A Tool Kit for:

Building Capacity for Community-based Treatment and Continuing Care of Young Drug Users in the Greater Mekong Subregion
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Section Seven

Relapse Prevention Planning

This section illustrates how relapse prevention plans can be developed. Most material in this section comes from the Ted Noffs Foundation (2006) and PSI, Kunming (2005).
1. Introduction

Planning for lapses and relapse is a crucial part of working with anyone who has experienced substance use-related difficulties. It is better to start to do “relapse prevention planning” from the first counselling session, in case the young person is tempted or wants to use drugs again almost immediately.

For example, it can be useful to make a Short-term Relapse Prevention Plan in such cases, and for those about to leave a compulsory residential treatment centre.

The Longer-term Relapse Prevention Plan can be developed after the young person has settled. The plan can be reviewed and changed as necessary in future sessions when discussion takes place about what worked well, what was “OK”, and what did not work at all so that a better plan can be developed.

Relapse Prevention Plans can also be developed in groups where the groups help an individual develop a realistic Relapse Prevention Plan, or all the participants work on their own plans with guidance from the facilitator and assistance from other group members if they wish.

What follows are examples of Relapse Prevention Plan, including one for Noy.
2. Example of a relapse prevention plan tool

My *Relapse Prevention Plan* for managing my _[type of drug]_ use is as follows;

### EARLY WARNING SIGNS

<table>
<thead>
<tr>
<th>Early warning sign</th>
<th>Thoughts and feelings</th>
<th>Coping strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g., getting bored</td>
<td>I want some fun</td>
<td>Think – I can find something good to do without drugs. Go to youth centre and maybe talk to peer educator/counsellor.</td>
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### HIGH RISK SITUATIONS

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Coping strategy</th>
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<tbody>
<tr>
<td><strong>People</strong> e.g., – Zhong</td>
<td>Tell Zhong you are busy and have to get home or to see peer educator.</td>
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<tr>
<td><strong>Places</strong> e.g., – at club</td>
<td>Go with good friend who does not use drugs. Go to the youth centre.</td>
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</table>
| **Thoughts** e.g., – no one understand me or just use one more time | Remember how many changes you have made, feel proud and look at photos of good drug-free times. Talk to peer educator/counsellor.  
Not worth it – remember what happened when I got arrested. |
| **Feelings** e.g., – sad and lonely | Listen to music, talk to friend. Talk to peer educator/counsellor. |
| **Situations** e.g., – fight with girlfriend and parents | Think – I have learned how to be calm and negotiate. I must try to do that NOW. Go to youth centre to join in fun activities, and maybe talk to peer educator/counsellor. |
# SUPPORT PEOPLE

<table>
<thead>
<tr>
<th>Person</th>
<th>Contact details</th>
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Name: _____________  Date: ___________
BACK-UP PLAN

If any lapses occur before... (a date when plan is due for review) I will:

(1) Think of the experience in a positive and constructive way and understand that a lapse is not a total relapse. I will avoid letting it get me down or letting it undermine my efforts to manage my drug and alcohol use.

(2) I will inform __________ of my lapse and seek their support.

(3) I will then contact my counsellor/peer educator/support person to talk about it
   • To work out how it happened
   • And to work out how it could be prevented next time, and what I will need to do differently.

(4) Extend my period of abstinence by _____ month(s), with support of __________.
3. Example of a completed relapse prevention plan tool

My relapse prevention plan – NOY

My Relapse Prevention Plan for managing *ya baa*, alcohol and cannabis use is as follows:

(1) To abstain from using *ya baa*.

(2) To abstain from using cannabis.

(3) To use alcohol occasionally, every second weekend on one night only unless there are parties on 2 weeks in a row.

(4) In maintaining these goals I will seek regular support of my family and counsellor/peer educator and other chosen support people.

(5) After 12 months of following this Relapse Prevention Plan I will revise my overall Plan with the assistance of my counsellor/peer educator. I will decide whether I wish to continue with the original plan or change it.

