Report on the Impact Assessment on the Effectiveness of the Meaning-Centered Approach for Drug Education, Prevention and Counselling among Young People in Hong Kong

Project MAP – Meaning-Centered Approach Drug Education and Counselling Programme of The Hong Kong Federation of Youth Groups

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Executive Summary

In Hong Kong, the high relapse rate among substance abusers after treatment remains a significant problem. One of the important reasons leading to drug addiction, overlooked by many drug rehabilitation programmes, is the abusers' innate urge for meaning and purpose in life. Meaning-centered approach for drug addiction developed by psychologist Paul Wong is a comprehensive conceptual model to move beyond abstinence and harm reduction to personal reassurance with meaning in life. This study was granted by the Beat Drugs Fund to examine and validate the efficacy and feasibility of using Meaning-centered approach protocol for drug addiction of youth in Hong Kong. A mixed method with quantitative questionnaire survey and qualitative interview was adopted examining the significance of this approach in helping high-risk youth with (1) enhanced meaning and purpose in life, (2) enhanced mental wellness in terms of stress, depression, and anxiety, (3) increased social support and relationship with significant others in their lives, (4) enhanced sense of resilience in facing with life adversities, and (5) at the end with reduced risks in drug taking.

2,002 questionnaires were collected from the general youth after attending the drug education talks offered by the "Project MAP" – Meaning-Centered Approach Drug Education and Counselling Programme of The Hong Kong Federation of Youth Groups. 150 high-risk individuals of the drug prevention groups and 100 rehabilitating drug abusers of the treatment cases had completed the questionnaire survey three times at the pre, post and 3-month follow-up periods of the intervention. To triangulate the quantitative results, 15 high-risk individuals and 10 rehabilitating drug abusers were individually interviewed three times at different periods of the intervention.

Firstly, the descriptive results of this impact assessment revealed that the mean score of the general youth in the educational talks at the baseline measure were performing better than high-risk individuals and rehabilitating drug abusers in almost all the measured variables (such as purpose in life, depression, stress, social support from parents, teachers, classmates, best friends, resilience and drug attitudes) except anxiety and loneliness. The results called for a need to strengthen purpose in life in general youth, high risk individuals and rehabilitating drug abusers as all of their scores were still categorized as lack of clear meaning and purpose in life.

Secondly, repeated measures ANOVA revealed that changes of purpose in life among the high risk individuals and rehabilitating drug abusers immediately after the intervention and at the 3-month follow up periods were positive and statistically significant. This means that drug prevention and intervention with meaning-centered approach was effective in raising their purpose in life. This was also consistent with the qualitative results. On the one hand, high risk individuals expressed that the programme developed their meaning or purpose in life by assisting them to know more about their abilities, strengths, and identity. On the other hand, the rehabilitating drug abusers pointed out that the programme could guide them to explore their meaning in life and manage their life challenges. Furthermore, support from family was also found to be crucial as family support in proper ways could also inspire drug abusers and guide them through the problem of drug abuse in the long run.

Thirdly, meaning centered approach was found to have more appealing effects to raise drug prevention groups and individual treatment cases' purpose in life, perceived social support received from parents, and improved their stress level and drug attitudes when comparing to other treatment approaches (treatment as usual). The correlation analysis revealed that it is

important to enhance young people's purpose in life as this can help strengthen their mental wellness and relationships with others. A clear purpose in life and better mental wellness in their everyday living can help prevent them to adopt a maladaptive coping mechanism (e.g. drug taking) to cover up their life challenges and life adversities.

This study had further explored the associations of the relationships among the measured variables through mediation and moderation analysis for the general youth in the educational talks, high risk individuals in the drug prevention groups, and rehabilitating drug abusers in the individual treatment cases. The results revealed that the important first step to prevent and reduce general youth's chance of drug taking is to raise and guide them to develop their purpose in life, which plays a direct and significant role to influence their attitude towards drugs and thus their drugs related behaviour. To lower general youth's permissive attitude towards drugs, it is important to handle their sense of loneliness with meaningful activities and quality support from parents. Among general youth, support from best friends was found as negative peer influence further affecting them to take drugs. Therefore, it is important to educate adolescents to make friends wisely and say no to drugs and negative influence from peers.

Apart from having clear purpose in life and quality support from parents, strong sense of resilience was equally important to reduce the effect of high risk individuals' drug attitude on their drug behaviour. High risk individuals might face with more diverse environments which may expose them to more life challenges and adversities. Therefore, enhancement of their purpose in life and resilience will be crucial and important to prevent and reduce their chance of drug taking. Quality support from parents and healthy mental wellness also play significant roles to mediate high risk individuals' attitude towards drugs and thus their drug related behaviour. Thus, to help high risk individuals overcome their life adversities so as to keep them away from drugs, strengthening their life resilience and providing high quality support from parents are crucial in the process.

When young people start moving onto the pathway of drug taking, their situations become more complicated. No significant factors can influence rehabilitating drug abusers' drug attitude and drug behaviour directly. In contrast, strong sense of loneliness plays significant role to influence their purpose in life and sense of resilience, in turn, affect their intention to quit drugs. With prolonged period of drug taking, they may become more socially isolated and lonely. As a result, drugs become their soulmates for receiving comfort and satisfaction to relieving their strong sense of loneliness. Therefore, to prevent young people from taking drugs, the most important first step is early prevention and intervention to help them make clear their purpose in life and strengthen their resilience in facing with life adversities.

Last but not least, this study recommends early prevention can be done at the junior secondary school level by offering high quality life education to guide young students to know themselves and clear their directions of development on the one hand. On the other hand, early prevention can also be done in the family level by offering quality parent education to support young people to develop their meaning in life, to plan and actualize their dreams, as well as to persist in achieving tasks and solving problems with healthy and positive mechanisms instead of using drugs maladaptively.

研究概要

在香港，不少吸毒者在接受戒毒輔導治療後仍會出現復吸的情況，高復吸率仍是個常見的問題。許多戒毒康復項目忽視了一點，就是吸毒者對生活意義和目的的內在渴望其實是導致其吸毒成癮的重要原因之一。由心理學家王載寶（Dr. Paul Wong）開發的意義中心取向模式是一個整全的理論架構，以尋找人生意義方式提升自我肯定，從而減低吸毒對個人的傷害。本研究由「禁毒基金」資助，旨在測試和驗證運用意義為中心取向模式對香港青少年吸毒的有效性和可行性。以混合方法，配合量性問卷調查和質性深入訪談，檢視「意義中心取向」介入模式在提升年青人 (1) 生命的意義和目標，(2) 精神健康，包括：壓力、抑鬱和焦慮，(3) 社會支援及人際關係，(4) 面對生活困境的抗逆能力，和 (5) 最終緩減吸毒危機的果效。

本港吸毒者治療後的高復發率仍然是一個重大問題。導致藥物成癮的重要原因之一是吸毒者對生活意義和目的的天生渴望，這一點被許多戒毒康復計劃所忽視。 心理學家 Paul Wong 開發的以意義為中心的毒癮治療方法是一個全面的概念模型，旨在超越禁慾和減少傷害，讓個人安心並獲得生活的意義。 在這項研究中，我們旨在檢驗和驗證使用以意義為中心的方法來治療香港青少年吸毒成癮的有效性和可行性。

研究中，2,002 位一般青少年在參與由香港青年協會主辦「生命地圖意義中心取向抗毒教育及輔導計劃」的抗毒教育講座後完成問卷調查。150 位參與預防吸毒小組的高危青少年和100位接受個案輔導治療的戒毒者在服務介入前、介入後和介入後三個月的時段均完成相關的問卷調查。平衡量化研究結果，15 位參與預防吸毒小組的高危青少年和 10 位接受個案輔導治療的戒毒者亦在上述三個時段接受研究的深入訪談。

首先，描述型統計結果顯示，除了焦慮情況和孤獨感的測量外，幾乎所有測量，包括：生命目的、抑鬱、壓力感、社會支援 (父母、教師、同學、朋輩)、抗疫力、吸毒態度等，參加教育講座的一般青少年的基線平均分比高危青少年和戒毒者表現得更好。數據亦指出，由於他們的分數仍然被歸類為缺乏明確的生活意義和目的，社會需要加強一般青少年、高危青少年和戒毒者的生命目的感。

其次，單因子相依變異數分析顯示，高危青少年和戒毒者的生命目的在三個時間點的測量均有正面及顯著改變，這表示意義中心取向的禁毒預防和治療模式有效提升他們的生命目的。這與我們的訪談結果類似，一方面，高危青少年表示，計劃幫助他們更了解自己的能力、優勢和自我身份認同，亦幫助他們尋找生命的意義和目的。另一方面，戒毒者則指出，課程可引導他們探索人生意義，應對人生挑戰。除此之外，

數據亦指出家人的支持也相當重要，因為合宜的支持可以鼓勵吸毒者遠離毒品，並長遠可以引導他們解決吸毒問題。

其三，研究指出意義中心取向介入模式比其他方案更有效地提升高危青少年和吸毒者的生命目的感及父母的支持度，從而減低他們的壓力和吸毒的傾向。最後，相關分析顯示增強年輕人的人生目的，精神健康和與他人的關係建立都非常重要。由於清晰的生命目的和良好的精神健康，可以緩減他們採用不良的應對機制 (例如：吸毒) 來面對生命的挑戰和生活的逆境。

這研究進一步採用了中介分析和調節效果分析評估不同測量變項，包括對一般青少年在預防教育講座、高危青少年在禁毒預防吸毒小組和戒毒者在輔導治療個案中的因果關係。研究指出，對於一般青少年，提升生命目的乃預防他們吸毒的首要工作，因為清晰的生命目的與他們的吸毒態度和吸毒行為之間具直接關係。要防止一般青少年對毒品的開放態度，加強父母的支援，引領他們透過參與有意義的活動中，認識自己、減低迷失的孤獨感至為重要。然而，研究發現負面的朋輩影響，對青少年吸毒的行為起着重要的催化作用，因此我們需要引領年青人慎交朋友，向毒品說不。

對高危青少年來說，研究指出生命目的和父母支援外，抗逆力在影響他們的吸毒態度和吸毒行為方面發揮重要影響。高危青少年普遍在較複雜的環境下長大，容易面臨更多生活挑戰和逆境，因此，建立清晰人生目標和增強他們的抗逆力是預防他們接觸毒品和吸毒的重要一步。父母支援以及維持良好的精神健康也能有效防止高危青少年對毒品持開放態度，所以，父母的正向支援、增強他們的精神健康、緩減生活中的孤獨感，都有助高危青少年提升面對生活挑戰的抗逆能力，遠離毒品的誘惑。

當年青人走上吸毒之路，其戒毒情況更為複雜。研究結果顯示，沒有測量變項對戒毒者的吸毒態度和吸毒相關行為起直接影響作用。相反，吸毒伴隨的孤獨感卻影響他們的生命意義和應對生活挑戰的抗逆力，進而亦影響他們戒毒的傾向。當吸毒時間越長，他們的社會疏離和孤獨感越加強烈，結果，他們會誤把毒品當作生活上唯一的靈魂伴侶，從毒品中取得慰藉，以減低毒品帶來的孤獨感。所以，在預防吸毒和康復的工作上，防止年青人走上吸毒的道路至為重要，早期預防和介入，加強他們的社會支援網絡，包括朋輩和父母的支援，引領年青人認定自己的生活價值、生命目標，增強他們應對日常生活中的挑戰和抗逆力。

最後，本研究建議早期預防刻不容緩。一方面，早期預防可在初中階段進行，學校可以通過生命教育引導青少年認識自己，清楚自己的發展方向。另一方面，早期預防亦可在家庭層面進行，通過提供有質素的家長教育，讓青少年培養人生意義，規劃和實現夢想，以愛與關懷協助他們遠離毒品。整體，意義中心取向介入的毒品預防和康復方法值得進一步探索和發展。

1. Introduction

"Project MAP–Meaning-Centered Approach Drug Education and Counselling Programme" was a project conducted by The Hong Kong Federation of Youth Groups (HKFYG) from 2019 to 2023. It was funded by the Beat Drugs Fund. To assess the impacts and effectiveness of the project, built-in empirical research was included. The Department of Social and Behavioural Sciences, City University of Hong Kong was commissioned to work together with the HKFYG to, firstly, develop indigenous protocols using meaning-centered approach in educational talks, prevention groups and treatment cases; secondly, develop an instrument to measure the impacts and effectiveness of meaning-centered approach; thirdly, assess the impacts and effectiveness of meaning-centered approach in three different levels of intervention; and lastly disseminate and share the protocols and practice experience on meaning-centered approach. This report mainly focuses on the empirical findings from both the quantitative questionnaires and the qualitative interviews to assess the impacts and effectiveness of the project in three different levels of intervention including the educational talks, prevention groups and treatment cases.

2. Background

According to the Central Registry of Drug Abuse Report (2015, 2022), the total number of reported drug abusers has increased by 5% from 5 782 in 2020 to 6 095 in 2021, though it has decreased to 5 235 in 2022 which was very likely affected by the severe COVID-19 epidemic situation at the time. In 2021, the increase was mainly due to the rising number of reported drug abusers aged under 21, which increased by 46% from 609 in 2020 to 888 in 2021 and accounted for 15% of the total number of reported drug abusers in 2021. Furthermore, the number of young people who take drug at home or a friend's home also increased from 38% in 2006 to 56% in 2021 and the median length of drug history among the newly reported abusers was 5 years in 2020 compared to 1.9 years in 2008 (Action Committee Against Narcotics, 2013; Narcotics Division, Security Bureau, 2020). The prolonged reporting period of drug abuse and the increasing difficulties for rehabilitation centres or law enforcement agencies to discover drug behaviours has reflected the phenomenon of hidden drug abuse. This dark figure among young people is still a grave concern in Hong Kong society which calls for an urgent need to spot out those adolescents for early intervention and prevention.

To tackle the problem of drug abuse, different treatment and relapse prevention approaches such as cognitive behavioural approach (Beck, Wright, Newman, & Liese, 1993), art therapy (Horay, 2006; Matto, 2002), or mindfulness-based approaches (Bowen et al., 2009, 2012, 2014; Witkewitz et al., 2005), have been developed to address the needs of drug abusers and release their symptoms of addiction. Some scholars (Thompson, 2012, 2016; To, et al., 2007; Wong, 2011) argued that many drug rehabilitation programmes have overlooked one of

the important reasons leading to drug addiction – it is the abusers' innate urge for meaning and purpose in life. Even when their symptoms of drug addiction are reduced after joining the programmes, they will easily bounce back when they still lack of purpose and meaning in lives, and do not know their values in society and where to go in the long run. Based on the existential-humanistic perspective, the scholars develop meaning centered approach and argue that addiction is a response to a life that lacks personal meaning. Every human being has the will to meaning, the need to make sense of his or her life and pursue a personally meaningful existence. The existential vacuum in the forms of boredom, loneliness, meaningfulness, lack of sense of belonging and control arises when one attempts to live a personally meaningful life are persistently frustrated. To fill up the vacuum, addiction may be a possible means of comfort for boredom, loneliness, confusion, and lack of purpose in life (Thompson, 2006), even though they know that addiction may not be a functional way of coping for life frustrations. Therefore, they believe that drug addicts not only need to be free from addiction, but also free to fully engage in life in a meaningful and productive way (Wong et al, 2010).

Therefore, Hong Kong Federation of Youth Groups has conducted a 3-year programme – Project MAP which mainly based on meaning-centred approach (Appendix 1) to provide assessment and counselling services to secondary school and community to tackle adolescents' drug abuse problems. The project targets at adolescents with 'high risk of emotional disturbance', 'drug abuse problems' as well as those who are 'lack of meaning in life and low resilience'. With a positive orientation to help drug abusers know themselves and lead meaningful ways of life, meaning-centred approach is adopted to deliver preventive education, strengthen the protective factors of adolescents, raise their awareness on the harms of drugs and enhance the willingness of high-risk adolescents to seek for help and tackle youth drug abuse problems in the long run.

3. Research Methods

The programme includes three levels of intervention including the first level of educational talks, the second level of drug prevention groups, and the third level of individual treatment cases. They were delivered to the general youth, high risk individuals and rehabilitating young drug abusers to assess the impacts and effectiveness of the protocol and assessment tools. The first level of educational talks was conducted to 2,000 general adolescents. Each talk lasted for 1 to 2 hours. One-time quantitative based satisfaction measure through questionnaire survey was collected to (1) screen young participants' mental wellness, potential risks of drug taking, their purpose in life, social support and sense of resilience in life, and on the other hand (2) collect young participants' satisfaction to the contents, presentation, and effects of the talks.

The second level of drug prevention groups with meaning-centred approach was conducted for 150 young people with high mental and addictive risks of taking drug and lack of meaning and purpose in life (at least with two high risk factors in the first level of screening). The drug prevention group has engaged in 4 to 8 sessions of activities which includes cognitive meaning intervention, existential meaning intervention, effective coping and relational training. High-risk youth's participation in the drug prevention groups were fully voluntary. Their informed consents were obtained before joining the groups. A mixed method was employed to examine the impacts and significance of this meaning-centered approach in helping and sustaining high-risk youth with (1) enhanced mental wellness in terms of stress, depression, and anxiety, (2) reduced attitudinal, systematic and accessible risks in drug taking, (3) enhanced meaning and purpose in life, (4) increased social support and relationship with significant others

in their lives, and (5) enhanced sense of resilience in facing with life adversities. All the groups were conducted on face-to-face basis, except one which was conducted online, with all participants and workers turned on their cameras, during the COVID period.

Quantitatively, this part of assessment included both within-group and between-group (a comparison group) measures. For the within-group measure among the 150 high-risk youth, a three-time pre-test, post-test and follow-up questionnaire measure were conducted (1) before the intervention as the baseline, (2) after the intervention as the immediate effect, and (3) three months after the intervention as the sustainable effect of the groups. To compare the impacts and effectiveness of meaning-centered approach with other intervention approaches in drug prevention for young people with high drug taking risks, a comparison group with 30 young people who joined other mainstream drug rehabilitation groups (treatment as usual) by other projects of the agency The Hong Kong Federation of Youth Groups (HKFYG) was recruited to complete the three-time questionnaire measurement. In this situation, both the within-group and between-group effects of meaning-centered approach could be assessed in this research. Since the 150 high-risk young people were screened and invited by voluntary participation, randomization of the participants was highly difficult if it was not impossible. A set of questions measuring young people's satisfaction of the programme was also included in all three levels of intervention.

Qualitatively, to triangulate the quantitative results with intensive comments and feedback from the young participants to the effectiveness of the groups with meaning-centered approach, 15 group members (around 10% of the group participants) from different small groups were invited to join individual interview for three times also at the pre-test, post-test and 3-month follow-up periods. The invitation was sent with voluntary consent. The interviews were semi-structured with an interview guide lasting for 45 to 60 minutes. At the pre-intervention stage, the young participants' everyday living, social support networks, potential risks for drug taking, their purpose in life, and their expectations for the group were covered in the interviews. At the post-intervention stage, the themes of interview were mainly on their qualitative feedback and evaluation to the effects of the groups in boosting up their motivation and positive attitudes towards having lives with purpose and meaning and their recommendations for the groups. At the 3-month follow-up stage, the sustainable effects of the groups in enhancing their mental wellness and relieving their risks of drug taking, and the young participants' long-term career and life planning were also covered.

At the end, to assess the impacts and effectiveness of the third level of individual treatment cases for drug abusing or drug rehabilitating young people, 100 within-group quantitative questionnaire measures were collected three times at the pre-test, post-test and 3-month follow-up periods. Moreover, between-group effects were also measured through a comparison group with 10 treatment cases who received usual counselling services of the agency. Qualitatively, 10 treatment cases randomly invited were also interviewed three times at the pre-test, post-test and 3-month follow-up periods. Treatment cases' subjective comments and feedback to the immediate and sustainable effects of meaning-centered approach in (1) enhancing their mental wellness and (2) purpose in life, (3) reducing their risks of drug taking, (4) strengthening their social support and relationship with significant others, and (5) enhancing their sense of resilience in facing with life adversities were collected for intensive analysis.

Measures

The impacts of meaning-centered approach in drug rehabilitation were measured by the extent to which the programme was effective to help the participants (1) enhance their mental wellness in terms of stress, depression, and anxiety, (2) reduce their attitudinal, systematic and accessible risks in drug taking, (3) enhance their meaning and purpose in life, (4) increase their social support and relationship with significant others in their lives, and (5) enhance their sense of resilience in facing with life adversities. Therefore, to assess the impacts and effectiveness of meaning-centered approach in drug rehabilitation in relation to its comparison group of treatment as usual, the following measuring scales were employed:

The revised Purpose in Life questionnaire (PIL-R; Harlow, Newcomb, & Bentler, 1987). It is a scale revised from one developed by Crumbaugh (1966) based on Frankl's (1988) existential perspective (Frankl, 1984). The PIL-R scale assesses the degree to which an individual has a sense of meaning or purpose in life (Harlow, Newcomb, & Bentler, 1986). It is a self-administered questionnaire with 20 items rated in a 7-point Likert scales ranging from strongly disagree (1) to strongly agree (7). Items include having goals or aims, life being empty or worthwhile, sense of boredom or excitement, etc. The higher of its total score means a greater sense of purpose in life. The scale was found to have good validity with measures of meaninglessness (r=−.89), suicidality (r=−.57), and happiness (r=.84) (Harlow, Newcomb, & Bentler, 1987). Reliability is high with Cronback's alpha=.88 (Robinson et al., 2007).

Student Social Support Scale (SSSS) consisted of 60 items developed by Malecki and Elliott (1999) was adopted to assess students' perceived emotional, appraisal, informational, and instrumental social support received from teachers, parents, best friends, and classmates. The scale was translated to Chinese according to a thesis from the University in Taiwan and reviewed by local Chinese teachers to enhance reliability. Participants were asked to score on a four-point Likert scale from 'Never' to 'Always' on each factor and higher scores indicating a greater perceived social support from teachers, parents, best friends and classmates. Reliability analyses of SSSS indicated a 0.97 coefficient alpha for the total scale and each 15-item subscale produced coefficient alpha from 0.92 to 0.95. These results showed a high internal consistency on the total scale and subscale. In addition, the test-retest reliability for the full scale is (r=0.75) and the subscales (r from 0.63 to 0.74) which also provides strong evidence for the reliability.

A Chinese version of Depression Anxiety Stress Scales (*DASS21*; Taouk, Lovibond, & Laube, 2001, translated by Chan, C.). This scale is a set of three self-report scales designed to measure people's emotional states of depression, anxiety, and stress. Each of the subscales in depression, anxiety and stress contains 7 items rated on a 4-point Likert scale from 0 to 3. The higher of the score means the higher tendency of having the experience in the subscales. This Chinese DASS21 scale is validated, commonly employed and even endorsed by Beat Drug Fund as a recognized scale of measurement for the mental wellness of drug abusers.

Table 1: The scoring of DASS-21

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

The Connor-Davidson Resilience Scale (CD-RISC; Connor and Davidson, 2003) was a scale consisting 25 items assessing resilience among young adults. Each items is rated on a 5-point Likert scale from 0 not at all true to 4 true nearly all the time. The total score ranges from 0 to 100, with higher scores meaning to higher levels of resilience. The scale divides into 5 factors including (1) personal competence, (2) tolerance to negative affect and stress, (3) positive acceptance of change and secure relationships, (4) sense of control, and (5) spiritual influences. The scale was found to have good psychometric properties including Cronbach's alpha at .89, test-retest reliability and intraclass correlation coefficient at .87. The scale has also been validated in a Chinese context (Fu, Leoutsakos, & Underwood, 2014).

De Jong Gierveld Loneliness Scale (1999) – 6 items have been adopted to assess the loneliness of adolescents. The scale is the shorten version of the original scale which is translated and validated by Leung, Gierveld and Lam (2008). Participants were asked to rate on a 6-Likert scale from 1 to 6, where questions 4 to 6 needed to be reversed and higher scores indicating greater loneliness. The Chinese version of the 6-item De Jong Gierveld Loneliness Scale has a Cronbach's alpha at 0.76. The intra-class correlation coefficients of the inter-rater reliability of the 6 items ranged from 0.98 to 1.00. These results also show that the Chinese version of the 6-item De Jong Gierveld Loneliness Scale is a reliable and valid measure of loneliness in Hong Kong.

A Chinese scale developed by The Hong Kong Federation of Youth Groups on Risks of Drug Addiction (吸食危機評估量表). This scale aims at measuring drug abusers' risks of drug addiction in three areas including the systematic risk (系統性危機), attitudinal risk (對毒品態度的危機), and accessible crisis (接觸性危機). In this research, only the systematic risk and accessible crisis were included. One of the questions on systematic risk is whether they have stable job or schooling. The scale of accessible crisis has 4 items. One of the items is whether they know some people who are involving in drug trafficking. The scale is developed by HKFYG in other drug prevention programmes.

Drug behaviours was measured by a scale developed by the NGO. Participants were asked if they had contacted various types of drugs namely, heroin, cocaine, cannabis, ketamine and ice. The scale contains 5 Yes-No questions referring to whether they had contacted drugs. The choice "Yes" stands for 1 while "No" stands for 0. The higher the scores indicate the higher chance that they had contacted with or used drugs.

Chinese version of Permissive attitude towards drug abuse – secondary school from Beat Drugs Fund Evaluation Question Set No. 18 (2010) was adopted to measure the drug attitude of adolescents. The scale composes of 21 items, participants were asked to rate on a 5-point Likert scale. The total score ranges from 21 to 105, with higher score indicates a more permissive attitude towards drugs. Questions such as 'I am curious about drugs' and 'I would like to try drugs if I feel low or bored' were included. The original scale shows a mean of 85.84 and a standard Deviation of 16.6 and a Cronbach's alpha of 0.94.

Chinese version of participants' personal involvement with drugs (not including alcoholic drinks and cigarette) including most common types of substances, such as cannabis, ketamine, ice, cocaine, etc. in the past 3 months and *the contemplation ladder* (Biener and Abrams, 1991; Slavet et al., 2006) on drug abusers' level of thinking about changing their drug use were adopted to measure the participants' degree of drug taking (Beat Drugs Fund Evaluation Question Set No. 6 (2010) & No. 13 (2013). *Participants' degree of satisfaction* to the educational talks, drug prevention groups and individual treatment cases in enhancing their

awareness to say no to drugs, reducing their drug taking behaviours, exploring their sense of self and life directions was also collected by 5 items. 1 was highly disagree and 6 was highly agree. One of the questions is the educational talk can enhance my awareness to say no to drugs and my knowledge of mental wellness.

Socio-demographic data. In the satisfaction and pre, post and the 3-month follow-up questionnaires, the participants' personal demographic and treatment characteristics, such as their age, sex, educational level, place of birth, years of residency in Hong Kong, religious beliefs, socioeconomic status, primary drug of abuse, prior treatment episodes and hours, were collected and analysed. Once the questionnaire was designed, a small-scale pilot test with around 31 drugs abusing or rehabilitating young people in the HKFYG's existing services were conducted as a means to improve the instruments as readable and user-oriented as possible.

Data Analysis

The collected data were processed and analysed using IBM SPSS Statistics version 29. First, Cronbach's alpha coefficients for each scale were computed to examine the reliability of the coefficients. Pearson's correlation tests were conducted to measure the relationships among all variables of the educational talks, drug prevention groups, and the individual treatment cases. Next, to examine the significance of the changes made by the programme (for the high-risk individuals and the rehabilitating drug abusers) immediately after the intervention and the 3-month follow-up periods, repeated measures ANOVA with a Greenhouse-Geisser correction and post hoc analyses were run. Lastly, to examine the associations of the relationships among the variables (in the educational talks, drug prevention groups, and the individual treatment cases), series of linear and multiple regression analysis were carried out. The PROCESS macro operating in the SPSS environment was used to explore the mediation and moderation effects among the variables. To guarantee the sample size for data analysis, dummy datasets were used. Simple slope analysis was also run to test the interactions of the moderation effects.

4. Quantitative Results

Quantitatively, 2,002 questionnaires were collected from the first level of educational talks, 170 questionnaires were collected at the pre-intervention stage of the second level of drug prevention groups, 150 questionnaires were also collected both at the post and 3-month follow-up periods of the drug prevention groups. It means that 20 participants dropped out from the groups and they were not able to complete the questionnaires at the post and 3-month follow-up periods of the groups. 105 questionnaires were collected at the pre-intervention stage of the third level of individual treatment cases. 100 questionnaires were collected both at the post and 3-month follow-up periods of the individual treatment cases. It means that 5 treatment cases dropped out and could not complete the questionnaire at the post and 3-month follow-up periods accordingly. The participants of the three levels of intervention were recruited territory-wide in Hong Kong Island including Central and Western District, Kowloon including Kwun Tong, Kowloon City, Sham Shui Po, Yau Tsim Mong, and the New Territories including Kwai Tsing, North District, Tai Po, Tsuen Wan, Tuen Mun, and Islands District.

Table 2: Total no. of questionnaires received

	No. of Questionnaires		
	Pre-intervention	Post-intervention	3-month follow-up
Educational Talks	2,002		
Drug Prevention Groups	170	150	150
Individual Treatment Cases	105	100	100

4.1. Demographic data of the participants

Among the 2,002 questionnaires collected from the general youth, approximately 58.9% of them were male and 41.1% were female. 66.6% of them had completed junior secondary education level, 27.2% were between Form 4 and Form 7, 4.8% of them completed primary school only, the remaining 1.8% had achieved higher education. For general youth, the majority of them (86.6%) were born in Hong Kong, 11.8% were born in Mainland China, and the remaining 1.6% were born in other places. Approximately two-thirds of them (65.9%) were from complete families and around 30.2% of them came from separated, divorced, re-married and cohabited families. Around two-thirds of them (60.8%) lived in public housing estate and around 18.7% of them lived in self-owned private housing. Half of their family income (53.1%) was under $30,000 per month, 21.50% were receiving Comprehensive Social Security Assistance (CSSA) indicating that their socioeconomic status was not high. Lastly, nearly all (93.4%) participants had no prior contact with drugs before the educational talks.

66.9% of the high risk individuals in the drug prevention groups were male and 33.10% were female. 85% of them were in the secondary education level, the remaining 7.8% had completed primary school only and 7.2% achieved higher education. Most of them (82.2%) were born in Hong Kong and 16.6% of them were born in China, the remaining 1.2% were born in other places. Regarding the marital status of their parents, only 44.2% of them indicated that their parents were married and live together. Approximately 60% of them indicated that their parents were separated, divorced, re-married, cohabited or in other forms of relation. The needs of this group of high risk individuals were worth to be concerned and further explored. The socio-economic status of these high risk individuals were not high. More than half of them (56.3%) were living in public housing estate. Approximately 80% of their family income was under $30,000 per month. Out of which, 28.6% were receiving support from the Comprehensive Social Security Scheme (CSSA). Lastly, majority of the high risk individuals (87.3%) had no prior contact with drugs before.

Among the rehabilitating drug abusers of this study, 68% were male and 32% were female. Approximately 44% of them had completed junior secondary school and 43% of them had completed senior secondary school. The remaining 10.80% had achieved higher education. Only 2.90% of them had completed primary school. 71.8% of them were born in Hong Kong, and 22.3% of them were born in Mainland China. Only 5.8% were born in other places. Nearly half of them (48.5%) indicated their parents were married and live together, another half indicated that their parents were separated, divorced, re-married, cohabitated or in other forms. Regarding the socioeconomic status of the treatment cases, nearly half of them lived in public housing estates, only 18.8% of them lived in self-owned private housing. Furthermore, approximately 80% of them reported a family income under $30,000 per month indicating low socioeconomic status among rehabilitating drug abusers. According to the data collected, cannabis, cocaine, ketamine, and ice were commonly used and contacted. The data shows that the drug history of the participants in the three levels of intervention was different to fulfill the recruiting criteria of this study.

Table 3: Demographic data of the educational talk participants (general youth), high risk individuals and the rehabilitating drug abusers collected through the quantitative questionnaires in the three different levels of intervention

	General youth from the educational talks		High risk individuals from the drug prevention groups		Rehabilitating drug abusers from the treatment Cases	
	Frequencies (N = 2,002)	Valid %	Frequencies (N = 170)	Valid %	Frequencies (N = 105)	Valid %
Gender						
Male	1,005	58.9	113	66.9	68	68.0
Female	701	41.1	56	33.1	32	32.0
Missing	296	/	1	/	5	/
Education						
Below Grade 6	86	4.8	13	7.8	3	2.9
Grade 7 to 9	1,200	66.6	68	41.0	45	44.0
Grade 10 to 11	457	25.4	63	38.0	28	28.0
Grade 12 to 13	32	1.8	10	6.0	15	15.0
Higher diploma/Bachelor/Master/PhD	27	1.5	12	7.2	11	10.8
Missing	200	/	4	/	3	/
Birth Place						
Hong Kong	1,470	86.6	139	82.2	74	71.8
China	201	11.8	28	16.6	23	22.3
Others	26	1.5	2	1.2	6	5.8
Missing	305	/	1	/	2	/
Drug Contact Experience						
Yes	64	3.3	15	9.1	93	100
No	1,827	93.4	144	87.3	0	/
Not Sure	66	3.4	6	3.6	0	/
Missing	43	/	5	/	12	/

Types of Drug Contact / Drug Use						
Heroin	32 / 13	1.6 / 0.6	7 / 2	4.1 / 1.2	18 / 4	17.1 / 3.8
Cocaine	48 / 27	2.4 / 1.3	6 / 4	3.5 / 2.4	70 / 55	66.7 / 52.4
Cannabis	63 / 33	3.1 / 1.6	12 / 7	7.1 / 4.1	80 / 64	76.2 / 61
Ketamine	24 / 11	1.2 / 0.5	2 / 1	1.2 / 0.6	69 / 53	65.7 / 50.5
Ice	25 / 13	1.2 / 0.6	4 / 1	2.4 / 0.6	61 / 44	58.1 / 41.9
Others	15 / 8	0.7 / 0.4	2 / 2	1.2 / 1.2	13 / 16	12.4 / 15.2
Marital Status of Parents						
Married and Live Together	1,074	65.9	73	44.2	48	48.5
Separated	105	6.4	18	10.9	5	5.1
Divorced	233	14.3	47	28.5	27	27.3
Re-Married	44	2.7	7	4.2	4	4.0
Co-habilitated	111	6.8	9	5.5	3	3.0
Others	63	3.9	11	6.7	12	12.1
Missing	372	/	5	/	6	/
Housing Types						
Self-owned Private Housing	308	18.7	20	12.0	19	18.8
Rented Private Housing	152	9.2	17	10.2	11	10.9
Public Housing Estate	1003	60.8	94	56.3	48	47.5
Rented Housing	87	5.3	18	10.8	8	7.9
Others	100	6.1	18	10.8	15	14.9
Missing	352	/	3	/	4	/
Monthly Family Income						
CSSA	320	21.5	44	28.6	18	18.6
Below $10,000	203	13.6	19	12.3	24	24.7
$10,001-$30,000	587	39.4	64	41.6	38	39.2
$30,001-$50,000	238	16.0	14	9.1	12	12.4

$50,001-$70,000	76	5.1		8	5.2		4	4.1
$70,001 or above	64	4.3		5	3.2		1	1.0
Missing	514	/		16	/		8	/

4.2. Descriptive Results

As mentioned, the impacts of meaning-centered approach in drug rehabilitation were measured by the extent to which the programme was effective to help the participants (1) enhance their mental wellness in terms of stress, depression, anxiety, and sense of loneliness (2) reduce their attitudinal, systematic and accessible risks in drug taking, (3) enhance their meaning and purpose in life, (4) increase their social support and relationships with significant others in their lives (including parents, teachers, classmates and best friends), and (5) enhance their sense of resilience in facing with life adversities. Therefore, the descriptive results of the variables in the educational talks, drug prevention groups, and individual treatment cases also reported in this part of analysis.

Purpose in Life

The first variable was the respondents' purpose in life measured by PIL-R of Harlow, Newcomb, and Bentler (1987). According to Davies, Klaassen, and Langle (2014), the total score of this scale ranges from 20 (low purpose) to 140 (high purpose). The mean score is 80. Scores of 113 or above indicate definite purpose in life, scores between 92 and 112 are in the indecisive range, while scores of 91 and below indicate the lack of clear meaning and purpose in life. The results of this study revealed that the baseline mean score of the general youth in the educational talks (M = 88.81) was higher than the high-risk individuals (M = 86.87) and the rehabilitating drug abusers (M = 86.97) in the drug prevention groups and the individual treatment cases. Although the general youth showed stronger purpose in life in comparison with those high risk individuals and rehabilitating drug abusers and their mean scores were also higher than 80, they were still categorized as lack of clear meaning and purpose in life.

The intervention of this programme including the drug prevention groups and the individual treatment cases was promising. Increasing changes could be found both in the high-risk individuals (from M = 86.87 at the pre-intervention stage, to M = 89.82 at the post intervention stage, and M = 90.94 at the 3 month follow-up periods) and rehabilitating drug abusers (from M = 86.97 at the pre-intervention stage, to M = 91.53 at the post intervention stage, and M = 92.58 at the 3 month follow-up periods) from the pre, post and 3-month follow up periods. The significance of the changes will be discussed when we run the repeated measures ANOVA analysis. The changes mean that the intervention of this programme could help raise the participants' purpose in life gradually from lack of purpose in life to marginally indecisive level in the drug prevention groups and indecisive level in the individual treatment cases. The immediate changes could be sustained and were more obvious in the intensive treatment cases.

Table 4: Descriptive results of purpose in life

	Educational Talks N = 1,593 Missing = 409	Prevention Group (Pre) N = 162 Missing = 8	Prevention Group (Post) N = 144 Missing = 6	Prevention Group (Follow-up) N = 143 Missing = 7	Treatment Case (Pre) N = 103 Missing = 2	Treatment Case (Post) N = 98 Missing = 2	Treatment Case (Follow Up) N= 100
Mean	88.81	86.87	89.82	90.94	86.97	91.53	92.58
20-50 (Q1)	43 (2.7%)	4 (2.5%)	3 (2.1%)	2 (1.4%)	0 (0%)	0 (0%)	0 (0%)
51-80 (Q2)	464 (29.1%)	56 (34.6%)	40 (27.8%)	40 (27.8%)	35 (34.0%)	27 (27.6%)	24 (24.0%)
81-110 (Q3)	871 (54.7%)	91 (56.2%)	82 (56.9%)	81 (56.3%)	57 (55.3%)	57(58.2%)	60 (60.0%)
111-140 (Q4)	215 (13.5%)	11 (6.8%)	19 (13.2%)	21 (14.6%)	11 (10.7%)	14(14.3%)	16(16.0%)
Median	86	86	88	89	86	89	90
SD	18.4	17.04	18.23	17.71	15.87	17.36	17.09
Reliability	0.89	0.871	0.897	0.894	0.869	0.919	0.916

Mental Wellness – DASS

Mental wellness was a key indicator employed in this programme to assess the potential risks of drug taking of those general youth in the educational talks, high-risk individuals in the drug prevention groups and rehabilitating drug abusers in the individual treatment cases. To do this, this study used a Chinese version of DASS21 (Taouk, Lovibond, & Laube, 2001, translated by Chan, C) to measure the participants' emotional states of depression, anxiety, and stress. The results revealed that all the participants including the general youth (M = 11.29), high risk individuals (M = 11.9) and rehabilitating drug abusers (M = 11.46) also showed mild level of depression at the baseline pre-intervention stage. The intervention effect of the programme was also promising to reduce the depression level of the high risk individuals and the rehabilitating drug abusers. Declining scores could be found both in the drug prevention groups (from M = 11.9 at the pre-intervention stage, to M = 11.96 at the post intervention stage, and M = 11.1 at the 3 month follow-up periods) and the individual treatment cases (from M = 11.46 at the pre-intervention stage, to M = 8.78 at the post intervention stage, and M = 9.32 at the 3 month follow-up periods) from the pre, post, and 3-month follow-up periods. The declining scores were more obvious among the rehabilitating drug abusers in the treatment cases. Their depression level was enhanced from mild to normal immediately after the intervention and at the 3-month follow-up period.

