

# An Analysis of the Characteristics of Methadone Patients

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## An Analysis of the Characteristics of Methadone Patients

### **RATIONALE**

Hong Kong adopts a multi-modality approach in treatment and rehabilitation to cater for the varying needs of different drug abusers. The out-patient Methadone Treatment Programme provides an alternative to those drug abusers who are not suitable or receptive to residential treatment.

2. In 1995, there are a total of 15 849 admissions to all treatment programmes; of which, 64.9% are to the Methadone Treatment Programme (MTP), 13.8% to Society for the Aid and Rehabilitation of Drug Abusers (SARDA), 16.0% to Drug Addiction Treatment Centres (DATCs) and 5.3% to other voluntary programmes. The difference in the admissions to the treatment programmes may be due to multiple number of factors and is an area worth further research. Pending the availability of research results, an analysis of the current clientele characteristics of the treatment programmes is considered useful to provide a greater insight into the target group each programme serves, which may provide some clues to the varying admissions. This is therefore an area we aim to cover in this research.

3. Another area that we wish to study is the history of admissions to the Methadone Treatment Programme and reporting to the Central Registry of Drug Abuse (CRDA) of the methadone patients. The statistics kept by the Methadone Patients Registry of the Department of Health show that at end 1995, there was 10 006 effective registration and the daily attendance was about 70%. The records also show that the rate of dropout (defined as the number of dropouts in a 4-week period to the number of effective registration in the same period) from the programme is about 7.5% and quite a large proportion of these dropouts are subsequently readmitted. The issue of mobility of methadone patient attendance is therefore worth considering. Until now, however, there is no research findings on the extent of readmissions to the Methadone Treatment Programme and the time lag between admissions. Moreover, there lacks the data on the treatment that these dropouts/non-attendees have if they are not maintained on the Methadone Treatment Programme. This research hence will fill in this information gap. Hopefully, the research findings can help in a better provision of treatment service in Hong Kong.

## OBJECTIVES

4. The objectives of the study are three-fold :
  - a) To study the characteristics of methadone patients reported to the Central Registry of Drug Abuse, and to contrast these characteristics with those of drug abusers reported by other treatment programmes;
  - b) To study the admission pattern of methadone patients based on data in the Central Registry of Drug Abuse and the Methadone Patients Registry of the Department of Health; and
  - c) To examine the reporting history of methadone patients, with particular reference to their treatment history.

## COVERAGE OF THE STUDY

5. This research covers drug abusers admitted to the Methadone Treatment Programme in the first half of 1995. A total of 4 743 methadone patients were sampled and all reports in respect of these subjects prior to 30.6.1995 were retrieved from the CRDA. Moreover, relevant data from the Methadone Patients Registry were obtained and linked together to form the database for the analysis.

## RESULTS

6. Detailed statistics from the research are given at the Annex. The following paragraphs present some salient observations in three parts, first on the characteristics of the methadone patients in comparison with drug abusers admitted to other treatment programmes; secondly on the admission history of the methadone patients; and lastly on the reporting history of the methadone patients to the CRDA.

## **Personal and Drug Abuse Characteristics**

### Sex and age

7. 90.7% of the methadone patients admitted in the first half of 1995 are male, compared with 96.2% for SARDA, 78.3% for DATCs and 92.9% for religious programmes. The highest sex ratio (M:F) is noted for SARDA while the lowest for DATCs.

8. Analysed by age group, the MTP, SARDA and DATCs have the majority of drug abusers admitted in the age bracket of 21-50, while the religious treatment programmes have the majority of their admitted drug abusers between 16-40. Compared the mean age of the drug abusers admitted to the various treatment programmes, the youngest is found in the religious treatment programmes (29.0), followed by DATCs (34.2), SARDA (35.1) and MTP (35.8).

### Marital status

9. The drug abusers admitted to MTP, SARDA and DATCs in the first half of 1995 exhibit similar percentage distribution in their marital status, with about 57% never married. As for religious treatment programmes, a higher percentage at 75.8%, is observed.

### Educational attainment

10. The drug abusers admitted to the religious treatment programmes receive comparatively more education, with about 75% attaining lower secondary or above standard. The corresponding percentage for the other three groups is only about 50%.

