

**Fourth Three-year Plan on
Drug Treatment and Rehabilitation Services
In Hong Kong (2006 – 2008)**

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Annexes

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CHAPTER 1

EXECUTIVE SUMMARY

1.1 This 4th Three-year Plan gives an account of the drug abuse situation in Hong Kong as captured by the Central Registry of Drug Abuse (CRDA), and the treatment services rendered by the various government and non-government agencies through different modalities. It also sums up the major developments in the provision of service and implementation of the last Three-year Plan in 2003 – 2005. This Plan gives anchor points for drug treatment agencies to reflect on their services and develop complementing strategies and programmes to meet their service objectives.

1.2 Like many developed countries and cities in the world, Hong Kong is fighting a full-scale war against drug abuse. In the past years, we saw the decline in heroin addiction together with increasing prevalence of psychotropic substance abuse, particularly among the young. As at end 2004, the number of reported drug dependent persons recorded in CRDA stood at 14 714 which is the lowest in the last decade. Despite the decline in total number of reported drug abusers, the increase in newly reported young substance abusers and rise in proportion of multi-drug users warrant our immediate attention.

1.3 On the delivery of service, different agencies apply different approaches in helping the drug addicts, which range from the use of medicine, faith-base model, counselling and psycho-social interventions etc. We have been experts in treating opiate abusers but with psychotropic substance abuse gaining ground, we face a new operating environment. There is a need to revisit our fundamentals to see if the things we were good at are still good enough to meet the challenges today. To seek opportunities for early and effective intervention, particularly targeting the high risk groups, and to help converted drug dependent persons to remain abstinent are our priorities.

1.4 Better co-operation among anti-drug professionals is also on the agenda. Experience shows that timely medical support is essential to

back up the frontline workers in delivering effective treatment. We welcome support from both public and private medical practitioners. We aim to see more collaborative efforts cutting across disciplines at district or regional level.

1.5 Resources to fund anti-drug endeavours are always on demand. Apart from the funding from the government, we would continue to count on the benevolent support from numerous charitable bodies for this worthwhile cause. We appeal to all stakeholders - parents, educationalists, social workers, peer counsellors, medical professionals, and law enforcement agents etc to join hands in the fight against drug abuse. With suitable training to enhance their knowledge and skills, we count on these partners to bring Hong Kong one step closer to the goal of being a drug free society.

CHAPTER 2

INTRODUCTION

Background

2.1 Hong Kong adopts a multi-modality approach in the provision of drug treatment and rehabilitation services to cater for the divergent needs of the drug dependent persons from varying backgrounds. Facing the shifting trends and drug abuse patterns, both government departments and non-government organisations need to continuously improve their services and utilise appropriate intervention measures to tackle the drug abuse problem.

2.2 The Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (the Plan) aims to review the existing provision of drug treatment and rehabilitation services provided to drug dependent persons, and makes recommendations for the service sector on ways to adjust and strengthen their programmes in the light of the latest drug abuse situation.

2.3 The first three Three-year Plans were promulgated in 1997, 2000, and 2003 respectively. This is the fourth three-year plan which covers 2006 to 2008.

Objectives

2.4 The objectives of the Fourth Three-year Plan are :

- (a) to examine the adequacy of the existing drug treatment and rehabilitation services in Hong Kong to see whether the services provided align with the distribution of drug dependent persons' characteristics and needs;
- (b) to identify room for adjustment or enhancement of the existing treatment and rehabilitation services in Hong Kong; and
- (c) to map out the strategies and future direction to which drug

treatment and rehabilitation services in Hong Kong should take in 2006 to 2008.

Consultation Process

2.5 To help develop the Plan, the Narcotics Division (ND) has called upon various players in the field to contribute. The process started with the setting up of a Working Group (WG) led by Dr KC Lam, Chairman of the Sub-committee on Treatment and Rehabilitation of the Action Committee Against Narcotics (ACAN), which comprised anti-drug workers from various background including drug treatment and counselling centres, the medical profession and government departments to advise on the preparation of the Plan. The membership list of the WG and its terms of reference are at **Annexes I and II** respectively.

2.6 In order to gather views direct from the service sector, the Hong Kong Council of Social Service has kindly assisted to convene one consultation meeting and one focus group meeting in June and August 2005 respectively to cover general and specific topics.

2.7 Service agencies, counselling centres, substance abuse clinics and related government departments were also invited to provide information and ideas for the Plan. Summaries and drafts of the Plan in various stages of preparation were presented to ACAN, its Sub-committee on Treatment and Rehabilitation (ACAN T&R Sub-committee), and Drug Liaison Committee (DLC) for comment. Their views were as far as possible incorporated into the Plan.

Implementation and Monitoring

2.8 ND will work closely with relevant stakeholders, including concerned government departments, Hospital Authority and the NGOs, to draw up action plans, and make regular progress report to ACAN T&R Sub-committee and DLC.

CHAPTER 3

DRUG TREND, ANTI-DRUG SERVICES AND EXPENDITURE IN HONG KONG

Drug Abuse Trend

3.1 According to CRDA, the number of reported drug abusers¹ has been decreasing since 1994 with the downward trend reversed only in 2000 and 2001. From CRDA, the total number of drug abusers in 2003 and 2004 were 15 708 and 14 714 respectively. The figure for the first three quarters of 2005 was 11 785, representing a decline of 5.2% over 2004 of the same period which was again 3.8% less than that of 2003. The drop in 2005 was mainly due to the decline in male abusers.

Key Observations

3.2 Comparing the figures in the *first three quarters* of 2005 and 2004, the following observations were noted.

- (a) *For those aged under 21* – the number stood at 1 732, being 6.0% lower than that of the same period last year but was still slightly higher than that in 2003 (1669).
- (b) *Female Drug Abusers* – rose marginally by 1.6% and stood at 2 158.
- (c) *Newly Reported Persons* – the number was 2 758 which was 4.1% less than before. The drop was attributed by a notable drop in persons aged 21 and over. However, for those aged under 21, the number rose by 10.4%.
- (d) *Poly-drug Abusers* – possibly owing to factors like identification with peers, relief of boredom and seeking euphoria, and the misconception on harmful effects of psychotropic substances, youngsters inclined to take various types of psychotropic substances available. Both the number

¹ For the purpose of CRDA reporting, a drug abuser is defined to be a person who has taken any kind of substances which harms or threatens to harm the physical or mental health or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic in the last four weeks of the time of reporting, irrespective of the number of takings. Use of alcohol and tobacco is, however, not regarded as drug abuse.

and proportion of poly-drug abusers were on the rise. The number for 2005 rose to 3 138 and the proportion to 26.9%. The proportion of youngsters under 21 taking multiple drugs was much higher, at 53.8%. Taking multiple drugs is more popular among the psychotropic substance abusers (70.5%).

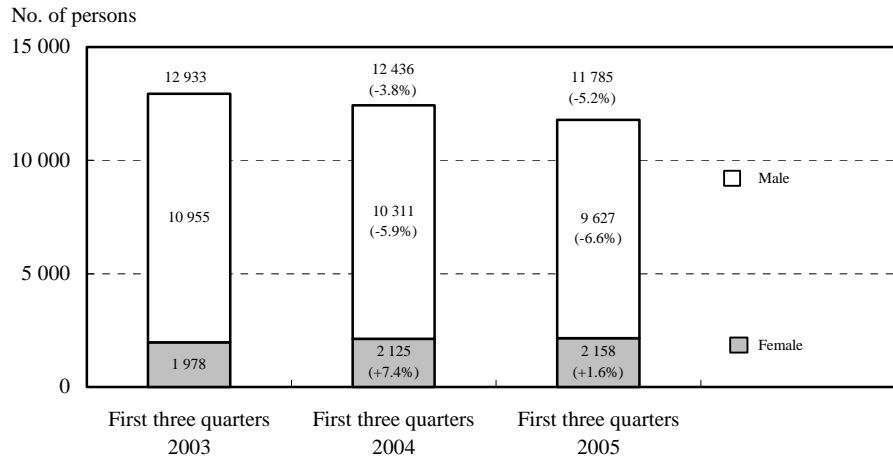
- (e) *Heroin* – though it remained the most popular drug over the past years, the number of heroin abusers continued to decline and stood at 8 397 in the third quarter of 2005.
- (f) *Psychotropic Substance Abusers* – the number dropped marginally by 55 to 4 959 but was still higher than that of the same period in 2003 which was 3 935. The decline was attributed to a significant drop (27.5%) in ketamine abusers. However, the number in 2005 (1 626) was still higher than that in 2003 (1 367).
- (g) *Ecstasy* – the number of ecstasy abusers rose significantly by 330 (or 34.5%) to 1 287. The rise was greater among those under 21.
- (h) *Triazolam/Midazolam and Ice* – the number of abusers increased moderately by 16.1% and 15.2% respectively.
- (i) *Cannabis* – the numbers in both years were roughly similar, standing at 894 and 892 respectively.
- (j) *Mean Initial Age of Drug Abuse* – 18 for all ages and 15 for those under 21 remained roughly constant.
- (k) *Reasons for Taking Drug(s)* – to identify with peers (46.1%) and to avoid discomfort of withdrawal (42.45%) and to relieve boredom/depression/anxiety (32.8%) are the most common reasons reported².

(The two graphs on next page give a comparison of the positions of the *first three quarters* in 2003 to 2005 in respect of the number of drug abusers by sex and those taking one and more than one drug type.)

² Clients are allowed to give more than one answer

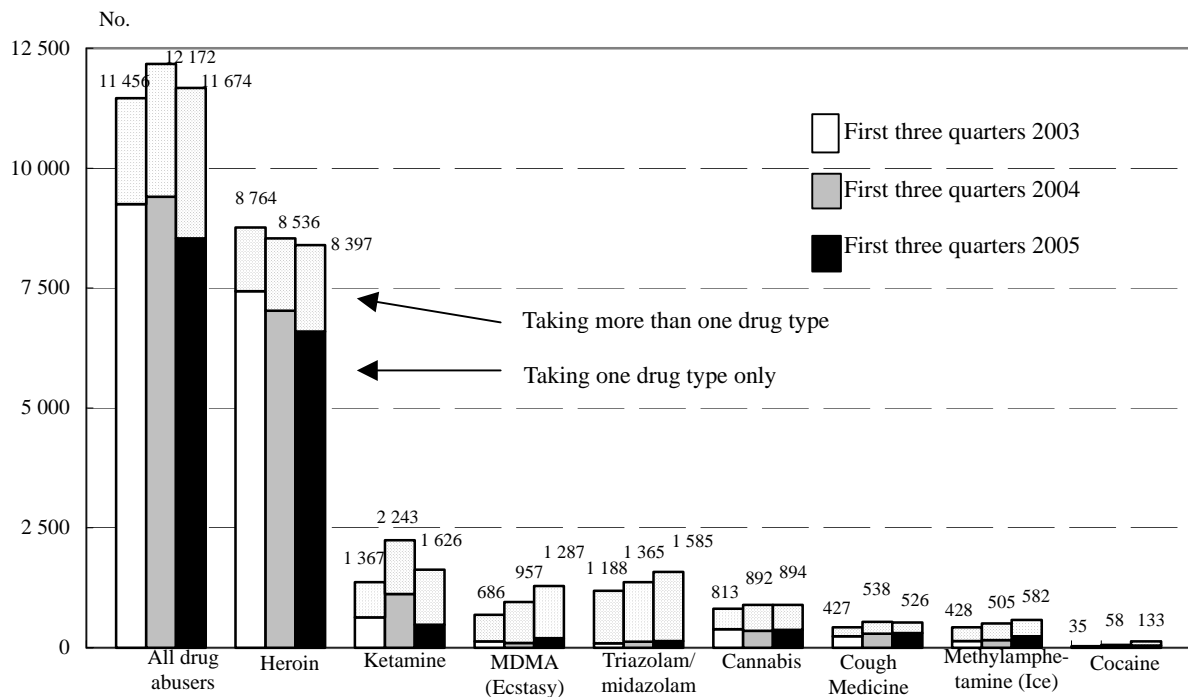
Graph 1

Drug abusers by sex



Graph 2

Drug abusers taking only one or more than one drug type



Note : Figures exclude those with unknown type of drugs abused.

(CRDA reports and statistics are available at this link
<http://www.nd.gov.hk/drugstatistics.htm>)

Service Capacity and Utilisation

Multi-modality Approach

3.3 The drug treatment and rehabilitation services in Hong Kong are diversified and can broadly be grouped into five categories, namely, compulsory drug treatment programme operated by the Correctional Services Department (CSD), voluntary residential programmes run by non-government organisations, voluntary methadone treatment out-patient programme provided by the Department of Health (DH), substance abuse clinics (SACs) run by the Hospital Authority (HA) and counselling centres for psychotropic substance abusers (CCPSAs) subvented by the Social Welfare Department (SWD).

3.4 The service capacity and utilisation figures of these programmes are shown below.

Table 1 : Drug Addiction Treatment Centre (DATC) Programme of CSD

	2003		2004		2004 (Jan – Sept)		2005 (Jan – Sept)*	
	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
Male	1 083 (+2.1%)	134 (-26.0%)	1,126 (+4.0%)	130 (-3.0%)	812	118	1,122 (+38.2%)	37 (-68.6%)
Female	200 (-13.0%)	15 (-37.5%)	198 (-1.0%)	29 (+93.3%)	145	23	140 (-3.4%)	9 (-60.9%)
(a) New admission	1,283 (-0.6%)	149 (-27.3%)	1,324 (+3.2%)	159 (+6.7%)	957	141	1,262 (+31.9%)	46 (-67.4%)

	2003		2004		2004 (Jan – Sept)		2005 (Jan – Sept)*	
	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
Male	980 (-7.8%)	134 (-14.1%)	1,186 (+21.0%)	135 (+0.7%)	903	100	1,023 (+13.3%)	43 (-57.0%)
Female	199 (-22.6%)	18 (-33.3%)	206 (+3.5%)	19 (+5.6%)	163	15	163 (0.0%)	20 (+33.3%)
(b) Discharges #	1,179 (-10.7%)	152 (-16.9%)	1,392 (+18.1%)	154 (+1.3%)	1,066	115	1,186 (+11.3%)	63 (-45.2%)
	No. under treatment	No. under aftercare super- vision	No. under treatment	No. under aftercare super- vision	No. under treatment	No. under aftercare super- vision	No. under treatment	No. under aftercare super- vision
Male	678 (+20.4%)	826 (-11.6%)	617 (-9.0%)	944 (+14.3%)	598	917	699 (+16.9%)	1,036 (+13.0%)
Female	148 (+15.6%)	169 (-31.0%)	133 (-10.1%)	174 (+3.0%)	118	190	113 (-4.2%)	177 (-6.8%)
(c) Total no. under treatment & aftercare as at year/ quarter end	826 (+19.5%)	995 (-15.6%)	750 (-9.2%)	1,118 (+12.4%)	716	1,107	812 (+13.4%)	1,213 (+9.6%)

Notes : () denotes % change over same period of preceding year

excluding those transferred to other correctional programme

* Percentage change compares to the first three quarters of 2004

CSD currently runs three DATCs, two for male (one for youths and one for adults) and one for female, with a total bed capacity of 1 032.

CSD has developed a recidivism rate to measure the effectiveness of the DATC programme. The recidivism rate refers to the percentage of re-admission of DATC inmates to CSD's institutions due to reconviction within three years after discharge. The figures between 1997 and 2001 are appended below :

<i>Year of Discharge</i>	1997	1998	1999	2000	2001 [#]
<i>Recidivism Rate</i>	56%	56%	57%	58%	56%

#provisional figure

Table 2 : Voluntary Residential Drug Treatment and Rehabilitation Agencies³

	2003		2004		2004 (Jan – Sept)		2005 (Jan – Sept)*	
	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
Male	830 (-2.9%)	110 (-38.9%)	1 163 (+40.1%)	202 (+83.6%)	875	168	769 (-12.1%)	94 (-44%)
Female	142 (-16.5%)	27 (-34.1%)	188 (+32.4%)	60 (+122.2%)	147	46	112 (-23.8%)	22 (-52.2%)
(a) New admission	972 (-5.2%)	137 (-38%)	1 351 (+39.0%)	262 (+91.2%)	1 022	214	881 (-13.8%)	116 (-45.8%)
Male	2 730 (-4.1%)	119 (-39.3%)	2 931 (+7.4%)	210 (+76.5%)	2 251	175	2 084 (-7.4%)	98 (-44%)
Female	193 (-15.7%)	28 (-36.4%)	265 (+37.3%)	62 (+121.4%)	200	47	198 (-1%)	24 (-48.9%)
(b) ~Total admission	2 923 (-4.9%)	147 (-38.8%)	3 196 (+9.3%)	272 (+85.0%)	2 451	222	2 282 (-6.9%)	122 (-45%)
(c) #Number of persons under aftercare	1 304 (+3.9%)	114	1 339 (+2.7%)	80	1 297	103	1 338 (+3.2%)	100 (-2.9%)

The figures above cover both treatment and rehabilitation centres and halfway houses.

() denotes percentage of change over same period of preceding year

* Percentage change compares to the first three quarters of 2004

~ Including new admission and re-admission cases

Figures in (c) are for reference only as data from a small number of agencies are not available

During 2003 to 2005, five centres with 165 bed capacity ceased operation. At the same time, construction work of two centres with 36 bed spaces were in progress.

³ As at December 2005, there are 17 non-government organisations operating 40 residential drug treatment and rehabilitation centres with 1 517 bed spaces. Seven of these agencies are subvented by the government and operate 19 centres providing a total of 791 bed-capacity.

Table 3 : Methadone Treatment Programme (MTP) under DH

	2003		2004		2005	
	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
Male	6,208 (-15.3%)	81 (-41.7%)	5,632 (-9.3%)	40 (-50.6%)	5,479 (-2.7%)	36 (-10%)
Female	1,065 (-20.8%)	33 (-35.3%)	1,016 (-4.6%)	28 (-15.2%)	1,051(+3.4%)	20 (-28.6%)
(a) Total admission	7,273 (-16.2%)	114 (-40%)	6,648 (-8.6%)	68 (-40.4%)	6,530 (-1.8%)	56 (-17.6%)
(b) Attendance	2,575,324 (-0.6%)		2,485,324 (-3.5%)		2,473,976 (-0.5%)	
(c) Attendance rate						
Effective registration	9,748 (-0.1%)		9,343 (-4.2%)		9,145 (-2.1%)	
Daily attendance	7,056 (-0.6%)		6,791 (-3.8%)		6,778 (-0.2%)	
Average daily attendance rate	72.4%		73%		74%	

Legend :

- (1) () denotes percentage of change over same period of preceding year
- (2) There are a total of 20 methadone clinics in Hong Kong.