Table 5: Descriptive results of Depression

	Educational Talks N = 1,931 Missing = 171	Prevention Group (Pre) N = 167 Missing = 3	Prevention Group (Post) N = 146 Missing = 4	Prevention Group (Follow-up) N = 149 Missing = 1	Treatment Case (Pre) N = 100 Missing = 5	Treatment Case (Post) N = 100	Treatment Case (Follow Up) N= 100
Mean	11.29	11.9	11.96	11.1	11.46	8.78	9.32
0-9 (Normal)	971 (50.3%)	77 (46.5%)	63 (43.2%)	68 (45.6%)	50 (50.0%)	58 (58.0%)	56 (56.0%)
10-13 (Mild)	167 (8.6%)	21 (12.6%)	20 (13.7%)	18 (12.1%)	12 (12.0%)	13 (13.0%)	11 (11.0%)
14-20 (Moderate)	393 (20.4%)	36 (21.6%)	34 (23.3%)	37 (24.8%)	23 (23.0%)	16 (16.0%)	20 (20.0%)
21-27 (Severe)	150 (7.8%)	14 (8.4%)	15 (10.3%)	19 (12.8%)	6 (6.0%)	9 (9.0%)	8 (8.0%)
28+ (Extremely Severe)	250 (12.9%)	19 (11.4%)	14 (9.6%)	7 (4.7%)	9 (9.0%)	4 (4.0%)	5 (5.0%)
Median	8	12	10	10	9	6	6
SD	11.27	10.41	10.41	9.38	9.66	9.06	9.82
Reliability	0.93	0.90	0.92	0.90	0.89	0.93	0.95

Regarding the anxiety level of the participants, the results revealed that all the participants including the general youth (M = 10.8), high risk individuals (M = 11.2) and rehabilitating drug abusers (M = 10.59) also showed moderate level of anxiety at the baseline pre-intervention stage. It means that the anxiety level of the participants in all three levels intervention levels at the baseline period (before intervention) was worth to be concerned. Similarly, the intervention effect of the programme was obviously promising to lower the anxiety level of the rehabilitating drug abusers from moderate level to mild level immediately after the case interventions and this effect could be maintained until the 3-month follow-up period. Their anxiety scores were lowered from M = 10.59 at the pre-intervention stage, to M = 9.22 at the post intervention stage, and M = 9.26 at the 3-month follow-up periods. [Note to grantee: In Table 6, pre-, post- and follow-up anxiety scores of the rehabilitating drug abusers were 10.59, 9.22 and 9.26 respectively.]

Table 6: Descriptive results of Anxiety

	Educational Talks N = 1,930 Missing = 72	Prevention Group (Pre) N = 168 Missing = 2	Prevention Group (Post) N = 147 Missing = 3	Prevention Group (Follow-up) N = 149 Missing = 1	Treatment Case (Pre) N = 101 Missing = 4	Treatment Case (Post) N = 100	Treatment Case (Follow Up) N= 100
Mean	10.8	11.2	11.48	10.31	10.59	9.22	9.26
0-7 (Normal)	914 (47.4%)	69 (41.1%)	57 (38.8%)	66 (44.3%)	43 (42.6%)	51 (51.0%)	51 (51.0%)
8-9 (Mild)	76 (3.9%)	10 (6.0%)	10 (6.8%)	10 (6.7%)	7 (6.9%)	3 (3.0%)	4 (4.0%)
10-14 (Moderate)	369 (19.1%)	38 (22.6%)	38 (25.9%)	33 (22.1%)	22 (21.8%)	17 (17.0%)	18 (18.0%)
15-19 (Severe)	161 (8.3%)	18 (10.7%)	11 (7.5%)	12 (8.1%)	11 (10.9%)	10 (10.0%)	8 (8.0%)
20+ (Extremely Severe)	410 (21.2%)	33 (19.6%)	31 (21.1%)	28 (18.8%)	18 (17.8%)	19 (19.0%)	19 (19.0%)
Median	8	10	10	8	10	6	6
SD	10.45	9.39	9.95	9.11	8.43	9.35	9.83
Reliability	0.90	0.87	0.89	0.89	0.82	0.91	0.92

At the baseline pre-intervention stage, the stress level of the general youth in the educational level was normal (M = 12.62), while the stress level of the high-risk individuals in the drug prevention groups was marginally fallen onto the normal range (M = 14.28). The stress level of the rehabilitating drug abusers in the individual treatment cases was mild (M = 15.78). It means that the stress level of the treatment cases was the highest among other counterparts. The results also revealed that the intervention effect of the progamme including its drug prevention groups and the individual treatment cases was promising to reduce the stress level of the high risk individuals (from M = 14.28 at the pre-intervention stage, to M = 13.89 [Note to grantee: M = 13.89 in Table 7.] at the post intervention stage, and M = 13.08 at the 3 month follow-up periods) and the rehabilitating drug abusers immediately after the intervention and at the 3-month follow-up period. The stress level of the rehabilitating drug abusers even improved from mild to normal after the case treatment. This situation could be sustained at the 3-month follow-up period (from M = 15.78 at the pre-intervention stage, to M = 12.08 at the post intervention stage, and M = 12.40 at the 3-month follow-up periods).

Table 7: Descriptive results of Stress

	Educational Talks N = 1,932 Missing = 70	Prevention Group (Pre) N = 169 [N = 167?] Missing = 1	Prevention Group (Post) N = 147 Missing = 3	Prevention Group (Follow-up) N = 148 Missing = 2	Treatment Case (Pre) N = 99 Missing = 6	Treatment Case (Post) N = 100	Treatment Case (Follow Up) N= 100
Mean	12.62	14.28	13.89	13.08	15.78	12.08	12.4
0-14 (Normal)	1,227 (63.5%)	92 (54.5%)	87 (59.2%)	86 (58.1%)	50 (50.5%)	66 (66.0%)	65 (65.0%)
15-18 (Mild)	169 (8.7%)	31 (18.4%)	18 (12.2%)	20 (13.5%)	12 (12.1%)	8 (8.0%)	7 (7.0%)
19-25 (Moderate)	207 (10.7%)	18 (10.7%)	16 (10.9%)	22 (14.9%)	19 (19.2%)	17 (17.0%)	18 (18.0%)
26-33 (Severe)	240 (12.4%)	24 (14.3%)	20 (13.6%)	18 (12.2%)	12 (12.1%)	7 (7.0%)	7 (7.0%)
34+ (Extremely Severe)	89 (4.6%)	2 (2.4%)	6 (4.1%)	2 (1.4%)	6 (6.1%)	2 (2.0%)	3 (3.0%)
Median	12	14	14	14	14	12	14
SD	11.13	9.67	10.4	9.61	9.61	9.69	10.23
Reliability	0.91	0.84	0.90	0.88	0.83	0.91	0.92

As a whole, the results revealed that the intervention of the programme was positive and promising to improve the mental wellness of the participants both in the drug prevention groups and the individual treatment cases. The positive effects of the intervention were more obvious among the rehabilitating drug abusers. After the case interventions, their depression level was enhanced from mild to normal. Their anxiety level was also lowered from moderate to mild. Their stress level also improved from mild to normal. When the participants' mental wellness improves, their potential risks of drug taking can also be lowered.

Loneliness

Strong sense of loneliness is commonly mentioned by drug abusers as a key psychological factor which may trigger their drug craving or drug taking behaviour (Lo et al., 2020). This variable was also measured in this study by De Jong Gierveld Loneliness Scale (1999) to assess the participants' potential risk of drug taking. The results revealed that the sense of loneliness of all participants in this programme was acceptable and lower than the mean score of the scale (M = 21). At the baseline pre-intervention period, the sense of loneliness was the highest among the rehabilitating drug abusers (M = 19.85) in the treatment cases in comparison with the general youth (M = 18.73) in the educational talks and the high-risk individuals (M = 18.63) in the drug prevention groups. The intervention effect of the programme was positive among the rehabilitating

drug abusers, while the intervention effect was not that obvious among the high-risk individuals. A declining trend was observed after the treatment cases and the trend could also be maintained in the 3-month follow up period (from M = 19.85 at the pre-intervention stage, to M = 18.74 at the post intervention stage, and M = 18.57 at the 3-month follow-up periods).

Table 8: Descriptive results of Loneliness

	Educational Talks N = 1,915 Missing = 87	Prevention Group (Pre) N = 170	Prevention Group (Post) N = 147 Missing = 3	Prevention Group (Follow-up) N = 148 Missing = 2	Treatment Case (Pre) N = 101 Missing = 4	Treatment Case (Post) N = 99 Missing = 1	Treatment Case (Follow Up) N= 98 Missing = 2
Mean	18.73	18.63	18.76	18.55	19.85	18.74	18.57
6-13 (Q1)	371 (19.4%)	30 (17.6%)	25 (17.0%)	19 (12.8%)	10 (9.9%)	11 (11.1%)	12 (12.2%)
14-21 (Q2)	1,081 (56.4%)	104 (61.2%)	88 (59.9%)	97 (65.5%)	61 (60.4%)	66 (66.7%)	68 (69.4%)
22-28 (Q3)	385 (20.1%)	30 (17.6%)	28 (19.0%)	28 (18.9%)	25 (24.8%)	21 (21.2%)	17 (17.3%)
29-36 (Q4)	78 (4.1%)	6 (3.5%)	6 (4.1%)	4 (2.7%)	5 (5.0%)	1 (1.0%)	1 (1.0%)
Median	20	19	19	19	20	20	19
SD	5.56	5.35	5.2	5	9	9.69	4.08
Reliability	0.64	0.67	0.63	0.63	0.74	0.63	0.61

Resilience

Resilience was another protective factor which was measured in this study by the Conner-Davidson Resilience scale CD-RISC-25 (Conner & Davidson, 2003) to assess the participants' capacity to face with challenging life adversities and bounce back and grow despite life's downturns. Supposedly, young people with higher level of resilience will be more able to work through different kinds of life adversity and less likely to take drugs. Ni et al. (2016) had conducted a study using CD-RISC-25 among the general population (N = 10,997) in Hong Kong. The results showed a median CD-RISC-25 score of 62, and the scores of the lowest quartile (Q1), second quartile (Q2), third quartile (Q3), and the highest quartile (Q4) ranged from 0 – 53, 54 – 62, 63 – 71 and 72 – 100 respectively. The results of this study revealed that the resilience level of all participants in the educational talks (M = 57.73), drug prevention groups (M = 55.48) and the individual treatment cases (M = 57.56) in the baseline pre-intervention period was not too low. The mean scores were higher than the mean of the scale (M = 50) and fell onto the second quartile (Q2). The intervention effect of the programme was positive among the high risk individuals in the drug prevention groups, while it was not obvious among

the treatment cases. An increasing trend was observed among the high risk individuals immediately after the prevention groups and this positive change could be maintained at the 3-month follow-up period (from M = 55.48 at the pre-intervention stage, to M = 59.09 at the post intervention stage, and M = 59.70 at the 3-month follow-up periods).

Table 9: Descriptive results of Resilience

	Educational Talks N = 1,493 Missing = 509	Prevention Group (Pre) N = 157 [N = 154?] Missing = 13	Prevention Group (Post) N = 137 Missing = 13	Prevention Group (Follow-up) N = 136 Missing = 4	Treatment Case (Pre) N = 101 Missing = 4	Treatment Case (Post) N = 99 Missing=1	Treatment Case (Follow Up) N= 99 Missing=1
Mean	57.73	55.48	59.09	59.7	57.56	56.79	56.89
0-53 (Q1)	739 (49.5%)	82 (51.9%)	60 (43.8%)	58 (42.6%)	43 (42.6%)	46 (46.5%)	46 (46.5%)
54-62 (Q2)	175 (11.7%)	27 (17.1%)	25 (18.2%)	26 (19.1%)	26 (25.7%)	16 (16.2%)	16 (16.2%)
63-71 (Q3)	160 (10.7%)	14 (8.9%)	13 (9.5%)	16 (11.8%)	9 (8.9%)	12 (12.1%)	12 (12.1%)
72-100 (Q4)	419 (28.1%)	31 (21.4%)	39 (28.5%)	36 (26.5%)	23 (22.8%)	25 (25.3%)	25 (25.3%)
Median	54	53	55	58.5	56	56	56
SD	22.34	19.38	20.29	19.01	13.88	16.11	18.74
Reliability	0.98	0.97	0.97	0.97	0.93	0.96	0.98

Social Support from Parents, Teachers, Classmates, and Best Friends

Social support could be an important protective factor which helps enhance individuals' functioning at the time of experiencing different life adversities such as divorce or family separation, learning problems, depression or health related issues, etc. This study used Student Social Support Scale (SSSS) developed by Malecki and Elliott (1999) to assess the participants' perceived social support received from parents, teachers, classmates, and the best friends. The results of this study revealed that the perceived social support from parents was the highest among the general youth in the educational talks (M = 39.56) at the baseline pre-intervention period. The score for the high risk individuals in the drug prevention groups was (M = 35.97). Their mean scores were also higher than the mean of this scale, which is M = 32. Only the mean score of the individual treatment cases (M = 31.73) were a bit lower than 32. This result revealed that the perceived social support received from parents was the weakest among the rehabilitating drug abusers in those individual treatment cases.

The intervention effect of the programme was positive and promising in enhancing the perceived social support received from parents both in the drug prevention groups and the individual treatment cases. Increasing trends were observed both among the high risk individuals (from M = 35.97 at the pre-intervention stage, to M = 37.19 at the post intervention stage, and M = 38.37 at the 3-month follow-up periods) and the rehabilitating drug abusers (from M = 31.73 at the pre-intervention stage, to M = 33.53 at the post intervention stage, and M = 34.22 at the 3-month follow-up periods) immediately after the intervention and at the 3-month follow up period. After the intervention, the mean scores of those rehabilitating drug abusers' perceived social support received from parents increased and were higher than the mean of the scale at 32.

Table 10: Descriptive results of Social Support from Parents

	Educational Talks N = 1,538 Missing = 464	Prevention Group (Pre) N = 157 Missing = 13	Prevention Group (Post) N = 140 Missing = 10	Prevention Group (Follow-up) N = 141 Missing = 9	Treatment Case (Pre) N = 98 Missing = 7	Treatment Case (Post) N = 99 Missing=1	Treatment Case (Follow Up) N= 97 Missing=3
Mean	39.56	35.97	37.19	38.37	31.73	33.53	34.22
0-53	31 (2.0%)	6 (3.8%)	4 (2.9%)	3 (2.1%)	7 (7.1%)	6 (6.1%)	8 (8.2%)
54-62	376 (24.4%)	48 (30.6%)	44 (31.4%)	43 (30.5%)	40 (40.8%)	37 (37.4%)	32 (33.0%)
63-71	689 (44.8%)	78 (49.7%)	62 (44.3%)	59 (41.8%)	44 (44.9%)	46 (46.5%)	47 (48.5%)
72-100	442 (28.7%)	25 (15.9%)	30 (21.4%)	36 (25.5%)	7 (7.1%)	10 (10.1%)	10 (10.3%)
Median	40	34	36	38	31	33	34
SD	11.64	11.09	11.87	12.02	10.04	10.14	10.51
Reliability	0.957	0.961	0.963	0.967	0.951	0.957	0.965

Regarding the perceived social support received from teachers and classmates, since many rehabilitating drug abusers in the individual treatment cases were not students at the time of intervention, many respondents could skip the questions only. Therefore, many missing cases were found in these two variables for the treatment cases and the scores obtained might not be reliable enough. The mean scores of these two variables both for the general youth in the educational talks and the high risk individuals in the drug prevention groups were higher than 40, which was far higher than the mean scores of the scales (M = 32). This means that the perceived social support received from teachers and classmates among the participants was fine enough. The intervention effects of the programme were not obvious in these two variables among the high risk individuals and the rehabilitating drug abusers.

Table 11: Descriptive results of Social Support from Teachers

	Educational Talks N = 1,539 Missing = 463	Prevention Group (Pre) N = 163 Missing = 7	Prevention Group (Post) N = 140 Missing = 10	Prevention Group (Follow-up) N = 142 Missing = 8	Treatment Case (Pre) N = 53 Missing = 52	Treatment Case (Post) N = 51 Missing=49	Treatment Case (Follow Up) N= 57 Missing=43
Mean	42.69	41.77	41.06	40.95	36.09	34.75	35.3
0-15	44 (2.9%)	5 (3.1%)	4 (2.9%)	6 (4.2%)	3 (5.7%)	8 (15.7%)	9 (15.8%)
16-30	242 (15.7%)	27 (16.6%)	25 (17.9%)	28 (19.7%)	14 (26.4%)	11 (21.6%)	12 (21.1%)
31-45	743 (48.3%)	80 (49.1%)	70 (50.0%)	65 (45.8%)	31 (58.5%)	25 (49.0%)	28 (49.1%)
46-60	510 (33.1%)	51 (31.3%)	41 (29.3%)	43 (30.3%)	5 (9.4%)	7 (13.7%)	8 (14.0%)
Median	45	42	43	43.5	37	33	35
SD	10.8	10.71	11.28	10.66	8.61	10.14	11.95
Reliability	0.97	0.96	0.97	0.97	0.96	0.98	0.99

Table 12: Descriptive results of Social Support from Classmates

	Educational Talks N = 1,556 Missing = 446	Prevention Group (Pre) N = 162 Missing = 8	Prevention Group (Post) N = 142 Missing = 8	Prevention Group (Follow-up) N = 143 Missing = 7	Treatment Case (Pre) N = 52 Missing = 53	Treatment Case (Post) N = 51 Missing=49	Treatment Case (Follow Up) N= 56 Missing=44
Mean	43.2	43.16	41.62	43.46	40.77	39.1	37.38
0-15	36 (2.3%)	1 (0.6%)	4 (2.8%)	3 (2.1%)	1 (1.9%)	5 (9.8%)	8 (14.3%)
16-30	254 (16.3%)	27 (16.7%)	25 (17.6%)	19 (13.3%)	9 (17.3%)	7 (13.7%)	9 (16.1%)
31-45	723 (46.5%)	76 (46.9%)	71 (50.0%)	74 (51.7%)	30 (57.7%)	29 (56.9%)	28 (50.0%)
46-60	543 (34.9%)	58 (35.8%)	42 (29.6%)	47 (32.9%)	12 (23.1%)	10 (19.6%)	11 (19.6%)
Median	45	45	44	45	42	42	40

SD	11.32	10.75	10.85	10.38	8.96	11.29	12.25
Reliability	0.97	0.96	0.97	0.97	0.86	0.98	0.99

Among the four aspects of the perceived social support received from parents, teachers, classmates, and the best friends, the mean score was the highest for the perceived social support received from the best friends. At the baseline pre-intervention period, the mean score of the general youth in the educational talks was the highest (M = 46.55). The mean scores of the high risk individuals in the drug prevention groups and the individual treatment cases were M = 46.18 and M = 42.44 respectively. The perceived social support received from the best friends was the lowest among the rehabilitating drug abusers in the individual treatment cases. This result may echo some discussions that, because of drug taking, drug abusers may gradually take drug alone and become even more lonely in their everyday life. The intervention effect of the programme was also positive and promising to increase the perceived social support received from best friends for the drug prevention groups and the individual treatment cases. Increasing trends were observed among the high risk individuals (from M = 46.18 at the pre-intervention stage, to M = 46.46 at the post intervention stage, and M = 47.83 at the 3-month follow-up periods) and the rehabilitating drug abusers (from M = 42.44 at the pre-intervention stage, to M = 43.86 at the post intervention stage, and M = 43.89 at the 3-month follow-up periods) immediately after intervention and at the 3-month follow up periods.

Table 13: Descriptive results of Social Support from Best Friends

	Educational Talks N = 1,564 Missing = 438	Prevention Group (Pre) N = 163 Missing = 7	Prevention Group (Post) N = 143 Missing = 7	Prevention Group (Follow-up) N = 143 Missing = 7	Treatment Case (Pre) N = 100 Missing = 5	Treatment Case (Post) N = 99 Missing=1	Treatment Case (Follow Up) N= 98 Missing=2
Mean	46.55	46.18	46.46	47.83	42.44	43.86	43.89
0-15	31 (2.0%)	3 (1.8%)	2 (1.4%)	2 (1.4%)	2 (2.0%)	2 (2.0%)	4 (4.1%)
16-30	176 (11.3%)	16 (9.8%)	13 (9.1%)	10 (7.0%)	5 (5.0%)	7 (7.1%)	7 (7.1%)
31-45	618 (39.5%)	70 (42.9%)	54 (37.8%)	57 (39.9%)	59 (59.0%)	55 (55.6%)	52(53.1%)
46-60	739 (47.3%)	74 (45.4%)	74 (51.7%)	74 (51.7%)	34 (34.0%)	35 (35.4%)	35 (35.7%)
Median	45	45	46	46	43.5	45	45
SD	11.31	10.87	10.69	10.24	9	9.32	10.35
Reliability	0.98	0.97	0.97	0.98	0.90	0.97	0.98

As a whole, the results of this study revealed that the perceived social support received from parents was the lowest among all participants in comparison with the perceived social support received from teachers, classmates and the best friends, while the perceived social support received from best friends was the highest. The perceived social support received from parents among all participants is worth to be concerned, in particular for the rehabilitating drug abusers. The intervention effects of the programme were promising in enhancing the perceived social support received from parents and the best friends among the high risk individuals and the rehabilitating drug abusers.

Drug Attitude

The drug attitude of all participants in the three levels of intervention including the general youth in the educational talks, the high risk individuals in the drug prevention groups, and the rehabilitating drug abusers in the individual treatment cases was measured. The results revealed that the drug attitude of all participants in this study was not high. At the baseline pre-intervention period, the mean scores of the general youth, the high risk individuals and the rehabilitating drug abusers were M = 31.37, M = 31.45 [Note to grantee: M = 31.45 in Table 14], and M = 49.71 respectively. The scores revealed that the drug attitude was the highest among the rehabilitating drug abusers in the treatment cases. The mean score of this scale is 63. Therefore, the drug attitude of all participants was still lower than the mean score of the scale.

The intervention effect of the progamme was promising to i the drug attitude of both the high risk individuals in the prevention groups and the rehabilitating drug abusers in the treatment cases immediately after the intervention and at the 3-month follow up periods. The drug attitude of the high risk individuals decreased from the mean score M = 31.45 at the baseline pre-intervention period to M = 30.68 immediately after the groups. The mean score was maintained at M = 30.71 at the 3-month follow up period. For the rehabilitating drug abusers in the treatment cases, their drug attitude was lowered from the mean score M = 49.71 at the baseline pre-intervention period to M = 43.41 immediately after the case interventions. This change was obvious and the mean score was maintained at M = 44.56 at the 3-month follow up period.

Table 14: Descriptive results of Drug Attitude

	Educational Talks N = 1,846 Missing = 156	Prevention Group (Pre) N = 166 Missing = 4	Prevention Group (Post) N = 146 Missing = 4	Prevention Group (Follow-up) N = 143 Missing = 7	Treatment Case (Pre) N = 98 Missing = 7	Treatment Case (Post) N = 97 Missing=3	Treatment Case (Follow Up) N= 97 Missing=3
Mean	31.37	31.45	30.68	30.71	49.71	43.41	44.56
21-42	1,525 (82.6%)	138 (83.1%)	125 (85.6%)	124 (85.2%)	29 (29.6%)	52 (53.6%)	50 (51.5%)
43-63	246 (13.3%)	22 (13.3%)	14 (9.6%)	17 (11.8%)	47 (48.0%)	33 (34.0%)	33 (34.0%)
64-84	49 (2.7%)	5 (3.0%)	6 (4.1%)	3 (2.1%)	20 (20.4%)	10 (10.3%)	11 (11.3%)
85-105	26 (1.4%)	1 (0.6%)	1 (0.7%)	2 (1.4%)	2 (2.0%)	2 (2.1%)	3 (3.1%)
Median	21	22.5	21	21	53.5	42	42
SD	16.84	14.72	15.32	16.56	17.38	18.49	19.99
Reliability	0.99	0.98	0.98	0.99	0.94	0.98	0.98

4.3. Significance of the programme interventions – Repeated measures ANOVA

In the previous section, the mean scores of all variables in the baseline pre-intervention, immediately after the intervention and the 3-month follow-up periods revealed that the intervention effects of the programme with meaning-centered approach for the high risk individuals and the rehabilitating drug abusers were largely positive to (1) raise the participants' purpose in life, (2) enhance their mental wellness in terms of stress, depression, anxiety, and sense of loneliness, (3) strengthen their sense of resilience and the perceived social support received from parents and the best friends, and (4) improve their drug attitude. Of course, because of the intensiveness of the intervention, the changes were more obvious among the rehabilitating drug abusers in the individual treatment cases than those high risk individuals in the drug prevention groups.

To further examine the significance of the changes made by the intervention of the programme for the high risk individuals in the drug prevention groups and the rehabilitating drug abusers in the individual treatment cases, series of repeated measures ANOVA with a Greenhouse-Geisser correction and post hoc analyses were conducted in this study. The results revealed that, among the high risk individuals in the prevention groups, only the positive changes of purpose in life (PIL-R) and the perceived social support received from parents (SSP) made from the baseline pre-intervention to the 3-month follow up periods were statistically significant. It means that even though the intervention of the programme could

make positive changes in many measured variables for the high risk individuals in the drug prevention groups, many changes were not strong enough to the statistically significant level.

Table 15: Results of repeated measures ANOVA for the high-risk individuals in the drug prevention groups (N = 150)									
	baseline pre-intervention	immediately after intervention	p-value	Immediately after intervention	3-month follow up period	p-value	baseline pre-intervention	3-month follow up period	p-value
Purpose in Life (higher is better) (N = 138)	87.530	89.490	*0.218*	89.490	90.720	*0.262*	87.530	90.730	*0.020**
Parents (higher is better) (N = 138)	35.960	37.100	*0.351*	37.100	38.210	*0.263*	35.960	38.210	*0.025**
Teachers (higher is better) (N = 138)	41.800	41.110	*1.000*	41.110	41.070	*1.000*	41.800	41.070	*1.000*
Classmates (higher is better) (N = 140)	42.790	41.830	*0.609*	41.830	43.550	*0.055*	42.790	43.550	*1.000*
Best friends (higher is better) (N = 141)	46.250	46.520	*1.000*	46.520	48.050	*0.056*	46.250	48.050	*0.128*
Depression (lower is better) (N = 145)	12.150	11.970	*1.000*	11.970	11.020	*0.626*	12.150	11.020	*0.491*
Anxiety (lower is better) (N = 147)	11.660	11.480	*1.000*	11.480	10.240	*0.269*	11.660	10.240	*0.257*
Stress (lower is better) (N = 147)	14.780	13.890	*0.664*	13.890	13.170	*0.972*	14.780	13.170	*0.090*
Resilience (higher is better) (N = 128)	55.310	58.650	*0.074*	58.650	58.940	*1.000*	55.310	58.940	*0.078*
Loneliness (lower is better) (N = 146)	18.680	18.780	*1.000*	18.780	18.560	*1.000*	18.680	18.560	*1.000*
Drug attitudes (lower is better) (N = 141)	31.470	31.030	*1.000*	31.030	30.910	*1.000*	31.470	30.910	*1.000*

A repeated measures ANOVA with a Greenhouse-Geisser correction found that the mean scores of the high risk individuals' PIL-R differed statistically significantly between time points (F (1.597, 218.721) = 5.143, p<.0005). Post hoc analysis with a Bonferroni adjustment revealed that PIL-R showed statistically significant increase from the baseline pre-intervention to the 3-month follow up period (3.196 (95% CI, -4.594 to .666), p<0.02). The changes made from the pre-intervention to the immediately after the intervention and from the immediately after intervention to the 3-month follow up period were not significant.

A similar repeated measures ANOVA with a Greenhouse-Geisser correction also determined that the mean scores of the high risk individuals' SSP differed statistically significantly between time points (F (1.831,245.287) =4.624, p=0.013). Post hoc analysis with a Bonferroni adjustment revealed that SSP showed statistically significant increase from the baseline pre-intervention to the 3-month follow up period (-2.252

(95% CI,=4.289 to -.215), p=0.025). The changes made from the pre-intervention to the immediately after the intervention and from the immediately after intervention to the 3-month follow up period were also not significant.

Table 16: Results of repeated measures ANOVA for the rehabilitating drug abusers in the individual treatment cases (N = 100)									
	baseline pre-intervention	immediately after intervention	p-value	immediately after intervention	3-month follow up period	p-value	baseline pre-intervention	3-month follow up period	p-value
Purpose in Life (higher is better) (N = 95)	87.620	91.220	*0.038**	91.220	92.160	*0.503*	87.620	92.160	*0.004**
Parents (higher is better) (N = 93)	31.420	33.480	*0.026**	33.480	33.970	*0.541*	31.420	33.970	*0.014**
Teachers (higher is better) (N = 31)	34.770	37.130	*0.752*	37.130	36.520	*1.000*	34.770	36.520	*1.000*
Classmates (higher is better) (N = 29)	40.550	36.760	*0.126*	36.760	36.860	*1.000*	40.550	36.860	*0.147*
Best friends (higher is better) (N = 93)	42.350	43.770	*0.638*	43.770	43.580	*1.000*	42.350	43.580	*0.766*
Depression (lower is better) (N = 94)	11.150	9.110	*0.256*	9.110	9.530	*1.000*	11.150	9.530	*0.533*
Anxiety (lower is better) (N = 95)	10.510	9.370	*0.820*	9.370	9.410	*1.000*	10.510	9.410	*0.972*
Stress (lower is better) (N = 93)	15.660	12.280	*0.031**	12.280	12.500	*1.000*	15.660	12.500	*0.050**
Resilience (higher is better) (N = 94)	57.710	56.830	*1.000*	56.830	56.950	*1.000*	57.710	56.950	*1.000*
Loneliness (lower is better) (N = 94)	19.550	18.760	*0.338*	18.760	18.610	*1.000*	19.550	18.610	*0.197*
Drug attitudes (lower is better) (N = 90)	48.760	44.040	*0.024**	44.040	45.510	*0.348*	48.760	45.510	*0.273*
Intention to Quit Drugs (N = 96)	8.21	8.69	0.01*	8.69	8.73	0.453	8.21	8.73	0.005*

For the positive changes made by the rehabilitating drug abusers in the individual treatment cases, the results revealed that the positive changes of purpose in life (PIL-R), the perceived social support received from parents (SSP), and their stress level made from the baseline pre-intervention to immediately after the intervention period, and from the baseline pre-intervention to the 3-month follow up period were statistically significant. One more significant positive change of the intervention was the immediate effect (from the baseline pre-intervention to immediately after the intervention period) to reduce the drug attitude of the rehabilitating participants in the individual treatment cases. Lastly, an encouraging change was made on their intention to quit drugs from the baseline pre-intervention to immediately after the intervention period and from the baseline pre-intervention to the 3-month follow up period. This revealed that the programme was helpful and significant to raise rehabilitating

drug abusers' intention to quit drugs. Other positive changes made to the rehabilitating drug abusers were not strong enough to the statistically significant level.

A repeated measures ANOVA with a Greenhouse-Geisser correction found that the mean scores of the rehabilitating drug abusers' PIL-R differed statistically significantly between time points (F (1.357, 127.576) = 7.939, p=0.002). Post hoc analysis with a Bonferroni adjustment revealed that PIL-R showed statistically significant increase from the baseline pre-intervention to immediately after the intervention period (3.600 (95% CI, .145 to 7.055), p=0.038) and from the baseline pre-intervention to the 3-month follow up period (4.537 (95% CI, 1.201 to 7.873 mg/L, p=0.004). The change made from immediately after the intervention to the 3-month follow up period was not statistically significant.

Similarly, a repeated measures ANOVA with a Greenhouse-Geisser correction was conducted and determined that the mean scores of the rehabilitating drug abusers' SSP differed statistically significantly between time points (F (1.255, 115.482) =7.367, p=0.004). Post hoc analysis with a Bonferroni adjustment revealed that SSP showed statistically significant increase from the baseline pre-intervention to immediately after the intervention period (2.065（ 95% CI, .188 to 3.941), p-=0.026） and from the baseline pre-intervention to the 3-month follow up period (2.548 (95% CI, .407 to 4.690, p=0.014). The change made from immediately after the intervention to the 3-month follow up period was not statistically significant.

A repeated measures ANOVA with a Greenhouse-Geisser correction was run and found that the mean scores of the rehabilitating drug abusers' stress level differed statistically significantly between time points (F (1.245, 114.530) =5.924, p=0.011). Post hoc analysis with a Bonferroni adjustment revealed that their stress level showed statistically significant decrease from the baseline pre-intervention to immediately after the intervention period (-3.376 (95% CI, -6.523 to -.230), p=0.031) and from the baseline pre-intervention to the 3-month follow up period (-3.161 (95% CI, -6.329 to 0.006, p=0.05). Similarly, the change made from immediately after the intervention to the 3-month follow up period was not statistically significant.

A repeated measures ANOVA with a Greenhouse-Geisser correction was run and determined that mean scores of the rehabilitating drug abusers' drug attitude differed statistically significantly between time points (F (1.378, 122.659) =4.675, p=0.022). Post hoc analysis with a Bonferroni adjustment revealed that their drug attitude showed statistically significant decrease from the baseline pre-intervention to immediately after the intervention period (-4.711(95% CI, -8.937 to -.486), p=0.024). That was the immediate effect of the intervention on the drug attitude of the rehabilitating drug abusers. The changes made from the immediately after intervention to the 3-month follow up period, and from the pre-intervention to the 3-month follow up period were not strong enough to the statistically significant level.

A repeated measures ANOVA with a Greenhouse-Geisser correction was run and determined that mean scores of the rehabilitating drug abusers' intention to quit drugs differed statistically significantly between time points (F (1.140, 108.281) =7.210, p=0.006). Post hoc analysis

with a Bonferroni adjustment revealed that their intention to quit drugs was statistically significantly increased from baseline pre-intervention to immediately after intervention (0.479 (95% CI, 0.119 to 0.840), p=.010), and from baseline pre-intervention to 3 month follow up period (0.521 (95% CI, 0.157 to 0.884), p=.005) but not from immediately after intervention to 3 month follow up period (.042 (95% CI -.068 to .151), p=.453). This revealed that the programme was helpful to raises drug abusers' intention to quit drugs.

As mentioned, the intervention of this programme with meaning centered approach for the high risk individuals in the drug prevention groups and the rehabilitating drug abusers was promising to bring about positive changes immediately after the intervention (immediate effect) and the 3-month follow up periods (sustainable effect) in most of the measured variables. However, except for purpose in life, their perceived social support from parents, stress level, attitude towards drugs and intention to quit drugs, other changes were not strong enough to the statistically significant level. This situation can further be examined with empirical studies which include larger sample/participant size.

4.4. Significance of the programme interventions – Repeated measures ANOVA in the Comparison Group

Beside within-group measures, a between group (a comparison group) measures was also adopted in this study. High risk individuals who joined other mainstream drug rehabilitation groups (treatment as usual) and rehabilitating drug abusers who received usual counselling services from other units of the agency were invited to complete the three-time questionnaire measures to compare and assess the impacts and effectiveness of meaning-centered approach against treatment as usual. The results revealed that the changes observed among the high risk individuals in the drug prevention groups who received treatment as usual were not statistically significant. It means that the changes observed in Table 17, including both positive and negative changes were not strong enough to the statistically significant level. In other words, although slight positive changes could be observed, the effects of other drug prevention approaches (treatment as usual) seem to be more limited when compared to the meaning centered approach in this study.

Table 17: Results of repeated measures ANOVA for the high-risk individual in drug prevention comparison group (N = 31)									
	baseline pre-intervention	immediately after intervention	p-value	immediately after intervention	3-month follow up period	p-value	baseline pre-intervention	3-month follow up period	p-value
Purpose in Life (Higher is better) (N = 25)	89.480	90.000	*0.831*	90.000	90.240	*0.922*	89.480	90.240	*0.829*
Parents (higher is better) (N = 29)	37.759	37.690	*0.963*	37.690	37.966	*0.728*	37.759	37.966	*0.877*
Teachers (higher is better) (N = 27)	44.222	45.556	*0.278*	45.556	44.778	*0.230*	44.222	44.778	*0.681*
Classmates (higher is better) (N = 29)	43.586	44.517	*0.596*	44.517	44.690	*0.857*	43.586	44.690	*0.448*
Best friends (higher is better) (N = 29)	48.862	46.759	*0.184*	46.759	47.310	*0.419*	48.862	47.310	*0.280*
Depression (lower is better) (N = 30	13.467	12.867	*0.541*	12.867	12.133	*0.250*	13.467	12.133	*0.272*
Anxiety (lower is better) (N = 30)	14.533	13.867	*0.559*	13.867	13.200	*0.330*	14.533	13.200	*0.310*
Stress (lower is better) (N = 29)	15.379	15.517	*0.883*	15.517	14.276	*0.244*	15.379	14.276	*0.441*
Resilience (higher is better) (N = 29)	68.103	63.897	*0.239*	63.897	63.931	*0.986*	68.103	63.931	*0.240*
Loneliness (lower is better) (N = 30)	18.567	18.933	*0.418*	18.933	18.533	*0.405*	18.567	18.533	*0.959*
Drug attitudes (lower is better) (N = 31)	33.968	33.871	*0.958*	33.871	35.581	*0.517*	33.968	35.581	*0.607*

On the other hand, among rehabilitating drug abusers in the individual treatment comparison cases (Table 18), positive changes in purpose in life (PIL-R) from the baseline pre-intervention to post-intervention to the 3-month follow up periods were statistically significant. In addition, positive changes of anxiety and drug attitude made from the post-intervention to follow up periods were also statistically significant. Lastly, Depression (DASS-D) made from the baseline pre-intervention to the 3-month follow up periods were statistically significant. The remaining measured variables for the rehabilitating drug abusers also showed positive changes, they were not strong enough to the statistically significant level and sustainable effects were limited.

A repeated measures ANOVA for the comparison cases determined that the mean scores of the rehabilitating drug abusers' PIL-R differed statistically significantly across time points ($F(2,16) = 15.401$, $p<0.001$). Post hoc analysis with a Bonferroni adjustment revealed that PIL-R showed statistically significant increase from the baseline pre-intervention to the immediately after the intervention (11.89 (95% CI, 4.694 to

19.084, p=0.005) and from the baseline pre-intervention to the 3-month follow up period (20.33 (95% CI, 10.802 to 29.865, p=0.001). The changes made from immediately after intervention to the 3-month follow up period were not significant (8.44 (95% CI, -.133 to 17.022, p=0.53).

