



The Outlet for Family Members of Drug Abusers

Dr Joyce S. H. Chang, J. P.
Social Work Services, Caritas – Hong Kong

T. C. Lai
Caritas Lok Heep Club

Abstract

It is difficult to describe the predicament the family members of drug abusers find themselves in. For them, facing the problem is not easy; solving the problem is even more difficult.

Where can they find hope? What are the agencies providing services for them in Hong Kong? What are the services?

This paper tries to have an overview of the situation in Hong Kong and shares the experience of Caritas Lok Heep Club. It would also examine an educational group for the family members of drug abusers in the local context. Furthermore, the results of a survey of such a target are reported.

The authors hope that this article will arouse more concern for the family members of drug abusers in the field, thus bringing forth more services to support and aid them through the difficulties.

Introduction

In Hong Kong, families with drug abusers are facing great stress. The traditional belief that it is not desirable to 'wash dirty linen in public' (「家醜不出外傳」) has forced upon them feelings of shame and failure, and made them socially isolated. It is not uncommon that their drug-abusing family member would experience repeated cycles of relapse, leaving them helpless, hopeless and lost. How they can positively cooperate with treatment and rehabilitation staff to help the drug abusers is the concern of those serving such families (Lai, 2003). In this paper, the needs of these family members are studied and discussed. Related services are examined and reflections are made.

Services to Family Members of Drug Abusers

Support and guidance to these family members are well provided in some foreign countries. The drug issue, particularly youth drug abuse, has long been a serious matter of concern in family education, whether in prevention or in treatment/rehabilitation (Milhorn, 1994). For example, in the United States, Partnering With Families provides intensive support to families who suffer losses brought by drug abuse (The Partnership for a Drug-Free America, 2005). Seeing that substance abuse has disrupted the lives of drug abusers and those caring about them, Daytop aims at restoring clients and their families to health (Daytop, 2005).

What is the situation in Hong Kong? In the Third Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2003-2005), there was one short paragraph in the chapter “Aftercare and Community Reintegration” supporting the involvement of family members: “Taking into account increasing research evidence showing that family involvement plays an indispensable role in the successful rehabilitation of drug dependent persons, it is recommended that more efforts should be made to make use of this element in the existing drug treatment programmes. In particular, consideration may be made for the launching of family-based intervention programmes” (Narcotics Division, Security Bureau, 2003b, pp.77-78). So the policy document backed up the organisation of such services for family members of drug abusers.

However, the actual resources/input provided for this target is being questioned. In the directory of drug treatment services published by the government, nil was entered in the column showing services for the family members (Narcotics Division, Security Bureau, 2003a). The Narcotics Report also did not cover the formal programme for them (Narcotics Division, Security Bureau & Action Committee Against Narcotics, 2004).

Another crucial point is that the family members are victims of the drug abuse problem. But their needs and difficulties appear to be neglected as they are just seen as an ‘element’ being ‘made use of’ for ‘the successful rehabilitation’ of drug abusers.

The authors had tried to explore the existing services to these family members in Hong Kong by making inquiries to current drug treatment and rehabilitation agencies and got the information as in Table 1.



