



# ATCPDE BULLETIN

Reaching out  
through  
preventive  
drug education

Official Publication of the ASEAN Training Center for Preventive Drug Education . December 2005

## ATCPDE holds training on management skills, instructional leadership in preventive drug education



*ATCPDE Director Dr. Ma. Alodia C. Fontanilla, left, presides over a review meeting on the results of the "Training Program in Management Skills and Instructional Leadership for Preventive Drug Education" held September 16, 23, and 30, 2005 at the UP College of Education Training Center.*

by **Dr. Evangeline Zalamea**  
UP College of Education

The ASEAN Training Center for Preventive Drug Education of the UP College of Education sponsored a "Training Program in Management Skills and Instructional Leadership for Preventive Drug Education" last September 16, 23, and 30, 2005 at the UP College of Education Training Center. Thirty-two principals and administrators of both public and private elementary and secondary schools participated in the said training. The participants came from Metro Manila, Bulacan, and Sta. Rosa, Laguna. Twenty-three of them were sponsored by SM Foundation, DepEd Health and Nutrition Center, and Toyota Motor Philippines Foundation.

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## Brunei NCB officials visit ATCPDE

Five (5) narcotics officers of the Narcotics Control Bureau of Brunei Darussalam visited the ASEAN Training Center for Preventive Drug Education (ATCPDE) based in the College of Education, University of the Philippines, Diliman, Quezon City. This visit was coordinated by the Dangerous Drugs Board through the Division of Preventive Education and Training. No less than the Dean of the College of Education, Dr. Vivien M. Talisayon, gave them a warm welcome to the Center last September.

Dean Talisayon, together with some members of the Drug Education Committee, had a short informal meeting with the five officers. Dr. Ma. Alodia C. Fontanilla, incoming director of ATCPDE, briefed them on the vision, goals and objectives, organizational structure, major components/thrusts of programs on Preventive Drug

Education of this Center. Moreover, the recent accomplishment of the Center in terms of researches completed, training programs conducted, instructional materials produced and disseminated were shared with the visitors. The latest material printed was presented to them which they found useful. They requested a set for their own utilization back home. In turn, these officials also brought a short film clip on drug education which was shown to the group during this sharing session. The Center requested the permission to replicate the video which will later be shown to both high school and college classes on Drug Education.

This meeting turned out to be fruitful since both parties were updated on the recent trends and development in the area of preventive drug education.

### 2004 DDB Survey Says:

**NCR maintains the number 1 slot with 54.03% of the country's current drug users, followed by: Region 7 (16.92%), Region 8 (9.56%), Region 9 (8.49%), CARAGA (5.08%), Region 4 (3.05%), Region 2 (2.63%) and CAR (0.24%).**

*Read more on page 2*

# National Household Survey 2004

Abstracted by **Dr. Ma. Alodia C. Fontanilla**  
from the nationwide survey by the Dangerous Drugs Board

## Introduction

This is a nationwide survey conducted by the Dangerous Drugs Board in collaboration with local government units in the National Capital Region, Luzon, Visayas and Mindanao. This 2004 survey was designed to ascertain current drug use.

## Objectives

1. To determine the number and national estimate of current use;
2. To find out the knowledge and perception on certain drug-related concerns;
3. To analyze the patterns and consequences of its use.

## Methodology

The data gathering was conducted from September 2004 – January 2005 using a questionnaire. The questionnaires were administered individually with the subjects' anonymity well assured.

The respondents were taken from 1,000 households, with three household members age brackets 10-19, 20-29, and 30-44 years per study sites from the National Capital Region, Luzon, Visayas and Mindanao.

The multi-stage sampling design was utilized.

## Results of the Survey

### 1. Profile of Current Users:

- \* Mean age: 25 years old
- \* Ratio of male to female: 3:1
- \* Civil status: 51.05% are single
- \* Education: HS level (31.16%)
- \* Gainful occupation: Laborers and unskilled workers (21.28%), unemployed (28.25%)
- \* Average monthly family income: P4,726.25
- \* Place of residence: Urban (80.67%)
- \* Drugs of choice: Shabu (80.67%), inhalants (26.00%)
- \* Frequency of use: Weekly (37.54%), Occasionally (25.58%), Daily (15.84%)
- \* Routes of administration: Inhalation (68.87%), Smoking (9.92%), Inhalation and smoking (8.67%)

2. Out of the 12,000 respondents who were interviewed, 2,755 or 22.96% admitted to have tried drugs once in their lifetime (lifetime prevalent users – those who have tried drugs once in their lifetime).

