

A Tiered, Multi-modality Approach of Treatment and Rehabilitation Services for Drug Abusers in Hong Kong

(First Edition, December 2010)

Introduction

The framework sets out in the table and the schematic representation attached is a first attempt to conceptualise and articulate the treatment and rehabilitation services available to drug abusers in Hong Kong in a more structured manner, through a tiered, multi-modality approach. It embodies a continuum of services from identification, treatment, rehabilitation to reintegration, and highlights the complementary roles of social welfare, healthcare, education, and aftercare services.

2. To the government as well as service providers in public and private sectors, the framework can, among other things, increase understanding of organisational interface, facilitate networking and collaboration between parties, and help oversee current provision and identify possible gaps. More importantly, it sets out a common basis for all concerned parties to work together to achieve the collective goal of a holistic service.

3. To end users, it can give a pan picture of services available under different modalities which may meet the diverse needs of different people at various stages of a treatment and rehabilitation process.

4. For the avoidance of doubt, the framework is **not** intended to be prescriptive in nature to cast service or resource boundaries.

5. This first edition is released as a reference for the service sectors, the service users and the public. The Narcotics Division, as the policy coordinator, will continue to work together with all parties concerned to strive for service improvements. We welcome your feedback. We will review the tiered framework together with other current initiatives as we prepare the Sixth Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2012 - 2014) in 2011.

Tier 1 – Generic, primary services for open access, identification and assessment

Outline description This Tier describes the frontline of service delivery which often provides the first response to the needs of drug abusers and their families. They are generic and primary services and generally allow direct access by drug abusers and families. Service providers may not necessarily have in-depth knowledge in drug issues. By virtue of their contact with the drug abusers and their immediate support network (e.g. parents and spouse) in their own environment, they are best placed to identify people at-risk and drug abusers and provide brief interventions for occasional drug abusers and their families. They should also refer more serious drug abusers to other Tiers if needed.

Aim/Purpose To ensure universal access and continuity of care to all generic services with a view to reducing risks and vulnerabilities and encourage reintegration and maintenance, particularly for those who are early drug abusers, in mainstream services.

Target population All in particular those vulnerable to drug abuse or already having problems with drug abuse.

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
A. Voluntary programmes				
a. Community setting				
(i) District Youth Outreaching Social Work Teams	To seek out and engage people vulnerable to drug abuse, in particular those who do not normally participate in conventional social or youth activities, and are vulnerable to negative influence including drug abuse.	NGOs	LWB/SWD	Subvention
(ii) Overnight Outreaching Service for Young Night Drifters		NGOs	LWB/SWD	Subvention
(iii) Counselling centres for psychotropic substance abusers (CCPSAs)		NGOs	SB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(iv) Integrated Children and Youth Services Centres (ICYSCs)/ Children and Youth Centre (CYCs)	To identify and engage young people who would drop in and/or participate in the activities of the centres, and are vulnerable to negative influence including drug abuse.	NGOs	LWB/SWD	Subvention
(v) Integrated Family Service Centres (IFSCs)	To raise parents' awareness of potential drug issues of children and to provide support to the family if a child has drug problems as and where appropriate.	NGOs/SWD	LWB/SWD	Subvention/ Government
(vi) Agencies engaged in preventive education and publicity activities	To raise the awareness of drug issues in various sectors; and provide initial engagement / referral in coming into contact with drug abusers	NGOs	-	Community/ project funding from various sources
b. School setting				
(i) Teachers and other school personnel including student guidance personnel	To identify, provide initial engagement and motivational counselling for at-risk students and handle drug-related cases.	Schools	EDB	Government/ Subvention/ Private
(ii) School social workers	To provide initial engagement, motivational counselling to the students in need and their families, and subsequent referral to drug treatment and rehabilitation programmes upon consent.	NGOs	LWB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(iii) Police School Liaison Officers	<p>To assist schools in identifying early juvenile delinquency, preventing and tackling students' involvement in crime and illegal activities.</p> <p>To interview problematic students identified by schools on a small group or individual basis to assist them in building up positive values and observing discipline.</p>	Police	SB/Police	Government
c. Healthcare setting				
(i) Public hospital				
- General Outpatient Clinics	To help identify drug abusers and in appropriate circumstances make necessary referrals.	HA	FHB	Subvention
- Accident and Emergency Units	To help identify drug abusers and in appropriate circumstances make necessary referrals.	HA	FHB	Subvention
(ii) DH's services				
- Student Health Service	To promote anti-drug education for primary and secondary school students.	DH	FHB/ DH	Government
(iii) Family doctors/general practitioners	To promote awareness of drug abuse among healthcare professionals in everyday practice and develop and promulgate guidelines for early identification and referral.	Private practitioners/ hospitals and medical professional bodies	FHB /DH	Private