### Type of living quarters

11. The percentage distributions in the type of living quarters are similar for the four groups of drug abusers. Comparatively, the SARDA admitted a greater proportion (65.6%) of drug abusers living in public & aided rental blocks and public sector home ownership estates, followed by religious treatment programmes (64.8%), DATCs (62.8%) and MTP (59.3%).

### Employment status

12. Except for drug abusers admitted to the DATCs, more than two-fifths of the drug abusers admitted to the various treatment programmes are unemployed. However, a slightly greater percentage of drug abusers admitted to DATCs is reported to engage in illicit trade. On the other hand, a greater percentage of drug abusers admitted to religious treatment programmes are students.

### Previous conviction

13. A greater percentage (92.3%) of drug abusers admitted to DATCs have previous conviction history, compared with 87.2% for those to SARDA, 84.7% for MTP and 75.5% for religious treatment programmes. Among the four categories, drug abusers of MTP are more commonly involved in drug-related offence, while those of DATCs, SARDA and religious treatment programmes in drug-related and other offences.

### Reason for current drug use

14. Drug abusers admitted to MTP and SARDA claim to avoid discomfort of the absence of drug and peer influence as the two major reasons for current drug use. For drug abusers of DATCs and religious treatment programmes, the two main reasons quoted are curiosity and to avoid discomfort for the former group, and curiosity and peer influence for the latter group.

### Type of drug abused

15. Heroin is the predominant drug of abuse reported, ranging from 97.9% to 99.2% for the four categories. Among them, drug abusers admitted to the religious treatment programmes are reported at a greater proportion to abuse physeptone/methadone and cannabis. Also, a greater percentage of drug abusers to SARDA is noted to abuse triazolam.

### Duration of drug use

16. The drug abusers admitted to the religious treatment programmes have the shortest drug use history, with about 50% have abused drug for more

than 10 years, in comparison with 65.4% to 74.4% for the remaining three groups.

## **Admission History**

### Time since first registered to MTP

17. Of the 4 743 drug abusers admitted to MTP in the first half of 1995, 44.4% have been registered in the programme for 10-19 years, and about 3.2% for 20 years or more. The mean time lag since first registered to MTP is about 11 years.

### Number of previous admissions

18. Some 34% of the methadone patients admitted in the first half of 1995 have 1-4 previous admissions, 27% 5-9 previous admissions. About 8% of the 4 743 drug abusers in the first half of 1995 have previous admissions numbered 15 & over. The mean number of previous admissions is about 7.

### Average time lag between admissions

19. The average time lag between all the admissions of each patient is computed and it is noted that methadone patients tend to be readmitted within a short interval. On average, about 36% of the 4 743 methadone patients in the first half of 1995 have been readmitted within 1-2 years and some 21% less than 1 year.

### Time lag between the last two admissions

20. The time lag between last admission and current readmission is very short. About 43% of the methadone patients are readmitted within 1 year from their last admission.

## **Reporting History to CRDA**

### Reporting agencies ever contacted before first admission

21. The reporting agencies ever contacted by 2 146 methadone patients before their first admission are studied. From the statistics, it is noted that about 80% of them had been reported by the Police before first admission to MTP. Other reporting agencies they commonly in contact before approaching the MTP include CSD (40.2%), SARDA (18.5%) and SWD (6.7%).

### Treatment agencies ever contacted before first admission

22. Among the 1 020 methadone patients who have previously approached other treatment agencies, the DATCs and SARDA are the two major treatment agencies that these methadone patients approached before seeking treatment from MTP. These are followed by the Society for the Rehabilitation of Offenders, Hong Kong (SRO), and other religious treatment agencies such as Wu Oi and St. Stephen's Society.

### Treatment agency contacted immediately before and immediately after first admission

23. The treatment agency that the methadone patients contacted immediately before first admission to MTP is in descending order, DATCs (52.9%), SARDA (31.4%), SRO (5.9%) and Wu Oi (3.9%). However, after first admission, the treatment agency that they immediately contacted is in a slightly different order, with SARDA the one most popular (45.4%), followed by DATCs (41.3%), Wu Oi (4.5%) and SRO (3.3%).