Table 4 : SACs under HA

Year	New Cases		Follow-up		Total	
	First Attendances		Attendances		Attendances	
	No.	% change	No.	% change	No.	% change
2000	727 (204)	+44.5% (-10.5%)	4,314	+14.7%	5,041	+18.3%
2001	701 (162)	-3.6% (-20.6%)	5,415	+25.5%	6,116	+21.3%
2002	869 (239)	+24% (+47.5%)	7,285	+34.5%	8,154	+33.3%
2003	745 (158)	-14.3% (-33.9%)	8,424	+15.6%	9,169	+12.5%
2004	806 (184)	+8.19% (+16.5%)	8,062	-4.3%	8,868	-3.3%
2004 (Jan – Sept)	629 (139)	+10.4% (+24.1%)	6,046	-5.8%	6,675	-4.4%
2005* (Jan – Sept)	637 (129)	+1.27% (-7.2%)	7,631	+26.2%	8,268	+23.9%

() denotes figures for those age under 21

* Percentage change compares to the first three quarters of previous year

There were six SACs in Hong Kong, namely,

- (i) Kwai Chung Hospital Substance Abuse Assessment Clinic,
- (ii) Kowloon Hospital Substance Abuse Clinic,
- (iii) Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic,
- (iv) Prince of Wales Alcohol and Substance Abuse Clinic,
- (v) Castle Peak Hospital Tuen Mun Substance Abuse Clinic, and
- (vi) Queen Mary Hospital (QMH) Drug Abuse Treatment for Adolescent.

With the closure of the SAC in QMH in 2005, there are currently five SACs operating in Hong Kong.

As of 2005, a total of 23 beds were offered in Kwai Chung Hospital Substance Abuse Assessment Clinic and Kowloon Hospital Substance Abuse Clinic whereas there is no fixed bed for the rest of the SACs.

Table 5 : Five CCPSAs subvented by SWD

	2003		2004		2004 (Jan – Sept)		2005 (Jan – Sept)*	
	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21	All ages	Age under 21
Male	348 (+123.1%)	138 (+119%)	389 (+11.8%)	152 (+10.1%)	325	123	189 (-41.8%)	81 (-34.1%)
Female	164 (+209.4%)	94 (+347.6%)	155 (-5.5%)	95 (+1.1%)	121	82	73 (-39.7%)	39 (-52.4%)
(a) New cases	512 (+59.1%)	232 (+176.2%)	544 (+6.3%)	247 (+6.5%)	446	205	262 (-41.3%)	120 (-41.5%)
Male	350 (-122.9%)	138 (+119%)	390 (+11.4%)	152 (+10.1%)	325	123	191 (-41.2%)	81 (-34.1%)
Female	166 (-207.4%)	94 (+347.6%)	156 (-6%)	95 (+1.1%)	121	82	73 (-39.7%)	39 (-52.4%)
(b) Total cases#	516 (+144.5%)	232 (+176.2%)	546 (+5.8%)	247 (+6.5%)	446	205	264 (-40.8%)	120 (-41.5%)

**Percentage change compares to the first three quarters of 2004*

Including new cases and re-opened cases

3.5 From the utilisation figures, we see the following trend.

DATCs

The admission figures have increased in the last two years with a comparatively higher rise in 2005.

Voluntary Treatment and Rehabilitation Centres

Marked increase was recorded in both new admission and total admission in 2004. The figures were smaller in 2005 but still projected to be larger than those in 2003.

MTP

The drop in demand for service for opiate abusers under 21 continued in the past three years. The average daily attendance rate for all patients of the Programmes, however, shows a rising trend in the past three years.

SACs

The number of new cases recorded was consistently at a high level in the past years.

CCPSAs

With the operation of two new CCPSAs in 2002, there was a huge increase in the number of new cases in 2003 followed by a mild increase in 2004. As new cases would need 18 to 24 months to complete, the overall capacity to take on new cases dropped significantly in 2005.

Expenditure on Anti-drug Activities

Government Budget

3.6 In order to combat the drug problem, substantial amount of public money is used to support anti-drug activities. The following table shows the relevant figures in the recent three years.

	2003/04 financial year	2004/05 financial year	2005/06 financial year
Total expenditure for anti-drug activities in the Government's Estimates of Expenditure	\$633.07 M	\$609.93 M	\$591.30 M
Amount spent on drug treatment and rehabilitation (% of total expenditure above)	\$302.53 M (47.79%)	\$276.70 M (45.37%)	\$271.00 M (45.83%)

3.7 The total expenditure spent on anti-drug activities has dropped slightly in recent years due to reduction and strict control on government budget. The annual budget in this area for the past three years still exceeded the \$590M mark and more than 45% of this amount is dedicated to drug treatment and rehabilitation purposes. This proportion is higher than most European countries⁴ and the US⁵, which spend around 30% of total drug budgets on drug treatment healthcare.

Charitable and Trust Funds for Anti-drug Cause

3.8 On funding committed to anti-drug activities, we saw the establishment of the Beat Drugs Fund (BDF) in 1996 providing funding support to worthwhile, especially innovative, projects including service programmes, activities and researches in the fight against drug abuse. Up to the tenth tranche of applications in 2005/06, the Fund has approved a total of \$133.76M for 289 projects. Among these, 59 projects involving \$35.59M are devoted to drug treatment and rehabilitation programmes. Another 11 projects amounting to \$9.62M are “mixed-type” projects with treatment and rehabilitation elements.

⁴ See “Treatment monitoring and the EU action plan on drugs 2000-2004” by European Monitoring Centre for Drugs and Drug Addiction (www.emcdda.eu.int/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=2133&slanguageISO=EN)

⁵ See “National Drug Control Strategy FY 2006 Budget Summary” published by Office of National Drug Control Policy, Whitehouse, US (www.whitehousedrugpolicy.gov/publications/policy/06budget/funding_tbls.pdf)

3.9 Separately, BDF has also set up a Special Funding Scheme in 2002 to provide financial assistance to existing drug treatment and rehabilitation centres for meeting the licensing requirements stipulated in the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance, Cap. 566. Initially, a sum of \$15M has been set aside for this purpose and additional funding would be sought to meet actual needs if necessary.

3.10 There are a number of charitable and trust funds in Hong Kong providing relief and assistance to members of the general public or of specified groups. Some of these funding bodies welcome applications for sponsorship to support anti-drug activities and programmes. Typical ones are the Hong Kong Jockey Club Charities Trust, Lotteries Fund, Sir Robert Ho Tung Charitable Fund (SRHTCF), Chinese Permanent Cemeteries Charity Donation (CPCCD), and the Chief Executive's Community Project List (CECPL), etc.

3.11 In 2003 to 2005, ND has assisted to process quite a number of applications for funding from agencies to organise anti-drug functions. To quote, 18 applications under SRHTCF, CPCCD and CECPL were approved which attracted a total funding of \$13.17M in support of drug treatment and rehabilitation activities. Anti-drug organisations' efforts in applying for funds from the so-called "third-sector" not only open up financial resources, but also heighten the sense of community participation and awareness of drug abuse issue.

CHAPTER 4

MAJOR DEVELOPMENTS IN 2003 – 2005 AND IMPLEMENTATION OF THE 3RD THREE-YEAR PLAN

Major Developments

New Services

4.1 In the period 2003 to 2005, a new mixed-type residential centre providing both residential and out-patient drug treatment and rehabilitation services was commissioned in June 2003. A new CCPSA on Hong Kong Island started providing service in October 2002 and officially opened in September 2004. These new services were commissioned to gear towards the needs of psychotropic substance abusers for treatment .

International Conference on Tackling Drug Abuse

4.2 With the emergence of new substances, rapid changes in drug abuse patterns and related crime scenes, it is apparent that we cannot tackle the problems purely by drawing upon domestic knowledge and expertise. ND and ACAN jointly organised an international conference on tackling drug abuse in February 2005. With the theme “Recent Advances in Anti-substance Abuse Initiatives in the Global Context”, the conference was organised to promote sharing of experience and information among the participants from Hong Kong, the Mainland, Macau and other overseas countries. The conference provided an opportunity to reflect on existing services available, share experience of other places and bring insights to improve services currently provided. A set of the conference proceedings in the form of CD-ROM and a booklet is being prepared and is expected to be available in the first quarter of 2006.

4.3 Sponsored by BDF and in collaboration with the Chinese Association of Drug Abuse Prevention and Treatment, the National Institute on Drug Dependence and the Social Welfare Institute of the

Government of the Macao Special Administrative Region, the Hong Kong Council of Social Service organised the 4th Mainland, Hong Kong and Macao Conference on Prevention of Drug Abuse cum the 8th National Drug Dependence Academic Conference in October 2005. The theme of the conference was “Multi-modality Approach in Prevention and Treatment of Drug Abuse”. More than 200 government officials, academics and students, professionals, anti-drug workers and volunteers from the three regions attended the conference. The conference demonstrated the concerted efforts of the public and service sectors in facilitating professional exchanges among counterparts in the Mainland, Macau and Hong Kong.

Structured Professional Training for Anti-drug Workers

4.4 With rising expectation from the public and the emergence of new substances as well as changes in drug abuse patterns, there is a cogent need to better equip our anti-drug workers so that they are competent in delivering the treatment services. With funding support from ACAN, ND has commissioned the School of Continuing Education, Hong Kong Baptist University to run a six-month part-time certificate course in drug treatment and rehabilitation for social workers and peer counsellors which starts in February 2006. The course aims to raise the knowledge base and skill profile of the participants in understanding and delivering drug treatment and rehabilitation services.

Enhancement in CRDA

4.5 Over the past years, considerable advances were made in our efforts to better monitor the drug abuse trend. In 2005, we saw the revamping of CRDA which facilitates reporting agencies with electronic on-line reporting, sharing of information and streamlining work flow on the one hand, and improving data quality and timeliness for CRDA on the other. The number of reporting agencies has increased from 34 to 67 since May 2005. ND is also working on a supplementary information gathering system to collect qualitative information otherwise not captured by CRDA.

Implementation of the Third Three-year Plan

4.6 With the roll out of the Third Three-year Plan, considerable progress has been made in the drug treatment and rehabilitation field. Of the major recommendations and key initiatives in the last Three Year Plan, most of them are completed or on-going whilst a small number of recommendations are still in the embryonic or trial stage. The implementation of the Third Three-year Plan had provided us with the opportunities to examine our capacity in treating psychotropic substance abusers, identify service gaps and explore ways to bridge these gaps. The positions are highlighted below.

General Development

General Trend

4.7 In response to the rising prevalence of psychotropic substance abuse, all four subvented non-medical drug treatment agencies have extended their services to cater for psychotropic substance and occasional drug abusers since end 2003 to meet service demand.

Female Drug Abusers

4.8 Noting that female drug abusers continue to constitute a significant proportion of the total drug abusers, ACAN has commissioned a research study on “Initiation, Continuation and Impact of Drug Use among Females” which was completed in January 2004. This study highlights a number of important educational issues, like peer pressure, notions of beauty, and knowledge about drugs and factors leading to successful rehabilitation. Findings were shared with treatment agencies for reference in designing services.

4.9 During 2003 – 2005, BDF has funded a number of projects to help rehabilitated female drug abusers to re-integrate into society, and educate female sex workers on the harms of drug abuse and refer them to appropriate treatment service.

4.10 In order to build positive social support network, the Society for

the Aid and Rehabilitation of Drug Abusers (SARDA) has set up a support group for female patients attending the methadone clinics. Apart from skill training and interest classes, it organises regular talks and workshops to raise the awareness of the health of its members and health problems encountered by pregnant patients. It also publishes a quarterly bulletin to promote a sense of belonging among its members. The Barnabas Charitable Service Association has also set up an aftercare and support service centre in Sheung Wan to provide vocational training and counselling services to female drug abusers.

Enhancing the Capacity of Anti-Drug Workers and Cross-disciplinary Cooperation

4.11 With increasing proportion of psychotropic substance and poly-drug abuse, particularly among the younger generation, ND has commissioned a multi-disciplinary team to produce a set of protocol to facilitate screening and assessment of poly-drug users for frontline workers, which was released in October 2003. In view of the feedback obtained, the team refined and updated the protocol and issued the second edition in December 2005. Apart from organising briefing sessions to introduce the protocol, CD-ROMs and hard copies were distributed to drug treatment agencies and related organisations. The protocol is also downloadable from ND's webpage.

4.12 On seminars and short courses, NGOs, ND and SWD continued to run programmes for frontline anti-drug workers to update participants with information on new trend and statistics on substance abuse, law enforcement actions, and new treatment approaches etc. In terms of systematic training, the Institute of Mental Health and Tuen Mun Alcohol and Drug Dependence Unit, Castle Peak Hospital conducted a course in adolescent substance abuse for frontline social workers in 2003.

4.13 With the support from BDF, the Tung Wah Group of Hospitals CROSS Centre distributed a resource kit on "Treatment and Prevention Programs for Cough Medicine Abuser" to frontline workers and police officers. The kit can be used to provide preventive education for parents on guidance and prevention of cough medicine abuse for youths.

4.14 In collaboration with ND, the Caritas Lok Heep Club organised a Seminar on Ketamine Abuse in December 2004. The seminar aimed to raise concern on the problem of ketamine abuse and to discuss ways to combat the problem. Medical professionals, law enforcement officers, researchers and ex-drug abusers were invited to share their findings and/or experience at the seminar.

4.15 In order to encourage greater involvement of the General Practitioners (GPs) in the treatment of substance abusers, HA organised a half-day seminar entitled “Management of Substance Abuse” in October 2004 to equip GPs to better understand the needs of drug abusers and the latest trend of substance abuse.

4.16 To facilitate service collaborations between drug treatment agencies and service units of SWD, Staff Development and Training Section of SWD has arranged a briefing session for staff of probation offices and correctional homes on updated position of residential services provided by these agencies in February 2005.

Chinese Medicine

4.17 With the commencement of the Chinese Medicine Ordinance Cap. 549 in August 1999 and its subsidiary legislation subsequently coming into operation, a system is in place for registration of proprietary Chinese medicines. Clinical trials of proprietary Chinese medicine for drug detoxification and relapse prevention are possible. To provide guiding principles for researchers conducting clinical trials on proprietary Chinese medicine in Hong Kong, the Chinese Medicine Council has uploaded a guideline of “Good Clinical Practice for Proprietary Chinese Medicines” at http://www.cmchk.org.hk/pcm/eng/idx_reg11.htm.

4.18 Separately, the project supported by BDF to set up a computer database on traditional Chinese medicine for treatment of drug addiction was completed in March 2004. Apart from uploading onto ND’s webpage, CD ROMs with search functions are currently available for loan at the library of the Hong Kong Jockey Club Drug InfoCentre.

Enhancement of Family Involvement in Drug Treatment Programme

4.19 As different research studies have confirmed the importance of family involvement in the successful rehabilitation of drug dependent persons, an association for methadone patients and their families was set up in 2004 to provide support and assistance to patients and family members, and help publicising the MTP.

4.20 Starting in November 2003, the Christian New Being Fellowship (CNBF) operated a self-financing centre “FreshU Café cum preventive education and counselling centre” to provide services for youths, families, allied professionals and drug addicts.

4.21 In 2005, BDF approved two programmes in relation to family involvements in providing reintegration programmes to female drug abusers and their families and a series of anti-drug programmes for high-risk youths and their families.

Exploring New Service Platforms

4.22 The Internet has become an important platform for information and intervention. Some initiatives utilising the Internet were developed during the period.

4.23 To enable drug dependent persons seeking treatment service to make better and informed choice, ND has uploaded the information on various services available in Hong Kong on its website. Regarding voluntary residential treatment and rehabilitation service, a database containing comprehensive information on the scope of service, admission criteria and procedures, programme content, duration, fees/charges and contact details are available for browsing. Nearly all service agencies in Hong Kong have their own websites for public information and related links are included in ND’s web page for easy access.

4.24 Some agencies also provide an email service to answer questions related to drug abuse. In 2002, a service agency (CNBF), with funding support from BDF, operated an online counselling service scheme. The hit rate has reached 236 800 counts since inception of the scheme to end

2005. Counselling service was delivered on more than 5 800 occasions.

4.25 Noting that some psychotropic substance abusers use drugs as a form of recreation and in a recreational setting, BDF supported a project that explored using health check as an early intervention and relapse prevention tool¹. The project opened up a new service area targeting non-habitual drug abusers.

Compulsory Drug Treatment Programme

4.26 To better meet the needs of offenders with psychotropic substance abuse, CSD has commissioned a study on the development of preventive and treatment programme for this group of inmates. The first three stages of the study have been completed in early 2005. The Consultancy Team is running a pilot test of a new assessment system and psychological treatment programme in a training centre and a drug addiction treatment centre respectively.

4.27 As a measure to enhance the interface of CSD with drug treatment NGOs, CSD has launched the Continuing Care Project since February 2004 in co-operation with Caritas Lok Heep Club, Barnabas Charitable Service Association, and the Society for Rehabilitation and Crime Prevention, Hong Kong whereby supervisees in need of continual professional social work services after expiry of statutory supervision would be referred, on a voluntary basis, for follow-up services by these three NGOs.

Voluntary Residential Treatment Programme

Re-designing of Existing Drug Treatment Programme

4.28 Upon the invitation of SWD and taking into account the fact that

¹ By means of a one-stop health check programme, clients were shown the damages or adverse effects caused by drug taking. Using motivational interviewing approach to increase their awareness of the problem and commitment to kick the habit, participants were more prepared to take on treatment services. The outreaching element of the programme successfully gained access to clients that were not normally covered by traditional intervention methods.

psychotropic substances such as ketamine and ecstasy have become more popular in recent years, a number of agencies have re-engineered their service to include intake of short-term patients and enhancement of vocational training.

