Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2000 - 2002)

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Contents

CHAPTER 1

Introduction

I. Foreword

Hong Kong adopts a multi-modality approach in providing drug treatment and rehabilitation services to cater for different needs of drug dependent persons from various backgrounds. As the drug abuse trend and pattern change, these modalities of drug treatment and rehabilitation services have continuously been adjusted and improved to reflect the needs of the latest drug scene.

2. The Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (the Plan) is aimed to review the existing provision of drug treatment and rehabilitation services provided to drug dependent persons, and look forward to the direction to which such services should take in the years to come. The Plan therefore contains the present and projected demands of different drug treatment and rehabilitation modalities and pointers for service providers to reflect and further improve their services. To put the Plan in a proper perspective, the Plan also gives an overview of the drug abuse situation in Hong Kong in the past few years and the major developments in the drug treatment and rehabilitation field since the implementation of the first Three-year Plan promulgated in 1997.

3. The Plan is drawn up by the Narcotics Division of the Security Bureau, in consultation with relevant Government departments including the Correctional Services Department, Department of Health, Social Welfare Department and the Hospital Authority, as well as existing drug treatment and rehabilitation agencies. Much of the factual information contained in this Plan was supplied by these agencies. A total of three detailed consultations had been held to solicit the views of agencies concerned in the course of preparing this Plan.

4. The Plan will be reappraised every year and substantially reviewed every three years. These mechanisms serve to assess the extent to which services are meeting demand, monitor progress of agreed plans and identify room for improvement.

II. Objectives of the Plan

5. The objectives of the Plan are as follows :

- to help examine whether the provision of treatment and rehabilitation places is adequate and whether the balance of places between different types of programmes accords with the distribution of drug dependent persons' characteristics and needs;

- to identify room for adjustment in any particular kind of service; and

- to identify future direction that Hong Kong drug treatment and rehabilitation services should take.

III. The Drug Abuse Trend

6. In Hong Kong, the number of reported drug dependent persons to Government's Central Registry of Drug Abuse (CRDA) on voluntary basis had been on the decrease since the peak figure of 20 327 in 1995. In 1997, the number was 17 634 and in 1999, 16 198. In spite of the continuous drop in the number of reported drug dependent persons in the past few years, the situation amongst certain groups of drug dependent persons requires particular attention.

7. The first group of such drug dependent persons was female drug dependent persons. From 1994 to 1997, despite the overall falling trend of drug dependent persons in Hong Kong, the percentages of female drug dependent persons have been on the rise. The number of female drug dependent persons was 2 186 and it constituted 10.8% of the total reported drug dependent persons in 1994. These figures rose to 2 235 and 12.7% in 1997. In 1999, the number and percentage were 2 142 and 13.2% respectively. The growing number/percentage of female drug abusing population has implications on the demand for specific treatment modes and increased emphasis on gender-specific solutions to the problem. Overseas research has pointed to the need of developing treatment programmes for women with emphasis on functional behaviour, individual and relationship development, health sexuality issues and life skills training. It has also been pointed out that recovery programmes for women with children should include developmental and emotional support initiatives for children, day care, parenting training and opportunities for young children to enter treatment with

their mothers. Single mothers who face substantial barriers to enter treatment should be given particular attention and ways should be found to remove such barriers.

8. The second group of drug dependent persons that warrants attention was psychotropic substance abusers. Although 86% of the reported drug dependent persons in Hong Kong were still abusing heroin, the number of psychotropic substance abusers had been on the rise from 3 487 in 1997 to 3 409 in 1998 and 3 493 in 1999. Amongst these, the rise in the numbers of persons who abused MDMA ("Ecstasy") and "Ice" were most prominent : -

	1997	1998	1999
<u>All ages</u>			
"Ecstasy" abusers	65	60	334
"Ice" abusers	839	937	995
<u>Under 21 years old</u>			
"Ecstasy" abusers	48	51	281
"Ice" abusers	415	441	373

9. In many instances, these abusers were reported to have abused psychotropic substances occasionally or at recreational venues such as discotheques. Some of them abused more than one substance at a time, and sometimes, together with heroin or other opiate drugs. The increased trend of psychotropic substance abuse and instances of multiple drug use are a concern in the future development of drug treatment and rehabilitation in Hong Kong. Such phenomena call for a greater understanding, through research, of the medical complications of psychotropic substance abusers and poly-drug users and the ways to cure them. They also call for exploration of new treatment approaches, which may be different from approaches which assist conventional drug dependent persons, to be pursued. The special Task Force on Psychotropic Substance Abuse established by the Narcotics Division, Security Bureau in early 2000 will be drawing up strategies in this direction, together with initiatives in the realms of preventive education and publicity, legislation and cooperation with external

jurisdictions. Up to August 2000, a seven-member Ad Hoc Research Group comprising members of the Task Force was formed to conduct and oversee a study on the methods and models for treatment and rehabilitation of psychotropic substances abusers in Hong Kong and the situation of cross boundary drug abuse by Hong Kong people. At the same time, ACAN has also commissioned a survey on the trend, pattern and in-depth profiling of psychotropic substance abusers in Hong Kong. Furthermore, one of the work of the Task Force is to explore the possible mechanisms to enhance exchanges and cooperation with the relevant authorities, including Mainland authorities to counter psychotropic substance abuse. The Task Force is expected to conclude its work in 2001.

10. The third type of drug dependent persons that warrants special attention in the drug treatment and rehabilitation context is those who have just begun to try or take on drug abuse. Although the number of newly reported drug dependent persons to the CRDA have been on the decrease in the past three years (3 613 in 1997, 3 394 in 1998 and 3 055 in 1999), it is worth noting that rehabilitation of first or second timers has demonstrably had a greater chance of success than that of hardcore dependent persons. This begs the question whether more resources should be placed on assisting "fresh" dependent persons as opposed to "hardcores".

11. Apart from the above, the recent trend of increase of HIV infection amongst drug users in Hong Kong, as observed from the reported HIV/AIDS statistics and surveillance by Unlinked Anonymous Screening (UAS) and voluntary blood testing at drug treatment centres should be given due attention. The vulnerability of drug users in contracting HIV is due mainly to behaviour of drug injection and needle-sharing. According to CRDA, 21.3% of the newly reported drug dependent persons in 1999 used injection method for administration of heroin. The figure was 1.3% if all the reported cases were counted. This phenomenon certainly calls for new plans of HIV intervention in narcotics drug users to be drawn up, and the working relationship between drug treatment and HIV prevention to be further enhanced.

IV. Major Development 1997 – 1999

12. Since the implementation of the last Three-year Plan, there has been a great deal of development in Hong Kong drug treatment and rehabilitation services. First, with regard to voluntary residential programme for drug dependent

persons, the Social Welfare Department commissioned a research team of the Chinese University of Hong Kong in December 1996 to conduct an independent evaluation on the services of the non-medical voluntary drug treatment and rehabilitation agencies. The result of the study resulted in Government granting subvention to four voluntary treatment and rehabilitation agencies. In 1999, an independent study on the effectiveness of the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the most historical and heavily subsidized voluntary residential drug treatment and rehabilitation centre in Hong Kong, was conducted under the monitoring of a joint working group comprising members of the Action Committee Against Narcotics (ACAN), the Department of Health and the Narcotics Division. The study resulted in numerous measures to streamline SARDA's programmes and improve their cost-effectiveness.

13. Second, the Narcotics Division conducted a 6-month public consultation in 1999 on a licensing scheme for voluntary residential drug treatment and rehabilitation centres. The views received were generally in support of the licensing of drug treatment and rehabilitation centres to improve the environment, safety as well as the service standards of such centres. Following public consultation, the proposal on the licensing scheme was finalized and the enabling legislation for the scheme was introduced into the Legislative Council in January 2000. At the time when this Plan was promulgated, the relevant Bill was awaiting the Legislative Council's scrutiny. The Bill, when passed and enacted, will bring Hong Kong's voluntary residential drug treatment and rehabilitation services towards higher standards. It will further improve the well-being of those who undergo treatment and rehabilitation and enable Government to keep a comprehensive register of such centres.

14. Third, there were additions to, and therefore, increase in capacity of drug treatment and rehabilitation services in Hong Kong. To cater for young drug dependent persons, a new in-patient drug treatment and rehabilitation centre - the Wong Yiu Nam Centre operated by the Caritas - Hong Kong - commenced operation in March 1999. The Centre provides 20 beds for male drug dependent persons under 21 years of age. In 2000, the Hong Kong Jockey Club Charities Trust approved a grant of $17 million to the Hong Kong Christian Service to set up a centre at a vacant primary school in Tuen Mun. When built, the centre will be a mixed mode in-patient and out-patient service centre with 20 beds for young drug dependent persons and capacity to handle 175 patients each year. At the time when this Plan was promulgated, the Lands Department was finalizing the land

grant for the Hong Kong Christian Service to take over the site. In view of the rising trend of psychotropic substance abuse, a new counselling centre - the Cheer Lutheran Centre run by the Hong Kong Lutheran Social Service - was set up in Tai Po serving the New Territories East Region in October 1998.

15. Fourth, there were streamlining of assessment criteria under some funding schemes to ensure better allocation of resource to drug treatment and rehabilitation services. In April 1999, the Narcotics Division conducted a review of the Beat Drugs Fund to evaluate its effectiveness in furthering the anti-drug cause. Amongst the recommendations of the review, renovation works which improve the environment of drug treatment and rehabilitation centres are regarded as high priority programmes under the Fund. Another funding scheme under ACAN, the Community Against Drugs Scheme was also revamped in early 2000 with priority accorded to innovative programmmes and districts with high drug abuse rate.

16. Fifth, the Methadone Treatment Programme which is essentially an out-patient maintenance programme operating in Hong Kong for more than two decades, was under review in 1999 and 2000. A special task force formed under ACAN started the review in May 1999 with a view to identifying room for improving the programme, and to explore the application of other drugs to supplement methadone in the relapse prevention process. The review is targeted for completion in 2000.

17. Last but not least, following a report by the Preparatory Committee on Chinese Medicine (PCCM) in March 1997, the Government finalized its policy on traditional Chinese medicine. It considered that priority should be given to the establishment of a proper control mechanism through legislation. The regulatory framework will control the practice, use, trading and manufacture of Chinese medicine. A Chinese Medicine Council will be formed to implement the regulatory measures. To ensure the standard of practice, a registration system for Chinese medicine practitioners will be set up. A licensing system and a registration system to regulate the trading of Chinese medicines and to ensure that the medicines for sale are fit for human consumption will also be established. The Chinese Medicine Bill which was introduced into the Legislative Council in February 1999 turned into an Ordinance in July 1999, while the subsidiary legislation of the Ordinance was being scrutinized by LegCo at the time this Plan was promulgated. It is expected that registration of Chinese medicine practitioners

will commence in 2000 and regulation of Chinese medicine will be implemented by phases in 2001. Although not directly related to drug treatment and rehabilitation, the Ordinance will provide the necessary legislative framework for full-fledged clinical trials of Chinese medicine for detoxification and relapse prevention to begin.

RESIDENTIAL SERVICE FOR DRUG DEPENDENT PERSONS

CHAPTER 2

Involuntary Residential Programme for Offenders

I. Basic principles and overall objectives

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

II. Specific objectives

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

- detoxification and restoration of physical health;
- uprooting of psychological dependence on dangerous drugs; and
- preparation for re-integration 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. Where a person is found guilty of a relevant offence and the court is satisfied that in the circumstances of the case and having regard to his character and

previous conduct that it is in that person's interest and the public interest that he should undergo a period of cure and rehabilitation in an addiction treatment centre, the court may, in lieu of imposing any other sentence, order that such person be detained in an addiction treatment centre. Such person may be assigned to the following DATCs in accordance with his sex and age :

Institution	Age Range	Sex
Hei Ling Chau Addiction Treatment Centre	over 21	Male
Hei Ling Chau Addiction 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 the respective CSD selection boards which are chaired by the Chief/Senior Superintendents and composed of a Medical Officer and an Intake Officer. The selection board will consider the offender'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 remaining drug free after release.

