

**Three-Year Plan on
Drug Treatment and Rehabilitation Services in Hong Kong
(1997 - 1999)**

**Narcotics Division
February 1997**

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CHAPTER 1

Introduction

Hong Kong adopts a multi-modality approach in providing drug treatment and rehabilitation services. A range of treatment programmes, using a number of methods and models, has been developed to cater for the different needs of drug abusers from varying backgrounds.

2. This is the first Three-Year Plan on drug treatment and rehabilitation services. It is drawn up by the Narcotics Division of the Government Secretariat, in conjunction with relevant Government departments and other bodies, including the Correctional Services Department, Department of Health, Social Welfare Department and the Hospital Authority. The Committee on Drug Abuse of the Hong Kong Council of Social Service and the Drug Liaison Committee, on both of which voluntary drug treatment and rehabilitation agencies are represented, have been consulted on the Plan. It has been endorsed by the Action Committee Against Narcotics, the advisory body of the Government on anti-drug policies and strategies.

3. The objectives of the Plan are -

- (a) to help examine whether the provision of treatment and rehabilitation places matches the demand, and whether the balance of places between different types of programmes accords with the distribution of drug abusers' characteristics and needs;
- (b) to identify shortfall or surplus in any particular kind of service; and
- (c) to guide future plans and necessary adjustments on service provision.

4. The Plan will be reviewed every year. The regular review mechanism serves to assess the extent to which services are meeting the demand, monitor the progress of the implementation of the agreed plans for service provision,

recommend plans for service provision over a three-year period, and identify possible areas for change and improving the effectiveness of the service.

TREATMENT AND REHABILITATION SERVICES FOR OPIATE ABUSERS

CHAPTER 2

Compulsory Treatment for Offenders

I. Basic principles and overall objectives

Drug Addiction Treatment Centres (DATC) are run by the Correctional Services Department (CSD) to provide compulsory treatment service for the cure and rehabilitation of persons found guilty of criminal offences punishable by imprisonment and are also addicted to a dangerous drug. The treatment programme aims at preparing inmates for their reintegration into society without relapsing into drug abuse.

II. Specific objectives

2. The DATC programme aims at achieving the following goals and objectives on the inmates :

- (a) detoxification and restoration of physical health;
- (b) uprooting of psychological dependence on drugs; and
- (c) preparation for reintegration into society.

3. These objectives are achieved through a comprehensive programme of medical treatment, a regimented daily routine, work therapy, counselling, psychological service and aftercare service.

III. Type of clients

4. Drug dependent persons convicted of offences of a relatively minor nature may be sentenced by the courts to a period of treatment in a DATC in lieu of

imprisonment. The offenders may be assigned to DATCs in accordance with their sex and age as follows :

| <u>Institution</u> | <u>Age Range</u> | <u>Sex</u> |
|--|------------------|------------|
| Hei Ling Chau Treatment Centre | over 21 | Male |
| Hei Ling Chau Treatment Centre (Annex) | 14 to 21 | Male |
| Chi Ma Wan Drug Addiction Treatment Centre | over 14 | Female |

5. Before sentencing a person to a DATC, the court will consider a suitability report prepared by the CSD. The suitability of a person's admission to a DATC is assessed by a CSD selection board which is chaired by a Senior Superintendent and composed of a Medical Officer and an Aftercare Officer. The selection board will consider a person's background, physical fitness, addiction history and previous treatment experience in preparing the suitability report to the court.

IV. Statutes

6. The Drug Addiction Treatment Centres Ordinance (Chapter 244) provides for the establishment of DATCs for the cure and rehabilitation of persons found guilty of criminal offences and who are suffering from addiction to a dangerous drug. It also provides that when a court makes a detention order, no conviction shall be recorded, unless in the opinion of the court, the circumstances of the offence so warrant. Before sentencing a person to an addiction treatment centre, the court will consider a report prepared by CSD regarding the suitability of such person for treatment as well as the availability of places in the addiction treatment centres.

7. As stipulated in section 4(2) of the Ordinance, the length of stay in a DATC can vary from a minimum of two months to a maximum of 12 months. The actual length of treatment is determined by a Board of Review which will assess the inmate's health and progress and the likelihood of his/her remaining drug free after release.

8. Inmates released from DATCs are subjected to 12 months' statutory supervision, under section 5(1) of the Ordinance. Inmates are required to comply with

all requirements specified in a Supervision Order. During the supervision period, a supervisee may be recalled for a further period of detention if found in breach of any of the supervision conditions. Under section 6 of the Ordinance, the recallees may be detained until the expiry of 12 months from the date of the Detention Order or four months from the date of his being arrested under the Recall Order, whichever is the later.

V. Current activities

9. As at 20 December 1996, there were a total of 1 509 inmates detained in various DATCs and CSD Reception Centres. The breakdown are as follows :

| | <u>No. of DATC inmates</u> | <u>No. of DATC remands</u> |
|--------------|----------------------------|----------------------------|
| Male adult | 803 | 154 |
| Male youth | 247 | 37 |
| Female adult | 180 | 12 |
| Female youth | 67 | 9 |
| Total | 1297 | 212 |

10. The treatment programme aims to detoxify and to restore the inmates' physical health, uproot their psychological dependence on drugs and prepare them for reintegration into society. In order to strengthen inmates' motivation, a promotion system with the following three stages is adopted :

- (a) Initial grade;
- (b) Treatment grade; and
- (c) Pre-release grade.

11. Inmates' efforts, attitude, performance, progress and response towards the treatment programme are monitored and assessed regularly by DATC staff, and

considered by the Board of Review when considering promotion and release of the inmates. The Board meets regularly to review the progress of each inmate and to make decisions relating to his/her release. The first review of an inmate will not be later than the second month of his/her admission to the DATC. Thereafter, his/her performance will be assessed by the Board at least once every month. The treatment programme comprises the following elements :

12. Medical services The resident Medical Officer will :

- detoxify all newly admitted inmates;
- cure existing ailment;
- detect and treat for underlying disease;
- inspire and cultivate good personal hygiene;
- promote general health of inmates; and
- refer cases to specialist clinics for consultation and recommend inmates for hospitalization treatment as when necessary.

13. Work therapy Work programme is an important means through which drug offenders can rediscover their worth and abilities, restore their self-esteem and remove their psychological barrier to rehabilitation. Inmates are assigned work which is commensurate with their capabilities, skills and physical fitness. Current work for inmates includes carpentry, metal work, tailoring, laundry services, gardening, construction and maintenance projects.

14. Physical education Qualified physical education instructors organize physical education session for inmates to promote general health.

15. Recreation A wide variety of activities is offered at leisure hours so that inmates may learn to make good use of their spare time for healthy activities.

16. Education is available for both adult and young inmates. It aims at promoting their general education and to foster a good habit of self-study. Subjects taught include English, Chinese, Mathematics and Moral Education.

17. Spiritual services Prison Chaplains visit the inmates regularly and render religious services. Inmates are encouraged to participate in various religious services on a voluntary basis.

18. Psychological service It assists inmates to build up their psychological strengths and develop a better insight into their problems. Case counselling sessions with the visiting Clinical Psychologist or Officer (Psychological Unit) are arranged for inmates with overt symptoms of emotional distress.

