Beat Drugs Fund Project |BDF210049

HOSPITAL-SOCIAL MULTIDISCIPLINARY COLLABORATION SERVICE FOR DUAL-DIAGNOSED PATIENTS (HSMC)

醫社雙攜

Implementation Period: 1/8/2022 – 31/7/2025
Approved Budget: $9,536,508

Department of Psychiatry,
Prince of Wales Hospital, Shatin Hospital,
Alice Ho Miu Ling Nethersole Hospital,
North District Hospital and Tai Po Hospital

Content

1. Background
2. Project Objectives
3. Project Content
4. Output & Outcomes
5. Conclusion
6. Acknowledgement

Beat Drugs Fund Project | BDF210049

BACKGROUND

Background

Substance Abuse in New Territories East Cluster (NTEC)

- Around 1/5 reported substance abusers resided in NTEC (NDH, 2020)
- Over 2500 (~5% of PSY SOPC patients in NTEC) patients having dual-diagnoses (having both substance-use disorders and psychiatric disorders) were actively receiving psychiatric out-patient treatment in Hospital Authority (HA, 2020)
- A significant higher in average number of AED attendance and admissions than the general population (Wei et al., 2021)
- ~20% of psychiatric admission in NTEC was related to substance abuse

Background

Potential Impact to Healthcare Service

- Reinstatement of illicit drugs after discharge is common which leads to relapse of mental illness and repeated psychiatric admissions
- Many of the dual-diagnosed patients are facing various psychosocial stressors and obstacles hindering their recovery

Fill up the gap by Beat Drugs Fund Project

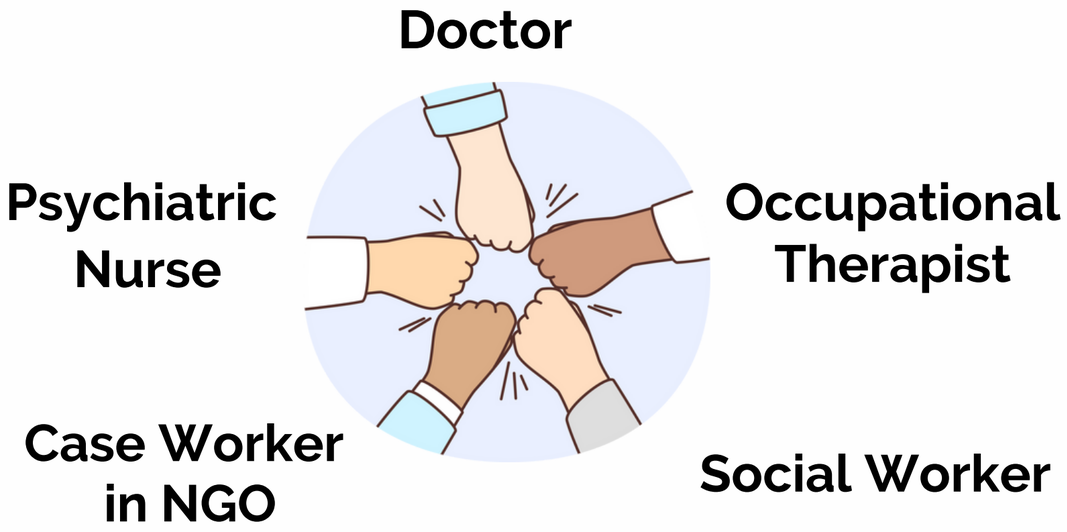
Common Problems of Dual-diagnosed Patients

Psychological Dysfunction	Physical Dysfunction	Occupational Dysfunction	Familial & Social Dysfunction
Craving Psychotic symptoms Self-harm/ Suicide Violence Poor insight Poor drug compliance Cognitive deficits Insomnia	Withdrawal symptoms Substance-induced physical problems e.g. ketamine induced cystitis	Reversed daily routine Unemployment Abandonment of study Poor social functioning	Marital discord Family conflicts Childcare issues Lack of social support

Indicated for input from multiple disciplines

Multidisciplinary Team

- Comprehensive assessment in all aspects by multiple disciplines
- Weekly in-patient and monthly out-patient multidisciplinary case conference



Hospital-Social Multidisciplinary Collaboration

Hospital Authority

- In-patient
  - TPH
  - SH
- Out-patient SAC
  - NDH
  - AHNH
  - PWH
- Nurse Clinic
- Occupational Therapy Department

Community

- Counselling Centre for Psychotropic Substance Abusers (CCPSA)
  - Cheer Lutheran Centre (CLC)
  - Neo-Horizon
- Drug Treatment and Rehabilitation Centres

PROJECT OBJECTIVES

Project Objectives

- Reduce frequency of substance use
- Increase motivation to quit illicit substance
- Reduce psychiatric comorbidity
- Improve occupational functioning
- Relieve carer stress

Beat Drugs Fund Project | BDF210049

PROJECT CONTENT

Contributions to Successful Detoxification

Holistic Care		
Medical Team (Doctor & Nurse)	**Occupational Therapy**	**Social Work & Community Support**
• Case management • Mental state management • Pharmacological treatment	• Lifestyle redesign • Psychosocial intervention • Cognitive & Vocational Rehabilitaiton	• Family intervention • Interpersonal skills training • Motivation enhancement

Psychiatric Nurse

Implementation of Case Management

- Mental health assessment and monitoring
- Medication compliance education
- Addiction counseling
  - Harm reduction
  - Motivational interviewing
  - Relapse prevention strategies
- Anger management
- Daytime engagement enhancement
- Group activities

Psychiatric Nurse

Group activities include:

- Anger management
- Stress management
- Relapse prevention
- Sleep hygiene
- Medication compliance education

Psychiatric Nurse

Group Activities:

Psychiatric Nurse

Group Activities:

Occupational Therapy

1. Occupational Lifestyle Redesign → Meaningful Life
2. Psychosocial Intervention → Quit maladaptive coping behaviors
3. Vocational & Cognitive Rehabilitation → Enhance occupational functioning

OT - Rehabilitation Objectives

Occupational Lifestyle Redesign

- Re-establish life roles/ Establish new life roles
- Cultivate new habits and hobbies
- Develop structured daily routine

Vocational & Cognitive Rehabilitation

- Job exploration
- Pre-vocational preparation and training
- Vocational training
- Cognitive training e.g. attention, memory, executive function

OT - Rehabilitation Objectives

Metacognitive Therapy (MCT)

Eliminate Cognitive Attentional Syndrome (CAS)