8. Inmates released from DATCs are subject to 12 months' statutory aftercare supervision under section 5(1) of the Ordinance. Inmates are required to comply with all requirements specified in the 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.

9. Under Section 24(B) of the Prisons Ordinance (Chapter 234), the Correctional Services Department can control a hostel (halfway house is also one type of hostels). A person may be required, by any supervision order made under the authority of any Ordinance, to reside in a hostel.

V. The DATC programme

10. The treatment programme aims to detoxify and restore inmates' physical health, uproot their psychological dependence on drugs and prepare them for re-integration into society. The treatment programmes for adult inmates and young inmates are virtually the same with exception that character training course will be organized for the young inmates to enhance their self-confidence, sense of responsibility and communication skills. In order to strengthen inmates' motivation, a promotion system with the following three stages is adopted during their stay in an addiction treatment centre :

- Initial grade;
- Treatment grade; and
- 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 inmates. The Board meets regularly to review the progress of inmates and to make decisions relating to their release. The first review of an inmate will not be later than the second month of his admission to a DATC. Thereafter, the Board

will assess his performance at least once a 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 underlying diseases;
- 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 and 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, bookbinding, gardening, and construction and maintenance projects.

14. Physical education Qualified physical education instructors organize physical education sessions 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 Remedial education is available for all young inmates. It aims at promoting their general education and fostering good habit of self-study. Subjects taught include English, Chinese, mathematics and moral education. Adult inmates can participate in educational courses available to them on a voluntary basis.

17. Spiritual services Prison Chaplains and other religious organizations visit inmates regularly and render religious services. Inmates can 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 identified with psychological problems/needs.

19. Counselling service Counselling sessions and specially designed "Relapse Prevention Courses" are conducted by the Aftercare Unit 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 afresh.

20. Pre-release programme The 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 re-integration 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. Aftercare service Aftercare service begins soon after an inmate is admitted to a DATC. The Aftercare Officer will assess each inmate through interview and home visit to formulate individual treatment plan and help in the reconciliation of any conflicts or misunderstanding between the inmate and his family, as well as to seek family support during the inmate's treatment at the

DATC. The social re-adjustment aspect of aftercare work also involves the arrangement of post-release employment, accommodation and providing counselling and advice throughout the treatment period and supervision period. The Aftercare Officer follows a case closely until the expiry of the 12-month supervision period during which regular home/workplace visits will be conducted and urine tests made to confirm a supervisee's drug free status. The supervisee may be recalled for detention if found in breach of supervision conditions.

22. AIDS education AIDS education is included in the induction, group counselling sessions, and pre-release re-integration orientation course for inmates. Inmates are given clear information on the link between sexual behaviour and HIV transmission, the risks of sharing injecting equipment and on how prevention can be affected. Posters and pamphlets on the prevention on AIDS are displayed prominently and available to inmates in DATCs. "Pre-exit" kits containing pamphlets on AIDS prevention and condoms are distributed to inmates upon discharge.

23. Halfway house facilities Halfway house facilities are provided to those who are in need of accommodation, intensive supervision or encounter adjustment problems after release from DATCs. Halfway house programme is an extension of the rehabilitative efforts carried out within DATCs. Currently, the CSD operates three halfway houses for those supervisees released from DATCs who are in need of a period of transitional adjustment. New Life House provides residential accommodation for 18 adult male supervisees. Phoenix House caters for a maximum of 30 young male supervisees. Bauhinia House has a capacity for 12 female young supervisees. The period of residence depends on individual progress, and is normally between one and three months.

VI. Current activities

24. As at 31 December 1999, there were a total of 909 inmates detained in various DATCs. The breakdowns are as follows :

	No. of DATC inmates	No. of DATC remands
Male adult	537	109
Male youth	120	16
Female adult	94	11
Female youth	19	3
Total	770	139

VII. Admission and capacity

25. The admissions to DATCs in 1997 to1999 are listed below:

Year	No. of admission of youth aged under 21		No. of admission of adult aged 21 and above		Total
	Male	Female	Male	Female	
1997	409	64	1 275	168	1 916
1998	283	49	1 253	191	1 776
1999	194	39	1 005	134	1 372
% change between 1997 and 1999	-53%	-39%	-21%	-20%	-28%

26. There was a decrease of 28% in the total admission in 1999 compared with that in 1997. In particular, the admission of young DATC inmates has decreased sharply. The number of admissions of young male DATC inmates decreased by 53% from 409 in 1997 to 194 in 1999, while that of young female DATC inmates, by 39% from 64 in 1997 to 39 in 1999.

27. The forecast of admission to DATCs depends on various factors including the following :-

- the arrests of persons who are drug dependent;
- the option taken by judges and magistrates in sentencing such offenders to DATCs for treatment; and
- the cost of dangerous drugs in the market.

28. Given that the number of inmates admitted to DATCs has been on the decrease, CSD projects no immediate shortfall in accommodation in DATCs.

29. The following table shows the certified accommodation, the DATC population and provision at the end of 1999.

Institution	Certified accommodation	Occupancy	Surplus(+)/ Shortfall(-)
Male Institutions			
Hei Ling Chau Addiction Treatment Centre	784	500	+284
Hei Ling Chau Addiction Treatment Centre (Annex)	180	124	+56
Total :	964	624	+340
Female Institution			
Chi Ma Wan Drug Addiction Treatment Centre	190	100	+90

VIII. Latest development & key initiatives

Recidivism

30. "Recidivism" is the reoccurrence of criminal behaviour. In recent years, there has been a growing concern in the community about offenders' recidivism. From time to time, enquiries were received about the "recidivism rate" of persons discharged from the correctional system in general or from a particular programme, or of a particular group of offenders. At present, "success rate" is used by the CSD as an indicator to measure individual programmes, including DATC programme's effectiveness. The Government considers it useful if a recidivism rate, i.e. an index to summarize the performance of all offenders in leading a law-abiding life after discharge could be developed. Together with the success rates of individual programmes, the recidivism rate can help to :

- rectify the situation that no indicator is currently available to describe the recidivism of discharged offenders not subject to statutory supervision;
- facilitate recidivism studies and inter-group comparisons;
- provide timely feedback and information to the CSD in programme monitoring and evaluation;
- provide additional information for penal population projection and resource planning;
- monitor the recidivism trend and assist the Government in the development and evaluation of crime prevention and reduction strategies; and
- keep the public informed of the overall recidivism situation of discharged offenders and their sub-groups, and arouse public concern about offenders' rehabilitation.

31. It must however be emphasized that recidivism rate should not be used as the sole criterion for evaluating the effectiveness of the correctional system in the

rehabilitation of offenders, mainly because it does not provide much information about how treatment works, nor does it explain what kind of changes have taken place in an ex-offender's attitudes and behaviour or in his personal life. Furthermore, it does not take into account the full range of factors which influence a person to reoffend. There are other factors which are beyond the influence or control of the correctional system. In other words, while recidivism rate provides valuable information, the determination of whether an offender commits a crime upon his release from prison is an individual choice that may not be related to his participation or lack of participation in a rehabilitation programme. Nonetheless, recidivism rate is an objective and quantifiable yardstick which, when used together with other indicators, provides useful feedback and information in rehabilitation. Thus, it would be worthwhile to adopt it as an indicator of the performance of local offenders discharged from the CSD, including dischargees from DATCs.

Enhancement of relapse prevention

32. Apart from the above, the CSD has plans to continue to enhance its relapse prevention strategies for young inmates in both the in-centre treatment periods and out-centre supervision periods. The following enhancement actions are in the pipeline :

- Additional services in the form of sharing sessions and support groups will be organized for ex-inmates staying in halfway houses in order to minimize their chance of relapse.

- An improved screening scheme is being developed for inmates in order to better coordinate intervention strategies.

- An additional counselling centre is being established in town as a further step to reinforce aftercare services for ex-inmates.

Improvement to premises

33. A refurbishment programme in Hei Ling Chau Addiction Treatment Centre (Annex) is being carried out to upgrade the environment there.

CHAPTER 3

Voluntary Residential Programme

I. Basic principles and overall objectives

Voluntary residential treatment caters for the needs of drug dependent persons who voluntarily seek residential treatment, rehabilitation and social re-integration. Since drug dependent persons from varying backgrounds have different needs for treatment and rehabilitation services, a range of programmes using different treatment models have been developed. Some residential programmes use prescription drugs to help drug dependent persons to detoxify, while others use peer support, intensive counselling and other means such as religious conversion to achieve spiritual or behavioural change in drug dependent persons in order to cure them.

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

Agency	Clientele
Barnabas Charitable Service Association	Female drug dependent persons, mostly below the age of 21
Caritas - Hong Kong	Male drug dependent persons aged under 25
Christian New Being Fellowship	Male drug dependent persons aged under 21
Christian Zheng Sheng Association	Male and female drug dependent persons
Drug Addict Counselling and Rehabilitation Services (DACARS)	Male drug dependent persons
Finnish Evangelical Lutheran Mission Ling Oi Youth Centre	Male drug dependent persons aged under 40
Operation Dawn	Male and female drug dependent persons
Perfect Fellowship Limited	Male drug dependent persons
Society for the Aid and Rehabilitation of Drug Abusers (SARDA)	Male and female dependent persons irrespective of age, race, religion and previous treatment history
SER Foundation	Male and female drug dependent persons between 18-35 being primary targets, Chinese and English speakers, irrespective of race and religion
St. Stephen's Society	Male and female drug dependent persons, including teenagers, Vietnamese and English speaking persons with addictive behavioural problems
Wu Oi Christian Centre	Male and female drug dependent persons

IV. Statutes

4. At present, there is no law that regulates drug treatment and rehabilitation centres which adopt a non-medical approach in detoxification, though the residential treatment centres of SARDA and the Caritas Wong Yiu Nam Centre which adopt a medical detoxification model are registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165) enforced by the Department of Health. SARDA is also subject to the Drug Addicts Treatment and Rehabilitation Ordinance (Chapter 326) which is an old Ordinance enacted in 1960.

5. The Drug Addicts Treatment and Rehabilitation Ordinance aims to facilitate the detention of drug dependent persons in "Addiction Treatment Centres" for treatment. The provisions of the Ordinance were based on the drug treatment and rehabilitation philosophy in the 50's and 60's, when various restrictions were placed on persons receiving treatment, including their personal freedom. The Schedule to the Declaration of Addiction Treatment Centre (Consolidation) Order provides that two treatment centres operated by SARDA are declared "Addiction Treatment Centres" to which the provisions of the Ordinance apply. At present, these two centres no longer operate on a detention basis. Instead, they provide voluntary residential drug treatment and rehabilitation services which are essentially the same as those provided by other drug treatment and rehabilitation agencies not covered by the Ordinance.

6. As all other existing voluntary drug treatment and rehabilitation centres are not gazetted under the Ordinance, there is no uniform control governing their operation. The standard and environment of these centres vary. At present, there are about 13 such agencies, with facilities spreading out in around 30 different locations. Most of these facilities are accommodated in stone or wooden structures in remote areas with minimum building or fire safety installations. Some do not have proper electricity and water supplies. They are therefore highly susceptible to structural, fire and environmental health hazards.

7. In view of the above, the Government considers that the existing Drug Addicts Treatment and Rehabilitation Ordinance should be repealed and a new Ordinance enacted to provide for a licensing scheme for voluntary residential drug treatment and rehabilitation centres in order to protect the well-being of the persons undergoing treatment in these centres.

8. The Government consulted the public in 1998 on a proposed licensing scheme to regulate such centres. The objectives of the licensing scheme are to :

- ensure that drug dependent persons undergoing treatment and rehabilitation will receive services in a properly managed and physically secure environment, thereby protecting the well-being of these persons;

- enable the Government to keep a register of all voluntary residential drug dependent persons treatment and rehabilitation centres; and

- bring such centres under uniform control.