### Maximum number of reporting agencies and treatment agencies contacted in between each admission and readmission

24. Of the 4 743 methadone patients in the first half of 1995, it is noted that 11% and 20% respectively have not contacted any reporting agencies and any treatment agencies in between each admission and readmission. On the other hand, it is noted that, at a maximum, about 8% have contacted 4 and over reporting agencies and 6% have contacted 3 and over treatment agencies in between one admission and readmission.



### Number of treatment agencies ever contacted by length in Methadone Patients Registry

25. The number of treatment agencies ever contacted since first registration tends to increase with length in the Methadone Patients Registry. For those in the Registry of less than 10 years, the majority have ever contacted one treatment agency, while for those of 10-20 years, at least 2 treatment agencies have ever been approached.

### **CONCLUSION**

26. The results indicate that the profile of drug abusers admitted to the Methadone Treatment Programme is close to that to the SARDA. On the admission history, the study finds that on average the methadone patients admitted in the first half of 1995 have been in the Registry for about 11 years. For those with readmissions, they are noted to have about 7 previous admissions and the majority of them are found to be readmitted within 2 years. Finally, of those methadone patients having previous contacts with other reporting agencies or treatment agencies, it is noted that the Police is the major reporting agency before their first admission to MTP, while DATCs and SARDA the major treatment agencies they approached. In comparison, it is noted that drug abusers with a longer period in the Registry tend to have visited more treatment agencies.

Statistics on Drug Abusers Admitted  
to Methadone Treatment Programme  
in the first half of 1995

## I. Personal and Drug Abuse Characteristics

Variables under study	Methadone Treatment Programme %	For comparison in (I) only		
		SARDA %	DATCs %	Religious programmes %
<b>(a) Sex</b>				
Male	90.7	96.2	78.3	92.9
Female	9.3	3.8	21.7	7.1
N	4743	1075	1270	378
<b>(b) Age group</b>				
Under 16	0.2	0.7	0.9	6.1
16 - 20	11.6	9.7	6.2	25.4
21 - 30	25.7	23.7	34.8	27.2
31 - 40	29.1	33.3	30.6	22.5
41 - 50	22.5	26.5	20.3	14.8
51 & over	11.0	6.1	7.2	4.0
N	4743	1075	1270	378
Mean Age	35.8	35.1	34.2	29.0
<b>(c) Marital Status</b>				
Never married	56.4	56.2	57.3	75.8
Married/Cohabiting	33.5	33.5	33.5	18.7
Widowed	1.3	0.3	0.6	-
Divorced/Separated	8.8	10.0	8.6	5.5
N	4699	1062	1250	364

Variables under study	Methadone Treatment Programme %	For comparison in (I) only		
		SARDA %	DATCs %	Religious programmes %
<b>(d) Educational Attainment</b>				
No schooling/Kindergarten	4.5	2.4	5.0	0.3
Primary	42.3	44.7	43.0	25.4
Lower secondary	44.5	43.7	42.5	60.1
Upper secondary	8.2	8.9	9.2	13.9
Tertiary	0.5	0.3	0.2	0.3
N	4699	1070	1248	303
<b>(e) Type of Living Quarters</b>				
Public & aided rental blocks	56.6	62.9	60.5	59.6
Public sector home ownership estates	2.7	2.7	2.3	5.2
Private housing	28.1	23.2	25.3	26.4
Housing Authority temporary housing	1.4	2.8	1.0	0.8
Squatter huts	1.8	1.7	1.9	1.4
Other housing	9.4	6.6	9.0	6.6
N	4670	1057	1195	364
<b>(f) Employment Status</b>				
Full-time worker	40.7	37.3	51.2	36.7
Casual/Part-time worker	11.4	14.8	10.1	11.2
Worker in illicit trade	0.2	0.8	1.8	-
Unemployed	43.3	45.7	33.7	45.9
Home-maker	1.8	0.6	2.8	-
Student	0.2	0.3	0.2	5.4
Retired	2.3	0.2	0.1	-
Others	0.1	0.4	0.1	0.7
N	4692	1061	1245	294

