

Third Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2003-2005)

<u>Contents</u>	<u>Page</u>
Chapter 1 : Introduction	1-6
Chapter 2 : Developments between 2000 – 2002 and Implementation of Recommendations of the Second Three-year Plan	7-21
RESIDENTIAL SERVICE FOR DRUG DEPENDENT PERSONS	
Chapter 3 : Compulsory Drug Treatment Programme	22-29
Chapter 4 : Voluntary Residential Programme	30-52
NON-RESIDENTIAL SERVICE FOR DRUG DEPENDENT PERSONS	
Chapter 5 : Methadone Treatment Programme	53-58
Chapter 6 : Substance Abuse Clinics and Counselling Centres for Psychotropic Substance Abusers	59-67
AFTERCARE AND COMMUNITY REINTEGRATION	
Chapter 7 : Aftercare and Community Reintegration	68-78
Chapter 8 : Summary of Recommendations and Key Initiatives	79-85
Chapter 9 : Conclusion	86
Annex I Membership of the Working Group on the Third Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2003-2005)	
Annex II Terms of Reference of the Working Group on the Third Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2003-2005)	
Annex III Records of Focus Group Meetings conducted between 24 April 2003 to 16 May 2003	
Annex IV List of Research Projects Completed in 2000 - 2003	
Annex V List of Methadone Clinics	

CHAPTER 1

Introduction

I. Foreword

1.1 A Working Group, led by Dr. K. C. Lam, Chairman of the Action Committee Against Narcotics (ACAN)'s Sub-committee on Treatment and Rehabilitation, and comprised representatives of relevant Government departments and drug treatment and rehabilitation agencies was formed in February 2003 to advise on the preparation of the Third Three-year Plan covering the period from 2003 to 2005. Membership of the Working Group and its terms of reference are at Annexes I and II respectively. Between 17 February 2003 and 4 September 2003, the Working Group had met three times.

1.2 To gather more views and feedback from the service providers and users of drug treatment services, six focus groups were convened between 24 April 2003 and 16 May 2003 by the Hong Kong Council of Social Service to deliberate on two issues : job skills training and employment assistance for rehabilitated drug dependent persons and medical support service for drug treatment and rehabilitation services. Detailed records of the focus group discussions are at Annex III.

1.3 Hong Kong adopts a multi-modality approach in providing drug treatment and rehabilitation services to cater for different needs of drug dependent persons from varying backgrounds. To cope with the rapidly changing trends and patterns of drug abuse, services under different modalities have continuously been adjusted and improved to accommodate the latest characteristics and needs of drug dependent persons.

1.4 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 and provide pointers for service providers to reflect and further improve their programmes in the light of the latest drug abuse situation. The Plan is drawn up by the Narcotics Division (ND), Security Bureau, in consultation with relevant Government departments, including the Correctional Services Department (CSD), Department of Health (DH), Social Welfare Department (SWD) and the Hospital

Authority (HA), as well as drug treatment and rehabilitation agencies. The Government has promulgated two Three-year Plans on Drug Treatment and Rehabilitation Services so far, the first one in 1997 and the second in 2000.

II. Objectives of the Third Three-year Plan

1.5 The objectives of the Third Three-year Plan are as follows :

- (a) to examine the adequacy of the existing provision of drug treatment and rehabilitation services in different programmes to see whether the services match the distribution of drug dependent persons' characteristics and needs;
- (b) to identify room for adjustment or enhancement in any particular drug treatment and rehabilitation service; and
- (c) to map out the strategies and future direction that drug treatment and rehabilitation services in Hong Kong should take.

III. The Drug Abuse Trend

1.6 In Hong Kong, the number of drug dependent persons reported to the Central Registry of Drug Abuse (CRDA) had been on a decrease since the peak figure of 20,328 in 1994. However, this downward trend was reversed in 2000, with the number of reported drug dependent persons increased from 16,314 in 1999 to 18,334 in 2000. There was a leveling off of the drug abuse trend in 2001. Compared with 2001, there was a decrease of 3.5% (from 18,511 to 17,868) in the number of reported drug dependent persons in 2002. Despite the slight drop in the drug abuser population in the last two years, certain groups of drug dependent persons deserve special attention in the future development of drug treatment and rehabilitation services in Hong Kong.

Poly-drug Users

1.7 The first group of drug dependent persons that warrants special attention were poly-drug users. According to CRDA, the percentage of all reported individuals with multiple drug use since 1999 had been on the rise. In 1999, the percentage was 13%. This figure increased to 18.7% in 2000, 19.9%

in 2001, followed by leveling off at 19.4% in 2002. As for young drug dependent persons under 21 with poly-drug abuse, the increase had even been more notable. In 1999, the percentage was 21.1%, it rose to 41.4% in 2000, 45.7% in 2001, followed by a slight drop by 2.9% to 42.8% in 2002. According to users, poly-drug use often induces prolonged and more pleasurable experience. Nevertheless, it is noted from research studies that poly-drug use may lead to severe health risks and mortality. This phenomenon calls for adjustment of existing drug treatment programme to ensure that appropriate treatment tailor-made to the needs of poly-drug abusers are built in the rehabilitation process.

Psychotropic Substance Abusers

1.8 Notwithstanding that heroin continues to be the predominant drug of abuse with 11,800 drug dependent persons reported in 2002, psychotropic substance abusers (5,516) were a second group of drug dependent persons which warrant particular attention. According to CRDA statistics, the number of reported psychotropic substance abusers started to rise in 1993 (1,923) and reached its peak in 2001. This rising trend was reversed in 2002, with the number of reported psychotropic substance abusers reducing from 6,022 in 2001 to 5,516 in 2002, representing a decrease of 8.4%. Amongst the 5,516 psychotropic substance abusers reported in 2002, the commonly abused psychotropic substances included “ketamine” (16.8%), “ecstasy” (8.6%), “cannabis” (8.1%) and “triazolam” / “midazolam” (7.5%).

1.9 Between 2000 and 2002, the most commonly abused psychotropic substances by persons of all ages and those under 21 years old were as follows :

	<u>All Ages</u>					
	<u>Percentage</u>			<u>Percentage</u>		
	<u>2000</u>	<u>of Total</u>	<u>2001</u>	<u>of Total</u>	<u>2002</u>	<u>of Total</u>
	<u>Reported</u>		<u>Reported</u>		<u>Reported</u>	
	<u>Persons</u>		<u>Persons</u>		<u>Persons</u>	
Ketamine	1,604	9.8	2,746	16.8	2,667	16.8
MDMA (Ecstasy)	2,332	14.2	2,272	13.9	1,358	8.6
Cannabis	1,434	8.7	1,227	7.5	1,279	8.1
Triazolam/ Midazolam	908	5.5	879	5.4	1,192	7.5

	<u>Persons Under 21</u>					
		<u>Percentage of Total Reported Persons under 21</u>	<u>2001</u>	<u>Percentage of Total Reported Persons under 21</u>	<u>2002</u>	<u>Percentage of Total Reported Persons under 21</u>
Ketamine	1,279	36.9	1,919	59.8	1,738	70.5
MDMA (Ecstasy)	1,948	56.2	1,701	53.0	916	37.1
Cannabis	736	21.2	557	17.4	636	25.8
Methylamphetamine (Ice)	381	11.0	348	10.8	197	8.0

(Note : More than one type of drug may be reported by individual drug abusers)

1.10 Despite very profound physical and mental side-effects of psychotropic substance abuse, there are misconceptions amongst users that they are non-addictive, safe and harmless. For this reason, experimental and occasional psychotropic substance abusers are often unwilling to seek treatment. This calls for the launching of new treatment service which should be aimed at early identification and intervention of this group of drug dependent persons to stimulate them to receive appropriate treatment and prevent them from progressing to hard-core drug use.

Female Drug Dependent Persons

1.11 The third group of such drug dependent persons were female drug dependent persons. For the past ten years from 1993 to 2002, the percentage of female drug dependent persons have shown an upward trend. In 1993, the number of female drug dependent persons was 1,657 and it constituted 9.4% of the total reported drug dependent persons in that year. These figures rose to 2,981 and 16.3% in 2000. In 2002, the number of female drug dependent persons further increased to 3,165, representing 17.7% of the total reported drug dependent persons in this year. The percentage of female drug dependent persons (31.9%) is even higher in the under 21 age group.

1.12 There is a large body of research which indicates that there are gender differences between men and women in the initiation, progression and maintenance of drug use, as well as factors affecting relapse and recovery. Research findings also reveal that drug abuse prevention and treatment

interventions for women need to respond to specific gender-based risk factors, such as childhood sexual abuse, partner violence, and the prevalence of anxiety and depressive disorders. In the light of the latest drug abuse pattern concerning female drug dependent persons, there is scope to continue to strengthen existing drug treatment and rehabilitation services, including both residential and outpatient modalities, to give more focus on the specific needs of women. Furthermore, to cater for the unique needs of female drug dependent persons, gender differences in diverse drug abuse areas such as origins and pathways, biomedical factors, co-morbid mental disorders, as well as medical and health consequences should be taken into account by the service providers concerned.

IV. Major Developments 2000-2002

1.13 Following promulgation of the second Three-year Plan in 2000, an inter-department Working Group comprising representatives of ND, DH, CSD, SWD and HA was formed in early 2001 to follow up the implementation of recommendations of the Plan. During the past years, Hong Kong has made tremendous strides in upgrading the local drug treatment and rehabilitation services, detailed of which are given in Chapter 2 of the Plan. The major developments between 2000 and 2002 are highlighted below.

1.14 First, to address the then rising trend of psychotropic substance abuse, the Government set up a Task Force on Psychotropic Substance Abuse in early 2000. The objective of the Task Force was to map out a comprehensive strategy to tackle the problem of psychotropic substance abuse especially among young people. The Task Force completed its work and published a report in June 2002. The recommendations of the Task Force covering legislation and law enforcement, preventive education and publicity, treatment and rehabilitation, external cooperation, and research have been vigorously followed up by Government departments concerned.

1.15 Second, a comprehensive review of the Methadone Treatment Programme (MTP), which engages the largest catchment of drug dependent persons in Hong Kong, was completed in 2000. A set of recommendations to enhance various aspects of the programme including patient assessment / reassessment, support services, treatment setting, operation, staff training and public education and publicity was formed. Some of these recommendations

had been implemented while others are still being closely followed up by DH.

1.16 Third, with a view to improving the operation of and facilities in residential drug treatment and rehabilitation centres, the Government has launched a statutory licensing scheme on 1 April 2002 through enactment of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Chapter 566). The licensing scheme, which is administered by SWD as the licensing authority, is aimed at ensuring drug dependent persons undergo residential treatment in a properly managed and physically secure environment.

1.17 Fourth, the Government has strengthened service provision in different drug treatment and rehabilitation facilities. To cater for increased demand of assistance from psychotropic substance abusers, two additional Counselling Centres for Psychotropic Substance Abusers subvented by SWD were set up in October 2002. Furthermore, a new residential cum outpatient drug treatment centre under recurrent subvention by DH was fully commissioned by the Hong Kong Christian Service in June 2003.

1.18 Lastly, there had been further enactment of subsidiary legislations of the Chinese Medicine Ordinance (Chapter 549) which provides a statutory framework to regulate the practice, use, trading and manufacture of Chinese medicine in Hong Kong. In November 2002, a list of the first batch of registered Chinese medicine practitioners was announced. In the same month, subsidiary legislations for the regulation of Chinese medicine traders and proprietary Chinese medicines were introduced into the Legislative Council. The licensing system of Chinese medicine traders has been implemented since May 2003. It is expected that the proprietary Chinese medicines registration system will be brought into operation by the end of 2003. With full implementation of the registration system of Chinese medicine practitioners, licensing system of Chinese medicine traders as well as the proprietary Chinese medicines registration system, a legislative framework will be in place to enable full-fledged clinical trials of Chinese medicine for detoxification and relapse prevention of drug dependent persons to commence.

CHAPTER 2

Developments Between 2000 - 2002 and Implementation of Recommendations of the Second Three-year Plan

2.1 Since the promulgation of the second Three-year Plan in 2000, Hong Kong has made considerable headway in various aspects of drug treatment and rehabilitation services. Furthermore, much have been done by both Government departments concerned and drug treatment agencies in implementing recommendations of the second Three-year Plan with a view to upgrading drug treatment and rehabilitation services under their purview. These developments are detailed in this chapter.

Compulsory Drug Treatment Programme

A. Recidivism

2.2 Following up on the recommendations of the second Three-year Plan, CSD has developed a recidivism rate to measure the effectiveness of the Drug Addiction Treatment Centre (DATC) programme. The recidivism rate refers to the percentage of re-admission of DATC inmates to CSD's institutions due to reconviction within three years after discharge. The figures between 1993 and 1998 were shown in the following table :

Year of Discharge	1993	1994	1995	1996	1997	1998
Recidivism Rate	70%	68%	63%	59%	56%	56%

2.3 Together with success rate (defined as the percentage of ex-DATC inmates without reconviction and relapse to drug use within the supervision period), the recidivism rate can help :

- the development and evaluation of crime prevention and reduction strategies;
- provide feedback to CSD in programme monitoring and evaluation;
- provide information for penal population projection and resource

planning; and

- facilitate recidivism studies and inter-group comparison.

2.4 With a view to reducing the recidivism rate of DATC inmates, CSD has enhanced the DATC programme as follows :

(a) Physical Challenge Programme for Young DATC Inmates

2.5 A comprehensive two-month physical training programme is organised for young male inmates aged between 21 and 35 aiming at building up their physique and releasing their impulsive energy.

(b) Hobby Classes

2.6 Hobby classes such as tai chi and musical band are conducted in the evening for all male inmates on a voluntary basis to help them cultivate good habits, improve self-control ability and relieve their anxiety.

(c) Counselling Groups

2.7 Since August 2001, CSD has launched a Substance Abuse Rehabilitation Programme (SARP) to equip substance abusers with skills under the Relapse Prevention Model for maintaining abstinence from illicit drugs.

B. Screening Procedures for Young DATC Inmates

2.8 In order to enhance the treatment effectiveness of counselling programmes for young DATC inmates, relevant screening procedures, particularly those on assessing the inmates' motivation for change, have been on trial run in CSD. Initial trial run suggested that in addition to motivational level, other factors such as their re-offending risk, severity of drug dependence and the link of drug abuse with their criminality, are also essential factors in assessing their responsiveness to treatment programmes. As such, CSD is now in the process of developing relevant procedure and inventories for screening out inmates with high priority for treatment.

C. Vocational Training Programme

2.9 CSD has enhanced the vocational training courses for DATC inmates to keep them in pace with the development of the community. These courses are aimed at assisting young offenders in acquiring necessary skills and qualifications to enhance their employability upon release.

D. Involvement of Family and Significant Others

2.10 Apart from maintaining regular contacts with the DATC inmates, the aftercare officers also develop rapport with their families and significant others which always provide the added synergy in the inmates' efforts to abstain from drug. The Mong Kok Counselling Centre has been set up since January 2000 to provide counselling for supervisees as well as a venue for family / group activities targeting parents and significant others of young offenders, including young DATC inmates.

E. Green Haven Scheme

2.11 CSD launched the Green Haven Scheme in January 2001 to promote anti-drug messages and the importance of environmental protection among young people. Weekly visits were arranged at the Hei Ling Chau Addiction Treatment Centre during which participants held sharing sessions with inmates, toured green facilities on the island and made vows to stay away from drugs. The scheme was awarded a Gold Award (Green Innovative Practice Gold Award) in the 2002 Hong Kong Eco-Business Awards jointly organised by the Environmental Campaign Committee, the Chinese General Chamber of Commerce, Hong Kong General Chamber of Commerce and the Hong Kong Productivity Council.

F. Education Kit on Psychotropic Substances

2.12 In view of increasing number of offenders with psychotropic substance abuse history admitted to the DATCs, especially young offenders, CSD had produced an education kit to increase the awareness of young offenders towards the harmful effects of substance abuse as well as to engage those with habitual use of substance into relapse prevention counselling groups.

Review of Methadone Treatment Programme (MTP)

2.13 Since the commencement of MTP in Hong Kong in 1972, the Government has been closely monitoring the usefulness and effectiveness of the programme. In May 1999, the Government conducted a comprehensive review on MTP, with a view to evaluating the programme's usefulness and effectiveness, identifying areas for improvements and considering, in the light of the development of other new drugs, whether there are other alternatives to methadone in drug detoxification and maintenance.

2.14 The review was conducted by a Working Group comprising representatives of ND, DH as well as the Action Committee Against Narcotics (ACAN). The review was completed in December 2000 and the Report on the Review of the MTP was promulgated in March 2001.

2.15 Recognizing that drug addiction is a chronic relapsing illness, the review concluded that the MTP fulfilled its declared objectives and was effective in assisting drug dependent persons to sustain their employment and social life, as well as helping to reduce instances of drug overdose, drug-related deaths and the spread of blood-borne diseases. The review also confirmed that MTP should continue to comprise maintenance and detoxification elements so as to offer choice, though the mainstay of the programme should remain a substitution therapy with a "harm reduction" objective. The review affirmed MTP's open door admission policy, recognising that it has worked well for those drug dependent persons who had a need for the service.

2.16 Having regard to the findings of the review, the Working Group identified a number of areas for enhancement. On patient assessment, the review recommended that MTP should move towards a more knowledge-based approach in order to facilitate subsequent patient monitoring, review and assessment of patient's requirements for support services. With a view to adopting a more comprehensive approach of service provision with emphasis on continuity of care for service recipients, the review considered that the existing counselling and support services in MTP could be strengthened, and improvement on physical setting of methadone clinics should be made in order to cater for improved care services.

2.17 To align the staff of methadone clinics and social workers of the

Society for the Aid and Rehabilitation of Drug Abusers (SARDA) with the new initiatives, staff training and retraining under MTP should be strengthened. At the same time, public education and publicity on MTP should be enhanced in order to strengthen the community acceptance of the programme.

2.18 Noting that there are no clear and measurable outcome indicators for the maintenance and detoxification programmes, the Working Group considered that in the long term, two sets of indicators should be developed, having regard to the different objectives and operation of the two programmes. To address the constraints of outpatient detoxification regarding the provision of aftercare service, the review proposed to conduct a research to fully assess the effectiveness of naltrexone in relapse prevention for detoxified MTP patients.

2.19 Taking advantage of the large catchment of drug dependent persons under MTP, the review also recommended that enhancement of referral services and coordination between methadone clinics and other drug treatment and rehabilitation agencies should be made to facilitate patient management.

Implementation of the MTP Review

2.20 Following the review, a Working Group led by ND had been formed to follow up the implementation of recommendations. As at the end of 2002, the following actions have been put in train :-

- (a) to move towards a more knowledge-based approach in patient assessment, the existing forms used by the staff of the methadone clinics and social workers have been revamped to include more detailed information on the patients. A protocol on patient re-assessment has been developed by DH and put into practice with effect from July 2002;
- (b) with additional manpower of 7 social workers (1 Social Work Officer and 6 Assistant Social Work Officers) approved for SARDA since October 2002, individual counselling and group programmes for young and female patients and their families had been enhanced;
- (c) a pilot scheme of patient referral service between the Sham Shui Po Methadone Clinic (SSPMC) and Kwai Chung Hospital Substance Abuse Assessment Unit (KCHSAAU) was launched in May 2002. Up to December 2002, 68 patients had been referred from KCHSAAU

to SSPMC for treatment. Among these, 33 patients were subsequently admitted to the detoxification programme of KCHSAAU;

- (d) to cater for enhanced care services, improvements were made to the treatment setting of several methadone clinics. These include a new health education room at the Robert Black Methadone Clinic, and an enlarged social worker room at the Homantin Methadone Clinic. A major renovation was also carried out at SSPMC which now contains enhanced facilities such as information corner, health education room and social worker's interview room;
- (e) to align the staff of the programme with the initiatives introduced pursuant to the review of MTP, more training sessions and forums have been organised by DH and SARDA;
- (f) to publicize the public health functions of MTP, a "Harm Reduction Media Campaign" was launched in May 2002. This territory-wide campaign comprised a series of media mix such as television announcement of public interest (TV APIs) and radio APIs, wall banners, bus body advertisements, tram body advertisements and bus shelters advertisements as well as roving exhibitions held in different public housing estates. A research commissioned to evaluate the service impacts considered the campaign a success since it had induced positive impacts on a large number of methadone users; and
- (g) a clinical trial to assess the effectiveness of naltrexone in relapse prevention for detoxified opiate addicts had commenced in July 2002 and is expected to complete in April 2005.

Strategies/Programmes Targeting Psychotropic Substance Abusers

A. Task Force on Psychotropic Substance Abuse

2.21 In light of the spread of the rave culture and the emergence of "club drugs" or "party drugs", and the rising trend of psychotropic substance abuse since early 2000, the Government set up a Task Force on Psychotropic Substance Abuse in April 2000. The Task Force has a cross-sectoral membership of experts from various fields, including voluntary agencies, professional bodies and Government departments. The objective of the Task Force was to map out a comprehensive strategy to tackle the problem of psychotropic substance abuse, especially among young people. The Task

Force completed its work and published a detailed report in June 2002.

