

IX: RECOMMENDATIONS

We have by now analyzed the major findings of the three waves of survey, and interpreted the quantitative data with the help of qualitative data collected from focus group sessions and ethnographic case studies. In so doing, we have already fulfilled the first three of the four objectives of the study, which are re-stated below:

- (1) To examine the social, demographic, and psychological factors that are associated with the antecedents, progression, and consequences of chronic drug abuse in Hong Kong in the period under study;
- (2) To describe the past addiction histories and the patterns of treatment seeking among chronic drug abusers;
- (3) To gain an empathic understanding of the inner world of chronic drug abusers so as to know how they relate among themselves and to others; and
- (1) To make recommendations on possible improvements in treatment/rehabilitation and other supporting services for chronic drug abusers.

Our final task is to make some broad recommendations, on the basis of findings of the study, for possible improvement of existing programs in drug treatment/rehabilitation and related services for chronic drug abusers in Hong Kong.

RECOMMENDATION 1: RAISING SELF-EFFICACY

The prominence of self-efficacy in affecting the length of abstinence of chronic drug abusers sends the strong signal that strengthening the self-efficacy of clients would be one of the most effective means to improve drug treatment/rehabilitation programs and services. Self-efficacy is the individual's perceived ability to resist the temptation to re-use a drug even in a high-risk situation, such as the presence of the drug. Most present programs in Hong Kong have always attached importance to developing self-efficacy in their clients. We suggest that staff of programs of different modalities can review the elements in their programs that aim to improve self-efficacy, and review their effectiveness. While overseas experience in the enhancement of self-efficacy can be a good source of reference for improvement, especially those that were designed according to the renowned relapse prevention model, the local experience of service providers in this regard should also be summarized for mutual sharing.

Whatever the new strategies that may be introduced into programs, they must teach the clients to assess their actual level of self-efficacy, so that they would not mistakenly put themselves at risk by over-estimating their ability to "stay firm" in a situation beyond their self-efficacy can handle.

RECOMMENDATION 2: BUILDING SOCIAL CAPITAL IN TREATED ADDICTS

Association with drug-using friends and support from non-drug-using friends significantly influence the subjects' performance in the intervals of the study. Both involve the re-establishment of social relations after leaving the treatment setting. Embeddedness in social relations can generate resources that can be used to facilitate social goals. Re-entering a network of drug-using friends would generate *negative social capital*, thereby undermining self-efficacy and reducing the ability to be drug-free. On the contrary, re-establishing a network of non-drug-using friends who can lend their support would generate *positive social capital*, protecting the subject from re-associating with drug-using friends, increasing self-efficacy, and finally contributing to reaching the goal of maintaining drug-free status. The implication of this finding is obvious. How a treated addict re-organizes or re-establishes his/her social circle is a crucial juncture in his/her pathway to recovery/relapse.

Most of the present programs would remind clients to stay away from former drug-using friends. But some clients would go back to live in their original drug neighbourhood if no new arrangements of location are made for them after leaving the program. Those programs that are able to help treated clients to acquire collective rental accommodations far from their original neighbourhoods do offer a better protective measure for the clients. In order to better protect treated addicts against re-associating with drug-using friends, the collaboration of other agencies and government departments would be necessary. For example, the Housing Department may help to make it easier for this group of people to be re-located to other districts under the Compassionate Re-housing Scheme.

To compete with drug-using friends in winning the treated addicts, many programs have organized social activities for treated clients to socialize with ex-addicts and to help each other. Self-help organizations such as Pui Hong and Caritas Lok Heep are extremely useful in helping treated addicts to stay away from the danger of re-association with drug-using peers, and in facilitating the re-learning and re-practicing of a normal life among treated clients, through either informal interaction or more structured recovery training (Zackon et al., 1985). Some programs organize small businesses, such as courier and moving services, for treated clients to engage in paid jobs during the rehabilitation period. All of these aftercare efforts are paramount to the building of positive social capital in treated addicts. More should be done to expand existing strategies, develop new and innovative ones, so that more social capital can be generated for use by treated clients.

RECOMMENDATION 3: FACILITATING SATISFACTION WITH LIFE

While the life of treated addicts is full of hardship, the dissatisfaction with life induced by relative deprivation can be even more destructive than material shortage. Treated addicts must be taught to reset their aspiration levels, so that there is a balance between what they are able to achieve and the achievements they aspire to. Inculcating a realistic aspiration level in them can facilitate more satisfaction of life, which would in turn result in longer abstinence.