19. Counselling services Counselling sessions are conducted by the After-care Section, the Treatment and Programme Section and the Psychological Unit aiming at helping inmates to :

- gain insight into their problem;
- change perception and increase problem-solving skills; and
- strengthen their determination to start anew.

20. Pre-release programme aims to :

- assist inmates in anticipating and handling problems and personal relationship immediately upon their release;
- assist inmates in working out a plan for reintegration into the community and provide detailed information necessary for the implementation of the plan; and
- motivate and prepare inmates to face outside challenges and react positively to aftercare supervision.

21. After-care service begins soon after an inmate is admitted to a DATC. The After-care Officer aims to help in the reconciliation of any conflicts between the inmate and his family. The social re-adjustment aspect of after-care work also involves the arranging of post-release employment, accommodation and providing counselling and advice throughout the supervision period. The After-care Officer follows the case until the expiry of the 12-month supervision period. The supervisee may be recalled for detention if found in breach of supervision conditions.

22. Half-way house facilities are provided to those inmates who are in need of accommodation after release and for supervisees with adjustment problems or in need of intensive supervision upon release from the DATCs.

VI. Forecast of demand

Admission statistics

23. The admission of DATC inmates in 1991 and 1995 are listed below:

| Year | No. of admission of youth aged under 21 | | No. of admission of adult aged above 21 | | Total |
|---------------|---|--------|---|--------|--------|
| | Male | Female | Male | Female | |
| 1991 | 104 | 11 | 1424 | 92 | 1631 |
| 1995 | 595 | 116 | 1618 | 204 | 2533 |
| Increase in % | 472% | 955% | 14% | 122% | 55.30% |

24. There was an increase of nearly 55% of total admissions from 1991 to 1995. In particular, the admission of young DATC inmates has increased sharply. The number of admissions of young male DATC inmates rose by 472% from 104 in 1991 to 595 in 1995, whereas that of young female DATC inmates increased by 955% from 11 in 1991 to 116 in 1995.

Forecast of admission

25. The forecast of admission on inmates to the DATCs depends on various outside factors such as -

- the number of drug offenders arrested;
- the decision by judges and magistrates to sentence convicted drug offenders to DATCs for treatment; and
- the cost of dangerous drugs in the market.

In assessing the projected shortfall in accommodation, it is more relevant to use the forecast of the DATC population, rather than the forecast admission.

VII. Planned provision/shortfall

26. The following table indicates the certified accommodation, the present and projected daily DATC population and the projected provision/shortfall in the coming three years.

| Institution | Certified accommodation | Present and projected daily occupancy | Projected provision/shortfall |
|--|-------------------------|---------------------------------------|-------------------------------|
| Male Institutions | | | |
| Hei Ling Chau Addiction Treatment Centre | 784 | 803 (20.12.96) | -19 (20.12.96) |
| Hei Ling Chau Addiction Treatment (Annex) | 180 | 247 (20.12.96) | -67 (20.12.96) |
| Total : | 964 | 1050 (20.12.96) | -86 (20.12.96) |
| | | *1270 (1997) | -306 (1997) |
| | | *1280 (1998) | -316 (1998) |
| | | *1280 (1999) | -316 (1999) |
| Female Institutions | | | |
| Chi Ma Wan Drug Addiction Treatment Centre | 250 | 247 (20.12.96) | +3 (20.12.96) |
| | | *270 (1997) | -20 (1997) |
| | | *280 (1998) | -30 (1998) |
| | | *280 (1999) | -30 (1999) |

(* Projected figures)

VIII. Proposal pending policy/funding approval or requiring further examination

27. To ease the long standing overcrowding condition in DATCs for females (Tai Lam Centre for Women and Tai Tam Gap Correctional Institutional which had a section set aside for the treatment of adult and young inmates each

providing a total of 120 places), the Chi Ma Wan Drug Addiction Treatment Centre was converted from the former Chi Ma Wan Lower Detention Centre and came into operation on 16 December 1996. It has a certified accommodation for 250 female inmates (adult and juvenile) resulting in a net increase of 130 places.

IX. Recommendation

28. The Correctional Services Department should monitor the trend in admissions of male inmates, particularly those aged under 21, into Drug Addiction Treatment Centres. Priority should be given to increasing the capacity of the centres for male abusers when new projects are planned.

CHAPTER 3

Voluntary Residential Programme for Opiate Abusers

I. Basic principles and overall objectives

Voluntary residential treatment for opiate abusers caters for the needs of those opiate abusers who wish voluntarily to seek residential treatment, rehabilitation and social reintegration. Since drug abusers from varying background have different needs for treatment and rehabilitation services, a range of programmes using different treatment models have been developed.

II. Specific objective

2. The specific objective of residential treatment is to provide an in-patient programme with detoxification, treatment, rehabilitation and aftercare services to help patients achieve and maintain a drug free state. Individual programmes may have other objectives as well.

III. Type of clients

3. The clients are opiate abusers who come forward voluntarily to seek drug treatment and rehabilitation in a residential programme. The table below shows the clientele of individual treatment agencies.

Table 3.1

| <i>Agency</i> | <i>Clientele (opiate abuse)</i> |
|---|--|
| Barnabas Charitable Service Association | Female drug abusers, mostly below the age of 21. |
| Christian New Being Fellowship | Male drug abusers aged under 25. |

| | |
|--|---|
| Christian Zheng Sheng Association | Male and female drug abusers. |
| Drug Addict Counselling and Rehabilitation Service (DACARS) | Male drug abusers. |
| Finnish Missionary Society | Male drug abusers aged under 40. |
| Operation Dawn | Male drug abusers. |
| Society for the Aid and Rehabilitation of Drug Abusers (SARDA) | Male and female abusers irrespective of age, race, religion and previous treatment history. |
| SER Foundation | Male and female drug abusers aged 18-35. |
| St. Stephen's Society | Male and female drug abusers, including Vietnamese and English speaking drug abusers. |
| World Vision Lily Family | Female drug abusers aged under 21. |
| Wu Oi Christian Centre | Male and female drug abusers. |

IV. Statutes

4. There is no requirement in the law for drug treatment and rehabilitation centres to be registered or licensed. The Drug Addicts Treatment and Rehabilitation Ordinance (Chapter 326), enacted in 1961, provides for the establishment of residential treatment and rehabilitation centres. The two treatment centres of SARDA were declared under the Ordinance. However, the Ordinance is in many ways out of date and is under review.

V. Current activities

5. Residential treatment is carried out in a setting in which personal freedom is relatively restricted. Drug use is not allowed save under prescription.

The treatment approach and method, and the activities vary in different treatment centres.

6. Barnabas Charitable Service Association's hostel on Lamma Island provides treatment and rehabilitation for female drug abusers. It seeks to rehabilitate them through the Christian faith. The duration of treatment is six months. Group and individual counselling, physical and working training, as well as educational programmes are provided.

7. Christian New Being Fellowship rehabilitates drug abusers through the Christian faith. It operates a training centre in Pak Tam Chung, Sai Kung with a capacity of 40. Aiming at complete rehabilitation, the Fellowship organizes bible studies, physical and work training, group and individual counselling, and education programmes for its clients as well as counselling for parents of clients.

8. Christian Zheng Sheng Association offers assistance to drug abusers with a small family approach, providing a simple environment for them to learn about social life. It operates a centre for adults in Kam Tin and another on Lantau Island for teenagers. Its clients are required to receive training for a minimum period of six months and 18 months for adults and teenagers respectively. After the training period, the clients can apply for skill training or placement service.