(6) If I lapse during the time between leaving counselling and the end of the 12 month period. I will follow the *Back-up Plan*.

**BACK-UP PLAN**

If any lapses occur before 30th June 2007, I will:

(1) Think of the experience in a positive and constructive way and understand that a lapse is not a total relapse. I will avoid letting it get me down or letting it undermine my efforts to manage my drug and alcohol use.
(2) I will inform my counsellor/peer educator of my lapse and seek support.

(3) I will then contact my counsellor/peer educator to talk about it
   • To work out how it happened.
   • And to work out how it could be prevented next time, and what I will need to do differently.

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<th>EARLY WARNING SIGNS</th>
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<tbody>
<tr>
<td>Early warning sign</td>
</tr>
<tr>
<td>Hanging out with people who use all the time</td>
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<tr>
<td>Having a fight with family/ girlfriend</td>
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<tr>
<td>Bad day</td>
</tr>
<tr>
<td>Feeling it creeping back up on me</td>
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</table>
Noy’s secret coping strategy: “I am the chosen one!! I can paint and play my music. I can do boxing AND I am using my brain!”

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<td>Nong</td>
<td>Tell Nong I am busy and have to get home any see peer educator.</td>
</tr>
<tr>
<td><strong>Places</strong></td>
<td></td>
</tr>
<tr>
<td>Party where people are using ya baa</td>
<td>Mingle in with the crowd, have a dance. Think, nah, I can’t do those drugs anymore - I go to school now.</td>
</tr>
<tr>
<td><strong>Thoughts</strong></td>
<td></td>
</tr>
<tr>
<td>Yeah, look at me, I can’t help myself, always in trouble.</td>
<td>Who am I kidding! Yeah, I’m me and I’m at school and I’m going to represent my country in sport, get a great job and a mad car. You just watch me!</td>
</tr>
<tr>
<td>Life is no good!</td>
<td>It will get better if I want it to! It’s up to me! Talk to the peer educator/counsellor. Go to the youth centre and join in some fun activities.</td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
</tr>
<tr>
<td>I’m bored and want to get drunk.</td>
<td>Play video games, go to the youth centre, watch TV, walk the dog, ride my bike, talk to my peer educator/counsellor. Think nah, there’s heaps to do that won’t ruin my life! I MUST go and see if I can get that part-time job at the market.</td>
</tr>
<tr>
<td><strong>Situations</strong></td>
<td></td>
</tr>
<tr>
<td>Having an argument with girlfriend, feel wild and think I don’t care, I’m going to get drunk.</td>
<td>Call my brother to come and pick me up. Talk to the peer educator/counsellor.</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Person</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Counsellor</td>
<td></td>
</tr>
<tr>
<td>Peer counsellor/youth centre</td>
<td></td>
</tr>
<tr>
<td>Mum</td>
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<tr>
<td>Nan</td>
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<tr>
<td>Sister</td>
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<tr>
<td>Friends from school</td>
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</table>

Signed: ______________ Date 11.01.07
4. HIV Prevention among IDUs
[Adapted from PSI, Kunming, (2005)]

4.1. What is HIV (Human Immunodeficiency Virus)? What is AIDS (Acquired Immune Deficiency Syndrome)?
   - HIV is the name of the virus that causes AIDS.
   - The HIV virus destroys the system which protects our body against diseases.
   - After a person has been contaminated with the HIV virus, the virus can stay for many years inside the body before the AIDS disease starts.
   - During this period, it is impossible to see that this person is contaminated with HIV since he/she looks healthy.
   - BUT THIS PERSON CAN ALREADY TRANSMIT THE VIRUS TO OTHERS.
   - When the HIV virus has progressively weakened the system that protects a person’s body against diseases, AIDS begins: that person starts to catch easily any kinds of diseases.
   - There is no vaccine for HIV/AIDS.

