



Counselling Services in Methadone Clinics – A Hong Kong Model

Peter Pi
Executive Director
The Society for the Aid and Rehabilitation of Drug Abusers

Abstract

It has to be acknowledged that the model of methadone treatment that has been shown to be effective has usually included counselling as part of its service delivery. While methadone treatment without counselling is not uncommon throughout the world, the “Methadone Treatment Programme” (MTP) in Hong Kong is blessed with the resources to carry out counselling programmes for its patients. This paper attempts to paint a clear picture of the evolution of counselling services in methadone clinics in the territory. It begins with a brief description of the historical development of the “Methadone Treatment Programme”. Hot on its heels is a review of problems encountered. The paper devotes pride of place to an account of the enhanced counselling and support services for methadone patients implemented since October 2002. Notably, a host of groups have been launched, including counselling groups for patients of all ages, family group, youth group, female group and self-help groups. An analysis of the findings of a survey on methadone patients conducted in January 2004 serves to shed light on the effectiveness of the enhanced counselling services. The concluding paragraphs are devoted to making recommendations to improve and optimise the services.

(1) Introduction

There is reasonable evidence to suggest that counselling does add to the effectiveness of methadone treatment for some patients. It has to be acknowledged that the model of methadone treatment that has been shown to be effective has usually included counselling as part of its service delivery (Ward, Mattick and Hall, 1998). While methadone treatment without counselling is not uncommon throughout the world, the “Methadone Treatment Programme” (MTP) in Hong Kong is blessed with the resources to carry out counselling programmes for its patients. This paper attempts to paint a clear picture of the evolution of counselling services in methadone clinics in Hong Kong. It begins with a brief description of the historical development of the “Methadone Treatment Programme” in the territory. Hot on its heels is a review of problems encountered and an account of the enhanced

counselling and support services for methadone patients implemented since October 2002. An analysis of the findings of a survey on methadone patients conducted in January 2004 serves to shed light on the effectiveness of the enhanced counselling services. The concluding paragraphs are devoted to making recommendations to improve and optimise the services.

(2) Historical Development

The use of methadone treatment of drug abusers on an outpatient basis started in the territory in late 1972, with the establishment of the “Methadone Treatment Programme” by the Department of Health in response to the perceived increase in Hong Kong’s addict population, and serious overcrowding in the prisons. It is now the largest treatment programme in the territory. The aim of the programme is to provide drug abusers with outpatient methadone treatment so as to minimise the danger caused by dangerous drugs to the health of the abusers and to the economy and security of society. Currently there are 20 methadone treatment clinics in Hong Kong, with a total average daily attendance of about 7,000 (Department of Health, 2004). Most of the clinics are housed in facilities operated by the Department of Health, which provides primary health care of all kinds to the community. Six of them, in areas of greatest demand, are full-day clinics and operate from seven in the morning until ten in the evening; the others are evening clinics and serve patients from 6 p.m. to 10 p.m. A “low-threshold” approach is adopted. Those who are opiate drug abusers and do not have serious medical conditions are eligible for admission to the programme. Every clinic requires a payment of one Hong Kong dollar for each visit.

The outpatient methadone clinics provide both detoxification and maintenance programmes. Patients may opt to join either programme. The majority of the patients choose the maintenance programme. Under the detoxification programme, the dosage of methadone is reduced gradually and adjusted according to the patient’s need until it is no longer needed. If he/she fails to achieve detoxification, he/she can switch to methadone maintenance under which an optional dose of methadone is prescribed for as long as he/she wishes. No time limit is imposed on the treatment regimen. Nor is take-home medication ever permitted.

Since 1 April 1993, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) has assumed responsibility from the Social Welfare Department for the provision of counselling service in methadone clinics. The mode of operation of the counselling service was modified with the introduction of a



case management system. 14 social workers were identified for specific clinics and patients replacing the previous system of rostered duties giving merely over-the-counter assistance. Targeted cases included first timers, young drug abusers under 21 years of age, and those drug abusers referred by the Medical Officer or with requests from the patients for counselling services. The counselling and related services provided included intake interviews, ongoing counselling interviews, brief contacts, follow-up contacts, and aftercare services for those who had achieved outpatient detoxification. The professional tasks involved in case management consisted of periodic case reviews, case meetings with clinic doctors, arrangements for urine testing, referral making, and documentation of the delivery of services. The number of social workers was gradually increased to 20 as at the end of September 2002.

