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**RESEARCH REPORT**  
**ON**  
**A STUDY ON THE NEEDS OF EX-ADDICTS**

Investigators

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## Executive Summary

### 1. Rationale and Objectives of the Study

- 1.1 As the service needs of 'ex-addicts' who have completed the treatment programmes, the availability of relevant support services and the adequacy of these services have been scarcely studied, in response to the invitation of the Research Sub-committee of the Action Committee Against Narcotics, the present study was conducted.
- 1.2 The Objectives of the present study include:
  - (1) To explore different service needs of ex-addicts after completing the treatment programmes;
  - (2) To identify types of support services currently available to ex-addicts;
  - (3) To match these support services with the needs of ex-addicts at individual and community levels;
  - (4) To recommend additional services for helping ex-addicts reintegrate into the society; and
  - (5) To recommend a stage model of service provision to ex-addicts aiming for facilitating their reintegration into the society.

### 2. Research Design

- 2.1 "Ex-addicts" is operationally defined as those who had/have completed drug detoxification treatment programmes.
- 2.2 "Needs" are further classified into three domains, namely, (1) Biological, (2) Psychological and (3) Social.
- 2.3 A bio-psycho-social approach, which is believed to be able to comprehend the phenomenon of drug abuse and relapse more comprehensively, is adopted as the theoretical framework in the present study.
- 2.4 This study was commenced in July 1997 and completed by September 1998 (a total of 15 months).
- 2.5 Two study targets were approached: (1) Ex-addicts (service consumers) and (2) Experienced Workers in Counselling and Guidance Services for Ex-addicts (service providers).
- 2.6 Ex-addicts: The samples of this target group were drawn from four sources: 1. Compulsory Treatment Programmes (CTPs), 2. Voluntary Treatment Programmes (VTPs), 3. Methadone Clinics (MCs) and 4. Mutual Help Networks (MHNs).
- 2.7 Trained interviewers with a pre-set questionnaire were responsible for the individual interviews with the 'Ex-addicts'.

- 2.8 As the sampling procedure required a high degree of cooperation from all concerned parties and would induce a high administrative cost for the agencies, convenience sampling method was adopted.
- 2.9 Finally a total of 145 'Ex-addict' respondents were interviewed with 55 'New Ex-addicts' and 90 '1-year Ex-addicts'.
- 2.10 Sixteen interviews with Experienced Counselling Workers were successfully conducted with 6 from CSD and 10 from NGOs.
- 2.11 The investigators themselves were responsible for conducting the interviews with an interviewing schedule.

### **3. Research Findings and Analysis**

#### **3.1 Profile of Respondents**

- 3.1.1 Among the 145 'Ex-addict' respondents interviewed, 55 (37.9%) were 'New Ex-addicts' and 90 (62.1%) were '1-year Ex-addicts' (Table 1.1).
- 3.1.2 A majority of the 'Ex-addict' respondents (114, 78.6%) was male and 21.4% (31) of them was female (Table 1.2).
- 3.1.3 A majority of the respondents was in their young adulthood (20-39) (72, 49.6%) (Table 1.3).
- 3.1.4 Most of the respondents had their education attainment at junior secondary (63, 43.4%), while 30.3% (44) attained the primary level. Sixty-three (22.8%) had attained the senior secondary level (Table 1.4).
- 3.1.5 Most of the respondents did not have any religion (67, 46.2%). However, as most of the VTPs and MHNs which provided respondents are Protestant organizations, nearly 40% (57, 39.3%) of the respondents was Protestant (Table 1.5).
- 3.1.6 Eighty percent (116) of the respondents was born in Hong Kong while 18 (12.4%) were born in Guagdong province of the mainland (Table 1.6).
- 3.1.7 Most of the respondents was single (82, 56.6%) while over one-fifth (33, 22.8%) was married. However, 27 (18.6%) of them were either separated or divorced (Table 1.7).
- 3.1.8 Nearly half of the respondents was employed (69, 47.6%) and half was not (76, 52.4%) (Table 1.8).
- 3.1.9 For those who were working, the types of work they engaged in were mostly of labour nature. Over half of them (37, 53.6%) was in the service/transportation work. One-third (24, 34.8%) was in construction work. So totally, nearly 90% (61, 88.4%) of them were in jobs that required manual labour (Table 1.9).

3.1.10 Over half of the '1-year Ex-addicts' (50, 55.6%) reported that they had relapsed to drug addiction. The relationship between the Ex-addict Status and the Relapse Status is significant as revealed by the  $X^2$  test (Table 1.10).