9. Drug Addict Counselling and Rehabilitation Services (DACARS) provides counselling and treatment services to drug abusers and their families. DACARS has a Christian base, and emphasizes the individual's relationship with God as the key to personal and social well-functioning. It provides residential treatment facilities for drug abusers at Enchi Lodge in Sheung Shui. Pre-admission preparations such as medical examination, individual and family counselling, programme introduction, family contact, and contract negotiations take place at DACARS' Liaison Office in Tai Po. The treatment programme lasts for 3-6 months. Programme graduates are provided with aftercare service for two years, including regular individual counselling, family contacts, assistance and referral for job placement or accommodation if required.

10. Finnish Missionary Society's Ling Oi Youth Centre provides an integrated rehabilitation service, which includes pre-admission guidance and counselling, an in-patient programme of spiritual and physical rehabilitation,

aftercare schemes, and employment placement. It has a withdrawal unit at Tan Ka Wan, Sai Kung.

11. Operation Dawn's Island Centre in Sai Kung provides a biblical approach to drug treatment and rehabilitation, which emphasizes behavioural sanctification in a therapeutic community setting. Group discussions, individual counselling, work therapy and exercises such as swimming and soccer are programmed together with bible study. The centre also provides leadership training, a key rehabilitation programme to assist in the rehabilitation of other abusers. A town centre is available for drug abusers who opt for short-term treatment. The treatment programme lasts for 12 months.

12. The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) operates a two-tier course system. The short course of detoxification and convalescence takes three weeks for males and between three and four weeks for females. During detoxification, a patient is treated with methadone, and subsequently detoxified by means of dosage reduction to achieve a drug free state. Counselling and other supportive services are provided to help patients to recover from psychological and physical weaknesses.

13. On completion of detoxification, a patient may opt to go on to a long course of rehabilitation, which takes between nine and 13 weeks for males and between 21 and 45 weeks for females. Activities at a rehabilitation course are organised as therapeutic communities, with detoxified patients assuming responsibility in daily household routines. They receive highly structured counselling designed to bring about behaviour changes so that they lead a more stable life. They also receive tuition on health and general education, and undergo work therapy. This provides the enabling environment for patients to maintain a drug free state over a prolonged period, with the aim to improve psychological and physical health. After-care services are available to keep them in contact with SARDA's other services and encourage them to maintain abstinence.

14. SER Foundation operates a residential centre on Lantau for abusers of both sexes aged 18-35. It is a non-religious organization and admits people of all religious beliefs. The recommended period of rehabilitation is one year.

15. St. Stephen's Society provides treatment and rehabilitation services to heroin abusers. Those who take part in the programme are encouraged to build a

new life through the Christian faith. Under a family environment, they are taught through work projects, counselling and community living to become responsible and moral citizens. The Society also works consistently with the families of its clients. It has over ten family units in its first stage centres, each having an average of 12 residents who live in the centre for five months. Residents are detoxified and encouraged to face the underlying reasons for their addiction.

16. World Vision Lily Family helps clients rebuild a positive outlook on life, on the basis of the love and care of Jesus Christ. It operates a residential centre in Tai Po for females aged under 35.

17. Wu Oi Christian Centre helps drug abusers re-integrate into society through Christian detoxification and rehabilitation programmes. It has a male detoxification centre at Long Ke, Sai Kung, a female centre at Fo Tan, Sha Tin, and the Bliss Lodge Youth Training Centre on Lantau Island. The training programme comprises a 12-month treatment programmes and a 6-month follow-up. Detoxification is achieved "not through drugs or self-help but by Jesus alone". The rehabilitation programme emphasizes a simple and disciplined life in a Christian therapeutic community so that drug abusers can thoroughly change their way of life. Bible study, work therapy, individual counselling, small groups and recreational activities are provided for the residents.

18. The Bliss Lodge Youth Training Centre, located on Lantau Island, was established in June 1992 to provide services for young drug abusers. The training programme is specifically designed for youths aged from 12 to 17. The programme is a one-year training course which includes the Christian faith and spiritual development, basic education, individual counselling, small group activities, recreation, vocational training, independent life and disciplined training.

VI. Forecast of demand

Present Capacity

19. According to the agencies, the present capacity of individual treatment centres and the number of admissions into these centres in 1995 are as follows.

Table 3.2

| Agency | Capacity | | No. of admissions in 1995 | |
|---|--|-------------|---------------------------|-------------|
| | Male | Female | Male | Female |
| Barnabas Charitable Service Association | - | 24 | - | 36 |
| Christian New Being Fellowship | 40 | - | 62 | - |
| Christian Zheng Sheng Association | <u>Adult</u> 10* <u>Youth</u> 30* | 20* | 33* | 3* |
| DACARS | 20 | - | 65 | - |
| Finnish Missionary Society | 20 | - | 45 | - |
| Operation Dawn | <u>Adult</u> 15 <u>Youth</u> 40 | - | 5 45 | - |
| SARDA | 380 | 39 | 2 114 | 81 |
| SER Foundation | 25 | 10 | 12 | 1 |
| St. Stephen's Society | 100* | 50* | 321* | 55* |
| World Vision Lily Family | - | 10 | - | 28 |
| Wu Oi Christian Centre | <u>Adult</u> 75 <u>Youth</u> 30 | 12 - | 131 24 | 14 - |
| <i>Total</i> | 785 | 165 | 2 857 | 218 |

* Denotes the figures for 1994

Demand

20. Given that the growth in the number of drug abusers and the proportion of them who will come forward for treatment tend to fluctuate, it is not possible to give a reliable forecast of the demand. The following may, however, serve as some indicators of the demand/unmet demand.

A. Number of admissions into treatment programmes in the past three years

Table 3.3

| | <i>Total no. of adult heroin abusers reported to the CRDA</i> | | <i>Total no. of admissions into voluntary residential treatment</i> | |
|------|--|--------|---|-------------|
| | Male | Female | Male | Female |
| 1993 | 11 865 | 829 | 3 103 (26.2%) | 144 (17.4%) |
| 1994 | 13 112 | 1 023 | 2 744 (20.9%) | 86 (8.4%) |
| 1995 | 12 323 | 1 089 | 2 097 (17.0%) | 50 (4.6%) |

Source : Central Registry of Drug Abuse

() : As proportion to the total number of adult heroin abusers (aged 21 and over)

Table 3.4

| | <i>Total no. of young heroin abusers reported to the CRDA</i> | | <i>Total no. of admissions into voluntary residential treatment</i> | |
|------|--|--------|---|-------------|
| | Male | Female | Male | Female |
| 1993 | 1 676 | 317 | 317 (18.9%) | 72 (22.7%) |
| 1994 | 2 503 | 590 | 416 (16.6%) | 110 (18.6%) |
| 1995 | 2 024 | 572 | 313 (15.5%) | 63 (11.0%) |

Source : Central Registry of Drug Abuse

() : As proportion to the total number of young heroin abusers (aged below 21)

21. The proportion of adult abusers admitted into residential voluntary treatment has declined in the past three years, while that for young drug abusers has risen. In both cases, the proportion is below 20 per cent, and consideration may be given on how to encourage more abusers to come into treatment.

