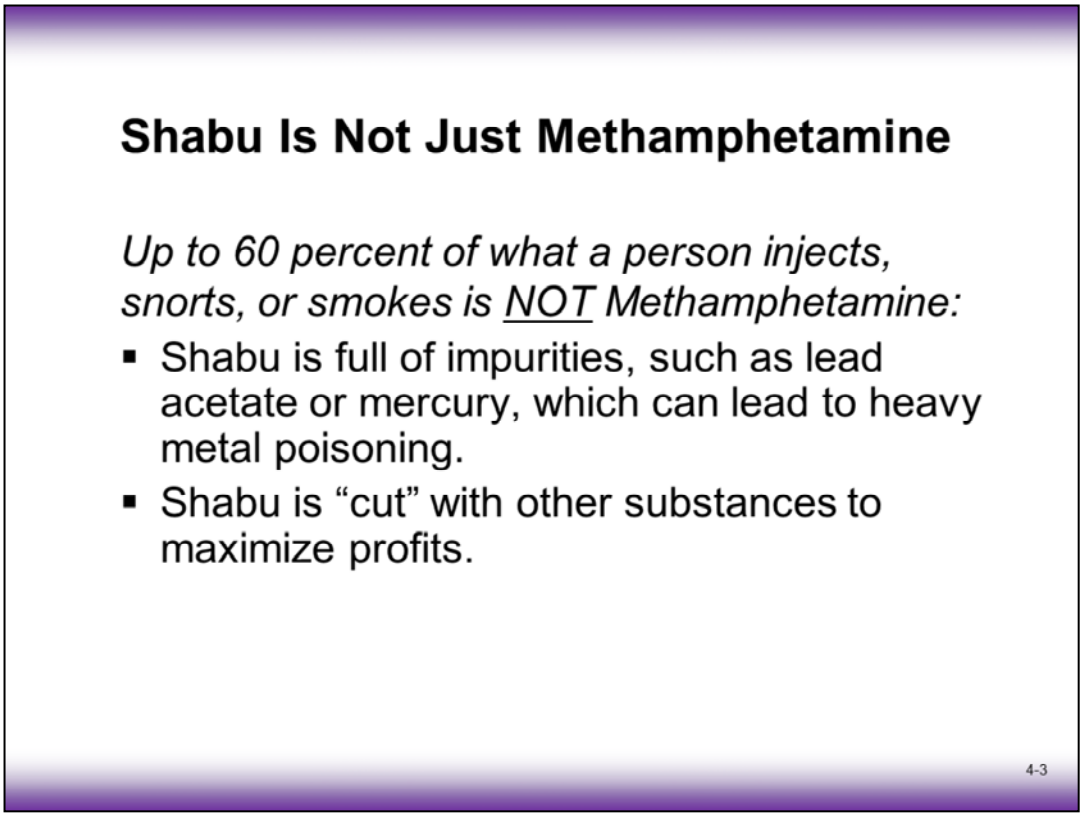
Slide 6-1—Methamphetamine and Cocaine

- We continue to learn about methamphetamine, then move onto cocaine.



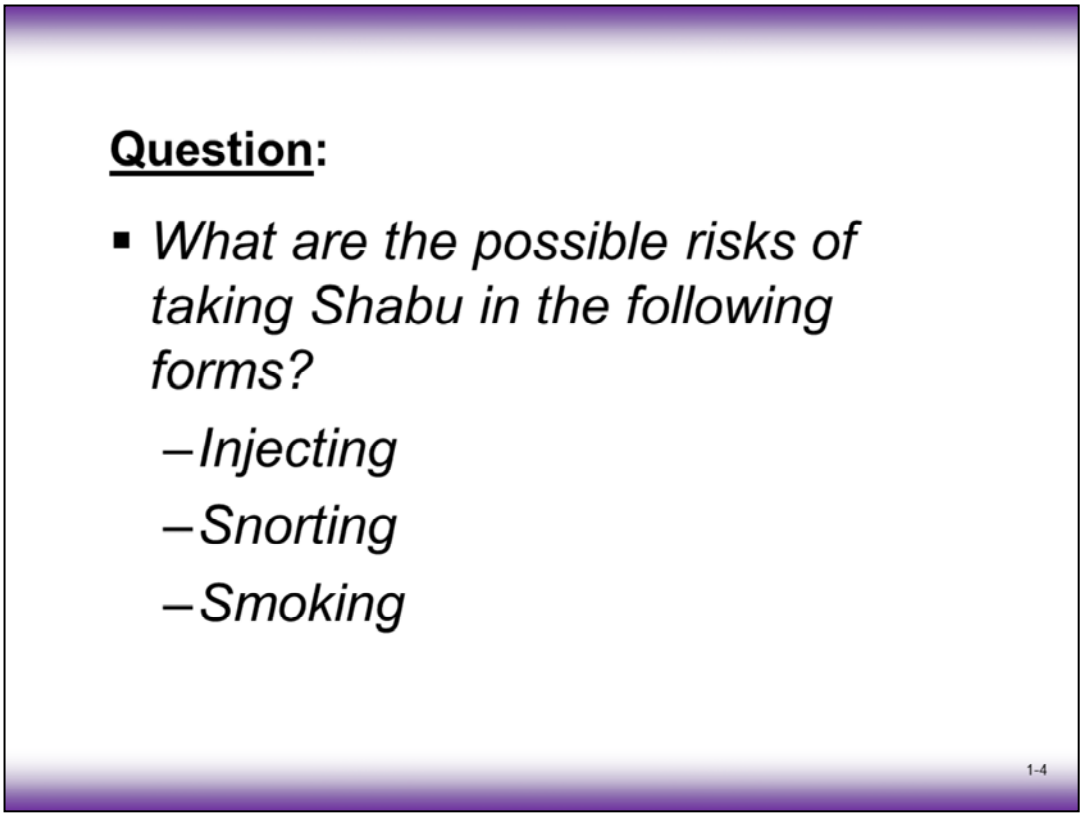
Slide 6-2—Question

- Ask participants if Shabu in the market is composed of 100% pure methamphetamine.



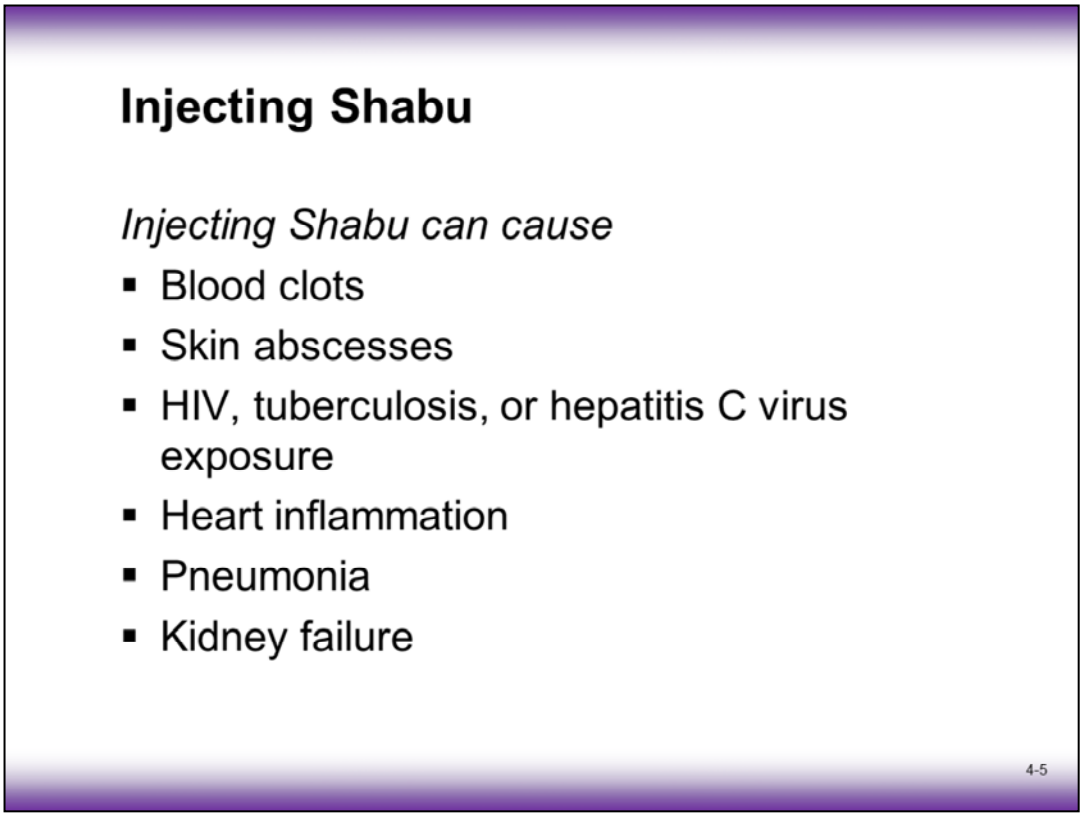
Slide 6-3—Shabu Is Not Just Methamphetamine

- Because Shabu is manufactured by amateur "cooks," it is often full of impurities, such as lead acetate or mercury, which can lead to heavy metal poisoning, and various acids created in the process.
- In addition, Shabu is "cut" or diluted, before it is sold to maximize profits.
- The substances used to cut methamphetamine can cause problems of their own.
- Shabu purity tends to range from 40 to 70 percent, meaning 30 to 60 percent of what a person injects, snorts, or smokes is not methamphetamine.



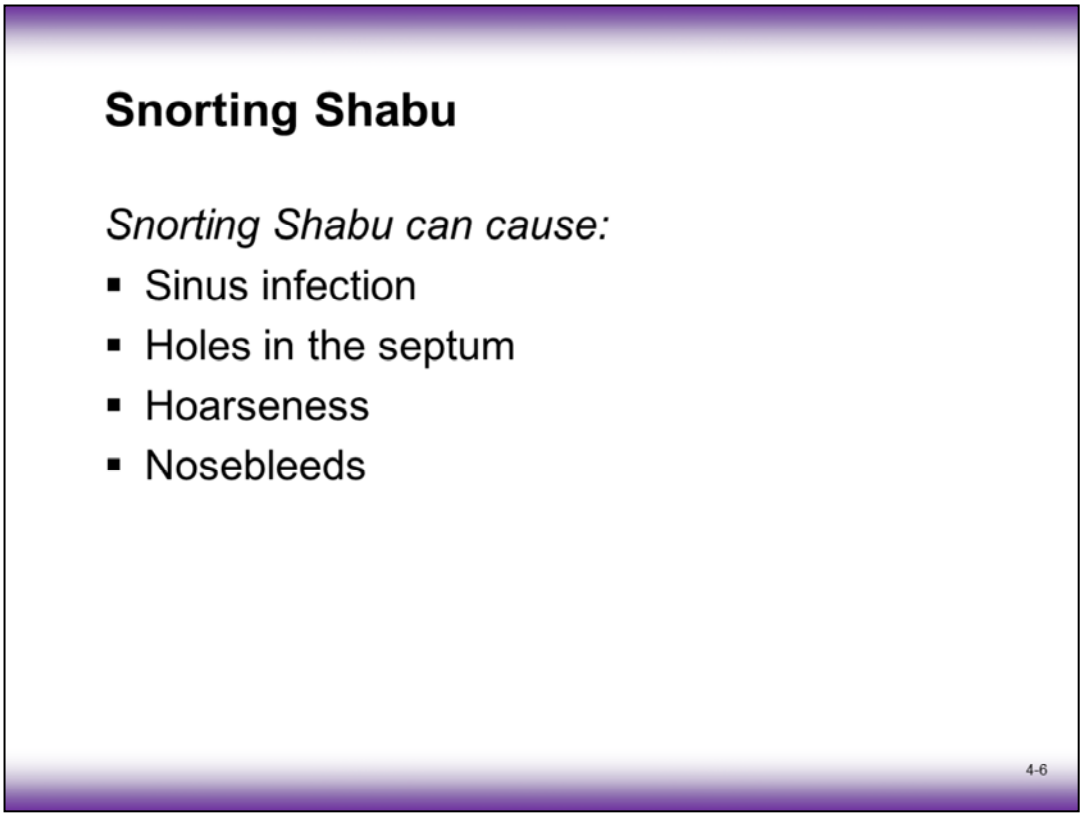
Slide 6-4—Question

- Ask participants about possible risks of taking Shabu in the following forms: (1) Injecting, (2) Snorting, and (3) Smoking.



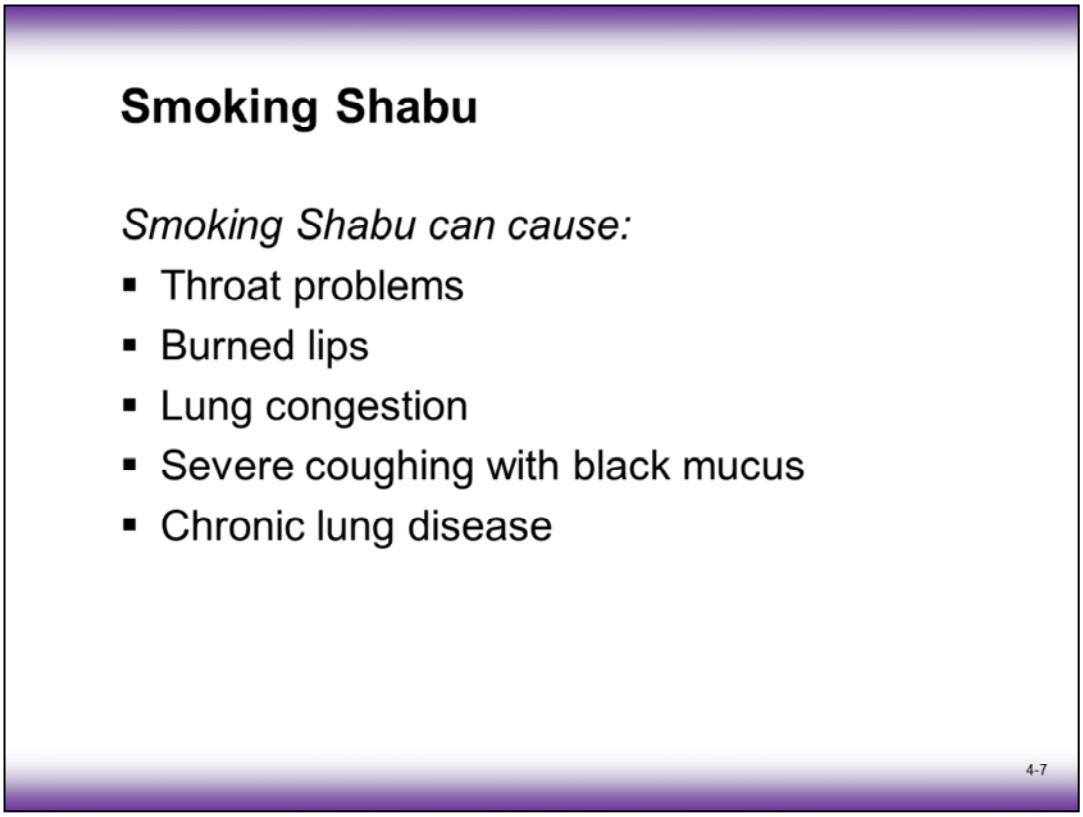
Slide 6-5—Injecting Shabu

- The ways in which a person can take Shabu create special problems as well. Injecting Shabu can cause
  - ✓ Blood clots
  - ✓ Skin abscesses
  - ✓ HIV, tuberculosis, or hepatitis C virus exposure from sharing needles and other works or from unprotected sex
  - ✓ Heart inflammation
  - ✓ Pneumonia
  - ✓ Kidney failure



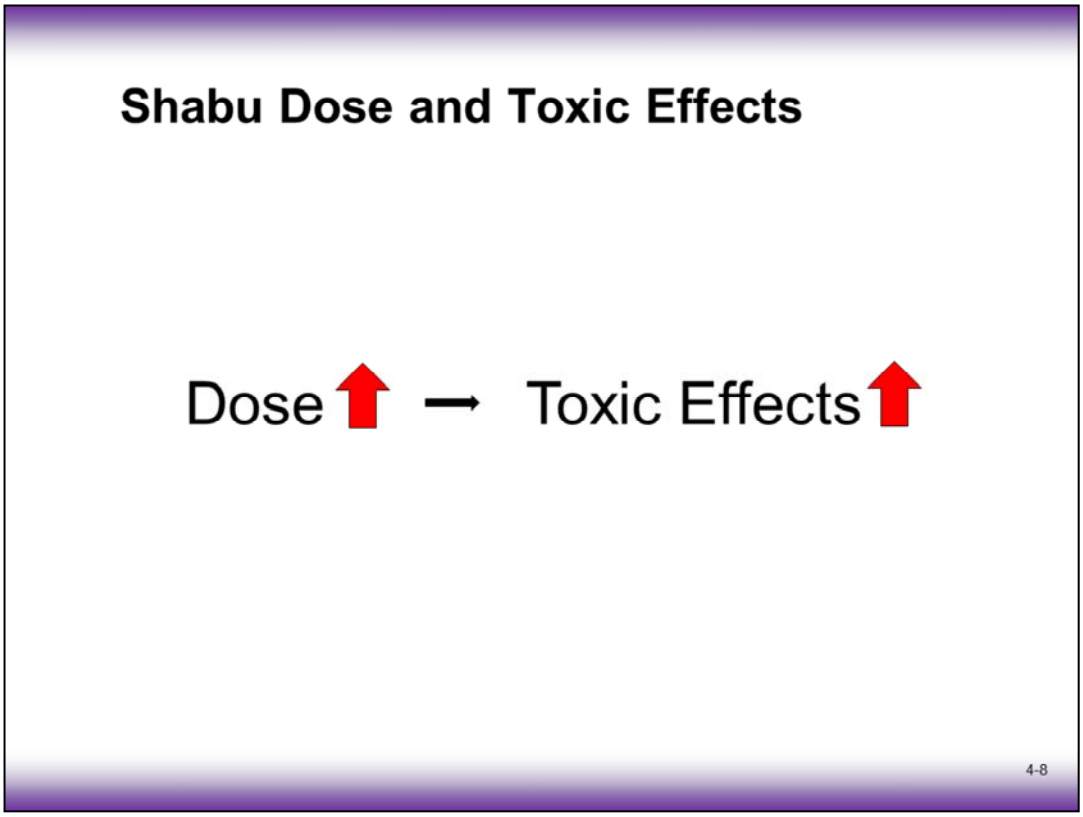
Slide 6-6—Snorting Shabu

- Snorting Shabu can cause
  - ✓ Sinus infection
  - ✓ Holes in the septum, the cartilage between nostrils
  - ✓ Hoarseness
  - ✓ Nosebleeds



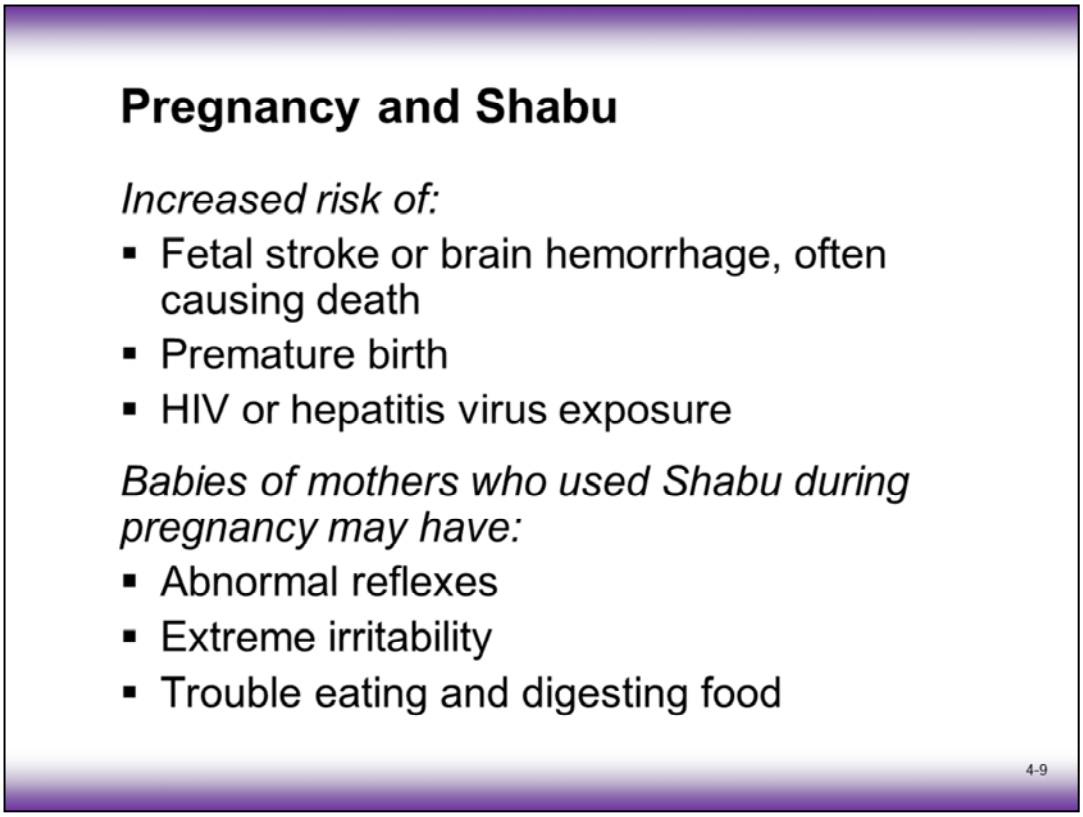
Slide 6-7—Smoking Shabu

- Smoking Shabu can cause
  - ✓ Throat problems
  - ✓ Burned lips
  - ✓ Lung congestion
  - ✓ Severe coughing with black mucus
  - ✓ Chronic lung disease



Slide 6-8—Shabu Dose and Toxic Effects

- The dose and frequency of Shabu use affect the level of toxic effects, as well.
- The higher the dose and the more frequent the use, the higher the likelihood of toxic effects.
- People who use Shabu tend to develop tolerance for the drug, meaning that it takes a higher dose to get the desired effect as people continue to use Shabu.

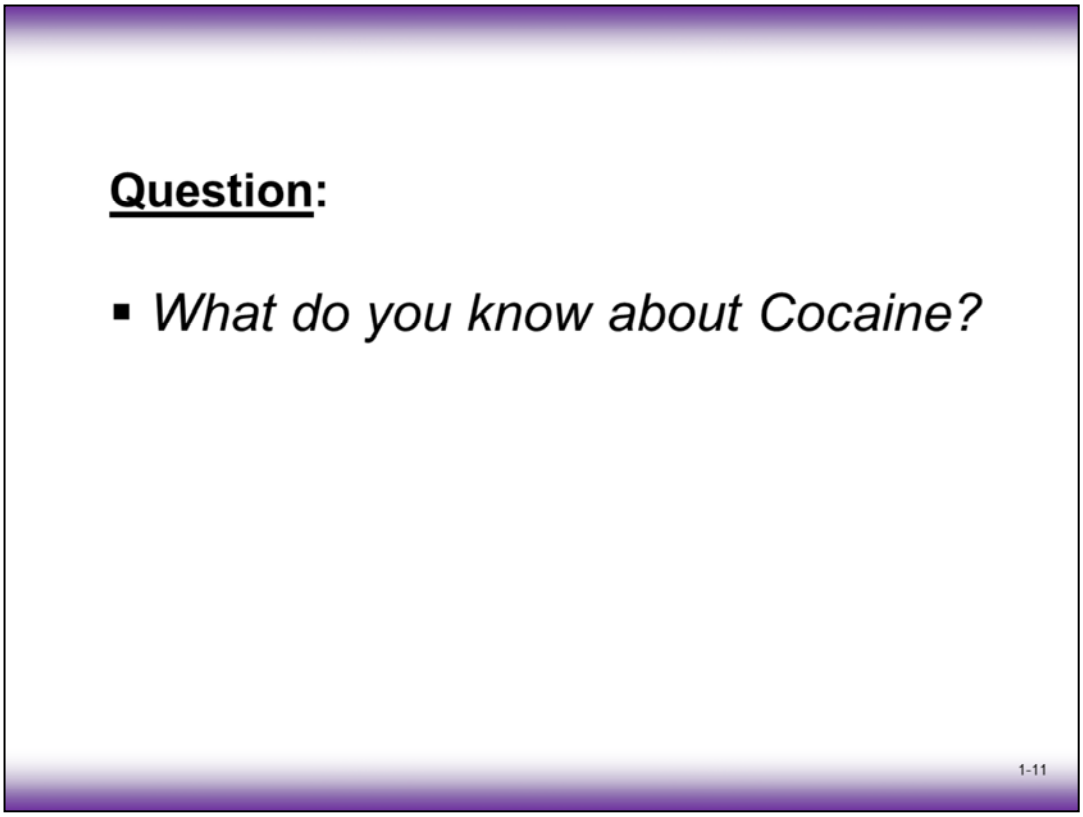


Slide 6-9—Pregnancy and Shabu

- A woman who uses Shabu while she is pregnant may harm her fetus.
- Fetuses of mothers who use Shabu are at higher risk of having a stroke or brain hemorrhage, often causing death, before delivery.
- Shabu use during pregnancy also can cause premature birth.
- Fetuses also may be exposed to HIV or hepatitis if the mother is infected with these viruses.
- Babies of mothers who used Shabu during pregnancy may have
  - ✓ Abnormal reflexes
  - ✓ Extreme irritability
  - ✓ Trouble eating and digesting food

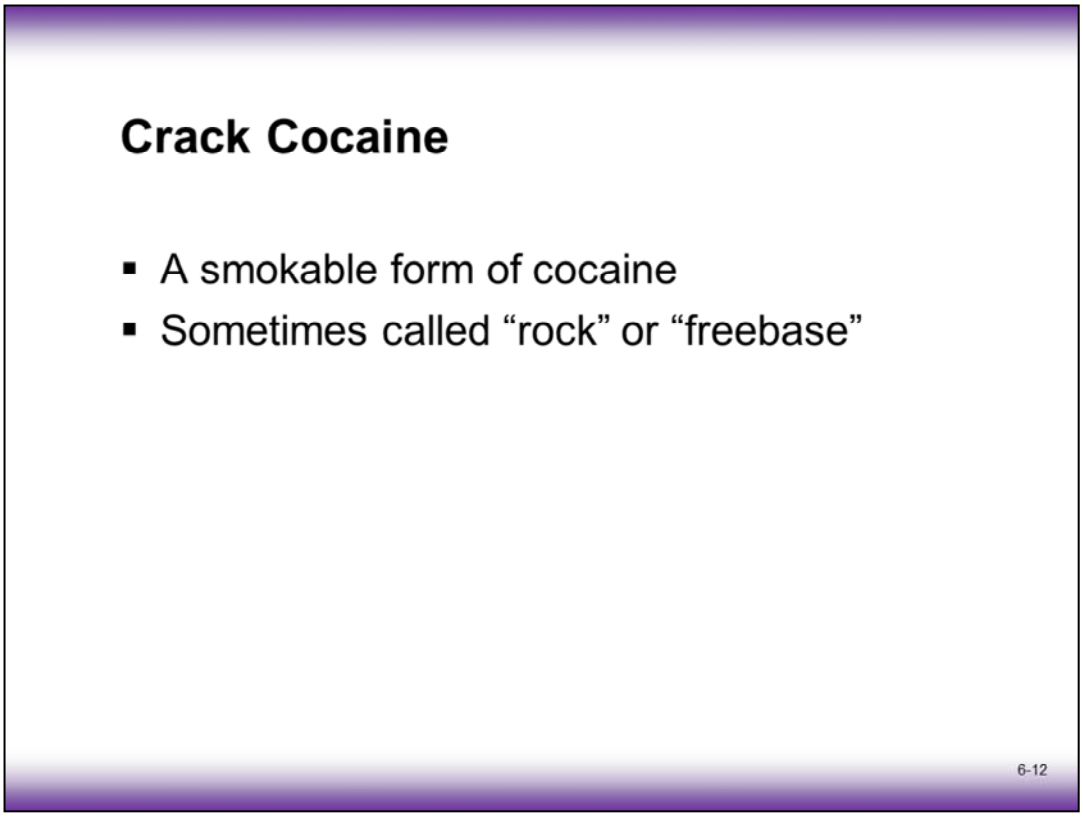
Slide 6-10—Cocaine

- The other stimulant drug we will discuss is cocaine, a drug that is made from the leaves of the coca plant.
- Cocaine is not as popular as Shabu in the Philippines, but we shall understand its basics.



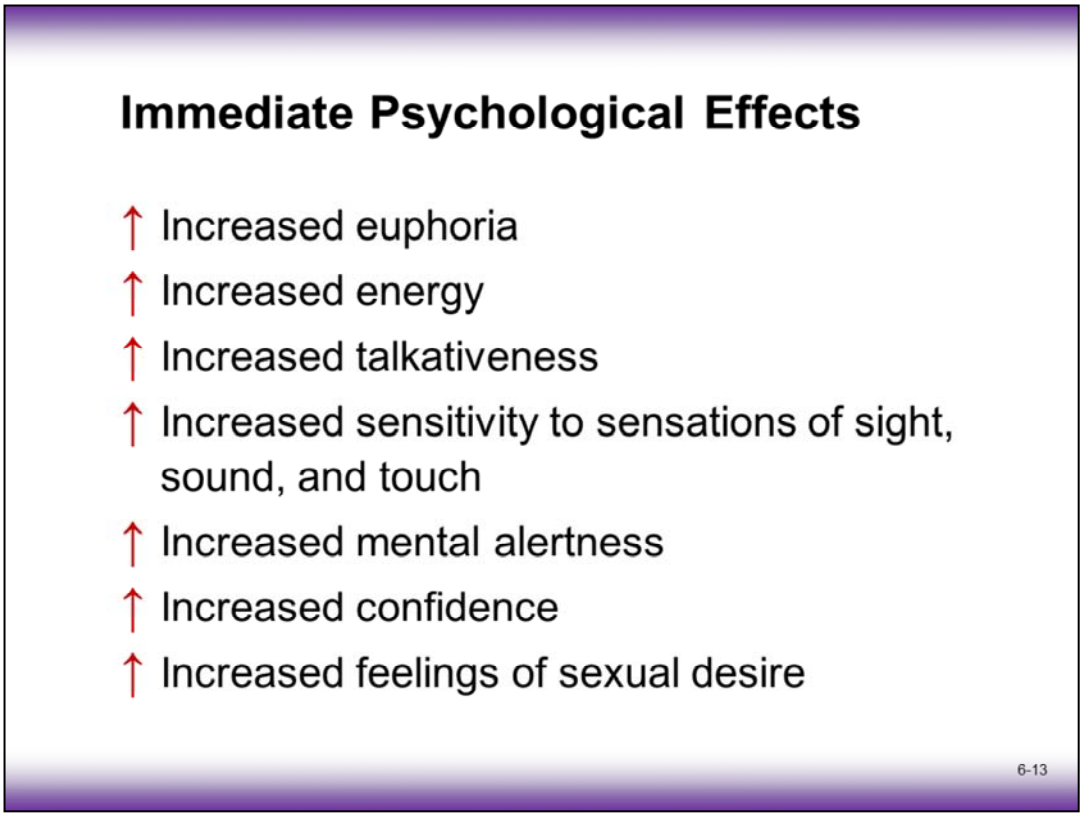
Slide 6-11—Question

- Ask participants about anything they know about cocaine.



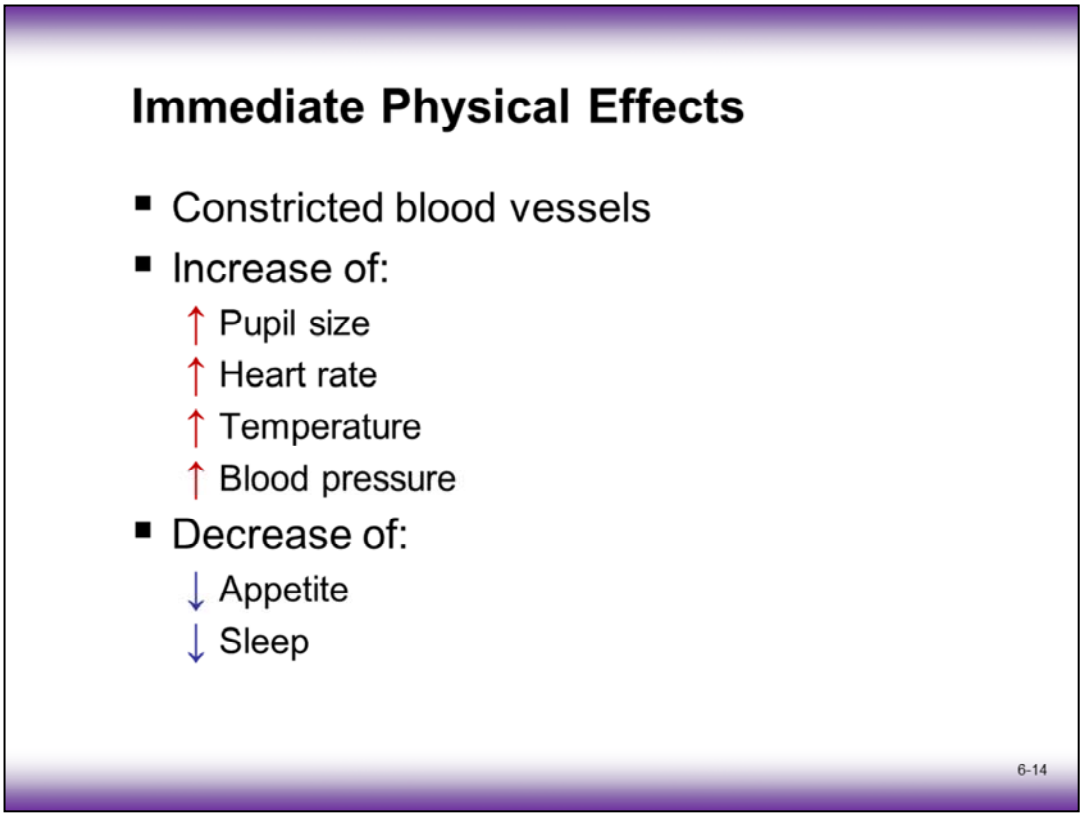
Slide 6-12—Crack Cocaine

- Crack cocaine is cocaine that has been processed from cocaine hydrochloride into a rock crystal form that can be smoked.
- It gets its name from the cracking sound it makes when heated.
- Crack is sometimes called “rock” or “freebase.”
- When people process cocaine hydrochloride themselves and smoke the result, it often is called “free basing.”



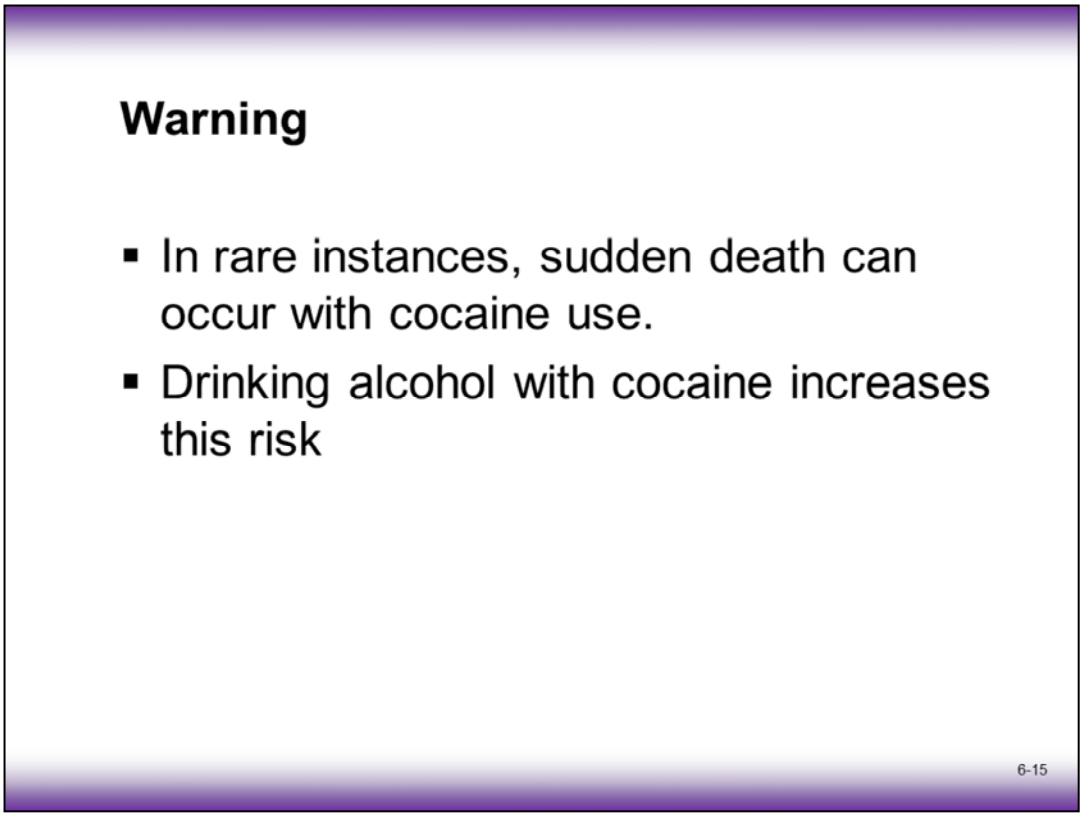
Slide 6-13—Immediate Psychological Effects

- The immediate psychological effects of cocaine are similar to those of Shabu and include
  - ✓ Euphoria
  - ✓ Increased energy
  - ✓ Increased talkativeness
  - ✓ Increased sensitivity to sensations of sight, sound, and touch
  - ✓ Increased mental alertness
  - ✓ Increased confidence
  - ✓ Intensified feelings of sexual desire



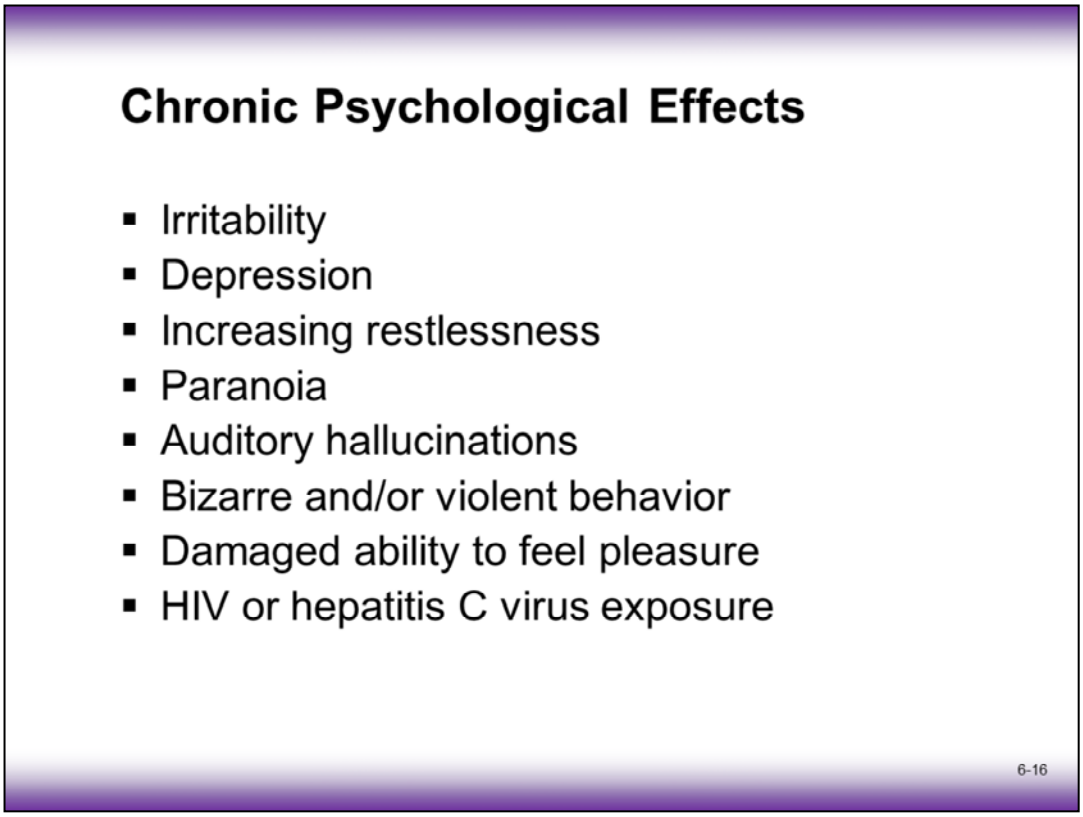
Slide 6-14—Immediate Physical Effects

- The immediate physical effects of cocaine include:
  - ✓ Increase of:
    - Pupil size
    - Heart rate
    - Temperature
    - Blood pressure
  - ✓ Decrease of:
    - Appetite
    - Sleep



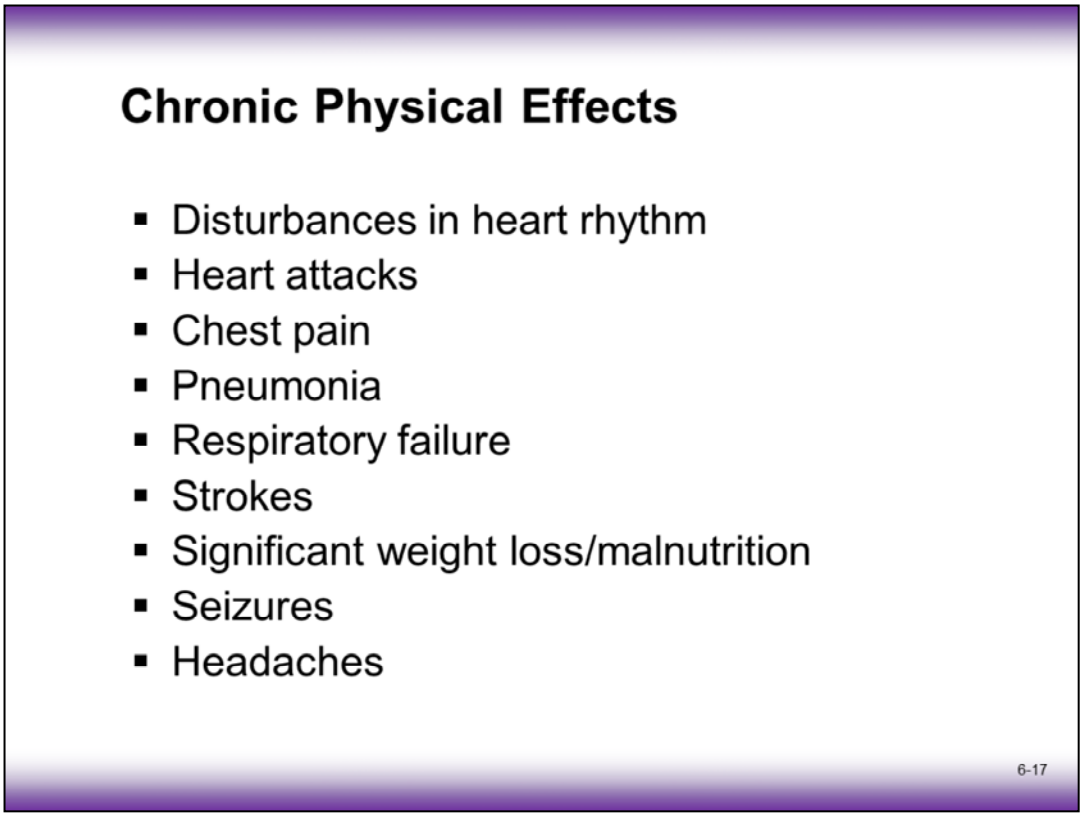
Slide 6-15—Warning

- In rare instances, sudden death can occur with cocaine use, even the first time someone uses the drug.
- Drinking alcohol with cocaine increases this risk.
- The liver combines cocaine and alcohol and manufactures a third substance, cocaethylene.
- Cocaethylene intensifies cocaine's euphoric effects, while increasing the risk of sudden death.