Table 1 *Existing Services to Family Members of Drug Abusers

Type of Programme	Agencies	Services Provided
Compulsory Placement Programme	Correctional Services Department	Talks & VCD for parents
Out-patient Drug Treatment Programme	Methadone Clinics, Department of Health	Family counselling, groups, interest classes/clubs & association organised by SARDA social workers
	Substance Abuse Clinics, Hospital Authority	Irregular family sessions
Voluntary Residential Drug Treatment and Rehabilitation Programme	Society for the Aid and Rehabilitation of Drug Abusers (SARDA)	Interviews/assessment before family day, case involvement & family support groups
	Barnabas Charitable Service Association	Monthly family meetings, irregular gatherings / day camps & family therapy
	Caritas Wong Yiu Nam Centre	Family counselling, education & long-term groups with visit team backed up by Lok Heep Club
	Christian New Being Fellowship	Irregular religious family sessions & family group at village during visit
	Christian New Life Association / Mission Ark	Family religious group & home visit by social worker
	Christian Zheng Sheng Association	Family visit day & home visit when needed
	Drug Addict Counselling and Rehabilitation Services (DACARS)	Family visit day & religious meetings
	Finnish Evangelical Lutheran Mission Ling Oi Youth Centre	Family fellowship
	Hong Kong Christian Service Jockey Club Lodge of Rising Sun	Family day with gatherings monthly & case involvement
	Operation Dawn	Family fellowship
	St. Stephen's Society	Family religious meetings & home visit
	Wu Oi Christian Centre	Church meetings, talks, home visit, family day & camp
	Perfect Fellowship	Weekly church meeting welcoming family members
Glorious Praise Fellowship	Church meetings	

	Remar Association	Nil
Counselling Programme for Psychotropic Substance Abuse	Hong Kong Christian Service PS33	Monthly family group, family interviews & awards
	Caritas HUGS Centre	Regular family group meetings & family anti-drug network/campaign
	Hong Kong Lutheran Social Service — Cheer Lutheran Centre	Family interviews, orientation and support group & quarterly joint activities
	Hong Kong Lutheran Social Service — Evergreen Lutheran Centre	Sharing sessions & mutual aid parent group
	Tung Wah Group of Hospitals — CROSS Centre	Regular mutual support group meetings
Counselling and Multiple Integrated Service Programme	Hong Kong Council of Social Service	Nil
	Pui Hong Self-help Association	Family involvement in recreational activities & self-help/therapeutic groups
	KELY Support Group	Counselling involving parents
	Hong Kong Society of Rehabilitation and Crime Prevention	Mutual aid groups & family assessment in Oasis Project
	Caritas Lok Heep Club	Family casework, short-term course (Drug Education Group), long-term mutual support group & home visit team

(*The authors' remarks : The information recorded above was based on the information gathered from the inquiries. For a full picture of the actual service provision, please refer to information supplied by the agencies through their respective channels.)

According to many of the staff of these agencies, the problem of inadequate resources is so serious that they can just involve the family members on visit days and at their regular (usually church) meetings without specific programmes for such a target; there are also no specially designed service except irregular family sessions or home visits when needed. The frequency of family meetings is also restricted.



Sharing of Experience from Caritas Lok Heep Club

How about the experience of the authors? Let us share it with you. Caritas Lok Heep Club started its experimental work on running groups for family members of drug abusers in the 1990s. In the experience of serving ex-drug abusers, social workers noticed that the 'family members of those who relapsed expressed need for service' and they were 'more motivated to make changes than the drug abusers' and able to 'facilitate the drug abusers to quit drugs' but 'no specific services are provided to the target group' (Cheung, 1999, p.108). In addition, the workers found that many of the family members on one hand 'were concerned about the drug abusers and wanted to help' but on the other hand 'felt helpless, worried, sad, guilty, puzzled or had the desire to escape from the problem'; 'they had many doubts about drugs and related issues but there was a lack of channels through which they could talk about the problem and get support and consultation'; only providing services at casework level 'could not fully help them handle the problem' (Cheung, 1999, p.108; Caritas Lok Heep Club, 1995, p.1). So since May 1993, small groups have been formed for the family members of drug abusers to assist them to understand drugs and relevant information and the ways to deal with the drug problem (Caritas Lok Heep Club, 1995, p.1).

With increasing numbers of family members completing their participation in these short-term groups, it was noted that many of them needed and preferred to have mutual support during the long-term battle with drugs. They have therefore been grouped together to establish long-term mutual support groups since 1995-96.

In 1999, with Caritas Wong Yiu Nam Centre (a drug withdrawal treatment centre for youth) set up, the service need of the family members of the inmates was further recognised and the Drug Education Group was designed as a short-term course for them. They were encouraged to join the long-term mutual support group afterwards. This Drug Education Group is selected for examination in the following section.