2.22 The recommendations of the Task Force encompassing the five areas of legislation and law enforcement, preventive education and publicity, treatment and rehabilitation, external cooperation and research provided a comprehensive framework for guiding the formulation and implementation of specific measures to tackle the problem of psychotropic substance abuse. These recommendations are currently being followed up by Government departments concerned. Some significant recommendations that had been implemented are highlighted below : -

- (a) noting the abuse potential of ketamine and gamma-hydroxybutyric acid (GHB), legislative amendments were made in December 2000 and October 2001 respectively to put the two substances under stringent control of the Dangerous Drugs Ordinance (Chapter 134). The early interventions have helped to contain the spread of the abuse of the two substances locally;
- (b) the Places of Public Entertainment Ordinance (Amendment of Schedule 1) Regulation 2002, which came into operation on 15 January 2003, puts rave parties and similar dance parties not otherwise regulated under the Ordinance's licensing control. Under the amended regulations, organisers of dance parties are required to obtain a Places of Public Entertainment Licence from the Food and Environmental Hygiene Department for holding such parties in premises which are not otherwise licensed. Dovetailing with the new licensing requirement, a revised Code of Practice for Dance Party Organisers was issued by ND in mid-January 2003. The original code issued in October 2000, which contained detailed guidelines on operating safe parties and preventing drug-related crimes and safety problems in party venues, was well received by the trade; and
- (c) findings obtained through objective and systematic research studies provide useful reference to facilitate the formulation of evidence-based anti-drug strategies. In 2002, the ACAN had commissioned three research studies related to the psychotropic substance abuse problem. These studies focused on cognitive impairment and other harmful effects of "ecstasy" and ketamine, cross-boundary substance abuse problem among youths, and substance abuse in the context of the underground rave culture.

B. Reorganisation of the Against Substance Abuse Scheme and Counselling Centres for Psychotropic Substance Abusers

2.23 In view of the then rising trend of psychotropic substance abuse especially among young people, additional resources have been secured in the 2001 Resource Allocation Exercise for setting up two additional Counselling Centres for Psychotropic Substance Abusers (CCPSAs), one in Hong Kong Island and the other in Kowloon East for meeting service demand and achieving full coverage of service over the territory. In October 2002, two additional centres, CROSS Centre of Tung Wah Group of Hospitals (TWGHs) and Evergreen Lutheran Centre serving Hong Kong Island and East Kowloon respectively were set up. Together with the existing three CCPSAs, namely PS 33 serving West Kowloon, Caritas HUGS Centre serving New Territories West and Cheer Lutheran Centre serving New Territories East, the five regional-based CCPSAs provide territory-wide coverage of services.

2.24 The Against Substance Abuse Scheme (ASAS) was a community-based substance abuse prevention programme operated by SWD for occasional or experimental substance abusers aged 21 or below. The scheme aims at assisting young psychotropic substance abusers, mainly identified at secondary schools, to improve their problem solving / life skills, enhancing their awareness towards the dangers of substance abuse and helping them get away from drugs through the provision of talks, mass programmes, supportive and counselling groups. There were two ASAS teams which served about 150 secondary schools.

2.25 In the continuous efforts of the department to reposition itself to meet new challenges in service needs and development, SWD reviewed the service of the ASAS in 2002. The review found that both ASAS and the Counselling Centres for Psychotropic Substance Abusers (CCPSAs) serve psychotropic substance abusers though with different target customers and levels of intervention. With the increase of counselling centres from three to five in October 2002 providing full coverage of the territory, it was considered that counselling centres would become a more accessible provider of rehabilitative and preventive service for psychotropic substance abusers. Furthermore, it was found that CCPSAs are backed up by a wide range of youth and other support services of the operating agencies and are closely interfaced with the

substance abuse clinics in the provision of medical and psychiatric treatment to psychotropic substance abusers. In view of this, SWD hived off the service of the ASAS to NGOs operating the CCPSAs in 2002. Additional resources had been provided to the five CCPSAs for providing one-stop service and timely intervention through early rehabilitation of potential young psychotropic substance abusers. With the additional resources, service for secondary students and psychotropic substance abusers can be provided on regional basis by the five CCPSAs. It is also expected that the CCPSAs will develop close networks at district levels with related professionals and local bodies.

C. Improvements in Physical Settings of Counselling Centres for Psychotropic Substance Abusers

2.26 PS33, the Caritas HUGs Centre, and Cheer Lutheran Centre were set up in 1988, 1996 and 1998 respectively. Over the past years, services of these centres had been expanded and existing premises become inadequate for delivering the extended services. In November 2002, the Caritas HUGS Centre was reprovisioned to a permanent site in Fu Tai Estate, Tuen Mun with improved physical environment for service delivery. Subject to the availability of suitable sites, PS33 and the Cheer Lutheran Centre should also be reprovisioned to suitable premises to enhance service delivery.

D. Art Treatment Therapy Programme

2.27 With support of the Beat Drugs Fund, a pilot project entitled “Art Therapy Treatment Programme” was organised by KCHSAAU. The project comprised holistic treatment and art therapy sessions for substance abusers and their relatives as well as training to anti-drug workers. Between September 2000 and February 2002, over 300 substance abusers were given psycho-therapeutic intervention, through the therapeutic use of art during their motivational enhancement, detoxification, and rehabilitation phases. Through the production of art work, substance abusers participating in the project acquired new skills and healthy hobbies, released anxieties, stresses and other negative emotions, gained insights and self-efficacy and rebuilt their self-confidence. A public art exhibition held in March 2002 to showcase over 100 pieces of the clients’ work received very positive feedback from the general public.

E. Day Hospital Programme

2.28 The KCHSAAU has developed a special cognitive motivation modality “MEET” to treat poly-drug abusers. “M” stands for motivational interviewing, “E” is esteem building and empowering and “T” is therapy which is multi-disciplinary and holistic. With funding support of the Beat Drugs Fund, the unit has launched a “MEET” Day Hospital Programme in September 2002 whose components are geared towards the new treatment needs of psychotropic substance abusers as follows :

- (a) the MEET Body Check-up Programme provides individualised body check up sessions for youths below 25 with active psychotropic substance abuse;
- (b) the MEET Link Programme aims to provide medical support to residential drug treatment and rehabilitation centres, especially clients with multiple psychotropic substance abuse, through teleconference facilities up to daily basis, if necessary;
- (c) the MEET Day Activities Programme adopts a variety of treatment approaches such as cognitive behavioural therapy, group therapy, family therapy and other individual counselling in a structured day programme for patients undergoing detoxification and early recovery; and
- (d) the MEET Day Detoxification Programme involves the development of a day detoxification treatment protocol using buprenorphine as an alternative detoxification programme.

The project is targeted for completion in early 2004.

F. Young Substance Abusers

2.29 Individual CCPSAs have strengthened programme targeting young substance abusers. Young clients of PS33 are assisted to rebuild self-confidence, raise drug awareness and strengthen capability to resist negative influence through the Smart Check Programme (a body check programme to assess the physical and psychological conditions of teenagers who have taken drugs) and self-advancement groups. Strategic alliance with related parties, such as

schools, police, District Fight Crime Committees, has also been built up to help young people remain drug free in the community. As for the Cheer Lutheran Centre, it organised a six-month Anti-drug Kart Racing Programme in the summer of 2001 for young male occasional substance abusers. The programme comprised kart racing training and practice, physical training, urine test, health ambassador training as well as sharing with rehabilitated persons. Through this programme, most of the participants quitted drug use, built up enthusiasm towards physical training, and develop a healthy life style and positive social skills such as active learning attitude, punctuality and persistence.

G. Female Substance Abusers

2.30 To enhance services for female substance abusers, PS33 has organised specialised therapeutic groups for these clients to help them manage their negative emotions and strengthen their skills in relapse prevention while Cheer Lutheran Centre conducted self-grooming groups for female clients to promote their self-image and self-esteem.

Programmes Targeting Specific Groups of Drug Dependent Persons

A. Poly-drug Users

2.31 To ensure proper assessment and screening of drug dependent persons of multi-substance abuse so as to enable early intervention and rehabilitation, ND has commissioned a multi-disciplined research team to produce a set of protocol for screening and assessment of poly-drug abusers. The protocol aims at facilitating front-line drug workers in the screening and assessment of poly-drug users by providing them with an organised framework for information collection and assessment. The protocol comprises a Screening Guideline to help drug workers to ascertain whether the subject client is having a substance abuse problem and an Assessment Guideline which helps the workers to collect drug use, medical, social and relevant information of a drug abusing client. The project was completed in September 2003 and a briefing session on the screening protocol was held on 31 October 2003.

2.32 To cater for the specific needs of poly-drug users for more in-depth psychotherapy, HA has also organised workshops on psychotherapy for psychiatrists working in the mental health service, including the substance

abuse clinics, over the past years.

B. Female Drug Dependent Persons

2.33 In view of the increased trend of female drug dependent persons and the gender differences in treatment, a number of residential drug treatment agencies have enhanced their services for female clients. A few agencies have developed female support groups emphasising the roles of mothers and wives, pregnant women groups, parenting training for mothers, and courses on communication skills with husbands and children. Furthermore, SARDA and the St. Stephen's Society currently offer residential drug treatment programmes for female drug dependent persons with children.

2.34 With the sponsorship of the Beat Drugs Fund, the Barnabas Charitable Service Association has launched in October 2001 a two-year gender specific programme for rehabilitated female drug dependent persons under 25. The objectives of this programme are three-fold : to help young female drug dependent persons develop a positive and healthy social network, to integrate their negative psychological well-being and empower them to maintain independent living and healthier life style. Activities organised under this project included self-help groups, volunteers training, emotions management training, relapse prevention groups and parents groups.

C. First and Second Timers

2.35 Recognising that first or second timers have demonstrated a higher chance of recovery from drug addiction, a number of drug treatment agencies have structured their programme to include age-appropriate components for this group of drug dependent persons. Some agencies had incorporated recreational, sports and adventure activities in their programmes whilst another agency provides intensive motivational enhancement counselling for first and second-timers admitted to their drug treatment centres.

D. Young Drug Dependent Persons

2.36 Individual drug treatment centres have also launched a variety of programmes to meet the specific development needs of young drug dependent persons to help them build up self-confidence and accomplish self-actualisation.

These include : excursions, outward bound courses, and other forms of adventure training, musical and arts training (photography, drama and painting), language and computer courses, and uniform team.

Others

Involvement of Rehabilitating / Rehabilitated Persons in Anti-drug Programmes

2.37 Anti-drug programmes delivered by rehabilitated persons have proved to be one of the most effective means of driving home anti-drug messages forcefully. As an integral part of their treatment programmes, many drug treatment centres arrange their rehabilitated clients to participate in exchange sessions with students and young people to share their real and vivid stories on drug abuse and rehabilitation. Some agencies also conduct outreach drug education programme at schools and churches involving rehabilitating persons.

2.38 In the last two years, the Beat Drugs Fund funded two projects which had successfully involved rehabilitated persons in anti-drug activities. The project entitled “Opening Minds – Anti-drug Programmes for Students” launched in 2001 involved the employment of two rehabilitated persons to deliver drug education talks to primary school students. Upon project completion, a total of 37,000 students in 167 primary schools were reached. Furthermore, a drug prevention and e-counselling website “www.freshu.com.hk” was launched by the Christian New Being Fellowship in September 2002 under the project entitled “Love My Neighbour Project – Narcotics Leadership Training and Youth Drug Rehabilitation Counselling on Web”. In this Beat Drugs Fund supported project, rehabilitated persons were trained to become peer counsellors to provide information and e-counselling through the internet, a channel reaching many young people nowadays.

2.39 ND currently commissions three NGOs to deliver drug talks to P.5 to S.7 students, those in the Hong Kong Institute of Vocational Education and International Schools. During the 2000/01 school year, rehabilitated persons were invited to conduct sharing sessions in drug education programme for secondary school students. In view of very positive feedback on such arrangement, sharing sessions by rehabilitated persons are now incorporated in the school drug education programme commissioned by ND.

Enhancement of Inter-agency Liaison and Communication

2.40 To enhance inter-agency communication and foster cooperation between drug treatment services and other related social services, ND had organised two forums in 2001 and 2002 to provide the platform for experience sharing and cross-fertilization of ideas between anti-drug workers in different service settings.

2.41 Entitled “Striving Towards Excellence in the Treatment and Rehabilitation of Psychotropic Substance Abusers : A Multi-disciplinary and Integrated Approach”, the one-day seminar in September 2001 jointly organised by ND, HA and SWD was attended by about 260 participants, including medical practitioners, social workers, and frontline anti-drug workers of Non-government organisations (NGOs), academics and Government representatives. Apart from briefings on the latest drug trends in Hong Kong and the services provided to psychotropic substance abusers, the seminar also discussed the need for proper screening of poly-drug abusers, and enhanced cooperation and cross-referrals of psychotropic substance abusers.

2.42 In November 2002, ND jointly organised with SWD a six-day training programme aimed at advancing the knowledge, skills and competence of anti-drug workers and strengthening communication and cooperation between Government departments, drug treatment agencies and related organisations. The seminar was conducted by two specialists on drug treatment and rehabilitation from Daytop International, Inc. USA, an internationally recognised organisation specialising in substance abuse recovery. The theme of the training programme was “Towards Professionalism and Collaboration in Drug Treatment and Rehabilitation Services”. The training programme attracted over 350 participants, including social workers, health care professionals, academics and staff from residential drug treatment centres, methadone clinics and substance abuse clinics (SACs).

Chinese Medicine

2.43 In recent years, traditional Chinese Medicine (TCM) such as acupuncture and herbal preparations have been applied in detoxification or maintenance therapy of drug addiction. However, the literature on TCM

treatment for drug addiction is scarce and obscure. In view of this, the Beat Drugs Fund had approved a research project to establish a database on TCM treatment for drug addiction, and to systematically evaluate the safety and efficacy evidence of the identified TCM treatment and protocols. The project has commenced in July 2002 and is scheduled for completion by end of 2003.

Aftercare Services

2.44 Different voluntary drug treatment agencies have continued to strengthen their aftercare services. Some agencies had enhanced vocational training and provide job placement in various trades such as express delivery service, removal service, catering and cleaning service for their residents. Others helped their rehabilitated clients to return to schools. Having regard to the pivotal role of family members in the recovery of drug addiction, a number of agencies have also enhanced family support services in their programme.

Research Studies on Drug Treatment and Rehabilitation Services

2.45 A number of research studies whose findings are relevant to the future development of drug treatment and rehabilitation services in Hong Kong were completed over the past three years. A list of these studies is appended at **Annex IV**. In order to make better use of the findings of these scientific studies, ND will enhance sharing of these information with service agencies for the latter's reference in designing treatment programmes. Where feasible and subject to resources availability, briefing sessions for agencies on the research findings and implications on services could be arranged.

CHAPTER 3

Compulsory Drug Treatment Programme

I. Basic Principles

3.1 The CSD currently runs three DATCs : the Hei Ling Chau Addiction Treatment Centre, the Lai Sun Correctional Institution (Annex) and the Chi Ma Wan Drug Addiction Treatment Centre. These centres provide compulsory drug treatment programme for the cure and rehabilitation of persons addicted to drugs who are also found guilty of criminal offences punishable by imprisonment.

II. Specific Objectives

3.2 The specific goals of the compulsory drug treatment programme are detoxification and restoration of the physical health of inmates, uprooting of their psychological dependence on drugs, and facilitating their smooth reintegration into the society without relapse into drug abuse.

3.3 To accomplish these objectives, a comprehensive programme comprising medical treatment, education and physical training, counselling service, work therapy and aftercare service are provided to the inmates.

III. Clientele

3.4 The compulsory drug treatment programme is designed for drug dependent persons convicted of a relevant offence, not necessarily drug-related, who are considered by the court to be suitable for treatment under the programme.

3.5 Before sentencing a person to a DATC, the court will consider a suitability report prepared by the CSD regarding the suitability of such person, taking into account the offender's background, physical fitness, drug addiction history and previous treatment experience.

3.6 Where the court is satisfied in the circumstances of the case and having regard to the character and previous conduct of an offender that it is in

his interest and the public interest that he should undergo a period of treatment and rehabilitation, the court may, in lieu of imposing any other sentence, order that such person be detained in an addiction treatment centre.

3.7 Male and female offenders will be assigned to the following DATCs as follows :

<u>Institution</u>	<u>Clientele</u>
Hei Ling Chau Addiction Treatment Centre	Male offenders over 21
Lai Sun Correctional Institution (Annex) ¹	Male offenders between 14 and 21
Chi Ma Wan Drug Addiction Treatment Centre	Female offenders over 14

IV. Statutes

3.8 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 are suffering from addiction to a dangerous drug. The Ordinance also provides that when a court makes a detention order on an offender, no conviction will be recorded, unless in the opinion of the court, the circumstances of the offence so warrant.

3.9 According to section 4(2) of the Ordinance, the length of stay in a DATC ranges 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 abstinent from drugs following release from institutional care.

V. The DATC Programme

3.10 The DATC programme for adult inmates and young inmates are

¹ Since September 2001, the Annex of Lai Sun Correctional Institution has been set aside to accommodate male young DATC inmates. The Hei Ling Chau Addiction Treatment Centre (Annex) which formerly catered for male offenders between 14 and 21 was converted to female prison in February 2002.

virtually the same with the exception that character training course will be organised for young inmates to enhance their self-confidence, sense of responsibility and communication skills. The major components of the DATC programme are as follows :

(a) Medical Services

3.11 A full medical service is provided to all inmates of the DATCs. The Resident Medical Officer will detoxify all newly admitted inmates, cure existing ailment, detect and treat underlying disease, inspire and cultivate good personal hygiene, and promote general health of inmates. Where necessary, the Medical Officer will refer inmates to specialist clinics for consultation or to hospitals for treatment.

(b) Counselling Services

3.12 Individual and group counselling sessions as well as specially designed “Relapse Prevention Courses” are conducted to help inmates consolidate their motivation to abstain from drug use and develop coping skills to deal with personal risks factors associated with drug use.

(c) Psychological Services

3.13 Psychological services are provided to inmates to promote their psychological well-being and change their offending behaviour. Individual and group psychological intervention are provided to inmates to strengthen their personal efficacies in dealing with craving for drug and to prevent them from relapsing into drug use.

(d) Work Therapy and Job Training

3.14 Work therapy is an important means through which drug offenders can rediscover their worth and abilities, restore their self-esteem and remove their psychological barriers to rehabilitation. Inmates are assigned to work which is commensurate with their capabilities, skills and physical fitness. A wide variety of job training in different trades including metal work, tailoring, book binding, laundry, gardening, fibre glass work, kitchen and cleansing work are organised for inmates. CSD also collaborates with the Construction Industry

Training Authority (CITA) in organising the “Construction Labourer and Concretor Course” to prepare interested inmates for joining the construction industry.

(e) Education

3.15 Formal education is provided to all young inmates with a view to promoting their general education and fostering good habit of self-study. Subjects taught include English, Chinese, Mathematics, self and social development, commercial and computer subjects. Adult inmates may attend educational courses on a voluntary basis.

(f) Physical education

3.16 To promote the general health of the inmates, physical education sessions are conducted by qualified physical education instructors.

(g) Recreation

3.17 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.

Assessment of Progress of Inmates

3.18 In order to strengthen the inmates’ motivation, a promotion system comprising three stages of Initial Grade, Treatment Grade and Pre-release Grade is adopted during their stay in an addiction treatment centre.

3.19 Inmates’ efforts, attitude, performance, progress and response towards the treatment programme are monitored and assessed regularly by DATC staff, and taking into account by the Board of Review when considering promotion and release of inmates. The first review of an inmate will be conducted within two months from his admission to a DATC. Thereafter the Board will assess his performance at least once a month.

Aftercare Service

3.20 Inmates released from DATCs are subject to 12 months’ statutory

aftercare period according to section 5(1) of the Drug Addiction Treatment Centres 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.

3.21 There are two specific objectives of the aftercare services, namely, to facilitate the inmates' rehabilitation and reintegration into the community through fostering support between inmates, their families and the staff of CSD; and to help inmates lead a drug-free, law-abiding and industrious life after release.

Pre-release Programme

3.22 A "Pre-release Reintegration Orientation Course" is organised for inmates to assist their reintegration into the community. The course covers different areas such as social welfare services, adult education, legal assistance, labour legislation, medical services, employment services, job interviewing techniques, labour market, and human interaction skills.

Job Placement

3.23 Job placement will be arranged for each inmate through their family / relatives and friends, aftercare officers, CITA and prospective employers offering job vacancies to rehabilitated offenders.

Halfway House Facilities

3.24 Halfway house facilities are provided to those who are in need of accommodation, intensive supervision or encounter problems after release from DATCs. Currently, the CSD operates two halfway houses, namely, the Bauhinia House and the Pelican House, for supervisees discharged from DATCs. The maximum capacity of each of the two houses is 24. The period of residence depends on individual progress, and is normally between one and two months.

VI. Current Activities

3.25 The following table shows the certified accommodation and the DATC population as at the end of 2002 :-

Institution	Certified Accommodation	Occupancy
<u>Male Institution</u>		
Hei Ling Chau Drug Treatment Centre	784	449
Lai Sun Correctional Institution (Annex)	108	88
Total :	892	537
<u>Female Institution</u>		
Chi Ma Wan Drug Addiction Treatment Centre	126	121

VII. Admission and Capacity

3.26 Admissions to DATC from 2000 to 2002 are tabulated below :-

Year	Offenders aged under 21		Offenders aged 21 and above		Total	Percentage change on preceding year
	Male	Female	Male	Female		
2000	137	29	1,090	158	1,414	+ 3%
2001	191	42	1,294	210	1,737	+ 23%
2002	181	24	878	206	1,289	- 26%
Percentage change between 2000 and 2002	+ 32%	- 17%	- 19%	+ 30%	- 9%	-

3.27 A downward trend was observed in the total admission to DATCs

from 2000 to 2002. Comparing with 2000, there was a decrease of 9% (from 1,414 to 1,289) in the number of offenders admitted to DATCs. However, the number of admission of young male DATC inmates increased by 32% from 137 to 181 while that of adult female DATC inmates by 30% from 158 in 2000 to 206 in 2002.