In 1999, a Working Group, formed under the auspices of the Action Committee Against Narcotics (ACAN), was tasked with the mission to review the "Methadone Treatment Programme". The comprehensive review completed by the Working Group in December 2000 has resulted in the release of a total 54 recommendations in the published Report. The recommendations of the review were wide and far-reaching, ranging from patient assessment to support services, from improvement of treatment setting to operation, and from staff education and training to public education publicity (Narcotics Division, 2000). In response to these recommendations, additional posts of one Social Work Officer and six Assistant Social Work Officers were created in October 2002 with a view to augmenting support and counselling services, in particular group services, for methadone patients and their families. Since then, a host of groups have been launched, including counselling groups for patients of all ages, family group, youth group, female group and self-help groups. On the other hand, the total number of cases handled by the MTP social workers as at 30 September 2004 stood at 1,925.

(3) Problems Encountered

Since its implementation in 1972, the treatment programme has always been a bone of contention. It has constantly come under fire from some quarters of the community for the following reasons:

- (a) A considerable number of people harbour scores of myths about methadone. They take the pessimistic view that methadone is just a kind of legal drugs and is used to substitute one drug addiction for another. Besides, methadone will damage the body, causing harmful effects on

the liver and the immune system. As a result, many patients prefer low dosages at the expense of their heroin-free status.

- (b) Many make a fuss about the adoption of the “Harm Reduction Approach” in the treatment programme. Critics say that the approach flies in the face of the traditional Chinese concept of “withdrawal treatment”, a process by which a toxic substance causing withdrawal symptoms is purged from the body. The “Harm Reduction Approach” is dismissed as a charade to cover up the failures of the treatment programme.
- (c) Many people have little faith in the “Maintenance Programme” for not really treating addicts and helping them change. It only makes them more comfortable and treats the symptoms of narcotics addiction, leaving people vulnerable to other addictions.
- (d) Most of the clinics housed in facilities operated by the Department of Health are provided with limited space. The patients are cramped for space in the waiting room. Worse still, there is no waiting room in some clinics. As a result, many patients gather in the vicinity of the methadone clinics, thereby beckoning a lot of drug peddlers. Many methadone clinics are notorious for causing nuisances to the public passing by.
- (e) Some patients get into the habit of hoarding up the methadone prescribed and taking them out of the clinics. Some take the methadone hoarded at a later time, posing the danger of over-dosage. Some others sell them to the black market.

(4) Enhanced Counselling and Support Services

To address the aforesaid problems, the counselling services in methadone clinics are refined, enhanced and geared towards the following directions:

- (a) Clarification of the nature of methadone treatment: As we know, methadone is a synthetic opiate that prevents opiate abstinence symptoms (withdrawal), decreases craving for opiates and blocks euphoric effects of other opiates by creating cross-tolerance. It has less harmful effects than heroin. It is safer than street heroin because it is a legally prescribed medication and it is taken orally. Methadone does not harm the liver or the immune system (Lindesmith Centre-Drug Policy Foundation, 2000). One of the aims of the enhanced counselling services is to ensure that the nature of methadone treatment really sinks in among the patients as well as the public. The social workers of MTP see to it that the myths harboured by them have been dispelled.



(b)Promotion of the “Harm Reduction Approach”: Instead of serving to whitewash the failures of the “Maintenance Programme”, the “Harm Reduction Approach” acknowledges abstinence as a desirable goal of treatment, but also accepts that a reduction in the harm associated with drug use is also a worthwhile outcome of treatment in cases where total abstinence is unattainable. The goals of the approach can be conceived of as a hierarchy of desirable outcomes with abstinence from illicit drug use at the top followed by a number of less desirable outcomes. In fact, many patients eventually achieve the higher goal of total abstinence after getting the easier and less desirable goals under their belt.

(c)Promotion of the effectiveness of methadone treatment: The findings of a host of studies conducted either overseas or locally point to the effectiveness of methadone treatment. Evaluating five long-term follow-up studies of methadone maintenance treatment and comparing outcomes with those obtained in six similar studies of drug-free treatment, Maddux and Desmond (1992) found rates of voluntary abstinence to be remarkably similar. The percentages of voluntary abstinence in the methadone maintenance treatment studies ranged from 9% to 21% while those in the drug-free treatment studies ranged from 10% to 19%. On the other hand, Cheung & Ch'ien (1997) in a follow-up study of SARDA clients concluded that those who had participated in the “Methadone Treatment Programme” were more likely than those who had not to achieve drug-free status. With the assistance of rehabilitated methadone patients, the MTP social workers go out of their way to help methadone patients and the public acquire a better grasp of the effectiveness of methadone treatment.