Extended Thinking	Attentional Biases	Unhelpful Coping Behaviors
• Rumination • Worrying • Desired thinking • Sense of loss of control of mental processes	• Threat monitoring • Fixed attention to threat • Sense of subjective danger	• Thought suppression • Dysfunctional coping behaviors e.g. avoidance, substance use

Review thinking pattern
and cognitive processing

↓

Understand SA as
maladaptive coping strategies

↓

Eliminate CAS,
Discourage dysfunctional thinking
pattern and behavioural strategies

↓

Quit SA,
Resist craving

Occupational Therapy

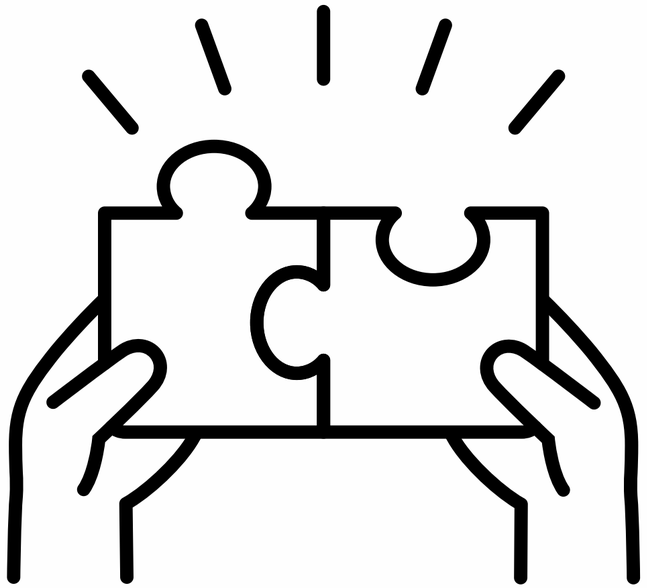
Use of technology for cognitive training & tele-consultation

Social Work

- Provide assessment
- Engage clients and carers for enhancing motivation and insight of detoxification
- Provide carer support
- Liaise with community parties
- Provide family intervention
- Emotional counselling
- Post-discharge support

Social Work

Whole Family Approach



Carer Support

SA Team

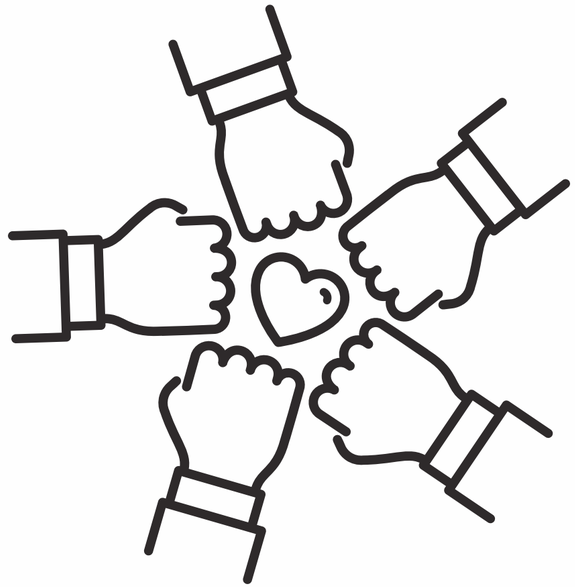
Carer Support

Whole family counselling

Self-image

Substance Abuse

Interpersonal Communicaion



Relationship

Boundary

Emotion

Finance

Parenting Education

Social Network

Community Resources

Community Service

NGO Involvement

- Facilitate early engagement of NGOs to hospital
- Face-to-face / Zoom interview with cases
- Weekly in-patient & monthly out-patient multidisciplinary case conference
- Group activities

