



DEPARTMENT OF HEALTH  
REPUBLIC OF THE PHILIPPINES

# Presentation Modules (Tagalog) for Psycho-Education Sessions

**ENTREPOSE SERIES VOL. 4B**

## **ENHANCED TREATMENT PROGRAM FOR OUTPATIENT SERVICES FOR DRUG USERS (ENTREPOSE)**

**1<sup>ST</sup> EDITION**

**SEPTEMBER 2021**

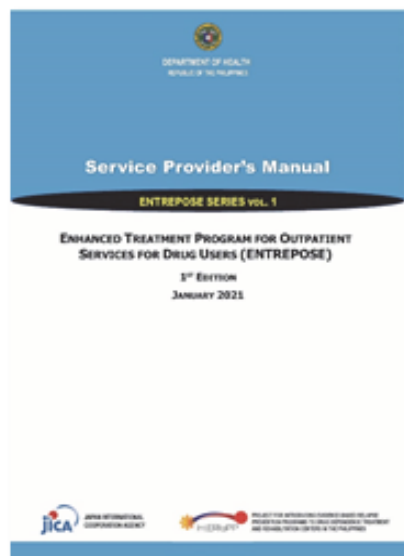


JAPAN INTERNATIONAL  
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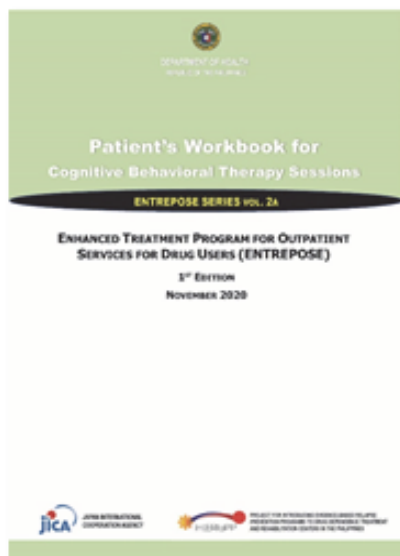


PROJECT FOR INTRODUCING EVIDENCE-BASED RELAPSE  
PREVENTION PROGRAMS TO DRUG DEPENDENCE TREATMENT  
AND REHABILITATION CENTERS IN THE PHILIPPINES

## 1 Service Provider's Manual



## 2 Patient's Workbook for Cognitive Behavioral Therapy Sessions

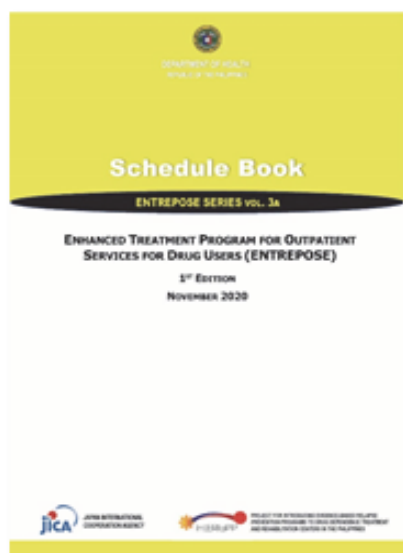


(English)



(Tagalog)

## 3 Schedule Book



(English)



(Tagalog)

## 5 Training Kit



## 4 Presentation Modules for Psycho-Education Sessions



(English)



(Tagalog)

## 6 Guidelines for Field Evaluation



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The contents of 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 settings of the Treatment and Rehabilitation Centers (TRCs) in the Philippines.

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## GLOSSARY OF TERMS

**Abstinence (Pag-iwas)** - pag-iwas sa paggamit o mga gawain na hahantong sa paggamit ng droga.

**Addiction (Adiksiyon)** - kondisyon ng pagkagumon sa isang partikular na sangkap, bagay, o aktibidad kung saan di mapigilan ang paggamit o pagkilos at di alintana ang masamang epekto nito sa kalusugan at relasyon sa pamilya o kapwa.

**Addictive behaviors (Ugaling-adik)** - pag-uugaling may kaugnayan sa paggamit ng droga at sa pagtugon sa mga tukso (triggers) na kaugnay dito.

**Addictive Thinking (Adik na Pag-iisip)** - ang pagkakaroon ng mga kaisipan o mga dahilan o pangangatwiran na gumamit ng droga.

**Abstinence Violation Syndrome (AVS)** - isang pag-iisip na ang kaunting pagkalihis sa recovery ay katumbas na din nang muling paggamit.

**Biological Readjustment** - proseso ng pag-aayos na tumutukoy sa paghilom ng mga kemikal na pagbabago sa utak na dulot ng paggamit ng droga.

**Cognitive Behavioral Therapy** - mga pang-grupong sesyon kung saan ang bawat miyembro ay nagbabahagi ng kanilang mga natutunan at mga estratehiya upang makaya ang tukso o giyang, maiwasan ang “relapse”, ang manatiling “sober” o malinis.

**Compulsive Behaviors (Hindi Mapigilang Pag-uugali)** - nakakapinsala at hindi makatwirang mga pagkilos bilang tugon sa mga bagay na hindi kayang labanan o makontrol.

**Conflict (Gusot)** - gusot or hidwaan na nararanasan ng isang “recovering drug dependent” sa pagitan ng sarili at ng iba.

**Control (Kontrol)** - kakayahan upang pigilin o pigilan ang nararamdaman.

**Coping (Pagkaya)** - mga estratehiya na madalas ginagamit sa pagharap ng stress or troma upang makaya ang masakit na nararamdaman.

**Cravings (Giyang)** - malakas at mapagpumpipilit na pagnanais na gumamit ng droga.

**Counselor (Tagapayo)** - isang tao na may sapat na kaalaman o training sa larangan ng adiksiyon na ang layunin ay bumuo ng isang matibay na “therapeutic relationship” para matugunan ang “individual treatment needs” ng isang residente / pasyente.

**Depresyon** - matinding pagkalumbay o kalungkutan na nagdudulot ng pangkalahatang kawalan ng kasiyahan o pag-asa sa buhay.

**Downtime** - panahon ng relaxation o pamamahinga o walang ginagawa.

**Emotional Build-up** - mga damdamin na patuloy na naiipon at lumalakas.

**Emotional swings** - pabago-bagong estado ng “mood” ng isang tao mula sa “high to low at low to high” na may kaugnayan sa paggamit ng droga.

**External triggers** - mga tukso o aspeto ng pamumuhay at mga pagpipilian na may kaugnayan sa paggamit ng droga na kontrolado ng isang tao. Halimbawa ay mga lugar, tao, sitwasyon na may kaugnayan sa paggamit ng droga.

**External triggers** - mga panlabas na tukso o udyok gaya ng lugar, tao, or sitwasyon, na kaugnay sa paggamit ng droga.

**Guilt (Pagkakasala)** - ang pakiramdam ng isang tao dahil sa nagawang pagkakamali or kasalanan.

**Group sessions** - pagpupulong o pagtitipon na naglalayong tulungan ang bawat isa sa kanilang pagpapagaling o recovery.

**High** - kondisyon ng pagbaha ng mga kemikal sa utak (neurotransmitters) na nagiging panimulang epekto ng paggamit ng droga (karaniwang matinding kasiyahan o pleasure).

**Honeymoon** - yugto sa buhay ng isang taong nasa recovery kadalasan sa unang 4 na linggo mula noong huminto sa paggamit kung saan bumubuti ang pakiramdam at nakakaramdam na “gumaling” na.

**Impulsive Sex** - pakikipagtalik na bunga ng mapusok na damdamin.

**Intimacy** - isang malalim na ugnayan ng tao sa kanyang sarili or sa ibang tao kung saan naging bukas, tapat, malapit na pisikal at emosyonal at may pagtitiwala sa isa't-isa.

**Intimate Sex** - pakikipagtalik bunga ng malalim at makabuluhang relasyon.

**Internal Triggers** - mga damdamin o emosyon na maaaring maging dahilan nang muling paggamit ng droga.

**Iskedyul** - pagsasaayos ng mga gawain sa pang-araw araw para manatiling abala at naka-pokus sa recovery

**Kontrol** - pansariling kakayanan na mapigil o madisiplina ang sarili.

**Labindalawang Hakbang (12-Steps)** - isang programa kung saan ang espiritwal na paglago ay malaking bahagi ng recovery sa tulong ng “High Power”.

**Lapse (Pagkabuyo)** - pansamantalang pagbabalik (kadalasan 1 beses) sa paggamit ng droga pagkatapos ng mahabang panahon na di paggamit.

**Moderation (Katamtaman)** - isang paraan upang mapanatiling mahinahon o katamtaman ang mga gawain.

**Mood**- kondisyon o kalagayan ng kalooban ng isang tao.

**Mooring lines** - mga aktibidad na ginagawa para mapanatiling makaiwas sa paggamit.

**Neurotransmitters** - kemikal sa utak at katawan na nagdadala ng nerve impulses papunta sa “synapse” ng isang “nerve”.

**Out-of-control lifestyle** - kawalan ng kakayahan at disiplina na pangasiwaan ang iba't-ibang aspeto ng pamumuhay.

**Passive**- mahinahon na pagtugon sa mga negatibong emosyon.

**Patterns** - may kaugnayan sa paulit-ulit na pag-uugali na matutukoy na.

**Premenstrual Syndrome (PMS)** - mga di pang-karaniwang pisikal at emosyonal na mga sintomas na maaring maranasan ng isang babae 1-2 linggo bago dumating ang “menstruation” o buwanang dalaw.

**Psycho-Education** - interaktibong panayam o sesyon na nagbibigay sa residente / pasyente at kaanak ng tamang impormasyon tungkol sa adiksyon.

**Rational brain** - utak na walang impluwensya ng droga.

**Recovering Drug Dependent (RDD)** - isang taong nasa patuloy na proseso ng recovery.

**Relapse (Muling Paggamit)** - tahasang pagbabalik sa nakaraang paggamit ng droga at sa lahat ng mga pag-uugali at gawain na kasama nito.

**Relapse Drift (Pagkaanod sa Muling Paggamit)** - pangyayari kung saan banayad at unti-unting “movement” sa abstinence patungo sa muling paggamit.

**Relapse Justification (Pangangatwiran sa muling paggamit)** - mga argumento o pagdadahilan/pangangatwiran sa muling paggamit.

**Relapse Prevention (Pag-iwas sa Muling paggamit)** - mahalagang proseso na gumagamit ng pamamaraan upang maiwasan ang muling paggamit, lalong lalo na kapag nakita ang mga mapanganib na babala.

**Relaxation (Pagpapahinga)** - paraan ng paglabas ng tension mula sa katawan gamit ang iba’t ibang pamamaraan.

**Routine** - regular na pagtalima o pagsunod sa mga itinakdang gawain.

**Schedule (Iskedyul)** - plano ng mga gawain ng isang taong nasa “recovery” upang magkaroon ng malusog na pamumuhay at maiwasan ang pagkabagot at pagbalik sa dating pagkagumon sa partikular na sangkap, bagay, o gawain.

**Self-esteem** - pangalahatang pagpapahalaga at pagrespeto sa sarili.

**Self-help Group Meetings** - pagpupulong ng Narcotics Anonymous (NA) na pinamumunuan ng “Recovering Drug Dependent”. Bawat isang kalahok ay nagpapakita ng pagmamalasakit at suporta sa pamamagitan ng pagbabahagi at pag-unawa.

**Self-review tools** - pansariling pagsusuri ng “recovery status”.

**Sense of loss** - kawalan ng direksyon sa buhay.

**Shame (Kahihiyan)** - ang pagkakaroon ng masamang pakiramdam dahil sa kung sino ka at kung ano ang tingin mo sa sarili mo.

**Snapping (Pagpitik)** - isang thought-stopping teknik na gumagamit ng goma sa paraan ng paghila at pagbitiw tuwing nakaka-isip ng paggamit.

**Social Support (SS)** - grupong tumatalakay sa pagsasanay ng muling pakikisalamuha.

**Support Group** - grupong komportableng pagkunan ng suporta at maaring regular na puntahan.

**Spirituality (Ispiritwalidad)** - paniniwala na may mapagkukunan ng lakas at kapayapaan na higit pa sa sarili.

**Stress** - pisikal at emosyonal na tugon sa mga mahihirap na pinagdaraan, lalo na iyong mga matagal nang pinagdadaan.

**Stressor** - anumang pinagmulan ng stress.

**Stimulants** - gamot na pampasigla o “uppers” na pansamantang nagpapataas ng lebel ng pikisal at mental na kakayahang katulad ng *Shabu*.

**Structured** - nakaayos na pang-araw-araw na gawain na ibang-iba sa pamumuhay na umiikot sa paggamit ng droga.

**Thought-Stopping (Pagkontrol sa Kaisipan)** - pagputol sa pagkakasunod-sunod na proseso ng tukso-pag-iisip-giyang-paggamit.

**Treatment and Rehabilitation** - proseso ng pagpapagaling sa adiksiyon na nakasentro sa pangkabuuang (pisikal, emosyonal, saykolohikal, vocational, sosyal at ispiritwal) layunin na matulungan ang isang residente / pasyente at ang kanilang kaanak upang ihanda siya sa produktibo, sumusunod sa batas na pamumuhay na naaayon sa kanyang kapabilidad.

**Treatment Planning** - pagtatakda ng mga layunin at pagpapalano upang malaman ang mga hakbang na kinakailangan para maabot ang mga layunin.

**Triggers (Tukso)** - mga tao, lugar, oras/panahon, bagay, damdamin at sitwasyon na nagiging dahilan ng paggamit ng droga.

**Readjustment** - yugto ng recovery na nangyayari limang (5) buwan pagkatapos itigil ang paggamit. Pangunahing layunin ay ang pagkakaroon ng makabuluhang activities na nakakahikayat na sumuporta sa patuloy na recovery.

**Recovery (Paggaling)** - patuloy at pangmatagalang proseso ng pagbabago sa pangkabuuang aspeto ng buhay upang makamit ang abstinence.

**Wall** - yugto ng recovery anim na linggo hanggang limang buwan pagkatapos huminto sa paggamit, maaaring nakaranas ang residente/pasyente ng iba-ibang sintomas na nakakainis at nakababahala.

**Withdrawal** - mahihirap na sintomas na nararamdan sa 1 hanggang 2 linggo ng paghinto sa paggamit



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*Sayko-Edukasyon para sa mga Pasiyente at sa Miyembro ng Pamilya*

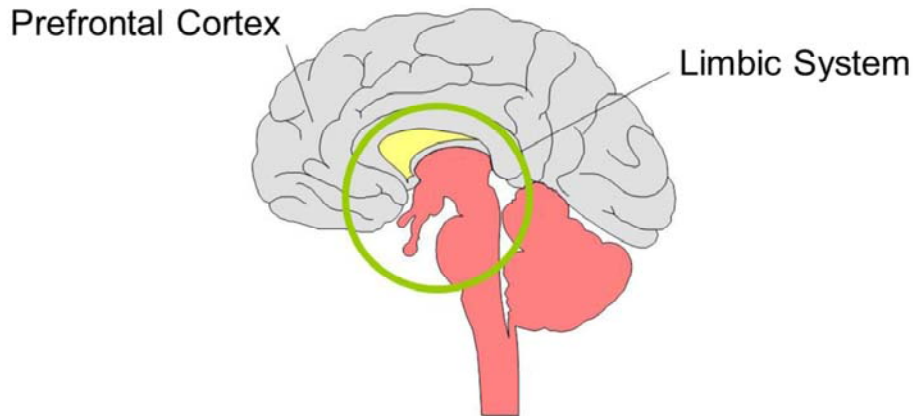
# **Sesyon 1: Triggers/Mga Tukso at Cravings/Giyang (1)**

1-1

## **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.

## Mga Pagbabago sa Utak



*Ang mekanismo ng pagkalulong ay isang biyolohikal na kaganapan.*

1-2

### 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.

## Kasanayan (*Conditioning – training or learning procedure ng utak*)



1-3

### 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.

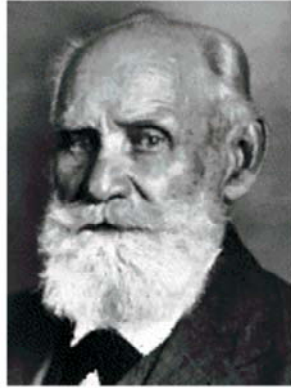
Tanong:

- *Magbigay ng halimbawa kung paano nako-kondisyon or natuturuan ang utak (conditioning).*

1-4

**Slide 1-4—Question**

- Ask participants to give some examples of “conditioning”.



## I.P. Pavlov (1849–1936)

1-5

### 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.



## Mga Tanong:

- *Ano ang “pagkalulong”? Paano mo ito ilalarawan o ipapaliwanag?*
- *Ang “pagkalulong” ba ay isang sakit?*
- *Ano ang mga pag-uugali na kaakibat ng pagkalulong sa droga?*

1-7

### **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?

## Kahulugan ng Pagkalulong

- Isang pangunahin, pangmatagalan, *neuro-biyolohikal* na sakit na may *genetic*, sikososyal (*psychosocial*), at pangkapaligirang (environmental) na kadahilanan sa pagbuo at pagpapakita ng mga sintomas. Ito ay hindi lamang sintomas ng isa pang sakit/karamdaman o “disorder”, bagkus, ito mismo ay isang sakit o karamdaman
- Ang pagkalulong ay maobserbahan sa sumusunod na mga pag-uugali: - kawalan ng abilidad na kontrolin ang paggamit ng droga, hindi mapigilang paggamit, patuloy na paggamit sa kabila ng mga pinsalang dulot nito, at matinding pagnanais na gumamit o “cravings”/giyang.