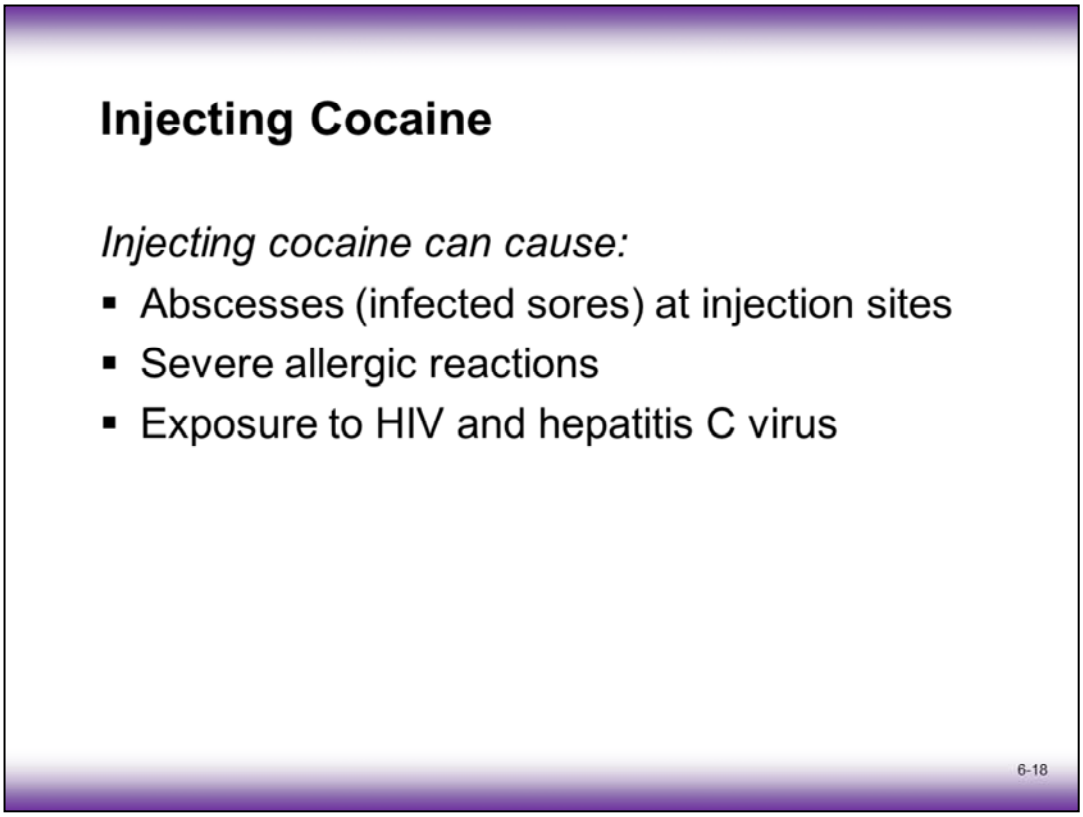
Slide 6-16—Chronic Psychological Effects

- Chronic psychological effects of cocaine use include
  - ✓ Irritability
  - ✓ Depression
  - ✓ Increasing restlessness
  - ✓ Paranoia
  - ✓ Auditory hallucinations
  - ✓ Possible bizarre and/or violent behavior (with high doses)
  - ✓ Damaged ability to feel pleasure without the drug
  - ✓ Exposure to HIV or hepatitis C virus through reckless, unprotected sex



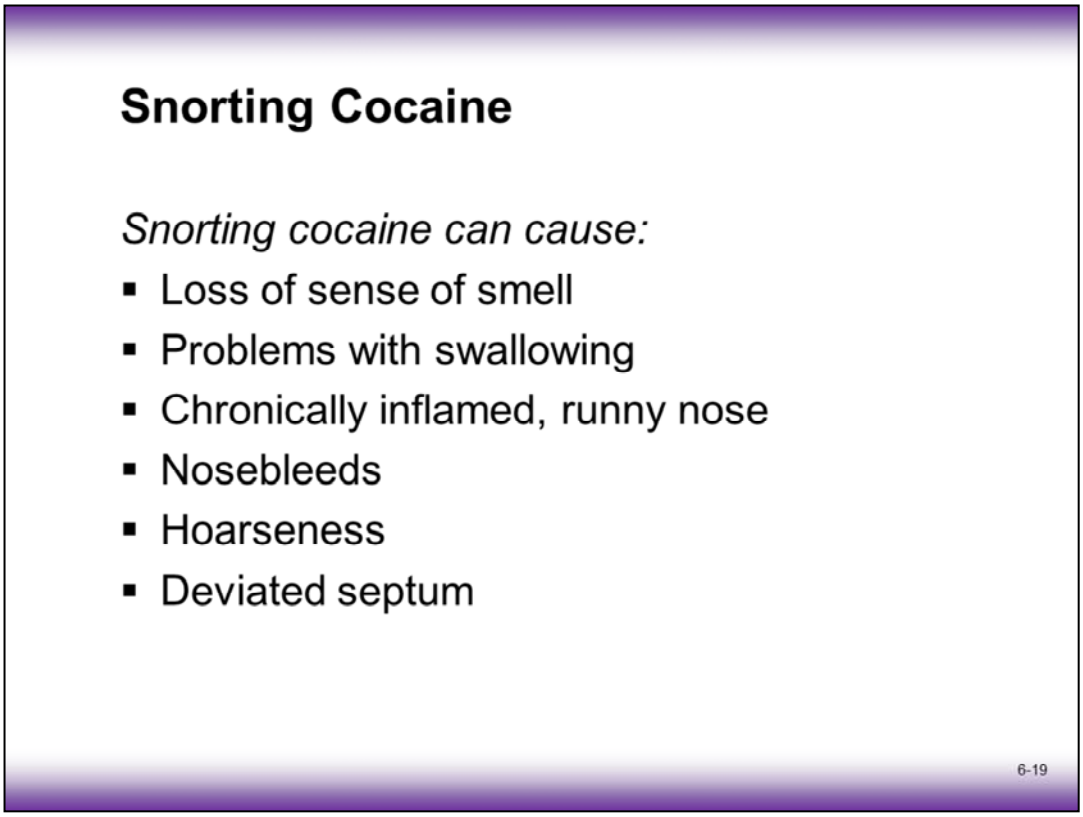
Slide 6-17—Chronic Physical Effects

- Chronic physical effects of cocaine use include
  - ✓ Cardiovascular effects, such as
    - Disturbances in heart rhythm
    - Heart attacks
  - ✓ Respiratory effects, such as
    - Chest pain
    - Bronchitis and pneumonia
    - Respiratory failure
  - ✓ Neurological effects, such as
    - Strokes
    - Loss of appetite over time leading to significant weight loss and malnutrition
    - Seizures
    - Headaches



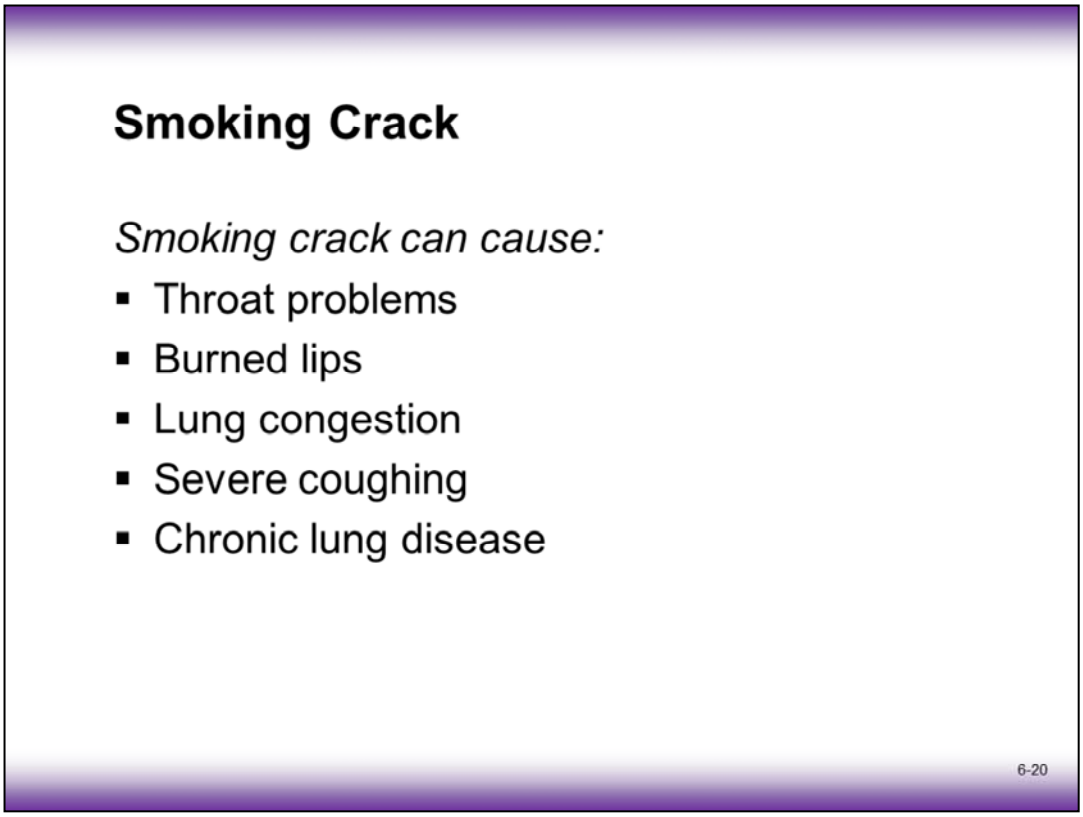
Slide 6-18—Injecting Cocaine

- Like Shabu, the way in which cocaine is used may cause particular problems. People who regularly inject cocaine may experience
  - ✓ Abscesses (infected sores) at injection sites
  - ✓ Allergic reactions, either to the drug or to some additive in street cocaine, which can result in death
  - ✓ Exposure to HIV and hepatitis C virus



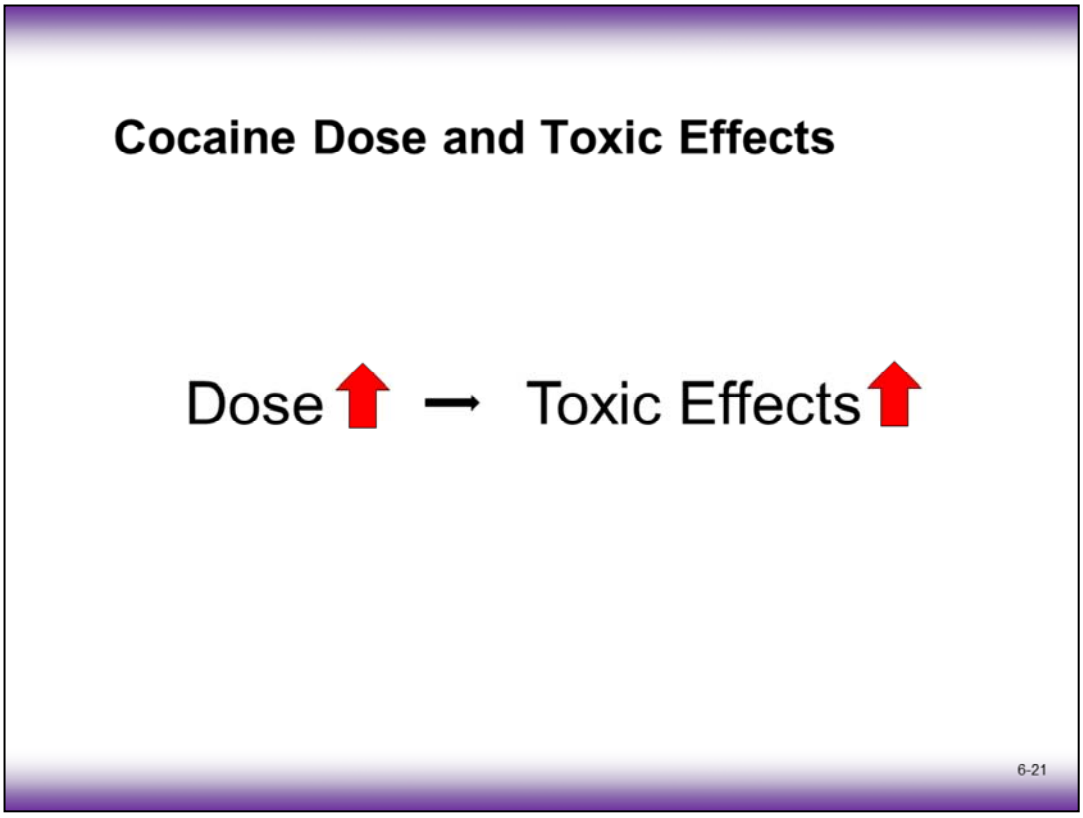
Slide 6-19—Snorting Cocaine

- Regularly snorting cocaine can lead to
  - ✓ Loss of sense of smell
  - ✓ Problems with swallowing
  - ✓ Overall irritation of the nasal septum leading to a chronically inflamed, runny nose
  - ✓ Nosebleeds
  - ✓ Hoarseness
  - ✓ Deviated septum



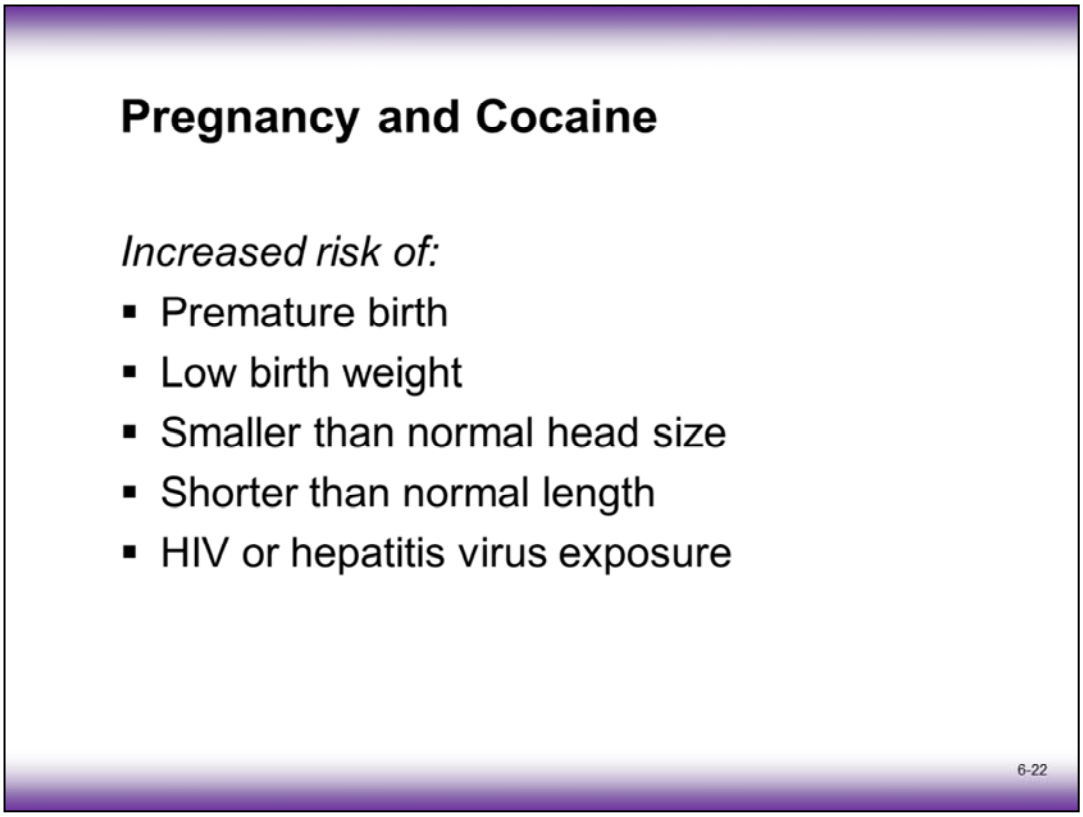
Slide 6-20—Smoking Crack

- Smoking crack cocaine can lead to
  - ✓ Throat problems
  - ✓ Burned lips
  - ✓ Lung congestion
  - ✓ Severe coughing
  - ✓ Chronic lung disease



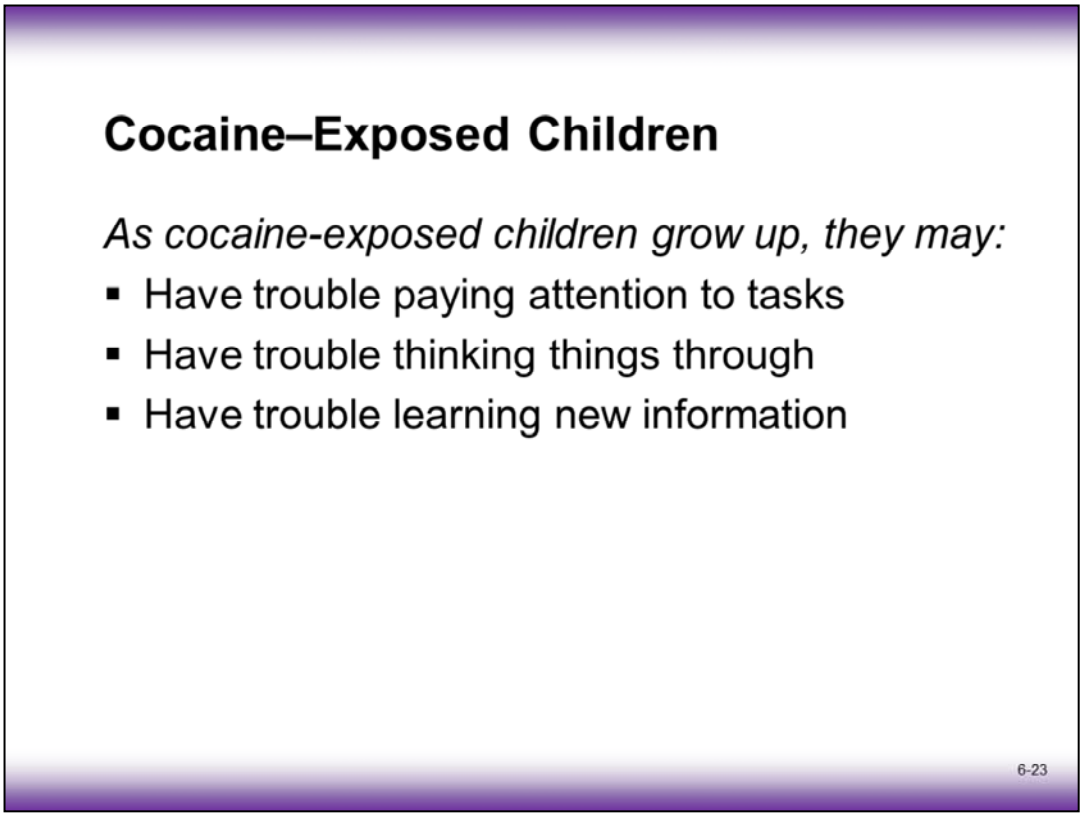
Slide 6-21—Cocaine Dose and Toxic Effects

- As with people who use Shabu, people who use cocaine regularly develop tolerance for the effects of the drug and use higher and higher doses to get the same euphoric effect.
- Higher doses and more frequent use increase the likelihood of toxic effects.



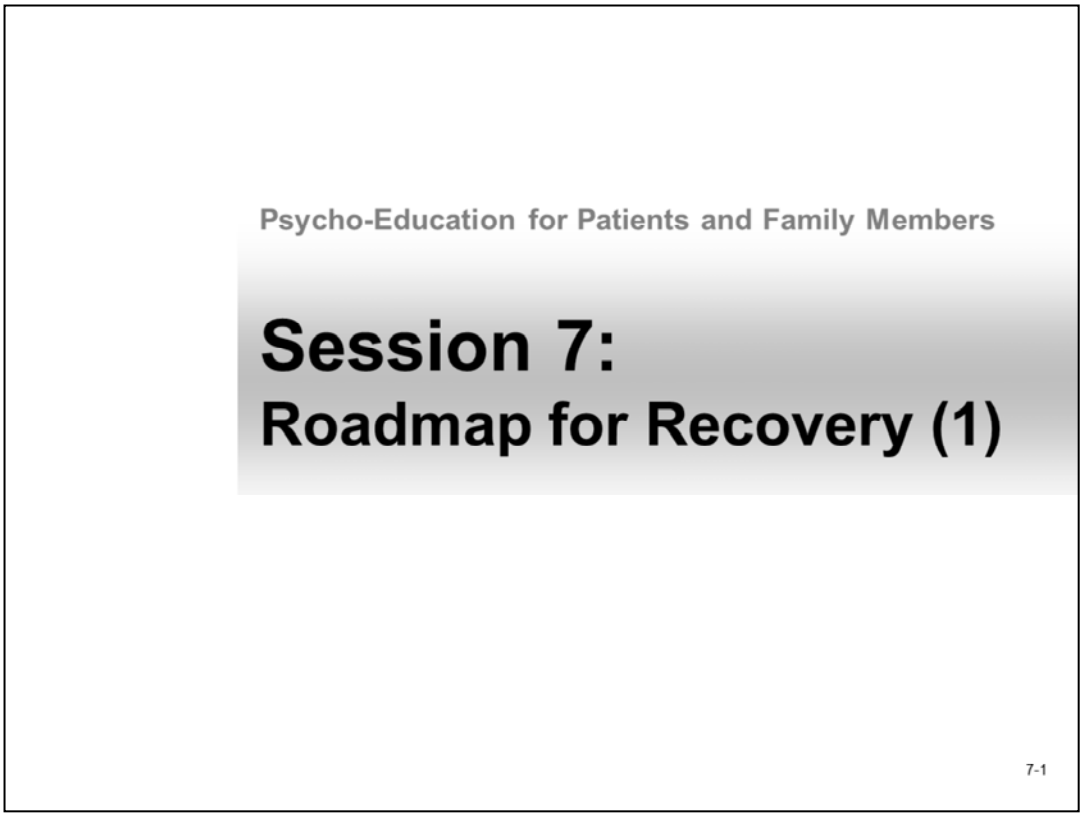
Slide 6-22—Pregnancy and Cocaine

- Using cocaine during pregnancy may cause serious problems for a woman's fetus.
- The drug passes through the placenta, enters the fetus' bloodstream, and passes through the fetal brain barrier.
- Babies born to mothers who used cocaine during pregnancy may
  - ✓ Be born prematurely
  - ✓ Have low birth weights
  - ✓ Have smaller than normal heads
  - ✓ Be shorter than normal
  - ✓ Be exposed to HIV or hepatitis virus if the mother is infected.



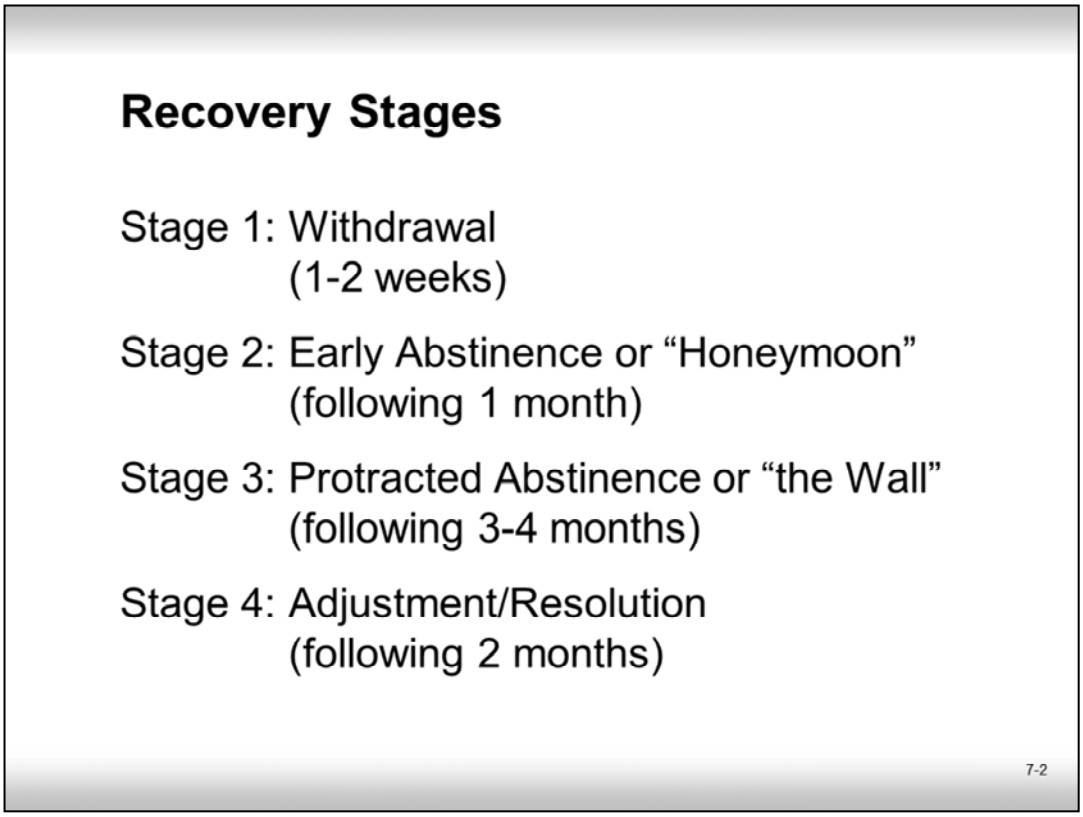
Slide 6-23—Cocaine-Exposed Children

- Fetal cocaine exposure does not seem to cause as serious and long-lasting problems as was once thought.
- However, as cocaine-exposed children grow up, they may have subtle, yet significant, problems later in life in areas that are important for success in school, such as
  - ✓ Paying attention to tasks
  - ✓ Thinking things through
  - ✓ Learning new information



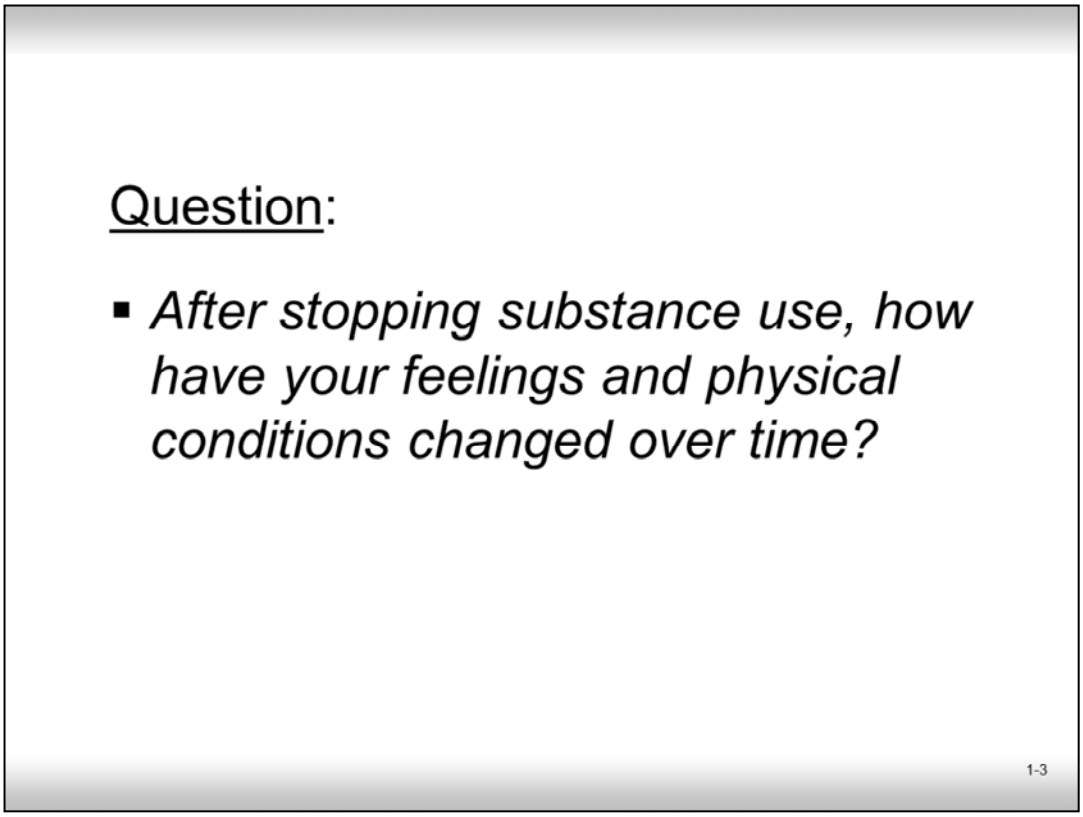
Slide 7-1—Roadmap for Recovery (1)

- This presentation looks at recovery as following a predictable course (like a roadmap) through a series of four recovery stages.
- People in recovery are likely to experience particular physical and emotional changes and symptoms in each stage of recovery, and each stage brings particular relapse risks. Families are likely to witness these changes and symptoms.
- This does not mean that every person or family will experience recovery in exactly the same way; although the general progression is predictable, every person in recovery will follow his or her own roadmap.
- A few people will progress from stage to stage smoothly, many will become "stuck" for a time in one stage, and others will veer off track completely before resuming their progress.
- Even though there will be variability, being aware of the stages of recovery can give people in recovery and their family members a basic idea of what to expect during recovery.
- Knowing what to expect can help people avoid pitfalls and stay on the road to recovery.
- Knowing what to expect also helps family members understand the recovery process and allows them to provide more support for the person in recovery.



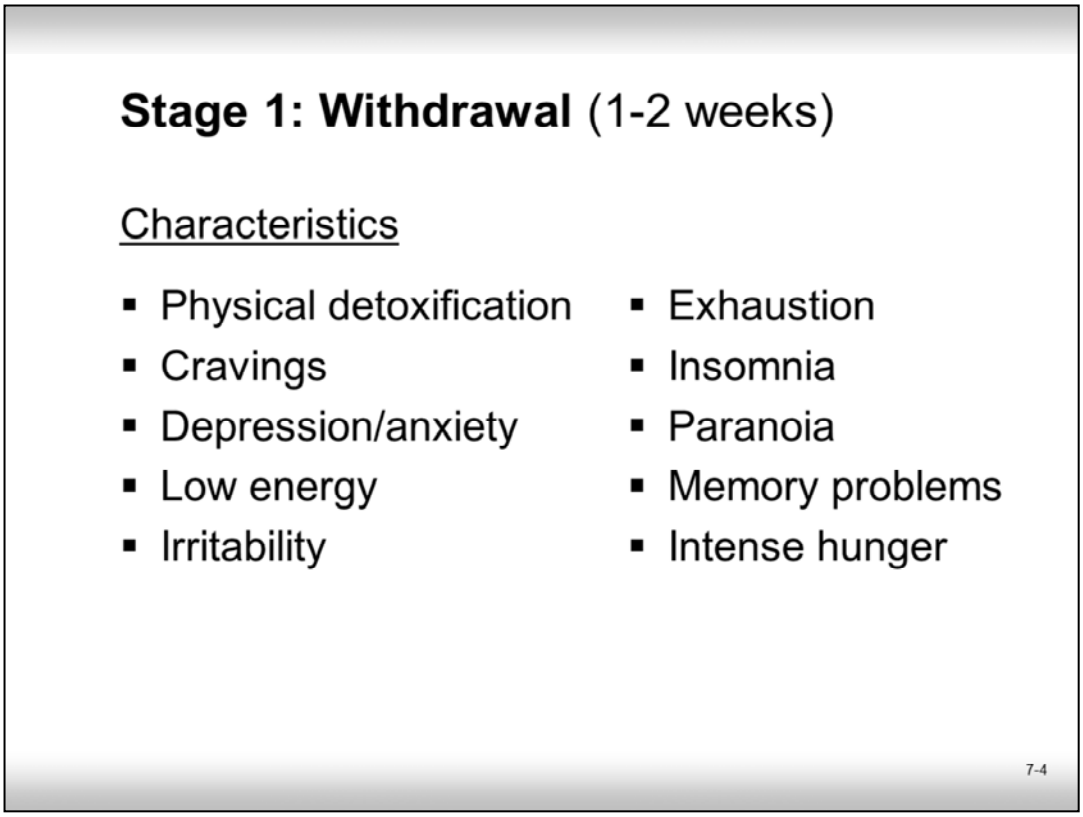
Slide 7-2—Recovery Stages

- Recovery stages we will discuss include
  - ✓ Stage 1: Withdrawal (first 1-2 weeks in recovery)
  - ✓ Stage 2: Early abstinence (sometimes called the "Honeymoon" stage) (following 1 month after the Withdrawal)
  - ✓ Stage 3: Protracted abstinence (sometimes called "the Wall") (following 3.5 months after the Honeymoon)
  - ✓ Stage 4: Adjustment and resolution (following 2 months after the Wall)



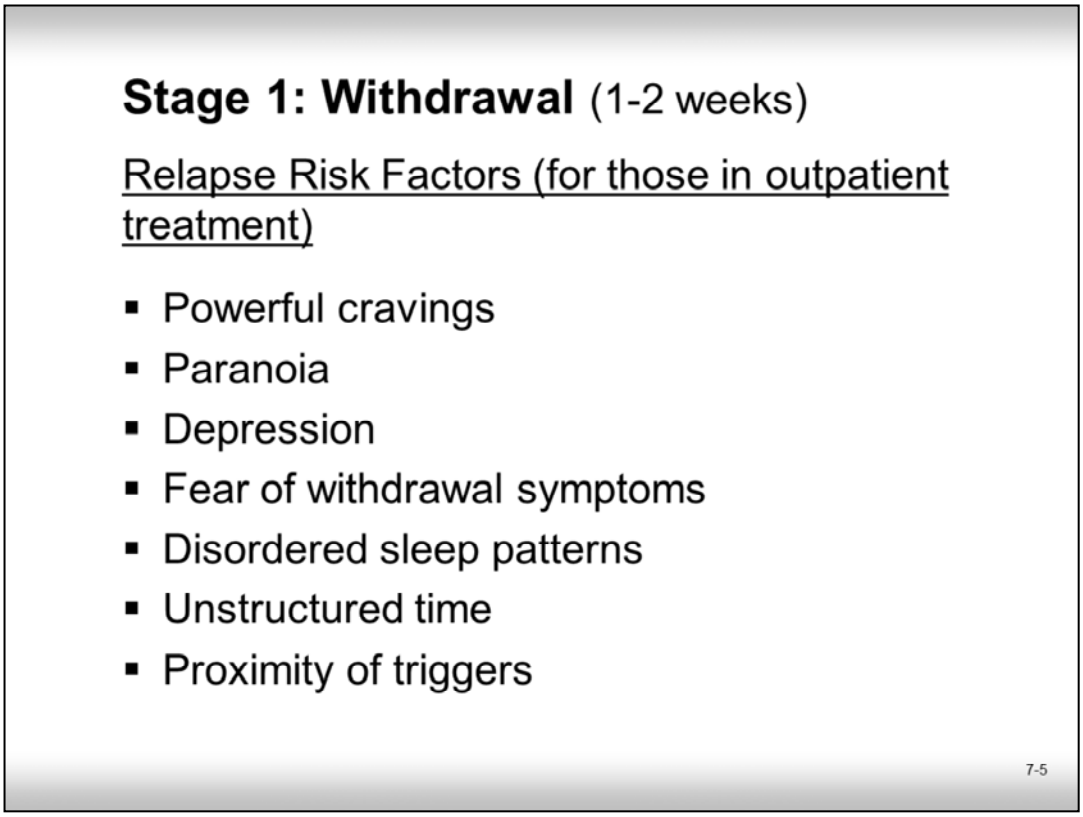
Slide 7-3—Question

- Ask participants how their feelings have changed over time after stopping substance use.



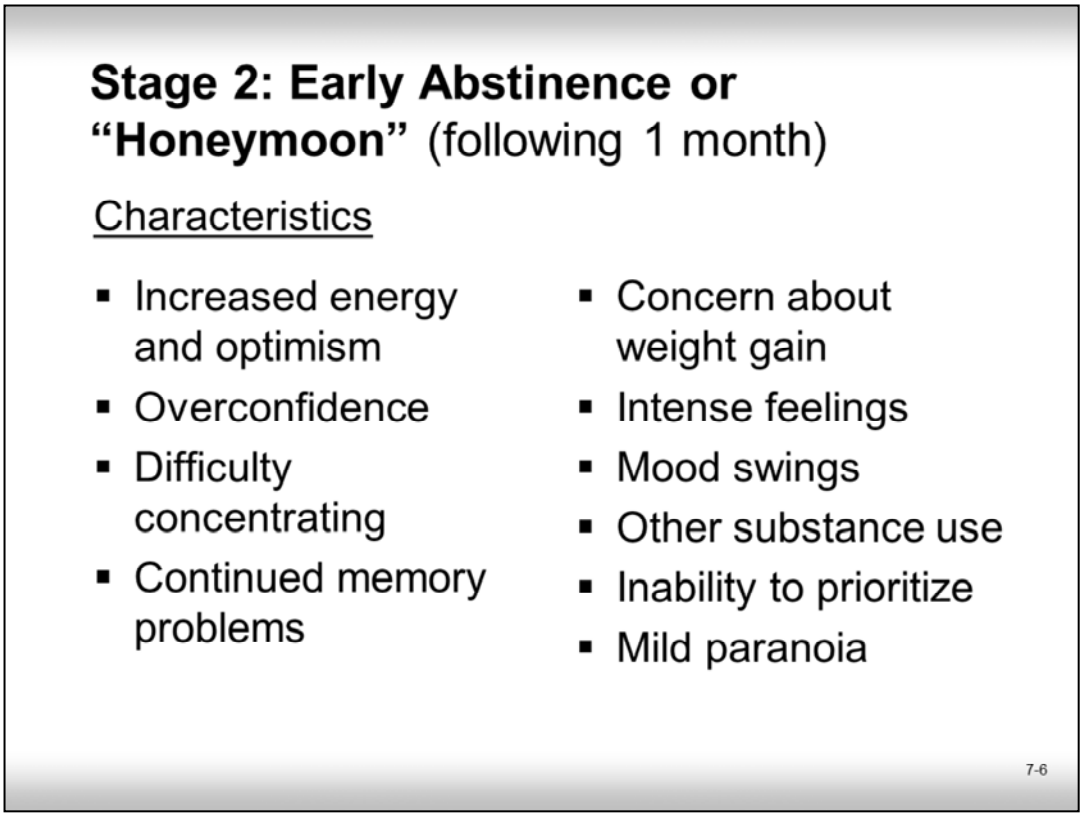
Slide 7-4—Stage 1: Withdrawal

- The withdrawal stage begins when a person first stops using drugs and alcohol.
- This stage lasts from 1 to 2 weeks.
- Typical characteristics of the withdrawal stage (particularly for those who used methamphetamine or other stimulants) include
  - ✓ Physical detoxification
  - ✓ Intense cravings for the drug
  - ✓ Depression or anxiety
  - ✓ Low energy
  - ✓ Irritability or aggression
  - ✓ Exhaustion
  - ✓ Insomnia and extended periods of sleep
  - ✓ Paranoia
  - ✓ Memory problems and difficulty concentrating
  - ✓ Intense hunger
- If people have been using other drugs heavily, such as tranquilizers, barbiturates, or heroin, or have been drinking alcohol heavily, they may experience symptoms of physical withdrawal from those substances, as well.
- The depression, anxiety, and paranoia people experience when first abstaining from stimulants are the direct result of the brain's adjusting to the absence of a stimulant drug and, in most cases, are temporary.
- It is important for both people in this stage of recovery and their family members to understand that these emotions will pass, but such emotions can lead to suicidal thoughts or plans in the short term. If the depression, anxiety, or paranoia persists or is very severe, a psychiatric consultation may be recommended.



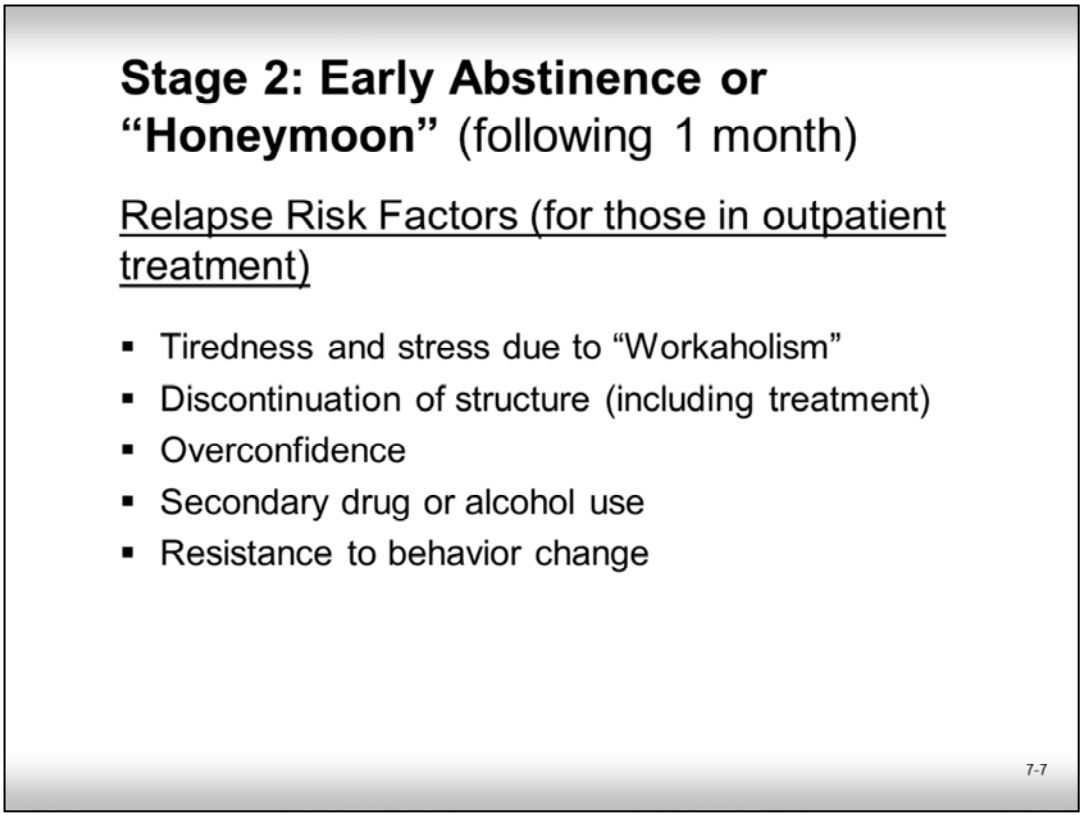
Slide 7-5—Withdrawal (Relapse Risk Factors)

- During the withdrawal stage, people tend to feel out of control of their lives.
- Symptoms such as paranoia, depression, fear of withdrawal, and disordered sleep patterns contribute to vulnerability to cravings, then relapse especially for those in outpatient treatment.
- Unstructured time and proximity to triggers also increase the risk of relapse.



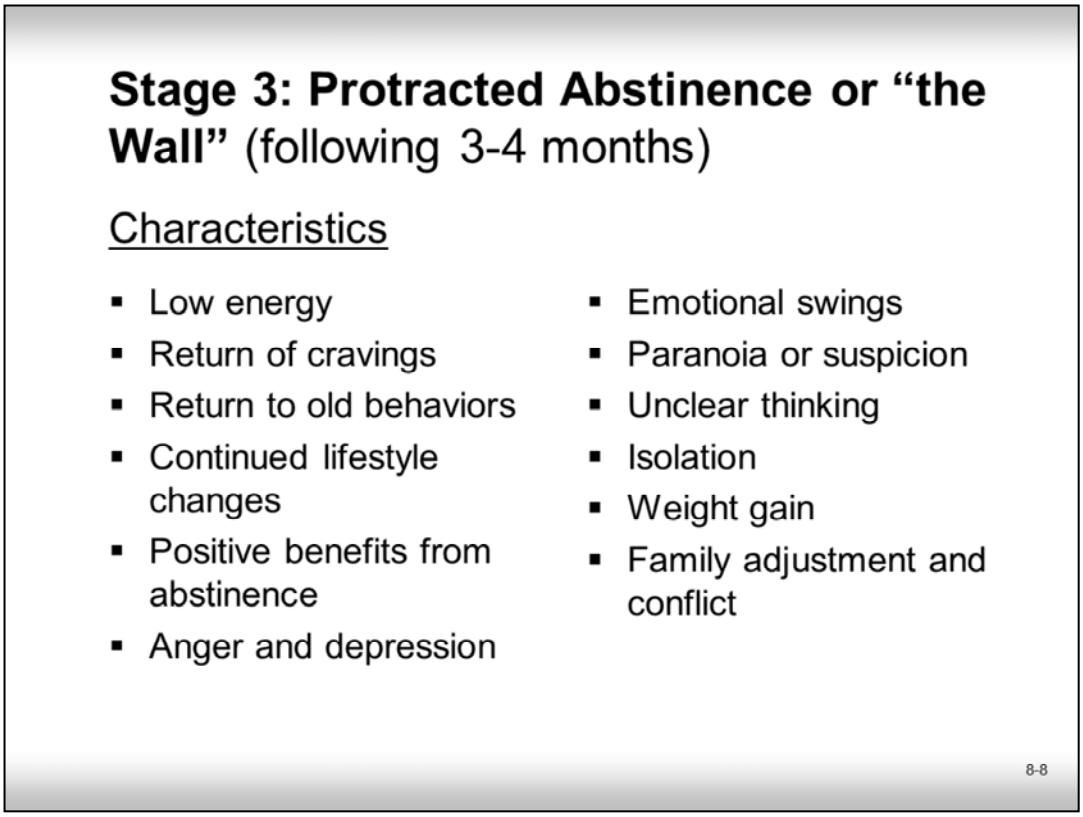
Slide 7-6—Stage 2: Early Abstinence or "Honeymoon"

- The early abstinence stage is sometimes called the Honeymoon because it is the stage in which people often feel much better and start to think that their problems with substances are solved.
- This stage usually lasts for about 1 month after the Withdrawal stage.
- Typical characteristics of the early abstinence stage (particularly for those who used methamphetamine or other stimulants) include
  - ✓ Increased energy and optimism
  - ✓ Overconfidence
  - ✓ Difficulty concentrating
  - ✓ Continued memory problems
  - ✓ Concerns about weight gain
  - ✓ Intense feelings
  - ✓ Mood swings
  - ✓ Other substance use
  - ✓ Inability to prioritize
  - ✓ Mild, continuing paranoia



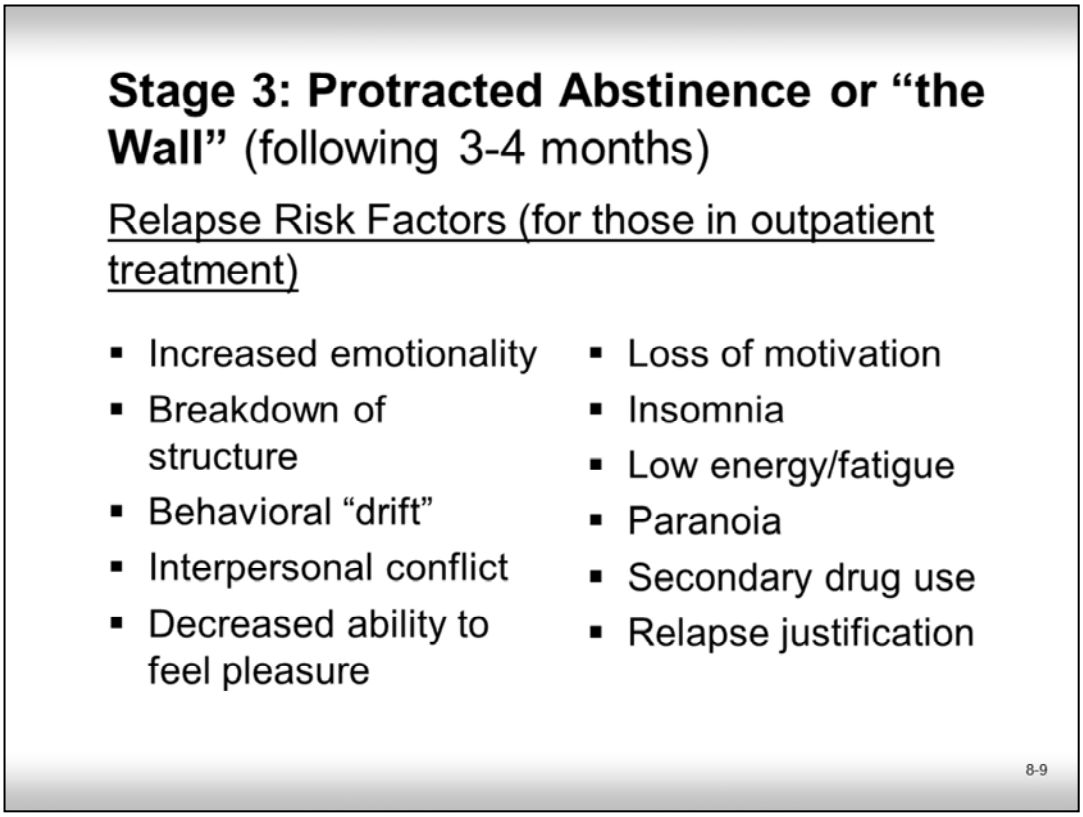
Slide 7-7—Early Abstinence (Relapse Risk Factors)

- During this stage, people's moods typically improve, they have more energy, cravings diminish, and confidence and optimism increase.
- This increased energy leads some people to become overinvolved with their work; "workaholism," in turn, may lead to relapse as recovering people in outpatient treatment because of:
  - ✓ Becoming overtired and stressed
  - ✓ Discontinuation of structure and decrease in their involvement in treatment and other recovery activities
- Overconfidence also may cause problems; people in recovery may start to believe "I've got this substance problem licked." This belief can lead them to think that they
  - ✓ No longer need treatment
  - ✓ Can safely be around friends and family members who still are using drugs or go to places where they used drugs
  - ✓ Can safely use a drug other than their "problem" drug or drink alcohol
- Exposure to triggers and using secondary drugs or alcohol often may lead to relapse to methamphetamine or other stimulant use.
- People in this stage also may experience resistance to continued behavior change.
- People in recovery in this stage need to
  - ✓ Recognize the risks in this stage of recovery
  - ✓ Learn to channel Honeymoon energy toward specific recovery tasks, putting together a solid structure of activities to build momentum that will carry them through subsequent recovery stages



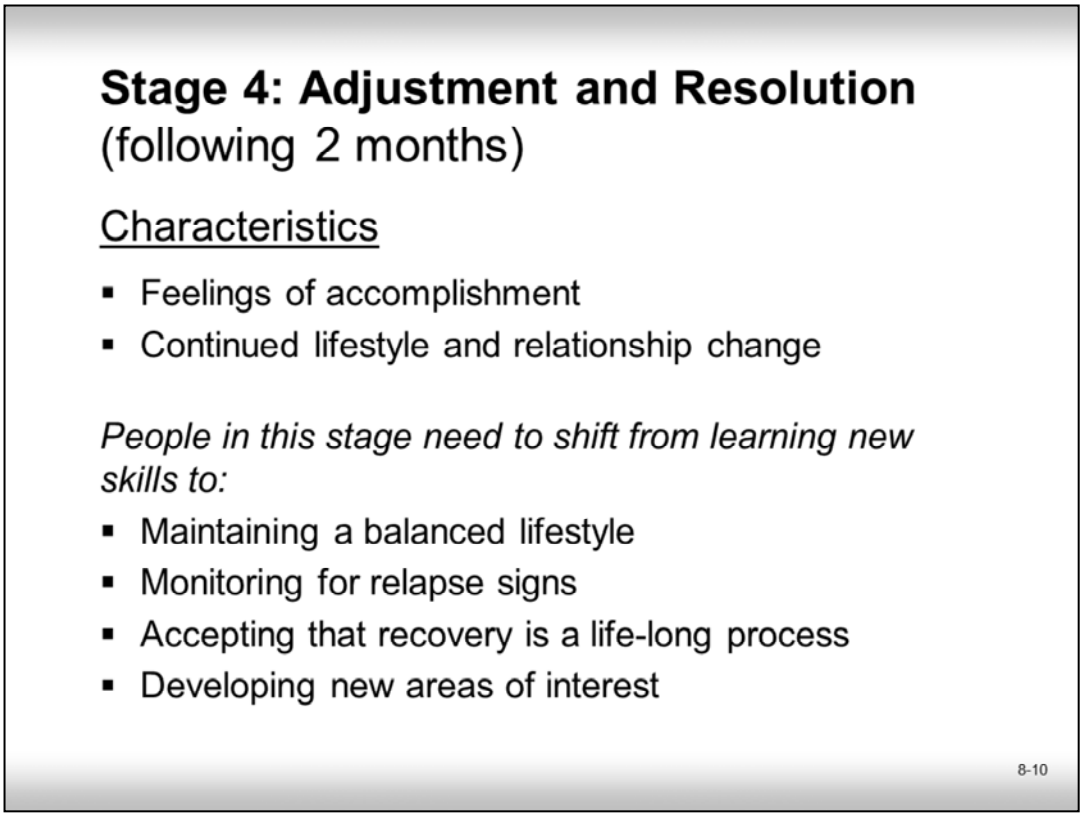
Slide 7-8—Stage 3: Protracted Abstinence

- The protracted abstinence stage typically lasts for about 3 to 4 months after the Honeymoon stage.
- This stage (sometimes called the Wall) brings a shift back from the high of the Honeymoon phase to a period of low energy and an emotional state often characterized by apathy, depression, and anhedonia (inability to experience pleasure).
- This shift is likely even though people in recovery are continuing to make positive changes in their lives and are beginning to reap the benefits of recovery.
- Common characteristics of this stage of recovery include
  - ✓ Low energy
  - ✓ Return of cravings
  - ✓ Return to old behaviors
  - ✓ Continued lifestyle changes
  - ✓ Positive benefits from abstinence
  - ✓ Anger and depression
  - ✓ Emotional swings
  - ✓ Episodes of paranoia or suspicion
  - ✓ Unclear thinking
  - ✓ Isolation
  - ✓ Weight gain
  - ✓ Family adjustment and conflict
- It is important for people in recovery and their family members to know that the changes of this stage are the result of a continuing healing process in the brain and that, if people remain abstinent, their brain chemistry will stabilize and the negative emotions and the low energy of this stage will pass.