(d)Strengthening of individual counselling services: Individual counselling services are strengthened with the introduction of a new assessment mechanism. Under this mechanism, assessment of patients is conducted after registration or re-registration with the “Methadone Treatment Programme”. An individual treatment plan will be worked out if the patient is willing to be recruited into worker’s caseload for counselling service. On-going counselling on a weekly basis will be rendered and reassessment of the patient’s progress would be conducted at 4-monthly intervals to see if the treatment goals had been attained. While the social workers set great store by assessment and reassessment interviews, the other professional tasks, such as brief contacts, follow-up contacts and case meetings with clinic doctors and Auxiliary Medical Services (AMS) members, are not relegated into less important activities and keep on carrying equal weight.

(e) Enhancement of group services: Since October 2002, a host of groups have been launched, including counselling groups for patients of all ages, family group, youth group, female group and self-help groups. The enhanced group services aim at helping methadone patients in the construction of a new identity incorporating non-addict values and perspectives and a non-addict lifestyle. They are encouraged to move away from the drug scene and their former drug-using associates, develop a new drug-free lifestyle, make sure that they occupy their time as fully as possible and in ways that do not pose a threat to their new status; and avoid the use of other drugs as a substitute for the one they have given up. The enhanced group services are discussed at length as follows:

- (i) **Counselling Groups:** The counselling groups focus on sharing and coping strategies. Experienced group members are mobilised to help run the group sessions, serving as role models or co-leaders. Other types of group counselling programmes such as assertiveness training, AIDS awareness and sex-education are also introduced with a view to meeting different recovery needs of the clients. Special groups are held for those patients who fail to achieve stable maintenance. Harm reduction approach is adopted. The goals of the groups can be conceived of as a hierarchy of desirable outcomes with abstinence from illicit drug use at the top followed by a number of less desirable outcomes. Other viable outcomes include changing the modes of administration of the drug (e.g. oral methadone or replacing injected heroin with a smoked variety), abstaining from needle sharing, or, at the very least, if the patients concerned continue to share, proper cleansing of injecting equipment before each new person uses it.
- (ii) **Youth Group:** The Youth Group aims at helping its members maintain a close link with the community and to facilitate their smooth social re-integration. The training programmes focus on the empowerment of members' self-esteem, self-image and self-confidence through a series of training and educational programmes such as general education, positive life values, leadership, as well as social and interpersonal skills. On the other hand, peer group therapy forms part and parcel of the training programmes for the young patients. In a group that stresses openness and honesty, peers can share common interests, begin to feel at home, establish relationships, make friends, learn communication skills, and learn how to deal more constructively with parents, with adult authority and with society.



The youngsters are encouraged not to be let down by their previous failures. They are exhorted to believe in second chances as no one can ever boast that he or she made it the first time around. For someone to succeed in life, they need to have will and skill. Will comprises both intrapersonal intelligence, that is, how you handle your emotions and defeats in your inner world and interpersonal intelligence – how you face a world which may not necessarily be friendly. In this regard, the youth group members are encouraged to develop skills and wills through assuming tasks. Under the sponsorship of the “Red Ribbon Centre” of the Department of Health, the Youth Group was tasked with the production of a video featuring AIDS education in 2003. Undaunted by a mountain of hurdles, including technical problems and limited resources, the group members grasped the nettle and completed the production within a short span of three months. They learned to see the possibilities, not the obstacles. The premiere of the video production held in March 2004 catered for about 200 youths at risk. The show went down well with the audience. The group members also reached out to some youth centres and schools to publicise AIDS education. The service recipients spoke highly of the group’s admirable job. An unexpected spin-off emerged after the completion of the project. Many group members demonstrated marked and positive behavioural changes. A total of 20 youngsters were involved in the project. Before its implementation, 17 of them were unemployed while 16 members were still on the treatment programme. But after the task was over, all of them were employed. What was more stunning and encouraging was that 13 members had succeeded in outpatient detoxification. Currently, the group plans to set up a musical band. It is believed that the group members will get benefits from a band programme, which include accomplishment, appreciation, discipline, fun, active participation and maturing relationships (Brown, 1980).