A similar repeated measures ANOVA for the comparison cases determined that the mean scores of the rehabilitating drug abusers' DASS-D differed statistically significantly across time points (F (2,18) = 4.70, p=0.023). Post hoc analysis with a Bonferroni adjustment revealed that DASS-D showed statistically significant decrease from the baseline pre-intervention to the 3-month follow up period (-6.200 (95% CI, -11.861 to -.539), p=0.035). The positive changes made from the pre-intervention to the immediately after the intervention and from the immediately after intervention to the 3-month follow up period were also not significant.

A repeated measures ANOVA for the comparison cases determined that the mean scores of the rehabilitating drug abusers' DASS-A differed statistically significantly across time points (F (2,18) = 3.605, p=0.048). Post hoc analysis with a Bonferroni adjustment revealed that DASS-A showed statistically significant decrease from the immediately after the intervention to the 3-month follow up period (-4.000 (95% CI, -7.933 to -0.067). The changes made from the baseline pre-intervention to the immediately after the intervention and from baseline pre-intervention to the 3-month follow up period were not significant.

A Post hoc analysis with a Bonferroni adjustment revealed that drug attitude showed statistically significant decrease from the immediately after the intervention to the 3-month follow up period (-4.44 (95% CI, -8.271 to -.618, p=0.028). However, a repeated measures ANOVA with a Greenhouse-Geisser correction was run and determined that the mean scores of the rehabilitating drug abusers' drug attitude were not statistically and significantly different across time points (F (1.05,8.40) = 3.955, p=0.079).

Lastly, a repeated measures ANOVA with a Greenhouse-Geisser correction determined that the mean intention to quit drugs differed statistically significantly between time points (F (1.269, 10.156) = 5.041, p=.042). Post hoc analysis with a Bonferroni adjustment revealed that the intention to quit drugs was statistically significantly increased from immediate after intervention to 3-month follow up period (.778(95% CI, .031 to 1.525), and from baseline pre-intervention to 3-month follow up period (2.000, (95% CI, .197 to 3.803), but not from baseline pre-intervention to immediate after intervention. This revealed that other intervention programme (treatment as usual) was also helpful to raise drug abuser's intention to quit drugs.

When comparing the meaning centered approach in this study to the comparison group, both meaning centered approach and treatment as usual could bring about positive changes to the high risk individuals in the prevention groups and the rehabilitating drug abusers in the treatment cases. However, the changes made by the meaning centered approach were more appealing in the participants' purpose in life, perceived social support received from parents, their stress level and drug attitude. Because of the intensiveness of the intervention in the individual counselling process, the changes were more obvious among the rehabilitating drug abusers both in the meaning centered approach and in the comparison group.

Table 18: Results of Repeated Measures ANOVA for rehabilitating drug abusers in the individual treatment comparison cases (N = 10)									
	baseline pre-intervention	immediately after intervention	p-value	immediately after intervention	3-month follow up period	p-value	baseline pre-intervention	3-month follow up period	p-value
Purpose in Life (Higher is better) (N = 9)	72.780	84.670	*0.005**	84.670	93.110	*0.053*	72.780	93.110	*0.001**
Parents (higher is better) (N = 8)	27.880	32.250	*0.178*	32.250	32.870	*0.305*	27.880	32.870	*0.096*
Teachers (higher is better) (N = 7)	32.710	38.570	*0.008*	38.570	37.860	*0.716*	32.710	37.860	*0.094*
Classmates (higher is better) (N = 7)	45.860	45.000	*0.758*	45.000	47.000	*0.462*	45.860	47.000	*0.857*
Best friends (higher is better) (N = 10)	50.400	50.900	*0.850*	50.900	51.700	*0.137*	50.400	51.700	*0.619*
Depression (lower is better) (N = 10)	11.200	9.000	*0.277*	9.000	5.000	*0.060*	11.200	5.000	*0.035**
Anxiety (lower is better) (N = 10)	11.200	10.600	*0.713*	10.600	6.600	*0.047**	11.200	6.600	*0.067*
Stress (lower is better) (N = 7)	14.000	12.000	*0.412*	12.000	11.140	*0.573*	14.000	11.140	*0.192*
Resilience (higher is better) (N = 9)	54.560	57.560	*0.364*	57.560	59.670	*0.103*	54.560	59.670	*0.146*
Loneliness (lower is better) (N = 10)	19.000	18.200	*0.491*	18.200	17.000	*0.239*	19.000	17.000	*0.090*
Drug attitudes (lower is better) (N = 9)	53.330	45.890	*0.128*	45.890	41.440	*0.028**	53.330	41.440	*0.072*
Intention to Quit Drugs (N = 10)	6.33	7.56	0.120	7.56	8.33	0.043*	6.33	8.33	0.034*

4.5. Correlation Analysis

To further assess the intervention effect of the programme with meaning centered approach in the three levels of intervention including the educational talks, drug prevention groups and individual treatment cases, correlation analysis was carried out to explore the associations among the measured variables on general youth, high risk individuals and rehabilitating drug abusers respectively.

Table 19: Results of correlation analysis of all measured variables for the general youth in the educational talks

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Purpose in Life	1													
2.	Parents (SSP)	.435**	1												
3.	Teachers (SST)	.327**	.488**	1											
4.	Classmates (SSC)	.436**	.510**	.545**	1										
5.	Best Friends (SSF)	.326**	.410**	.512**	.700**	1									
6.	Depression	-.530**	-.244**	-.135**	-.201**	-.098**	1								
7.	Anxiety	-.403**	-.192**	-.102**	-.152**	-.074**	.865**	1							
8.	Stress	-.448**	-.225**	-.085**	-.164**	-.057*	.897**	.892**	1						
9.	Loneliness	-.525**	-.364**	-.315**	-.436**	-.341**	.448**	.390**	.411**	1					
10.	Resilience	.589**	.510**	.445**	.503**	.443**	-.301**	-.211**	-.240**	-.446**	1				
11.	Drug Attitude	-.157**	-.083**	-.142**	-.073**	-.112**	.278**	.277**	.253**	.168**	-.052*	1			
12.	Drug Contact	-0.044	-0.027	-0.033	-0.008	0.04	.123**	.136**	.121**	.061**	-0.004	.204**	1		
13.	Drug Use	-0.033	0.009	0.03	0.041	0.042	.089**	.090**	.080**	0.032	0.039	.175**	.653**	1	
14.	Drug Behaviours	-0.051	-0.027	-0.013	0.002	0.035	.109**	.116**	.104**	.060*	0.005	.201**	.932**	.882**	1
	**Correlation is significant at the 0.01 level (2-tailed) *Correlation is significant at the 0.05 level (2-tailed)														

A series of Pearson's correlation analysis were conducted to investigate the relationships among the measured variables of the educational talks. The summarised results in table 19 revealed that all correlation coefficients among purpose in life, perceived social support received from parents, teachers, classmates and best friends, mental wellness, loneliness, resilience and drug attitude were above the significance level, indicating that these measured variables were closely related to each other. Furthermore, significant correlations were found between mental wellness, loneliness, drug attitude, drug contact, drug use and drug behaviours, indicating that these variables were also associated with each other.

Firstly, a Pearson's test showed purpose in life was positively correlated with perceived social support received from parents ($r=.435$, $p<0.001$), teachers ($r=.327$, $p<0.001$), classmates ($r=.436$, $p<0.001$), best friends ($r=.326$, $p<0.001$) and resilience ($r=.589$, $p<0.001$). The correlations were found to be moderately positive and significant. In contrast, purpose in life was also negatively correlated with depression ($r=-.530$, $p<0.001$), anxiety ($r=-.403$, $p<0.001$), stress ($r=-.448$), loneliness ($r=-.525$, $p<0.001$) and drug attitude ($r=-.157$, $p<0.001$). The

correlations were found to be moderately negative and significant. This suggests that when the sense of purpose in life increases, perceived social support received from parents, teachers, classmates, best friends and resilience also enhance. At the same time, level of depression, anxiety, stress, loneliness and drug attitude would decrease when the sense of purpose in life increases. Therefore, strengthening sense of purpose in life could be a key to enhance general youth's mental wellness, resilience, perceived social support received from parents, teachers, classmates, and best friends, as well as improve their drug attitude.

Secondly, a Pearson's test revealed that drug attitude was correlated with all other variables. Drug attitude was positively correlated with depression ($r=.278$, $p<0.001$), anxiety ($r=.277$, $p<0.001$), stress ($r=.253$, $p<0.001$), loneliness ($r=.168$, $p<0.001$), drug contact ($r=.204$, $p<0.001$), drug use ($r=.175$, $p<0.001$) and drug behaviours ($r=.201$, $p<0.001$). The correlations were found to be small and significant, indicating that poor mental wellness of young people was related to increased drug attitude. Drug contact, drug use and drug behaviours also increased when their drug attitude increased. It means that increase of young people's purpose in life may make a different to their drug attitude, drug contact, drug use and drug behaviours.

Thirdly, drug attitude was negatively correlated with perceived social support received from parents ($r=-.083$, $p<0.001$), teachers ($r=-.142$, $p<0.001$), classmates ($r=-.073$, $p<0.001$), best friends ($r=-.112$, $p<0.001$) and resilience ($r=-.052$, $p<0.05$). The correlations were small and significant, indicating that when the scores of these variables increase, drug attitude would be improved. This suggests that enhancing mental wellness, perceived social supports, sense of resilience and purpose in life were associated with improved level of drug attitude. Since drug attitude and drug behaviours were positively associated, improving drug attitude could be a key to reduce drug behaviours.

Lastly, Pearson's test also revealed that drug behaviours also positively correlated with depression ($r=.109$, $p<0.001$), anxiety ($r=.116$, $p<0.001$) and stress ($r=.104$, $p<0.001$). A small positive correlation was found, indicating that when mental wellness improves, drug behaviours of young people would be improved. This means that it is crucial to enhance participants' mental wellness, so that drug behaviours could be reduced accordingly.

Table 20: Results of correlation analysis of all measured variables in the drug prevention groups

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Purpose in Life	1													
2.	Parents (SSP)	.398**	1												
3.	Teachers (SST)	.362**	.397**	1											
4.	Classmates (SSC)	.212**	.263**	.382**	1										
5.	Best Friends (SSF)	.331**	.332**	.412**	.590**	1									
6.	Depression	-.561**	-.156**	-.162**	-.141**	-.116*	1								
7.	Anxiety	-.382**	-.089	-.078	-.073	-.032	.832**	1							
8.	Stress	-.441**	-.091	-.106*	-.077	-.046	.829**	.867**	1						
9.	Loneliness	-.542**	-.283**	-.288**	-.294**	-.360**	.456**	.363**	.371**	1					
10.	Resilience	.595**	.433**	.415**	.360**	.388**	-.365**	-.224**	-.255**	-.439**	1				
11.	Drug Attitude	-.148**	-.154**	-.095*	-.115*	-.104*	.207**	.194**	.168**	.160**	-.175**	1			
12.	Drug Contact	-.057	-.036	.029	.012	.028	.107*	.094	.124**	.020	-.115*	.210**	1		
13.	Drug Use	-.046	-.027	.035	-.007	-.020	.133**	.140**	.126*	.057	-.029	.129**	.768**	1	
14.	Drug Behaviours	-.072	-.017	.035	.003	.021	.133**	.118*	.130**	.026	-.086	.158**	.960**	.917**	1
	**Correlation is significant at the 0.01 level (2-tailed) *Correlation is significant at the 0.05 level (2-tailed)														

Similarly, a series of Pearson's correlation analysis were performed to investigate the relationships between measured variables in drug prevention groups. The results summarised in table 20 revealed that all correlation coefficients between purpose in life, social support from parents, teachers, classmates and best friends, mental wellness, loneliness, resilience and drug attitude were above the significance level, indicating that these measured variables were closely related to each other. Furthermore, significant correlations were found between mental wellness, drug attitude, drug contact, drug use and drug behaviours, indicating that these variables were also associated with each other.

For the high risk individuals in the drug prevention groups, Pearson's tests were carried out and significant small positive correlation were found between purpose in life and other measured variables including perceived social support received from parents ($r=.398$, $p<0.001$), teachers ($r=.362$, $p<0.001$), classmates ($r=.212$, $p<0.001$) and best friends ($r=.331$, $p<0.001$). A significant moderate positive correlation was found between

purpose in life and resilience (r=.595, p<0.001). On the other hand, purpose in life was found to be negatively correlated with depression (r=-.561, p<0.001), anxiety (r=-.382, p<0.001), stress (r=-.441, p<0.001), loneliness (r=-.542, p<0.001) and drug attitude (r=-.148, p<0.001), the correlations were moderately significant. Similar to the general youth in the educational talks, the results among the high risk individuals in the drug prevention groups revealed that when the sense of purpose in life increase, other variables also increase. This means that purpose in life plays an important role in high risk individuals as it was related to almost all other variables.

A Pearson's test also revealed that resilience was associated with most of the other variables. Resilience was positively correlated with perceived social support received from parents (r=.433,p<0.001), teachers(r=.415, p<0.001), classmates (r=.360, p<0.001) and best friends (r=.388, p<0.001) and negatively correlated with depression (r=-.365, p<0.001), anxiety (r=-.224, p<0.001), stress (r=-.255, p<0.001), loneliness (r=-.439, p<0.001), drug attitude (r=-.175, p<0.001) and drug contact (r=-.115, p<0.05). This suggests that the perceived social support from parents, teachers, classmates and best friends increases, so do the level of resilience. When the level of resilience increases, the level of depression, stress, anxiety, loneliness, drug attitude and drug contact decrease. This revealed the importance of perceived social support received from significant others since this was associated with resilience. When resilience increases, their mental wellness also increases.

A Pearson's test was run and a significant small positive correlation was found between drug behaviours and drug attitude (r=.158, p<0.001). In addition, a small positive correlation was also found between drug behaviours and mental wellness including depression (r=.133, p<0.001), anxiety (r=.118, p<0.001) and stress (r=.130, p<0.001). The results indicate that when the level of depression, anxiety, stress and drug attitude increase, so does drug behaviours. This means drug behaviours were closely associated with mental wellness and drug attitude, it is crucial to enhance high risk individuals' mental wellness and reduce their drug attitudes in order to minimise their drug behaviours.

Table 21: Results of correlation analysis of all measured variables for the rehabilitating drug abusers in individual treatment cases

		1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	Purpose in Life	1													
2.	Parents (SSP)	.175**	1												
3.	Teachers (SST)	.242**	.424**	1											
4.	Classmates (SSC)	.158*	.290**	.535**	1										
5.	Best Friends (SSF)	0.036	.257**	.292**	.402**	1									
6.	Depression	-.432**	-.147*	0.02	0.033	0.015	1								
7.	Anxiety	-.257**	-0.108	-0.026	0.007	-0.043	.816**	1							
8.	Stress	-.324**	-.136*	-0.03	-0.003	-0.004	.798**	.816**	1						
9.	Loneliness	-.413**	-.209**	-.232**	-.174*	-.322**	.383**	.332**	.298**	1					
10.	Resilience	.484**	.195**	.349**	0.154	.303**	-.186**	-0.08	-0.099	-.279**	1				
11.	Drug Attitude	-.279**	-0.098	0.006	0.025	-.165**	.437**	.393**	.402**	.371**	-0.033	1			
12.	Drug Contact	0.09	-.138*	-0.127	-0.032	-0.038	-0.009	0.012	0.073	0.003	0.064	-0.09	1		
13.	Drug Use	0.039	-0.125	-.247**	-0.133	-.187**	0.037	0.072	0.096	0.035	-0.015	-0.039	.846**	1	
14.	Drug Behaviours	0.073	-.145*	-.225**	-0.102	-.144*	0.012	0.06	0.105	0.028	0.038	-0.066	.961**	.960**	1
15.	Intention to quit drug	.315**	-0.042	.234**	.230**	0.102	-.153**	-0.074	-.119*	-.241**	.172**	-.306**	0.057	0.004	0.041
	**Correlation is significant at the 0.01 level (2-tailed) *Correlation is significant at the 0.05 level (2-tailed)														

A series of Pearson's correlation analysis were carried out to explore the relationships among the measured variables for rehabilitating drug abusers in individual treatment cases and summarised in table 21. Different from the results obtained in educational talks and drug prevention groups, results in the individual treatment cases revealed that the majority of correlation coefficients were above significance level, indicating that the variables were closely related to each other.

Among the variables, a significant moderate negative correlation was found between loneliness and purpose in life ($r=-.413$, $p<0.001$). Loneliness was also negatively correlated with perceived social support received from parents ($r=-.209$, $p<0.001$), teachers ($r=-.232$, $p<0.001$),

classmates (r=-.174, p<0.05), best friends (r=-.322, p<0.001) and resilience (r=-.279, p<0.001). For these variables, the negative correlations were small and significant, indicating that when the level of perceived social support received from parents, teachers, classmates, best friends and their sense of resilience increases, their sense of loneliness decreases. Furthermore, a significant small positive correlation was found between loneliness and the following variables: depression (r=.383, p<0.001), anxiety (r=.332, p<0.001), stress (r=.298, p<0.001) and drug attitude (r=.371, p<0.001). This suggests that level of loneliness plays an important effect in rehabilitating drug abusers. When level of loneliness increase, so does level of depression, anxiety, stress and drug attitude. This means that reducing the level of loneliness among rehabilitating drug abusers could help with reducing their attitude towards drugs.

Furthermore, a Pearson's test was run and drug attitude was found to be negatively correlated with purpose in life (r=-.279, p<0.001), perceived social support received from best friend (r=-.165, p<0.001) and positively correlated with depression (r=.437, p<0.001), anxiety (r=.393, p<0.001) and stress (r=.402, p<0.001) with a significant moderate effect. This indicating that their drug attitude decreases when their purpose in life and social support from best friends increase or when their level of depression, anxiety and stress decrease. Therefore, for rehabilitating drug abusers, their drug attitude was closely associated with purpose in life, perceived social support received from best friends and their mental wellness, enhancing these variables could help reduce their attitude towards drugs.

Lastly, the variable intention to quit drugs also stands out in the Pearson's test. The variable intention to quit drugs was positively associated with purpose in life (r=.315, p<0.001), perceived social support received from teachers (r=.234, p<0.001) and classmates (r=.230, p<0.001) and resilience (r=.172, p<0.001) with a small significant effect. On the contrary, it was also negatively associated with depression (r=-.153, p<0.001), stress (r=-.119, p<0.05), loneliness (r=.172, p<0.001) and drug attitude (r=-306, p<0.001) with a small significant effect. This indicates that rehabilitating drug abusers' intention to quit drugs was closely associated with the above measured variables, when the level of purpose in life, perceived social support received from teachers and classmates and resilience were high, their intention to quit drugs were high as well. When the level of depression, stress, loneliness, drug attitude was low, their intention to quit drugs would also be raised. Therefore, the results stressed the importance to address rehabilitating drug abusers' mental wellness, perceived social support received, purpose in life and resilience in order to increase their intention to quit drugs.

4.6. The associations of the relationships between measured variables

To further investigate the associations of the relationships among measured variables in the three levels of intervention including educational talks, prevention groups and individual treatment cases, mediation analysis was run to explore the indirect effect of the variables. In addition, to understand the strengths of the relationship between the correlated variables on general youth, high risk individuals and rehabilitating drug abusers, moderation analysis was also conducted.

Associations of the relationships in the educational talks

The results in educational talks found that loneliness was a mediator between purpose in life and drug attitude and social support from best friend was a mediator between drug attitude and drug contact. Furthermore, social support from parents was found to be a moderator between purpose in life and drug attitude while mental wellness was found to be a moderator between drug attitude and drug contact.

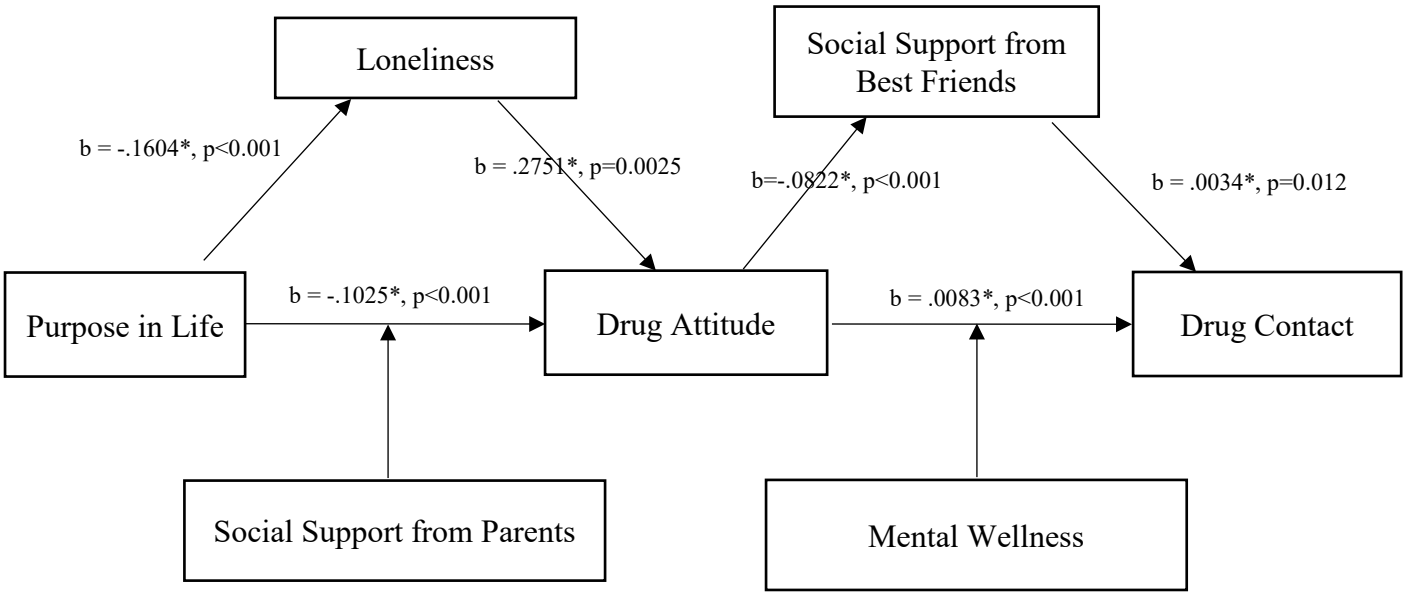

Figure 1: Overall figure of the relationships in the drug prevention groups

Regression analysis (purpose in life, loneliness and drug attitude)

To investigate the associations among the variables in the educational talks, a series of linear regression analysis were conducted. Firstly, using purpose in life as a predictor showed that the overall model was significant ($p<0.001$) explaining 2.5% of variability on drug attitude. When purpose in life increases, drug attitude decreases by 0.142. Secondly, using purpose in life as a predictor of participants' sense of loneliness showed that the overall model was significant ($p<0.001$) explaining 27.6% of variability of loneliness. As purpose in life increases, the sense of loneliness decreases by 0.162. Thirdly, a linear regression analysis using loneliness

as a predictor also showed that the overall model was significant ($p<0.001$) explaining 2.8% of variability in drug attitude. When loneliness increases, drug attitude increases by 0.518.

The first three steps indicated that mediation was possible among these variables. Therefore, a multiple regression analysis using purpose in life and loneliness as predictors was conducted. The results showed that the overall model was significant ($p<0.001$) explaining 3.2% of variability in drug attitude. When purpose in life increases, drug attitude decreases 0.103 ($p<0.001$). Also, when loneliness increases, drug attitude increases by 0.275 ($p=0.003$). Therefore, it was assumed that sense of loneliness affects the level between purpose in life and drug attitude.

Mediation Model (purpose in life->loneliness->drug attitude)

This study assessed the mediating role of loneliness on the relationship between purpose in life and drug attitude. The outcome variable was drug attitude, the predictor variable was purpose in life and the mediator variable was loneliness. The mediation model revealed that a significant indirect effect of purpose in life on drug attitude was found, indicating that loneliness intervenes the relationship between purpose in life and drug attitude. The mediation model showed that, firstly, the direct path from purpose in life to drug attitude was significant ($b=-.1025$, $t(1436) =-.1467$, $p<0.001$). Secondly, the path from purpose in life to loneliness was negative and statistically significant ($b=-.1604$ $t(1436)=-23.40$, $p<0.001$) and, thirdly, the path from loneliness to drug attitude were positive and statistically significant ($b=.2751$, $t(1435)$, $p=0.0025$). The indirect effect ($IE=-.0441$) was tested using non-parametric bootstrapping and found as statistically significant 95% CI=(-.1931, -.1002). Therefore, this shows that loneliness partially mediated relationship between purpose in life and drug attitude. This means that enhancing young people's purpose in life and reducing their loneliness could help reduce their drug attitude.

Table 22: Summary of the mediation effect among purpose in life and drug attitude.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Purpose in life -> Loneliness -> Drug Attitude	-.1467 ($p<0.001$)	-.1025 ($p<0.001$)	-.0441	Lower Bound -.0701	Upper Bound -.0184	-2.9932	Partial Mediation

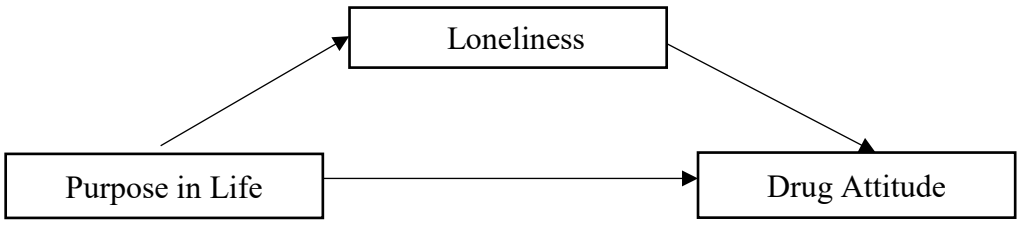

Figure 2: Conceptual model shows the mediation role of loneliness on purpose in life and drug attitude

Regression analysis (drug attitude, perceived social support from best friends, drug contact)

A linear regression using drug attitude as a predictor showed that the overall model was significant ($p<0.001$) explaining 4.2% of variability in drug contact. As drug attitude increases, drug contact increases by 0.007. In addition, a linear regression using drug attitude as a predictor showed that the overall model was significant ($p<0.001$) explaining 1.3% of variability in perceived social support received from best friends. As drug attitude increases, perceived social support received from best friends decreases 0.077.

Although a linear regression using perceived social support received from best friends showed the overall model was not significant ($p=0.120$), a multiple regression analysis using drug attitude and perceived social support received from best friends as predictors showed that the overall model was significant ($p<0.001$) explaining 5.6% of variability. As drug attitude increases, drug contact increases by .008 ($p<0.001$) and when perceived social support received from best friends increases, drug contact increases by .003 ($p=0.011$). It means that perceived social support received from best friends here was negative peer influence for young people.

Mediation Model (drug attitude->perceived social support from best friends->drug contact)

Based on the result of the regression analysis, the mediating role of perceived social support received from best friends on the relationship between drug attitude and drug contact was explored. The outcome variable was drug contact, the predictor variable was drug attitude, and the mediator variable was perceived social support received from best friends. The mediation model revealed that a significant indirect effect of drug attitude on drug contact was found. The mediation model showed that the direct path from drug attitude to drug contact was significant ($b=.0083$, $t(1446) =8.87$, $p<0.001$). Secondly, the path from drug attitude to perceived social support received from best friends was negative and statistically significant ($b=-.0822$, $t(1446)$, $p<0.001$). The path from perceived social support received from best friends to drug contact were positive and statistically significant ($b=.0034$, $t(1445)$, $p=0.012$). The indirect effect was tested using non-parametric bootstrapping. The indirect effect (IE = -.0003) was statistically significant 95% CI = (-.0005, -.0001). Therefore, this shows that perceived social support received from best friends partially mediated the relationship between drug attitude and drug contact. This means that high level of perceived social support received from best friends further enhanced the effect of drug attitude on drug contact.

Table 23: Summary of the mediation effect among drug attitude and drug contact.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Drug Attitude -> Social Support from Best Friends -> Drug Contact	.0081 (p<0.001)	.0083 (p<0.001)	-.0003	Lower Bound -.0005	Upper Bound -.0001	-3.000	Partial Mediation

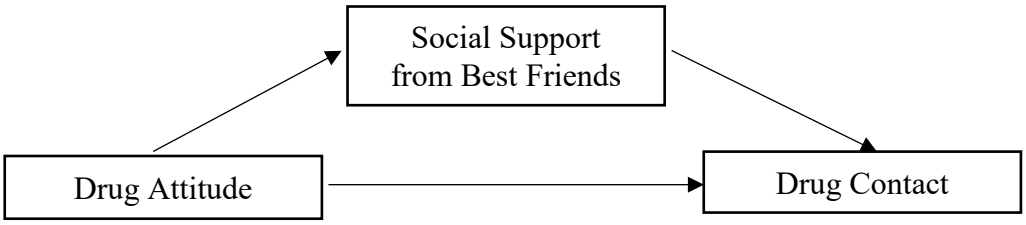

Figure 3: Conceptual model shows the mediation role of perceived social support received from best friends on drug attitude and drug contact

Moderation Analysis (purpose in life to drug attitude by perceived social support received from parents)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: purpose in life and perceived social support received from parents. These variables accounted for a significant amount of variance in drug attitude, R^2=.023, F (2,1387) =16.119, p<0.001. Next, the interaction term between purpose in life and perceived social support received from parents was added to the regression model, which accounted for a significant proportion of the variance in drug attitude, ΔR^2= .028, ΔF (1,1386=7.761, p=.005, b=-.0050, t=-2.7858, p=0.0054).

The study assessed the moderating role of perceived social support received from parents (SSP) on the relationship between purpose in life and drug attitude. The results revealed a negative and significant moderating impact of perceived social support received from parents on the relationship between purpose in life and drug attitude (b=-.0050, t=-2.7858, p=0.0054). Results of simple slope analysis conducted to better understand the nature of the moderating effects are shown in Figures 4 and 5. In Figure 4, the line is much steeper for high perceived social support received from parents. This shows that at high level of perceived social support received from parents, the impact of purpose in life on drug attitude is much stronger in comparison to low perceived social support received from parents. When the level of perceived social support received from parents decreases, the slope of the line become flattened. The strength of the relationship between purpose in life and drug attitude becomes less obvious. A negative effect from purpose in life on drug attitude and negative interaction by perceived social support received from parents were found. In other words, high perceived social support

received from parents could enhance the effect of purpose in life and result in improved attitude towards drugs.

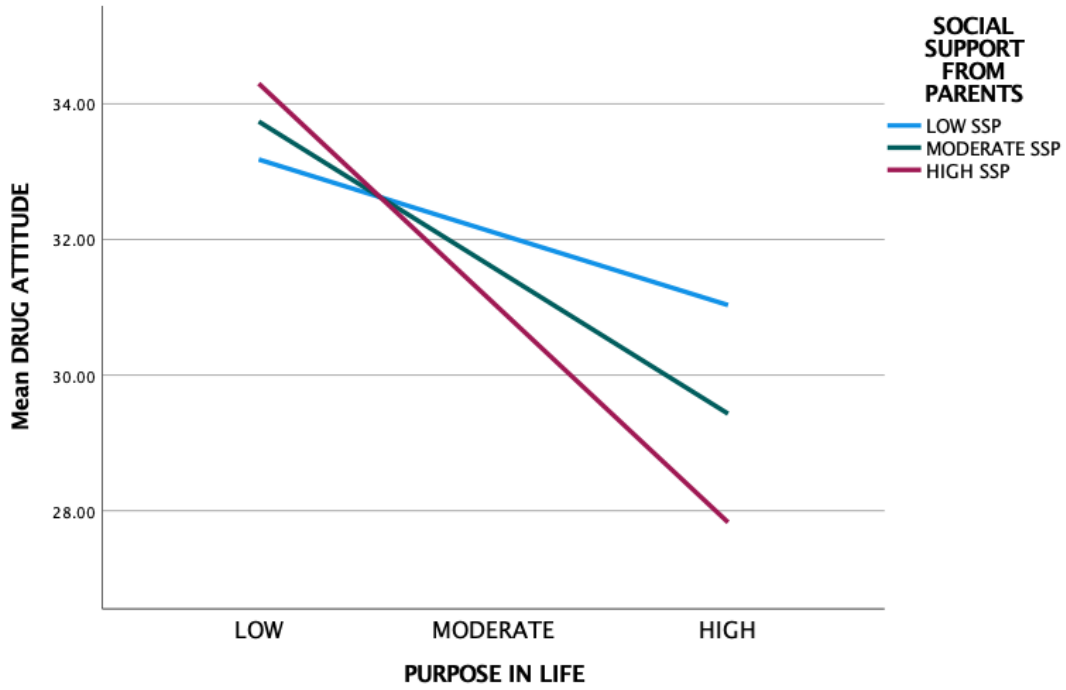

Figure 4: Graph shows the interaction effect of perceived social support received from parents on purpose in life and drug attitude.

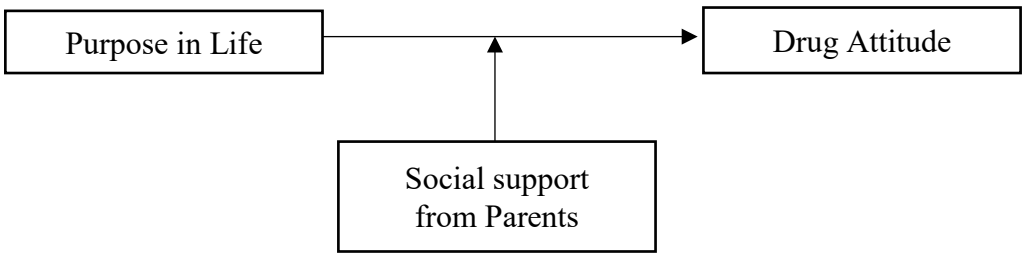

Figure 5: Conceptual model shows the moderation of perceived social support received from parents on purpose in life and drug attitude

Moderation Analysis (drug attitude to drug contact by mental wellness of depression)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: Drug Attitude and Depression. These variables accounted for a significant amount of variance in drug contact, R^2=.046, F (2,1748) =42.027, p<0.001. Next, the interaction term between drug attitude and depression was added to the regression model, which accounted for a significant proportion of the variance in drug contact, ΔR^2= .052, ΔF (1,1747)=10.998, p<0.001, b=.0002, t=3.3164, p=0.0009).

The study assessed the moderating role of depression on the relationship between drug attitude and drug contact. The results revealed a positive significant moderating impact of depression on the positive relationship between drug attitude and drug contact (b=.0002, t=3.3164, p=0.0009). Results of simple slope analysis conducted to better understand the nature of the moderating effects are shown in Figures 6 and 9. In Figure 6, the line was much steeper for high depression. This shows that at high level of depression, the impact of drug attitude on drug contact was much stronger in comparison to low depression. When the level of depression is low, the strength of the relationship between drug attitude and drug contact also reduces.

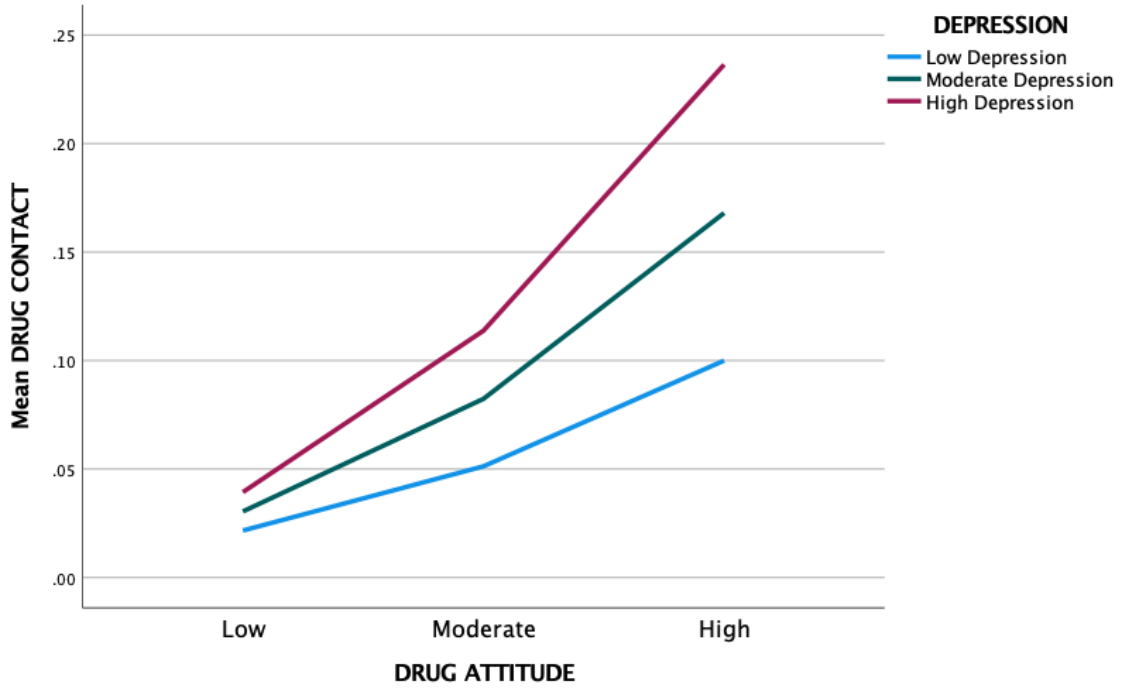

Figure 6: Graph shows the interaction effect of depression on drug attitude and drug contact.

Moderation Analysis (drug attitude to drug contact by mental wellness of anxiety)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: drug attitude and anxiety. These variables accounted for a significant amount of variance in drug contact, R^2=.047, F (2,1749) =44.023, p<0.001. Next, the interaction term between drug attitude and anxiety was added to the regression model, which accounted for a significant proportion of the variance in drug contact, ΔR^2= .053, ΔF (1,1748=12.013, p=0.001, b=.0002, t=3.3164, p=0.0009).

The study assessed the moderating role of anxiety on the relationship between drug attitude and drug contact. The results revealed a positive significant moderating impact of anxiety on the positive relationship between drug attitude and drug contact (b=.0002, t=3.4660, p=0.0005). Results of simple slope analysis conducted to better understand the nature of the moderating effects are shown in Figures 7 and 9. In Figure 7, the line was much steeper for high anxiety. This shows that at high level of anxiety, the impact of drug attitude on drug contact was much stronger in comparison to low Anxiety. When the level of anxiety increases, the strength of the relationship between drug attitude and drug contact increases.