Graham, A.W.; Schultz, T.K.; Mayo-Smith, M.F.; Ries, R.K.; and Wilford, B.B. eds. *Principles of Addiction Medicine*, Third Edition. Chevy Chase, MD: American Society of Addiction Medicine, Inc., 2003.

1-8

### 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.

## **Addictive Process/Proseso ng Pagkalulong**

1. “Introductory”/Panimulang bahagi
2. “Maintenance”/Pagpapanatili na bahagi
3. “Disenchantment”/Pagkabagot na bahagi
4. “Disaster”/Pagkabigo na bahagi

1-9

### **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.

## Tanong:

- *Ano ang mga positibo at negatibong dulot ng paggamit ng Shabu?*
  - *Nang nagsisimula kang gumamit?*
  - *Pagkaraan ng matagal at patuloy na paggamit?*
- *Bigyang diin o mag-focus sa mga pagkakaiba nung nagsisimula na gumamit at pagkatapos ng matagal at patuloy na paggamit.*

1-10

### **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.

## Proseso ng Pagkalulong – *Panimulang Bahagi*

### Mga Positibo at Negatibong Epekto ng Paggamit ng Shabu

**Mga Positibo**

- Kaginhawahan mula sa
  - Pagkalumbay
  - Pagkabalisa
  - Kalungkutan
  - Hindi pagkakatulog o insomnya
- Labis na kaligayahan o kaluguran
- Pagiging “high”
- Labis na sigla
- Pagtaas ng kompiyansa sa pakikipagtalik at pakikisalamuha
- Pagtaas ng gilas sa trabaho
- Pagtalas ng kakayahan sa pag-iisip

**Mga Negatibo**

- Paglabag sa batas
- Magastos
- Maaring maging sanhi ng pagliban sa trabaho

1-11

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

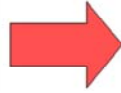
- Shabu (or another drug or alcohol) use is relatively infrequent during the introductory phase of the process of addiction.
- Use may be limited to a few times a year, by chance, or on special occasions.
- The positives of drug or alcohol use appear to outweigh the negatives.

## Proseso ng Pagkalulong – Panimulang Bahagi

Proseso ng Pagkasanay (Conditioning) sa pagkalulong

### **Mga Tukso/Triggers**

- Mga tao, lugar
- Mga kasiyahan
- Mga espesyal na okasyon
- Iba pang kaganapan



### **Mga Tugon**

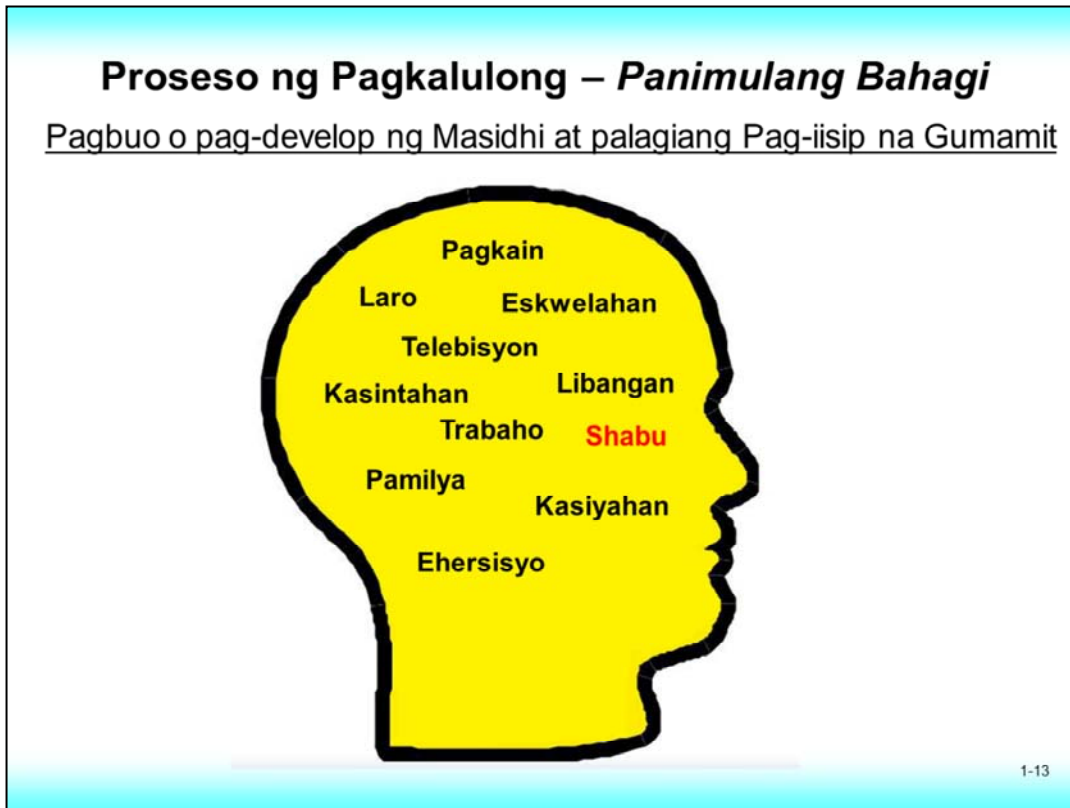
- Kasiyahan sa pakiramdam dulot ng Shabu
- Gumagamit ngunit hindi madalas

***Lakas ng Nakondisyon na Koneksyon: Banayad***

1-12

### **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.

## Proseso ng Pagkalulong – *Panimulang Bahagi*

Pag-develop ng Pagtugon sa “Cravings” o Giyang

Pagpasok/pag  
punta sa isang  
lugar o pwesto



Paggamit ng  
Shabu



Mga Epekto ng  
Shabu

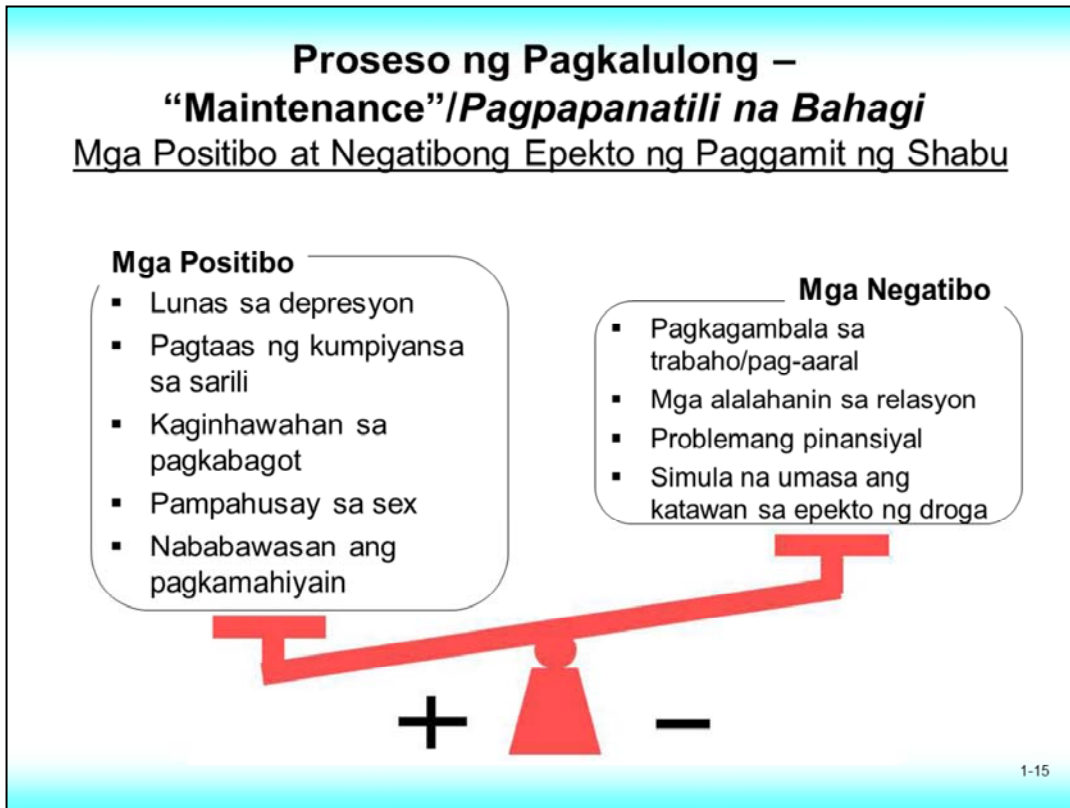
↑ Pulso  
↑ Paghinga  
↑ Adrenalin  
↑ Sigla  
↑ “Tama” ng Shabu

1-14

### 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)**

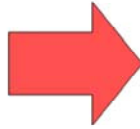
- During the maintenance phase of the addictive process, the frequency of drug or alcohol use increases to perhaps monthly or weekly.
- The scales begin to lean away from the positives.

## Proseso ng Pagkalulong – “Maintenance”/Pagpapanatili na Bahagi

Proseso ng Pagkasanay (Conditioning) sa pagkalulong

### **Mga Triggers**

- Mga kasiyahan
- Paglabas tuwing Biyernes ng gabi
- Mga kaibigan
- Alak
- Katuwaan
- Mga sekswal at mapusok na sitwasyon



### **Mga Tugon**

- Pag-iisip sa Shabu
- Sabik na paghihintay sa paggamit ng shabu
- Banayad na *physiological arousal*
- Pagdaan ng pananabik sa napipintong paggamit
- Panaka-nakang paggamit

*Lakas ng Nakondisyon na Koneksyon: Katamtaman*

1-16

### **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.

**Proseso ng Pagkalulong –  
“Maintenance”/Pagpapanatili na Bahagi**  
Pag-develop o Pagbuo ng Masidhing Pag-iisip na Gumamit



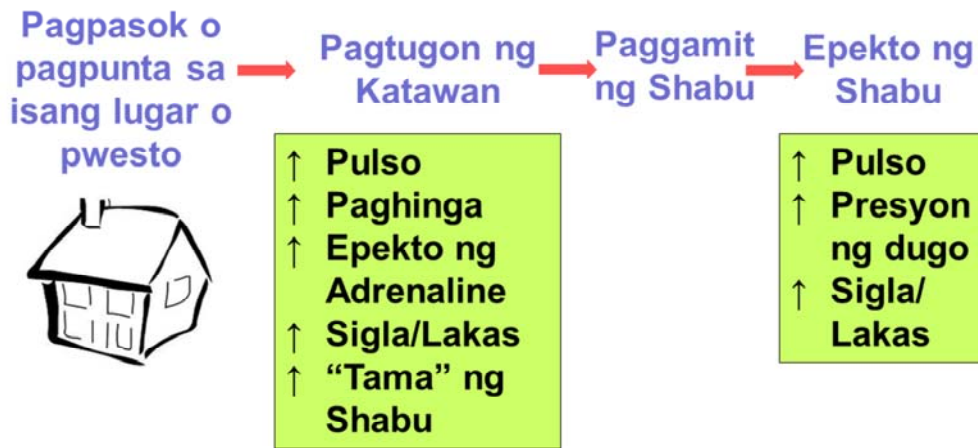
1-17

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

- Thoughts of drug and alcohol use occur more frequently.

## Proseso ng Pagkalulong – “Maintenance”/Pagpapanatili na Bahagi

Pag-develop o Pagbuo ng “Cravings”/Giyang o Pagnanais gumamit



1-18

### 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.

## Ang Proseso ng Pagkalulong

1. “Introductory”/Panimulang bahagi
2. “Maintenance”/Pagpapanatili na Bahagi
3. “Disenchantment”/Pagkabagot na Bahagi
4. “Disaster”/Kasawian or Kabiguan na Bahagi

*Tatalakayin sa susunod na sesyon*

1-19

### 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 addictive process.



## **Sesyon 2: Triggers/Mga Tukso at Cravings/Giyang (2)**

### **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 addictive process and then gives you techniques to stop cravings.

## **“Addictive Process” o Ang Proseso ng Pagkalulong**

1. “Introductory Phase” o Paninimula na bahagi
2. “Maintenance Phase” o Pagpapanatili na bahagi
3. “Disenchantment Phase” o Pagkabagot na bahagi
4. “Disaster Phase” o Kasawian o Kabiguan na Bahagi

*Tatalakayin Ngayon*

2-2

### **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 addictive process.



Tanong:

- *Paano nagbabago ang balanse sa pagitan ng positibo at negatibong epekto ng Shabu kung patuloy ang paggamit nito nang higit pa sa “Maintenance Phase” o Pagpapanatili na Bahagi?*

2-3

**Slide 2-3—Question**

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

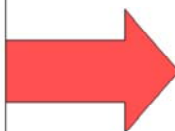


## Proseso ng Pagkalulong – Pagkabagot na Bahagi/“Disenchantment Phase”

Proseso ng Pagkasanay (Conditioning) sa Sandali ng Pagkalulong

### **Mga Tukso**

- Pagkapagod
- Mga kaibigang gumagamit ng droga
- Stress
- Pagkabagot
- Pagkabahala
- Libreng oras
- Lust/Libog
- Kalungkutan



### **Mga Tugon**

- Patuloy na pag-iisip ng Shabu
- Malakas na physiological arousal
- Sikolohikal na pagkasugapa
- Malakas na pananabik
- Madalas na paggamit

*Lakas ng Nakondisyon na Koneksyon: Masidhi*

2-5

2

### 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.

**Proseso ng Pagkalulong – Pagkabagot na Bahagi/  
“Disenchantment Phase”**

“Development of Obsessive Thinking (Disenchantment Phase)” / Pagbuo ng Masidhing Pag-iisip na gumamit



2-6

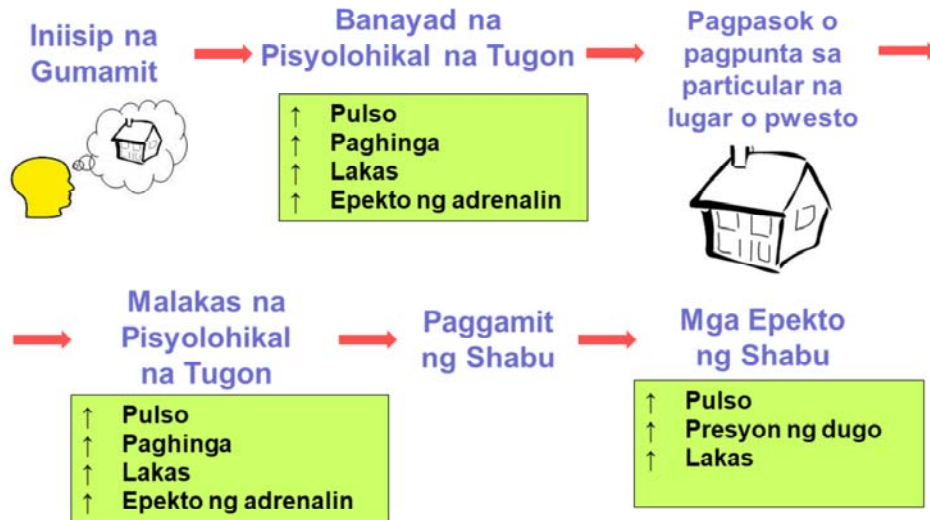
**Slide 2-6—Development of Obsessive Thinking (Disenchantment Phase)**

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

## Proseso ng Pagkalulong – “Disenchantment Phase”

### / Pagkabagot na Bahagi

”Development of Craving Response (Disenchantment Phase) /  
Pag-develop ng tugon sa Paggigiyang (Disenchantment Phase)



2-7

### 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.

## Proseso ng Pagkalulong – “Disenchantment Phase”/ *Pagkabagot na Bahagi*

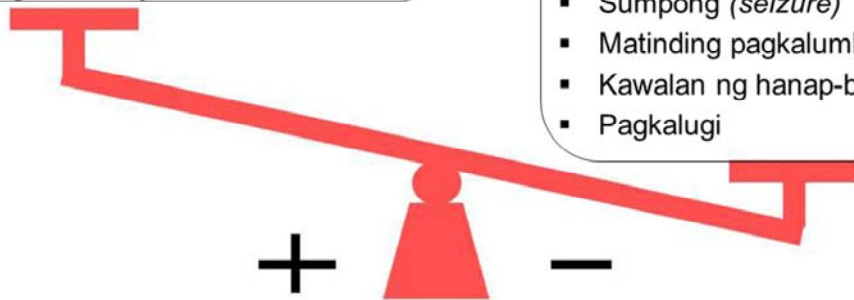
Positive and Negatives of Shabu Use (Disaster Phase) / Mga Positibo at Negatibong Epekto na dulot ng Paggamit ng Shabu

### Mga Positibo

- Kaghinhawahan mula sa pagod
- Kaghinhawahan mula sa *stress*
- Kaghinhawahan mula sa pagkalumbay

### Mga Negatibo

- Pamamayay
- *Paranoya*
- Pagkawala o pagkasira ng pamilya
- Sumpung (*seizure*)
- Matinding pagkalumbay
- Kawalan ng hanap-buhay
- Pagkalugi



2-8

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

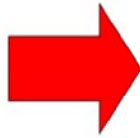
- In the disaster phase, the drug and alcohol use is often automatic.
- People cannot restrain themselves from using drugs or alcohol.
- People’s behavior in the phase is much like the behavior of addicted laboratory animals that use drugs until they die.