B. Waiting List

22. The waiting list or waiting time for new admissions may point to any possible shortfall in services. In SARDA's experience, there is no waiting list for admission into Shek Kwu Chau. However, there is a constant waiting list of about 10 applicants for admission to SARDA's Women Treatment Centre. The average waiting time may vary between one and three months. In exceptional cases which require urgent treatment, special arrangement (e.g. use of camp beds) is made to increase bed capacity as a temporary measure.

VII. Planned provision/shortfall

23. In view of the rising trend of drug abuse among young people and women, more places will be provided to these two groups of abusers. The following additional treatment and rehabilitation facilities are being set up -

- (a) SARDA will be relocating the WTC to larger accommodation at Beas Hill in North District. The new accommodation will enable the bed capacity to be increased from 39 to 57. The projected annual admission is 132.
- (b) SARDA will be setting up a residential treatment centre in Au Tau, Yuen Long exclusively for young male abusers under the age of 25. The centre will have a capacity for 20-30 beds and the projected annual admission is 130. SARDA has obtained funding support for the recurrent costs of this three-year pilot project from the Community Chest. The capital costs are to be met from the Sir Murray MacLehose Trust Fund.

- (c) Caritas - Hong Kong will be setting up a residential treatment centre for young male abusers in Hang Hau, Sai Kung. The capacity is 25, and the projected annual admission is 300.
- (d) Hong Kong Christian Service will be setting up a new residential treatment for young abusers in the ex-staff quarters of the British Military Hospital, King's Park. The centre will provide both in-patient (male clients only) and out-patient (both male and female) treatment for opiate abusers. The capacity for the in-patient programme is 20, and the projected annual admission is 80-100.

24. Altogether these new projects will provide additional places as follows -

Table 3.5

| | <i>Additional places</i> | <i>Projected annual turnover for additional places</i> |
|--------|--------------------------|--|
| Male | 75 | 530 |
| Female | 18 | 42 |

VIII. Proposals for implementation

25. The implementation of the additional facilities set out in paragraph 24 above is in progress. It is hoped that all the facilities will start operation in the 1996/97 financial year.

IX. Recommendations

26. It is recommended that -

- (a) as the Non-Governmental Organizations (NGOs) providing Christian therapeutic services have made worthwhile contribution to the rehabilitation of drug abusers, ways should be sought to support and

strengthen the operation of these agencies. Apart from continuing the support currently provided to them, further efforts should be made in the following areas -

- helping these organizations to employ qualified professional social workers to strengthen their social rehabilitation and counselling services by encouraging them to apply to the Beat Drugs Fund as an interim measure;
 - helping them to seek capital grant from the Beat Drugs Fund and other charitable funds for improving the accommodation/facilities in these centres; and
 - conducting an evaluation on their services with a view to including them in the subvention system. The evaluation should take about a year to complete;
- (b) as the priority for admission into most female centres is given to young abusers, attention should be paid to a possible service gap for female abusers over the age of 21; and
- (c) a proposal should be made to the ACAN Sub-Committee on Research for a study to be conducted on the trend of admissions of young abusers into voluntary residential programmes.

CHAPTER 4

Out-patient Voluntary Programme for Opiate Abusers

I. Basic principles and overall objectives

Out-patient voluntary treatment is provided for those opiate abusers who wish to abstain from drugs, and find out-patient treatment more suitable than a residential programme, having regard to their personal and family circumstances.

2. The Department of Health is the major provider of out-patient voluntary treatment services for opiate drug abusers through its network of 21 methadone clinics. Two programmes are offered : the methadone maintenance programme and the methadone detoxification programme. By blocking the withdrawal symptoms of opiate drugs, methadone helps to reduce illicit self-administration of such drugs by opiate abusers. Patients may choose to be maintained on methadone if they are unable to attain total abstinence, or be detoxified through a gradual reduction in the methadone consumed.

II. Specific objectives

3. The specific objectives of the methadone programme are :

- (a) to provide a readily accessible, legal, medically safe and effective alternative to illicit drug use;
- (b) to help patients lead a normal and economically productive life;
- (c) to reduce crime and antisocial behaviour related to illicit drug use;
- (d) to assist in the prevention of blood-borne diseases like hepatitis B and HIV infection by reducing intravenous drug use and needle sharing;
and

- (e) to encourage drug abusers to come forward for treatment (both detoxification and maintenance) by providing an extensive network of clinics.

4. Methadone clinics serve two functions :

- (a) provide a channel for the Department of Health to come into contact with drug abusers, with a view to disseminating health messages and providing counselling and other services such as education on the proper disposal of syringes, HIV surveillance, and tetanus vaccination; and
- (b) facilitate the transfer and cross referral of clients to other drug treatment programmes which may be more suitable and acceptable to them.

III. Type of clients

5. As methadone is only effective for treating the withdrawal symptoms of opioid drugs, only abusers of opioid drugs are served at methadone clinics. An open-door policy is adopted and services are provided to patients irrespective of sex, age, ethnic origin, religion, or nationality. The vast majority of the 10,000 registered patients are males and the age ranges from below 20 to over 80. As at 31 August 1995, the age and sex distribution of patients on the register is as follows -

Table 4.1

| <i>Age group</i> | <i>Male</i> | <i>Female</i> |
|------------------|-------------|---------------|
| Below 21 | 401 | 95 |
| 21-30 | 1 377 | 206 |
| 31-40 | 2 071 | 175 |
| 41-50 | 2 467 | 102 |
| 51-60 | 1 205 | 24 |
| Over 60 | 1 889 | 38 |
| <i>Total</i> | 9 410 | 640 |

IV. Statutes

6. There is no statute relating to the methadone treatment programme or the operation of methadone clinics. Confidentiality of patients' particulars supplied to the Central Registry of Drug Abuse is safeguarded under the Dangerous Drugs Ordinance.

V. Current activities

7. There are altogether 21 methadone clinics, four on Hong Kong Island, ten in Kowloon and seven in New Territories. Of these, six are full-time (7 am - 10 pm), one is half-day (1 pm - 8 pm) and 14 are evening clinics (6 pm - 10 pm). The clinics adopt an open-door policy and any opiate drug abuser can apply for treatment. After medical assessment, an appropriate dose would be prescribed by the doctor and the patient may opt to join the Methadone Maintenance Programme, i.e. be maintained on methadone; or the Detoxification Programme, where the dose of the methadone is gradually reduced until no longer required. During each visit to a methadone clinic, the patient is dispensed with an appropriate dose of methadone to be taken under supervision by the AMS staff at the clinic. To maintain the patients on the daily regime, all clinics are opened daily. During typhoons, special arrangements are made and a limited number of clinics would remain open to serve the patients.

8. As at end-1995, the number of effective registrations (i.e. persons registered with the programme who had not dropped out for more than 4 weeks) was 10 006. The average attendance rate of patients in 1995 was in the region of 70%.

9. Apart from a daily dose of methadone prescribed according to his needs, the patient can also benefit from the health education provided through poster, pamphlet, video show as well as individual counselling by doctors and social workers at the clinic. Starting in October 1995, the counselling service provided by SARDA's social workers has been strengthened with the deployment of more staff and improved procedures. More attention is focused on youths aged under 21. Those found suitable and receptive to in-patient treatment programmes will be thus referred while out-patient deotixification is offered to the others as an option.

10. In view of the emergence of AIDS in recent years, specific preventive programmes have been provided to methadone patients, including HIV surveillance through blood and urine tests, and the availability of condoms and sharp boxes at methadone clinics.