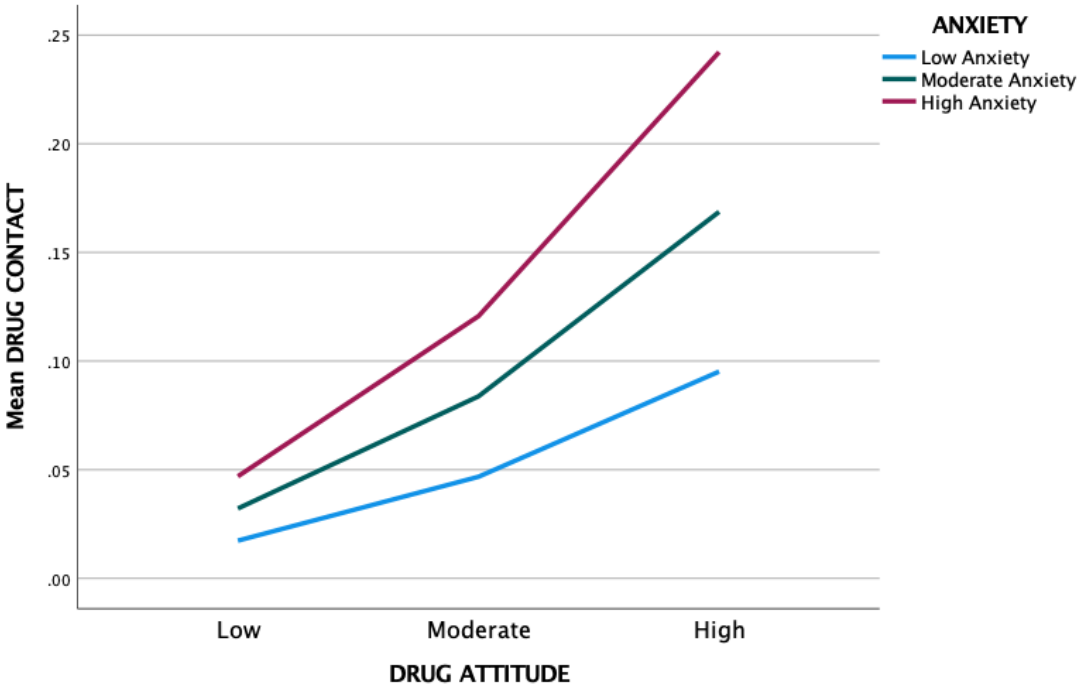

Figure 7: Graph shows the interaction effect of anxiety on drug attitude and drug contact.

Moderation Analysis (drug attitude to drug contact by mental wellness of stress)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: drug attitude and stress. These variables accounted for a significant amount of variance in drug contact, R^2=.0.46, F (2,1746) =41.975, p<0.001. Next, the interaction term between drug attitude and stress was added to the regression model, which accounted for a significant proportion of the variance in drug contact, ΔR^2= .051, ΔF (1,1745=9.120, p=0.003, b=0.0002, t=3.0199, p=0.0026).

The study assessed the moderating role of stress on the relationship between drug attitude and drug contact. The results revealed a positive significant moderating impact of stress on the relationship between drug attitude and drug contact (b=-.0002, t=3.4660, p=0.0005). Results of simple slope analysis conducted to better understand the nature of the moderating effects are shown in Figures 8 and 9. As can be seen in Figure 8, the line is much steeper for high Stress, this shows that at high level of stress, the impact of drug attitude on drug contact is much stronger in comparison to low stress. As shown in Figure, as the level of stress increase, the strength of the relationship between drug attitude and drug contact increase.

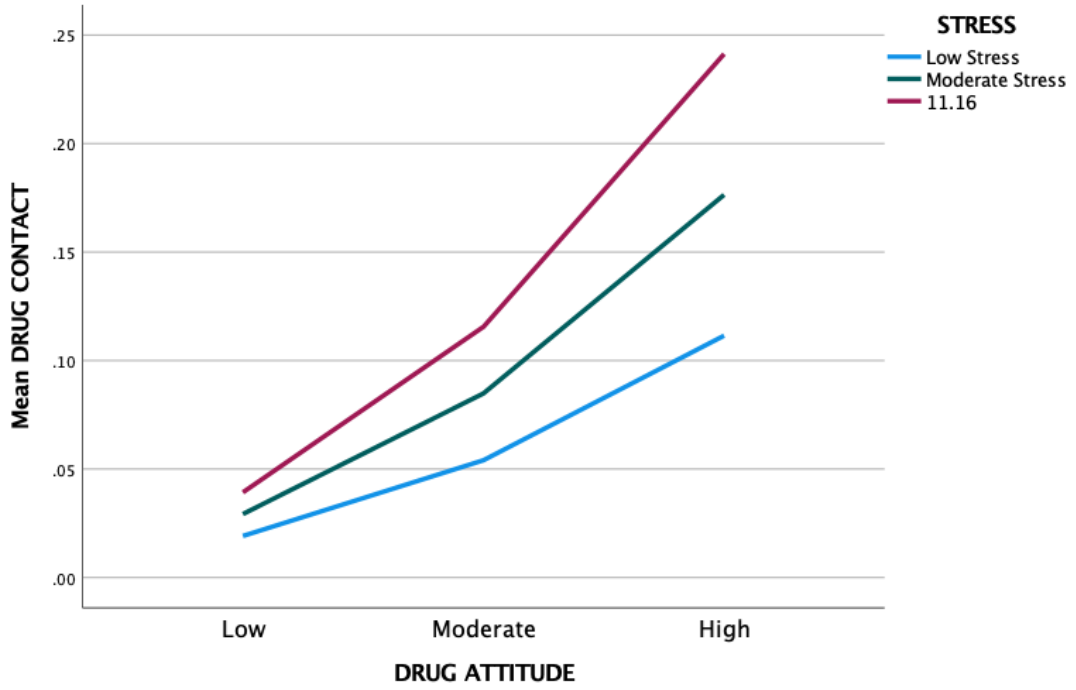

Figure 8: Graph shows the interaction effect of stress on drug attitude and drug contact.

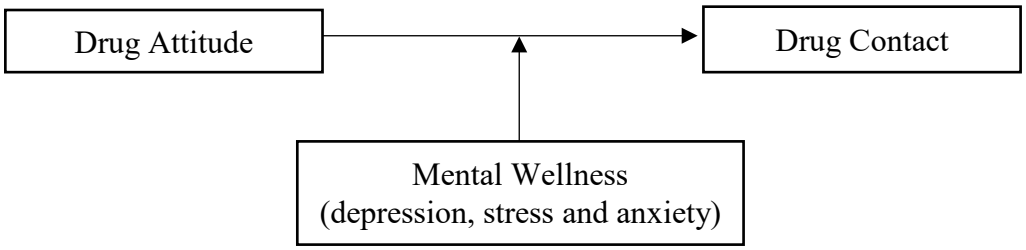

Figure 9: Conceptual model shows the moderation of mental wellness (including depression, stress, and anxiety) on drug attitude and drug contact.

Associations of the relationships in Drug Prevention Groups

The associations of the relationships among the measured variables in the drug prevention groups were also explored. The results revealed that perceived social support received from parents and mental wellness mediated the relationships between purpose in life, resilience and drug attitude. Stress also acted as a mediator, mediating the relationship between drug attitude and drug behaviours. Furthermore, loneliness was found to be a moderator to impact the relationship between resilience, purpose in life and drug attitude. While resilience and social support from parents were also found to be a moderator to moderate the relationship between drug attitude and drug behaviours.

Relationships	Direct Effect	Relationships	Direct Effect
Resilience to Depression	b=-0.188*, p<.0000	DASS_S to Drug Behaviour	b=0.0100*, p=0.0317
Resilience to Social Support (Parents)	b=0.2614*, p<.0000	Drug Attitude to DASS_S	b=0.1062*, p=0.0015
Purpose in life to Depression	b=-0.3227*, p<.0000	Drug Attitude to Drug Behaviour	b=0.0096*, p=0.0018
Purpose in life to Social Support (Parents)	b=0.2575*, p<.0000		
Resilience to Drug Attitude	b=-0.0924*, p=.0266		
Depression to Drug Attitude	b=0.2453*, p=.0029		
Purpose in life to Drug Attitude	b=-0.1391*, p=.0014		
Social Support (Parents) to Drug Attitude	b=-0.1541*p=.0301		

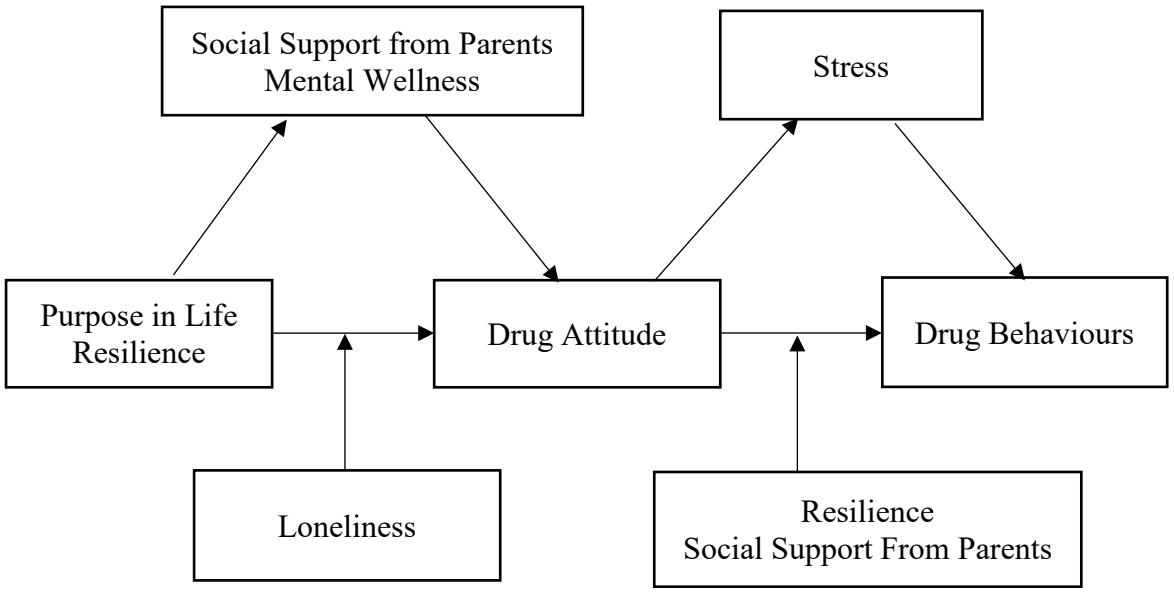

Figure 10: Overall associations of the variables in the drug prevention groups (Please refer to the table for the significant relationships among the variables)

Regression analysis (purpose in life/resilience, drug attitude, drug behaviour)

A linear regression analysis using purpose in life as a predictor showed that the overall model was significant (p=.002) explaining 2.2% of variability in drug attitude. When purpose in life increases, drug attitude decreases by 0.13.

A linear regression analysis using resilience as a predictor showed that the overall model was significant (p<0.001) explaining 3% of variability in drug attitude. When resilience increases by 1, drug attitude decreases by .140.

A linear regression analysis using drug attitude as a predictor showed that the overall model was significant (p=.002) explaining 2.5% of variability in drug behaviours. When drug attitude increases by 1, drug behaviour increases by .010.

Mediation analysis (resilience -> depression/social support from parents -> drug attitude)

A mediation analysis was carried to investigate the mediating role of depression and perceived social support received from parents on the relationship between resilience and drug attitude. The result revealed a significant indirect effect of impact of depression (b=-.0448, t=-

2.046) and perceived social support received from parents on drug attitude (b=-.0376, t=-2.112). However, the direct effect of resilience on drug attitude was not significant (b=-0.809, t=-1.6935). Hence, both depression and social support fully mediated the relationship between resilience and drug attitude.

Table 24: Summary of the mediation effects by perceived social support received from parents and depression on resilience and drug attitude.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Resilience -> Depression -> Drug Attitude	-.1633 (p=0.001)	-.0809 (p=0.0911)	-0.0448	Lower Bound -0.0918	Upper Bound -0.0053	-2.046	Full Mediation
Resilience -> Social Support Parents -> Drug Attitude	-.1644 (p<.0000)	-.1282 (p=.0038)	-0.0376	-0.0720	-0.0022	-2.112	Full Mediation

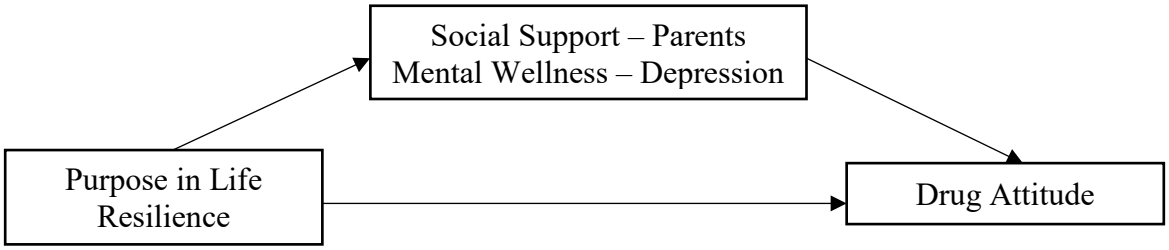

Figure 11: Conceptual model shows the mediation role of perceived social support received from parents and depression on purpose in life/resilience and drug attitude.

Mediation analysis (purpose in life -> social support from parents/depression -> drug attitude)

A mediation analysis was carried to investigate the mediating role of Depression and social support from parent on the relationship between purpose in life and drug attitude. The result revealed a significant indirect effect of impact of depression (b-.0699, t=-2.062) and social support from parent on drug attitude (b=-0.0431, t=-2.408). However, the direct effect of purpose in life on drug attitude was not significant (b=-0.0273, t=-0.4770). Hence, both depression and social support fully mediated the relationship between purpose in life and drug attitude.

Table 25: Summary of the mediation effects by perceived social support received from parents and depression on purpose in life and drug attitude.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Purpose in life -> Depression -> Drug Attitude	-.1403 (p=0.0013)	-.0273 (p=.6336)	-.0699	Lower Bound -.1403	Upper Bound -.0057	-2.062	Full Mediation
Purpose in life -> Social Support Parents -> Drug Attitude	-.1391 (p=0.0014)	-.0994 (p=0.0336)	-.0431	-.0789	-.0087	-2.408	Full Mediation

Mediation Analysis **(**Drug attitude -> Stress -> Drug Behaviour)

A mediation analysis was carried to investigate the mediating role of Stress on the relationship between drug attitude and drug behaviour. The outcome variable was drug behaviour, the predictor variation was drug attitude, and the mediator variable was Stress. The results revealed a significant indirect effect of stress on drug behaviour (b=0.0011, t=1.375). Furthermore, the direct effect of drug attitude on drug behaviour was also found significant (b=0.0085, p=0.005). Hence, stress partially mediated the relationship between drug attitude and drug behaviour.

Table 26: Summary of the mediation effects by stress on drug attitude and drug behaviour.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Drug attitude -> Stress -> Drug Behaviours	0.0096 (p<0.000)	0.0085 (p<0.000)	0.0011	Lower Bound .0000	Upper Bound .0029	1.375	Partial Mediation

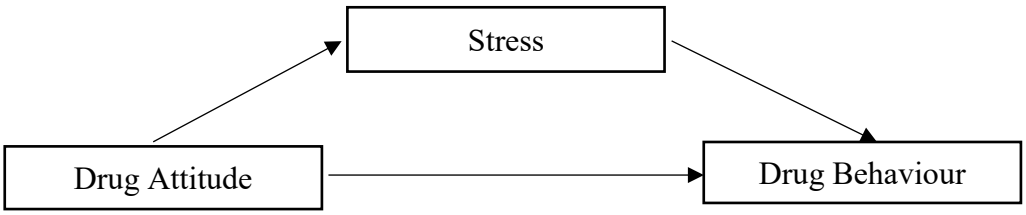

Figure 12: Conceptual model shows the mediation role of stress on drug attitude and drug behaviour

Moderation Analysis (purpose in life to drug attitude by loneliness)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: purpose in life and loneliness. These variables accounted for a significant amount of variance in drug attitude, R^2=.032, F (2,434) =7.18, p=0.001. Next, the

interaction term between purpose in life and loneliness was added to the regression model, which accounted for a significant proportion of the variance in drug attitude, $\Delta R^2 = .01$, ΔF (1, 433) = 4.75, p = .03, b=.0132, t (433) =2.18, p=0.03. The study assessed the moderating role of loneliness on the relationship between purpose in life and drug attitude. The results revealed a positive significant moderating impact of loneliness on the relationship between purpose in life and drug attitude (b=.0132, t=2.1784, p=0.03).

A simple slope analysis was conducted to show the moderating effects. In Figure 13, the line is much steeper for low level of loneliness, this shows that at low level of loneliness, the impact of purpose in life on drug attitude is much stronger in comparison to high sense of loneliness. When the level of loneliness increases, the strength of the relationship between purpose in life and drug attitude decreases. This means that those with high purpose in life and low level of loneliness have better attitude towards drugs.

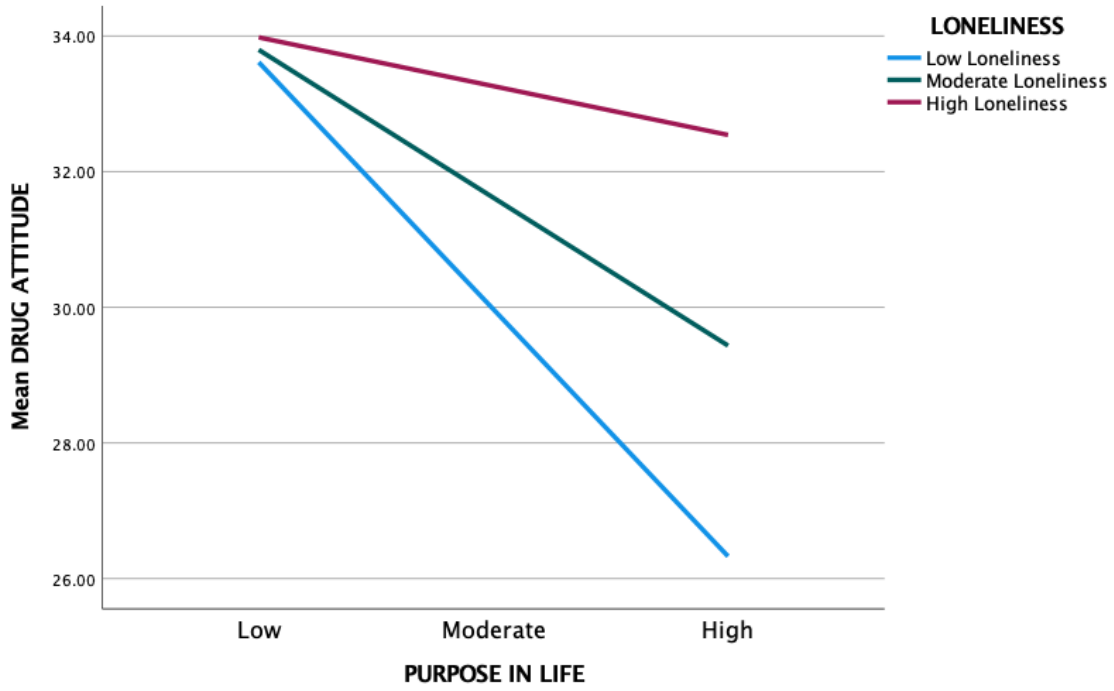

Figure 13: Graph shows the interaction effect of loneliness on purpose in life and drug attitude

Moderation Analysis (resilience to drug attitude by loneliness)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: resilience and loneliness. These variables accounted for a significant amount of variance in drug attitude, R2=.040, F (2,414) =8,535, p<0.001. Next, the interaction term between resilience and loneliness was added to the regression model, which accounted for a significant proportion of the variance in drug attitude, $\Delta R2 = .013$, ΔF (1, 413) = 5.538, p = .019, b=.0144, t (413) =2.3533, p=0.02. The study assessed the moderating role of loneliness on the relationship between resilience and drug attitude. The results revealed a positive significant moderating impact of loneliness on the relationship between resilience and drug attitude (b=.0144, t=2.3533, p=0.0191).

A simple slope analysis was conducted to show the moderating effects. In Figure 14, the line is much steeper for low level of loneliness, this shows that at low level of loneliness, the impact of purpose in life on drug attitude is much stronger in comparison to high sense of loneliness. When level of loneliness increases, the strength of the relationship between purpose in life and drug attitude decreases. This means that those with high purpose in life and low level of loneliness have better attitude towards drugs.

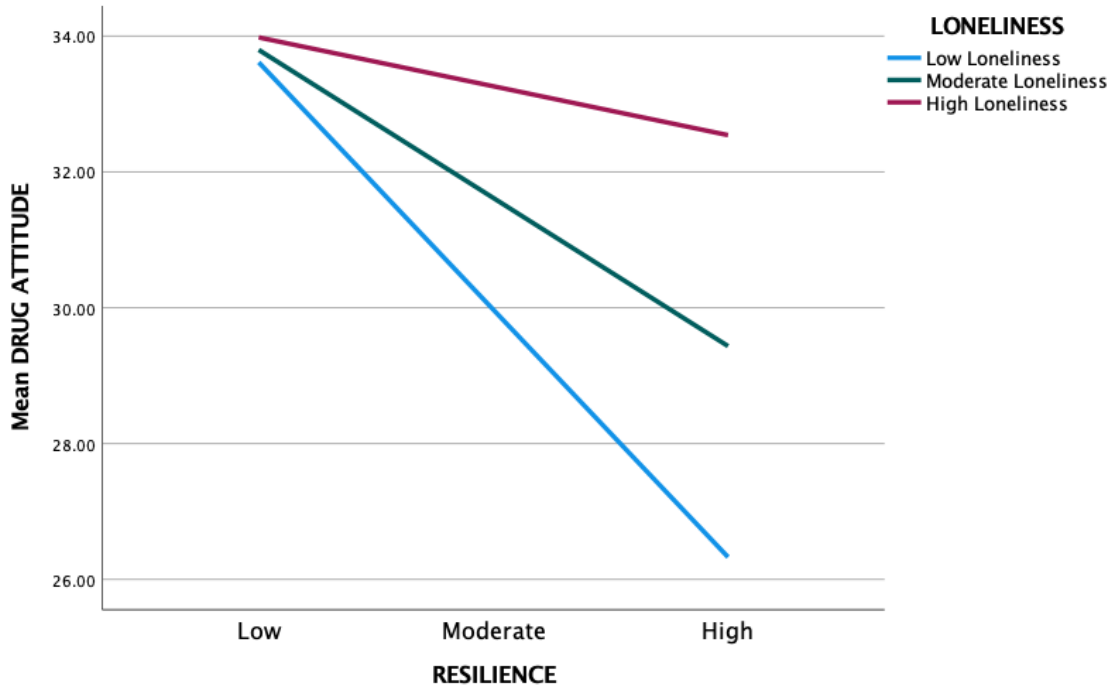

Figure 14: Graph shows the interaction effect of loneliness on resilience and drug attitude

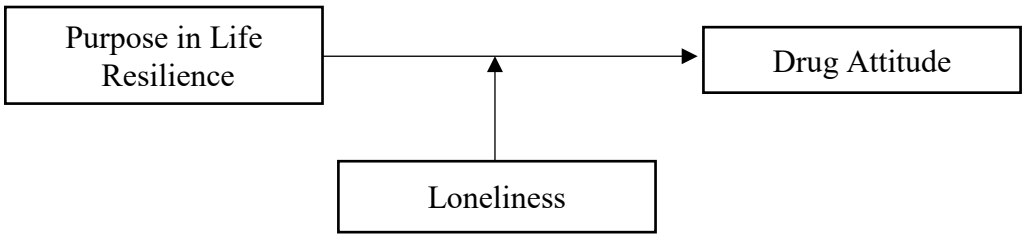

Figure 15: Conceptual model shows the moderation of loneliness on purpose in life/resilience and drug attitude.

Moderation Analysis (drug attitude to drug behaviour by perceived social support received from parents)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: drug attitude and perceived social support received from parents. These variables accounted for a significant amount of variance in drug behaviours, R^2=.025, F (2,367) =4.685, p<0.010. Next, the interaction term between drug attitude and perceived social support received from parents was added to the regression model, which accounted for a

significant proportion of the variance in drug behaviour, ΔR^2=.042, ΔF (1, 366=6.488, p=0.011, b=-.0007, t=-2.5471, p=0.0113). The study assessed the moderating role of perceived social support received from parents on the relationship between drug attitude and drug behaviour. The results revealed a positive main effect and a negative significant moderating impact of perceived social support received from parents on the relationship between drug attitude and drug behaviours (b=-.0007, t=-2.5471, p=0.0113).

Results of simple slope analysis conducted to better understand the nature of the moderating effects are shown in Figures 16 and 18. In Figure 16, the line is much steeper for low perceived social support from parents, this shows that at low of perceived social support received from parents, the impact of drug attitude on drug behaviour is much stronger in comparison to high perceived social support from parents. When the level of perceived social support received from parents decreases, the strength of the relationship between drug attitude and drug behaviour increases.

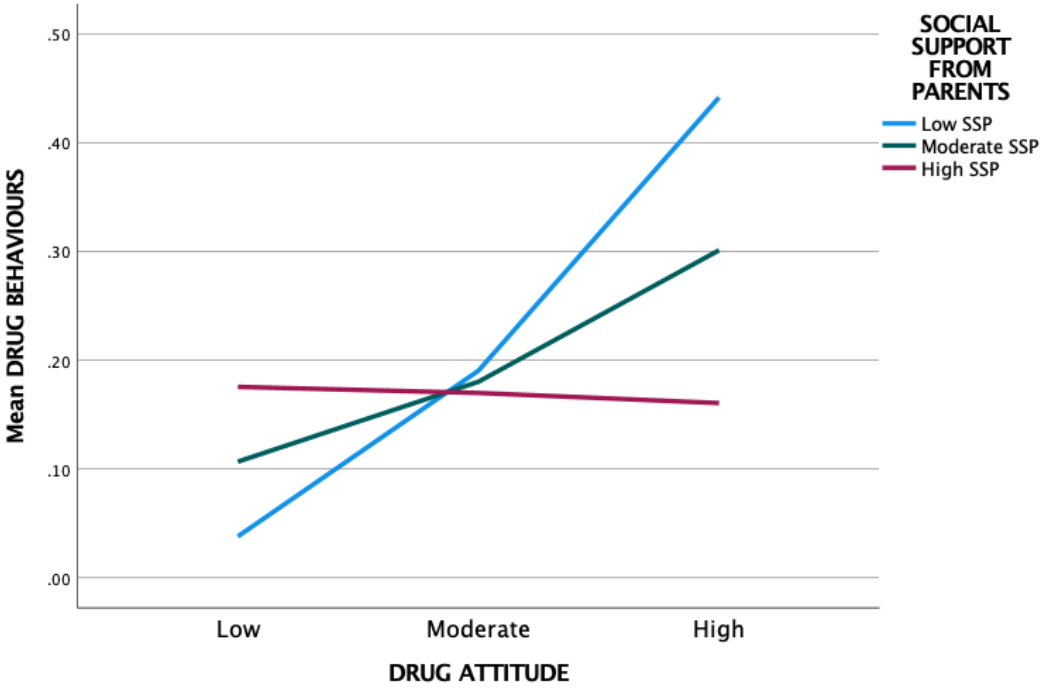

Figure 16: Graph shows the interaction effect of perceived social support received from parents on drug attitude and drug behaviour

Moderation Analysis (drug attitude to drug behaviour by resilience)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: drug attitude and resilience. These variables accounted for a significant amount of variance in drug behaviours, R^2=.028, F (2,361) =5.108, p=0.006. Next, the interaction term between resilience and drug attitude was added to the regression model, which accounted for a significant proportion of the variance in drug behaviour, ΔR^2=.048, ΔF (1, 360=18.748, p<0.001, b=-.0009, t=-4.3299, p<0.001). The study assessed the moderating role of resilience on the relationship between drug attitude and drug behaviour. The results revealed a negative significant moderating impact of resilience on the relationship between drug attitude and drug behaviours (b=-.0009, t=-4.3299, p<0.001).

Results of simple slope analysis conducted to better understand the nature of the moderating effects are shown in Figures 17 and 18. In Figure 17, the line is much steeper for high resilience, this shows that at high level of resilience, the impact of drug attitude on drug behaviour is less strong in comparison to low resilience. When the level of resilience decreases, the strength of the relationship between Drug attitude and Drug behaviour increases.

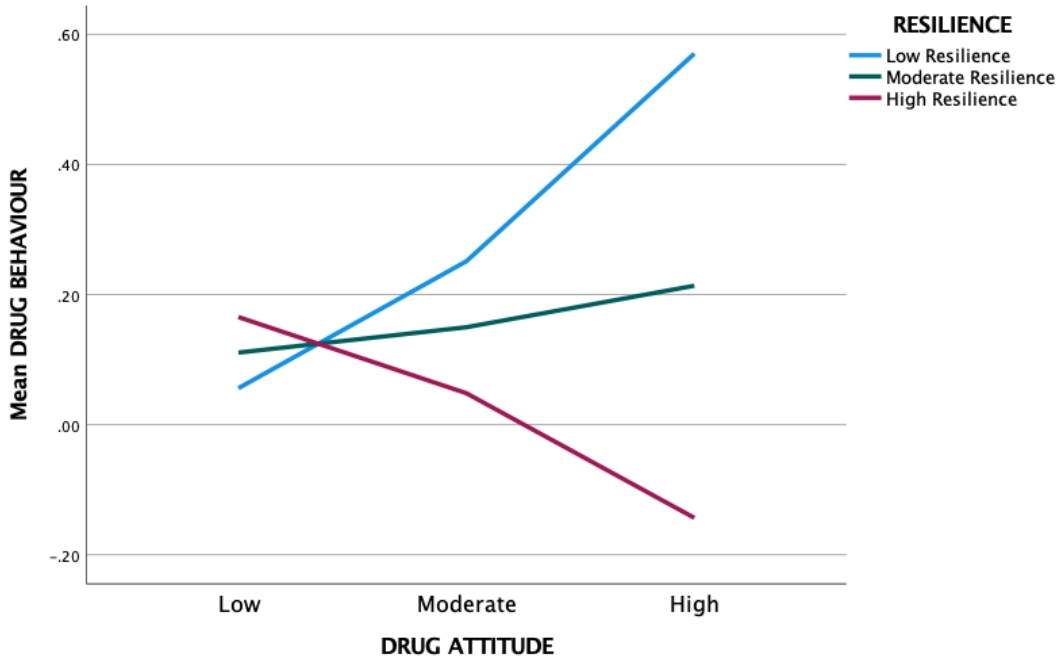

Figure 17: Graph shows the interaction effect of resilience on drug attitude and drug behaviour

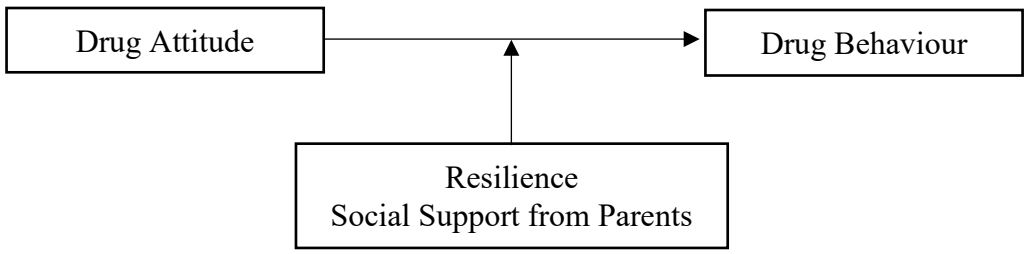

Figure 18: Conceptual model shows the moderation effects of resilience and perceived social support from parents on drug attitude and drug behaviour.

Associations of the relationships among the variables in the individual treatment cases

The associations of the relationships among the measured variables in the individual treatment cases were also explored. The results revealed that the relationships were complicated as shown in the Figure 19. No significant factors have direct effect on rehabilitating drug abusers' attitude towards drugs and their drug related behaviour. Only purpose in life and resilience have direct effects on their intention to quit drugs. Drug attitude could mediate the relationship between purpose in life and their intention to quit drugs. When young people started taking drugs, their sense of loneliness played a significant role to influence their purpose in life and resilience

directly and influence their intention to quit drugs and attitude towards drugs indirectly. As a whole, rehabilitating drug abusers' sense of loneliness and their mental and emotional wellness also influenced their intention to quit drugs significantly. Therefore, to relieve their uncomfortable feelings of loneliness, drugs were used as a maladaptive coping mechanism to give them comfort and satisfaction. The results revealed that quality social support received from parents and best friends could play significant roles to mediate their sense of loneliness in building up strong sense of resilience to raise their intention to quit drugs and moderate the effect of purpose in life on their attitude towards drugs. It means that, at this stage, strong sense of loneliness influenced much on rehabilitating drug abusers' purpose in life and sense of resilience to quit drugs. They longed for quality support from parents and best friends to strengthen their resilience so as to reduce their attitude towards drugs and raise their intention to quit drugs.

Regression analysis (loneliness, mental wellness (DASS – depression, anxiety, stress), resilience, and purpose in life)

A linear regression analysis was conducted using loneliness as predictor showed that the overall model was significant ($p<0.001$) explaining 16.8% of variability on purpose in life. When loneliness increases, purpose in life decreases by 1.571. Secondly, using loneliness as a predictor, the overall model was significant ($p<0.001$) explaining 12.7% of variability on mental wellness (DASS - depression, anxiety, stress). When loneliness increases, depression, anxiety, stress also increase by 2.161. Thirdly, mental wellness (DASS - depression, anxiety, stress) as a predictor showed that the overall model was significant ($p<0.001$) explaining 13% of variability on purpose in life. When depression, anxiety, stress increase, purpose in life decreases by 0.224.

A multiple regression analysis was also conducted, the overall model was significant ($p<0.001$) explaining 22.3% of variability on purpose in life. As loneliness increases, purpose in life decreases by 1.202 and when DASS increases, purpose in life also decreases by 0.156.

Regression analysis (loneliness, perceived social support received from parents/best friends, and resilience)

A similar linear regression analysis was conducted using loneliness as predictor showed that the overall model was significant ($p<0.001$) explaining 7.8% of variability on resilience. When loneliness increases, resilience decreases by 0.997. Secondly, using loneliness as a predictor showed that the overall model was significant ($p<0.001$) explaining 4.4% of variability on perceived social support received from parents. When loneliness increases, perceived social support received from parents decreases 0.490.

Thirdly, using loneliness as predictor showed that the overall model was significant ($p<0.001$) explaining 10.4% of variability on the perceived social support received from best friends. When loneliness increases, perceived social support from best friend decreases 0.699. Lastly, using perceived social support received from parents as predictor showed that the overall model was significant ($p<0.001$) explaining 3.8% of variability on resilience. When perceived social support received from parents increases, resilience increases by .305.

Similarly, using perceived social support received from best friends as predictor, the overall model was significant ($p<0.001$) explaining 9.2% of variability on resilience. When perceived social support received from best friends increases, resilience increases by .516.

A multiple regression analysis was also conducted, the overall model was significant ($p<0.001$) explaining 40.8% of variability on resilience. When loneliness increases, resilience decreases by .670. When perceived social supports received from best friends and parents increase, resilience increases by .404 and .217 respectively.

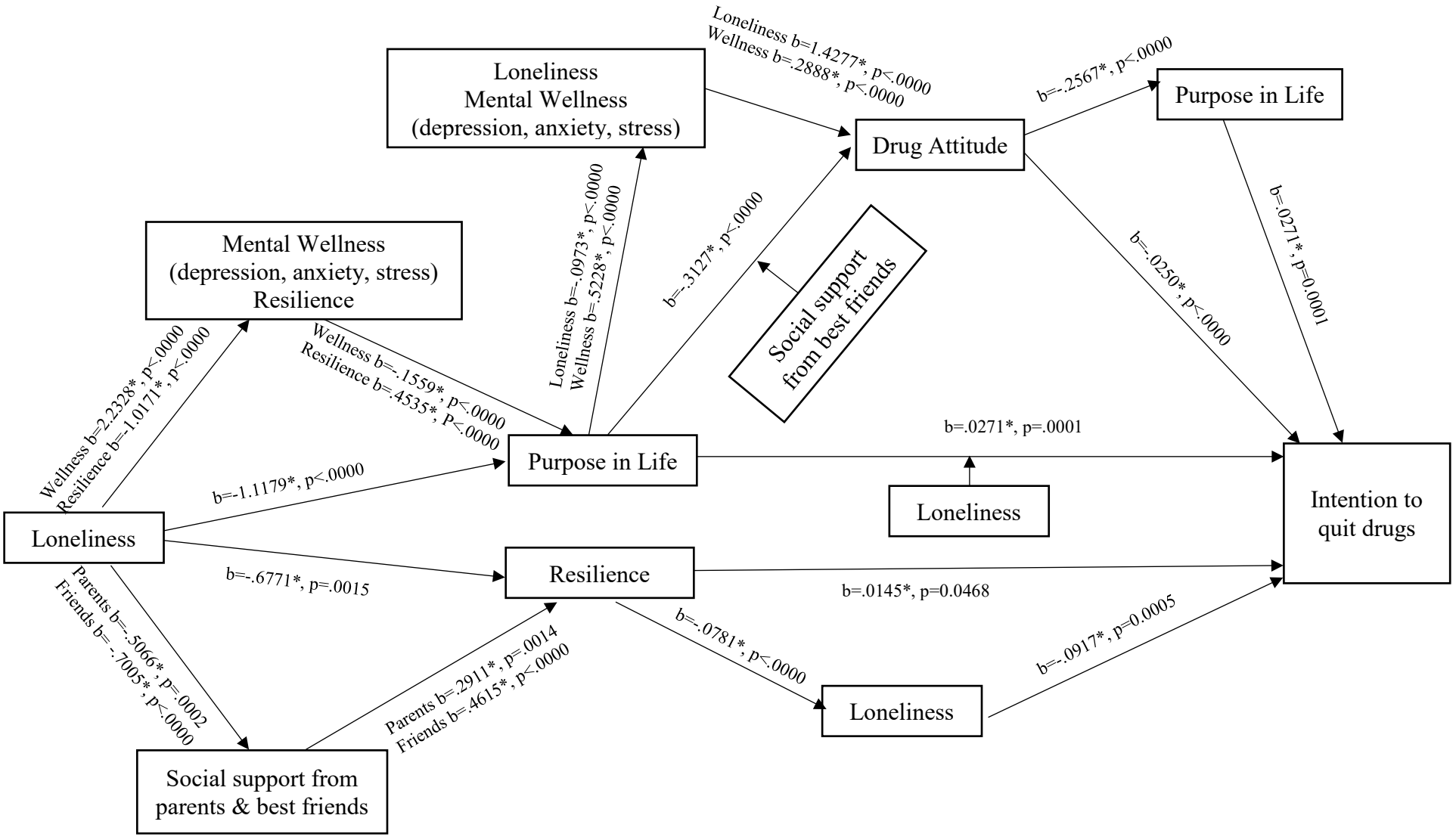

Figure 19: Overall associations of the variables in the individual treatment cases

Mediation analysis (loneliness -> mental wellness (DASS – depression, anxiety, stress) -> purpose in life)

A mediation analysis using PROCESS was therefore conducted to assess the mediating role of mental wellness (depression, anxiety, stress) and resilience on the relationship between loneliness and purpose in life.

The outcome variable was purpose in life and the predictor variable was loneliness. The mediator variable was mental wellness (depression, anxiety, stress). The results revealed that the indirect effect of loneliness to purpose in life was found to be statistically significant (b=-.3482,t=.-0.2860). Furthermore, the direct effect of loneliness on purpose in life was also found significant (b=-1.5499, t(288)=-7.6516, p<0.001) in the present of the mediator. Hence mental wellness (depression, anxiety, stress) partially mediated the relationship between loneliness and purpose in life (Figure 20).

Mediation analysis (loneliness -> resilience -> purpose in life)

Another mediation analysis with purpose in life as the outcome variable and loneliness as the predictor variable and resilience as the mediator also revealed that the indirect effect of loneliness to purpose in life was found to be statistically significant (b=-.4613, t=.-0.2612). The direct effect of loneliness on purpose in life was also found in the present of mediator (b=-1.5792, t(289)=-7.7457, p<0.001). Hence resilience partially mediated the relationship between loneliness and purpose in life.