1) Facilitate rapport building

2) Facilitate transition to community

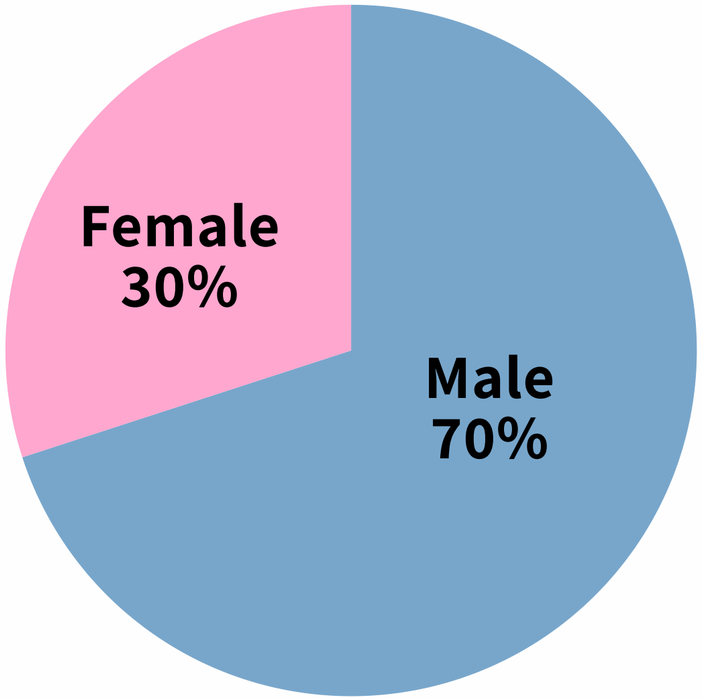
3) Facilitate community reintegration

Beat Drugs Fund Project | BDF210049

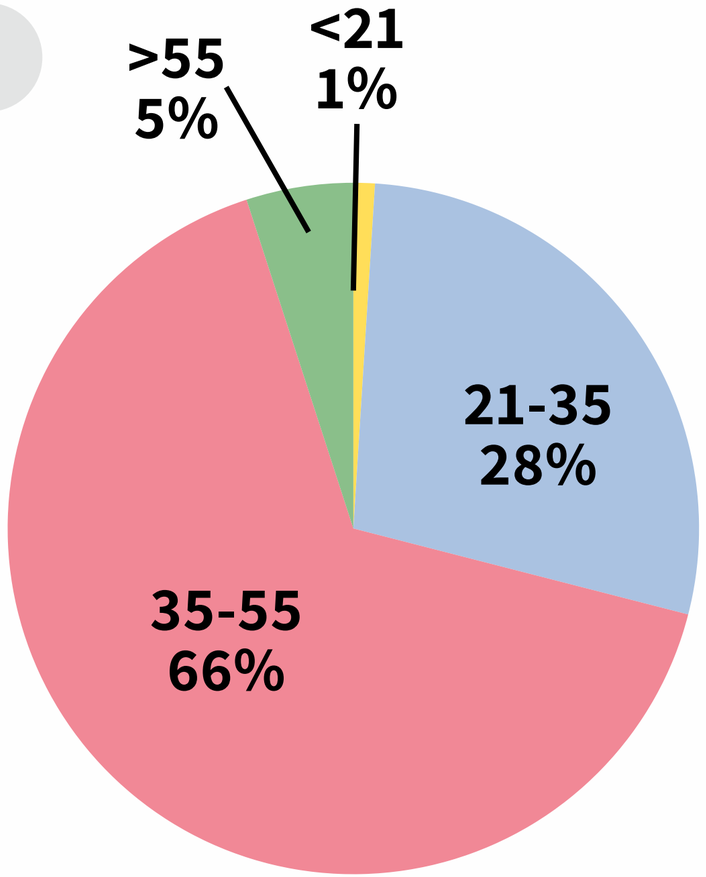
DEMOGRAPHICS

Total number of clients recruited: 201

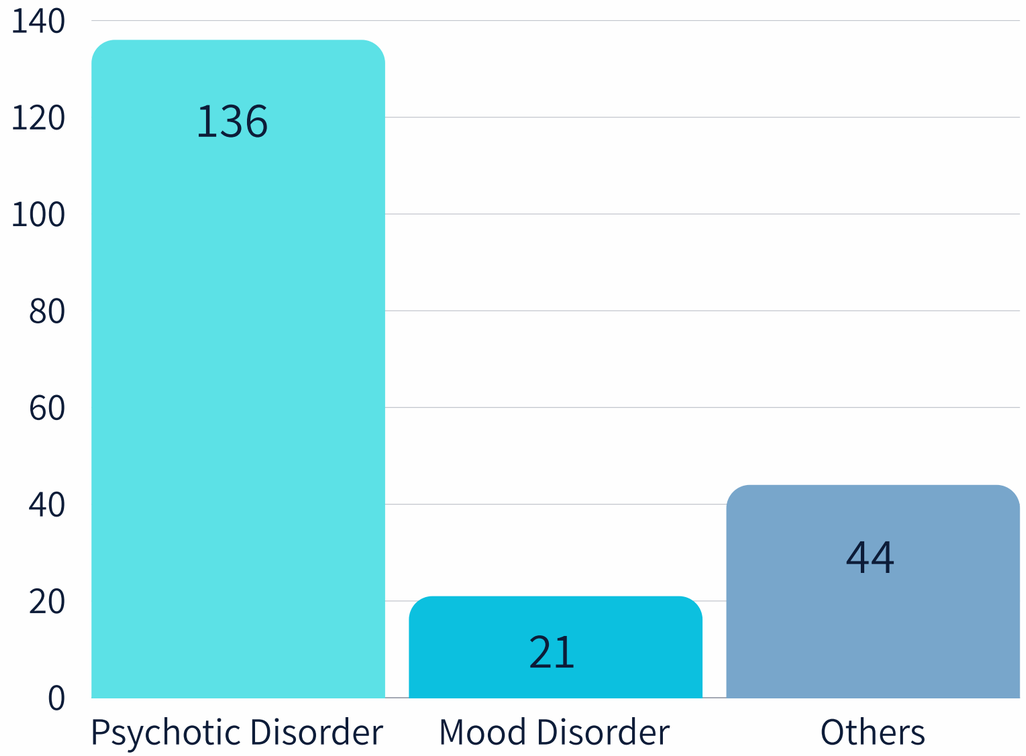
Gender



Age



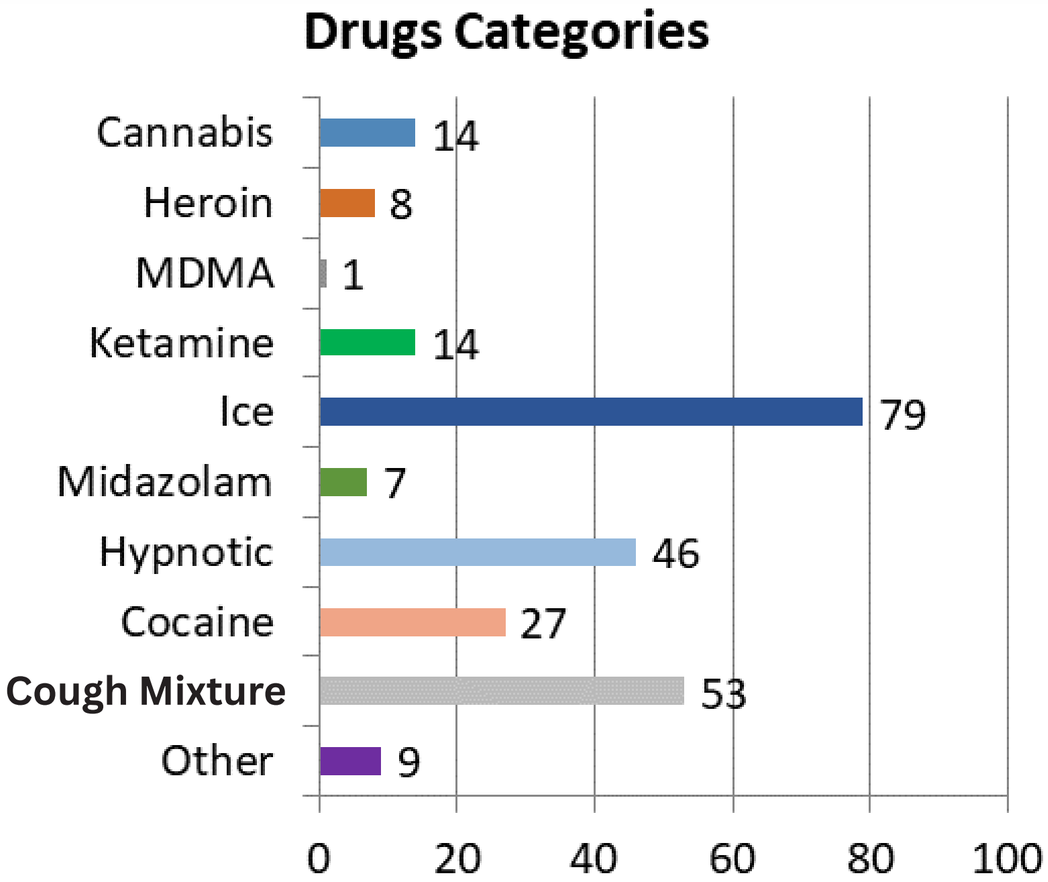
Diagnosis



ALL clients are dual-diagnosed patients

Drug Categories

Polysubstance Abusers: 24.4%



Beat Drugs Fund Project | BDF210049

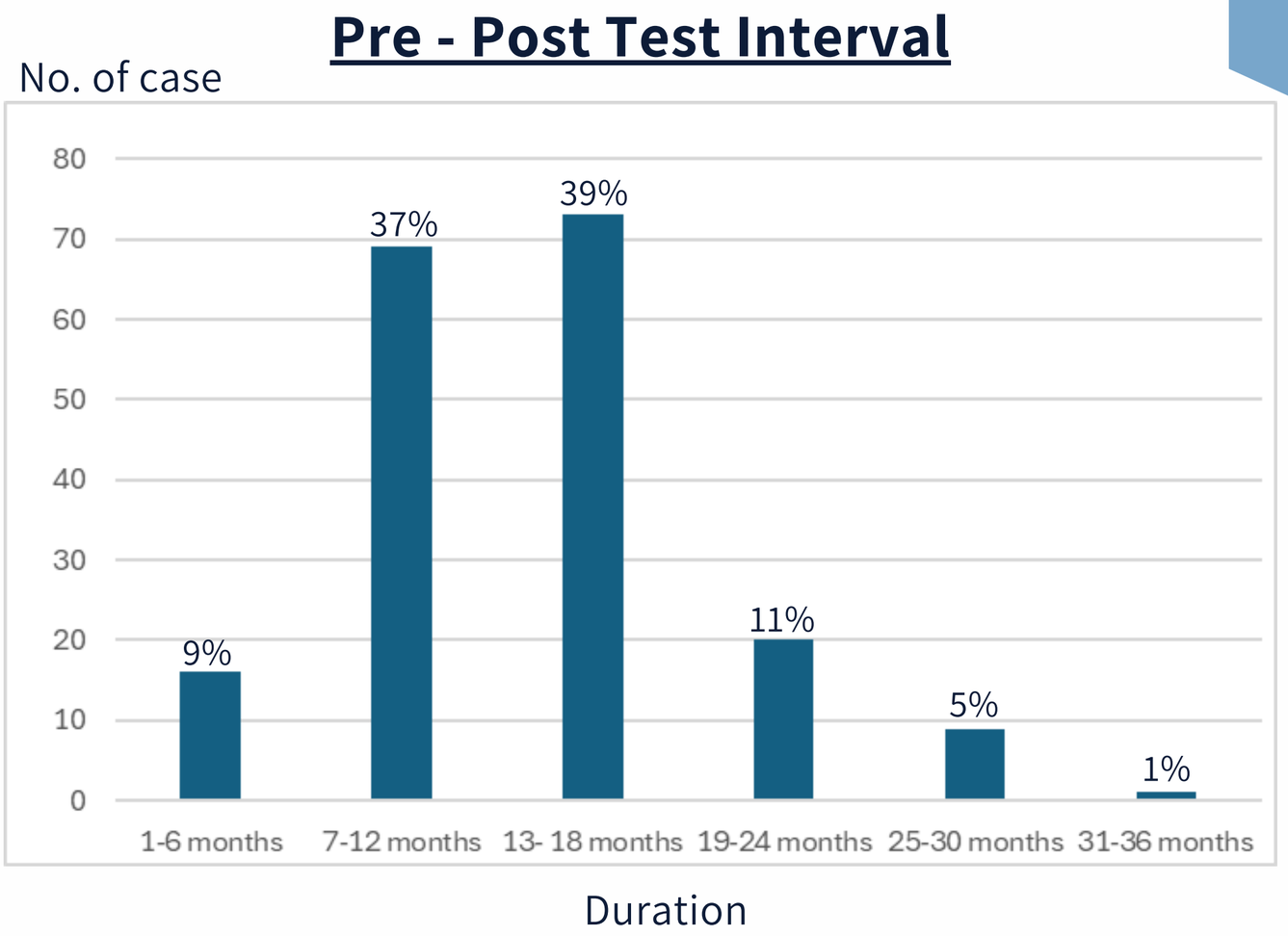
OUTPUT & OUTCOMES

Output

	Description of Indicator	Output Achieved
Output indicator 1	Provide **200** substance abusers with **6,000** man-times of outreach services for counselling and treatment	Provided **201 (100.5%)** substance abusers with **6695 (111.6%)** man-times of outreach services for counselling and treatment
Output indicator 2	Provide **320** outreach services for counselling and treatments for **80** carers of substance abusers	Provided **351 (109.7%)** outreach services for counselling and treatments for **110 (137.5%)** carers of substance abusers