It should be added that after having attended the mutual aid group for years, some experienced and mature family members were able to be trained and serve as voluntary peer counsellors to render care and service to other family members in need. This formed the basis on which the Home Visit Team was set up in 2002.

Drug Education Group Examined

Basic information about the Programme

The programme is called ‘Drug Education Group for Family Members of Drug Abusers’ (「藥物教育小組之家人錦囊課程」). Its Chinese name suggests that there are constructive teaching packages included in the programme for these family members. It is actually a four-session course with topics as follows :—

1) Drugs and Addiction; 2) Psychological Processes of Drug Abusers (Six Stages of Change and Family Members’ Coping); 3) Services on Drug Treatment and Rehabilitation and 4) Handling of Relapse and Positive Rehabilitation Factors.

The proper role of family members in each of the above aspect is highlighted. The stated objectives of the group are : 1) promoting the participants’ understanding of drugs, treatment and rehabilitation; 2) providing aid and support to family members in handling problems related to drug abuse.

Organised by Caritas Lok Heep Club, this programme got its participants either through encouragement and referral from their caseworkers or from those visiting the inmates of Caritas Wong Yiu Nam Centre. It should be pointed out that both units belong to the Family Service of Caritas – Hong Kong, which adopts a family perspective in viewing the drug problem and making interventions (Lai, 2003; Leung, 2003).

The course is run on an open-cycle basis with such formats as mini-lecture, discussion, experience sharing, video watching and exercises. When possible, there would be live-case examples given by ex-drug abusers, experienced family member peer counsellors, or the worker.

Theoretical Basis

First, as implied in the experience sharing, we note that the group adopted, to a certain extent, a ‘parent-mediated perspective on family education’ (Lam, 2003). As mentioned earlier, the family members could ‘facilitate the drug abusers to quit drugs’ It was believed that helping the family members to undergo positive changes (while they were found to be ‘more motivated’ than the drug abusers) could indirectly promote positive changes in the drug abusers.



The adoption of this perspective indicates that in the education programme, parents would be taught some knowledge and skills so as to bring about improvement in parent-child relationship and, as a result, better development in children's behaviour (Mahoney, Kaiser & Girolametto, 1999). When we examined the content of the group, we found not only the presence of much knowledge on drugs, addiction and relevant services but also guidelines on family relations and communication — for example, there are lists of constructive and destructive words and actions as reference for family members to note in the rehabilitation stage of drug abusers (Lai, 2003, p.263). Through changing family communication patterns, it is hoped that the likelihood of the abusers' relapse could be reduced in the family context.

It should be pointed out that while drug addiction had been classified as a mental disorder in the Diagnostic and Statistical Manual IV published by the American Psychological Association, the supporters of the parent-mediated perspective believed that 'parents play an important role in the development and maintenance of psychopathology in children' (Lam, 2003, p.148). For instance, in the Drug Education Group, parents would be reminded of the hazards of parental inconsistency in dealing with drug-abusing children (e.g. one party might give money to them for buying drugs while another would not) and that the development of the misbehaviour would be promoted by this inconsistency.

Under this perspective, a more specific theory on addictions has been applied in the family education programme. It is the 'Compensatory Model' based on cognitive-behavioural and social learning theories (Brickman, Rabinowitz, Karuza, Coates, Cohn and Kidder, 1982). This model suggests that drug addiction is a learned behaviour (the abuser learns it from the social environment and can unlearn it by his/her own effort and with the support from others). Family members, when taught about such a stand, can view and deal with relapse more positively as they can help the drug abusers to learn from the mistake. This is contrary to the traditional view held by the 'Moral Model' which sees drug addiction just as a personal moral defect and relapse is equal to 'lack of will power' (Brickman et al., 1982). In fact, according to the experience of the authors, many parents and family members had a positive cognition change from using the Moral Model to the Compensatory Model after joining the course. With the knowledge, they could help the drug abusers to learn more adaptive coping responses and to learn refusal skills to cope with tempting peer pressure or social situations for drug reuse.