Table 27: Summary of the mediation effects of mental wellness (depression, anxiety, stress) and resilience on the relationship of loneliness and purpose in life

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Loneliness -> DASS -> Purpose in Life	-1.5499 (p<0.001)	-1.2017 (p<0.001)	-.3482	Lower Bound -.5551	Upper Bound -.1634	-0.2860	Partial Mediation
Loneliness -> Resilience -> Purpose in Life	-1.5792 (p<0.001)	-1.1179 (p<0.001)	-.4613	-.7204	-.2495	-0.2612	Partial Mediation

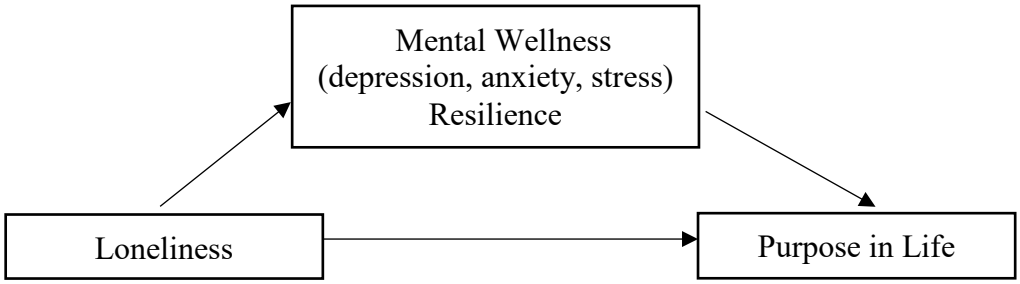

Figure 20: Conceptual model shows the mediation role of mental wellness (depression, anxiety, stress) on loneliness and purpose in life.

Mediation analysis (loneliness -> perceived social support received from parents and best friends -> purpose in life)

Regarding the mediating role of perceived social support received from parents and best friends on the relationship between loneliness and resilience. The results revealed a significant indirect effect of perceived social support received from best friends ((b=-.2934, t=-0.3742) and parents (b=-.1205, t=-0.5245) on loneliness to resilience. Furthermore, the direct effect of loneliness on resilience in presence of the mediators was found significant (b=-.6703, t=-3.0206, p=0.0028). Hence, perceived social support received from parents and best friends partially mediated the relationship between loneliness and resilience.

Table 28: The mediation role of mental wellness (depression, anxiety, stress) and resilience on loneliness and purpose in life, and perceived social support received from parents and best friends on loneliness and resilience

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Loneliness -> Social Support From Parents -> Resilience	-1.0843 (p<0.001)	-0.6703 (p=0.0028)	-.1205	Lower Bound -.2567	Upper Bound -.0097	-0.5245	Partial Mediation
Loneliness -> Social Support From Best Friends -> Resilience	-.9996 (p<0.0000)	-.6771 (p=0.0015)	-.2934	-.5360	-.1108	-0.3742	Partial Mediation

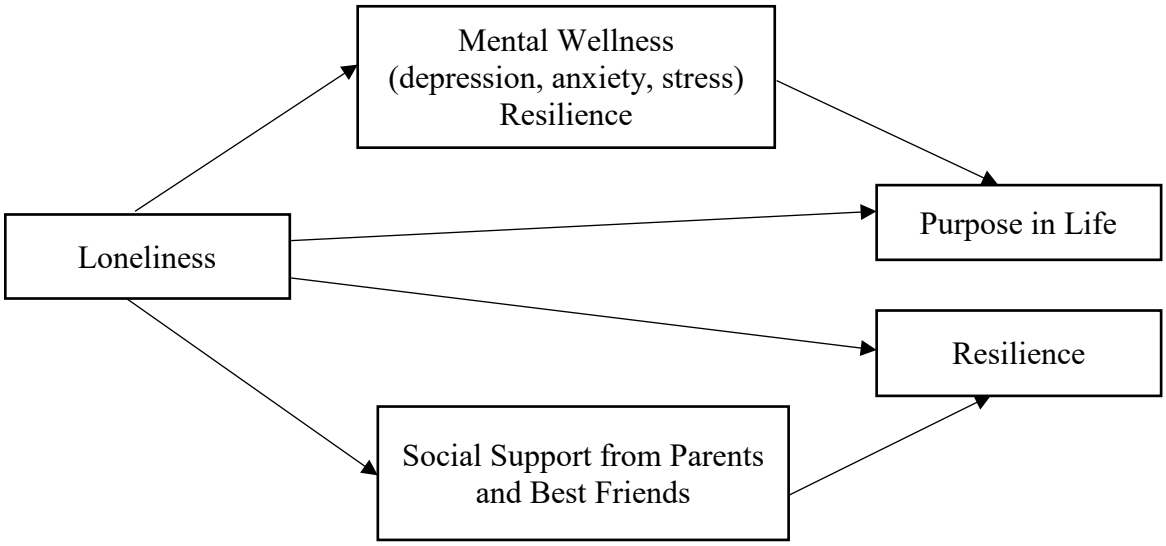

Figure 21: Conceptual model shows the mediation roles of mental wellness (depression, anxiety, stress) and resilience on loneliness and purpose in life and the mediation roles of perceived social support received from parents and best friends on loneliness and resilience

Regression analysis (purpose in life, loneliness, mental wellness (DASS – degression, anxiety, stress) and drug attitude)

A linear regression using purpose in life as a predictor showed that the overall model was significant ($p<0.001$) explaining 17% of variability in loneliness. When purpose in life increases, loneliness decreases by.109. In addition, a linear regression using loneliness as a predictor showed that the overall model was significant ($p<0.001$) explaining 13.7% of variability in drug attitude. When loneliness increases, drug attitude increases by 1.632.

Another linear regression using purpose in life as predictor revealed that the overall model was significant ($p<0.001$) explaining 13% of variability in mental wellness (DASS – depression, anxiety, stress). When purpose in life increases, the level of DASS - depression, anxiety, and stress decreases by .579. Furthermore, using DASS – depression, anxiety, stress as a predictor also showed that the overall model was significant ($p<0.001$) explaining 19.9% of variability in drug attitude. When the level of DASS – depression, anxiety, stress increases by 1, drug attitude also increases by .320.

Multiple regression analysis using purpose in life and loneliness as predictors showed that the overall model was significant ($p<0.001$) explaining 16.1% of variability in drug attitude. When purpose in life increases, drug attitude decreases by .160 ($p=.016$) and when loneliness increases, drug attitude also increases by 1.428 ($p<0.001$). Another multiple regression analysis using purpose in life and DASS – depression, anxiety, stress as predictors also showed that the overall model was significant ($p<0.001$) explaining 21.6 % of variability in drug attitude. When purpose in life increases, drug attitude decreases by -.155 ($p=0.015$) and when DASS – depression, anxiety, stress increases, drug attitude also increases by .289 ($p<0.001$)

Regression analysis (drug attitude, purpose in life, and intention to quit drugs)

The relationship between drug attitude, purpose in life and intention to quit drugs was also analysed by a linear regression. Using drug attitude as predictor showed that the overall model was significant ($p<0.001$) explaining 7.8% of variability in purpose in life. When drug attitude increases, purpose in life decreases by .250. In addition, using purpose in life as predictor also revealed that the overall model was significant ($p<0.001$) explaining 31.5% of variability in intention to quit drugs. When purpose in life increases, the intention to quit drugs also increases by .037.

A multiple regression analysis was then carried out using drug attitude and purpose in life as predictor showed that the overall model was significant ($p<0.001$) explaining 14.1% of variability in intention to quit drugs. When purpose in life increases, intention to quit drugs increases by .027 and when drug attitude increases, intention to quit drugs decreases by .025.

Regression analysis (resilience, loneliness, and intention to quit drugs)

Lastly, a linear regression analysis using resilience as predictor showed that the overall model was significant ($p<0.001$) explaining 7.8% of variability in loneliness. When resilience increases, loneliness decreases by .078. Another linear regression analysis using loneliness as predictor also showed that the overall model was significant ($p<0.001$) explaining 5.8% of variability in the intention to quit drugs. When loneliness increases, the intention to quit drugs also reduces .107.

Therefore, a multiple regression analysis was conducted using resilience and loneliness as predictors revealed that the overall model was significant ($p<0.001$) explaining 7.1% of variability in intention to quit drugs. When resilience increases, the intention to quit drugs also increases by .015 ($p=.047$) and when loneliness increases, the intention to quit drugs decreases by .92 ($p<0.001$).

Mediation analysis (purpose in life -> loneliness / DASS – depression, anxiety, stress -> drug attitude)

This study assessed the mediating role of loneliness and mental wellness (degression, anxiety, stress) on the relationship between purpose in life and drug attitude. The results revealed a significant indirect effect of purpose in life on drug attitude (b=-.2401, t=-.1678). Furthermore, the direct effect of purpose in life on drug attitude in presence of the mediators was not significant. Hence, loneliness and mental wellness (depression, anxiety, stress) fully mediated the relationship between purpose in life and drug attitude (b=-.0565, p=.3818).

Table 29: Summary of the mediation effects among purpose in life and drug attitude.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Purpose in life -> Loneliness -> Drug attitude	-.2967 ($p<0.001$)	-.0565 ($p=.3818$)	-.1041	Lower Bound -.1624	Upper Bound -.0466	-0.2824	Full Mediation
Purpose in life -> DASS -> Drug attitude	-.3063 ($p<0.0000$)	-.1553 ($p=0.0148$)	-.1360	-.2123	-.0734	-0.2632	Full Mediation

Mediation analysis (purpose in life -> drug attitude -> intention to quit drugs)

Another mediating role of this study was purpose in life on the relationship between drug attitude and intention to quit drugs. The results revealed a significant indirect effect of drug attitude on intention to quit drugs (b=-.0069, t=-0.2838). Furthermore, the direct effect of drug attitude on intention to quit drugs in the presence of mediator was also found significant (b=-.0250, t=-4.1209, $p<0.001$). Hence purpose in life partially mediated the relationship between drug attitude and the intention to quit drugs.

Table 30: Summary of the mediation effect among drug attitude and intention to quit drugs.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Drug Attitude -> Purpose in Life -> Intention to quit drugs	-.0319 ($p<0.001$)	-.0250 ($p<0.001$)	-.0069	Lower Bound -.0115	Upper Bound -.0033	-.2838	Partial Mediation

Mediation analysis (drug attitude -> purpose in life -> intention to quit drugs)

The fourth mediating role here was drug attitude on the relationship between purpose in life and the intention to quit drugs. The results revealed a significant indirect effect of purpose in life on the intention to quit drug (b=.0078, t=.0024). Furthermore, the direct effect of purpose in life on the intention to quit drugs in the presence of mediator was also found significant (b=.0271, t=4.0481, p=0.0001). Hence, drug attitude only partially mediated the relationship between purpose in life and the intention to quit drugs.

Table 31: Summary of the mediation effect among purpose in life and intention to quit drugs.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Purpose in life -> Drug Attitude, Intention to quit drugs	.0349 (p<0.001)	.0271 (p=0.0001)	.0078	Lower Bound .0036	Upper Bound .0129	.3077	Partial Mediation

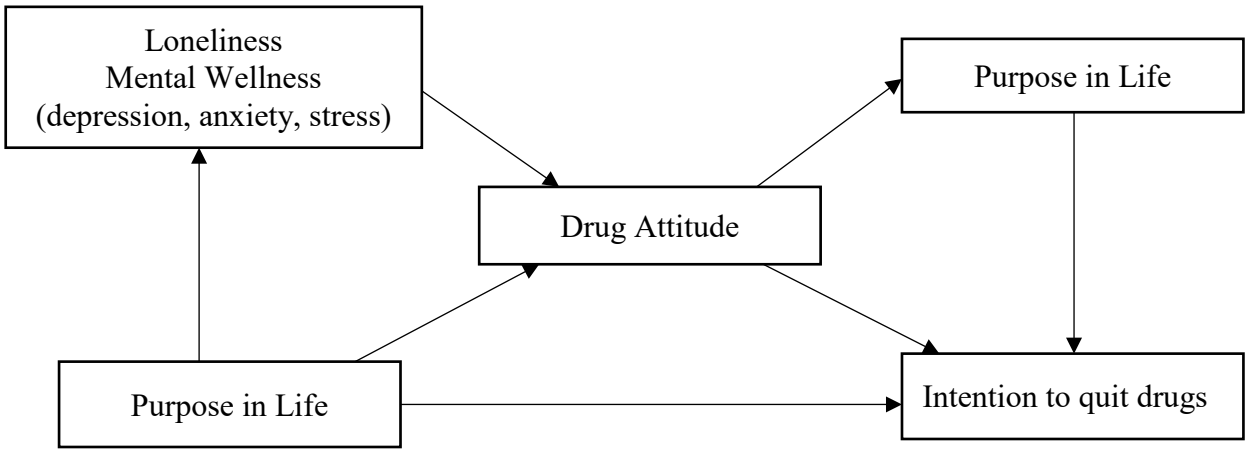

Figure 22: Conceptual Model shows the mediating role of loneliness and mental wellness (depression, anxiety, stress) on purpose in life and drug attitude / mediating role of purpose in life on drug attitude and intention to quit drugs and mediating role of drug attitude on purpose in life and intention to quit drugs.

Mediation analysis (resilience -> loneliness -> intention to quit drugs)

This study also assessed the mediating role of loneliness on the relationship between resilience and intention to quit drugs. The results revealed a significant indirect effect of resilience on intention to quit drugs (b=.0072, t=0.3889). Furthermore, the direct effect of resilience on intention to quit drugs in presence of mediator was also found significant (b=.0145, t=1.9969, p=.0468). Hence, loneliness partially mediated the relationship between resilience and the intention to quit drugs.

Table 32: Summary of the mediation effect among resilience and intention to quit drugs.

Relationship	Total Effect	Direct Effect	Indirect effect	Confidence Interval		t-statistic	Conclusion
Resilience -> Loneliness ->Intention to quit drugs	-.0319 (p<0.001)	-.0250 (p<0.001)	-.0069	Lower Bound -.0115	Upper Bound -.0033	-.2838	Partial Mediation

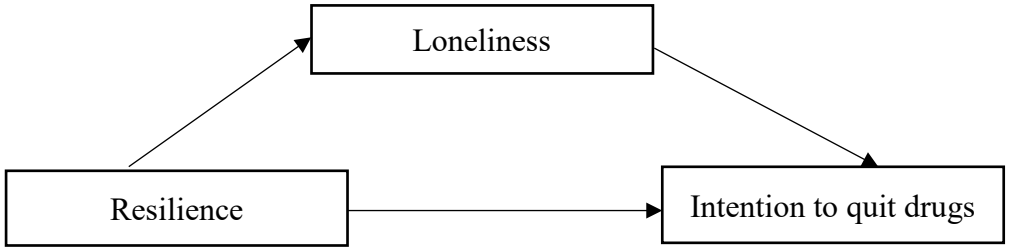

Figure 23: Conceptual Model shows the mediating role of loneliness on resilience and intention to quit drugs.

Moderation analysis (purpose in life and drug attitude, by perceived social support received from best friends)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: purpose in life and perceived social support received from best friends. These variables accounted for a significant amount of variance in drug attitude, R^2=.099, F (2,279) =15.389, p<0.001. Next, the interaction term between purpose in life and perceived social support received from best friends was added to the regression model, which also accounted for a significant proportion of the variance in drug attitude, ΔR^2= .123, ΔF (1,278=7.454, p=0.007).

Therefore, when the moderating role of perceived social support received from best friends on the relationship between purpose in life and drug attitude was assessed, a negative and significant moderating impact was found (b=-.0180, t=-2.7303, p=.0067). Result of simple slope analysis revealed that the line was much steeper for high social support received from best friends. This means that at high perceived social support received from best friends, the impact of purpose in life on drug attitude was much stronger in comparison to low perceived social support received from best friends. When the level of perceived social support received from best friends decreases, the strength of the relationship between purpose in life and drug attitude decreases.

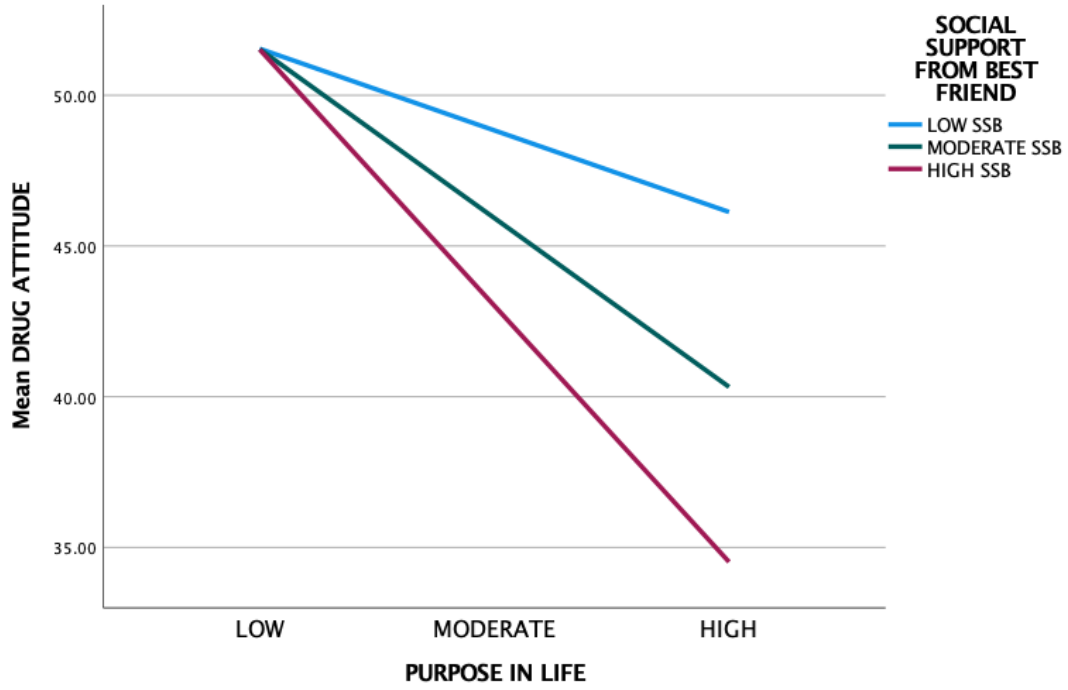

Figure 24: Simple slope analysis shows the effect of perceived social support received from best friends on purpose in life and drug attitude.

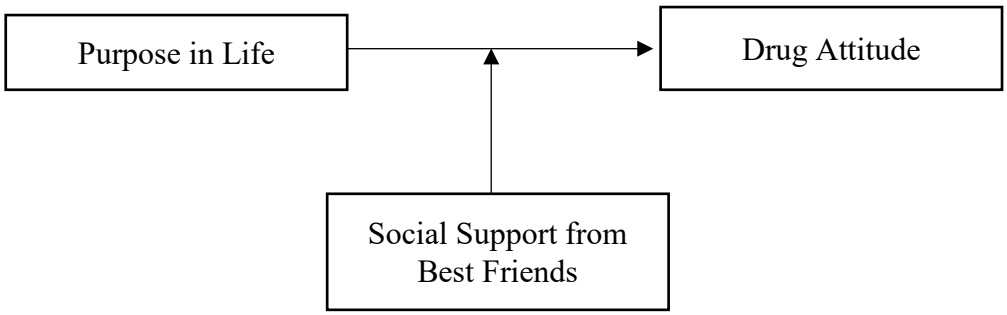

Figure 25: Conceptual model shows the moderating role of perceived social support received from best friends on purpose in life and drug attitude.

Moderation analysis (purpose in life and intention to quit drugs, by loneliness)

A hierarchical multiple regression analysis was conducted. In the first model, two variables were included: purpose in life and loneliness. These variables accounted for a significant amount of variance in intention to quit drugs, R^2=.111, F (2,289) =19.169, p<0.001. Next, the interaction term between purpose in life and loneliness was added to the regression model, which accounted for a significant proportion of the variance in intention to quit drugs, ΔR^2= .0121, ΔF (1,288=4.133, p=.043).

The study also assessed the moderating role of loneliness on the relationship between purpose in life and intention to quit drugs. The result revealed a positive main effect and negative interaction of loneliness on the impact between purpose in life and intention to quit

drugs (b=.0026, t=2.0329, p=.0430). Result of simple slope analysis (Figure 34) revealed that the line was much steeper for high loneliness. This means that at high level of loneliness, the impact of purpose in life on intention to quit drugs was much weaker in comparison to low level of loneliness. When the level of loneliness increases, the strength of the relationship between purpose in life and intention to quit drugs decreases.

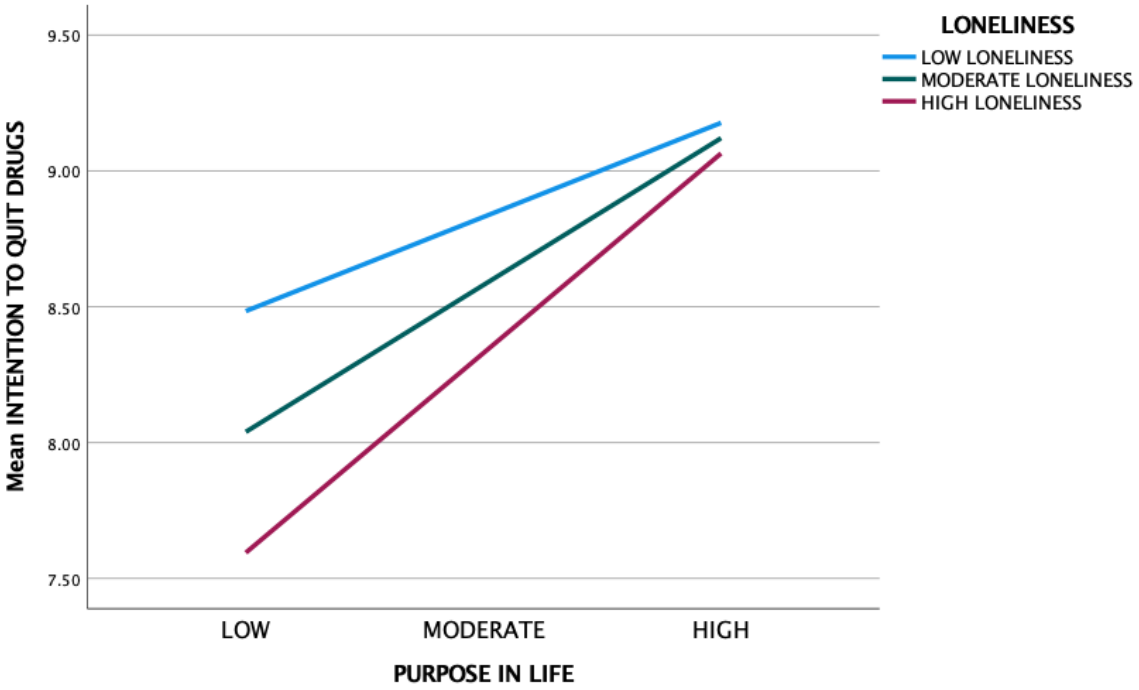

Figure 26: Simple slope analysis shows the effect of loneliness on purpose in life and intention to quit drugs.

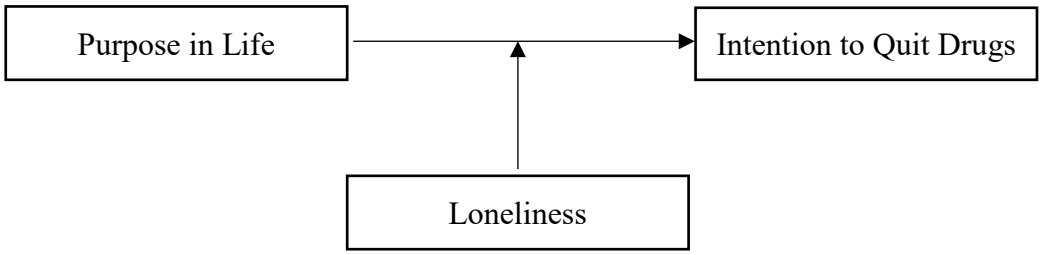

Figure 27: Conceptual model shows the moderation role of loneliness on purpose in life and intention to quit drugs.

5. Qualitative Results

To triangulate the quantitative results with intensive comments and feedback from the high risk individuals who lack of meaning in life or have high risk in emotional health or drug abuse and those who are rehabilitating young drug abusers, indepth individual interviews were conducted to collect their views on the impact and effectiveness of the programme. The pre-test interview focused on the drug history of the participants, such as the reasons on why they used drugs. In the post-intervention interview, focus was placed on their changes after engaging in the programme and the actions taken in their everyday life to desist from drugs. Lastly, the follow-up interview focused on tracking the sustainable effect of the programme in the longer period of time.

All interviews were audiotaped and transcribed verbatim with anonymity (symbols like #1, #2, or group #1, group #2) and high confidentiality. The transcripts were saved as softcopies with password protection. Only the principal researcher and the research staff who had signed the confidentiality pledges could reach the transcripts. The transcripts of the treatment cases and the prevention groups were then analyzed thematically with similar process in two different sets of data with the aid of the computerized software NVivo. To get familiar with each set of the data collected, the transcripts were read and re-read against the focuses of the interview. When initial ideas about what was meaningful to be analyzed were gradually developed, texts could be highlighted/identified and codes were attached. When the transcripts were read and quoted, a coding list was developed. At this stage, some codes could be added together into meaningful themes. A thematic framework could then be constructed as a coding system. To make sure that the thematic framework developed was meaningful and relevant, all transcripts were read and coded again with the framework. In the process, exceptional themes not captured before could also be identified. To confirm the trustworthiness of the data analysis, two peer reviewers who had expertise in drug rehabilitation but were not involved in this study were invited to read the themes of analysis. At the end, the qualitative results were written with the themes constructed.

5.1. Indepth Individual Interviews with The Treatment Cases

10 drug-abusing or rehabilitating individuals were interviewed three times at the pre-, post-, and 3-month follow-up periods. Each interview lasted for 30 to 60 minutes. In the process, most of the treatment individuals were eager and willing to share their drug taking experience and gave useful comments and feedback on the impact and effectiveness of the programme. In this report, the risk factors of their drug abuse and the protective factors that could help them desist from drugs were summarized. Their recommendations to further enhance the effects of the programme were also discussed.

Table 33: Demographic data of the high risk individuals and the rehabilitating drug abusers in the qualitative interviews

	High risk individuals in the drug prevention groups		Rehabilitating Drug Abusers in the treatment cases	
	Frequencies (N = 15)	Valid %	Frequencies (N = 10)	Valid %
Gender				
Male	6	40.0	8	80.0
Female	9	60.0	2	20.0
Education				
Below Grade 6	2	13.3	0	0.0
Grade 7 to 9	6	40.0	5	50.0
Grade 10 to 11	5	33.3	4	40.0
Grade 12 to 13	2	13.3	1	10.0
Birth Place				
Hong Kong	12	85.7	5	50.0
China	1	7.1	4	40.0
Others	1	7.1	1	10.0
Drug Contact Experience				
Yes	2	13.3	9	90.0
No	13	86.7	1	10.0
Marital Status of Parents				
Married and Live Together	5	33.3	5	50.0
Separated	3	20.0	1	10.0
Divorced	3	20.0	1	10.0
Re-Married	0	0.0	1	10.0
Cohabilitated	2	13.3	1	10.0
Others	2	13.3	1	10.0
Housing Types				
Self-owned Private Housing	2	14.3	1	10.0
Rental Private Housing	1	7.1	2	20.0
Public Housing Estate	5	35.7	4	40.0
Rental cubics / flats	3	21.4	0	0.0
Others	3	21.4	3	30.0
Monthly Family Income				
CSSA	5	35.7	3	30.0
Below $10,000	4	28.6	2	10.0
$10,001-$30,000	4	28.6	4	40.0
$30,001-$50,000	1	7.1	1	10.0

Demographics of the Rehabilitating Drug Abusers in the Interviews

Among the 10 rehabillitating drug abusers interviewed in this study, 8 (80%) of them were male and 2 (20%) were female. Half of them had completed junior secondary education level. The remaining 4 had completed Form 5. Only 1 of them had relatively high education at Form 7. Out of the 10 treatment cases, 4 of them were born in China. Only half of them were born in Hong Kong. Sometimes, adaptation to a new living environment might create extra stressors to their everyday life and influence their performance in different areas, such as study, family relations, or career development.

Five of them came from married families and other kinds of family, such as separated, divorced, re-married or co-habilitated families. This might echo with the quantitative results that their perceived social support received with parents (SSP) was the lowest among teachers, classmates and the best friends. 4 of them were living in public housing estates. 3 of them were receiving Comprehensive Social Security Assistance (CSSA). 90% of their family income was under $30,000 per month. As a whole, the socio-economic status of the treatment cases was not high.

Risk Factors of Drug Abuse

In the interview process, the treatment individuals were eager to share their drug taking experience and the reasons at which they started and desisted. As scholars in the field agreed that no single factor can explain the reasons behind drug use behaviours, combination of factors was usually involved (Rhodes et al., 2003). It was no exception in this study. Different factors, such as the social factors of negative peer influence, support from family, or companion from professionals, the psychological factors of sense of loneliness and mental instability, and the physiological factor of withdrawal symptoms, could be identified. Therefore, to make sense of the qualitative data shared by the treatment individuals, a biopsychosocial model was applied to analyse the reasons on why they started using drugs for the first time and what kept them continue to lapse and relapse.

<u>Negative peer influence</u>

Firstly, the qualitative data of the interviews revealed that peer influence is one of the key factors that contribute to young drug abusers' first time of using drugs. Most of the treatment cases recalled that their first time of drug abuse experience were introduced by their friends.

'I tried Ketamine for the first time because of my drug using friend. It was not a bad experience just like drinking alcohol and I was not addicted to it. Yet, I contacted Cocaine later and I got addicted as the craving is strong.' -- #5

'My friend was a drug addict and I tried drugs for the first time because of him. Being his friend makes me take drugs even when I do not want to, and I even involved in drug trafficking.'-- #7

'I was playing with my friends in a park and then my friends invited me to try drugs, I was curious and playful, so I tried drugs for the first time. Day by day, I am addicted to Ketamine, which becomes part of my daily need and it is no longer for fun only' -- #2

The interviews revealed that many of them started using drugs because of their friends. 7 out of 15 of them were brought to the drug abuse circle by their friends as they simply follow others and tried using drugs out of curiosity. Learning theory suggests that adolescents model behaviours from significant others, such as their close friends (Eze & Omeje, 1999; Griffin & Botvin, 2010) which shaped both their positive and negative behaviours. This is coherent with our findings that the drug behaviours of the treatment cases were deeply influenced by their social circle. Adolescents simply follow what their friends do to gain identity and acceptance in the social circle. The interviews also revealed that taking drugs with friends is only the beginning of their drug abuse journey as they would engage in different types of drug activities such as drug trafficking even with the absent of their initial drug use friends.

To summarize, negative peer influence plays an important role in introducing drugs to adolescents. Since adolescents are at a stage with high curiosity and searching for identity, they would be easily affected by the behaviours of their peer groups. When drug taking is portrayed as normal in their delinquent social circle, it becomes a key way for adolescents to make friends and gain identity. As a result, they get addicted and use drugs regularly even when they are no longer with their drug use friends.

Mental instability

'How sarcastic, I started drugs with my friends for fun and then ended up taking drugs on my own when I feel lonely and unhappy' -- #1

Apart from social factors, psychological factors also triggered the treatment cases to use drugs. Among the cases, 3 of them revealed that they experienced a high sense of loneliness which drove them to start their drug use journey. One participant mentioned:

'I have no close friends, family members and partner, taking drugs helps forget the feeling of loneliness' -- #11

The loneliness they experienced is not only physically being alone, but also emotionally and socially. In these circumstances, drugs acted as a companion or 'soulmate' (Lo et al., 2020), which brought happiness and immediate satisfaction to satisfy their needs for connectedness for them to relieve the strong feeling of loneliness. Drugs were then become a means for the abusers to seek psychological release and shelter, spiritual solace and companionship (Lo et al., 2020). In other word, drugs replace human and become their friends that accompany their life.

Furthermore, many treatment cases started taking drugs as they could not find ways to relieve their stress. For instance, they mentioned that breaking up with their partners or inability to finish their studies also made them loss hope in life and triggered their drug use.

'I take drugs whenever I face any difficulties, because drugs made me do not need to think of anything, I can escape from my problems, my debt and my family' -- #3

One participant added:

'I know drugs can never solve my problems, as the problems are still here after using drugs, however drugs helped me to relieve my stress'.

The feeling of drug taking became a pseudo comfort zone to forget about the stressors and difficulties in life that they found no ways to solve and control. They also mentioned that the happiness brought by drugs was irreplaceable. They could not find similar things in the reality that could bring them to the same level of happiness. Although they noticed that drugs could not truly help tackle the problem they face, they still took drugs to temporarily get away from the challenges they face. This is a short-term avoidant coping mechanism that might not be able to address the root of their problems, such as the lack of meaning in life (Nicholson et al., 1994) even the effect and illusion of drugs may bring them to a problem-free world. Relying on drugs to relieve stress and loneliness might only further intensify the effect of psychological dependence and increase their frequency in taking drugs. As a result, drug taking only became a deep-rooted habit among the participants.

Physiological dependence

In the interviews, when some participants experienced chronic or short-term illnesses, they also chose drugs to cover up their physiological pains and slowly got addicted to it. One participant mentioned:

'Interestingly, drugs helped me to relieve the feeling of stomach pain, and the illness is gone after taking drugs' -- #12

Similarly, another participant also mentioned:

'Taking Ice helped me to relieve my feeling towards Psoriasis, which actually bothered me a lot' -- #15

Without a proper way to manage their physical discomfort and illness, the participants opted for drugs to relieve the physical symptoms that they were experiencing. Unfortunately, drugs became their basic needs when physiological dependency is gradually built. The physical withdrawal symptoms brought by drugs such as cough and nose fluid also intensified their drug use frequency and formed a vicious cycle. As a result, using drugs became their daily habits to cover up their physical discomfort.

The reasons of how individuals started taking drugs are varied. Yet, it is observed that drug users' behaviours could be explained through a biopsychosocial model. From the physical aspect, drug users take drugs to escape from physical discomfort; from the psychological aspect, drug users take drugs to escape from psychological pain such as lack of meaning in life, sense of loneliness and stress. Lastly, from the social aspect, peers influence plays a significant role in shaping their drug behaviours.

Protective Factors to Stay Away from Drugs

Apart from the reasons on why they started taking drugs, the treatment cases also shared ways that helped them to quit drugs. Many of the interviewees had experienced relapse when they attempted to quit drugs, yet some of them still quitted drugs for a period at the time of the interviews. Their ways to maintain drug free are worth to be reported. This part captured the participants' opinions on what they perceived as the best way to stay away from taking drugs.

The critical role of self-control

When asked what was crucial in helping them to quit drugs, the participants emphasized on the importance of self-control. They mentioned that drug use was a personal choice, and no one could force them to take drugs nor control their drug behaviors. One participant mentioned:

'Although people might say external factors like parents' marital status leads to drug use. Well…my parents have divorced, and I don't have sibling, yet for me, taking drugs is definitely a personal choice and not influenced by other factors. Therefore, it is still myself. I believe determination and self-control are the key to quit drugs completely' -- #12

Similarly, one participant also mentioned:

'I relapsed because I was being playful and not determined enough. I did not control my impulse well, I believe enhancing self-control is a way to prevent myself from taking drugs' -- #13

Therefore, self-control is portrayed as one possible way to quit drugs. They suggested that duration of drug taking could affect their ability to exert self-control. In their experience, the novel drug abusers were easier to quit drugs as they could still control whether to take drugs or not. In contrast, for the long-term drug abusers, they were somehow being masked by the side effects of drugs. A greater level of self-control might be required to alter their drug taking habits. Gottfredson and Hirschi (1990)'s self-control theory also argued that people with high self-control are less likely to take actions with short-term gratification without consideration of the long-term negative consequences. The interviewees believed that higher self-control could manage their impulsive drug taking behaviours despite the stress and challenges that the environment has imposed on them. Some treatment cases also revealed how they decide to take drugs or not. They mentioned:

'The happiness that drugs brought me is irreplaceable, therefore I take drugs over and over again even I know the consequences of abusing drugs is serious' -- #11

"I am determined to quit drug is because I could not afford taking drugs since it is extremely expensive and out of my ability to pay for it already. I am afraid of the consequences; I do not want to stay in jail for the rest of my life and not being able to do anything. I feel like knowing the consequences of taking drugs actually helped me to quit drugs, because I know I will lose everything, and it is not worth it.' -- #7

'I am so worried about the side effect that drugs bought to my body…seems like the long-term cost to the body is irreversible' -- #8

These findings revealed that the interviewees' choices of taking drugs were a series of rational weighting on the consequences of their act of taking drugs and their choices of priority. Some of them prioritized the happiness they gained from taking drugs while others placed their life goals over drugs. Similar to the rational choice theory, participants made rational decisions based on the extent to which they expect the choices to maximize their benefits and minimize their costs (Cornish & Clarke, 1986). It means that self-control is not only to manage their drug craving but also the process of weighting and making rational choices. Therefore, channelling correct knowledge on the long-term costs of taking drugs might be able to assist drug abusers to control their drug behaviours. However, in the experience of the interviewees, sharing on the negative consequences of drugs from a third person without drug abusing experience might not be convincing. In contrast, because of their similar experience and knowledge in drugs,

sharing by the ex-drug addicts or rehabilitating abusers could be more effective to guide them through the most difficult and suffering time of drug taking. One interviewee mentioned:

'Solely talking about the negative influences of drugs might be not convincing since the one who talks to you usually has not taken drugs before. It is better to have someone who took drugs before to share their experience of quitting drugs. They can understand and know more about our difficulties to keep away from drugs. We can also communicate and talk with them about the relationship with family and how can they control drug craving and keep abstinence for a longer period' -- #12

Similarly, another participant added:

> *'I am now a peer counsellor of a drug rehabilitation home run by a NGO. I feel like it is easier to quit drugs when there is someone with you, I was more positive and could stay away from drugs. Now, I keep on sharing my experience to other drug abusers. To play a role model role, this actually helped me maintain abstinence. The feeling of quitting drug is really so great' -- #1*

The interviews revealed that sharing from ex-drug or rehabilitating abusers can play a deterrence effect on drug abuse behaviours as they think it is real and could resonate with them. In return, this also facilitates ex-drug or rehabilitating abusers to keep abstinence since sharing with current drug abusers could play the role as a reminder to further enhance their self-control ability to desist from drugs. Many drug rehabilitation services have included ex-drug addicts or rehabilitating abusers as peer counsellors. This is in the right track using real rehabilitation experience to inspire and convince current drug abusers on the costs of drug addiction and the possible roads ahead to lead a life without drugs.