VI. Forecast of demand

11. Statistics during the past few years (Table 4.2) indicate that the number of registered patients has remained fairly stable. Although the number of new admissions showed an increase in 1994, it could be due to the rise in the price of heroin towards the end of the year. It is expected that the stable trend will continue and that there will not be a huge increase in the number of patients in the next few years. In line with the overall trend of increase in young drug abusers, the number of people aged under 21 patronising methadone clinics has shown an increase in the past two years. As at end-1993, the number of such persons on the register was 239. As at end-1995, it has increased to 489.

Table 4.2

| | <i>1990</i> | <i>1991</i> | <i>1992</i> | <i>1993</i> | <i>1994</i> | <i>1995</i> |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| New admissions | 957 | 1 133 | 1 075 | 1 198 | 1 882 | 1 669 |
| Average daily attendance | 8 158 | 8 035 | 7 361 | 6 378 | 6 401 | 6 970 |
| Average number of patients registered | 10 770 | 10 789 | 10 141 | 9 217 | 9 201 | 9 850 |

VII. Planned provision/shortfall

12. In the light of operational experience and actual utilization, four clinics have been closed on the recommendations of a Treatment and Rehabilitation Policy Review conducted in 1992. As a result, the number of patients registered at each clinic is now more evenly distributed. Since there is a built-in mechanism in the programme which enables methadone clinics to take on additional patients at short

notice, and none of the clinics at present has any problem of excess demand, there is no plan to set up additional methadone clinics in the next few years.

VIII. Proposals for implementation

13. To address the problem of patients loitering in the vicinity of methadone clinics and causing nuisance to the neighbourhood; the social support services to these patients are being strengthened. Detoxified and stabilised methadone patients may make use of the social and recreational services organised by SARDA and the Caritas Lok Heep Club. Consideration is being given to the development of additional recreational facilities.

14. To achieve greater therapeutic effectiveness and improve the attendance of methadone patients, the Department of Health has revised the treatment protocol for patients and is studying the impact of the revised treatment protocol.

15. A new residential treatment centre to be operated by the Hong Kong Christian Service will include out-patient non-methadone treatment for opiate abusers.

IX. Recommendations

16. It is recommended that -

- (a) the social, recreational, support and counselling services for methadone patients should be strengthened in order to provide a more integrated and comprehensive service; and
- (b) a proposal should be made to the ACAN Sub-Committee on Research that a study be conducted on the reasons why methadone patients drop out from or fail to attend regularly the methadone programme.

TREATMENT AND REHABILITATION SERVICES FOR PSYCHOTROPIC SUBSTANCE ABUSERS

CHAPTER 5

Counselling/Rehabilitative Service for Psychotropic Substance Abusers

I. Basic principles and overall objectives

The basic principle underlying out-patient counselling for psychotropic substance abusers is to provide secondary and tertiary prevention to psychotropic substance abusers. On the one hand, the programme establishes catchment networks with other social services for case-finding, crisis intervention, and drug counselling. On the other hand, it links with medical detoxification and treatment facilities to which those clients requiring medical care could be referred.

2. The overall objective of the programme is to provide a focal point for psychotropic substance abusers to receive relevant information and timely counselling, as well as treatment and rehabilitation. The counselling centres also serve as information and resource centres for other helping professionals who may come across psychotropic substance abusers in the course of their work.

II. Specific objectives

3. The specific objectives of the programme are :

- (a) to provide rehabilitative services for psychotropic substance abusers including assessment service, matching of mode of detoxification, relapse prevention counselling and psychosocial therapy to help them resume normal functioning;
- (b) to organize secondary prevention programmes for potential or occasional substance abusers;

- (c) to provide expert information and advice on substances and substance abuse; and
- (d) to provide professional training for allied professionals who are working with potential, occasional or habitual substance abusers.

III. Type of clients

4. Services are provided to the following categories of clients :
- (a) potential drug abusers who are exposed to peer group pressure but may be ignorant of the risks and consequences of psychotropic substance abuse;
 - (b) occasional abusers who use psychotropic substances either for fun or under peer group influence; and
 - (c) regular psychotropic substance abusers who have developed physical and/or psychological dependence on them.

IV. Statutes

5. There is no statute governing the operation of counselling centres for psychotropic substances abusers.

V. Current activities

6. At present, there are three counselling centres for psychotropic substances abusers, namely the Hong Kong Christian Service's PS33 and the Caritas Hugs Centre which are subvented by the Social Welfare Department, and SARDA's Direction, which is funded by the Community Chest and modelled after PS33 in service delivery. Since January 1996 the Caritas Lok Heep Club has been providing counselling service to patients at the Substance Abuse Clinic of the Prince of Wales Hospital, and other psychotropic substance abusers.

7. Counselling centres for psychotropic substance abusers provide :
- (a) casework counselling and therapeutic group work service;

- (b) telephone and drop-in enquiry services;
- (c) case assessment, detoxification service and referrals for medical/psychiatric treatment;
- (d) secondary prevention programmes for those needy persons; and
- (e) professional training to other helping professionals.

8. The recognised staffing provision for PS33 is 0.5 Social Work Officer, 4 Assistant Social Work Officers, 1 Clerical Assistant, and 0.5 Workman II. The staffing for 'Direction' is 2 ASWOs. The recognised staffing provision for Caritas Hugs Centre is 0.5 Social Work Officer, 2 Assistant Social Work Officers, 2 Senior Social Work Assistants, 1 Welfare Worker, 1 Clerical Officer II and 1 Workman II. The main stream of the services provided by these centres is counselling and where necessary referral to medical practitioners or the Substance Abuse Clinics for medical treatment. Duration of such social work intervention varies from case to case, and is dependent on the client's needs and motivation to seek such service.

9. A team of specially trained social workers was set up by the Social Welfare Department in October 1995 to help young people who occasionally abuse drugs, whether of psychotropic substance or heroin. The team emphasises group work services to provide training on social skills to tackle life demands, relapse prevention skills to foster abstinence, and incubation of alternative and healthy leisure pursuits. Supplementary casework service is also provided to the clients and their parents. A second team of specially trained social workers was also set up in October 1996.

10. The Project Aware is a 2-year experimental project conducted by PS33. It started in July 1995 with the aim of providing therapeutic group counselling for young substance abusers to help them stop their drug-taking behaviour. The project puts special efforts to reach out to those 'marginal abusers' who are prone to drug dependence but resistant to seek help from treatment agencies. Through interactive brief intervention programmes and therapeutic group sessions, these marginal abusers are helped to acquire more accurate drug expectancy, raise their consciousness of the need to keep abstinence, develop their craving control skills, enhance their risk coping strategies and foster their generic competence. Other services provided by the project include preventive education programmes for high risk potential/occasional abusers,

workshops for parents with drug abusing children, and professional training for teachers and social workers to enable early identification and effective intervention strategies in helping young substance abusers.

11. A new cognitive motivation modality "MEET" has been adopted by the Kwai Chung Hospital psychiatric wards to treat multiple drug abusers.

VI. Forecast of Demand

12. The demand for counselling services is affected by many factors including :

- (a) the size of the population of psychotropic substance abusers;
- (b) the help-seeking pattern of drug abusers;
- (c) the referral pattern of other social services or organizations; and
- (d) the availability of other services.