## Proseso ng Pagkalulong – “Disaster Phase”/ Kabiguan o Kasawian na Bahagi

“Conditioning Process during addiction” (Disaster Phase) / Proseso ng Pagkondisyon sa Pagkalulong

### **Mga Tukso**

- Iba’t ibang uri ng emosyon
- Tuwing araw
- Tuwing gabi
- Trabaho
- Libreng oras



### **Mga Tugon**

- Masidhing pag-iisip tungkol sa Shabu
- Hindi na mapigilang pagtugon
- Malakas na pisyolohikal na pagkasugapa sa droga
- Kusang paggamit
- Patuloy na paranoya

*Kalakasan ng Nakondisyon na Koneksyon: **SOBRANG LAKAS***

2-9

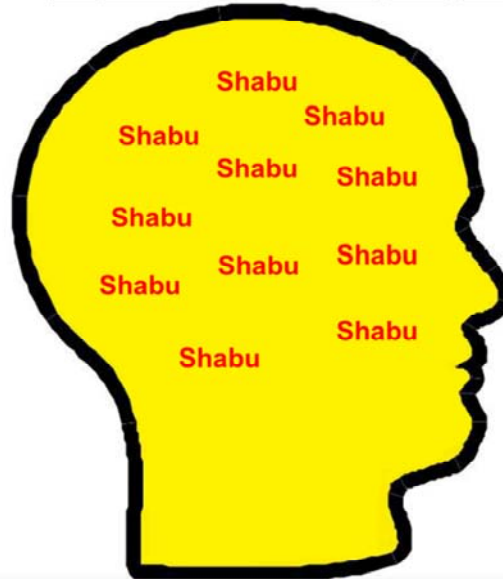
2

### 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.

## Proseso ng Pagkalulong – “Disaster Phase” o *Kasawian o Kabiguan na Bahagi*

Pagbuo ng Masidhing Pag-lisip



2-10

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

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



## Proseso ng Pagkalulong – “Disaster Phase”/ *Kasawian o Kabiguan na Bahagi*

Development of Craving Response (Disaster Phase) /  
Pag-develop ng Tugon sa Cravings o Giyang

Naisip ang lugar na  
pinaggagamitan ng Shabu



Malakas na pisyolohikal  
na tugon

↑ Pulso  
↑ Paghinga  
↑ Lakas  
↑ Epekto ng Adrenalin

2-11

2

### 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.

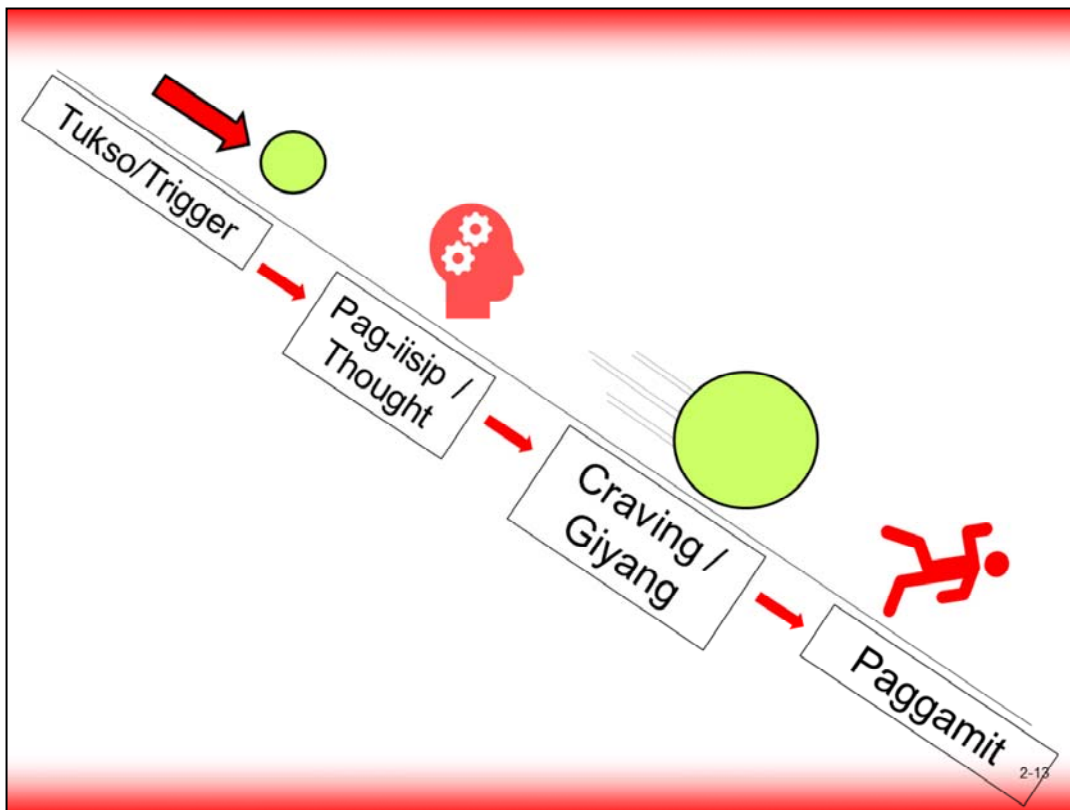
## Tanong:

- *Ano ang tamang pagkakasunod-sunod na kaganapan bago gumamit ng droga?*
  - *Pag-isip o “thought”*
  - *Cravings/Giyang*
  - *Trigger/Tukso*

2-12

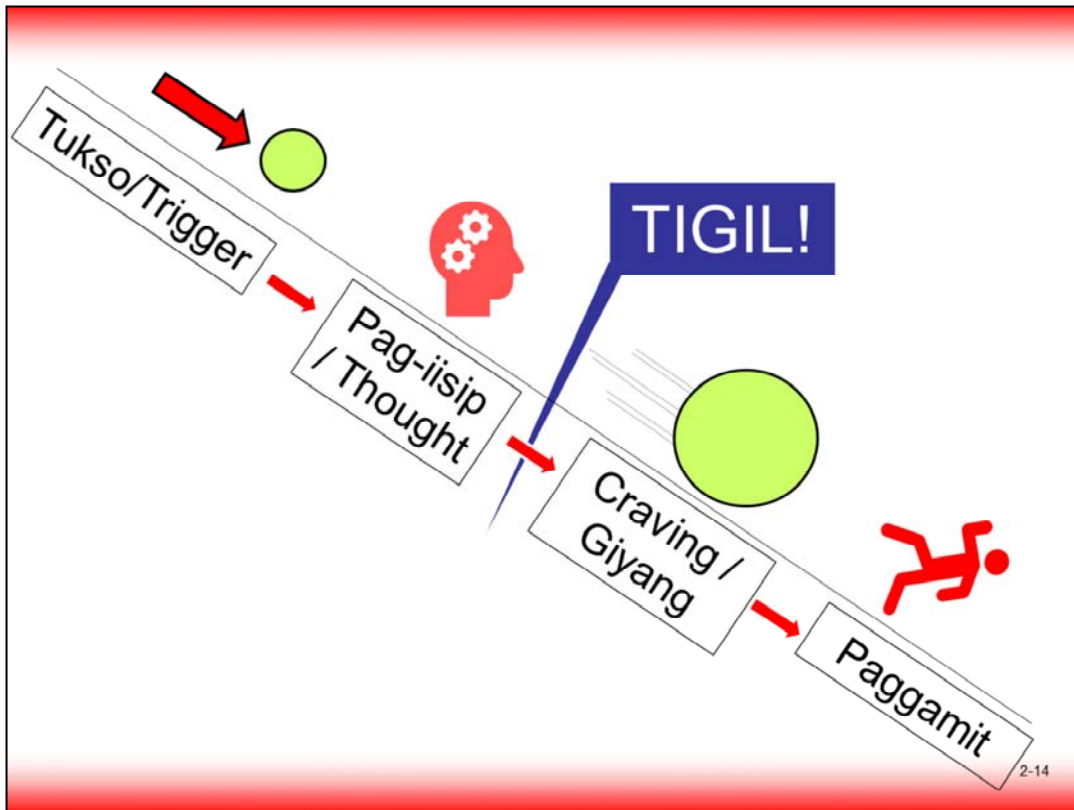
### **Slide 2-12—Question**

- 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.

## **Pagkontrol sa Kaisipan / Thought-stopping Techniques**

- “Visualization” / Paglalarawan sa isip
- “Rubber-band Snap”/ Paglagitik ng goma sa kamay
- “Relaxation” / Pagpakalma
- “Calling someone” / Pagtawag o paghingi ng tulong

2-15

### **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

## Pagkontrol sa Kaisipan / Thought-stopping

*“Visualization” /  
Paglalarawan  
sa Isip*



2-16

### 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.

## Pagkontrol sa Kaisipan / Thought stopping

*“Rubber-Band Snap”/Paglagitik ng goma sa kamay*



2-17

### 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.

## Pagkontrol sa Kaisipan / Thought stopping

*“Relaxation” /  
Pagkalma*



2-18

### 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.



## Pagkontrol sa Kaisipan / Thought-stopping



*Calling Someone -  
Pagtawag o paghingi  
ng tulong*

2-19

### 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.

## Tanong:

- *Anu-ano pa ang ibang pamamaraan upang matigil ang pag-iisip na gumamit ng droga?*

2-20

### **Slide 2-20—Question**

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

## **Sesyon 3: Alak at Recovery (1)**

### **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.

## Epekto ng Alak sa Utak

- Ginugulo o naaapektuhan ng alak ang maselang balance ng kemikal sa utak na umuudyok at pumipigil sa ginagawa ng isip at katawan



3-2

### 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.

## “Adaptation” o Pag-angkop o pag-akma

“Adaptation” o  
Pag-angkop o pag-akma → Pagkalulong

“Abstinent” o hindi paggamit ng droga → Sintomas ng *Withdrawal*

3-3

3

### 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.

## **Sintomas *ng Withdrawal***

- Pagsumpong (*seizure*)
- Panginginig
- Pagduduwal o pagsusuka
- “Visual and Auditory” Hallucination” / Guniguni sa paningin at pandinig
- Hirap sa pagtulog
- Pagkabalisa
- Pagkalito

3-4

### **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

## ***Delirium Tremens***

- Mabilis na pagtibok ng puso
- Pagtaas ng temperatura ng katawan
- Panginginig
- Kawalan ng abilidad na kontrolin ang paggalaw ng kalamnan
- Pagtaas ng presyon ng dugo
- Hindi normal na paghinga
- Pamamawis
- Nabagong estado ng kaisipan
- “Hallucinacion” / Guni-guni
- “Cardiovascular Collapse” at pagkamatay

3-5

### **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

## **Kalaganapan Ayon sa Kasarian at Edad**

- Mas maraming kalalakihan ang naitalang manginginom kaysa sa kababaihan.
- Ang antas ng pagkasugapa sa alak ay mas mababa sa kababaihan kumpara sa kalalakihan.
- Pinakamataas ang insidente ng malakas na pag-inom o heavy drinking sa mga young adults.

3-6

### **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.



Tanong:

- *Ano ang mga epekto ng alak sa katawan?*
  - *Sa simula*
  - *Sa kalaunan*
  - *Sa mahabang panahon*

3-7

**Slide 3-7—Question**

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

## Initial o Pasimulang Epekto ng Alak

- Lubos na kasiyahan / “euphoria” o hindi mapantayang kasiyahan
- Pagiging madaldal
- Pagiging “sociable” o palakaibigan
- Mababang kakayahan na magpigil / lowered inhibitions



3-8

### 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)

## Kalaunang Epekto

- Problema sa Pagbabalanse
- Pagsusuka
- Pagkaranas ng panghihina ng Peripheral Vision
- Nakakatulog / fall asleep
- Pagbagal ng kilos o galaw o reaction
- Pagkabalulol
- “Black-out” at hindi na nakaka alala ng nangyari noon nasa impluwensya ng alak

3-9

### 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

## Mga Pang-Matagalang Epekto

*Ang labis na pag-iinom ay nagdudulot ng mga sumusunod na pinsala sa:*

- Atay
- Pangtunaw (Digestive) na sistema
- Kardiyobaskular (Cardiovascular) na sistema
- Pananggalang (Immune) sistema
- Endocrine system
- Nervous system

3-10

### 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.

## Mga Pangmatagalang Epekto

### Atay

- Alkoholik Hepataytis  
(*Alcoholic hepatitis*)
- Sirosis (*Cirrhosis*)



3-11

3

### 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.

## Mga Pangmatagalang Epekto

### Pangtunaw na Sistema

- Pamamaga ng esophagus
- Kanser sa esophagus
- Paglaki ng daluyan ng dugo sa esophagus (madalas ay nakamamatay)
- *Pancreatitis*
- Kanser sa lalamunan, bituka, tumbong

3-12

### **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.

## Mga Pangmatagalang Epekto

### Cardiovascular na Sistema

- Malubhang sakit sa puso
- Hindi pangkaraniwang tibok at paghina ng puso
- Mataas na presyon ng dugo
- Panganib ng stroke
- Pinsala sa platelets at komplikasyon sa dugo



3-13

#### **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.

## Mga Pangmatagalang Epekto

### Pananggalang na Sistema

- Pagkasira ng “white and red blood cells”
- Panganib na mas mahawa sa mga “infectious diseases” o mga nakakahawang sakit
- Pinsala sa “immune system” o sistemang pananggalang sa katawan

3-14

#### **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.



## Mga Pang-Matagalang Epekto

### Endokring Sistema

- *Diabetes*
- Pagbabago sa normal na paglabas ng reproductive hormones, growth hormone at testosterone
- Pagliit ng bayag sa lalaki at obaryo sa babae
- Mababang bilang ng tamod/ “sperm count” sa lalaki at itlog sa babae
- Kapansanang seksuwal sa lalaki at babae

3-15

#### **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.

## Mga Pangmatagalang Epekto

### Nervous System

- *Peripheral neuropathy*
- *Wernicke's syndrome*
- *Korsakoff's syndrome*
- Pinsala sa pag-iisip
- Pagliit ng utak
- Mga pagbabago sa functions ng brain cells



3-16

### 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.

Tanong:

- *Anu-ano ang mga posibleng maging problema sa pag-uugali na dulot ng alak?*

3-17

**Slide 3-17—Question**

- Ask participants about possible behavioral problems caused by alcohol.

## Epekto sa Pag-uugali

- Karahasan sa asawa't anak
- Aksidente
- Problema sa pamilya
- Hindi maayos na relasyon sa katrabaho
- Madalas na pagliban o pagiging late sa pagpasok sa trabaho
- Kawalan ng trabaho dahil sa pagbaba ng antas/kalidad ng paggawa
- Pagiging marahas o pagiging biktima ng karahasan
- Pagmamaneho nang nakainom o *driving under the influence (DUI)*
- Pagkaaresto

3-18

### 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)

## **Sesyon 4: Alak at Recovery (2)**

### **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.

## Alak at ang Kababaihan



- Kumpara sa kalalakihan, ang kababaihan ay mas madaling dapuan ng mga sakit na may kinalaman sa pag-inom ng alak (*alcohol-related disease*) kahit mas kaunti ang pag-inom nila kumpara sa kalalakihan.

4-2

### 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.

## Alak at ang Pagbubuntis

- Ang mga sanggol na ipinapanganak ng mga babaing umiinom habang nagbubuntis ay maaaring magkaroon ng *mental retardation* at iba pang *learning and behavioral problems*.



4-3

4

### 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.

## ***Fetal Alcohol Spectrum Disorders***

- Ang pinakamalubhang panganib o pinsala habang nagbubuntis ay tinatawag na Fetal Alcohol Spectrum Disorder (FASD). Ito ay ang pangunahing nagiging sanhi ng mental retardation o atrasadong pag-iisip sa mga bata.

4-4

### **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.



## ***Fetal Alcohol Spectrum Disorders***

### Mga Pinsala sa Pag-iisip at Pag-uugali

- Ang mga problemang pag-uugali at pangkaisipan na kaugnay sa FASD ay maaaring maging dahilan ng cognitive and behavioral impairment at mahinang kakayanan sa akademiko. Maaring makaranas ng matinding hamon na makakuha ng trabaho sa pagsapit ng wastong gulang.

4-5

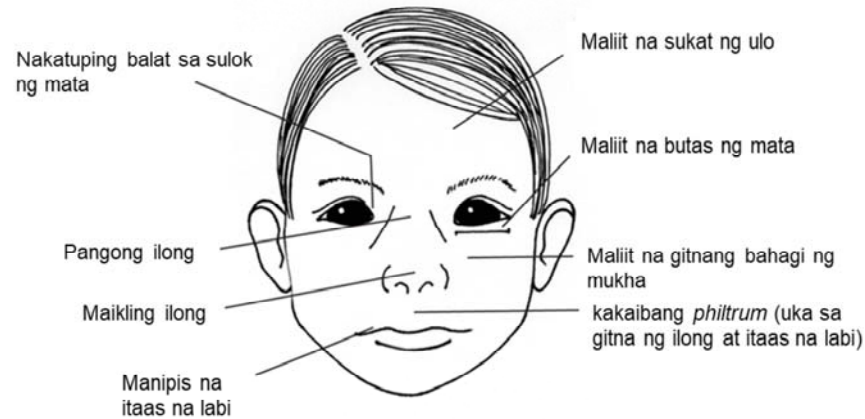
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### **Slide 4-5—Fetal Alcohol Spectrum Disorders (Cognitive and Behavioral Impairments)**

- 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.