3.28 The number of DATC admission depends on various factors including the number of drug dependent persons being arrested, the option taken by judges and magistrates in sentencing such offenders to DATCs for treatment, and the cost of dangerous drugs in the market. Given the latest admission figures, it is anticipated that the existing DATC accommodation would be able to cope with the demand in the coming three years.

VIII. Latest Development and Key Initiatives

Joint Research Project between CSD and the Correctional Service of Canada “Risks and Needs Evaluation and Management of Offenders”

3.29 On 7 March 2001, CSD and the Correctional Service of Canada signed a Memorandum of Understanding (MOU) to further strengthen the tie and professional exchanges between the two jurisdictions. A joint research project on “Risks and Needs Evaluation and Management of Offenders” has been undertaken under this MOU. The project is aimed to develop a protocol of integrated risks and needs evaluation procedures for persons under CSD’s custody, including DATC inmates. The research project is expected to be completed by the end of 2004.

Consultancy on the Development of Preventive and Treatment Programme for Offenders with Problems of Psychotropic Substance Abuse

3.30 To address the problem of offenders addicted to psychotropic substance, CSD has commissioned a two-year consultancy study in October 2003 on the development of preventive and treatment programme for this group of offenders. The consultancy will focus on examining the nature and extent of substance abuse amongst offenders, reviewing the efficacies of existing programmes provided to offenders and making recommendations on appropriate measures and rehabilitative programmes to minimize substance abuse amongst discharges from CSD’s correctional institutions.

Enhanced Cooperation with Non-government Organisations

3.31 CSD values partnership with NGOs specialised in drug treatment in the delivery of rehabilitation services. For example, the Society of Rehabilitation and Crime Prevention, Hong Kong (SRACP), whose primary service targets are offenders released from CSD's penal institutions, has long established relationship with the CSD in the provision of aftercare service for inmates released from DATCs. Through paying regular visits to penal institutions of the CSD, social workers of SRACP publicize its multifarious service and provide advice on community living, accommodation, employment, financial and family reconciliation to inmates. To provide coordinated and improved service for discharges of DATCs, CSD may consider to enhance its interface with SRACP and other drug treatment NGOs.

CHAPTER 4

Voluntary Residential Programme

I. Basic Principles and Objectives

4.1 A number of NGOs in Hong Kong operate residential treatment programme for drug dependent persons who voluntarily seek treatment, rehabilitation and social reintegration. The basic principle underlying such programme is to provide intensive and comprehensive treatment services to drug dependent persons in a protected and well-structured environment. Some agencies use prescriptive drugs to help drug dependent persons detoxify, while others use peer support, counselling and other means such as religious conversion to achieve spiritual or behavioral change in drug dependent persons in order to cure them. The objectives of these different treatment modalities are to help drug dependent persons achieve a drug free state, improve their physical and mental well-being, and facilitate their reintegration into the society. Individual drug treatment programme may have other objectives as well.

II. Clientele

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

Agency	Centre	Clientele
Barnabas Charitable Service Association	Lamma Training Centre	Chinese female drug dependent persons under 40
Finnish Evangelical Lutheran Mission	Tan Ka Wan Treatment Centre	Male drug dependent persons irrespective of age and race
Christian New Being Fellowship	Pak Tam Village Training Centre	Male drug dependent persons under 25
Operation Dawn	Girl Centre	Female drug dependent persons
	Dawn Island Drug Treatment and Rehabilitation Centre	Male drug dependent persons

Agency	Centre	Clientele
Society for the Aid and Rehabilitation of Drug Abusers (SARDA)	Sister Aquinas Memorial Women's Treatment Centre	Female drug dependent persons under 25, irrespective of race
	Adult Female Rehabilitation Centre	Female drug dependent persons above 25, irrespective of race
	Au Tau Youth Centre	Male drug dependent persons aged under 25, irrespective of race
	Shek Kwu Chau Treatment and Rehabilitation Centre	Male drug dependent persons, irrespective of age and race
Caritas Hong Kong	Wong Yiu Nam Centre	Male drug dependent persons aged under 25
Hong Kong Christian Service	Jockey Club Lodge of the Rising Sun	Male drug dependent persons under 30
Christian New Life Association	New Life Rehabilitation and Training Camp	Male drug dependent persons
Glorious Praise Fellowship	Siu Lam Drug Treatment Centre	Male drug dependent persons aged between 18 to 30
Inner City Ministries	Lantau Island Drug Treatment Centre ¹	Nepalese male drug dependent persons between 20 and 35
Mission Ark	Yuen Long Drug Treatment Centre ²	Male drug dependent persons
Remar Association	Yuen Long Drug Treatment Centre	Chinese and Nepalese male dependent persons
Wu Oi Christian Centre	Tai Mei Tuk Female Training Centre	Female drug dependent persons aged under 35
	Bliss Lodge Youth Training Centre	Male drug dependent persons under 21 years old

¹ The Inner City Ministries had ceased operation of the Lantau Island Drug Treatment Centre since early 2003.

² In August 2003, the Mission Ark's Yuen Long Drug Treatment Centre changed its clientele and admit male instead of female drug dependent persons.

Agency	Centre	Clientele
	Long Ke Training Centre	Male drug dependent persons aged above 21 years old
St. Stephen's Society	Tuen Mun Multi-Purpose Rehabilitation Homes	Female drug dependent persons irrespective of race
	Shing Mun Springs Multi-Purpose Rehabilitation Homes	Male drug dependent persons irrespective of race
	Tai Po Multi-Purpose Rehabilitation Homes	Male drug dependent persons irrespective of race
Society of Rehabilitation and Crime Prevention Hong Kong (SRACP)	Hong Kong Female Hostel	Female drug dependent persons
	Bradbury Wai Chi Hostel	Male drug dependent persons
Christian Zheng Sheng Association	Ha Keng Treatment and Rehabilitation Youth Centre for Male	Male drug dependent persons under 17
	Ha Keng Treatment and Rehabilitation Female Centre	Female drug dependent persons
	Kam Tin Treatment and Rehabilitation Adult Centre	Male drug dependent persons above 17
Perfect Fellowship	Koo Tung Rehabilitation Centre ³	Male drug dependent persons
	Lam Chuen Rehabilitation Centre	Male drug dependent persons
Drug Addict Counselling and Rehabilitation Services (DACARS)	Enchi Lodge	Male drug dependent persons

³ The Koo Tung Drug Treatment Centre of Perfect Fellowship had ceased operation since 2000.

III. Statutes

4.3 There are presently two statutes which regulate the operation and management of residential drug treatment centres run on a voluntary basis by NGOs. Drug treatment centres which adopt a medical detoxification model are required to be registered under the Hospitals, Nursing Homes and Maternity Homes Ordinance (Chapter 165) enforced by the Department of Health. Since 1 April 2002, all drug treatment centres which provide for voluntary residential care of four or more drug dependent persons have been brought under the control of the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (the Ordinance) (Chapter 566). This Ordinance has repealed the Drug Addicts Treatment and Rehabilitation Ordinance (Chapter 326), an old Ordinance enacted in 1960 whose provisions were no longer considered appropriate in present day circumstances.

4.4 Chapter 566 provides for the control of residential drug treatment centres through a licensing scheme administered by the Director of Social Welfare (DSW). The scheme ensures that drug dependent persons will receive services in a properly managed and physically secure environment, thereby protecting their well-being.

4.5 The licensing scheme requires a person / organisation to apply to DSW for a licence to operate any residential treatment centre catering for four or more drug dependent persons. Subject to the applicant being able to satisfy the fit person criteria, fire services and building safety requirements, and other service conditions stipulated by DSW, a licence will be granted. The successful applicant is required to display the licence in a conspicuous place at the centre. DSW has the power to cancel a licence where a centre is found to be in breach of the licensing requirements. To enforce such requirements, DSW has been given power to inspect the licensed centres. The centres can appeal against any decision made by DSW in respect of licensing and cancellation of licence.

4.6 To cater for drug treatment centres which were already in operation immediately before commencement of the Ordinance on 1 April 2002 but unable to comply fully with the legislative amendments, the Ordinance provides for the issue of Certificate of Exemption (CoE) to existing operators, provided that they submit application for CoE within three months after the commencement date of the Ordinance. To enable the agencies to prepare

themselves for licensing, subvented and non-subvented drug treatment centres are given a grace period of four and eight years respectively before full compliance with the requirements set out in the Ordinance.

4.7 In September 2000, SWD set up the Licensing Office of Drug Dependents Treatment Centres (LODTC) for processing applications for licence / CoEs and enforcement of statutory provisions relating to the Ordinance. In December 2001, SWD issued a Code of Practice which set out principles, procedures or guidelines for the operation, management and control of voluntary residential treatment centres as well as providing practical guidance in respect of the requirements of the Ordinance. Since commencement of the Ordinance on 1 April 2002, LODTC had received 46 applications for CoE (including two applications which were subsequently withdrawn) and one application for licence. To provide a one-stop service to the applicants, the LODTC refers all applications to Government departments concerned such as the Buildings Department, Architectural Services Department, Housing Department, Fire Services Department and Lands Department which will conduct inspections to assess the building safety, fire safety, management and operation of the treatment centres. Taking into consideration the comments of Government departments concerned, the LODTC will issue, as appropriate, Licence or CoE to the applicants. As at 31 July 2003, LODTC had issued 44 CoEs and one Licence. Each CoE is issued with a schedule listing all the improvement works required to be carried out by the centre.

4.8 Since the statutory licensing scheme came into operation, relevant Government departments have provided full assistance to NGOs in meeting various licensing requirements, including giving policy support for funding applications for upgrading the sub-standard facilities of their drug treatment centres, and assistance in matters related to planning, land use and relocation. To facilitate the NGOs to plan ahead the improvement works of their existing drug treatment centres in a pragmatic way, the LODTC, with assistance of Government departments concerned, had arranged a series of consultation sessions for the individual agencies and their Authorised Persons between September and December 2003 to clarify and sort out the technicalities and practicalities in relation to licensing. The Government will continue to closely monitor the smooth implementation of the licensing scheme and offer necessary assistance to help drug treatment centres to comply with the requirements of the licensing scheme.

IV. Current Activities

Barnabas Charitable Service Association

4.9 The Barnabas Charitable Service Association provides drug treatment and rehabilitation services for female drug dependent persons at its Lamma Training Centre and Ma On Shan Halfway House. The agency offers a one-year programme aiming at rebuilding the life of its clients. The year-long rehabilitation programme comprises 9-month basic training in Lamma Training Centre and 3-month training in Ma On Shan Halfway House. For occasional drug dependent persons, the duration of the treatment programme may be reduced to 7 months, consisting of 3-month basic training in Lamma Training Centre and 4-month training in Ma On Shan Halfway House. The rehabilitation programme covers drug detoxification, religious training, counselling services, therapeutic group, general education, vocational training and family work. To enhance employment assistance to its clients, the agency has launched the “Project Butterfly” in April 2001 with the funding support of the Intensive Employment Assistance Fund. The project will be completed in December 2003.

Finnish Evangelical Lutheran Mission

4.10 Established in 1970, the Finnish Evangelical Lutheran Mission caters for male drug dependent persons at the Tan Ka Wan Treatment Centre and a halfway house in Kwai Chung. The Tan Ka Wan centre offers a drug treatment programme of 9 to 12 months duration employing a Christian therapeutic approach. The programme comprises counselling, religious activities, work therapy and educational programmes. The agency has recently extended its services to psychotropic substance abusers and drug dependent persons of other races such as Nepalese in order to fill the service gap. Moreover, short-term residential service with more variety of vocational training programmes to meet the special needs of young psychotropic substance abusers has also been provided.

Christian New Being Fellowship

4.11 The Christian New Being Fellowship was set up in 1989 to provide residential drug treatment and rehabilitation service to male drug dependent

persons under 25 through its residential drug treatment centre and halfway house in Sai Kung. During its 18-month programme, the centre provides biblical teachings, individual and group counselling, family intervention, language, computer and music classes, work skills and vocational training. To cater for increase in occasional/first time young psychotropic substance abusers, the agency has started to provide short-term residential training to meet their special needs. The agency has set up a Freshu Music Café and Anti-drug and Counselling Centre in 2003. Targeting at youths, initial and occasional substance abusers and their families, the centre offers services such as assessment, relapse prevention counselling, psychosocial therapy, mutual-help groups and referral.

Operation Dawn

4.12 Established in 1968, the Operation Dawn is one of the oldest gospel drug treatment agencies in Hong Kong. The agency offers a 12-month residential programme for male drug dependent persons at the Dawn Island Drug Treatment and Rehabilitation Centre, followed by 6-month programme at the halfway house. For female drug dependent persons, the entire programme of 18 months duration will be conducted at the Girl's Centre in Yuen Long. Individual counselling, bible studies, work therapy and recreational activities are organised at the centre. The agency recently started to provide outreach services at methadone clinics in order to identify drug dependent persons in need of residential service. Moreover, to assist rehabilitated drug abusers to reintegrate into the community, the agency had strengthened employment training provided to clients on cultivation of good work habits and job interview skills.

Caritas Wong Yiu Nam Centre

4.13 The Caritas Wong Yiu Nam Centre commenced operation in Sai Kung in 1999. The objective of the centre is to help young male substance abusers develop a sense of responsibility for their behaviour, a balanced healthy life, and maintain abstinence from drugs through a bio-psycho-social approach. The centre provides pre-admission assessment, detoxification and rehabilitation as well as 12 months aftercare services for those who can complete treatment. The programme comprises individual and group counselling, recreational activities, drug and harm reduction education, adventure counselling, sports and physical

activities, volunteer work, basic life skills training, training on digital photos and DV taking and editing, and activities for family members. The centre serves both opiate drug dependent persons and psychotropic substance abusers. Buprenorphine is prescribed to opiate drug dependent persons to shorten the detoxification period. The visiting psychiatrist also prescribes other drugs to help psychotropic substance abusers to alleviate the stresses of withdrawal. The treatment programme lasts from one to three months. The centre is manned by a multi-professional team comprising psychiatrist, nurses, social workers, peer counsellors and other professionals.

Society for the Aid and Rehabilitation of Drug Abusers

4.14 Founded in 1961, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) is one of the oldest and largest drug treatment agencies in Hong Kong. The Society operates four residential drug treatment centres including the Shek Kwu Chau Treatment and Rehabilitation Centre and Au Tau Youth Centre for male and the Sister Aquinas Memorial Women's Treatment Centre and Adult Female Rehabilitation Centre for female. The treatment process at the Shek Kwu Chau Treatment and Rehabilitation Centre involves a three-week detoxification period followed by individualised rehabilitation lasting from 4 to 23 weeks. The programme includes individual and group counselling, education, vocational training and work therapy. The Au Tau Youth Centre offers 2 to 3 week detoxification followed by rehabilitation ranging from 4 to 12 weeks. Apart from counselling sessions, the centre provides basic education and computer classes, relapse prevention and assertiveness training and organises community service and family support groups for the residents. The Sister Aquinas Memorial Women's Treatment Centre offers rehabilitation programme of 6 to 12 months duration for young female drug dependent persons. Activities organised include individual and group counselling, basic education and vocational training, work therapy, health education, family and interest groups. The Adult Female Rehabilitation Centre (AFRC) provides a three to six months' rehabilitation programme for adult female drug dependent persons. The programme of AFRC is tailor made to the needs of female drug dependent persons and include counselling, life skills training, interest classes, health education, transactional analysis and home management. The centre also admits female drug dependent persons with children.

Christian New Life Association

4.15 The Christian New Life Association was founded in April 2001 to help drug dependent persons rehabilitate through a gospel-based approach. The Association operates one residential drug treatment centre in Yuen Long for male drug dependent persons. During the six-month programme, the Association organises recreational activities, psychological counselling, religious programme and occupational training.

Glorious Praise Fellowship

4.16 The Glorious Praise Fellowship operates a residential treatment centre for male drug dependent persons in Siu Lam. The rehabilitation programme lasts for one year and comprises activities such as counselling, biblical studies, recreational activities and job skills training.

Inner City Ministries

4.17 The Inner City Ministries operates a residential drug treatment centre in Lantau Island¹ catering for Nepalese male drug dependent persons. The centre provides religious counselling, work therapy, recreational activities, character development training and team building activities in a six-month programme.

Mission Ark

4.18 In March 2002, the Mission Ark commenced operation of a residential drug treatment and rehabilitation centre in San Tin, Yuen Long catering for female drug dependent persons, gamblers and alcoholics. Since August 2003, the Yuen Long Drug Treatment Centre changed its clientele and serve male drug dependent persons instead. The agency adopts a gospel holistic care approach in operating the centre. Activities organised includes individual counselling and social recreational activities, voluntary services, outings and church meetings.

Perfect Fellowship

4.19 The Perfect Fellowship operates two residential drug treatment and rehabilitation centres for male drug dependent persons in Sheung Shui and Tai

¹ The Inner City Ministries had ceased operation of the Lantau Island Drug Treatment Centre since early 2003.

Po using adventurous activities and a religious approach. The duration of treatment ranges from 1 to 12 months. The agency also conducts drug preventive education programmes for high-risk youths to help steer them away from drugs.

Remar Association

4.20 The Remar Association operates a residential drug treatment centre in Yuen Long catering for male drug dependent persons. A one-year programme is offered and it comprises religious counselling, recreational and sports activities and work therapy.

St. Stephen's Society

4.21 The St. Stephen's Society operates two residential drug treatment centres for male (the Shing Mun Spring Multi-purpose Rehabilitation Homes and Tai Po Multi-purpose Rehabilitation Homes) and one centre for female (Tuen Mun Multi-purpose Rehabilitation Homes). The Society's female drug treatment centre in Tuen Mun offers residential drug treatment programmes for women to enter treatment with their children. The period of stay in the Society's centres is tailor made to the needs of individual client. Activities organised include personal counselling, spiritual training, education, and physical training.

The Society of Rehabilitation and Crime Prevention, Hong Kong

4.22 The Society of Rehabilitation and Crime Prevention (SRACP), Hong Kong was set up in 1957 to provide rehabilitation service for convicted offenders and discharged prisoners. In collaboration with the Substance Abuse Assessment Unit of the Kwai Chung Hospital which provides two-week medical detoxification, the Society offers pre-detoxification assessment and rehabilitation service (including individual and group counselling), group work, recreational activities, vocational training and volunteer services. The agency operates two hostels for drug dependent persons, one each for male and female.

Wu Oi Christian Centre

4.23 Founded in 1973, the Wu Oi Christian Centre aims at helping drug

dependent persons, ex-prisoners, triad members, prostitutes and problem youths to rehabilitate through the Christian faith. The agency operates the Long Ke Training centre and Bliss Lodge Youth Training Centre for male drug dependent persons and the Tai Mei Tuk Training Centre for female drug dependent persons. The agency is in the process of setting up a new residential drug treatment centre at Green Island. The agency's rehabilitation programme lasts for one year and comprises counselling, bible studies, basic education, recreational activities and work therapy.

Christian Zheng Sheng Association

4.24 The Christian Zheng Sheng Association operates three residential drug treatment centres, two for male drug dependent persons in Kam Tin, and Lantau Island and one for female drug dependent persons in Lantau Island. The aim of the agency is to help drug dependent persons rebuild themselves and their values in a holistic and interactive therapeutic Christian community. The rehabilitation programme comprises counselling, character development programs, bible studies, general education and vocational training.

Drug Addict Counselling and Rehabilitation Services

4.25 The Drug Addict Counselling and Rehabilitation Services (DACARS) operates a residential treatment centre for male drug dependent persons in Sheung Shui since 1989. Residents at the centre are given general and Christian education, in addition to individual and group therapy.

Hong Kong Christian Service

4.26 In 2003, the Hong Kong Christian Service set up a new mixed-mode centre, the Jockey Club Lodge of the Rising Sun in Tuen Mun. The centre provides both inpatient and outpatient drug treatment programmes for male opiate / psychotropic drug dependent persons under 30. Services offered include assessment service, detoxification, relapse prevention, individual and group counselling, and family programmes. The outpatient service of the centre started operation in March 2003 while the inpatient service commenced in June 2003.

V. Admission and Capacity

4.27 The capacity of individual drug treatment centres as at the end of 2002 and the admission into these centres during 2000 to 2002 are given below :-

Agency	Centre	Capacity		No. of Admission					
				2000		2001		2002	
		Male	Female	Male	Female	Male	Female	Male	Female
Barnabas Charitable Service Association	Lamma Training Centre		24		36		36		35
Finnish Evangelical Lutheran Mission	Tan Ka Wan Treatment Centre	30		201		115		98	
Christian New Being Fellowship	Pak Tam Village Training Centre	76		43		57		53	
Operation Dawn	Dawn Island Drug Treatment and Rehabilitation Centre	50		107		116		99	
	Girl Centre		12		7		7		6
Society for the Aid and Rehabilitation of Drug Abusers	Shek Kwu Chau Treatment and Rehabilitation Centre	350		1,801		2,103		1,993	
	Au Tau Youth Centre	20		86		83		127	
	Sister Aquinas Memorial Women's Treatment Centre		42		96		79		118
	Adult Female Rehabilitation Centre		24		29		27		48
Caritas – Hong Kong	Wong Yiu Nam Centre	24		204		178		153	
Christian New Life Association	New Life Training and Rehabilitation Camp	40		–		–		166	

Agency	Centre	Capacity		No. of Admission					
				2000		2001		2002	
		Male	Female	Male	Female	Male	Female	Male	Female
Glorious Praise Fellowship	Siu Lam Drug Treatment Centre	30		20		22		30	
Inner City Ministries	Lantau Island Drug Treatment Centre ¹	16		–		–		12	
Mission Ark	Yuen Long Drug Treatment Centre ²		20		–		–		15
Remar Association	Yuen Long Drug Treatment Centre	20		–		–		7	
Wu Oi Christian Centre	Tai Mei Tuk Female Training Centre		12		14		20		20
	Bliss Lodge Youth Training Centre	30		11		7		10	
	Long Ke Training Centre	70		109		97		100	
	Green Island Youth Training Centre	20		–		–		–	
St. Stephen's Society	Tuen Mun Multi-purpose Rehabilitation Homes (Female)		13		–		–		15
	Shing Mun Springs Multi-purpose Rehabilitation Homes (Male/Female)*	210			–		–	82	
	Tai Po Multi-purpose Rehabilitation Homes (Male/Female)*	118			–		–	104	
Society of Rehabilitation and Crime Prevention, Hong Kong	Hong Kong Female Hostel		10		–		3		11
	Bradbury Wai Chi Hostel	16			20		23		21

¹ The Inner City Ministries had ceased operation of the Lantau Island Drug Treatment Centre since early 2003.