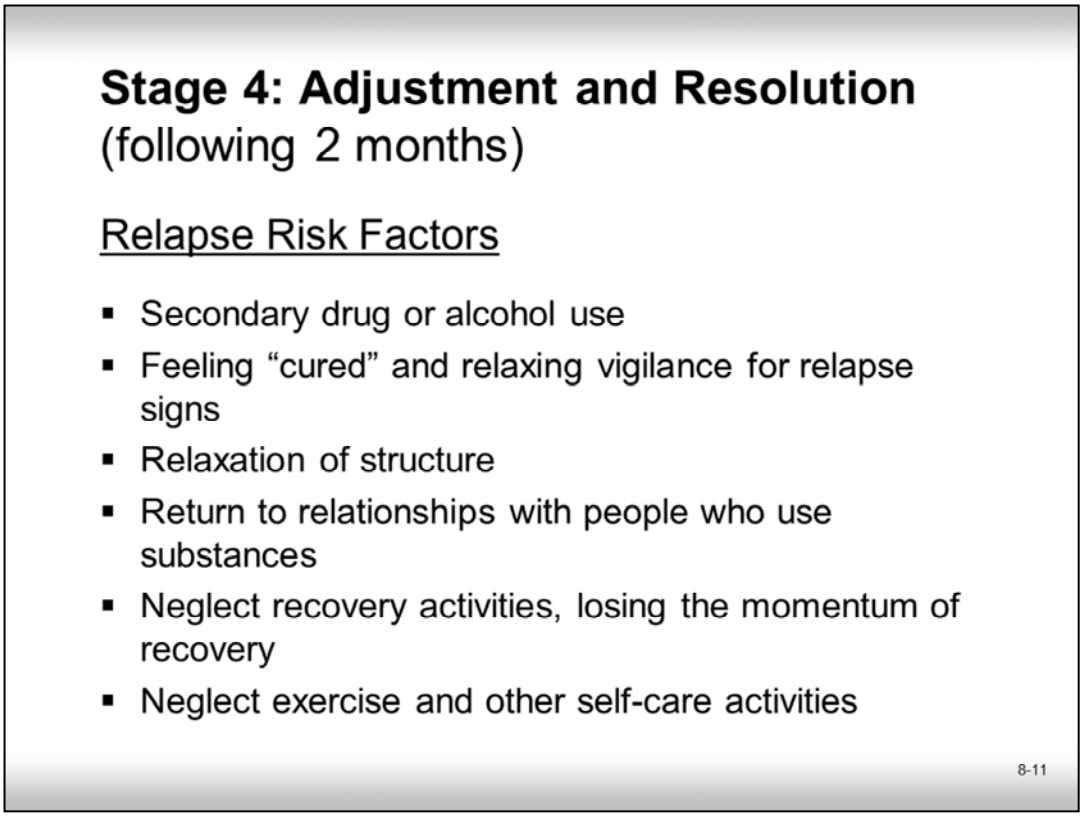
Slide 7-9—Protracted Abstinence (Relapse Risk Factors)

- Relapse factors for those in outpatient treatment common to this stage include:
  - ✓ Increased emotionality
  - ✓ Breakdown of structure
  - ✓ Behavioral "drift"
  - ✓ Interpersonal conflict
  - ✓ Decreased ability to feel pleasure
  - ✓ Loss of motivation
  - ✓ Insomnia
  - ✓ Low energy/fatigue
  - ✓ Paranoia
  - ✓ Secondary drug or alcohol use
  - ✓ Relapse justification
- The person in recovery is particularly vulnerable to relapse during the protracted abstinence stage because the person often perceives that the negative emotional states and low energy common to this stage will persist indefinitely.
- The person in this stage of recovery may begin to think that if recovery feels this bad, it may not be worth it.
- This thinking, and the low energy and fatigue, can lead to behavioral drift, a gradual letting go of the structure (including treatment activities and 12-Step or mutual-help group meetings) and other behavioral changes the person has worked hard to achieve.
- As structure breaks down, the person may experience more thoughts about using drugs or alcohol and begin to create justifications for use.
- It is critical that the person in recovery anticipate the Wall and understand it is a temporary phase.
- It is critical that a person in recovery remain in treatment and continue the behavioral changes already made to this point to avoid a sequence of inertia, boredom, loss of recovery focus, relapse justification, and, finally, relapse.
- Good self-care, particularly regular exercise, and the understanding and support of family members can greatly help a person negotiate this phase successfully.



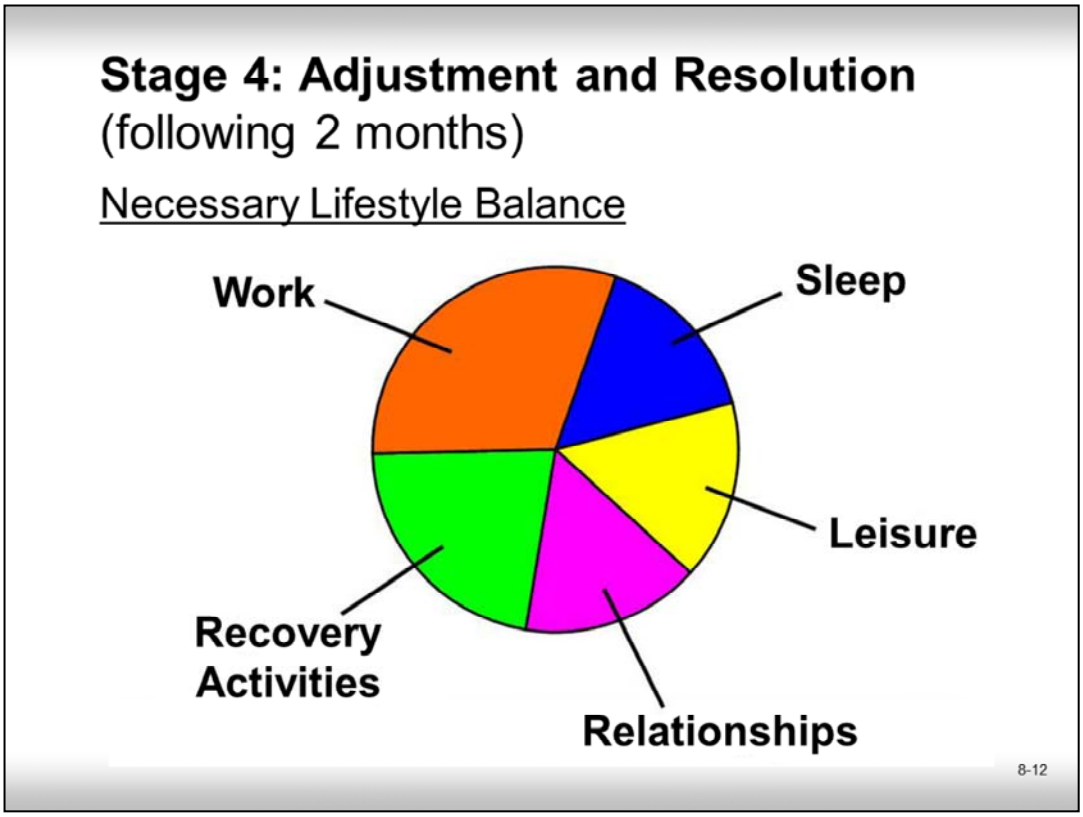
Slide 7-10—Stage 4: Adjustment and Resolution

- The adjustment/resolution stage typically lasts for about 2 months following the Wall stage.
- Although a person is well past physical withdrawal and may have mended from many or most of the physical effects of substance use, recovery is far from complete.
- There often is a great feeling of accomplishment at having passed the Wall stage.
- This feeling can result in a false sense that, finally, one's life can return to pretreatment normalcy.
- People in recovery who successfully cope with this stage (and their family members) must recognize that the lifestyle and relationship changes made are now the new definition of "normal."
- Once people have completed treatment, they need to shift from learning new skills to
  - ✓ Maintaining a balanced lifestyle
  - ✓ Monitoring for relapse signs
  - ✓ Recognizing and accepting that recovering from addiction is a lifelong process
  - ✓ Developing new areas of interest
- Because of increasing emotional stability in this stage, the person may be ready to address significant, and sometimes volatile, underlying issues that were avoided or had not emerged before.



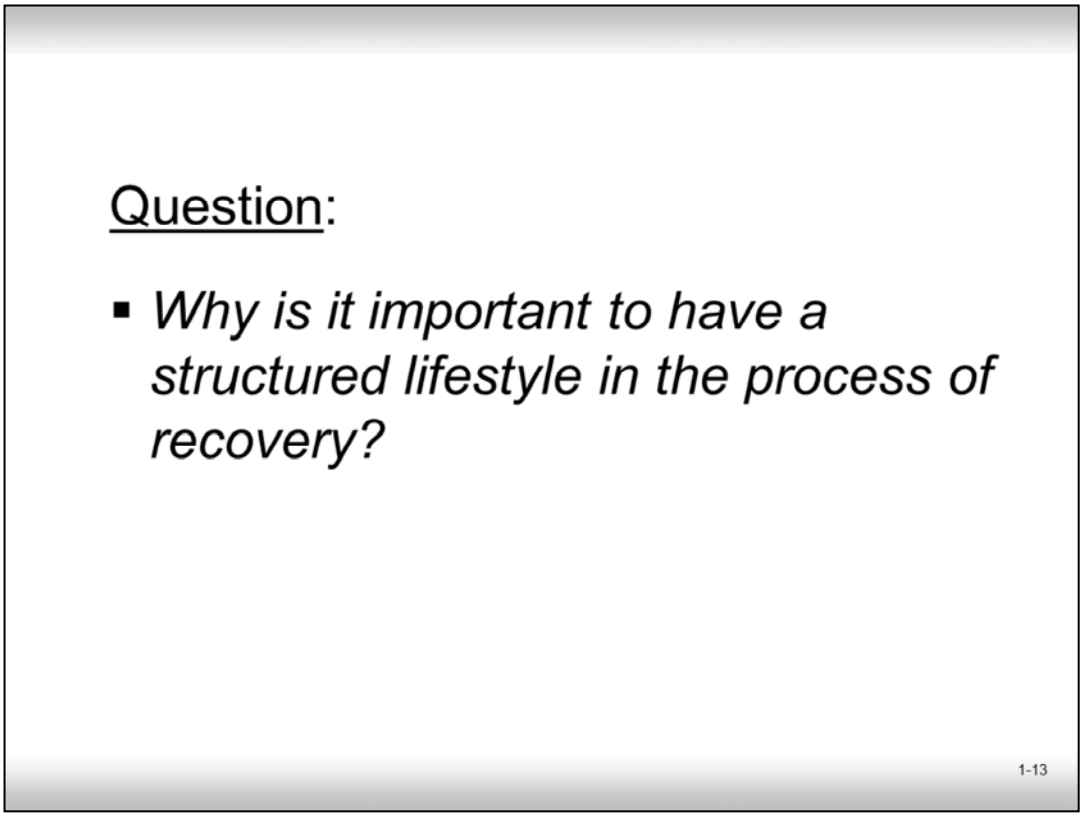
Slide 7-11—Adjustment and Resolution (Relapse Risk Factors)

- Because cravings occur less often and feel less intense by this stage of recovery, people may
  - ✓ Believe that they now can use a secondary drug safely
  - ✓ Relax their vigilance for relapse signs
  - ✓ Relax the recovery structure they have created, putting themselves in high-risk situations
  - ✓ Return to relationships with people who use stimulants
  - ✓ Neglect recovery activities, losing the momentum of recovery
  - ✓ Neglect exercise and other self-care activities
- People in recovery and their families also may struggle with acceptance of the addiction and the lifelong nature of recovery.
- Emerging or reemerging emotional or relationship issues may cause distress and a desire to use drugs or alcohol; these issues need to be addressed in a counseling or treatment setting to avoid possible relapse.



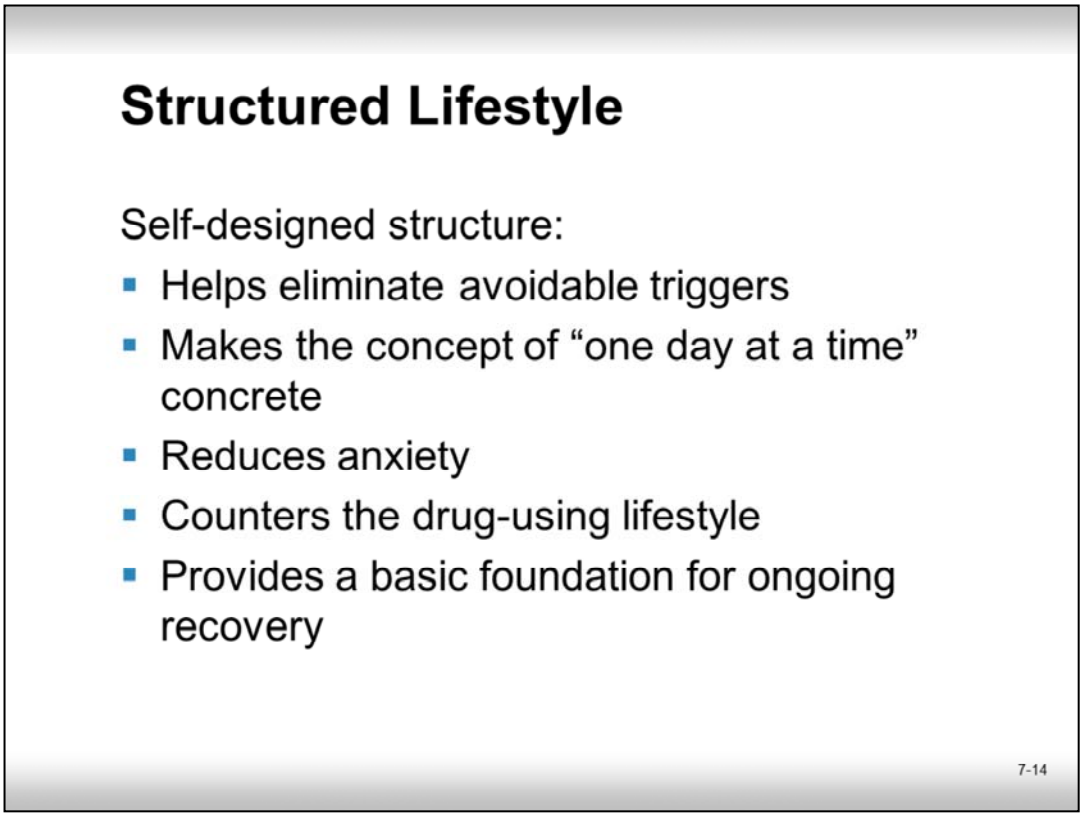
Slide 7-12—Adjustment and Resolution (Necessary Lifestyle Balance)

- A critical task for this stage of recovery (and in the future) is developing balance in one's life.
- This representation of a recovery pie illustrates the lifestyle balance necessary to sustain ongoing abstinence and sobriety.
- Every individual needs to find the optimal balance that works.
- Families can help people in recovery find and maintain this balance in their lives.



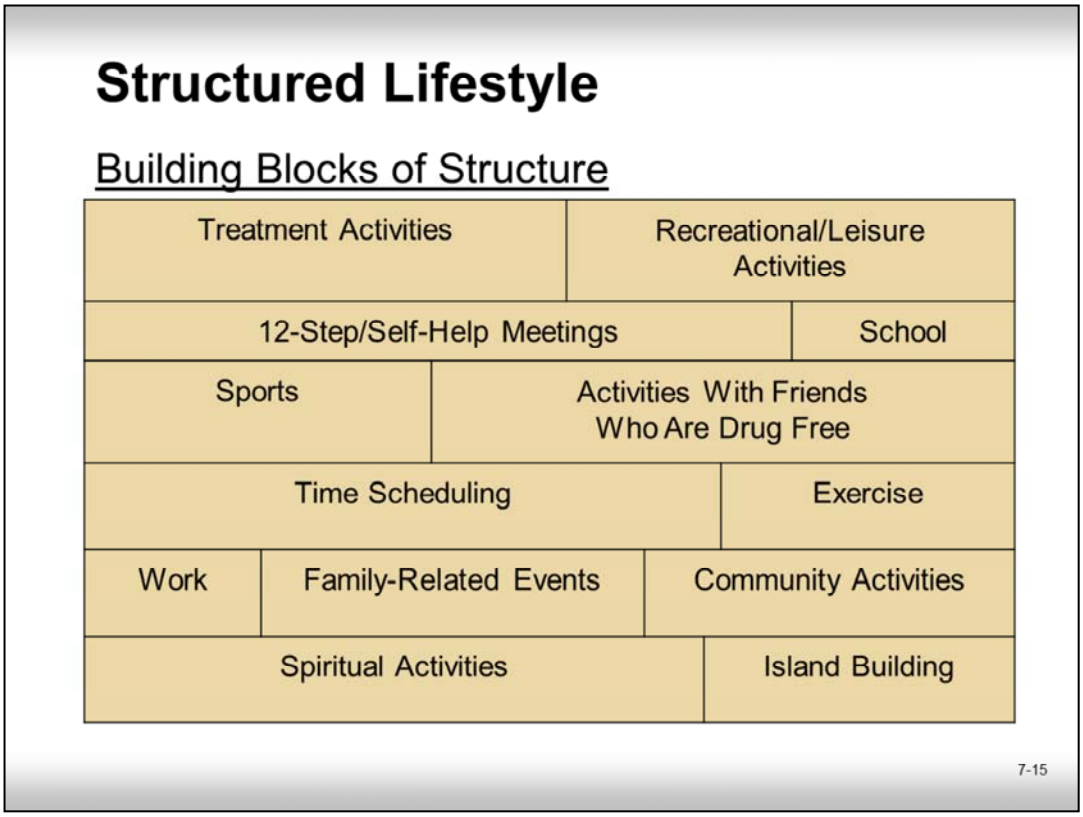
Slide 7-13—Question

- Ask participants why it is important to have a structured lifestyle in the process of recovery?



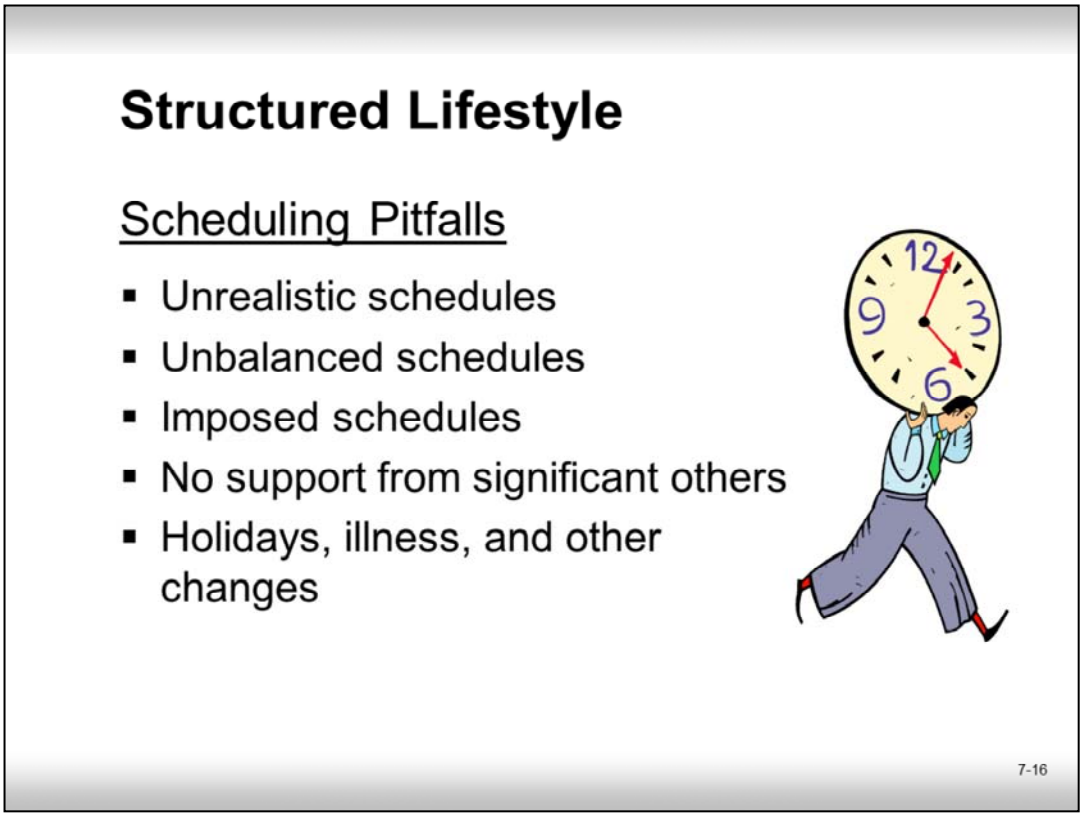
Slide 7-14—Structured Lifestyle

- The structured lifestyle is an important part of treatment.
- For patients in outpatient treatment, a structured lifestyle must be established especially at the Withdrawal stage. With the help of their family members, they must learn to design their own structure.
- Patients in residential facilities usually follow the structure provided under the treatment program, but they should understand the importance of having a structured lifestyle in recovery and apply it after leaving the TRC.
- Creating structure by scheduling their time can help people in recovery feel more in control of life.
- Self-designed structure
  - ✓ Helps eliminate avoidable triggers by providing a plan to avoid them
  - ✓ Makes the concept of "one day at a time" concrete
  - ✓ Reduces anxiety
  - ✓ Counters the drug-using lifestyle
  - ✓ Provides a basic foundation for ongoing recovery
- Patients need to learn to schedule their time outside treatment.
- Family members can help by supporting the patients' scheduling efforts.



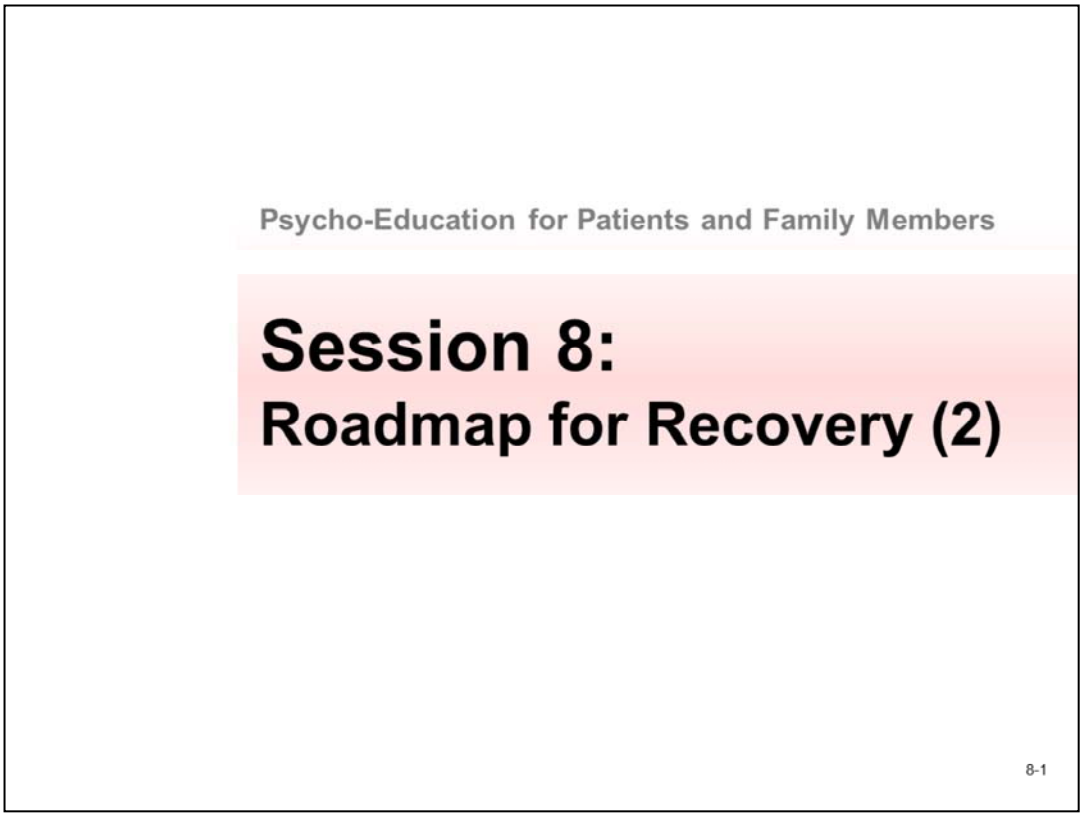
Slide 7-15—Structured Lifestyle (Building Blocks of Structure)

- With the help of their counselor and family members, people in recovery create structure by organizing and planning their time using schedule sheets.
- The building blocks of a person's structure should incorporate new drug-free behavioral options, such as
  - ✓ Treatment activities
  - ✓ Interest in new or long-dormant recreational/leisure activities
  - ✓ Attending 12-Step or self-help group meetings
  - ✓ Work, school, or volunteer activities
  - ✓ Physical exercise and sports
  - ✓ Activities with friends who are drug free
  - ✓ Time scheduling
  - ✓ Family-related events
  - ✓ Spiritual activities
  - ✓ "Island building" (planning specific events or "islands" of rest, relaxation, or fun to look forward to)
- The end result is a daily plan for activities that promotes recovery and reduces the possibility of boredom, impulsive decision making, exposure to triggers, and relapse.



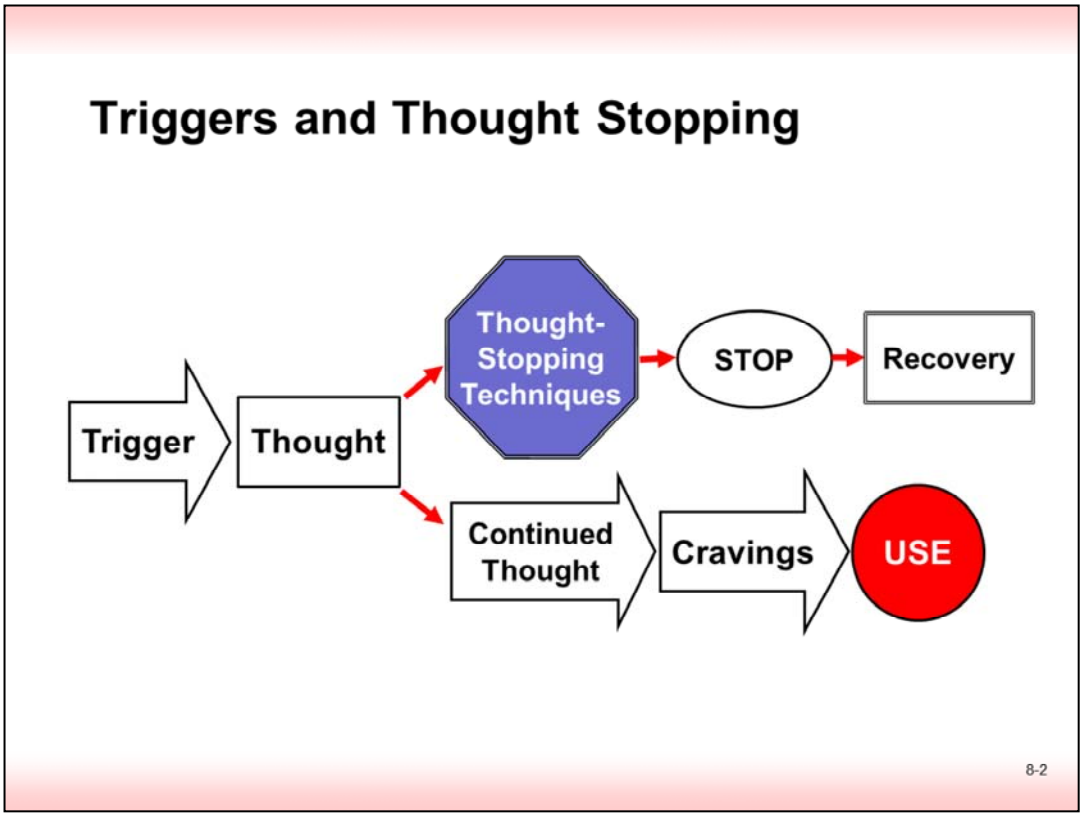
Slide 7-16—Structured Lifestyle (Scheduling Pitfalls)

- Scheduling should be a positive experience, but sometimes scheduling can become tedious or stressful.
- Some scheduling problems that a person in recovery can encounter include
  - ✓ Unrealistic schedules (for example, working 8 hours, taking children to an afterschool activity, attending an aftercare session, attending a 12-Step meeting, and exercising—all in 1 day)
  - ✓ Unbalanced schedules (not enough or too much leisure time, for example)
  - ✓ Imposed schedules (allowing others to tell one what to do and when to do it, for example, rather than choosing activities oneself)
  - ✓ No support from significant others
  - ✓ Holidays, illness, and other changes that can disrupt one's schedule
- It is important that patients in treatment work closely with their counselor to learn how to schedule appropriately and to plan for coping with unusual events that disrupt the schedule.
- It is equally important that family members support patients' efforts to schedule their time.
- Scheduling and creating structure in one's life is a skill that needs to be practiced.



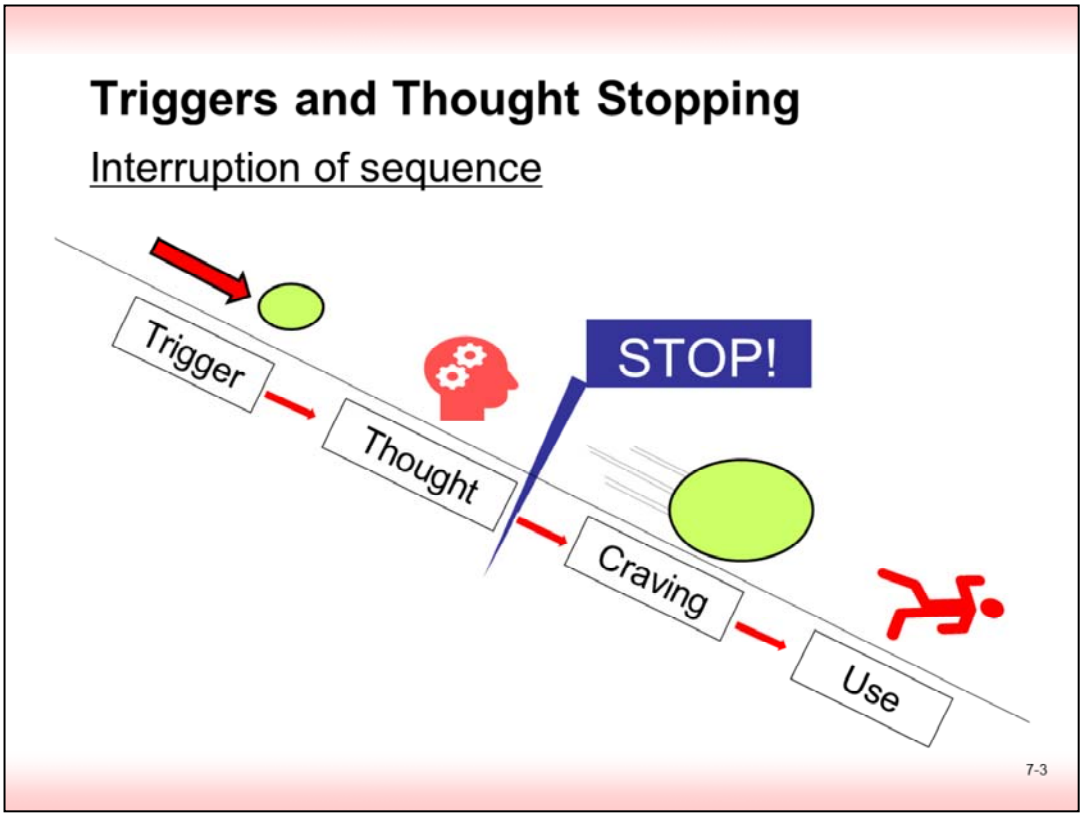
Slide 8-1—Roadmap for Recovery

- We will continue to discuss the roadmap for recovery.



Slide 8-2—Triggers and Thought Stopping

- No matter how carefully people in recovery schedule their time, it is likely that they will encounter a person, place, situation, or emotional state that triggers thoughts about using.
- People in recovery need to understand the concepts of triggers and thought stopping. Family members also need to understand this concept.
- To people in recovery, the trigger–thought–craving–use sequence can feel as if all parts of the sequence happen simultaneously. However, they do not.
- Recovering people can learn to interrupt the sequence at any point.

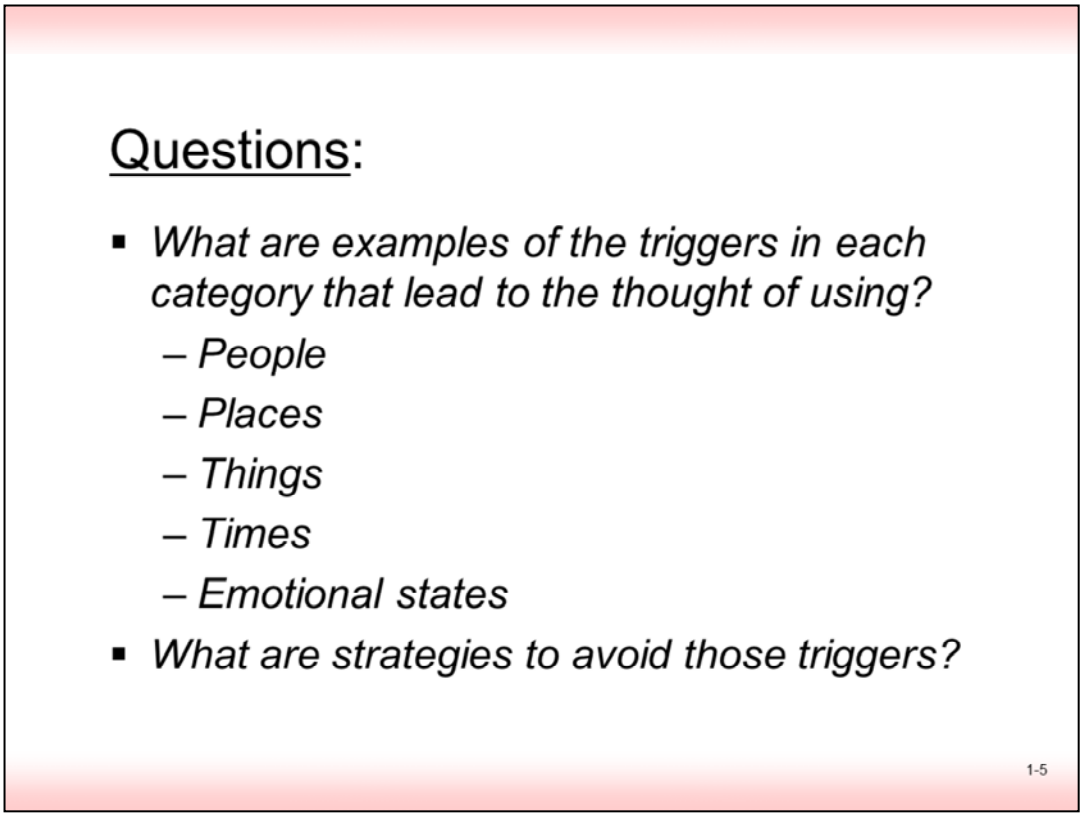


Slide 8-3—Triggers and Thought Stopping (Interruption of sequence)

- Another way to envision this process is to see the trigger–thought–craving–use sequence as moving down a steep slide.
- The time to use thought stopping is right after one recognizes the first thought of using.
- At that point, the urge to use, as shown by the small circle moving toward the figure, is still relatively small and containable.
- It still is possible to stop this process when it reaches the craving stage, but then it is much more difficult. When a person is in the craving mode, the small circle has become enormous—a huge force that is nearly out of control.
- The person in recovery may not want to use and may attempt to deflect the cravings, but more often than not, the cravings are so powerful that they propel the person into relapse.
- A first step toward learning to interrupt the trigger–thought–craving–use sequence is to understand what constitutes a trigger and to learn to recognize a trigger as quickly as possible.

Slide 8-4—Triggers and Thought Stopping (Types of Triggers)

- Triggers can relate to
  - ✓ People
  - ✓ Times
  - ✓ Places
  - ✓ Emotional states
  - ✓ Things

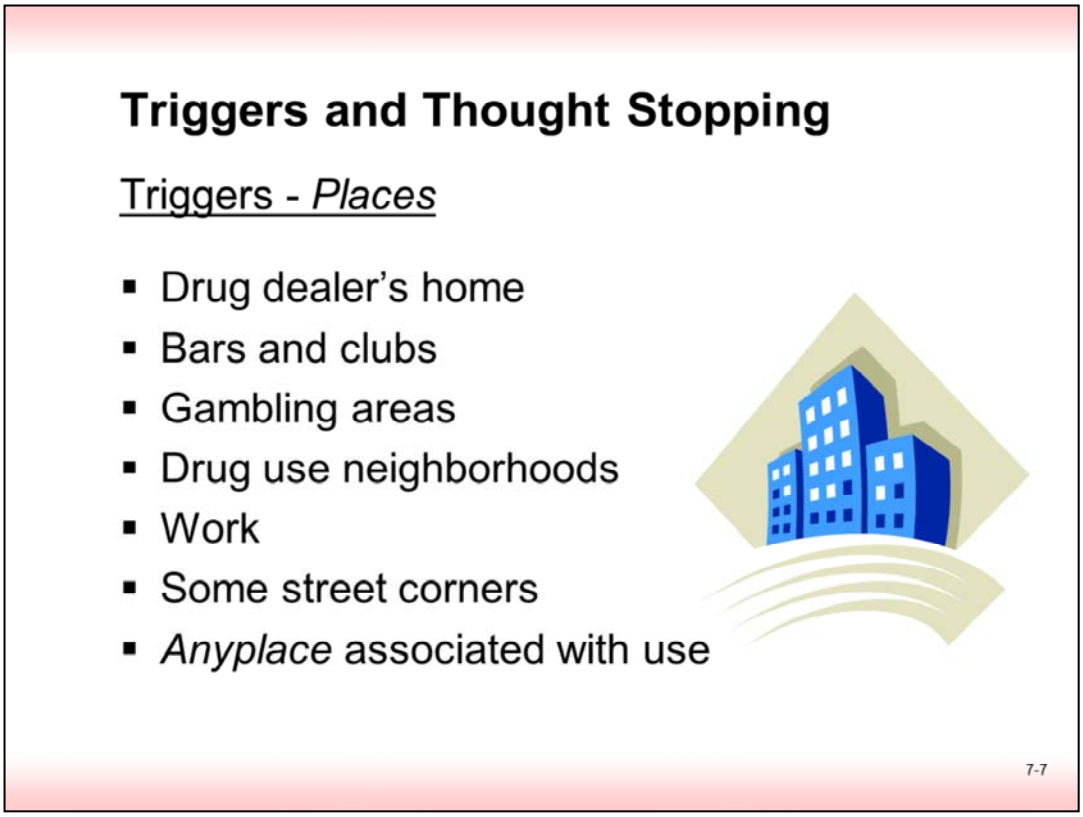


Slide 8-5—Question

- Ask participants for: (1) examples of the triggers in each of the five categories, and (2) strategies to avoid the trigger mentioned.

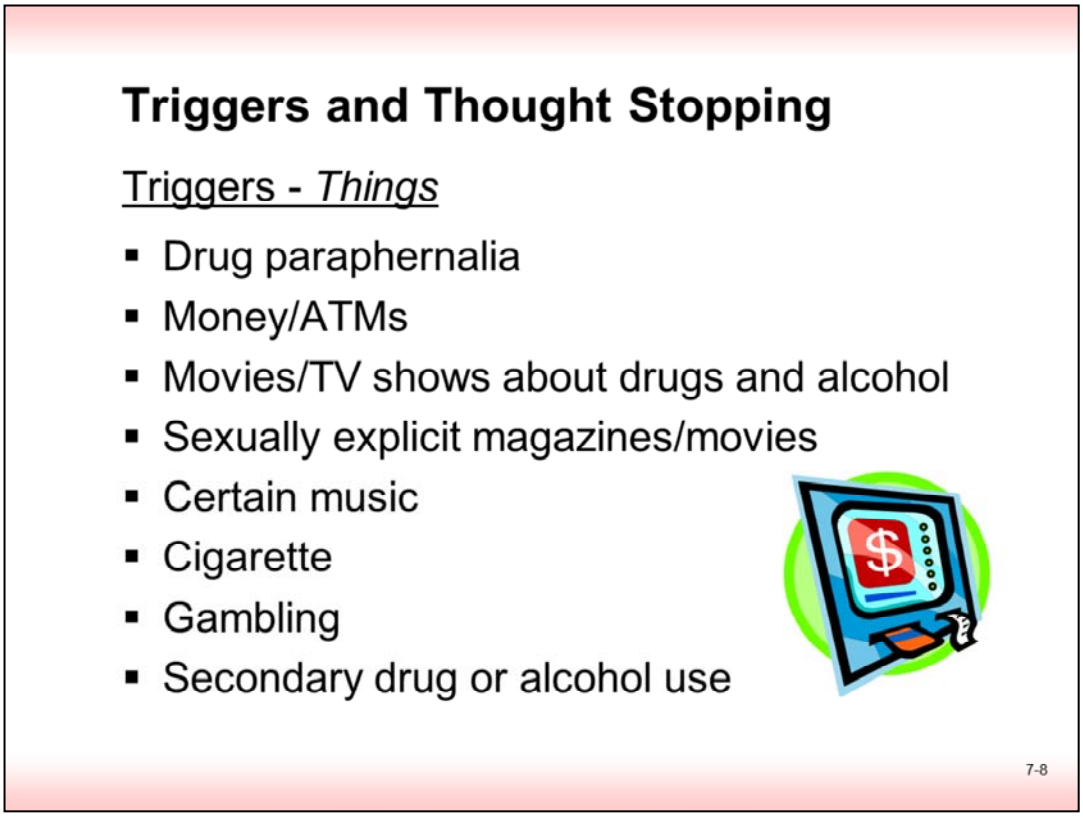
Slide 8-6—Triggers and Thought Stopping (Triggers - People)

- Triggers related to people may include
  - ✓ Friends or family members who use drugs
  - ✓ Drug dealers
  - ✓ Absence of a significant other (loneliness)
  - ✓ Partners in drug-related sexual activity
  - ✓ Voices of friends who use drugs/dealers (for example, on phone calls)
  - ✓ People discussing drug use in a positive way



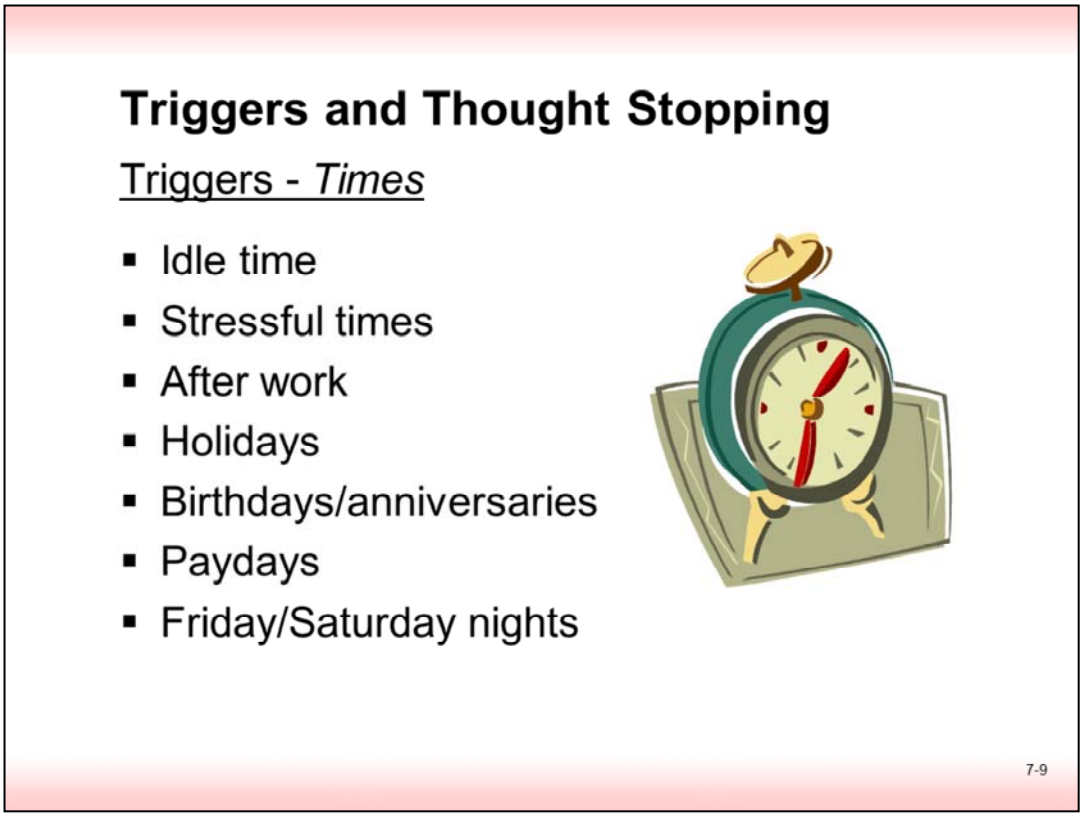
Slide 8-7—Triggers and Thought Stopping (Triggers - Places)

- Triggers related to places may include
  - ✓ Drug dealer's home
  - ✓ Bars and clubs
  - ✓ Gambling areas
  - ✓ Drug use neighborhoods
  - ✓ Work
  - ✓ Some street corners
  - ✓ *Anyplace* associated with use



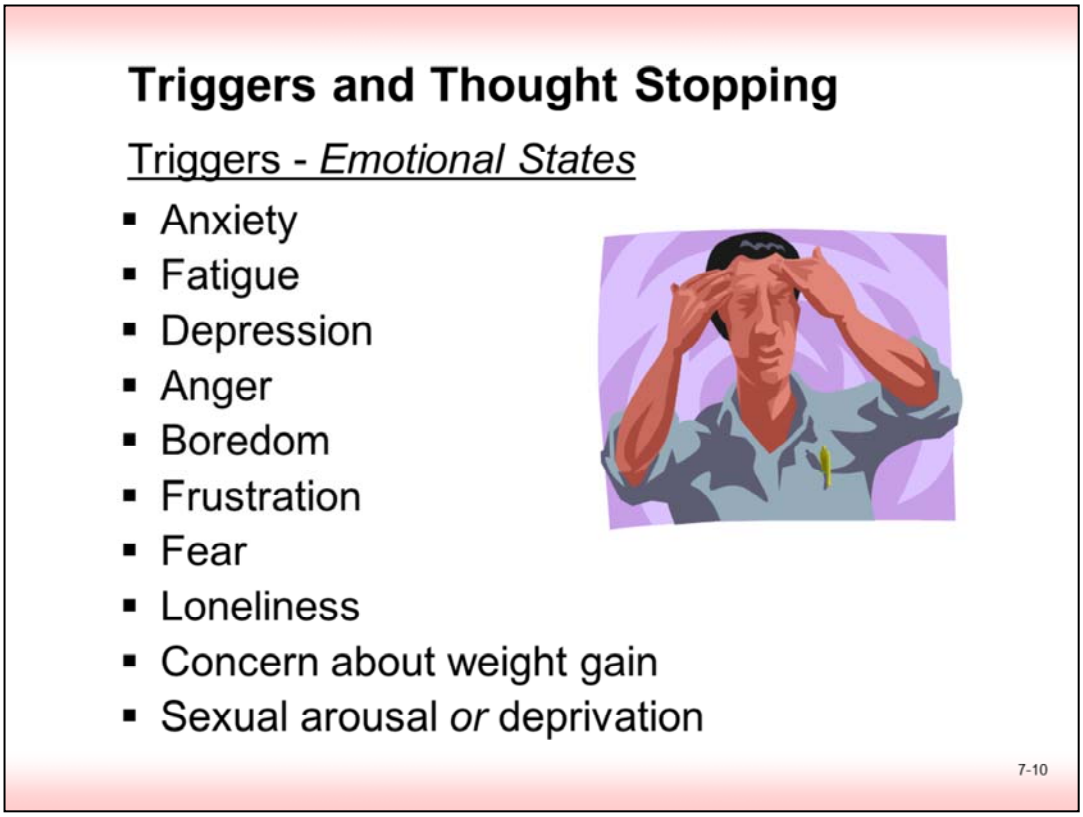
Slide 8-8—Triggers and Thought Stopping (Triggers - Things)

- Triggers related to objects or things may include
  - ✓ Drug paraphernalia
  - ✓ Money/ATMs
  - ✓ Movies and TV shows about or depicting drug and alcohol use
  - ✓ Sexually explicit magazines and movies
  - ✓ Certain music associated with using
  - ✓ Cigarette
  - ✓ Gambling
  - ✓ Using a drug other than the identified problem drug or drinking alcohol



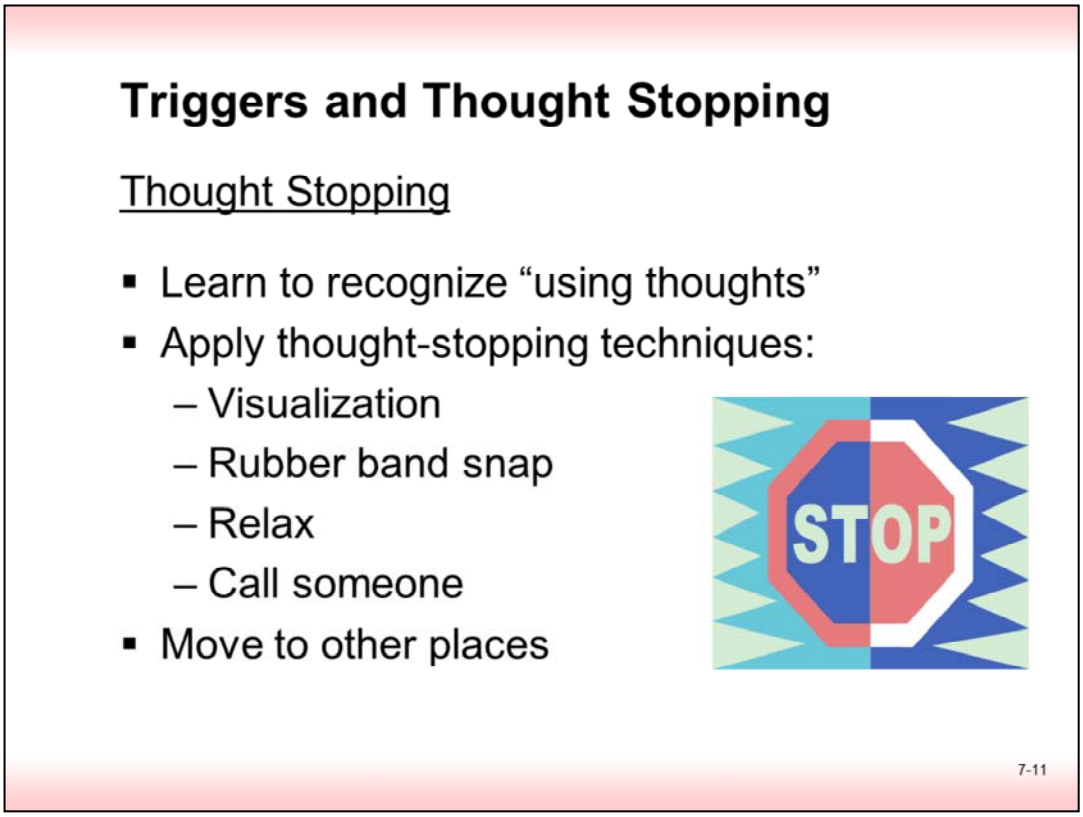
Slide 8-9—Triggers and Thought Stopping (Triggers -Times)

- Triggers related to particular times include
  - ✓ Idle time
  - ✓ Stressful times
  - ✓ After work
  - ✓ Holidays
  - ✓ Birthdays, anniversaries, and other special occasions
  - ✓ Paydays
  - ✓ Friday and Saturday nights



Slide 8-10—Triggers and Thought Stopping (Triggers - Emotional States)

- The reality for most recovering people is that any emotional state, positive or negative, can be a trigger if it has been associated with drug or alcohol use.
- Triggers related to emotional states include
  - ✓ Anxiety
  - ✓ Fatigue (or fear of becoming fatigued)
  - ✓ Depression
  - ✓ Anger
  - ✓ Boredom
  - ✓ Frustration
  - ✓ Fear
  - ✓ Loneliness
  - ✓ Concern about weight gain
  - ✓ Sexual arousal, deprivation, or anxiety about performance

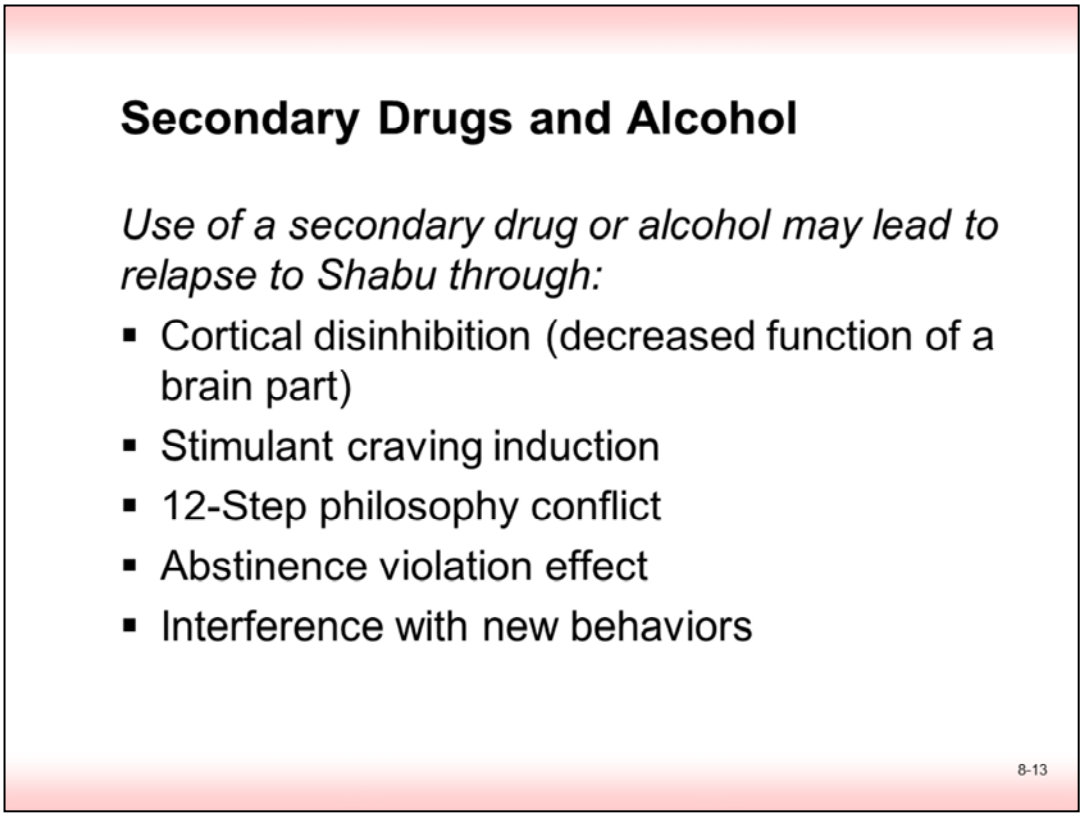


Slide 8-11—Triggers and Thought Stopping (Thought Stopping)

- Thought-stopping techniques can be used to interrupt the trigger–thought–craving–use cycle.
- The first step in successfully using thought-stopping techniques is to recognize thoughts about using ("using thoughts") as soon as they occur.
- People new to recovery don't always realize when they are having "using thoughts", but they can learn to do so by consciously focusing on their thought processes.
- Once people recognize a using thought, they can choose to interrupt the thought by using one of these thought-stopping techniques:
  - ✓ Visualization
    - When people experience thoughts of using drugs or alcohol, they can visualize a switch or lever and imagine actually moving it from ON to OFF to stop the drug- or alcohol-using thoughts.
    - It is important to have another thought ready to replace the drug- or alcohol-using thoughts.
    - The thought should be a pleasurable one or one that is meaningful to the person and does not involve drug or alcohol use.
  - ✓ Rubber band snap
    - The rubber band technique helps recovering people "snap" their attention away from thoughts of using drugs or alcohol.
    - People simply can put a rubber band loosely around their wrist.
    - When a craving or using thought occurs, people snap the rubber band lightly against their wrist and say "NO" (either aloud or not, depending on the situation) to the drug or alcohol thoughts.
    - As with visualization, people need to have another thought ready to replace the drug- and alcohol-using thoughts.
    - This technique works best if people leave the rubber band on all the time.
  - ✓ Relaxation
    - Cravings often create feelings of hollowness, heaviness, and cramping in the stomach.
    - These feelings often can be relieved by breathing in deeply (filling the lungs with air) and slowly breathing out, repeating the process three times, and focusing on relaxing the body as much as possible for a few minutes.
    - This process can be repeated as often as the feelings return.
  - ✓ Calling someone
    - Talking to others provides an outlet for feelings and allows people to "hear" their thought process.
    - People in recovery should carry the phone numbers of supportive people, including family members, with them so they can call someone whenever support is needed.
- People can also move to other places to keep anything associated with using out of their sight or to distract their thoughts of using.