Output indicator 3	Refer **80** substance abusers and carers to community networks like CCPSA and ICCMW for continuous support	Referred **80 (100%)** substance abusers and carers to community networks like CCPSA and ICCMW for continuous support
Output indicator 4	Provide **48** group intervention sessions for **240** attendants (man-time)	Provided **49 (102.1%)** group intervention sessions for **257 (107.1%)** attendants (man-time)

Outcomes

Outcome Indicator	Description of Indicator
1	Beat Drugs Fund Question Set No. 6
2	Beat Drugs Fund Question Set No. 13
3	Brief Psychiatric Rating Scale (BPRS)
	The Depression, Anxiety and Stress Scale - 21 Items (DASS-21)
4	Occupational Life Functioning Assessment Inventory (L-FAI)
5	Beat Drugs Fund Question Set No. 20



Outcome Indicator 1

Beat Drugs Fund Question Set No. 6

- Frequency of drug use in past 3 months

（計劃名稱 / 活動名稱）
活動前評估問卷

參加者編號：

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。

1. 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

性別： 1☐ 男 2☐ 女
年齡：_____歲

閣下是否會參加以下活動：（可選多項）

1☐*臨列出計劃內其他可選擇參與的活動* 2☐*臨列出計劃內其他可選擇參與的活動*
3☐*臨列出計劃內其他可選擇參與的活動* 4☐*臨列出計劃內其他可選擇參與的活動*
5☐*臨列出計劃內其他可選擇參與的活動* 6☐*臨列出計劃內其他可選擇參與的活動*