### 3.2 Service Needs of Ex-addicts

#### 3.2.1 Biological

3.2.1.1 Thirty to forty percent of the ex-addicts reported minor health problems including insomnia, lacking concentration, physical fatigue, lack of appetite, etc. (Table 2.1).

3.2.1.2 The 'New Ex-addicts' were generally more satisfied with their overall health condition than were the '1-year Ex-addicts' (Table 2.3).

3.2.1.3 The relapsed ex-addicts reported much worse overall health satisfaction than did the non-relapsed (Table 2.4).

3.2.1.4 Over 50% of the respondents reported that they had experienced at least one time in more than three health problems in the list in the questionnaire (Table 2.2).

3.2.1.5 Smoking and drinking habits were similar across our main variables; except that more of the relapsed group reported to have smoking habit than the non-relapsed group.

3.2.1.6 A mix of unhealthy outlook, unfavorable appearance and smell affect the social life and job seeking of the ex-addicts that may add difficulties during their rehabilitation process.

3.2.1.7 Although the ex-addicts did not experience much great physical health problems, general health education and education on personal hygiene are needed both for the addicts and ex-addicts.

#### 3.2.2 Psychological

3.2.2.1 In terms of self-esteem, although the respondents overall had a positive evaluation on themselves, 50% inclined to feel that they were failure and 80% at times thought that they were no good at all (Table 3.1.1). EWs also agreed that having low self-esteem is a common phenomenon among the ex-addicts.

3.2.2.2 The old ex-addicts are comparatively having a lower self-esteem than the younger ones. A trend was observed that the younger the ex-addicts were, the higher were their self-esteem scores (Table 3.1.2). Service workers should keep in mind the relation between self-esteem and the age of the ex-addicts during the rehabilitation process. Psychological support is very essential in helping ex-addicts who reach mid-age or beyond as they appear to have comparatively negative evaluation on themselves as well as on their future.

- 3.2.2.3 The relapsed ex-addicts reported a significantly low self-esteem when compared with the non-relapsed ones (Table 3.1.2). Continuous support by service workers should be given to those relapsees in the rehabilitation services. As relapses are common before a full rehabilitation can be achieved, counsellors should prepare to support and sustain the self-image of those exhibit relapses in the process.
- 3.2.2.4 Although the present findings indicate that self-mastery was perceived not as a problem for the ex-addicts (Table 3.2.1), this was a subjective expression of the ex-addicts themselves. EWs had reminded that the emotional state of the ex-addicts would fluctuate easily and it often affects their self-mastery abilities.
- 3.2.2.5 Relapse Status of the ex-addicts is found to have significant relationship with their perception of self-mastery. Relapse seems to have strong impact to the ex-addicts and weakens the relapsees' sense of self-mastery (Table 3.2.2).
- 3.2.2.6 The ex-addicts are generally satisfied with their life and possess a positive attitude on their life and future (Table 3.1.1). However, differences appear to be significant among their different Ex-addict Status, Age Group, and Relapse Status. The 'New Ex-addicts' are more satisfied than the '1-year Ex-addicts'. The younger ex-addicts are more satisfied with life than the older ex-addicts. The non-relapsed also scored a significantly high in life satisfaction than the relapsed (Table 3.3.2).
- 3.2.2.7 The EWs opined that the ex-addicts usually carry psychological burdens due to their previous addiction. A sense of guilt and failure is prevalent among the ex-addicts. It seems that the ex-addicts' perceptions of their life and future might be easily affected by their overall psychological condition.
- 3.2.2.8 Several service needs of the ex-addicts could be drawn for assisting their reintegration process. Self-esteem, self-image, and self-confidence are various psychological aspects that should be promoted through aftercare counselling, group and educational programmes.
- 3.2.2.9 Helping the ex-addicts work through their sense of guilt and failure caused by their past addiction history is an important job for aftercare workers. The ex-addicts should be trained to handle appropriately their emotions and situation of relapse. Since Relapse Status is associated strongly with all psychological variables, relapse prevention is extremely important in the reintegration process of the ex-addicts.

### 3.2.3 Social

- 3.2.3.1 The EWs opined that family support is of utmost importance for assisting the reintegration of the ex-addicts. Respondents had

expressed a positive view on the support of their families (Table 4.1.1), but at the feeling level, they could not really get adequate support from the families especially when faced with emotional difficulties (items 5 & 6). The lacking support from family is believed to be detrimental for the reintegration of the ex-addicts as expressed by several EWs. Family members should be assisted to increase their understanding and acceptance of their rehabilitating members in order to enhance the effectiveness of their support to the ex-addicts. Teaching them skills to support the ex-addicts especially in times of their needs is essential.