² In August 2003, the Mission Ark's Yuen Long Drug Treatment Centre changed its clientele and admit male instead of female drug dependent persons.

Agency	Centre	Capacity		No. of Admission					
				2000		2001		2002	
		Male	Female	Male	Female	Male	Female	Male	Female
Christian Zheng Sheng Association	Ha Keng Treatment and Rehabilitation Youth Centre for Male	50		–		–		–	
	Ha Keng Treatment and Rehabilitation Female Centre		14		–		–		–
	Kam Tin Treatment and Rehabilitation Adult Centre for Male	12		–		–		–	
Perfect Fellowship	Koo Tung Rehabilitation Centre ³	20		–		–		–	
	Lam Chuen Rehabilitation Centre	7		–		–		–	
DACARS	Enchi Lodge	24		–		–		–	
Total **		1,233	171	2,582	202	2,778	195	3,034	289

* Shing Mun Springs Multi-purpose Rehabilitation Homes and Tai Po Multi-purpose Rehabilitation Homes may consider to admit female.

** The total figure does not represent total admission into drug treatment centres operated by NGOs due to incomplete information collected from these centres.

4.28 Considering that both the drug abuse trend and the number of drug dependent persons who will voluntarily seek treatment tend to fluctuate over time, it is not possible to forecast future demand for residential drug treatment services. Nevertheless, some factors are revealing on whether a service is in short supply or not such as additions to voluntary residential treatment and rehabilitation facilities, utilisation of existing facilities and the waiting time for new admission.

4.29 The following new residential drug treatment centres have come into operation or are being planned since promulgation of the second Three-year Plan in 2000 :-

³ The Koo Tung Drug Treatment Centre of Perfect Fellowship had ceased operation since 2000.

Male Drug Dependent Persons

- The New Life Rehabilitation and Training Camp (40-bed capacity) in Yuen Long operated by the Christian New Life Association;
- A residential drug treatment centre¹ (16-bed capacity) in Lantau Island operated by the Inner City Ministries;
- The Green Island Youth Training Centre (20-bed capacity) under planning by the Wu Oi Christian Centre;
- The Shing Mun Springs Multi-purpose Rehabilitation Homes (210-bed capacity) in Shatin operated by the St. Stephen's Society;
- The Bradbury Wai Chi Hostel (16-bed capacity) operated by the Society of Rehabilitation and Crime Prevention;
- The Lam Chuen Rehabilitation Centre (7-bed capacity) operated by the Perfect Fellowship;
- A residential drug treatment centre in Yuen Long (20-bed capacity) operated by the Remar Association; and
- The mixed-mode residential cum outpatient centre (24-bed capacity) operated by the Hong Kong Christian Service.

Female Drug Dependent persons

- The residential drug treatment centre in Yuen Long² (20-bed capacity) operated by the Mission Ark;
- The Hong Kong Female Hostel (10-bed capacity) operated by the Society of Rehabilitation and Crime Prevention;

4.30 Regarding utilization rates, drug treatment and rehabilitation centres reported that there were unused places during the past three years.

¹ The Inner City Ministries had ceased operation of the Lantau Island Drug Treatment Centre since early 2003.

² In August 2003, the Mission Ark's Yuen Long Drug Treatment Centre changed its clientele and admit male instead of female drug dependent persons.

Furthermore, during the same period, the majority of drug treatment agencies reported that there were no waiting lists as well as no waiting time for new admission to their centres.

4.31 Taking into consideration the declining trend of reported drug dependent persons since 2002, the enhancement of service provision, combined with under-utilization of treatment places, there is no foreseeable need to broaden service provision for residential drug treatment services in the next three years.

VI. Latest Development and Key Initiatives

Re-engineering of Drug Treatment Agencies Subvented by the Social Welfare Department

4.32 To keep pace with the changing drug abuse trends and service needs, the four NGOs under SWD's subventions, namely, the Barnabas Charitable Service Association, Finnish Evangelical Lutheran Mission, Christian New Being Fellowship and Operation Dawn had worked out their service re-engineering plans in 2003. In these re-engineering proposals, these four NGOs will aim to enrich their training for their clients, including relapse prevention programmes and vocational training, as well as strengthening employment assistance, family work and aftercare services.

Focus Group on Medical Support Services for Drug Treatment Agencies

4.33 A focus group attended by operators of residential drug treatment centres and CCPSAs was convened by the Hong Kong Council of Social Service on 24 April 2003 to discuss the medical support services for drug treatment agencies. A summary of discussion / recommendations of this focus group is highlighted below :

- (a) General Practitioners (GPs) could be mobilized to provide support to drug treatment agencies in areas such as pre-admission body check-up and detoxification for drug dependent persons;
- (b) taking into account the different needs of medical support services for drug dependent persons in different districts, a platform should be

established in each hospital cluster to enable regular discussion and exchange of views between the SACs and drug treatment centres;

- (c) it is useful to organise sharing sessions to promote proven successful experience of cooperation between SACs and CCPSAs; and
- (d) coordination between the drug treatment agencies and each hospital cluster should be enhanced.

Involvement of General Practitioners in Medical Support Service for Drug Dependent Persons

4.34 At present, medical treatment for drug dependent persons is chiefly provided at the six SACs operated by HA. In view of accelerating demand for such service with long waiting time, and increasing number of psychotropic substance abusers suffering from co-morbid psychiatric illnesses, there is a need to enhance service provision in this area.

4.35 Overseas literature points to increasing involvement of GPs in the delivery of drug treatment services. Insofar as they are most frequent points of first contact for people with substance dependence, patients accept that GPs have legitimate reasons to ask about their lifestyle, alcohol and other drug use. Furthermore, brief early intervention and other forms of assistance provided by GPs are more accessible to drug dependent persons. In view of the success of overseas experience and to enhance the service delivery of medical support for drug dependent persons, the feasibility of encouraging GPs to get involved in the treatment of substance abusers should be actively explored. It is worth nothing that treatment at such primary care settings implies a readily available service, accessed by self-referral and provided in a community setting. Furthermore, to ensure that GPs would competently take on a significant role in responding to the needs of drug dependent persons in different areas such as detoxification, pharmacological treatment and relapse prevention, adequate professional training should be provided to these medical professionals.

Government Subvention for Voluntary Residential Drug Treatment and Rehabilitation Centres

4.36 Seven drug treatment NGOs are presently receiving recurrent grant

from the Government to support the operation of their residential drug treatment centres and halfway houses. Four of these NGOs operating non-medical drug treatment centres are subvented by SWD whilst the other three agencies operating medical drug treatment centres are receiving recurrent grant from DH.

4.37 Since March 1998, four NGOs, namely, Barnabas Charitable Service Association, Christian New Being Fellowship, Finnish Evangelical Lutheran Mission and Operation Dawn have been brought under the subvention net of SWD. Taking into account the unique nature of residential drug treatment and rehabilitation service in terms of its capacity, staffing and service provisions, these four NGOs are subvented on the basis of Unit Rate Subsidy. To enhance cost-effectiveness in the delivery of drug treatment services and facilitate NGOs concerned to implement continuous service improvement, SWD is presently reviewing the subvention system with a view to changing over to other subvention modes such as the Lump Sum Grant. This current review of subvention system for drug treatment and rehabilitation services will be in line with the prevailing policy in other social services overseen by the SWD and the Health, Welfare and Food Bureau.

4.38 DH currently provides recurrent subvention to three NGOs, namely, SARDA, Caritas Hong Kong and Hong Kong Christian Service all of which operate voluntary residential drug treatment centres adopting a medical approach in detoxification. DH is currently reviewing the subvention system with a view to shifting towards an output or performance-oriented approach in monitoring the service of its subvented NGOs. The review will aim at ensuring value for money in the subvented service, enhancing public accountability and providing more flexibility to NGOs in the deployment of resources.

Service Information System

4.39 For many years, drug treatment agencies in Hong Kong have urged the Government to consider setting up service standards to measure the outcomes of the local drug treatment and rehabilitation services. While recognising the difficulties in formulating such standards due to the widely varying modalities adopted by different service providers, the Government considers that a set of measurable tools would be valuable in ensuring the provision of quality service and enhancing accountability of such services. Over the past years, some

headways have been made towards the goal of setting service standards for the drug treatment service sector.

4.40 SWD has implemented a comprehensive and robust framework for the management of subvented social welfare services through the introduction of a Service Performance Management System. The framework includes : 16 Service Quality Standards (SQSs) which define policies, procedures and practices which a service unit should have in place in order to deliver quality service; Funding and Service Agreements (FSAs) which define the nature of services to be provided and the quantity of output, and a Service Quality Assessment Process to determine whether a service unit complies with the SQSs. FSAs have by now been drawn up for all drug treatment service subvented by SWD, including four non-medical drug treatment agencies, five CCPSAs, four halfway houses operated by SARDA and the Caritas Lok Heep Club.

4.41 In June 2000, the Beat Drugs Fund sponsored a research project to develop a scientific instrument to evaluate the effectiveness of the local drug treatment and rehabilitation services. The project was completed in August 2001 yielding the Chinese Addiction Treatment Outcome Measure (CATOM) – comprising a paper-pencil questionnaire and a software programme for data entry and analysis. CATOM is specifically designed to measure the treatment outcomes of the local drug treatment and rehabilitation services and has been subscribed by many drug treatment agencies.

4.42 The Service Performance Monitoring System of SWD and CATOM are important developments in the context of formulating service standards for the local drug treatment services. Considering that the local drug treatment and rehabilitation services are provided in different modalities, and each agency pursues unique aims and objectives, it is a highly complex task to develop a set of service standards applicable to different agencies. Full and detailed consultation with the sector is considered essential to ensure that the service standards are broadly acceptable to drug treatment agencies concerned. A special Task Force comprising representatives of Government departments concerned, drug treatment agencies and research experts in the field should be formed to take up this important task. As a start, consideration could be given for collecting relevant information from drug treatment agencies for setting up a Service Information System to provide necessary data for drawing up the service standards.

Enhanced Interface and Communication between Drug Treatment Service and Other Mainstream Services

4.43 At present, youth service units operated by NGOs including school social work teams, children and youth centres, outreaching teams and integrated teams are involved in early intervention and follow up service for high-risk youths vulnerable to drug abuse. To facilitate concerted efforts in the service delivery of drug dependent persons, ways of enhancing linkage and communication between drug treatment agencies and these services should be explored. Areas of closer collaboration may include enhanced information exchange and referral of clients, developing partnership and network as well as sharing of experience on various support services for drug dependent persons, such as vocational training and employment assistance.

Re-designing of Existing Drug Treatment Programmes Targeting Young People Vulnerable to Drug Abuse

Boot Camps

4.44 Heroin has a long history in Hong Kong and is still the predominant drug of abuse. Against this background, existing programmes run by residential drug treatment centres are primarily structured and geared towards the needs of opiate users. As psychotropic substances such as ketamine have become popular drug of choice in the recent years, particularly amongst young people, there is a need for the drug treatment agencies to re-engineer their opiate-oriented treatment and rehabilitation programme to match the needs of drug dependent persons in view of the changing drug abuse trend.

4.45 Due to common misconception that psychotropic substance abuse is harmless and is not socially stigmatized, users are often reluctant to come forward for professional help and treatment. To cater for these young people whose drug misuse is not yet entrenched, boot camps may be considered as a new treatment option in Hong Kong.

4.46 In the United States (US), juvenile boot camps provide a less expensive alternative to traditional residential placements. The length of stay in short-term boot camps is generally four to six weeks. Parents enroll their

children in these facilities with the hope of improving their children's problematic behaviour, such as alcohol and substance abuse. Boot camps are modeled after military-style, military exercise and intensive physical training focusing on reality, respect and responsibility. Such experience can help teenagers replace destructive attitudes and behaviours with new perspectives and direction in their lives.

4.47 There are more than one type of boot camps. The common criterion is that they must be conducted in a paramilitary style. Boot camps can range from having a military regime, vocational counselling, psychological counselling, drug treatment or an educational component. Most boot camps in US today stress rehabilitation, and successful community integration of graduates as the primary programme goal.

4.48 Taking into consideration the success of the US experience, it is worthwhile for drug treatment agencies to consider launching innovative programmes such as boot camps aiming at early engagement, intervention and treatment of experimental and habitual substance abusers.

Late Night Facilities for Young People

4.49 To provide support services for young night drifters, a pilot all-night drop-in-centre for youth-at-risk has commenced operation in July 2002. The drop-in centre, named as "Hang Out" in Kwun Tong, is run by Youth Outreach, a non-government organisation. The centre provides a safe and comfortable place where young people can talk, eat and drink, have fun together and obtain professional support. Facilities of the centre include counselling rooms, cyber café, karaoke and band rooms, function rooms for recreational and cultural activities, crisis residential unit as well as open space for basketball game and rock climbing.

4.50 While the Hang Out serves young people from all over the territory, the benefits of localized leisure and recreational facilities to meet the needs of youths in late hours is considered necessary. For this reason, SWD and the Leisure and Cultural Services Department (LCSD) have launched a pilot scheme in the North and Shatin districts to open indoor recreation centres (IRCs) at late night for NGOs to organise a variety of programmes and activities including drug-free rave party, anti-drug programme, dancing contest, ball game,

adventure-based training, employment guidance, life skills training and self-development workshop, etc. for young night drifters in July 2002. In view of positive feedback from the users, similar arrangements were put in place in Tseung Kwan O and Kwai Chung districts in October and November 2002 respectively. The pilot project was reviewed in February 2003. It was recommended that individual districts would assess their local needs for such activities and consider whether more late night facilities were to be opened up in future.

Enhanced Training for Anti-drug Workers

4.51 Given the fast changing drug abuse trends, it is crucial for front-line anti-drug workers, including social workers, peer counsellors, health care professionals to be continuously updated on new treatment and rehabilitation approaches and related information. More job-related training for anti-drug workers should be organised to equip them with the necessary knowledge and skills to deliver treatment intervention more effectively. Through regular and systematic training, it is expected that anti-drug workers will acquire more knowledge and skills in handling substance abusers, and be exposed to fresh ideas and perspectives in bring about improvements in service delivery.

Database on Drug Treatment and Rehabilitation Services

4.52 As part of its continuous efforts to strive for service enhancement, ND is considering a proposal of setting up a database on the local drug treatment and rehabilitation services. The proposed database will include comprehensive information on the scope of service, admission criteria and procedures, programme content, duration and fees / charges on all drug treatment services in Hong Kong. To ensure widest dissemination, this data base may be uploaded onto ND's website and be updated on a regular basis. Subject to support from relevant agencies, in a longer term, when more comprehensive information is available, such database could provide a basis for assessing the adequacy of facilities and services.

Multi-disciplinary Approach for Drug Treatment and Rehabilitation Services

4.53 In the long term, as recommended by the Task Force on Psychotropic

Substance Abuse, it will be beneficial for Hong Kong to develop a shared-care model straddling different sectors (such as health, welfare, law enforcement, justice, housing) for improved care of drug dependent persons.

4.54 Although there is no universal definition on this concept, shared-care denotes a model that can be applied to any close cooperative work between agencies or services, which directly improves the treatment of drug dependent persons. In essence, shared-care necessitates a multi-disciplinary approach which entails shared working across, and between, a number of different agencies and professionals within the drug field and beyond.

4.55 According to overseas experience, the development of a multi-disciplinary approach may require, amongst other things, the following elements :-

- (a) targeting the potential partners, that is, relevant agencies and service providers (e.g. GPs, pharmacies, drug treatment agencies, prison service, health specialists, social work teams, housing service, aftercare and other support service) for carrying out collaborative working in the drug treatment system;
- (b) developing a strategic plan for enhancing the drug treatment system, including reviewing the appropriateness, accessibility, and capacity of the existing range of services and establishing clear arrangements for joint working between agencies to enable an integrated approach in the provision of drug treatment service;
- (c) defining a set of common goals for all agencies involved; and
- (d) arranging for information sharing of clients by agencies concerned.

4.56 In developing the multi-disciplinary approach in Hong Kong, it will be useful to study the experience of overseas countries in implementing such concept as well as take into account the unique circumstances and features of the local drug treatment services. Extensive consultation with potential partnering agencies is necessary to ensure that the multi-disciplinary approach will be implemented smoothly and successfully.

CHAPTER 5

Methadone Treatment Programme

I. Basic Principles and Overall Objectives

5.1 The Methadone Treatment Programme (MTP), which came into operation in Hong Kong in 1972, is the only “substitution” therapy which caters for drug dependent persons who are not suitable for or receptive to residential or other forms of treatment. Operating on a voluntary, outpatient mode, the programme allows patients to stay with their families, work or attend school as usual and continue to perform other daily activities.

5.2 MTP is operated by DH through a network of 20 methadone clinics. Two programmes are offered : methadone maintenance programme and methadone detoxification programme. Under the maintenance programme, patients are provided with a dose of methadone prescribed by the doctor to replace illicit heroin use. Patients who enroll in detoxification programme will be assisted to achieve total abstinence by taking decreased dosages of methadone over a period of time.

II. Specific Objectives

5.3 The specific objectives of the MTP are as follows :

- (a) to provide a readily accessible, legal, medically safe, and effective alternative to continued illicit opiate drug use;
- (b) to help patients to lead a normal and economically productive life;
- (c) to assist in the prevention of blood-borne diseases like hepatitis, tetanus and HIV infection by reducing intravenous drug use and needle-sharing through surveillance, health education and counselling;
- (d) to encourage drug dependent persons to come forward for treatment by providing an extensive supportive network;
- (e) to help reduce antisocial behaviour related to illicit opiate drug use

and protect the community by reducing drug-related crimes; and

- (f) to assist drug dependent persons to achieve a drug-free state by providing a detoxification programme, or where appropriate, referring them to suitable inpatient detoxification and rehabilitation services.

III. Clientele

5.4 MTP in Hong Kong adopts an open-door policy and services are provided to drug dependent persons irrespective of sex, age, ethnic origin, religion or nationality. Patients are required to pay a fee of \$1 for each attendance at the methadone clinic. The criteria for admission into MTP are opiate drug dependent persons without immediate life threatening medical condition. For clients suffering from medical illnesses, which are considered unsuitable for methadone treatment, they will be referred to specialist clinics / hospitals for treatment and advised to return to the methadone clinics after their conditions have been stabilised.

5.5 Patients under 21 or those with less than two year's drug addiction history are encouraged to go for residential programme. However, if these patients consider residential treatment as disruptive to work or study etc., they will be admitted to the MTP. Young patients who are under the age of 18 would normally have to provide parental consent prior to their admission to the MTP.

5.6 The vast majority of methadone patients are male (88.5%) and their age ranged from below 20 to over 60. As at 31 December 2002, the age and sex distribution of methadone patients on the register of DH are as follows :

Age Group	Male	Female	Total
below 21	67	29	96
21-30	1,537	436	1,973
31-40	1,548	339	1,887
41-50	2,353	247	2,600
51-60	1,927	69	1,996
over 60	1,482	36	1,518
Total	8,914	1,156	10,070

IV. Statutes

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

V. Current Activities

Location and Operation of Clinics

5.8 There are altogether 20 methadone clinics, four on Hong Kong Island, nine in Kowloon and seven in the New Territories. Of these, six are day clinics, with five operating from 7 a.m. to 10 p.m. and one from 7 a.m. to 5 p.m.. The other 14 are evening clinics, with one operating from 1 p.m. to 8 p.m., another clinic from 3 p.m. to 10 p.m., and 12 from 6 p.m. to 10 p.m.. All clinics open daily, including Sundays and public holidays. During typhoons and rainstorm periods, special arrangements are made for clinics to remain open to serve the patients. A list of the 20 methadone clinics is at **Annex V**.

Administration

5.9 Methadone clinics are manned by Auxiliary Medical Service (AMS) members, medical officers and social workers. As at 31 December 2002, there were a total of 152 AMS members and 3 full-time Senior Medical Officers providing service and supervision respectively at the methadone clinics. At the same time, 43 medical officers worked on a roster basis to provide medical care to methadone patients. Furthermore, 27 full-time social workers from SARDA provided counselling and other support service to methadone patients.

Patient Assessment and Reassessment

5.10 On admission, the medical officer will conduct a detailed and structured assessment of the patients including their medical, social history and physical conditions. An initial recommended dosage of methadone will be prescribed and increased gradually according to individual needs assessment and following a standard protocol to the optimal dosage.

5.11 To facilitate more regular and rigorous review of the patients' individual treatment plans, a structured patient reassessment mechanism has

been put in place since July 2002. Under this mechanism, patient reassessment is conducted for all methadone patients every six months.

Support Services

5.12 Apart from a daily dose of methadone, patients are provided with a range of support services which include individual and group counselling, health education and referral to residential drug treatment programmes. Patients who are detoxified successfully will receive aftercare service by SARDA for a period of 18 months.