It is noted that most of the young patients fail to complete high school and therefore are not able to develop the skills necessary for employment. To help the young methadone patients develop the skills necessary to make them employable, vocational training classes on computer knowledge, workplace English and workplace Putonghua are organised.

To infuse their life with a sense of purpose, the Youth Group members are actively engaged in voluntary services. For instance, they work closely with a Christian church to render services to a home for lepers in Shenzhen.

- (iii) **Female Group:** A Female Group is established with particular attention to gender specific problems such as pregnancy, child-caring and woman health, etc. Any pregnant female patient showing up at methadone clinics will be introduced and referred to the MTP Female Group for support. The programmes are planned on a full understanding of the reasons for female addicts to change. These include: (a) inundation in the heroin life results in neglected children, lost jobs, and health problems, including problems associated with withdrawal; (b) pregnancy may compel the addicted woman to treatment in order to avoid giving birth to an addicted baby; and (c) “burnout” is likely to occur when the age of 30 is reached when the problem of just what the individual is likely to be doing with the rest of her life is recognised (Platt, 1995). Workshops on promotion of the health of female patients and health problems encountered by pregnant patients are held regularly. Medical doctors, obstetricians, nurses, nutritionists and psychologists are invited to give talks at the workshops.

A quarterly bulletin named “glow-worm” is published out of members’ initiatives to promote a sense of belonging. The bulletin usually devotes pride of place to interviews with medical doctors and experts on drug abuse. Besides, a significant portion is given to reports on the activities and feedbacks of the group members.

The female patients need to fill the void in their lives that giving up drugs creates. The danger is that idleness and boredom might expose them to the temptation of taking drugs again. On this score, various interest groups/classes are organised, including cooking classes, sewing and embroidery classes and badminton group. Besides, vocational training classes, such as computer training classes and beautician training classes are conducted. These interest groups and training classes serve to provide them with an alternative lifestyle, a sense of purpose and stake in the future.

- (iv) **Family Counselling Groups:** The groups are an integral part of the treatment programme. These groups help family members support each other in the recovery process. The members can also learn about relapse cues and warnings in the client that may indicate an impending return to drug abuse. Our counselling services set great store by helping family members combat the problem of co-dependency, which can be defined as a preoccupation and extreme emotional dependence on the addict. Methadone patients need treatment of their



addiction, whereas the families need treatment to come out of their dysfunctional patterns. They are encouraged to learn to understand the need to be detached from the addicts' problem, which has all along been the sole focus of their lives.

- (v) **Self-Help Groups:** These typically involve group support with the aim of maintenance of changed behaviour, with a lesser focus upon individual growth and change. It is based upon a helper-therapy model in which individuals are maintained in a new identity by helping other persons. Strong emphasis is placed upon modelling and a supportive network, with ideology transmitted through group membership, regular meetings and group solidarity (Brown and Asherly, 1979). Currently, there are three regional self-help groups for methadone patients, namely Hong Kong Self-help Group, North Kowloon and North New Territories Self-help Group and East Kowloon and East New Territories Self-help Group. Non-addicted community volunteers are recruited as associate members as acceptance by non-addicts of the recovering addict's identity is especially important in sustaining its development and, thereby in maintaining the individual's abstinence from drugs. The community volunteers work closely with the methadone patients to carry out the activities of the respective regional self-help groups, including weekly meetings, experience sharing sessions, voluntary services and social gatherings.

- (f) **Family Involvement:** The journey to recovery can only succeed with the full and active participation of the family members. The almost total lack of such involvement in the past has contributed to the generally abysmal failure of rehabilitation. In most cases, the family has the strong love and commitment it takes to work through the difficult emotional issues and anxiety associated with recovery's healing process. On the other hand, families that have gone through the experience of taking care of their addicted member need to share such experiences with other families undergoing similar experiences. These will help ease the sense of loneliness and despair and will lead to a more constructive attitude. In this connection, a family association of methadone patients was set up in March 2004 with the following objectives:
 - i) To provide support to parents and family members of MTP patients;
 - ii) To provide assistance to families in the local community seeking help for addicted members; and
 - iii) To help MTP relations and programme promotions.