3. 1,673 or 13% were current users (those who were taking drugs for the last six months prior to, and at the time of the conduct of the interview).

4. Pushers (42.98%) and peers (33.3%) were those mentioned by current users as their sources of drugs.

5. NCR maintains the number 1 slot with 54.03% of the country's current users. The distribution of current users in other regions is as follows: Region 7 (16.92%), Region 8 (9.56%), Region 9 (8.49%), CARAGA (5.08%), Region 4 (3.05%), Region 2 (2.63%) and CAR (0.24%).

6. Cited as factors for drug abuse:  
\* Social/peer related reasons (25.76%)  
\* Substance abuse factors (20.80%)  
\* Family-related problems (14.52%)

7. Based on the results of the survey, it was estimated that for Filipinos aged 10-44\* years old, there are about 6,765,773 million current users which means that 1 in every 29 Filipinos aged 10-44\*\* is on drugs.

\*\* (Based on the 2004 NSO Population Projection of 46,529,211 among 10-44 years old)

## Recommendations:

1. Propose formulation of policies that would strengthen the drug abuse prevention and control program by linking it to the government's anti-poverty, population, unemployment and housing programs.

2. Strengthen the implementation of the drug supply and drug demand reduction programs of the government, with emphasis on the urban areas, specifically NCR, regions 7, 6 and 11.

3. For the PDEA and other drug law enforcement agencies, to validate and appropriately act upon the intelligence information gathered from the survey regarding the presence of drug users, pushers, and clandestine drug laboratories in the barangays mentioned.

4. Sustain the intensive and relentless interdiction offense of the PDEA on Shabu, Marijuana, and other drugs of abuse as well as the clandestine drug laboratories.

5. Strictly implement the control mechanisms for the use, handling and sale of inhalants and injectable anesthetics. If warranted, review and/or amend the existing policies to make them more responsive to the present conditions.

6. Implement massive advocacy campaign geared toward encouraging drug users to seek the appropriate intervention.

7. Advocate an appreciable, aggressive, full-blast, and mass-based information campaign so that the general public would have appropriate and correct knowledge on drugs and a better understanding of the law.

Republic of the Philippines

Office of the President

## Dangerous Drugs Board

3rd Flr PDEA Bldg, NIA Rd. East Triangle

Diliman, Quezon City

## MESSAGE

With pleasure I greet and congratulate the officers and staff of the ASEAN Training Center for Preventive Drug Education as it continuously supports national efforts to curb the drug problem through effective advocacy campaigns in schools and its immediate communities.

The publication of the ATPDE Bulletin is a reaffirmation of your commitment to a just and noble cause. As one of the long-standing principal allies of the Dangerous Drugs Board in implementing preventive drug education programs and activities, the ASEAN Training Center has been an effective instrument in combating this silent social destroyer -- drug abuse.

I trust that the Training Center's pursuit of eradicating drug abuse in our midst through education will lead to visible and tangible results, which will precondition the attainment of economic flexibility and development of our country.

To all the ATPDE staff, our sincere congratulations! May your future undertakings be more meaningful and beneficial to the entire citizenry.

(SGD) **DIONISIO R. SANTIAGO**  
Senior Undersecretary  
DDB Executive Director

15 November 2005

# The 26th Meeting of the ASEAN Senior Officials on Drug Matters (ASOD): A Summary Report

by **Dr. Ma. Alodia C. Fontanilla**  
UP College of Education  
Director, ATCPDE

## ATCPDE holds training...

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The program started with a short opening remark by Dean Vivien M. Talisayon of the UP College of Education. The keynote speaker was ASEC Rommel L. Garcia of the Dangerous Drugs Board.

The speakers were experts in their own fields. Mrs. Lily V. Dulay, chief PETID-DDB, presented the "Drug Scenario in the Philippines." This was followed by Prof. Jeremias T. Leones of the UP College of Education, who discussed the "Importance and Approaches to Education Leadership and Management in Relation to Preventive Drug Education." Another topic he talked about was "Project Planning and Proposal Writing for Possible Funding," after which the participants prepared their own proposals. The topic on "Handling Suspected Drug Abusers" was discussed by a panel composed of Dr. Rosalinda de Mesa from UP Office of Counselling and Guidance, ASEC Rommel L. Garcia and Atty. Cesar G. Posada of the Dangerous Drugs Board.