13. Based on information provided by the Narcotics Division in 1995, of the 2328 psychotropic substance abusers reported to the Central Registry of Drug Abuse in 1994, only 3.3% were ever treated by PS33. In 1995, 3.0% of the 2615 reported psychotropic substances abusers were ever treated by PS33. That means the great majority of the psychotropic substance abusers are either not receiving any treatment or receiving treatment by some other agencies/services which may not be specifically for psychotropic substance abusers or have the required skills/expertise in handling such cases.

VII. Planned provision/shortfall

14. At present, there are three counselling centres providing service to psychotropic substance abusers : PS33 is located in Tsim Sha Tsui, Kowloon, the *Direction* in *Wanchai*, Hong Kong island, and the Caritas Hugs Centre in Tuen Mun, the New Territories. In the six months ending 30 September 1996, PS33 had an average caseload of 103.5 cases per month; with 38 new/reactivated cases newly received service, 35 cases were closed in the period. The number of active cases as

at the end of September 1996 was 108. As for the Direction, it had an average caseload of 44.5 cases per month in the six months ending 30 September 1996, with 31 new/reactivated cases receiving service and nil cases being closed in the period. The number of its active cases as at the end of September 1996 was 58.

15. While it is difficult to project the demand for such services, in view of the rising trend of psychotropic substances abuse among young people, and the small proportion of those coming into treatment, there is a need for more counselling services, particularly in the New Territories.

VIII. Proposals for implementation

16. The Caritas Hugs Centre commenced operation in July 1996 at its temporary office at Siu Hei Court. A site for locating the permanent premises for the centre is being identified in Tuen Mun.

17. The long time taken by the Government Laboratory to conduct urine tests may pose some difficulty to crisis intervention by social workers. Improvements to the urine test service had been made when two additional posts (1 Chemist and 1 Science Laboratory Technician I) to strengthen the Government Laboratory's urinalysis work were filled in 1996.

IX. Recommendations

18. It is recommended that -

- (a) counselling centres should be established in areas where the service is most needed, or in proximity to Hospital Authority's substance abuse clinics;
- (b) if further counselling centres are planned, priority consideration should be given to locating the facility in New Territories East, New Territories North or East Kowloon; and
- (c) the future funding of SARDA's Direction should be looked into, in connection with an evaluation of the programme and its services.

CHAPTER 6

Substance Abuse Clinics

I. Basic principles and overall objectives

In the Hospital Authority (HA) 's draft Corporate Plan to the Year 2000, "Care for the Adolescents" is identified as one of the ten priority areas for focused attention and improvements. In view of the rise in psychotropic substance abuse among young people, the Hospital Authority set up Substance Abuse Clinics to fill the service gap in medical and psychiatric treatment for substance abusers.

II. Specific objectives

2. The specific objectives of Substance Abuse Clinics include the following :
 - (a) in collaboration with NGOs and other health care providers, to provide expert medical treatment and counselling to substance abusers for symptom control, detoxification, and successful rehabilitation;
 - (b) to identify concomitant physical and psychiatric illnesses which occur in a substantial proportion of substance abusers, for appropriate specialist treatment and rehabilitation;
 - (c) to provide medical support and backup to residents of drug detoxification and rehabilitation centres run by various NGOs, especially for concomitant chronic illnesses such as tuberculosis;
 - (d) to provide expert advice and education to other health care providers, NGOs, and the public in the handling and referral of drug abuse clients; and

- (e) to conduct research on the medical profile of drug abusers, the effectiveness of therapy, and the appropriateness of the organization of service delivery.

III. Type of clients

- 3. Broadly speaking, three types of clients can be identified -
 - (a) psychotropic substance abusers referred by NGOs for specialist medical consultation and treatment, as part of the integrated social and medical rehabilitation programme;
 - (b) drug abusers referred by health care providers in the hospital or clinic setting, who come into contact with the health care system because of side effects of drugs such as overdose or withdrawal, or related illnesses such as suicide or para-suicide attempts;
 - (c) opiate drug abusers who are undergoing residential treatment and rehabilitation programmes, and need medical treatment for concomitant illnesses such as tuberculosis.

IV. Statutes

- 4. There is no law governing the establishment and operation of Substance Abuse Clinics.

V. Current activities

- 5. The HA established a pilot Substance Abuse Clinic in Kowloon Hospital on 1 April 1994, in collaboration with the counselling centre for psychotropic substance abusers (PS33) run by the Hong Kong Christian Service in Tsimshatsui. The latter provides counselling to a client before referral to the clinic for medical treatment, and follows up the client afterwards.

- 6. Following the success of the pilot scheme, a total of six Substance Abuse Clinics have been established to date, using resources identified as savings within the HA. These clinics are situated in -

- (a) Kowloon Hospital - which collaborates with PS33 of the Hong Kong Christian Service;
- (b) Pamela Youde Nethersole Eastern Hospital - which collaborates with Direction run by SARDA;
- (c) Prince of Wales Hospital;
- (d) Queen Mary Hospital;
- (e) South Kwai Chung Polyclinic; and
- (f) Tuen Mun Polyclinic - which collaborates with the new counselling centre run by Caritas in Tuen Mun.

7. Altogether, these six clinics will treat a total of 300 new cases a year. Clients will be treated largely on an out-patient basis; the need for a short period of in-patient treatment is to be determined by the specific medical needs of the patient. Specific treatment will be provided for those with identified concomitant physical or psychiatric illnesses.

8. The HA has worked out with the Social Welfare Department on the social work support for substance abuse clinics to ensure that continuous social rehabilitation service is available for clients after medical treatment.

VI. Forecast of demand

9. The present client group served by the clinics may represent only a small proportion of the large number of drug abusers who are in need of rehabilitation services. Of the 17,996 reported drug abusers with known type of drug abused recorded in the Central Registry of Drug Abuse (CRDA) in 1995, 14.5% of whom have a history of abusing psychotropic substances. As only drug abusers known to the various reporting agents are recorded in the CRDA, the actual number of persons with a history of psychotropic substance abuse is believed to far exceed this figure.

VII. Planned provision/shortfall

10. The shortfall in current service provision is in terms of -
- (a) capacity;
 - (b) inadequate laboratories facilities and resources to perform the necessary biochemical tests; and
 - (c) lack of on-site medical services to drug treatment and rehabilitation centres.
11. The shortfall in current service provision is affected by the following factors -
- (a) the availability of social rehabilitation support provided by NGOs for counselling and follow up of clients before and after medical treatment. Without the psychosocial support, there is a greater risk of relapse even after medical treatment.
 - (b) the laboratory service to support urine and blood tests for drug abusers. The service currently provided by the Government Chemist is limited, so that there is sub-optimal investigations done on clients at the moment; and
 - (c) out-reach medical support to drug treatment and rehabilitation centres has not started. Full functioning of the six specialist medical teams on drug abuse will be able to provide this service, as well as additional training and education activities for other health care providers and the public.
12. For more cost-effective resource use, it is proposed that a laboratory to serve all six Substance Abuse Clinics can be provided through the acquisition of such service in one of the present hospital laboratories.

VIII. Proposals pending policy/funding approval or requiring further examination

13. Subject to availability of resources, the six Clinics can be strengthened to double the current workload and provide additional out-reach and education activities, to be achieved in two phases in 1996/97 and 1997/98. The additional financial implications are presented in Tables 6.1 and 6.2.