4.29 For centres subvented by DH, while the majority of patients are opiate abusers, multiple drug abusers including psychotropic substance abusers are also admitted.

4.30 As a pilot innovative programme, SARDA has put forward a proposal to establish a Centre for Anti-drug Education and Disciplinary Training targeting at the occasional and experimental drug-users, probationers and students. The Administration is examining the details of the proposal with the agency. Separately, seeing the potential of engaging ex-drug abusers and those under treatment in preventive education activities, SARDA has secured charity funds to build an education centre on Shek Kwu Chau. Construction work has started and the education centre is scheduled for service in November 2006.

4.31 With the cooperation of SWD and the Leisure and Cultural Services Department, indoor recreation centres and other facilities are made open at late night to meet the needs of young night drifters (YNDs) in individual districts including North District, Sha Tin, Tsuen Wan/Kwai Tsing and Tseung Kwan O for NGOs to organise programmes and activities for YNDs. With effect from August 2005, additional resources have been allocated to the 18 Integrated Children and Youth Services Centres with extended services for YNDs to further enhance their manpower so that these centres can assist YNDs through more timely identification of problems and intervention.

4.32 Besides, the all-night drop-in centre – Hang Out operated by the Youth Outreach in Sai Wan Ho has provided youths at risk with 24-hour centre-based service as well as temporary shelter and crisis residential support on a pilot basis for a period of three years since July 2002. In view of the satisfactory feedbacks from both the users and community, the pilot project has been extended for one more year from July 2005 to July 2006.

Licensing Scheme for Drug Treatment and Rehabilitation Centres

4.33 The Drug Dependence Persons Treatment and Rehabilitation Centres (Licensing) Ordinance, Cap. 566 took effect on 1 April 2002. The objective of the licensing scheme under the Ordinance is to ensure that drug dependent persons receive voluntary drug treatment and rehabilitation services in a properly managed and physically secure environment.

4.34 As at 1 December 2005, there were 40 centres with a total capacity of 1 517. These include nine licensed centres with 212 bed spaces and 31 centres operating under Certificate of Exemption² with 1 305 bed spaces.

4.35 The Licensing Office of SWD has provided much support to assist centres in complying with the licensing requirements. These include inspection to centres, convening sharing sessions and cross-departmental advisory meetings with individual agencies, etc. Moreover, the Administration has provided policy support to NGOs when they apply for charity funds to meet the licensing requirements.

4.36 Due to inherent conditions of the building structure, physical constraints or land status, in-situ upgrading or rectification to satisfy licensing requirements are not possible for some of the centres. With assistance from relevant departments, ND and SWD have been and would continue to assist in identifying suitable sites for the agencies concerned to relocate their centres.

Government Subvention System for Voluntary Drug Treatment and Rehabilitation Centre

4.37 In order to enhance cost-effectiveness in service delivery and ensuring value for money and public accountability whilst allowing

² The Ordinance requires that all treatment centres which commence operation on or after 1 April 2002 must obtain a licence. For treatment centres already in operation before that date but which are unable to comply fully with the legislative requirements, Certificate of Exemptions (CoE) are to be granted and renewed for a period of 12 months or such lesser period as may be specified. An administratively arranged “grace period” of four and eight years are given to existing centres receiving and not receiving government subvention respectively to comply with all licensing requirements.

flexibility to NGOs in deploying resources, the four agencies under SWD's subvention have changed to lump sum grant since April 2004. Two of the three agencies under DH have indicated interest in changing to the lump sum grant arrangement. DH would further consider the way forward and implementation timetable.

Service Information System

4.38 In order to have a better understanding of the profile of persons after receiving treatment services and effectiveness of local treatment services, a Task Force on Service Information System was formed in 2004 to discuss the proposed list of data to be included in the system. Membership and Terms of Reference of the Task Force are appended at **Annex III**. Taking into account comments of the Task Force and to test the suitability of the system, ND is working on a prototype to be adopted by a small number of agencies on a trial basis in 2006.

Methadone Treatment Programme (MTP)

Prevention of Blood-borne Disease

4.39 The long established local network of methadone clinics has been and continues to be the cornerstone for carrying out HIV surveillance and prevention activities among drug users. In 2004, a universal voluntary urine HIV testing programme (Methadone Urine Testing, MUT) was rolled out to augment the prevention and care efforts. Under the MUT programme, each attendee is to be offered a HIV test annually. In 2004, a coverage rate of 90% was achieved and more than 9000 HIV urine tests were conducted. Infected drug users were referred for early care at the designated HIV clinic in the Integrated Treatment Centre, DH.

4.40 Subsequently, a DH Working Group on HIV prevention among Drug Abusers was formed in March 2005. It allows workers from methadone clinics and DH AIDS Unit to discuss and share information regularly, keep track of the local trend of HIV infection in drug users, enhance vigilance in control of HIV among injecting drug users and to

monitor and evaluate joint projects targeting drug users.

4.41 The HIV prevalence in injecting drug users in Hong Kong has remained low at 0.2% in the years 2003 and 2004 despite increasing infections in nearby regions. In the same years, HBs Ag positivity rate was about 11% and presence of Hepatitis B markers were 65 - 73% among drug users under treatment. HBV prevalence has remained stable although the number of clients tested has decreased a lot compared with previous years.

Computerisation of MTP Manual Data Management System

4.42 The Administration has given funding approval for the computerisation project of the Methadone Treatment Information System in October 2004. The project is expected to complete by early 2007. After the launching of the system, all the methadone clinics will be linked up to a centralised database to capture methadone patients' treatment record for easy retrieval and analysis.

MTP Social Service Centre

4.43 To provide one-stop service for methadone patients to facilitate their rehabilitation and social reintegration, SARDA has been granted a donation to set up a MTP Social Service Centre at 1/F, Shamshuipo Public Dispensary. As the premises concerned is a Grade III historical building, investigation work on loading capacity is being arranged before proceeding with the project.

Counselling Centres for Psychotropic Substance Abusers (CCPSAs)

4.44 During the years, services provided by CCPSAs have been reviewed to gear towards latest drug abuse patterns, e.g. providing territory-wide service through five cluster-based CCPSAs, strengthening drug preventive education programmes for secondary school students and youths at risk, providing a continuum of one-stop service with preventive, developmental, supportive and remedial functions, etc.

4.45 As the existing space accommodation for Cheer Lutheran Centre and PS33 is under-provided, arrangements have been made to rectify the position for better service delivery. Premises in Ching Ho Estate, Fanling have been identified for the reprovisioning of the Cheer Lutheran Centre which should be available by 2007. As for PS33, premises at Nam Shan Estate has been identified to set up a sub-base to extend its service provision.

Substance Abuse Clinics (SACs)

4.46 To tie in with the implementation of cluster management structure in the Hospital Authority, HA's SACs pledge to work in close collaboration with NGOs in the cluster. On the idea of involving the General Out-Patients Clinics to provide better care services for the drug dependent persons, HA is discussing with the Hong Kong College of Family Physicians to enhance exposure in community based clinical practices for family medicine trainees working in HA's clinics. With more training and exposure, it is hoped that family medicine practitioners can in future have better understanding of the treatment of substance abusers and can play a part in catering for the growing demand of medical support services for these persons. Separately, due to restructuring of services, it is noted that the SAC at Queen Mary Hospital has been closed in 2005.

Reintegration into Society

Enhancement of Vocational Training

4.47 BDF had approved grants to a number of agencies for organising projects related to the enhancement of vocational training to drug abusers. The St Stephen's Society has secured financial support from the Intensive Employment Assistance Fund of SWD to run a project for drug abusers aged 15 to 50 with training on job interview skills, office work etc.

4.48 To let NGOs have a better understanding of the retraining programmes offered by Employees Retraining Board (ERB), ERB gave a briefing to members of DLC on 28 October 2004. Through various

forums, including training sessions and T&R Sub-committee meetings, ND invited agencies to share successful experience in launching employment and related support services for rehabilitated persons.

Partnership with Business Sector

4.49 The Hong Kong Council of Social Service (HKCSS) launched the “Caring Company Scheme”³ in 2002 to promote corporate social responsibility by building private and social service sectors in strategic partnership. In February 2004, HKCSS awarded 493 Companies with Caring Company Logos.

Proposals Still Outstanding

4.50 For those proposals which are still outstanding, ND would keep in view their further development, namely those under paragraphs 4.26, 4.30, 4.37, 4.38, 4.42, 4.43 and 4.46 of this Plan.

³ Launched by HKCSS in 2002, the Caring Company Scheme aims to promote and provide a bridging function between the business and social service sectors to foster effective and mutually beneficial partnership relationships.

To recognise private companies which demonstrate good corporate citizenship, the Caring Company Logo is awarded to companies which have satisfied two out the following six criteria :

- Volunteering - Encourage and support employee volunteering
- Family Friendly - Provide a family-friendly and gender sensitive environment for employees
- Employing Vulnerable - Be willing to employ vulnerable groups
- Partnering - Develop partnership projects with social service sector
- Mentoring - Share business expertise with social service organizations
- Giving - Donate or give in-kind to the community

CHAPTER 5

DISCUSSIONS AND STRATEGIES

Views and Discussions

Views Collected

5.1 Views were collected from the service sector and key players of the treatment and rehabilitation field during the whole process in preparing the Plan. Major topics discussed in the consultation session and focus group meeting organised by the HKCSS are appended below. The notes of the discussions are at **Annex IV**. A summary of the points raised by ACAN, T&R Sub-committee and DLC is recorded at **Annex V**. In drawing up the Plan, due consideration was given to all the comments and suggestions collected.

5.2 Topics discussed at the consultation session on 21 June and the focus group meeting on 9 August 2005 cover the following areas:

- (a) Consultation Process
- (b) Role of key players, including the government, NGOs, training for anti-drug workers and platform for experience sharing among key players
- (c) Services: including those for females, Family Involvement Approach in service delivery, vocational training and employment support
- (d) Health care support: including support from SACs, support from Medical Practitioners, and room of partnering with GPs
- (e) Service Information System
- (f) Licensing under Cap. 566
- (g) Judicial Diversion Programme
- (h) Abusing drug across the border and the need for more publicity on harms of drug abuse

Discussions

5.3 Some prominent issues had attracted more attention and discussion in the service sector. These are described below.

Medical and Health Care Support

5.4 The role of SACs has become ever more significant with the emergence of psychotropic substances in local drug scene in recent years. NGOs, particularly CCPSAs, indicated that they highly appreciated the services provided by SACs, which are essential to effective treatment to help the substance abusers in symptom control, detoxification and abstinence maintenance. With the closure of the SAC at Queen Mary Hospital, clients are treated at Psychiatric Specialist Out-patient Clinic in Queen Mary Hospital. It was noted that some SACs adhere strictly to their geographical service boundaries which do not coincide with those of the CCPSAs. Clients may need to queue together with other psychiatric patients, resulting in long waiting time which ranges from three months to six months.

5.5 The motivation for clients to seek treatment can be affected if medical consultation is not available or accessible in a short time span. To enhance the service, the service sector wishes HA to allow more flexibility to accommodate the needs of the substance abusers. It is desirable to have dedicated doctors to enable case-management through holding case conference between social service and healthcare workers. Recognising the constraints faced by HA, social service sector expressed concerns about further reduction in service and the imperative need to maintain the existing level of service provided by SACs.

5.6 The concerns about present partnership between SACs and drug service sector can be broadly divided into two areas. Firstly, there is lack of common practice and cooperation model in different clusters. Secondly, services provided by SACs are part of mainstream services under respective psychiatric clinics, both in terms of hardware and service provision. Needs for drug abusers could be different from mainstream psychiatric patients. Such differences are not satisfactorily addressed at present.

5.7 Apart from co-operation with SACs, NGOs also discussed the room for building partnership with family doctors and GPs. Although it is noted that not all drug abusers could afford private medical services and that not all family doctors and GPs have specialised knowledge about drug abuse, opportunity of cooperation does exist and can be further explored.

Licensing

5.8 Feedback from agencies indicate that their major concerns are lack of funding to support upgrading or rectification works for meeting the licensing requirements, and land for relocation for those centres with no feasible solution to overcome the defects at their existing sites. For agencies receiving government subvention, the challenge of securing the licence before the expiry of the grace period is looming.

Drug Court

5.9 The experience of foreign countries to tackle the drug problem by establishing drug courts has been discussed within the service sector. ND has conducted an initial review on the subject and findings discussed in the ACAN meeting. It is noted that countries which have tried drug courts have very different cultural, social and economic circumstances. Moreover, countries which piloted drug courts are those which have very serious drug abuse problem. Unlike these countries, Hong Kong's drug problem is under control, as evidenced in the data collected by CRDA and the 2004 Survey of Drug Use Among Students. The profound changes to Hong Kong's court system and possible resources implications are also noted. The considered view is that while the subject should be monitored, there is no strong justification to go into a detailed study at this point in time.

Pillars for Building Our Strategies

Environment

5.10 The drug trend, drug abuse pattern, the services available and utilisation are the factors to examine when we look at the environment for treatment and rehabilitation services. The macro environment such as socio-cultural context (e.g. general attitude towards drug abuse; concept of health, recreation, work pressure, gender relations, family structure, etc), legal framework (including existing legal system, value attached to personal freedom and choice, obligation under international conventions, etc), economic factors (e.g. overall government financial position, social sentiment, work life of majority of the workforce) are also important factors but are probably outside the scope of short to medium-term planning of this Three-year Plan.

Players

5.11 Apart from the frontline workers like social workers and peer counsellors, all those involved in combating drugs are the players. Our battalion is made up of, but not limited to, law enforcement agents, educationalists, academics and researchers, healthcare professionals, service providers, parents, family members, charity activists and volunteers etc. Their capacity, commitment, skills, knowledge, and attitude towards anti-drug activities would have impact on the degree of achievement and success.

Service Recipients

5.12 In the context of formulating our strategies, the service recipients refer to those who are in need of treatment and rehabilitation services including those who have not yet realised their drug problems. It is noted that the distinction between prevention and treatment is sometimes blurred for those experimental, non-addictive drug users. We strive to understand their profile, needs and wants, and special requirements so that we may deliver suitable services to satisfy their needs.

Service System and Deliverables

5.13 These cover both hard and soft wares. The premises, facilities and equipments are the hard wares and the programmes and activities are the soft wares. We need to make sure suitable hard and soft wares are in place to bring about effective treatment.

Strategies for the Fourth Three-year Plan

The Environment and Service Recipients

5.14 We need to keep an eye on the environment and our service recipients. Though the total number of drug abusers reported to CRDA was on the decline, the number of newly reported persons under the age of 21 and those abusing more than one drug were on the rise. The tendency of normalising the taking of psychotropic substances is worth more attention, as it is accompanied by changing attitude towards drug abuse, different habits and social settings. The way of intervention and relapse prevention may also be different. We face a new operating environment in the drug treatment and rehabilitation field but should not lose sight of the fact that heroin is still the most popular drug at present.

Service Deliverables

5.15 On the delivery of service, we have accumulated much experience and expertise in treating opiate abusers. For many of the agencies, they are establishing the most appropriate models to treat psychotropic substance abusers. It is desirable for service agencies in the social service and health care sectors in both public and private domains to periodically review their service modes to respond to the latest drug abuse trend and see if adjustment or re-alignment would be necessary to achieve the objectives they set.

5.16 Different groups of drug abusers have different needs. In general, there are services targeting different genders, age groups and broad types of drugs (opiate and non-opiate). On the basis of existing service, we can attempt to identify any service gap for persons with

special needs, for example, ethnic minority groups¹, non-engaged persons, etc. We will keep track of the services provided to and how they cater for the needs of service recipients in respect of drug abuse-related matters.

5.17 It is not easy to measure the effectiveness of drug treatment and rehabilitation programmes and activities. Lack of common and objective definition and measurement of service stems from different objectives of services, different “baseline” or profiles of drug abusers. This makes inter-programme comparison, such as workload, difficult. There is a need to measure the effectiveness of treatment/rehabilitation programmes all over the world. Some examples are the United Nations Office of Drugs and Crime’s toolkits about drug treatment²; the US’s National Institute on Drug Abuse’s step-by-step guide on evaluation of treatment programmes³; the European Monitoring Centre for Drugs and Drug Addiction’s manuals and evaluation tools contained in its “Evaluation Instrument Bank” project⁴. Hong Kong should also strive to develop such a tool, which will provide us with better information on the effectiveness of different programmes. Such information is important to policy-makers, service providers and other stakeholders in terms of practical experience sharing, knowledge transfer and better accountability to service recipients.

¹ The Home Affairs Bureau is responsible for the policy matters related to services provided to ethnic minorities. For services provided to ethnic minorities by non-government organizations, please see <http://www.hkcss.org.hk/fs>.

² In “Investing in Drug Abuse Treatment – A Discussion Paper for Policy Makers” by United Nations Office on Drugs and Crime, it is argued that it is not easy to evaluate drug abuse as compared to other chronic medical illnesses and expectations towards drug treatment need to be realistic. Nonetheless, the paper suggests some indicators of effectiveness in different stages of treatment. See http://www.unodc.org/pdf/report_2003-01-31_1.pdf Practical guidelines are provided in its publication in the same series “Drug Abuse Treatment and Rehabilitation: a Practical Planning and Implementation Guide”, 2003 (see http://www.unodc.org/pdf/report_2003-07-17_1.pdf)

³ See “Measuring and Improving Costs, Cost-effectiveness, and Cost-benefit for Substance Abuse Treatment Program – a Manual”, available at the website of the National Institute on Drug Abuse <http://www.nida.nih.gov/IMPCOST/IMPCOSTIndex.html>.

⁴ The EMCDDA’s Evaluation Instruments Bank is a document archive of tools created to encourage evaluation using reliable methods, and to help to standardise these tools at European level. The Instruments Bank contains tools for evaluating both prevention and treatment programmes. See <http://eib.emcdda.eu.int/>

The Players

5.18 To win the war on drug, we need the concerted efforts from all the stakeholders. We can engage and motivate our players, and equip them with the appropriate knowledge and skills. In case there is a gap, suitable measures should be taken to bridge this gap. Equipping our anti-drug workers with latest information and knowledge through training and identifying room for more specialised training related to drug abuse in the formal education framework of professionals, e.g. doctors, nurses, social workers, can also enhance the capacity of service provision in terms of quantity and quality. It is desirable to make use of various forms of platform for experience sharing among key players.