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
B. Criminal justice setting				
a. Police Superintendents' Discretion Scheme and Community Support Service Scheme	To identify young offenders prone to drug abuse, provide post-caution and aftercare services.	Police NGOs	SB/Police	Government/ Subvention
b. Probation system administered by probation officers and under judicial oversight	<p>As required by the Court, to conduct a pre-sentence social enquiry with recommendation on the suitability of an offender for probation supervision, as an intervention measure in lieu of a custodial sentence. Drug abusers may be identified in the process.</p> <p>For an offender who has been placed under a probation order, a probation officer (PO) renders statutory supervision to the offender (i.e. the probationer) pursuant to the conditions stipulated in the Probation Order.</p> <p>An enhanced system targeting young drug abusers is being tried out.</p>	SWD/ Judiciary	LWB/SWD/ Judiciary	Government

Linkages within the tier / with other tiers

- To provide holistic and client-centred treatment, there should be a key worker for a drug abuser identified in different settings. The key worker should provide an initial assessment and intervention on the site as and when necessary. He or she should refer the drug abuser and their families to other tiers of services if necessary. The role of key worker can be played by school social workers, student guidance personnel, social workers in outreaching teams, ICYSCs, CYCs, IFSCs, probation officers and family doctors/general practitioners.
- A multi-disciplinary team work approach is most encouraged. At the school setting, the handling of drug abuse cases at schools should involve cross-discipline team work involving teachers, school social workers, police school liaison officers, etc. EDB, ND, SWD and the Police are, in consultation with the school and welfare sectors, jointly working in enhancing school guidelines with drug-related elements to handle cases involving at-risk students and those with drug abuse problems. As for healthcare settings, private practitioners, hospitals and social workers may join hands to form a collaboration network for young drug abusers on a need and individual case basis.
- Tier 1 should ensure clear referral pathways and links with Tiers 2 and 3. For cases which cannot be handled on the site alone, they should be referred to CCPSAs at Tier 2. That said, Tier 1 services may still be delivered alongside Tier 2 services. For instance, a school social worker and a CCPSA may provide counselling to a drug abuser, but the CCPSA should play the role as a key worker of the treatment plan.
- CCPSAs undertake some outreaching work in Tier 1 to identify and engage target drug abusers apart from receipt of referrals or self-referrals, provide therapeutic counselling and on-site medical support in Tier 2 targeted for drug abstinence, and deliver aftercare services in Tier 4 for needy cases to sustain and achieve social re-integration. The day and night outreaching social work teams in Tier 1 should outreach and identify drug abuse cases and render in-depth counselling in the course of engaging and motivating them to receive designated drug treatment and rehabilitation services.
- The probation system serves as a service unit and a pathway linking to services in other tiers. As a key worker, a probation officer (PO) is required to report the probationer's progress at regular intervals as directed by the court, or may initiate progress reports on the probationer's unsatisfactory performance and bring the probationer to the court in dealing with a breach of the Order. A PO not only provides counselling and group activities to the probationer, but also refers probationers to suitable programmes (e.g. CCPSA, DTRC) run by other professionals or NGOs.
- Since 1 October 2009, a two-year pilot scheme has been launched in two magistracies to provide more focused, structured and intensive treatment programmes for convicted young drug offenders aged below 21 who are put on probation.
- For more serious cases, the patients may be admitted to hospitals for in-depth treatment or DTRCs at Tier 3 and follow up without going through Tier 2.

Tier 2 – Community-based specialised drug treatment and rehabilitation services

Outline description This Tier describes the first line of drug-specific services. The interventions include provision of community-based specialised drug assessment and co-ordinated care-planned treatment. A care plan should be concerned with outcomes across relevant domains of functioning (e.g. education, offending, mental health and other medical specialities). Commonly, interventions take place in community settings.

Aim/Purpose To provide structured psychosocial interventions and medical services with a view to assisting drug abusers to abstain from drugs and motivating them into treatment systems within the community.

Target population People with drug abuse problems, particularly occasional/habitual drug abusers, who require structured psychosocial and medical services.