<u>Having a healthy social network</u>

In the interviews, the treatment cases also suggested that building a meaningful social network helps desist from drugs in the long run. Among the interviewees, loneliness was a key factor which influences their motivation and perseverance to keep away and desist from drugs. At the time of having strong sense of loneliness, they could not be able to hold themselves from relapse. One interviewee mentioned:

'During this period, I relapse again, however, I found out that the deep-rooted problem is the feeling of loneliness. I live alone, do not have support and accompany from my family. I already do not have many friends, yet my working hours does not allow me to meet with my friends. This has further escalated my feeling of loneliness. ...I feel like the HKFYG actually provided me strong sense of accompany, the feeling of having support actually made me feel much better already" -- #5

This revealed that drug abusers longed for the feeling of being cared and accompanied. Having a companion to accompany them to go through the drug rehabilitation journey might contribute to higher chance of keeping abstinence. This companion does not have to be family members or friends. Peer counsellors or social workers who could chat and understand their sense of loneliness on the way of drug rehabilitation were also fine enough. The treatment case #5 mentioned:

'It is important to find someone to go through the journey with you, the feeling of not being alone is important. …Of course, having someone to talk and chat with is important as well' -- #5

Another treatment case also had similar view that:

'A good companion helps point out your fault and can inspire you to make change. Just like those peer counsellors, their previous experience in drug rehabilitation can alert you much on the risks of lapse and relapse' --#18

Friends could be a double-edged sword for drug abusers. A good companion can help and compete with drugs to give them care and support at the time when they felt strong sense of loneliness. Positive and strong social support network (from friends, family, social workers, peer counsellors, etc.) could play an important role to keep them away from drugs. However, as mentioned by many treatment cases, they easily relapsed when they met their drug taking friends again. Because of having limited resources and narrow social circle, they were also not easy to get away from negative peer influence. One of the interviewees suggested that effective ways to minimize the negative effects from peers were to change phone number and completely block contact with those peers. Therefore, re-establishment of a new social circle where they can develop similar interests and common habits might be crucial to replace their drug taking habit and keep them away from drugs.

'It is important to stay away from old social circle and stop meeting those drug abusing friends because it is a vicious cycle. Instead, we should meet new friends with healthy and common interest in order to stay away from drugs since a group of people doing something positive together brings happiness' -- #14

Support from family can make a difference

Another important protective factor revealed by the treatment cases was support from family. When they were asked what made them desist from drugs, a few of them mentioned their family:

'Support from family is very crucial, especially my mother who I do not want to let her down anymore' -- #5

'I have good relationship with my family, my family members are supportive. They encourage me to quit drugs' -- #1

The findings of this study revealed that support from family is crucial in helping drug abusers abstain from drugs. Support and encouragement from family could play an indirect role to monitor their drug taking behaviours. As theorized in social control theory (Nye, 1958), good relationships with family could encourage law abiding behaviours since the indirect effect of not to disappoint parents could hold their misbehaviours. Supportive family members could also provide sense of security and confidence for them to stay away from drugs. When support from family is crucial for drug rehabilitation, family members are reminded not to frustrate the drug abusers. Blaming or scolding only worsens the situation. As one interviewee mentioned:

'Many family members are worried and eager to help the drug abusers, yet they always use the wrong ways to do so…family members should not frustrate the drug abusers by scolding

them for the problem, as what drug abusers need is unfailing support and care from significant others instead of harsh blaming and punishment'

Therefore, support from friends and families are equally important to help drug abusers desist from drugs. A new social circle with healthy common interests and family support in proper ways can also inspire drug abusers and guide them through the problem of drug abuse in the long run.

<u>To realize the meaning in life</u>

Some interviewees mentioned that, in the past, they usually used drugs as a way to cope and manage their difficulties in life. However, through this programme, they were guided and encouraged to know more about themselves and explore their meaning in life and anything that they were treasured most. In the process, they realized that drug taking might not help much solving the deep-rooted problems in their life, such as family issues or relationship with peers. In contrast, it brought about more troubles to worsen their physical health and relationships with others. In their experience, re-confirmation of their life directions could be the best ways to manage their life challenges and adversities in life. When they can find their meaning in life, they no longer need to rely on drugs for happiness.

'Through this rehabilitation programme, I was encouraged to explore new interests and new skills, such as running and nails beauty skills, that I wanted to develop. I find that when I know more about myself and can find what I like to do, that is fulfilling to manage my unhappiness and helpful for me to desist from drugs' -- #4

'The programme was useful to help me find new life directions. It encouraged me to explore new interests. It is music – I clear that it can be my new direction of development' -- #18

'I take drugs almost non-stop every day. I nearly treat drug taking as my meaning in life since I cannot live without drugs. This programme helps me find what I truly want to do in the future….I would like to use my personal experience to encourage drug abusers to desist from drugs, which I believe is more meaningful than taking drugs' -- #22

Feedback on the programme

On average, the duration of drug taking among these 10 treatment cases was around 7 years. With frequent failure to quit drugs, many of them expected the programme could reduce their reliance on drugs and desist from drugs eventually. To a large extent, the interviewees found that the programme could facilitate them to know more about themselves and explore their interests and meaning in life. To achieve these goals, the programme offered financial assistance for treatment cases to learn new skills and develop new interests. This arrangement was appreciated by the interviewees. Most of them expressed that the subsidies were helpful for them to acquire different skills. For instance, some of them learned music instruments that they had ever wanted to try, such as Guzheng (Chinese Zither). Some others used the subsidies to get their driving license, take boxing or physical fitness courses, etc. This financial aid was an important step to attract the treatment cases to develop new interests or skills to replace their unhealthy habit of taking drugs.

'I love music. Because of drugs, I put down this interest for a long period of time. This programme reminds me of this dream. I would like to compose a song that could impress others. I really like busking. Instead of prioritizing drugs over music, it may help replace drugs. Many things could replace drugs and I wish I could do somethings that I enjoy in future' -- *#1*

To help drug abusers stay abstinence, it is important to help them explore what truly matter to them and what are they really interested in. Blinded by drugs, many of them might forget their interests and could not see their meaning in life. When they could find something meaningful and enjoyable than taking drugs, this may initiate them to start a new living style and begin a drug free journey.

Overall, the programme could help the treatment cases to know more about themselves and explore alternatives, such as interests, hobbies, or living styles, etc., to replace and stay away from drugs. Although it was not easy and they usually experienced complicated situations on the ways to quit drugs, they found the programme useful. To have further improvement, they suggested that the programme could be more sustainable. On the one hand, the programme was run as a project with specific end date. After that, the project should be closed. This might influence continuous support for drug abusers. On the other hand, the programme had specific age limits. They could not be served when they come to the age of 30. Some interviewees expected that flexible arrangement could be allowed, so that no abusers would be excluded. It was not easy for drug abusers to build up trust with helping professionals if they need to change services after the age limits.

One interviewee suggested:

'It is important to provide help to drug abusers even after the age limits. Sudden cut of service can easily make them return to drugs. It is important to extend the programme to the moment at which they do not need help anymore instead of cut off according to age' -- #18

Last but not the least, they also suggested that sponsor on medical and dental services could be offered to help them lead a productive life. Drugs create permanent damages to their teeth. Dental services can enhance their confidence and determination to quit drugs.

5.2. Indepth interviews with high risk individuals in the prevention groups

To evaluate the effectiveness of the prevention groups with meaning-centered approach, 15 high risk youth were individually interviewed. Each interview lasted for around 30 minutes. The themes of the interview included:

1. The participants' expectation on the prevention group provided by HKFYG;
2. The extent to which the prevention group helped enhance their meaning and purpose in life; and
3. The participants' evaluation on the effectiveness of the prevention groups.

Demographics of the high risk individuals in the interviews

Among the 15 high risk individuals, who came from the drug prevention groups of the programme, interviewed in this study, 6 (40%) of them were male and 9 (60%) were female. As a whole, their education level was not high. Two of them had completed primary school only. 6 (40%) of them had completed junior secondary school and 5 (33.4%) of them had completed Form 5. Only 2 (13.3%) had reached the matriculation level at Form 7. Most of them (12 with 85.8%) were born in Hong Kong. Only 2 (14.2%) of them were born in other places.

Regarding the marital status of their parents, only five of them (33.4%) indicated that their parents were married and lived together. The remaining 8 high risk individuals (66.6%) interviewed indicated that their parents were separated, divorced, cohabilitated and other forms of relation. To a certain extent, this may also reveal the perceived social support they received from parents. The socio-economic status of these high risk individuals was not high. Most of them were either living in public housing estates (5 with 35.7%) or small rental cubics (3 with 21.4%). 5 (35.8%) of their families were living with CSSA. 13 (93%) out of 15 of their family monthly income was lower than $30,000. Potential needs and risks of young adolescents who come from low income or separated families are worth to be concerned in terms of their mental wellness, purpose in life, and drug taking attitude.

Background of the participants

In this study, the high-risk individuals who joined the prevention groups did not have any experience in contacting or taking drugs. However, they were assessed as risky of having higher chances to engage in drugs. For instance, they were assessed with higher risks in their mental wellness, troubled relationships with family, or lack of meaning and purpose in life. They expected that the programme could help them understand themselves and find their future life directions as well as purpose in life. Among the interviewees, because of their family conditions, many of them came from small group homes or residential services with poor relationships with family or low skills to relate with friends. Therefore, they hoped that the prevention group could help them strengthen social support and enhance relationships with significant others in their lives.

In the interviews, many participants expressed that they did not know their meaning in life. Actually, they did have their own ways of thinking and expectation on what do they want to do in the future. For instance, some participants mentioned:

'*I like to draw and would like to be a cartoonist in the future' -- Group2*

'I like engaging in all kinds of sports. Without regular training during the pandemic, I would rather want to be a nurse to earn more to ensure stable income' -- Group 2

The findings revealed that, no matter how difficult of their everyday situations (such as lack of family support), many participants indeed had expectations for their future. However, limited by different factors, they experienced various challenges to accomplish their life goals. For instance, they could not get support from families if their interests or life directions were different from their parents, while it was important to give courage and motivation for them to pursue their life goals. Traditional social values also negatively influenced young participants' planning for the future.

'I want to study art. Yet, my parents and social workers also discourage me to do so' -- Group 1

'I am not interested in study. When I come to school, I fall asleep and cannot catch up with the teaching schedule. I want to learn make-up or skin care, so that I can be a professional beauty consultant. However, the worker of the hostel discourages me to do so and asks me to finish my secondary schooling first. I am struggling with this, as I really don't like study.' – Group 2.

To realize their interests and life directions, young people longed for their parents' and significant others' support and reassurance. However, for the better benefits or well-being of young people in their later stage of development, adult society would easily impose mainstream values on them or ignore their autonomy of choice. To develop young people's meaning or purpose in life, it is crucial to respect their expectations and allow them space to explore their future pathways of development.

Feedback on the programme

In the interviews, many participants assessed that the prevention groups could help them know more about themselves, such as their abilities and strengths, and develop a healthy understanding of their identity. One participant mentioned:

'The group helps me know more about myself. Although my school has offered similar activities before, this group helps me realize my life goals and what I truly matter and want to do in my life' – Group 1.

They also appreciated that the group could make use of different activities to help them think of their life values and meaning in life. For instance, many participants were impressed by the game of 'Options between two different values'. Some participants mentioned:

*'The game "*Options between two different values" *helps me know more about myself and my values. It inspires me about what I want to do in the future' -- Group#25-28*

'The game "Theme Park" let me realise that money is not the most important value to me, while relationship with family is' – Group #22-24

It is observed that the prevention group participants found those games which could stimulate their review and reflection on different life values useful to help them think of and plan for the future. "Theme Park" and "Options between two different values" were two games which invited the participants to think of and make decisions on different pairs of controversial values, such as their preferences of having beautiful face or having wisdom, having money or having good relationship with family or friends, etc. Through the decision making process, the participants could concretely know their value choices and meaning in life.

According to the participants, the prevention group was helpful to reduce their interest in taking drugs. They learned more about different types of drug, their detrimental effects on people's brain and body, and knowledge of drug-related crimes. All these could remind them not to take drugs. One participants mentioned:

'The group helps me know more about drugs and their negative effects on us, such as drugs can damage our brain and cause hallucination. Importantly, drug taking is criminal and illegal in Hong Kong.' – Group#25-28

Most group participants were quite certain that they had no interest in taking drugs. It revealed that the prevention group could help disseminate the side effects and negative impact of taking drugs, that played a deterrence effect in preventing them from taking drugs.

Design and content of the group

As a whole, the participants appreciated the small group size as this allowed them to talk and share freely. However, as they were not drug abusers, they expected to simplify or trim down the contents on drugs, while extend the duration of the activities about meaning in life with the use of VR or those reflective games, such as "Theme Park".

'I think the game named "Theme Park" could play (last) longer in the group, while less time is spent on talking about drugs since we are not drug abusers and have no interest in taking drugs. We treasure the time to know more about ourselves and our values in life.' -- Group #22-24

'I think that the group can have more sessions, while the duration of each session can be shortened since it was exhausted in each session. ...I also expect that there could be more games and more VR to make the session more interactive and less boring' -- Group #25-28

'I hope the group could involve speakers from different occupations so as to make the sharing more impressive and convincing' -- Group2

It can be seen from the interviews that the addictive risk of those high risk participants was low. Therefore, they preferred to have more time to review their life values and explore their meaning in life. As a whole, they enjoyed joining the prevention group and appreciated the chances to know more about themselves and their future directions of development.

5.3 Summary

Overall, the qualitative results revealed that both the rehabilitating drug abusers and the high risk individuals had positive feedback to the programme. The rehabilitating drug abusers expressed that the programme could guide them to understand themselves and explore their meaning in life. Given their realization that having clear life meaning and direction in life were better ways to manage their life challenges and adversities in life, they found the programme effective facilitating them to know themselves and explore their interests and meaning in life. They could explore alternative interests, hobbies, or living styles to replace and stay away from drugs. The rehabilitating drug abusers also believed that having a healthy social network was crucial in desisting from drugs. The care and accompany obtained from the programme were helpful to relieve their sense of loneliness and give them support along the drug rehabilitation journey. In return, this could help sustain abstinence. Therefore, to a certain extent, they found meaning-centered approach as effective in enhancing their purpose in life, strengthening their social support and relationship with significant others and enhancing their sense of resilience in facing with life adversities.

The high risk individuals were initially assessed as risky of having higher chances to engage in drugs. The qualitative results showed that the programme was effective in reducing their attitudinal risks in drug taking as most group participants were quite certain that they had no interest in taking drugs. The high risk individuals expressed that they learned most on the detrimental effects of drugs on people and the drug-related crimes which played a deterrence effect in diminishing their interest in taking drugs. They enjoyed joining the prevention group and appreciated the chances to plan for their future directions of development. They thought that the programme could help develop their meaning or purpose in life by assisting them to know more about their abilities and strengths and a healthy understanding of their identity. The qualitative findings revealed that many participants indeed had their own ways of thinking and expectations for their future which is crucial to help them stay away from drugs. To strengthen their sense of purpose in life, it is crucial and important to respect young people's expectations. Their parents and significant others should give them support and allow them space to explore their future pathways of development.

To further improve the programme, the participants recommended that inviting ex-drug addicts or rehabilitating abusers to share on the negative consequences of drugs could be more effective to guide them through the most difficult and suffering time of drug desistence. This could not only play a deterrence effect on drug abuser behaviours, but also help ex-drug addicts or rehabilitating abusers keep abstinence since sharing with current drug abusers could play the role as a reminder to further enhance their self-control ability to desist from drugs. The high risk individuals in the drug prevention groups also suggested that the programme could spend more time on exploring meaning in life for those participants with low addictive risks. For instance, they appreciated much for the effect of those reflective games, such as 'Theme Park' and 'Options between two different values'. They found the games interactive and useful to help them review their life values and enhance their motivation and positive attitudes towards having lives with purpose and meaning.

6. Satisfaction of the participants to the programme

In this study, satisfaction of young participants who joined the educational talks, drug prevention groups and individual treatment cases was also measured at the three different time points by the questionnaire. As a whole, the young participants in the three different levels of intervention were satisfied (range from 1 to 6) with the programme in raising their awareness on the possible harms of drugs, enhancing their knowledge about themselves, their mental wellness, purpose in life and directions of development.

Table 36: Feedback and satisfaction on the programme from general youth in educational talks

Educational talks (N = 1950, Missing = 52)		
	Mean (1 to 6)	SD
This workshop raises my awareness of drug prevention and drug abuse harms.	4.69	1.282
This workshop enhances my knowledge of drug prevention and mental health.	4.69	1.29
This workshop encourages my reflection on life-goals and meaning of life.	4.57	1.328
Overall, I am satisfied with the content and arrangement of the workshop.	4.67	1.302

In Table 36, the overall satisfaction of the general youth who joined the educational talks was 4.67 out of 6. It means that they were satisfied with the talks on drug prevention and exploration of meaning in life on the ways of their personal growth and development.

Table 37: Feedback and satisfaction on the programme from high risk individuals in drug prevention groups

Drug Prevention Groups						
	Baseline pre intervention N = 170 (Expectation)		Immediately after intervention N = 149		3-month follow up period N = 150	
	Mean (1–6)	SD	Mean (1-6)	SD	Mean (1-6)	SD
This group can raise my awareness of drug prevention and drug abuse harms.	4.34	1.423	4.79	1.043	4.67	1.156
This group can enhance my knowledge of drug prevention and mental health.	4.37	1.392	4.8	1.053	4.71	1.162
This group can help me know more about myself and face the life challenges.	4.35	1.311	4.95	0.956	4.78	1.106
This group can help me review the meaning of my life and build up my life goals.	4.36	1.375	4.83	1.031	4.71	1.102
Overall, I am satisfied with the content and arrangement of the group.	/	/	4.94	0.988	4.8	1.062

In Table 37, the overall satisfaction of high risk individuals who joined the drug prevention groups was high with 4.94 out of 6 immediately after the intervention and 4.8 at the 3-month follow up period. Table 37 revealed that the immediate effect of the drug prevention groups to the high risk individual was promising, since the satisfaction scores were much higher than

they expected at the baseline pre-intervention period. The suitable effect at 3-month follow up period was also satisfactory.

Table 38: Feedback and satisfaction on the programme from rehabilitating drug abusers in individual treatment cases

Individual Treatment Cases						
	Baseline pre-intervention N = 102		Immediately after intervention N = 100		3-month follow up period N = 100	
	Mean (1-6)	SD	Mean (1-6)	SD	Mean (1-6)	SD
The treatment can raise my awareness of drug prevention and drug abuse harms.	4.55	1.026	4.66	0.945	4.65	1.009
The treatment can enhance my knowledge of drug prevention and mental health.	4.6	1.023	4.68	0.913	4.67	0.979
The treatment can reduce my drug dosage and drug dependency.	4.64	1.037	4.65	0.947	4.65	1.048
The treatment can help me know more about myself and face the life challenges.	4.69	1.01	4.68	0.963	4.68	1.004
The treatment can help me review the meaning of my life and build up my life goals.	4.78	1.019	4.62	0.982	4.64	1.03
Overall, I am satisfied with the content and arrangement of the treatment.	/	/	4.94	0.807	4.88	0.938

The overall satisfaction of rehabilitating drug abusers who joined the individual treatment cases was high with 4.94 out of 6 immediately after the intervention and 4.88 at the 3-month follow up period. The overall immediate and sustainable effects of the treatment cases were constant and stable. As a whole, the satisfaction scores of the participants revealed that general youth, high risk individuals, and the treatment cases were satisfied with the programme in the three different levels of intervention. They treasured much on the effects of the programme to guide them know more about themselves, the possible harms of drugs, their personal values, and the possible ways of leading a life which is purposeful and meaningful.

7. Discussion and Recommendation

The descriptive results of the variables in the educational talks, drug prevention groups and individual treatments cases revealed that the baseline mean score of the general youth in the educational talks were performing better than high-risk individuals and rehabilitating drug abusers in almost all the measured scales except anxiety and loneliness. It is worth mentioned that although general youth have the highest mean score of purposes in life, their score was still categorized as lack of clear meaning and purpose in life. Therefore, the data called for a need to strengthen purpose in life in general youth, high risk individuals and rehabilitating drugs abusers. Although positive changes could be observed in almost all measured variables both for the drug prevention groups and the treatment cases, the changes were statistically significant in only few variables including purpose in life, perceived social support received from parents, their stress level, and the immediate effects of their drug attitudes. Therefore, further intervention and research with larger sample size may be helpful to consolidate the effect of meaning centered approach for drug prevention and rehabilitation.

Repeated measures ANOVA revealed that among the high risk individuals in the drug prevention groups, changes of purpose in life from the baseline pre-intervention to the 3-month follow up periods were positive and statistically significant. This corresponds to the findings in qualitative interviews. The high risk individuals revealed that the programme could develop their purpose in life by assisting them to know more about themselves, such as their abilities and strengths, and develop a healthy understanding of their identity. To further strengthen their sense of purpose in life, this study found that it is crucial to respect young people's expectations and allow them space to explore their interests and future pathways of development.

On the other hand, significant changes were also found for purpose in life and perceived social support received from parents in the repeated measures ANOVA among rehabilitating drug abusers in the individual treatment cases. This was consistent with the qualitative results. The rehabilitating drug abusers pointed out that the programme could guide them to understand themselves and explore their meaning in life to manage their life challenges and adversities in life. They could explore alternative interests and hobbies to replace and stay away from drugs. The intervention was promising to bring immediate and sustainable effects in term of purpose in life. Family support also means a lot and makes a difference to monitor their drug taking behaviour. Therefore, family support in proper ways could also inspire drug abusers and guide them through the problem of drug abuse in the long run.

Despite the positive changes made by other treatment approaches (treatment as usual) for the participants in drug prevention groups and individual treatment cases, meaning centered approach brought more appealing effects to raise their purpose in life, perceived social support received from parents, improved their stress level and drug attitudes. The correlation analyses revealed that purpose in life were positively associated with young people's mental wellness (depression, anxiety, stress, and loneliness), their perceived social support received from all significant others including parents, teachers, classmates, and best friends, as well as their drug attitude. Drug attitude was also positively associated with young people's drug contact, drug use and drug behaviour. Therefore, it was crucial to enhance young people's purpose in life. In turn, this can help strengthen their mental wellness and relationships with others. When they have clear purpose in life and better mental wellness and good relationships in their everyday living, they do not need to think of drugs or use drugs as a coping mechanism to cover up their life challenges and life adversities. Therefore, meaning centered approach for drug prevention and rehabilitation is worth to be further explored and developed.

General youth in educational talks

This study had further explored the associations of the relationships among the measured variables through mediation and moderation analysis in the educational talks, drug prevention groups, and the individual treatment cases. The results revealed that purpose in life plays a significant role among general youth in educational talks affecting their drug attitude and thus their drugs related behaviour. When they have clear purpose in life, their drug attitude and inclination to take drugs would be lower. Therefore, the important first step to prevent and reduce general youth's chance of drug taking is to raise and guide them to develop their purpose in life.

Secondly, general youth's sense of loneliness could mediate the relationship between purpose in life and drug attitude. It means that drug attitude of general youth will increase when they feel strong sense of loneliness even if they have clear purpose in life. At the adolescent

stage of searching for identity and acceptance, sense of loneliness may lower their awareness and resistance to negative influence or maladaptive behaviour (Karavalaki & Shumaker, 2016). Therefore, tackling with their sense of loneliness with meaningful activities or relationships with significant others will be the second important step to lower their chance to develop a permissive attitude towards drugs.

Thirdly, perceived social support received from parents was effective to moderate the effect of purpose in life on general youth's drug attitude. It means that support from parents could play a part to help general youth enhance their purpose in life and, in turn, lower their permissive attitude towards drugs. Therefore, to prevent general youth from drug taking, it is important for parents to maintain a supportive relationship with their children. Psychological, mental, and emotional supports will be equally important with material and financial supports (Tam, 2014). Hong Kong is a metropolitan city with fast pacing. Young people are facing with high demands on their performance in different areas, such as in work or academic performance. On the way of young people's growth and development, it is surely good if parents could provide quality support to hear their views, respect their expectations and guide their ways of living.

The results of this study further revealed that peers could be a double-edged sword for general youth. Their perceived social support received from best friends positively mediates the relationship between drug attitude and drug contact. This means that support gained from best friends was negative peer influence further influencing young people to take drugs. This situation is common among adolescents who engage in drugs to gain acceptance or to avoid isolation (To et al., 2007). In Hong Kong, peer influence is the most common reason for adolescents to take drugs (Narcotics Division, 2021). It is important to educate adolescents to make friends wisely and say no to drugs and negative influence from peers.

Fortunately, mental wellness of general youth including depression, anxiety and stress could moderate the effect of drug attitude on drug contact. It means that keeping young people with healthy mental and emotional wellness could help get them away from drugs' attraction. On the contrary, with weak mental and emotional status, young people may not be able to hold themselves from drugs. Therefore, to keep general youth (young people) away from drugs, it is important to (1) help them know themselves and develop clear purpose in life, (2) tackle their sense of loneliness and enhance their mental and emotional wellness, (3) provide quality support from parents, and (4) raise their awareness to stay away from negative peer influence.

High risk individuals in drug prevention groups

Referring to high risk individuals in drug prevention groups, the results revealed that both purpose in life and resilience played an important role in affecting their drug attitude, and thus their drug behaviour. When they have clear purpose in life and strong sense of resilience, their drug attitude and inclination to take drugs would be lower. Thus, as high risk individuals might face with more diverse environments which expose them to more life challenges and adversities, the important first step to prevent and reduce their chance of drug taking is to guide them with clear purpose in life and enhance their sense of resilience.

Secondly, high risk individuals' perceived social support received from parents and their mental wellness including depression, anxiety, and stress could mediate the relationship between purpose in life and drug attitude. It means that with weak perceived social support

from parents and poor mental wellness, high risk individuals' drug attitude will increase even if they have clear purpose in life and strong sense of resilience. In this relationship, loneliness was effective to moderate the effect of purpose in life and resilience on high risk individuals' drug attitude. It means that low sense of loneliness could help high risk individuals enhance their purpose in life and sense of resilience. Thus, to prevent high risk individuals developing a permissive attitude towards drugs, it is important to (1) guide them with clear purpose in life and strong sense of resilience, (2) provide strong support from parents, (3) enhance their mental and emotional wellness, and (4) reduce their sense of loneliness.

Thirdly, the results also revealed that stress could mediate the relationship between drug attitude and drug behaviour. It means that when high risk individuals encounter strong stress in their everyday lives, they might more likely turn to drugs as a coping mechanism to cover up their stress. Therefore, it is important to help them with a positive attitude and develop a constructive mechanism to cope with stress. In this relationship, their sense of resilience and perceived social support received from parents were effective to moderate the effect of drug attitude on drug behaviour. It means that strong sense of resilience and quality support from parents could help reduce the effect of high risk individuals' drug attitude on drug behaviour. Therefore, to help high risk individuals overcome life challenges and life adversities so as to keep them away from drugs, strengthening their resilience and providing high quality support from parents could play significant roles in the process.

Rehabilitating drug abusers in individual treatment cases

The situation of rehabilitating drug abusers in treatment cases is more complicated. The results revealed that no measured variables have direct effect on rehabilitating drug abusers' attitude towards drugs and their drug related behaviour. It means that, influenced by possible impulsive behaviour or drug craving, rehabilitating drug abusers' drug taking behaviour could no longer be influenced by other variables such as purpose in life or resilience. Their drug attitude only plays an indirect mediating role for the relationship between purpose in life and their intention to quit drugs. It means that if rehabilitating drug abuses have clear purpose in life and low attitude towards drugs, their intention to quit drugs increase. Thus, in comparison with the situations revealed among general youth in education talks and high risk individuals in drug prevention groups, their drug attitude and drug behaviour still have direct effects with purpose in life and resilience. It means that clear purpose in life and strong sense of resilience could reduce their attitude towards drugs and behaviour in taking drugs. Therefore, to prevent young people from taking drugs, early prevention and intervention will be crucially important. Once when young people start moving onto the pathway of drug taking, it will be difficult and complicated to help them away from drugs.

Secondly, the results also revealed that loneliness plays an important role influencing rehabilitating drug abusers' drug taking situations. On the one hand, loneliness influences their purpose in life and sense of resilience, in turn, affects their intention to quit drugs. When their sense of loneliness increases, their purpose in life and resilience reduces, this eventually lowers their intention to quit drugs. On the other hand, loneliness also plays a mediation role on the relationships between resilience and intention to quit drugs and purpose in life and drug attitude. It means that even though with clear purpose in life and high sense of resilience, when they have strong sense of loneliness, their drug attitude will increase and intention to quit drugs will lower. These results were consistent with rehabilitating drug abusers' qualitative feedback that strong sense of loneliness in their everyday lives was one of the key reasons leading them to

use drugs as a way of coping to replace and cover those uncomfortable feelings of loneliness. Lo et al. (2020) and Tam et al (2018) also mentioned that young drug abusers become more socially isolated and lonely when their drug use is prolonged. As a result, drugs are treated as soulmates for receiving comfort, a sense of security and satisfaction to relieving feelings of loneliness. Therefore, to keep rehabilitating drug abusers away from drugs, intervention into their sense of loneliness is crucial and important.

Thirdly, despite no measured variables have direct effect on rehabilitating drug abusers' drug attitude and drug behaviour, purpose in life and resilience have direct effects on their intention to quit drugs. It means that even though purpose in life and strong sense of resilience might not be able to affect rehabilitating drug abusers' permissive attitude towards drugs and their drug taking behaviour, they could be important to influence their intention to quit drugs. Therefore, to raise rehabilitating drug abusers' intention to quit drugs, guiding them with clear purpose in life and strong sense of resilience in facing with life adversities is important. Among the relationships, the results also revealed that mental wellness including depression, anxiety, and stress of rehabilitating drug abusers could also mediate the relationships between purpose in life and drug attitude and loneliness and purpose in life. It means that healthy and positive mental and emotional wellness of rehabilitating drug abusers also play a significant role on their purpose in life, sense of loneliness and attitude towards drugs. In Hong Kong, relief of boredom, depression and stress was the second most common reason for young people to take drugs (Narcotics Division, 2021). Therefore, young people's mental and emotional wellness could not be ignored in tackling their drug taking behaviour.

As discussed, because of their drug taking behaviour, rehabilitating drug abusers usually have strong sense of loneliness. This has further influenced their intention to quit drugs. The results revealed that perceived social support received from best friends and parents could play a part to mediate the relationship between loneliness and resilience and moderate the effect of purpose in life on drug attitude. It means that quality support received from best friends and parents could help enhance their sense of resilience even when they are living with strong sense of loneliness. Quality support from best friends could help reduce their attitude towards drugs even when they are uncertain with their purpose in life. The results implied that quality support from best friends and parents means a lot to help rehabilitating drug abusers live with their sense of loneliness so as to strengthen their resilience and intention to quit drugs. Therefore, the findings of this study revealed that it is important to keep young people away from drugs. Once when they start moving onto the pathway of drug taking, it will be highly complicated to tackle their drug related issues. To help drug abusers rehabilitate from drugs, it is important to (1) strengthen their social support network from best friends and parents, this could help improve their mental and emotional wellness and retrieve their strong sense of loneliness, and (2) guide them with clear purpose in life and enhance their sense of resilience in overcoming challenges and adversities in their everyday lives.

Recommendations

The quantitative and qualitative results of this study have demonstrated that meaning centered approach for drug prevention and rehabilitation could bring positive effects for general youth in educational talks, high risk youth in drug prevention groups and rehabilitating drug abusers in individual treatment cases. The participants in all three levels of intervention also showed high satisfaction to the programme. In comparison with other treatment approaches, meaning centered approach could also bring more appealing effects to raise the participants' purpose in life, perceived social support received from parents, their stress level

and improve their drug attitude. Therefore, it is worth having further intervention and research on meaning centered approach to further consolidate and examine the significant effects of meaning centered approach for drug prevention and rehabilitation.

Early prevention and quality support from parents

As the results revealed, the drug taking and rehabilitation situations of drug abusers are more complicated in comparison with general youth and high risk individuals. Social isolation and strong sense of loneliness are two important factors keeping them in the loop of using drugs as a coping to replace and relieve their uncomfortable feelings of loneliness. Therefore, early prevention and intervention to keep young people away from drugs is crucial. Once when they start moving onto the pathway of drug taking, it is not only difficult and complicated to keep them away from drugs, but also the unbearable costs incurred to Hong Kong society. On the one hand, early prevention can be done in junior secondary school level. Since purpose in life can play a significant role influencing general youth's drug attitude and thus their drug behaviour, drug prevention or life education training can be offered to guide young students to know themselves, understand their strengths and weaknesses, develop their personal interests, values, purpose in life and directions of development.

In particular for those underachievers who are not interested in study and not clear about their ways of development, the results revealed that high quality support from parents can help reduce their level of loneliness and prevent them from making friends with negative influence (Nkyi & Ninnoni, 2020). Quality support from parents and connectedness with families have often been important sources of support for young people to develop their meaning in life, to plan and actualize their dreams, as well as to persist in achieving tasks and solving problems. Therefore, early prevention can also be done in family level. Quality parent education is worth offering as a means to strengthen parent-child relationship. Supportive and respectful parental guidance can help adolescents develop their meaning in life and ways of development.

Key areas of intervention for general youth, high risk individuals and drug abusers

To compare the drug taking situations among general youth, high risk individuals, and rehabilitating drug abusers, purpose in life plays a significant role to predict general youth's drug attitude and thus their drug behaviour. Therefore, the important first step to prevent and reduce their chance of drug taking is early prevention to guide them with clear purpose in life. Together with quality support from parents, young people can overcome their strong sense of loneliness and keep away from making friends with negative influence.

Apart from having clear purpose in life and quality support from parents, strong sense of resilience is important to reduce high risk individuals' drug attitude and drug behaviour. It means that strong sense of resilience can help reduce their permissive attitude towards drugs and thus reduces their drug behaviour. Since high risk individuals might come across with more diverse environments which may expose them to more adversities in life, the most important step to prevent and keep them away from drug is to guide them with clear purpose in life and develop strong sense of resilience.

When young people start taking drugs, their situations become more complicated. No significant factors can reduce their drug attitude and drug behaviour directly. In contrast, strong sense of loneliness develops and plays a significant role to influence their purpose in life and sense of resilience, in turn, affect their intention to quit drugs. When their drug use is prolonged,

they will become more socially isolated and lonely. As a result, drugs become their soulmates for receiving comfort and satisfaction to relieving their strong sense of loneliness. Therefore, to keep rehabilitating drug abusers away from drugs, intervention into their sense of loneliness will be crucial and important. Empirically, young people's sense of loneliness and their mental and emotional wellness including depression, anxiety and stress are crucial factors influencing their drug attitude and drug behaviour. Quality support from parents and best friends can mean a lot to enhance their healthy and positive mental and emotional wellness and release their strong sense of loneliness.

Limitations

This study has several limitations that should be considered in future research. In terms of the protocol adopted by "Project MAP", it was translated and borrowed from the meaning-centered approach developed by a psychologist Paul Wong (Wong, 2011; Wong et al., 2010) in Canada. The protocol was firstly practised and examined in a Chinese society. Due to the limited practice experience in using this approach in drug education, prevention, and counselling for young people and the cultural difference between Canada and Hong Kong, the adherence of the practitioners in using this approach was unsure. Luckily that the protocol developed through "Project MAP" was examined as positive to bring promising changes for general youth in educational talks, high risk youth in drug prevention groups and rehabilitating drug abusers in individual treatment cases. Practice makes perfect. Hong Kong Federation of Youth Groups is determined to apply and use the protocol continuously in its everyday services for young people. The protocol developed will also be widely shared with other practitioners in drug rehabilitation settings. Further research and experience accumulation in using this approach can help much refine the protocol and develop an indigenous model in Hong Kong context.

In terms of the impact assessment, the data were collected from self-reported questionnaires completed by the youth participants. This might result in potential biases and validity problems. A multiple informant method involving participants' social workers, parents, or teachers could offer better results in future similar studies. Another limitation of this study was its small sample size including 150 high risk youth in drug prevention groups and 100 rehabilitating drug abusers in individual treatment cases who could be matched for data analysis. To remedy this limitation, dummy datasets adding up the data from the baseline, post-intervention, and the 3-month follow-up measures were adopted. Since the sample was not randomly selected, representativeness of the results could not be claimed.

During the COVID period, one group was conducted online. All participants and social workers turned on their cameras, sharing training materials on screen and giving responses through online communication software. The effectiveness of that online group was slightly influenced since social workers were limited to observing the instant responses of participants. However, the participants were all well-adapted to the online mode of group sessions and felt free to share their opinions.

Although the social distancing measures during the COVID period had delayed schools' reply and participants' recruitment, most interventions including educational talks, drug prevention groups and treatment cases were conducted in face-to-face basis. Therefore, the samples of this research were not sufficiently large to differentiate results between those affected by COVID and those unaffected, makes it impossible to draw a comparable conclusion about the impact of COVID even though the topic is worthy of study.

8. Conclusion

"Project MAP – Meaning Centered Approach Drug Education and Counselling Programme" was conducted with the aims to, firstly, develop indigenous protocols using meaning centered approach in educational talks, drug prevention groups and treatment cases. Secondly, an instrument was developed to measure the impact and effectiveness of meaning centered approach for drug prevention and rehabilitation. Thirdly, the impact and effectiveness of meaning centered approach in three different levels of intervention of the programme were empirically assessed. Lastly, the protocols and practice experience gained on meaning centered approach could be widely shared, disseminated and replicated in drug rehabilitation sector. With the publication of this impact assessment report, the aims were largely fulfilled. Hope that this report can help inspire different stakeholders with this meaning centered approach and keep practising and examining its applicability in drug prevention and rehabilitation.