5.13 Individual intensive counselling services are targeted at new and re-admitted patients aged below 21, new patients aged 21 and over, and re-admitted patients aged 21 and over. The first two categories will be automatically assigned a social worker at the time of admission. For the third category of clients, counselling services will be provided upon request, on the advice of the medical officer, or through the social workers' recruitment efforts. Since October 2002, a host of group programmes has been launched by social workers of SARDA, including counselling groups for young and female patients, and family members of methadone patients.

5.14 As at 31 December 2002, a total of 1,864 methadone patients were receiving individual counselling service. Among them, 170 were undergoing the methadone detoxification programme and 101 were under the 18-month aftercare service of SARDA. Furthermore, a total of 54 group programmes were organised for 445 participants.

MTP as a Tool for HIV/AIDS Surveillance and Prevention

5.15 HIV / AIDS prevention has been built into the MTP having regard to the fact that intravenous drug users are prone to sharing of needles and the risk of acquiring HIV / AIDS through needle-sharing. All new and re-admitted patients are seen by the medical officer and counselled on drug abuse and AIDS. Counselling is also provided by social workers using a team approach. Dangers of contracting AIDS through unprotected sex and sharing of syringes and needles are explained. Posters and education materials are exhibited in the clinics to reinforce health education messages.

5.16 Through the implementation of voluntary HIV testing and unlinked anonymous screening (UAS) at methadone clinics, the MTP has served as an invaluable channel for undertaking public health surveillance of HIV situation amongst drug users in Hong Kong.

VI. Admission and Capacity

5.17 Statistics during the past six years (see table below) indicate that the number of registered patients has remained fairly stable. The number of new admission showed a significant decrease from 1,350 in 1997 to 654 in 2001. The trend was reversed in 2002 with new admission of 966 patients. The average daily attendance also rose from about 6,600 for the period of 1997 to 2001 to 7,101 in 2002. With regard to the number of patients under 21 at the methadone clinics, the effective registration stood at 96 as at the end of 2002.

	1997	1998	1999	2000	2001	2002
New admission	1,350	1,280	1,028	838	654	966
Average daily attendance	6,914	6,691	6,741	6,502	6,534	7,101
Average number of patients registered	10,015	9,695	9,724	9,395	9,233	9,755

5.18 The MTP performs a “safety net” function because methadone clinics have the capacity to accommodate sudden increases in demand for treatment service. In light of this built-in mechanism in the programme which enables methadone clinics to take on additional patients, the Government has no plan to set up additional methadone clinics in the coming years.

VII. Latest Development and Key Initiatives

New Fee Charging Policy for Two-way Permit Holders or Other Passport Holders using the MTP

5.19 Following up on the recommendations made in the Report of the Task Force on Population Policy issued in February 2003, a full-cost recovery fee

was introduced for non-Hong Kong residents, namely, Two-way Permit holders and other visitors with effect from 1 April 2003. Under the new policy, Two-way Permit holders and foreign passport holders are required to pay a fee of \$23 for each attendance at a methadone clinic.

Enhanced function of MTP as a tool for HIV / AIDS surveillance and prevention

5.20 A three-month pilot project on universal HIV (urine) testing was launched in July 2003 at the SSPMC, Aberdeen Methadone Clinic and Ho Man Tin Methadone Clinic. The project aims at early diagnosis and treatment of HIV-infected methadone patients. Following evaluation of the outcomes of the pilot project, DH decided that universal HIV (urine) would be extended to all clinics to enhance the function of MTP as a tool for HIV / AIDS surveillance and prevention in January 2004.

Computerization of Existing Manual Data Management System

5.21 In December 2002, the Information Technology Services Department commenced a business process re-engineering study on a capital project to computerize the manual data management system of MTP. The computerization project will allow better management of the MTP data and release manpower to support improvement measures and initiatives such as enhanced counselling services and health education under the MTP. Furthermore, the generation of statistical reports for management and control purposes will be more efficient. DH should closely monitor the smooth implementation of this computerization project to realize further service improvement for methadone patients.

New MTP Social Service Centre

5.22 With a view to providing one-stop service for methadone patients, SARDA is planning to set up a new MTP Social Service Centre at the upper floor of the Sham Shui Po Public Dispensary. The centre will provide a wide range of support services for methadone patients such as individual counselling, group counselling, job placement and referral services, social cum recreational programmes, and referral to residential detoxification and halfway houses. As a major step towards service enhancement of MTP, this new initiative from SARDA should receive due consideration and support.

CHAPTER 6

Substance Abuse Clinics and Counselling Centres for Psychotropic Substance Abusers

I. Basic Principles and Overall Objectives

6.1 There are two main streams of dedicated service for psychotropic substance abusers in Hong Kong : SACs and CCPSAs. Their major functions are to provide specialized secondary and tertiary prevention services tailor made for psychotropic substance abusers.

6.2 The overall objective is to provide focal points for psychotropic substance abusers to receive relevant information on the harms of substance abuse and timely counselling, as well as treatment and rehabilitation.

II. Specific Objectives

6.3 The specific objectives of SACs are as follows :-

- (a) in collaboration with NGOs and other health care providers, to provide expert medical treatment and counselling to substance abusers for symptom control, detoxification and enable successful rehabilitation;
- (b) to identify concomitant physical and psychiatric illnesses which occur in a substantial proportion of substance abusers for appropriate specialist treatment and rehabilitation;
- (c) to provide expert advice and education to other health care providers, NGOs and the public in the handling and referral of substance abusers; and
- (d) to conduct research on the medical profile of drug abusers, the effectiveness of therapy and the appropriateness of the organisation of service delivery.

6.4 The specific objectives of CCPSAs are :

- (a) to help substance abusers abstain from their drug-taking habits and develop a healthy lifestyle;
- (b) to increase the drug awareness of those vulnerable to drug abuse and steer them away from drugs;
- (c) to provide counselling and assistance to family members of substance abusers;
- (d) to conduct drug preventive education programmes for secondary school students and youths at risk; and
- (e) to organise professional training for allied professionals with a view to facilitating their assistance to psychotropic substance abusers.

III. Clientele

6.5 The SACs cater for the following categories of clients :-

- (a) psychotropic substance abusers referred by NGOs for specialist medical consultation and treatment as part of the integrated social and medical rehabilitation programme; and
- (b) 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 adverse effects of drugs such as acute intoxication, harmful use, dependence syndrome withdrawal state, psychotic disorder and other related mental and behaviour disorders.

6.6 As for CCPSAs, the target groups of clients include :

- (a) secondary school students;
- (b) potential substance abusers who are in high risk environment / situation and/or ignorant of the risks and consequences of such abuse;

- (c) occasional abusers who use psychotropic substance for various reasons without medical consultation;
- (d) regular psychotropic substance abusers who have developed physical and/or psychological dependence on drugs;
- (e) the significant others of the psychotropic substance abusers, such as the families, school personnel and employers; and
- (f) allied professionals who are working with potential, occasional or habitual substance abusers.

IV. Statutes

6.7 SACs are established under the HA and are subject to regulation of the Hospital Authority Ordinance (Chapter 113). There is no specific statute that regulates the operation of CCPSAs.

V. Current Activities

6.8 In response to the need to fill the service gap in medical and psychiatric treatment for psychotropic substance abusers, HA established a pilot SAC in Kowloon Hospital in 1994. Now there are six such clinics operating at the following locations :

- (a) **Kowloon Hospital Substance Misuse Clinic.** It is located at the Kowloon Hospital (KH) and collaborates with various drug related agencies including PS33 of the Hong Kong Christian Service;
- (b) **Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic.** It is situated at the Pamela Youde Nethersole (PYN) Hospital and collaborates with the newly established Tung Wah Group of Hospitals (TWGHs) CROSS Centre.
- (c) **Prince of Wales Hospital (PWH) Alcohol and Substance Abuse Clinic.** It is located at the Prince of Wales Hospital and collaborates with various drug related service including the Cheer Lutheran Centre.

- (d) **Queen Mary Hospital (QMH) Drug Abuse Treatment Team for Adolescent.** It is situated at the Queen Mary Hospital.
- (e) **Kwai Chung Hospital Substance Abuse Assessment Unit (KCH SAAU).** The assessment unit and inpatient detoxification service are situated at the Kwai Chung Hospital whereas the outpatient service is located at the Princess Margaret Hospital. The clinic collaborates with various drug related services including the Glorious Praise Fellowship and SRACP.
- (f) **Tuen Mun Substance Abuse Clinic.** It is situated at the Castle Peak Hospital (CPH) and collaborates with different drug treatment service including the Caritas HUGS Centre and the Jockey Club Lodge of the Rising Sun.

6.9 The services offered at SACs include physical and mental assessment, detoxification service and counselling, treatment of co-existing psychiatric and psychological problems, and referral service to other medical specialties, if appropriate. The clients of these clinics are mostly treated on an outpatient basis. The need for a period of inpatient treatment is to be determined by the specific needs of the patient. Clients diagnosed to have severe psychiatric or physical complications such as drug-induced psychosis or withdrawal convulsion and those who fail outpatient treatment repeatedly will be considered for inpatient treatment.

6.10 Apart from inpatient and outpatient service, the SACs also provide drug education to the general public, training for anti-drug social workers and information service on drug abuse for front-line anti-drug workers.

Counselling Centres for Psychotropic Substance Abusers

6.11 At present, there are five counselling centres providing service for psychotropic substance abusers : PS33 serving West Kowloon, Caritas HUGS Centre serving New Territories West, Cheer Lutheran Centre serving New Territories East, Tung Wah Group of Hospitals (TWGHs) CROSS Centre serving Hong Kong Island and Evergreen Lutheran Centre serving Kowloon East. The latter two counselling centres were set up in October 2002 in response to the then rising trend of psychotropic substance abusers in 2000.

6.12 The services provided by CCPSAs include :-

- (a) rehabilitative services for psychotropic substance abusers comprising assessment service, matching of mode of detoxification, relapse prevention, individual and group counselling service to help them resume normal functioning;
- (b) preventive education programmes for potential or occasional substance abusers;
- (c) counselling service and supportive programmes for family members of the clients;
- (d) expert information and advice on substance and substance abuse; and
- (e) professional training for allied professionals who are working with potential, occasional or habitual substance abusers.

PS33

6.13 Established in 1988, PS33 of the Hong Kong Christian Service is the first counselling centre for psychotropic substance abusers in Hong Kong. Located in Tsim Sha Tsui, PS33 provides rehabilitation services for psychotropic substance abusers in West Kowloon including the Kowloon City, Sham Shui Po and Yau Tsim Mong districts. In February 2002, PS33 launched a two-year project entitled “ICE (I stands for “Ice”, C for “Cannabis”, E for “Ecstasy” and “Ketamine”) Breaking Action”. The project comprises early intervention of party drug abusers, treatment services, and brief intervention programme for occasional party drug abusers to alert them of impairment to their general health related to drug use.

Caritas HUGS Centre

6.14 Established in 1996, the Caritas HUGS Centre is a counselling centre serving the New Territories West, including the catchment areas of Tuen Mun, Yuen Long, Tsuen Wan and Kwai Tsing. With sponsorship of the Beat Drugs Fund, the centre launched in 2001 a cyber guidance and information service for

young people through setting up an anti-drug web site “www.hugs.org.hk”. Up-to-date information on the harmful effects of substance abuse, treatment services and cyber counselling services are provided to young people in interesting and attractive presentations through the internet.

Cheer Lutheran Centre

6.15 The Cheer Lutheran Centre was established in 1998 and caters for psychotropic substances abusers in the New Territories East including the Shatin, Tai Po and North districts. The centre provides case assessment, relapse prevention treatment and referral service for substance abusers, telephone enquiry and consultation. It also conducts individual, family and group counselling as well as drug preventive education for secondary schools in the cluster. Pastoral counselling groups which were funded by the Lutheran Church were held as one of the relapse prevention approaches.

Evergreen Lutheran Centre

6.16 The Evergreen Lutheran Centre was set up in October 2002 to cater for psychotropic substance abusers in East Kowloon covering the Wong Tai Sin, Sai Kung, Tseung Kwan O and Kwun Tong districts. Services organised by the centre include social work and occupational counselling, therapeutic groups, self-enhancement programmes and alternative training for allied professionals. Strategic alliance has also been formed with schools, police and relevant Government departments in the cluster to promote an anti-drug culture and facilitate cross-referral of service recipients for multi-level intervention.

TWGHs CROSS Centre

6.17 The TWGHs CROSS Centre commenced operation in October 2002 to provide holistic treatment to occasional and habitual psychotropic substance abusers in Hong Kong Island including the Central and Western, Eastern and Wanchai, Southern and Islands districts. The centre adopts a multi-level intervention approach through community anti-drug education campaign for the general student population, peer-driven drug free ambassador training for potential users, group treatment programmes for occasional users, clinical intervention for habitual substance abusers and their families as well as strategic alliance with related professionals.

VI. Admission and Capacity

6.18 The first attendance, follow-up attendance and total attendance of the six substance abuse clinics from 2000 to 2002 are tabulated below :-

Year	First Attendance	Follow-up Attendance	Total Attendance	% Increase
2000	727	4,314	5,041	+ 18.31
2001	701	5,415	6,116	+ 21.3
2002	869	7,285	8,154	+ 33.3

6.19 The demand for SACs is affected by many factors including the size of the population of psychotropic substance abusers and that of those coming forward for treatment, the availability of social rehabilitation support provided by NGOs for counselling and follow-up of clients before and after medical treatment, and the referral pattern of other social services or agencies. On the basis of the service statistics over the past years, HA projects a continuous increase in demand for services of the SACs in the coming years. It will keep the services of SAC under regular review and when appropriate, cluster-based substance abuse teams may be formed. At the same time, networking with NGOs in the cluster will be enhanced to improve coordination and avoid duplication of service. In respect of medical support for psychotropic substance abusers, the mobilization of GPs mentioned in paragraphs 4.34 to 4.35 of this Plan could be an additional resource for enhancement of service provision for psychotropic substance abusers.

6.20 The caseload and group sessions of the CCPSAs during the past three years are as follows :

Year	No. of Cases	% Change Compared with Previous Year	No. of Group Sessions	% Change Compared with Previous Year
2000	340	+ 28.8	647	+ 85.4
2001	372	+ 9.4	656	+ 1.4
2002	366	- 1.6	991	+ 51.1

6.21 The caseload for the counselling centres has increased by 7.6 % from 340 cases in 2000 to 366 cases in 2002. There has also been a drastic increase of group sessions held for the psychotropic substance abusers by 53.2 % from 647 sessions in 2000 to 991 sessions in 2002. Both reflect the stepped up efforts made by the counselling centres to meet growing demand for the service. With the setting up of two new counselling centres in October 2002 providing total coverage for the whole territory and the proactive approach of the five counselling centres to reach out to secondary schools to conduct preventive education and follow up service, the counselling centres have become an important service to occasional or experimental young psychotropic substance abusers, their families and the allied professionals.

VII. Latest Development and Key Initiatives

6.22 A number of initiatives under planning by HA in the coming years present opportunities for the further development of treatment services for psychotropic substance abusers. They include hospitals clustering and takeover of general outpatient clinics (GOPCs) from DH.

Implementation of Cluster Management Structure

6.23 In the last quarter of 2002, HA implemented the cluster management structure by organising its hospitals and related service into seven clusters, namely, Kowloon East, Kowloon West, Kowloon Central, Hong Kong East, Hong Kong West, New Territories West and New Territories East. Under the cluster arrangement, the provision of full range of comprehensive inpatient, ambulatory and community-based health care service will be tailored to meet the needs of the population in each cluster. Furthermore, Cluster Chief Executives have been appointed to take charge of the performance of all hospitals and service units within their geographical areas and accountable for the total resources allocated. It is anticipated that the substance abuse clinics will align its services towards this direction and referrals between NGOs and SACs will be more streamlined and collaboration between the two services enhanced.

Regular Cluster-based Forum between HA and Drug Treatment Agencies

6.24 Taking advantage of the new clustering arrangement which facilitate the provision of health care services tailor made to the population served in each cluster and in view of the different demand of medical support service for substance abusers in different clusters, there is a need to establish in the clusters concerned a regular forum between HA personnel and drug treatment agencies. These discussion and exchanges will facilitate closer and better collaboration between HA and drug treatment agencies with a view to providing improved services for substance abusers.

Experience Sharing between SACs and Drug Treatment Agencies

6.25 To promote successful practices of cooperation between SACs, residential drug treatment and rehabilitation centres and counselling centres, forums amongst various drug-related services may be organised from time to time for experience sharing and discussion of measures for enhanced collaboration and continuous service improvement.

Takeover of General Outpatient Clinics (GOPCs) from the Department of Health

6.26 In December 2000, the Government decided to transfer GOPCs from DH to HA. Following completion of the pilot transfer of the first five clinics in 2001/02, HA has taken over the remaining 59 GOPCs in July 2003. To cater for improved care services for substance abusers in the long run, the authorities may consider involving the GOPCs for delivering treatment service for substance abusers in the community.

Development of Tertiary Centres

6.27 In the long term, efforts could be made to strengthen the substance abuse treatment service under the HA through setting up of tertiary centres for psychotropic substance abusers. Those centres would provide full-time service, enhanced social workers' input and be equipped with specialist inpatient facilities which are separate from the general psychiatric ward settings. Its services will also include the development of new facilities such as day hospital and alcohol treatment services, etc.

CHAPTER 7

Aftercare and Community Reintegration

I. Basic Principles and Overall Objectives

7.1 The basic principle underlying aftercare services for rehabilitated drug dependent persons is to help them maintain abstinence and sustain a drug free life. There are currently many types of aftercare and support programmes for rehabilitated drug dependent persons in Hong Kong. Such programmes include halfway house service, mutual support service, vocational training and job placement. The overall objective of these programmes is to help rehabilitated persons to rebuild their life, abstain from drug use and reintegrate into the society as a useful and productive citizen.

II. Specific Objectives

7.2 The specific objectives of aftercare services are as follows:

- (a) to assist and encourage rehabilitated persons to remain drug free;
- (b) to help drug dependent persons to regain self-confidence and assume a responsible role within family and towards society as a whole; and
- (c) to foster mutual cooperation, assistance and friendship amongst rehabilitated persons.

7.3 The specific objectives of halfway houses include the following :

- (a) to provide temporary accommodation for rehabilitated drug dependent persons;
- (b) to encourage rehabilitated persons to engage in various work programmes during the day;
- (c) to organise group counselling and house meetings for rehabilitated persons;

- (d) to organise social/community activities during weekends and holidays;
- (e) to arrange family counselling to help resolve relationships problems; and
- (f) to facilitate rehabilitated drug dependent persons' reintegration into the community.

III. Clientele

7.4 Aftercare services are usually offered as an integral part of voluntary residential drug treatment and rehabilitation programmes operated by NGOs. A number of these NGOs also operate halfway houses for drug dependent persons discharged from their centres. Some NGOs also accept discharges from residential drug treatment centres other than its own.

IV. Statutes

7.5 Halfway house catering for residential care of four or more drug dependent persons are subject to control under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Chapter 566) which has commenced operation on 1 April 2002. Operators of halfway houses are required to obtain a licence or a Certificate of Exemption for operation.

V. Current Activities

Aftercare Services

7.6 Aftercare services are offered by a number of NGOs operating residential drug treatment centres to help drug dependent persons reintegrate into the society. The types of activities organised include:

- (a) vocational training and job placement service;
- (b) home visits to discharges and family involvement and support activities; and

(c) counselling service and religious gatherings.

7.7 Apart from the above, there are two other organisations which offer aftercare services for rehabilitated drug dependent persons. The Pui Hong Self-Help Association was formed by a group of voluntary rehabilitated drug abusers in 1967 aiming to promote its members' self-help and mutual support in order to lead a drug free life. Members of the Association include discharges of SARDA's drug treatment centres and detoxified methadone patients. Current membership stood at over 3,000 of which about 359 were active members. Activities organised include peer counselling, recreational activities, interest groups and vocational counselling. In 1998, with funding support of the Beat Drugs Fund, the Association set up a job skills training centre to provide vocational training for rehabilitated drug dependent persons. In February and April 2000, the Association set up a removal service for men and an express delivery service for women to provide employment opportunities for rehabilitated persons. In April 2001, with support of the Intensive Employment Assistance Fund, the Association launched a two-year job skills and job creation project to provide vocational training and employment placement services for rehabilitated persons. Between April 2001 and March 2003, a total of 3,377 persons joined the courses and activities of this project.

7.8 Under the subvention of SWD, the Caritas Lok Heep Club provides counselling and assistance to drug dependent persons, rehabilitated drug dependent persons, methadone patients and their family members to help drug dependent persons reintegrate into the society. To meet the changing needs of the target service recipients, the Club has recently placed more emphasis on family and group counselling services.

Halfway House

7.9 Halfway house is an important component of the post-discharge aftercare services for rehabilitated drug dependent persons upon their completion of residential drug treatment programmes. The purpose of halfway house is to provide transitory accommodation for rehabilitated persons with professional input for re-socialisation training, including counselling, life skills training, job skills training and employment assistance. Some operators of halfway houses also work with family members of the residents to strengthen support for their clients.

7.10 NGOs which provide halfway house facilities, their clientele, duration of stay and activities organised are given below.