Currently, the association has a membership of upwards of 200. Monthly meetings are held with an average attendance of above 60. The meetings mainly focus on experience sharing and mutual support. Besides, senior members will be trained to conduct “parents-to-parents” counselling groups. The association pulls out all the stops to promote the image of the “Methadone Treatment Programme”. It maintains close linkage with some famous organisations in the territory, such as the Lions Club and the Rotary Club. For instance, several members of the association were invited by the Lions Club to join two visits to drug treatment centres in Shenzhen in 2003 and 2004 respectively. The association also plans to give talks to some youth centres and schools on their experiences in dealing with drug abusers. Besides, the members are prepared to present a paper on the development of the association in the upcoming “Hong Kong, Macau and Mainland China Conference on Substance Abuse” to be held in the territory in 2005.

- (g) AIDS Counselling and Prevention Service: With the implementation of the “Methadone Urine Testing Programme”, the role of the social workers has been expanded. Their interventions with HIV patients focus on educating patients on basic knowledge on HIV management, and risk reduction, establishing rapport and encouraging patients to seek HIV treatment – tracing the patients in case of default from methadone clinics or Integrated Treatment Clinic (ITC) and collaborating with the ITC clinical team in the continual management of the patient.

Under the sponsorship of the AIDS Trust Fund, the Society launches an AIDS prevention project called “The Phoenix Project”. The scheme recruits rehabilitated drug abusers, mostly of recovering methadone patients to act as outreaching volunteers. It delivers AIDS prevention messages and teaches AIDS prevention methods to methadone patients and street addicts.

- (h) Social and Recreational Activities: Social and recreational activities are held to help methadone patients develop new social styles and resources. Healthy activities reduce boredom and loneliness, help manage stress, provide opportunities for fun, and reduce drug cravings. Epidemiological studies indicate an inverse relationship between smoking and habitual physical exercise. Heavy drinkers often report that they feel less desire to drink after having completed a run at the end of the workday (Peele, Brodsky, Arnold, and Book, 1992).

It is worth noting that many of the methadone patients report minor and major illnesses while



receiving methadone treatment. Many are related to prior drug use, and many others are due to poor self-care. In this connection, recreational activities aim at promoting their health. They serve as an attempt to generate their interest in physical exercises which are part and parcel of a regimen for ensuring proper protection against diseases. Consequently, a “sports day” was held in September 2004 with an attendance of 150. The activities also provided good opportunities for the methadone patients to learn cooperation, sportsmanship and excellence which are crucial to their re-integration into society.

- (i) **Community Services:** Shared social and community activities foster attempt to demonstrate the validity of the “helper principle”—the one who helps the most benefits the most. Positive self-regard increases as a result of helping another person through giving rather than taking. All these can contribute to the patient’s success in social integration. Besides, community services serve to promote the image of methadone patients. While much success has been achieved, a number of seemingly insurmountable challenges still loom large. The greatest challenge of all is the sceptical attitude often exhibited by the public towards the methadone patients. It can be changed only through long-term and positive associations and engagement with the public.

- (j) **Vocational Counselling Services:** Vocational counselling services are strengthened with emphasis on the following areas: i) providing information to patients about the job market, the skills and experience necessary to obtain and work successfully at a particular job, and the types of stressors and rewards associated with different jobs; ii) assisting the patients with developing a realistic view of their skills, abilities and limitations; iii) teaching the patients basic problem solving and coping skills; iv) helping the patients develop or maintain motivation for vocational services and employment; and v) aiding the patients in obtaining education services, skills training, or the necessary entitlements to education and training.

- (k) **Supported Employment Service:** Hong Kong is facing a lingering economic recession and an exacerbating unemployment problem. The unemployment rate has recently hit a record high. Apart from this, our clients have to face other challenges and obstacles in obtaining jobs. These include deficits in education and skills and biases against hiring persons under substance abuse treatment or with criminal records. The Supported Employment Service is established to strengthen our aftercare service for discharged patients and to provide them with direct job opportunities in removal and express delivery services operated by the Pui Hong Self-Help

Association.