How to effectively help treated addicts to identify realistic goals and be satisfied with them is a big challenge to counselors of existing programs. Addicts in different stages of addiction or stages of life would have different abilities, needs, and aspirations. An important step is to assess the different needs and abilities of addicts in different stages of life, and then help them to meet their needs, and foster their abilities to achieve their goals, in the context of realistic aspirations. For instance, younger treated addicts are in the position to aspire to developing a career, and employment services available to match them with realistic jobs would meet their needs in this regard. Older treated addicts are likely to have missed golden opportunities for career development and advancement. An aspiration of getting a well-paid licit job would be a far-fetched exercise. Some of our older focus group subjects recruited from MTP had indicated that their main daily concern was not to get a job (they were living on CSSA), but how to kill the boredom they had to face everyday. Thus, for older chronic drug addicts, engaging them in social activities and/or voluntary services may be one of the ways to meet their immediate needs, thereby increasing their satisfaction with life. The conduct of needs assessment exercises to gauge the needs, abilities, and aspirations of chronic drug abusers in different life stages will inform service providers on strategies that could enhance the satisfaction of life in treated addicts.

RECOMMENDATION 4: PROMOTING CORRECT JOB ATTITUDE

While the economic and social advantages of having an employment after treatment are obvious to both service providers and treated addicts, our findings further suggest that having a correct job attitude could even be more important than the employment itself. We have explained that an active and aggressive job attitude would not only increase the chance of the treated addict to be employed, but also it was part of an active and positive attitude towards life that the treated addict needs so badly. Therefore, we recommend that more efforts should be made by existing programs to inculcate a correct job attitude in their clients.

Job training and employments organized by treatment & rehabilitation programs could be good ways to inculcate a positive job attitude in treated addicts. For example, SARDA and the Pui Hong Self-help Association have organized cooperatives in various retail services, carpentry work, renovation, office moving service and express delivery (Pui Hong Self-help Association, 2000). It is worthwhile to evaluate the effectiveness of these job opportunities in promoting a correct job attitude among the clients.

RECOMMENDATION 5: WELCOMING PRE-RELAPSE DRUG-FREE PERIODS

Findings of our study affirm the relevance of isolated drug-free episodes achieved by chronic drug abusers to the pathway to recovery. Under the dominant “relapse means failure” view, the amount of time that the addict has maintained drug-free becomes irrelevant once relapse occurs.

Our data suggest a new way of looking at what we call *pre-relapse drug-free period*. As discussed earlier, like a toddler's having to tumble many times before he/she is able to walk, each tumbling experience contributing to subsequent walking ability, it is actually "normal" for a treated addict to exhibit many relapses in his/her pathway to recovery. Each "collapse" may, or may not, contribute to the accumulation of the ability to become abstinent, depending on how the relapse is interpreted. If a relapse is seen as an indication of failure, a waste of time and efforts, then the pre-relapse drug-free period is trash. However, if relapse is only taken as a sign that marks the end of a drug-free period, then the pre-relapse drug-free period may be viewed as an accomplishment. The longer this period, the greater the accomplishment, and the more likely that even longer pre-relapse drug-free periods could be achieved in future. Our data show that, everything being equal, the length of drug-free time in a 12-month interval is causally linked to the length of drug-free time in the next interval.

We recommend that the more positive and brighter side of pre-relapse drug-free periods should be recognized by service providers, policy makers in the drug and related fields, and also the public. Achieving a pre-relapse drug-free period, no matter how short, should be welcomed rather than rejected. As pointed out by Shaw when he discussed the career perspective on substance abuse and intervention, "...each intervention may already help users to pick up something in their mind and build some latent motivation for change. Health professionals therefore should not judge individual interventions by their immediate effect and become disappointed when they see inattention, failure, and relapse after their particular program efforts..." (Shaw, 2002).

The advantage of pre-relapse drug-free period also indirectly supports the usefulness of treatment, since treatment immediately brings about at least a certain length of drug-free period. Of course, how to lengthen the post-treatment drug-free period, ideally to long-term abstinence, is a great challenge to various treatment modalities and programs.

RECOMMENDATION 6: REACHING OUT TO CHRONIC DRUG ABUSERS

All of the recommendations stated above will have bearings on the structure and operation of the programs and services of the present treatment/rehabilitation system. To fill the gaps in services highlighted in our study, the efforts of service providers, though important, will not be enough. Since there is a time limit to aftercare services, treated addicts finishing the aftercare period will have to face the world on their own in their long roads ahead. If the society really wants to help them, extending the length of services to them will be necessary. Perhaps a separate body can be set up to coordinate with different treatment programs so as to follow up on treated addicts after they leave the programs. This body will liaise with various related government departments, such as the Housing Department, the Labour Department, the Social Welfare Department and the Department of Health, so that services meeting the psychological, social, financial, and health needs of chronic drug abusers can be quickly lined up. This body will do a lot of out reaching work. Chronic drug abusers who are in despair and who are very withdrawn need to be contacted for help, or else they would be left abandoned.