Mrs. Ma. Nieves S. Pepito, Secnior Education Program Specialist of the Health and Nutrition Center, was speaker for the "DepEd Programs on Preventive Drug Education," while Mr. Joevin T. Eusebio, a Psychosocial Specialist, lectured on the DOH Drug Testing in Secondary Schools. Dr. Catalina S. Salazar, a professor at the UP Integrated School, College of Education, talked about the Health Education Curriculum of UPIS and the teaching strategies in Drug Preventive Education. The last speaker was Dr. Angelito G. Manalili from the UP College of Social Work and Community development, who discussed "Program Planning and Evaluation on Preventive Drug Education."

One of the highlights of the program was the visit to the PDEA museum where the participants saw the actual drug samples and paraphernalia. The visit further enhanced the knowledge and understanding of the participants regarding prohibited drugs.

The participants found the training program very informative and useful. One of the suggestions was to have more programs such as this to better equip the school administrators in the prevention of drug abuse.

**1. Venue and Chairperson:** Singapore and Mr. Ng. Seng Liang hosted this meeting from September 26-30, 2005. Director of Central Narcotic Board of Singapore was unanimously elected as Chairperson.

**2. Agenda/Activities of Meeting:** The meeting adopted the agenda, which consisted of Plenary Sessions and five working group sessions, namely, Preventive Education, Treatment and Rehabilitation, Law and Enforcement, Research and Alternative Development.

**3. The Plenary Sessions** were as follows:

**3.1. Presentation of Country Reports of Heads of Delegation of the 10 ASEAN member countries.** Usec Santiago, being the head of the Philippine delegation, presented our Country Report.

**3.2. Review of the Implementation Decisions and Recommendations taken during the 25<sup>th</sup> meeting of ASOD held in the Philippines.** The Highlights of Vientiane Action Programme was presented.

**3.2.1. Progress Report of the following Training Projects, namely:**

**3.2.1.1 Singapore's Project on Basic Training Course on Investigation in Anti-Drug Money Laundering** held last February 1, 2005 to March 4, 2005 with twenty (20) officers from ASEAN countries participating, organized by CNB in collaboration with the Ministry of Foreign Affairs and funded by the Japanese government.

**3.2.1.2 Thailand's ASEAN Training on Narcotics Law Enforcement HRD.** The course entitled "Precursors and Chemicals Control for ASEAN Narcotics Law Enforcement Officers" was held from 16 to 22 May 2005. The office of the Narcotics Control Board of Thailand and the Drug Advisory Program of the Colombo Plan Secretariat jointly funded this course. It drew twenty-six (26) participants from ASEAN countries, China and India.

**3.2.1.3 Singapore's Training Program with Australian Federal Police** on "Total Approach to Illicit Drug Control." This course was conducted from 20-26 September 2005 and was the sixth year that CNB and AFP collaborated on a training course which was into its third run as an ASOD project. Twenty-one (21) officers from ASEAN countries participated in the course and gave very positive feedback.

**3.3. Follow-up on the ASEAN Cooperation and Coordination with Dialogue Partners and Relevant Regional Organizations**



Dr. Fontanilla (left) with ATCPDE officials

**3.4. Follow-up on the coordination and cooperation between ASOD and SOMTC in combating illicit drug trafficking**

The issue of the lack of coordination among ASEAN Bodies was raised at various ASEAN meetings for this year. Thus the ASEAN Secretariat has been tasked to organize a conference for the various ASEAN Bodies to discuss ways to enhance coordination mechanisms to contribute to the building of the ASEAN Security Community.

**3.5. Presentation by ASOD Observers, namely:**

**3.5.1. UNODC** presented on the production and trafficking patterns of Amphetamine-type stimulants.

**3.5.2. Interpol** presented on "Synthetic drugs in particular the major synthetic drugs, the overall situation and new trends in the region."

**3.5.3. AIPO Secretariat** reported on the relevant activities they are undertaking towards drug-free ASEAN by 2015.

**3.5.4. IFNGO** expressed appreciation and pledged its support to the governments of ASOD member countries and ASEAN in their efforts to prevent drug abuse.