# Fetal Alcohol Spectrum Disorders

## Craniofacial Features



4-6

### 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

### Mga Tanong:

- *Sa iyong palagay, nakakabuti ba ang pag-inom ng alak habang nasa proseso ng recovery sa pagkalulong sa droga?*
- *Bakit?*

4-7

4

#### **Slide 4-7—Question**

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

## ***Total Abstinence – Ganap na Paghinto sa Pag-inom***

- Ang mga pasyente/residente na nasa gamutan sa sakit ng pagkalulong sa droga ay pinapayuhang itigil ang pag-gamit ng anumang uri ng ipinagbabawal na droga at alak.
- Ang mga taong nasa gamutan na sumubok uminom ng alak ay mayroong **walong beses** na posibilidad na bumalik muli sa paggamit ng stimulant o drogang pampasigla kaysa sa mga taong tuluyang tumigil na sa pag-iinom.



### **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.

## Iba pang mga dahilan para ihinto ang pag-inom (Abstinence)

- Ang pag-inom ng taong nasa gamutan ay nagiging rason ng pag-iwas nila sa pagharap ng kanilang problema na may kinalaman sa paggamit ng droga.
- Nilalagay niya ang kanyang sarili sa panganib ng pagiging “dependent” sa alak habang nilalabanan ang kanilang problema o stimulant dependence.

4-9

4

### 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.

Tanong:

- *Magbigay ng mga halimbawa ng mga tukso/triggers ayon sa mga sumusunod?*
  - *Mga Tao*
  - *Mga Lugar at sitwasyon*
  - *Materyal na bagay*
  - *Emosyon o mga damdamin*

4-10

**Slide 4-10—Question**

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

## Kahit saan ay may mga trigger o tukso o trigger sa alak

- Mga patalastas at palabas sa Telebisyon
- Mga pelikula
- Mga kaibigan at kamag-anak na manginginginom
- Iba't ibang pagdiriwang o okasyon
- Mga bakanteng oras o araw na walang pasok sa trabaho



4-11

4

### 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.

## Mga “Internal Triggers”

- Pagkalumbay
- Pagkabahala
- Pagkalungkot
- *Stress*
- Galit
- Konsensya  
(pagkakasala)



4-12

### 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.



## **Panganib ng Relapse o Muling paggamit ng Droga Sanhi ng Alak**

Alak → Tukso/trigger

Idagdag pa ang tukso, at ito ay hahantong sa

**Padalos-dalos na paggamit ng stimulant**

4-13

4

### **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

Tanong:

- *Ano ang posibleng paraan na maaaring gawin upang makaiwas sa pag-inom ng alak?*

4-14

**Slide 4-14—Question**

- Ask participants for possible ways to avoid drinking alcohol.

## Plano ng Pag-iwas sa Pag-inom

- Iwasan ang mga taong umiinom.
- Umisip ng ibang paraan ng paglilibang kasama ang mga kaibigan na hindi umiinom.
- Makipagkaibigan sa mga kapwa na nasa recovery.
- Sanayin ang pagsasabi ng “hindi, salamat na lang!”
- Umiwas sa mga bars at parties.
- Kausapin ang iyong pamilya na wag iinom kapag kasama ka at itago ang mga alak sa bahay.



4-15

4

### 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

## **Plano para Maka-cope or umiwas sa Alak**

- Dumalo sa 12-Step at “Mutual-Help Group Meeting”.
- Maglahad ng bukas na damdamin sa grupo; maging open.
- Palagiang paggamit ng “relaxation” techniques.
- Paggamit ng HALT (pag-iwas sa labis na Hungry [gutom], Angry [galit], Lonely [malungkot], o Tired [pagod]).
- Paalalahanan ang sarili na karaniwan lamang ang makaramdam ng hindi komportableng pakiramdam at ito ay lilipas din.
- Humingi ng payo o tulong mula sa propesyonal.

4-16

### **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

## **Sesyon 5: Shabu at Cocaine (1)**

5-1

5

### **Slide 5-1—Shabu and Cocaine**

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

## **Pagkakaiba ng Cocaine at Shabu**

- Epekto ng Cocaine: 1 hanggang 2 oras.
- Epekto ng Shabu: 8 hanggang 12 oras.

5-2

### **Slide 5-2—Differences Between Cocaine and Shabu**

- Cocaine and Shabu differ in that cocaine is processed out of the body much faster than is Shabu, 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 Shabu last 8 to 12 hours.
- Withdrawal from Shabu also can last longer, and the symptoms of withdrawal may be more intense than those of cocaine withdrawal.

## Dopamine

- ay isang kemikal na palaging nasa ating utak.
- ay may mahalagang papel sa mga sumusunod:
  - Paggalaw ng katawan
  - Pag-iisip
  - Motibasyon/adhikain at gantimpala (motivation & reward)
  - Pagtugon sa kasiyahan o kaligayahan

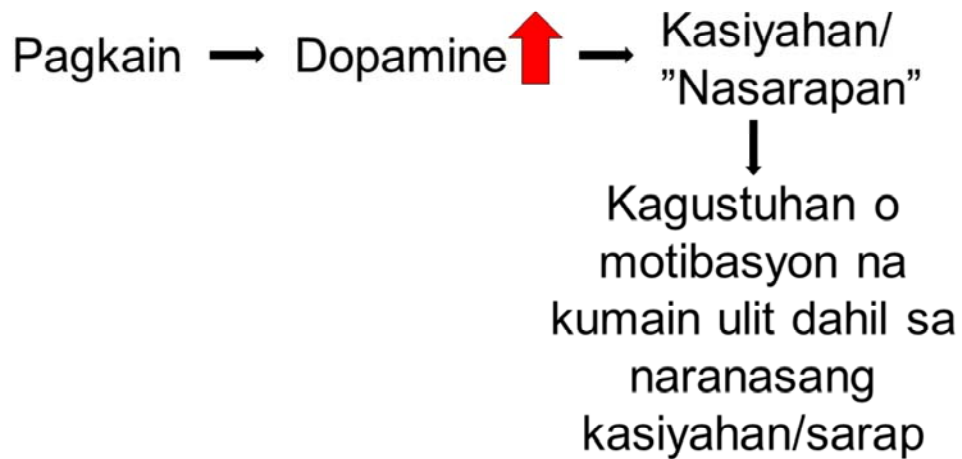
5-3

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.

## Halimbawa ng Epekto ng Dopamine



5-4

### 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.



## Dopamine Imbalance

- Ang labis na dopamine ay maaaring maging sanhi ng pagiging nerbyoso, irritable, agresibo, labis na takot na hindi na batay sa realidad at kakaibang pag-iisip.
- Ang kakulangan ng dopamine ay nauugnay sa pagkatamlay, mababang disposisyon/low mood, pagkapagod, paninginig at kawalan ng control sa paggalaw na parte ng “Parkinson’s disease”.

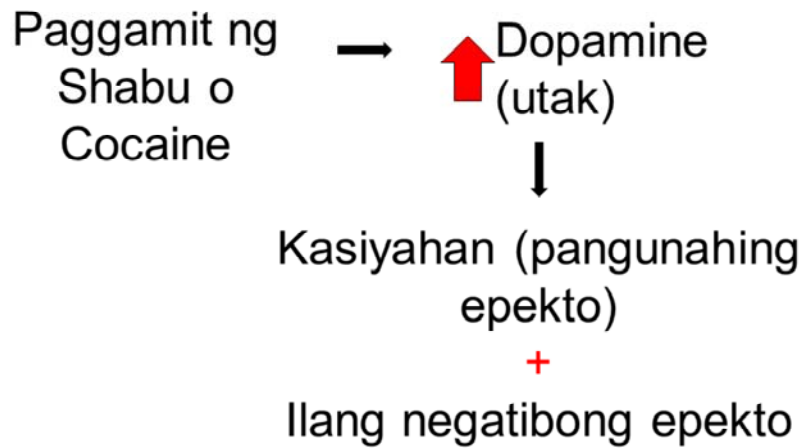
5-5

5

### 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.

## Dopamine and Stimulant Drugs

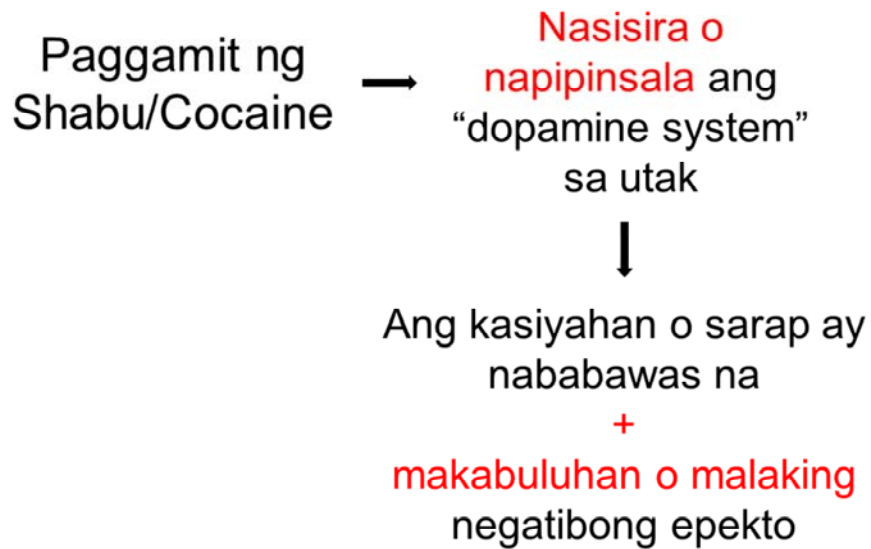


5-6

### 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.

## Dopamine and Stimulant Use Over Time

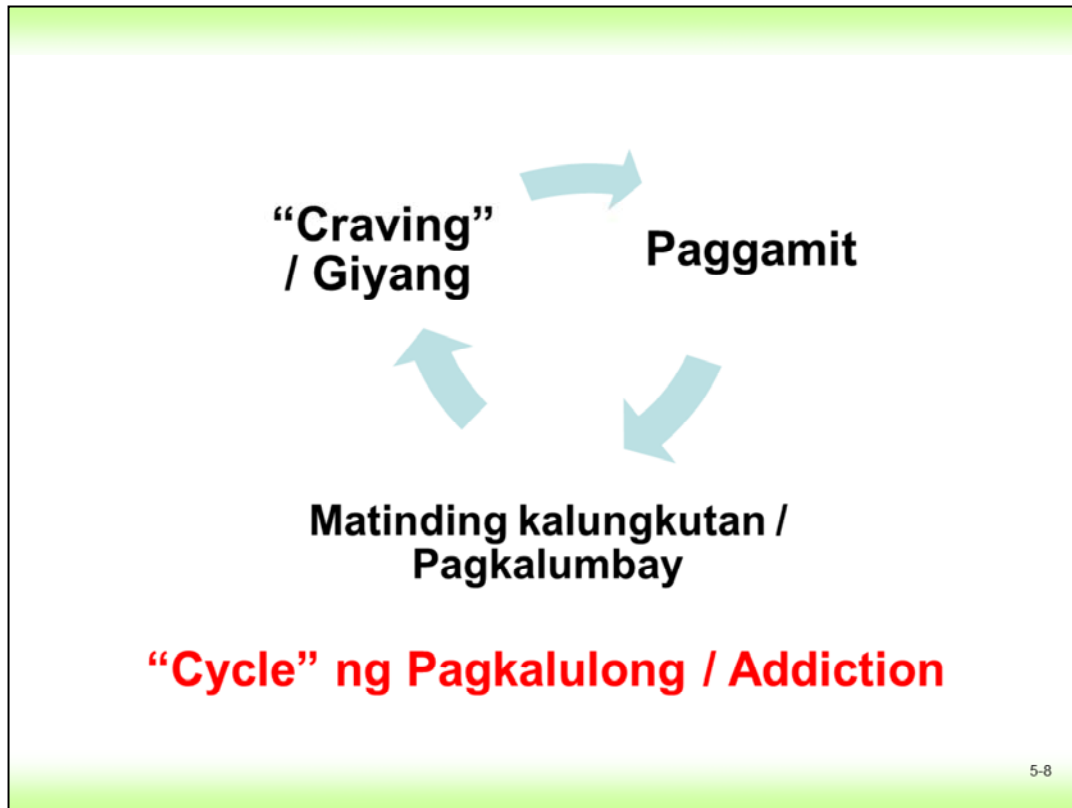


5-7

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.

## Paraan ng Paggamit

*Mga Pamamaraan ng paggamit ng Shabu at Cocaine:*

- Patuturok
- Pahihithit
- Palanghap

*Kung paano ginagamit ang droga ay nakakaapekto sa:*

- Kung gaano kabilis ito nakalilikha ng epekto
- Lakas o tindi ng mga epekto ng droga, maging positibo man o negatibo
- Uri ng mga negatibong epekto ng droga na mararanasan ng tao

5-9

5

### 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

# Shabu

5-10

## Slide 5-10—Shabu

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

## Katanyagan ng Shabu

- Ang mga gumagamit ng Shabu sa Pilipinas noong 2015 ay tinatayang umaabot ng 0.86 milyong tao o katumbas ng 1.1% ng populasyon sa edad na 10-69 taong gulang.
- Noong 2017, Tinatayang umaabot ng 96% ang mga pasyenteng gumagamit ng Shabu na ipinasok sa mga Treatment and Rehabilitation Centers na pinatatakbo ng Department of Health.

5-11

5

### 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.

**Tanong:**

- *Ano ang mga agarang epekto ng Shabu?*
  - *sa iyong pakiramdam at kaisipan?*
  - *sa iyong katawan?*

5-12

**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.



## Agarang Mga Epektong Sikolohikal

- Labis na kasiyahan/euphoria
- Pagiging alerto at pagkawala ng antok
- Pakiramdam ng pagiging malakas at pagkakaroon ng enerhiya
- Paglakas ng kalooban/"invulnerability"
- Pagtaas ng kumpyansa sa sarili at sa kakayahan
- Pagtaas ng pagnanasang makipagtalik
- Pagkawala ng pakiramdam ng pagkabagot, kalungkutan, at pagkamahiyain

5-13

5

### Slide 5-13—Immediate Psychological Effects

- The immediate psychological effects of Shabu 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

## Agarang mga Pisikal na Epekto

- Pagtaas ng:
  - ↑ Heart rate/tibok ng puso
  - ↑ Presyon ng dugo
  - ↑ Sukat ng *pupil*
  - ↑ Bilis ng paghinga o respiratory rate
  - ↑ Pagkasensitibo sa tunog
  - ↑ Temperatura ng katawan
- Pagbaba ng:
  - ↓ Gana sa pagkain
  - ↓ Sapat na tulog
  - ↓ Reaction time

5-14

### Slide 5-14—Immediate Physical Effects

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

## Nakalalasang Epekto

- Ang Shabu ay nagdudulot ng malubha na sikolohikal at pisikal na pagkasira.
- Ang mga negatibong epekto ay madaling nagsisimula.



5-15

5

### 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.

**Tanong:**

- *Ano ang mga naging talamak o pangmatagalang epektong naranasan nyo sa paggamit ng shabu?*
  - *Sa iyong pakiramdam/feelings at pag iisip?*
  - *Sa iyong katawan?*

5-16

**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.

## Mga Pangmatagalang Epekto sa Katawan

- Pagkalito
- Kawalan ng konsentrasyon at pagsasaayos o pag-organize ng impormasyon
- Kawalan ng kakayanang makaramdam nang walang droga
- Paranoia o Tamang-hinala
- Hindi makatulog at sobrang pagod
- “Mood swings”/Pabago-bagong kalagayan ng kalooban
- Pagiging Iritable at magagalitin
- “Depression”
- Pagkabalisa at “Panic Disorder”
- Padalos-dalos at hindi protektadong pakikipag sex

5-17

5

### 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

## Mga Malubhang Sikolohikal na Epekto

- Mga guni-guni
- Matinding “depression” na maaaring humantong sa pagtatangkang magpakamatay o suicide
- Biglaang pagiging marahas o bayolente
- Malalang pagkawala ng alaala na maaaring maging permanente

5-18

### 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

## Pangmatagalang Epekto sa Katawan

- Panginginig
- Panghihina
- Pagkatuyo ng bibig
- Pagbaba ng timbang/malnutrisyon
- Labis na pagpapawis
- Oily skin
- Singaw
- Pagsakit ng ulo
- Malubhang problema sa ngipin at gilagid

5-19

5

### Slide 5-19—Chronic Physical Effects

- Chronic physical effects of use include
  - ✓ Tremor (shakiness)
  - ✓ Weakness
  - ✓ Dry mouth
  - ✓ Weight loss and malnutrition
  - ✓ Increased sweating
  - ✓ Oily 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

## Malulubhang Epekto sa Katawan

- *Seizures*
- Pinsala sa daluyan ng dugo sa utak o stroke
- Damaged brain cells
- Hindi pangkaraniwang tibok ng puso/biglaang pagkamatay
- Atake sa puso o problema sa puso
- Paghina ng kidney
- Paghina sa atay
- Tweaking – paulit-ulit na paggalaw na hindi mapigilan
- Impeksyon sa balat

5-20

### 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



*Sayko-Edukasyon para sa mga Pasiyente at sa Miyembro ng Pamilya*

## **Sesyon 6: Shabu at Cocaine (2)**

6-1

6

### **Slide 6-1—Shabu and Cocaine**

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

**Tanong:**

- *Kung ikaw ay bibili ng Shabu sa pamilihan, makakasiguro ka bang ito ay 100% na Shabu?*

6-2

**Slide 6-2—Question**

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

## Ang Shabu ay hindi lang Shabu

*Halos 3 to 60% ng itinuturok, nilalanghap, o hinihithit ay hindi Shabu:*

- Ang Shabu ay puno ng dumi gaya ng *acetate* o mercury, na maaaring maging dahilan ng “heavy metal poisoning”
- Ang Shabu ay pwedeng i-“dilute” muna bago ibenta para sa mas malaking tubo.

