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Project P.R.I.D.E.— Drug prevention and rehabilitation for sexual diversities

BDF220036

The Boys' & Girls' Clubs Association of Hong Kong

Introduction

A research by the Department of Health (2018) finds that 7.3% of men having sex with men (MSM), used drug before or during sex in the last 6 months. BGCA has provided social service for sexual minority youths since 2007. In 2016, BGCA launches Healthy gay Community Project to provide targeted prevention education and treatment for gay men.

This project would further extend our prevention education and treatment service to lesbian and transgender persons, and also strengthen our previous service and experience:

- Upscale our prevention education on social media;
- Continue outreach to hidden addicts through social apps outreach and HIV testing service;
- Develop gay social apps outreach event outreach, to reach the hidden drug abuser case
- Provide case counselling and treatment group to high risk and drug using sexual diversities

Project Content

Professional training workshops

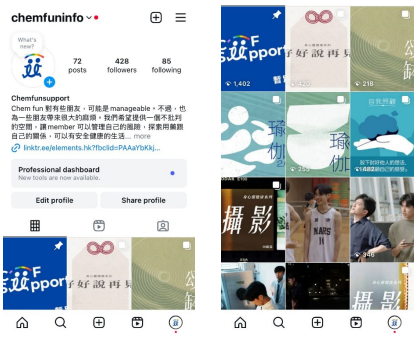
Anti-drug educational training

Project Content

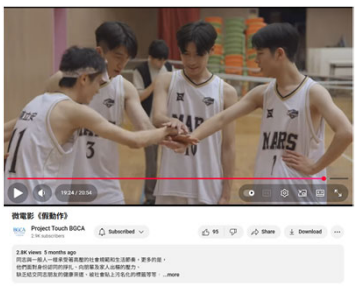
Resilience-enhancing group

Chem fun support group

Project Content



Social Post Production



Video Production

Project Content

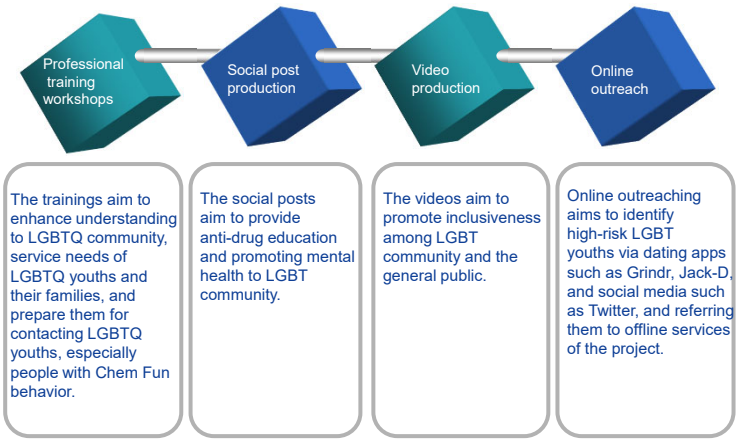
Online Outreach

Counselling services for LGBT youths

HIV test outreach

Counselling services for parents and family members

Project Content



Project Content

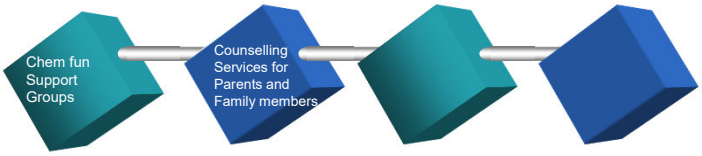
The training aims to provide a positive social network for LGBT youths. Anti-drug messages were delivered to the group.

This activity aims to reach out LGBT youths through HIV test.

Counselling sessions aim to provide drug prevention and treatment.

The groups aim to facilitate individual transition and better adjustment to life challenges. Anti-drug messages were included to prevent LGBT youths from handling emotions by using drugs.

Project Content



The support groups for Chem fun users aim to provide a safe space for them to share their experience, and create a mutual support network among them.

The counselling sessions aim to support emotional needs of parents and family members.