Agency	Halfway House	Clientele	Duration of Stay	Type of Activities Organised
Barnabas Charitable Service Association	Ma On Shan Half-way House	Rehabilitated female drug dependent persons under 40	6 months	Counselling, group therapy, recreational activity, job skills training, fitness training, adventure training and musical training.
Finnish Evangelical Lutheran Mission	Halfway House in Kwai Chung	Rehabilitated male drug dependent persons	3 months	Counselling, religious programmes, recreational activities, work therapy, career and family counselling.
Christian Zheng Sheng Association	Cheung Chau Male Training Centre for Youth	Rehabilitated young male drug dependent persons	12 months	
	Cheung Chau Female Training Centre	Rehabilitated female drug dependent persons	-	
	Mui Wo Male Training Centre for Adult	Rehabilitated male drug dependent persons	6 months	
Christian New Being Fellowship	Halfway House in Sai Kung	Rehabilitated young drug dependent persons under 25	6 months	Vocational training, career counselling, and family intervention.

Agency	Halfway House	Clientele	Duration of Stay	Type of Activities Organised
Operation Dawn	Wong Tai Sin Centre	Rehabilitated male drug dependent persons	6 months	Counselling, religious therapy, recreational activities, and work therapy.
Society for the Aid and Rehabilitation of Drug Abusers (SARDA)	Female Hostel	Rehabilitated female drug dependent persons	3 months	Individual and group counselling, social and recreational activities, health talks, self-help, and mutual help activities, employment service.
	Bradbury Hong Ching Centre	Rehabilitated male drug dependent persons	3 months	
	Kowloon Hostel	Rehabilitated male drug dependent persons	3 months	
	Bradbury Luen Ching Centre	Rehabilitated male drug dependent persons	3 months	
	Bradbury Pui Ching Centre ¹	Rehabilitated male drug dependent persons	Not fixed	
Wu Oi Christian Centre	Shun Tin Halfway House	Rehabilitated male drug dependent persons	6 months	Religious counselling, recreational activities, work therapy, job referral.
	Fo Tan ² Youth Halfway House	-	-	-

¹ The Bradbury Pui Ching Centre has been converted into a self-financing hostel in November 2003.

² The Fo Tan Youth Halfway House has ceased operation since 2002.

VI. Admission and Capacity

7.11 The capacity of the above halfway houses and the number of admission into these facilities between 2000 and 2002 as reported by the agencies were as follows:-

Agency	Halfway House	Capacity		No. of Admission					
				2000		2001		2002	
		Male	Female	Male	Female	Male	Female	Male	Female
Barnabas Charitable Service Association	Ma On Shan Halfway House		25		19		20		14
Finnish Evangelical Lutheran Mission	Kwai Shing Circuit Halfway House	28		40		52		52	
Christian Zheng Sheng Association	Cheung Chau Male Training Centre for Youth	40							
	Cheung Chau Female Training Centre		20						
	Mui Wo Male Training Centre for Adult	24							
Christian New Being Fellowship	Halfway House in Sai Kung	12		32		32		43	
Operation Dawn	Wong Tai Sin Centre	16		37		43		28	

Agency	Halfway House	Capacity		No. of Admission					
				2000		2001		2002	
		Male	Female	Male	Female	Male	Female	Male	Female
SARDA	Female Hostel		10		42		34		24
	Bradbury Hong Ching Centre	14		61		69		62	
	Kowloon Hostel	16		70		65		81	
	Luen Ching Centre	16		80		67		69	
	Bradbury Pui Ching Centre	20		103		103		100	
Wu Oi Christian Centre	Shun Tin Halfway House	20		13		10		10	
	Fo Tan Youth Halfway House ²	12		-		-		-	
Total		218	55	436	61	441	54	445	38

7.12 The demand for aftercare services and halfway house is affected by an array of factors including the number of post-discharge rehabilitated persons, the readiness of rehabilitated drug dependent 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. In view of the changing trend and pattern of drug abuse, there is a need for providers of aftercare services to closely monitor and assess whether their service goals and service provision still gear towards the needs of the current cohort of rehabilitated persons.

² The Fo Tan Youth Halfway House has ceased operation since 2002.

VII. Latest Development and Key Initiatives

Focus Group on Job Skills Training and Employment Assistance to Drug Dependent Persons

7.13 Five focus groups comprising service providers and users of drug treatment and rehabilitation services were convened by the Hong Kong Council of Social Service between 28 April and 16 May 2003 to deliberate on ways to enhance job skills training and employment assistance to young and middle-aged rehabilitated drug dependent persons. The salient findings of these focus group discussions are as follows :

- (a) Provision of soft skills training on writing application letters and resume, interviewing skills and communication / interpersonal skills and the adoption of good working attitude are considered useful in helping rehabilitated job abusers in seeking and maintaining a stable job;
- (b) Private firms in the business sectors could be an additional resource for supporting the re-entry of rehabilitated drug abusers into the labour market;
- (c) Cooperation between drug treatment agencies and vocational skills training / employment assistance schemes provided by the Labour Department (LD) and Employees Retraining Board (ERB) could be enhanced to enlarge the job market for rehabilitated drug abusers; and
- (d) Many employers are unwilling to employ rehabilitated drug abusers and have less confidence in their abilities to carry out their duties competently.

Areas for Further Enhancement

Enhancement of Vocational Training and Employment Assistance for Rehabilitating/Rehabilitated Drug Dependent Persons

7.14 At present, vocational training offered by drug treatment agencies focuses primary on training of specific job skills ranging from carpentry,

painting, vehicle maintenance, air-conditioning engineering service to computer operation, banner production and graphic design. Some agencies also offer soft skills training such as job application skills and courses on interviewing techniques. To assist rehabilitating persons in finding jobs and sustaining employment, drug treatment agencies should consider enhancing their existing vocational training to include soft skills training such as resume writing and interpersonal skills etc with a view to inculcating proper working attitudes in their clients.

7.15 At present, the LD and ERB operate various job skills training schemes and employment assistance programmes to provide assistance for unemployed persons. The schemes operated by LD include the Youth Work Experience and Training Scheme³, Youth Pre-employment Training Programme⁴, District Employment Programme for the Middle-aged⁵ and Re-employment Training Programme for the Middle-aged⁶. Furthermore, ERB also organises retraining programmes⁷ for persons with difficulties in finding employment.

7.16 Rehabilitated drug dependent persons may join the above

³ This scheme aims to enhance the employability of young people, including work experience, and job skills and brighten their employment prospects through the provision of on-the-job training. The scheme is launched from July 2002 for two years with a view to training 10,000 young people. All young people aged between 15 and 24 with educational attainment below the degree level are eligible to join the scheme.

⁴ The Youth Pre-employment Training Programme launched in 1999 is aimed at enhancing the employability and competitiveness of young school leavers aged between 15 and 19, getting them prepared for entering the employment market and helping them to draw up career plans. The programme consists of two major elements : modular training and workplace attachment training. For modular training, trainees are required to complete a compulsory module on job search and interpersonal skills after which they may enroll in other modular training courses on leadership, discipline and team building, computer application training and job-specific skills training. To enable trainees to acquire work experience, they will be offered one-month workplace attachment in the private, public, or social service sectors.

⁵ Launched in April 2003, the District Employment Programme for the Middle-Aged is a one-year programme aimed at assisting about 1,500 unemployed middle-aged persons to find jobs in the vicinity of their residence. The programme is being carried out in Yuen Long, North District, Shatin, Kwai Tsing, Sham Shui Po, Tseung Kwan O, Wong Tai Sin and Eastern Districts by 8 member NGOs of the Hong Kong Council of Social Service. Persons aged 40 or above and have been unemployed for three months are eligible to join the scheme.

⁶ LD launched the Re-employment Training Programme for the Middle-Aged in May 2003. The two-year programme is geared to assist middle-aged unemployed persons to secure sustainable employment through targeted employment assistance and on-the-job training. All job seekers who are aged 40 or above and has been unemployed for 3 months are eligible to join the programme.

⁷ The target group of ERB's retraining programmes is unemployed persons aged 30 or above. The retraining programme are delivered through over 50 accredited training bodies experienced in vocational training or adult education. A great variety of full-time, part-time and evening courses are being offered. Graduate trainees of full-time courses are offered employment assistance in job counselling and placement service upon completion of training.

schemes/programmes provided that they meet the criteria stipulated for individual scheme / programme. In view of the importance of employment in the reintegration of drug dependent persons as productive and contributing members of the society, ND should liaise with the LD and ERB to explore the feasibility of providing more vocational training and job placement opportunities for both young and middle-aged rehabilitated persons under these schemes.

Partnership with the Business Sector

7.17 Many companies in the commercial sector have shown interest in assisting underprivileged groups in various ways such as offering them employment. To enhance employment opportunities for rehabilitated persons, the feasibility of drug treatment agencies to forge partnership with the business sectors in programmes such as the Caring Company Scheme⁸ launched by the Hong Kong Council of Social Service should be explored. Areas of cooperation between drug treatment agencies can take the form of trial work placement scheme, job placement for rehabilitated persons or partnership projects with the business sectors.

Media and Publicity

7.18 To promote employment of rehabilitated persons by potential employers, it will be useful to launch media campaign and publicity activities which are geared towards the promotion of positive image of rehabilitated drug dependent persons at the workplace. Such campaign should target at informing and educating the community as well as gaining their acceptance of rehabilitated persons.

Enhancement of Family Involvement in Drug Treatment Programmes

7.19 Taking into account increasing research evidence showing that family involvement plays an indispensable role in the successful rehabilitation of drug

⁸ The Caring Company Scheme was launched by the Hong Kong Council of Social Service in 2002 with the objective of encouraging partnership amongst businesses, social service organisations and the government in building a caring and cohesive society. About 250 companies have been awarded the Caring Company logos which requires them to demonstrate commitments in any two of the following areas : encourage and support employee volunteering, provide family friendly environment for employees and being gender sensitive, willing to employ vulnerable groups, develop partnership projects with social service centres, share business expertise with the social service organisations, and donate or in kind giving to the community.

dependent persons, it is recommended that more efforts should be made to make use of this element in the existing drug treatment programmes. In particular, consideration may be made for the launching of family-based intervention programmes.

CHAPTER 8

Summary of Recommendations and Key Initiatives

8.1 The following is a summary of recommendations and key initiatives included in this Plan.

I. General Developments

General Trend

- The increasing proportion of drug dependent persons reported of abusing psychotropic substances and with poly-substance abuse, particularly amongst the younger generation, is an issue of concern in the future development of drug treatment and rehabilitation services in Hong Kong. There is room for strengthening and tailor-making treatment and rehabilitation service for psychotropic and poly-drug abusers. This calls for adjustment of the existing drug rehabilitation programmes to ensure that appropriate treatment intervention is built in the treatment process. In this connection, it will be useful to take into account the research project commissioned by ND to produce a set of screening and assessment protocol on poly-drug users. (Paragraphs 1.7 – 1.10 and 2.31)
- Since female drug dependent persons continue to constitute a significant proportion of the total drug abusers population, in particular for the age group under 21, there is scope to continue to strengthen existing drug treatment and rehabilitation services, including those provided at residential and outpatient settings, to give more focus on the specific needs of women. Furthermore, to cater for the unique needs of female drug dependent persons, gender difference in diverse drug abuse areas such as origins and pathways, biomedical factors, co-morbid mental disorders, as well as medical and health consequences should be taken into account by the service providers concerned. (Paragraphs 1.11 - 1.12)

Enhanced Training for Anti-drug Workers

- The authorities, in collaboration with the sector, should organize more

training for frontline anti-drug workers, including social workers, peer counsellors and health care professionals, to keep them continuously updated on latest treatment and rehabilitation approaches and related information and to equip them with the necessary knowledge and skills in handling problems of substance abuse. (Paragraph 4.51)

Chinese Medicine

- Full-fledged clinical trials of Chinese medicine for drug detoxification and relapse preventions will be possible after the Chinese Medicine Ordinance and its subsidiary legislations have come into operation. The Beat Drugs Fund project to set up a database on traditional Chinese medicine treatment on drug addiction should provide good reference and ground work for such trials. (Paragraphs 1.18 and 2.43)

Enhancement of Family Involvement in Drug Treatment Programme

- More efforts should be made to make use of family involvement in the existing drug treatment programmes. In particular, consideration may be made for the launching of family-based intervention programmes. (Paragraph 7.19)

II. Compulsory Drug Treatment Programme

- To better meet the needs of offenders with psychotropic substance abuse, the Correctional Services Department should consider adoption of appropriate measures to enhance its existing rehabilitation programme taking into account the findings of a consultancy study on the development of preventive and treatment programme for offenders addicted to psychotropic substances. (Paragraph 3.30)
- To provide co-ordinated and improved service for discharges of DATCs, the Correctional Services Department should explore measures to enhance its existing interface with drug treatment NGOs, including the SRACP whose primary service targets are offenders released from correctional institutions. (Paragraph 3.31)

III. Voluntary Residential Treatment Programme

Re-designing of Existing Drug Treatment Programmes

- Taking into account that psychotropic substances such as ketamine have become popular drug of choice in recent years especially among young people, there is a need for drug treatment agencies to re-engineer their existing opiate-oriented services having regard to the specific needs and characteristics of these abusers. (Paragraph 4.44)
- Consideration may be given for NGOs to pilot innovative programmes such as boot camps aimed at the early engagement, intervention and treatment of experimental and habitual substance abusers. (Paragraph 4.48)
- Individual districts should assess the local needs for late night facilities for young people and consider whether more late night facilities should be opened in future. (Paragraph 4.50)

Licensing Scheme for Drug Treatment and Rehabilitation Centres

- The Government should continue to monitor the progress of the licensing scheme for drug treatment and rehabilitation centres and provide necessary assistance to the centres to help them comply with the requirements set out in the licensing scheme. (Paragraph 4.8)

Government Subvention System for Voluntary Residential Drug Treatment and Rehabilitation Centres

- The Government subvention system for voluntary residential drug treatment and rehabilitation centres currently under review by the Social Welfare Department and Department of Health should aim at enhancing cost-effectiveness in service delivery, ensuring value for money and increasing public accountability, whilst at the same time allowing flexibility to NGOs in deployment of resources and encouraging them to implement continuous service improvements. (Paragraphs 4.36 - 4.38)

Service Information System

- A Task Force comprising representatives of relevant Government departments, drug treatment agencies and research experts should be formed to work out a set of commonly agreed service standards which are broadly acceptable by the drug treatment and rehabilitation service sector. As a start, consideration could be given to collecting relevant information from drug treatment agencies for setting up a Service Information System to provide necessary data for drawing up the service standards. (Paragraph 4.42)

Database on Drug Treatment and Rehabilitation Services

- To enable drug dependent persons to make better and informed choice of treatment, ND will consider a proposal to set up a database containing comprehensive information on the drug treatment and rehabilitation service. (Paragraph 4.52)

Medical Support Service

- To cater for the growing demand of medical support service for drug dependent persons, the feasibility of encouraging involvement of General Practitioners in the treatment of substance abusers should be explored. (Paragraphs 4.34 - 4.35 and 6.19)

Enhanced Interface and Communication between Drug Treatment Services and Other Mainstream Services

- To facilitate concerted efforts in the service delivery for drug dependent persons, ways of enhancing linkage and communication between drug treatment agencies and other mainstream services should be explored. Areas of further collaboration may include enhanced information exchange and referral of clients, developing partnership and network and sharing of experience on various support services for drug dependent persons such as vocational training and employment assistance. (Paragraph 4.43)

Multi-disciplinary Approach for Drug Treatment and Rehabilitation Services

- In the long term, consideration should be given to the development of a multi-disciplinary approach straddling different sectors (such as health, welfare, law enforcement, justice, housing) for improved care to drug dependent persons. In developing the multi-disciplinary approach, it will be useful to study the experience of overseas countries in implementing such concept as well as take into account the unique circumstances and features of the local drug treatment services. (Paragraph 4.53 – 4.56)

IV. Methadone Treatment Programme

- The Department of Health should monitor implementation of the project to computerise the manual data management system of the MTP with a view to enhancing service delivery at methadone clinics. (Paragraph 5.21)
- SARDA's proposal to set up a new MTP Social Service Centre to provide one-stop service for methadone patients to facilitate their rehabilitation and social reintegration should receive due consideration and support. (Paragraph 5.22)

V. Counselling Centres for Psychotropic Substance Abusers

- Subject to the availability of resources, the two existing CCPSAs, which were underprovided in space accommodation, namely PS33 and the Cheer Lutheran Centre should be reprovisioned to new premises to allow enhanced service delivery. (Paragraph 2.26)

VI. Substance Abuse Clinics

- To tie in with the implementation of cluster management structure in the Hospital Authority, the substance abuse clinics should align its services towards this direction with a view to streamlining referrals between NGOs and the clinics and enhancing collaboration. (Paragraph 6.23)
- Regular cluster-based communication and exchanges between the Hospital Authority and drug treatment agencies should be established to explore

ways of providing improved care to psychotropic substance abusers. (Paragraph 6.24)

- To promote good cooperative practices between drug treatment agencies and substance abuse clinics, forums may be organised from time to time for experience sharing, and to discuss measures for enhanced collaboration and continuous service improvement. (Paragraph 6.25)
- In the long run, to cater for improved care services for drug dependent persons, consideration may be given to use the GOPCs operated by the Hospital Authority as a focal point for delivery of treatment service for substance abusers in the community. (Paragraph 6.26)
- As a long term service enhancement measure, dedicated tertiary centres with specialised facilities and services for psychotropic substance abusers may be set up by the Hospital Authority. (Paragraph 6.27)

VII. Reintegration into Society

Enhancement of Vocational Training

- To assist rehabilitating drug dependent persons in finding jobs and sustaining employment, drug treatment agencies should consider including soft skills training such as resume writing and interpersonal skills in their vocational programme with a view to inculcating proper working attitudes in their clients. (Paragraph 7.14)
- Taking into consideration the importance of employment in the successful reintegration of drug dependent persons, ND should liaise with the LD and ERB to explore the feasibility of providing more vocational training and job placement opportunities for both young and middle-aged rehabilitated drug dependent persons under various ongoing job skills training and employment assistance scheme operated by these bodies. (Paragraph 7.16)

Partnership with the Business Sector

- To expand the job market and enhance employment opportunities for

rehabilitated drug dependent persons, drug treatment agencies should reach out and try to forge partnership with the business sector in programmes such as the Caring Company Scheme. (Paragraph 7.17)

Media and Publicity

- Media campaign and publicity activities should be launched to promote positive image of rehabilitated drug dependent persons at the workplace. Such campaign should target at informing and educating the community as well as gaining their acceptance of rehabilitated persons. (Paragraph 7.18)

Implementation

8.2 A Working Group should be formed to oversee and monitor the implementation of recommendations made in this Plan. A detailed action plan with action organisations and target completion dates would be drawn up by the working group. The progress of the overall implementation of these recommendations will be reported regularly to and monitored by ACAN and its Sub-committee on Treatment and Rehabilitation as well as the Drug Liaison Committee.

CHAPTER 9

Conclusion

9.1 Building on the success of the multi-modality approach, Hong Kong has achieved significant progress in the development of the drug treatment and rehabilitation services over the past three years. These included the formulation and implementation of a set of multi-faceted strategies to tackle the problems of psychotropic substance abuse, completion of a comprehensive review of the MTP, launching of a licensing scheme for residential drug treatment centres, extending the coverage of CCPSAs to cover the whole territory, and bringing a new residential cum outpatient drug treatment centre into operation. These new initiatives were launched to ensure that the provision of drug treatment and rehabilitation services can reflect and adequately respond to the latest needs of drug dependent persons captured by the Central Registry of Drug Abuse and drug-related research.

9.2 In the coming three years, the Government will implement further new initiatives to enhance the existing provision of drug treatment and rehabilitation services. Particular attention will be paid on new programmes for psychotropic substance abusers, poly-drug users and female drug dependent persons. At the same time, efforts will continue to be made to devise new and effective strategies to keep pace with the ever-changing drug scene.

**Membership of
Working Group on the Third Three Year Plan on
Drug Treatment and Rehabilitation Services in Hong Kong
(2003-2005)**

Chairman : Dr. Lam Kui-chun

Members : Ms. Jane Tsuei
Mr. David Cheung
Mr. Frankie Sun
Mr. Sunny Fung
Ms. Annissa Lui Wai-ling
Mr. Wong Wai-chung
Prof. Dominic Lee
Mr. Charles Wong
(Principal Assistant Secretary for Security (Narcotics)
(until 30 June 2003))
Miss Winnie Chui
(Assistant Secretary for Security (Narcotics) 2
(since 1 July 2003))
Ms. Anita Leung
(Senior Executive Officer (Narcotics) 2)
Dr. Cindy Lai
(Department of Health)
Mr. Chow Tak-wah
(Correctional Services Department)
Mrs. Lily Ng
(Social Welfare Department)
Ms. Margaret Tay
(Hospital Authority)

Secretary : Executive Officer (Narcotics) 2

**Working Group on the Third Three-year Plan
on Drug Treatment and Rehabilitation Services in Hong Kong (2003-2005)**

Terms of Reference

- (a) To assess the adequacy of the existing drug treatment and rehabilitation programmes in Hong Kong to see whether the services provided accord with the distribution of drug dependent persons' characteristics and needs;
- (b) To identify room for adjustment and enhancement of the existing drug treatment and rehabilitation services in Hong Kong; and
- (c) To advise on the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2003 to 2005.

Records of Focus Group Meetings
Conducted Between 24 April 2003 to 16 May 2003

Working Group on Three-year Plan on Drug Treatment and Rehabilitation Services
Minutes of meeting of Focus Group on Medical Support

Date : 24 April 2003
Time : 2:30 pm – 4:30pm
Venue : Room 201, 2/F, Duke of Windsor Social Service Building,
15 Hennessy Road, Wanchai, Hong Kong.