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
A. Voluntary programmes				
a. Community and healthcare settings				
(i) 11 CCPSAs	To provide counselling and on-site elementary medical support to drug abusers with a view to assisting them to abstain from abusing psychotropic substance.	NGOs	SB/SWD	Subvention
(ii) 2 social clubs for drug abusers	To provide counselling and other support services to drug abusers, ex-drug abusers and their family members.	NGO	SB/SWD	Subvention
(iii) General practitioners in partnership with CCPSAs	To provide medical consultation service to drug abusers as part of the on-site elementary medical services by CCPSAs.	CCPSAs & private practitioners	SB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
(iv) 7 Substance Abuse Clinics (SACs)	To provide specialist interventions and treatment to abusers with psychiatric complications through out-patient services in designated sessions.	HA	FHB	Subvention
(v) Specialist clinics in public hospitals	To provide specialist treatment e.g. in urology to abusers with other complications.	HA	FHB	Subvention
(vi) Specialist medical professionals in private practice	Drug abusers may seek help from psychiatrists and other professionals who are in private practice.	Private practitioners	FHB	Private
(vii) Methadone Treatment Programme (MTP)	To offer both maintenance and detoxification options for opiate drug dependent persons through a network of 20 methadone clinics on an outpatient mode; counselling services are provided for clients.	DH/NGO	SB/DH	Government/ subvention
B. Criminal justice setting				
a. Probation services	<p>A PO provides counselling and group activities to the probationer, and also refers the probationer to suitable programmes run by other professionals and NGOs.</p> <p>An enhanced system targeting young drug abusers is being tried out.</p>	SWD/ Judiciary	LWB/SWD/ Judiciary	Government

Linkages within the tier / with other tiers

- As a first stop for drug-specific treatment and rehabilitation service in the community, social workers in CCPSAs can serve as key workers for clients who mainly stay in Tier 2. The key worker should coordinate with elements from healthcare disciplines (e.g. general practitioners in partnership with CCPSAs or psychiatrists in SACs).
- Tier 2 should ensure clear referral pathways and links with Tier 1 and Tier 3.
- Tier 2 interventions may be delivered alongside Tier 3 interventions, e.g. a drug abuser who stays in a residential drug treatment and rehabilitation centre may visit public hospital to receive specialist psychiatric care by SAC and other specialist care if needed.
- Coordination among SAC and other specialty units is important to provide a holistic, patient-centred service in the public health system.
- SACs provide education and training to frontline staff of CCPSAs and NGOs who need to work with psychotropic substance abusers (PSAs). CCPSAs and social clubs for drug abusers also provide professional training sessions for allied professionals such as teachers, healthcare professionals, polices and social workers, with a view of facilitating their assistance to drug abusers.

Tier 3 – Residential and more specialised treatment & rehabilitation services

Outline description This Tier describes specialised services, as an adjunct to Tier 1 and Tier 2 and used for particular interventions or focused work and/or temporary periods.

Aim/Purpose To provide specialised interventions and setting for a particular period of time and for a specific function, as an adjunct to and a backstop for the services of the other two tiers.

Target population People with complicated drug abuse problems requiring specific interventions

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope Holders/ Controlling Officers, as applicable)	Source of funding
A. Voluntary programmes				
a. 28 Drug Treatment and Rehabilitation Centres (DTRCs)	To provide residential treatment and rehabilitation programmes of various lengths and natures to drug abusers who wish to seek residential treatment voluntarily and those who are referred by Probation Officers. (see also B(c) below) There are also 12 halfway houses which provide aftercare services to rehabilitated abuser (see Tier R)	NGOs	SB/ SWD /DH	Subvention & self-financed
b. Educational programmes for young drug abusers in DTRCs	To run educational programmes for school-aged DTRC residents.	NGOs	EDB	Subvention & self-financed
c. Public hospitals	To provide specialist interventions and treatment to abusers with more severe psychiatric complications and other co-morbidity through in-patient services in dedicated or non-dedicated wards.	HA	FHB	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope Holders/ Controlling Officers, as applicable)	Source of funding
d. Private hospitals	Drug abusers may seek help from psychiatrists and other professionals who are in private practice.	Private practitioners	FHB	Private
B. Criminal justice setting				
a. Drug Addiction Treatment Centre (DATC)	To provide compulsory residential treatment for persons of 14 years old or above who are convicted of offences punishable by imprisonment and addicted to drugs.	CSD	SB/CSD	Government
b. Other institutions including Rehabilitation, Detention and Training Centres and incarceration in young prisons	To provide correctional services to young offenders.	CSD	SB/CSD	Government
c. Probation services	<p>A drug offender on probation may be referred to residential treatment and rehabilitation services, such as DTRCs. The probation officer concerned would visit the probationer at regular interval to monitor his/her progress.</p> <p>An enhanced system targeting young drug abusers is being tried out.</p>	SWD/ Judiciary	LWB/SWD/ Judiciary	Government

Linkages within the tier / with other tiers

- Residential care should be kept to the minimum bringing the least community displacement and disengagement problem. To ensure continuity of care, the continued involvement of the co-workers in the Tier 1 and Tier 2 is important.
- For drug abusers who stay in particular settings, such as DTRCs, DATCs and hospitals, their treatment plan would be coordinated by the operating agencies.