Output and Outcome Evaluation

- Outcome evaluation methods
  - Indicator 1: Beat Drugs Fund question set 3 (Pre- and post-test survey)

    Indicator 2: Beat Drugs Fund question set 16 (Pre- and post-test survey)

    Indicator 3: Beat Drugs Fund question set 18 (Pre- and post-test survey)

    Indicator 4: Beat Drugs Fund question set 5 (Pre- and post-test survey)

Output Evaluation

	Expected Result	Achieved Result	Remark
Output Indicator 1	Provide 3 training workshops to 90 frontline social workers, teachers, nurses and tertiary students of related subjects, with at least 80% of attendance rate (i.e. 72 man-times)	5 training workshop was provided to 147 frontline social workers, teachers, nurses and tertiary students of related subjects, with 100% of attendance rate (i.e. 147 man-times)	
Output Indicator 2	A. Produce 50 social posts to be released on Instagram account run by the project, with accumulated reach rate of 5,000 B. Produce 2 videos to be released on social media with 12,000 views in total	A. 50 social posts were produced to be released on Instagram account run by the project, with accumulated reach rate of 19,682 B. 3 videos were produced to be released on social media with 19,213 views in total	

Output Evaluation

	Expected Result	Achieved Result	Remark
Output Indicator 3	A. Outreach to 900 LGBT youths via online means B. Provide 12 anti-drug training sessions to 120 LGBT youths, with 80% of attendance rate (i.e. 96 man-times)	A. Outreach to 1,433 LGBT youths via online means B. 14 anti-drug training sessions were provided to 158 LGBT youths with 95.57% of attendance rate (i.e. 151 man-times)	
Output Indicator 4	Provide 360 sessions of HIV test outreach with anti-drug preventive education, among which 36 sessions should include of motivational interviewing service	593 sessions of HIV test outreach with anti-drug preventive education were provided, among which 38 sessions included of motivational interviewing service.	

Output Evaluation

	Expected Result	Achieved Result	Remark
Output Indicator 5	A. Provide 240 counselling sessions to 60 high-risk drug taking LGBT youths (each case with 4 sessions), with at least 80% attendance (i.e. 192 man-times) B. Provide 9 resilience-enhancing groups (with 6 sessions for each groups) to 54 high-risk LGBT youths, with at least 80% of attendance (i.e. 259 man-times) C. Provide 3 support groups (with 6 sessions each group) to 18 Chem Fun users, with at least 80% of attendance (i.e. 86 man-times)	A. 300 counselling sessions were provided to 67 high-risk drug taking LGBT youths (each case with 4 sessions), with 300 man-times B. 9 resilience-enhancing groups (with 6 sessions for each groups) were provided to 54 high-risk LGBT youths, with 94.31% of attendance rate (348 man-times) C. 5 support groups (with 6 sessions each group) were provided to 30 Chem Fun users with 80.30% of attendance rate (i.e. 159 man-times)	

Output Evaluation

	Expected Result	Achieved Result	Remark
Output Indicator 6	Provide 120 counselling sessions to 30 parents/ family members of drug-taking LGBT youths, with at least 80% attendance (i.e. 96 man-times)	124 counselling sessions were provided to 31 parents/ family members of drug-taking LGBT youths, with 124 man-times	