4.2. How can you get HIV?
   - HIV can be transmitted through the following unprotected sexual contacts:
     o Vaginal sex between a man and a woman.
     o Anal sex between a man and a woman or between a man and a man.
     o Oral sex (penis in the mouth, or mouth touching a woman’s genitals), between a man and a woman, between a man and a man, or between a woman and a woman.
**REMEMBER:**
- **THE PRESENCE OF BLOOD DURING SEXUAL CONTACTS INCREASES THE RISK OF HIV TRANSMISSION** (cuts, scratches open sores or ulcers on the genitals, bleeding gums...)
- **HAVING ANOTHER SEXUALLY TRANSMITTED DISEASE (SUCH AS SYPHILIS, HERPES, GONORRHEA, ETC.) INCREASES BY 10 TIMES THE RISK OF GETTING OR TRANSMITTING HIV**
- **ANAL SEX IS MORE DANGEROUS FOR HIV TRANSMISSION THAN VAGINAL SEX, WHICH IS MORE DANGEROUS THAN ORAL SEX**

**HIV can be transmitted through blood contacts**
- Sharing injecting equipment (needles, BUT ALSO OTHER EQUIPMENT: syringes, tourniquets, mixing surfaces, water, filters).
- Unscreened blood transfusions.
- Unscreened organ transfers.
- Tattooing, piercing (if using un-sterilized instruments).
- Sharing razors (quite low risk of transmitting HIV, but very high risk of transmitting hepatitis).

**HIV virus can be transmitted from mother to baby**
If a pregnant woman has HIV, there is a 1/3 risk that she will transmit the virus to her baby at the three following moments:
- Pregnancy
- Delivery
- Breastfeeding.

**HIV cannot be transmitted through air or water, or through touching**
- unless there is exchange of body fluids.
4.3. How can I know if I have been infected with HIV?
- If you think you might have been infected, protect your loved ones, protect your children: get an HIV blood test as soon as possible!
- Only a blood test can tell you if you have been infected with HIV.

Now there are many ways to make HIV positive people live a better and longer life.

4.4. Prevention of “sexual transmission of HIV/AIDS”

4.4.1. How to prevent sexual transmission of HIV/AIDS?
- Abstinence,
- To be 100% faithful to one partner,
- Consistent and proper use of high quality condoms for any sexual contact can prevent almost all of the transmissions of HIV/AIDS:
  - Remember to use high quality condoms,
  - Remember to use the condom properly (see guidelines on the next page),
  - Remember to always check the manufacture/expiration date on the condom package,
  - Remember to store in a cool and dry place,
  - If possible use a water-based lubricant (not an oil based one as it might cause the condom to break).
- People can have the choice between male or female condoms.

4.4.2. How to prevent the transmission of HIV/AIDS through blood contact?
- No sharing of injecting equipment,
- No sharing of razors,
- If you get tattooed or pierced, be careful that the instruments have been sterilized!
5. Women and drug use

What are the specific problems?

- The use of drugs can have an influence on the sex life and the menstrual cycle. But drug-using women can still become pregnant, even though the menstrual cycle might be disrupted.
- Women can suffer from a “dry” vagina when using certain drugs (e.g., amphetamines). The use of a lubricant during vaginal sexual contacts is strongly advised to avoid wounds and injuries.
- While high on drugs (including alcohol), there is a greater chance for risk taking and thus unsafe sex. Furthermore, certain drugs, such as methamphetamine, cocaine and Ecstasy can give rise to prolonged and/or “violent” sex and enhance the risks for STIs.
- **Drug use is dangerous during pregnancy and breastfeeding.** It would be ideal to stop using drugs during pregnancy and breastfeeding. Nevertheless, a sudden stop in drug use might be very difficult to achieve. If possible, seek medical follow-up!
- Stimulants, like amphetamines, are among the most dangerous drugs to use during pregnancy: great risk of miscarriage, premature birth and birth defects.
- With heroin and other opioids, miscarriages and premature birth can also happen, especially when the mother is sick or goes through withdrawal.
- Breastfeeding is dangerous during drug use as many drugs can enter the mother’s milk. Babies can experience many health problems, sometimes even overdose.
- Feelings of guilt and depression are common during pregnancy or after delivery, greatly increasing relapse risks.