Beat Drugs Fund Evaluation Question Set No. 6 (Frequency of drug use in the past 3 months) (2010 Second Round)
Adopted from Evaluation Questionnaire of Project Astro Mind
Permission to use was granted by Prof. Daniel Shek of Hong Kong Polytechnic University

Outcome Indicator 1

201 sets of pre-test and 188 sets of post-test collected

Target: **60% of participants reduce their drug use frequency**
Beat Drugs Fund Question Set No. 6 (n=188) **88.8%** of substance abusers reduced their drug use frequency

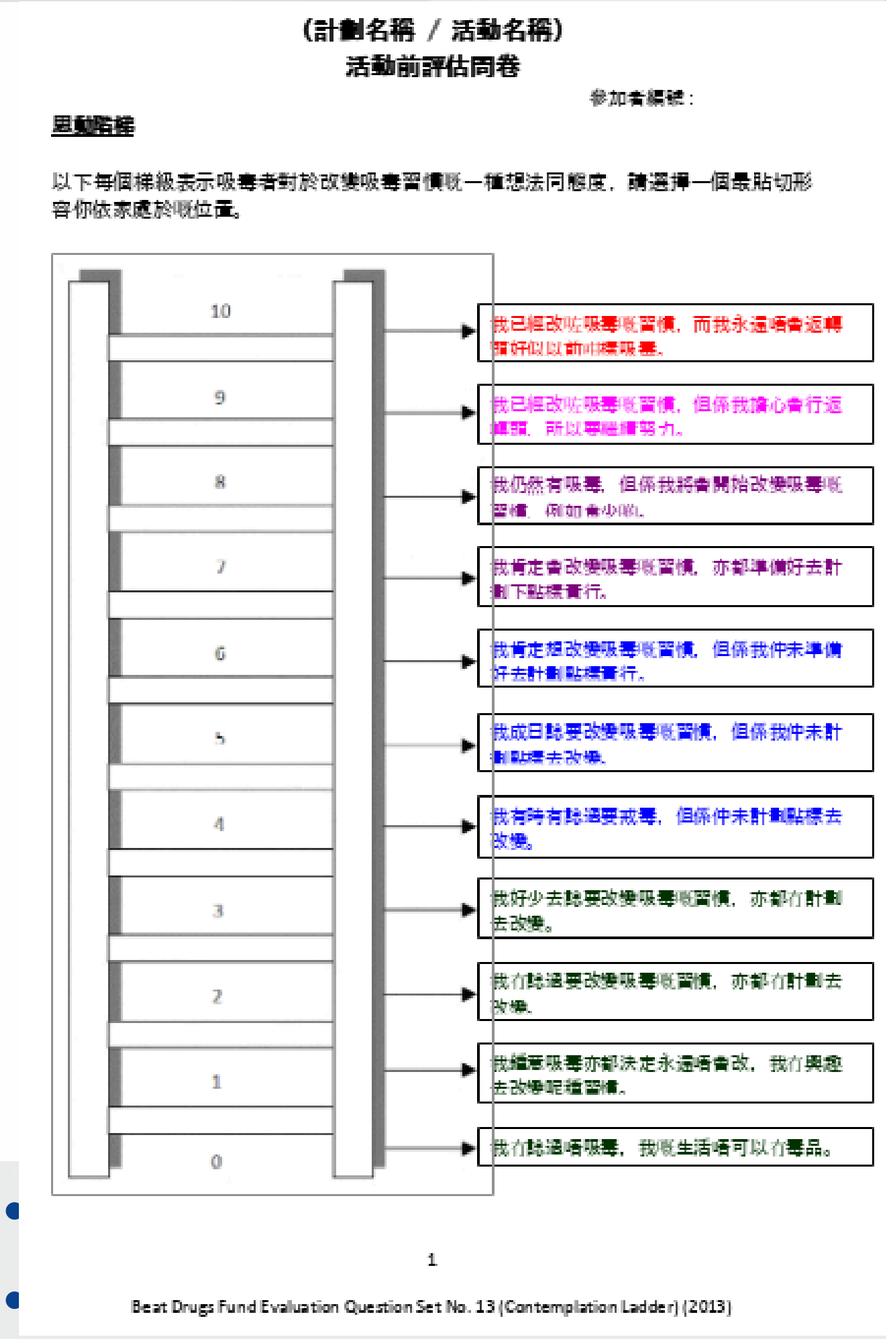
Up to 31/7/2025

Outcome Indicator 2

Beat Drugs Fund Question Set No. 13

- Contemplation Ladder
  - a visual analog comprised of 11 rungs and 5 anchor statements to represent the stage of change

(Biener & Abrams, 1991; Slavet et al, 2006)



(計劃名稱 / 活動名稱)
活動前評估問卷

參加者編號：

思動階梯

以下每個梯級表示吸毒者對於改變吸毒習慣既一種想法同態度，請選擇一個最貼切形容你依家處於既位置。

10 我已經改咗吸毒既習慣，而我永遠唔會返轉頭好似以前咁樣吸毒。

9 我已經改咗吸毒既習慣，但係我擔心會行返轉頭，所以要繼續努力。

8 我仍然有吸毒，但係我將會開始改變吸毒既習慣，例如會少啲。

7 我肯定會改變吸毒既習慣，亦都準備好去計劃下點樣實行。

6 我肯定想改變吸毒既習慣，但係我仲未準備好去計劃點樣實行。

5 我成日諗要改變吸毒既習慣，但係我仲未計劃點樣去改變。

4 我有時有諗過要戒毒，但係仲未計劃點樣去改變。

3 我好少去諗要改變吸毒既習慣，亦都冇計劃去改變。

2 我冇諗過要改變吸毒既習慣，亦都冇計劃去改變。

1 我嘅意思亦都決定永遠唔會改，我冇興趣去改變呢種習慣。

0 我冇諗過唔吸毒，我既生活唔可以冇毒品。

1

Beat Drugs Fund Evaluation Question Set No. 13 (Contemplation Ladder) (2013)

Outcome Indicator 2

201 sets of pre-test and 188 sets of post-test collected

Target: **60% of substance abusers show improvement in readiness to quit drugs**
Beat Drugs Fund Question Set No. 13 (n=188) **98.4%** of substance abusers show improvement in readiness to quit drugs

Up to 31/7/2025

Outcome Indicator 3

Brief Psychiatric Rating Scale (BPRS)

- A widely used instrument to assess the psychiatric symptoms of individuals with psychotic disorders as well as to assess the effectiveness of treatment

(Overall & Gorham, 1988)

- Consists of 18 items that assess the positive, negative and affective symptoms of an individual

CLIENT NAME: _____ DATE: _____
CLIENT ID#: _____ MD: _____

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Please enter the score for the term which best describes the patient's condition.