5.19 In sum, it is essential to stay in touch with the latest developments in terms of drug abuse trend and treatment methods, and seek intervention opportunities whenever possible.

CHAPTER 6

RECOMMENDATIONS

6.1 Taking into account the challenges we face and the programmes the service sector currently offers, the following broad directions are recommended :

Early and Effective Intervention

Programmes for Young Psychotropic Substance Abusers

6.2 According to CRDA, the percentage of newly reported persons aged under 21 abusing psychotropic substances has been on the rise. The percentage was 98.5 in 2004 and stood at 98.1 in the first three quarters of 2005. The figures for reported drug abusers aged 21 to 30 are even more alarming in that the downward reversal of the overall drug abuse trend after 2001 does not apply to this age group. With withdrawal symptoms not as pronounced as in heroin addiction, psychotropic substance abusers often do not associate certain symptoms such as fatigue, loss of energy, irritability etc with their drug taking behaviour. To alleviate the problem, measures should be put in place to identify and motivate abusers of this category to come forward for treatment and rehabilitation.

6.3 Programmes that are proactive in reaching out to the target group and with suitable interventions to motivate them for assessment and treatment are welcomed.

Involvement of Other Stakeholders

6.4 Since this group of drug abusers would not take initiative to seek help, it would be of paramount importance that the people around them, like family members, teachers, school social workers etc, are sensitive towards their change in behaviour or health conditions and to offer them guidance and assistance as early as possible when signs of taking drugs are observed. This also echoes the findings of the 2004 Survey of Drug Abuse among Students commissioned by ACAN and ND. Programmes

designed to impart and enhance the drug knowledge and communication skills of these stakeholders are highly recommended.

6.5 GPs, in both private and public sectors, can be of assistance too. When consulting patients who show signs of physical impairment caused by taking illicit drugs, GPs who have the trust and respect from patients could provide professional advice to guide the patients concerned to join suitable treatment and rehabilitation programmes as early as possible.

Co-operation among Anti-drug Professionals

Medical Practitioners and NGOs

6.6 All along, NGOs have expressed their wish to have support from medical practitioners in the form of medical consultation, health checks, education talks, etc during various stages of detoxification and relapse prevention, which could help treatment and counselling centres in delivering their service. While NGOs can better define their medical service needs, we welcome initiatives that encourage the establishment of and strengthening the cooperation between NGOs and community primary health care providers at local levels. We should also identify room for matching between their needs and the services provided by medical practitioners. The opportunity can also be taken to form service network in providing services to patients of treatment and counselling centres in respective communities.

Better Regional Communication and Co-operation

6.7 A person takes drug for various reasons. Effective treatment should attend to multiple needs of the individual, not just his or her drug use. Apart from addressing the individual's drug use, treatment should also tackle the associated medical, psychological, social, vocational and legal problems. It serves good purposes for anti-drug workers of different disciplines (e.g. law enforcement agents, social workers, teachers, medical practitioners etc) in the same geographical area to work together to bring about synergy. It is suggested that they could organise formal or informal groups on a district or regional basis to understand the work of each other, share information, complement service deliverables,

and eliminate duplication. The arrangement would enhance efficiency when we render services in response to the different needs of the same client.

Use of Information Technology

6.8 With the advances in information technology, it is much easier nowadays for sharing and collection of information and exchange of ideas which would result in better and timely services. It is recommended that NGOs could make better use of IT facilities for better communication and exchange of data and information and, in the longer term, knowledge building and management. The use of e-mail for communication is also encouraged for its timeliness and convenience.

Judicial Diversion

6.9 The consensus view from the service sector is to give opportunities for the drug dependent persons to curb the habit and turn a new leaf. In Hong Kong, we have schemes such as the probation system and the Police Superintendent's Discretion Scheme, which have proven to be quite effective in helping young offenders. We will continue to closely monitor programmes and developments overseas and, if appropriate, study the applicability and effectiveness of such programmes in the Hong Kong context.

Reintegration and Relapse Prevention

6.10 The long-term success of any treatment and rehabilitation programme hinges on non-relapse of the rehabilitated drug abusers. Targeted and structured programmes to address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug using activities, cultivating a proper attitude towards work and improve problem-solving abilities would help enhance the success rate.

6.11 Co-operation with the commercial sector and NGOs to provide vocational training, job placement and/or volunteer work would facilitate rehabilitation and help converted drug addicts to stay abstinent and make

improvement to their well-being. Needs and concerns of employees should also be addressed in the process of partnership.

6.12 In order to help ex-drug addicts to maintain a drug-free lifestyle and acting as a contributing member in family, at work, and in society, suitable aftercare services should be provided. These services should be open to ex-drug abusers, and family-based intervention approach is encouraged.

6.13 On a wider perspective, it is worthwhile to arrange suitable publicity to build up a positive image of participating employers, agencies and rehabilitated drug addicts and educate the public the benefits of helping drug addicts to rehabilitate and reintegrate into society.

Structured Professional Training for Anti-drug Workers

6.14 Funded by ACAN, a pilot certificate course to be undertaken by the School of Continuing Education, Hong Kong Baptist University will be launched in February 2006. The systematic training for social workers and peer counsellors aims to better equip the frontline workers with the latest knowledge and professional skills in handling drug abusers. With the support from the Advisory Group, ND would monitor and review the effectiveness of the training programme before formulating future direction.

6.15 Another key purpose of the course is to pave the way for anti-drug workers, particularly the peer counsellors, for further proper development and continuous education. The course provider aims to accredit the certificate course under the Qualifications Framework to be launched by the Education and Manpower Bureau pending passage of the necessary legislation and details of the finalised scheme.

6.16 It is recommended to the service sector NGOs to give due recognition in terms of future training and progression opportunities to the holders of this certificate who possess the necessary knowledge and skills in the delivery of treatment and rehabilitation services in Hong Kong.

6.17 The ad hoc courses and seminars organised by NGOs and government departments to brief frontline workers on specific topics or updates of the development in drug trend and treatment modalities are still in demand. In the long run, these short programmes should function to supplement the structured training programme.

6.18 In the context of professional training, it is further suggested that drug addiction and anti-drug topics should be included or strengthened in the curriculum for medical and social work students in their university training.

Miscellaneous

Licensing Scheme under Cap. 566

6.19 The granting of CoE before full compliance of licensing requirements for existing treatment centres to continue operation during grace period is an administrative arrangement. If circumstances justify, the grace period for subvented agencies could be extended on a case-by-case basis. ND and SWD are working on the criteria for extension. Initially, the Administration will consider extending grace periods for centres which can demonstrate that they are actively working towards complying with licensing requirements and those with no imminent health and safety risks. However, the grace period of eight years for non-subvented agencies is considered reasonable and will remain unchanged.

6.20 Relocation of centre is the last resort when rectification works and in-situ upgrading are unable to meet the licensing requirements. As regards identification of suitable sites for reprovisioning, the Government Property Agency, Lands Department and Planning Department have been invited to suggest possible sites. However, due to local sentiment, huge recurrent cost on maintaining nearby slopes and other technical obstacles, only a very small number of sites would match relevant agencies' needs. ND will continue to endeavour to assist in identifying suitable sites for relocation in consultation with concerned departments.

6.21 The Administration also provides policy support for NGOs to

apply for charity funds for them to conduct upgrading or construction works. To accommodate the needs of religious groups which refuse to receive funding related to gambling, a dedicated funding scheme is set up under the BDF to provide support to centres in meeting the licensing requirements. ND will review the BDF guidelines to facilitate agencies to apply for funds for compliance with the licensing scheme.

Service Information System

6.22 Treatment programs, regardless of their funding sources, should aim to keep their services most effective in meeting respective objectives. The Service Information System is designed to capture service data for reference and reflection by relevant policy makers, including the agencies. Subject to the views of the Task Force, ND would continue with the project and roll out the system on a trial basis in 2006. Subject to the result of the pilot test, the system will be further pursued for voluntary adoption by all agencies.

Abusing Drug across the Border

6.23 Apart from the regular tripartite co-operation on anti-drug activities, ND will step up publicity campaigns to target Hong Kong residents who take drug across the border. Under the existing framework of Tripartite Co-operation with the Mainland and Macau, Hong Kong would continue to contribute to information and experience sharing in research findings, treatment and rehabilitation service, preventive education initiatives and law enforcement cooperation.

Substance Abuse Clinics

6.24 Faced with a rising percentage of persons abusing psychotropic substances and multi-drug taking, there is an increasing demand to provide treatment to this group of clients. Judging from utilisation figures at Table 4 of Chapter 3, there is a steady increase in demand year on year with the exception of 2004. The services offered by SACs are indispensable and need strengthening, otherwise, treatment applicants can be lost if we fail to address their needs in a timely manner.

6.25 ACAN and ND will continue to work closely with HA to see how to strengthen cooperation between social service and healthcare sectors by exploring the best cooperation model, keeping in view feedback from players on services provided by SACs and room for further improvements.

CHAPTER 7

TREATMENT MODALITIES IN HONG KONG

7.1 Hong Kong embraces a multi-modality approach in the provision of drug treatment and rehabilitation service as no single treatment is appropriate for all individuals all the time. Matching treatment settings, interventions and services to each patient's problems and needs are critical to successfully helping the service seeker. The different modalities practised in Hong Kong are briefly described in the ensuing paragraphs. More information on the services and contact details of these agencies and other support services are given in **Annexes VI to XI**.

Compulsory Drug Treatment Programme (ANNEX VI)

7.2 CSD currently runs two male (one each for young and adult offenders) and one female DATCs. These centres provide compulsory drug treatment programme for the cure and rehabilitation of persons addicted to drugs who are also found guilty of criminal offences punishable by imprisonment. The treatment programme, which is an alternative to imprisonment, aims to detoxify, restore physical health and, through the application of therapeutic and rehabilitative treatment, wean addicts from their dependence on drugs. Assistance is also given to inmates with post-release employment and accommodation problems.

7.3 Though the statutory detention period ranges from two to 12 months, the average length of stay of inmates from DATC are five months five days to five months 14 days in 2002 to 2004. All inmates release from a DATC are required to undergo Aftercare Supervision which lasts for 12 months from their release. If illicit drug use is detected before the expiry of the supervision period, the supervisees may be recalled to the centre for a further period of treatment.

Voluntary Residential Treatment and Rehabilitation Programme (ANNEX VII)

7.4 At present, 17 non-government agencies are running 40 residential drug treatment and rehabilitation centres and half-way houses. Seven of these agencies are receiving recurrent subvention from the government. Three agencies which adopt a medical approach in treatment are subvented by DH. The other four agencies adopting a Christian therapeutic approach in treatment are subvented by SWD. The remaining agencies do not receive direct financial support from the government, but the government assists in providing land at very low costs where possible.

7.5 The following are the main features of the voluntary residential drug treatment and rehabilitation centres in Hong Kong.

- Most of the centres would cater for both opiate and non-opiate abusers.
- Some of them are open to non-Chinese.
- Treatment programmes generally range from four weeks to 24 months. For some agencies, they prefer to work out the period of stay mutually with the clients concerned.
- Service seekers are interviewed by a social worker to sort out their needs and motivation, programme arrangements etc prior to intake and medical check is usually conducted. Treatment programmes usually involve general life education, vocational training and family support.
- Generally services are readily accessible. For some centres, there may be a waiting time and it differs from time to time. On average, patients may have to wait for around two weeks for health check-up and interview before admission.

Methadone Treatment Programme (ANNEX VIII)

7.6 MTP is operated by DH through a network of 20 methadone clinics on a voluntary and outpatient mode. The programme offers both maintenance and detoxification options for opiate drug dependent persons. Under the maintenance scheme, patients are provided with a dose of methadone each day to block their craving for heroin. Patients who enrol

in the detoxification scheme will be prescribed reducing dosage of methadone until they are completely drug free.

7.7 To continuously enhance support to MTP patients, the government is implementing a number of improvement measures, including enhancing individual and group counselling services for methadone patients and their families, extension and renovation of the Sham Shui Po Methadone Clinic, the largest one in Hong Kong, with enhanced facilities, strengthening patient referral service clinics and other treatment modalities.

Substance Abuse Clinics (ANNEX IX)

7.8 In response to the need to fill the service gap in medical and psychiatric treatment for psychotropic substance abusers, HA established a pilot SAC in Kowloon Hospital in 1994. Currently, there are five SACs.¹

7.9 SACs accept referrals from CCPSAs, voluntary residential drug treatment centres, medical practitioners and other health care providers. Clients are treated largely on an out-patient basis. Its services include drug treatment, counselling, and in some cases, psychotherapy. The need for a period of in-patient treatment is determined by the specific clinical needs of patients. Specific treatment is provided for in-patient detoxification and treatment of those with identified drug induced psychiatric complications or co-morbid psychiatric illnesses.

7.10 SACs would triage the referred clients and those with clinical indication for urgent attention would be given earlier appointment for consultation. In general, the median waiting time of clients booking new cases is similar to other psychiatric specialist out-patient clinics which is five weeks in 2004/05.

¹ These SACs are operated in Kowloon Hospital, Pamela Youde Nethersole Eastern Hospital, Prince of Wales Hospital, Kwai Chung Hospital and Castle Peak Hospital

Counselling Centres for Psychotropic Substance Abusers (ANNEX X)

7.11 Five CCPSAs are operated by NGOs under subvention of SWD. They are Hong Kong Christian Service PS33 serving West Kowloon, Caritas HUGS Centre serving New Territories West, Cheer Lutheran Centre serving New Territories East, Tung Wah Group of Hospitals CROSS Centre serving Hong Kong Island and Evergreen Lutheran Centre serving Kowloon East. These centres provide counselling and assistance to occasional/habitual psychotropic substance abusers and to youths at risk with a view to steering them away from drug use. A wide range of services is offered, including needs assessment, counselling and group work service, family programmes, training for allied professionals and drug preventive education programme for secondary schools.

7.12 Services of all the five CCPSAs are open to non-Chinese though they only represent a small portion of the service recipients. Treatment applicants would usually be interviewed by the social worker within one week after they indicate their interest or request for service.

Other Support Services (ANNEX XI)

7.13 Apart from the services mentioned above, a number of agencies also provide support services in the combat against drug abuse and helping drug dependent persons to turn a new leaf. Descriptions on their services and contact details can be found at Annex XI.

CHAPTER 8

SUMMARY OF MAJOR RECOMMENDATIONS AND KEY INITIATIVES

8.1 The followings are the summary of the major recommendations and key initiatives in this Plan.

Early and Effective Intervention

Programmes for Young Substance Abusers (Paras 6.2 – 6.3)

8.2 Measures should be put in place to identify and attract abusers, particularly experimental and non-dependent regular users and tainted young working adults, to come forward for treatment service. Programmes that are proactive in reaching out to the target group and with suitable interventions to motivate them for assessment and treatment are welcomed.

Involvement of Other Stakeholders (Para 6.4)

8.3 The group of drug users/abusers at para 8.2 would not usually take initiative to seek help and people around them like family members, teachers, school social workers etc can help make a difference. Programmes designed to impart and enhance the drug knowledge and communication skills of these stakeholders are highly recommended.

Co-operation Among Anti-drug Professionals

Medical Practitioners and NGOs (Paras 6.5 – 6.6)

8.4 Initiatives that encourage co-operation between NGOs and community primary health care providers to provide support services in various stages of treatment, rehabilitation and relapse prevention are needed. It is recommended a cooperation model between the service and healthcare sectors should be worked out.

Better Communication and Co-operation (Para 6.7)

8.5 Anti-drug workers from various disciplines in the same geographical area could organise formal or informal groups for networking and to understand the work of one and other, share information, complement service deliverables, and eliminate duplication of service.

Use of Information Technology (Para 6.8)

8.6 For timeliness and convenience, we encourage more use of e-mail and information technology for communication purpose and, in the longer term, knowledge building and management.

Judicial Diversion (Para 6.9)

8.7 The Administration could further keep in view developments overseas and study schemes which may be applicable to Hong Kong.

Reintegration and Relapse Prevention

Programmes and Services for Ex-drug Abusers and their Family Members (Paras 6.11 – 6.12)

8.8 To help rehabilitated drug addicts to stay abstinent, we wish to see more cooperation between commercial sector and NGOs to provide programmes such as vocational training, job placement and/or volunteer work. Suitable aftercare services to the ex-drug abusers and supporting services to their family members should also be provided.

Publicity (Para 6.13)

8.9 Publicity to build up a positive image of participating employers, agencies and rehabilitated drug addicts is needed to educate the public the benefits of helping drug addicts to turn a new leaf.

Structured Professional Training for Anti-drug Workers

Certificate Course on Drug Treatment and Rehabilitation (Paras 6.14 – 6.16)

8.10 ND will monitor and review the effectiveness of the Certificate Course on Drug Treatment and Rehabilitation for Social Workers and Peer Counsellors and map out future direction on structured professional training for anti-drug workers. ND will keep in view the outcome of the accreditation of the Certificate Course under the proposed Qualifications Framework.

8.11 Service NGOs are encouraged to consider giving due recognition to the certificate holders in terms of future training and progression opportunities.

Professional Training (Para 6.18)

8.12 Drug addiction and anti-drug topics should be included or strengthened in the curriculum for medical and social work students in their university training.

Miscellaneous

Licensing Scheme under Cap. 566 (Paras 6.19 – 6.21)

8.13 The Administration will work out the criteria for extension of grace period for subvented centres and render assistance to identify suitable sites for reprovisioning, if needed.

Service Information System (Para 6.22)

8.14 Subject to the views of the Task Force, ND will continue with the project and roll out the system on a trial basis in 2006.

Substance Abuse Clinics (Paras 6.24 – 6.25)

8.15 ACAN and ND will continue to work closely with HA to

strengthen cooperation between social service and healthcare sectors.

Implementation and Monitoring

8.16 This Plan gives strategic direction to government departments and NGOs in delivering drug treatment and rehabilitation services in the short to medium term. Its implementation requires joint efforts from both government and non-government organisations and various stakeholders. ND would continue to provide policy support to back up the roll out of the recommendations. Comments from the T&R Sub-committee would be sought for initiatives that require strategic input. Agencies and departments are called upon to make reference to the Plan and review their current activities, make adjustment to the service objectives or targets, if any, and contemplate deliverables to meet service needs. Service providers are welcome to carry out the initiatives individually or in partnership with others.