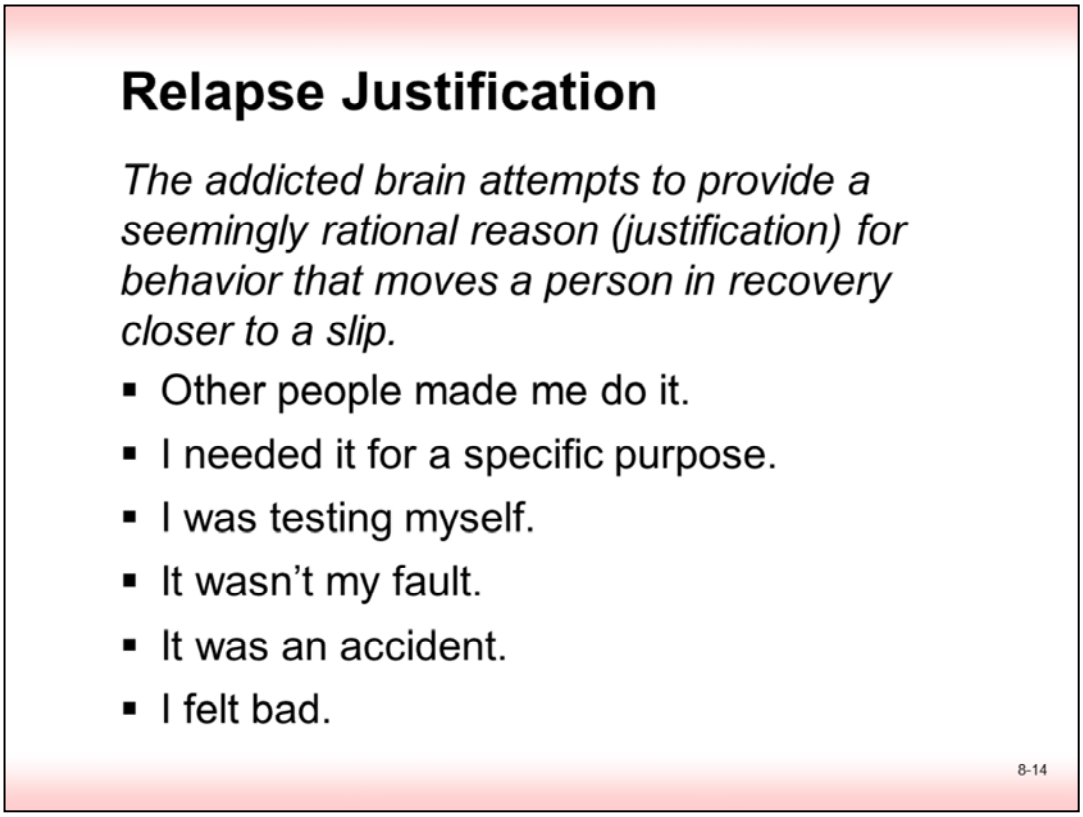
Slide 8-12—Triggers and Thought Stopping (Non-trigger Activities)

- If thought stopping works, but the thoughts frequently keep coming back, people in recovery may have to change their immediate environments or engage in tasks that require full concentration.
- A few examples of non-trigger activities include
  - ✓ Exercise
  - ✓ Meditation or prayer
  - ✓ 12-Step/self-help group meetings
  - ✓ New recreational activity or hobby
  - ✓ Activities in the person's religion or spiritual community
  - ✓ Eating or sleeping
  - ✓ Non–drug-oriented movies
  - ✓ Structured/monitored periods (time with family or friends who do not use, for example)
- A person in recovery should keep a list of such activities handy for times when they may be needed.



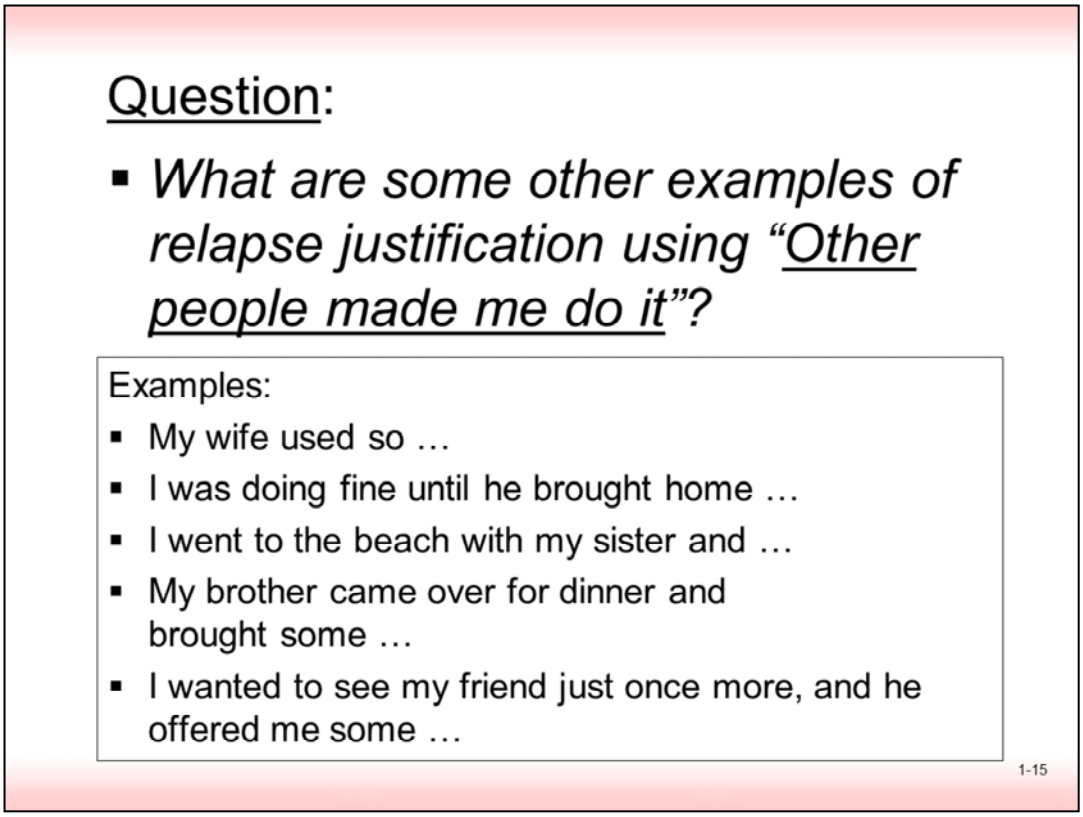
Slide 8-13—Secondary Drugs and Alcohol

- It is quite common for people in all stages of recovery to entertain at times the idea of using drugs other than those they consider to be their primary problem drug (called "secondary drugs") or alcohol.
- The use of secondary drugs is a particular relapse risk because of the uncomfortable emotional states common to the stage and the tendency for decreasing supportive structure.
- People in recovery may begin to tell themselves, "My problem is with Shabu; I've never had a problem with alcohol. I just need to relax a little."
- Using a secondary drug or alcohol is a bad idea and may lead quickly to relapse to using one's primary drug in a number of ways:
  - ✓ **Cortical disinhibition.** Using a secondary drug or alcohol can cause the prefrontal cortex, the part of the human brain responsible for rational decision making, to become disinhibited (less active), thus paving the way for a return to the primary drug use. This effort is especially likely if secondary drug use exposes people to triggers associated with their use of the primary drug (buying from a dealer, for example).
  - ✓ **Stimulant craving induction.** Studies at the Matrix Institute have shown that, if cocaine or amphetamines are the drugs of choice, a return to alcohol use will increase the risk of relapse to stimulants by 800 percent. A return to the use of marijuana will do the same by 300 percent. This result remains true even if the client was not addicted to alcohol or marijuana.
  - ✓ **12-Step group philosophy conflict.** If people in recovery use a secondary drug or alcohol, they are unlikely to continue to attend 12-Step groups, groups that are vital to recovery, because using any illicit drug or alcohol is contrary to 12-Step group philosophy and people will be increasingly uncomfortable in meetings.
  - ✓ **Abstinence violation effect.** There is a strong tendency for people to begin thinking, "Well, I'm drinking again; I might as well use a little Shabu, too."
  - ✓ **Interference with new behaviors.** Using a secondary drug or alcohol to cope with problems or life stresses will interfere with learning new coping behaviors, which are necessary to ensure long-term recovery.



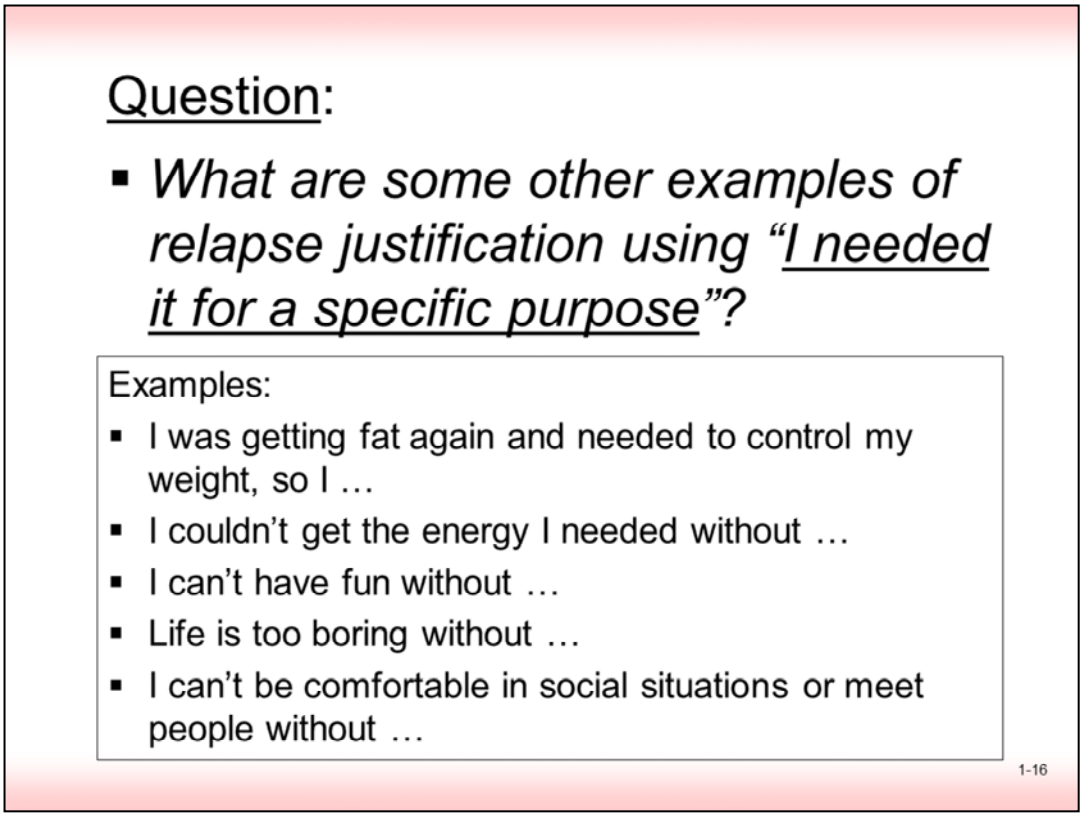
Slide 8-14—Relapse Justification

- Relapse justification occurs when the addicted brain attempts to provide a seemingly rational reason (justification) for behavior that moves a person in recovery closer to a slip.
- It is critical that people in recovery and their family members learn to recognize a relapse justification as soon as it arises.
- Most relapse justifications are based on the faulty premise that people in recovery have no choice about whether to use drugs or remain in recovery.
- Although at some point, using does become inevitable (for example, once people are at their dealer's house, they probably no longer have a choice; the craving is then in control), they can choose not to put themselves in risky situations.
- Relapse thoughts gain power when they are not recognized or discussed openly.
- Relapse justifications can take many forms:
  - ✓ Other people made me do it.
  - ✓ It wasn't my fault.
  - ✓ I needed it for a specific purpose.
  - ✓ It was an accident.
  - ✓ I was testing myself.
  - ✓ I felt bad.



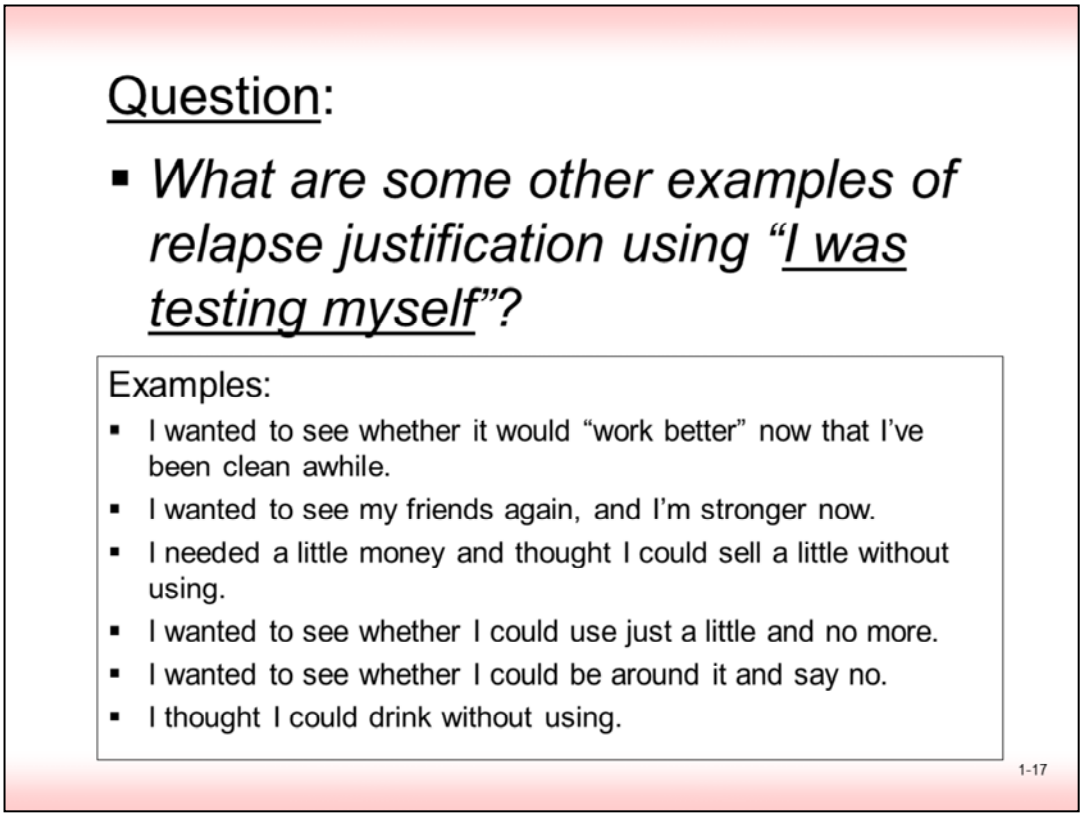
Slide 8-15—Question

- Read the examples of the relapse justification.
- Ask participants other examples of relapse justification.



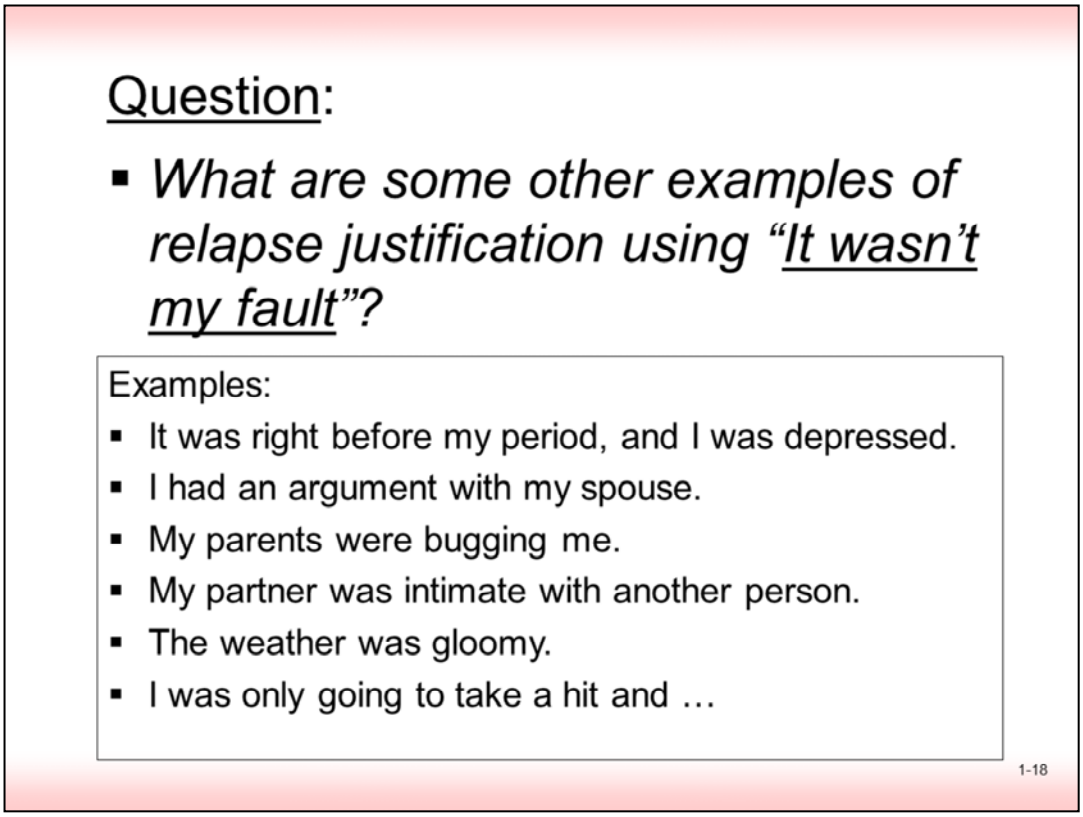
Slide 8-16—Question

- Read the examples of the relapse justification.
- Ask participants other examples of relapse justification.



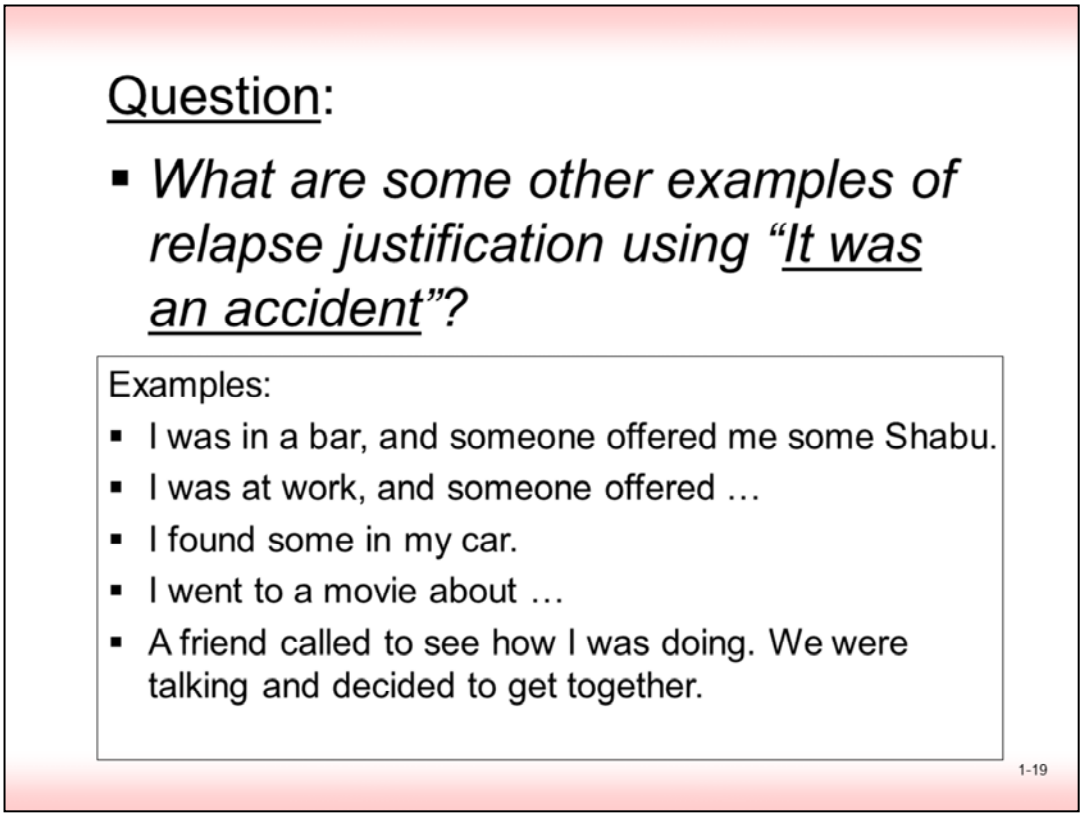
Slide 8-17—Question

- Read the examples of the relapse justification.
- Ask participants other examples of relapse justification.



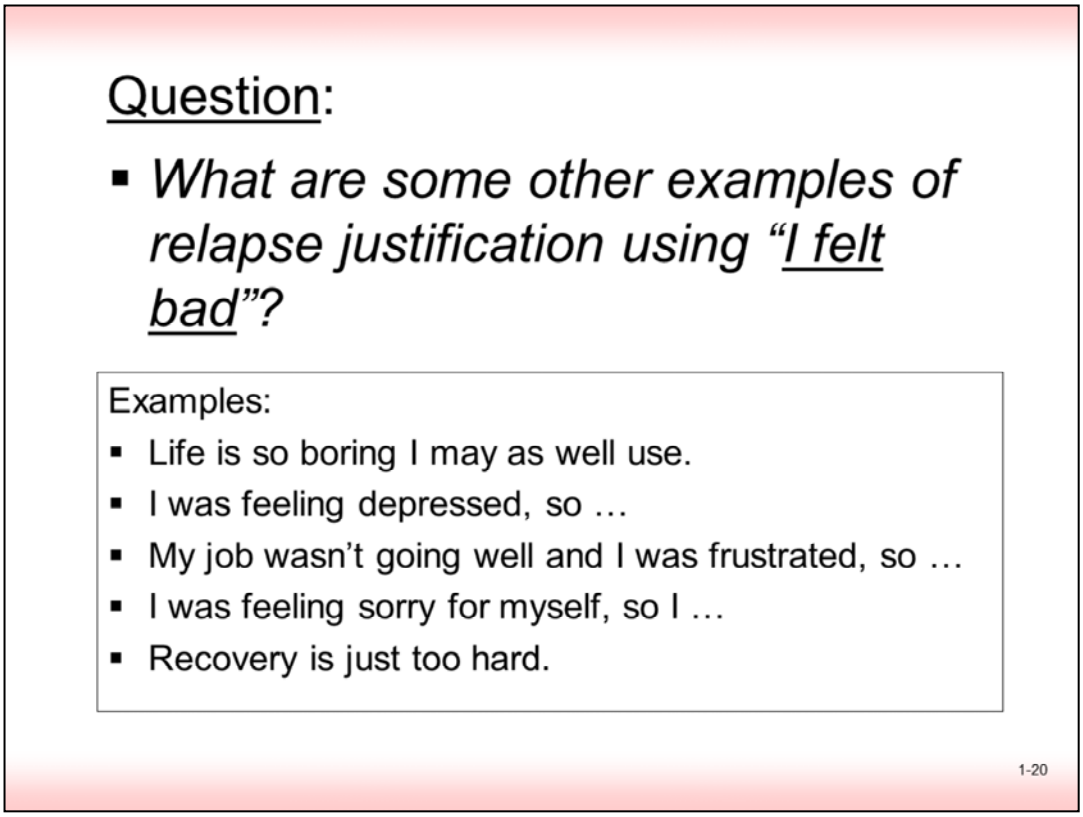
Slide 8-18—Question

- Read the examples of the relapse justification.
- Ask participants other examples of relapse justification.



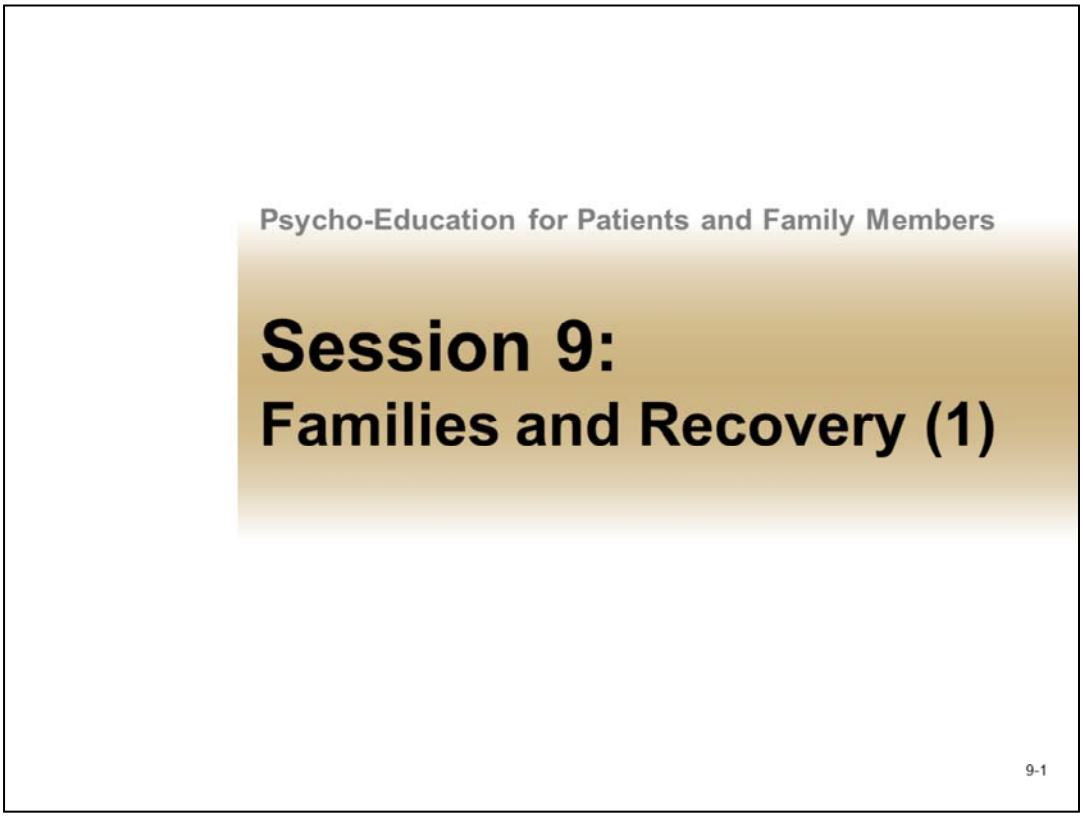
Slide 8-19—Question

- Read the examples of the relapse justification.
- Ask participants other examples of relapse justification.



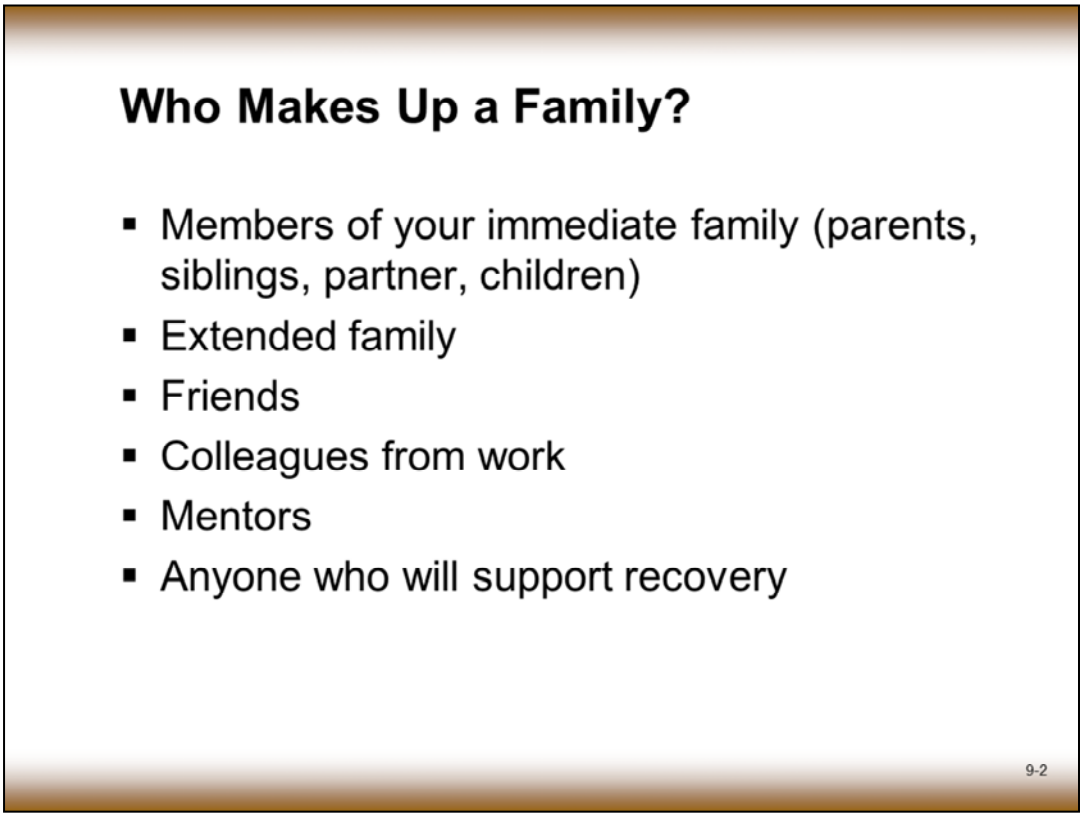
Slide 8-20—Question

- Read the examples of the relapse justification.
- Ask participants other examples of relapse justification.



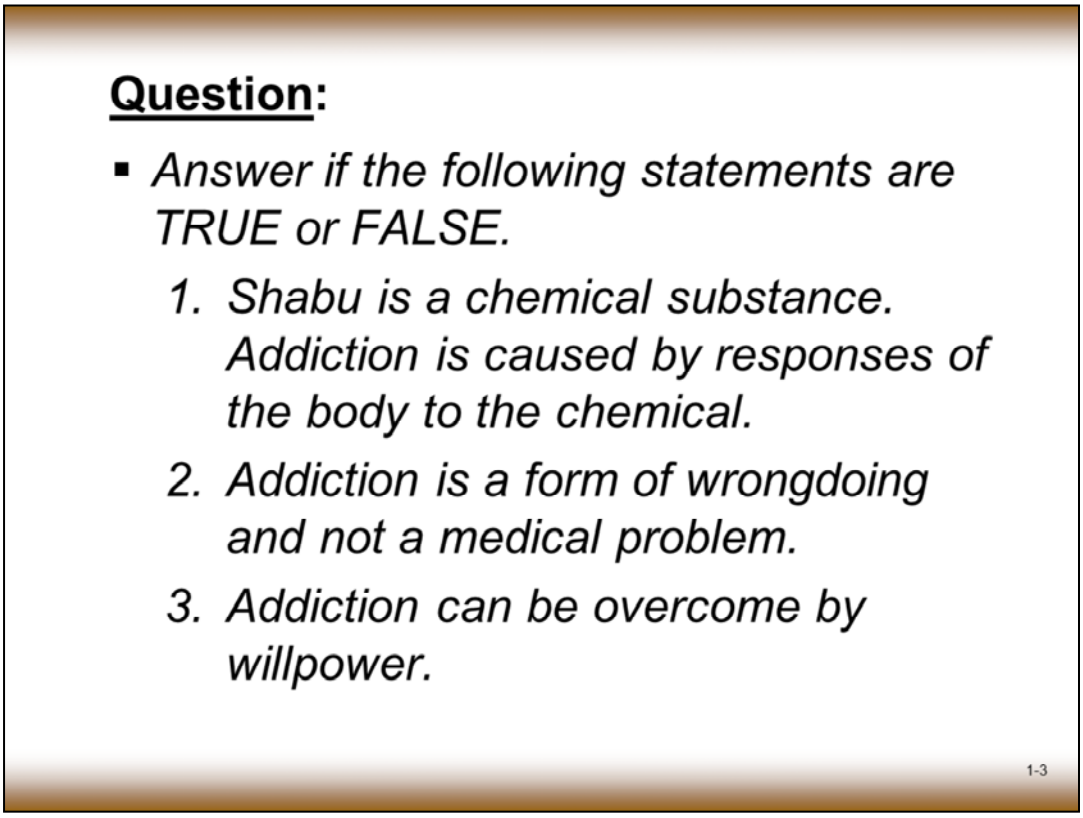
Slide 9-1—Families and Recovery (1)

- In this session, we are going to talk about the people who are most important to you.
- When a family is coping with a loved one who abuses stimulants, life can be frustrating and chaotic. The person who is using can behave self-destructively; the family members can resort to desperate measures just to cope.
- Often, it's hard for all involved to understand how they got to this point. How did things get this bad? Evaluating a situation when you are in the middle of it can be difficult.
- In this session we will look at how people become dependent on a substance and how they and their families recover from dependence. The hope is that by better understanding the processes of dependence and recovery, family members will be better able to provide support.



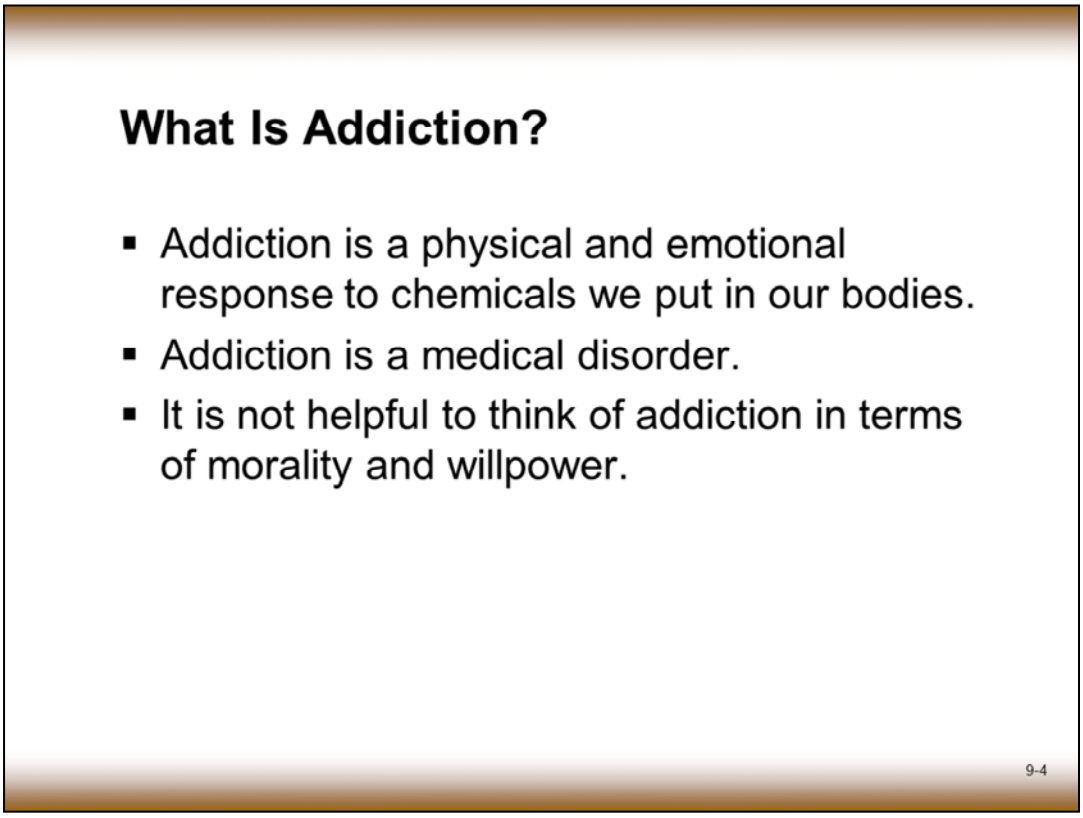
Slide 9-2—Who Makes Up a Family?

- It is important to think of family in the broadest possible terms.
- Family includes immediate family and extended family, friends, mentors, partners, colleagues from work—all of these people are part of your family when it comes to treatment. If someone you are close to is supportive, that person is part of your family.



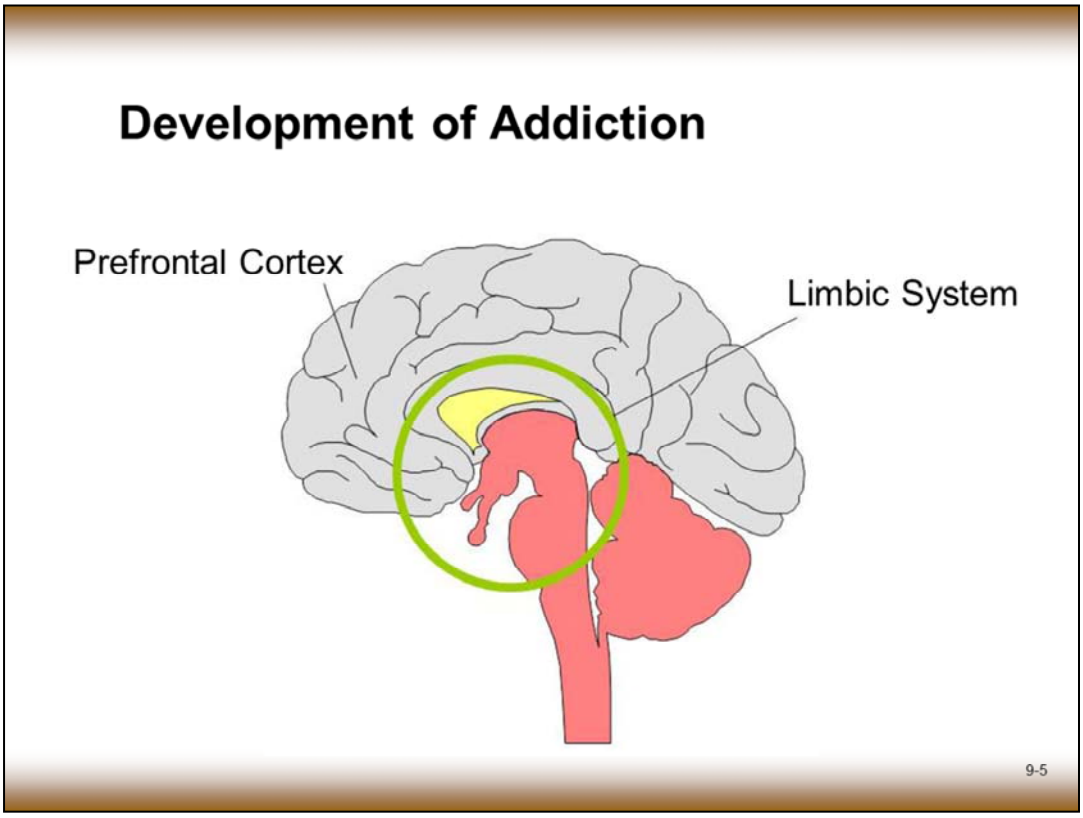
Slide 9-3—Question

- Ask participants if the three statements are true or false (the answers are: 1-True, 2-False, 3-False).



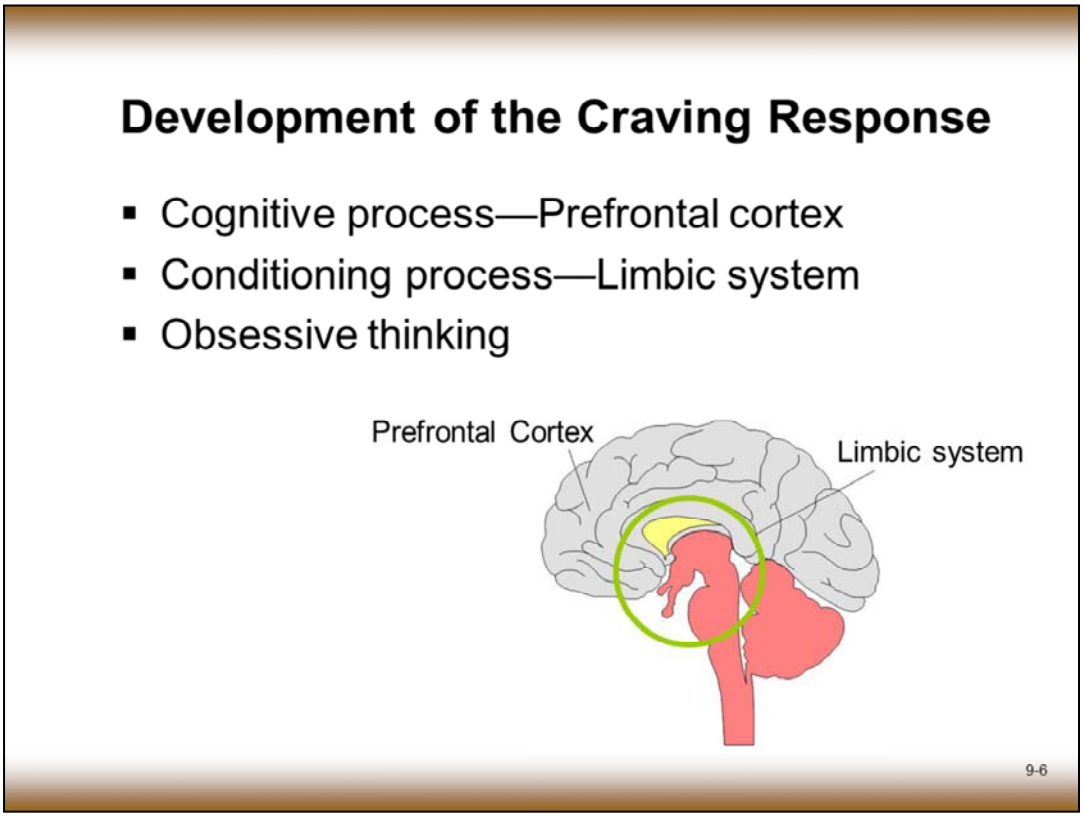
Slide 9-4—What Is Addiction?

- Addiction is a complicated physical and emotional process that takes place in the brain. As a result of drug use, the brain changes and people engage in behavior that affects themselves and their families.
- Addiction is a medical disorder. It is counterproductive to recovery to think of addiction as representing a personal failing, a lack of willpower, or a moral downfall.



