基督教巴拿巴愛心服務團
Barnabas Charitable Service Association Limited

Mr Calvin Chin
Project Manager

北區醫院
North District Hospital

Dr Mak Siu King
Associate Consultant
(Surgery)

Dr Flora Ko
Department Manager
(Occupational Therapy)

Enhancing Collaboration between Medical Sector & NGOs in Anti-drug Cause : Beat Drugs Alliance (抗毒同盟站)

22 July 2016

Beat Drugs Alliance (抗毒同盟站)

- A Program of the medical treatment, abstinence preparation and rehabilitation of ketamine abusers
  - Territory-wide
  - Multi-disciplines
  - Hospital and NGO collaboration
    - identification of hidden ketamine abusers
    - in-patient treatment and brief motivational intervention
    - community-based rehabilitation

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Crisis Accommodation Program

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Premises
: Services for hidden ketamine abusers

- Address the whole person
  - Cater for multiple needs of the abuser
    - not just one aspect of the abuser's condition or situation
- Involve multiple health care and social service professionals
- Involve different service sectors, e.g. hospital, NGOs in the community
- Provided on a continuum, or upon co-ordination for continuity of care

Service Collaboration Model

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Cross-organizational

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Inter-sectoral

Nature

- Involving organizations
  - Hospital : North District Hospital
  - NGOs : Barnabas, and
    : Other NGOs
- On a continuum of engagement
  - At a distance : 2 separate systems at separate sites
    - hospital
    - NGOs
  - On-site : upon structured and regular communication and meetings
  - Through common goals, shared effort and decision-making

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Common Goals

- Effective treatment, abstinence preparation and rehabilitation of ketamine abusers through collaboration
  - On the services for ketamine abusers
    - accessible
      - a one-stop platform: they have come to the right place!
    - supportive of the choices the abusers made for their health and living
  - On the co-ordination between hospital & NGOs
    - through an easily navigated system for service provision and service continuity

Methodology

- "Single point of contact" communication channel between hospital and NGOs
  - facilitate effective communication
- Close service interfacing & care co-ordination for continuity of care between hospital & NGO
  - conjoint consultations
    - address all parties' issues of concern
  - scheduled case conferences, participation and meetings
    - all parties get the full picture of the ketamine abusers

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Critical Factors for Service Collaboration

- Organized structure and processes
- Clarity of principles and roles
- Formal communication and meeting structures
  - monitoring of the collaboration
- Flexibility is essential but has to be thoughtful

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Project Example:
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- Identification of hidden ketamine-abusers
  - Beat Drugs Alliance (抗毒同盟站)
- Pre-hospital – Conjoint screening
- In-patient – 5 days' in-patient Treatment & Brief Motivational Intervention
  - Crisis Accommodation Centre (危機轉向計劃)
- Post-hospital – Conjoint follow-up and community rehabilitation
- Project monitoring

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)

- Promotion
  - Media promotion on help-seeking
- Screening and Identification
  - Internet (抗毒同盟站) screening and identification of hidden ketamine abusers
- Engagement
  - Engagement of ketamine abusers for Crisis Accommodation Program (危機轉向計劃)

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)

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- Contextual Inquiry
- Value Specification
- Promotion Design
- Operational'ization
- Evaluation

Web-based Promotion of Help-seeking

- Common issues among clients
  - Health and functional problems → Crisis
  - Avoidance from blaming
  - Ambivalence to abstinence from drug use

→ Vigour of 抗毒同盟站 Beat Drugs Alliance

  - Medical and social services provided collaboratively and in an integrated manner
  - Meet clients' needs at a one-stop platform

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)

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- Promotion Design
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Web-based Promotion of Help-seeking

- Focus on health
  - body
  - functional daily living
  - client's choice for life
- Attitude
  - non-judgmental
  - unconditional regard

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)

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- Contextual Inquiry
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Web-based Promotion of Help-seeking

成為會員

網上評估check一check

吸毒評估 »
網上健康評估 »
免費轉介身體檢查 »

- 200 hidden substance abusers are identified
- 50 ketamine abusers are referred to 危機轉向計劃 Crisis Accommodation Program

網上評估check一check > 網上健康評估

網上健康評估

最近3個月，你有無因吸毒而出現以下情況？

Email／Whatsapp／Facebook：

	有	無
1. 無胃口食野，食慾不振	○	○
2. 覺得損害判斷能力，導致思考能力及記憶力衰退	○	○
3. 好容易發脾氣	○	○
4. 經常頭痛、胃痛	○	○
5. 出現尿道炎症狀，如尿頻、痾尿痛、出血等	○	○
6. 訓得唔好，有時失眠	○	○
7. 鼻痛、出血、鼻穿窿	○	○
8. 情緒低落，成日悶悶不樂	○	○
9. 好似出現幻覺、幻聽及妄想症	○	○
10. 有時會手腳痲痺，好似無左知覺	○	○
11. 經常抽搐、有時昏迷	○	○
12. 出皮膚疹，令我的外表變得難看	○	○