3.2.3.2 Many ex-addicts seemed to lack confidence on assuming the role of taking care of the family members (Table 4.1.4). Assistance is needed to help them develop abilities to meet different family roles.

3.2.3.3 Support from friends is satisfactory among the ex-addicts. However, marked differences are observed in terms of their Ex-addict Status, Age Group and Relapse Status. 'New Ex-addicts' are more satisfied with their support from friends than the '1-year Ex-addicts'. The younger the ex-addicts, the greater the perceived social support from friends. The non-relapsed ex-addicts perceive greater support from friends than the relapsed ones (Table 4.2.2).

3.2.3.4 The EWs had indicated that peer support is an influential factor for the rehabilitation of the ex-addicts. The success of reintegration lies on the attitude and behaviors of the peer groups that the ex-addicts associate with. Services to provide opportunities for desirable peer association and services to foster positive peer culture are extremely vital for the rehabilitation of the ex-addicts.

3.2.3.5 Over one-fifth of the respondents (23.5%) reported an inability to interact with strangers and 45% of them indicated incompetence in talking with the opposite sex (Table 4.3.1). In line with the EWs' opinions, some ex-addicts do lack appropriate social skills to develop new friendship that eventually affects the outcome of their reintegration. Good social skills can help them enlarge their social circle as well as enhance their sense of overall competence.

3.2.3.6 The '1-year Ex-addicts' had expressed a lower level of social competence than the 'New' ones. While the relapsed ex-addicts also have significantly lower level of social competence than the non-relapsed ones (Table 4.3.2). A continuous effort to assist them in the development of social skills is essential for preparing them to engage in normal social life.

3.2.3.7 A few number of ex-addicts expressed gratification on their jobs (Table 5.2). Assisting ex-addicts to engage in employment is important, furthermore, counselling workers should put effort to help ex-addicts identify the meanings of work. Some EWs mentioned that ex-addicts often needed to be reminded to develop realistic

expectations of their job.

3.2.3.8 Ex-addicts are lacking information of available help and services (Table 6.6). To provide them with adequate information of different kinds of available services and helping sources is necessary.

3.2.3.9 Ex-addicts considered the receiving of social services as a kind of social stigma (Table 6.7) and they had an idea that they should take care of their own problems. Educating them their right of using the services as consumers is important.

### 3.3 Support Services for Ex-addicts

3.3.1 There are quite a number of different kinds of services available for addicts/ex-addicts. However, the adequacy of quantity and quality of available services need to be further investigated.

### 3.4 Adequacy of Support Services for Ex-addicts

#### 3.4.1 Ensuring of Service Quality

3.4.1.1 Some EWs commented that there is not enough office space in their agencies to conduct different service programmes (e.g. group programmes) for the clients. This has affected the quality of their services.

3.4.1.2 Many NGOs have not employed professionally trained staff to carry out their services. This has affected the quality of their services.

3.4.1.3 Inadequate (or no) financial subvention provided to the agencies by the government is commented. Without adequate financial assistance, qualified professionals cannot be employed to deliver the services. All these will further affect the provision of quality services to the ex-addicts.

#### 3.4.2 Inadequacy of Present Services

3.4.2.1 Heavy caseload was mentioned. 'Normally', a caseworker has to take care of 80-100 cases at the same time. Workers admitted that it is unrealistic for them to provide adequate guidance and aftercare to their clients with this caseload.

3.4.2.2 Some EWs suggested that methadone clinics (MCs) should be better utilized since they are locations where 'ex-addicts' can be gathered. A multiple service approaches (e.g. casework service, group programmes, educational programmes, etc.) should be adopted in the MCs so that the needs of the ex-addicts can be better served.

3.4.2.3 A majority of EWs has commented the inadequate provision of half-way house and accommodation services to the ex-addicts. The

remote location and shortage of half-way houses are unfavourable for the service provision. Furthermore, the length of stay in the half-way houses should be made more flexible as some ex-addicts might need a longer time to settle their accommodation after their leaving of the treatment programmes. Also, the professional input in the half-way houses is rather weak.

3.4.2.4 Some NGOs have provided hotline service to addicts/ex-addicts but it is not subvented and the output is not recognized in the service standard. This has impeded the NGOs to energetically pursue the hotline service that might have popular demand due to its convenience and concealed identity of the callers.

3.4.2.5 Existing service programmes have focused much on detoxification. Equal emphasis should be put on relapse prevention and aftercare services.