Variables under study	Methadone Treatment Programme %	For comparison in (I) only		
		SARDA %	DATCs %	Religious programmes %
<b>(g) Previous Conviction</b>				
Yes, drug-related offences	40.2	33.5	31.0	32.1
Yes, other offences	11.4	9.9	9.8	8.7
Yes, both drug-related and other offences	32.4	42.9	51.1	33.2
Yes, offences unknown	0.7	0.8	0.4	1.6
No	15.3	12.8	7.7	24.5
N	4677	1068	1253	368
<b>(h) Reported reason for current drug use</b>				
Avoid discomfort of its absence	47.7	61.0	39.3	27.4
Peer influence/To identify with peers	34.2	39.5	21.0	61.6
Curiosity	28.2	34.4	41.0	62.1
Relief of boredom/depression/anxiety	21.1	20.5	10.7	20.6
To seek euphoria or sensory satisfaction	6.8	6.8	26.3	11.0
For self-medication	3.1	2.5	0.8	1.4
Under influence of the partner	1.7	0.8	1.3	2.3
Other reason	2.5	4.8	1.8	2.8
N	4686	1070	1262	354
<b>(i) Type of drug abused</b>				
Heroin	99.2	99.2	97.9	98.4
Opium	0.5	0.2	-	-
Morphine	0.1	-	-	0.3
Physeptone/methadone	1.0	1.7	0.4	5.3
Other narcotics/analgesics	*	-	-	-
Amphetamines	0.1	0.3	0.5	0.5
Cocaine	-	-	-	0.3
Methaqualone	0.1	-	0.1	-
Cannabis	0.5	1.0	1.1	2.9
Flunitrazepam	0.8	1.2	1.1	1.3
Triazolam	1.9	4.4	1.2	3.2
Cough medicine	0.4	0.9	0.2	1.4
Organic solvents	*	-	0.1	-
N	4725	1065	1265	377

Variables under study	Methadone Treatment Programme %	For comparison in (I) only		
		SARDA %	DATCs %	Religious programmes %
(j) Duration of drug use				
Under 5 years	20.6	15.5	21.4	38.8
5 - 9 years	11.5	10.1	13.3	11.6
10 - 19 years	26.9	29.9	29.6	22.9
20 - 29 years	24.5	29.9	22.1	20.5
30 years & over	16.4	14.6	13.7	6.2
N	4732	1075	1266	371
Mean duration (years)	17.3	17.8	15.9	12.4

II. Admission Pattern

Variables under study	%	Chart (for a, b only)
(a) Time since first registered to Methadone Treatment Programme		
Time since first registered to Methadone Treatment Programme		
Less than 1 year	6.8	
1 - less than 3 years	8.9	
3 - less than 5 years	6.1	
5 - less than 10 years	14.1	
10 - less than 15 years	18.6	
15 - less than 20 years	25.8	
20 years or more	3.2	
Newly registered with no readmission	16.5	
N	4743	
Mean time lag (years)	10.9	

(b) Number of previous admissions		
Number of previous admissions		
1 - 4	34.1	
5 - 9	26.8	
10 - 14	14.6	
15 & over	8.0	
Newly registered with no readmission	16.5	
N	4743	
Mean number	6.9	

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Variables under study	%	Chart (for a, b only)
(c) Average time lag between admissions		
Less than 1 year	20.9	
1 - less than 2 years	36.4	
2 - less than 3 years	13.1	
3 - less than 5 years	8.6	
5 years or more	4.5	
Newly registered with no readmission	16.5	
N	4743	
(d) Time lag between the last two admissions		
Less than 0.5 year	20.3	
0.5 - less than 1 year	22.6	
1 - less than 2 years	17.1	
2 - less than 5 years	15.1	
5 years or more	8.4	
Newly registered with no readmission	16.5	
N	4743	

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III. Reporting History to CRDA

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Variables under study	%	Chart (for c, d only)
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(a) Reporting agencies ever contacted before first admission		
Police	80.4	
CSD	40.2	
SARDA	18.5	
SWD	6.7	
Treatment agencies (excluding DATCs, SARDA, SRO)	6.6	
Voluntary welfare agencies	4.2	
SRO	4.0	
Hospitals and clinics	0.8	
N	2146	
(b) Treatment agencies ever contacted before first admission		
CSD - DATCs	58.7	
SARDA	38.8	
SRO	8.4	
Wu Oi	6.4	
St. Stephen's Society	2.4	
Operation Dawn	1.8	
DACARS	0.9	
PS33	0.7	
Caritas Lok Heep	0.6	
Ling Oi	0.4	
Other treatment agencies	2.4	
N	1020	