- (l) **Peer Counsellor Service:** Rehabilitated methadone patients are recruited as peer counsellors. With the exception of Cheung Chau Methadone Clinic, which serves a handful of patients shy of 40, there is one part-time peer counsellor in each methadone clinic. They are intimately familiar with the obstacles methadone patients face, the myths they harbour and the rationalisation they make. They know the street world and its language. They can make excellent straight friends for the most sceptical and hesitant patients. By sharing their success stories, they inspire the methadone patients to keep on leading a drug-free life.
- (m) **Establishment of “One-Stop” Social Service Centre:** Most of the methadone treatment centres in USA demonstrating high retention rates attribute their favourable treatment outcomes to the provision of comprehensive services, including medical and psychosocial (SARDA, 2002). They adopt the “one-stop shopping approach”, with the staff of different disciplines working under the same roof. The advantages are easy accessibility of services and minimisation of stigma attached to the patients. Besides, it provides ample opportunities for them to stay together and work as a cohesive team. The members are able to function together to provide careful coordination and monitoring of case input and progress. On that score, the Society has succeeded in soliciting the Government's approval to use the upper floor of Shamshuipo Methadone Clinic as an “one-stop” social service centre for methadone patients. In view of limited resources, our “one-stop” social service centre will only provide methadone patients with comprehensive psychosocial services under the same roof, including individual and group counselling services, vocational rehabilitation, education services, employment services and recreational activities. To our disappointment, the project faces a false start. It has recently been found out that the floor may not sustain as an office or social service centre because of loading and structural problems. The Society is waiting for the Government to sort the problems out.

(5) Evaluation on the Effectiveness of Counselling Services in Methadone Clinics

A survey was conducted in January 2004 to evaluate the effectiveness of the enhanced counselling services in methadone clinics. The study investigated whether there were any changes on the part of the methadone patients in the following areas after receiving the services:



- (a) Attendance rate of the treatment programme;
- (b) Heroin-free status;
- (c) Family relationship;
- (d) Employment status; and
- (e) Involvement in high-risk behaviours.

It was generally agreed that it usually took several months for counselling services to produce the intended results. As such, only those patients who had been admitted to the caseloads of the MTP social workers before 1 June 2003 were selected as the sampling subjects. The number of sampling subjects contacted by the social workers was in the order of 420. The number of valid questionnaires returned amounted to 363, constituting a response rate of 86.6%.

The sample had a mean age and a median age of 36.46 and 31.0 respectively, with an age range from 18 to 62. The higher percentage of female respondents (24.5%) in comparison with the percentage contributed by the males among the total methadone patient population (11.5%) was understandable, given the growing concern for the welfare of female patients. The sample was predominated by respondents from the maintenance programme (58.2%). They were followed by patients attending the detoxification programme. Detoxified patients constituted the minority group, accounting for about 17.6%.

The findings of the survey pointed to the positive impacts of the enhanced counselling services on the respondents. In the month before receiving the counselling services, the average number of days the respondents attended the "Methadone Treatment Programme" was 17.46. The figure rose to 26.90 in December 2003, one month before the survey was conducted and demonstrated a sharp increase of 54%.

The counselling services were found to have done the trick of consolidating the heroin-free status. Only 18.4% of the sampling subjects reported not having taken any heroin in the month before receiving the services. However, the percentage swelled to 71.2% in December 2004. Among those respondents who were not heroin-free, there was a dramatic decrease of average daily consumption of heroin, falling from \$205 to \$41.77.

303 out of 364 respondents (83.2%) agreed that their family relationships had shown improvements after receiving our counselling services. The finding was borne out by the results of a survey on 38 members of the Family Counselling Group conducted in December 2003. 92.1% of them expressed that they had experienced improvement in the relationship with their addicted members after attending the group services.

It is worth noting that before the respondents were recruited to the caseloads of the MTP social workers, only 39.3% of them were employed. Thanks to the gradual bottoming-out of the economic recession in the territory and the efforts of our programme staff, the number of employed respondents rose to 206 (56.6%) in December 2003. That said, a worryingly high proportion of the sampling subjects (43.4%) still suffered from unemployment. Most of our methadone patients had unstable work histories, having lost jobs because their work adjustments were poor or because their addiction became known to their employers. As mentioned above, our vocational counselling services aimed at helping the patients come to terms with the stressors and rewards associated with different jobs. They were encouraged to learn to stay on their jobs. It is good to report that among those who were employed, the average number of employed days leapt from 13.21 in the month before receiving our counselling services to 23.03 in December 2003.