6-3

6

### Slide 6-3—Shabu Is Not Just Shabu

- 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 Shabu 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 Shabu.

**Tanong:**

- *Ano ang mga posibleng panganib na dulot ng Shabu kung ang mga sumusunod na pamamaraan ang gagamitin?*
  - *Pagtuturok*
  - *Paglanghap*
  - *Paghithit*

6-4

**Slide 6-4—Question**

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

## ***Pagtuturok ng Shabu***

*Ang Pagtuturok ng Shabu ay nagdudulot ng*

- Pamumuo ng dugo
- Pagnanaknak ng balat
- HIV, tuberculosis, o panganib mula sa hepatitis C na virus
- Pamamaga ng puso
- Pulmonya
- Paghina ng mga bato

6-5

6

### **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

## Paglanghap ng Shabu

*Ang paglanghap ng Shabu ay nagdudulot ng mga:*

- Impeksyon sa Sinus
- Pagkabutas ng *septum* (bahagi ng ilong)
- Pamamaos
- Pagdurugo ng ilong

6-6

### Slide 6-6—Snorting Shabu

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

## Paghithit ng Shabu

*Paghithit ng Shabu ay Nagdudulot ng:*

- Problema sa lalamunan
- Paltos sa labi
- Lung congestion
- Malubhang pag-ubo na may kasamang maitim na uhog
- Malubhang sakit sa baga

6-7

6

### Slide 6-7—Smoking Shabu

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

## Dose/Dosis or Dami ng Tinirang Shabu at ang Toxic Effects Nito:

Dosis  → Nakalalasang   
Epekto

6-8

### 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.



## Pagbubuntis at Shabu

### *Mataas na panganib ng:*

- Stroke sa sanggol o pagdurugo ng utak, madalas na ikinamamatay
- Napaagang pagsilang
- HIV o panganib mula pagkalantad sa hepatitis na virus

### *Epekto ng Shabu sa mga bata:*

- Abnormal ang reflexes
- Pagiging irritable
- Walang ganang kumain at nahihirapan sa digestion ng pagkain

6-9

6

### 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

# Cocaine

6-10

## **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.

**Tanong:**

- *Ano ang pagkakaalam mo tungkol sa Cocaine?*

6-11

6

**Slide 6-11—Question**

- Ask participants about anything they know about cocaine.

## Crack na Cocaine

- Nahihithit na uri ng Cocaine
- Minsan ay tinatawag ding “bato” o “*freebase*”

6-12

### 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.”

## Agarang Sikolohikal na Epekto

- ↑ Labis na kasiyahan
- ↑ Labis na enerhiya
- ↑ Pagiging madaldal
- ↑ Sensitibo sa ilaw, tunog/ingay, at hawak
- ↑ Pagiging alerto
- ↑ Pagkawala ng pagiging mahiyain; tumataas ang self-confidence
- ↑ Labis na pagnanasa sa sex

6-13

6

### 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

## Mga Agarang Epekto sa Katawan

- Pagsikip ng daluyan ng dugo
- Pagtaas ng:
  - ↑ Sukat ng *pupil*
  - ↑ Pulso ng puso / Heart rate
  - ↑ Temperatura
  - ↑ Presyon ng dugo
- Pagbaba ng:
  - ↓ Gana sa pagkain
  - ↓ Gana o oras ng pagtulog

6-14

### 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

## **Babala**

- Sa bihirang pagkakataon, ang biglaang pagkamatay ay posibleng maidulot ng Cocaine.
- Ang pag-iinom ng alak kasabay ng Cocaine ay lalong mapanganib.

6-15

6

### **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.

## **Pangmatagalang Sikolohikal na Epekto**

- Pagiging Iritable
- Depresyon
- Hindi mapakali/Restlessness
- “Paranoia” (o labis na paghihinala)
- “Auditory hallucination” / Nakakarinig ng mga boses na wala naman talaga
- Pagiging bayolente at marahas
- Nahahirapan makaramdam ng kasiyahan pag hindi nakakagamit ng droga
- Panganib ng HIV o Hepatitis Type C

6-16

### **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



## Pangmatagalang Epekto sa Pangangatawan

- Problema sa tibok ng puso
- Pananakit ng dibdib
- Pulmonya
- Respiratory Failure
- *Strokes*
- Pamamayay at malnutrition
- *Seizure*
- Pananakit ng ulo

6-17

6

### 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

## Pagtuturok ng Cocaine

*Ang pagtuturok ng Cocaine ay nagdudulot ng:*

- Pagnanaknak (impeksyon) sa balat na tinurukan
- Matinding “Allergic Reaction”
- Pagkakaroon ng HIV at Hepatitis C na virus

6-18

### 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

## Pagsinghot ng Cocaine

*Ang pagsinghot ng Cocaine ay nagdudulot ng:*

- Pagkawala ng pang-amoy
- Problema sa paglunok
- Matagal na pamamaga ng “nasal septum” na maaaring makapagdulot ng “runny nose”
- Pagdurugo ng ilong
- Pamamaos
- Lihis na *septum* (bahagi ng ilong)

6-19

6

### 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

## Paghithit ng Cocaine

*Paghithit ng Cocaine ay nagdudulot ng:*

- Problema sa lalamunan
- Paltos sa labi
- Lung congestion
- Malubhang pag-ubo
- Malubhang sakit sa baga

6-20

### **Slide 6-20—Smoking Crack**

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

## Dosage ng Cocaine at Mga Nakalalasang Epekto

Dosage ↑ → Mga Nakalalasang Epekto ↑

6-21

6

### 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.

## Pagbubuntis at Cocaine

*Labis na panganib ng:*

- Premature na kapanganakan
- Mababang timbang ng sanggol
- Mas maliit sa karaniwang sukat ng ulo
- Mas maliit sa karaniwang sukat ng haba
- HIV o hepatitis na virus

6-22

### 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.

## Mga Batang na Expose sa Cocaine

*Ito ang maaaring maging epekto ng cocaine sa mga batang na expose sa Cocaine:*

- Mahihirapan na pagtuunan ng atensyon ang mga gawain
- Mahihirapan na pag-isipan ang mga bagay-bagay
- Mahihirapan na matuto ng bagong impormasyon

6-23

6

### 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





## **Sesyon 7: Daan Tungo sa Recovery(1)**

7-1

### **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.

## Mga Yugto o Stages

Unang Yugto	:	<i>“Withdrawal”</i> (1-2 linggo)
Ikalawang Yugto	:	Early Abstinence” / <i>“Honeymoon”</i> (sumunod na 1 buwan)
Ikatlong Yugto	:	<i>“Protected Abstinence” /</i> <i>“the Wall”</i> (sumunod na 3-4 buwan)
Ikaapat na Yugto:		<i>“Adjustment &amp; Resolution”</i> (sumunod na 2 buwan)

7-2

### 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)

Tanong:

- *Paano nagbago ang iyong pakiramdam sa nakalipas na panahon pagkatapos mo ihinto ang paggamit ng droga?*

7-3

**Slide 7-3—Question**

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

## Unang Yugto: *Withdrawal* (1-2 linggo)

### Mga Katangian

- Physical detoxification (pagkakaalis ng droga sa katawan dahil sa paghinto sa paggamit)
- “Cravings”/Ginigiyang
- “Depression”/Pagkabalisa
- Kawalan ng lakas
- Pagkamagagalitin/Pagka-irritable
- Pagkapagod
- Hindi pagtulog “Insomnia” at sobrang oras sa pagtulog
- “Paranoia” o tamang hinala
- Problema sa memorya
- Matinding gutom

7-4

### 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.

## **Unang Yugto: *Withdrawal* (1-2 linggo)**

### Mga Kadahilanan ng Relapse o Muling Paggamit (para sa mga outpatient na programa)

- Matinding “cravings” o Giyang
- Mapanghinala/paranoya
- Labis na Kalungkutan
- Pangamba sa sintomas ng *withdrawal*
- Hindi nakaayos na oras ng pagtulog
- Magulong iskedyul
- Kalapitan sa tukso

7-5

#### **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.

## Ikalawang Yugto: “*Honeymoon*” (sumunod na 1 buwan)

### Mga Katangian

- Labis na energy at positibong pananaw at pag-asa
- Labis na kompiyansa
- Hirap sa konsentrasyon
- Patuloy na problema sa memorya
- Pag-aalala sa nadadagdag na timbang
- Masidhing mga damdamin
- “Mood swings” / Pabagobagong emosyon o damdamin
- Paggamit ng iba pang droga
- Kawalan ng kakayahang unahin ang mga gawain
- “Mild paranoia” or tamanghinala

7-6

### **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

## **Ikalawang Yugto: “Honeymoon” (sumunod na 1 buwan)**

### Mga Kadahilanan ng Pag-ulit sa paggamit ng droga (para sa mga nasa *outpatient* na gamutan)

- Pagka-pagod at *stress* dahil sa trabaho
- Pagtigil sa pakikilahok sa treatment at recovery activities
- Labis na kompiyansa sa sarili
- Paggamit ng iba pang droga o alak
- Pag-resist sa nasimulan nang pagbabago ng ugali

7-7

### **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

## Ikatlong Yugto: “*The Wall*” (sumunod na 3-4 buwan)

### Mga Katangian

- Low energy / “low bat”
- Pagkakaroon muli ng “cravings” / ginigiyang
- Pagbalik ng mga dating gawi
- Patuloy na pagbabago sa pamumuhay
- Mabuting benepisyo mula sa abstinence o paghintong gumamit ng droga
- Galit at Depresyon
- “Mood swings”
- Paranoya o paghihinala
- Magulong pag-iisip
- Pag-iisa
- Pagtaas ng timbang
- Mga pagbabago at kaguluhan sa pamilya

7-8

### 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.



## Ikatlong Yugto : “The Wall” (sumunod na 3-4 buwan)

### Mga Katangian

- Pagiging labis na emosyonal
- Pagkasira ng kaayusan sa pamumuhay
- Pagbalik ng dating gawi
- Problema sa pakikisalamuha
- Pagbaba ng abilidad na makaramdam ng kaligayahan/kasiyahan
- Kawalan ng gana o motibasyon
- Hirap sa pagtulog / Insomnya
- Sobrang pagkapagod/mababang energy/ “low bat”
- “Paranoia” o tamang-hinala
- Paggamit ng iba pang droga o alak
- Pagdadahilan ng muling paggamit ng droga

7-9

### 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.

## **Ika-apat na Yugto: “*Adjustment and Resolution*” (sumunod na 2 buwan)**

### Mga Katangian

- Pakiramdam ng may katuparan
- Patuloy ang pagbabago sa pamumuhay at pag-ayos ng relasyon

*Ang mga tao sa yugtong ito ay kailangang magbago mula sa pagkatuto ng mga bagong kasanayan patungo sa:*

- Pagpapanatili ng balanseng pamumuhay
- Pag-antabay sa mga palatandaan ng pagbalik sa dati (o senyales ng relapse)
- Pagtanggap na ang pagbabago ay habang buhay na proseso
- Pagbubuo ng mga bagong interes

7-10

### **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.

## **Ikaapat na Yugto: “*Adjustment and Resolution*” (sumunod na 2 buwan)**

### Mga panganib sa Muling Paggamit ng Droga

- Paggamit ng iba pang droga o pag-inom ng alak
- Pakiramdam na “gumaling na” at pagsasawalang bahala sa mga senyales
- Pagluluwag sa kaayusan ng Recovery
- Pakikisama muli sa mga tao na gumagamit ng droga
- Pagpapabaya sa mga gawaing makatutulong sa paggaling, pagkawala sa momentum ng paggaling
- Pagpapabaya sa ehersisyo at sa iba pang gawaing pangangalaga sa sarili

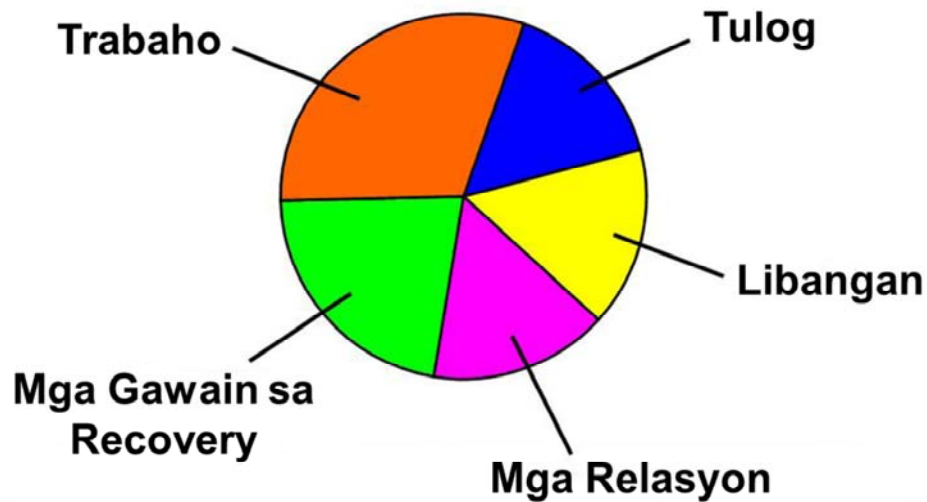
7-11

### **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.

**Ikaapat na Yugto: “*Adjustment and Resolution*”  
(sumunod na 2 buwan)**

Ang Kailangang Balanseng Pamumuhay



7-12

**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.

Tanong:

- *Bakit mahalaga ang pagkakaroon ng kaayusan sa pamumuhay sa proseso ng Recovery?*

7-13

**Slide 7-13—Question**

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

## **Nakaayos na Pamumuhay / “Structured Lifestyle”**

*“Structured Lifestyle”:*

- Nakatutulong na maiwasan ang anumang trigger/tukso
- Nagagawang konkreto ang konseptong “*one day at a time*”
- Nakababawas sa pagkabalisa
- Nalalabanan ang pamumuhay na may impluwensya ng droga
- Nagbibigay ng pangunahing pundasyon para sa recovery

7-14

### **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.

## Nakaayos na Pamumuhay / “Structured Lifestyle”

### Pundasyon ng Kaayusan

“Treatment activities”		Libangan	
12-Step/Self-Help na Pagpupulong			Paaralan
Isports/Palaro	Mga Gawain Kasama ang Mga Kaibigang Hindi Nagdodroga		
Pag-iiskedyul ng Oras			Ehersisyo
Trabaho	Mga Kaganapang Kasama ang Pamilya	Gawaing Pangkomunidad	
Ispiritwal na Gawain			“Island Building”

7-15

#### 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.

## Nakaayos na Pamumuhay / “Structured Lifestyle”

### Mga “pitfalls o bitag” sa Pag-schedule

- Hindi makatotohanang iskedyul
- Hindi balanse na iskedyul
- Mga ipinapataw na iskedyul
- Walang suporta mula sa mga mahahalagang tao
- Mga okasyon, sakit at iba pang mga pagbabago na maaaring makaapekto sa iskedyul



7-16

### 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.



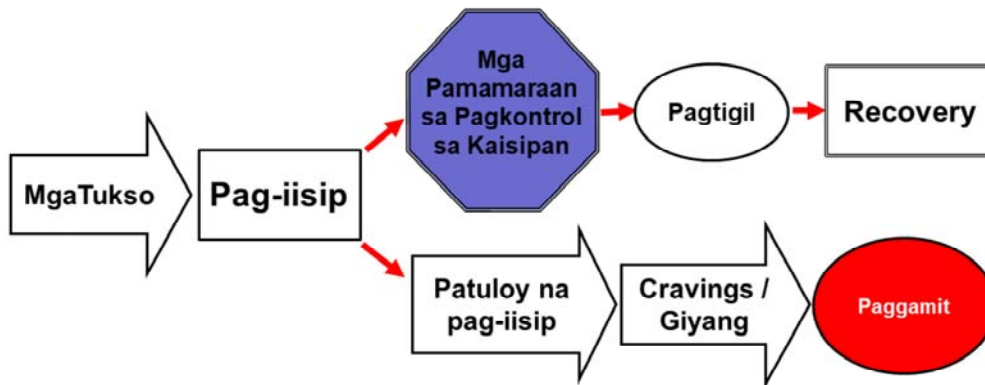
## **Sesyon 8: Daan Tungo sa Recovery(2)**

8-1

### **Slide 8-1—Roadmap for Recovery**

- We will continue to discuss the roadmap for recovery.