9. The licensing scheme will require a person/organization to apply to the Director of Social Welfare (the Director) for a licence to operate any drug treatment and rehabilitation centre which provides voluntary residential care for four or more persons. Subject to the applicant being able to satisfy the stipulated fit person criteria, fire services and building safety requirements, and other service conditions as stipulated by the Director, a licence will be granted and the applicant will be required to display the licence in a conspicuous place at his centre. The licence so granted will have to be renewed on an annual basis if the centre wishes to continue to operate beyond the licence period. The Director has the power to refuse to license a centre if the latter does not meet the stipulated requirements. He also has the power to cancel a licence where a centre is found to be in breach of the licensing requirements. To enforce such requirements, the Director will be given power to inspect licensed centres. The centres can appeal against any decision made by the Director in respect of licensing and cancellation of licence.

10. The licensing scheme is intended to cover all voluntary residential drug treatment and rehabilitation centres, irrespective of whether they adopt medical or non-medical approach. It is also intended to cover halfway houses offering voluntary residential and support services for rehabilitated drug dependent persons prior to their full integration into the community. It is noted that in accordance with the Hospitals, Nursing Homes and Maternity Homes Ordinance (Chapter 165), centres which fall within the definition of "hospital" in section 2 of Chapter 165 are also required to apply for registration under Chapter 165.

11. With regard to implementation, there will be a grace period for existing centres to prepare themselves for licensing whilst continuing with their operation, and new centres will have to comply with the requirements from the first day of operation. Existing operators will therefore be required to notify the Director of their operation within three months of commencement of the legislation. They will be granted certificates which will provisionally exempt them from licensing until such certificates are cancelled or not renewed. Such exemption certificates may be renewable on application to the Director.

12. The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Bill which aims to provide a framework for the above-mentioned licensing scheme was introduced into the Legislative Council on 23 February 2000. It was awaiting LegCo scrutiny at the time when this Plan was finalized. Under the licensing scheme, the Director of Social Welfare, i.e. the future licensing authority, will provide the centres with general guidelines and a code of practice covering such areas as the building and fire safety requirements under the scheme, and other operational aspects e.g. seeking clients' consent to abide by house rules before admission, etc.

V. Current activities

Residential treatment centres

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

14. The Cartias - Hong Kong has commissioned the Wong Yiu Nam Centre at Hang Hau in Sai Kung with a capacity of 20 since March 1999. It provides residential treatment and rehabilitation services for young male drug dependent persons under 25 years old to deal with their drug abuse problems.. It runs month-long detoxification and rehabilitation courses for these young persons. The centre has a visiting psychiatrist. Apart from serving opiate drug dependent persons, the centre also provides service to other substance abusers such as stimulant, tranquilizer as well as poly-drug users who are assessed to be suitable for treatment. The centre uses various means to help its service recipients

to go through detoxification and start rehabilitation. Programme elements include individual counselling, group work services which focus on relapse prevention skills and self understanding concepts, recreational activities, drug and sex education, sports and physical activities, work therapy, and service to family members of the youngsters under treatment. The centre provides year-long aftercare service to persons who complete the courses.

15. The Christian New Being Fellowship rehabilitates drug dependent persons through the Christian faith. It operates a first place training centre at Pak Tam Chung, Sai Kung with a capacity of 54. The second training centre is located at the Wong Yi Chau Outdoor and Water Activities Centre. Aiming at total rehabilitation, the Fellowship organizes Bible studies, physical and work training, group and individual counselling, education programmes for clients as well as counselling for parents of clients.

16. The Christian Zheng Sheng Association offers assistance to drug dependent persons with a small family approach, providing a simple environment for them to learn about social life. It operates a centre for adult males in Kam Tin and another two on Lantau Island for male and female teenagers respectively. 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 job-skill training or placement service.

17. The Drug Addict Counselling and Rehabilitation Services (DACARS) provides counselling and treatment services to drug dependent persons and their families. DACARS has a Christian base, and emphasizes individual relationship with God as the key to personal and social well-functioning. It provides residential treatment facilities for drug dependent persons 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 Yuen Long. The treatment programme lasts for nine to 12 months. Programme graduates are provided with aftercare service for two years, including regular individual counselling, family contact, assistance and referral for job placement or accommodation if required.

18. The Finnish Evangelical Lutheran Mission (formerly known as Finnish Missionary Society) Ling Oi Youth Centre provides an integrated

rehabilitation service, which includes pre-admission guidance and counselling, in-patient programme of spiritual and physical rehabilitation, aftercare schemes, and employment placement. It has a withdrawal unit at Tan Ka Wan, Sai Kung.

19. The Operation Dawn's Island Centre in Sai Kung adopts a Christian spiritual approach to drug treatment and rehabilitation, which emphasizes behavioural sanctification in a therapeutic community setting. Group discussions, individual counselling, work therapy and physical exercises such as swimming and soccer are programmed with Bible studies. The centre also provides leadership training, which is a key rehabilitation programme to assist in the rehabilitation of other drug dependent persons. The treatment programme lasts for 18 months.

20. The Perfect Fellowship Limited has commenced its operation as a religious drug treatment and rehabilitation centre since the end of 1996. It provides drug treatment and rehabilitation services to drug dependent persons by making use of adventure experience and religious belief. Besides, preventive programmes using an adventurous approach are organized for the youth-at-risk to steer them away from drugs.

21. The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) operates a two-tier voluntary programme. The detoxification and immediate convalescence phase takes two to 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 achieve psychological and physical recoveries.

22. On completion of detoxification, a patient undergoes a long course of rehabilitation, which takes about four to 23 weeks for males and between 21 and 45 weeks for females. Activities at the rehabilitation course are organized as therapeutic communities, with detoxified patients assuming responsibility in daily household routines. They receive highly structured counselling designed to bring about behavioural change so that they can 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.

Aftercare services are available to keep them in contact with SARDA's other services and encourage them to maintain abstinence.

23. The SER Foundation is a Hong Kong based organization established in 1993 for the treatment and rehabilitation of drug dependent persons , and the prevention of drug abuse. It provides residential treatment in one therapeutic community at Tung Chung-Lantau Island for males and females, irrespective of race and religion. Its primary targets are drug dependent persons between 18 and 35 years old, although exceptions are considered. It provides therapy for the physical and psychological rehabilitation of the clients, with a view to enhancing their self-confidence, sense of responsibility and communication skills in order to prepare them for a more responsible role in society. The minimum recommended period of rehabilitation is 12 months plus one to six months' preparation for re-integration into society. SER Foundation also provides leadership training for senior residents to make them aware of and develop an active role in society. Such training involves sharing experiences not only with younger residents but also involvement in drug prevention and anti-drug talks at schools.

24. The St. Stephen's Society provides treatment for those with heroin dependent and other addictive behavioural problems. Those who take part in the programme are encouraged to build a new life through relationship with Jesus Christ. Under a family-like environment, they are taught through work projects, counselling, mutual support and community living to become responsible and moral citizens. It has multiple family-type homes in its First Stage Centres in different locations throughout Hong Kong, which lead to the Second Stage, Halfway houses or other further training. This can rarely be achieved in less than 12 months which is the minimum recommended requirement for the residential course. The Society also works consistently with the families of its clients in running support groups.

25. The Wu Oi Christian Centre helps drug dependent persons re-integrate into society through Christian detoxification and rehabilitation programmes. It has a male detoxification centre at Long Ke, Sai Kung, two female centres at Lei Muk Shue and Tai Mei Tuk, and the Bliss Lodge Youth Training Centre on Lantau Island. The training programme comprises a 12-month treatment programmes and a six-month follow-up service. 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 dependent persons can thoroughly change their way of life. Bible studies, work therapy, individual counselling, small groups and recreational activities are provided for the residents.

26. The Bliss Lodge Youth Training Centre of the Wu Oi Christian Centre, located on Lantau Island, was established in June 1992 to provide services for young drug dependent persons. 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. Admission and capacity

27. According to the agencies, the present capacity of individual treatment centres and the number of admission into these centres in 1999 were as follows :

Agency	Capacity		No. of admission in 1999	
	Male	Female	Male	Female
Barnabas Charitable Service Association	-	24	-	41
Caritas – Hong Kong	Youth 20	-	Youth 73	
Christian New Being Fellowship	54	-	61	-
Christian Zheng Sheng Association	Adult 27 Youth 65	10	Adult 11 Youth 19	2
DACARS	20	-	43	-
Finnish Evangelical Lutheran Mission Ling Oi Youth Centre	24	-	58	-
Operation Dawn	132	4	196	9

Agency	Capacity		No. of admission in 1999	
	Male	Female	Male	Female
Perfect Fellowship Ltd.	20#	-	-	-
SARDA	Adult 350 Youth 20	39	Adult 1 881 Youth 118	105
SER Foundation	60	15	37	9
St. Stephen's Society	Adult 200 Youth 30	30	Adult 280 Youth 22	27
Wu Oi Christian Centre	Adult 70 Youth 30	16	Adult 106 Youth 37	46
Total	1 122	138	2 942	239

 # Denotes the estimated figures

28. Given that the growth in the number of drug dependent persons and the proportion of them who will come forward for treatment tend to fluctuate, it is not possible to forecast the demand for future voluntary residential drug treatment and rehabilitation services. 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

	Total no. of **adult** heroin dependent persons reported to the CRDA		Total no. of admissions into voluntary residential treatment	
	Male	Female	Male	Female
1997	11 307	1 129	1 999 (17.7%)	89 (7.9%)
1998	11 002	1 083	2 101 (19.1%)	100 (9.2%)
1999	1 0689	1 185	2 197 (20.6%)	148 (12.5%)

Source : Central Registry of Drug Abuse

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

	Total no. of **young** heroin dependent persons reported to the CRDA		Total no. of admissions into voluntary residential treatment	
	Male	Female	Male	Female
1997	1 411	444	292 (20.7%)	66 (14.9%)
1998	1 111	369	301 (27.1%)	81 (22.0%)
1999	794	277	209 (26.3%)	67 (24.2%)

Source : Central Registry of Drug Abuse

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

29. The proportion of adult heroin dependent persons admitted into voluntary residential treatment programme had been on the increase in the past three years, while that for young heroin dependent persons had been stable. In both cases, the proportions range between 15% and 30%.

B. Waiting List

30. The waiting list or waiting time for new admissions may point to any possible shortfall in services. In SARDA's experience, the approximate waiting time in respect of its three treatment centres is given below :

	Approximate Waiting Time
Shek Kwu Chau Treatment Centre	1 week
Women Treatment Centre	1 month
Au Tau Youth Centre	2-3 weeks

31. As regards the Caritas Wong Yiu Nam Centre, the average admission waiting time is one week.

32. In view of the rising trend of drug abuse amongst young people and women, more places are being provided to these two groups of drug dependent persons. The following new additions to voluntary residential treatment and rehabilitation facilities are either in operation or being planned :

- SARDA has relocated its Woman Treatment Centre from Beas Hill, Sheung Shui to Hang Tau, Sheung Shui in February 2000. The new accommodation enables the bed capacity of the centre to be increased from 39 to 42. The projected annual admission is 105.

- SARDA has made use of the former site of the Woman Treatment Centre at Sun Chui Estate and financial support from the Hong Kong Jockey Club Charities Trust to operate a rehabilitation centre for adult female drug dependent persons aged 30 and above. The capacity of the centre is 20 and the occupancy rate is persistently above 70%.

- SARDA has also set up a new residential treatment centre at Au Tau, Yuen Long exclusively for young male drug dependent persons under the age of 25. The centre has a bed capacity of 20, with an annual admission of 118.

- Caritas - Hong Kong has set up a residential treatment centre for young male drug dependent persons in Hang Hau, Sai Kung. The capacity of the centre is 20, and the projected annual admission is 180.