Needle sharing is not common among the drug abusers in Hong Kong as needles are easily available. While only 15 respondents had been involved in needle sharing behaviour before they were recruited into the caseloads of the MTP social workers, 10 of them (66.6%) decided to jettison the practice after receiving the counselling services. On the other hand, thanks to efforts of the Department of Health and the Phoenix Project, most of the methadone patients had a good grasp of the advantages of using condoms as a way of playing safe sex. Before they were recruited into our caseloads, the percentage of respondents using condoms regularly was as high as 69%. The percentage kept on rising and reached 75% in December 2003.

(6) Conclusion

Amongst the various drug treatment and rehabilitation modalities in Hong Kong, the “Methadone Treatment Programme” engages the most number of drug dependent persons at a time. The treatment programme will keep on playing a prominent role in the drug treatment services in the territory. Regrettably, with limited staffing resources available, the existing counselling and ancillary



services can only cover about 1,925 methadone patients which represent a small fraction of the total methadone patient population of the order of 7,000. It is worth noting that the clinical needs of patients entering treatment require more than simple administration of methadone. The typical patients have significant employment and social problems. Simply giving substitution medications without appropriate psychosocial care will result in continued use of drugs and continued psychosocial problems, and ultimately, treatment failure. It behoves the Government to set aside more funds for reinforcing the strength of MTP social workers so as to serve as many methadone patients as possible.

Until recently, little has been talked about setting up social service centres for methadone patients as gathering places for peer and social support. Instead, SARDA makes do with its social service centres for Shek Kwu Chau patients to conduct group services for methadone patients. This unfavourable arrangement has sent wrong messages to the patients that they are not worthy of respect and that the Government is serving them only half-heartedly. On that score, the Government has recently approved SARDA's application for using the upper floor of Shamshuipo Methadone Clinic as a new social service centre for MTP patients. Unfortunately, the project has made little headway as the floor may not sustain as an office or social service centre because of loading and structural problems. To dovetail with the three regional self-help groups of methadone patients, two more regional social service centres are recommended to be set up. The proposed initiative will go a long way towards putting an end to the patients' negative feelings, cementing their mutual support as well as enhancing their receptivity to counselling services.

To sum up, while it is an uphill task to help methadone patients achieve stable maintenance or detoxification, the findings of the aforementioned survey make for very encouraging reading. It is worth noting that neither medication nor counselling services alone can make a success of it. Favourable treatment outcomes hinge on the combined and well-integrated efforts of medical officers, AMS members and social workers. An examination of the success of the outpatient methadone treatment programme run by Dr. Mary Jeanne Kreek in New York will give us plenty of food for thought. She attributes the high retention rate and other outstanding treatment outcomes to the application of appropriate level of methadone, the provision of comprehensive social services and the compassionate and caring attitude of the staff.

References

- Brown, Joseph D. (1980): *Identifying problems facing the school band movement*.
- Brown, B. S., and Asherly, R. S. (1979): Aftercare in Drug Abuse Programming. In R. I. Dupont, A. Goldstein, and J. O'Donnell (Eds). *Handbook on drug abuse*, Washington, D.C.: National Institute on Drug Abuse, 1979.
- Cheung Y. W. & Ch'ien J. (1997): *A Follow-Up Study of Former S.A.R.D.A. Clients*. Hong Kong: SARDA.
- Department of Health (2004): *Monthly Statistics for Methadone Clinics, August 2004*. Hong Kong: Hong Kong Government.
- Maddux, J. F., & Desond, D. P. (1992): Methadone maintenance and recovery from opioid dependence. *American Journal of Drug and Alcohol Abuse*, 18(1), 63-74.
- Narcotics Division, Security Bureau (2000): *Report on Review of Methadone Treatment Programme*. Hong Kong: Hong Kong Government.
- Peele, S., Brodsky, A., Arnold, M., & Book, (1992): *The Truth About Addiction And Recovery*, New York: Simon & Schuster Inc.
- Platt, J. J. (1995): *Heroin Addiction: Theory, Research, and Treatment*. Florida: Krieger Publishing Company.
- SARDA (2002): Report on Study Tour to Opioid Treatment Programmes in the United States of America. .Hong Kong: SARDA.
- The Lindesmith Centre – Drug Policy Foundation (2000): *About Methadone*. New York: Herlin Press, Inc.
- Ward, J., Mattick, P. and Hall, W. (1998): *Methadone Maintenance Treatment and other Opioid Replacement Therapies*. The Netherlands: Harwood Academic Publishers.