Another application of the social learning theory in the programme is that while the family members are given the opportunities to express their own views and talk about coping methods regarding the handling of the drug problem in the group, the worker would encourage those with a very positive attitude to serve as models for others to follow. Using the strengths of such members in influencing other members is actually employing another perspective in family education — ‘empowerment perspective’ which emphasises the development of constructive ways to cope with family problems and is said to be ‘particularly suited to parent education for disadvantaged families and families with special need children’ (Lam, 2003, p.150). More elaboration on adopting such a perspective will be given in the reflection part of this paper.

The third perspective that the education group uses is the systemic perspective which sees the family system interacts with other systems in forming ‘push and pull forces’ on drug abuse (Lai, 2003, p.254 and p.257). Under this framework, the drug-abusing individual’s own curiosity about drugs, his/her boredom or unpleasant mood and family communication difficulties are conceptualised as ‘push’ forces pushing him/her to go out to try or reuse drugs. On the other hand, the magnetism of drugs, peer influences, social atmosphere for using drugs and the strategies of drug sellers are regarded as ‘pull’ factors to pull out the individual from the family to get in touch with drugs. In the family education programme that we are examining, family members would be encouraged to adopt such a mindset in tackling the drug issue jointly with the social workers and other treatment staff. As a result of the joint effort of the two systems, it is expected that the push forces and the influences of pull forces could be minimised for the drug abusers who have developed stronger family ties and improved family communication with the tips obtained from the group by their family members.

More information about the application of the general systems theory in relation to family and drug abuse can be found in the writing of Levin, Culkun and Perrotto (2001). What we have to note is that for ‘the addicted family’, the education programme is designed to enhance the family’s awareness of the dynamics of such a ‘human surround’ (Levin, et al., 2001, pp.166-167) and how they can effectively counteract the drug subculture with other systems. It can be added that under this perspective, the education programme aims at strengthening the family system to bring about improved behaviour of the drug abusers; in other words, the family members are regarded as ‘agents of change’ and the abusers are treated as ‘targets of change’ (Patterson, Reid & Dishion, 1992).



Assumptions

There are three sets of assumptions underlying the family education programme.

The first one is using the idea of education based on the parent-mediated or systemic perspective. In particular, as we have said about the Compensatory Model, the education programme is carrying a remedial assumption that these families, with drug problems, should be helped to relearn functional parenting style and proper ways to cope with the family difficulties (Fine and Lee, 2001).

The second one is the nurture assumption which highlights the importance of family environment on shaping people's behaviour. With the ripple effect in everyday interaction, a family member's change is believed to be able to induce change in the drug abuser; from a developmental point of view, a person's personality and behaviour are assumed to be closely related to the family environment that he/she grows/lives in. So it is held that the changed behaviour and communication pattern of the family members as a result of the impact brought by the education programme would have profound effects on the drug abuser finally (Lai, 2003, p.254).

The third assumption is linked with Chinese cultural norms. With the said cultural belief that it is not desirable to 'wash dirty linen in public' and the traditional view that "if the offspring was not taught properly, it was the father's (parents') fault" (「養不教，父之過」), parenting is a private issue with strong family boundary in Chinese culture (Lam, 2003, p.157). While the family members cannot have the chance to ventilate the drug problem in their general interaction with friends and relatives (as drug abuse is a very sensitive topic that arouses the negative meaning of these cultural concepts), the group provides a safe platform for them to share their experiences with others in the same boat.

