Implementation period:1/11/2021 to 31/10/2024

SACH-IV: Anti-drug Prevention and Treatment Scheme (HIV infected and High Risk Groups)
BDF200034
Tung Wah Group of Hospitals

SACH-IV: Anti-drug Prevention and Treatment Scheme (HIV infected and High Risk Groups)

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Introduction

People living with HIV in HK in 2024

5,869

MSM living with HIV in Hong Kong
(5,137Homosexual contacts + 732 Bisexual contacts)

383

People contracted HIV through drug injection

Chemsex Prevalence among MSM

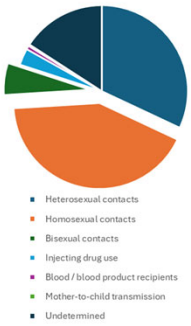
8.6%

MSM in 2020, increased from 7.3% from 2018 (HARiS,2020)

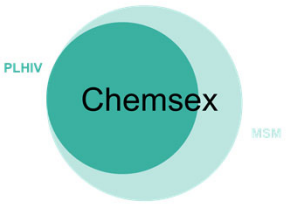
11,180

projected number of MSM engaging in chemsex, if assuming MSM is 4% of Hong Knog population

HIV cases in Hong Kong, updated 30 June 2024



Chemsex is highly related to the transmission of HIV



Service Target:
People living with HIV (PLHIV),
and High Risk Population :
Men who have sex with men (MSM)

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Project Content

LGBTQ+ affirmative drug case counselling

Inflexible thinking and maladaptive behaviors (chemsex) are consequences of LGBTQ-related stressors. Our aim is not only to help them stop drug abuse but also to empower them to effectively cope with these stressors.

Furthermore, we provide counselling to their significant others and collaborate with HIV clinics and NGOs to cultivate a supportive environment for stopping drug abuse.

Group counselling/ Health education programmes

We provide health education programmes to help individuals cultivate new hobbies and routines as alternatives to chemsex.

These programmes promote a healthier LGBTQ+ culture, counteracting the chemsex environment and reinforcing long-term success in overcoming chemsex.

Additionally, our group counselling sessions provide a safe space for participants to express their emotions, process the trauma associated with chemsex and LGBTQ-related stressors, and share experiences and strategies for managing cravings.

Community engagement

We train former drug abusers who have successfully overcome chemsex to serve as role models in the LGBTQ+ community.

These individuals are prepared to become volunteers, assisting with our health education programmes and community engagement activities, including events like Pink Dot, Pride Market, online/app and beach outreach events.

Community engagement as a drug prevention event can reinforce their success in overcoming chemsex.

Professional sharing sessions

We provide professional training for nurses, teachers, social workers, and counsellors involved in HIV and LGBTQ-related services to enhance their understanding of chemsex and the special needs of HIV drug abusers.

Furthermore, we create a platform for discussing ehancement to anti-drug services and encouraging collaboration and referrals among various NGOs.

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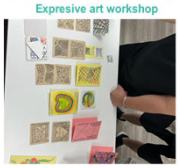
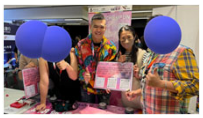
Project Content


Professional sharing sessions

Expresive art workshop




Volunteer Programme



Pride market

Anti Drug Abuse Drama

Beach outreach campaign

PinkDot

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Output and Outcome Evaluation

- Output
  - Data is retrieved from participant's enrolment or registration record
- Outcome
  - Beat Drugs Fund question set no. 13 (pre- and post-test)
  - Beat Drugs Fund question set no. 5 (pre- and post-test)
  - Beat Drugs Fund question set no. 16 (pre- and post-test)
  - Beat Drugs Fund question set no. 18 (pre- and post-test)
  - Beat Drugs Fund question set no. 20 (pre- and post-test)
  - Beat Drugs Fund question set no. 21 (post-test)