8.17 ND would monitor the overall implementation of the Plan and present periodic progress reports to the T&R Sub-committee of ACAN and DLC. Related government departments and agencies are invited to keep ND informed of their programmes and activities that support the Plan.

**Membership of Working Group on Fourth Three-year Plan on
Treatment and Rehabilitation Services in Hong Kong (2006-2008)**

Chairman : Dr Lam Kui-chun
Chairman of ACAN Sub-committee on Treatment and
Rehabilitation Services

Members : Mr Jacob Chan Lai-sang
ACAN member

Prof. Cecilia Chan Lai-wan, JP
ACAN member

Ms Jane Tsuei
The Hong Kong Council of Social Service

Mr Kwok Nai-yeung
Hong Kong Christian Service

Mr David Cheung
Caritas Wong Yiu Nam Centre

Ms Annissa Lui (up to 5 July 2005)
Mr Tang Kam-piu, Billy (from 6 July 2005 onwards)
Hong Kong Lutheran Social Service

Ms Brenda Chung
T.W.G.Hs. CROSS Centre

Mr Wong Wing-fai, Samuel
Barnabas Charitable Service Association

Mr Albert Cheng
Society for the Aid and Rehabilitation of Drug Abusers

Mr Lee Fai-ping
Wu Oi Christian Centre

Dr Leung Chi-chiu
Hong Kong Medical Association

Dr Leung Shung-pun
Castle Peak Hospital Tuen Mun Substance Abuse Clinic

Ms Margaret Tay
Hospital Authority

Mrs Lily Ng
Social Welfare Department

Mr Chow Tak-wah
Correctional Services Department

Dr Mak Ying-wai
Department of Health

Miss Winnie Chui (up to 27 January 2006)
Ms Candy Lau (from 1 February 2006 onwards)
Narcotics Division, Security Bureau

Mr Muller Tang
Narcotics Division, Security Bureau

Secretary Ms Jennie Wong
Narcotics Division, Security Bureau

**Working Group on the Fourth Three-year Plan
on Drug Treatment and Rehabilitation Services in Hong Kong
(2006-2008)**

Terms of Reference

1. To assess the adequacy of the existing drug treatment and rehabilitation programmes in Hong Kong to see whether the services provided align with the distribution of drug dependent persons' characteristics and needs;
2. To identify room for adjustment and enhancement of the existing drug treatment and rehabilitation services in Hong Kong; and
3. To advise on the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2006 to 2008.

**Membership and Terms of Reference of Task Force
on Service Information System**

Membership

Chairman : Dr. K C Lam
Chairman of ACAN Sub-committee on Treatment
and Rehabilitation

Members : Dr James Chien
Pui Hong Self-help Association

Mr. David Cheung
Caritas Wong Yiu Nam Centre

Mr. Jacob Lee (up to 14 December 2004)
Mr Samuel Wong Wing-fai (from 15 December 2004 onwards)
Barnabas Charitable Service Association

Mr. Max Szeto
Hong Kong Christian Service Jockey Club Lodge of Rising Sun

Mr. Albert Cheng, SARDA
Society for the Aid and Rehabilitation of Drug Abusers

Mr. Jackey Lo (up to 21 September 2005)
Ms. Elsa Chiu (from 22 September 2005 onwards)
Hong Kong Council of Social Service

Dr. Mak Ying-wai
Department of Health

Mrs. Lily Ng
Social Welfare Department

Miss Winnie Chui (up to 27 January 2006)
Ms Candy Lau (from 1 February 2006 onwards)
Narcotics Division

Mr. Victor Li (up to 10 April 2005)
Mr. Muller Tang (from 11 April 2005 onwards)
Narcotics Division

Secretary : Ms. Jennie Wong
Narcotics Division

Terms of Reference

1. To advise on the design, scope, content and implementation of the Service Information System on Drug Treatment and Rehabilitation Services in Hong Kong (the System)
2. To monitor the collection and analysis of data gathered under the system;
3. To oversee the trial run of the system until its roll out.

(Translated Version)

The Hong Kong Council of Social Service

**Minutes of the Consultation Session on the Narcotics Division's
Fourth Three-year Plan on Drug Treatment and
Rehabilitation Services in Hong Kong**

Date: Tuesday, 21 June 2005

Time: 2:30p.m.

Venue: Room 204, 2nd floor, Duke of Windsor Social Service Building.

Major comments from the service sector:

1. The Three-year Plan should also set out, as its basis, the procedures for the formulation of the Plan and the mechanism for monitoring the implementation of future projects. The Government should state in concrete terms its expectations of the overall anti-drug work. Recommendations in the Plan should include clear quantifiable indicators as far as possible.
2. In tackling the drug abuse problem, the Government had all along focused on prevention, treatment and rehabilitation. Therefore, the service sector suggested that the same direction should be adopted for the vision and approach of the Three-year Plan by extending efforts on treatment and rehabilitation to prevention.
3. Early intervention and multi-modality approach are a feature and characteristic of service. These two elements should be incorporated into the proposed initiatives.

4. Briefings should be held on a regular basis to centrally inform the service sector about the drug abuse situation, such as numbers and characteristics of cases, police drug enforcement, composition of drugs, drug abuse trends and analyses of special cases, so that the service sector could have a good understanding of the actual situation and respond by providing the necessary services. Such briefings could also help prevent misreporting in the media.
5. The Narcotics Division (ND) should set up channels for the service sector to discuss issues relating to the delivery of services with the relevant government departments and follow up with them on further development. It should also play a greater and more visible role in liaison or co-ordination so that members of the service sector knew which officials they could approach when they encountered a problem or wished to make suggestions. Moreover, ND should respond and take follow-up actions flexibly and swiftly in order to help the service sector to provide services effectively.
6. It was suggested that ND should work out a blueprint and a mechanism for providing long-term and regular training for workers of drug abuse prevention and treatment. Such training should lead to the award of recognised qualifications to encourage workers to improve, through learning, their ability and standard in the delivery of services.
7. It was suggested that a forum should be set up by ND for regular sharing of experience to enable the service sector to have better exchanges of views on drug abuse and develop opportunities for co-operation with ND, other relevant government departments or other sectors (such as medical, judicial and business) and even with neighbouring areas like the Mainland and Macao. ND should also suggest to the various funds that they should support and encourage applications from the service sector for funding to facilitate sharing of experience in the provision of services with overseas countries.
8. ND should render support as soon as possible for the development of long-term appropriate services for female abusers. In the short

run, it should assist the service sector to obtain resources for the development of short-term service programmes targeting at cases that required immediate attention.

9. ND should recognise the importance of family intervention by promoting the incorporation of the theme of professional “family therapy” into training programmes. It should also encourage the funding departments (such as the Social Services Department (SWD)) or other funds to allocate sufficient resources to this area of work. Alternatively, it should re-adjust the focus of the conditions of grant to enhance “family-oriented intervention”.
10. ND should first set an example by encouraging government departments to open up job opportunities to rehabilitated drug abusers. It should then lobby the business sector for co-operation, develop “tripartite partnership” and step up positive publicity on rehabilitated drug abusers. ND should also liaise with those funds that could provide financial support to rehabilitated drug abusers when they were in the course of finding jobs or the early stage of employment.
11. The service sector recognised the importance of the five “substance abuse clinics” (SACs) that were still in operation. These clinics should continue with their services. ND should take the initiative to co-ordinate the use of potential/pro bono resources in the public and private medical systems to provide accessible and appropriate services on a regional basis.
12. ND should study the feasibility of using conferencing facilities for medical consultation. It should also consider introducing measures to mitigate the labelling effect on young rehabilitated drug abusers who sought psychiatric treatment.
13. In developing its service information system, ND should give due consideration to the need to secure the service sector’s acceptance of the concept of the work. Due consideration should also be given to the feasibility of implementation, the complexity of the system, the design of different drug treatment modalities and the

differences of effectiveness indicators. Every effort should be made to avoid hindrance to the provision of services by the service sector. Therefore, in the course of development, consensus should be reached, through discussions, with the service sector on the indicators and implementation methods.

14. ND should explain to the service sector how it would support and monitor the work of SWD in relation to the “licensing scheme”. It should continue to monitor the implementation of the scheme and take action to provide the required financial and other administrative support to assist the various centres to meet the licensing requirements. Contingency measures should be drawn up in case some centres might not be able to meet the licensing requirements at the end of the day due to special circumstances.
15. ND should study policy reform possibilities and the direction, experience and feasibility of introducing judicial diversion.
16. The service sector suggested that ND should continue its discussion with the Mainland authorities about ways to curb cross-boundary drug abuse. Publicity on the risk of drug abuse should be stepped up as well.

Response of ND's representative:Role of the Government

- At present, ND would release certain data after each quarterly meeting of the Action Committee Against Narcotics (ACAN). The Police and the Customs and Excise Department also released figures on drug seizures on a quarterly basis. In addition, data regarding services provided by some subvented agencies would be released to ACAN and its Sub-committee on Treatment and Rehabilitation. Members of the service sector were asked if they required any other data or information to facilitate their work.
- The Government would not respond to “stories” published by the media.
- The Government Laboratory produced CD-ROMs on selected drugs every six months. Members of the service sector were asked if they considered this adequate enough.
- To a certain extent, figures released by the Government could facilitate the work of the service sector. However, drug abuse was considered as “trendy” among young people. The publication of drug figures would provide the young people with an indicator of “trendiness”. Members of the service sector were invited to express their views on this paradox.
- ND would monitor the use of drugs. Unless the trend was spreading, ND would not take the initiative to publish figures relating to individual drugs.

Beat Drugs Fund

- The objective of the Beat Drugs Fund was to support innovative projects. Therefore, applications for the Fund that were successful the first time would not necessarily be approved again if the same projects were proposed. Re-packaging and adding new elements might be required for some old projects.
- In 2006-07, it was expected that ND would not inject new capital into the Fund. It was hoped that the service sector would use grants from the Fund cost-effectively.
- ND staff responsible for operating the Beat Drugs Fund were going to hold a briefing on how to apply for the Fund in order to help the service sector understand the application procedures and requirements.

Medical Support of SACs

- Medical support of SACs and provision of resources to these centres fell under the ambit of the Hospital Authority (HA). HA would not necessarily agree to ND's request to allocate additional resources to SACs.
- It was hoped that the Fourth Three-year Plan would spell out the service sector's requirements of medical support services so as to obtain a positive response from HA.
- It was hoped that the sector would co-operate by stating their needs so that ND could better justify its requests.

The Licensing Scheme

- ND played the role of a coordinator.
- On-site checks and inspections by different government departments had caused much inconvenience to the service sector. ND would relay the service sector's concerns to the licensing office with the hope to co-ordinate the work of the departments concerned to provide one-stop services. It was hoped that this item would not be a new initiative under the Three-year Plan.
- In order to meet the licensing requirements, some (not many) agencies applied for grants from the Beat Drugs Fund. For the time being, the Fund had a balance of \$15 million. This could not serve to indicate that the Fund could not satisfy the needs of the service sector. Therefore, it would be difficult for ND to apply to the Treasury Branch for additional funding.
- ND would assume the role of a co-ordinator in the negotiation process when the agencies tried to identify suitable sites and negotiated with relevant bodies in the 18 districts.

ND's Views on Drug Abuse

- The drug abuse problem was not a single issue, whether it was regarded as a security issue or medical issue.
- Characteristics of the mode of drug treatment and rehabilitation in Hong Kong:
 1. Diversity. The Government would not interfere with the modalities used by the agencies.

2. Drug abusers deserved treatment and rehabilitation services. Punishment was not used as remedy. The concept behind this was similar to that of the judicial diversion scheme. Although drug taking was a criminal offence in Hong Kong, prosecutions against drug taking were rare. The reason was that it was difficult to prove the act of drug taking and the Government understood the nature of the problem and knew that it could hardly be solved with punishment alone. While the paradigm shift to judicial diversion would not occur in Hong Kong all of a sudden, judges, probation officers and frontline law enforcement officers had gained a better understanding of the drug abuse problem, in particular drug treatment and rehabilitation.
- Of course, it was not possible at this stage to fully affirm or negate the new concept of judicial diversion. However, it was important to note that the introduction of a new policy should take into account a number of considerations, such as the relationship between the allocation of social resources and its effectiveness.
 - The service sector did not need to worry that judicial diversion would replace voluntary drug treatment. Voluntary drug treatment had been very successful in Hong Kong and the support and efforts of the agencies in this area would still be required.

The Hong Kong Council of Social Service

Consultation Session on

Fourth Three-year Plan on Drug Treatment and Rehabilitation Services

in Hong Kong

List of Participants

	Participant	Agency
1	Ms Victoria Cheuk	Action for Reach Out
2	黃美蓮女士	Action for Reach Out
3	陳月好女士	Action for Reach Out
4	吳婉嫻女士	Barnabas Charitable Service Association Ltd
5	黃潔明女士	Barnabas Charitable Service Association Ltd
6	Ms Kwok Mei Ha May	BGCA SSPDYOT
7	Ms Tang Yin Ping	BGCA SSPDYOT
8	Mr Wong Yuk Keung	BGCA SSPDYOT
9	Mr Chu Fung	Caritas
10	蔡志軍先生	Caritas
11	翁舜芝女士	CFSC
12	李振成先生	Chinese YMCA of HK
13	鄭振華先生	Christian New Life Association
14	譚嘉妍女士	Christian New Life Association
15	許志成先生	Christian New Life Association
16	范可立先生	Christian New Life Association
17	吳道南先生	Christian New Life Association
18	陳培強先生	Christian New Life Association
19	馮忠振先生	Christian New Life Association
20	趙志鋒先生	Christian New Life Association
21	湯國順先生	Christian New Life Association
22	許偉傑先生	Christian New Life Association
23	Mr Paul Tsang	Finish Evangelical Lutheran Mission Ling Oi Centre
24	Mr Samson Dai	Finish Evangelical Lutheran Mission Ling Oi Centre
25	李超良先生	Fullness Christian Vocational Training Centre
26	鄭燕珊女士	Fullness Christian Vocational Training Centre
27	陳健儀女士	HKCS
28	韓小雲先生	HKCS

	Participant	Agency
29	郭乃楊先生	HKCS
30	梁笑芬女士	HKFYG Ping Shek Youth Spot
31	李德惠女士	HKPA
32	周惠霞女士	HKPA
33	邵佩珊女士	NAAC
34	李景輝先生	Society for the Aid & Reh of DA
35	鄭保旺先生	Society for the Aid & Reh of DA
36	劉振傑先生	Society for the Aid & Reh of DA
37	Mr Fung Cheung Tim	Society of Reh and Crime Prevention
38	Ms Chan Kam Wa	Society of Reh and Crime Prevention
39	Mr Simon Chan	Society of Reh and Crime Prevention
40	Mr Yiu Tze Leung	TWGHs
41	李輝平先生	Wu Oi Christian Centre
42	Mr Jacob Chan	YMMSS
43	張惠儀女士	Caritas Lok Heep Club
44	鍾燕婷女士	TWGHs
45	錢明年博士	香港培康聯會
46	廖勝興	香港路德會社會服務處
47	邵日坪先生	得基輔康會有限公司
48	盧寶星先生	基督教香港信義會

(Translated Version)

The Hong Kong Council of Social Service

Working Group on Substance Abuse

Notes of Meeting of the Focus Group on the Narcotics Division's Fourth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2006-2008)

Date: Tuesday, 9 August 2005

Time: 3 - 5 p.m.

Venue: Room 209, 2nd floor, Duke of Windsor Social Service Building.

Major comments from the service sector:

1. There were positive comments on the work, role and importance of the five counselling centres for psychotropic substance abusers (CCPSAs).
2. The CCPSAs encountered difficulty in launching publicity and education programmes because psychotropic substance abuse was regarded a taboo topic by many schools. They feared that the holding of such educational activities might suggest the existence of the substance abuse problem in the schools and thus affect their reputation. Moreover, some non-government organizations (NGOs) were also promoting similar activities, resulting in overlapping in the use of resources and competition. Therefore, the service sector hoped that the Narcotics Division (ND) would co-ordinate with the Education and Manpower Bureau and Social Welfare Department to facilitate the CCPSAs' promotion of their services. Regarding projects that were similar, the Beat Drugs Fund should adjust the number of such projects to which grants were given so as to avoid overlapping in the use of resources.
3. The service sector expressed concerns over and needs for the substance abuse clinics (SACs). As services of the Hospital Authority (HA) were provided on a regional cluster basis, clinics within a cluster would not accept users living outside the service area of the cluster. Eventually, some users could not receive treatment because such services were not available in the area where they lived.

4. At present, the substance abuse clinic at Eastern Hospital was the only one of its kind on Hong Kong Island. The waiting time for service was 3 to 6 months. This would reduce the motivation for drug abusers who wished to quit the habit to seek treatment.
5. ND should study what resources were available in the private or public medical system so as to provide accessible and appropriate services on a regional basis. For instance, it could study the possibility of using medical services provided by Jockey Club clinics or NGOs to make up for the shortfall in existing services.
6. Cross-boundary substance abuse was still common. The service sector suggested that ND should continue its discussion with the Mainland authorities about ways to curb cross-boundary substance abuse. In addition, publicity on the risk of substance abuse should be stepped up in Hong Kong, with special emphasis on boosting public awareness of the situation and enhancing young people's sense of crisis in this respect, so that the whole community could work together to address the problem. For instance, publicising stepped-up enforcement actions on the Mainland could serve as a warning.
7. There was a downward trend in the age of cross-boundary substance abusers. ND should enhance the control the risk of youths abusing drugs. For instance, it could consider discussing with the Immigration Department the possibility of gathering travel records of this group of people during certain periods of the day and informing their parents to achieve a deterrent effect.
8. The service sector would like ND to produce some education kits on substance abuse for the use of frontline staff, such as outreach social workers, at talks and counselling sessions.