0 = not assessed, 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe, 7 = extremely severe

1. **SOMATIC CONCERN** Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not. SCORE	10. **HOSTILITY** Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (*Rate attitude toward interviewer under "uncooperativeness"*). SCORE
2. **ANXIETY** *Worry*, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. SCORE	11. **SUSPICIOUSNESS** *Belief (delusional or otherwise)* that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances. SCORE
3. **EMOTIONAL WITHDRAWAL** Deficiency in relating to the interviewer and to the interviewer situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation. SCORE	12. **HALLUCINATORY BEHAVIOR** Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people. SCORE
4. **CONCEPTUAL DISORGANIZATION** Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning. SCORE	13. **MOTOR RETARDATION** Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level. SCORE
5. **GUILT FEELINGS** Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses. SCORE	14. **UNCOOPERATIVENESS** Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation. SCORE
6. **TENSION** Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient. SCORE	15. **UNUSUAL THOUGHT CONTENT** Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. SCORE
7. **MANNERISMS AND POSTURING** Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here. SCORE	16. **BLUNTED AFFECT** Reduced emotional tone, apparent lack of normal feeling or involvement. SCORE
8. **GRANDIOSITY** Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation. SCORE	17. **EXCITEMENT** Heightened emotional tone, agitation, increased reactivity. SCORE
9. **DEPRESSIVE MOOD** Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. SCORE	18. **DISORIENTATION** Confusion or lack of proper association for person, place or time. SCORE

Outcome Indicator 3

201 sets of pre-test and 188 sets of post-test collected

Target: **60% of substance abusers show improvement in psychiatric co-morbidity**
Brief Psychiatric Rating Scale (BPRS) (n=188) **77.7%** of substance abusers show improvement in psychiatric co-morbidity

Up to 31/7/2025

Outcome Indicator 3

The Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

- A set of self-report scales that measures the emotional state of depression, anxiety and stress

(Lovibond & Lovibond, 1995)

Chinese DASS21 情緒自評量表（一）

DASS21 姓名： 日期：

填表說明：
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。答案並無對錯之分。請不要花太多時間在某一句子上。

評估量表：
0 = 不適用
1 = 頗適用，或間中適用
2 = 很適用，或經常適用
3 = 最適用，或常常適用

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

Outcome Indicator 3

201 sets of pre-test and 188 sets of post-test collected

Target: **60% of substance abusers show improvement in psychiatric co-morbidity**
The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) (n=188) **91.0%** of substance abusers show improvement in psychiatric co-morbidity

Up to 31/7/2025

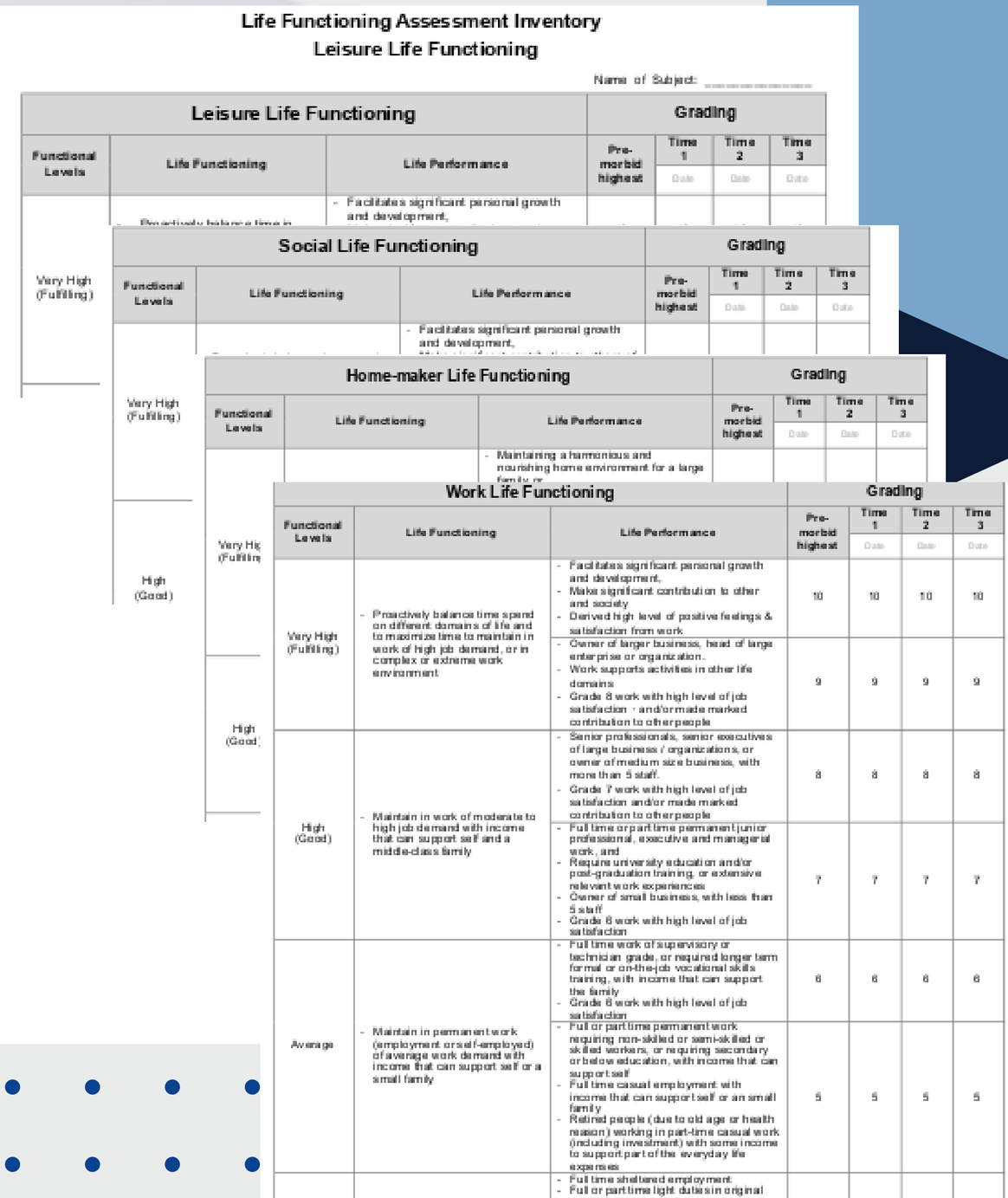
Outcome Indicator 4

Life Functioning Assessment Inventory (L-FAI)