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Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)

Contextual Inquiry

Value Specification

Promotion Design

Operational' ization

Evaluation

Web-based Promotion of Help-seeking

- From pre-contemplation / contemplation stage to preparation stage
- Harm-reduction

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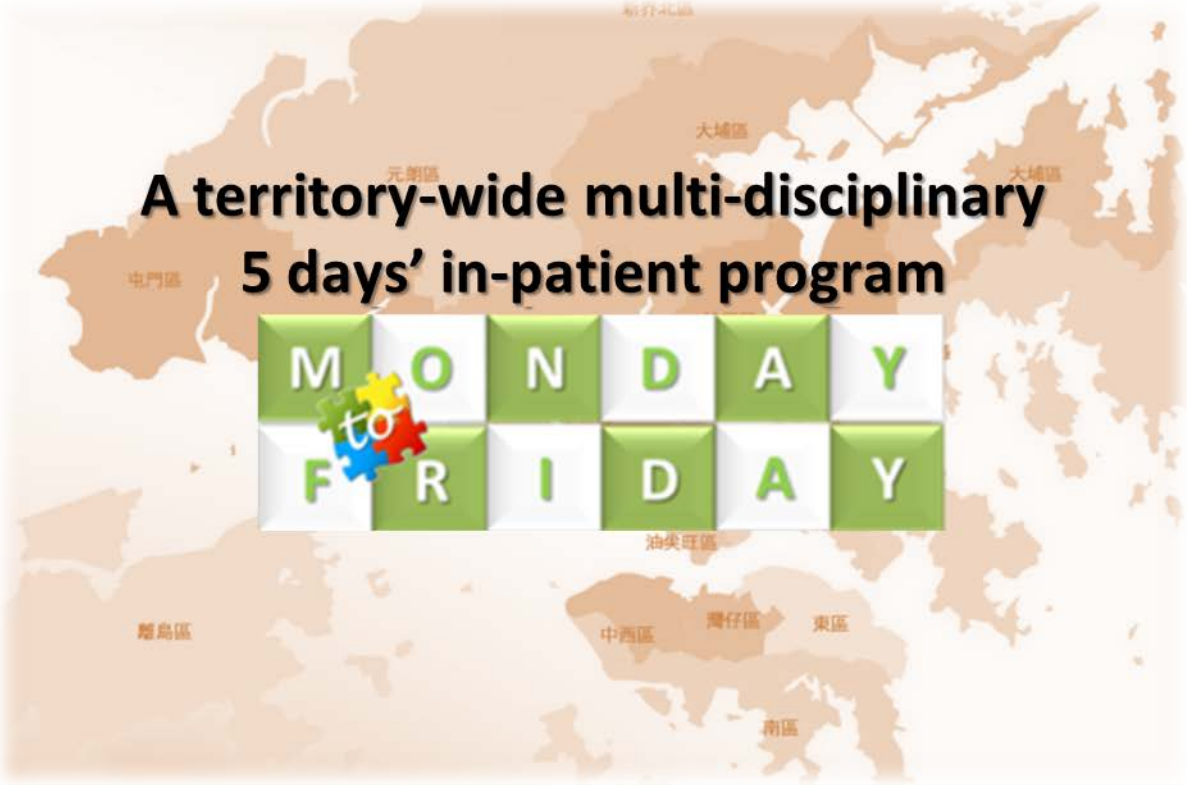
危機轉向計劃
Crisis Accommodation Program

Brief Motivational Intervention
: Crisis Accommodation Program (危機轉向計劃)



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Brief Motivational Intervention

: Crisis Accommodation Program (危機轉向計劃)

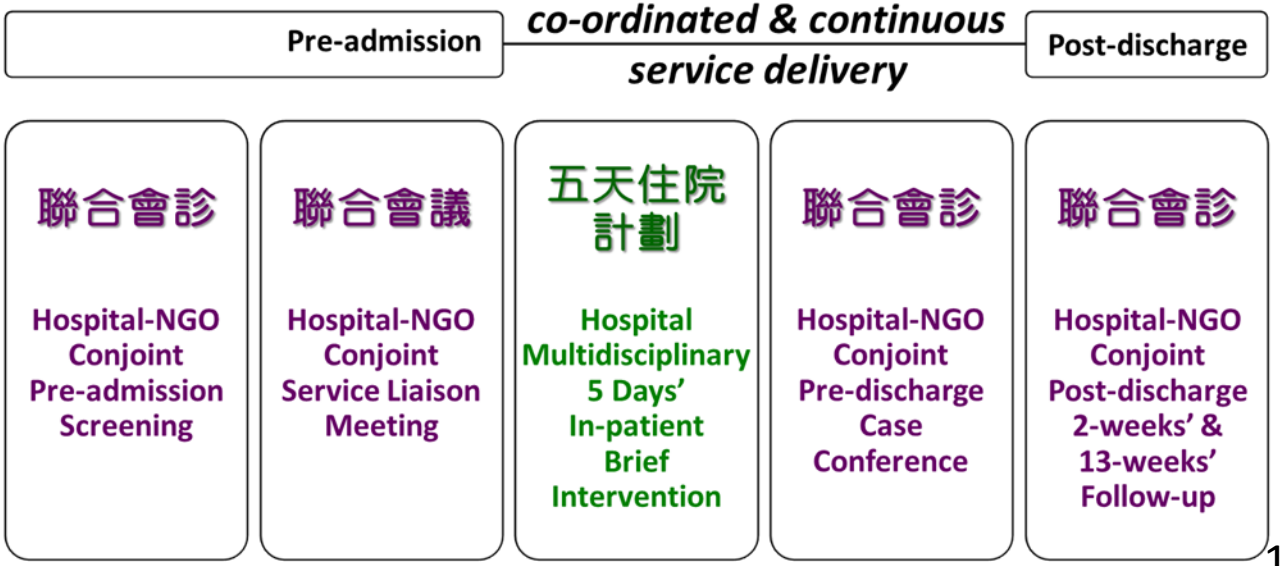
1. Personal awareness
   - Crisis of health
   - Crisis of functional performance