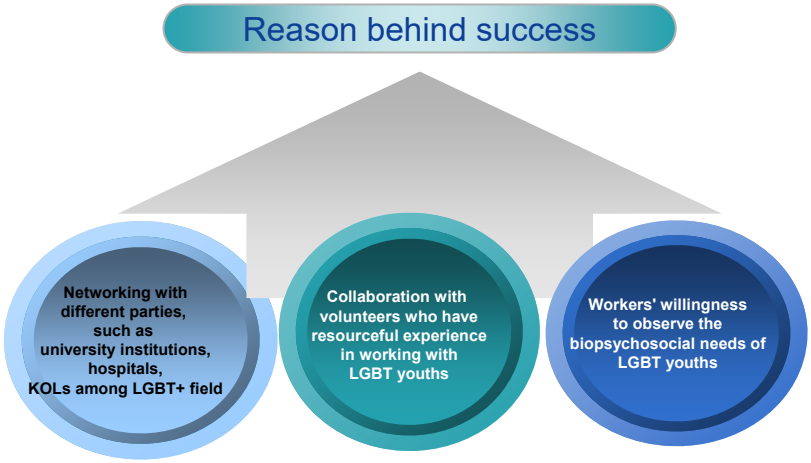
Outcome Evaluation

	Expected Result	Achieved Result	Remark
Outcome Indicator 1	High risk or drug abusing LGBT youths show reduction in the risk of relapse (70% of participants show reduction in the risk of relapse / statistical reduction in the risk of relapse as indicated by paired t-test)	Both pre- and post-test were done. 61 valid cases were collected. 98.36% of respondents showed reduction in the risk of relapse.	
Outcome Indicator 2	Participants show improvement in perceived risks associated with drug abuse (75% of participants show improvement in perceived risks associated with drug abuse/ statistical significant improvement in anti-perceived risks associated with drug abuse as indicated by paired t-test)	Both pre- and post-test were done. 148 valid cases were collected. 75.7% of respondents showed improvement in perceived risks associated with drug abuse.	

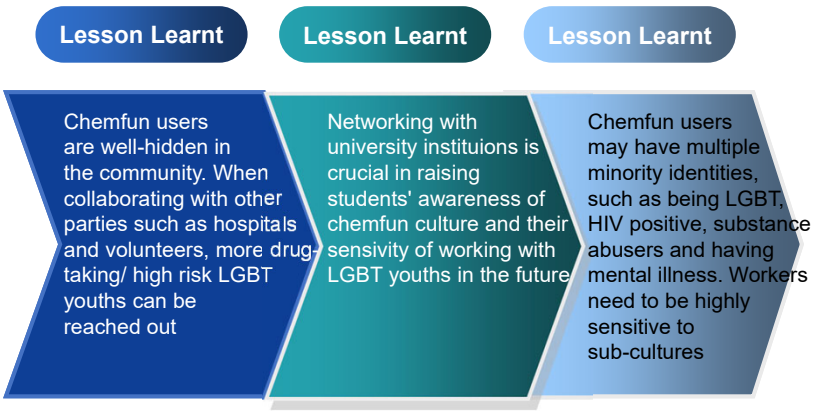
Outcome Evaluation

	Expected Result	Achieved Result	Remark
Outcome Indicator 3	Participants show improvement in anti-drug attitude (75% of participants show improvement in anti-drug attitude / statistical significant improvement in anti-drug attitude as indicated by paired t-test)	Both pre- and post-test were done. 61 valid cases were collected. 75.4% of respondents showed improvement in anti-drug attitude	
Outcome Indicator 4	70% of LGBT drug abusing youths show reduction in drug use frequency	Both pre- and post-test were done. 30 valid cases were collected. 100% of respondents showed reduction in drug use frequency.	

Experience Gained



Experience Gained



Conclusion

- **Conclusion**:
- Chemfun users are not only substance abusers, but also LGBT youths. For mainstream CCPSA services, workers may not have corresponding knowledge and skills in working with LGBT youths. In addition, it is important for LGBT youths to form their own community. The project itself provides such a platform. In the future, more professional training regarding LGBT and chemfun culture can be provided to mainstream services to bridge the service gap if possible.

Conclusion

- **Suggestion**:
  - **Strengthen Cross-Sector Collaboration**
    Expand partnerships with hospitals, universities, NGOs, and community leaders to enhance outreach and service delivery, especially for hidden Chemfun users.
  - **Enhance Professional Training for Mainstream Services**
    Develop and deliver targeted training modules on LGBT+ issues and Chemfun culture for frontline workers in mainstream services (e.g., CCPSA), to bridge the knowledge and sensitivity gap.
  - **Expand Support for Families**
    Increase counselling and psychoeducation services for parents and family members to foster a more supportive environment for LGBT youths.
  - **Address Intersectionality in Service Design**
    Tailor interventions to consider overlapping identities (e.g., LGBT, HIV+, mental health challenges) to ensure holistic and inclusive support.
- **Way forward**:
  - **Institutionalize LGBT+ Drug Prevention Services**
    Advocate for the integration of LGBT-specific drug prevention and rehabilitation services into public health and social welfare systems.
  - **Scale Up Outreach and Digital Engagement**
    Continue leveraging social media and dating apps for outreach, while exploring new platforms and technologies to reach hidden populations.
  - **Develop Peer-Led Support Models**
    Train and empower LGBT+ individuals with lived experience to lead support groups and outreach efforts, fostering trust and relatability.