- Developed as a criterion referenced assessment of life functioning through semi-structured interview

(Hui et al., 2013)

- Includes home-maker, worker, social and leisure life functioning scales



Life Functioning Assessment Inventory

Leisure Life Functioning

Name of Subject: _____

Leisure Life Functioning			Grading			
Functional Levels	Life Functioning	Life Performance	Pre-morbid highest	Time 1	Time 2	Time 3
				Date	Date	Date
Very High (Fulfilling)	- Proactively balance time in	- Facilitates significant personal growth and development,				

Social Life Functioning			Grading			
Functional Levels	Life Functioning	Life Performance	Pre-morbid highest	Time 1	Time 2	Time 3
				Date	Date	Date
Very High (Fulfilling)		- Facilitates significant personal growth and development,				

Home-maker Life Functioning			Grading			
Functional Levels	Life Functioning	Life Performance	Pre-morbid highest	Time 1	Time 2	Time 3
				Date	Date	Date
		- Maintaining a harmonious and nourishing home environment for a large family or				

Work Life Functioning			Grading			
Functional Levels	Life Functioning	Life Performance	Pre-morbid highest	Time 1	Time 2	Time 3
				Date	Date	Date
Very High (Fulfilling)	- Proactively balance time spend on different domains of life and to maximize time to maintain in work of high job demand, or in complex or extreme work environment	- Facilitates significant personal growth and development, - Make significant contribution to other and society - Derived high level of positive feelings & satisfaction from work	10	10	10	10
		- Owner of larger business, head of large enterprise or organization. - Work supports activities in other life domains - Grade 8 work with high level of job satisfaction + and/or made marked contribution to other people	9	9	9	9
High (Good)	- Maintain in work of moderate to high job demand with income that can support self and a middle-class family	- Senior professionals, senior executives of large business / organizations, or owner of medium size business, with more than 5 staff. - Grade 7 work with high level of job satisfaction and/or made marked contribution to other people	8	8	8	8
		- Full time or part time permanent (junior professional, executive and managerial work, and - Require university education and/or post-graduation training, or extensive relevant work experiences - Owner of small business, with less than 5 staff - Grade 8 work with high level of job satisfaction	7	7	7	7
Average	- Maintain in permanent work (employment or self-employed) of average work demand with income that can support self or a small family	- Full time work of supervisory or technician grade, or required longer term formal or on-the-job vocational skills training, with income that can support the family - Grade 6 work with high level of job satisfaction	6	6	6	6
		- Full or part time permanent work requiring non-skilled or semi-skilled or skilled workers, or requiring secondary or below education, with income that can support self - Full time casual employment with income that can support self or an small family - Retired people (due to old age or health reason) working in part-time casual work (including investment) with some income to support part of the everyday life expenses	5	5	5	5
		- Full time sheltered employment - Full or part time light duties in original				

Outcome Indicator 4

201 sets of pre-test and 188 sets of post-test collected

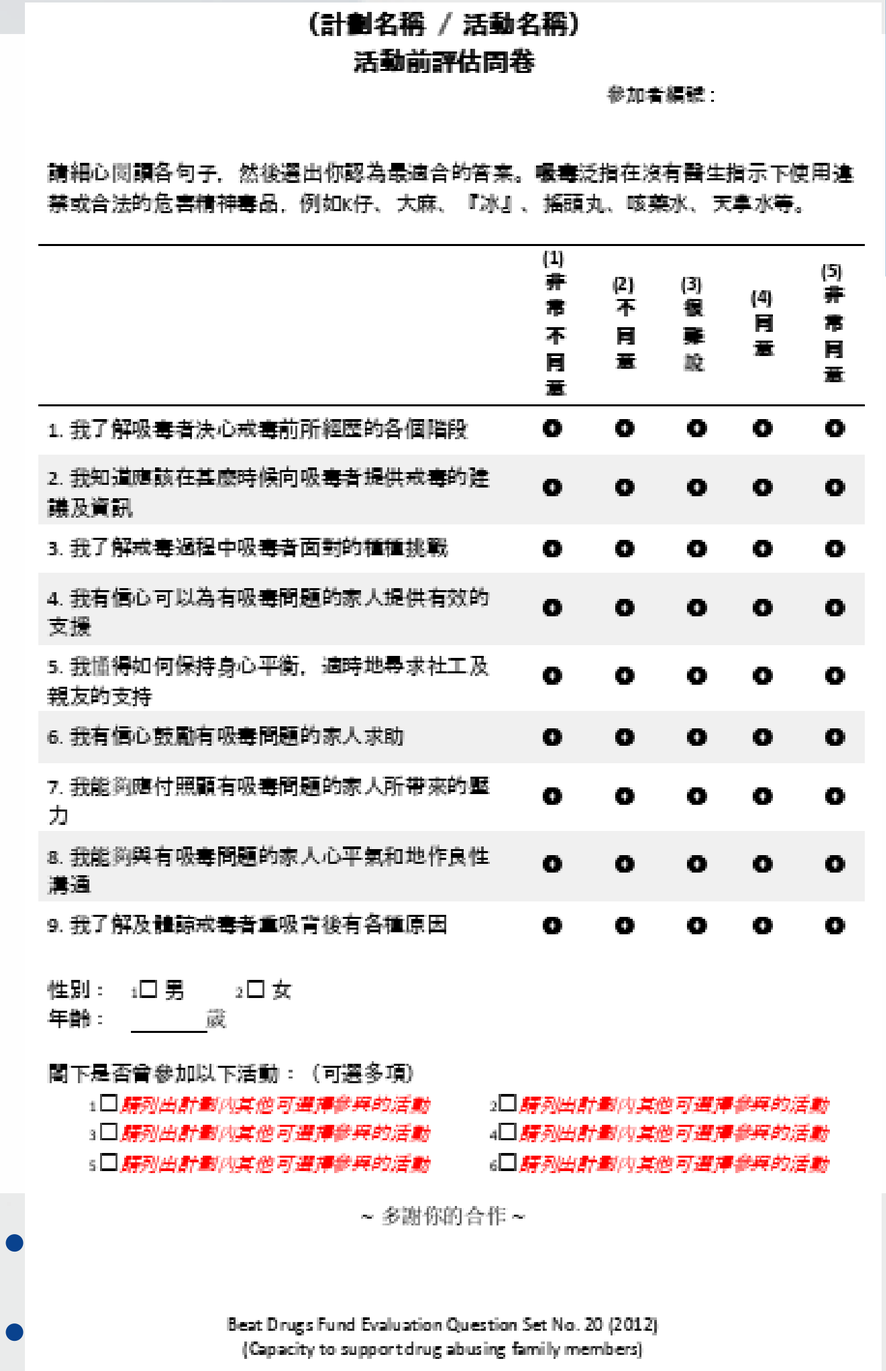
Target: **60% of substance abusers show improvement in occupational life functioning**
Occupational Life Functioning Assessment Inventory (L-FAI) (n=188) **73.9%** of substance abusers show improvement in occupational life functioning