- Apart from the above, the Hong Kong Christian Service has been commissioned to operate a new treatment centre for young drug dependent persons. The centre will provide both in-patient and out-patient treatment for opiate dependent persons. The capacity for the in-patient programme is 20, and the projected annual admission is 80 - 100. The Hong Kong Jockey Club Charities Trust has offered a grant of $17 million to the Hong Kong Christian Service for setting up the centre. A suitable site has been identified and the necessary land documents are being processed.

VII. Latest development & key initiatives

Government subvention for voluntary residential treatment and rehabilitation centres

33. In December 1996, the Social Welfare Department (SWD) commissioned a research team of the Chinese University of Hong Kong to conduct an evaluation of the services of the non-medical voluntary drug treatment and rehabilitation agencies. The study was completed in late 1997. Amongst the seven agencies participating in the study, five were assessed to be eligible for Government subvention. Subsequently, four agencies providing a total of 309 places applied and were granted recurrent subvention in the form of Unit Rate Subsidy by the SWD since March 1998. These agencies are Barnabas Charitable Service Association, Christian New Being Fellowship, Finnish Evangelical Lutheran Mission Ling Oi Youth Centre and Operation Dawn. This was a significant development as subvention gives greater flexibility to the agencies to meet their operational needs, which in turn benefits the clients of such agencies. Through a system of subvention, the Government can also review the service and performance of these agencies on a regular basis, thereby establishing a closer linkage with these agencies.

34. As the subvention for the four agencies began only in 1998, the SWD is keeping the system closely in view and will review it at a suitable juncture to

ensure that it fully reflects the needs of the drug scene. Any future review of the subvention arrangement for drug treatment and rehabilitation centres will of course take into account the crucial factor of resources and the prevailing policy on social services subvention overseen by the SWD and the Health and Welfare Bureau.

Service standards

35. For some time agencies in the drug field have urged the Government to consider setting service standards for drug treatment and rehabilitation services. While the Government holds the view that setting such standards would not be easy as drug treatment and rehabilitation services are provided in different modalities, each with its unique aims and purposes, it considers that a measurable tool would be valuable in ensuring the provision of quality services to the public, and to increase the accountability of such services. Indeed, the SWD has taken a major step towards this direction by commissioning consultants, from 1995 to 1998, to conduct a comprehensive study to review and improve the social welfare subvention system. With a shared objective of pursuing quality service amongst the welfare sector, the consultants recommended the introduction of an output-focused Service Performance Monitoring System which facilitates the efficient provision of quality services by the SWD and subvented organizations. This System needs to be taken into account when considering the setting of service standards in the drug treatment and rehabilitation context.

36. Apart from the above, it will also be important to keep in view the ground work to be laid in a research study supported by the Beat Drugs Fund, which will soon begin in 2000, in developing a local drug abuse treatment outcome measures, and the findings of a major study recently completed by the Hong Kong Council of Social Service on comparison of the various drug treatment modalities in Hong Kong. These factors are detailed below.

A. SWD's service quality standards

37. Following a review commencing in 1995 and service-wide consultations, the SWD formulated a comprehensive and robust framework for the management of the delivery of social welfare services. The framework includes :-

- 19 Service Quality Standards (SQSs) which define policies, procedures and practices which a service unit should have in place in order to deliver a quality service to its service users;

- Funding and Service Agreements (FSAs) which define

  - the nature of the services to be provided

  - the quantity of output; and

- a Service Quality Assessment Process to determine whether a service unit complies with the SQSs.

38. The SQSs apply to all services funded by the SWD including those delivered by NGOs and those delivered by the SWD directly.

39. The SQSs are designed to reflect current service delivery practices. They are intended to bring all services up to the level of good practice which is currently available within some services, but are not intended to introduce significant new performance expectations. Therefore, most services affected are expected to be readily able to meet all 19 SQSs over a reasonable period of time.

40. At present, the SQSs are being introduced in three phases over a period of approximately three years starting in 1999/2000. Service units staff will therefore have a period of time within which to adapt to the SQSs and incorporate any changes into their operations in a gradual manner. During the implementation period, service units are provided with training and support to help them understand the SQSs and the ways in which they may need to change their operations to meet such standards.

41. Within the introduction of the SQSs and the FSAs, agencies providing voluntary residential drug treatment and rehabilitation services under the SWD's subvention have to comply with a set of quality standards and the agreed service performance output. As the first phase of the SQSs were just introduced in April 1999 and their full launch will only start in 2002/2003, the effectiveness of the SQSs in monitoring or enhancing the quality of drug treatment and rehabilitation services is yet to be tested. In the long term, subject to the

effectiveness of SQSs being tested, the SQSs will be extended to non-subvented agencies as a reference.

B. Beat Drug Fund Research on "Development of a Local Drug Abuse Treatment Outcomes Measure"

42. This project aims to develop a drug abuse outcome measure and user-friendly data entry and analysis software for local treatment and rehabilitation agencies to measure the outcomes of their services. It will also collect benchmark normative treatment outcome data for future reference.

43. In this project, the research version of the Chinese Addiction Treatment Outcome Measure (CATOM) will be modified according to the needs and mode of services of all local drug treatment and rehabilitation agencies. Data entry and analysis software will be constructed for these agencies. Following a short pilot and revision, the final product will be disseminated to interested agencies via training seminars and technology transfer package. A six-month service support will also be provided to help drug workers and supervisors to familiarize themselves with CATOM and software. On completion of this study, all local treatment agencies that are interested in measuring the outcomes of their services will have a suitable instrument that is tailor-made for local needs. Future agencies may also learn this package using training videos and manuals.

44. This project will yield both the instrument and the benchmark normative reference that may be of use in developing and measuring the service standards in the drug field in the long term, in order to address the present lack of a system to quantify the treatment outcomes of local drug abuse treatment services.

C. Findings of ACAN Research "A Comparison of Drug Addiction Treatment Programmes in Hong Kong"

45. In "A Comparison of Drug Addiction Treatment Programmes in Hong Kong", an ACAN research completed in early 2000, it was suggested, as a side issue, that the following be taken into account when the question of "service standards" is considered in the drug treatment and rehabilitation context :-

- Physical requirements of the premises, e.g. location and physical state of the centre, the floor area per client, provision of physical comfort of the clients such as water and lighting, etc;

- Staffing requirements of the centre, e.g. client-to-staff ratio, qualification of staff, staff time in the centre, etc;

- Activities conducted, e.g. skills taught, social re-integration programmes, etc; and

- Statistical records and accounting.

46. Apart from the above, the research points to the importance of having a well defined "abstinence rate", while recognizing that the validity of such rate would depend on satisfactory follow-up of the dischargees. In case the drop-out rate is high, other criteria may have to be assessed. In addition, it pointed out that note should also be taken of other measurable parameters such as improvement in socio-demographic status (e.g. return to employment, low recidivism, or return to live with family, etc.) or favourable changes in the value systems of the clients (e.g. greater importance of family or career, lower priority accorded to sensory satisfaction, or a change in importance attached to social status, etc).

47. While the above are key areas to be taken into account, it must be stressed that the goal of developing common service standards applicable and acceptable to all modalities is a highly complex task that entails strong coordination and service-wide consultation. A special task force comprising agencies in the drug field, Government departments as well as experts in relevant research would need to be formed to take on this task.

Treatment of poly-drug users

48. Poly-drug users are often characterized by a higher level of psychiatric morbidity compared to opiate users. Unlike opiates, most psychoactive substances lead to psychiatric symptoms like anxiety, irritability, mood symptoms especially depression, and in most severe form, with psychotic state presenting with agitation, violence, delusion and hallucination. These complications are often treatable if identified at an early stage. By the time psychiatric presentation including delusional disorder orschizophrenia occurs,

mental impairment indicating more permanent brain derangement is likely and this often continues in various degrees of severity despite cessation of substance abuse and necessitate long term treatment. For the treatment of poly-drug users, medications such as anxiolytics, antipsychotics, anti-depressants and drugs with anti-craving are often used.

49. Counselling is as important for poly-drug abusers as for single drug abusers, and very often it incorporates techniques as motivational interviewing and relapse prevention. To assist poly-drug users, it would be important to increase the awareness of workers on the possibility of multi-drug use, and to advocate proper assessment screening in their routine intake. At present, the mainstream of psychotherapy in practice is cognitive behaviour therapy. However, other psychotherapy modalities like family therapy, group therapy, in-depth individual psychotherapy, art therapy, etc., which are effective in some client groups, should be encouraged. Training and application of other psychotherapeutic modalities (e.g. family therapy, group therapy, in-depth individual psychotherapy, art therapy) may be encouraged, and psychiatric support, either through better coordination with relevant agencies or re-deployment of resources, should be supported.

Treatment of women

50. Some overseas studies indicate that women tend to report first drug use at a later age than men and frequently are initiated into drug use by their male partners, who are their main suppliers over the course of addiction. Such studies also indicate that women tend to be less involved in criminal activity and more often use a combination of non-narcotic drugs. They pointed out that women tend to have more frequent treatment admissions at a younger age, they are more socially integrated with family and work, and they receive less support for entering treatment from their partners and family members. In addition, women are more likely to participate in self-help groups or to access treatment through other types of care, especially health or mental health providers. It has also been observed that a prominent feature amongst female drug dependent persons is their greater concerns about issues related to children than their male counterparts.

51. The following gender differences in drug treatment careers amongst the clients in the US's National Drug Abuse Treatment Outcome Study conducted in 1991 are note-worthy :

- women reported a shorter interval of time between first regular drug use and first treatment entry than men;

- women were more likely than men to have been referred by a medical provider or social worker;

- women were more likely to report entering treatment because of a need for services;

- women were more likely to report that they believed that treatment would enable them to stop using drugs;

- women were more likely to report that treatment would affect their child custody or that they were concerned about losing child custody because of their drug problem;

- women were more likely to have had mental health treatment and to meet criteria for a lifetime diagnosis of general anxiety disorder or major depressive disorder;

- a history of drug treatment amongst women was associated more strongly with the perception that treatment was their own idea, rather than that of another;

- contact with social services promotes continued utilization of drug treatment of women;

- single mothers face substantial barriers to treatment entry;

- antisocial personality disorder with prior drug treatment amongst women suggests that women are more "deviant" in their behaviour, and thus more likely to engage in behaviour that precipitate interactions with social institutions, are more likely to have repeated treatment episodes;

- women who lack family support for treatment need special outreach and encouragement to enter treatment and sustain treatment participation when necessary; and

- single mothers, who may lack economic resources in addition to family support, need particular assistance to enter and participate in drug treatment activities.

52. In the light of the above, in developing gender-specific treatment programmes, especially for women, more focus could be placed on functional behaviours, individual and relationship development, health and sexuality issues, and life skills training. Where resources allow, recovery programmes for women with children should include developmental and emotional support initiatives for infants and children, parenting training, and the opportunity for young children to enter treatment with their mothers. In such programmes, factors like external reminders that substance abuse is aversive and destructive, consistent social support, etc. should be built in. Communal living experiences to include other mothers and other women without children may also provide resources and modeling of constructive parenting to these drug dependent mothers. Self-help group support may facilitate the mothers' recovery, as well as personal growth. For working or child-caring female drug dependent persons, intensive day treatment programmes requiring subjects to participate in treatment for five to six days a week, say, for five to six hours a day may be developed. Such programmes may be distinguished by the following components :

- a non-confrontational approach;

- ongoing parent training and education classes;

- family therapy;

- on-site services of a pediatric nurse specialist; and

- groups dealing with psychosocial issues of particular relevance to women.

Young drug dependent persons

53. As first or second timers of drug abuse are considered to have a better chance of recovery, it would be desirable if programmes for this group of drug dependent persons could have distinctive, age-appropriate elements designed to assist the subjects.