Tier R – Reintegration and aftercare

Outline description This Tier describes aftercare services, mainly as a follow up to specialised treatment and rehabilitation programmes in Tier 2 and Tier 3. The services serve as a bridge to help rehabilitated drug abusers reintegrate into the society. Some of the services, particularly those related to education, vocational training and employment assistance, are openly accessible and generic services, though enhanced support would be given as appropriate to help drug abusers if they have special needs as a result of behavioural problems or learning difficulties.

Aim/Purpose To build in protective factors so as to reduce the chance of relapse as rehabilitated drug abusers return to the community and to help them turn a new leaf.

Target population Rehabilitated drug abusers who have completed a drug treatment and rehabilitation programme

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
A. Voluntary programmes				
a. DTRC operators	<p>To provide aftercare service to rehabilitated abusers through their halfway houses (12 in total).</p> <p>To follow through the aftercare plan of a rehabilitated drug abuser with involvement of the family, school, referring social workers, supervising probation officers, mentor and others as and where necessary and feasible.</p>	NGOs	SB/ SWD /DH	Subvention & self-financed

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
b. CCPSAs and social clubs for drug abusers	To follow through the aftercare plan of a rehabilitated drug abuser with involvement of the family, school, referring social workers, supervising probation officers, mentor and others as and where necessary and feasible.	NGOs	SB/SWD	Subvention
c. Aftercare service of Methadone Treatment Programme	To offer aftercare service to rehabilitated opiate drug dependent persons who have completed detoxification programme	DH /NGO	SB/DH	Government/ subvention
d. Employment services and specialised programmes for the youth	To provide career counselling, job referral, training and self-employment support services to young people aged 15-29.	LD, NGOs	LWB/LD	Government/ Subvention
e. Mainstream schools	After completion of a DTRC programme, rehabilitated school-aged drug abusers may, with the assistance of EDB / NGOs / key workers, apply for admission to mainstream schools to continue education. Support services may follow.	Public sector schools, NGOs	EDB/SWD	Subvention
f. 7 Schools for Social Development (SSD)	After completion of a DTRC programme, rehabilitated school-aged drug abusers who still display serious behavioural/emotional problems may apply for admission to SSD which provides intensive counselling and educational guidance for the students with a view to helping them tide over their transient development difficulties and strengthening their life skills so that they can resume the mainstream education as soon as possible. Applications will be considered by a central coordinating referral mechanism operated under EDB	Aided schools	EDB/SWD	Subvention

Service/Service providers	Objectives and services	Agencies	B/Ds (Envelope holders/ Controlling officers, as applicable)	Source of funding
	and SWD and to be vetted together with other cases requiring SSD placement referred from mainstream schools.			
g. Vocational training and specialised programmes for the youth	After completion of a DTRC programme, rehabilitated drug abusers may with the assistance of NGOs / key workers / EDB apply for vocational training /pre-employment training programmes.	VTC, ERB	EDB LWB	Subvention and Employees Retraining Fund
B. Criminal justice setting				
a. Probation services	To provide supervision in the community after discharge from DTRCs until completion of the probation period	SWD/ Judiciary	LWB/ SWD/ Judiciary	Government
b. Post-institutional statutory supervision	To provide post-release statutory supervision.	CSD	SB/CSD	Government

Linkages within the tier / with other tiers

- Some DTRC operators have already provided aftercare services in the community. Probationers are also taken care of by supervising probation officers when they finish a programme in DTRCs.
- CCPSAs play a supplementary role to help those who undergo a programme with a centre which does not have an aftercare programme; or those who find the aftercare centre not readily accessible. In this regard, CCPSA social workers can serve as key workers to coordinate an aftercare plan with programme elements from other disciplines.