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Appendix 1: Meaning-Centered Approach (MCA) – Its Dimensions, Objectives and Steps of Intervention

Project MAP「生命地圖」-意義中心取向抗毒教育及輔導計劃以學者 Dr. Paul Wong 的 "A Meaning-Centered 12-Step Programme for Addiction Recovery" 作為理論框架，結合計劃社工在香港前線服務的抗毒服務經驗整理而成。

1. 「意義中心取向模式」的 4 個範疇、5 個目標和 12 個步驟 [1]

「意義中心取向模式」的戒毒治療，包括：4 個範疇 (dimensions)、5 個目標 (objectives) 和 12 個步驟 (steps)，詳見以下表列：

4 個範疇	5 個目標	12 個步驟
1) 認知意義介入 (Cognitive Meaning Intervention)	1) 正面自我認識 – 探索個人真實身份和在世界上的位置，建立充滿盼望和動力的自我認知	1) 認識與接納自我 透過自我反思、自我接納、人生中成功經驗的檢視，認識真實的自我，接納生命的黑暗面。
		2) 了解生命的真實所需 知道自己生命中真正重要的人、事、物，並基於這些珍視的東西設定人生目標。
		3) 了解人生的價值選取 了解自己對於追求美好人生的價值觀與取態，例如對成功的定義，以及內在與環境因素如何影響個人價值觀的形成。
2) 存在意義介入 (Existential Meaning Intervention)	2) 積極面對人生 – 提升應對生活困難及尋找充實生活的動機 3) 建構人生意義 – 提升建構個人意義的能力，令他們找到應對逆境的意義及恢復他們的目標、信念和希望	4) 認識獲得意義的途徑 (Meaning Triangle) 意識到在逆境中仍然有值得重視的生存意義，例如追求人生價值所付出的努力及抉擇時體驗到的個人自主，並了解獲得意義的三種途徑：創造性價值、經驗性價值和態度性價值。
		5) 應用 PURE 的思考模式 PURE 的思考模式包括目的、理解、負責任的行動和評估共 4 項課題，應用此模式檢視當前生活處境並覺察有意義人生的組成部分。
		6) 探索快樂的來源 以意義為中心的快樂來源來自 8 項元素，包括正面影響力、成就、關係、親密感、接納、信仰、自我超越、公平/公義。學習於逆境中發現這些快樂的來源，以及放下讓人困擾事物的喜悅。

[1] Wong, P. T. P., Nee, J. J. & Wong, L. C. J. (2010). *A Meaning-Centered 12-Step Program for Addiction Recovery.* http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.708.9802&rep=rep1&type=pdf

		7) 實踐悲劇性樂觀 (Tragic Optimism) 在困境中發現到學習、成長與改變的契機，經歷創傷後仍能心存盼望。
3) 有效應對方法 (Effective Coping)	4) 學習解難方法 – 經歷和學習處理困難，發展解難的有效方法，滿足他們的人生使命	8) 應用 ABCDE 思考策略 ABCDE 的思考策略包括接納、相信、投入、發現、評估共 5 項課題，以此策略檢視生命中的逆境，從而提升抗逆力並在逆境中生存。
		9) 困難中展望與前行 使用雙重視野策略 (Double Vision Strategy)，除了感知當前困境，亦具備審視大局的視野，將焦點保持在個人長遠理想，面對困局或感到困擾時能向著目標突破障礙前行。
		10) 實踐雙向系統思考模式 (Dual System Model) 結合 PURE 與 ABCDE 兩套思考模式，靈活應對生命中的正面與負面經歷，既尋求有意義的東西並樂在當下，亦轉化負面事物並學懂放手，從而活出豐盛人生。
4) 人際關係訓練 (Relational Training)	5) 建立人際網絡 – 增強與他人聯繫的能力，建立互相信任、扶持和療癒的關係。	11) 了解溝通模式與人際關係資源 意識到自己與他人互動的溝通模式，並檢視人際網絡中能為自己帶來支持的有意義關係。
		12) 整合與建構具意義的生活方式 重新審視尋求意義、創造意義和建構意義的途徑，引領具意義和目的的生活方式。

2. 「意義中心取向模式」12 個步驟的介入重點

12 個步驟	介入重點
認知意義介入 (Cognitive Meaning Intervention)	
1) 認識與接納自我 透過自我反思、自我接納、人生中成功經驗的檢視，認識真實的自我，接納生命的黑暗面。	自我反思 • 反思我是誰? • 在一年、五年、十年後，我想成為怎樣的人? • 我怎樣形容自己? • 我是否可以內在價值和優勢來定義自己? 自我接納 • 我有什麼優點和缺點? • 人生中有哪些難關是我經常逃避面對? 或是對於我來說很困難去面對? • 人生中，是否有令我感到自豪的事? 回顧人生中成功的經驗

	• 試舉出一至兩個你的強項。 • 試舉出一件令你感到自豪的事。 • 你能想起一些在現在或過去也重視你和關心你的人嗎?
2) 了解生命的真實所需 知道自己生命中真正重要的人、事、物，並基於這些珍視的東西設定人生目標。	回顧你的核心價值，你最珍惜的核心價值是甚麼? • 如果你可以毫無限制的做任何事情，你最想做甚麼? • 你有真心重視、感到熱衷的事情嗎? • 你有自己的夢想嗎? 定立目標 (讓你活出意義的動力) • 列出你認為有價值的人生目標，以及最想完成的人生計劃。 過去經歷的啟示 (過去可以成為未來重要的資產) • 列舉 1-2 個在過去痛苦的經驗或修復的過程中的得着和重要啟示。 • 這些經驗如何幫助你定立未來的人生目標?
3) 了解人生的價值選取 了解自己對於追求美好人生的價值觀與取態，例如對成功的定義，以及內在與環境因素如何影響個人價值觀的形成。	人生價值的反思： • 你認為生命中最有價值和最重要的是甚麼? 例如：錢? 友誼? 家人? 朋友? • 你對美好生活的定義是甚麼? 成功 vs 有意義；外在物質(例如：錢，利益) 還是內在動機 (歸屬感，滿足感？幫助別人等?) • 在成長過程中，這些價值是如何形成的? • 你希望在你的墓誌銘寫下甚麼? • 當你離開這世界或去一個很遙遠的地方時，你最想帶走哪三樣物品?
存在意義介入 (Existential Meaning Intervention)	
4) 認識獲得意義的途徑 (Meaning Triangle) 意識到在逆境中仍然有值得重視的生存意義，例如追求人生價值所付出的努力及抉擇時體驗到的個人自主，並了解獲得意義的三種途徑：創造性價值、經驗性價值和態度性價值。	自我責任 • 如果人生是不公平的，你的責任在那裏? 你是否亦需要承擔過中責任? • 你可以怎樣負責任地應對生命中的挑戰? • 每個人都要為自己的行為及選擇負責，你會為自己的未來作出怎樣的選擇? 如何在逆境中保持希望和信念? • 可強調意義治療大師弗蘭克三個基本信念： 1. 意志的自由 (freedom of will) 2. 追求意義的意志 (will to meaning) 3. 生命的意義 (meaning in life) 善用三個獲得意義的途徑 (Meaning Triangle) 克服生命中的難關與苦痛： 1. 創造性價值 (creative value)

	2. 經驗性價值 (experiential value) 3. 態度性價值 (attitudinal value)
5) 應用 PURE 的思考模式 PURE 的思考模式包括目的、理解、負責任的行動和評估共 4 項課題，應用此模式檢視當前生活處境並覺察有意義人生的組成部分。	應用趨近系統 (Approach) – PURE 思考模式追求理想的人生目標和計劃： • 目的 (**P**urpose)，理解 (**U**nderstanding)，負責任的行動 (**R**esponsible action)，評估/享受 (**E**njoyment/**E**valuation) • 你是如何走上吸毒的道路？你為何要戒毒? • 你是否清晰自己的人生目標? 你的人生目標是否比吸毒更重要?
6) 探索快樂的來源 以意義為中心的快樂來源的 8 項元素，學習於逆境中發現這些快樂的來源，以及放下讓人困擾事物的喜悅。	在困境中尋找喜悅/快樂 • 快樂來源包括：正面影響力 (positive affect)、成就 (achievement)、關係 (relationship)、親密感 (intimacy)、接納 (acceptance)、信仰 (religion)、自我超越 (self-transcendence)、公平/公義 (fairness/justice)。 學習放下 (letting go) 困繞你的事情，從中吸引經驗，結集智慧，感受放下的樂趣。
7) 實踐悲劇性樂觀 (Tragic Optimism) 在困境中發現到學習、成長與改變的契機，經歷創傷後仍能心存盼望。	在困境中學習應用悲劇性樂觀 (tragic optimism)： • 試想像生命中的一個困難的情況並為這個情況發掘一些新的意義。 • 試想像一個挫敗的經驗，悲劇性樂觀的策略能否協助你總結經驗，為這挫敗的事情尋找出路?
有效應對方法 (Effective Coping)	
8) 應用 ABCDE 思考策略 ABCDE 的思考策略包括接納、相信、投入、發現、評估共 5 項課題，以此策略檢視生命中的逆境，從而提升抗逆力並在逆境中生存。	在生活上應用迴避系統 (Avoidance) - ABCDE 思考策略，在挫敗與逆境中克服困難 (例如：奧斯卡得主關繼威和楊紫琼的奮鬥故事) • 接納 (**A**ccept)，相信 (**B**elieve)，投入 (**C**ommit)，發現 (**D**iscover)，評估/享受(**E**valuate/**E**njoy)
9) 困難中展望與前行 使用雙重視野策略 (Double Vision Strategy)，除了感知當前困境，亦具備審視大局的視野，將焦點保持在個人長遠理想，面對困局或感到困擾時能向著目標突破障礙前行。	在逆境中，以雙重視野策略 (double vision strategy) 認知當前困境，積極前行： • 審視個人夢想在社會環境/大局中的位置，放眼長遠/整體果效，不為短期挫敗而放棄。 • 雙重視野策略可以鼓勵逆境前行，為逆境開拓更多選擇與可能性。

10) 實踐雙向系統思考模式 (Dual System Model) 結合 PURE 與 ABCDE 兩套思考模式，靈活應對生命中的正面與負面經歷，既尋求有意義的東西並樂在當下，亦轉化負面事物並學懂放手，從而活出豐盛人生。	綜合 PURE 和 ABCDE 思考模式靈活應對生命中的正面與負面經歷： • 用 PURE 建立生命意義，樂在當下。 • 用 ABCDE 學習接納生命的局限，學懂放下，轉化負面經驗，活出生命意義。
人際關係訓練 (Relational Training)	
11) 了解溝通模式與人際關係資源 意識到自己與他人互動的溝通模式，並檢視人際網絡中能為自己帶來支持的有意義關係。	檢視與別人溝通和相處的模式 • 例如：怪責為主 (blaming oriented) vs 關懷為主 (caring oriented)、 自我中心 (self-centered) vs 意義中心 (meaning centered) 等。 盤點你生命中的人際支援網絡 • 檢視你生命中的重要他人 (significant others)，發掘他們為你的生命帶來的重要影響? • 你會做甚麼去表達對他們的感激? 在不同的社區及人際支援中，你如何為自己的生命作出改變?
12) 整合與建構具意義的生活方式 重新審視尋求意義、創造意義和建構意義的途徑，引領具意義和目的的生活方式。	重溫 12 個意義為本的介入步驟： • 你如何評價這意義為本的介入模式? 這模式有甚麼好處與限制? • 試列出 1-2 個在過程中讓你深刻的經驗。 • 你認為意義為本的介入在那方面對你最有用? 為什麼? 它是否能協助你遠離毒品，重塑生命意義? 鼓勵參與者就算在面對生命的逆境時也要保持希望和信念。

3. 「意義中心取向模式」的應用技巧

「意義中心取向模式」以存在主義為基礎，著眼於個人的主觀經驗、抉擇和行動，從認識自我和世界的過程建立對生命意義的理解，而不深究客觀真理和社會結構。黃載寶博士及其研究團隊參照同樣以存在主義為基礎的「意義治療」(Logotherapy)，強調人們如何在經驗苦難和創傷後獲得意義與成長。逆境對人類來說不一定只帶來傷害，儘管我們在艱難時刻中常感到痛苦和絕望，但這些經驗同時提醒著我們一些重要的價值和信念，令人在逆境中成長和變得強壯。故此，我們無需逃避人生的負面經歷，而是要學習從中尋找意義，並轉化為積極人生的動力。參照意義治療的理論基礎，「意義中心取向模式」採用以下的介入策略：

三個有關意義的基本信念

1. 意志的自由 (Freedom of Will)：生命中有很多事物並不由個人所控制，如身體和外在世界的局限；然而，人類在精神層面是自由的。我們可以選擇個人所信奉的價值觀，並以自己的意志理解和詮釋世界。
2. 追求意義的意志 (Will to Meaning)：人類具有追求意義的基本動力。個人存在的體現在於具意義和價值的身分認同，這種認同使人的生活變得充實，並有在逆境中掙扎求存的理由；可是，當人們追求意義的意志遭到挫敗，即存在真空 (existential vacuum) 的狀態，感到失落、無聊、孤獨、迷惘、無助或絕望，便有可能轉向以暴力 (aggression)、自我傷害 (depression) 或沉溺行為 (addiction) 等作為回應。
3. 生命的意義 (Meaning of Life)：具意義和價值的生命往往是因人而異，並無客觀標準。最重要的是個人從真實生活體驗中了解個人的取態和需要，並建立不同生命階段的具體意義。

三個獲得意義的途徑 (Meaning Triangle)

1. 創造性價值：透過貢獻與創作，積極投入生命而獲取的人生意義，例如：服務有需要的人、完成創作一幅畫作或一件藝術品等。
2. 經驗性價值：透過生活體驗，欣賞生命的每一刻，從關係中感受愛與善良，而找到生命意義，例如：經歷愛與親密感、欣賞自然美景等。
3. 態度性價值：透過面對苦難與命運的態度獲得的人生意義，例如：從挑戰中變得強壯、考驗中體現對信念的忠誠等。

尋找快樂的來源

意義中心取向對於「快樂」有獨特的理解，這並非短暫的感官刺激、無緣無故的正面情緒，或是透過認知訓練達成的條件反射，而是如何在逆境中，透過生命意義的體現獲取快樂：

1. 正面影響力：對生活感到滿意
2. 成就：追求有價值的人生目標
3. 關係：與他人和社區建立良好的關係
4. 親密感：擁有家人和親密的伴侶
5. 接納：坦然接受自己的特質
6. 信仰：充實的宗教生活
7. 自我超越：實踐利他精神，貢獻社會與服務他人
8. 公平/正義：受到公平和合理的對待

悲劇性樂觀 (Tragic Optimism)

人生中總面對不同的挫敗，形成生命的創傷；但憑藉信念和盼望，苦難也可變成一種學習經歷，帶來成長與改變的契機，令我們在逆境過後成為更好的人。過程中最重要學懂：(1) 在挫敗中學習，吸取經驗，成為日後面對困難的重要參照；(2) 在挫敗經驗中作出改變，成為更好的人：(3) 對自己的生命負責，為自己作出負責任的行動和選擇。

雙重視野策略 (Double Vision Strategy)

面對逆境時，人們通常會將注意力集中在當前難題，評估危機和影響，並希望獲得解決方法；但過度聚焦於難題容易令人忽略處境的全局、長遠的發展，以至潛在的機遇。故此，在逆境中更要保持雙重的視野，既看到局部亦看到全貌，既看到當下亦看到未來，既看到危險亦看到機遇。

簡單而言，雙重視野策略的精要在於透過換位思考、易地而處，打破當局者迷，以多角度思考處境中不同影響因素和可能走向，當進退兩難時，退一步可能可以突破限制找到更佳出路。

雙向系統思考模式 (Dual System Model)

這是一套協助人們建立具意義和充實人生的思考方法，包括趨近系統及迴避系統，能靈活應對生命中的積極與消極經歷，既尋求有意義的生活並樂在當下，亦轉化負面事物並學懂放手，從而活出豐盛人生。

趨近系統 - PURE 思考策略

透過擴展積極的生命經驗讓對象充權，更有動力追求理想的人生目標和計劃。

1. 目的 (Purpose)：反思個人的短期、中期和長期人生目標。
2. 理解 (Understanding)：了解自己的優勢和弱點，評估環境，充分掌握行為的後果。
3. 負責任的行動 (Responsible Action)：計劃正確和負責任的行動以達到目的。
4. 評估/享受 (Evaluation/Enjoyment)：評估行動結果，或重新檢視目的、理解，再行動。

當更清晰掌握自我價值、人生目標和個人能力，可以透過實踐 PURE 思考策略來作出更多有利於建立意義人生的行動。依據這個思考策略進行的實踐可避免莽撞和脫序，首先，這些行動都是目標為本和能力所及；其次，行動應遵從正確和負責任的原則，不會損人利己；最後，這些實踐亦經過持續的評估與檢討，確立行動對個人的正面意義。

迴避系統 – ABCDE 思考策略

透過整理消極的生命經驗讓對象釋懷，免於負面狀態的持續傷害。

1. 接納 (Accept)：接受生命中的不完美，通過諒解，學習寬恕和感恩。
2. 相信 (Believe)：時刻相信人生總有美好的部份，值得為之喜悅，最好的尚未到來。

3. 投入 (Commit)：堅持自己的使命，過程中縱有順逆，也不會感到迷茫。
4. 發現 (Discover)：對生命保持好奇，期待生活中會有更豐富和意想不到的新發現。
5. 評估 (Evaluate)：檢視並享受生命的各種成果。

人生往往不盡如人意，透過應用 ABCDE 思考策略可協助學員消化人生的負面經歷並轉化為成長的養分。接納人生中的不完美，嘗試在不完美中找尋美好與祝福，多欣賞自己作出的嘗試與堅持，對於未知的狀況學習保持好奇心與盼望，對不利環境靈活應付，讓自己游刃有餘。

4. 「意義中心取向模式」輔導教材設計

意義中心取向介入模式期望參加者可以達至以下 5 個目標：

a. 正面自我認識 – 探索個人真實身份和在世界上的位置，建立充滿盼望和動力的自我認知
b. 積極面對人生 – 提升應對生活困難及尋找充實生活的動機
c. 建構人生意義 – 提升建構個人意義的能力，令他們找到應對逆境的意義及恢復他們的目標、信念和希望
d. 學習解難方法 – 經歷和學習處理困難，發展解難的有效方法，滿足他們的人生使命
e. 建立人際網絡 – 增強與他人聯繫的能力，建立互相信任、扶持和療癒的關係。

教材設計以八個單元為藍本，適用於高危青少年預防吸毒教育小組及個案戒毒輔導之用。詳情可參閱:

香港青年協會青年違法防治中心、香港城市大學社會及行為科學系 (2023)。 Project Map「生命地圖」-「意義中心取向模式」抗毒輔導及教育手冊。香港青年協會青年違法防治中心 – 抗毒服務印刷。

填寫日期：____年_____月_____日　　問卷編號 Workshop Post-test - WP□□□□

香港青年協會　青年違法防治中心

「生命地圖」- 意義中心取向抗毒教育及輔導計劃
Project MAP–Meaning-Centered Approach Drug Education and Counselling Program

「意義中心取向」禁毒預防教育工作坊 / 講座 – 評估研究

學生問卷 (工作坊 / 講座後)

感謝你參與由香港青年協會青年違法防治中心主辦，禁毒基金撥款資助推行的「生命地圖 」- 意義中心取向抗毒教育及輔導計劃 (Project MAP–Meaning-Centered Approach Drug Education and Counselling Program)。在參與「意義中心取向」禁毒預防教育工作坊 / 講座後，希望你能協助填寫這份評估研究問卷。

1. 研究目的

本問卷的目的是**了解你的精神健康、吸毒態度及人生意義的看法，並對「意義中心取向」禁毒預防教育工作坊 / 講座成效的評估**。

2. 填答問卷程序

請按照問卷各部份的指引回答問題。**你所填寫的答案並沒有對錯之分**，只須按照你的真實看法或經驗填寫，**無須與別人討論**。當你完成這份問卷後，請直接將問卷交給工作人員。

3. 退出的自由

參與是項研究**純屬自願性質**。當中若有任何問題令你感到不安的話，你有權拒絕回答問題，並退出是次研究，退出研究將不會影響你繼續參與相關活動及服務。

4. 保密範圍

此問卷所收集的資料只限本研究工作人員作統計分析，並讓香港青年協會的社工按需要跟你聯絡，**你的身份及所有資料絕對保密，不會向任何人透露，並會於研究完成後銷毀。**

如你對是次研究有任何問題，歡迎聯絡**香港城市大學社會及行為科學系** 副教授譚巧蓮博士，電話：3442 7748，電郵：ss.hltam@cityu.edu.hk。

若你願意接受我們的邀請參與這項研究，請你填寫以下的同意書。

同意書

本人確認已閱讀及明白研究的內容，並且確認同意參與這項研究。

姓名:	
班級:	
出生日期:	_____年_____月_____日
聯絡電話號碼:	
我**願意/不願意***讓社工根據結果進一步聯絡我。	

*請刪去不適用者

Q1) 請小心閱讀以下各個項目，並圈上一個「最能夠代表你現時狀況及想法」的數字。答案無對錯之分。請不要花太多時間在某一項目上。**[請圈出你認爲最合適的答案]**

請圈上「最能夠代表你現時狀況及想法」的數字
1. 我通常... 是沉悶無聊的 ◄——————————► 是熱誠有活力的 1 2 3 4 5 6 7
2. 我的生活… 總是興奮刺激的 ◄——————————► 總是例行乏味的 1 2 3 4 5 6 7
3. 在生活中… 我根本沒有目標 ◄——————————► 我有明顯的目標 1 2 3 4 5 6 7
4. 我個人的存在… 是毫無目的毫無意義◄——————————►很有目的性和意義 1 2 3 4 5 6 7
5. 每一天都是… 新鮮及千變萬化的 ◄——————————► 重複一樣的 1 2 3 4 5 6 7
6. 如果我可以選擇，我… 寧願永遠沒有出生 ◄——————————► 還想有現時的生活 1 2 3 4 5 6 7
7. 退休後，我會… 做一些令人興奮的事情 ◄——————————► 漫無目的，虛度餘生 1 2 3 4 5 6 7
8. 在實現人生目標中… 我沒有任何進展 ◄——————————► 我已經完成目標 1 2 3 4 5 6 7
9. 我的生命是… 空虛，充滿絕望的 ◄——————————► 充滿感動和美好事物 1 2 3 4 5 6 7
10. 如果今天死去，我覺得… 我的生活非常有價值 ◄——————————► 我的生活一文不值 1 2 3 4 5 6 7

11. 在思考自己的生活時...

我經常疑惑自己的存在 ◄——► 我總看到自己存在的理由

1 2 3 4 5 6 7

12. 當我與世界連繫時，世界...

總完全使我困惑 ◄——► 總有意義地胎合我的人生

1 2 3 4 5 6 7

13. 我是一個…

非常不負責任的人 ◄——► 非常負責任的人

1 2 3 4 5 6 7

14. 關於人自由選擇的情況，我相信是…

完全可以自由地選擇生活◄——►完全受遺傳及環境的制約

1 2 3 4 5 6 7

15. 關於死亡，我是…

作好準備並毫不畏懼 ◄——► 沒有做好準備，也很害怕

1 2 3 4 5 6 7

16. 關於自殺，我…

認真考慮過這是一個出路◄——► 從未想過

1 2 3 4 5 6 7

17. 我在生命中找到意義、目標或使命感的能力是…

非常強大 ◄——► 幾乎沒有

1 2 3 4 5 6 7

18. 我的生命是…

在我手中，我能掌控一切◄——►由外力控制，不由我掌控

1 2 3 4 5 6 7

19. 面對我的日常工作…

是快樂和滿足感的來源 ◄——► 是一種痛苦而無聊的經歷

1 2 3 4 5 6 7

20. 我發現自己…

沒有人生使命及目標 ◄——► 有明確的人生目標

1 2 3 4 5 6 7

Q2) 以下句子描述你如何看待父母、老師、同學及好友對你的行為和態度。請小心閱讀，並選取你認為最合適的答案。

		頻密程度			
Q2	**我的父母…**	從來沒有	有時如是	經常如是	總會如是
1.	關心我	1	2	3	4
2.	在我生氣時會聆聽我	1	2	3	4
3.	會親吻我或擁抱我	1	2	3	4
4.	為我感到驕傲	1	2	3	4
5.	幫助我練習我參與的活動	1	2	3	4
6.	在我猶豫不決時會提出意見	1	2	3	4
7.	幫助我做決定	1	2	3	4
8.	給我好的建議	1	2	3	4
9.	幫我下定決心	1	2	3	4
10.	幫助我解決爭論或紛爭	1	2	3	4
11.	幫助我找到問題的答案	1	2	3	4
12.	在我做得好時稱讚我	1	2	3	4
13.	禮貌地指出我的錯誤	1	2	3	4
14.	在我做得好時獎勵我	1	2	3	4
15.	會告訴我，我在處事上做得有多好	1	2	3	4

		頻密程度			
Q2	**我的老師…**	從來沒有	有時如是	經常如是	總會如是
16.	在我沮喪或有問題時會聆聽我	1	2	3	4
17.	關心我	1	2	3	4
18.	公平地對待我	1	2	3	4
19.	明白我	1	2	3	4
20.	嘗試回答我的疑問	1	2	3	4
21.	在我感到困惑時會向我講解	1	2	3	4
22.	會告訴我怎麼做	1	2	3	4
23.	提出好的建議	1	2	3	4
24.	容許我提出問題	1	2	3	4
25.	在我想學習做得更好時會幫助我	1	2	3	4
26.	提供資訊幫助我解決問題	1	2	3	4
27.	花時間與我談論我的目標和興趣	1	2	3	4
28.	鼓勵我參加活動	1	2	3	4
29.	讓我知道我在課堂上的表現	1	2	3	4
30.	當我努力或做得好時會稱讚我	1	2	3	4

		頻密程度			
Q2	**我的同學…**	從來沒有	有時如是	經常如是	總會如是
31.	待我友善	1	2	3	4
32.	邀請我參加活動	1	2	3	4
33.	對我好	1	2	3	4
34.	花時間與我一起做事	1	2	3	4
35.	在課堂習作中幫助我	1	2	3	4
36.	在小息時和我一起玩	1	2	3	4
37.	選擇我加入團隊	1	2	3	4
38.	在我需要幫助時提出建議	1	2	3	4
39.	尊重我	1	2	3	4
40.	教我新的事物	1	2	3	4
41.	詢問我的建議或想法	1	2	3	4
42.	在我做得好時，會對我說好話	1	2	3	4
43.	誇獎我的外表	1	2	3	4
44.	注意到我的努力	1	2	3	4
45.	給我正面的關注	1	2	3	4

		頻密程度			
Q2	**我的好朋友…**	從來沒有	有時如是	經常如是	總會如是
46.	了解我的感受	1	2	3	4
47.	在我困惑時會安慰我	1	2	3	4
48.	與我共度時光	1	2	3	4
49.	幫助我解決問題	1	2	3	4
50.	教我新的事物	1	2	3	4
51.	在別人不支持我時維護我	1	2	3	4
52.	在我寂寞時陪伴我	1	2	3	4
53.	與我分享他或她的東西	1	2	3	4
54.	在需要時為我提供幫助	1	2	3	4
55.	給我建議	1	2	3	4
56.	在我感到困惑時會向我講解	1	2	3	4
57.	關心我是否需要幫助	1	2	3	4
58.	在我對某事感到緊張時讓我平靜下來	1	2	3	4
59.	告訴我他或她喜歡我做什麼	1	2	3	4
60.	在我犯錯時會接受我	1	2	3	4

Q3) 請小心閱讀以下每一個句子，並在其右方圈上一數字，表示「過往一個星期」如何適用於你。答案無對錯之分。請不要花太多時間在某一句子上。**[請圈出你認爲最合適的答案]**

Q3	**題目** **0** = 不適用 **1** = 頗適用，或間中如是 **2** = 很適用，或經常如是 **3** = 最適用，或常常如是	**0**	**1**	**2**	**3**
1.	我覺得很難讓自己安靜下來	0	1	2	3
2.	我感到口乾	0	1	2	3
3.	我好像不能再有任何愉快、舒暢的感覺	0	1	2	3
4.	我感到呼吸困難（例如不是做運動時也感到氣促或透不過氣來）	0	1	2	3
5.	我感到很難自動去開始工作	0	1	2	3
6.	我對事情往往作出過敏反應	0	1	2	3
7.	我感到顫抖（例如手震）	0	1	2	3
8.	我覺得自己消耗很多精神	0	1	2	3
9.	我憂慮一些令自己恐慌或出醜的場合	0	1	2	3
10.	我覺得自己對將來沒有甚麼可盼望	0	1	2	3
11.	我感到忐忑不安	0	1	2	3
12.	我感到很難放鬆自己	0	1	2	3
13	我感到憂鬱沮喪	0	1	2	3
14.	我無法容忍任何阻礙我繼續工作的事情	0	1	2	3
15.	我感到快要恐慌了	0	1	2	3
16.	我對任何事也不能熱衷	0	1	2	3
17.	我覺得自己不怎麼配做人	0	1	2	3
18.	我發覺自己很容易被觸怒	0	1	2	3
19.	我察覺自己在沒有明顯的體力勞動時，也感到心律不正常	0	1	2	3
20.	我無緣無故地感到害怕	0	1	2	3
21.	我感到生命毫無意義	0	1	2	3

Q4) 請根據過去一個月你的情況，對下面每個闡述，選出最符合你的答案。注意回答這些問題沒有對錯之分。

Q4	題目	從不這樣	很少這樣	有時這樣	經常這樣	一直這樣
1	我能適應變化	0	1	2	3	4
2	我有親密、安全的關係	0	1	2	3	4
3	有時，我相信命運或上帝能幫忙	0	1	2	3	4
4	無論發生什麼我都能應付	0	1	2	3	4
5	過去的成功讓我有信心面對挑戰	0	1	2	3	4
6	我能看到事情幽默的一面	0	1	2	3	4
7	面對壓力使我感到有力量	0	1	2	3	4
8	經歷艱難或疾病後，我往往會很快恢復	0	1	2	3	4
9	事情發生總是有原因的	0	1	2	3	4
10	無論結果怎樣，我都會盡自己最大努力	0	1	2	3	4
11	我能實現自己的目標	0	1	2	3	4
12	當事情看起來沒什麼希望時，我不會輕易放棄	0	1	2	3	4
13	我知道去哪裏尋求幫助	0	1	2	3	4
14	在壓力下，我能夠集中注意力並清晰思考	0	1	2	3	4
15	我喜歡在解決問題時起帶頭作用	0	1	2	3	4
16	我不會因失敗而氣餒	0	1	2	3	4
17	我認為自己是個強而有力的人	0	1	2	3	4
18	我能做出不尋常或艱難的決定	0	1	2	3	4
19	我能處理不快樂的情緒	0	1	2	3	4
20	我不得不按照預感行事	0	1	2	3	4
21	我有強烈的目的感	0	1	2	3	4
22	我感覺能掌控自己的生活	0	1	2	3	4
23	我喜歡挑戰	0	1	2	3	4
24	我努力工作以達到目的	0	1	2	3	4
25	我對自己的成績感到驕傲	0	1	2	3	4

Q5) 請就你對各項陳述的同意程度，**圈出**一個分數，從 1 到 6 分，**分數愈高代表你愈同意該陳述**。

Q5	題目	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	我感到空虛。	1	2	3	4	5	6
2.	我很想有人陪伴。	1	2	3	4	5	6
3.	我常感到被排擠。	1	2	3	4	5	6
4.	當遇到問題時，我有很多可以依靠的人。	1	2	3	4	5	6
5.	我有很多可以絕對信任的人。	1	2	3	4	5	6
6.	有足夠的人讓我感到親近。	1	2	3	4	5	6

Q6) 請小心閱讀以下每一個問題，並選取你認為最合適的答案。

1.	曾否被警察拘捕?	□ 有	□ 沒有		
2.	曾否被法庭定罪?	□ 有	□ 沒有	□ 不確定	
3.	有沒有穩定的工作或上學?	□ 有	□ 沒有	□ 不確定	
4.	整體來說與父/母/監護人關係是否良好?	□ 是	□ 否	□ 不確定	
5.	身邊有沒有親屬或朋友吸毒？	□ 有	□ 沒有	□ 不確定	
6.	過往一年有否到過吸毒 / 製毒場所?	□ 有	□ 沒有	□ 不確定	
7.	有否認識販賣毒品的人?	□ 有	□ 沒有	□ 不確定	
8.	有沒有曾經親身接觸過毒品?	□ 有	□ 沒有	□ 不確定	
9.	你有親身接觸過或服用過以下的毒品嗎?	接觸過?		服用過?	
	a. 海洛英 (白粉)	□ 有	□ 沒有	□ 有	□ 沒有
	b. 可卡因 (可樂)	□ 有	□ 沒有	□ 有	□ 沒有
	c. 大麻 (草)	□ 有	□ 沒有	□ 有	□ 沒有
	d. 氯胺酮 (K 仔)	□ 有	□ 沒有	□ 有	□ 沒有
	e. 甲基安非他明 (冰毒)	□ 有	□ 沒有	□ 有	□ 沒有
	f. 其他(請註明):_____	□ 有	□ 沒有	□ 有	□ 沒有

Q7) 請小心閱讀以下每一個句子，並在其右方圈上一數字，表示你多大程度上同意其說法。

		非常不同意	不同意	不肯定	同意	非常同意
1.	我對毒品感到很好奇	1	2	3	4	5
2.	吸毒有助拋開煩惱	1	2	3	4	5
3.	吸毒有助緩和緊張情緒	1	2	3	4	5
4.	吸毒可以令人玩得更開心	1	2	3	4	5
5.	吸毒可使人更有信心去結識朋友	1	2	3	4	5
6.	經朋友遊說之下，我認為可一試吸毒	1	2	3	4	5
7.	假使我吸食毒品，也不過是玩玩而已	1	2	3	4	5
8.	如我覺得苦悶不快，我也會想嘗試吸毒	1	2	3	4	5
9.	時下大部分的毒品都不會導致上癮	1	2	3	4	5
10.	偶爾吸食毒品對身心影響不大	1	2	3	4	5
11.	青少年嘗試吸毒是很平常的事	1	2	3	4	5
12.	現今大多數青少年都願意嘗試吸毒	1	2	3	4	5
13.	今時今日，吸毒是青少年一種普遍的嗜好	1	2	3	4	5
14.	人一世，物一世，試試吸毒也沒有甚麼大不了	1	2	3	4	5
15.	吸毒純屬個人選擇，並不會對他人造成影響	1	2	3	4	5
16.	假若我吸毒，我也有能力控制對毒品的渴求	1	2	3	4	5
17.	只要有自我控制能力，吸毒就不會危害健康	1	2	3	4	5
18.	只有慣性吸毒者才會有腎臟或膀胱受損等問題	1	2	3	4	5
19.	今時今日吸毒跟吸煙一樣都是年輕人流行的玩意，沒有甚麼大不了	1	2	3	4	5
20.	毒品對大腦的影響只是暫時性的，只要不上癮就不會造成永久性傷害	1	2	3	4	5
21.	偶爾服用 K 仔或咳藥水的害處，並非像政府宣傳所描述的那般嚴重	1	2	3	4	5

* Q7 引自禁毒基金十八號評估問卷(吸毒縱容態度) – 中學版

Q8) 下列問題希望了解你對「意義中心取向」禁毒預防教育工作坊 / 講座的意見。**[請圈出你認為最合適的答案]**

		非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	這個講座/工作坊增進了我的抗毒意識，提高對毒品禍害的醒覺。	1	2	3	4	5	6
2.	這個講座/工作坊增進了我對抗拒毒品及精神健康方面的知識。	1	2	3	4	5	6
3.	這個講座/工作坊增加了我對人生目標及生命意義的思考。	1	2	3	4	5	6
4.	整體來說，我對這個講座/工作坊內容及安排感到滿意。	1	2	3	4	5	6

Q9) 個人資料 (請在適當的方格內加上「□」或在橫線上「_____」填寫答案)。

1.	你的性別:	1☐ 男	2☐ 女		
2.	你的教育程度:	1☐ 小學或以下	2☐ 中一至中三	3☐ 中四至中五	4☐ 中六至中七
		5☐ 大專 / 副學士	6☐ 學士	7☐ 碩士	8☐ 博士
3.	你現時的狀況:	1☐ 在學	2☐ 在職 3a職業_____ 1☐ 全職 2☐ 半職 3☐ 散工	3☐ 接受職業培訓 3b 1☐毅進課程 2☐青見展翅 3☐Teen 才再現 4☐現代學徒 5☐其他_____	4☐ 待業 3c 待業時間 _____年____月
4.	你的出生地點:	1☐ 香港	2☐ 中國內地 居港年期:_____年_____月	3☐ 其他(請註明):_____ 居港年期:_____年_____月	
5.	父母婚姻狀況:	1☐ 已婚並同住	2☐分居	3☐離婚	4☐再婚
		5☐同居	6☐其他,請註明:_____		
6.	你的住所類型:	1☐ 自置私人樓宇/居屋單位		2☐ 租住私人樓宇/居屋單位	
		3☐ 公屋單位		4☐ 租住房間	
		5☐ 其他			
7.	你的家庭每月總收入 (在學者): 你的個人每月收入 (在職者):	1☐ 綜援	2☐ $10,000 或以下	3☐ $10,001-$20,000	
		4☐ $20,001-$30,000	5☐ $30,001-$40,000	6☐ $40,001-$50,000	
		7☐ $50,001-$60,000	8☐ $60,001-$70,000	9☐ $70,001 或以上	

問卷已經完成了，多謝你的參與!

禁毒基金 BEAT DRUGS FUND

香港青年協會 the hongkong federation of youth groups

活動由香港青年協會青年違法防治中心主辦，禁毒基金撥款資助。

填寫日期：____年_____月_____日　　問卷編號 Group Pretest - GR□□□□

香港青年協會　青年違法防治中心

「生命地圖」－ 意義中心取向抗毒教育及輔導計劃
Project MAP–Meaning-Centered Approach Drug Education and Counselling Program

「意義中心取向」禁毒預防吸毒小組與體驗活動 － 評估研究

小組組員問卷（小組活動前）

感謝你參與由香港青年協會青年違法防治中心主辦，禁毒基金撥款資助推行的「生命地圖 」- 意義中心取向抗毒教育及輔導計劃 (Project MAP–Meaning-Centered Approach Drug Education and Counselling Program)。在參與「意義中心取向」禁毒預防吸毒小組與體驗**活動前**，希望你能協助填寫這份評估研究問卷。

5. 研究目的

本問卷的目的是**了解你的精神健康、吸毒態度及人生意義的看法，並對「意義中心取向」禁毒預防吸毒小組與體驗活動成效的評估**。

6. 填答問卷程序

請按照問卷各部份的指引回答問題。**你所填寫的答案並沒有對錯之分**，只須按照你的真實看法或經驗填寫，**無須與別人討論**。當你完成這份問卷後，請直接將問卷交給工作人員。

7. 退出的自由

參與是項研究**純屬自願性質**。當中若有任何問題令你感到不安的話，你有權拒絕回答問題，並退出是次研究，退出研究將不會影響你繼續參與相關活動及服務。

8. 保密範圍

此問卷所收集的資料只限本研究工作人員作統計分析，並讓香港青年協會的社工按需要跟你聯絡，**你的身份及所有資料絕對保密，不會向任何人透露，並會於研究完成後銷毀。**

如你對是次研究有任何問題，歡迎聯絡**香港城市大學社會及行為科學系**，副教授譚巧蓮博士，電話：3442 7748，電郵：ss.hltam@cityu.edu.hk。

若你願意接受我們的邀請參與這項研究，請你填寫以下的同意書。

同意書

本人確認已閱讀及明白研究的內容，並且確認同意參與這項研究。

姓名:	
出生日期:	_____年_____月_____日
聯絡電話號碼:	

Q1) 請小心閱讀以下各個項目，並圈上一個「最能夠代表你現時狀況及想法」的數字。答案無對錯之分。請不要花太多時間在某一項目上。**[請圈出你認爲最合適的答案]**

請圈上「最能夠代表你現時狀況及想法」的數字
21. 我通常... 是沉悶無聊的 ◄——————————► 是熱誠有活力的 1 2 3 4 5 6 7
22. 我的生活… 總是興奮刺激的 ◄——————————► 總是例行乏味的 1 2 3 4 5 6 7
23. 在生活中… 我根本沒有目標 ◄——————————► 我有明顯的目標 1 2 3 4 5 6 7
24. 我個人的存在… 是毫無目的毫無意義◄——————————►很有目的性和意義 1 2 3 4 5 6 7
25. 每一天都是… 新鮮及千變萬化的 ◄——————————► 重複一樣的 1 2 3 4 5 6 7
26. 如果我可以選擇，我… 寧願永遠沒有出生 ◄——————————► 還想有現時的生活 1 2 3 4 5 6 7
27. 退休後，我會… 做一些令人興奮的事情 ◄——————————► 漫無目的，虛度餘生 1 2 3 4 5 6 7
28. 在實現人生目標中… 我沒有任何進展 ◄——————————► 我已經完成目標 1 2 3 4 5 6 7
29. 我的生命是… 空虛，充滿絕望的 ◄——————————► 充滿感動和美好事物 1 2 3 4 5 6 7
30. 如果今天死去，我覺得… 我的生活非常有價值 ◄——————————► 我的生活一文不值 1 2 3 4 5 6 7

31. 在思考自己的生活時...

我經常疑惑自己的存在 ◄——————————► 我總看到自己存在的理由

1 2 3 4 5 6 7

32. 當我與世界連繫時，世界...