Variables under study	%	Chart (for c, d only)
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(c) Treatment agency contacted immediately before first admission

CSD - DATCs	52.9
SARDA	31.4
SRO	5.9
Wu Oi	3.9
St. Stephen's Society	1.7
Operation Dawn	1.1
DACARS	0.7
PS33	0.4
Ling Oi	0.4
Other treatment agencies	1.7

N 1020

(d) Treatment agency contacted immediately after first admission

SARDA	45.4
CSD - DATCs	41.3
Wu Oi	4.5
SRO	3.3
St. Stephen's Society	1.5
Operation Dawn	0.7
DACARS	0.6
Caritas Lok Heep	0.3
Christian Zheng Sheng	0.2
Ling Oi	0.2
Barnabas	0.2
Other treatment agencies	1.9

N 3175

(e) Maximum number of reporting agencies contacted in between each admission and readmission

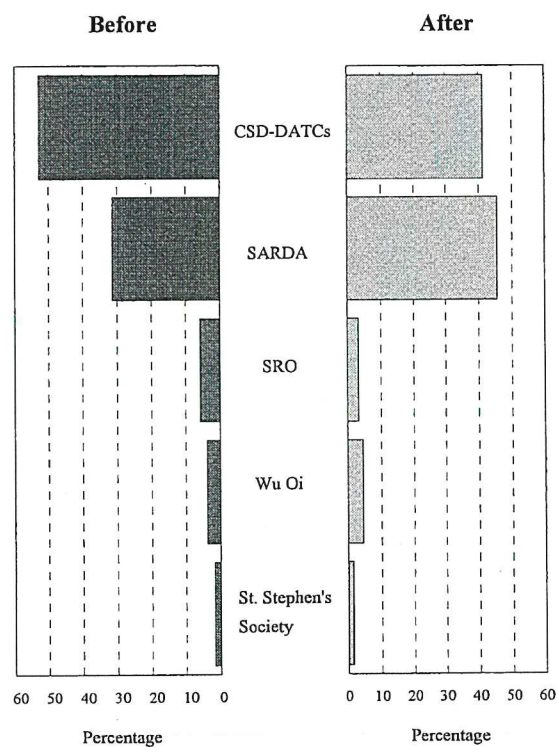
1	15.6
2	29.3
3	20.0
4	7.4
5 and over	0.2

Not attended other agencies in between each admission and readmission 11.0

Newly registered with no readmission 16.5

N 4743

Major Treatment Agency contacted Immediately Before and After first Admission



Variables under study	%	Chart (for c, d only)
(f) Maximum number of treatment agencies contacted in between each admission and readmission		
1	37.4	
2	20.6	
3	4.8	
4	0.8	
Not attended other treatment agencies in between each admission and readmission	19.9	
Newly registered with no readmission	16.5	
N	4743	

(g) Number of other treatment agencies ever contacted by length in Methadone Patients Registry

No. of treatment agencies ever contacted since first registration	<u>Length in Methadone Patients Registry</u>						Newly registered with no readmission	Total
	<1 year	1 - <5 years	5 - <10 years	10 - <15 years	15 - <20 years	20 years or over		
0	76.3	39.0	19.2	9.5	8.2	8.0	92.0	33.1
1	22.4	42.4	34.6	27.8	21.9	22.7	7.5	25.6
2	0.9	14.6	26.1	32.2	32.6	26.7	0.5	21.3
3	0.3	3.1	13.5	19.7	22.9	24.0	-	12.7
4	-	0.7	5.1	7.8	9.5	10.7	-	5.1
5 - 9	-	0.1	1.5	2.9	4.9	8.0	-	2.3
N	321	712	667	884	1226	150	783	4743

Note

- (a) Unless otherwise specified, all figures in I, II & III are percentages. The numbers based on which the percentages are derived are shown as N in the table.
- (b) The number N for each characteristic refers to the number of drug abusers with the specified characteristic.
- (c) \* - less than 0.05  
- - nil
- (d) Religious programmes in (I) cover the Barnabas Charitable Service Association Limited, Drug Addict Counselling and Rehabilitation Service Limited, Christian Zheng Sheng Association Limited, The Christian New Being Fellowship Limited, Ling Oi Youth Centre, Operation Dawn Limited, Wu Oi Christian Centre Limited and St.Stephen Society.