The Hong Kong Council of Social Service

**Focus Group on Medical Support Service for Psychotropic Substance
Abusers**

9 August 2005

List of Participants

Agency	Name
Rev. Sam Cheng	Christian New Life Association
Lee Fai-ping	Wui Oi Christian Centre
Liu Sing-hing	Cheer Lutheran Centre
Brenda Chung	TWGHs CROSS Centre
Paul Lo	ELCHK- Northern District Youth Outreaching Team
Dai Shek-nam	FELM – Ling Oi Centre
Chow Kwai-sam	NAAC Eastern District Outreaching Service
Chu Fung	Caritas – Play Safe
Max Szeto	HK Christian Service – Lodge of Rising Sun
Dr. Leung Shung-pun	HA (SAC)
John Chung	Caritas – HK
Mar Mei-chun	HKCYS Tai Po Youth Outreaching Team
Dr. Lam Kui-chun	ACAN T & R Chairman
Winnie Ng	Barnabas Charitable Service Assn. Ltd.
Winnie Chui	Narcotics Division
Muller Tang	Narcotics Division
Jennie Wong	Narcotics Division
Jane Tsuei	HKCSS
Jackey Lo	HKCSS
Richard Pang	HKCSS

**Summary of Main Points Raised by
ACAN, Treatment & Rehabilitation Sub-committee
and Drug Liaison Committee on Preparation
of the 4th Three-year Plan**

During mid 2005 to early 2006, the ACAN, its T&R Sub-committee and DLC were consulted on the preparation of the 4th Three-year Plan in its regular meetings or by circulation of papers. Members have provided many valuable comments and suggestions. The main points of which are summarised below.

- Proposed framework and action plan were acceptable
- Inclusion of treatment and rehabilitation services in other countries / cities should be handled with care in order not to be seen as showing preference to specific treatment modalities
- Drug education and preventive education could be included in the plan
- Proposed to set aside a portion of the funding under BDF to sponsor pilot projects
- Initiatives to facilitate and encourage partnership between GPs and NGOs were welcome
- Provision of structured professional training to anti drug workers
- Inclusion of anti-drug topics in curriculum of medical students and continuous training for frontline doctors and fellows of various doctors' associations should be enhanced
- Implementation of the plan should be continuous though there might be changes in memberships of respective committees during these three years
- Regular reviews on the progress of implementation of the plan and evaluation of outcome were necessary

Narcotics Division
February 2006

**Services and Contact Details of
Drug Addiction Treatment Centres (DATC) of
Correctional Services Department**

CSD currently runs three DATCs : the Hei Ling Chau Addiction Treatment Centre, Hei Ling Chau Addiction Treatment Centre (Annex), and the Annex of Lai Sun Correctional Institution.

2. The major components of the DATC programme are described as follows :

(a) Medical Services

A full medical service is provided to all inmates including detoxification, medical consultation, and promoting general health together with referral to specialist clinics or hospitals if needed.

(b) Counselling Services

Individual and group counselling sessions as well as specially designed “Relapse Prevention Courses” are conducted to help inmates consolidate their motivation to abstain from drug use and develop coping skills to deal with personal risks factors associated with drug use.

(c) Psychological Services

Psychological services including individual and group psychological interventions are provided to inmates to promote their psychological well-being, change their offending behaviour, strengthen their personal efficacies in dealing with craving and to prevent them from relapsing into drug use.

(d) Work Therapy and Job Training

Inmates are assigned to work which is commensurate with their capabilities, skills and physical fitness. A wide variety of job training in different trades including metal work, tailoring, book binding, laundry, gardening, fibre glass work, kitchen and cleansing work are organised as well as Construction

Labourer and Concreter Course.

(e) Education

Formal education is provided to all young inmates with a view to promoting their general education and fostering good habit of self-study. Subjects taught include English, Chinese, Mathematics, self and social development, commercial and computer subjects. Adult inmates may attend educational courses on a voluntary basis.

(f) Physical education and Recreation

To promote the general health of the inmates, physical education sessions are conducted by qualified physical education instructors. A wide variety of activities are offered at leisure hours so that inmates may learn to make good use of their spare time for healthy activities.

Assessment of Progress of Inmates

3. In order to strengthen the inmates' motivation, a promotion system comprising three stages of Initial Grade, Treatment Grade and Pre-release Grade is adopted during their stay in an addiction treatment centre.

4. Inmates' efforts, attitude, performance, progress and response towards the treatment programme are monitored and assessed regularly by DATC staff, and taking into account by the Board of Review when considering promotion and release of inmates. The first review of an inmate will be conducted within two months from his admission to a DATC. Thereafter the Board will assess his performance at least once a month.

Aftercare Service

5. There are two specific objectives of the aftercare services, namely, to facilitate the inmates' rehabilitation and reintegration into the community through fostering support between inmates, their families and the staff of CSD; and to help inmates lead a drug-free, law-abiding and industrious life after release.

6. Inmates released from DATCs are subject to 12 months' statutory aftercare period. During the supervision period, a supervisee may be recalled for a further period of detention if found in breach of any of the supervision conditions.

Pre-release Programme

7. A "Pre-release Reintegration Orientation Course" is organised for inmates to assist their reintegration into the community. The course covers different areas such as social welfare services, adult education, legal assistance, labour legislation, medical services, employment services, job interviewing techniques, labour market, and human interaction skills.

Job Placement

8. Job placement will be arranged for each inmate through their family / relatives and friends, aftercare officers, Construction Industry Training Authority and prospective employers.

Halfway House Facilities

9. Halfway house facilities are provided to those who are in need of accommodation, intensive supervision or encounter problems after release from DATCs. Currently, CSD operates two halfway houses, namely, the Bauhinia House and the Pelican House, for supervisees discharged from DATCs. The maximum capacity of each of the two houses are 24 and 20 respectively. The period of residence depends on individual progress, and is normally between one and two months.

Contact Details of Drug Addiction Treatment Centres

<i>Name of Institution</i>	<i>Address</i>	<i>Telephone</i>
Hei Ling Chau Addiction Treatment Centre	Hei Ling Chau Island	2986 6286
Hei Ling Chau Addiction Treatment Centre (Annex)	Hei Ling Chau Island	2986 6001
Annex of Lai Sun Correctional Institution	Hei Ling Chau Island	2986 6223

**Services and Contact Details of Voluntary Residential
Drug Treatment and Rehabilitation Centres**

Agency

Barnabas Charitable Services Association Limited

Centre

Lamma Training Centre

Centre Details

Address : No.45, DDI, Lot728, Pak Kok Sun Chuen, Yung Shue Wan, Lamma Island

Contact Person : Miss Winnie Ng

Telephone : 2982 1008

Hotline Number : 2982 1008

Fax : 2982 0295

E-mail : ltc@barnabas.com.hk

Website : <http://www.barnabas.com.hk>

Treatment and Rehabilitation Modality Adopted

Gospel Therapy : Bible teaching and counselling

Long Term Residential Treatment Programme

Intake Capacity

20

Target Clients

Female drug abusers at or under the age of 40

Duration of Treatment and Rehabilitation Programme

One-year residential treatment (nine months at Lamma Training Centre and three months at Ma On Shan Half-way House)

Aftercare Service

One-year aftercare service

Agency

Barnabas Charitable Services Association Limited

Centre

Ma On Shan Halfway House

Centre Details

Address : G/F, Lee Wah House, Lee On Estate, Ma On Shan, New Territories

Contact Person : Miss Winnie Ng

Telephone : 2640 1683

Hotline Number : 2640 1683

Fax : 2640 0391

E-mail : hwh@barnabas.com.hk

Website : <http://www.barnabas.com.hk>

Treatment and Rehabilitation Modality Adopted

Gospel Therapy : Bible teaching and counselling

Long Term Residential Treatment Programme

Short Term Residential Treatment Programme

Intake Capacity

13

Target Clients

Long Term Residential Treatment Programme*: Female drug abusers at or under the age of 40

Short Term Residential Treatment Programme : Female drug abusers at or under the age of 40 who have not received Barnabas' service in the last three years

*LTRTP by Lamma Training Centre's referral only

Duration of Treatment and Rehabilitation Programme

One-year residential treatment (nine months at Lamma Training Centre and three months at Ma On Shan Half-way House)

Aftercare Service

One-year aftercare service

Agency

Barnabas Charitable Services Association Limited

Centre

Sheung Wan Aftercare Service Centre (non-residential)

Centre Details

Address : 156-157, Hong Kong and Macau Building, Connaught Road Central,
10/F, Hong Kong

Contact Person : Ms Karen Lee

Telephone : 3101 5091

Hotline Number : 3101 5091

Fax : 3101 0737

E-mail : sw@barnabas.com.hk

Website : <http://www.barnabas.com.hk>

Treatment and Rehabilitation Modality Adopted

Aftercare and support service to restore and rebuild each individual of our target clients who can know God through our ministry

Vocational Training

Counselling Service

Service Capacity

300

Target Clients

Female drug abusers mainly

Other high-risk females including ex-prisoners and sex workers

Duration of Aftercare and Support Service

One year

Agency

Caritas – Hong Kong

Centre

Caritas Wong Yiu Nam Centre

Centre Details

Address : Hang Hau Road, Sai Kung, New Territories

Contact Person : Mr. Sam Choi

Telephone : 2335 5088

Hotline Number : 2335 5088

Fax : 2335 5855

E-mail : fswyn@caritassws.org.hk

Website : <http://family.caritas.org.hk>

Treatment and Rehabilitation Modality Adopted

The centre provides residential treatment service. The professional staff team includes psychiatrists, nurses, social workers, peer counsellors, teachers, chef and clerks. Apart from the professional detoxification treatment provided by medical staff, counselling service, vocational/interest courses and various training activities are offered by the centre.

Intake Capacity

20

Target Clients

Male aged below 30 who abuse opiate or non-opiate related drugs.

Duration of Treatment and Rehabilitation Programme

Treatment programmes last for one to six months.

Aftercare Service

Rehabilitated drug dependent persons will receive one-year aftercare service after completing the programme.

Agency

Christian New Life Association Limited

Centre

Christian New Life Association Limited

Centre Details

Address : Yuen Long, New Territories

Contact Person : Rev. Sam Cheng

Telephone : 2397 6618

Hotline Number : 2397 6618

Fax : 3426 9242

E-mail : samcheng@hknewlife.com

Website : <http://www.hknewlife.com>

Treatment and Rehabilitation Modality Adopted

- Gospel-based, counselling-assisted
- Group work
- Occupational training

Intake Capacity

40

Target Clients

- No age limit
- Male

Duration of Treatment and Rehabilitation Programme

Six-month treatment programme

Aftercare Service

- Individual follow up
- Church referral
- Occupational training

Agency

Christian Zheng Sheng Association Limited

Centre

Ha Keng Treatment and Rehabilitation Youth Centre for Male

Centre Details

Address : Ha Keng, Lantau Island

Contact Person : Mr. Chan Siu Cheuk

Telephone : 9307 1102

Hotline Number : 9027 2547

Fax : 2984 9763

E-mail : almancsc@netvigator.com

Website : <http://www.drugrehab.com.hk>

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

60

Target Clients

Youth male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

Two years

Aftercare Service

Aftercare service has already been integrated into the programme.

Agency

Christian Zheng Sheng Association Limited

Centre

Ha Keng Treatment and Rehabilitation Female Centre

Centre Details

Address : Ha Keng, Lantau Island

Contact Person : Mr. Chan Siu Cheuk

Telephone : 9307 1102

Hotline Number : 9027 2547

Fax : 2984 9763

E-mail : almancsc@netvigator.com

Website : <http://www.drugrehab.com.hk>

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

20

Target Clients

Female or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

Six months to two years

Aftercare Service

Aftercare service has already been integrated into the programme.

Agency

Christian Zheng Sheng Association Limited

Centre

Cheung Chau Male Training Centre for Youth

Centre Details

Address : Cheung Chau

Contact Person : Mr. Chan Siu Cheuk

Telephone : 9307 1102

Hotline Number : 9027 2547

Fax : 2984 9763

E-mail : almancsc@netvigator.com

Website : <http://www.drugrehab.com.hk>

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

40

Target Clients

Youth male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

Two years

Aftercare Service

Aftercare service has already been integrated into the programme.

Agency

Christian Zheng Sheng Association Limited

Centre

Cheung Chau Female Training Centre

Centre Details

Address : Cheung Chau

Contact Person : Mr Chan Siu Cheuk

Telephone : 9307 1102

Hotline Number : 9027 2547

Fax : 2984 9763

E-mail : almancsc@netvigator.com

Website : <http://www.drugrehab.com.hk>

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

20

Target Clients

Female or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

Six months to two years

Aftercare Service

Aftercare service has already been integrated into the programme.

Agency

Christian Zheng Sheng Association Limited

Centre

Mui Wo Male Training Centre for Adult

Centre Details

Address : Mui Wo, Lantau Island

Contact Person : Mr. Chan Siu Cheuk

Telephone : 9307 1102

Hotline Number : 9027 2547

Fax : 2984 9763

E-mail : almancsc@netvigator.com

Website : <http://www.drugrehab.com.hk>

Treatment and Rehabilitation Modality Adopted

In this community, the staff and clients practise honesty, modesty, self-control and unselfishness which are deeply rooted in the Christian faith and man's heritage. We reinforce this practice through counselling, character development programmes and Bible study for groups and individuals. These training items are inter-related and integrated into the everyday life of clients.

In Christian Zheng Sheng College, an affiliate of the association, we provide education (i.e. to enlighten, to instruct and to counsel) that covers academic subjects up to Secondary 7 and vocational training. To create hands-on opportunities, we have set up various businesses.

Intake Capacity

20

Target Clients

Adult male or rehabilitated drug dependent persons

Duration of Treatment and Rehabilitation Programme

Six months to two years

Aftercare Service

Aftercare service has already been integrated into the programme.

Agency

DACARS Limited

Centre

Enchi Lodge

Centre Details

Address : Enchi Lodge, Sheung Shui, New Territories

Contact Person : Superintendent

Telephone : 2673 8272

Hotline Number : 8104 2188

Fax : 2679 3780

E-mail : dacars@hotmail.com

Website : -

Treatment and Rehabilitation Modality Adopted

Gospel-based treatment model to assist physical, mental and spiritual recovery, incorporated with counselling by social workers, visiting medical care and pastoral guidance.

Intake Capacity

24

Target Clients

Male drug or alcohol abuser

Duration of Treatment and Rehabilitation Programme

Six to twelve months

Aftercare Service

Rehabilitants will be referred to halfway houses or churches or other arranged accommodation. Two years of aftercare service will be provided.

Agency

Glorious Praise Fellowship (Hong Kong) Limited

Centre

Glorious Praise Fellowship (Hong Kong) Limited

Centre Details

Address : 47 Siu Lam, Castle Peak Road-Tai Lam, Tuen Mun, New Territories

Contact Person : Mr. Lam Tik Ki/Mr. Chris Kwok Telephone : 2451 9802/9688 7650

Hotline Number : 2451 9802 Fax : 2451 9191

E-mail : chasemcknelly@netvigator.com Website : -

Treatment and Rehabilitation Modality Adopted

Drug abusers receive medication and treatment from registered doctors.

Intake Capacity

30

Target Clients

All drug abusers

Duration of Treatment and Rehabilitation Programme

Twelve months

Aftercare Service

Six months aftercare service

Agency

Hong Kong Christian Service

Centre

Jockey Club Lodge of Rising Sun

Centre Details

Address : 33 Tsing Wun Road, Tuen Mun, New Territories

Contact Person : Mr. Max Szeto (Superintendent) Telephone : 2468 0044

Hotline Number : 2468 0044 Fax : 2468 0555

E-mail : jlrs@hkcs.org Website : <http://www.hkcs.org>

Treatment and Rehabilitation Modality Adopted

A holistic, incentive, client-program matching and competence-based approach is adopted in operating our out-patient cum residential treatment and rehabilitation service.

Intake Capacity

24

Target Clients

Target clients are substance abusers aged under 30. The out-patient clinic serves both sexes whereas the residential centre serves male abusers only.

Duration of Treatment and Rehabilitation Programme

One to three-month detoxification and rehabilitation service

Aftercare Service

Twenty-four-month aftercare service

Agency

Mission Ark Limited

Centre

Mission Ark Limited

Centre Details

Address : Yuen Long, New Territories

Contact Person : Rev. Sam Cheng

Telephone : 2397 6618

Hotline Number : 2397 6618

Fax : 3426 9242

E-mail : samcheng@hknewlife.com

Website : <http://www.hknewlife.com>

Treatment and Rehabilitation Modality Adopted

- Gospel-based, counselling-assisted
- Group work
- Occupational training

Intake Capacity

20

Target Clients

- No age limit
- Male

Duration of Treatment and Rehabilitation Programme

Six-month treatment programme

Aftercare Service

- Individual follow up
- Church referral
- Occupational training

Agency

Operation Dawn Limited

Centre

Dawn Island Drug Treatment and Rehabilitation Centre

Centre Details

Address : Fo Tau Fan Chau (Dawn Island), Sai Kung, New Territories

Contact Person : Mrs. Mamre Lilian Yeh Telephone : 2714 2434/2761 4555

Hotline Number : 2714 2434 Fax : 2713 0124

E-mail : operationdawn@yahoo.com Website : <http://www.opdawn.org.hk>

Treatment and Rehabilitation Modality Adopted

Spiritual Therapy emphasizes on the well being of body, mind and spirit in the rehabilitation of drug abusers. We aim to help drug users to get rid of their dependency through holistic Christian treatment. The highlight of spiritual reconstruction restores psychological and physical health. The candidates would experience drastic changes in mindset and behavior as a “new creation”.

Intake Capacity

50

Target Clients

- Drug, substance or alcohol abusers, or persons with serious smoking problem
- Male
- No age limit

Duration of Treatment and Rehabilitation Programme

One Year (Nine months at Dawn Island Drug Treatment and Rehabilitation Centre, three months at Wong Tai Sin Centre (Half-way house))

Aftercare Service

At least a follow-up period of six months

Agency

Operation Dawn Limited

Centre

Girl Centre

Centre Details

Address : 155, Wong Uk Tsuen, Yuen Long, New Territories

Contact Person : Mrs. Mamre Lilian Yeh Telephone : 2714 2434/2761 4555

Hotline Number : 2714 2434 Fax : 2713 0124

E-mail : operationdawn@yahoo.com Website : <http://www.opdawn.org.hk>

Treatment and Rehabilitation Modality Adopted

Spiritual Therapy emphasizes on the well being of body, mind and spirit in the rehabilitation of drug abusers. We aim to help drug users to get rid of their dependency through holistic Christian treatment. The highlight of spiritual reconstruction restores psychological and physical health, the candidates would experience drastic changes in mindset and behaviour as a “new creation”.