Up to 31/7/2025

Outcome Indicator 5

Beat Drugs Fund Question Set No. 20

- Carer's capacity to support drug abusing family members



（計劃名稱 / 活動名稱）
活動前評估問卷

參加者編號：

請細心閱讀各句子，然後選出你認為最適合的答案。*吸毒*泛指在沒有醫生指示下使用違禁或合法的危害精神毒品，例如K仔、大麻、『冰』、搖頭丸、咳藥水、天拿水等。

	(1) 非常不同意	(2) 不同意	(3) 很難說	(4) 同意	(5) 非常同意
1. 我了解吸毒者決心戒毒前所經歷的各個階段	O	O	O	O	O
2. 我知道應該在甚麼時候向吸毒者提供戒毒的建議及資訊	O	O	O	O	O
3. 我了解戒毒過程中吸毒者面對的種種挑戰	O	O	O	O	O
4. 我有信心可以為有吸毒問題的家人提供有效的支援	O	O	O	O	O
5. 我懂得如何保持身心平衡，適時地尋求社工及親友的支持	O	O	O	O	O
6. 我有信心鼓勵有吸毒問題的家人求助	O	O	O	O	O
7. 我能夠應付照顧有吸毒問題的家人所帶來的壓力	O	O	O	O	O
8. 我能夠與有吸毒問題的家人心平氣和地作良性溝通	O	O	O	O	O
9. 我了解及體諒戒毒者重吸背後有各種原因	O	O	O	O	O

性別： 1☐ 男 2☐ 女
年齡： _____歲

閣下是否曾參加以下活動：（可選多項）

1☐ *臚列出計劃/內其他可選擇參與的活動*
2☐ *臚列出計劃/內其他可選擇參與的活動*
3☐ *臚列出計劃/內其他可選擇參與的活動*
4☐ *臚列出計劃/內其他可選擇參與的活動*
5☐ *臚列出計劃/內其他可選擇參與的活動*
6☐ *臚列出計劃/內其他可選擇參與的活動*

~ 多謝你的合作 ~

Beat Drugs Fund Evaluation Question Set No. 20 (2012)
(Capacity to support drug abusing family members)

Outcome Indicator 5

110 sets of pre-test and 90 sets of post-test collected

Target: **60% of carers show improvement in their capacity to support drug abusing family members**
Beat Drugs Fund Question Set No. 20 (n=90) **95.6%** of carers show improvement in their capacity to support drug abusing family members

Up to 31/7/2025

Beat Drugs Fund Project | BDF210049

EXPERIENCE GAINED

Challenges we met

1. Large number of cases
   - Effective use of resources
     → Via group intervention
     → Termination of successful cases
   - Aftercare if indicated

2. Cases transferred to other clusters
   - Use of tele-consultation

3. High Relapse rate of cases
   → Holistic care from input of different disciplines
   → Ongoing multi-disciplinary case conference
   → Identify targeted needs

Lesson Learnt

- Detoxification was a process and cycle
- Appropriate and tailor-made detoxification plan for clients were essential
- Collaboration between different disciplines were effective to facilitate clients to maintain abstinence in long term
- Empowered the potential ability and rebuilt self-image with clients
- Involvement of carers was also one of the vital elements during the detoxification journey

CONCLUSION

Conclusion

- ☑ Effective and successful implementation of the project was accomplished
- ☑ Project objectives were successfully achieved

Keys to Success

- Importance of teamwork
- Collaboration between different professionals and sectors
- Both clients and carers are our main targets in the intervention
- Different input among different stages of detoxification
- Liaison with different community units

Way Forward

HSMC 2.0 (1/8/2025 - 31/7/2028)

- OT + SW + Peer Specalist
- Continue providing holistic care from multidisciplinary team

Enhancement:

- Provide outreaching service to residential detox centre for cases having high risk of relapse

Acknowledgement

The Beat Drugs Fund Association

Reference

Biener, L., & Abrams, D. B. (1991). The Contemplation Ladder: Validation of a measure of readiness to consider smoking cessation. Health Psychology, 10(5), 360-365.

Hui, L. M. C., Li, Y. K., Leung, K. F., Tang, Y. M. J., Wong, H. Y. G., Chang, W. C., Chan, K. W. S., Lee, H. M. E., & Chen, Y. H. E. (2013). Reliability and validity of the life functioning assessment inventory (L-FAI) for patients with psychosis. Social Psychiatry and Psychiatric Epidemiology, 48 (10), 1687-1695.

Lovibond, S.H., & Lovibond, P.F. (Eds.). (1995). Manual for the Depression Anxiety & Stress Scales. (2nd ed.). Sydney: Psychology Foundation.

Overall, J.E., & Gorham, D.R. (1988). The Brief Psychiatric Rating Scale (BPRS): Recent developments in ascertainment and scaling. Psychopharmacology Bulletin, 24, 97- 99.

Slavet, J. D., Stein, L. A. R., Colby, S. M., Barnett, N. P., Monti, P. M., Golembeske, C., & Lebeau-Craven, R. (2006). The marijuana ladder: Measuring motivation to change marijuana use in incarcerated adolescents. Drug and Alcohol Dependence, 83(1), 42-48.

Wei, Y., Zhao, J., Wong, I., Wan, E., Taylor, D., Blais, J., Castle, D., Knott, J., Tse, M., Chow, A., & Chan, E. (2021). Relation of substance use disorders to mortality, accident and emergency department attendances, and hospital admissions: A 13-year population-based cohort study in Hong Kong. Drug and Alcohol Dependence, 229.

Beat Drugs Fund Project | BDF210049

THANK YOU