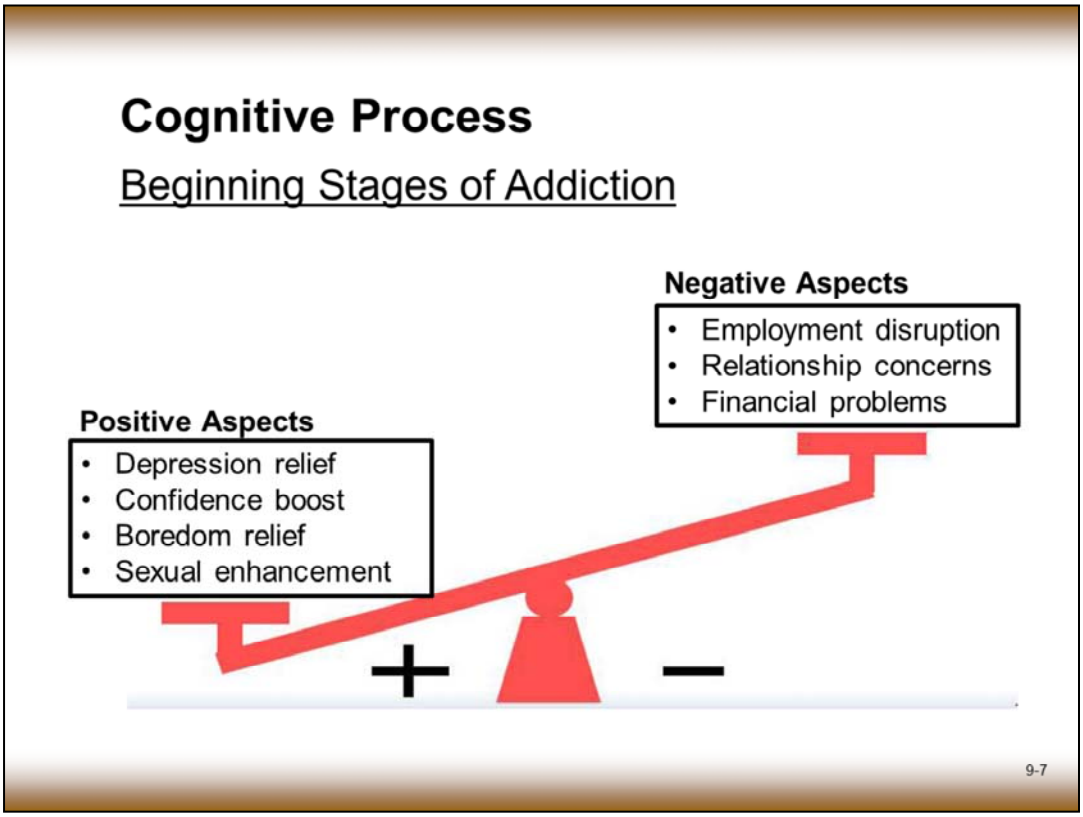
Slide 9-5—Development of Addiction

- The development of addiction involves two different areas of the brain: the prefrontal cortex and the limbic system.
- The prefrontal cortex is the intelligent, rational, thinking part of the brain. It is the decisionmaker, the brain's computer. The prefrontal cortex constantly directs our behavior and evaluates both the positives and negatives of any situation to make a decision.
- The limbic system is made up of smaller parts of the brain below the prefrontal cortex. The limbic system's involvement in emotion and motivation drives addiction. Each dose of a substance—especially stimulants—activates the limbic system. Eventually, the system becomes overactivated to the point where normal, rational restraints on behavior are lost.
- One way to understand the process of addiction is as a struggle between the rational part of the brain (the prefrontal cortex) and the emotional part of the brain (the limbic system).
- For most people who use Shabu, the rational part of their brain keeps their Shabu use in check at first. However, with continued use, Shabu's effects on the parts of the brain that govern emotion and motivation begin to override reason and clear thinking.



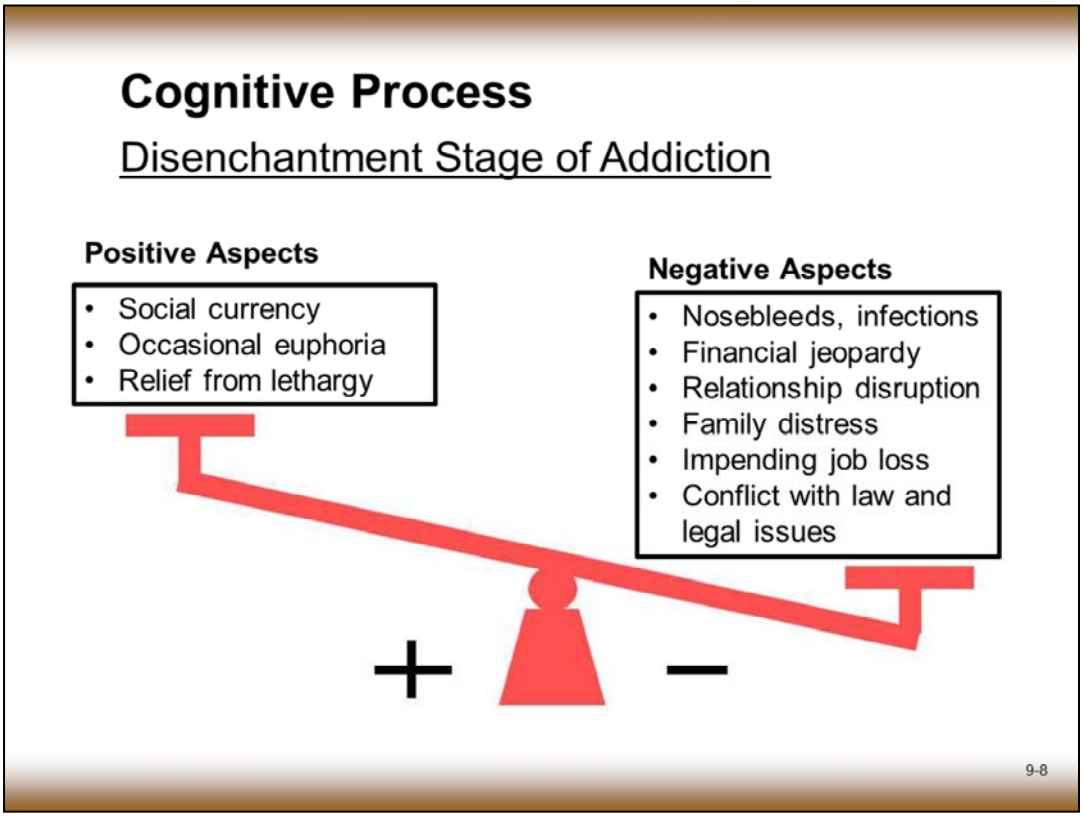
Slide 9-6—Development of the Craving Response

- Craving is the physical and emotional desire for a drug.
- Three separate processes converge to create a craving for a drug:
  - ✓ The cognitive process (at the prefrontal cortex)
  - ✓ The conditioning process (at the limbic system)
  - ✓ Obsessive thinking
- The cognitive process is how the rational part of the brain (the cortex) copes with substance use.
- The conditioning process is the involvement of the emotional part of the brain (the limbic system) in addiction.
- Obsessive thinking is the struggle between the rational and emotional responses to substance use.



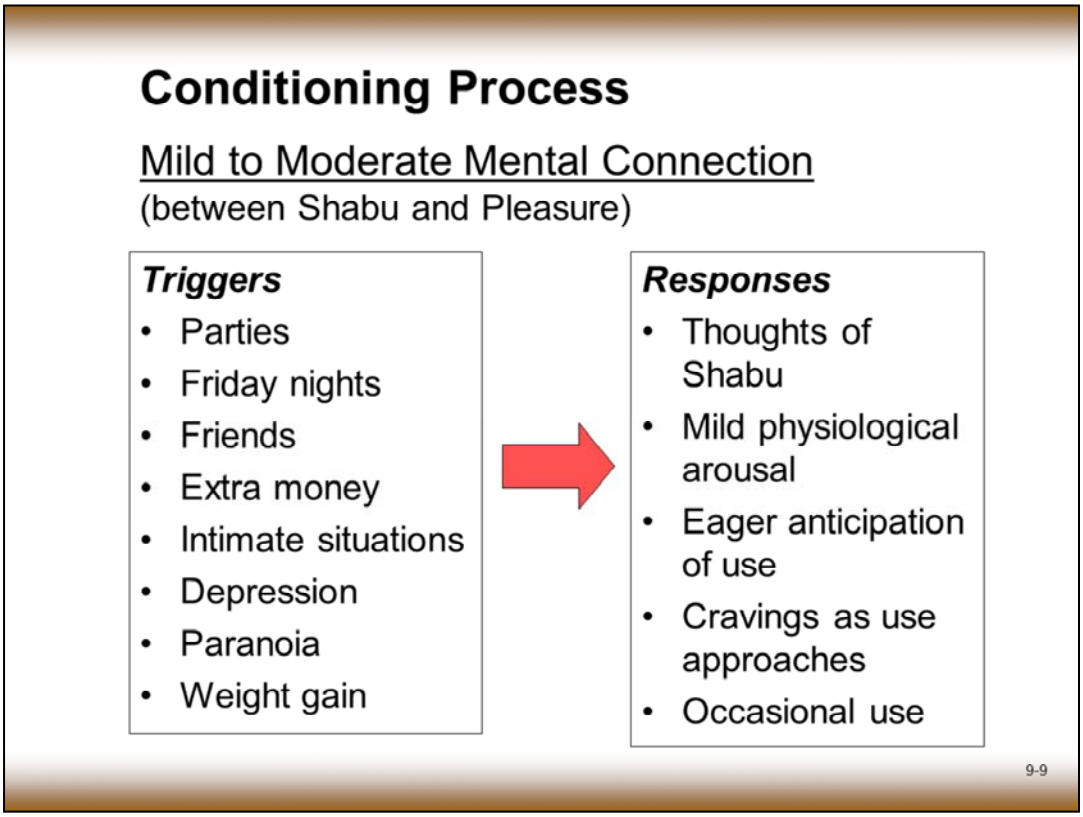
Slide 9-7—Cognitive Process (Beginning Stages of Addiction)

- The cognitive process is taking place in the prefrontal cortex in the brain.
- In the beginning stages of addiction, Shabu use occurs occasionally, often at a party or on a special occasion.
- Use gradually increases, but the rational part of the brain is in control and decides that using Shabu is justifiable because of the supposed benefits it provides.
- The positives seem to outweigh the negatives. The facts that Shabu is illegal and extra money is spent to buy it do not carry as much weight.



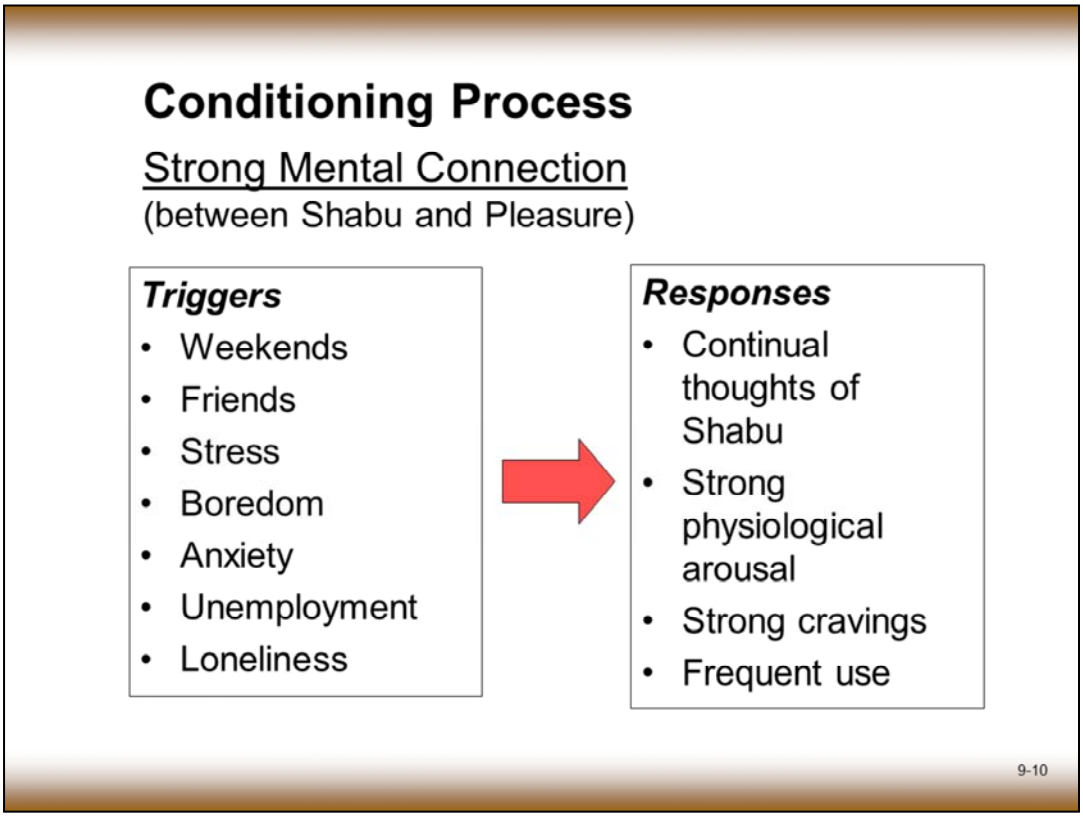
Slide 9-8—Cognitive Process (Disenchantment Stage of Addiction)

- The person who continues to use Shabu eventually becomes disenchanted, as the negative consequences of Shabu use clearly outweigh the positives.
- Some people are able to stop using when it becomes apparent that Shabu use is damaging their lives. Those who can't stop are addicted.
- A powerful hunger for Shabu becomes stronger than the rational part of the brain.
- The rational decision not to use and willpower are not enough to deter the craving for Shabu that has taken root in the emotional part of the brain. The rational, decision-making process is severely impaired, and the addicted brain's demands are imperative.



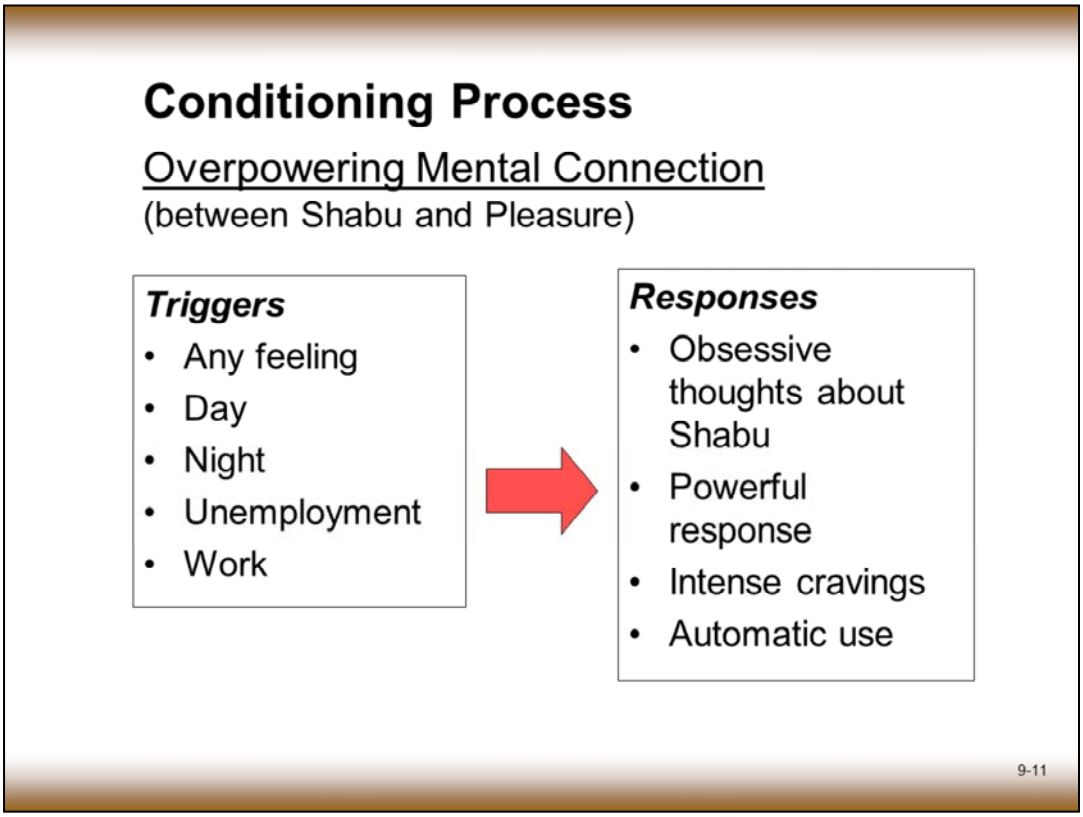
Slide 9-9—Conditioning Process (Mild to Moderate Mental Connection)

- While the cognitive process is taking place in the prefrontal cortex, a parallel progression of events takes place in the limbic system of someone who is using Shabu. This is the conditioning process.
- Conditioning is a type of learning that occurs by association. Every time people take Shabu, they strengthen a mental link between the drug and its pleasurable effects. This link conditions the brain to want more Shabu.
- At first, Shabu use is so infrequent that there is no automatic response to the people, places, or situations associated with Shabu.
- Over time, this link becomes stronger and more general, so that not only taking Shabu, but thinking of things associated with the drug (money, a dealer's house, certain friends) can induce cravings for Shabu.
- At first, purchasing and using the drug activate the brain's emotional and motivational centers in the limbic system. This results in euphoria and physiological arousal: increased breathing and heart rate, adrenaline effects, and increased energy.
- The brain begins to form a mild to moderate mental connection between Shabu and pleasure.



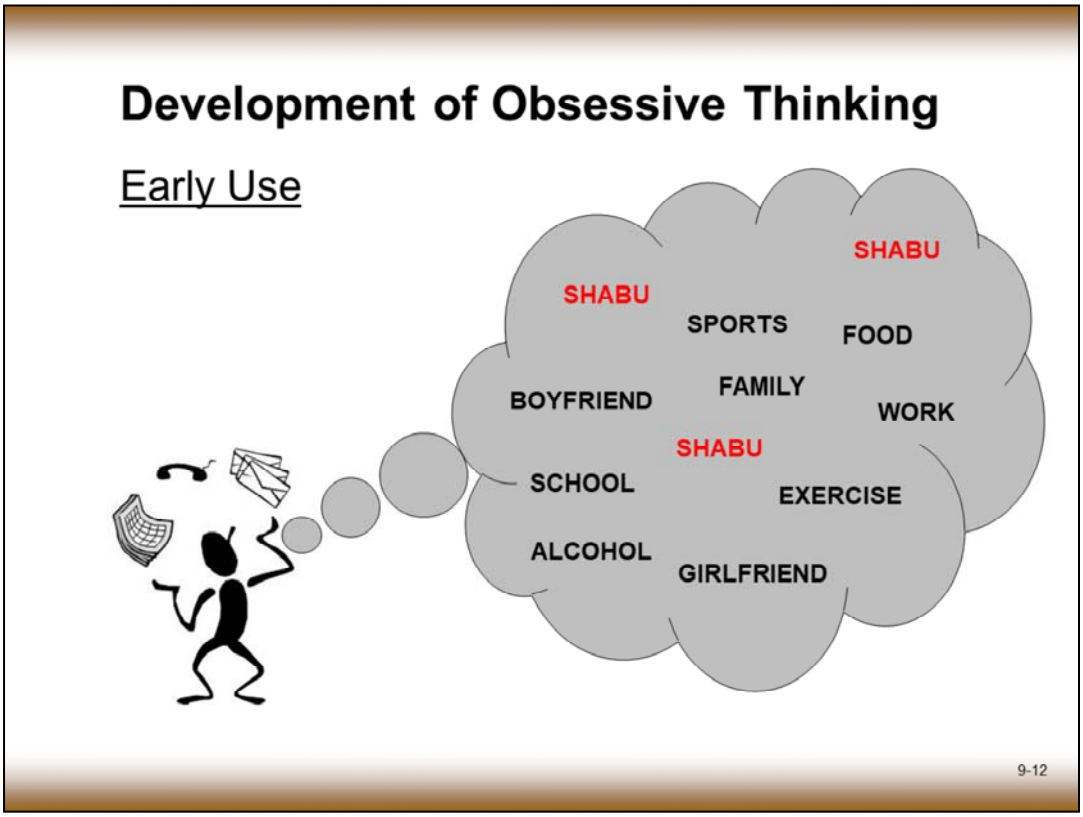
Slide 9-10—Conditioning Process (Strong Mental Connection)

- As the mental connection between Shabu and the pleasure it produces grows stronger, things other than the drug itself increasingly trigger craving, and the craving becomes stronger.
- A person who continues using Shabu will feel a strong physical response to Shabu.
- In the later stages of addiction, the mental connection between Shabu and the pleasure becomes strong and thinking about Shabu will set off powerful cravings. For a person who is dependent on Shabu, thinking about Shabu or about using Shabu produces a powerful arousal similar to actual effects of Shabu.
- Triggers initiate an automatic craving to use Shabu, and this feeling drives people to find and take Shabu.



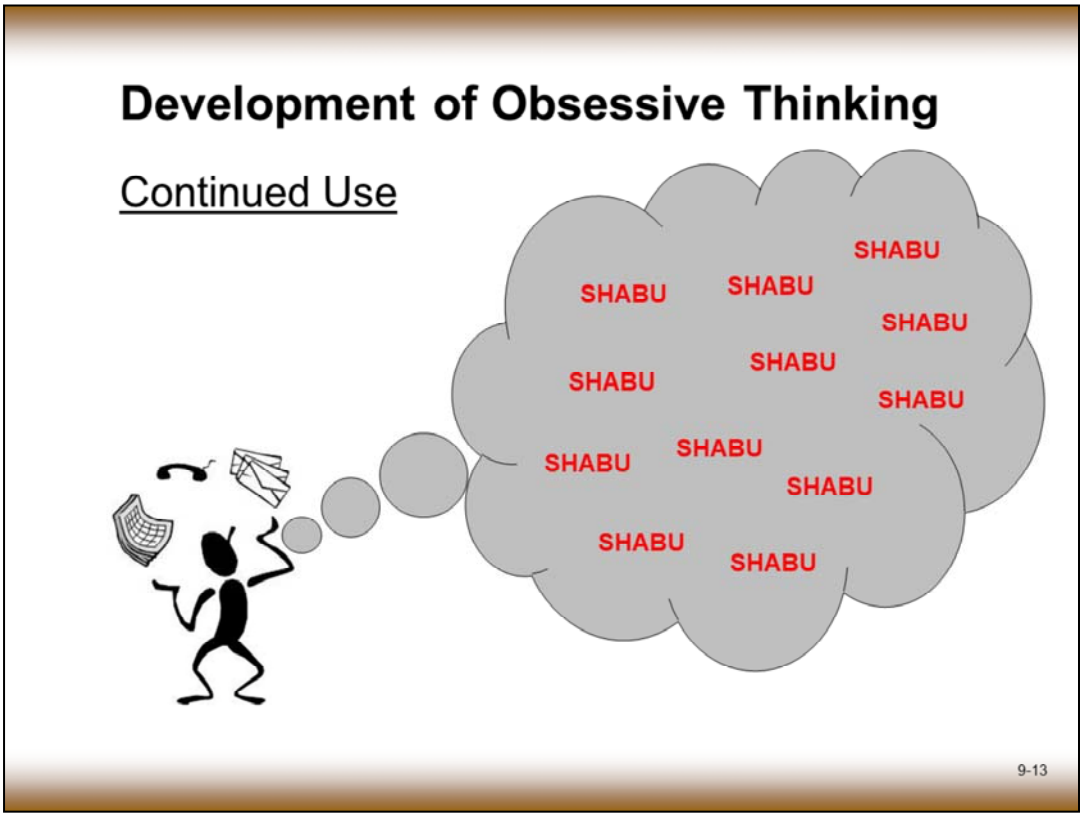
Slide 9-11—Conditioning Process (Overpowering Mental Connection)

- Soon, triggers proliferate, and the mental links between the triggers and drug use become overpowering. Addiction—the loss of rational control to the emotional part of the brain—has set in.
- As the addiction becomes severe, the mental connection between Shabu and the pleasure becomes overpowering and people use either daily or in binges that are interrupted only by physical collapse.
- The rational brain is totally overwhelmed by the constant, powerful craving from the addicted brain. People who are addicted cannot be stronger than the conditioned response that has been forged in the brain.



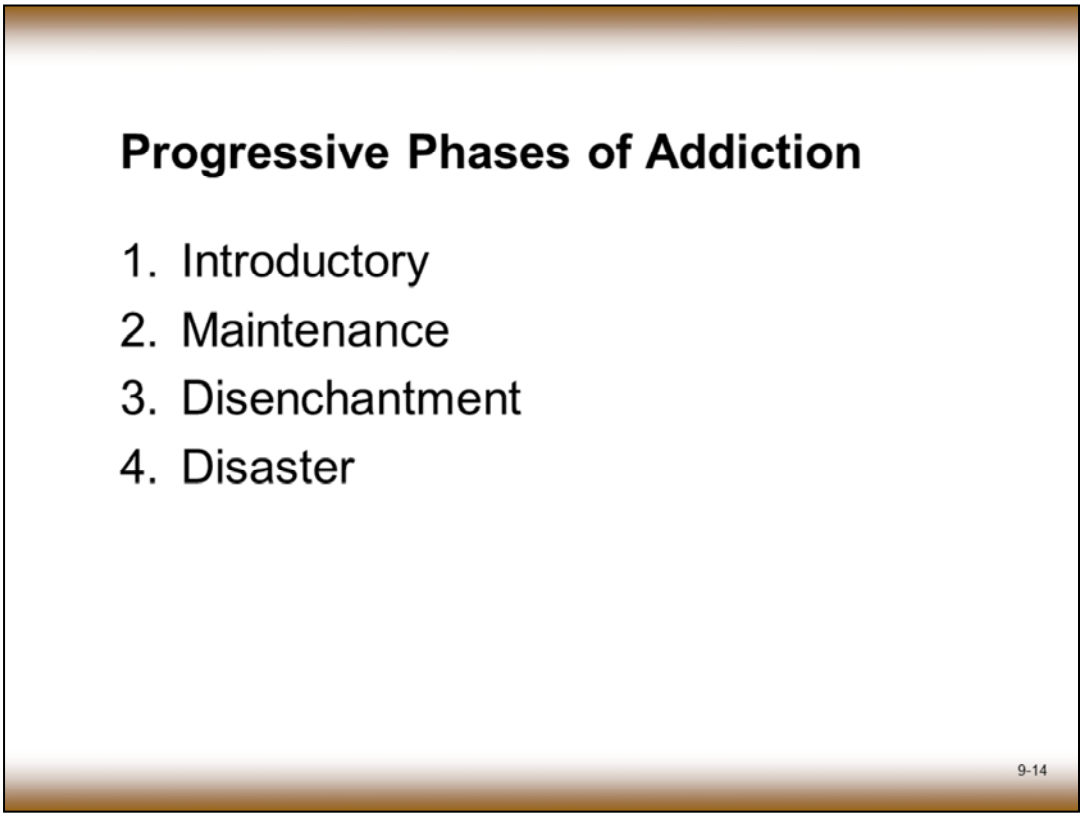
Slide 9-12—Development of Obsessive Thinking (Early Use)

- When a person starts using Shabu, very little time or thought is invested in it. Shabu use is just a small part of the person's life.
- If the person keeps using, decisions about whether to use, where to get money to buy drugs, and how to conceal the evidence of using begin to take more time and thought.
- These thoughts of using intrude more and more because the links formed in the emotional part of the brain between Shabu and enjoyment have begun to exert their influence.



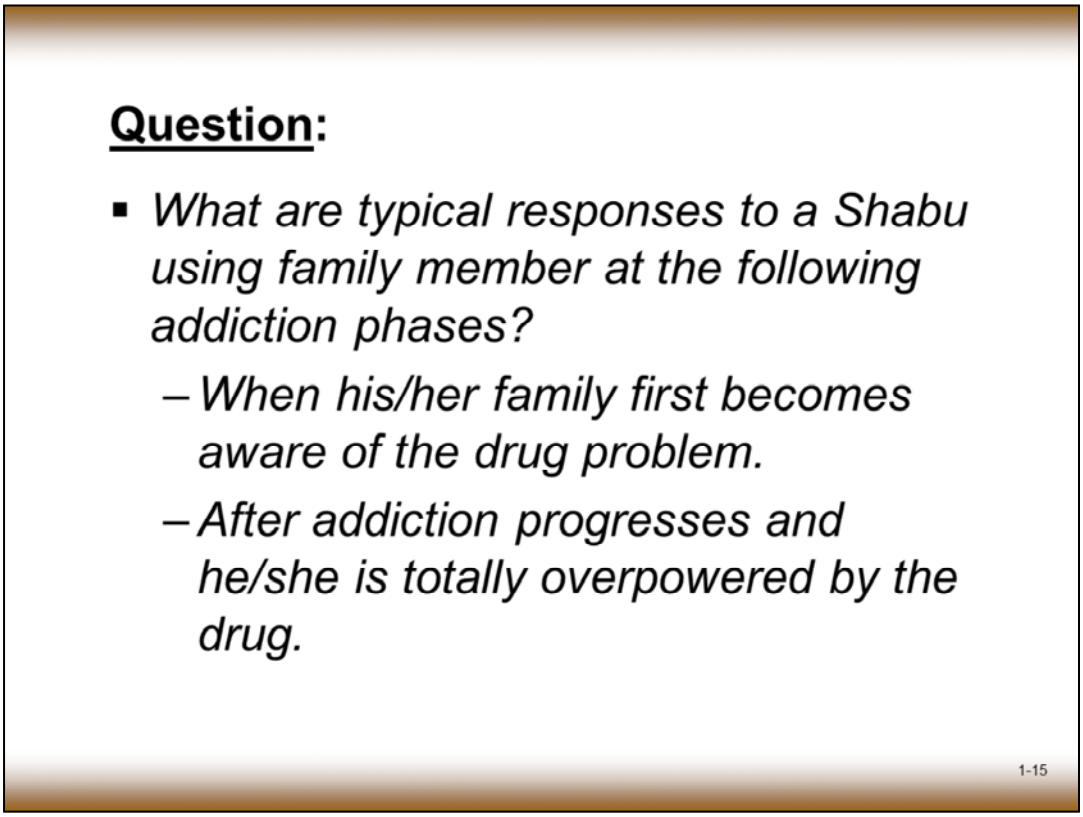
Slide 9-13—Development of Obsessive Thinking (Continued Use)

- With continued use, thoughts about Shabu crowd out other aspects of life. For the most part, the emotional part of the brain is given over to addiction and Shabu dominates the person's thoughts.
- People using Shabu become so obsessed with Shabu that their relationships may begin to crumble. There is little room in their lives for a relationship with anyone or anything except Shabu.
- This overwhelming preoccupation does not mean that family members mean less to people than Shabu does. It means that the brain changes caused by Shabu make the desire to use Shabu all but irresistible.



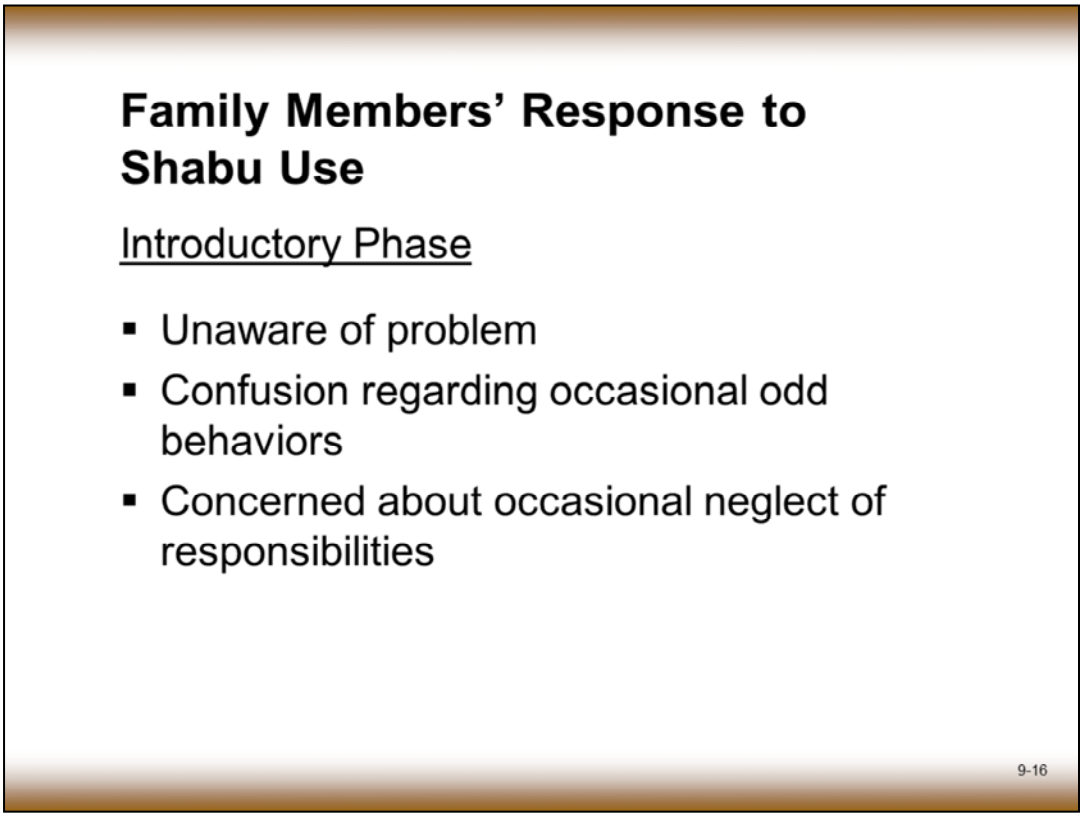
Slide 9-14—Progressive Phases of Addiction

- Now we turn to the family members' responses as they watch the person they care about become dependent on Shabu. We can trace family members' responses through four progressive stages of addiction:
    1. Introductory
    2. Disenchantment
    3. Maintenance
    4. Disaster



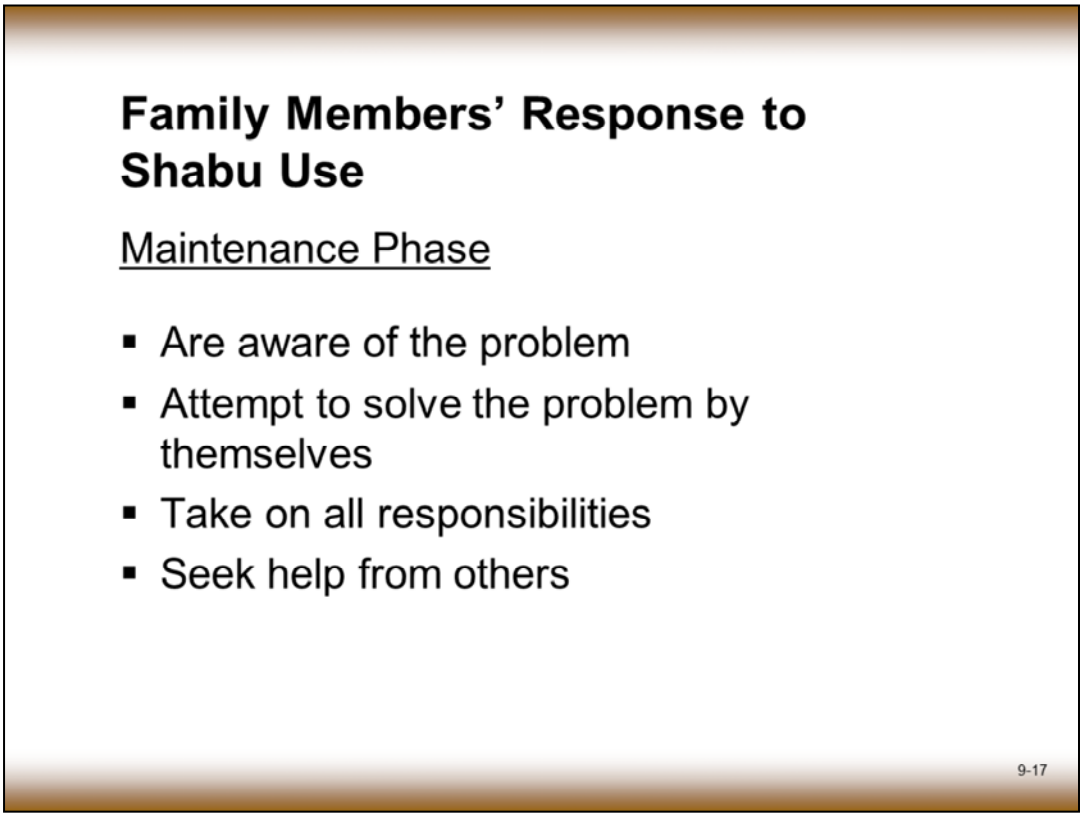
Slide 9-15—Question

- Ask about typical responses to a Shabu using family member at the Introductory and Disaster phases of addiction.



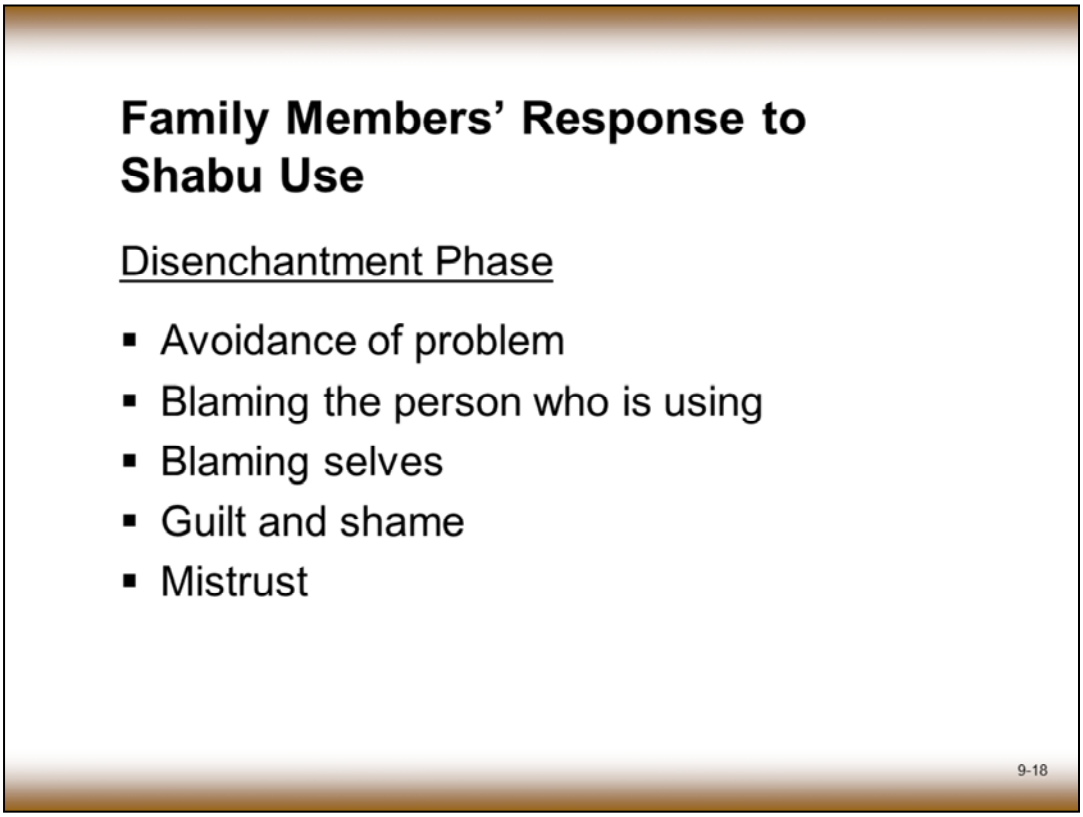
Slide 9-16—Family Members' Response to Shabu Use (Introductory Phase)

- During the introductory phase of a person's Shabu use, family members are probably not affected very much. They may be completely unaware of the Shabu use.
- Family members may see behaviors that stem from occasional Shabu use but not associate them with a drug problem.
- Family members may wonder why the person occasionally neglects responsibilities and fails to meet obligations.



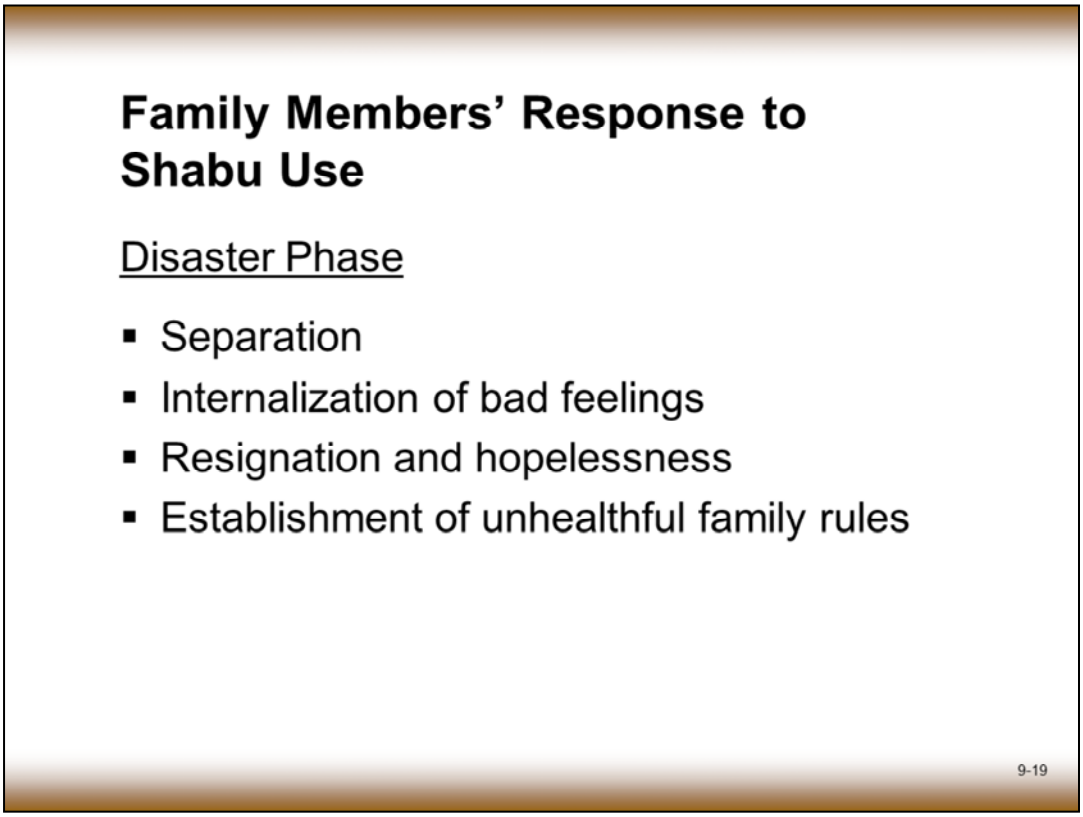
Slide 9-17—Family Members' Response to Shabu Use (Maintenance Phase)

- Often, during the maintenance phase of a person's addiction, family members realize that a problem exists and attempt to solve it.
- Family members may give financial assistance. They may make up excuses for thoughtless behavior that results from Shabu use. They even may try to take on all the responsibilities for earning money, taking care of the family, keeping up friendships, and maintaining the household.
- These efforts help only temporarily because the real problem is the Shabu use and its consequences.
- The problems continue to mount as long as the Shabu use continues. Family members want to help, so they pick up the slack for their loved one who is using.
- This behavior does more harm than good. It helps the person stay addicted by covering up the consequences of Shabu use. Such activities give the person more time, energy, and money to continue using and cover up the fact that Shabu use must stop.



Slide 9-18—Family Members' Response to Shabu Use (Disenchantment Phase)

- By the time the person reaches the disenchantment phase of addiction, family members often are angry and have given up trying to solve the problem.
- Recognizing that none of the attempted solutions is working, family members try to ignore what is going on.
- When they are unable to avoid being confronted with the consequences of the person's behavior, family members tend to blame either the person who is using or themselves.
- The person's dependence on Shabu makes all members in the family feel guilty and ashamed of what is happening and of their inability to control the situation.

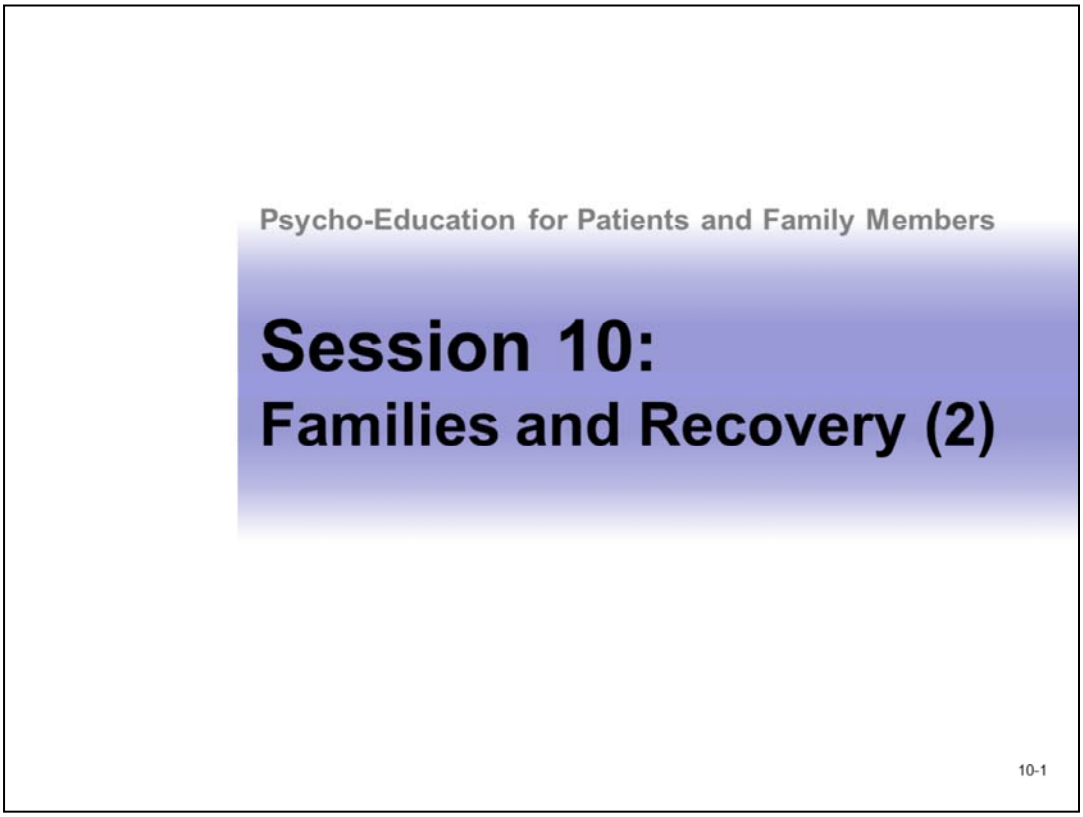


Slide 9-19—Family Members' Response to Shabu Use (Disaster Phase)

- During the disaster phase, family members often end up separating from the person who is using to save themselves. As a result of the emotional and physical separation, family members feel a sense of failure and hopelessness.
- When family members stay with the person, they learn to behave and think in ways that preserve the peace but often are not healthy for individual or family well-being.
- Children in such an environment learn ways of behaving that can interfere with their ability to have healthy relationships later in life.

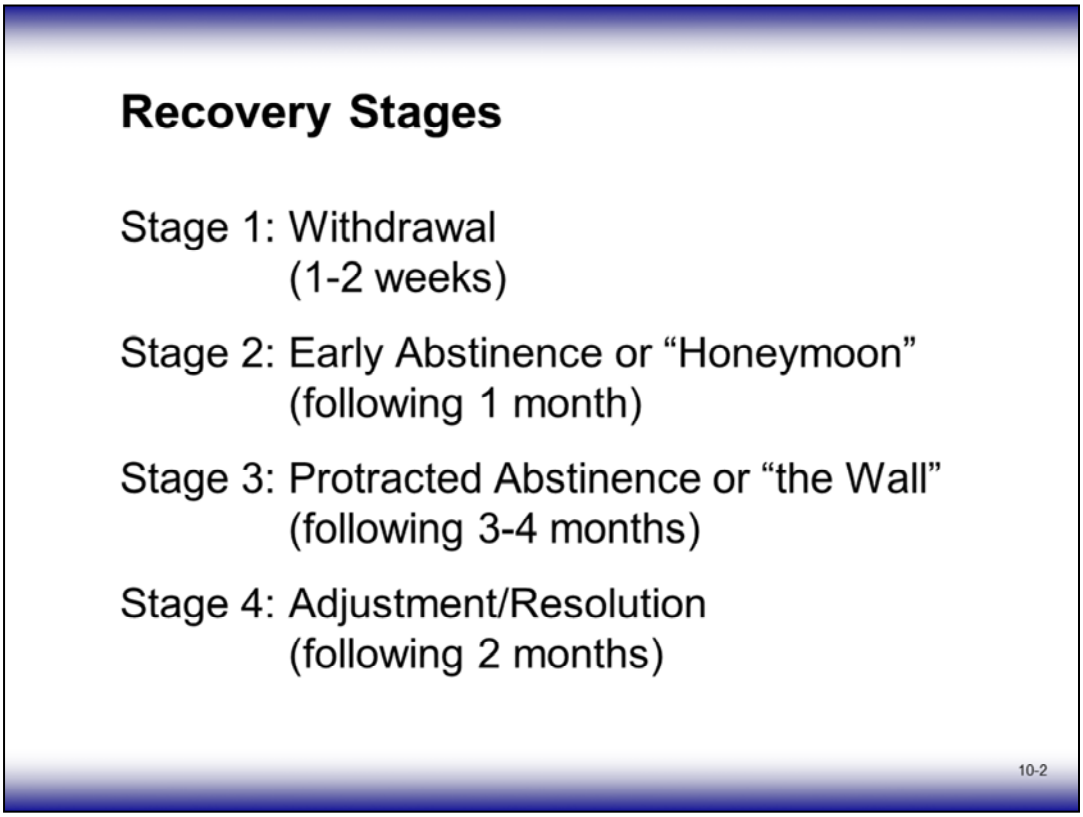
Slide 9-20—Benefits of Family Involvement

- It is important for family members to be involved in treatment. Studies show that treatment works better when at least one supportive family member is engaged in the treatment.
- Family members who participate in treatment have a better understanding of what the person in recovery is going through. They also learn about the stages of recovery so that they can anticipate the difficulties the person in recovery will face and be aware of problems that may arise.
- The person in recovery is responsible for quitting Shabu and working on recovery. But family members who have been interacting with the person in recovery during the progression of the drug dependence have been affected by the process and need to make changes of their own to undo the damage that has been done.