Table 6.1

| Financial Implications (HK\$ Million at 1995/96 price level before pay adjustment) | | | |
|--|----------------|----------------|----------------|
| | <i>1996/97</i> | <i>1997/98</i> | <i>1998/99</i> |
| PE | 11.43 | 22.86 | 22.86 |
| OC | 1.50 | 3.00 | 3.00 |
| Total Recurrent | 12.93 | 25.86 | 25.86 |

Table 6.2

| Details of Additional Manpower Requirement | | | |
|---|----------------|----------------|----------------|
| <i>Rank</i> | <i>1996/97</i> | <i>1997/98</i> | <i>1998/99</i> |
| SMO | 3 | 6 | 6 |
| MO | 3 | 6 | 6 |
| NO | 3 | 6 | 6 |
| RN(P) | 3 | 6 | 6 |
| CP | 3 | 6 | 6 |
| ASWO | 3 | 6 | 6 |
| COII | 3 | 6 | 6 |

14. Consideration could also be given to setting up a laboratory for substance abuse biochemical tests in 1996/97. The one-off setting-up cost for the laboratory is about \$3 million.

IX. Recommendations

15. It is recommended that -

- (a) the HA's plan to set up a laboratory for substance abuse biomedical tests should be supported;
- (b) the additional manpower requirements for the expansion of the substance abuse clinic scheme should be examined in detail, having regard to the current and anticipated caseload; and
- (c) the need for on-site/outreach medical services to drug treatment and rehabilitation centres should be further considered.
- (d) for improving the provision of integrated medical and psychosocial rehabilitation services for substance abusers, the co-ordination and co-operation between substance abuse clinics and NGOs providing counselling and rehabilitation services should be looked into.

SUPPORT SERVICES

CHAPTER 7

Half-way Houses for Rehabilitated Abusers

I. Basic principles and overall objectives

The provision of half-way houses is an important element of the post-discharge aftercare services for rehabilitated drug abusers discharged from residential treatment programmes. The basic principle underlying half-way house services is the recognition of the influence of the social environment surrounding a rehabilitated abuser towards his continued abstinence and re-integration into the community.

2. The overall objective of the programme is to provide transitory accommodation for discharges from residential treatment facilities. This facilitates the provision of intensive professional support and other services to rehabilitated abusers during the initial stage of their return to the community.

II. Specific objectives

3. The specific objectives of the programme are : -

- (a) to provide temporary accommodation for rehabilitated drug abusers;
- (b) to encourage rehabilitated drug abusers to be engaged in various work programmes during the day;
- (c) to organise group counselling service and house meetings for rehabilitated drug abusers;
- (d) to organise social/community activities during weekends;
- (e) to arrange family counselling to help resolve relationship problems; and

- (f) to facilitate rehabilitated drug abusers' reintegration into the community.

III. Type of clients

4. Half-way house accommodation is provided to detoxified drug abusers discharged from residential treatment programmes.

IV. Statutes

5. There is no law governing the operation of half-way houses.

V. Current activities

6. The half-way houses provide transitory accommodation with intensive professional input for re-socialization training, including counselling, skills training and employment guidance. Efforts are also put on working with the family members of the residents.

7. Organisations which provide half-way houses specifically for rehabilitated drug abusers are listed below :

Barnabas Charitable Service Association

Drug Addict Counselling and Rehabilitation Service (DACARS)

Finnish Missionary Society

Operation Dawn

SARDA

St. Stephen's Society

Wu Oi Christian Centre

8. Caritas-Hong Kong runs a Caritas-Cable and Wireless Temporary Shelter to which former drug abusers can be referred to live for a period of no longer than three months. As the shelter also serves other target groups, the number of places for former drug abusers is limited to five to ten. There is another similar hostel operated by Caritas in the Western District of Hong Kong providing five to ten additional places for former drug abusers.

9. The admission criteria, duration of stay and types of activities organised for half-way house residents are tabulated as follows :

| <i>Agency</i> | <i>Admission criteria</i> | <i>Duration of stay</i> | <i>Types of activities organised</i> |
|---|---|-------------------------|--|
| Barnabas Charitable Service Association | drug addicts completed treatment programme in Barnabas treatment centre, aged below 40 | 6 months | job skills training and Girls' Brigade Hong Kong activities for the first three months, then counselling and follow up for the second three months |
| DACARS | drug addicts completed treatment programmes of any agencies | 3 months | bible studies, group counselling |
| Finnish Missionary Society | mainly drug addicts completed treatment programme in FMS treatment centre, some are referred from other treatment centres | 3 months | bible studies, job skills training, physical exercise, musical class, volunteers in FMS youth centres |
| Operation Dawn | drug addicts completed treatment programmes of any agencies, aged under 25 | 6 months | bible studies, group and individual counselling, job skills training, physical exercise |
| SARDA | drug addicts completed in-patient programme of SARDA | 12 weeks | job skills training, group counselling, house meeting |

| | | | |
|------------------------|--|----------|--|
| St. Stephen's Society | drug addicts completed treatment programme in St Stephen's Society | 4 months | group prayer and counselling sessions, individual prayer and counselling sessions, work programmes, recreation, bible studies. |
| Wu Oi Christian Centre | drug addicts completed treatment programme in Wu Oi's treatment centres, other applications are considered on individual basis | 6 months | bible studies, job skills training, individual counselling. |

VI. Forecast of Demand

9. The demand for half-way houses is affected by the following factors :
- (a) the number of drug abusers who complete residential treatment programmes;
 - (b) the turn-over rate of the half-way houses; and
 - (c) the availability of other services.
10. The five half-way houses run by SARDA have a total capacity of 76 places with an average utilisation rate of 111.8% per month for the six months ending 30 November 1995. There was no waiting list during that period. The capacity of the other half-way houses are listed below :

| <u>Agency</u> | <u>Capacity (no. of places)</u> |
|---|---------------------------------|
| Barnabas Charitable Service Association | 15 |
| DACARS | 10 |
| Finnish Missionary Society | 14 |
| Operation Dawn | 32 |
| SARDA | 76 |
| St. Stephen's Society | 200 |
| Wu Oi Christian Centre | 36 |

VII. Planned provision/shortfall

11. Currently, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) operates five half-way houses under the Social Welfare Department subvention. These half-way houses could adequately serve the dischargees from the SARDA treatment programmes. SARDA is also willing to serve dischargees from other programmes if there are vacancies in its half-way houses, and if other agencies are ready to refer rehabilitated drug abusers to them.

12. NGOs providing Christian therapeutic services also contribute to the provision of half-way house accommodation for rehabilitated abusers.

VIII. Recommendation

13. The demand and supply for half-way houses for rehabilitated abusers should be kept under review.

CHAPTER 8

Support for Former Drug Abusers

I. Basic principles and overall objectives

The basic principle underlying support service for ex-drug abusers is the recognition of the importance of mutual help amongst people facing similar problems. While drug detoxification may be a relatively straightforward and short process in a treatment programme, rehabilitation and long term abstinence is more difficult to achieve. Apart from the person's will-power, the availability of support from others, such as family and self-help groups, contributes towards abstinence maintenance.

2. The overall objective of the programme is to foster mutual co-operation, assistance and friendship among ex-drug abusers so as to enable them to regain self-confidence and support each other in striving towards the common goal of drug abstinence.