Sharing of Some Significant Observations about the Group

The authors had invited some students studying in the programme 'Master of Arts in Family Counselling and Family Education' at The Chinese University of Hong Kong from 2003 to 2004 to perform visits and make live observations of the programme. Many responses of the participants (mainly parents, with some siblings and uncles/aunts, of drug abusers) and the themes they had brought out were worth noting. The authors have just summarised six main points here :

- (1) Many parents described themselves as 'failed parents' and some even blamed themselves and felt that they should not have given birth to the children if they had known their drug abuse in advance (this point was highly related to the cultural stigma mentioned);
- (2) Some had complaints about society and government policy — they commented that the policy was too loose and thus exposed the young people to the danger of drugs in a youth subculture that treats drug use as a fashion;
- (3) The involvement of some siblings and close relatives in the group brought a new form of support as they could take positions and roles different from the parents and exhort the drug abusers to quit drugs in a softer way;
- (4) Some of the parents revealed their own growing experience and marital problems in the sharing sessions, beyond the drug issue of their children;
- (5) There were parents who kept quiet throughout the process and showed an attitude of 'just coming to listen and to learn';
- (6) Mutual support and consolation was observed as a relationship was built up among members in successive sessions.

Reflections from the Examination and Observations

What is the meaning of the above examination and observations?

First, we see that family education is not equal to parent education. There are siblings and significant others involved. Traditionally, parents were assumed to take the sole responsibility for children's misbehaviour. So the parents had feelings of self-blame. However, when we take a systemic perspective, the 'human surround' — the siblings, the relatives, the peers and even the community would be all taken into account. The issue is no longer an individual one nor a private parenting one (in the 'microsystem') but it would involve the interactions with the 'mesosystem' (extended family, church, school or treatment organisation in the drug case), the 'exosystem' (neighbourhood, community, mass media) and the 'macrosystem' (government policy, educational and legal systems with broad cultural notions of parenting) according to the 'socio-ecological model of family system' (Bennett & Grimley, 2001, pp.103- 107).

Second, should the family education programme be focused on knowledge inoculation? On one hand, in the context of drug treatment and rehabilitation, the family members do need some basic



knowledge about drugs, addiction, the relevant concepts and services. Built on them, a common understanding and language for sharing and discussion can be made possible and more fruitful. But on the other hand, we see that the programme can touch the own development of the family members (mainly parents). Their own values, growing history and even marital difficulties would be touched upon / uncovered naturally in the process. The domains of emotional management and personal development of the family members would enter. It follows that the 'education' has to contain the notions of 'whole-person development' (Lam, 2003, pp.154-155) and 'lifelong learning' (being parents; as persons). Through the mutual learning process in the group, the participants have the opportunities to re-examine their own practices, values and lives, bringing room for improvement.

The third reflection is related to the second one. The family group worker may not necessarily assume the role of expert in teaching 'professional knowledge' but can serve as a partner to grow with the family members in jointly handling the family difficulties. Using the parent empowerment perspective, the programme is a 'collaborative venture' in which the workers and the participants have mutual growth based on 'mutual trust, respect and commitment' (Lam, 2003, pp.155-156). Under this atmosphere, family members' own definition of problems and own choices of learning goals are emphasised.

Fourth, the programme lacked a positive orientation about the constructive sides of parenthood. As revealed in the group observations, there had been parents blaming their children taking drugs on their giving birth to them. Does the selective perception of the 'bad' sides lead to the blame? Watching their children's growth from babies, the parents certainly do have some joy. Besides, the drug abusers do have some non-problem areas and strengths that their parents may appreciate. Can the education programme incorporate the exploration of such joyfulness to better motivate the parents to face and handle today's difficulties? This question deserves further exploration.

Fifth, when we examined the content of the education programme, we found that there might be social class differences in understanding the materials. A certain degree of literacy is needed to read the tables/guidelines for family members on coping and communication. As a result, those of the middle class are more likely to come next time while the working class, though in need of the service, might not join the second session if they found difficulty in tuning in to what was being imparted to them. Can some adaptations be made possible?