Intake Capacity

10

Target Clients

- Drug, substances or alcohol abusers, or persons with serious smoking problem
- Female
- No age limit

Duration of Treatment and Rehabilitation Programme

One year

Aftercare Service

At least a follow-up period of six months

Agency

Operation Dawn Limited

Centre

Wong Tai Sin Centre (Half-way House)

Centre Details

Address : G/F., 111-115 Lung Chak House, Wong Tai Sin Lower Estate, Wong Tai Sin, Kowloon

Contact Person : Mrs. Mamre Lilian Yeh Telephone : 2714 2434/2761 4555

Hotline Number : 2714 2434 Fax : 2713 0124

E-mail : operationdawn@yahoo.com Website : <http://www.opdawn.org.hk>

Treatment and Rehabilitation Modality Adopted

Spiritual Therapy emphasizes on the well being of body, mind and spirit in the rehabilitation of drug abusers. We aim to help drug users to get rid of their dependency through holistic Christian treatment. The highlight of spiritual reconstruction restores psychological and physical health, the candidates would experience drastic changes in mindset and behaviour as a “new creation”.

Intake Capacity

16

Target Clients

- **Only** for male rehabilitants who have completed the 9-month programme in Dawn Island Drug Treatment and rehabilitation Centre

Duration of Treatment and Rehabilitation Programme

Three months

Aftercare Service

At least a follow-up period of six months, including telephone conversation, meetings and home visits.

Agency

Remar Association (Hong Kong) Limited

Centre

Remar Association (Hong Kong) Limited

Centre Details

Address : 210 Ma Tin Tsuen, Yuen Long, New Territories (Central Office)

Contact Person : Mr. Jose M Jorge Telephone : 3193 4919

Hotline Number : - Fax : 3193 4919

E-mail : remarhk@netvigator.com Website : <http://www.remar.org>

Treatment and Rehabilitation Modality Adopted

Long term rehabilitation program based on a Christian faith

Intake Capacity

20

Target Clients

Drug abusers aged over 18

Duration of Treatment and Rehabilitation Programme

Rehabilitating persons are able to stay as long as they wish.

Aftercare Service

-

Agency

The Christian New Being Fellowship Limited

Centre

Training Centre

Centre Details

Address : Pak Tam Chung, Sai Kung, New Territories

Contact Person : Mr. Fung To Sun Telephone : 2329 6077

Hotline Number : 2329 6077 Fax : 2329 6614

Website : Official website <http://www.newbeing.org.hk>

E-conuseling <http://www.freshu.com.hk>

Web radio <http://www.freshchannel.com.hk>

E-mail : info@newbeing.org.hk

Treatment and Rehabilitation Modality Adopted

A residential “Youth Gospel Drug Treatment and Rehabilitation Integrated Training” with Christian faith modality is adopted to help the residents to achieve holistic recoveries, which includes building up good character, reconciling with families and getting ready for re-integrating into the society.

The main contents of training include:

1. Life education, values re-construction
2. Individual and group counselling
3. Educational training: Chinese, English, computer and music training.
4. Multi-media production and vocational skills training
5. Adventured based counselling and disciplinary training
6. Family intervention: parents day, seminars and parents group.

Intake Capacity

54

Target Clients

Youth Group Male drug abuser aged under 28

Adult Group Male drug abuser aged 29-35

Duration of Treatment and Rehabilitation Programme

12-18 months

Aftercare Service

1. Aftercare service will be provided after graduation. It includes telephone contacts, individual or group counselling, and home visit to help our graduates re-integrate into the society. The service will last for six months.
2. “Care” Group for parents of first stage residents is held once a month (on the first Wednesday of each month from 7:30pm to 9:00 pm). It aims at improving the communication and relationship between residents and their parents.
3. “Fellowship of Graduates and Parents” is organized for graduates and parents of present and former residents on every Friday from 7:30pm to 9:00pm. It helps to establish a support and mutual-help network for graduates and their parents on a voluntary basis. The contents include: group sharing, worship, bible sharing and so on.

Agency

The Christian New Being Fellowship Limited

Centre

Halfway House

Centre Details

Address : Po Tung Road, Sai Kung, New Territories

Contact Person : Mr. Fung To Sun Telephone : 2329 6077

Hotline Number : 2329 6077 Fax : 2329 6614

Website : Official website <http://www.newbeing.org.hk>

E-counseling <http://www.freshu.com.hk>

Web radio <http://www.freshchannel.com.hk>

E-mail : info@newbeing.org.hk

Treatment and Rehabilitation Modality Adopted

Halfway House : to help residents re-integrating into society in terms of family, study, work, and new social supporting network through individual counselling and participation in church. Relapse prevention is also provided.

Intake Capacity

12

Target Clients

Male drug abuser aged under 28

Duration of Treatment and Rehabilitation Programme

3 – 6 months

Aftercare Service

1. Aftercare service will be provided after graduation. It includes telephone contacts, individual or group counselling, and home visit to help our graduates re-integrate into the society. The service will last for six months.
2. “Care” Group for parents of first stage residents is held once a month (on the first Wednesday of each month from 7:30pm to 9:00pm). It aims at improving the communication and relationship between residents and their parents.
3. “Fellowship of Graduates and Parents” is organized for graduates and parents of present and former residents on every Friday from 7:30pm to 9:00pm. It helps to

ANNEX VII

establish a support and mutual-help network for graduates and their parents on a voluntary basis. The contents include: group sharing, worship, bible sharing and so on.

Agency

The Finnish Evangelical Lutheran Mission

Centre

Ling Oi Tan Ka Wan Centre

Centre Details

Address : Tan Ka Wan, Sai Kung, New Territories

Contact Person : Mr Paul Tsang

Telephone : 2369 7052

Hotline Number : -

Fax : 2791 8377

E-mail : lingoi@netvigator.com

Website : <http://www.lingoi.org>

Treatment and Rehabilitation Modality Adopted

Through a disciplined life-style, physical training and study of the Christian belief, assist drug abusers to achieve a holistic change physically, socially and spiritually.

Intake Capacity

24

Target Clients

Male drug abusers

Duration of Treatment and Rehabilitation Programme

Twelve months (including 9 months in treatment centre and 3 months in halfway-house)

Aftercare Service

Two years aftercare service on completion of the twelve-month programme.

Agency

The Finnish Evangelical Lutheran Mission

Centre

Ling Oi Centre

Centre Details

Address : Flat 3A, Fung Yat Social Service Complex, 364 Kwai Shing Circuit, Kwai Chung, New Territories

Contact Person : Mr. Samson Dai

Telephone : 2612 1342

Hotline Number : -

Fax : 2608 2582

E-mail : lingoi@netvigator.com

Website : <http://www.lingoi.org>

Treatment and Rehabilitation Modality Adopted

To assist drug abusers to abstain from drugs and rebuild a new life through the Christian belief.

Intake Capacity

20

Target Clients

Rehabilitating male drug abusers who have completed a treatment programme.

Duration of Treatment and Rehabilitation Programme

Three months (excluding treatment period before admission), can be extended if necessary.

Aftercare Service

Two years aftercare service on completion of half-way house programme.

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Au Tau Youth Centre (ATYC)

Centre Details

Address : PB 145, Au Tau Roundabout, Yuen Long, New Territories.

Contact Person : Superintendent

Telephone : 2478 7026

Hotline Number : 2574 3300

Fax : 2944 5900

E-mail : sarda@sarda.org.hk

Website : <http://www.sarda.org.hk>

Treatment and Rehabilitation Modality Adopted

ATYC adopts the Therapeutic Community (TC) model to enable trainees to learn responsibility and discipline through planned work positions and a promotion system.

Intake Capacity

20

Target Clients

Young Male drug abusers of and under the age of 25

Duration of Treatment and Rehabilitation Programme

2-6 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Adult Female Rehabilitation Centre (AFRC)

Centre Details

Address : Unit 2 - 8, G/F, Sun Ming House, Sun Chui Estate, Sha Tin, New Territories

Contact Person : Centre-in-charge

Telephone : 2699 9936

Hotline Number : 2574 3300

Fax : 2695 7528

E-mail : sarda@sarda.org.hk

Website : <http://www.sarda.org.hk>

Treatment and Rehabilitation Modality Adopted

The Adult Female Rehabilitation Centre (AFRC) provides 3 to 6 months residential rehabilitation. The Centre adopts the Therapeutic Community (TC) model in helping the residents.

Intake Capacity

24

Target Clients

Female drug-abusers above the age of 25. Children under the age of five may be admitted together with the mother.

Duration of Treatment and Rehabilitation Programme

3-week detoxification treatment at SARDA's Women's Treatment Centre, followed by 3 to 6 months' residential rehabilitation.

Aftercare Service

The Centre offers one-year aftercare service to discharged residents.

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Shek Kwu Chau Treatment and Rehabilitation Centre (SKC)

Centre Details

Address : Shek Kwu Chau, Cheung Chau

Contact Person : Superintendent

Telephone : 2981 0389

Hotline Number : 2574 3300

Fax : 2818 7181

E-mail : sarda@sarda.org.hk

Website : <http://www.sarda.org.hk>

Treatment and Rehabilitation Modality Adopted

Voluntary medical treatment along with psychosocial services are rendered to the drug abusers receiving treatment in the Centre.

Intake Capacity

316

Target Clients

Voluntary male opiate abusers of all ages.

Duration of Treatment and Rehabilitation Programme

The treatment process involves a three-week detoxification, followed by an individualized rehabilitation programme extending from 4-23 weeks.

Aftercare Service

On discharge from Shek Kwu Chau, the client is provided with organized aftercare services for up to 12 months. The aftercare services provided include individual and group counselling, halfway house service, family counselling, organized recreational activities and community services, referral service, medical care, urine tests, etc.

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Bradbury Hong Ching Centre

Centre Details

Address : Flat B, 7/F, Sing Wo Building, 10 Sing Woo Road, Happy Valley, Hong Kong

Contact Person : Supervisor of Hong Kong
Social Service Centre

Telephone : 2838 2323

Hotline Number : 2574 3300

Fax : 2891 2152

E-mail : sarda@sarda.org.hk

Website : <http://www.sarda.org.hk>

Treatment and Rehabilitation Modality Adopted

Half-way House

Intake Capacity

14

Target Clients

Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Kowloon Hostel

Centre Details

Address : 601-603, Kar Man House, Oi Man Estate, Ho Man Tin, Kowloon

Contact Person : Supervisor of North Telephone : 2776 8271

Kowloon Social Service Centre

Hotline Number : 2574 3300 Fax : 2778 3345

E-mail : sarda@sarda.org.hk Website : <http://www.sarda.org.hk>

Treatment and Rehabilitation Modality Adopted

Half-way House

Intake Capacity

16

Target Clients

Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Luen Ching Centre

Centre Details

Address : 604-608, Kar Man House, Oi Man Estate, Ho Man Tin, Kowloon

Contact Person : Supervisor of East Telephone : 2356 2663

Kowloon Social Service Centre

Hotline Number : 2574 3300

Fax : 2356 2622

E-mail : sarda@sarda.org.hk

Website : www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

Half-way House

Intake Capacity

16

Target Clients

Rehabilitated male drug abusers

Duration of Treatment and Rehabilitation Programme

3 months

Aftercare Service

1 year aftercare service

Agency

The Society for the Aid and Rehabilitation of Drug Abusers

Centre

Sister Aquinas Memorial Women's Treatment Centre (WTC)

Centre Details

Address : 108, Hang Tau Road, Sheung Shui, New Territories

Contact Person : Medical Superintendent Telephone : 2652 5284

Hotline Number : 2574 3300 Fax : 2606 7625

E-mail : sarda@sarda.org.hk Website : www.sarda.org.hk

Treatment and Rehabilitation Modality Adopted

The Therapeutic Community (TC) Model

Intake Capacity

42

Target Clients

Female drug-abusers aged 25 or below

Duration of Treatment and Rehabilitation Programme

Detoxification: 2-4 weeks

Rehabilitation: 6-12 months

Aftercare Service

One year aftercare service

Agency

The Society of Rehabilitation and Crime Prevention, Hong Kong

Centre

Bradbury OASIS Hostel

Centre Details

Address : 1/F, Wah Lok Building, 6-8 Yim Po Fong Street, Kowloon

Contact Person : Mr. Wong Yuk-wah Telephone : 2770 4267

Hotline Number : - Fax : 2770 4405

E-mail : boh@sracp.org.hk Website : wch@sracp.org.hk

Treatment and Rehabilitation Modality Adopted

- The programme has three characteristics:
 1. Short-term: two to three weeks are required for detoxification (at Substance Abuse Assessment Unit (SAAU)); an aftercare period of around three months will follow.
 2. Community rehabilitation: long term residential treatment is not required; most treatment procedures are conducted in the community.
 3. Multi-disciplinary: the treatment team consists of psychiatrists, psychiatric nurses, professional social worker, hostel wardens, and experienced peer counsellors.
- A social worker serves as the case manager of the service user to monitor the case progress in the hospital as well as in the hostel. After the detoxification stage, the social worker coordinates the various support service offered to the service users. These services include: employment enhancement service, voluntary group participation, medical follow up, family reunion, etc.
- Intervention strategies include: individual counselling, group activities, employment training, job placement, recreational activities, volunteers training, family therapy, financial management, and residential arrangement during and after the rehabilitation service.

Intake Capacity

16

Target Clients

Males of all ages, Heroin or methadone users (Multi-substance abusers require medical consultation before admission)

Duration of Treatment and Rehabilitation Programme

- Detoxification Period: 2-3 weeks
- Hostel accommodation for aftercare: around 3 months

Aftercare Service

Aftercare intervention is provided by social workers of SRACP.

Agency

The Society of Rehabilitation and Crime Prevention, Hong Kong

Centre

Hong Kong Female Hostel

Centre Details

Address : Block G & H, 11/F, City Centre Building, 144-149 Gloucester Road, Wan Chai, Hong Kong

Contact Person : Ms. LAI Kwai-fong Telephone : 2507 4458

Hotline Number : - Fax : 2824 1142

E-mail : fh@sracp.org.hk Website : fh@sracp.org.hk

Treatment and Rehabilitation Modality Adopted

- The program has three characteristics:
 1. Short-term: two to three weeks are required for detoxification (at SAAU); an aftercare period of around three months will follow.
 2. Community rehabilitation: long term residential treatment is not required; most treatment procedures are conducted in the community.
 3. Multi-disciplinary: the treatment team consists of psychiatrists, psychiatric nurses, professional social worker, hostel wardens, and experienced peer counsellors.
- A social worker serves as the case manager of the service user to monitor the case progress in the hospital as well as in the hostel. After the detoxification stage, the social worker coordinates the various support service offered to the service users. These services include: employment enhancement service, voluntary group participation, medical follow up, family reunion, etc.
- Intervention strategies include: individual counselling, group activities, employment training, job placement, recreational activities, volunteers training, family therapy, financial management, and residential arrangement during and after the rehabilitation service.

Intake Capacity

10

Target Clients

Females aged 18 or above, Heroin or methadone users (Multi-substance abusers require medical consultation before admission)

Duration of Treatment and Rehabilitation Programme

- Detoxification Period: 2-3 weeks
- Hostel accommodation for aftercare: around 3 months

Aftercare Service

Aftercare intervention is provided by social workers of SRACP.

Agency

Wu Oi Christian Centre

Centre

Shun Tin Half-way House

Centre Details

Address : Units 1-5, G/F. Tin Hang House, Shun Tin Estate, Kwun Tong, Kowloon, Hong Kong.

Contact Person : Mr. Cheung Tsang Sum

Telephone : 2782 2779

Hotline Number : 2782 2779

Fax : 2782 5949

E-mail : office1@wui.org.hk

Website : office1@wui.org.hk

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Pencil framework - a holistic rehabilitation programme (for men)
- Twelve months rehabilitation (live-in)
- Six-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

20

Target Clients

Male clients who have received the training in our Christian drug rehabilitation centres

Duration of Treatment and Rehabilitation Programme

Twelve months rehabilitation (live-in)

Aftercare Service

Six-month aftercare (live-out)

Agency

Wu Oi Christian Centre

Centre

Long Ke Training Centre

Centre Details

Address : Sai Kung, New Territories

Contact Person : Mr. Lee Fai Ping

Telephone : 2782 2779

Hotline Number : 2782 2779

Fax : 2782 5949

E-mail : office1@wuo.org.hk

Website : <http://www.wuo.org.hk>

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Pencil framework - a holistic rehabilitation programme (for men)
- Twelve months rehabilitation (live-in)
- Six-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

50

Target Clients

- Male Adult – 21years old or above
- Drug abusers
- Addicts
- Court referral cases
- Criminals and triad members

Duration of Treatment and Rehabilitation Programme

Twelve months rehabilitation (live-in)

Aftercare Service

Six-month aftercare (live-out)

Agency

Wu Oi Christian Centre

Centre

Tai Mei Tuk Female Training Centre

Centre Details

Address : Tai Po, New Territories

Contact Person : Ms. Kong Lai Kuen

Telephone : 2782 2779

Hotline Number : 2782 2779

Fax : 2782 5949

E-mail : office1@wuoi.org.hk

Website : <http://www.wuoi.org.hk>

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Foundation framework – a holistic rehabilitation programme (for women)
- Twelve months rehabilitation (live-in)
- Six-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

12

Target Clients

- Female
- Drug abusers
- Addicts
- Court referral cases
- Criminals and triad members
- Problem youth

Duration of Treatment and Rehabilitation Programme

Twelve months rehabilitation (live-in)

Aftercare Service

Six-month aftercare (live-out)

Agency

Wu Oi Christian Centre

Centre

Green Island Youth Training Centre

Centre Details

Address : Green Island, Hong Kong.