II. Specific objectives

3. The specific objectives of the programme are :

- (a) to assist and encourage all ex-drug abusers to remain abstinent (in the case of Caritas Lok Heep Club, also to encourage those undergoing methadone treatment to continue with the programme and achieve abstinence);
- (b) to enable ex-drug abusers to regain self-confidence and assume a responsible role within the family and towards society as a whole; and
- (c) to foster mutual co-operation, assistance and friendship among ex-drug abusers.

III. Types of clients

4. Under this programme, services are provided for ex-drug abusers. Caritas Lok Heep Club also serves persons undergoing methadone treatment, and those abusers who relapse into drug abuse and their family members, in order to encourage and assist the abusers to seek treatment.

IV. Statutes

5. There is no law governing the operation of self-help groups.

V. Current activities

6. Mutual support fellowship for ex-drug abusers usually provide the following services to members and their family :

- (a) casework services;
- (b) social and recreational group work services;
- (c) trade skills training programmes;
- (d) community services; and/or
- (e) short-term loans to tide over the job search period.

7. Organisations which provide such support group are Finnish Missionary Society, KELY Support Group, Pui Hong Self-Help Association, the Society for the Aid and Rehabilitation of Drug Abusers, the Society for the Rehabilitation of Offenders, Hong Kong , Wu Oi Christian Centre. Pui Hong Self-Help Association, in particular, has a long history of offering self-help support . These organizations provide individual counselling service, home visit service, group meeting, community service and recreational activities. The Caritas Lok Heep Club provides a range of different activities : counselling service, group work service, recreational service etc. Most of the

services are delivered by professional social workers and self-help support is only one of the support to former drug abusers.

VI. Forecast of demand

8. The demand for mutual support group services is affected by many factors including :

- (a) the number of ex-drug abusers;
- (b) the readiness of ex-drug abusers to come forward for mutual help and assistance to maintain abstinence;
- (c) the change in needs among ex-drug abusers for social or recreational activities; and
- (d) the availability of other services.

9. At present, Caritas Lok Heep Club runs two social clubs for ex-drug abusers under the subvention of the Social Welfare Department, while the Pui Hong Self-Help Association operates on a non-subsidized basis. In view of the rising trend of drug abuse, the demand for such service is likely to be on the increase.

VII. Planned provision/shortfall

10. Due to the changing trend and pattern of drug abuse, such as rising trend of drug abuse by the young and women, and increasing abuse of psychotropic substances, the services hitherto provided may not entirely meet the needs of the current cohort of ex-drug abusers for social or recreational activities. There is probably a need for service providers to reassess and refocus their service goals to cater better for the current needs of ex-drug abusers.

VIII. Proposal for implementation

11. To refocus its services to gear towards the changing needs of the drug abusers, the Caritas Lok Heep Club has revised its objectives to extend its services to cover also drug abusers who show motivation to get drug withdrawal treatment, and to

their family members. It also plans to pilot a resource centre for family members of drug abusers.

IX. Recommendation

12. Support services provided by NGOs should gear towards catering for the changing needs of rehabilitated drug abusers.

CHAPTER 9

Summary of Recommendations

The following is a summary list of recommendations for the future development of drug treatment and rehabilitation services in Hong Kong.

TREATMENT AND REHABILITATION SERVICES FOR OPIATE ABUSERS

Compulsory Treatment for Offenders

- The Correctional Services Department should monitor the trend in admissions of male inmates, particularly those aged under 21, into Drug Addiction Treatment Centres. Priority should be given to increasing the capacity of the centres for male abusers when new projects are planned.

(Chapter 2)

Residential Voluntary Programme for Opiate Abusers

- As the non-governmental organizations providing Christian therapeutic services have made worthwhile contribution to the rehabilitation of drug abusers, ways should be sought to support and strengthen the operation of these agencies. Apart from continuing the support currently provided to them, consideration should be given to helping these organizations to employ qualified professional social workers to strengthen their social rehabilitation and counselling services by encouraging them to apply to the Beat Drugs Fund as an interim measure; and to seek capital grant from the Beat Drugs Fund and other charitable funds for improving the accommodation/facilities in these centres. Evaluation of services provided by the Christian therapeutic agencies should be conducted with a view to including them in the subvention system. The evaluation will take about a year to complete.

- As the priority for admission into most female centres is given to young abusers, attention should be paid to a possible service gap for female abusers over the age of 21.
- A proposal should be made to the ACAN Sub-Committee on Research for a study to be conducted on the trend of admissions of young abusers into voluntary residential programmes.

(Chapter 3)

Out-patient Voluntary Programme for Opiate Abusers

- The social, recreational, support and counselling services for methadone patients should be strengthened in order to provide a more integrated and comprehensive service.
- A proposal should be made to the ACAN Sub-Committee on Research for a study to be conducted on the reasons why methadone patients drop out from or fail to attend regularly the methadone programme.

(Chapter 4)

TREATMENT AND REHABILITATION SERVICES FOR PSYCHOTROPIC SUBSTANCE ABUSERS

Counselling/Rehabilitative Service for Psychotropic Substance Abusers

- Counselling centres should be established in areas where the service is most needed, or in proximity to Hospital Authority's substance abuse clinics.
- If further counselling centres are planned, priority consideration should be given to locating the facility in New Territories East, New Territories North or East Kowloon.
- The future funding of SARDA's Direction should be looked into, in connection with an evaluation of the programme and its services.

(Chapter 5)

Substance Abuse Clinics

- The Hospital Authority's plan to set up a laboratory for substance abuse biomedical tests should be supported.
- The additional manpower requirements for the expansion of the substance abuse clinic scheme should be examined in detail, having regard to the current and anticipated caseload.
- The need for on-site/outreach medical services to drug treatment and rehabilitation centres should be further considered.
- For improving the provision of integrated medical and psychosocial rehabilitation services for substance abusers, the co-ordination and co-operation between substance abuse clinics and NGOs providing counselling and rehabilitation services should be looked into.

(Chapter 6)

SUPPORT SERVICES

Half-way Houses for Rehabilitated Abusers

- The demand and supply for half-way houses for rehabilitated abusers should be kept under review.

(Chapter 7)

Support for Former Drug Abusers

- Support services provided by NGOs should gear towards catering for the needs of rehabilitated drug abusers.

(Chapter 8)

CHAPTER 10

Summary of Planned Projects

It is noted that the following proposals are planned to be implemented in 1996/97.

| Proposal | Estimated Cost (\$) |
|---|--|
| SARDA to expand the bed capacity of its Women's Treatment Centre from 39 to 57. (Chapter 3) | \$4 million (relocation costs) |
| SARDA to set up a residential treatment centre exclusively for young male opiate abusers under the age of 25. (Chapter 3) | \$4.6 million (setting-up costs) |
| Caritas Hong Kong to set up a residential treatment centre for young male opiate abusers. (Chapter 3) | Funds amounting to \$17 million have been reserved for setting up these facilities in 1996/97. |
| Hong Kong Christian Service to set up a treatment centre providing both in-patient and out-patient treatment for young opiate abusers. (Chapter 3) | |
| Caritas Hong Kong to set up a counselling centre for young psychotropic substance abusers. (Chapter 5) | |

2. The recommendations set out in Chapter 9 should be taken into account in determining priorities in the future allocation of resources. In particular, further examination should be given to the question of more support and assistance to non-governmental organizations providing drug treatment and rehabilitation services.