**3.6. The working sessions:** There were five groups and each group presented their output in the Plenary Sessions. We were five in the Philippine delegation: Usec Santiago, chair of the Workshop on Preventive Drug Education; Col.Romy from PDEA sat in the Law Enforcement Workshop; Baby Herrera was in Therapeutic and Treatment Workshop; Tessie Pineda in Alternative Development; and Dr. Fontanilla in the Research Workshop.

**3.7. The date and venue of the 27<sup>th</sup> Meeting of ASOD.** The Meeting welcomed Thailand's offer to host the 27<sup>th</sup> Meeting of ASOD in Chiang Rai in July 2006.

**3.8. The last Plenary Session** was the declaration and adoption of the Report of the 26<sup>th</sup> Meeting of ASOD, followed by the Closing Remarks of the Chairperson of this Meeting.

# Government Initiatives: Programs and Policies for the Youth

by Ms. Teresita C. Pineda

Acting Chief, Preventive Education, Training and Information Division  
Dangerous Drugs Board

## INTRODUCTION

Pursuant to Article IX Sec. 77 of R.A. 9165, the Dangerous Drugs Board is mandated to serve as the policy-making and strategy-formulating body in the planning and formulation of policies and programs on drug abuse prevention and control. It shall develop and adopt a comprehensive, integrated, unified and balanced national drug abuse prevention and control strategy.

Relative to this, the Board has envisioned: "A Drug-Free Philippines by the Year 2010." To attain this, the Board's missions are the following:

\*Eradicate the supply and demand of dangerous drugs and their precursors and to stop trafficking to and from the country.

\*Promote regional and international cooperation in drug abuse prevention and control.

## Composition of the Board

The Board is composed of seventeen (17) members wherein three (3) of which are permanent members, the other twelve (12) members shall be in an ex-officio capacity, and the two (2) shall be regular members.

## CURRENT TRENDS ON THE DRUG PROBLEM

Based on the 2004 reported drug cases from 54 residential and 1 outpatient facilities in the country, there is an overall decreasing trend in admissions, relapse and outpatient cases as compared to that of 2003. This fact may be due to the high cost of treatment, which may have served as a deterrent for drug dependents to seek the appropriate intervention.

The region with the most number of cases based on the area of residence is the National Capital Region, followed by Regions IV-A, III, VII, and XI. The least number of cases was from the Autonomous Region of Muslim Mindanao (ARMM).

As usual, the males predominate the female population with a ratio of 9:1. Most of them were single (55.15%), within the 20-29 age bracket (41.20%), have reached high school level (28.93%), and were unemployed (38%) prior to their admission for treatment.

Of the 29.53% that comprised the workers group, the businessmen or the self-employed which consists of 8.29%

were not included in the workers category. Students represented 5.37% while the out-of-school youth represented 079%.

For the ranking of the most commonly abused drugs:

1. shabu (63.43%)
2. marijuana (23.83%)
3. cough and cold preparations (2.80%)
4. benzodiazepines (2.79%)
5. inhalants (2.47%)
6. ecstasy (1.08%)

## STRATEGIES TO ADDRESS THE PROBLEM

For the purpose of dealing with the totality of the drug problem, the government continues to implement the three-pronged national drug abuse prevention and control strategy – drug supply reduction, drug demand reduction, and regional/international cooperation. The approach to successfully win the battle against the drug problem must combine firm enforcement with prevention and sustain cooperative relationships with other government and non-government organizations at the national, regional and international level.

### A. Drug Supply Reduction Initiatives

The objective is to take away the drugs from the person through market denial operations. Activities such as regulatory compliance, law enforcement, alternative development, judicial and legislative measures are designed to stop the production, processing, trafficking, financing and retailing of dangerous drugs and precursors and other essential chemicals.

### B. Drug Demand Reduction Initiatives

The aim is to take away the person from drugs and reduce his desire to abuse drugs. This is being done through formulation of policies in accordance with the new dangerous drugs law; development and implementation of preventive education and civic awareness in various settings, i.e., schools, families, communities and workplaces; adoption and utilization of effective treatment and rehabilitation programs; and the continuous conduct of research on vital aspects of the drug abuse problem.

## POLICIES FORMULATED

The Board, being the lead agency on drug demand reduction, has formulated the following policies based on the Dangerous Drugs Law of 2002 (R.A. 9165).