Brief Motivational Intervention
: Crisis Accommodation Program (危機轉向計劃)

2. Personal preparedness and readiness
   - Abstinence from ketamine use
   - Relapse prevention

Brief Motivational Intervention
: Crisis Accommodation Program (危機轉向計劃)

3. Common platform for service providers across organizations and service sectors
   - Communication
   - Service collaboration
   - Service interfacing



Post-hospital Community-based Rehabilitation

- Alignment and continuation of effort from the hospital in-patient program (危機轉向計劃)
- Proactive out-reach to clients for follow-up and timely support
- Building of clients' personal strengths to stay away from ketamine
- Handling relapses

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Post-hospital Community-based Rehabilitation

- Building of personal strengths for
  - prevention of a return to ketamine use
  - enhancement of skills and development of new strategies to
    - recognize and deal with external and internal triggers
    - enable behavioural change
    - regain control over the urge to use ketamine
- 3 foundations
- 3 major areas of focus

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Post-hospital Community-based Rehabilitation

- 3 foundations：

  ① The period immediately following the hospital discharge of the 5-days' in-patient program is a time of high risk for relapse.

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Post-hospital Community-based Rehabilitation

- 3 foundations：

  ② Rehabilitation in an aligned and continued manner is essential

  – Support patient's continuation of the effort made in the in-patient program
    - short-term goals established
    - preparedness and readiness to stay away from ketamine use
  – Provision of timely support
    - maintain and reinforce the benefits achieved by the patient through the in-patient program
    - Intensity
      – 6 individual counselling sessions in 3 months

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Post-hospital Community-based Rehabilitation

- 3 foundations：

  ③ Lapses and relapses are viewed as

  - a part of the process of change
  - the opportunities to understand and learn from the mistakes made in behaviours

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Post-hospital Community-based Rehabilitation

- 3 areas of focus :
  ① Further enhancement of the awareness for managing triggers
  - Personal health condition and the negative impacts of ketamine use on health and functional performance
  - External triggers or surrounding circumstances → ketamine use
  - Internal triggers → ketamine us

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Post-hospital Community-based Rehabilitation

- 3 areas of focus :
  - ② Strengthening the commitment for staying away from ketamine
    - Response to triggers?
    - Working in partnership with ketamine users in face of triggers
      - views of the triggers?
      - response for achieving goals?
      - supports?
      - positive communication with family
      - ↑ support network

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Post-hospital Community-based Rehabilitati

- 3 areas of focus :
  - ③ Handling relapses
    - Understanding and learning from relapses?
    - Strategies that have been established are not working?
    - Prevention from committing similar behaviours again?

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Social Work in the Model of Medico-Social Service Collaboration

- Work of social worker is facilitated
  - Comprehensive understanding of the patient's condition upon the medico–social–functional basis of assessments and intervention.
  - Relationship building with clients is much promoted and made speedy.
  - The understanding of the medico–functional impacts provides a strong driver and expedites the positive progress of change in clients.

Social Work in the Model of Medico-Social Service Collaboration

- From health and functional crises to effective counselling
  - Maintain “health and functional performance” as a focus of concern.
  - With the clients’ being driven by the understanding of the negative impacts on own health and functions, evoke clients’ motivation for positive change.
  - Work on a harm reduction approach progressively

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Post-hospital Program Conjoint Follow-up

- Progress of recovery from crisis
  - health?
  - functional performance?
- Progress of rehabilitation
  - abstinence from ketamine use?
  - reduction in ketamine use?
- Review of relapse prevention strategies
- Tracking of referrals to specialty care, social service and community-based resources

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Project Monitoring

- Regular joint-meeting reviews
  - Project progress
  - Project outputs
  - Project outcomes

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