

**A Study on the Treatment and Rehabilitation for
Psychotropic Substance Abusers**

by

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INTRODUCTION

BACKGROUND

In view of the rising trend of psychotropic substance abuse observed in the recent past in Hong Kong, the Action Committee Against Narcotics (ACAN) established a Task Force on Psychotropic Substance Abuse in April 2000. Members of the ACAN and its Subcommittees were invited to join the Task Force. The Task Force subsequently decided to set up an Ad Hoc Research Group and carry out two studies. Some members of the Task Force joined in the Group upon invitation.

RATIONALE OF THE STUDY

According to the Central Registry of Drug Abuse, despite the generally falling trend of the number of reported drug abusers since 1995, the number of reported psychotropic substance abusers has increased from 2,238 in 1994 to 3,493 in 1999, representing an increase of 53% over the past five years. An alarming increase in the trend of psychotropic substance abuse was noted particularly in “ice” and ecstasy. It is also known that the abuse of psychotropic substances will bring about many physical and psychiatric complications to drug abusers. Therefore, this study can help to obtain a better understanding on the impact of psychotropic substance abuse on treatment and rehabilitation and can help the Task Force on Psychotropic Substance Abuse to draw up effective treatment and rehabilitation strategies.

RESEARCH GROUP COMPOSITION AND CHANGE IN MEMBERSHIP

There were four members in the group at the beginning: Dr. Leung Shung

Pun, Dr. Cheung Kin Leung Ben, Dr. Yu Chak Man and Mr. David Cheung. Initially, it was planned that the group could submit the final report to the Task Force by the end of 2000. Dr. Leung withdrew from the group because of personal health reason. Dr. Benjamin Lai was recruited to participate in the group towards the end of 2000. More time has been used to collect relevant reference materials.

OBJECTIVES OF THE STUDY

At the beginning the objectives of the study were quite ambitious. Without time and resources constraints, we would like to work our best to achieve them. Eventually, we had to limit the scope and extent our study so that we could manage the work. For example, there are so many types of psychotropic substances that we decided to be more focused in this review. We chose to address the five most commonly abused substances as reported by a recent survey on abuse of party-drugs conducted by the Dance Drugs Concern Group¹.

The revised objectives of the study are:

- To examine the physical and psychiatric harms caused by common psychotropic substances of abuse (MDMA, Cannabis, Ketamine, Amphetamine, and Benzodiazepines)
- To examine the clinical experience in respect of the medical and psychiatric treatment for psychotropic substance abusers.
- To examine the overseas treatment approaches for psychotropic substance abusers.
- To examine the current methods and models adopted by local treatment and

¹ Dance Drugs Concern Group, Committee on Substance Abuse, Hong Kong Council of Social Service,(2000) A Survey on Party Drugs.

rehabilitation agencies in the treatment of psychotropic substance abusers.

- To recommend appropriate strategies in the treatment and rehabilitation of psychotropic substance abusers for the consideration of the Task Force.

MEANING OF THE TERM PSYCHOTROPIC SUBSTANCES

The term “psychotropic” means acting on the mind. Thus, psychotropic substance refers to all mood altering chemical substances including as heroin, stimulants, depressants, nicotine, alcohol, etc. In this paper, however, we have narrowed down its meaning to refer to substances of abuse other than narcotic drugs, nicotine and alcohol. This working definition is adopted so that the term is in line with the meaning adopted by the Government, which can be inferred from the Three-year Plan of Drug Treatment and Rehabilitation published by the Narcotics Division and the Narcotics Report 2000 published by ACAN.

DO PSYCHOACTIVE SUBSTANCES CAUSE DEPENDENCE?

There are some confusions in the use of the term dependence. Experts in the field of drug addictions are increasingly dissatisfied with the pharmacologists' concept of “dependence”, and the misguided attempt to distinguish between physical and psychological dependence, in the late 1970s. The World Health Organization produced a memorandum to suggest that the misleading term physical dependence should be renamed 'neuroadaptation' and dependence recognised as 'a clustering of phenomena (cognitive, behavioural and physiological)' of which 'evidence of neuroadaptation is just one' and 'not ... the most important'. Both ICD10 and DSM-IV (the two most widely accepted classification system of diseases) endorse such concept and developed operational criteria for dependence. A diagnosis of dependence could be made in the absence of withdrawal symptoms. Applying this more legitimate and

up-to-date definition, the psychoactive substances reviewed in this paper do cause dependence.

LIMITATIONS

- Because of the various constraints, the study is limited to focus on only five common types of psychotropic substances being abused.
- Polysubstance abuse is not covered here because of its complexity. This complicated phenomenon may deserve a separate study for in-depth evaluation.
- Only descriptive information are collected on the existing treatment and rehabilitation employed by various treatment agencies. The frequency of the sessions and the details of specific treatment approaches used in various approaches are not available for further understanding of the current local services for the abusers.

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