54. For young drug dependent persons, innovative tailor-made programmes may be mapped out and/or interfaced with mainstream services gearing towards their development needs. For example, uniformed group may provide a progressive programme for teenagers through experiential learning, leadership and value development, thereby enhancing disciplinary training and self-confidence building as well as self-actualization of the young drug dependent persons.

Involvement of rehabilitating/rehabilitated persons in anti-drug programmes

55. At present, some drug treatment and rehabilitation centres are involved in drug preventive education and publicity activities. Some of these centres give anti-drug talks to school students, which involve the sharing of experiences of rehabilitated persons. In Singapore, a survey has shown that talks given by rehabilitated persons is one of the most effective ways to spread anti-drug messages. The impact of such experience sharing is also positive in many aspects. First, it allows rehabilitated persons to contribute to society by involving them in the fight against drug abuse, thus reinforcing their confidence in staying drug free. Second, it allows the audience to understand, through first hand information, the consequences of drug abuse, thus conveying to them more vividly the need to remain drug free. It is therefore considered that drug treatment centres should be encouraged to involve rehabilitated persons, where appropriate, in helping to spread anti-drug messages.

NON-RESIDENTIAL SERVICE FOR DRUG DEPENDENT PERSONS

CHAPTER 4

Methadone Treatment Programme

I. Basic principles and overall objectives

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

2. Methadone treatment programme provided by the Department of Health is the major provider of out-patient voluntary treatment services for opiate dependent persons 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 dependent persons. 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 :

- to provide a readily accessible, legal, medically safe and effective alternative to illicit drug use;
- to help patients lead a normal and economically productive life;

- to help in the reduction of crime and antisocial behaviour related to illicit drug use;

- to assist in the prevention of blood-borne diseases like hepatitis B and HIV infection by reducing intravenous drug use and needle sharing through surveillance, health education and counselling;

- to encourage drug dependent persons to come forward for treatment (both detoxification and maintenance) by providing an extensive network of clinics; and

- to assist drug dependent persons to achieve a drug free state by providing a detoxification programme.

III. Type of clients

4. As methadone is only effective for treating the withdrawal symptoms of opioid drugs, only dependent persons 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 December 1999, the age and sex distribution of patients on the register is as follows -

Age group	Male	Female	Total
Below 21	237	78	315
21-30	1 361	324	1 685
31-40	1 616	232	1 848
41-50	2 627	192	2 819
51-60	1 448	39	1 487
Over 60	1 618	40	1 658
Total	8 907	905	9 812

IV. Statutes

5. There is no statute relating to the methadone treatment programme or the operation of methadone clinics. Confidentiality of patients' particulars is safeguarded under the Dangerous Drugs Ordinance.

V. Current activities

6. There are altogether 21 methadone clinics, four on Hong Kong Island, ten in Kowloon and seven in New Territories. Of these, six are day clinics, with five operating from 7 am to 10 pm and one from 7 am to 5 pm. The other 15 are evening clinics, with one operating from 1 pm to 8 pm, another one from 3 pm to 10 pm and 13 from 6 pm to 10 pm. 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 for clinics to remain open to serve the patients.

7. As at 31 December 1999, the number of effective registrations (i.e. persons registered with the programme who had not dropped out for more than four weeks) was 9 695. The average attendance rate of patients in 1999 was in the region of 69%.

8. 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, cassette-tape programmes, distribution of souvenirs such as calendar cards and treatment card holders carrying health messages, 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 thus be referred while out-patient detoxification is offered to the others as an option.

9. Having regard to the fact that intravenous drug users are prone to sharing of needles and the risk of contracting HIV/AIDS through needle-sharing, HIV prevention has been built into the methadone treatment programme as a key element. All new and readmitted patients are seen by the medical officer and counselled on drug abuse and AIDS. Counselling is also provided by social worker, using a team approach. Dangers of contracting AIDS through unprotected sex and sharing of syringes and needles are explained. Use of good quality condoms, especially for those with multiple sexual partners, is advocated. Individual responsibility to dispose of used syringes properly is also emphasized. Posters and resource materials are displayed in clinics to reinforce such messages. In view of the increasing numbers of HIV and AIDS cases in recent years, enhanced preventive and educational 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. Admission and capacity

10. Statistics during the past few years (see table below) indicate that the number of registered patients has remained fairly stable. The number of new admissions showed a significant decrease from 1 882 in the year 1994 to 1 028 in the year 1999 while average daily attendance remained at some 6 700. With regard to the number of patients under age 21 effectively registered at the methadone clinics, the figures were 511 and 315 in 1997 and 1999 respectively.

	1994	*1995*	*1996*	*1997*	*1998*	*1999*
New admissions	1 882	1 669	1 720	1 350	1 280	1 028
Average daily attendance	6 401	7 002	7 157	6 914	6 691	6 741
Average number of patients registered	9 201	9 863	10 169	10 015	9 698	9 724

11. 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.

VII. Latest development & key initiatives

Enhanced support and counselling services

12. To better engage methadone patients, to give them a sense of purpose and to minimize the problem of such patients loitering in the vicinity of methadone clinics and causing nuisance to the neighbourhood, the social support services for these patients have been strengthened. Detoxified and stabilized methadone patients may make use of the social and recreational services organized by the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) and the Caritas Lok Heep Club. These programmes enable mixing of methadone patients with other dischargees from SARDA's residential treatment programmes. In addition, "graduation parties" to celebrate the achievement of abstinence amongst detoxified patients are held every six months. Since January 1997, detoxified methadone patients have been attending such parties together with dischargees of SARDA's residential treatment programmes. From January 1997 to the end of December 1999, a total of 172 detoxified methadone patients have been awarded drug-free certificates during the graduation parties.

13. In addition, social support and counselling services have been enhanced with additional counselling services and group therapy especially for those under the age of 21. In April 1993, the service was delivered on a sessional basis by three full time and 17 part-time workers. To enhance the service, the staff strength increased significantly to 14 full time workers in October 1995. This was further increased to 20 in 1997 to support the services particularly for those under the age of 21. In January 1998, one more full time worker was allocated to strengthen the staff force. Since August 1999, the total number of full time workers has been further increased to 22 and one more half time worker is allocated to provide counselling services. As at the end of December 1999, there were 1 707 clients on the caseload of social workers; amongst them, 397 were aged below 21. In the same period, the average caseload per worker was 76. The number of counselling sessions provided for patients also increased from 1 523 in April 1993 to 2 373 in December 1999.

Operation of clinics

14. In view of the change in patient attendance pattern, the opening hours of certain methadone clinics have been adjusted since April 1998. The operating hours of Eastern Street Methadone Clinic are now from 7 am to 5 pm; while Tuen Mun Methadone Clinic, from 3 pm to 10 pm. For the convenience of patients during typhoon and rainstorm periods, the number of essential methadone clinics has been increased from 12 to 15 since April 1998 and extended to all 21 since May 2000.

Review of Methadone Treatment Programme

15. At a meeting of the ACAN Sub-committee on Treatment and Rehabilitation in 1999, Members agreed that the methadone treatment programme was an important modality to cater for those who were not suitable or receptive to residential or other forms of treatment. As the programme had been in existence for more than two decades, and in view of the controversy which surrounded this treatment mode and the emergence of new drugs which allegedly might serve as a substitute for methadone, Members decided that a review on methadone treatment programme should be conducted. In connection with the review, an updating exercise on the profile of the methadone patients would also be conducted. Subsequently, a total of 18 Members formed a Working Group to review the methadone treatment programme. The Working Group was also supported by Professor Catherine Tang from the Department of Psychology, the Chinese University of Hong Kong, and representatives of the Narcotics Division and Department of Health. The review is targeted for completion in 2000.

16. The objective of the review is to evaluate the usefulness and effectiveness of the methadone treatment programme, to identify any areas for improvement, and to consider whether there are other alternatives to methadone in drug detoxification and maintenance. The scope of review includes the following :

- an updated profile of the patients receiving services under the methadone programme;

- the usefulness and effectiveness of the methadone programme as against its objectives set out in paragraph 3 in this chapter;

- the cost of the methadone programme compared with other treatment and rehabilitation modalities;

- the application of methadone treatment and maintenance in overseas countries;

- the possibility of substituting methadone by other drugs, e.g. levo-α-acetylmethadol and buprenorphine, etc, and the possibility of launching clinical trials on any of those drugs in Hong Kong; and

- recommendations on future direction of the methadone treatment programme in Hong Kong and areas for improvement, if any.

17. As at June 2000, the Working Group has completed its research including literature review, the updating exercise on the profile of methadone patients and focus group studies, and has arrived at some preliminary conclusions. It is in the process of drafting the final report which broadly endorses the following direction :

- the methadone treatment programme should continue;

- the methadone treatment programme should continue to comprise maintenance and detoxification elements; and

- the methadone treatment programme should continue to offer easy entry for those who wish to enroll.

18. At the same time, the Working Group is also drawing up detailed proposals to strengthen patient assessment/reassessment services such as development of individual treatment plans and involvement of patients in modifying/further developing their own treatment plans. Ways to strengthen the counselling and support services in the methadone treatment programme with special emphasis on the young (e.g. through greater involvement with families) will be considered. The increased employment of peer counselors in supporting methadone patients will also be explored. Apart from these, the Working Group will also make recommendations on establishment of support groups to assist patients and their families.

19. In addition to the above, the Working Group is deliberating on ways to improve the physical setting of methadone clinics in order to cater for improved care services. With improved physical setting, methadone clinics can be used as a focal point for the delivery of additional activities such as :

- Job-skill talks/seminars with assistance from other agencies;
- Support group activities; and
- Public health education programmes.

20. Apart from these, the Working Group will also draw up recommendations to measure the output or outcome of maintenance and detoxification programmes more effectively. It will report on its study on any alternative/supplementary drugs to be used under the methadone treatment programme, as well as strategies to educate the public towards greater acceptance of the methadone treatment programme, its patients and the drug used.

Methadone treatment programme as a tool for HIV/AIDS surveillance and prevention as well as prevention of other blood-borne infections

21. In view of the increasing trend of drug dependent persons contracting HIV/AIDS as observed in paragraph 10 of Chapter 1 of this Plan, it becomes important that the interface between intravenous drug use and HIV/AIDS as well as other blood-borne infections prevention be given more focus and joint strategies be formulated to combat the problems of needle sharing and spread of HIV and other blood-borne infections. Apart from the continuous, on-going efforts to strengthen communication between ACAN and the Advisory Council on AIDS, it is considered that the methadone treatment programme should continue and enhance its important and effective role in HIV surveillance and prevention through encouraging more voluntary blood testing and enhancing health education and prevention programmes. Drug treatment agencies should be encouraged to build in an HIV as well as other blood-borne infections element in their preventive education programmes.

CHAPTER 5

Substance Abuse Clinics, Counselling Centres and Other Services

I. Basic principles and overall objectives

There are three main streams of services under this chapter : first, substance abuse clinics; second, counselling centres for psychotropic substance abusers and third, subvented mixed mode clinics. The basic principle underlying these services is to provide treatment and rehabilitation as well as secondary and tertiary prevention to psychotropic substance abusers. On the one hand, these services establish catchment networks with other social services for case-finding, crisis intervention, and drug counselling. On the other hand, they link with medical detoxification and treatment facilities to which clients requiring medical care could be referred.

2. The overall objective of these programmes is to provide focal points for psychotropic substance abusers to receive relevant information and timely counselling, as well as treatment and rehabilitation. 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 these services are as follows :

A. Substance Abuse Clinic

- in collaboration with NGOs and other health care providers, to provide expert medical treatment and counselling to substance abusers for symptom control, detoxification, and enable successful rehabilitation;

- to identify concomitant physical and psychiatric illnesses which occur in a substantial proportion of substance abusers, for appropriate specialist treatment and rehabilitation;

- 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

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

B. Counselling Centre for Psychotropic Substance Abusers

- 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;

- to organize secondary prevention programmes for potential or occasional substance abusers;

- to provide expert information and advice on substances and substance abuse; and

- to provide professional training for allied professionals who are working with potential, occasional or habitual substance abusers.