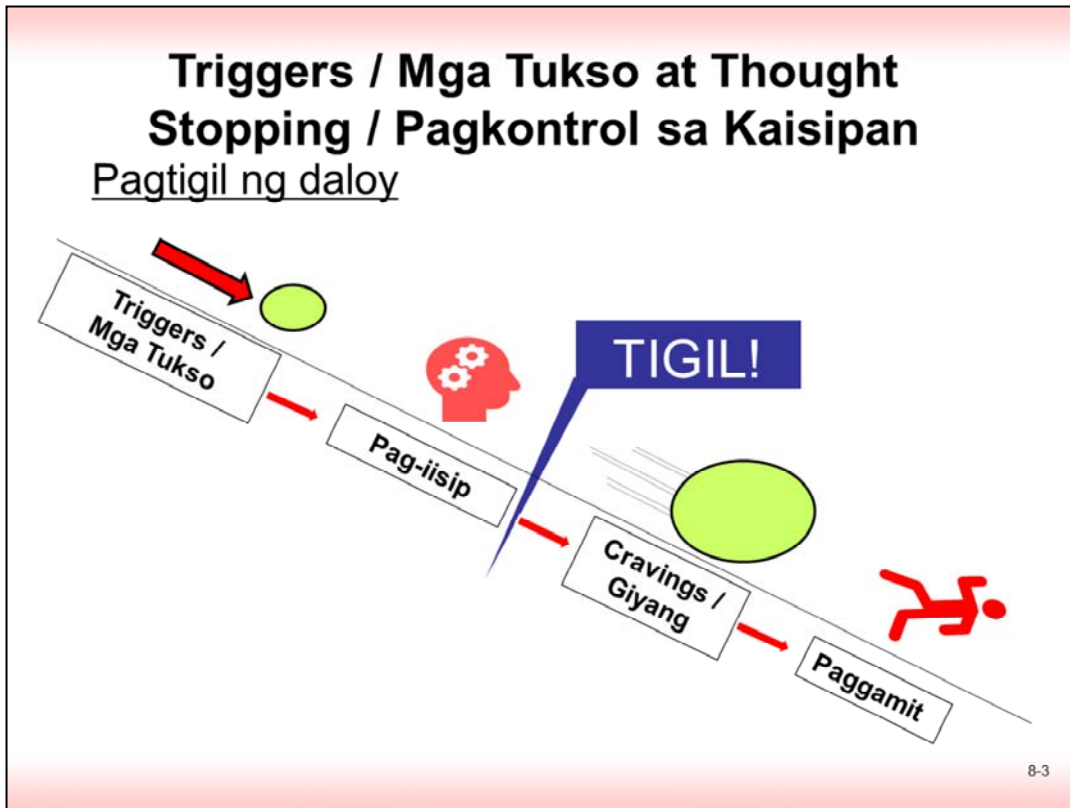
## Triggers / Mga Tukso at “Thought Stopping”/ Pagkontrol sa Kaisipan



8-2

### 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.

## **Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan**

### Mga Uri ng Triggers/Tukso

*Ang mga triggers/tukso ay may kaugnayan sa:*

- Mga Tao
- Mga Lugar
- Mga Bagay
- Mga Pangyayari o sandali o sitwasyon
- Estado ng emosyon o damdamin

8-4

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

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

## Mga Tanong:

- *Ano ang mga halimbawa ng mga tukso sa bawat kategorya na humahantong sa pag-iisip na gumamit?*
  - *Tao*
  - *Lugar*
  - *Bagay*
  - *Pangyayari / sitwasyon o sandali*
  - *Estado ng emosyon o damdamin*
- *Ano-ano ang mga pamamaraan para maiwasan ang mga tukso?*

8-5

### **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.

## Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan

### Triggers – Mga Tao

- Mga kaibigan o kapamilya na gumagamit/nagtutulak ng droga
- Mga nagtutulak/nagbebenta ng droga
- Kalungkutan dahil walang mahal sa buhay o significant others
- Partner sa drug-related sexual activity
- Mga taong nag-uusap tungkol sa paggamit ng droga



8-6

### 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

## Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan

### Triggers – Mga Lugar

- Bahay ng nagbebenta ng droga
- Mga inuman at bahay-aliwan
- Sugalan
- Mga kapitbahay na gumagamit ng droga
- Trabaho
- Mga kanto at eskinita
- Saan mang lugar na may kaugnayan sa paggamit ng droga



8-7

### 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

## **Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan**

### Triggers – Mga Gamit o Bagay

- Mga kagamitan/paraphernalia sa paggamit ng droga
- Pera/ATMs
- Pelikula/Palabas sa telebisyon tungkol sa paggamit ng droga at alak
- Lantad na erotikong babasahin/panoorin
- Mga piling tugtugin na may tema o may kaugnayan sa droga
- Sigarilyo
- Pagsusugal
- Sekondaryong droga o pag-iinom ng alak



8-8

### **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



## **Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan**

### Triggers/Mga Tukso – Pangyayari o Sandali

- Oras na walang ginagawa
- Stressful times
- Pagkatapos ng trabaho
- Mga okasyon
- Kaarawan/anibersaryo
- Araw ng pagsweldo
- Biyernes/Sabado ng gabi



8-9

### **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

## **Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan**

### Triggers – Kalagayan ng Damdamin

- Pagkabalisa
- Pagkapagod
- Pagkalumbay
- Galit
- Pagkabagot
- Pagkadismaya
- Pagkatakot
- Kalungkutan
- Pag-aalala sa nadadagdag na timbang
- Pagnanais at pangamba sa pakikipagtalik



8-10

### **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

## Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan

### Thought Stopping / Pagkontrol ng Kaisipan

- Aralin na matukoy ang “paggamit ng isip”
- Isagawa ang mga pamamaraan ng Thought Stopping:
  - Paglalarawan (Pag-iimahen) sa isip
  - Paglagitik ng lastiko
  - Pagkalma
  - Pagtawag sa ilang tao
- Paglipat sa ibang lugar



8-11

### 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.

## Triggers / Mga Tukso at Thought Stopping / Pagkontrol sa Kaisipan

### Mga Gawain o Activities PARA Maiwasan ang Triggers:

- Eherbisyo
- Pagmumuni-muni o pagdarasal
- *12-Step or Self-help Group Meetings*
- Bagong libangan
- Relihiyoso o ispiritwal na gawain
- Pagkain/pagtulog
- Mga pelikulang walang tema ukol sa Droga
- Structured o maayos na gawain at panahon



8-12

### **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.

## Sekondaryong mga Droga at Alak

*Ang paggamit ng sekondaryang droga o alak ay maaaring humantong sa muling paggamit ng Shabu sa pamamagitan ng:*

- “Cortical Disinhibition”(paghina ng bahagi ng utak)
- “Stimulant Craving Induction”
- Salungat sa pilosopiya ng *12-Step*
- “Abstinence Violation Effect”
- Panghihimasok sa mga bagong pag-uugali

8-13

### 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.

## **“Relapse Justification” / Pagdadahilan sa Muling Paggamit ng Droga**

*Ang utak ng gumagamit ng droga ay gumagawa ng dahilan o “justification” para sa ay muling gumamit.*

- Ibang tao ang nagtulak para gawin ko ‘yon.
- Kailangan ko ‘yon para sa tiyak na kadahilanan.
- Sinusubok ko ang aking sarili.
- Hindi ko ‘yon kasalanan.
- Aksidente ang nangyari.
- Masama ang pakiramdam ko.

8-14

### **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.

## Tanong:

- *Ano ang mga halimbawa ng pagdadahilan ng muling paggamit ng droga gamit ang “Ibang tao ang nagtulak para gawin ko yon”?*

### Mga Halimbawa:

- Gumamit ang asawa ko kaya...
- Ako naman ay ayos lang hanggang sa magdala siya sa bahay ng...
- Ako ay pumunta sa tabing-dagat kasama ang aking kapatid na babae at...
- Dumating ang kuya ko nang hapunan at may bitbit na ...
- Gusto kong makita muli ang aking kaibigan, at nag-alok siya sa akin ng ...

8-15

### Slide 8-15—Question

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

## Tanong:

- *Ano ang mga halimbawa ng pagdadahilan ng muling paggamit ng droga gamit ang “Kailangan ko ‘yon para sa tiyak na kadahilanan?”*

Mga halimbawa:

- Ako ay tumataba na ulit at kailangan kong kontrolin ang aking timbang, kaya ako...
- Hindi ko makamit ang lakas na kailangan ko nang walang...
- Hindi ako makapag-saya nang walang...
- Ang buhay ay nakakabagot nang walang...
- Hindi ako kumportable sa pakikipag-usap o pakikipagkilala sa ibang tao nang walang...

8-16

### **Slide 8-16—Question**

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



## Tanong:

- *Ano ang mga halimbawa ng pagdadahilan ng muling paggamit ng droga gamit ang “Sinusubok ko ang aking sarili?”*

### Mga halimbawa:

- Gusto kong makita kung mas magiging mainam ngayong ako'y matagal-tagal nang malinis
- Gusto kong makita ang aking mga kaibigan, at mas matatag na ako ngayon
- Kailangan ko ng kaunting pera at naisip kong magbenta ng ilan nang hindi gumagamit
- Gusto kong makita kung makakagamit ako nang kaunti at makatitigil din
- Gusto kong makita kung kaya ko ang mapaligiran no'n at makayanan na tumanggi
- Akala ko makakapag-inom ako nang hindi gumagamit

8-17

### **Slide 8-17—Question**

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

## Tanong :

- *Ano ang mga halimbawa ng pagdadahilan ng muling paggamit ng droga gamit ang "Hindi ko 'yon kasalanan?"*

Mga halimbawa:

- 'Yon ay malapit na sa aking buwanang dalaw, at ako ay nalumbay
- Ako ay nagkaroon ng alitan sa aking asawa
- Nakukulitan ako sa aking mga magulang
- Ang asawa ko ay malapit sa ibang tao
- Ang panahon ay mapanglaw
- Balak ko lang na humithit at...

8-18

### **Slide 8-18—Question**

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

## Tanong:

- *Ano ang mga halimbawa ng pagdadahilan ng muling paggamit ng droga gamit ang “Aksidente ang nangyari?”*

Mga halimbawa:

- Ako ay nasa inuman, at may nag-alok sa akin ng Shabu
- Ako ay nasa trabaho, at may ibang taong nag-alok ng...
- May nakita akong ilan sa aking kotse.
- Ako ay nanood ng pelikula tungkol sa...
- Tumawag ang isang kaibigan para kumustahin ako. Nag-uusap kami at nagdesisyong magkita

8-19

### **Slide 8-19—Question**

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

## Tanong:

- *Ano ang mga halimbawa ng pagdadahilan ng muling paggamit ng droga gamit ang “Masama ang pakiramdam ko?”*

### Mga halimbawa:

- Nakakabagot ang buhay, maigi pang gumamit ako.
- Ako ay nalulugmok, kaya...
- Hindi maayos ang aking trabaho at ako'y nadidismaya, kaya...
- Naaawa ako sa sarili ko, kaya ako'y...
- Ang paggaling ay sadiyang napakahirap.

8-20

### **Slide 8-20—Question**

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

## **Sesyon 9: Ang Pamilya at Recovery (1)**

9-1

### **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.

## Sino ang Bumubuo sa Pamilya?

- Miyembro ng iyong “immediate family” (magulang, mga kapatid, kabiyak, mga anak)
- Pinalawak (*extended*) na pamilya
- Mga kaibigan
- Mga kasamahan sa trabaho
- Mga mentor
- Sinumang sumusuporta sa pagpapagaling

9-2

### 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.

## **Tanong:**

- Sagutin ang mga sumusunod na pangungusap ay TAMA o MALI.
  1. *Ang Shabu ay isang kemikal. Ang pagkalulong ay dulot ng pagtugon ng katawan sa kemikal.*
  2. *Ang pagkalulong ay isang uri ng maling gawain at hindi isang medical na problema.*
  3. *Ang pagkalulong ay kayang mapagtagumpayan sa pamamagitan ng kagustuhan.*

9-3

### **Slide 9-3—Question**

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

## Ano ang Pagkalulong?

- Ang pagkalulong ay isang pisikal at emosyonal na proseso na nangyayari sa utak ng isang tao.
- Ang pagkalulong ay isang sakit na medikal.
- Hindi kapakipakinabang sa isipin na ang pagkalulong ay nakabase lang sa personal na kapasidad, lakas ng kalooban at moralidad ng isang tao.

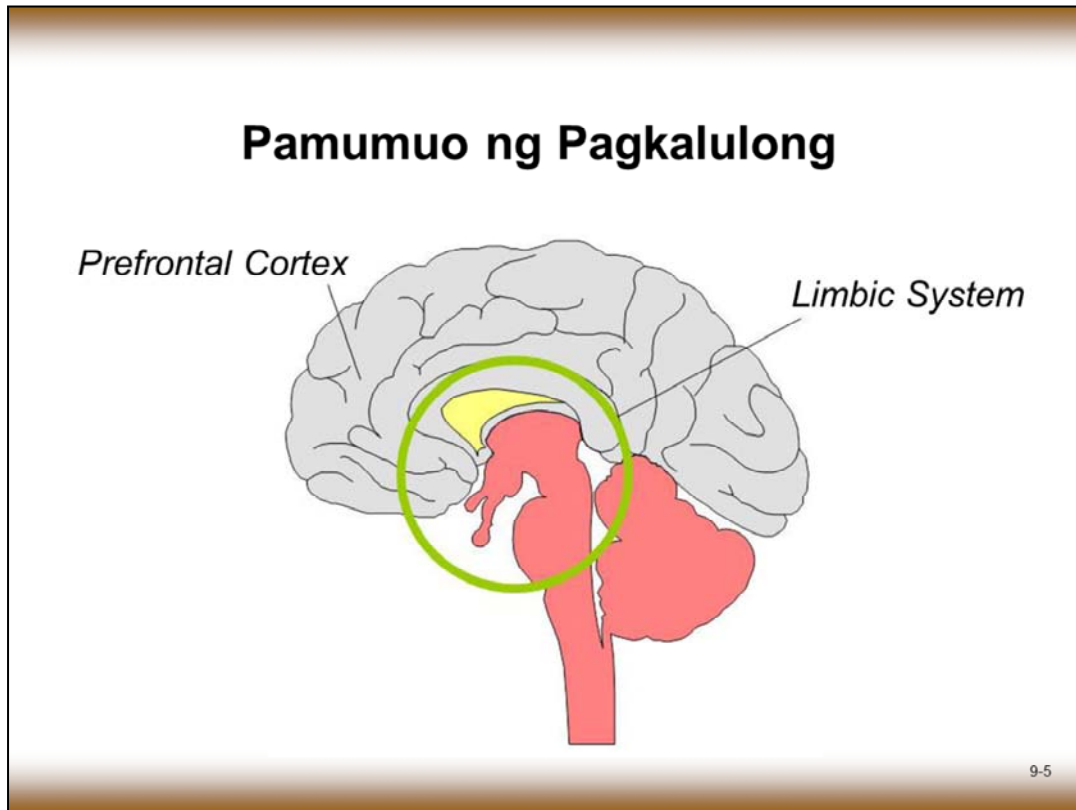
9-4

### 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.



## Pamumuo ng Pagkalulong

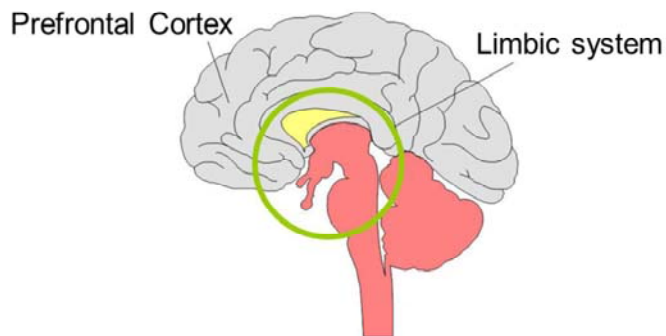


### Slide 9-5—Development of Addiction

- 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.