1. The institutionalization of the random drug testing program for schools (Art. III, Sec. 36 c), and workplaces (Art. III, Sec. 36 d); mandatory drug testing for applicants for: drivers license (Art III, Sec 36 a), firearms license (Art III, Sec 36 a), and the military, law enforcement, and security personnel (Art III, Sec 36 e).

This was undertaken with the view that drug testing is a deterrent to drug abuse.

2. The issuance of the DDB guidelines for the establishment of the Special Drug Education Centers in every province for the out-of-school youth and street children. These SDECs shall sponsor drug abuse prevention programs, activities, and information campaigns on the pernicious effects of drug abuse; (Art IV, Sec 46)

3. The integration of the instruction on drug abuse prevention and control in the elementary, secondary and tertiary curricula of all public and private schools to include the technical, vocational or agro-industrial as well as non-formal, informal, and indigenous learning systems; (Art IV, Sec 43)

## PRIMARY PREVENTION- EDUCATION PROGRAMS

Relative to the implementation of the Philippine National Anti-Drug Program of Action which seeks to mobilize and bring to bear the entire government machinery and the civil society in the all-out and sustained anti-drug campaign nationwide, the Dangerous Drugs Board, being the lead agency on primary prevention, has pursued intensive drug demand reduction efforts through the following programs and activities in the schools, and the general society.

### SCHOOL INITIATIVES

Pursuant to Article IV, Sections 42-45 of R.A. 9165, the Department of Education in collaboration with the Board, accomplished the following activities:

1. Development of Drug Abuse Prevention Instructional Materials for the Secondary Level;

## Gov' Initiatives... (continued from p. 4)

2. Conduct of Random Drug Testing among secondary students in 17 public and private schools in selected regions;

3. Conduct of write-shop integrating Life Skills in the Support Instructional Materials on Drug Education in the elementary and secondary levels;

4. Drafting of the Training Manual on Drug Intervention in schools with member agencies of the Demand Reduction Committee of the DDB;

5. Printing and distribution of Support Instructional Materials for Drug Education, School Manuals and Scouting Kit Modules;

6. Institutionalization of the National Drug Education Program; and

7. Conduct of Trainers' Training on Guidance and Counseling for the National Drug Education Program Coordinators.

For its part, the Commission on Higher Education (CHED) implemented the following programs and activities:

1. Integration of the Dangerous Drugs Prevention and Control concepts in the Civic Welfare Training Service (CWTS);

2. Production of advocacy/information dissemination materials on Random Drug Testing for Tertiary Level Students;

3. Conduct of massive information drive on the Guidelines for Random Drug Testing for Tertiary Students; and

4. Conduct of the National Capability Building Program for NSTP Implementers and preparation of the proposed modules on drug education for NSTP.

### FLAGSHIP PROGRAMS FOR THE GENERAL SOCIETY

The need to conceptualize, sustain and operationalize pervasive anti-drug advocacy and capability building programs that would cater to all sectors of society in order to prevent the general public from falling prey to the lure of drugs has remained to be the major thrust of the Dangerous Drugs Board's drug demand reduction efforts.

The following programs have been undertaken by the Board in partnership with other government as well as non-government organizations:

1. **Barkada Kontra Droga** (Peer Groups Against Drugs)

This is a peer-based program designed as a preventive education and information strategy to counter the dangers and disastrous effects of drug abuse. It aims to empower the individual to be the catalyst within his peer groups in advocating healthy, drug-free lifestyles

through involvement in various wholesome activities.

*Launching Seminars.* The program was launched in several colleges/universities, workplaces, communities and in treatment and rehabilitation facilities, the ultimate goal of which is to organize a Barkada (peer group) Chapter in each area until it will eventually be a movement of parents, youth, teachers, community leaders, etc.

**1<sup>st</sup> Formula for Disaster:  
Peer Pressure + Drug Use = Drug Abuse**

**2<sup>nd</sup> Formula to Win the Fight Against Dangerous Drugs:  
D + R + U + G + S = Success**

Where:

**D = Don't Even Think About It**  
The mind is the devil's workshop. It all starts in the mind; thought becomes action. Bad thoughts become bad actions. If you take drugs, consider the consequences - rehabilitation center, prison cell, mental clinic, and cemetery.

**R = Resist Negative Peer Pressure**

Studies show most persons tried drugs because of peer pressure. All of us have peer groups. They can be good or bad. Good company, contributes to good character, bad company corrupts character. Choose the company you keep.