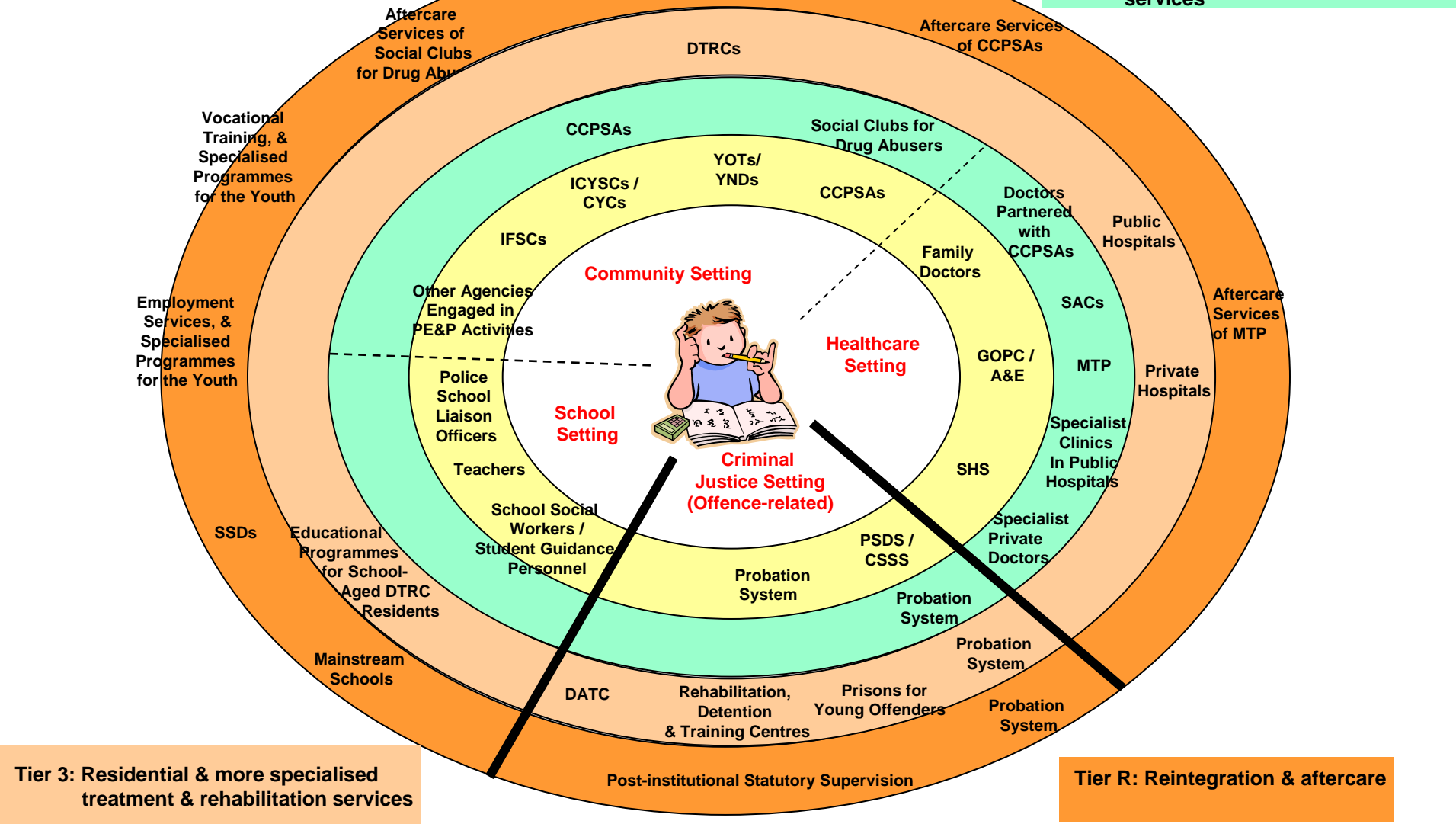
- Through concerted efforts, the Regional Education Offices and Non-Attendance Team of EDB have been providing placement services to students in question to ensure that those aged 15 and below attend schools and to assist those above 15, if they so wish, in seeking suitable school places.

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Tier 1: Generic, primary services for open access, identification and assessment

Tier 2: Community-based, specialised drug treatment & rehabilitation services



Tier 3: Residential & more specialised treatment & rehabilitation services

Tier R: Reintegration & aftercare

Abbreviations

A&E: Accident and Emergency Unit

CCPSA: Counselling Centre for Psychotropic Substance Abusers

CSSS: Community Support Service Scheme

CYC: Children and Youth Centre

DATC: Drug Addiction Treatment Centre

DTRC: Drug Treatment & Rehabilitation Centre

GOPC: General Outpatient Clinic

ICYSC: Integrated Children and Youth Services Centres

IFSC: Integrated Family Service Centres

MTP: Methadone Treatment Programme

PE&P: Preventive Education and Publicity

PSDS: Police Superintendents' Discretion Scheme

SAC: Substance Abuse Clinic

SHS: Student Health Service

SSD: School of Social Development

YND: Overnight Outreaching Service for Youth Night Drifter

YOT: District Youth Outreaching Social Work Service