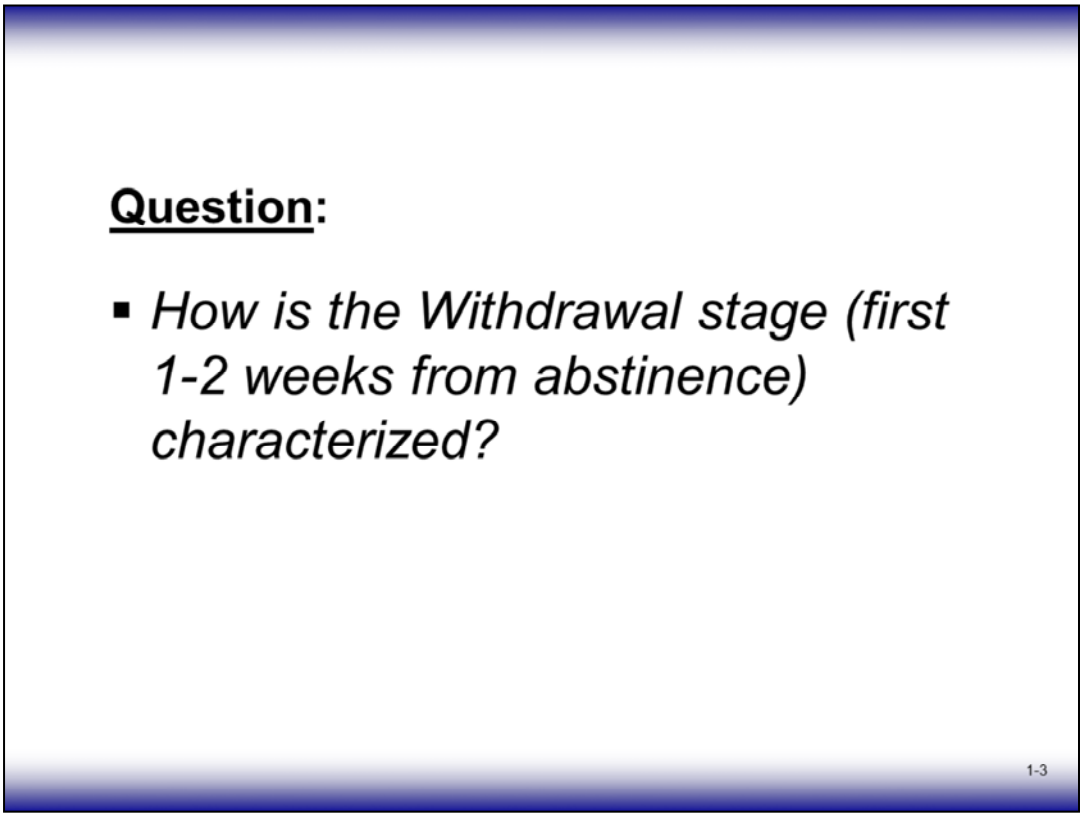
Slide 10-1—Families and Recovery (2)

- We will continue to discuss families and recovery.



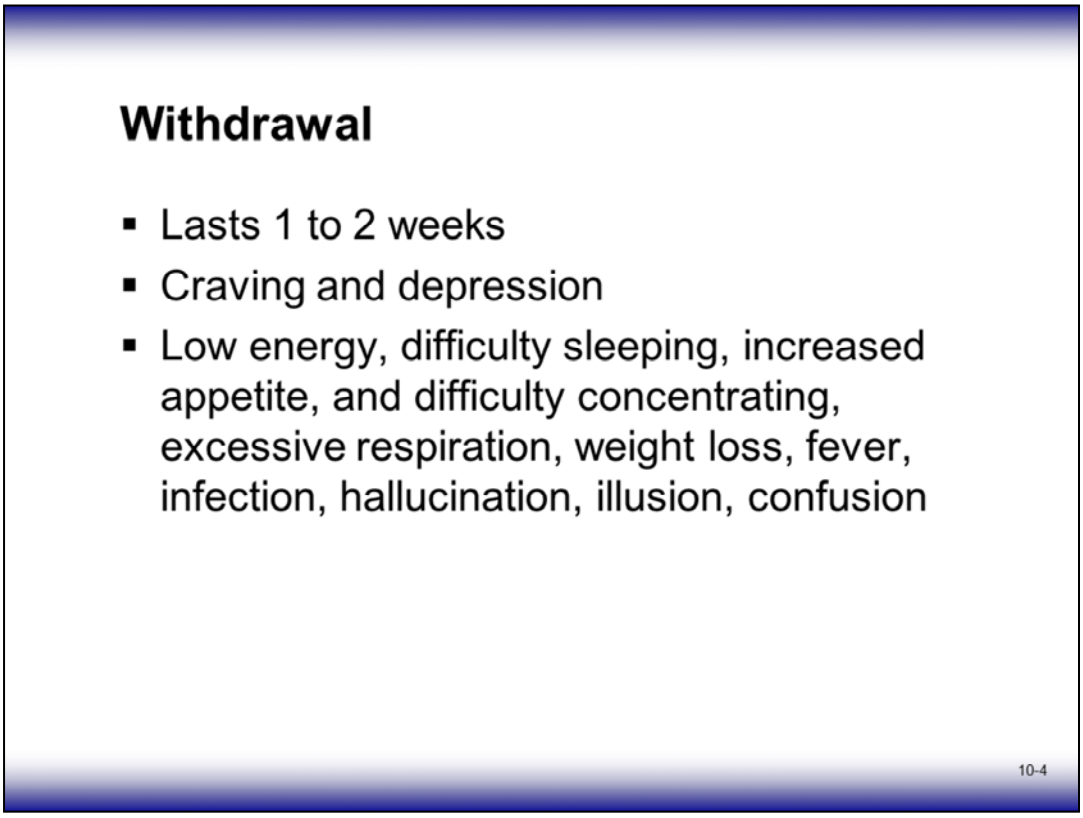
Slide 10-2—Recovery Stages

- People who stop taking a substance they are dependent on usually go through predictable stages during their recovery.
- The timetable for recovery varies for each person, but the stages usually don’t vary.
- Knowing that there is a pattern to recovery and knowing what to expect in each stage often provide encouragement to patients.
- This information also helps family members better support those staying home and undergoing outpatient treatment.



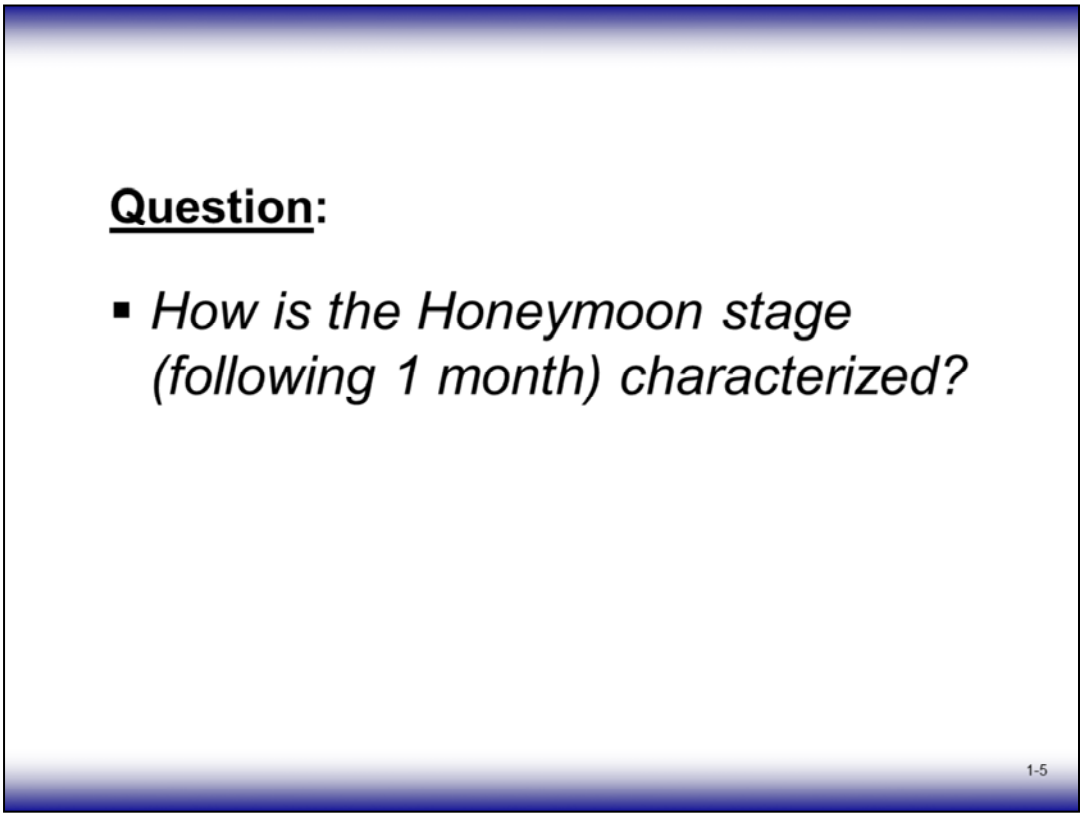
Slide 10-3—Question

- Ask participants how the Withdrawal stage is characterized.



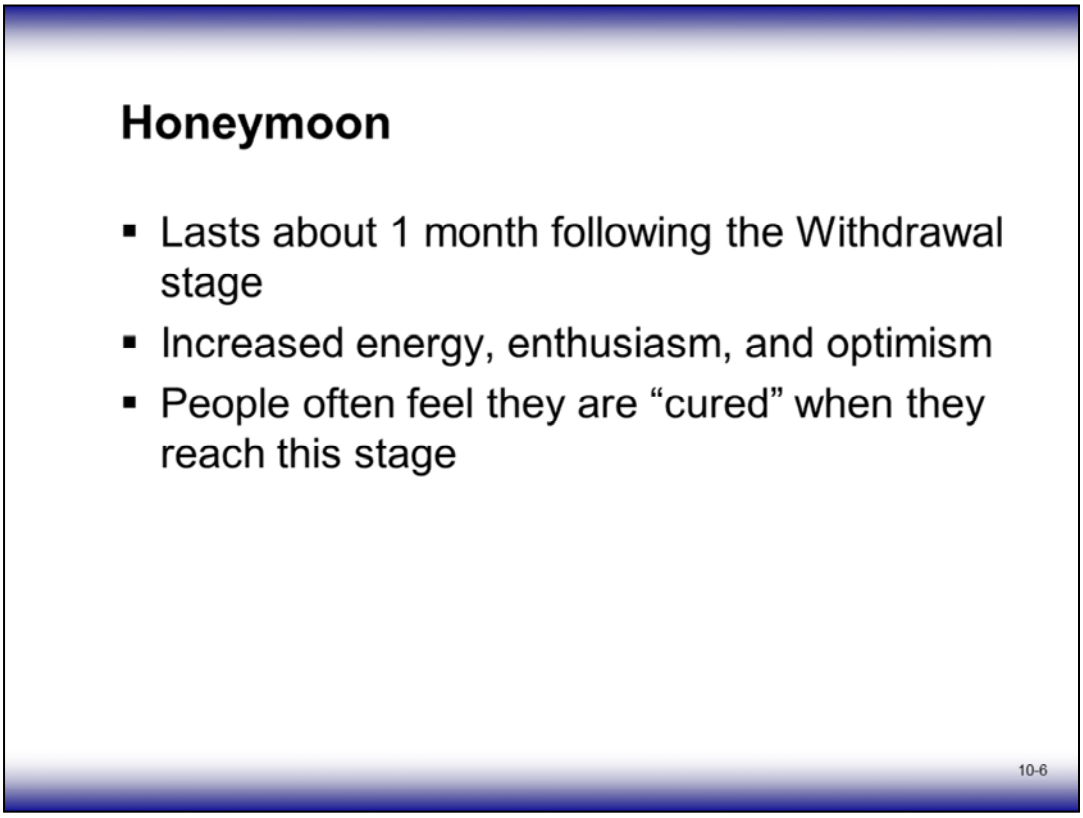
Slide 10-4—Withdrawal

- The withdrawal stage usually lasts 1 to 2 weeks.
- During this stage, the most severe symptoms are craving and depression.
- Many people also experience low energy, difficulty sleeping, increased appetite, and difficulty concentrating.



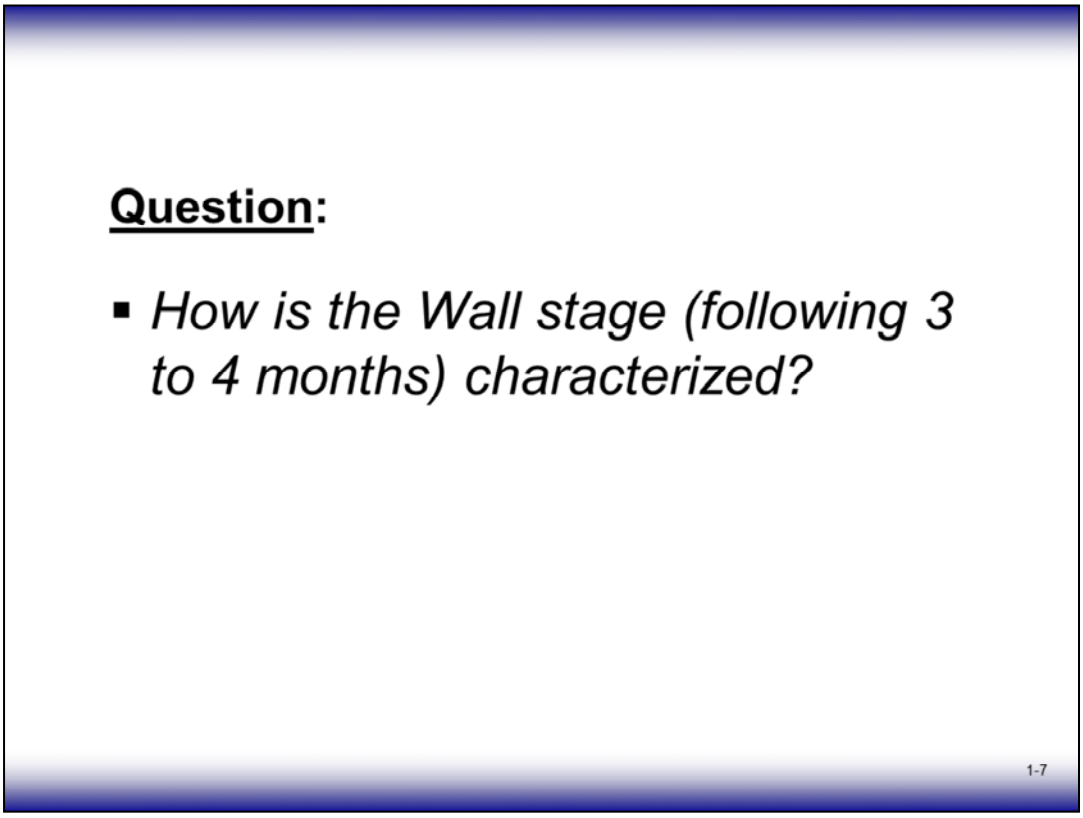
Slide 10-5—Question

- Ask participants how the Honeymoon stage is characterized.



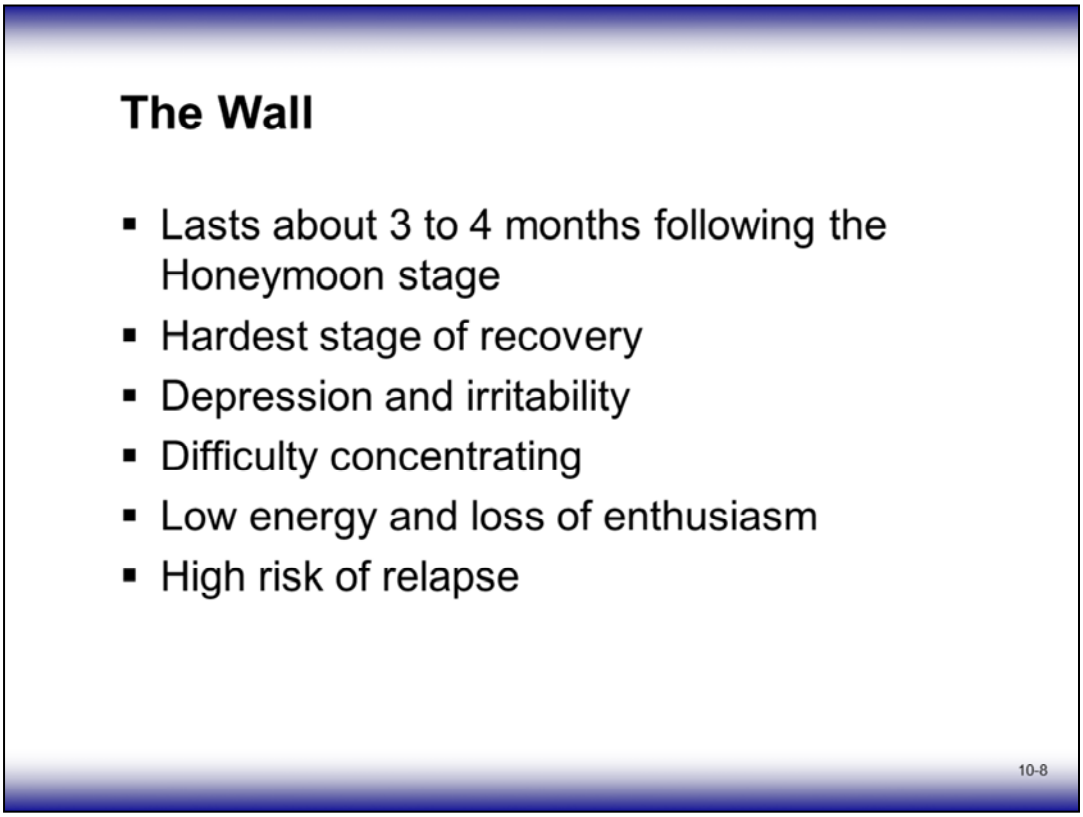
Slide 10-6—Honeymoon

- The Honeymoon stage lasts about 1 month following the Withdrawal stage.
- It is characterized by increased energy, enthusiasm, and optimism.
- Many people think this is the end of the recovery process and that things will remain positive from here on. Unfortunately, the hardest part of the recovery is still to come.



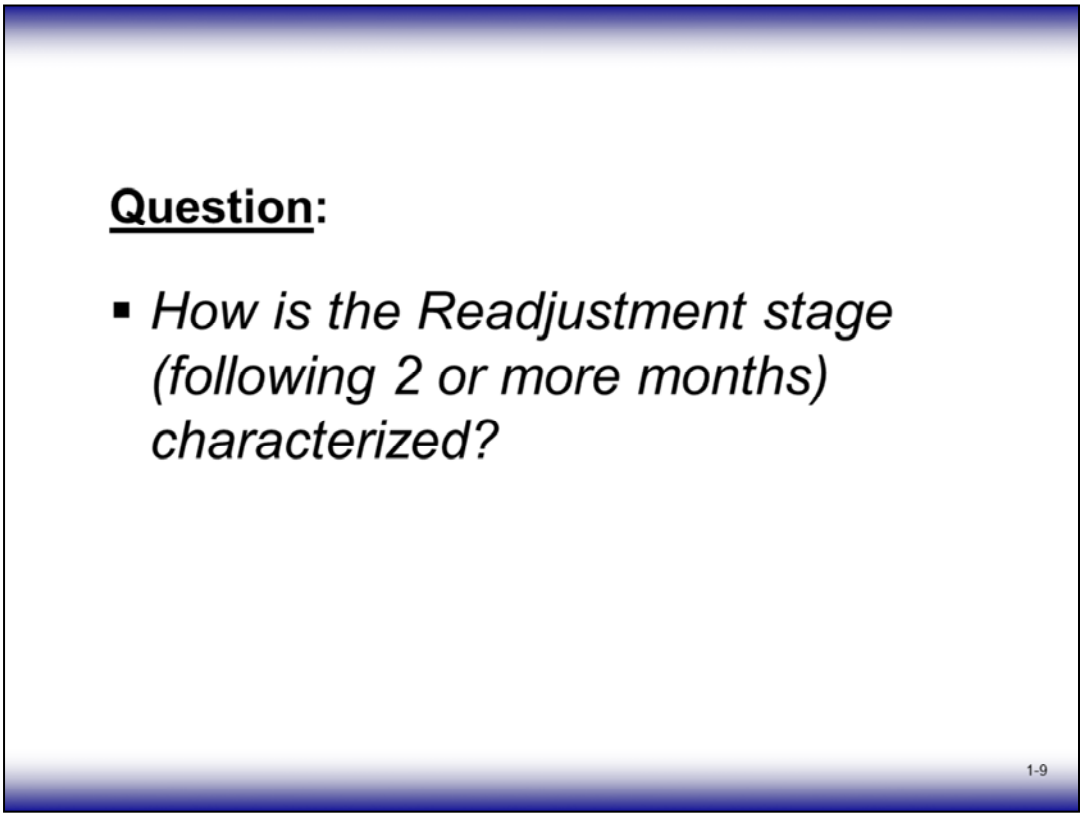
Slide 10-7—Question

- Ask participants how the Wall stage is characterized.



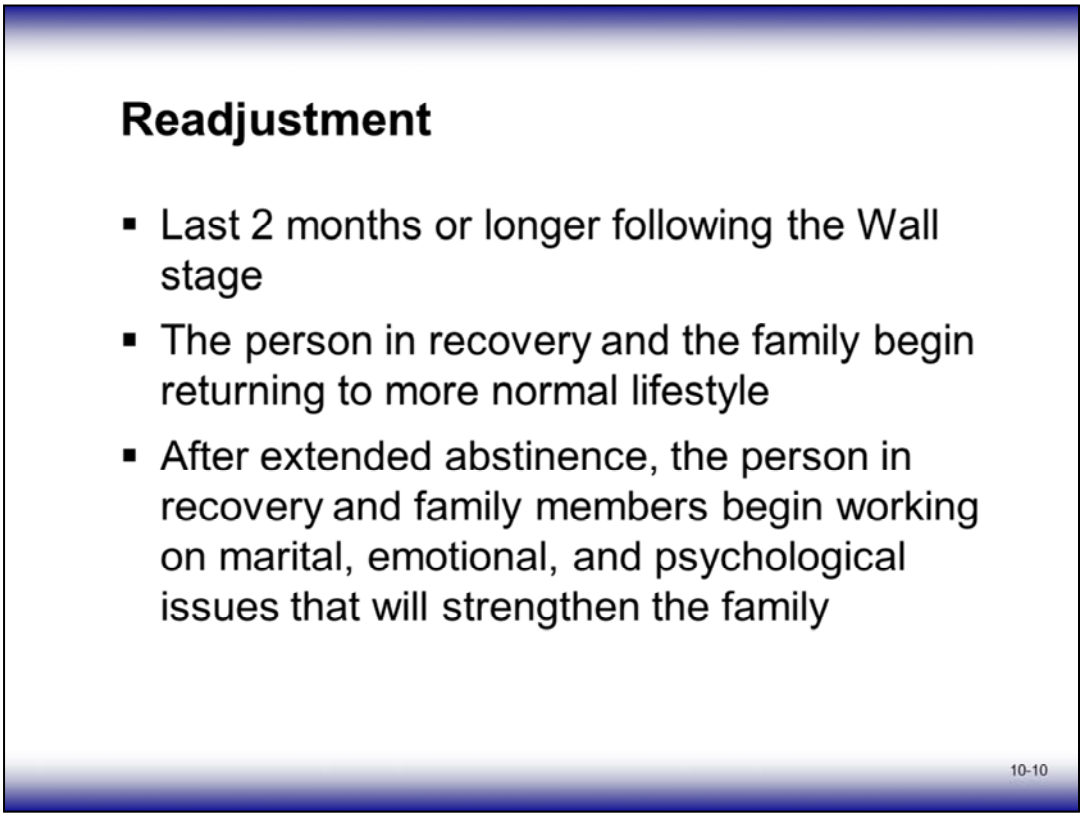
Slide 10-8—The Wall

- The Wall lasts about 3 to 4 months following the Honeymoon stage.
- It is the hardest stage of recovery and one of the longest.
- The Wall brings with it some troublesome emotional and thinking difficulties. The optimism of the Honeymoon stage gives way to the full realization of the difficulty and sheer effort involved in recovery.
- People in recovery experience depression, irritability, difficulty concentrating, low energy, and a general loss of enthusiasm.
- Risk of relapse is very high during this stage for those in outpatient treatment.
- This stage is almost always a struggle for people in recovery.



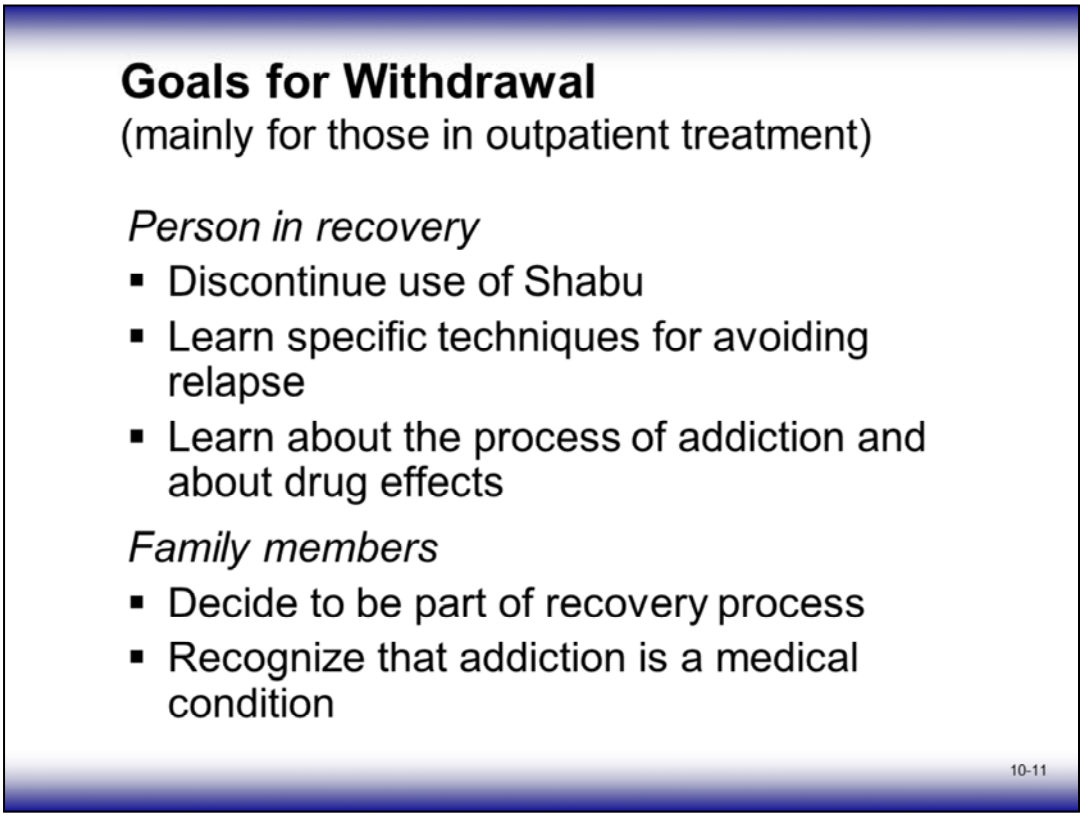
Slide 10-9—Question

- Ask participants how the Readjustment stage is characterized.



Slide 10-10—Readjustment

- The Readjustment stage is when the individual begins to adjust to an ongoing state of abstinence. It lasts 2 months or longer following the Wall stage.
- During this stage, the Wall has been surmounted and the person in recovery and family members begin to return to a more normal lifestyle.
- During the readjustment stage and after, individual and family issues can benefit from psychotherapy and family counseling.

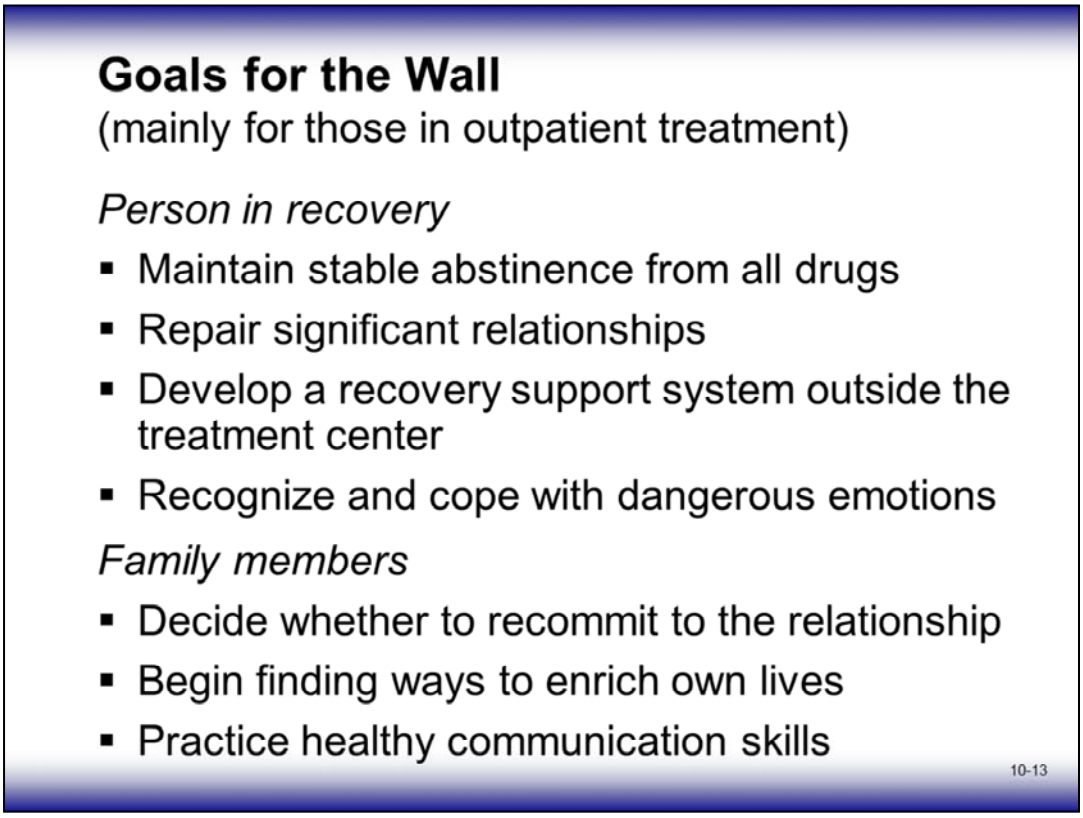


Slide 10-11—Goals for Withdrawal

- The goals for Withdrawal are mainly applied to those in outpatient treatment; however, some parts are also applicable to those in residential services.
- The main goal for the person in recovery during the withdrawal stage of treatment is stopping Shabu use.
- In group sessions that focus on early recovery skills, the person in recovery learns specific techniques for reducing cravings and avoiding relapse.
- The person in recovery also begins to learn about the process of addiction and how drugs, such as Shabu, affect brain chemistry and the rest of the body.
- When the person in recovery is in the withdrawal stage of outpatient treatment, family members have one major decision to make: whether they are willing to be part of the recovery process.
- Family members will find it is easier to be involved if they view the Shabu use, not the person in recovery, as the problem and if the Shabu use is recognized as a medical condition, regardless of how it began.

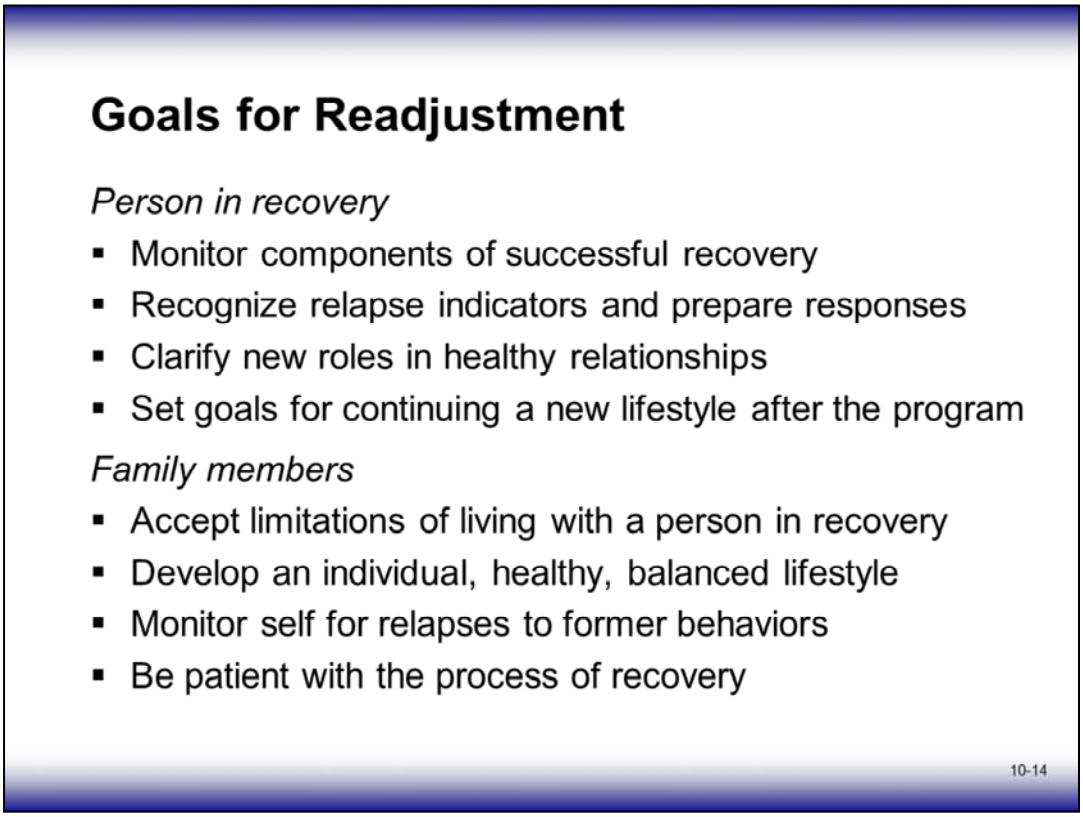
Slide 10-12—Goals for the Honeymoon

- During the Honeymoon stage of recovery, people in recovery work on improving their physical health and outlook on recovery by exercising and staying active.
- People in recovery also begin to identify personal triggers and relapse justifications and to use targeted techniques to stay abstinent.
- Often, persons in recovery feel as if they are "cured" during this period. It is important for people in recovery to continue to work on their recovery and to avoid testing themselves by being around drugs.
- Family members can be very helpful during the Honeymoon stage, working with the person in outpatient treatment to support the primary goal of abstinence.
- Although family members are not responsible for the loved one's recovery, their behavior and attitudes during this time can significantly increase or decrease the chances of the person in recovery achieving and maintaining abstinence.
- Family members need to recognize and discontinue triggering interactions.



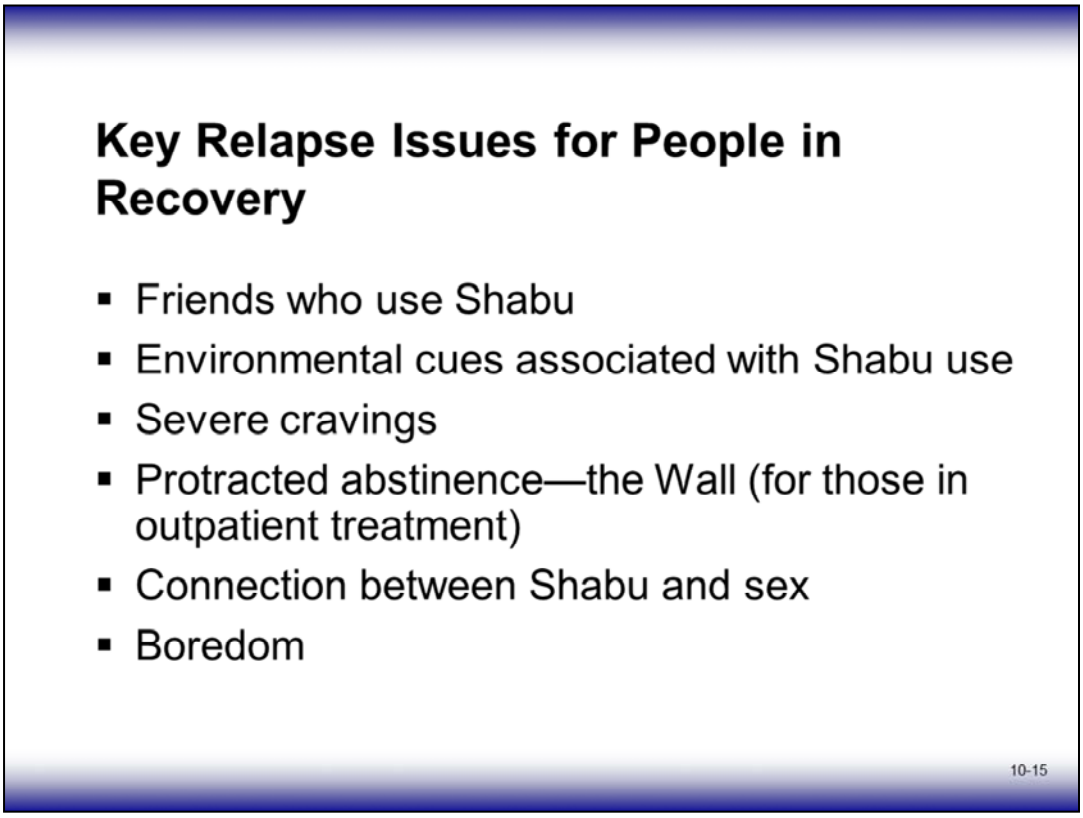
Slide 10-13—Goals for the Wall

- By the time people in recovery reach the stage known as the Wall, they have been abstinent for several months. They continue to work on maintaining abstinence by putting relapse prevention techniques they have learned into practice.
- The person in recovery also focuses on repairing relationships with family members and friends and developing support networks to cope with the problems that arise during recovery.
- The Wall can be a frustrating and difficult part of recovery. The person in recovery needs support and encouragement from many sources. Working on developing new interests and staying active also are important to recovery.
- Also important are recognizing and addressing dangerous emotions.
- While the person in recovery is in the stage known as the Wall, family members need to guard against expressing anger toward the person.
- As much as possible, family members need to move past resentment and work to support the person in recovery. Family members who are committed to this support need to begin trusting the loved one's recovery.
- Family members should relearn how to take care of themselves by beginning to return to the normal routines of life and pursuing activities that are rewarding and self-nourishing.
- It also is important at this stage to explore how family members communicate, how poor communication may have led to problems, and how communication can be improved.



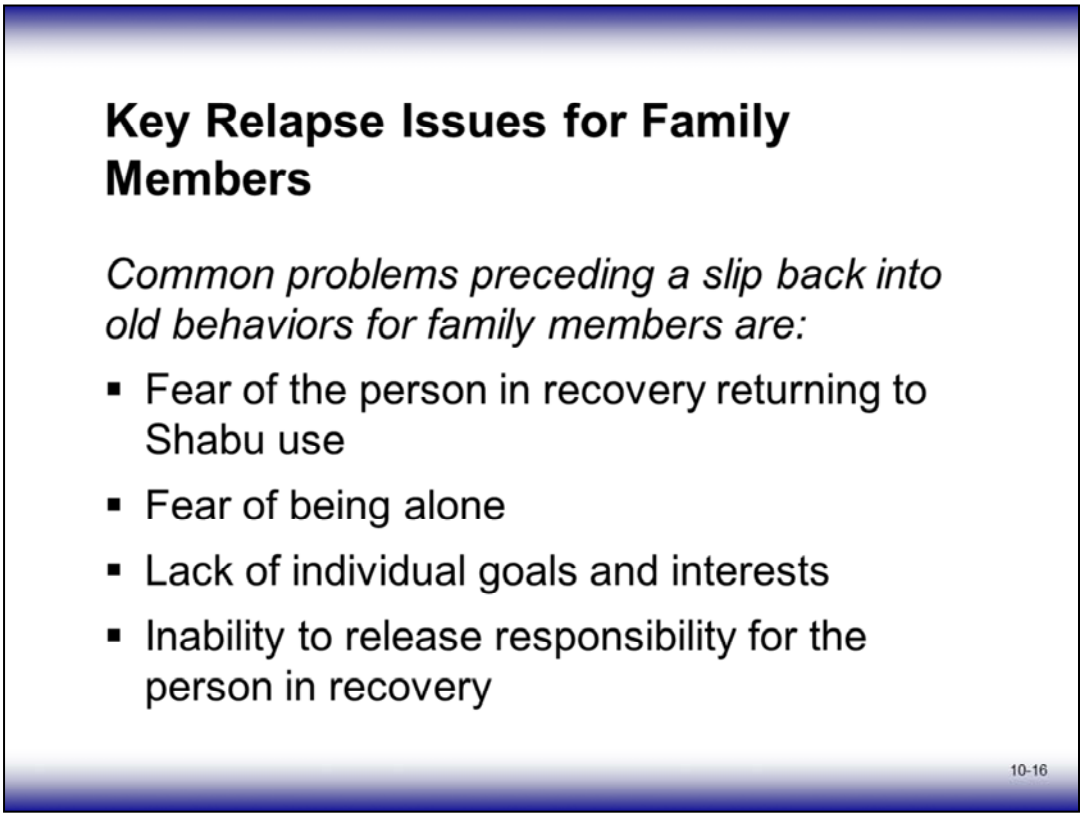
Slide 10-14—Goals for Readjustment

- The goals for the Readjustments stage are applied to people in outpatient treatment and those who are discharged from residential treatment.
- By the time people in recovery reach the readjustment stage of recovery, they know which behaviors they need to engage in to keep their recovery strong and which behaviors place their recovery at risk.
- The task for people in recovery during this stage—and for the rest of their lives—is to monitor their recovery, ensuring that they engage in those behaviors that will help them avoid relapse.
- Because people in recovery often will be confronted with the opportunity and desire to use, they need to be aware of those situations and thoughts that put them at risk of relapse. For this reason, they need to anticipate troublesome situations and have detailed plans for how to address them. The most important aspect of maintaining abstinence is knowing how to avoid relapse.
- During the readjustment stage, the person in recovery works on forming new, healthy relationships and on strengthening existing friendships. The person in recovery also begins to examine long-term life goals.
- The readjustment stage is marked by a return to a more predictable, more normal lifestyle for everyone in the family. Family members should be mindful that many of the changes they have made in their lives to offer support for recovery will need to continue and become permanent.
- It is important for family members to accept limitations of living with a person in recovery; maintain a balanced, healthy lifestyle; and avoid relapsing to former behaviors.
- Patience with the process of recovery is crucial.



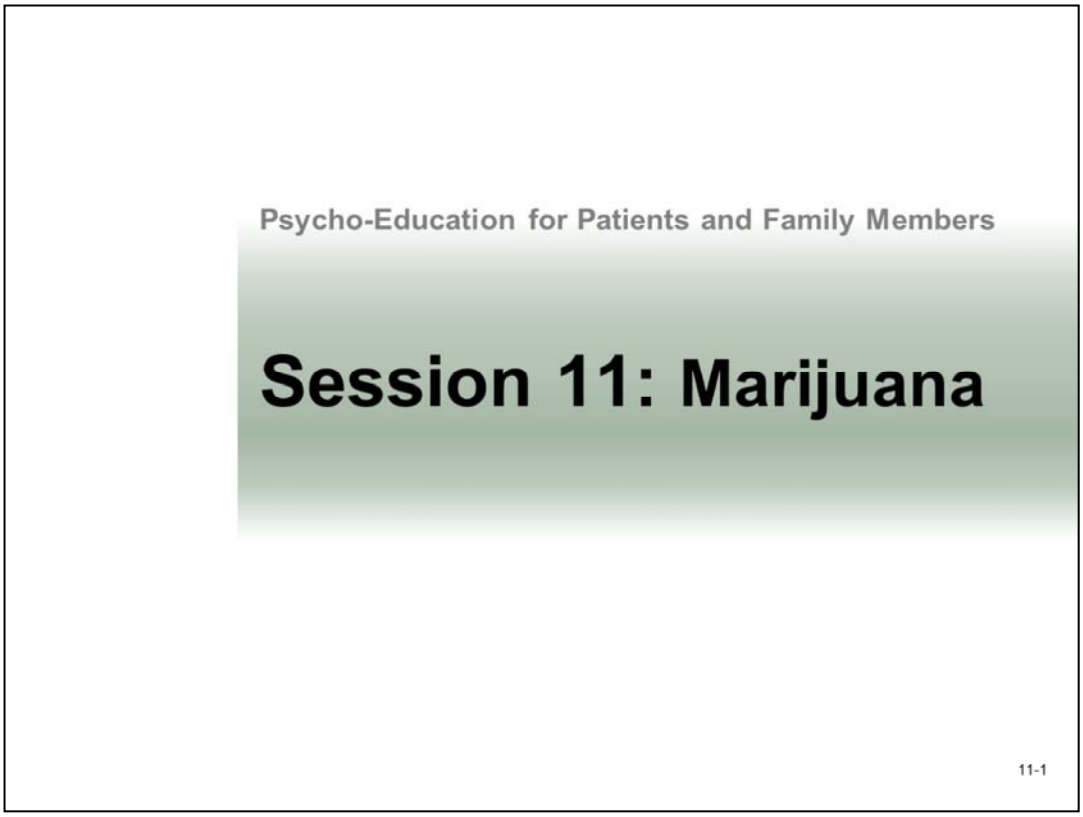
Slide 10-15—Key Relapse Issues for People in Recovery

- The person in recovery and the family members need to evaluate which lifestyle and attitude changes are important for each of them individually and as a family. After this point in recovery, the person in recovery will receive less support in the form of treatment.
- Some of the support role will be taken up by 12-Step or self-help groups and by friends, but family members will be a major source of support for the person in recovery.
- Families need to decide which adaptations they have made during recovery should become permanent in their lives.
- When making these decisions, families should bear in mind the most common relapse issues for people recovering from Shabu use. All of the six issues listed on this slide may not be a problem for the person in recovery, but the family needs to find out which issues might be troublesome for the person in recovery.
- Family members should have an open discussion with the person in recovery about how best to support his or her recovery.



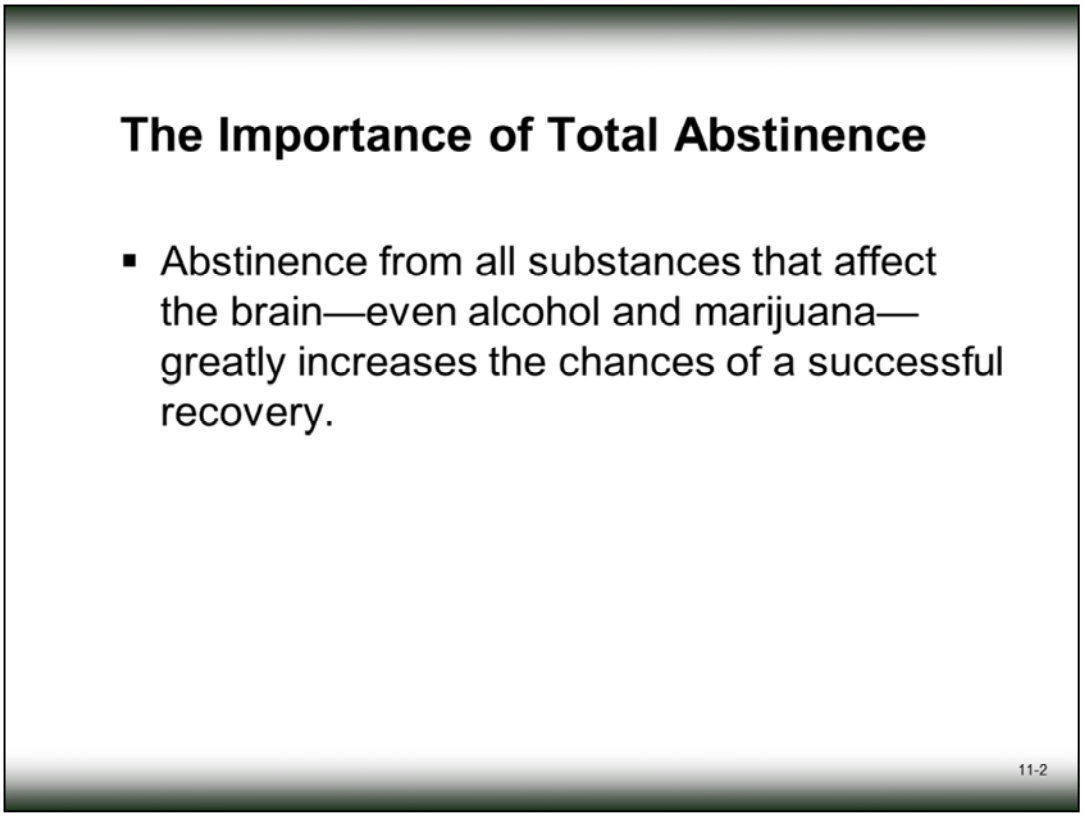
Slide 10-16—Key Relapse Issues for Family Members

- While the person in recovery needs to be on the alert for relapse to Shabu use, family members need to be careful not to return to their former ways of behaving, thinking, and communicating.
- This slide lists common problems that can precede a slip back into old behaviors for family members.
- Just as it helps people in recovery to anticipate situations that might lead to relapse, so it will help family members to be on guard for ways in which they might slip back into behaviors that will destroy recovery and the family.