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Output Evaluation

	Expected Result	Achieved Result
Output Indicator 1	A. Provide 960 drug abuse counselling sessions to 120 HIV-infected drug abusers B. Provide 12 group counselling sessions or health education to 80 HIV-infected drug abusers	A. Provided 996 drug abuse counselling sessions (103.8%) to 120 drug abusers (100%) who are infected with HIV B. Provide 14 group counselling sessions or health education (116.7%) to 80 HIV-infected drug abusers (100%)
Output Indicator 2	Provide 200 counselling sessions to 40 family members/ partners of HIV-infected drug abusers	Provided 201 counselling sessions (100.5%) to 44 family member / partners (110%) of HIV-infected drug abusers
Output Indicator 3	Recruit 900 participants to join 6 legal public events for anti-drug preventive education	Recruited 3215 participants (357.2%) in 10 legal public events (166.7%) for anti-drug preventive education

Output Evaluation

	Expected Result	Achieved Result
Output Indicator 4	Provide 3 professional sharing sessions on drug abuse for 10 professional teachers and 60 tertiary school students * At least two tertiary schools should be engaged	Provided 5 professional sharing sessions (166.7%) for 13 teachers (130%) and 124 tertiary school students (206.7%)
Output Indicator 5	Provide 10 professional sharing sessions on drug abuse related HIV/ AIDS issues for 190 professionals working in HIV clinics and HIV service organizations	Provided 11 professional sharing sessions (110%) on drug abuse related HIV/ AIDS issues for 290 professionals (152.6%) working in HIV clinics and HIV service organizations

Outcome Evaluation

	Expected Result	Achieved Result
Outcome Indicator 1	HIV-infected drug abusers show improvement in their quitting motivation (70% of participants show improvement in quitting motivation after completion of treatment or statistical significant improvement in quitting motivation as indicated by paired t-test)	120 clients completed pre-test and pro-test survey 99.2% of participants show improvement in quitting motivation after completion of treatment)
Outcome Indicator 2	HIV-infected drug abusers show improvement in drug use frequency (70% of the participants reduce drug use in the past month or stop using drugs after completion of treatment)	120 clients completed pre-test and post-test survey 90% of the participants reduce drug use in the past month or stop using drugs after completion of treatment)

Outcome Evaluation

	Expected Result	Achieved Result
Outcome Indicator 3	HIV-infected drug abusers perceive a higher risk associated with drug abuse (70% participants show a higher level of perceived risk associated with drug abuse or statistical significant increase in the level of perceived risk associated with drug abuse as indicated by paired t-test)	120 clients completed pre-test and post-test survey 92.5% participants show a higher level of perceived risk associated with drug abuse
Outcome Indicator 4	HIV-infected drug abusers or their family members/partners show improvement in anti-drug attitude (70% of participants show improvement in anti-drug attitude or statistical significant improvement in anti-drug attitude as indicated by paired t-test)	120 clients completed pre-test and post-test survey 100% of participants show improvement in anti-drug attitude

Outcome Evaluation

	Expected Result	Achieved Result
Outcome Indicator 5	Significant others (family members/ partners) of HIV-infected drug abusers show improvement in their capacity to support the drug abusing family member/partner (70% of participants show improvement after completing counselling or statistically	44 significant others completed pre-test and post-test survey 100% of participants show improvement in their capacity to support the drug abusing family member/partner after completing counselling
Outcome Indicator 6	Participants attending professional sharing sessions rate the activity as satisfactory (80% of participants attending professional sharing sessions are expected to score an average score higher than "3" in the post-activity questionnaire)	427 valid cases evaluated 99.5% participants attending professional sharing sessions rate the activity as satisfactory

Experience Gained

Experience Gained

Lesson Learnt

Proactive outreach for hidden cases:

Multi platforms for online engagement with MSM community.

Snowballing:

We train our clients to become volunteers who design diverse health programs aimed at engaging their peers and encouraging participation.