C. Mixed Mode Clinic

- to provide selective treatment approaches which are conducive to the particular needs and problems of young drug dependent persons. Treatment approaches include both in-patient and out-patient treatment programmes.

III. Type of clients

4. Services are provided to the following categories of clients :

A. Substance Abuse Clinic

- psychotropic substance abusers referred by NGOs for specialist medical consultation and treatment, as part of the integrated social and medical rehabilitation programme; and

- drug dependent persons 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.

B. Counselling Centre for Psychotropic Substance Abusers

- potential drug dependent persons who are exposed to peer group pressure but may be ignorant of the risks and consequences of psychotropic substance abuse;

- occasional drug dependent persons who use psychotropic substances either for fun or under peer group influence; and

- regular psychotropic substance abusers who have developed physical and/or psychological dependence on them.

C. Mixed Mode Clinic

- opiate drug dependent persons who have relatively short history of addiction and being assessed to be suitable to receive out-patient treatment;

- young drug dependent persons with multiple substance dependence on opiate drugs and other psychotropic substance;

- young drug dependent persons who are under residential or out-patient treatment and in need of structured alternative programmes to facilitate their rehabilitation process;

- parents and significant others of young drug dependent persons who are under treatment.

IV. Statutes

5. As substance abuse clinics are established under the Hospital Authority, they are subject to the regulation of the Hospital Authority Ordinance (Chapter 113). For counselling centres for psychotropic substances abusers, there is no statute relating to the operation of the centres.

6. At present, there is no law governing the out-patient portion of mixed mode clinics, but the in-patient portion of such clinics which use medication is subject to the control of the Hospitals, Nursing Homes and Maternity Homes Ordinance (Chapter 165) enforced by the Department of Health. Following the enactment of the new legislation on the licensing scheme for voluntary residential drug treatment and rehabilitation centres, such in-patient portion will also be subject to the control of the new legislation.

V. Current activities

Substance Abuse Clinic

7. The six substance abuse clinics operated by the Hospital Authority are situated in :

- **Kowloon Hospital Substance Misuse Clinic (KH)** It is situated at Kowloon Hospital and collaborates with PS33 of Hong Kong Christian Service.

- **Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic (PYN)** It is situated at Pamela Youde Nethersole Eastern Hospital.

- **Prince of Wales Hospital Alcohol and Substance Abuse Clinic (PWH)** Its clinic is situated at Prince of Wales Hospital and collaborates with various drug related services like Cheer Lutheran Centre.

- **Queen Mary Hospital Drug Abuse Treatment Team for Adolescent (QMH)** Its clinic is situated at Queen Mary Hospital.

- **Kwai Chung Hospital Substance Abuse Assessment Clinic (KCH)** Its clinic is situated at Kwai Chung Hospital and collaborates with various drug related services including Caritas Lok Heep Club.

- **Tuen Mun Substance Abuse Clinic (CPH)** It is situated at Castle Peak Hospital and collaborates with various drug related agencies including Caritas Hugs Centre.

8. Clients of such clinics are largely treated on an out-patient basis. The need for a period of in-patient treatment is to be determined by the specific needs of the patient. Specific treatment will be provided for detoxification and for those with identified concomitant physical or psychiatric illnesses.

9. A new cognitive motivation modality "MEET" has been developed in Kwai Chung Hospital psychiatric wards to treat the substance related problems of multiple drug users. MEET is mnemonic for treatment approach as it sounds similar to "abstinence" in Cantonese. "M" is motivational interviewing. "E" is esteem building, "E" is empowering. Both "E" are on "relapse prevention". "T" is therapy which is multi-disciplinary and holistic. Some elements of the programme include tailor-made level of intensity of treatment for each client, multi-disciplinary input, easily accessible service, appropriate service matching, networking with other services and innovative community partnership, e.g. "Art Therapy Programme" and projects with secondary schools.

10. The Hospital Authority will continue to work with the Social Welfare Department on enhancing support for substance abuse clinics to ensure that continuous social rehabilitation service is available for clients during and after medical treatment.

Counselling Centre for Psychotropic Substance Abusers

11. At present, there are three counselling centres providing service for drug dependent persons including psychotropic substance abusers : PS33 in Tsim Sha Tsui, Kowloon; Caritas Hugs Centre in Tuen Mun, and Cheer Lutheran Centre in Tai Po. These counselling centres for psychotropic substance abusers provide :

- casework counselling and therapeutic group work service;
- telephone and drop-in enquiry services;
- case assessment, detoxification service and referrals for medical/psychiatric treatment;
- secondary prevention programmes for those needy persons; and
- professional training to other helping professionals.

12. 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 emphasizes 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.

Mixed Mode Clinic

13. As regards mixed mode clinic, the Hong Kong Christian Service has been commissioned by the Government to operate a new treatment centre for young drug dependent persons. The centre will provide in-patient and out-patient treatment programmes with a four-stage treatment process for drug dependent persons. The clients will be arranged to receive either short-term residential treatment or non-methadone out-patient treatment programme, depending on the assessments of psychiatrist and social worker, the client's own preference and history of addiction. Detoxification period ranges from four to eight weeks, and both the in-patient and out-patient programmes will use psychoactive medications prescribed by psychiatrist. A distinct feature of the treatment programme is its emphasis on, amongst others, psychiatric and psychosocial counselling services for drug dependent persons. A suitable site in Tuen Mun has been identified for the centre and the relevant land documents are being processed. The Hong Kong Jockey Club Charities Trust has made a formal offer of $17 million to set up the centre, while the Department of Health will subvent its recurrent expenditure. The

capacity for the in-patient programme is planned to be 20, and the projected annual admission is 80 to 100.

VI. Admission and capacity

14. The demand for substance abuse clinics and mixed mode services is affected by many factors including :

- the size of the population of drug dependent persons and that of those coming forward for assistance;
- 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; and
- the referral pattern of other social services or organizations.

15. Altogether, the six substance abuse clinics of the Hospital Authority treat about 500 new cases each year. In 1999, the number of new cases was 503, of which 228 cases were of patients under the age of 21. Within the same year, total attendances of the clinics increased to 4 263. Of these patients, only a small portion required in-patient care. The need for in-patient treatment is determined by specific medical and psychological needs of individual patients. The present client group served by substance abuse clinics may represent only a small proportion of the large number of drug dependent persons who are in need of rehabilitation services.

16. The total attendance and the first attendance of the six substance abuse clinics in 1998 to 1999 are listed below :

Year	Total attendance						Total
	CPH	KCH	KH	PWH	PYN	QMH	
1998	812	722	651	633	971	305	4 094
1999	953	690	864	581	889	286	4 263

Year	First attendance						Total
	CPH	KCH	KH	PWH	PYN	QMH	
1998	73	82	54	188	42	71	510
1999	67	95	57	175	39	70	503

17. For the casework service of the three counselling centres in 1999, PS33 had an average caseload of 119 cases per month, with 97 new/reactivated cases and 89 cases closed in the same period. The number of active cases as at the end December of 1999 was 122. Caritas Hugs Centre had an average caseload of 108 cases per month, with 40 new/reactivated cases and 11 cases closed in the same period. The number of active cases as at the end December of 1999 was 121. As for Cheer Lutheran Centre, which was newly established in October 1998, the caseload had increased gradually. It had an average caseload of 38 cases per month, with 68 new/reactivated cases and 9 cases closed in the period. The number of active cases as at the end December of 1999 was 64. SARDA had also operated a service called "Direction" with funding support from the Community Chest. However, the service failed to secure recurrent resource and had already ceased operation in April 1998.

VII. Latest development & key initiatives

Service provision

18. In line with the recommendations of the previous Three-year Plan, a new counselling centre for psychotropic substance abusers, the Hong Kong Lutheran Social Service Cheer Lutheran Centre, was set up in Tai Po serving the New Territories East Region in October 1998. Additional staff resources had also created for Hong Kong Christian Service - PS33 in October 1998 to strengthen its specialist training programme and primary preventive education.

19. Subject to availability of resources and site, a new counselling centre for young psychotropic substance abusers should, in the long term, be established on the Hong Kong Island which is yet to be covered by this service.

20. As mentioned in paragraph 13 above, following the opening of the Hong Kong Christian Service's mixed mode clinic in Tuen Mun, the in-patient capacity will increase by 20, and annual out-patient admissions, by 80 to 100.

21. In the long term, the Caritas Hugs Centre will be reprovisioned to a permanent site, with tailor-made facilities to suit its service nature and delivery mode. A permanent site in Area 52 Tuen Mun has been identified and endorsed by the Tuen Mun Provisional District Board. It is expected to commence operation by 2001. Subject to availability of suitable sites, the Hong Kong Christian Service – PS33 and the Hong Kong Lutheran Social Service Cheer Lutheran Centre would also be reprovisioned to purpose-built premises.

Strengthening inter-agency liaison and expanding activities

22. In order to improve the provision of integrated medical and psychosocial rehabilitation services for substance abusers, there has already been close liaison between substance abuse clinics and NGOs providing drug rehabilitation and counselling services. Such liaison and communication should be further enhanced to provide co-ordinated services for substance abusers.

23. To enable existing resources for drug treatment and rehabilitation services to be used most effectively, close inter-agency communication should also be maintained to facilitate cross-referral to be done more efficiently and expeditiously. The primary aim of such referral should of course be finding the most suitable treatment approach for drug dependent persons who come forward for assistance. Referrals amongst agencies offering similar services would also shorten or avoid waiting list, and enable existing capacities of drug treatment and rehabilitation centres to be fully utilized. To assist centres' cooperation, forums for sharing of experience amongst the relevant organizations may be organized from time to time to update workers on the latest services available amongst various agencies and discuss cooperation.

24. Subject to availability of resources, substance abuse clinics under the Hospital Authority may enhance their services by incorporating or strengthening their out-reach elements and providing more educational and training activities.

Poly-drug users

25. The treatment approach for poly-drug users is detailed in paragraph 48 of Chapter 3. The same approach could be considered for adoption in the context of substance abuse clinics and mixed mode clinics.

Alcohol and drug abuse

26. In the 1970's, a "gateway drug" theory based on prospective longitudinal surveys emerged. With regard to whether alcohol is a gateway for other drug abuse, Kandel (1975) proposed that there were four stages of drug abuse observed in North America. Beer and wine tend to be the first substances used, followed by tobacco and spirits, then marijuana and finally other illegal substances. Since Kandel's work, there have been quite a lot of studies on drug use sequence in adolescents. Most such studies showed involvement with legal drugs (alcohol & nicotine) constitutes an important step in the transition to illicit drug use for most adolescents. The prevalence of combined use of alcohol and drug is also observed to be different in different studies and countries. Ghodse (1995) in his book reported that :

- one study in the USA showed that 29% of cocaine dependent persons are also dependent on alcohol;
- one study in Australia showed that 45% of heroin dependent persons are alcohol dependent persons as well;
- one study in Canada showed that 20% to 45% of benzodiazepine dependent persons are alcohol abuse/dependence.

Another study (Stastny 1991) in the UK showed that amongst 170 patients attending methadone treatment programmes, 31.9% had drinking problems.

27. So far, there is little research that shows how far the above-mentioned drug use sequence is applicable to Hong Kong. However, according to the experience of local substance abuse clinics such as the ones in the Castle Peak Hospital and Kwai Chung Hospital, there is a significant proportion of substance abusers who took alcohol or cigarette before their illicit drug use. In the 1970's, there was a study done by SARDA comparing the use of alcohol and tobacco

between heroin dependent persons and non-users, and amongst drug users themselves at various stages of the addiction and rehabilitation process. The heroin group before addiction showed similar pattern of alcohol use to the control group with 53% non-drinkers in each case. The study also shows that heroin dependent persons tended to decrease alcohol consumption during their addiction. But for those treated cases who maintained abstinent, they would seek alcohol as a legal substitute for narcotics. According to a community survey done by the Chinese University of Hong Kong (C.N. Chen 1988), the lifetime prevalence of alcohol abuse/dependence was 9% in men and 0.6% in women, with alcohol dependence being only about one-tenth of the total.