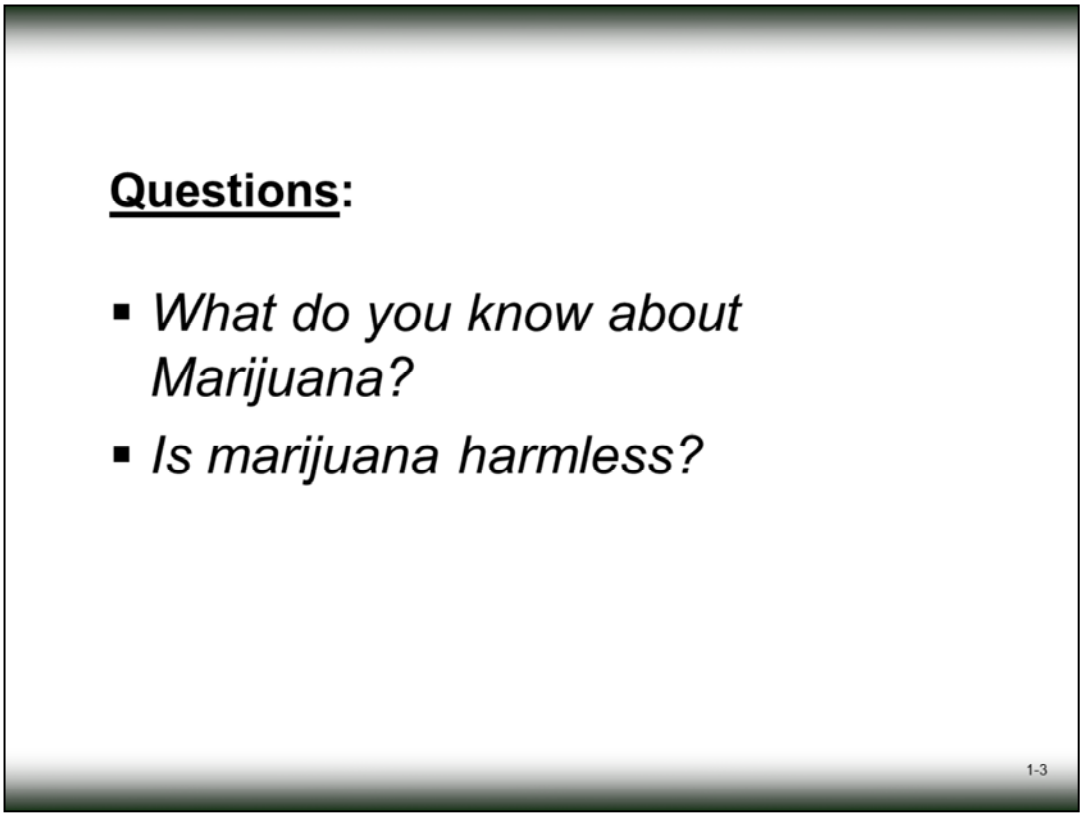
Slide 11-1—Marijuana

- This presentation offers an overview of marijuana, including what it is, the short- and long-term effects its use has on the mind and body, and the risks it poses to recovery.



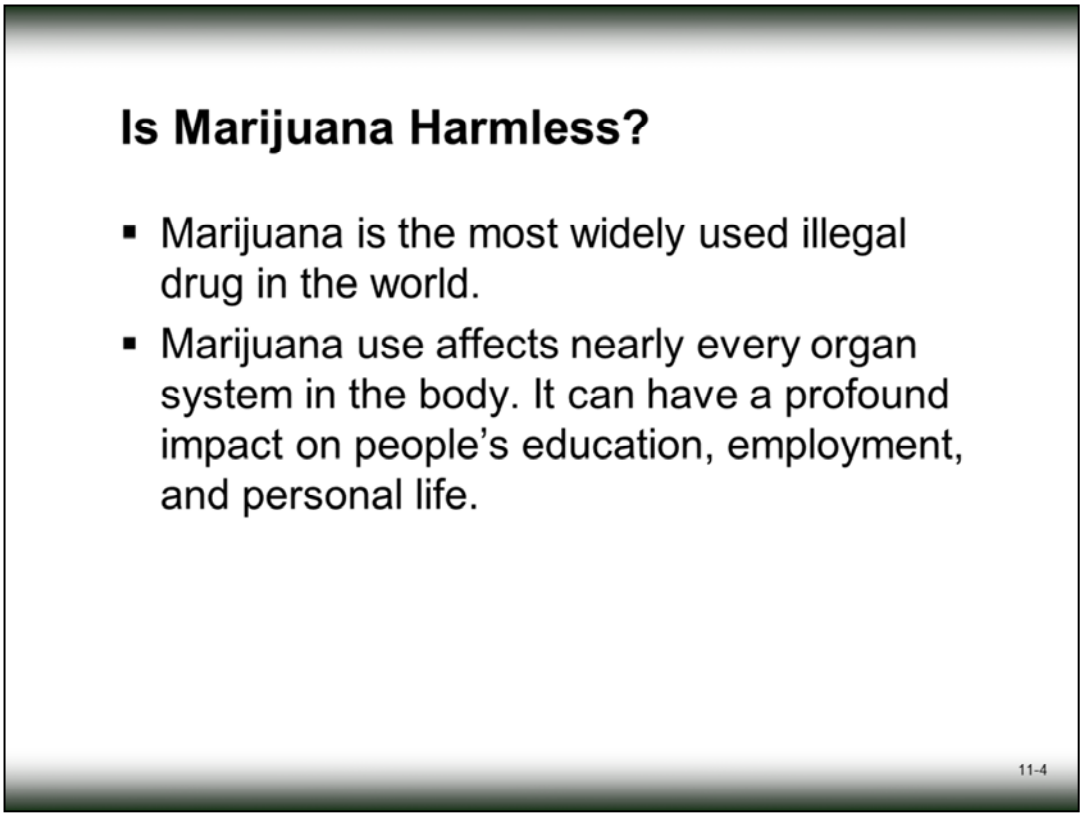
Slide 11-2—The Importance of Total Abstinence

- For treatment to work, people in recovery should be totally abstinent. This means that regardless of why people are in treatment, they should abstain from all psychoactive substances.
- A person in treatment for abusing stimulants must give up alcohol and all illegal drugs, even drugs such as marijuana that many people believe are harmless, to ensure a successful recovery.
- The use of any substance can jeopardize recovery from stimulant dependence.



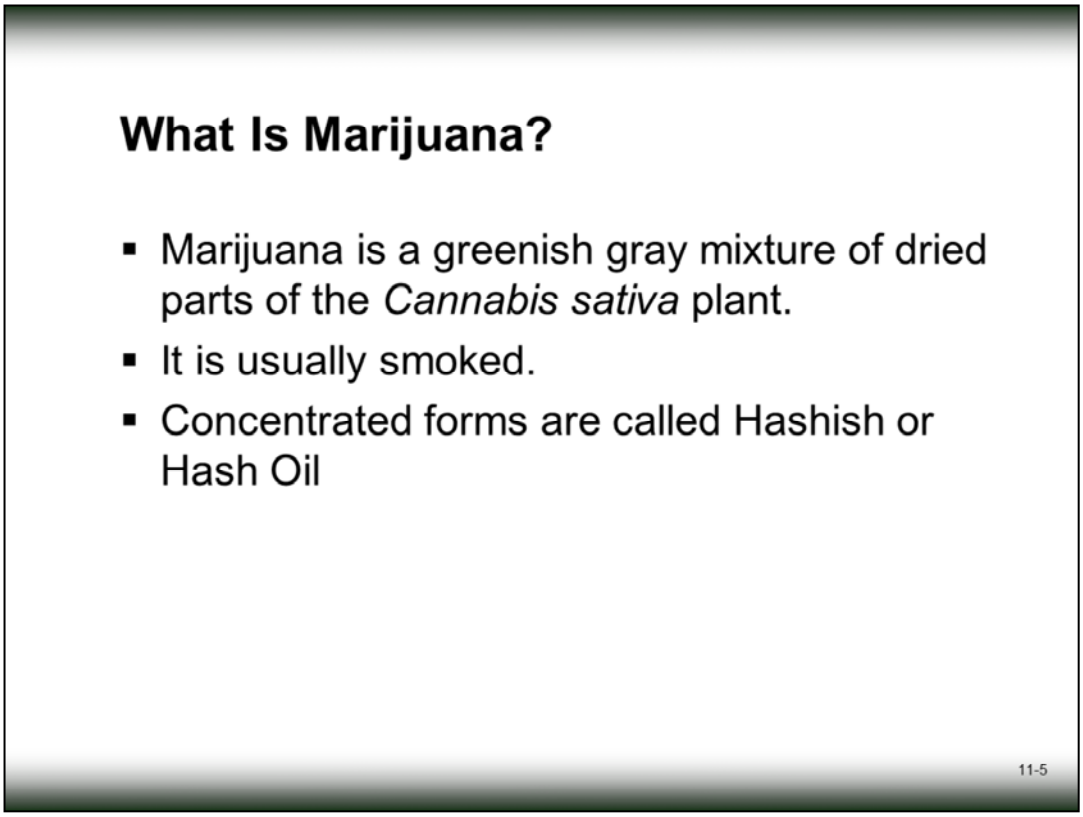
Slide 11-3—Question

- Ask participants about anything they know about marijuana and if it is harmless.



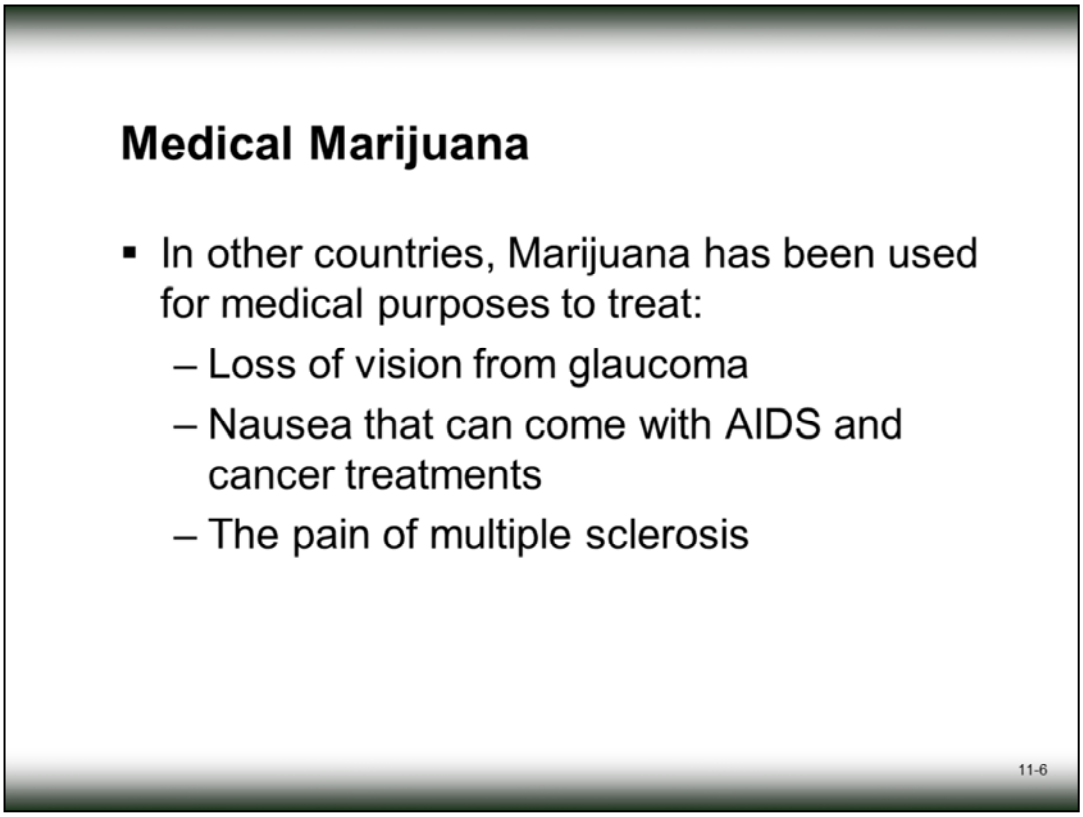
Slide 11-4—Is Marijuana Harmless?

- Many people wrongly believe that marijuana is not dangerous, especially when compared with drugs such as Shabu, heroin, cocaine, crack, or club drugs.
- Marijuana is the most widely used illegal drug in the world, which may contribute to the perception that it is harmless.
- Marijuana use poses significant health hazards. It affects nearly every organ system in the body.
- In addition to its physical effects, marijuana can have a profound impact on people's education, employment, and personal life.



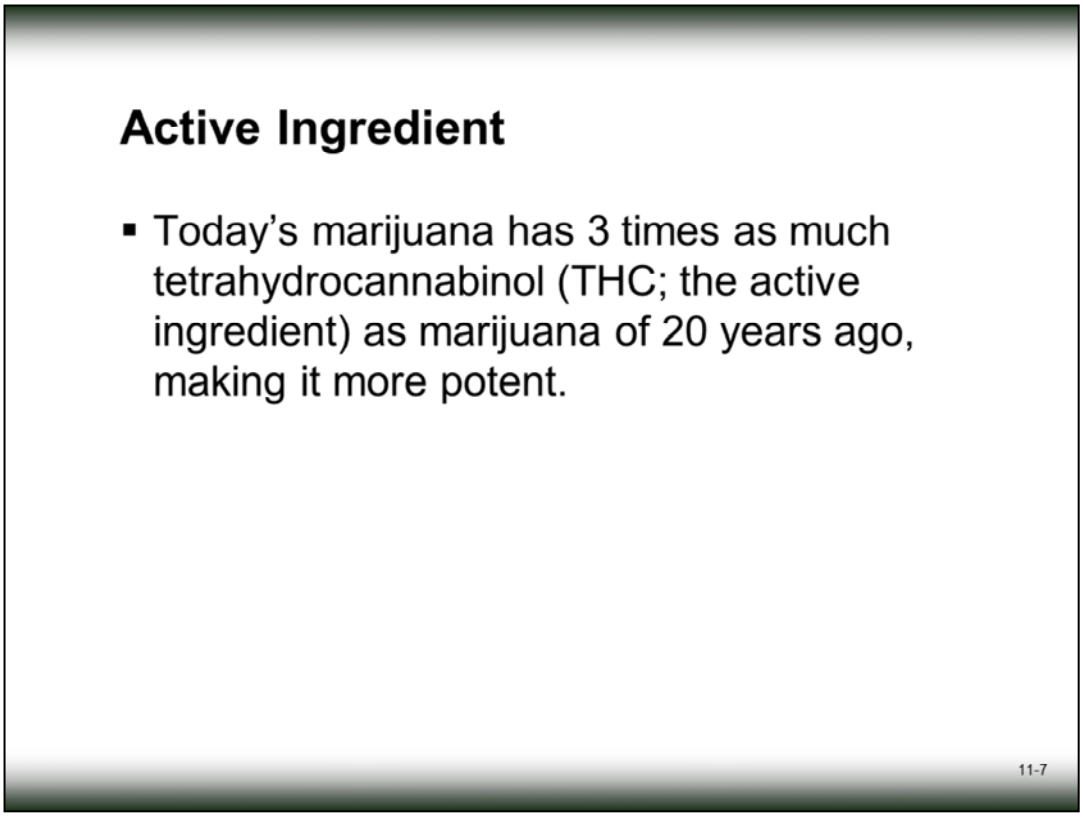
Slide 11-5—What Is Marijuana?

- Marijuana is a greenish gray mixture of dried and shredded parts of the hemp plant, Cannabis sativa. The mixture may consist of leaves, stems, flowers, and seeds.
- It is usually smoked in hand-rolled cigarettes or pipes. Sometimes cigars are sliced open, and the tobacco inside is replaced with marijuana.
- Marijuana's more concentrated forms are a resin called hashish and a black liquid called hash oil.



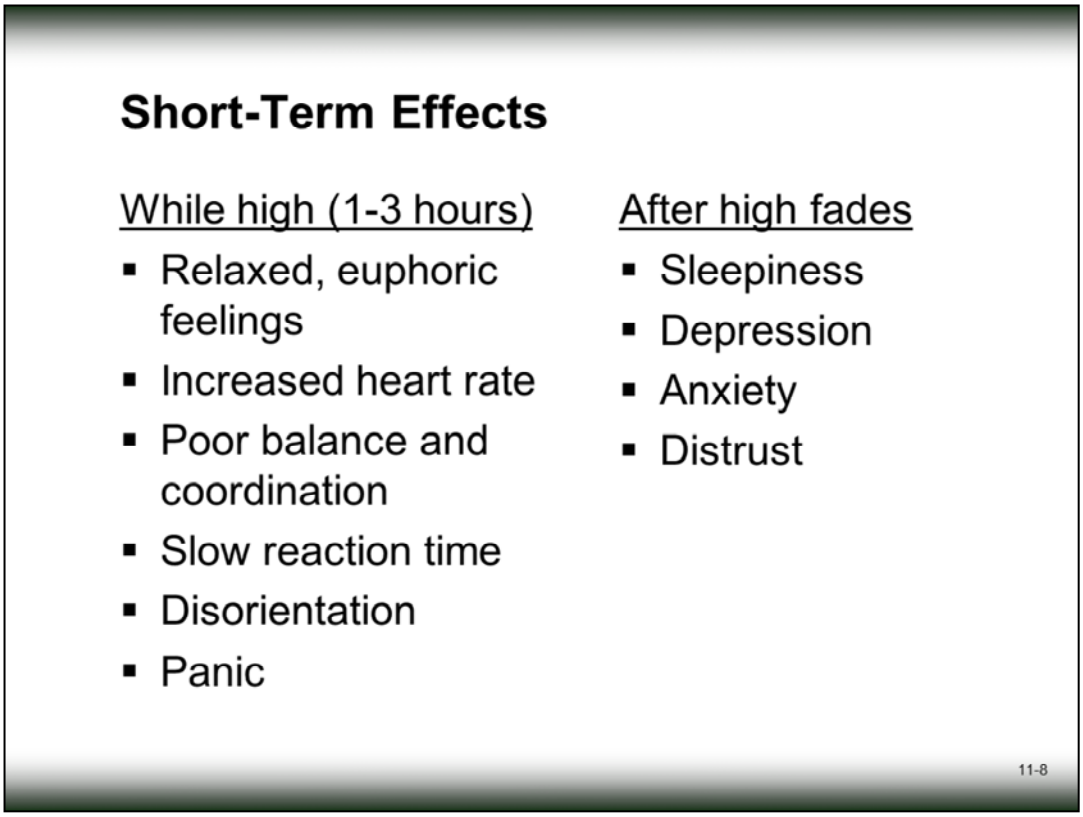
Slide 11-6—Medical Marijuana

- In other countries, Marijuana has been used to treat:
  - ✓ Loss of vision due to glaucoma
  - ✓ Nausea experienced by patients receiving treatment for HIV/AIDS and cancer
  - ✓ Pain associated with multiple sclerosis



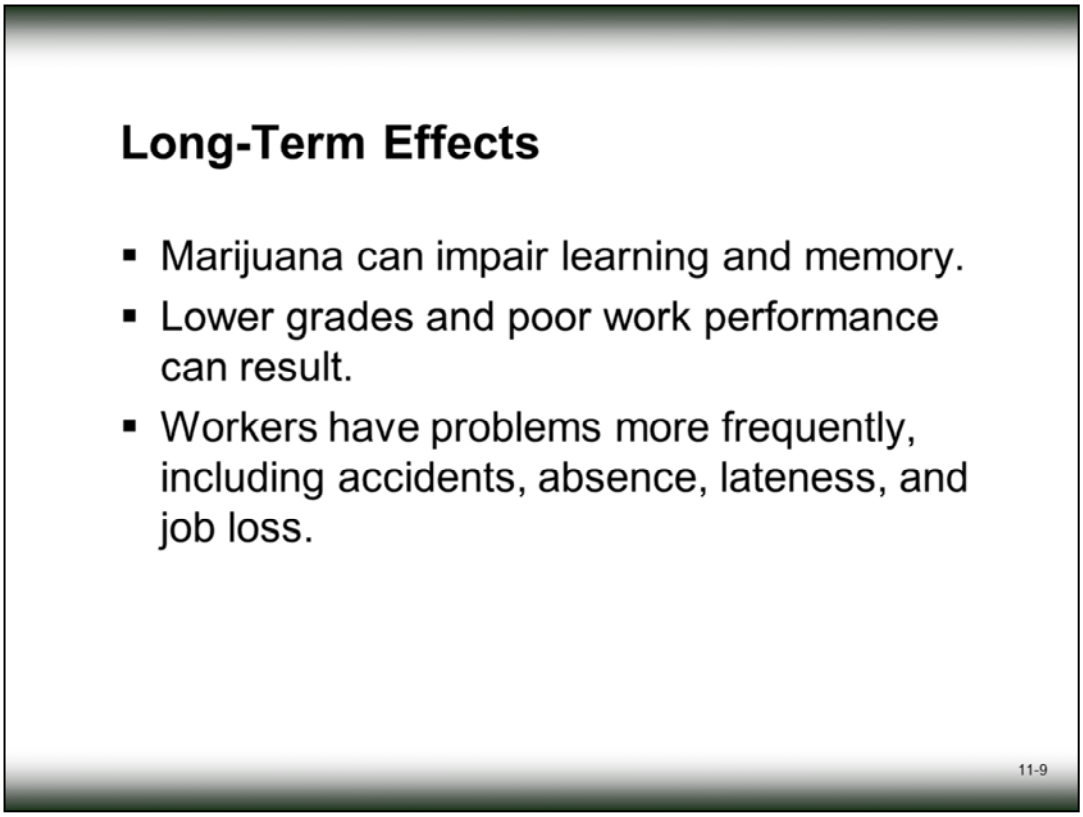
Slide 11-7—Active Ingredient

- The active ingredient in marijuana is the tetrahydrocannabinol (THC).
- THC is responsible for the effects that produce the marijuana high.
- Over the past two decades, THC levels in marijuana have increased. Today's marijuana contains three times as much THC as marijuana of 20 years ago, making it three times stronger.



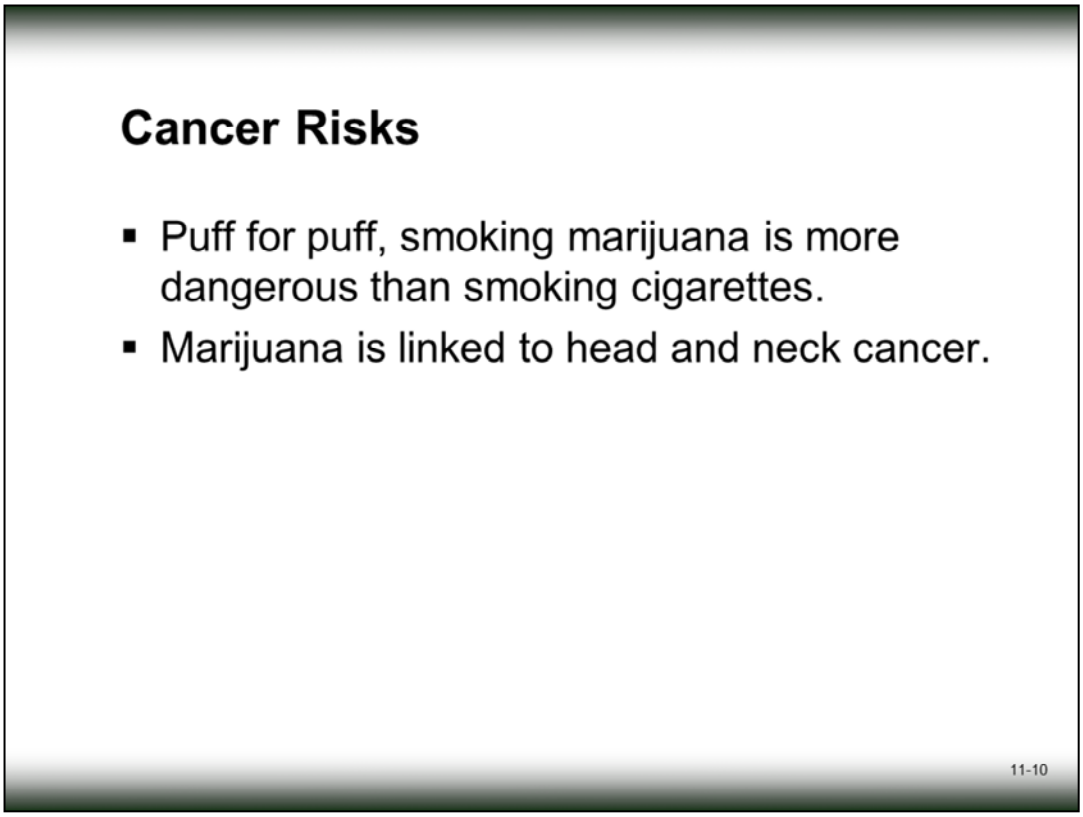
Slide 11-8—Short-Term Effects

- The immediate effects of marijuana can last from 1 to 3 hours.
- When someone smokes marijuana, THC rapidly goes from the lungs to the bloodstream to the brain. THC causes nerve cells in the brain to release the neurotransmitter dopamine.
- The release of dopamine is responsible for the person feeling "high," a relaxed, euphoric feeling.
- THC can also impair increase heart rate, disrupt balance and coordination, slow reaction time, distort perception, and panic.
- After the high subsides, a person may feel sleepy or depressed. Feelings of anxiety and distrust are common.



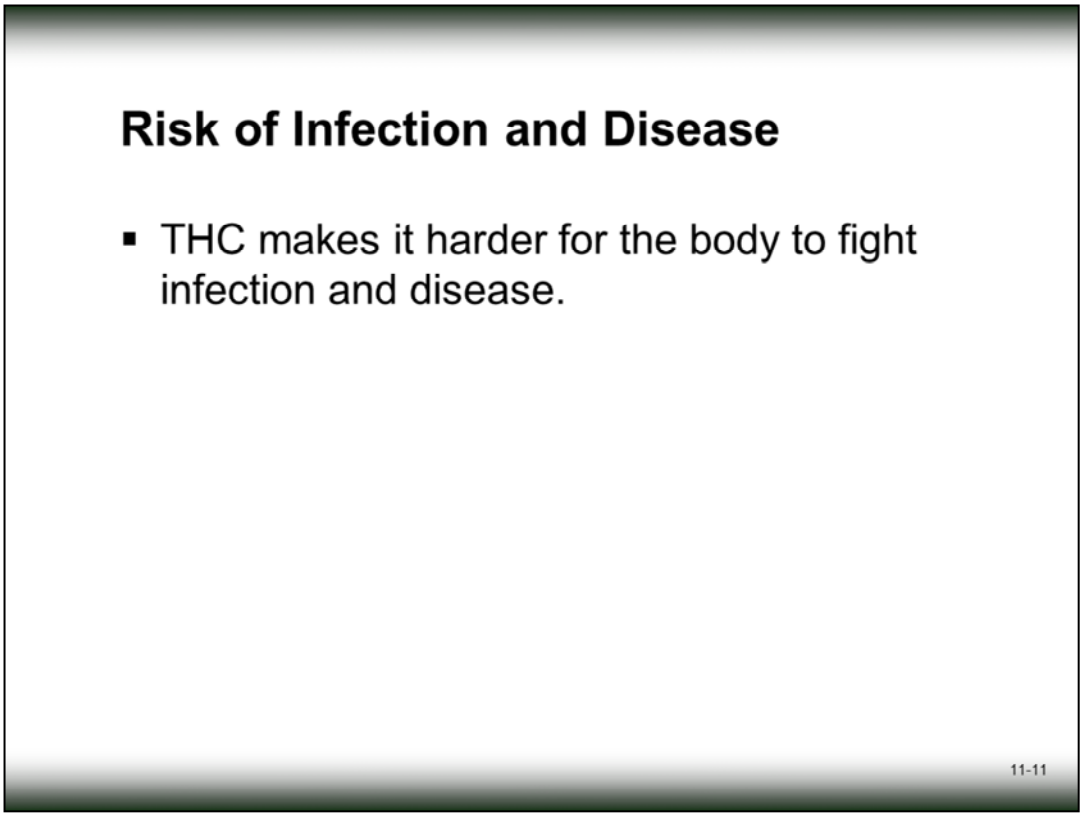
Slide 11-9—Long-Term Effects

- Marijuana can have long-term effects on memory and learning.
- People who use marijuana regularly have trouble learning and remembering even 30 days after they stop using the drug.
- Students who smoke marijuana regularly get lower grades in high school and college than those who don't.
- Marijuana impairs so many skills that influence learning that people who use it regularly may be functioning at a reduced intellectual level all of the time.
- Workers who use marijuana are more likely than their colleagues to have problems on the job, including accidents, absence, lateness, and job loss.
- People who use marijuana at least 300 days a year are more likely to be unemployed than those who use it less often or not at all.



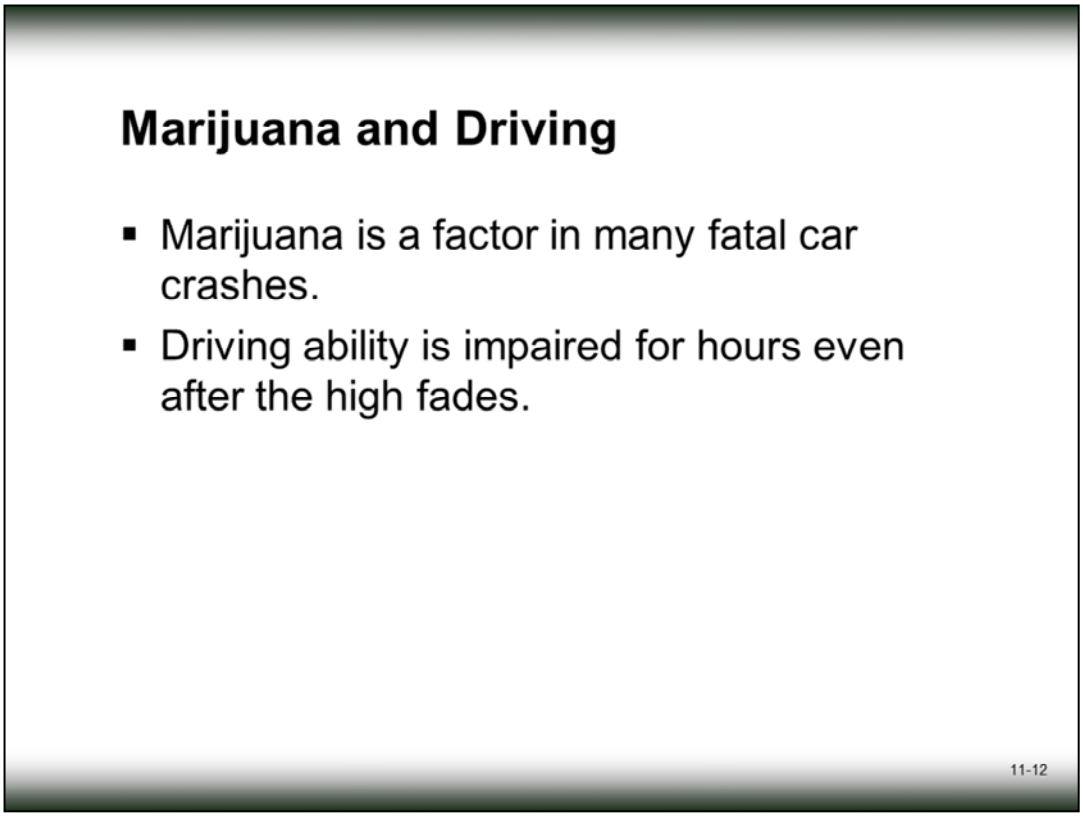
Slide 11-10—Cancer Risks

- People who smoke marijuana are exposed to lung damage just as people who smoke tobacco.
- Regular use of marijuana can cause frequent chest colds, bronchitis, and emphysema.
- Marijuana smoke has five times more tar and carbon monoxide and up to 70 percent more carcinogens than does tobacco smoke.
- Smoking marijuana may increase the risk of lung cancer more than does smoking tobacco.
- Studies suggest that smoking marijuana increases the chances of developing cancer of the head or neck.



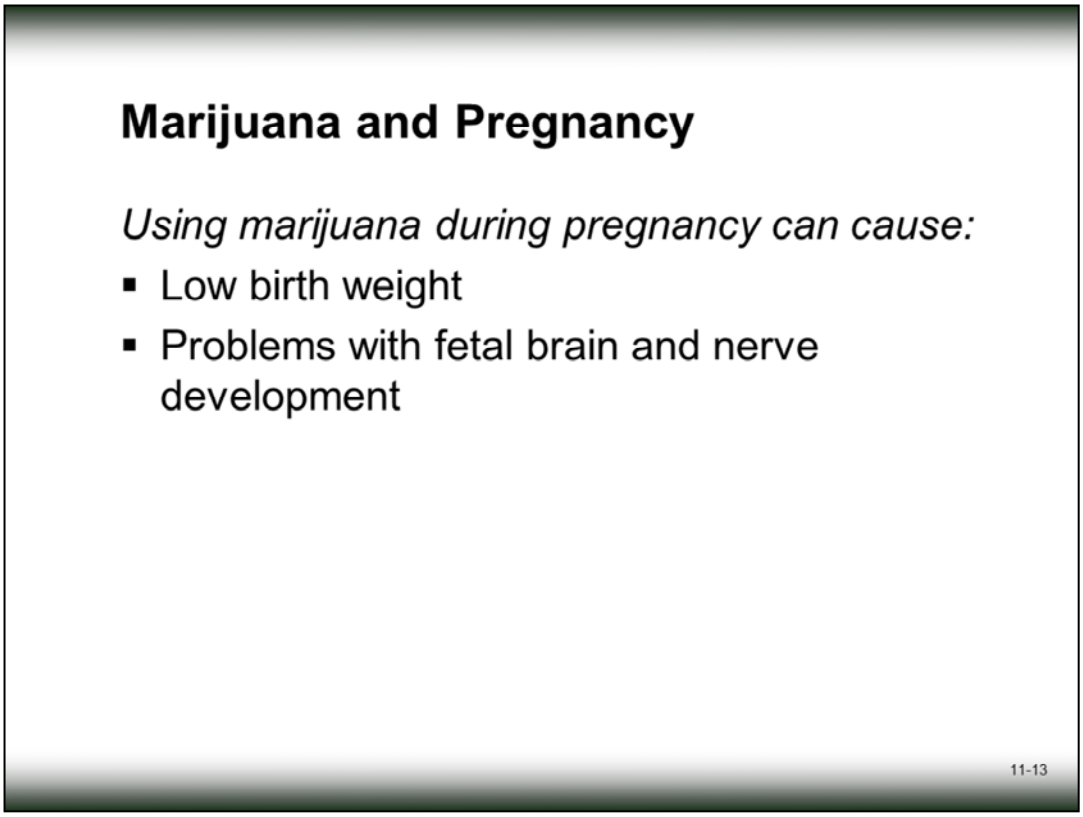
Slide 11-11—Risk of Infection and Disease

- The active ingredient in marijuana, THC, hampers the immune system's ability to fight off infection and disease.
- Studies have shown that immune system cells exposed to marijuana ingredients have a reduced ability to prevent infections and tumors.



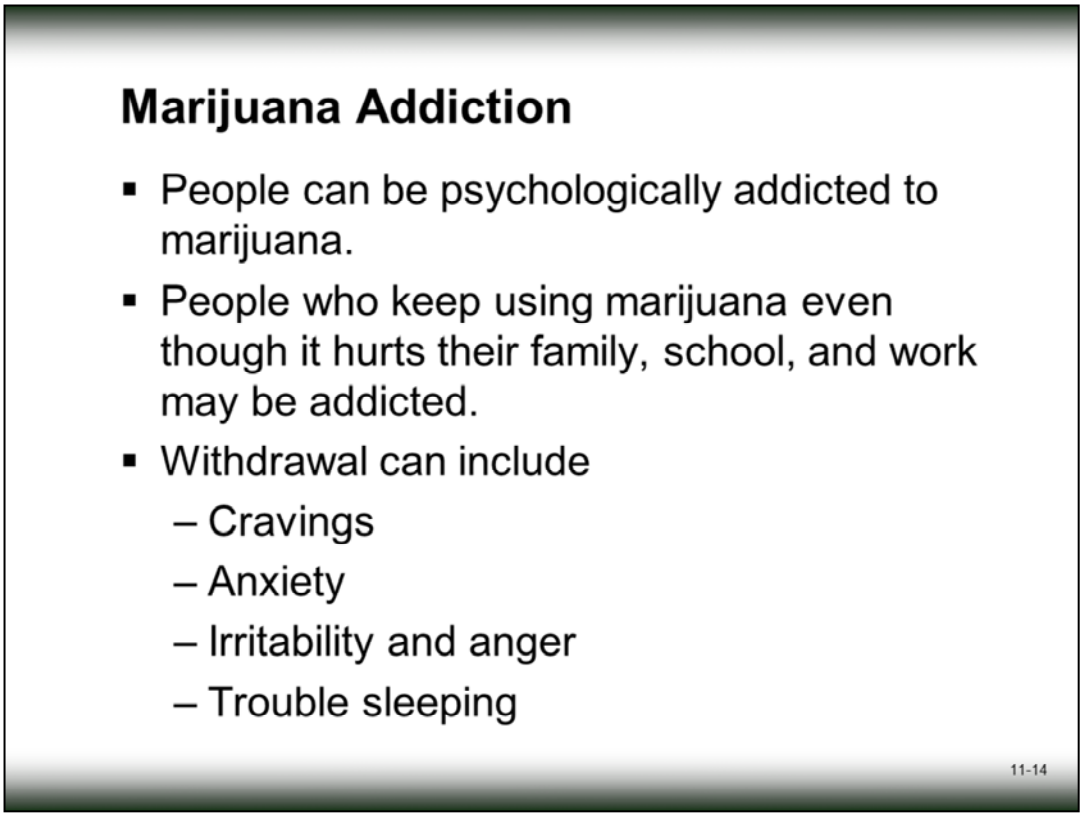
Slide 11-12—Marijuana and Driving

- Marijuana is a factor in many fatal car crashes in the world. Because it impairs balance, coordination, and decision making, marijuana is associated with all kinds of accidents.
- Driving under the influence of marijuana is dangerous.
- Even low doses of marijuana significantly reduce drivers' performance on road tests. Combining marijuana with alcohol further impairs drivers' abilities.
- Drivers' coordination and reaction time are impaired for several hours after the high from marijuana use has faded.



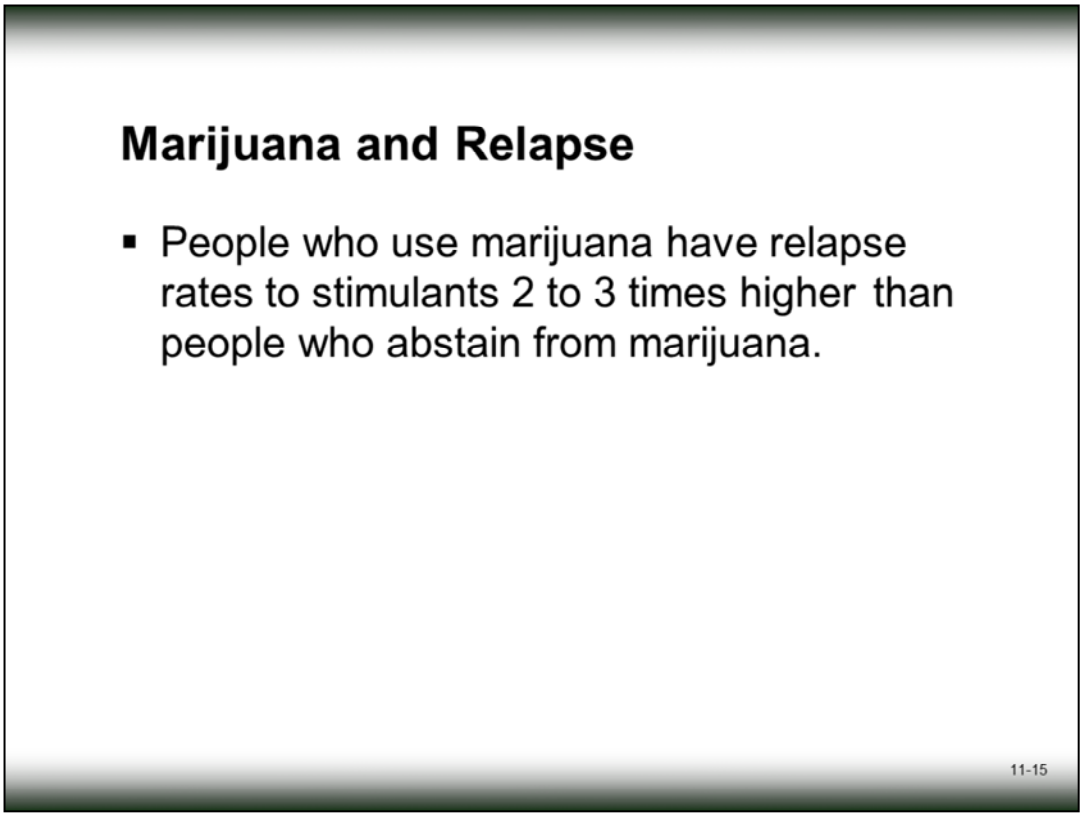
Slide 11-13—Marijuana and Pregnancy

- A woman who uses marijuana during pregnancy exposes her fetus to a variety of dangers.
- Low birth weight and problems with neurological development have been linked to marijuana use.
- Later in life, babies exposed to marijuana during pregnancy may have trouble concentrating, learning, and making decisions. These problems are compounded if the mother continues to use marijuana after the child is born.
- Breast-feeding mothers who use marijuana can pass THC to their babies. THC in breast milk is very concentrated and has been linked to problems with motor development in children.



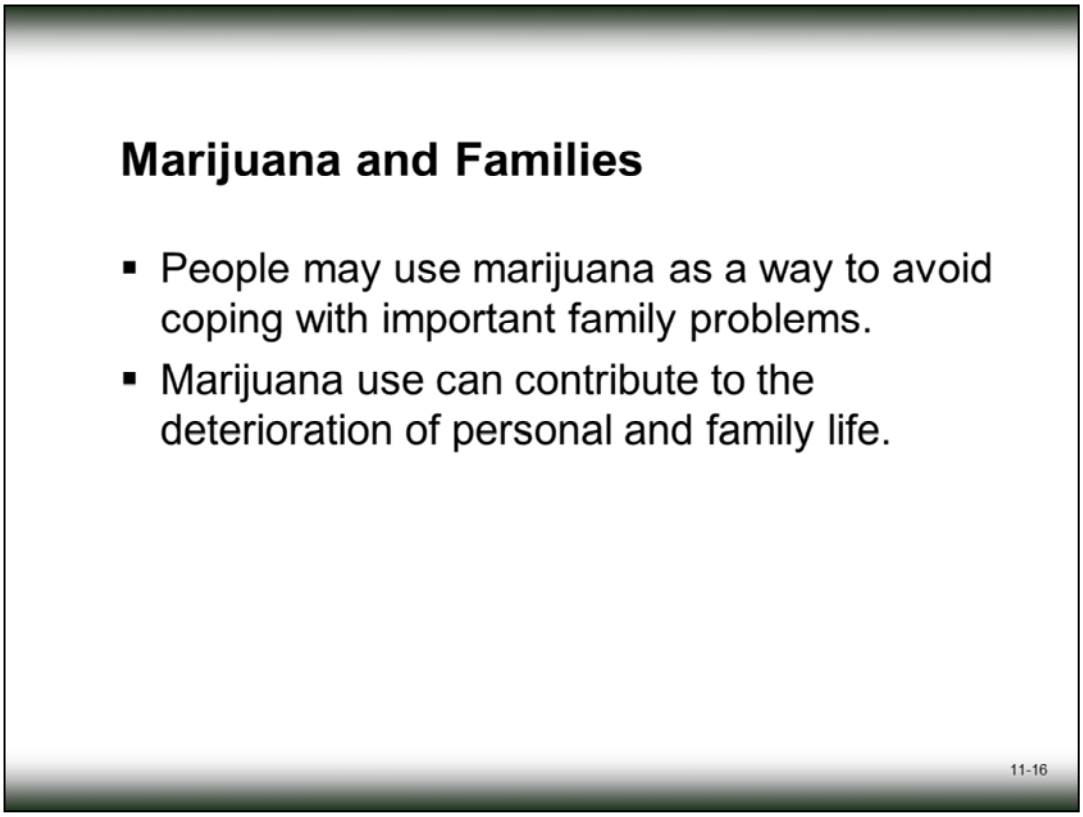
Slide 11-14—Marijuana Addiction

- One of the reasons people think of marijuana as a "safe" drug is that they think it is not addictive.
- Although people may not develop physical dependence on marijuana, they can become psychologically addicted to marijuana. They cannot imagine living without the drug.
- Addiction means using a drug even though it interferes with family, school, work, and other important aspects of life.
- For those who are psychologically addicted, withdrawal from marijuana use can include cravings for the drug, anxiety, irritability and anger, and sleeplessness.



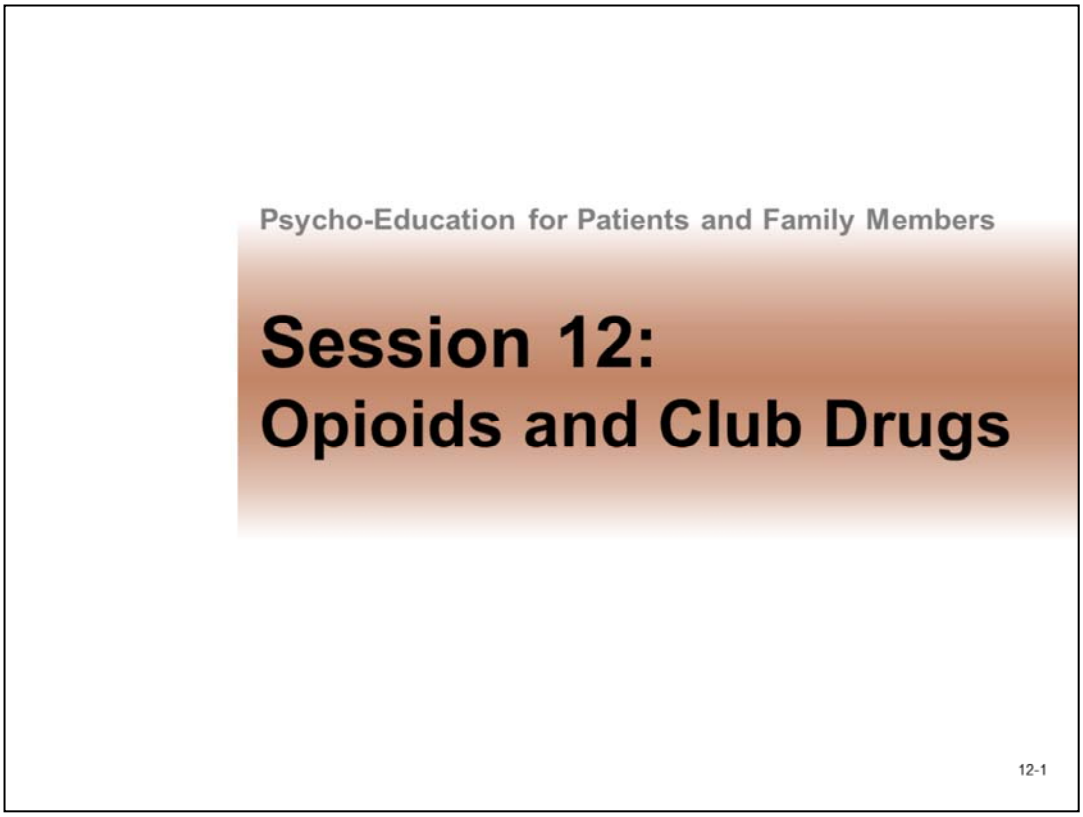
Slide 11-15—Marijuana and Relapse

- Research suggests that people recovering from Shabu or cocaine use who continue to use marijuana have relapse rates two to three times higher than people who abstain from marijuana.