**U = Use Healthy Alternatives**

You don't have to take drugs to get high. Don't destroy your body by using illegal drugs. Engage yourselves in positive, wholesome activities like sports and athletics.

**G = God is the Answer**  
Do you have problems too heavy to bear? Using illegal drugs is not the answer. God is bigger than your problem.

**S = Say No to Drugs**

Life offers us choices. We can choose to use dangerous drugs or we can choose not to. Choose life not death. If you want to live a drug-free life, "Say No to Drugs."

2. **Musika Kontra Droga** (Music Against Drugs)

This consists of a Live Band Concert Tour at the different shopping malls featuring the Cross Band, a group of drug-free youth of Quezon City. This project encourages other amateur bands to perform on stage and experience the feeling of being "high" without resorting to the use of dangerous drugs.

3. **Tri-Media Activities / Civic Awareness Programs**

To effectively disseminate information and create awareness on the

updates on drug abuse prevention and control activities, the Board utilizes the tri-media and organized a press corps as partners in disseminating the information to the general public.

### 4. Capability Building Programs

In addressing the need for more competent, efficient and committed drug abuse program planners and implementers, the following were implemented:

#### 4.1 Trainers' Training on Drug Abuse Prevention Education

This is a training program for demand reduction workers covering the different regions of the country that will enable them to gain knowledge and skills in program planning and development of training design and modules for public awareness.

#### 4.2 Trainers' Training on Like Skills Enhancement

This program provides participants with skills to resist drugs, strengthen personal commitment and develop social competency in pursuing a healthy lifestyle that is free from drugs.

#### 4.3 13<sup>th</sup> National Youth Congress on Drug Abuse Prevention Education

This is an annual program, which maximizes the Youth Empowerment on the fight against the social problem. It aims to update youth leaders on the current issues and concerns of youth development in relation to the National Drug Abuse Prevention Campaign.

#### 4.4 Primary Prevention of Amphetamine-Type Stimulants (ATS) Abuse Among Youth in the Philippines

This is a United Nations Office on Drugs and Crime (UNODC) 3-year assisted program piloted in Thailand and in the Philippines that started in January 2002. It aims to develop a comprehensive and integrated response to ATS abuse by designing a social marketing campaign to discourage the use of ATS among youth.

### TREATMENT AND REHABILITATION INITIATIVES

\* Maintenance and supervision of the DDB-EU Treatment and Rehabilitation Center

\* Continuous collaboration and networking with various government and non-government organizations involved in the treatment and rehabilitation of drug dependents

### RESEARCH INITIATIVES

Pursuant to Section 81, (c) and (d) of R.A. 9165, the DDB, through its Policy Studies, Researches and Statistics Division, is mandated to conduct policy studies, program monitoring and evaluation and other researches on drug abuse prevention and control. These

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## Gov't Initiatives...

(fr. p. 5)

activities conducted in 2004 consisted of the following:

### 1. Maintenance of the Integrated Central Case Registry and Monitoring System

This is a continuing program which integrates and centralizes the recording and collection of drug information. It serves as a data bank that monitors drug abuse cases reported by various residential and out-patient treatment and rehabilitation facilities nationwide.

### 2. Survey: Household Survey on the Nature and Extent of Drug Abuse in the Philippines

The product aims to determine the nature and extent of drug abuse in the country after the enactment of R.A. 9165 and to ascertain the number and national estimates of lifetime prevalent and current users in the country and other variables included in the survey.

### 3. Rapid Assessment: A Rapid Assessment on Nalbuphine Hydrochloride Abuse in Metro Manila and Cebu City

This study aims to dwell deeper on the reason/s for continued Nalbuphine Hydrochloride abuse in Cebu City and perhaps in Metro Manila. Primary sources of data were self-confessed Nalbuphine Hydrochloride users currently confined in the different rehabilitation centers in Cebu City and one in Metro Manila.

### 4. Integrated Drug Abuse Data Information Network (IDADIN)

This is a UNODC Project F97 "Improving Amphetamine-Type Stimulants (ATS) Data and Information Systems" designed to come up with baseline data on policy-making and strategy-formulating against drug abuse and illicit trafficking.

### REGIONAL / INTERNATIONAL COOPERATION

The government has been actively maintaining cooperative undertakings at the bilateral, regional and international level with ASEAN member countries, USA, Japan, Canada, Australia, and European Union.