Suggestions for the Family Programme — the Directions

In view of the above reflections, the authors have suggested the following :

- (1) In order to reduce the stigmatisation effect, a need-focused orientation instead of a problem-focused one would be preferred. What are the needs of the family members at emotional, relational, practical and community levels? They would have to be studied. To counteract the negative cultural norms, starting from their felt needs (instead of focusing on the drug problem) would be a good application of the parent empowerment perspective. The worker's role might be focused more on exploring such needs and assisting them to use their own strengths to fulfill the needs. For instance, some family members might express the need for understanding more of the drug abusers. The educator might promote their own discussion of effective ways, tapping their own resources/ideas from their own context instead of providing 'professional' and ready-made answers. Role-plays might be used. One of the family members might act as the drug abuser to feel the taste of the interaction and, Through sharing and discussion, a more workable and effective way of communication can be jointly discovered.
- (2) In line with the above suggestion, the focus of family education programme can be more developmental. The family members can be encouraged to develop themselves as whole-persons — in knowledge, in attitude, in feeling, in skills and in the pursuit of a healthier and happier life. Lifelong learning and growing with the times, with the world, with their children can be promoted. For example, there had been a mother (a traditional housewife) stating that it was only after her son took drugs and committed crime did she know more about society — the police station and court procedures, the drug knowledge and the way to cooperate with various treatment staff. The message of 'parents need to learn continuously' in meeting future challenges should be put in focus. As a process of 'becoming', parents' own growing-up can serve as positive a model conducive to drug abusers' life changes. Parents may be assisted to learn to use the Internet, to send email to children and to visit discos — these changes might be surprising to their children and might produce significant impacts on mutual growth. In brief, the education can be more growth-oriented than remedial.
- (3) As mentioned before, a wider perspective with macro and ecological point of view can be adopted by the family educators. For example, the voices of the parents and the siblings can be channelised to influence the policy. With their heartfelt concern about protecting the youth from being destroyed by drugs, they can also be mobilised as volunteers to serve in preventive



activities. In doing so, joint efforts with schools, community organisations, health services and mass media (the 'mesosystem' and 'exosystem') are recommended to make it community-wide. In this way, the parents would no longer shoulder all the responsibility and develop unnecessary self-blame. Rather, they can transform the sorrow into positive input in building up a more healthy community with other partners. A sense of hope and social belongingness (instead of social failure as implied in the term 'failed parents') can be cultivated in the process. This is especially important for helping them to have a positive future outlook.

- (4) In making adaptations to meet the need of the working class, a more activity-oriented approach instead of the literacy approach can be tried. With reference to the 'visitation project' using *Growing Child* materials in a family education programme (Bennett & Grimley, 2001), family group workers can employ those mature family members who had successfully coped with the drug issue as volunteers and involve them in revising the education materials. Furthermore, they can be organised to pay visits to the working class to render support and live sharing of the materials. The Home Visit Team does have potential to serve in this aspect.

Of course, the suggestions here are not limited to the improvement of the group programme design. It is hoped that the above examination of perspectives, assumptions and useful observations can offer reference and directions in which family programmes in the field can develop.

Further Remarks on the Situation of Family Members

From 2003 to 2004, Caritas Lok Heep Club conducted a simple survey to collect comments and opinions of family members of drug abusers who received its services. As pointed out in the first suggestion above, we should try to understand their needs in more concrete terms and the following points are summarised from the survey of 69 family members :

- (1) While 97% of the drug abusers were males, about 80% of the family members seeking services from Lok Heep Club were females, showing the gender differences and their readiness in receiving services.
- (2) The family members got access to the services mostly through Probation Officers or Welfare Officers (about 30%) and referrals made by non-government organisations (24%).

- (3) The length of time that had elapsed before the abusers' drug –abusing problem became known to the family members ranged from less than half a year (36.4%), one to three years (20%) to more than seven years (14%).
- (4) While two-thirds of the family members had received services for less than three years, over 95% found the services helpful, in particular the mutual aid group and counselling services.
- (5) More concretely, over 75% of the family members showed reduction both in their physical and psychological complaints after receiving the services. Among them, 29.2% expressed improvement in financial situation and 54.4% indicated better family relationship. As a result, over 90% expressed that they would introduce the services to others in need.