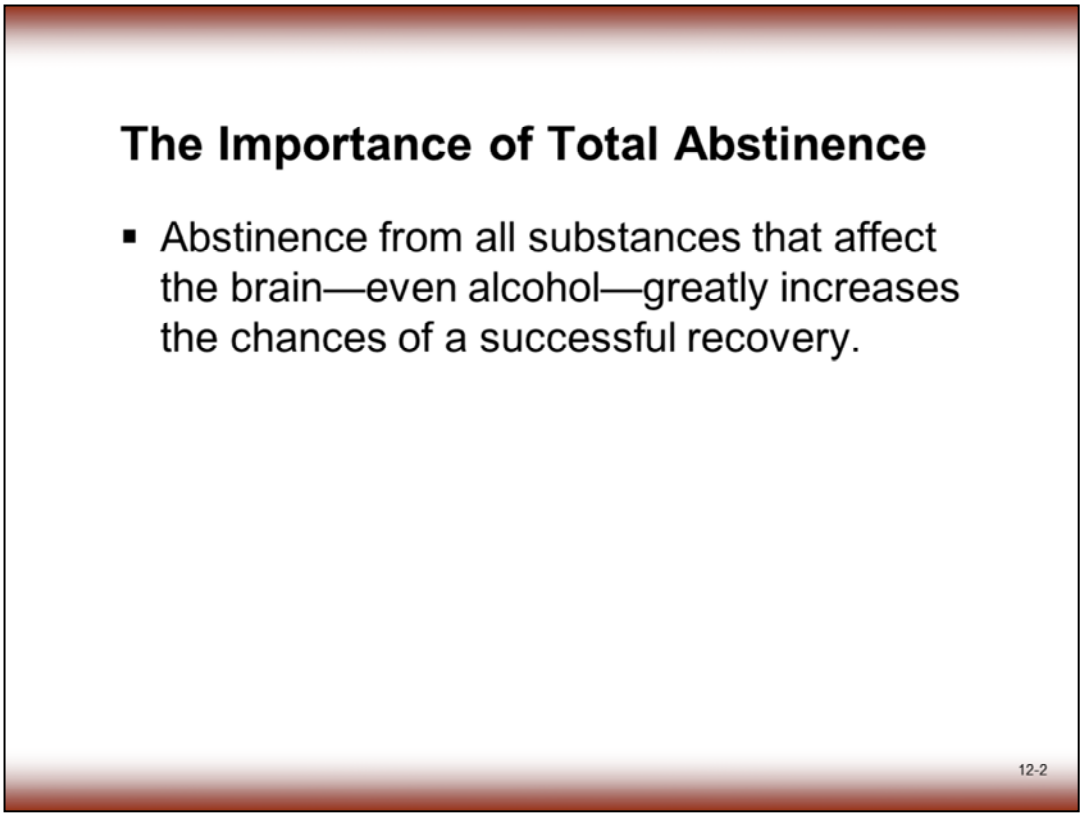
Slide 11-16—Marijuana and Families

- People may use marijuana as a way to cope with boredom, anxiety, and depression.
- Marijuana can be used to escape, rather than address, serious problems in a family.
- In addition to making recovery from Shabu harder, marijuana use can contribute to the deterioration of personal and family life.



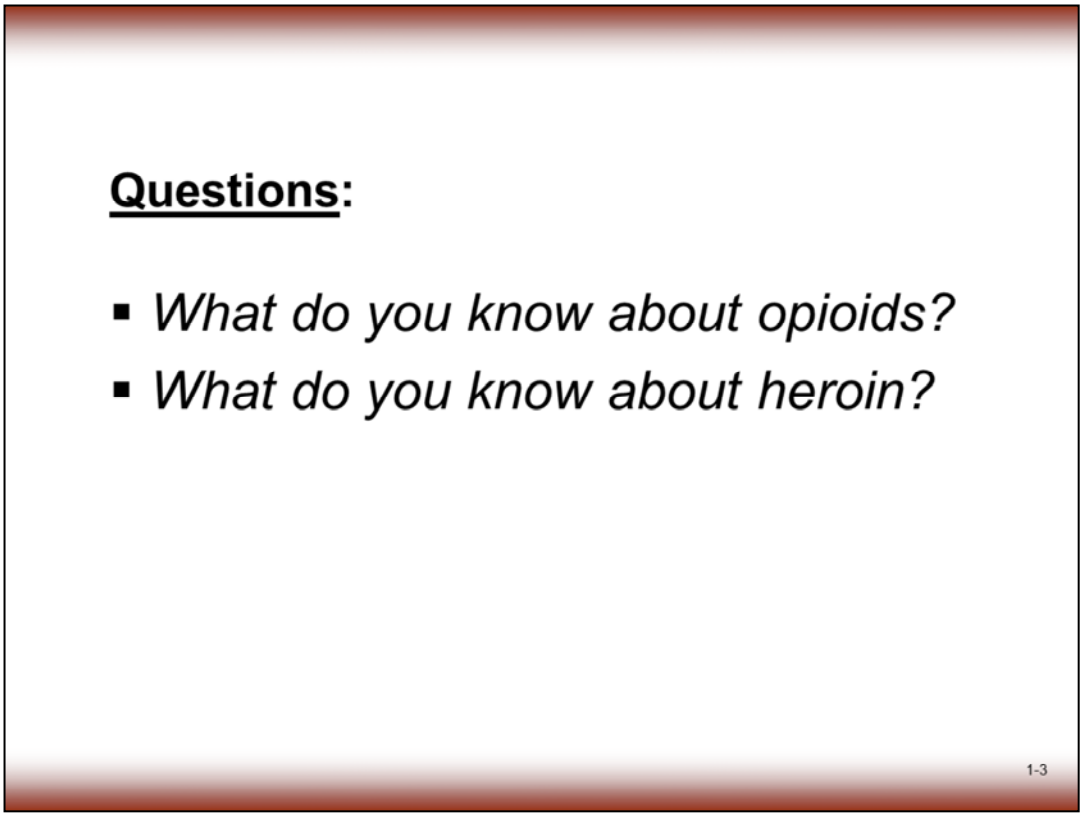
Slide 12-1—Opioids and Club Drugs

- This presentation offers an overview of opioids and club drugs, including what they are, their effects on the body, and the risks they pose to recovery.



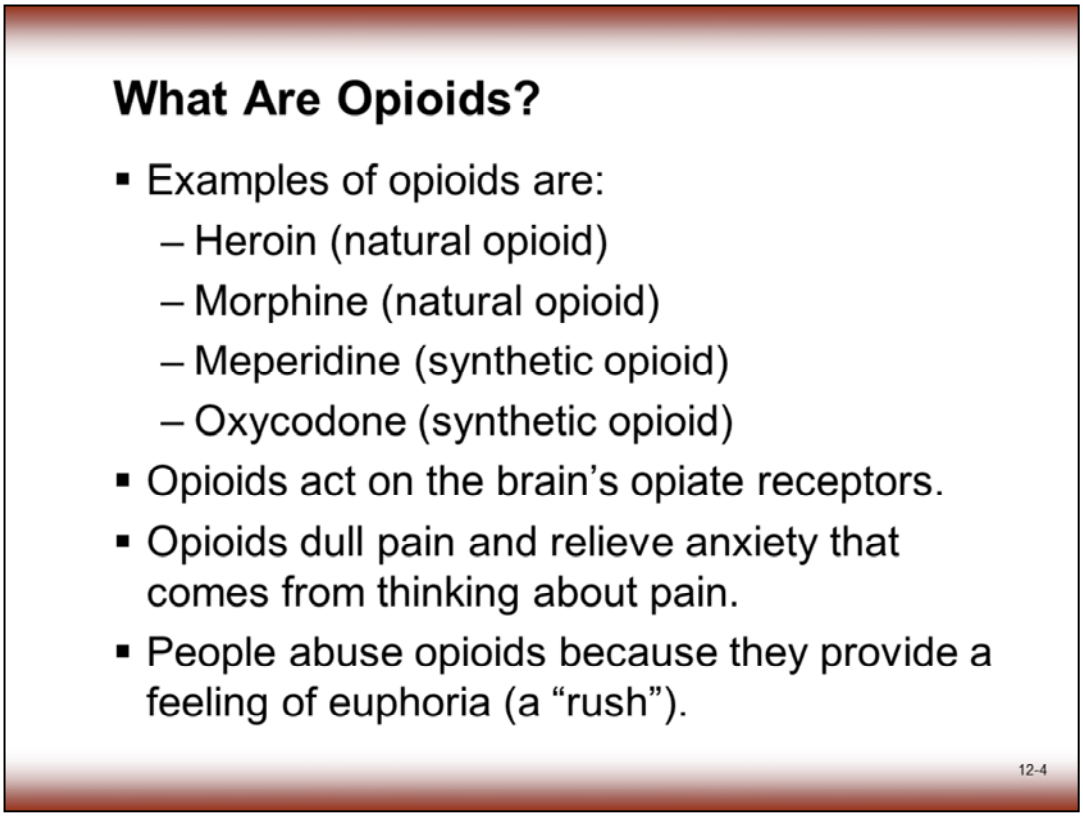
Slide 12-2—The Importance of Total Abstinence

- For treatment to work, people in recovery should be totally abstinent. Abstaining from all psychoactive substances greatly increases the chances of a successful recovery.
- If people are in treatment for abusing stimulants, they must give up alcohol and all illegal drugs, including drugs such as marijuana that some people believe are harmless, to ensure a successful recovery.



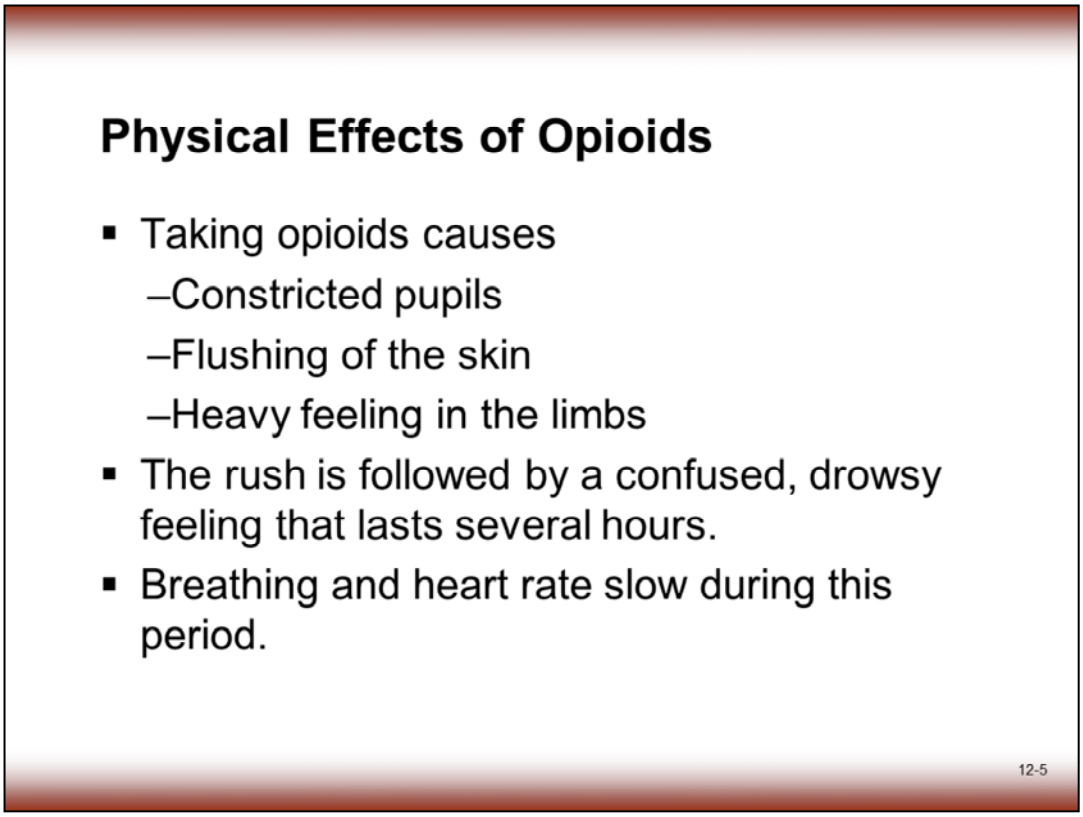
Slide 12-3—Questions

- Ask participants about anything they know about opioids and heroin.



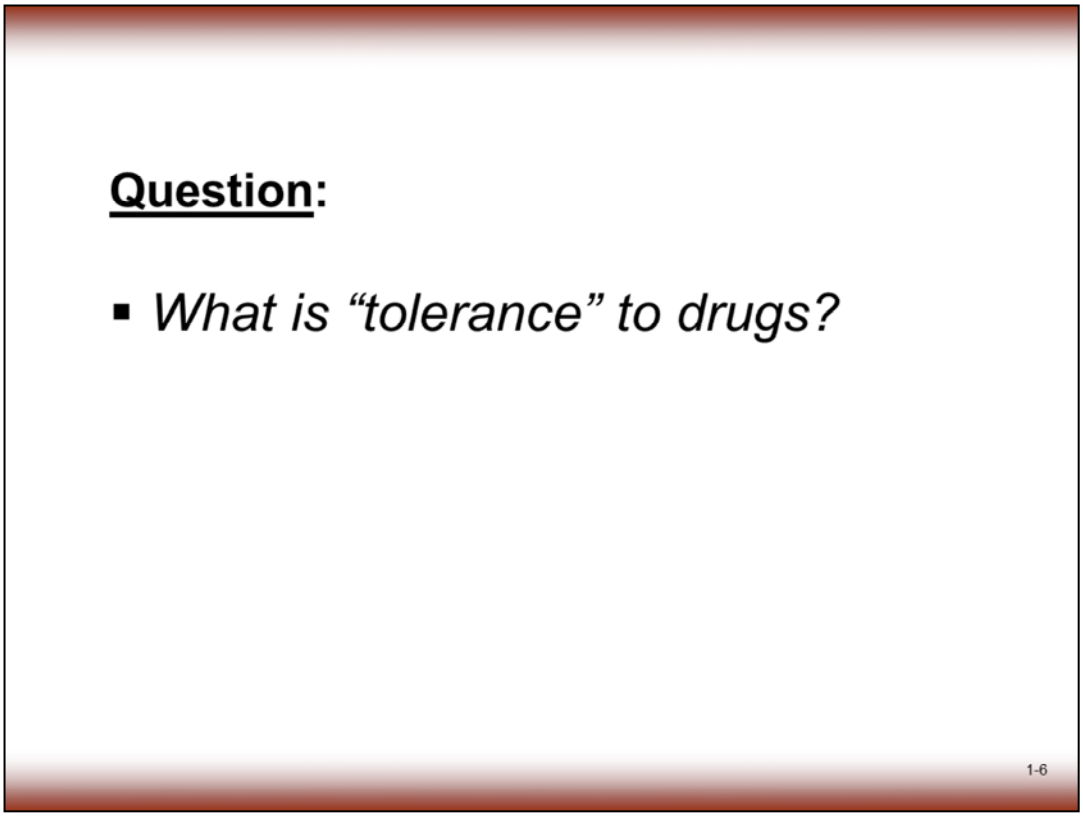
Slide 12-4—What Are Opioids?

- There are natural opioids (e.g. heroin, morphine) and synthetic opioids (e.g. meperidine, oxycodone). National opioids can be made from natural sources (e.g., poppy plants).
- Natural opioids (like morphine and heroin) and synthetic opioids (like meperidine and oxycodone) have similar effects.
- Opioids are a group of drugs that act on the opiate receptors in the brain.
- Opioids treat pain effectively because they dull sensation and relieve the anxiety that comes from anticipating pain.
- People abuse opioids because they provide a powerful feeling of euphoria or a "rush."



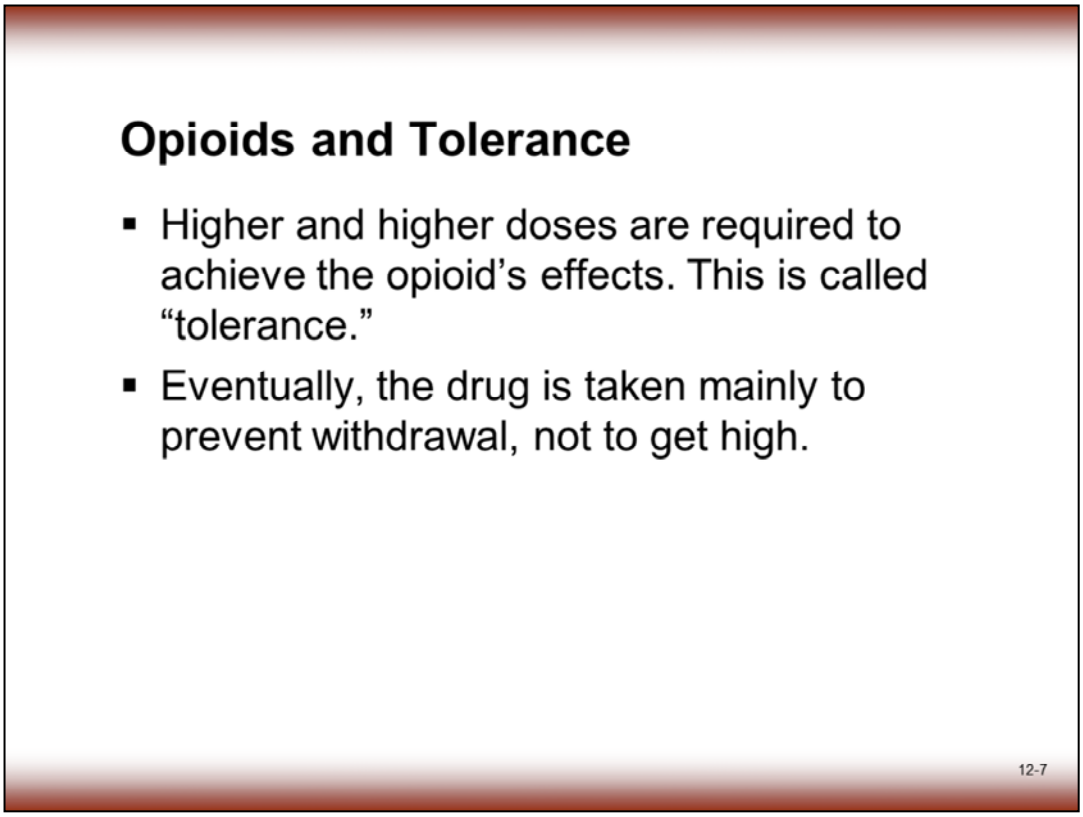
Slide 12-5—Physical Effects of Opioids

- Once opioids enter the brain, they take effect in a matter of minutes.
- The physical signs of opioid use are constricted pupils, flushing of the skin, and a heavy feeling in the limbs. People on heroin are described as "nodding" because they look as if they are about to fall asleep.
- The rush of euphoria is followed by a drowsy state. Breathing and heart rate slow during this time. Headaches and dizziness are common. These immediate effects fade a few hours after the drug is taken.



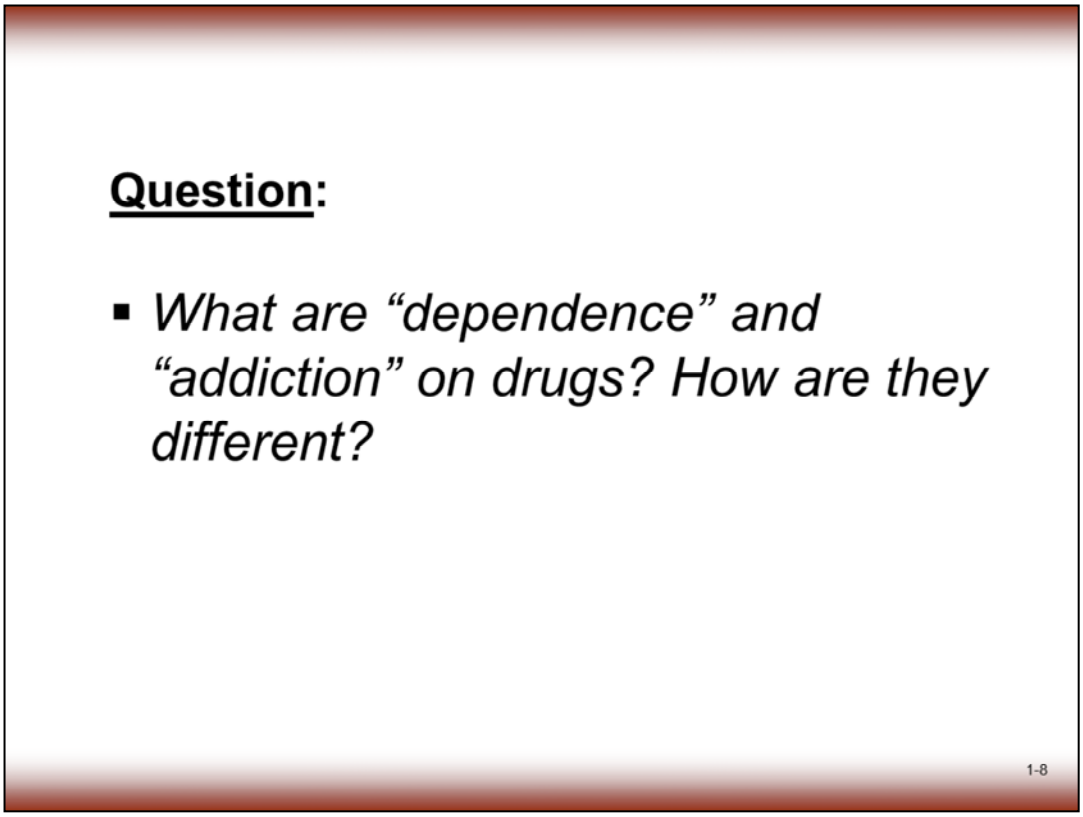
Slide 12-6—Question

- Ask participants about tolerance to drugs.



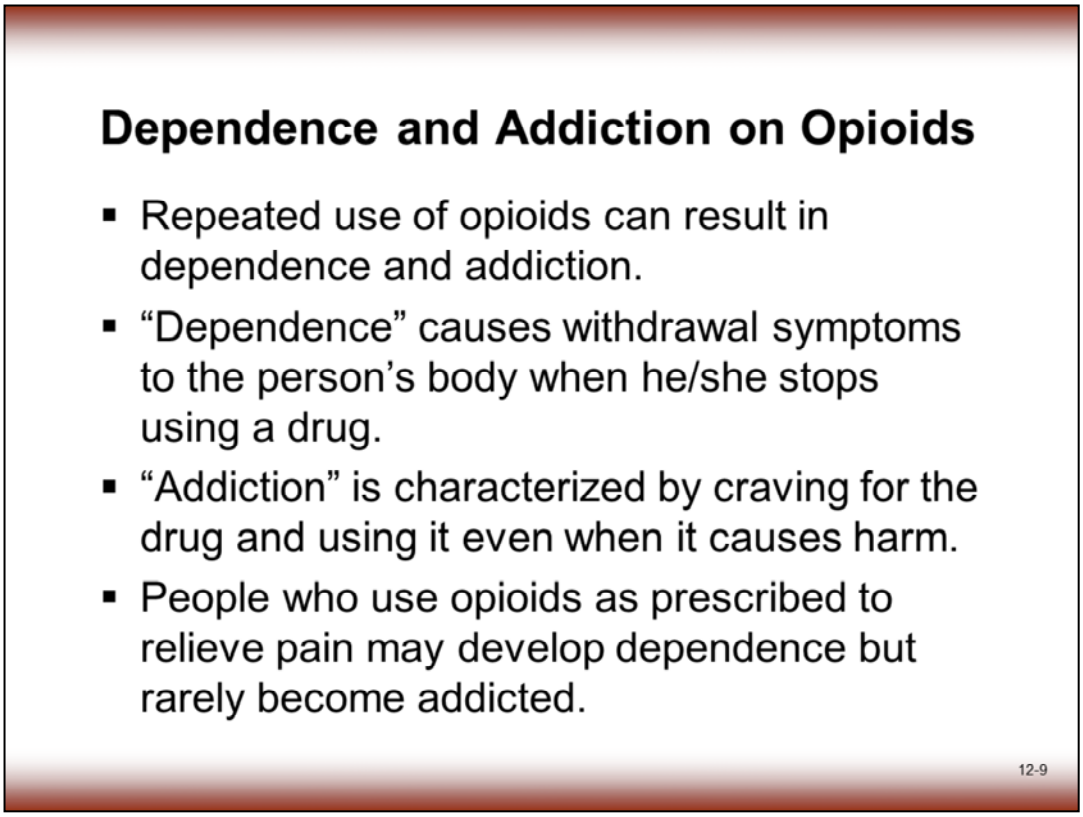
Slide 12-7—Opioids and Tolerance

- As people continue to use opioids, higher and higher doses are required to achieve the same effect. This is called "tolerance."
- Eventually, a person's tolerance for opioids means that the drug is taken mainly to stave off withdrawal, not to get high.



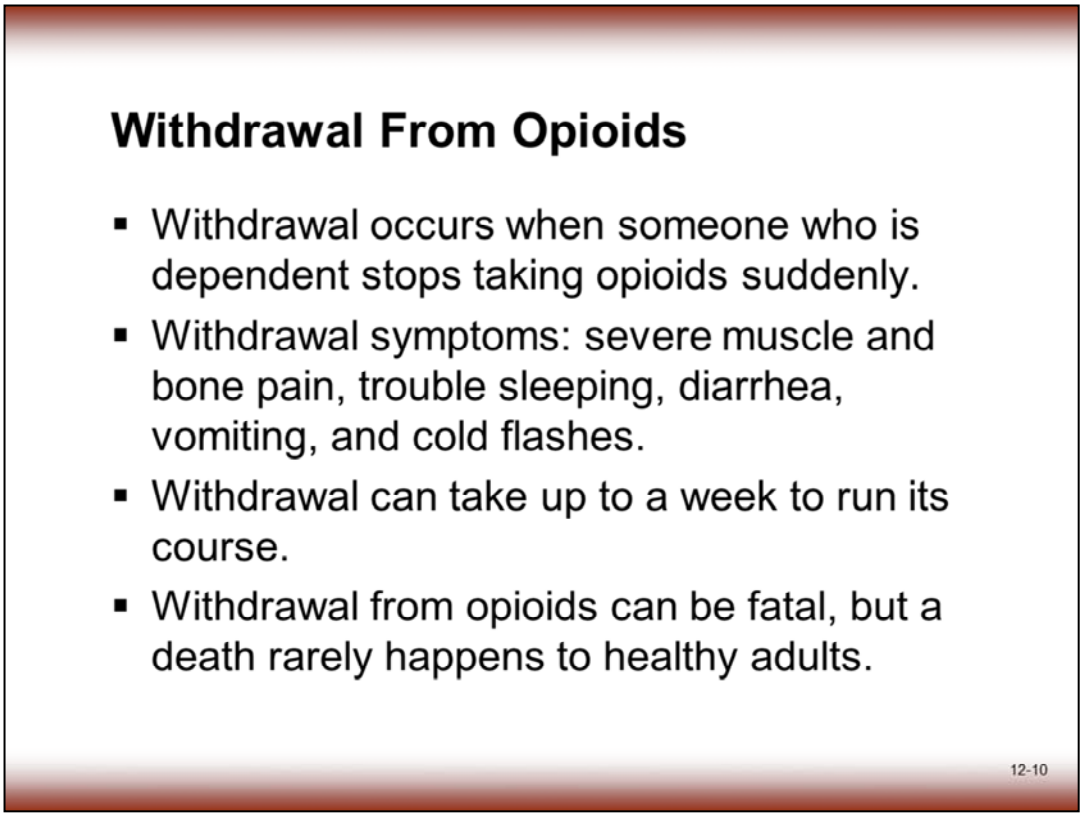
Slide 12-8—Question

- Ask participants about “dependence” and “addiction” and their differences.



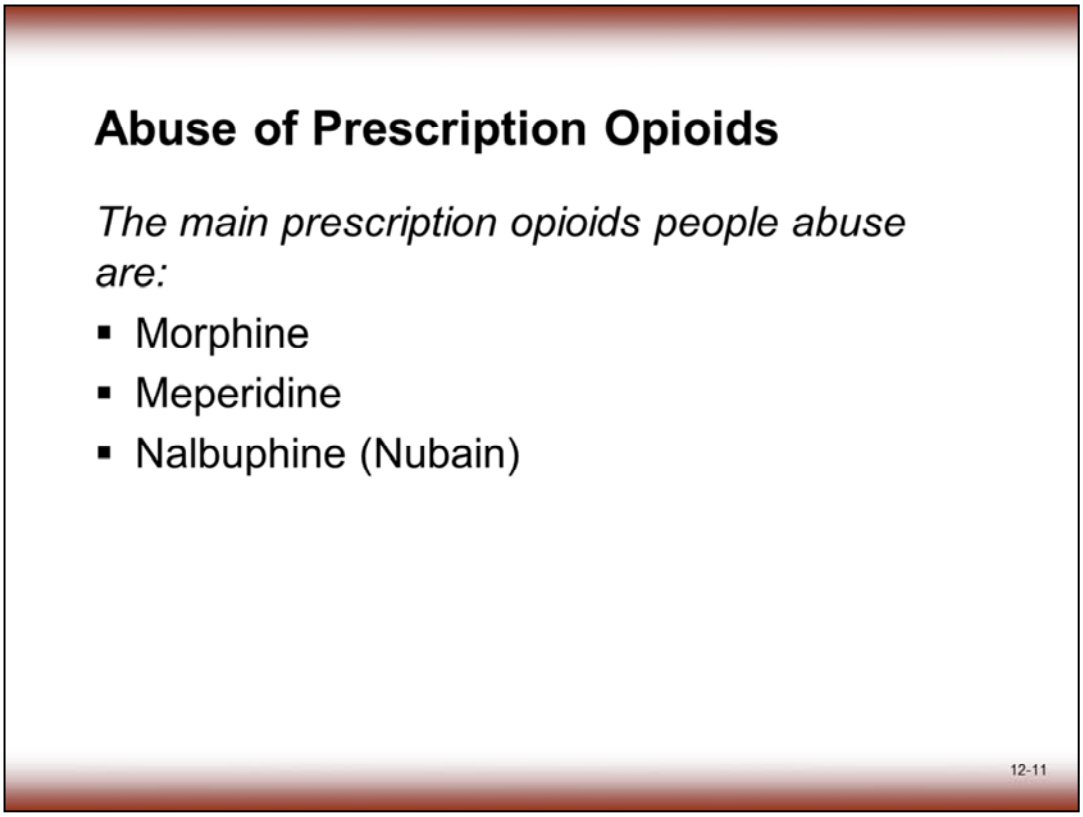
Slide 12-9—Dependence Versus Addiction

- Repeated use of opioids can result in dependence and addiction.
- "Dependence" causes withdrawal symptoms when a drug use is stopped.
- "Addiction" is characterized by craving for the drug and its compulsive use despite its harm.
- People who take opioids that have been prescribed by their doctors to treat pain may develop dependence but rarely become addicted.



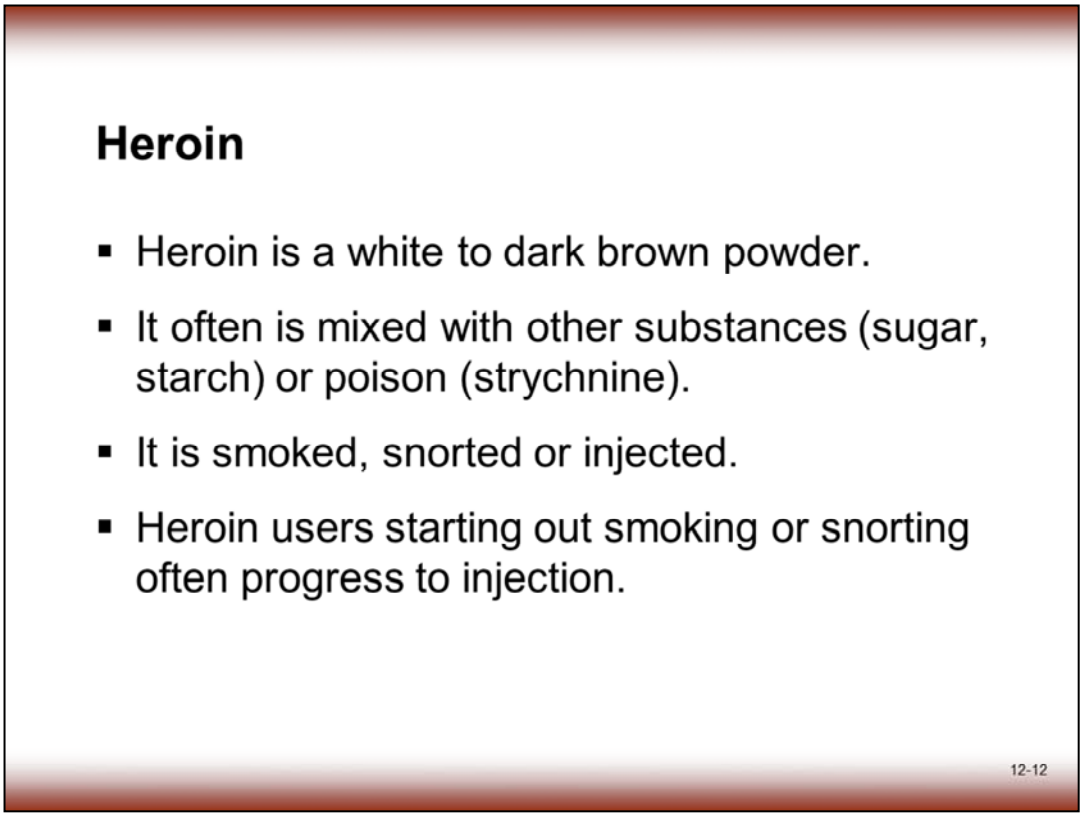
Slide 12-10—Withdrawal From Opioids

- A person who is dependent will go through withdrawal if opioids are discontinued suddenly.
- Symptoms of withdrawal include restlessness, severe muscle and bone pain, insomnia, diarrhea, vomiting, and cold flashes.
- Withdrawal can take up to a week to run its course. It is rarely fatal to healthy adults, but it can result in early labor or miscarriage in a woman who is pregnant.



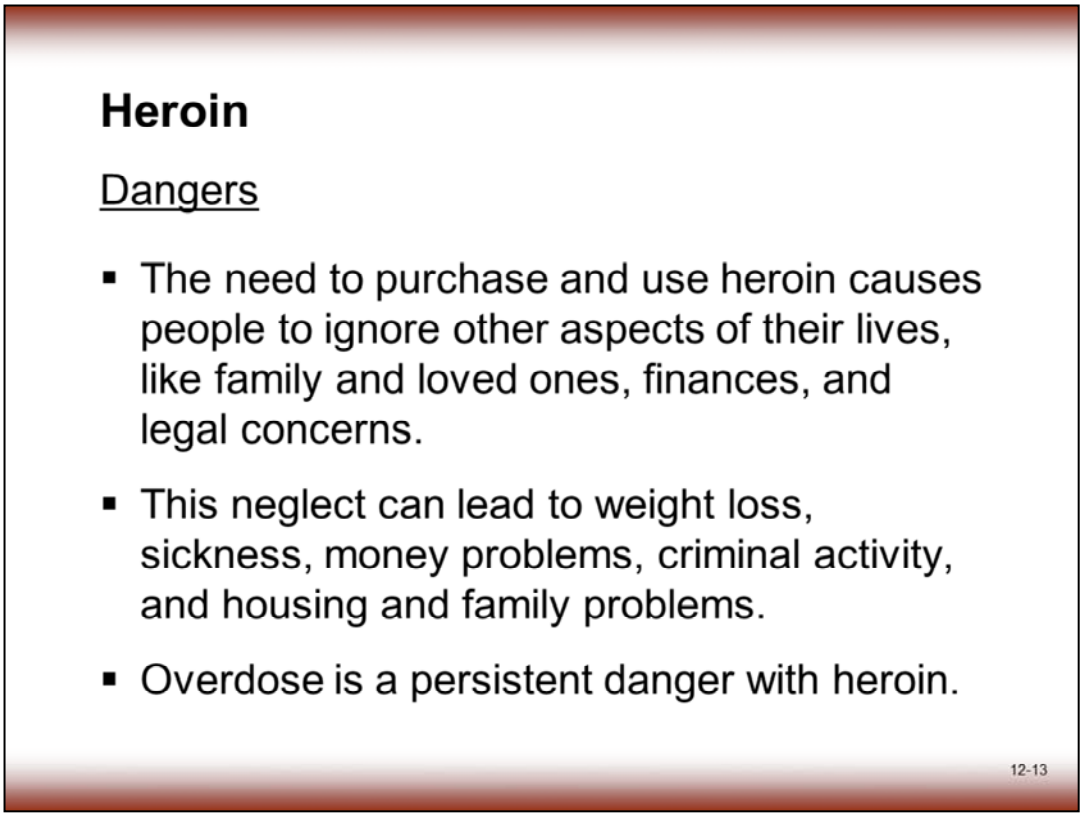
Slide 12-11—Abuse of Prescription Opioids

- Opioids are sometimes prescribed for medical use especially for pain management.
- The main prescription opioids that people abuse in the Philippines are morphine, meperidine, and nalbuphine.



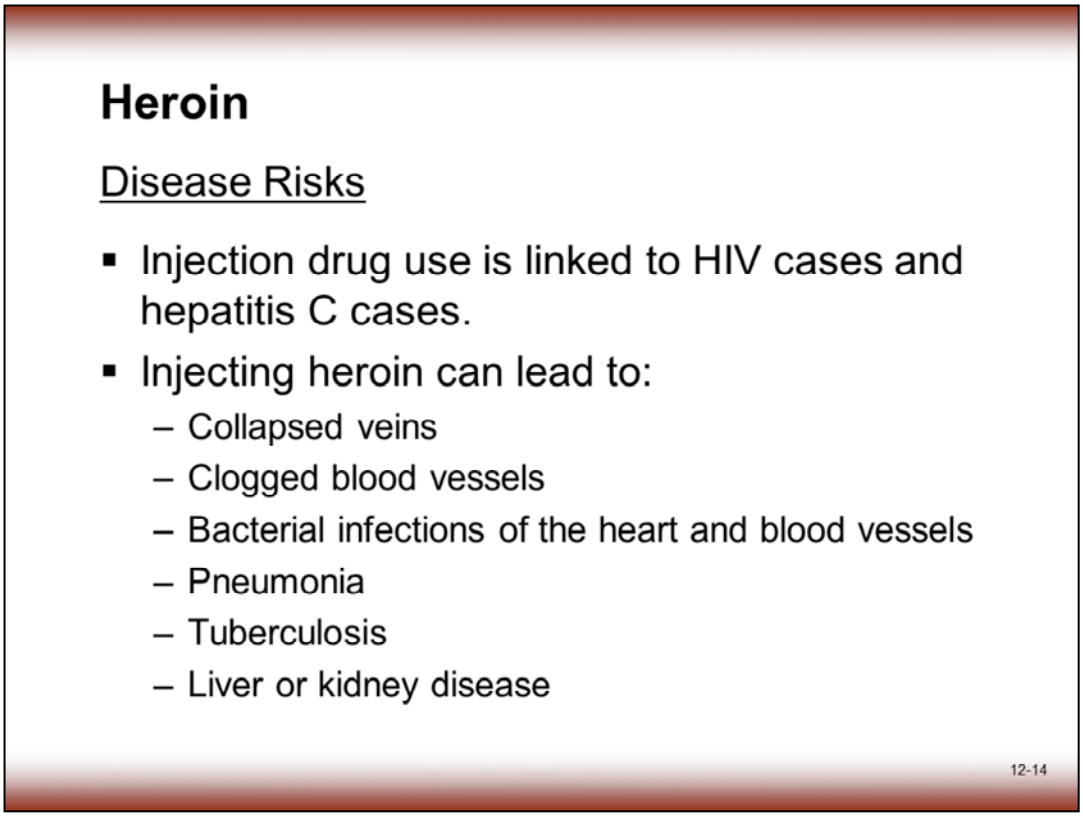
Slide 12-12—Heroin

- The main natural opioids that people abuse are heroin and morphine. We will focus on heroin in the next few slides.
- Heroin is made from morphine, which is derived from poppy plants.
- Pure heroin is a white powder. Heroin purchased on the street varies in color from white to dark brown and usually is mixed with other substances such as sugar, powdered milk, starch, or poisons such as strychnine.
- Heroin is smoked, snorted or injected. Most people who use heroin regularly inject it. Those who start out smoking or snorting heroin often progress to injection because it provides a quicker and more intense rush.



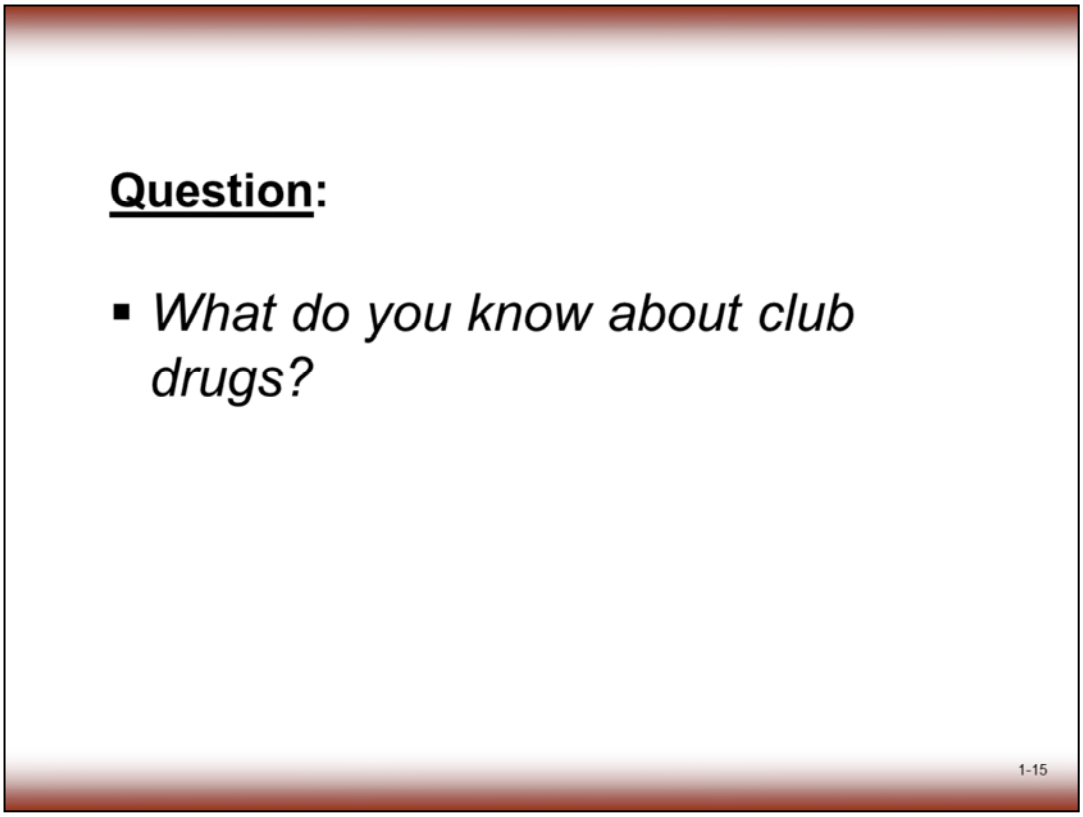
Slide 12-13—Heroin (Dangers)

- People who use heroin often become so focused on obtaining the drug that they neglect most other aspects of their lives.
- Some experience weight loss, sickness, money problems, criminal activity, and housing and family problems.
- An accidental overdose is a prominent danger with heroin.



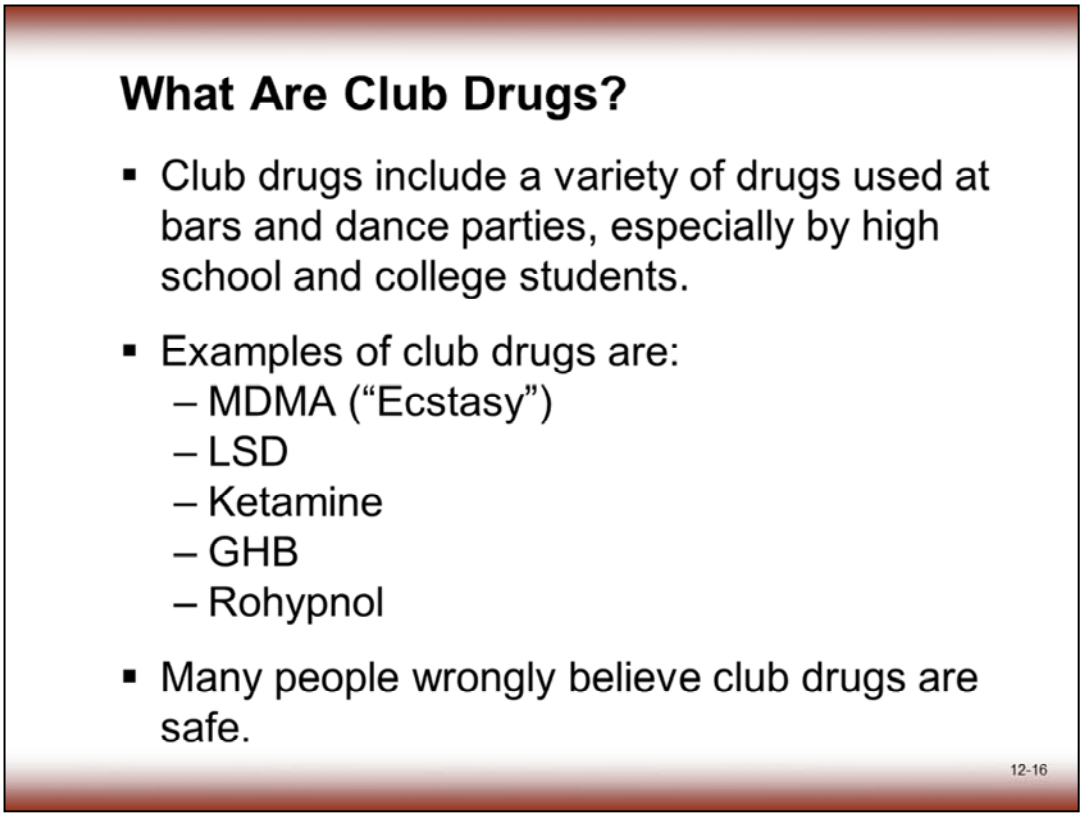
Slide 12-14—Heroin (Disease Risks)

- Injection drug use is estimated to be a factor of HIV cases and hepatitis C cases.
- Injecting heroin can lead to:
  - Collapsed veins
  - Clogged blood vessels
  - Bacterial infections of the heart and blood vessels
  - Pneumonia
  - Tuberculosis
  - Liver or kidney disease



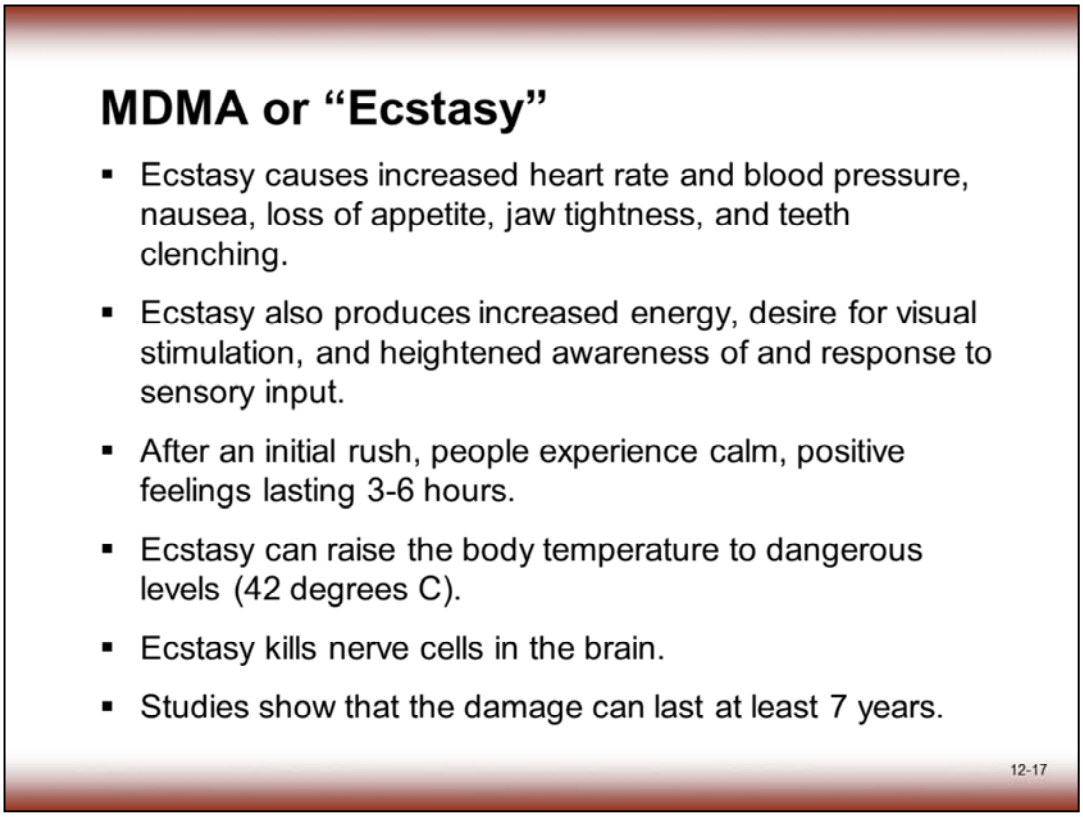
Slide 12-15—Question

- Ask participants about anything they know about club drugs.



Slide 12-16—What Are Club Drugs?

- Club drugs include a wide variety of substances and are used primarily by young people at bars and dance parties; high school and college students show highest levels of use.
- They include MDMA (or “Ecstasy”), lysergic acid diethylamide (LSD), ketamine, gamma hydroxybutyrate (GHB), and Rohypnol, although some of these are not used in the Philippines.
- Many of which are mistakenly thought to be relatively safe.



Slide 12-17—MDMA or "Ecstasy"

- The physical effects of taking ecstasy include increased heart rate and blood pressure, nausea, loss of appetite, jaw tightness, and compulsive chewing and teeth clenching.
- Ecstasy also produces increased energy, desire for visual stimulation, and heightened awareness of and response to sensory input.
- After getting an initial rush from taking ecstasy, people experience calm, positive feelings that last 3 to 6 hours; this process is called "rolling."
- Because ecstasy increases feelings of well-being and tolerance for others, many people mistakenly consider it a harmless drug.
- Ecstasy can raise the body temperature to dangerous levels (as high as 42 degrees C); these high fevers lead to dehydration, which has killed people on ecstasy.
- Because dehydration is a known risk, people who have taken ecstasy sometimes drink too much water, which can lead to a dangerous and potentially fatal condition called hyponatremia.
- Ecstasy is neurotoxic—it kills nerve cells in the brain. Studies in rats and monkeys have shown that even a few doses of ecstasy cause damage that is not repaired 7 years later.