## Pamumuo ng Craving Response o “Giyang”

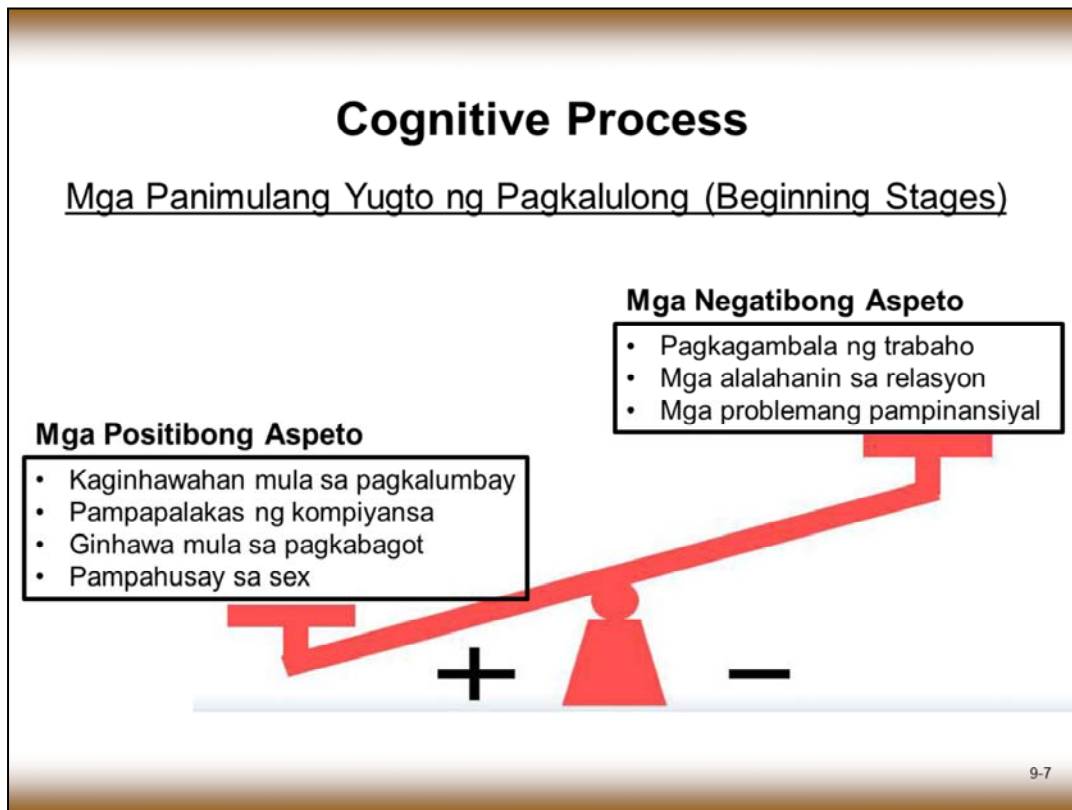
- Pangkaisipang proseso—*Prefrontal cortex*
- Pangkasanayang proseso—*Limbic system*
- Hindi mapigilang pag-iisip



9-6

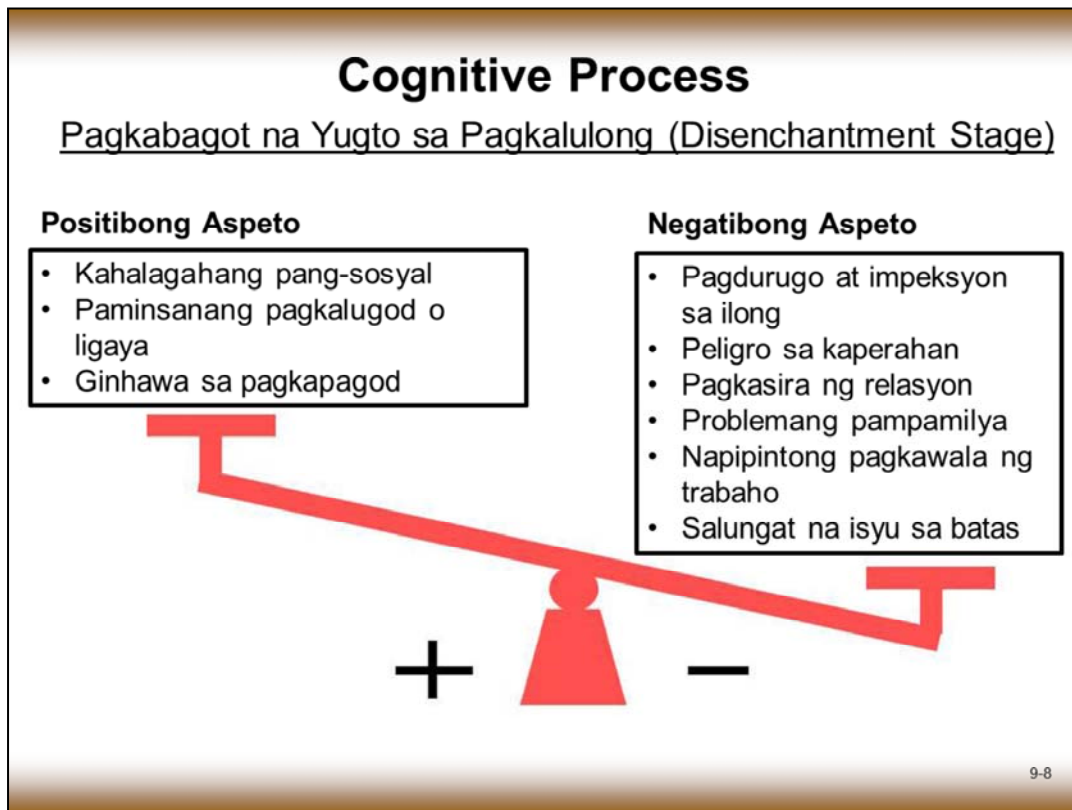
### Slide 9-6—Development of the Craving Response

- 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)

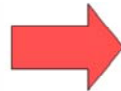
- The person who continues to use Shabu eventually becomes disenchanting, as the negative consequences of Shabu use clearly outweigh the positives.
- Some people are able to stop using when it becomes apparent that Shabu use is damaging their lives. Those who can't stop are addicted.
- A powerful hunger 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.

## Conditioning Process

Mula sa Mild to Moderate Mental Connection (sa pagitan ng Shabu at sarap ng tama)

### **Mga Tukso**

- Mga kasiyahan
- Biyernes ng gabi
- Mga kaibigan
- Labis na pera
- Intimate na mga sitwasyon
- Pagkalumbay
- Labis na paghihinala / paranoya
- Pagdagdag ng timbang



### **Mga Tugon**

- Pag-iisip ng Shabu
- Banayad na pisyolohikal na tugon
- Sabik na pag-asa sa paggamit
- Pananabik sa napipintong paggamit
- Paminsan-minsang paggamit

9-9

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

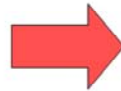
- While the cognitive process is taking place in the prefrontal cortex, a parallel progression of events takes place in the limbic system of someone who is using Shabu. This is the conditioning process.
- Conditioning is a type of learning that occurs by association. Every time people take Shabu, they 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.

## Conditioning Process

Strong Mental Connection (sa pagitan ng Shabu at sarap ng tama)

### **Mga Tukso**

- Mga Huling araw ng Linggo
- Mga Kaibigan
- Stress o tensyon
- Pagkabagot
- Pagkabalisa
- Kawalan ng trabaho
- Pagkalungkot



### **Mga Tugon**

- Patuloy na pag-iisip ng Shabu
- Malakas na pisyolohikal na udyok
- Malakas na pananabik
- Madalas na paggamit

9-10

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

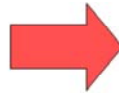
- As the mental connection between Shabu and the pleasure it produces grows stronger, things other than the drug itself increasingly trigger craving, and the craving becomes stronger.
- A person who continues using Shabu will feel a strong physical response to Shabu.
- In the later stages of addiction, 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.

## Conditioning Process

Overpowering Mental Connection(sa pagitan ng Shabu at sarap ng tama)

### **Mga Tukso**

- Anumang damdamin
- Araw
- Gabi
- Kawalan ng Trabaho
- Trabaho



### **Mga Tugon**

- Hindi mapigilang pag-iisip tungkol sa Shabu
- Malakas na pagtugon
- Matinding pananabik/giyang
- Awtomatikong paggamit

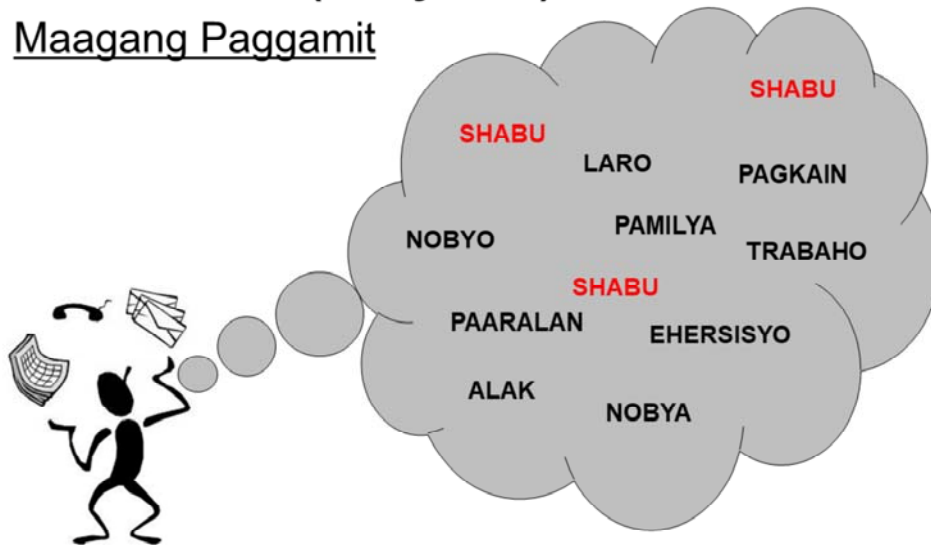
9-11

### 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.

## Development of Obsessive Thinking (Early Use)

### Maagang Paggamit

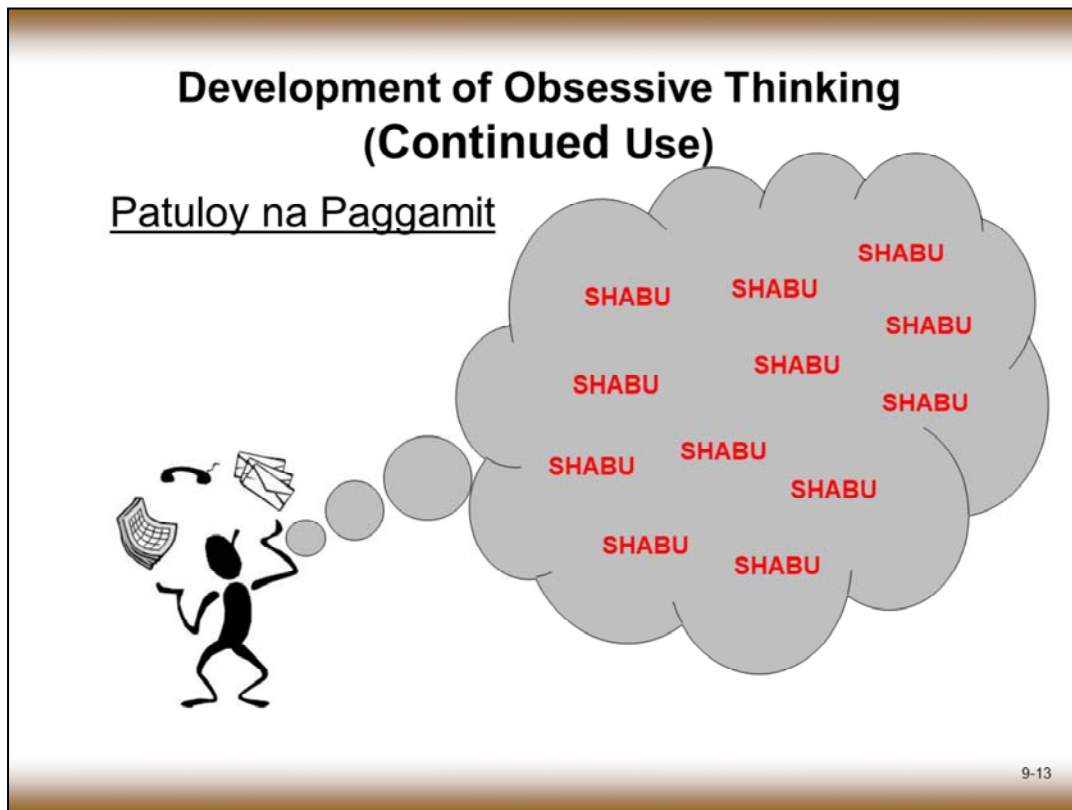


9-12

### 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.

## **Progressive Phases of Addiction**

1. “Introductory” / Panimulang bahagi
2. “Maintenance” / Pagpapanatili na bahagi
3. “Disenchantment” / Pagkabagot na bahagi
4. “Disaster” / Kasawian o Kabiguan

9-14

### **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

### **Tanong:**

- *Ano ang karaniwang tugon sa kapamilya na gumagamit ng Shabu sa “Introductory at Disaster” phases ng addiction?
  - Sa pagkakataong napag-alaman ng kaniyang kapamilya ang kaniyang problema sa pagkalulong
  - Pagkatapos siyang tuluyang mapag-ibabawan na ng pagkalulong*

9-15

### **Slide 9-15—Question**

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

## Tugon ng Kapamilya sa Paggamit ng Shabu

### Panimulang Bahagi (Introductory Phase)

- Walang kamalayan sa problema
- Kalituhan sa panaka-nakang hindi pangkaraniwang pag-uugali
- Pagkabahala sa minsang kapabayaang mga responsibilidad at obligasyon

9-16

### **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.

## Tugon ng Kapamilya sa Paggamit ng Shabu

### Pagpapanatili na bahagi (Maintenance Phase)

- May kamalayan na sila tungkol sa addiction problema
- Ang pagtatangkang solusyonan ay panandalian lamang dahil ang totoong problema ay nasa epekto ng paggamit ng droga
- May pag-ako sa lahat ng responsibilidad
- May pagsangguni o paghingi ng tulong sa ibang tao
- Pagbibigay ng tulong pinansyal

9-17

### 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.

## **Tugon ng Kapamilya sa Paggamit ng Shabu**

### Pagkabagot na bahagi (Disenchantment Phase)

- Galit at sumusuko na sa paglutas sa problema
- Pagsasawalang bahala sa nangyayari
- Paninisi sa taong gumagamit at sa ibang miyembro ng pamilya
- Inuusig ng konsensiya at kahihyan
- Kawalang tiwala
- Nakakaramdam na ng “guilt at shame” dahil sa nangyayari at di nila makontrol ang sitwasyon

9-18

### **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.

## Tugon ng Kapamilya sa Paggamit ng Shabu

### Pagkasawi na Bahagi (Disaster Phase)

- Hiwalayan
- “Coping” sa pamamagitan ng pagkilos at pag-iisip para lamang mapanatili ang kapayapaan sa pamilya – kahit hindi na “healthy” para sa kanila
- Kabiguan at kawalan ng pag-asa
- Ang mga anak ay apektado, maaaring hindi magkaroon ng “healthy relationships” sa kanilang buhay

9-19

### **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.

## **Benepisyo na kasama ang Pamilya**

- Ang pakikilahok ng kapamilya ay naiuugnay sa mas mahusay na pagsunod sa gamutan at kahihinatnan.
- Ang pamilya ay nagkakaroon ng mas malinaw na pagkaunawa tungkol sa paggaling.
- Ang kapamilya at ang taong nagpapagaling ay may pang-unawa sa kaniya-kaniyang responsibilidad at hangarin.
- Ang kapamilya at ang taong nagpapagaling ay nakatatanggap ng suporta habang nagpapagaling.

9-20

### **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.



*Sayko-Edukasyon para sa mga Pasiyente at sa Miyembro ng Pamilya*

## **Sesyon 10: Ang Pamilya at Recovery (2)**

10-1

### **Slide 10-1—Families and Recovery (2)**

- We will continue to discuss families and recovery.

## Recovery Stages / Mga Yugto sa Recovery

Unang Yugto	:	<i>“Withdrawal”</i> (1-2 linggo)
Ikalawang Yugto	:	<i>“Honeymoon”</i> (sumunod na 1 buwan)
Ikatlong Yugto	:	<i>“The Wall”</i> (sumunod na 3-4 buwan)
Ika-apat na Yugto:		<i>“Adjustment and Resolution”</i> (sumunod na 2 buwan)

10-2

### 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.

**Tanong:**

- *Paano mailalarawan ang “Withdrawal” na yugto (Unang 1-2 linggo na abstinent sa droga)?*

10-3

**Slide 10-3—Question**

- Ask participants how the Withdrawal stage is characterized.

## Withdrawal

- Tumatagal nang isa hanggang dalawang linggo
- "Cravings" / Giyang at Depresyon
- Mababang enerhiya, hiras sa pagtulog, maganang kumain at hiras sa konsentrasyon, labis na paghinga, pagkabawas ng timbang, lagnat, impeksyon, guni-guni, ilusyon at pagkalito.

10-4

### 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.

**Tanong:**

- *Paano mailalarawan ang “Honeymoon Stage”?*

10-5

**Slide 10-5—Question**

- Ask participants how the Honeymoon stage is characterized.

## Honeymoon

- Tumatagal nang halos isang buwan pagkatapos ng *Withdrawal* na yugto.
- Mataas na enerhiya o sigla, sigasig, at optimismo.
- Ang mga tao ay nakakaramdam na sila ay “nagamot na” kapag naabot na nila ang yugtong ito.

10-6

### 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.

**Tanong:**

- *Paano mailalarawan ang The Wall (pagkatapos ng 3 hanggang 4 na buwan) na yugto?*

10-7

**Slide 10-7—Question**

- Ask participants how the Wall stage is characterized.