We hope that these data would shed some light to policy makers and service providers in the field. Because of limitations in resources and time, we have started with an exploratory study. It is hoped that more researches could be conducted to explore and understand in greater depth the needs and voices of these families.

Conclusion

Family members of drug abusers are first and foremost victims of the drug problem. Their wounds and needs deserve attention. On the other hand, with proper backup, they can serve as powerful support in the treatment and rehabilitation of drug abuser. They may also be very persuasive advocates in preventive education against drug abuse. The authors call for more attention to both their needs and their potentials as support in future service development and provisions. This paper is intended to be a first step down a long road.

References

- Bennett, J., & Grimley, L.K. (2001). Parenting in the global community : A cross-cultural/international perspective. In M.J. Fine, & S.W. Lee (Eds.), *Handbook of diversity parent education : The changing faces of parenting and parent education* (pp. 97-132). Academic Press, Inc.
- Brickman, P., Rabinowitz, V.C., Karuza, J., Coates, D., Cohn, E., & Kidder, L. (1982). Models of helping and coping. *American Psychologist*, 37(4), 368-384.
- Caritas Lok Heep Club. (1995). Groups for family members of drug abusers in Caritas Lok Heep Club. Unpublished manuscript. (in Chinese)



- Cheung, D. (1999). Services for family members of drug abusers. In Hong Kong Council of Social Service (Ed.), *Orientation package for drug treatment and rehabilitation services in Hong Kong* (pp. 108-109). Hong Kong : Hong Kong Council of Social Services. (in Chinese)
- Daytop (2003). *Daytop for a drug free world*. Retrieved January 14, 2005 from <http://daytop.com>
- Fine, M.J., & Lee, S.W. (Eds.) (2001). *Handbook of diversity parent education : The changing faces of parenting and parent education*. Academic Press, Inc.
- Lai, T.C. (2003). Family-focused intervention in drug counseling. In Social Work Division, Caritas – Hong Kong (Ed.), *Solid practice III : Casebook of social and therapeutic interventions* (pp. 253-265). Hong Kong : Cosmos Books Ltd. (in Chinese)
- Lam, C.M. (2003). Parent education : Vision and revision. *Asian Journal of Counselling*, 10 (2), 147-167.
- Leung, Y.F. (2003). Family work in Caritas Wong Yiu Nam Centre. In Social Work Division, Caritas – Hong Kong (Ed.), *Solid practice III: Casebook of social and therapeutic interventions* (pp. 295-301). Hong Kong : Cosmos Books Ltd. (in Chinese)
- Levin, J.D., Culkin, J., & Perrotto, R.S. (2001). *Introduction to chemical dependency counseling*. London : Jason Aronson Inc.
- Mahoney, G., Kaiser, A.P., & Girolametto, L.E. (1999). Parent education in early intervention : A call for a renewed focus. *Topics in Early Childhood Special Education*, 19 (3), 131-140.
- Milhorn, H.T. (1994). *Drug and alcohol abuse : The authoritative guide for parents, teachers, and counselors*. New York and London : Plenum Press.
- Narcotics Division, Security Bureau. (2003a). *A service directory of drug treatment facilities in Hong Kong*. Hong Kong : The Government of the Hong Kong Special Administrative Region.
- Narcotics Division, Security Bureau. (2003b). *The third three-year plan on drug treatment and rehabilitation services in Hong Kong*. Hong Kong : The Government of the Hong Kong Special Administrative Region.
- Narcotics Division, Security Bureau and Action Committee Against Narcotics. (2004). *Hong Kong Narcotics Report 2003*. Hong Kong : The Government of the Hong Kong Special Administrative Region.
- Partnership for a Drug-Free America. (2005). *Partnering With Families*. Retrieved January 14, 2005 from <http://www.drugfreeamerica.org/Parent/>
- Patterson, G.R., Reid, J.B., & Dishion, T.J. (1992). *Antisocial boys (A social interactional approach, Vol. 4)*. Eugene, OR : Castalia.