總完全使我困惑 ◄——————————► 總有意義地脗合我的人生

1 2 3 4 5 6 7

33. 我是一個…

非常不負責任的人 ◄——————————► 非常負責任的人

1 2 3 4 5 6 7

34. 關於人自由選擇的情況，我相信是…

完全可以自由地選擇生活◄——————————►完全受遺傳及環境的制約

1 2 3 4 5 6 7

35. 關於死亡，我是…

作好準備並毫不畏懼 ◄——————————► 沒有做好準備，也很害怕

1 2 3 4 5 6 7

36. 關於自殺，我…

認真考慮過這是一個出路◄——————————► 從未想過

1 2 3 4 5 6 7

37. 我在生命中找到意義、目標或使命感的能力是…

非常強大 ◄——————————► 幾乎沒有

1 2 3 4 5 6 7

38. 我的生命是…

在我手中，我能掌控一切◄——————————►由外力控制，不由我掌控

1 2 3 4 5 6 7

39. 面對我的日常工作…

是快樂和滿足感的來源 ◄——————————► 是一種痛苦而無聊的經歷

1 2 3 4 5 6 7

40. 我發現自己…

沒有人生使命及目標 ◄——————————► 有明確的人生目標

1 2 3 4 5 6 7

Q2) 以下句子描述你如何看待父母、老師、同學及好友對你的行為和態度。請小心閱讀，並選取你認為最合適的答案。

		頻密程度			
Q2	**我的父母…**	從來沒有	有時如是	經常如是	總會如是
1.	關心我	1	2	3	4
2.	在我生氣時會聆聽我	1	2	3	4
3.	會親吻我或擁抱我	1	2	3	4
4.	為我感到驕傲	1	2	3	4
5.	幫助我練習我參與的活動	1	2	3	4
6.	在我猶豫不決時會提出意見	1	2	3	4
7.	幫助我做決定	1	2	3	4
8.	給我好的建議	1	2	3	4
9.	幫我下定決心	1	2	3	4
10.	幫助我解決爭論或紛爭	1	2	3	4
11.	幫助我找到問題的答案	1	2	3	4
12.	在我做得好時稱讚我	1	2	3	4
13.	禮貌地指出我的錯誤	1	2	3	4
14.	在我做得好時獎勵我	1	2	3	4
15.	會告訴我，我在處事上做得有多好	1	2	3	4

		頻密程度			
Q2	**我的老師…**	從來沒有	有時如是	經常如是	總會如是
16.	在我沮喪或有問題時會聆聽我	1	2	3	4
17.	關心我	1	2	3	4
18.	公平地對待我	1	2	3	4
19.	明白我	1	2	3	4
20.	嘗試回答我的疑問	1	2	3	4
21.	在我感到困惑時會向我講解	1	2	3	4
22.	會告訴我怎麼做	1	2	3	4
23.	提出好的建議	1	2	3	4
24.	容許我提出問題	1	2	3	4
25.	在我想學習做得更好時會幫助我	1	2	3	4
26.	提供資訊幫助我解決問題	1	2	3	4
27.	花時間與我談論我的目標和興趣	1	2	3	4
28.	鼓勵我參加活動	1	2	3	4
29.	讓我知道我在課堂上的表現	1	2	3	4
30.	當我努力或做得好時會稱讚我	1	2	3	4

		頻密程度			
Q2	**我的同學…**	從來沒有	有時如是	經常如是	總會如是
31.	待我友善	1	2	3	4
32.	邀請我參加活動	1	2	3	4
33.	對我好	1	2	3	4
34.	花時間與我一起做事	1	2	3	4
35.	在課堂習作中幫助我	1	2	3	4
36.	在小息時和我一起玩	1	2	3	4
37.	選擇我加入團隊	1	2	3	4
38.	在我需要幫助時提出建議	1	2	3	4
39.	尊重我	1	2	3	4
40.	教我新的事物	1	2	3	4
41.	詢問我的建議或想法	1	2	3	4
42.	在我做得好時，會對我說好話	1	2	3	4
43.	誇獎我的外表	1	2	3	4
44.	注意到我的努力	1	2	3	4
45.	給我正面的關注	1	2	3	4

		頻密程度			
Q2	**我的好朋友…**	從來沒有	有時如是	經常如是	總會如是
46.	了解我的感受	1	2	3	4
47.	在我困惑時會安慰我	1	2	3	4
48.	與我共度時光	1	2	3	4
49.	幫助我解決問題	1	2	3	4
50.	教我新的事物	1	2	3	4
51.	在別人不支持我時維護我	1	2	3	4
52.	在我寂寞時陪伴我	1	2	3	4
53.	與我分享他或她的東西	1	2	3	4
54.	在需要時為我提供幫助	1	2	3	4
55.	給我建議	1	2	3	4
56.	在我感到困惑時會向我講解	1	2	3	4
57.	關心我是否需要幫助	1	2	3	4
58.	在我對某事感到緊張時讓我平靜下來	1	2	3	4
59.	告訴我他或她喜歡我做什麼	1	2	3	4
60.	在我犯錯時會接受我	1	2	3	4

Q3) 請小心閱讀以下每一個句子，並在其右方圈上一數字，表示「過往一個星期」如何適用於你。答案無對錯之分。請不要花太多時間在某一句子上。**[請圈出你認爲最合適的答案]**

Q3	**題目** **0** = 不適用 **1** = 頗適用，或間中如是 **2** = 很適用，或經常如是 **3** = 最適用，或常常如是	**0**	**1**	**2**	**3**
1.	我覺得很難讓自己安靜下來	0	1	2	3
2.	我感到口乾	0	1	2	3
3.	我好像不能再有任何愉快、舒暢的感覺	0	1	2	3
4.	我感到呼吸困難（例如不是做運動時也感到氣促或透不過氣來）	0	1	2	3
5.	我感到很難自動去開始工作	0	1	2	3
6.	我對事情往往作出過敏反應	0	1	2	3
7.	我感到顫抖（例如手震）	0	1	2	3
8.	我覺得自己消耗很多精神	0	1	2	3
9.	我憂慮一些令自己恐慌或出醜的場合	0	1	2	3
10.	我覺得自己對將來沒有甚麼可盼望	0	1	2	3
11.	我感到忐忑不安	0	1	2	3
12.	我感到很難放鬆自己	0	1	2	3
13	我感到憂鬱沮喪	0	1	2	3
14.	我無法容忍任何阻礙我繼續工作的事情	0	1	2	3
15.	我感到快要恐慌了	0	1	2	3
16.	我對任何事也不能熱衷	0	1	2	3
17.	我覺得自己不怎麼配做人	0	1	2	3
18.	我發覺自己很容易被觸怒	0	1	2	3
19.	我察覺自己在沒有明顯的體力勞動時，也感到心律不正常	0	1	2	3
20.	我無緣無故地感到害怕	0	1	2	3
21.	我感到生命毫無意義	0	1	2	3

Q4) 請根據過去一個月你的情況，對下面每個闡述，選出最符合你的答案。注意回答這些問題沒有對錯之分。

Q4	題目	從不這樣	很少這樣	有時這樣	經常這樣	一直這樣
1	我能適應變化	0	1	2	3	4
2	我有親密、安全的關係	0	1	2	3	4
3	有時，我相信命運或上帝能幫忙	0	1	2	3	4
4	無論發生什麼我都能應付	0	1	2	3	4
5	過去的成功讓我有信心面對挑戰	0	1	2	3	4
6	我能看到事情幽默的一面	0	1	2	3	4
7	面對壓力使我感到有力量	0	1	2	3	4
8	經歷艱難或疾病後，我往往會很快恢復	0	1	2	3	4
9	事情發生總是有原因的	0	1	2	3	4
10	無論結果怎樣，我都會盡自己最大努力	0	1	2	3	4
11	我能實現自己的目標	0	1	2	3	4
12	當事情看起來沒什麼希望時，我不會輕易放棄	0	1	2	3	4
13	我知道去哪裏尋求幫助	0	1	2	3	4
14	在壓力下，我能夠集中注意力並清晰思考	0	1	2	3	4
15	我喜歡在解決問題時起帶頭作用	0	1	2	3	4
16	我不會因失敗而氣餒	0	1	2	3	4
17	我認為自己是個強而有力的人	0	1	2	3	4
18	我能做出不尋常或艱難的決定	0	1	2	3	4
19	我能處理不快樂的情緒	0	1	2	3	4
20	我不得不按照預感行事	0	1	2	3	4
21	我有強烈的目的感	0	1	2	3	4
22	我感覺能掌控自己的生活	0	1	2	3	4
23	我喜歡挑戰	0	1	2	3	4
24	我努力工作以達到目的	0	1	2	3	4
25	我對自己的成績感到驕傲	0	1	2	3	4

Q5) 請就你對各項陳述的同意程度，**圈出**一個分數，從 1 到 6 分，**分數愈高代表你愈同意該陳述**。

Q5	題目	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
7.	我感到空虛。	1	2	3	4	5	6
8.	我很想有人陪伴。	1	2	3	4	5	6
9.	我常感到被排擠。	1	2	3	4	5	6
10.	當遇到問題時，我有很多可以依靠的人。	1	2	3	4	5	6
11.	我有很多可以絕對信任的人。	1	2	3	4	5	6
12.	有足夠的人讓我感到親近。	1	2	3	4	5	6

Q6) 請小心閱讀以下每一個問題，並選取你認為最合適的答案。

1.	曾否被警察拘捕?	☐ 有		☐ 沒有	
2.	曾否被法庭定罪?	☐ 有		☐ 沒有	☐ 不確定
3.	有沒有穩定的工作或上學?	☐ 有		☐ 沒有	☐ 不確定
4.	整體來說與父/母/監護人關係是否良好?	☐ 是		☐ 否	☐ 不確定
5.	身邊有沒有親屬或朋友吸毒？	☐ 有		☐ 沒有	☐ 不確定
6.	過往一年有否到過吸毒 / 製毒場所?	☐ 有		☐ 沒有	☐ 不確定
7.	有否認識販賣毒品的人?	☐ 有		☐ 沒有	☐ 不確定
8.	有沒有曾經親身接觸過毒品?	☐ 有		☐ 沒有	☐ 不確定
9.	你有親身接觸過或服用過以下的毒品嗎?	接觸過?		服用過?	
	a. 海洛英 (白粉)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	b. 可卡因 (可樂)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	c. 大麻 (草)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	d. 氯胺酮 (K 仔)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	e. 甲基安非他明 (冰毒)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	f. 其他(請註明):_____	☐ 有	☐ 沒有	☐ 有	☐ 沒有

Q7) 請小心閱讀以下每一個句子，並在其右方圈上一數字，表示你多大程度上同意其說法。

		非常不同意	不同意	不肯定	同意	非常同意
1.	我對毒品感到很好奇	1	2	3	4	5
2.	吸毒有助拋開煩惱	1	2	3	4	5
3.	吸毒有助緩和緊張情緒	1	2	3	4	5
4.	吸毒可以令人玩得更開心	1	2	3	4	5
5.	吸毒可使人更有信心去結識朋友	1	2	3	4	5
6.	經朋友遊說之下，我認為可一試吸毒	1	2	3	4	5
7.	假使我吸食毒品，也不過是玩玩而已	1	2	3	4	5
8.	如我覺得苦悶不快，我也會想嘗試吸毒	1	2	3	4	5
9.	時下大部分的毒品都不會導致上癮	1	2	3	4	5
10.	偶爾吸食毒品對身心影響不大	1	2	3	4	5
11.	青少年嘗試吸毒是很平常的事	1	2	3	4	5
12.	現今大多數青少年都願意嘗試吸毒	1	2	3	4	5
13.	今時今日，吸毒是青少年一種普遍的嗜好	1	2	3	4	5
14.	人一世，物一世，試試吸毒也沒有甚麼大不了	1	2	3	4	5
15.	吸毒純屬個人選擇，並不會對他人造成影響	1	2	3	4	5
16.	假若我吸毒，我也有能力控制對毒品的渴求	1	2	3	4	5
17.	只要有自我控制能力，吸毒就不會危害健康	1	2	3	4	5
18.	只有慣性吸毒者才會有腎臟或膀胱受損等問題	1	2	3	4	5
19.	今時今日吸毒跟吸煙一樣都是年輕人流行的玩意，沒有甚麼大不了	1	2	3	4	5
20.	毒品對大腦的影響只是暫時性的，只要不上癮就不會造成永久性傷害	1	2	3	4	5
21.	偶爾服用 K 仔或咳藥水的害處，並非像政府宣傳所描述的那般嚴重	1	2	3	4	5

* Q7 引自禁毒基金十八號評估問卷(吸毒縱容態度) – 中學版

Q8) 下列問題希望了解你對參與「意義中心取向」禁毒預防吸毒小組與體驗活動的期望。**[請圈出你認為最合適的答案]**

		對參與小組的期望					
		完全沒有期望	沒有期望	期望不大	有點期望	期望	非常期望
5.	小組能提升我的抗毒意識，提高對毒品禍害的醒覺。	1	2	3	4	5	6
6.	小組能增進我在抗拒毒品及精神健康方面的知識。	1	2	3	4	5	6
7.	小組能幫助我認識自己、面對生命的挑戰。	1	2	3	4	5	6
8.	小組能幫助我尋找生命意義、建立人生目標。	1	2	3	4	5	6

Q9) 個人資料 (請在適當的方格內加上「□」或在橫線上「_____」填寫答案)。

8.	你的性別:	1☐ 男	2☐ 女		
9.	你的教育程度:	1☐ 小學或以下	2☐ 中一至中三	3☐ 中四至中五	4☐ 中六至中七
		5☐ 大專 / 副學士	6☐ 學士	7☐ 碩士	8☐ 博士
10.	你現時的狀況:	1☐ 在學	2☐ 在職 3a職業_____ 1☐ 全職 2☐ 半職 3☐ 散工	3☐ 接受職業培訓 3b 1☐毅進課程 2☐青見展翅 3☐Teen 才再現 4☐現代學徒 5☐其他_____	4☐ 待業 3c 待業時間 _____年____月
11.	你的出生地點:	1☐ 香港	2☐ 中國內地 居港年期:_____年_____月	3☐ 其他(請註明):_____ 居港年期:_____年_____月	
12.	父母婚姻狀況:	1☐ 已婚並同住	2☐分居	3☐離婚	4☐再婚
		5☐同居	6☐其他,請註明:_____		
13.	你的住所類型:	1☐ 自置私人樓宇/居屋單位		2☐ 租住私人樓宇/居屋單位	
		3☐ 公屋單位		4☐ 租住房間	
		5☐ 其他			
14.	你的家庭每月總收入 (在學者): 你的個人每月收入 (在職者):	1☐ 綜援	2☐ $10,000 或以下	3☐ $10,001-$20,000	
		4☐ $20,001-$30,000	5☐ $30,001-$40,000	6☐ $40,001-$50,000	
		7☐ $50,001-$60,000	8☐ $60,001-$70,000	9☐ $70,001 或以上	

問卷已經完成了，多謝你的參與!

香港青年協會
the hongkong federation of youth groups

活動由香港青年協會青年違法防治中心主辦，禁毒基金撥款資助。

填寫日期：____年_____月_____日　　問卷編號 Treatment (Case) Pretest - TR□□□□

香港青年協會　青年違法防治中心

「生命地圖」- 意義中心取向抗毒教育及輔導計劃
Project MAP–Meaning-Centered Approach Drug Education and Counselling Program

「意義中心取向」禁毒預防個案輔導治療 – 評估研究
案主問卷 (個案輔導治療前)

感謝你參與香港青年協會違法防治中心主辦，由禁毒基金撥款資助推行的「生命地圖 - 意義中心取向」抗毒教育及輔導計劃 (Project MAP–Meaning-Centered Approach Drug Education and Counselling Program)。在參與「意義中心取向」禁毒預防個案輔導治療前，希望你能協助填寫這份評估研究問卷。

9. 研究目的

本問卷的目的是**了解你的精神健康、吸毒態度及人生意義的看法，並對「意義中心取向」禁毒預防個案輔導治療成效的評估**。

10. 填答問卷程序

請按照問卷各部份的指引回答問題。**你所填寫的答案並沒有對錯之分**，只須按照你的真實看法或經驗填寫，**無須與別人討論**。當你完成這份問卷後，請直接將問卷交給工作人員。

11. 退出的自由

參與是項研究**純屬自願性質**。當中若有任何問題令你感到不安的話，你有權拒絕回答問題，並退出是次研究，退出研究將不會影響你繼續參與相關活動及服務。

12. 保密範圍

此問卷所收集的資料只限本研究工作人員作統計分析，並讓香港青年協會的社工按需要跟你聯絡，**你的身份及所有資料絕對保密，不會向任何人透露，並會於研究完成後銷毀。**

如你對是次研究有任何問題，歡迎聯絡**香港城市大學社會及行為科學系**，副教授譚巧蓮博士，電話：3442 7748，電郵：ss.hltam@cityu.edu.hk。

若你願意接受我們的邀請參與這項研究，請你填寫以下的同意書。

同意書

本人確認已閱讀及明白研究的內容，並且確認同意參與這項研究。

姓名:	
出生日期:	_____年_____月_____日
聯絡電話號碼:	

Q1) 請小心閱讀以下各個項目，並圈上一個「最能夠代表你現時狀況及想法」的數字。答案無對錯之分。請不要花太多時間在某一項目上。**[請圈出你認爲最合適的答案]**

請圈上「最能夠代表你現時狀況及想法」的數字
41. 我通常... 是沉悶無聊的 ◄——————————► 是熱誠有活力的 1 2 3 4 5 6 7
42. 我的生活… 總是興奮刺激的 ◄——————————► 總是例行乏味的 1 2 3 4 5 6 7
43. 在生活中… 我根本沒有目標 ◄——————————► 我有明顯的目標 1 2 3 4 5 6 7
44. 我個人的存在… 是毫無目的毫無意義◄——————————►很有目的性和意義 1 2 3 4 5 6 7
45. 每一天都是… 新鮮及千變萬化的 ◄——————————► 重複一樣的 1 2 3 4 5 6 7
46. 如果我可以選擇，我… 寧願永遠沒有出生 ◄——————————► 還想有現時的生活 1 2 3 4 5 6 7
47. 退休後，我會… 做一些令人興奮的事情 ◄——————————► 漫無目的，虛度餘生 1 2 3 4 5 6 7
48. 在實現人生目標中… 我沒有任何進展 ◄——————————► 我已經完成目標 1 2 3 4 5 6 7
49. 我的生命是… 空虛，充滿絕望的 ◄——————————► 充滿感動和美好事物 1 2 3 4 5 6 7
50. 如果今天死去，我覺得… 我的生活非常有價值 ◄——————————► 我的生活一文不值 1 2 3 4 5 6 7

51. 在思考自己的生活時...

我經常疑惑自己的存在 ◄——————————► 我總看到自己存在的理由

1 2 3 4 5 6 7

52. 當我與世界連繫時，世界...

總完全使我困惑 ◄——————————► 總有意義地胎合我的人生

1 2 3 4 5 6 7

53. 我是一個…

非常不負責任的人 ◄——————————► 非常負責任的人

1 2 3 4 5 6 7

54. 關於人自由選擇的情況，我相信是…

完全可以自由地選擇生活◄——————————►完全受遺傳及環境的制約

1 2 3 4 5 6 7

55. 關於死亡，我是…

作好準備並毫不畏懼 ◄——————————► 沒有做好準備，也很害怕

1 2 3 4 5 6 7

56. 關於自殺，我…

認真考慮過這是一個出路◄——————————► 從未想過

1 2 3 4 5 6 7

57. 我在生命中找到意義、目標或使命感的能力是…

非常強大 ◄——————————► 幾乎沒有

1 2 3 4 5 6 7

58. 我的生命是…

在我手中，我能掌控一切◄——————————►由外力控制，不由我掌控

1 2 3 4 5 6 7

59. 面對我的日常工作…

是快樂和滿足感的來源 ◄——————————► 是一種痛苦而無聊的經歷

1 2 3 4 5 6 7

60. 我發現自己…

沒有人生使命及目標 ◄——————————► 有明確的人生目標

1 2 3 4 5 6 7

Q2) 以下句子描述你如何看待父母、老師、同學及好友對你的行為和態度。請小心閱讀，並選取你認為最合適的答案。

		頻密程度			
Q2	**我的父母…**	從來沒有	有時如是	經常如是	總會如是
1.	關心我	1	2	3	4
2.	在我生氣時會聆聽我	1	2	3	4
3.	會親吻我或擁抱我	1	2	3	4
4.	為我感到驕傲	1	2	3	4
5.	幫助我練習我參與的活動	1	2	3	4
6.	在我猶豫不決時會提出意見	1	2	3	4
7.	幫助我做決定	1	2	3	4
8.	給我好的建議	1	2	3	4
9.	幫我下定決心	1	2	3	4
10.	幫助我解決爭論或紛爭	1	2	3	4
11.	幫助我找到問題的答案	1	2	3	4
12.	在我做得好時稱讚我	1	2	3	4
13.	禮貌地指出我的錯誤	1	2	3	4
14.	在我做得好時獎勵我	1	2	3	4
15.	會告訴我，我在處事上做得有多好	1	2	3	4

		頻密程度			
Q2	**我的老師…**	從來沒有	有時如是	經常如是	總會如是
16.	在我沮喪或有問題時會聆聽我	1	2	3	4
17.	關心我	1	2	3	4
18.	公平地對待我	1	2	3	4
19.	明白我	1	2	3	4
20.	嘗試回答我的疑問	1	2	3	4
21.	在我感到困惑時會向我講解	1	2	3	4
22.	會告訴我怎麼做	1	2	3	4
23.	提出好的建議	1	2	3	4
24.	容許我提出問題	1	2	3	4
25.	在我想學習做得更好時會幫助我	1	2	3	4
26.	提供資訊幫助我解決問題	1	2	3	4
27.	花時間與我談論我的目標和興趣	1	2	3	4
28.	鼓勵我參加活動	1	2	3	4
29.	讓我知道我在課堂上的表現	1	2	3	4
30.	當我努力或做得好時會稱讚我	1	2	3	4

		頻密程度			
Q2	**我的同學…**	從來沒有	有時如是	經常如是	總會如是
31.	待我友善	1	2	3	4
32.	邀請我參加活動	1	2	3	4
33.	對我好	1	2	3	4
34.	花時間與我一起做事	1	2	3	4
35.	在課堂習作中幫助我	1	2	3	4
36.	在小息時和我一起玩	1	2	3	4
37.	選擇我加入團隊	1	2	3	4
38.	在我需要幫助時提出建議	1	2	3	4
39.	尊重我	1	2	3	4
40.	教我新的事物	1	2	3	4
41.	詢問我的建議或想法	1	2	3	4
42.	在我做得好時，會對我說好話	1	2	3	4
43.	誇獎我的外表	1	2	3	4
44.	注意到我的努力	1	2	3	4
45.	給我正面的關注	1	2	3	4

		頻密程度			
Q2	**我的好朋友…**	從來沒有	有時如是	經常如是	總會如是
46.	了解我的感受	1	2	3	4
47.	在我困惑時會安慰我	1	2	3	4
48.	與我共度時光	1	2	3	4
49.	幫助我解決問題	1	2	3	4
50.	教我新的事物	1	2	3	4
51.	在別人不支持我時維護我	1	2	3	4
52.	在我寂寞時陪伴我	1	2	3	4
53.	與我分享他或她的東西	1	2	3	4
54.	在需要時為我提供幫助	1	2	3	4
55.	給我建議	1	2	3	4
56.	在我感到困惑時會向我講解	1	2	3	4
57.	關心我是否需要幫助	1	2	3	4
58.	在我對某事感到緊張時讓我平靜下來	1	2	3	4
59.	告訴我他或她喜歡我做什麼	1	2	3	4
60.	在我犯錯時會接受我	1	2	3	4

Q3) 請小心閱讀以下每一個句子，並在其右方圈上一數字，表示「過往一個星期」如何適用於你。答案無對錯之分。請不要花太多時間在某一句子上。**[請圈出你認爲最合適的答案]**

Q3	**題目** **0** = 不適用 **1** = 頗適用，或間中如是 **2** = 很適用，或經常如是 **3** = 最適用，或常常如是	**0**	**1**	**2**	**3**
1.	我覺得很難讓自己安靜下來	0	1	2	3
2.	我感到口乾	0	1	2	3
3.	我好像不能再有任何愉快、舒暢的感覺	0	1	2	3
4.	我感到呼吸困難（例如不是做運動時也感到氣促或透不過氣來）	0	1	2	3
5.	我感到很難自動去開始工作	0	1	2	3
6.	我對事情往往作出過敏反應	0	1	2	3
7.	我感到顫抖（例如手震）	0	1	2	3
8.	我覺得自己消耗很多精神	0	1	2	3
9.	我憂慮一些令自己恐慌或出醜的場合	0	1	2	3
10.	我覺得自己對將來沒有甚麼可盼望	0	1	2	3
11.	我感到忐忑不安	0	1	2	3
12.	我感到很難放鬆自己	0	1	2	3
13	我感到憂鬱沮喪	0	1	2	3
14.	我無法容忍任何阻礙我繼續工作的事情	0	1	2	3
15.	我感到快要恐慌了	0	1	2	3
16.	我對任何事也不能熱衷	0	1	2	3
17.	我覺得自己不怎麼配做人	0	1	2	3
18.	我發覺自己很容易被觸怒	0	1	2	3
19.	我察覺自己在沒有明顯的體力勞動時，也感到心律不正常	0	1	2	3
20.	我無緣無故地感到害怕	0	1	2	3
21.	我感到生命毫無意義	0	1	2	3

Q4) 請根據過去一個月你的情況，對下面每個闡述，選出最符合你的答案。注意回答這些問題沒有對錯之分。

Q4	題目	從不這樣	很少這樣	有時這樣	經常這樣	一直這樣
1	我能適應變化	0	1	2	3	4
2	我有親密、安全的關係	0	1	2	3	4
3	有時，我相信命運能幫忙	0	1	2	3	4
4	無論發生什麼我都能應付	0	1	2	3	4
5	過去的成功讓我有信心面對挑戰	0	1	2	3	4
6	我能看到事情幽默的一面	0	1	2	3	4
7	面對壓力使我感到有力量	0	1	2	3	4
8	經歷艱難或疾病後，我往往會很快恢復	0	1	2	3	4
9	事情發生總是有原因的	0	1	2	3	4
10	無論結果怎樣，我都會盡自己最大努力	0	1	2	3	4
11	我能實現自己的目標	0	1	2	3	4
12	當事情看起來沒什麼希望時，我不會輕易放棄	0	1	2	3	4
13	我知道去哪裏尋求幫助	0	1	2	3	4
14	在壓力下，我能夠集中注意力並清晰思考	0	1	2	3	4
15	我喜歡在解決問題時起帶頭作用	0	1	2	3	4
16	我不會因失敗而氣餒	0	1	2	3	4
17	我認為自己是個強而有力的人	0	1	2	3	4
18	我能做出不尋常或艱難的決定	0	1	2	3	4
19	我能處理不快樂的情緒	0	1	2	3	4
20	我不得不按照預感行事	0	1	2	3	4
21	我有強烈的目的感	0	1	2	3	4
22	我感覺能掌控自己的生活	0	1	2	3	4
23	我喜歡挑戰	0	1	2	3	4
24	我努力工作以達到目的	0	1	2	3	4
25	我對自己的成績感到驕傲	0	1	2	3	4

Q5) 請就你對各項陳述的同意程度，**圈出**一個分數，從 1 到 6 分，**分數愈高代表你愈同意該陳述**。

Q5	題目	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
13.	我感到空虛。	1	2	3	4	5	6
14.	我很想有人陪伴。	1	2	3	4	5	6
15.	我常感到被排擠。	1	2	3	4	5	6
16.	當遇到問題時，我有很多可以依靠的人。	1	2	3	4	5	6
17.	我有很多可以絕對信任的人。	1	2	3	4	5	6
18.	有足夠的人讓我感到親近。	1	2	3	4	5	6

Q6) 請小心閱讀以下每一個問題，並選取你認為最合適的答案。

1.	曾否被警察拘捕?	☐ 有		☐ 沒有	
2.	曾否被法庭定罪?	☐ 有		☐ 沒有	☐ 不確定
3.	有沒有穩定的工作或上學?	☐ 有		☐ 沒有	☐ 不確定
4.	整體來說與父/母/監護人關係是否良好?	☐ 是		☐ 否	☐ 不確定
5.	身邊有沒有親屬或朋友吸毒？	☐ 有		☐ 沒有	☐ 不確定
6.	過往一年有否到過吸毒 / 製毒場所?	☐ 有		☐ 沒有	☐ 不確定
7.	有否認識販賣毒品的人?	☐ 有		☐ 沒有	☐ 不確定
8.	有沒有曾經親身接觸過毒品?	☐ 有		☐ 沒有	☐ 不確定
9.	你有親身接觸過或服用過以下的毒品嗎?	接觸過?		服用過?	
	a. 海洛英 (白粉)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	b. 可卡因 (可樂)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	c. 大麻 (草)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	d. 氯胺酮 (K 仔)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	e. 甲基安非他明 (冰毒)	☐ 有	☐ 沒有	☐ 有	☐ 沒有
	f. 其他(請註明):_____	☐ 有	☐ 沒有	☐ 有	☐ 沒有

Q7) 請小心閱讀以下每一個句子，並在其右方圈上一數字，表示你多大程度上同意其說法。

		非常不同意	不同意	不肯定	同意	非常同意
1.	我對毒品感到很好奇	1	2	3	4	5
2.	吸毒有助拋開煩惱	1	2	3	4	5
3.	吸毒有助緩和緊張情緒	1	2	3	4	5
4.	吸毒可以令人玩得更開心	1	2	3	4	5
5.	吸毒可使人更有信心去結識朋友	1	2	3	4	5
6.	經朋友遊說之下，我認為可一試吸毒	1	2	3	4	5
7.	假使我吸食毒品，也不過是玩玩而已	1	2	3	4	5
8.	如我覺得苦悶不快，我也會想嘗試吸毒	1	2	3	4	5
9.	時下大部分的毒品都不會導致上癮	1	2	3	4	5
10.	偶爾吸食毒品對身心影響不大	1	2	3	4	5
11.	青少年嘗試吸毒是很平常的事	1	2	3	4	5
12.	現今大多數青少年都願意嘗試吸毒	1	2	3	4	5
13.	今時今日，吸毒是青少年一種普遍的嗜好	1	2	3	4	5
14.	人一世，物一世，試試吸毒也沒有甚麼大不了	1	2	3	4	5
15.	吸毒純屬個人選擇，並不會對他人造成影響	1	2	3	4	5
16.	假若我吸毒，我也有能力控制對毒品的渴求	1	2	3	4	5
17.	只要有自我控制能力，吸毒就不會危害健康	1	2	3	4	5
18.	只有慣性吸毒者才會有腎臟或膀胱受損等問題	1	2	3	4	5
19.	今時今日吸毒跟吸煙一樣都是年輕人流行的玩意，沒有甚麼大不了	1	2	3	4	5
20.	毒品對大腦的影響只是暫時性的，只要不上癮就不會造成永久性傷害	1	2	3	4	5
21.	偶爾服用 K 仔或咳藥水的害處，並非像政府宣傳所描述的那般嚴重	1	2	3	4	5

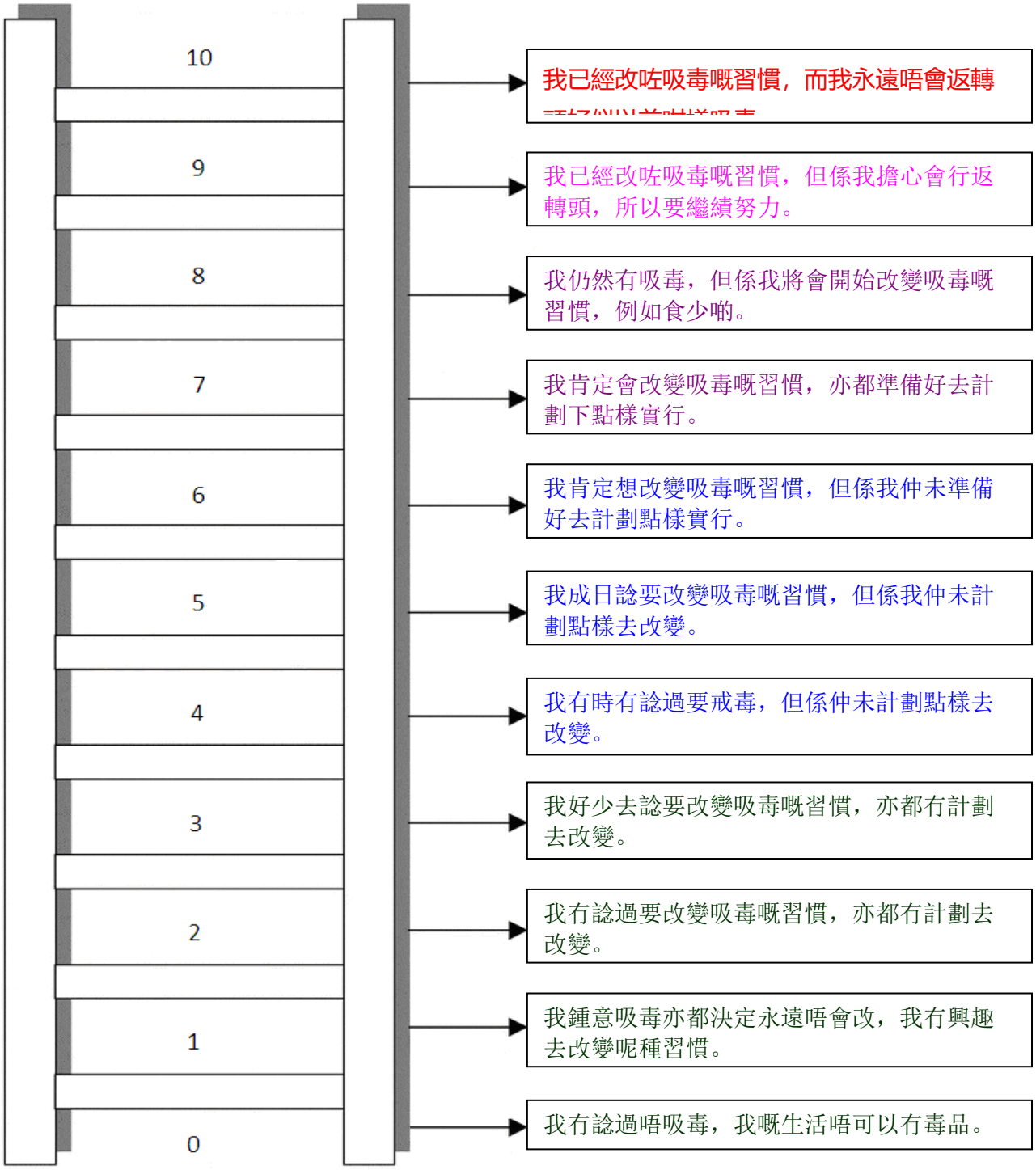
* Q7 引自禁毒基金十八號評估問卷(吸毒縱容態度) – 中學版

Q8) 請細心閱讀各題，填上你認為最適合的答案。所有答案將完全保密。

在過去 3 個月內，你有多少次：	**過去 3 個月內**		
	從來沒有	**間中有**	**經常有**
A. 吸食大麻	☐	試過_____次	每日_____次 / 每星期_____次
B. 吸食白粉（海洛英）	☐	試過_____次	每日_____次 / 每星期_____次
C. 服食 Fing 頭丸（亞甲二氧基甲基安非他明）	☐	試過_____次	每日_____次 / 每星期_____次
D. 吸食 K 仔（氯胺酮）	☐	試過_____次	每日_____次 / 每星期_____次
E. 吸食冰（甲基安非他明）	☐	試過_____次	每日_____次 / 每星期_____次
F. 服食忽得	☐	試過_____次	每日_____次 / 每星期_____次
G. 服食五仔	☐	試過_____次	每日_____次 / 每星期_____次
H. 服食藍精靈	☐	試過_____次	每日_____次 / 每星期_____次
I. 服食白瓜子	☐	試過_____次	每日_____次 / 每星期_____次
J. 吸食可卡因	☐	試過_____次	每日_____次 / 每星期_____次
K. 服食咳藥水	☐	試過_____次	每日_____次 / 每星期_____次
L. 吸食有機溶劑（天拿水）	☐	試過_____次	每日_____次 / 每星期_____次
M. 服食其他毒品〔不包括吸煙或飲酒〕請註明：_____	☐	試過_____次	每日_____次 / 每星期_____次

* Q8 引自禁毒基金六號評估問卷(過往三個月內的吸毒頻次)

Q9) 以下每個梯級表示吸毒者對於改變吸毒習慣嘅一種想法同態度，請選擇一個最貼切形容你依家處於嘅位置。



* Q9 引自禁毒基金十三號評估問卷(思動階梯)

Q10) 下列問題希望了解你對「意義中心取向」禁毒預防個案輔導治療的期望。**[請圈出你認為最合適的答案]**

		對個案輔導的期望					
		完全沒有期望	沒有期望	期望不大	有點期望	期望	非常期望
9.	個案輔導能提升我的抗毒意識，提高對毒品禍害的醒覺。	1	2	3	4	5	6
10.	個案輔導能增進我在抗拒毒品及精神健康方面的知識。	1	2	3	4	5	6
11.	個案輔導能減少我吸食毒品的次數和對毒品的依賴。	1	2	3	4	5	6
12.	個案輔導能幫助我認識自己、面對生命的挑戰。	1	2	3	4	5	6
13.	個案輔導能幫助我尋找生命意義、建立人生目標。	1	2	3	4	5	6

Q11) 個人資料 (請在適當的方格內加上「□」或在橫線上「_____」填寫答案)。

15.	你的性別:	1☐ 男	2☐ 女		
16.	你的教育程度:	1☐ 小學或以下	2☐ 中一至中三	3☐ 中四至中五	4☐ 中六至中七
		5☐ 大專 / 副學士	6☐ 學士	7☐ 碩士	8☐ 博士
17.	你現時的狀況:	1☐ 在學	2☐ 在職 3a職業_____ 1☐ 全職 2☐ 半職 3☐ 散工	3☐ 接受職業培訓 3b 1☐毅進課程 2☐青見展翅 3☐Teen 才再現 4☐現代學徒 5☐其他_____	4☐ 待業 3c 待業時間 _____年____月
18.	你的出生地點:	1☐ 香港	2☐ 中國內地 居港年期:_____年_____月	3☐ 其他(請註明):_____ 居港年期:_____年_____月	
19.	父母婚姻狀況:	1☐ 已婚並同住	2☐分居	3☐離婚	4☐再婚
		5☐同居	6☐其他,請註明:_____		
20.	你的住所類型:	1☐ 自置私人樓宇/居屋單位		2☐ 租住私人樓宇/居屋單位	
		3☐ 公屋單位		4☐ 租住房間	
		5☐ 其他			
21.	你的家庭每月總收入 (在學者): 你的個人每月收入 (在職者):	1☐ 綜援	2☐ $10,000 或以下	3☐ $10,001-$20,000	
		4☐ $20,001-$30,000	5☐ $30,001-$40,000	6☐ $40,001-$50,000	
		7☐ $50,001-$60,000	8☐ $60,001-$70,000	9☐ $70,001 或以上	

問卷完成，多謝你的參與!

香港青年協會
the hongkong federation of youth groups

活動由香港青年協會青年違法防治中心主辦，禁毒基金撥款資助。