Contact Person : Mr. Lee Fai Ping

Telephone : 2782 2779

Hotline Number : 2782 2779

Fax : 2782 5949

E-mail : office1@wuo.org.hk

Website : <http://www.wuo.org.hk>

Treatment and Rehabilitation Modality Adopted

- Christian drug rehabilitation
- Method: Foundation framework – a holistic rehabilitation programme (for youths)
- Twelve months rehabilitation (live-in)
- Six-month aftercare (live-out)
- Gradual transformation through rehabilitation

Intake Capacity

20

Target Clients

- Male youths-below 21 years old
- Drug abusers
- Addicts
- Court referral cases
- Criminals and triad members
- Problem youth

Duration of Treatment and Rehabilitation Programme

Twelve months rehabilitation (live-in)

Aftercare Service

Six-month aftercare (live-out)

Services and Contact Details of Methadone Clinics

Objectives of Methadone Clinics

- to provide a readily accessible, legal, medically safe and effective alternative to continued illicit self-administration of opiate drugs;
- to reduce crime and antisocial behaviour due to illicit drug use;
- to enable drug abusers to lead a normal productive life;
- to reduce intravenous drug use and needle-sharing and thereby prevent the spread of diseases like AIDS, hepatitis B and tetanus; and
- to assist drug abusers to detoxify and achieve a drug-free state.

Entry Requirements

No referral is required. Any person who is addicted to opiates and has no life-threatening medical illness may apply for admission. The charge is HK\$1 per visit. Registration can be made at any methadone clinic by presenting the identity card (or valid travel document for non-Hong Kong residents). The particulars of patients would be treated in the strictest confidence and would not be divulged without the patients' written consents.

Services Provided

- (i) history taking, medical examination, methadone prescription, blood and urine tests for patients
- (ii) guidance and counselling by social workers
- (iii) assessments, re-assessments, and individual treatment plans for patients
- (iv) referrals to other service agencies, e.g. SACs, SARDA, religious organizations, for detoxification.
- (v) group programmes, structured aftercare after detoxification, for patients

ANNEX VIII

Region	Methadone Clinics	Address	Tel. No.
HK	Aberdeen Methadone Clinic	10 Aberdeen Reservoir Road, Aberdeen	2554 1665
	Eastern Street Methadone Clinic	45 Eastern Street, Sai Ying Pun	2549 5108
	Shau Kei Wan Methadone Clinic	8 Chai Wan Road, Shau Kei Wan	2560 0582
	Violet Peel Methadone Clinic	G/F, 2 O'Brien Road, Wanchai	2835 1761
Kowloon	Ho Man Tin Methadone Clinic	50 Princess Margaret Road, Ho Man Tin	2713 6091
	Hung Hom Methadone Clinic	22 Station Lane, Hung Hom	2333 8957
	Kwun Tong Methadone Clinic	457 Kwun Tong Road, Kwun Tong	2345 7103
	Li Kee Methadone Clinic	99 Carpenter Road, Kowloon City	2272 9621
	Ngau Tau Kok Methadone Clinic	60 Ting On Street, Ngau Tau Kok	2318 0976
	Robert Black Methadone Clinic	600 Prince Edward Road East, San Po Kong	2716 5211
	Sham Shui Po Methadone Clinic	137 Yee Kuk Street, Sham Shui Po	2393 1928
	Wu York Yu Methadone Clinic	55 Sheung Fung Street, Tze Wan Shan	2325 5221 Ext. 221
	Yau Ma Tei Methadone Clinic	143 Battery Street, Yau Ma Tei	2770 2584

ANNEX VIII

Region	Methadone Clinics	Address	Tel. No.
New Territories East	Cheung Chau Methadone Clinic	Cheung Chau Hospital Road, St. John Hospital	2961 1878 Ext. 29
	Sha Tin Methadone Clinic	3 Man Lai Road, Tai Wan	2604 5355
	Shek Wu Hui Methadone Clinic	108 Jockey Club Road, Sheung Shui	2671 9484
	Tai Po Methadone Clinic	37 Ting Kok Road, Tai Po	2664 5020
New Territories West	Lady Trench Methadone Clinic	213 Sha Tsui Road, Tsuen Wan	2942 6736
	Tuen Mun Methadone Clinic	11 Chung Yin Street, Tuen Mun	2452 9113
	Yuen Long Methadone Clinic	269 Castle Peak Road, Yuen Long	2470 9307

**List of services provided by the five Substance Abuse Clinics under the Hospital Authority
(details subject to final announcement of the clinics)**

Clinic	Prince of Wales Hospital Alcohol and Substance Abuse Clinic	Kwai Chung Hospital Substance Abuse Assessment Clinic	Castle Peak Hospital Tuen Mun Substance Abuse Clinic (There is a separate Tuen Mun Alcohol Problems Clinic)	Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic	Kowloon Hospital Substance Abuse Clinic
Telephone number	2632 2584	2959 8082 2959 8083 2959 8381 2959 8382	2456 8260 (with voice mail) 7308 0910	2595 7608 2595 4015	3129 6710 7110 3382 A/C 8751
Fax number	2632 4655	2743 4796	2461 5082	2558 2737	2714 3969
Contact person	Ms S. M. WAN	Mr. HO Kwok-hung	Mr. Patrick HON	Mr. TUNG Chi-wai	Mr. HO Yuk-loi
Service target	All substance abusers	All substance abusers	All substance abusers	Alcoholics or psychotropic substance abusers irrespective of age, sex, physical condition and religion	Substance abusers
Mode of treatment	Hospitalisation and out-patient treatment assessment, detoxification and rehabilitation service, psychiatric treatment	Participants have to undergo assessment, counseling, detoxification treatment, follow-up and relapse prevention	Case assessment, detoxification treatment, counseling, occupational therapy, psychological treatment and rehabilitation service	Treatment processes include the withdrawal period, the rehabilitation period and the aftercare period	Includes out-patient treatment, initial assessment, psychiatric assessment, withdrawal treatment and the arrangement of rehabilitation
Treatment process	Case by case	About two weeks	Case by case	Case by case	Withdrawal period lasts for at least two weeks

I.

Bed capacity	Flexible	15	Flexible	No limit	Male and female wards, each with four beds
Referral procedure	1. Doctor referral – in person appointment at the clinic 2. Social worker referral – please fax the referral form to Ms WAN	All persons and organisations are welcome to call us direct for appointment. (For cases without the follow-up of social workers, referral service will be provided.)	Accepts referrals from doctors and social workers through contact person's arrangement	Fax a simple referral letter to Mr. TUNG. The company of a social worker is advised for first time treatment.	Fax a simple referral form to Mr. HO. The company of a social worker is advised for first time treatment.
Service hours	Tuesday morning (new cases and follow-up cases) Wednesday afternoon and Friday afternoon (follow-up cases)	Registration and assessment: Monday to Friday 9 a.m. to 1 p.m. 2 p.m. to 5 p.m. Saturday 9 a.m. to 1 p.m. Consultation appointment: Wednesday afternoon Friday afternoon	Monday and Thursday 2 p.m. to 5 p.m. Tuesday 9 a.m. to 1 p.m.	Monday to Friday 2 p.m. to 5 p.m.	Tuesday 2 p.m. to 5 p.m. Friday 9 a.m. to 1 p.m.
Medical and Health Officer	Prof T S LEE	Dr K L CHEUNG	Dr S P LEUNG	Dr C K WONG	Dr H S NG
Address	3 rd floor, North Wing, Li Ka Shing Specialist Clinic, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin.	Ward L5, 5 th floor, Block L/M, Kwai Chung Hospital, 3-15 Kwai Chung Hospital Road.	1 st floor, Block C, Castle Peak Hospital, 13 Tsing Chung Koon Road, Tuen Mun.	7 th floor, East Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan.	Specialist Out-patient Clinic, Ground floor, West Wing, Kowloon Hospital, 147A Argyle Street, Kowloon.

Services and Contact Details of Counselling Centres for Psychotropic Substance Abusers

1. Caritas HUGS Centre

The Caritas HUGS Centre, which was established in 1996, is a counselling centre for young psychotropic substance abusers serving New Territories West. The mission of the centre is “Hugs, Not Drugs”. It aims to help substance abusers to stay abstinent, and ultimately, to establish and maintain meaningful relationships with family members, relatives and friends who are drug-free.

The centre provides casework and group work counselling services to individuals and families, drug prevention programmes and activities to secondary schools and organizes workshops for allied professionals such as youth workers and teachers. Moreover, the centre organizes various kinds of drug prevention programmes for secondary schools and professional training sessions for social workers and teachers.

2. Hong Kong Christian Service PS33

The Hong Kong Christian Service PS33 was established in 1988 and was the first centre for psychotropic substance abusers in Hong Kong. Its main objective is to provide quality rehabilitation services for psychotropic substance dependent persons and their family members through intensive counselling, detoxification services as well as psychiatric and medical support.

Besides handling cases, the centre organizes therapeutic group sessions and professional training sessions for social workers, teachers and allied professionals. In addition, the centre organizes tailor-made drug prevention programmes for secondary school students to enhance their drug awareness.

The centre is concerned about the need of drug-abusive women. The centre actively worked together with the project “Breaking the Cycle of Abuse” sponsored by the Community Chest to serve the drug abusive pregnant women.

3. Cheer Lutheran Centre

The Cheer Lutheran Centre, established in 1998, is a counselling centre for psychotropic substance abusers catering for young people in New Territories East. Apart from providing counselling service to psychotropic substance abusers, the centre is active in delivering preventive education programmes in school so as to arouse youth’s understanding of the harmful effects of drugs and values of positive living. Preventive education is another major work focus of the centre. Drug education talks and workshops for secondary school students are also organized. In order to promote the co-operation of different professions in tackling drug problem, the centre provides supportive services to youth with the support of a church. Furthermore, the centre will continue to run a two-year drug preventive education project for primary schools in Hong Kong with the subvention from the Narcotics Division in 2004-2006.

4. Evergreen Lutheran Centre

The Evergreen Lutheran Centre, established in 2002, is a counselling centre for psychotropic substance abuser in Kowloon East. It provides individual, family and group counselling for psychotropic substance abusers and their families to tackle the drug problems. In the rehabilitation process, it also provides supporting services for the families. Drug prevention programmes are organized for secondary schools in the region to enhance students’ drug awareness and knowledge. In view of the importance of equipping front-line professionals with the necessary drug knowledge and handling skills in tackling the increasing number of psychotropic substance abusers, the centre has put much effort to provide training and programmes to enhance the ability of front-line professionals in tackling the problem.

5. Tung Wah Group of Hospitals CROSS Centre

The CROSS Centre was established in October 2002 to provide counselling services for psychotropic substance abusers, their families and the general public (particularly young people) on Hong Kong Island and the outlying islands.

The programmes provided by the centre are based on cognitive behavioural therapy as well as family therapy. The centre also conducts therapeutic groups such as motivational interviewing groups and relapse prevention groups. Recognising the importance of family support during the rehabilitation process, the centre incorporates recreational activities periodically for both clients and their families to improve their relationships.

Preventive education to young people to steer them away from abusing psychotropic substances is another area the centre focuses on. The centre conducts a series of seminars, talks, workshops and therapeutic groups for secondary school students. The centre also publishes quarterly newsletters to arouse public awareness on drug prevention.

Counselling Centres for Psychotropic Substance Abusers

Name of Agency / Centres 中心/機構名稱	Website / Address 網址/地址	Telephone 電話
Caritas – Hong Kong HUGS Centre 明愛容圍中心	http://www.hugs.org.hk/ Unit 1, G/F, Mei Tai House, Fu Tai Estate, Tuen Mun, N.T. 新界屯門富泰邨美泰樓地下 1 號	2466 3132
Hong Kong Christian Service – PS33 香港基督教服務處 PS33 中心	http://www.hkcs.org/gcb/ps33/ps33.htm G/F., 33 Granville Road, Tsimshatsui, Kowloon 九龍尖沙咀加連威老道 33 號地下	2368 8269
Hong Kong Lutheran Social Services 香港路德會社會服務處 Cheer Lutheran Centre 路德會青欣中心 Evergreen Lutheran Centre 路德會青怡中心	G/F., Shin Kwan House, Fu Shin Estate, Tai Po, N.T. 新界大埔富善邨善群樓地下 2 Horse Shoe Lane, Kwun Tong, Kowloon 九龍觀塘馬蹄徑 2 號	2660 0400 2712 0097
TWGHs CROSS Centre 東華三院越峰成長中心	http://crosscentre.tungwahcsd.org 9/F., TWGHs Fong Shu Chuen Social Services Building, 6 Po Man Street, Shau Kei Wan, Hong Kong 香港筲箕灣寶文街 6 號方樹泉社會服務大樓 9 樓	2884 1234

Other Support Services

Caritas Lok Heep Club

The Caritas Lok Heep Club commenced operation in 1968. With two centres located in Kowloon and on Hong Kong Island, it helps drug abusers to deal with their drug problems, assists rehabilitated drug abusers to remain abstinent, supports the family members of these two target groups and provides the public with preventive education on combating drug abuse.

The Club functions mainly through providing counselling and supportive services to drug abusers and ex-drug abusers. It is also experienced in helping family members of drug/ex-drug abusers by running talks, education programmes, as well as group sessions to help them to deal with problems related with drug-abuse. There is also a Family Visit Team to reach out to serve needy people.

Contact

Hong Kong Centre

Address : 12/F Southorn Centre, 130 Hennessy Road, Wan Chai,
Hong Kong

Telephone : 2893 8060

Email : fslhchk@caritassws.org.hk

Kowloon Centre

Address : Room 1-4, G/F Yiu Tung House, Tung Tau Estate, Wong Tai
Sin, Kowloon

Telephone : 2382 0267

Email : fslhchk@caritassws.org.hk

The Hong Kong Council of Social Service

The Task Group on Substance Abuse (TGSA) of the Hong Kong Council of Social Service was established with over 20 representatives from NGOs involved in drug treatment, rehabilitation and prevention.

Its goal is to promote the exchange of views on drug related issues and to collaborate service-interfacing between NGOs and the concerned parties.

Efforts are continually directed at strengthening co-ordination, formulation and development of drug treatment, rehabilitation and preventive education. Besides, organising activities for service experience sharing among various NGOs, the TGSA also targets improving the exchange of expertise, experiences and resources among professionals working in drug abuse control and research on a regional and international scale.

Contact

Address : 11-13/F, Duke of Windsor Social Service Building, 15
Hennessy Road, Wanchai, Hong Kong

Tel: (852) 2864 2929

Fax: (852) 2865 4916

E-mail: council@hkcss.org.hk

Website: <http://www.hkcss.org.hk/>

Mobile Acute Drug Rehabilitation Team of Haven of Hope Hospital

The in-patient detoxification service for the drug abusers was first started by the Haven of Hope Hospital in the early 1970s. In September 1997, the Mobile Acute Drug Rehabilitation Team was established in the hospital as a new model of care for the drug abusers who suffer concomitant medical illnesses. The team consists of a nurse experienced in drug rehabilitation, a peer counsellor and inputs from the multi-disciplinary team of the hospital. The detoxification process comprises basically a three-week in-patient voluntary rehabilitative programme, which provides detoxification, physical, psychosocial and spiritual care. Discharged detoxified drug abusers are referred to other drug rehabilitation organisations for follow-up, which aims to strengthen the rehabilitation and their re-integration into society.

The Team has collaborated with six NGOs in providing services. It also provides weekly group counselling service to ex-addicts. The service is provided by its peer counsellor and the pastoral worker of the respective local church.

Contact

Address : 8 Haven of Hope Road, Tseung Kwan O, Kowloon

Telephone : (852) 2703 8000

Fax : (852) 2703 8028

Email : tywong@ha.org.hk

Website :

http://www.ha.org.hk/hesd/nsapi/driversnapi20.so/?MIval=ha_view_content&c_id=100157

The Pui Hong Self-Help Association

The Pui Hong Self-Help Association is a voluntary organisation formed by a group of rehabilitated drug abusers in 1967. It aims to promote the spirit of self-help and mutual support among its members to enable them to lead a drug-free and productive life. Linked with the Society for the Aid and Rehabilitation of Drug Abusers' four regional service centres, its four district chapters organise various social activities for their members. The association also operates a co-op shop on Shek Kwu Chau to serve the residents.

Contact

Address : Flat C, 4/F Haven Court, 128 Leighton Road, Causeway Bay,
Hong Kong

Telephone : (852) 2576 2356

Fax : (852) 2882 3534

KELY Support Group

KELY (Kids Everywhere Like You) Support Group is committed to improving the quality of life of all young people in Hong Kong. KELY, established in 1991 as a youth self-help group for drug and alcohol

problems, is now a bilingual charitable organisation and a full member of the Hong Kong Council of Social Service.

KELY organises drug education programme for primary and secondary school students of local and international schools. It has successfully added a peer support training programme to the menu of school drug education services whereby students partake in a peer support training course to equip them to then outreach to other students in their school. The aim is to promote drug education in an awareness campaign in the whole school. This is particularly effective because the programme graduates are not only more accessible to their peers but also more approachable than counsellors. Also, the programme allows a greater understanding of what drug-related risks the students in their school are facing and can facilitate research and provision of appropriate information as necessary.

Contact

Address : 2nd Floor, East Wing, 12 Borrett Road, Central, Hong Kong

Telephone : 2521 6890

Email : help@kely.org

Website : <http://www.kely.org/home.htm>

Life Education Activity Programme (LEAP)

Established in 1994, LEAP is a registered charity which provides internationally recognized health awareness and drug prevention programmes for students aged from five to 15. LEAP's cultural and age-appropriate programmes are designed to provide a sequential approach to learning about the body, how drugs affect it and, through role-play, to develop students' social competency skills to enable them to make responsible decisions.

The Primary Programme is taken to schools in specially designed mobile classrooms that are equipped with technology and provide a relaxed and intimate environment for children's enjoyment and open discussion. LEAP now operates five mobile classrooms and one static centre. To ensure continuous and progressive drug education for

junior secondary school students, there is a separate Secondary Programme focusing on smoking, alcohol and party drugs. This extension helps teenagers to gain a positive life attitude and a healthy foundation for growth. LEAP also has a Special Needs Programme which is specifically tailored to help students with learning difficulties.

Contact

Address : 3/F, Chung On Hall, 15 Stubbs Road, Hong Kong

Telephone : (852) 2530-0018

Fax: (852) 2524-8878

Email : leap@leap.com.hk

Website: <http://www.leap.com.hk/>