Present

Mr. David CHEUNG (Convenor)	Task Force on Substance Abuse, Hong Kong Council of Social Service
Dr. S.P. LEUNG	Tuen Mun Substance Abuse Clinic, Castle Peak Hospital
Dr. Ben CHEUNG	Kwai Chung Hospital Substance Abuse Assessment Unit
Mr. SIU Yat-ping	Drug Addict Counselling and Rehabilitation Services
Mr. CHENG Chun-wah	Christian New Life Association Ltd.
Ms. Annissa LUI	Hong Kong Lutheran Social Service
Mr. John CHUNG	Caritas
Ms. Brenda CHUNG	Tung Wah Group of Hospitals CROSS Centre
Mr. Max SZETO	Hong Kong Christian Service
Ms. Anita LEUNG	Narcotics Division, Security Bureau
Ms. Mary LEUNG	Narcotics Division, Security Bureau
Ms. Dora YEUNG	The Hong Kong Council of Social Service
Ms. Jolene MAK (Secretary)	The Hong Kong Council of Social Service

Absent with apologies

Dr. James CHIEN	Pui Hong Self-Help Association
Dr. YEUNG Chiu-fat	Hong Kong Doctors Union

Contents of discussion:

1. Impact of implementation of hospital cluster system on treatment and rehabilitation services

- Under the hospital cluster system of the Hospital Authority (HA), the Cluster Chief Executive allocates health care resources based on the demand of the cluster for which he is held responsible. Substance Abuse Clinics (SACs) will admit patients who resides in the relevant cluster. However, since quite a number of drug dependent persons abuse drugs or seek treatment cross the cluster, there is a mismatch between these two aspects and it is likely that drug abusers may not receive suitable medical support.
- Upon full implementation of the hospital cluster system which affects resource allocation in each cluster, it will be difficult to provide services cross the cluster. Consideration may be given to adopting a cross-cluster charging system for SAC service.
- The Cluster Chief Executive of a cluster adopts a community-based approach. It is necessary for him to exchange views with local organisations. Drug treatment and rehabilitation agencies can take the initiative to meet the Cluster Chief Executive to elaborate on their service demand.
- Some attendees were worried that upon full implementation of the hospital cluster system, some SACs might experience shrinkage in resources and service on account of the decision of the Cluster Chief Executive in the respective cluster, depriving drug abusers of the services they need.
- Where there is Counselling Centre for Psychotropic Substance Abusers (CCPSA) but no SAC in a cluster, for example, the East Kowloon region, people who are in need of the services of SACs are compelled to seek assistance from SACs in other cluster that admit clients from other regions.
- Recently, PS33 was notified that the Kowloon Hospital SAC would no longer admit patients not residing in its cluster. Many of the cases handled by PS33 are referrals by probation officers with reference to the scene of the offence but not the residential district of the clients. Under the above arrangement, quite a number of its clients will not be able to receive medical support from the Kowloon Hospital SAC. If PS33 refers those clients to other clinics admitting patients from other regions, the workload of those clinics will increase and the extended waiting time will possibly affect the clients' motivation to receive treatment.
- For a service user of CCPSAs residing in North District and working on Hong Kong Island, it is always more convenient for him to receive drug treatment service on Hong Kong Island. However, the SAC on Hong Kong Island will refuse to make a referral on the grounds that the client is not residing in the cluster

where the clinic belongs. This demand for cross cluster service is common.

- The requirement of using residential address as an admission criterion will have great impact on some CCPSAs. For instance, half of the cases handled by PS33 are classified by the scene of the offence but not the residential address of its clients.
- Attendees found that they had to gain a better understanding of the hospital cluster system with which they were not very familiar for it has an important bearing on cooperation and support among SACs, CCPSAs and drug treatment centres.

2. Views on the Services of SACs

1. Coordination between Residential Drug Treatment Centres and SACs

- The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance came into operation in April last year. The relevant Code of Practice requires an applicant for residential treatment service to undergo medical assessment by registered medical practitioners. Only those drug dependent persons who are considered suitable for receiving residential drug treatment service are admitted to the centres. Therefore, it is necessary to examine whether SACs can provide support in this respect.
- Since some of the clients of drug treatment centres are infirm persons, special care has to be taken in dealing with their detoxification. It would be more desirable if arrangement could be made for these people to be admitted to SACs for detoxification and then transferred to the residential drug treatment centres.
- Drug treatment centres faces many problems in handling detoxification cases, for example they are at a loss for whom to seek assistance from when dealing with clients who need detoxification but show no psychological signs.
- In the long run, the authorities should carefully look at the medical support problem concerning residential drug treatment centres. The present situation reveals that support has been inadequate.

2. Coordination between CCPSAs and SACs

- Services provided by the two SACs on Hong Kong Island differ, so are their admission criteria. For example, one of the

clinics has set an age limit.

- It is necessary to explore ways to enhance communication between SACs and the CCPSAs within the same cluster.
- Some attendees held that the HA could provide SAC service in clusters where there are CCPSAs.

3. Opinions on the standardization of services provided by the SACs

- Some attendees pointed out that as the needs for medical support for drug dependent persons in different districts vary, it would be very difficult for the SACs in different districts to provide the same kinds of service. Some districts are in greater need of services while others may not. Moreover the types and trend of substance abuse vary from district to district, so different services must be provided to meet the specific needs of different districts. However, the fundamental services required in the SAC must be identified.
- The SACs' admission criteria for patients are primarily the clients' motivation to quit drugs and whether they are referred by social workers. Clients not being followed-up by social workers might be referred from some SACs to drug treatment centres for future follow-up by social workers.
- At present, SACs and CCPSAs in Kowloon and the New Territories are providing complementary and inter-related admission and aftercare services. However, the situation in Hong Kong Island is still unclear and reference to the experiences in other clinics must be made.

3. Medical support to be provided by General Practitioners (GPs)

- As for medical support, pre-admission body check-up and detoxification for drug dependants are part of but not an essential task of the work of SACs. In fact, this task could be taken up by GPs to reduce the workload of the SAC and expedite the waiting time. Currently, quite a number of drug treatment centres are having GPs to conduct body check-ups for their patients.
- Apart from their need of medical support service such as body check-up and pre-admission detoxification, clients of residential drug treatment centres may also have urgent need of medical support from GPs in times of emergency. This is where GPs can assist in providing timely support.
- A list of the special needs and expectations of drug treatment centres in different districts must be drawn up to determine whether

GPs are able to provide the specific medical support for drug dependent persons; and

- HA is planning to convert the General Outpatient Clinics into family clinics after taken them over from Department of Health (DH). The outpatient clinics will provide body check-ups for drug dependent persons which can reduce the labeling effect when patients pay visit to psychiatric clinics.

4. Others

- Quite a lot of service users of SAC are without psychiatric problems. They consider it a double labeling effect when being referred to the SAC for diagnosis by psychiatrists and think that a clear demarcation between the psychiatric and substance abuse services provided in the clinics should be made.
- At present, the heroin for sale is mixed with other psychotropic substances. This often results in psychiatric problems among a lot of heroin abusers. It is necessary to consider ways to provide medical support to cope with this problem.
- At present, the cases of some drug dependants who have no symptoms of psychiatric disorder are non-essential in nature. Some of these patients, elderly people or Aids patients who are difficult to handle are rejected by drug treatment centres. Not all SACs would take in these kinds of patients.
- Drug dependants may need to visit private GPs for diagnosis as the Code of Practice requires them to have body check-up before admittance to residential drug treatment centres. For this reason, members hope that the Social Welfare Department (SWD) would extend the CSSA to cover such expenses. The representative of the Narcotics Division will pursue with the SWD for details.

Recommendations

1. About the Hospital Cluster

- It is recommended that the admission criteria of SAC clients should not be restricted to their residential addresses but also include the corresponding districts of the CCPSA and residential drug treatment centres by which their referrals are made. As there are more special problem cases in residential drug treatment centres, such as senile disorder, more flexibility should be allowed in the admission of patients. In addition, the HA should draw a list of the distribution of drug treatment agencies in different districts for corresponding deployment of resources among the hospital cluster.

- The basic principles of district support rendered by the hospital cluster are stated above. The SACs should allow more flexibility in cross-cluster referrals and the HA should give consideration to the setting up of cross-cluster charging system for cross-district cases.
- In view of the lack of a SAC in East Kowloon, consideration may be given to merging the services provided in Central Kowloon and East and West Kowloon so that SAC support service will be provided by the Kowloon Hospital.
- In view of the different needs of medical support in different districts, a platform should be established in each cluster to cater for regular discussion and exchanges between the SACs and drug treatment agencies.

2. Recommendations for the operation and development of SACs

- Detailed analysis of the current services provided by SACs and the differentiation of fundamental and tertiary services based on the needs should be conducted.
- Consideration should be given to the setting up of tertiary services, and ways to better coordinate the cross-cluster charging system for cross-district referrals as well as the fundamental and tertiary services.
- It is recommended that individual casework social workers should be made available in each SAC.

3. Coordination between the SACs and Drug Treatment Agencies

- To organize sharing sessions to promote the proven successful experience of cooperation between existing SACs and CCPSAs in other districts.
- To explore ways to coordinate the supports provided by SACs to residential drug treatment centres for compliance with the Code of Practice for Drug Dependant Persons Treatment and Rehabilitation Centres.
- To explore ways to enhance communication and cooperation among SACs and CCPSAs within the hospital cluster to cater for the different needs of clients in different districts.

4. Medical support to be provided by GPs

- To mobilize GPs to provide support to drug treatment agencies and draw a list of the doctors working in different districts who are willing to help to establish a network with the drug treatment agencies.
- Systematic coordination should be provided by the HA for the doctors working in general outpatient clinics managed by HA.

Working Group on Three-year Plan on Drug Treatment and Rehabilitation Services
Minutes of meeting of Focus Group on Job Skills Training for
Young Substance Abusers (Users Group)

Date : 28 April 2003
Time : 3:00 pm
Venue : Room 1410, 14/F, Duke of Windsor Social Service Building,
15 Hennessy Road, Wanchai, Hong Kong.

Present

Ms. Dora YEUNG (Convenor)	The Hong Kong Council of Social Service
Kuen	Christian Zheng Sheng Association
Chi	The Society for the Aid and Rehabilitation of Drug Abusers
Miss Mary LEUNG	Narcotics Division, Security Bureau
Ms. Maple CHAN (Secretary)	The Hong Kong Council of Social Service

Date : 16 May 2003
Time : 9:00am
Venue : Fullness Christian Vocational Training Centre – Unit A1, G/F,
Hoi Bun Building, 6 Wing Yip Street, Kwun Tong, Kowloon.

Present

Ms. Dora YEUNG (Convenor)	The Hong Kong Council of Social Service
Man	Fullness Christian Vocational Training Centre – ex-inmate of Sha Tsui Detention Centre
Ho	Fullness Christian Vocational Training Centre – ex-inmate of Christian New Being Fellowship
Cheong	Fullness Christian Vocational Training Centre – ex-inmate of Caritas Wong Yiu Nam Centre
Man	Fullness Christian Vocational Training Centre – ex-inmate of Barnabas Charitable Service Association
Tung-fung	Fullness Christian Vocational Training Centre – ex-inmate of Wu Oi Christian Centre
Miss Mary LEUNG	Narcotics Division, Security Bureau
Ms. Maple CHAN (Secretary)	The Hong Kong Council of Social Service

(The following is a summary of the contents of discussions of the two focus group meetings)

Contents of discussions :

1. What kind of difficulties do they encounter in finding jobs?
 - Those who find jobs through referrals by relatives and friends or by themselves do not encounter great difficulties.
 - Ninety per cent of the trainees from one of the institutions are able to find employment after completing residential treatment. However, given the present economic environment, their jobs may not be very stable and sometimes jobs/assignments are not available. On the whole, most trainees look for employment themselves instead of waiting for placement arranged by the institutions.
 - Low academic qualification makes it hard for them to find jobs with better pay.

2. During the period of residential treatment, have the residential drug treatment centres provided them with some market-oriented job skills training programmes?
 - Some informal training is provided in such skills as emulsion painting, simple maintenance. Some formal courses (e.g. computer courses) are available.
 - Some institutions adopt an immersion-in-business operation approach to train them through commercial activities (setting up companies) and let them familiarise with the practical working environment at an earlier stage.

3. At what stage does the vocational training begin?
 - Once they have completed detoxification, they can start attending courses on the use of computer, emulsion painting, maintenance work and so forth.
 - Training begins very soon but the education level of prospective trainees will have to be assessed. They may have to complete some basic courses before they are given practical assignments and learn their trade on the job. During the initial period of admission for treatment, they will engage in some simple assignments such as hostel maintenance and refurbishment, cement plastering and emulsion painting.

4. Are the employers concerned about their history of drug abuse?
 - Not many employers are concerned about their history of drug abuse. Instead, much importance will be attached to their job performance. Some focus group members expressed that an open and frank attitude towards

- their background would make it easier to face the future.
- Few employers will ask about their background.
5. Is there any thing they are unaccustomed to in their jobs?
 - There is nothing they are particularly unaccustomed to in their jobs. But some focus group members expressed problems of adapting to the working hours because they do not have to work long hours during residential treatment.
 6. Whom will they talk to when they have difficulties in work?
 - Some of them will talk to friends, social workers or family members.
 - Some of them will talk to the staff or other trainees of the hostels. Though the problems may remain unsolved, their emotion is thus assuaged.
 7. Will their body functions be impaired as a result of drug abuse?
 - Some focus group members indicated that their memory and response had been affected.
 - Some focus group members indicated that there was no significant impact.
 - Basically they can fulfill their job requirements.
 8. As they are relatively isolated from the outside world when undergoing drug treatment, how can their confidence of reintegrating into the society be restored?
 - The centres are not entirely isolated from the outside world, trainees can learn about current affairs and social development through participating in social and amenity activities, reading newspaper, listening to news reports and talking with graduated trainees or staff of the centres.
 - To assist their reintegration into the society, trainees may maintain contacts with the market through placements in commercial activities, such as internship in design companies. Such an approach of learning on the job will certainly bolster their confidence and improve their skills.
 - Disciplined life in the treatment centres can transform the trainees internally (their values) and, to a certain extent, stabilise their emotion. And the daily allocation of jobs will also instill a sense of responsibility in them, paving the way for their reintegration into the society.
 9. What kind of training can cater to the interests and needs of the trainees?
 - It will be desirable if the social workers enquire of the trainees about their interests and skills before they receive residential treatment and customized courses are provided according to individual assessments.
 - Instead of catering to the interests of a trainee, to let him do different jobs before assessing his development potential may be able to identify his

interests or help him develop an interest in a certain job. It is more important to help him develop proper working attitude and sense of responsibility.

10. How to keep yourself motivated?

- Praise and encouragement from staff are very important when a trainee has finished a job because this can give him a sense of achievement/satisfaction. He may talk to the staff if he has any problems.
- Actual work can give a trainee more satisfaction/a stronger sense of achievement than merely studying in the classroom because it will have concrete result.
- The social workers and instructors should instil a sense of responsibility in the trainees and the more senior trainees should give encouragement to younger trainees so that a good community atmosphere can be built up which will make them more committed to work.

11. How will the institutions help the trainees who are unable to find a job?

- Some trainees will work in the companies under the institutions.
- The trainees may stay in the centres to wait for the arrangement of the institutions if they are willing to do so, but they may have to wait for a few months. Most of them will try to find a job themselves.

12. What will help you find a job?

- One should think carefully what kind of job one wants to do when receiving residential treatment.
- The trainees generally have two or three years of working experience more than other people because the institutions engage in commercial activities. Moreover, the trainees will develop a right working attitude and sense of responsibility when receiving residential treatment, so people will think better of them.
- Employment counselling is not the most important. The trainees will benefit more if they can have practical work in different fields.

13. Will the institutions provide special vocational training or counselling to the trainees before they leave the hostels?

- The social workers will ask the trainees questions such as “What kind of job do you want to do?”, “Are you confident that you will be able to find a job?”. This will exert excessive pressure on the trainees and make them feel oppressed.

14. Will you enrol in the mainstream training programmes such as the Youth Pre-employment Training Programme?

- This depends on one's decision. I would rather work. Those who are interested in such training may obtain the relevant information from the social workers.
- Not many trainees will enrol in such programmes as the Youth Pre-employment Training Programme because many of the subjects have already been taught in the centres. Most of them will enrol in programmes which are extensions of the courses they have attended in the centres e.g. advanced LCC courses.
- Some trainees, especially those who quit school before completing Form 3, may want to enrol in these programmes, but they cannot meet the enrolment criteria because they do not have the necessary academic qualifications.

15. Who provides the training?

- Training is provided by social workers and wardens.
- The social workers and wardens already have the skills e.g. fish culture. They can teach the trainees the skills. Most of them have to teach a number of subjects each.
- If no one has the skill, the social worker or warden responsible for teaching the subject will learn it first and then teach the trainees.

16. Are the training facilities in the hostels sufficient?

- There is still much room for improvement, but the resources are limited.

17. Do the trainees need a central mechanism to help them find jobs?

- Some of the group members said that it would be better if more institutions would help them.
- Some of the group members said that this was not the most important.

18. Other comments

- It is hoped that the institutions can arrange more practical work for the trainees.
- It is hoped that the institutions will have more resources, including financial and human resources.
- Female trainees have fewer opportunities to receive vocational training and they are not taught as many skills as the male trainees.

Recommendations:

1. Vocational training should include helping the trainees to develop the right values and training in interpersonal skills and vocational skills.

2. Practical work enables the trainees to know more about the actual work. The centres should expand their network with outside organizations so that the trainees can have more practical work in different fields.
3. Assistance should be given to the trainees in their studies to enable them to acquire the basic academic qualifications (Form 3 or Form 5 level) so that they will be qualified to enrol in certain courses or apply for certain vacancies.
4. Employment counselling which compells the trainees to find a job in a short period of time may exert excessive pressure on them instead of achieving the purpose.
5. To provide half-way houses or arrange for social workers to provide aftercare services during the initial period of employment of the trainees may help them solve their problems in work or emotional problems. This will enhance their job stability.

Working Group on Three-year Plan on Drug Treatment and Rehabilitation Services
Minutes of meeting of Focus Group on Job Skills Training for
Young Substance Abusers (Service Provider Group)

Date : 29 April 2003
Time : 10:00 am
Venue : Room 201, 2/F, Duke of Windsor Social Service Building,
15 Hennessy Road, Wanchai, Hong Kong.

Present

Ms. Dora YEUNG (Convenor)	The Hong Kong Council of Social Service
Mr. Chan Siu-cheuk	Christian Zheng Sheng Association
Mr. Nico Cheng	The Society for the Aid and Rehabilitation of Drug Abusers
Mr. Lee Fai-ping	Wu Oi Christian Centre
Mr. LEE Chiu-leung	Fullness Christian Vocational Training Centre
Ms. Mary LEUNG	Narcotics Division
Ms. Maple CHAN (Secretary)	The Hong Kong Council of Social Service

Contents of discussion:

1. What difficulties will the clients encounter in finding employment to reintegrate into society?
 - The agencies pointed out that the clients might have difficulties in writing application letters or filling in application forms, especially when they have to disclose their history in their résumé. However, this problem does not exist where the clients are referred for jobs through different agencies. In such cases, the companies would have already been informed of their backgrounds.
 - Another agency said that as the clients would already have a lot of opportunities to keep in touch with the society during their residential treatment, it would not be too hard for them to reintegrate into society upon completion of treatment. After all, capability is the key to competition. They would be able to win their employers' support if their performance is good.
 - It was pointed out by another agency that the lack of confidence rather than capability may very often account for the clients' difficulties in securing jobs.

2. How to help them to adapt to work?
 - The agencies said that the inculcation of right working attitude should be the emphasis

of vocational training. If the clients were willing to work, they would gradually adapt. The skills of work could be acquired slowly.

- Another agency pointed out that they primarily provided training on skills e.g. to help them acquire government licences so as to enhance the clients' sense of accomplishment and self-esteem. The agency would provide formal employment for the clients to help them adapt to the working environment. Working with other experienced clients for a long time would also enable them to learn from others' experience of rehabilitation.

3. What are the essential elements of vocational training?

- The agencies said that in general, most of the candidates for job interviews were determined to work, but they might not be able to meet the requirements of the employers in some specific aspects. For example, they might not be able to go to work on time or be off on time, might not be reliable or might not have initiatives to ask questions or to learn. For this reason, the training of the clients' attitudes and understanding for work are of vital importance.
- Another agency said that clients should be taught that they should not solely work for money or work for a living. Working could help them reaffirm their identities, human relationship, sense of accomplishment and sense of belonging. The agency believed that interest could be built up through time and the sense of accomplishment would in turn bring about interest. If the clients could understand the meaning of work, they can maintain a stable employment.

4. What are the problems faced by the clients when they are formally engaged in employment? What can the agencies do to help them?

- The agencies said that the setting up of hostels was supportive to the clients. Apart from facilitating early identification of problems and intervention, clients could talk to the staff members to alleviate their psychological pressure. It was helpful in maintaining the stability for the clients to stay in employment.
- Some agencies pointed out that hostels were but interim measures. As clients would not reside in the hostels for the rest of their lives, the agencies would help by maintaining liaison with the employers and monitoring the clients' progress during the initial stage of employment.
- Another agency pointed out that some clients might have problems working with other colleagues for the reason of insufficient confidence or because they were afraid to open up and wall off themselves.

5. Are the qualifications of the teachers of rehabilitation centres and the facilities good enough? Will external resources be employed?

- The agency pointed out that there were ample opportunities for short-term trial employment, but cooperation with other companies or agencies must be made to provide long term employment.
- Another agency said that it would be difficult for agencies without government subvention to spare resources or manpower to provide vocational training.
- Another agency suggested that cooperation with the business sector should be considered because the cost for buying factories was very high and the provision of dedicated training was not easily available. For this reason, agencies often cooperate with existing companies such as tea restaurants and hair salons, etc. and ask them to let the agencies use their places of work when they were off business as venues to conduct lessons to teach the clients the relevant skills.