Likewise, the Philippines through the DDB has been availing of the two programs of the United Nations Office on Drugs and Crime – one on research and one on primary prevention. It is also noteworthy to mention that our country is one of the signatories to the Memorandum of Understanding of the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD).

### CONCLUSION

The youth can dream of a better future and make it a reality. "Stay drug-free."

# For a Drug-Free Philippines

## Keynote Message

by **Asst. Sec. Rommel L. Garcia, M.D.**

Deputy Exec. Director, Dangerous Drugs Board

Delivered 16 September 2005

Training Program in Management Skills and Institutional Leadership  
for Preventive Drug Education

Distinguished guests, delegates to this training program, friends, ladies and gentlemen:

I feel specially honored and happy to join you today as you start your three-day Training Program on Management Skills and Institutional Leadership. I'd like to believe that we are gathered here by a common desire, and that is to lick a nagging social ill, which continues to erode the moral fiber of our society.

As I look around, I am pleased to know that our principals and other school authorities are with us to show strong support and commitment to the goals and objectives of our national crusade against drug abuse.

I would like to think that this training program is an expression of the determination of our educators and school authorities to strengthen their capabilities to lead and manage educational projects and programs to help the government achieve the goal of a society free of drug abuse.

As we very well realize, the drug problem is still very much in our midst. It continues to ravage individuals, communities and even whole countries – crime, corruption, pornography, violence, HIV-AIDS, and prostitution to name a few – underline how pervasive the drug problem has become in today's world.

No country is immune. The highest rates of abuse of some drugs are now, in developing countries, and drugs are produced in both industrialized and developing countries. The problem belongs to all of us.

Many years ago, the UN General Assembly met in special session to consider the drug issue in depth. An unprecedented number of heads of state or governments gathered together to urge global action against what has become a worldwide problem. Governments went as far as establishing target with - deadlines – for action in different

areas of drug control. That is why today, we will see and hear – the ASEAN wide slogan – go for a drug-free ASEAN 2015. Consensus was reached to set guiding principles to be applied in reducing demand for drugs. Strategies were adopted to address the problem on amphetamine type-stimulants and chemical precursors. Measures were also agreed upon to promote judicial cooperation and to counter money laundering. And finally, an action plan was adopted to eliminate illicit drug crops through alternative development.

This approach is what we call proactive approach. It was an approach which has a marked contrast to the voices of defeatism that we have heard in the past. It is an approach that all nations have adopted. And so, as respected school authorities, we are expected to follow this proactive approach.

We need to become leaders and managers all at the same time. We must not allow ourselves to become complacent at what can only be described as a strong political and strategic advance. And so, on this opening day, let us renew the commitment to act in concert to protect not only our students but the entire citizenry as well and the very institutions of government and society, from drug abuse and trafficking.

Before I close, let me just say that I cannot help but be transparent in my optimism that this training program will produce intended results. There is so much that it can offer by way of increasing the efficacy of our school principals in handling drug prevention programs.

I can do no more than say "more power to you all." I pray for the overwhelming success of this endeavor.

*Maraming salamat po. Mabuhay tayong lahat!*

# Drug Addiction Treatment Medications

by **Dr. Ma. Lourdes H. Pacaldo**  
*University of the Philippines*

Treatment for people who abuse drugs but are not yet addicted to them most often consists of behavioral therapies, such as psychotherapy, counseling, support groups, or family therapy. These offer people strategies for coping with their drug cravings, teach them ways to avoid drugs and prevent relapse, and help them deal with relapse if it occurs.

Treatment for drug-addicted people often involves a combination of behavioral therapies and medications or their combinations. Medications, such as methadone or LAAM, are effective in suppressing the withdrawal symptoms and drug craving associated with narcotic addiction, thus reducing illicit drug use and improving the chances of the individual remaining in treatment. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

## **Methadone**

The Primary medically assisted withdrawal method for narcotic addiction is to switch the patient to a comparable drug that produces milder withdrawal symptoms, and then gradually taper off substitute medication. The medication used most often is methadone, taken by mouth once a day. Patients are started on the lowest dose that prevents the more severe signs of withdrawal and then the dose is gradually reduced. Substitutes can be used also for withdrawal from sedatives.

Patients can be switched to long-acting sedatives, such as diazepam or phenobarbital, which are then gradually reduced.