Diverse and flexible ways of engagement with clients:

In addition to online outreach, we organize outreaching and community events tailored to the needs and culture of the HIV community, aimed at encouraging their participation in our programmes.

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Experience Gained

Lesson Learnt

LGBTQ+ affirmative perspective for sexual minority:

In addressing to the root causes of chemsex, we strive to not only assist individuals in overcoming drug abuse but also empowering them to manage with LGBTQ-related stressors.

Collective participation in social service design:

Promote a healthier LGBTQ+ culture that counteracts the chemsex and reinforces long-term success in overcoming chemsex.

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Conclusion

Conclusion :

- **Most HIV-infected drug abusers are MSM.**
- **These individuals often remain hidden due to the stigma associated with their identities.**
- **Inflexible thinking and maladaptive behaviors, such as chemsex, are often consequences of LGBTQ-related stressors.**
- **Collective participation in the design of social services can enhance clients' success in quitting chemsex and promote a healthy LGBTQ+ culture that prevents chemsex.**
- **Collaboration with HIV clinics, snowballing, and proactive, innovative outreach through an LGBTQ+ Affirmative Perspective are key factors in engaging hidden HIV-infected drug abusers.**

Conclusion

Suggestions and way forward :

1. Broader Focus on MSM

Both young and middle-aged MSM are at risk of engaging in chemsex. Middle-aged MSM, in particular, often feel lost and lack direction during this stage of life, using chemsex as a way to escape their problems. Therefore, life planning and career development services is essential to address their needs.

2. Comprehensive Support

Services should focus not only on helping MSM quit chemsex but also on empowering them to cope with LGBTQ-related stressors and address underlying trauma.

3. Addressing Loneliness and Bullying

Loneliness and bullying within the MSM//PLHIV community are root causes of chemsex. Health programs adopting an LGBTQ+ Affirmative Perspective play a crucial role in designing health initiatives, building connections, creating a supportive environment for quitting drugs, and fostering a healthier LGBTQ+ culture.

4. Collaboration with HIV Clinics and NGOs

Consistent cooperation with HIV clinics and other NGOs enhances the effectiveness of counselling services.

Conclusion

Suggestions and way forward :

5. Cross-Regional Connections

Maintaining connections with cross-regional organizations ensures that knowledge and skills remain up-to-date and innovative.

6. Tailored Outreach

The use of outreach methods tailored to specific times, locations, and approaches is an effective way to implement chemsex prevention efforts among MSM//PLHIV community. These methods also generate a significant snowball effect, helping us identify and engage with new cases of chemsex. For example, our previous large-scale outreach event at Cheung Sha Beach.

7. Late-night Chemsex Emergency Support Services

Since chemsex and chemsex overdoses typically occur on holiday or weekend evenings, we propose the introduction of late-night chemsex emergency support services. This period represents a critical window when individuals are most motivated to quit chemsex, making it an ideal opportunity for social workers to intervene, encourage recovery, and assist in developing effective rehabilitation plans.

Conclusion

Suggestions and way forward :

8. Travel Related Outreach

At the same time, we encourage conducting outreach work through social apps or in-person outreach at airports and border checkpoints during the peak travel seasons for MSM/PLHIV. Additionally, during late-night hours on holidays, outreach efforts (both via social apps and in-person) should be carried out at MSM/PLHIV hotspots. These efforts aim to enhance prevention work and identify hidden cases of chemsex.

9. Health Programs: Building a Drug-Free MSM/PLHIV Community

Organizing a series of health-focused activities simultaneously can serve as an effective strategy for promoting drug rehabilitation and prevention within the MSM and communities. These activities help establish a large, supportive network of healthy individuals, fostering progress in maintaining a drug-free lifestyle.

Moreover, these programs enhance motivation for recovery, encourage the exchange of life and rehabilitation experiences, and contribute to shaping a drug-free, vibrant community culture. By cultivating this environment, we pave the way for a healthier and more empowering experience for MSM and PLHIV alike.