28. At the Tuen Mun Substance Abuse Clinic of the Castle Peak Hospital, there is a sister clinic named Tuen Mun Alcohol Problems Clinic. It caters for patients with alcoholic problems. From September 1996 to March 1999, there were 114 cases (100 men and 14 women) receiving treatment at the clinic. Their mean age was 46.6 and one-fourth had criminal record. Their mean age of starting drinking was 17.5 with 45% below 16. The mean duration of drinking was around 30 years.* In the substance abuse clinic at the Kwai Chung Hospital, amongst 536 patients who attended the clinic between 1995 and 1999, 154 (28.7%) reported regular drinking concurrent with drug use. 53 (9.89%) fulfilled the criteria of abuse or dependence on alcohol.

29. The basic principle of treatment for drug and alcohol abuse and dependence is in fact quite similar. However, there are also several noticeable differences :

- alcohol withdrawal can be life-threatening so it should be done under medical supervision;
- physical complications are more common amongst alcoholics so good liaison with other specialist is important; and
- controlled drinking can be a final goal for some less severe cases.

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* *It should be noted that most of these alcoholic patients are chronic and severe so this sample is biased.*

In terms of relapse prevention, psychological treatment and counselling are basically similar in both cases. However, there are more pharmacotherapeutic choices for alcoholics e.g. Disulfiram, Naltrexone, etc.

30. To further understand the relationship between alcohol and drug use in Hong Kong, large-scale local surveys and research are needed to collect more information on the local scene. On availability of such research information, consideration might be given to better integrating alcohol abuse into existing service provision for drug abuse. Apart from this, primary and secondary prevention might give more focus on alcohol as well.

CHAPTER 6

Aftercare and Community Re-integration

I. Basic principles and overall objectives

The basic principle underlying support service for rehabilitated drug dependent persons is to maintain abstinence and to assist rehabilitated drug dependent persons to sustain a drug free life. While detoxification may be a relatively straightforward and short process in a treatment programme, rehabilitation and long term abstinence are more difficult to achieve. Apart from the person's will-power, the availability of support from family, peer and self-help groups, a stable economic life and so on, also contribute towards abstinence maintenance.

2. There exist many types of aftercare and support programmes for rehabilitated persons. Such programmes include halfway house service, mutual support service, vocational training and job placement/facilitation service. The overall objective of these programmes is to help rehabilitated persons to rebuild their life, to abstain from drugs and to re-integrate into the society as a useful citizen.

II. Specific objectives

3. The specific objectives of these programmes are as follows :

A. Aftercare services

- to assist and encourage rehabilitated persons to remain drug free (in the case of Caritas Lok Heep Club, also to encourage those undergoing methadone treatment to continue with the programme and achieve abstinence);

- to enable rehabilitated persons to regain self-confidence and assume a responsible role within family and towards society as a whole; and

- to foster mutual co-operation, assistance and friendship amongst rehabilitated persons.

B. Halfway house

- to provide temporary accommodation for rehabilitated drug dependent persons;
- to encourage rehabilitated drug dependent persons to engage in various work programmes during the day;
- to organize group counselling and house meetings for rehabilitated drug dependent persons;
- to organize social/community activities during weekends and holidays;
- to arrange family counselling to help resolve relationship problems; and
- to facilitate rehabilitated drug dependent persons' re-integration into the community.

III. Types of clients

4. Aftercare services are usually provided to drug dependent persons who have completed treatment or rehabilitation programmes offered as an integral part of the services offered by such drug treatment and rehabilitation centres. Halfway houses offer those who have been discharged from residential drug treatment centres with interim accommodation with peer and mutual support. Caritas Lok Heep Club also serves persons undergoing methadone treatment, and those who relapse into drug abuse and their family members, in order to encourage and assist drug dependent persons to seek treatment.

IV. Statutes

5. At present, there is no law governing the operation of aftercare services, such as halfway houses or self-help groups, except for halfway houses

operated by CSD, which are regulated under the Prisons Ordinance (Chapter 234). However, under the licensing scheme for voluntary residential drug treatment and rehabilitation centres to be introduced by the Government mentioned in paragraph 6 of Chapter 3, halfway houses will need to obtain a licence for operation.

V. Current activities

Aftercare Services

6. Aftercare services include different activities to help drug dependent persons to rebuild their lives and re-integrate into the society. There are two main types of activities - mutual support services, and vocational training and employment.

7. Mutual support fellowship for rehabilitated persons usually comprise the following elements :

- casework services;
- social and recreational group work services;
- trade skills training programmes;
- community services; and/or
- short-term loans to tide over the job search period.

8. Organizations which provide such support groups are the Finnish Evangelical Lutheran Mission Ling Oi Youth Centre, the KELY Support Group, the Pui Hong Self-Help Association, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Society for the Rehabilitation of Offenders, Hong Kong and the Wu Oi Christian Centre. The Pui Hong Self-Help Association, in particular, has a long history of offering self-help support . These organizations provide individual counselling service, home visits, group meetings, community service and recreational activities. The Caritas Lok Heep Club provides a range of activities, including counselling, group work and recreational services. Most of the services are delivered by professional social workers.

9. As regards vocational training and job search skills, the Pui Hong Self-Help Association has a job-skill training centre in Causeway Bay for rehabilitated drug dependent persons and those referred from different drug treatment organizations through the support of the Beat Drugs Fund in August 1998. Services provided by the centre include job-skill training such as computer word processing, English, Mandarin training and job referral. Trainees of the centre are also referred to the Construction Industry Training Authority and Employees Retraining Board for continuing their lessons.

Halfway house

10. Halfway house is an important element of the post-discharge aftercare services for rehabilitated drug dependent persons following residential treatment programmes. Halfway houses provide transitory accommodation with professional input for re-socialization training, including counselling, life and job-skill training and employment guidance. Emphasis is also placed on working with family members of the residents to strengthen support for the clients.

11. Organizations which provide halfway houses specifically for rehabilitated drug dependent persons are listed below:

- Correctional Services Department
- Barnabas Charitable Service Association
- Christian New Being Fellowship
- Finnish Evangelical Lutheran Mission Ling Oi Youth Centre
- Operation Dawn
- SARDA
- St. Stephen's Society
- Wu Oi Christian Centre

12. The admission criteria, duration of stay and types of activities organized for halfway house residents are tabulated as follows :

Agency	Admission criteria	Duration of stay	Types of activities organized
Correctional Services Department	Following release, supervisees who are either homeless or without family ties or who are in need of a period of transitional will be arranged to take up residence in a halfway house	The period of residence depends on individual needs and progress, and is normally between one and three months.	Individual and group counselling sessions, in-house recreation, outdoor activities, community services.
Barnabas Charitable Service Association	drug dependent persons completed treatment programme in Barnabas treatment centre, aged below 40	6 months	Bible studies, group and individual counselling, job-skill training, educational programme.
Christian New Being Fellowship	drug dependent persons completed the recovery programme in the first place training centre for one year	6 months	Bible studies, group and individual counselling, job-skill training, physical exercise.
Finnish Evangelical Lutheran Mission Ling Oi Youth Centre	mainly drug dependent persons completed treatment programme in FELM treatment centre, some are referred from other treatment centres	3 months	Bible studies, job-skill training, physical exercise, musical class, volunteers in FELM youth centres.
Operation Dawn	drug dependent persons completed 12-month treatment programmes	6 months	Bible studies, group and individual counselling, job-skill training, physical exercise.

Agency	Admission criteria	Duration of stay	Types of activities organized
SARDA	drug dependent persons completed in-patient programme of SARDA	12 weeks	Job-skill training, group counselling, house meeting.
St. Stephen's Society	Former addictive behaviour persons who have completed some courses in St Stephen's Society	no specified duration of stay	Integration into the local church and social groups. Vocational training - employer/employee relationships, work projects/experience, community service, support. Service training - outreach experience and participation in schools and streets, visiting families of clients and leadership opportunities.
Wu Oi Christian Centre	drug dependent persons completed treatment programme in Wu Oi's treatment centres, other applications are considered on individual basis	6 months	Bible studies, job-skill training, individual counselling.

13. The Caritas - Hong Kong runs a Caritas-Cable and Wireless Temporary Shelter to which former drug dependent persons 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 dependent persons 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 dependent persons.

14. The Society for the Rehabilitation of Offenders, Hong Kong has been in close co-operation with certain drug treatment organizations in providing residential support after the completion of treatment programmes. The Society also accepts other referrals for persons with records of criminal offence after drug treatment to continue their rehabilitation and relapse prevention programmes in its eight hostels.

VI. Admission and capacity

15. According to the agencies, the present capacity of individual halfway houses and the number of admission into these halfway houses in 1999 were as follows :

Agency	Capacity		No. of admission in 1999	
	Male	Female	Male	Female
Correctional Services Department	48	12	190	25
Barnabas Charitable Service Association	-	35	-	26
Christian New Being Fellowship	12	-	30	-
Finnish Evangelical Lutheran Mission Ling Oi Youth Centre	28	-	18	-
Operation Dawn	22	-	13	-
SARDA	66	10	413	31
St. Stephen's Society	50	10	56	12
Wu Oi Christian Centre	Adult 20 Youth 12	16	Adult 8 Youth 7	6
Total	258	83	735	100

16. The demand for aftercare services and halfway houses is affected by many factors including :

- the number of post-discharge rehabilitated persons;
- the readiness of rehabilitated persons to come forward for mutual help and assistance to maintain abstinence; and
- the change in needs amongst rehabilitated persons for social, recreational and other activities.

17. At present, the Caritas Lok Heep Club runs two social clubs for rehabilitated persons under the subvention of the Social Welfare Department, while the Pui Hong Self-Help Association operates on a non-subvented basis. Further, persons who have received treatment in substance abuse clinics under the Hospital Authority also need aftercare services.

18. Owing to the changing trend and pattern of drug abuse, such as increasing abuse of psychotropic substances, the services hitherto provided may not entirely meet the needs of the current cohort of rehabilitated persons for interim accommodation, skill training, social or recreational activities. There is probably a need for service providers to reassess and refocus their service goals to cater better for the needs of rehabilitated persons. The provision of aftercare and halfway house services should also be more closely matched with various treatment modalities.

VII. Latest development & key initiatives

Improvements made by agencies

19. To refocus its services to gear towards the changing needs of the drug dependent persons, the Caritas Lok Heep Club has revised its objectives to extend its services to cover also drug dependent persons 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 dependent persons.

20. To assist its service users to deal with drug problems, the Society for the Rehabilitation of Offenders, Hong Kong has developed a set of intervention

programmes related with harm reduction, motivational interviewing and relapse prevention. A task force is also set up to monitor the progress of drug intervention programmes. Under the sponsorship of ACAN, the agency has also completed a study in March 1999 to explore the employment problems of clients with drug use experience and the findings shed some lights for planning for the vocational rehabilitation of active and rehabilitated persons.

21. The job-skill training centre of the Pui Hong Self-help Association funded by the Beat Drugs Fund continues to run for another year from August 1999 to July 2000. In view of its high recruitment rate, the training services have been expanded to those ready-for-discharge clients at the Shek Kwu Chau Treatment and Rehabilitation Centre. An assistant centre manager is employed at Shek Kwu Chau to run computer training courses as well as job seeking skill group training for the rehabilitated drug dependent persons. It also plans to become one of the Retraining Board's approved training bodies and submit applications for organizing job-skills courses specifically for rehabilitated persons by the Board.

22. With Government subvention, the four non-medical drug treatment and rehabilitation agencies, namely the Barnabas Charitable Service Association, the Christian New Being Fellowship, the Finnish Evangelical Lutheran Mission Ling Oi Youth Centre and the Operation Dawn, have stepped up and structured their aftercare services for dischargees.