6. How are the vocational training designed to cater for the needs of society?

- Some agencies said that they mainly provide training to let the clients acquire one particular skill because of the clients' poor academic qualifications.
- Some agencies also suggested that there were many professions such as the making of sample goods, wedding photography and the art of knot tying, etc. to which academic qualifications were not important. One could have ample chances of development if only one could grasp the opportunity.

7. How to find potential employers?

- The agency said that personal network was very important. It would be helpful in many aspects ranging from the initiation of new ideas and borrowing of business sector facilities to the referrals of clients to other vocational training institutes.

8. Is there a need to coordinate some publicity activities to facilitate more effective partnerships with other institutions?

- The agencies said that publicity activities often came along with conditions that were unacceptable to the agencies or the clients, and such activities might bring along labelling effect. Thus, agencies must pay attention to these aspects during the organization of such activities.
- Some other agencies also suggested that it would be difficult to see the effect by organizing only one activity because the society holds a particular viewpoint against the clients after all. Instead, a big and powerful network should be built to help the clients find jobs.

9. Is the public clear about the kind of services provided by the drug treatment agencies?

- No, therefore communication is very important. In fact, many social welfare institutions have organized their own target customers to provide different types of service. The government can play an active leading role by using, for instance, the services provided by the service users of the social welfare institutions.
- Some other agencies pointed out that the Social Welfare Department (SWD) did disseminate, but not in detail, the information about the services provided by the target customers of the social welfare institutions. Thus, the public did not know how to make inquiries or use the services.
- The agencies suggested to consolidate the types of work provided by the drug treatment agencies before launching promotional activities.

10. How can the motivation of the less motivated drug dependent persons be raised?

- The agencies pointed out that once the clients had come into contact with different people, they would make comparison and would take some particular people as their examples to follow. This would be their motive to work as well as the point where intervention could be made.
- Another agency said that the clients' performance in work should be taken as the prerequisite for employment so as to make them aware of the fact that good performance was an employment requirement.

11. Will the clients' performance be affected by the damage done to their physical health by drug abuse?

- The agencies said that such cases were not common and young people could recover more easily.
- Another agency said that some clients' memory or response might be affected.

12. Will the employers be told about the clients' drug abuse backgrounds?

- All of the agencies said that the employers would know about the clients' drug abuse backgrounds.

13. How can the clients' motivation to work?

- The agencies said that the moment the clients entered the drug treatment centres, they had to shoulder the responsibilities to change their behaviour, such as to have a regular pattern of sleep and allocation of work, etc. Such regular living pattern could help them adapt to the normal life.

14. Will the agencies enhance the pre-employment preparation?

- The agencies said that they would perform psychological assessment on and provide field practices for the clients.
- Some agencies said that it would be difficult and too abstract for the clients to imagine the problems they might encounter in the future or for them to envisage their expectations because they might not understand the work in details.
- Another agency said that the clients' understanding of the work might not be the same with ordinary people. It would definitely be useful in providing them with field practice.

15. Do the agencies encounter any difficulties in search of the clients' field practice opportunities?

- The agencies said that it was not very difficult but the clients' own choice was the most important factor. In general, reviews would be conducted in one to two months' time after the clients had been engaged in field practice. Sometimes they might perform voluntary works to let the clients practice and serve the society at the same time.
- Another agency said that their agency could provide adequate field practice opportunities as they owned their own factory. But chances of field practice outside were hard to find.

Recommendations:

1. Vocational training during drug treatment

- ◆ Foster the correct job attitudes and values of work, let the clients maintain contacts with the outside world as far as possible so that they understand the market demand of employment.
- ◆ Provide clients with training on the writing of résumé and interviewing skills before their discharge from the drug treatment centres.
- ◆ Provide field practice opportunities to instill the proper working attitudes and let clients adapt to the actual working environment.

2. Search for support to cater for the clients' needs

- ◆ Consolidate the different types of work provided by the target customers of the social welfare institutions and promote them in the respective sectors and government departments.
- ◆ Cooperate with the business sectors to provide field practice or training opportunities

for the clients utilizing the existing resources.

3. Other supports

- ◆ Set up half-way houses to provide aftercare service so that the clients would still find peer support after discharge from the centres.

4. Others

- ◆ Consideration should be given to provide the clients with opportunities for further education.

Working Group on Three-year Plan on Drug Treatment and Rehabilitation Services
Minutes of meeting of Focus Group on Job Skills Training for the Middle-aged (User group)

Date : 30 April 2003
Time : 2:30 pm – 4:00pm
Venue : Room 201, 2/F, Duke of Windsor Social Service Building,
15 Hennessy Road, Wanchai, Hong Kong.

Present

Ms. Jane TSUEI (Convenor)	The Hong Kong Council of Social Service
Mr. LEE Wai-yip	Caritas Lok Heep Club
Mr. WONG Wai-chung	St. Stephen's Society
Ms. King	St. Stephen's Society
Mr. CHAN Cheuk-ho	St. Stephen's Society
Mr. TSANG Cheung-fong	Finnish Evangelical Lutheran Mission
Mr. TSUI Man-fai	Finnish Evangelical Lutheran Mission
Ms. POON Shui-lin	Operation Dawn
Mr. LAM Kwok-ho	The Society for the Aid and Rehabilitation of Drug Abusers
Miss Mary LEUNG	Narcotics Division, Security Bureau
Ms. Jolene MAK (Secretary)	The Hong Kong Council of Social Service

Main points of discussion:

- Needs of vocational training for middle-aged rehabilitated drug abusers:
 - In response to market requirements, middle-aged ex-drug abusers will have a better chance of finding jobs if they have acquired special skills in the form of driving licences or qualification as domestic helpers.
 - The usual way of acquiring vocational training is to attend courses of special schools or institutions such as the Vocational Training Council or the Construction Industry Training Authority.
- Difficulties encountered by middle-aged rehabilitated drug abusers in finding jobs:
 - They are discriminated by their employers and colleagues because of their history of drug abuse.
 - A lot of jobs require a considerable level of academic qualifications on the part of job seekers. Since many middle-aged rehabilitated drug abusers have only received primary or junior secondary education, even if they attain the relevant skill certificates or licences, they will not be hired on grounds of not meeting the academic requirements.

- Employers usually will not hire these middle-aged rehabilitated drug abusers after learning their background from the Social Welfare Department and drug treatment centres.
 - The middle-aged rehabilitated drug abusers feel like misfits among their colleagues and superiors.
 - A number of the female middle-aged rehabilitated drug abusers have for years not engaged in any kind of work, thus they lack the working experience and confidence to adapt to their jobs.
 - They are hired mostly in odd jobs rather than long-term employment.
 - Many of the rehabilitated drug abusers receive Comprehensive Social Security Assistance to meet the basic expenditure of living during the period of job seeking. Even if they succeed in finding jobs, they may still encounter some uncertain factors in work (such as short-term employment) which will soon lead to their unemployment.
 - They want to form their own companies but are short of resources.
- Middle-aged rehabilitated drug abusers' means of finding jobs :
 - Personal connection.
 - Trial placement arranged by Vocational Training Council.
 - Referral made by drug treatment and rehabilitation institutions or Social Welfare Department.
- Strengths of Middle-aged Rehabilitated Drug Abusers in Work
 - Have qualified skills
 - Have a good working attitude and aspiration for job stability
 - Full of ideas
- Job Opportunities for Middle-aged Rehabilitated Drug Abusers
 - To set up their own companies
 - Through working as volunteers, rehabilitated drug abusers can accumulate working experience, maintain a good working attitude and get used to working. This can help them reintegrate into society, but they will not have the money to pay for meals and cover travelling expenses.
 - To form a network of rehabilitated drug abusers so that they can recommend jobs for each other.

Recommendations:

1. Training

- Appropriate vocational training should be provided to rehabilitating drug abusers in residential treatment centres in proper stages according to their mode of treatment e.g. arrangements should be made for qualified instructors to provide vocational training in the institutions so that the ability of rehabilitated drug abusers to reintegrate into society

can be enhanced as soon as possible.

- Employment support may include organizing mock interviews in which training on the subjects of appearance, manners, communication skills, interpersonal skills in workplace, etc is provided with emphasis on the requirements of employers.

2. Employment Promotion

- Unemployed rehabilitated drug abusers should be encouraged to engage in voluntary work and they should be given allowances e.g. travelling allowance, subsistence allowance.
- Discussions with the Labour Department and the Employees Retraining Board should be held on how to enhance cooperation of drug treatment agencies with their employment programmes.
- Employers should be encouraged to appoint rehabilitated drug abusers on trial so that they can gain working experience.

3. Business Start-up and Self-employment

- The government may consider assisting rehabilitated drug abusers to start small business e.g. contracting out some jobs to companies set up by rehabilitated drug abusers and arranging for representatives from disabled persons to share their experience on business start-up with rehabilitated drug abusers.
- Potential employers should be identified from existing associations e.g. the Lions Club, the Rotary Club or cooperation programmes with these associations should be explored so that rehabilitated drug abusers can develop the business of their companies.

4. Aftercare Service

- Aftercare service is very important which can relieve rehabilitated drug abusers of their negative feelings resulting from unemployment or unsuccessful job applications and can help them build up confidence. It is therefore desirable for every drug treatment centre to have the aftercare service.

Working Group on Three-year Plan on Drug Treatment and Rehabilitation Services
Minutes of meeting of Focus Group on Job Skills Training for the Middle-aged
(Service Provider Group)

Date : 14 May 2003
Time : 2:30 pm – 4:15pm
Venue : Room 1410, 14/F, Duke of Windsor Social Service Building,
15 Hennessy Road, Wanchai, Hong Kong.

Present

Ms. Jane TSUEI (Convenor)	The Hong Kong Council of Social Services
Mr. Johnny TSANG	Hong Kong Y.W.C.A.
Ms. LAW Kit-ying	Hong Kong S.K.H. Welfare Council
Ms. LAM Yin-wai	Hong Kong Employment Development Service Ltd.
Mr. Paul LI	Caritas Lok Heep Club
Mr. TSUI Man-fai	Finnish Evangelical Lutheran Mission
Mr. Vincent HOH	Barnabas Charitable Service Association
Ms. Rena THONG	St. Stephen's Society
Mr. Ken TSANG	St. Stephen's Society
Ms. CHU Chui-ha	Operation Dawn
Ms. LEE Man-wa	Operation Dawn
Mr. Nico CHENG	The Society for the Aid and Rehabilitation of Drug Abusers
Ms. Anita LEUNG	Narcotics Division
Ms. Mary LEUNG	Narcotics Division
Ms. Jolene MAK (Secretary)	The Hong Kong Council of Social Service

Absent with apologies

Mr. CHAN Siu-cheuk	Christian Zheng Sheng Association
--------------------	-----------------------------------

Contents of discussion:

1. General Job Requirements for Middle-aged Rehabilitated Drug Abusers Set by Employers
 - Job seekers should be fully rehabilitated, self-confident, with good job attitude (e.g. be responsible), experienced and hold licences for professional skills (e.g. driving licence).

- If drug treatment and rehabilitation agencies could inform employers that the agencies would provide supportive employment counselling service to job seekers, the employers would be more willing to hire job seekers with drug abuse background.

2. Job Training Direction

- Training should be linked with demands of the labour market. At the moment, middle-aged job seekers who were offered employment were usually engaged in manual jobs such as working as waiters in Chinese restaurants and construction workers. There were also vacancies in some unpopular trades such as pig farming and chicken raising which did not require professional skills.
- Considering that many rehabilitated drug abusers sought job satisfaction and security, some drug treatment and rehabilitation agencies had set up their own companies and recruited middle-aged rehabilitated drug abusers to take up supervisory posts. Some agencies would encourage middle-aged rehabilitated drug abusers to receive professional skills training such as coaching with reference to their abilities and interests.
- In view of the weakening economy and shrinking labour market, social workers should help job seekers learn how to face the difficulties they encountered in finding employment and to lower their job expectations.
- As regards training, job seekers' adoption of good attitude towards work and acquisition of soft job skills such as communication with colleagues, interview skill were of primary importance.
- As for professional skills training, courses organized by mainstream vocational training agencies were useful to job seekers.

3. Expansion of Job Market for Middle-aged Rehabilitated Drug Abusers

- Many business groups and companies were very keen on helping the under-privileged group and were willing to offer them employment. They could become the resources for supporting the re-entry of middle-aged rehabilitated drug abusers into the labour market.
- The Labour Department developed, in recent years, quite a number of pilot schemes on employment for different target groups such as the District Employment Programme for the Middle-aged. Drug treatment and rehabilitation agencies could enhance cooperation in these mainstream employment programmes.

4. Discrimination against Middle-aged Rehabilitated Drug Abusers by Employers

- Many employers refused to employ job seekers with drug abuse background and had less confidence in, in terms of discharging duties, or verbally abused employees whom

they found having a history of drug abuse. This would cause offence to many middle-aged rehabilitated drug abusers with such a background and lower their confidence.

Recommendations

1. Better Job Opportunities for Middle-aged Ex-drug Abusers

- Since middle-aged rehabilitated drug abusers, especially females, lacked experience in full employment, trial work placement could be arranged for them so as to fulfil the requirement of having work experience set by employers. This is to say, arrangements could be made for them to work on trial in government departments, private companies or other institutions during their stay in halfway house. For those with good performance, recommendations would be made by the relevant institutions. Through this, they could gain experience and prove to their prospective employers their good attitude and competence in work.

2. Vocational Training

- At present, there were insufficient education courses for adults. The Narcotics Division, non-governmental organisations, Employees Retraining Board, Labour Department and Vocational Training Council should enhance cooperation in the provision of learning opportunities for middle-aged rehabilitated drug abusers who were motivated to better equip themselves for employment.
- Vocational training programmes offered by the Government or jointly organised by the Government and other institutions would set programme success rate for the programmes. Downward adjustment of the employment rate indices for training programmes targeting middle-aged rehabilitated drug abusers might be considered in order to encourage organisation of programmes for this target group by institutions.

3. Expansion of Job Market for Middle-aged Ex-drug Abusers

- Examine the feasibility of organising joint programmes with the business sector and encourage them to offer trial work placement or long-term job opportunities for middle-aged rehabilitated drug abusers in programmes such as the “Caring Company” scheme.
- To effectively persuade employers to employ middle-aged rehabilitated drug abusers, the Labour Department should provide allowance to attract employers.
- Promote coordination and cooperation of government departments in this respect, including the Narcotics Division, Labour Department, Employees Retraining Board and other training institutions, so as to facilitate coordination of vocational training,

trial placement and employment arrangement.

- Establishment of companies by drug treatment and rehabilitation agencies themselves to create employment opportunities and work experience was a feasible option, but there were risks of losing money. The authorities might consider offering assistance such as provision of business training and rental allowance. Moreover, the authorities should enhance communication between drug treatment agencies and relevant community service organisations (such as the Lions Club and Rotary Club) and encourage professionals to provide advisory services on business start-up for drug treatment agencies.
- Examine ways to enhance sharing of information among drug treatment agencies, mainstream voluntary agencies and government departments on account of the lack of market information on employment for the middle-aged on the part of drug treatment agencies. This might raise the success rate in the vocational training and employment of middle-aged rehabilitated drug abusers.

4. Employers' Acceptance of Drug Abuse Background

- Middle-aged rehabilitated drug abusers especially treasured employment opportunities. They were serious towards their work, responsible and so on. However, employers often discriminated against them and deprived them of opportunities because of their drug abuse history. The authorities should enhance public education in this respect and promote a positive image of rehabilitated drug abusers. In addition, awards should be given to employers who employed middle-aged rehabilitated drug abusers in a high profile manner in recognition of their contribution, and thereby encourage more employers to offer employment to middle-aged rehabilitated drug abusers.

List of Research Projects Completed in 2000-2003

	<u>Title</u>	<u>Objectives</u>	<u>Researcher</u>	<u>Year of completion</u>
A.	Research projects commissioned by the ACAN Research Sub-committee and the Narcotics Division			
1.	A study on the social costs of drug abuse in Hong Kong	<ul style="list-style-type: none">• To formulate a model to quantify and estimate the social costs of drug abuse in Hong Kong, and an application of such estimation methods to Hong Kong at present.	Prof. Yuet-wah Cheung (CUHK)	2000
2.	A study on the service needs of children of heroin abusers	<ul style="list-style-type: none">• To develop an understanding of the functioning and needs of children of heroin abusers on all aspects, and especially their risk for drug abuse.	Dr. James Ch' ien (SARDA)	2000
3.	Assessment and audience utilization of Hong Kong anti-drug APIs	<ul style="list-style-type: none">• To give a measurement of changes in level of awareness, recall, perception and attitude of the anti-drug APIs produced by ISD from 1987 to 1997.• To digitize the API materials and incorporate it into the CD-ROM.	Ms. Wendy Wong (Hong Kong Baptist University)	2000
4.	A study to look into the risk and protective factors for drug related deaths in Hong Kong	<ul style="list-style-type: none">• To provide an in-depth analysis on the trend of drug related deaths in Hong Kong.• To identify factors which might increase the risk of drug related deaths and find out the underlying reasons that contribute to the upward trend of drug related deaths.	Prof. Dominic Lee (CUHK)	2000
5.	A study on factors affecting the drug abuse trend in Hong Kong	<ul style="list-style-type: none">• To identify relevant factors that lead to drug abuse and examine whether they change over time and differ among abusers taking different types of drugs.• To find out the factors that contribute to the recent upward trend of female drug abusers and psychotropic substance abusers.	Prof. Dominic Lee (CUHK)	2001

	<u><i>Title</i></u>	<u><i>Objectives</i></u>	<u><i>Researcher</i></u>	<u><i>Year of completion</i></u>
6.	A study on drug related death cases in Hong Kong	<ul style="list-style-type: none"> To provide an overview of the reports on drug related deaths and a trend analysis of these cases in Hong Kong. 	Dr. Thomas Chan (CUHK)	2001
7.	A study on the motivational strategy for engaging early drug abusers	<ul style="list-style-type: none"> To identify factors affecting the engagement of drug abusers for treatment, and assess the strengths and weaknesses of current methods of persuading drug abusers to seek treatment. 	Dr. Ben Cheung (Kwai Chung Hospital)	2001
8.	A study on the psychotropic substance abuse problem in Hong Kong	<ul style="list-style-type: none"> To provide an in-depth analysis of the trend of psychotropic substance abuse over the past years, and examine its consequences in personal and social contexts. 	Prof. Karen Laidler (HKU)	2001
9.	A focus group study on psychotropic substance abuse	<ul style="list-style-type: none"> To solicit detailed information on the characteristics and abuse patterns of psychotropic substance abusers and the related factors for taking drugs. 	Dr. Ho-yee Ng (HKU)	2001
10.	An in-depth study of psychotropic substance abuse problem in Hong Kong	<ul style="list-style-type: none"> To examine the recent changes in the local drug scene, in particular the use of psychotropic substances in party and disco contexts. 	Prof. Dominic Lee (CUHK)	2001
11.	A study on the treatment and rehabilitation services for psychotropic substance abusers	<ul style="list-style-type: none"> To examine the physical and psychiatric harms caused by common psychotropic substances of abuse. To examine the effectiveness of clinical experience and treatment approaches for psychotropic substance abusers, especially the current methods and models adopted by local treatment and rehabilitation agencies. 	Dr. Ben Cheung (Kwai Chung Hospital) et al.	2001
12.	The 2000 survey of drug use among students	<ul style="list-style-type: none"> To obtain information about the drug abuse pattern, reasons for drug abuse, knowledge and attitudes towards drug abuse among students of secondary schools, international schools and the Hong Kong Institute of Vocational Education. 	Dr. Joseph Lau (CUHK)	2002

<u>Title</u>	<u>Objectives</u>	<u>Researcher</u>	<u>Year of completion</u>
13. A longitudinal study of chronic drug abusers in Hong Kong	<ul style="list-style-type: none"> To examine the social, cultural, demographic, and psychological factors that are associated with the antecedents, progression, and consequences of chronic drug abuse in Hong Kong. 	Prof. Yuet-wah Cheung (CUHK)	2003
B. Research projects granted by the Beat Drugs Fund			
14. Development of a local drug abuse treatment outcomes measure	<ul style="list-style-type: none"> To develop a Chinese Addiction Treatment Outcomes Measure (CATOM) for all treatment and rehabilitation services so as to provide a universal tool to measure the effectiveness of the anti-drug services and collect treatment benchmark indicators as normative reference in the future. 	Prof. Dominic Lee (CUHK)	2002
15. A pioneering longitudinal study of the development and validation of a drug prevention programme in Hong Kong	<ul style="list-style-type: none"> To study the effectiveness of a series of anti-drug prevention programme tailor made for youths-at-risk. 	Dr. Ho-yee Ng (HKU) and Prof. Daniel Shek (CUHK)	2003

List of Methadone Clinics

Eastern Street Methadone Clinic

Violet Peel Methadone Clinic

Ho Man Tin Methadone Clinic

Robert Black Methadone Clinic

Sham Shui Po Methadone Clinic

Lady Trench Methadone Clinic

Cheung Chau Methadone Clinic

Aberdeen Methadone Clinic

Shau Kei Wan Methadone Clinic

Hung Hom Methadone Clinic

Kwun Tong Methadone Clinic

Li Kee Methadone Clinic

Ngau Tau Kok Methadone Clinic

Wu York Yu Methadone Clinic

Yau Ma Tei Methadone Clinic

Shatin Methadone Clinic

Shek Wu Hui Methadone Clinic

Tai Po Methadone Clinic

Tuen Mun Methadone Clinic

Yuen Long Methadone Clinic