Once a patient goes through withdrawal, there is still a considerable risk of relapse. Patients

may return to taking drugs even though they no longer have physical withdrawal symptoms. A great deal of research is being done to find medications that can block drug craving and treat other factors that cause a return to drugs.

Patients who cannot continue abstaining from opiates are given maintenance therapy, usually with methadone. The maintenance dose of methadone, usually higher than that used for medically assisted withdrawal, prevents both withdrawal symptoms and heroin craving. It also prevents addicts from getting a high from heroin and, as a result, they stop using it. Research has shown that maintenance therapy reduces the spread of AIDS in the treated population. The overall death rate is also significantly reduced (NIDA, 2004).

Within various methadone programs, those that provide higher doses of methadone (usually a minimum of 60 mg.) have better retention rates. Also, those that provide other services, such as counseling, therapy, and medical care, along with methadone, generally get better results than the programs that provide minimal services.

## **LAAM (levo-alpha-acetyl- methadol)**

Another drug recently approved for use in maintenance treatment is LAAM, which is administered three times a week rather than daily, as is the case with methadone. The drug prevents addicts from getting high from heroin.

## **Buprenorphine**

Another drug identified to have a potential as a medication to manage withdrawal from heroin and

possibly methadone is Buprenorphine. In some research, it was found out to be not as effective as methadone.

## **Naltrexone**

Naltrexone is also used to prevent relapse. Like methadone, LAAM and naltrexone prevent addicts from getting high from heroin. However, naltrexone does not eliminate the drug craving, so it has not been popular among addicts. Naltrexone works best with highly motivated patients.

Naltrexone can be taken by people who are dependent on alcohol, following detoxification, to assist them to remain abstinent from using alcohol. Naltrexone is also used following detoxification, to assist heroin dependent people to remain abstinent.

There are currently no medications approved by the Food and Drug Administration (FDA) for treating addiction to cocaine, LSD, PCP, marijuana, methamphetamine and other stimulants, inhalants, or anabolic steroids. There are medications, however, for treating the adverse health effects of these drugs, such as seizures or psychotic reactions, and for overdoses from opiates. Currently, researches are being conducted with the priority of the development of a medication useful in treating cocaine addiction.



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*The opinions of the authors do not necessarily reflect the official position of the Editors*



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## ATCPDE honors DDB's Lily Dulay

**Ms. Lily V. Dulay**, outgoing chief of Dangerous Drugs Board's PETIS, receives from ATCPDE Executive Director Dr. Ma. Alodia C. Fontanilla of UP College of Education (left), a plaque of appreciation for services rendered as member of the Drug Education Committee, while Dr. Vivien M. Talisayon, Dean, UP College of Education, looks on.



Below, Ms. Dulay is joined in the front row, from left, by PIA's SD Belina SB Capul, Dr. Fontanilla, and Dr. Talisayon. Standing from left: Virgilio M. Gaje of PIA; Dr.

Arsenia P. Basoc, UP; Ms. Emma R. Pastorfide, DDB; Dr. Evangeline M. Zalamea, UPIS; Ms. Lucita S. Contreras, DDB; and Dr. Rodolfo Treyes, NISMED.



## ASEAN to hold Models and Best Practices Conference on Preventive Drug Education

by **Dr. Arsenia P. Basoc**  
University of the Philippines

The ASEAN Conference on Models and Best Practices in Preventive Drug Education is slated February 22-24, 2006. Venue is at Manila Pavilion, UN Avenue, Ermita, Manila.

Spearheaded by the ASEAN Training Center for Preventive Drug Education (ATCPDE), the conference aims: 1) To describe best practices and approaches in training of stakeholders, research and evaluations,

development of information education and communication materials, and advocacy and social mobilization on preventive drug education;

2. To compare and recommend models in preventive drug education.

Topics on research and evaluation, training and materials development, and advocacy and social mobilization will be tackled.

Resource speakers are expected from various ASEAN

member countries: Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Philippines, Singapore, Myanmar, Thailand, and Vietnam. Registration fee is Php5,000 or USD100 to include handouts, lunch and snacks. Manila Pavilion Hotel will be the venue for the conference. Email [atcpde\\_phils@yahoo.com](mailto:atcpde_phils@yahoo.com), or call trunkline number (+632) 9205301 local 6652, Telefax (+632) 928-9756.