23. Other voluntary drug treatment and rehabilitation agencies have actively developed their aftercare services such as vocational training in computer, carpentry, etc. Some agencies also provide schooling for their clients in order to help them re-establish themselves and re-integrate into the community.

24. With the subvention from the Beat Drugs Fund, the Wu Oi Christian Centre has started up the family supportive service for the clients' families since August, 1999. The programme includes group activities, family visit, family talk, family day camp and family overnight camp which aims at assisting the clients' families to re-union and build up a mutual supportive system for them.

Areas for further enhancement

25. The worth of aftercare and continued rehabilitation of rehabilitated persons in relapse prevention is widely recognized and should be strengthened by intensifying work training and mutual assistance from centres in search for learning or job opportunities. To rebuild the confidence of rehabilitated persons, they should also be encouraged to participate in drug preventive activities by sharing their experience with others. Drug treatment and rehabilitation centres may also consider organizing preventive anti-drug programmes which could give rehabilitated drug dependent persons a role to play.

26. Support from family and the significant others as well as volunteers are always the added impetus and synergy in sustaining the motivation of rehabilitated drug dependent persons in their efforts to sustain abstinence. Aftercare and support services should therefore involve family and the significant others as well as volunteers of drug dependent persons from the outset of the treatment and rehabilitation programme.

27. To encourage and assist Comprehensive Social Security Assistance (CSSA) recipients towards gainful employment and self-reliance, the Social Welfare Department has implemented the Support for Self-reliance (SFS) Scheme, which includes the Active Employment Assistance (AEA) programme and the Community Work programme, in June 1999. In December the same year, a Sub-Committee of the CSSA Review Inter-departmental Coordinating Group was set up to develop some intensive strategies to help various categories of recipients, including drug dependent persons, overcome their specific barriers to work, building on existing services and service approaches. The Social Welfare Department will develop an Information Package related to drug dependent persons, aiming to assist staff to provide more specific supporting services to suit the particular needs of this group.

CHAPTER 7

Summary of Recommendations

The following is a summary the major recommendations included in this Plan.

Introduction

- The work undertaken by the Task Force on Psychotropic Substance Abuse which was on-going when this Plan was promulgated should be fully taken into account in mapping out the future development of treatment and rehabilitation in respect of psychotropic substance abusers in Hong Kong.

(Pg. 3 - 4)

- Although not directly related to drug treatment and rehabilitation, the Chinese Medicine Ordinance will provide the necessary legislative framework for full-fledged clinical trials of Chinese medicine for detoxification and relapse prevention to begin.

(Pg. 6 - 7)

Involuntary drug treatment and rehabilitation

- In view of the usefulness of recidivism rate in measuring the effectiveness of programmes which assist offenders undergoing rehabilitation in correctional institutions, the Correctional Services Department should consider developing a recidivism rate, i.e. an index to summarize the performance of all offenders in leading a law-abiding life after discharge. Such recidivism rate should be used together with the success rate of correctional programmes to gauge the effectiveness of such programmes and help identify areas for improvement.

(Pg. 16 – 17)

- The Correctional Services Department should continue to enhance its relapse prevention strategies for young inmates in both in-centre treatment periods and out-centre supervision periods.

(Pg. 17)

Subvention system

- The Social Welfare Department should keep the newly launched subvention system concerning voluntary drug treatment and rehabilitation centres under review to ensure that it fully reflects changes in the drug scene. Any future review of such system should take into account resources and the prevailing policy on social services subvention at the time.

(Pg. 30 - 31)

Service standards

- A measurable tool or set of standards to ensure the provision of quality drug treatment and rehabilitation services to the public, and to increase the accountability of such services, should be developed in the long run. In developing such tool or standards, the following key factors should be taken into account -

  - the Services Quality Standards (SQS) and Funding Services Agreements (FSA) being launched by the SWD, and the effectiveness of such SQS and FSA in measuring or enhancing the quality of drug treatment and rehabilitation services;

  - the Beat Drug Fund research on "Development of a Local Drug Abuse Treatment Outcomes Measure" to be launched in 2000. The project is expected to yield both the instrument and the benchmark normative reference that may be of use in developing and measuring service standards in the drug field; and

- findings of a research commissioned by the Action Committee Against Narcotics entitled "A Comparison of Drug Addiction Treatment Programmes in Hong Kong".

(Pg. 32 – 34)

- In the development of service standards for drug treatment and rehabilitation services, there should be service-wide consultation. A special task force comprising agencies in the drug field, the relevant Government departments and experts in relevant research should be formed to take on this task.

(Pg. 34)

Poly-drug users

- To assist poly-drug users, the awareness of drug workers on the harmful effect of multi-drug use and drug overdoze should be enhanced. Proper assessment screening in the routine intake of drug dependent persons for multi-drug use should be advocated.

(Pg. 34 - 35)

- More in-depth psychotherapy should be practiced to assist poly-drug users. Where psychotherapy is used, the staff concerned should be given proper training beforehand, especially on application of relevant modalities including cognitive behaviour therapy, family therapy, group therapy, in-depth individual psychotherapy, etc. Psychiatric support, either through better coordination with relevant agencies or re-deployment of resources, should be supported.

(Pg. 35)

Female drug dependent persons

- It is worth developing gender-specific treatment programmes for women with more focus on functional behaviours, individual and relationship development, health and sexuality issues, and life skills training.

(Pg. 37)

- Where resources allow, recovery programmes for women with children should include developmental and emotional support initiatives for infants and children, parenting training and the opportunity for young children to enter treatment with their mothers. In programmes tailored for women, factors like external reminders that substance abuse is aversive and destructive, consistent social support, etc, should be built in. Communal living experiences to include other mothers and other women without children should also be helpful to these drug dependant mothers. Self-help group support should facilitate mothers' recovery as well as personal growth.

(Pg. 37)

- For working or child-caring female drug dependent persons, intensive day treatment programmes requiring subjects to participate in treatment for a fixed number of days and fixed period within a day may be developed.

(Pg. 38)

First and second timers

- As first or second timers of drug abuse are considered to have a better chance of recovery, programmes for these groups of drug dependent persons should be given more distinctive, age-appropriate elements designed to help them.

(Pg. 38)

Young drug dependent persons

- For young drug dependent persons, tailor-made programmes should be mapped out and/or interfaced with mainstream services gearing towards users' development needs, e.g. uniformed group may provide a progressive programme for teenagers through experiential learning, leadership and value development, thereby enhancing disciplinary training and self-confidence building.

(Pg. 38)

Involvement of rehabilitating/rehabilitated persons in anti-drug programmes

- Drug treatment centres should be encouraged to involve rehabilitated persons or persons undergoing rehabilitation in helping to spread anti-drug messages through drug preventive education and publicity.

(Pg. 38)

- To rebuild the confidence of rehabilitated persons, they should be encouraged to participate in drug preventive activities by sharing their experience with others.

(Pg. 38)

Methadone treatment programme

- Methadone Treatment Programme should continue.

(Pg. 45)

- Methadone Treatment Programme should continue to comprise maintenance and detoxification elements.

(Pg. 45)

- Methadone Treatment Programme should continue to offer easy entry for those who wish to enroll.

(Pg. 45)

- To better engage methadone patients, to give them a sense of purpose and to minimize the problem of such patients loitering in the vicinity of methadone clinics, social support services for these patients should continue to be strengthened.

(Pg. 43)

- Social support and counselling services for methadone patients under the age of 21 should continue to be enhanced, e.g. through greater involvement with families. Increased employment of peer counselors in supporting methadone patients should also be explored.

(Pg. 45)

- The physical setting of the methadone clinics should be improved, where resource allows, in order to cater for improved care services. With an improved physical setting, methadone clinics can be used as a focal point for the delivery of additional activities such as :

  - Job-skill talks/seminars with assistance from other agencies;
  - Support group activities; and
  - Public health education programmes.

(Pg. 46)

- In the long run, a comprehensive set of outcome indicators for both maintenance and detoxification programmes should be developed. There should also be increased public education towards greater acceptance of the Methadone Treatment Programme, its patients and the drug used.

(Pg. 46)

- The findings of the Methadone Treatment Programme Review which was on-going at the time when this Plan was promulgated should be fully taken into account in mapping out the future direction of the Methadone Treatment Programme.

(Pg. 44 – 46)

Prevention of HIV/AIDS and other blood-borne infections

- In view of the increasing trend of drug dependent persons contracting HIV/AIDS, the interface between intravenous drug use and HIV/AIDS as well as other blood-borne infections prevention should be given more focus. Joint strategies should be formulated to combat the problems of needle sharing and spread of HIV and other blood-borne infections.

(Pg. 46)

- The Methadone Treatment Programme should continue to serve as a base for HIV surveillance and prevention through the encouragement of more patients to come forward for voluntary blood testing.

(Pg. 46)

- Drug treatment agencies should be encouraged to build in HIV/other blood-borne infections elements in their patient assessment, rehabilitation and preventive education programmes.

(Pg. 46)

Counselling centres

- Subject to availability of resources and site, a new counselling centre for young psychotropic substance abusers should in the long run be established on the Hong Kong Island which is yet to be covered by this service.

(Pg. 54)

Inter-agency liaison/communication

- To improve the provision of integrated medical and psychosocial rehabilitation services for substance abusers, liaison between substance abuse clinics and NGOs providing drug rehabilitation and counselling services should be further enhanced.

(Pg. 55)

- To enable existing resources for drug treatment and rehabilitation services to be used more effectively, a close inter-agency communication should be maintained to facilitate cross-referrals.

(Pg. 55)

- To assist centres' cooperation, forums for sharing of experience amongst the relevant organizations should be organized from time to time to update workers on the latest services available amongst various agencies and discuss cooperation.

(Pg. 55)

Enhanced services at substance abuse clinics

- Subject to availability of resources, substance abuse clinics under the Hospital Authority may enhance their services by incorporating or strengthening their out-reach elements and providing more educational and training activities.

(Pg. 55)

Alcohol and drug use

- To further understand the relationship between alcohol and drug use in Hong Kong, more surveys and research should be done to collect information on the local scene. On availability of such research

information, consideration should be given to better integrating alcohol abuse into existing service provision for drug abuse.

(Pg. 58)

- Apart from the above, primary and secondary prevention might also be given more focus on alcohol apart from narcotic drugs.

(Pg. 58)

Aftercare services

- Aftercare and continued rehabilitation of rehabilitated persons in relapse prevention should be strengthened by intensifying work training and mutual assistance from centres in search of learning or job opportunities for dischargees.

(Pg. 68)

- Aftercare and support services should involve family and the significant others as well as volunteers of drug dependent persons from the outset of treatment and rehabilitation programmes.

(Pg. 68)

CHAPTER 8

Conclusion

Hong Kong's multi-modality approach in the provision of drug treatment and rehabilitation services has been a success in meeting the varying needs of drug users from different backgrounds. The Government will spare no efforts in trying to improve the provision of drug treatment and rehabilitation services. In view of the changing patterns of drug abuse in Hong Kong, the Narcotics Division has closely monitored the drug abuse trend through the Central Registry of Drug Abuse and other drug-related research. Existing strategies in drug treatment and rehabilitation will be adjusted and new strategies will be formulated to ensure that services provided fully reflect changes in the drug scene. In the coming three years, deliberations on the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Bill and the implementation of the licensing scheme for voluntary residential drug treatment and rehabilitation centres will be affecting Hong Kong's drug treatment and rehabilitation sector significantly. The implementation of the recommendations of the Methadone Treatment Programme Review will also be bringing this most heavily subscribed treatment modality to a new height. With increased focus on specific strategies directing at targets such as young drug users, female drug dependent persons and psychotropic substance abusers, it is expected that treatment and rehabilitation assistance rendered to drug dependent persons will help them more effectively.