3.4.2.6 Working with the families of the ex-addicts is also an area that needed to be strengthened. Practically ex-addicts found it difficult to gain support from their family members. Most EWs also commented that family acceptance and support are crucial for successful rehabilitation of the ex-addicts.

3.4.2.7 The lack of mutual understanding, communication, cooperation and coordination, and hence trust, among different concerned agencies (both governmental and non-governmental organizations) has been critically commented by the EWs interviewed. The diverse orientations of different service agencies have made cooperation and coordination difficult. To promote commonly shared missions of the services for ex-addicts is important.

### 3.5 Additional Services for Ex-addicts

3.5.1 Multi-modality Clinics: A clinic service which is set up to address the unique health problems of the ex-addicts (e.g. physical illness, personal hygiene, health and diet education, dental problems) may channel their health complaints to proper and controlled means.

3.5.2 Expanding Service Scope of Methadone Clinics: A multiple approach which combines individual counselling, job placement, group training, drugs and health education, and personal growth activities should be considered to be included in the services of methadone clinics.

3.5.3 Reintegration Training Programme: Relapses are common among ex-addicts. Therefore, a systematic reintegration programme should be organized. This programme should be offered both to ex-addicts who relapse and who do not. Contents should include social skills training, stress management, independent livings and relapse prevention and cognitive-behavioural skills to handle cues and risks for relapse.



3.5.4 Supported Employment: Vocational rehabilitation for ex-addicts which focuses on three areas: education of positive job attitudes, development of interpersonal skills, and placement service should be emphasized.

3.5.5 Services for Family of Ex-addicts: It is stressful to the whole family having a drug using member. However, there is another story that living in an unhappy family may trigger out the relapse of a rehabilitating person. Therefore, it is always an emphasis for aftercare workers to assist ex-addicts in tuning in their families.

3.5.6 Hotline Service: Hotline service is useful in addressing the emotional crisis of the ex-addicts so that they can have an alternative way of getting help in case of stress. It is recommended that subvention to the service should be seriously considered.

3.5.7 Long-term Hostel: The provision of long-term hostels especially for those ex-addicts who need longer time to find proper places to stay is needed.

### 3.6 Assisting Ex-addicts' Reintegration

3.6.1 'Relapse Status' has been identified to be significantly associated with the biological, psychological and social needs of 'Ex-addicts'.

3.6.2 Conducting relapse prevention and relapse education programmes for addicts and ex-addicts is urgently needed.

3.6.3 Relapse prevention connotes the teaching of ways to identify triggers and conditions that may lead to re-addiction. The teaching of ways for strengthening coping skills with different life stress and assertive skills for resisting drug temptations is also stressed. The enlargement of supporting social network, the acquiring of appropriate inter-personal skills and development of healthy hobbies should all be included in the programmes of relapse prevention.

3.6.4 Relapse education implies a genuine acceptance of relapses during the rehabilitation process of ex-addicts. Ex-addicts should be made aware that complete abstinence is a difficult but achievable process which requires a strong determination with a restructuring of a healthy life style. Ex-addicts should also be educated to look for help in case of relapse.

### 3.7 A Stage Model of Service Provision to Ex-addicts

3.7.1 As there are no statistically significant difference found between different needs of 'New Ex-addicts' and '1-year Ex-addicts', a stage model of service provision to ex-addicts, as originally proposed to be developed, cannot be recommended.

#### **4. Limitations**

- 4.1 As those addicted to drug might easily relapse into multiple addiction even after detoxification, a clear definition of 'Ex-addict' does not exist in the literature. As an operational definition for facilitating the present study, the current definition of 'Ex-addict' has to be adopted.
- 4.2 Due to the skepticism of the ex-addicts and the difficulty of directly getting their consent, the samples obtained is relatively limited. So, a vigorous statistical analysis of the data could not be pursued.

#### **5. Recommendations**

- 5.1 In order to fully comprehend the needs of the ex-addicts, a longitudinal study on the same topic for tracing the path of reintegration of the ex-addicts after their discharge is recommended.
- 5.2 As the support from families is a significant factor for assisting the reintegration of ex-addicts into normal social life, a thorough study on this aspect is recommended. The study could include investigating the different types of families that ex-addicts are living in and the roles that different family members play in the reintegrating process of the ex-addicts.
- 5.3 Energetic effort on community education to promote public acceptance of the ex-addicts is needed so that their reintegration process can be facilitated.
- 5.4 Participation of frontline practitioners in concerned government bodies (e.g. Action Committee Against Narcotics) should be promoted so that the government can be more efficiently attuned to the pulse of drug addiction and the treatment scenes.