## The Wall

- Tumatagal nang halos tatlo hanggang apat na buwan kasunod ng *Honeymoon* na yugto
- Pinakamahirap at pinakamahabang yugto sa Recovery
- Pagkalumbay at pagka-irritable
- Hirap sa konsentrasyon
- Mababang lakas at kawalan ng sigasig
- Mataas na panganib sa pag-ulit sa paggamit ng droga

10-8

### 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.



**Tanong:**

- *Paano mailalarawan ang Readjustment (pagkatapos ng 2 o higit pa na Buwan) na yugto?*

10-9

**Slide 10-9—Question**

- Ask participants how the Readjustment stage is characterized.

## Readjustment Stage

- Tumatagal nang dalawang buwan o higit pa pagkatapos ng *The Wall Stage*
- Ang taong nagpapagaling at ang kanyang pamilya ay nagsisimula na makabalik sa kanilang karaniwang pamumuhay.
- Pagkatapos ng mahabang abstinence, ang taong nagpapagaling at ang kanyang pamilya ay nagsisimulang ayusin ang mga problema sa asawa, sa damdamin, at ng mga sikolohikal na isyu na sa huli ay magpapatibay sa pamilya

10-10

### 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.

## **Mga Layunin sa *Withdrawal*** (Para sa taong nasa Recovery)

### *Ang taong nagpapagaling*

- Paghinto ng paggamit ng Shabu
- Matutunan ang mga pamamaraan para maiwasan ang Giyang at pagbalik sa muling paggamit ng droga o relapse

### *Mga miyembro ng pamilya*

- Magdesisyon na maging parte ng proseso ng recovery
- Makilala na ang pagkalulong ay isang medikal na kondisyon

10-11

### **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.

## **Mga Layunin para sa Honeymoon Stage** (Para sa nasa Outpatient Program)

*Ang taong nasa recovery:*

- Mapabuti ang kalusugan ng pangangatawan
- Matukoy ang mga personal na tukso at mga pagdadahilan sa pag-ulit sa paggamit ng droga
- Magamit ang mga tukoy na istratehiya para manatili sa abstinent

*Mga miyembro ng pamilya*

- Magtrabaho upang masuportahan ang recovery
- Malaman at mapigil ang mga bagay o sitwasyon na maaaring maging trigger/s para gumamit ng droga ang kapamilyang nasa recovery

10-12

### **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.

## **Mga Layunin para sa *The Wall*** (para sa mga taong nasa Outpatient Program)

### *Ang taong nasa recovery:*

- Mapanatili ang matatag na “abstinence” mula sa lahat ng droga
- Maayos ang mga mahahalagang relasyon
- Mabuo ang ibayong suporta sa labas ng treatment center
- Matukoy at mapaglaban ang mga peligrosong damdamin o pakiramdam

### *Mga miyembro ng pamilya*

- Mapagdesisyunan ang pakikipag-ayos
- Magsimulang hanapin ang paraang mapabubuti ang kani-kanilang buhay
- Maisabuhay ang wastong pakikipag-usap

10-13

### **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.

## Mga Layunin para sa Muling Pagsasaayos o Readjustment

*Ang taong nasa recovery:*

- Masabaybayan ang mga yugto ng matagumpay na recovery.
- Matukoy ang mga palatandaan ng muling pagbalik sa dati at mapaghandaan ang mga itutugon
- Mabigyang linaw ang mga bagong gampanin sa maayos at makabuluhang relasyon
- Magtalaga ng mga layunin sa tuloy-tuloy na bagong pamumuhay pagkatapos ng programang gamutan

*Mga miyembro ng pamilya*

- Matanggap ang mga hangganan sa pamumuhay kasama ang taong nagpapagaling
- Mabuo ang pansarili, matiwasay, at balanseng pamumuhay
- Masabaybayan ang sarili ukol sa muling pagbabalik ng dating ugali
- Magpasensya sa proseso ng gamutan o recovery.

10-14

### 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.

## Mga Pangunahing Isyu para sa mga Tao na nasa Recovery

- Mga external triggers na kaugnay sa paggamit ng Shabu
- Mga pangkapaligiran o panlabas na hudyat o tukso na kaugnay sa paggamit ng Shabu
- Masidhing “cravings”/Giyang
- Matagal na “Abstinence”—“The Wall” (para sa mga nasa Outpatient na program)
- Koneksyon sa pagitan ng Shabu at pakikipagtalik
- Pagkabagot

10-15

### 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.

## Mga Pangunahing Isyu Para sa Kapamilya

*Ang mga karaniwang problema bago pa man bumalik sa dating paggamit para sa mga kaanak ay:*

- Pangambang manumbalik ang taong nasa recovery sa dating paggamit niya ng Shabu
- Takot na mapag-isa
- Kakulangan ng pansariling hangarin at interes
- Kawalan ng kakayanang maging responsible sa taong nagpapagaling

10-16

### 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.



*Sayko-Edukasyon para sa mga Pasiyente at sa Miyembro ng Pamilya*

# Sesyon 11: Marijuana

11-1

## **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.

## **Ang Kahalagahan ng “Total Abstinence”**

- Upang maging matagumpay ang recovery, kailangan ang “total abstinence”. Nangangahulugan na kailangan ihinto ang paggamit ng lahat ng illegal na droga, at pati alak.

11-2

### **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.

### **Mga Tanong:**

- *Ano ang alam mo tungkol sa Marijuana?*
- *Ang Marijuana ba ay hindi nakapipinsala?*

11-3

#### **Slide 11-3—Question**

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

## **Ang Marijuana ba ay hindi nakapipinsala?**

- Ang Marijuana ay ang pinakatalamak na illegal na droga sa buong mundo, kaya marami ang naniniwala na ito ay hindi delikado o peligroso.
- Ang paggamit ng Marijuana ay nakakaapekto sa halos lahat ng bahagi ng Sistema ng katawan. Maaari nitong maapektuhan sa negatibong pamamaraan ang pag-aaral, trabaho at personal na buhay ng isang tao.

11-4

### **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.

## Ano ang Marijuana?

- Ang Marijuana ay ang pinaghalong pinatuyong bahagi ng halaman na Cannabis Sativa. Ito ay kadalasang galling sa dahoon, sanga, bulaklak, o buto ng nasabing halaman.
- Ito ay madalas na hinihithit.
- Ang purong uri nito ay tinatawag na *Hashish* o *Hash Oil*.

11-5

### 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.

## Medikal na Marijuana

- Sa ibang bansa, ang Marijuana ay ginagamit sa panggagamot ng mga:
  - Kawalan ng paningin dahil sa glaucoma
  - Pagkahilo na nararanasan ng mga nagpapagamot sa sakit na AIDS at Kanser
  - Ang sakit na “Multiple Sclerosis”

11-6

### 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

## Aktibong Sangkap

- Ang aktibong sangkap ng marijuana ay tetrahydrocannabinol (THC). Ito ang responsible sa masarap na tama o “high” na binibigay ng marijuana.
- Sa nakalipas na dalawang dekada, tumaas ng tatlong beses ang THC ng marijuana, ibig sabihin ay tatlong beses na mas malakas ang tama na binibigay ng marijuana sa ngayon kumpara noon.

11-7

### 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.

## Short-Term Effects

### Habang may 'tama' (1-3 oras)

- Kalmado, masayang pakiramdam
- Pagbilis ng tibok ng puso
- Mahinang balanse at koordinasyon
- "Slow reaction time"
- Pagkabagabag
- Gulat o panic

### Pagbaba ng 'tama'

- Pagiging antukin
- Pagkalumbay
- Pagkabalisa
- Kawalang Tiwala

11-8

### 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.



## Long-Term Effects

- Ang Marijuana ay maaaring magkaroon ng mahaba o matagal na epekto sa memorya at pag-aaral
- Nakakapagpababa ng grado at nakaka-abala sa paggawa sa trabaho
- Nagdudulot ng malimit na problema sa trabaho tulad ng aksidente, pagliban, hindi pagpasok sa tamang oras, at pagkawala ng trabaho.

11-9

### 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.

## Panganib ng Kanser

- Ang paghihithit ng Marijuana ay mas mapanganib kaysa sa paninigarilyo.
- Ang Marijuana ay nauugay sa kanser sa ulo at leeg.
- Kumpara sa usok ng sigarilyo, ang usok ng Marijuana ay 5x na may mas maraming “tar” at “carbon monoxide” at may hanggang 70% na “carcinogens”

11-10

### 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.

## **Panganib ng Impeksyon at Sakit**

- Pinapahina ng THC ang “Immune System” ng isang tao na nakakaapekto upang labanan ang anumang impeksyon at sakit.

11-11

### **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.

## Marijuana at Pagmamaneho

- Ang Marijuana ay isa sa dahilan ng maraming aksidente at pagkamatay sa kalsada
- Ang koordinasyon at “reaction time” ng driver na gumagamit ng marijuana ay nananatiling mahina kahit nawala na ang “high” o tama ng marijuana.

11-12

### 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.

## **Marijuana at Pagbubuntis**

*Ang paggamit ng Marijuana habang nagbubuntis ay humahantong sa:*

- Mababang timbang ng sanggol
- Mga problema sa pag iisip ng sanggol

11-13

### **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.

## Pagkalulong sa Marijuana

- Ang mga tao ay maaring malulong sa Marijuana.
- Ang katotohanan ay ito ay labis na nakaka-adik at ang lahat ng adik ay naapektuhan ang kanilang pamilya, pag-aaral, trabaho at lahat ng importanteng aspeto sa buhay mo.
- Senyales ng *Withdrawal*:
  - Giyang
  - Pagkabalisa
  - Pagka-irritable at pagiging magagalitin
  - Hirap sa pagtulog

11-14

### 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.

## **Marijuana at Muling Paggamit ng Droga**

- Ang mga taong nag rerecover sa paggamit ng Shabu o Cocaine subalit patuloy pa din na gumagamit ng marijuana ay may dalawa hanggang tatlong beses na posibilidad na mas mataas na relapse rate na gumamit muli ng Shabu o kaya Cocaine.

11-15

### **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.

## **Marijuana at ang mga Pamilya**

- Ang isang tao ay maaaring gumamit ng Marijuana bilang kanyang paraan para maiwasan ang problema sa pamilya.
- Ang paggamit ng Marijuana ay may malaking ambag sa pagkasira ng personal na buhay at buhay ng pamilya.

11-16

### **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.



*Sayko-Edukasyon para sa mga Pasiyente at sa Miyembro ng Pamilya*

## **Sesyon 12: Opioids at Club Drugs**

12-1

### **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.

## **The Importance of Total Abstinence**

- Ang “abstinence” sa droga o kemikal na nakakaapekto sa utak – maging alak at Marijuana ay lubos na nakakapagpataas ng posibilidad na maging matagumpay ang Recovery

12-2

### **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.

### **Mga Tanong:**

- *Ano ang alam mo tungkol sa opioids?*
- *Ano ang alam mo tungkol sa heroin?*

12-3

#### **Slide 12-3—Questions**

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

## Ano ang mga Opioids?

- Mga halimbawa ng opioids ay:
  - Heroin (natural na opioid)
  - Morphine (natural na opioid)
  - Meperidine (processed opioid)
  - Oxycodone (processed opioid)
- Ang opioids ay grupo ng mga droga na ang aksyon ay sa “opiate receptors” sa utak.
- Ang opioids ay mabisang panggamot or pangtanggap ng kirot o “pain” at naiibsan ang pagkabalisa dulot ng kirot o “pain”
- Ang opioids dahil nagdudulot ito ng pakiramdam na sobrang saya (“rush”).

12-4

### Slide 12-4—What Are Opioids?

- There are natural opioids (e.g. heroin, morphine) and synthetic opioids (e.g. meperidine, oxycodone). Natural 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.”

## Mga Epekto ng Opioids sa Katawan

- Ang paggamit o pagkonsumo ng opioids ay nagdudulot ng
  - Pagliit ng *pupil*
  - Pamumula ng balat
  - Mabigat na pakiramdam sa mga binti't braso
- Ang “rush” ay sinusundan ng pagkahilo, pagkaantok na tumatagal nang ilang oras.
- Ang paghinga at ang pulso ay bumabagal sa sandaling ito.

12-5

### 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.

**Tanong:**

- *Ano ang 'tolerance' sa droga?*

12-6

**Slide 12-6—Question**

- Ask participants about tolerance to drugs.

## Opioids at Tolerance

- Pataas ng pataas na pagkunsumo ang kailangan para makamit ang gusting epekto ng Opioids. Ito ay tinatawag na “Tolerance”.
- Sa kalaunan, ang drogang ito ay kinokonsumo para lamang maiwasan ang withdrawal, hindi na para makaramdam ng ‘tama’ o high.

12-7

### 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.

**Tanong:**

- *Ano ang “Pagkasugapa/dependence” at “pagkalulong” o “addiction” sa mga droga? Paano ito nagkakaiba?*

12-8

**Slide 12-8—Question**

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



## **Pagkasugapa “dependence” at Pagkalulong o “addiction” sa Opioids**

- Ang paulit-ulit na paggamit ng Opioids ay humahantong sa pagkasugapa/dependence at pagkalulong o addiction.
- Ang “pagkasugapa/dependence” ay sanhi o pinagmumulan ng withdrawal symptoms kapag itinigil ang paggamit ng droga.
- Ang “pagkalulong” ay nilalarawan ng “cravings”/giyang sa droga at di mapigilang paggamit nito sa kabila ng mga pinsalang dulot nito.
- Ang mga taong gumagamit ng opioids na nireseta upang maibsan ang sakit/“pain” ay maaaring maging sugapa ngunit bihirang naaadik

12-9

### **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.

## ***Withdrawal* mula sa Opioids**

- Ang *withdrawal* ay nagaganap kapag ang taong sugapa sa opioids ay biglaang tumigil
- Mga sintomas ng *withdrawal*: Matinding pananakit ng kalamnan at buto, hirap sa pagtulog, pagtatae, pagsusuka at panlalamig.
- Ang *withdrawal* ay tinatayang umaabot nang hanggang isang linggo.
- Ang *withdrawal* mula sa mga opioids ay maaaring makamamatay, ngunit bihira ang kamatayan sa mga malulusog na adults.

12-10

### **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.

## **Pag-abuso sa Niresetang Opioids**

*Ang mga nangungunang niresetang opioids na inaabuso ng mga tao ay:*

- Morphine
- Meperidine
- Nalbuphine (Nubain)

12-11

### **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.

## Heroin

- Ang Heroin ay kulay puti na pulbos.
- Madalas nitong kahalo ang ibang sangkap (asukal at arina) at maging ang lason na (strychnine).
- Madalas itong hinihithit, nilalanghap, o tinuturok.
- Nagsisimula sa paghithit at paglanghap na madalas ay humahantong sa pagtuturok ng droga.

12-12

### 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.

# Heroin

## Mga Panganib

- Ang hindi mapigilang pagnanais na bumili at gumamit ng Heroin ay humahantong sa kapabayaang ng tao sa mga aspeto ng kanyang buhay.
- Ang kapabayaang ito ay humahantong sa pagbaba ng timbang, pagkakasakit, problema sa pera, mga kriminal na gawain, at problema sa tahanan at pamilya.
- Ang labis na paggamit o “Overdose” ay ang madalas na pinagmumulan ng panganib na dulot ng Heroin.

12-13

### **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.

# Heroin

## Panganib na Sakit

- Ang pagtuturok ng droga ay isa sa mga dahilan ng pagkakaroon ng sakit na HIV at ng Hepatitis C.
- Ang pagtuturok ng heroin ay humahantong sa:
  - Pagkasira ng mga ugat
  - Pagbabara sa daluyan ng dugo
  - Impeksyon sa puso at daluyan ng dugo
  - Pulmonya
  - Tuberculosis
  - Sakit sa atay o bato

12-14

### **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

**Tanong:**

- *Ano ang alam mo tungkol sa mga “Club Drugs”?*

12-15

**Slide 12-15—Question**

- Ask participants about anything they know about club drugs.

## Ano-ano ang mga Club Drugs?

- Kasama sa *club drugs* ay ang mga drogang ginagamit sa inuman at mga kasiyahan, lalo na ng mga estudyante sa sekondarya at kolehiyo.
- Halimbawa ng club drugs ay ang:
  - MDMA (“Ectasy”)
  - LSD
  - Ketamine
  - GHB
  - Rohypnol
- Maraming tao ang may maling paniniwala na ang mga club drugs ay ligtas gamitin.

12-16

### 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 “Ectasy”), 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.



## MDMA o “Ecstasy”

- Ang Ecstasy ay nagdudulot ng pagbilis ng tibok ng puso at presyon ng dugo, pagkahilo, kawalan ng ganang kumain at pagngingitngit ng ngipin.
- Ang Ecstasy ay nagdudulot din ng pagtaas ng enerhiya, pagnanais ng biswal na estimulasyon at mataas na kamalayan at pagtugon sa impormasyon ng pandama.
- Pagkaraan ng unang ragasa, nakararanas ng kalmado, at positibong pakiramdam na tumatagal nang 3-6 oras
- Pinapataas ng Ecstasy ang temperatura ng katawan sa peligrosong lebel (42 degrees C).
- Pinapatay ng Ecstasy ang mga “nerve cells” sa utak ng isang tao.
- Ipinakikita ng mga pag-aaral sa mga hayop na ang pinsala ay tinatayang nagtatagal at hindi nagagamot sa loob ng 7 taon.

12-17

### 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.





