

CHAPTER 4

DISCUSSIONS AND STRATEGIES

(A) Views and Discussions

4.1 We have collected views from the treatment and rehabilitation sector and relevant key participants in preparation of the Three-year Plan. HKCSS held a focus group and a consultation session in June and July 2011 respectively to discuss the Plan, and the comments collected are at **Annex XII**. Meanwhile, the key points raised by ACAN, its T&R Sub-committee and DLC are summarised at **Annex XIII**. We have taken into account all the comments and suggestions received in drawing up the Plan. The Sixth Three-year Plan has also taken into account the recommendations on voluntary residential DTRCs as set out in the Report No. 55 of the Director of Audit issued in late 2010 and the Report of the Public Accounts Committee published in early 2011.

(B) Major Areas of Concern

4.2 In summary, we have identified the following major areas of concern:

- (a) in view of the hidden nature of drug abuse, it is hard to reach some drug abusers even significant resources have been given to service providers for early identification;
- (b) there could be more cooperation amongst various anti-drug professionals to efficiently keep the emergence of new synthetic drugs under surveillance;
- (c) there could be better collaboration amongst various sectors/modalities to ensure service continuum;
- (d) the treatment and rehabilitation service could merge with other prongs of anti-drug strategy, in particular the preventive education and publicity, to achieve synergy;
- (e) despite significant increase in resources in the past three years, there is still room for improvement in various downstream treatment and rehabilitation services, particularly the accessibility

and range of options;

- (f) although the general public has shown increased understanding and acceptance to the drug treatment and rehabilitation services, it remains difficult to set up new facilities in local communities;
- (g) there is calling for a more transparent, systematic and performance-oriented monitoring system; and
- (h) there is a need to continuously review and reassign resources.

(C) Strategies for the Sixth Three-year Plan

(a) Early identification and intervention

4.3 In the past three years, we have greatly expanded our efforts to facilitate early identification and intervention of drug abusers, so as to offer rehabilitation services timely before the health condition of the abusers is much deteriorated. For instance, we have taken forward the Trial Scheme on School Drug Testing in Tai Po District in the 2009/10 and 2010/11 school years. Currently, we are actively encouraging schools to participate in the HSP(DT) from the 2011/12 school year onwards.

4.4 In addition, we would continue to identify new partners who can contact drug abusers at the generic settings (Tier 1). We should enhance the drug awareness and knowledge of these partners, so that they can identify potential drug abusers effectively, offer initial intervention and refer them for appropriate treatment if necessary. Moreover, we should actively devise new measures, such as a community-based drug testing scheme, to identify those hidden drug abusers in a more effective manner.

(b) Monitoring of Drug Abuse Situation

4.5 The prevalent psychotropic substances are easily available, although the abuse of them is “hidden” in nature. The emergence of new synthetic drugs also aggravates the problem. It takes us time to access the problems caused by the new drugs and put them under control. Therefore, we need to conduct further surveys and research studies to collect information and statistics from different angles, so that we could more accurately monitor the changes in drug abuse trends and characteristics of drug abusers.

4.6 The anti-drug sector should have intelligence on new drugs, so as to enhance awareness and formulate necessary measures in respect of preventive education, publicity, treatment and rehabilitation as necessary.

(c) Continuum of services by different sectors / modalities

4.7 In December 2010, ND published the first edition of the tiered, multi-modality framework of treatment and rehabilitation services for drug abusers in Hong Kong. It embodies a continuum of services from identification, treatment, rehabilitation to reintegration into society, and highlights the complementary roles of social welfare, healthcare, education, and aftercare services. We should properly utilise this schematic service framework⁷ and encourage communication, networking and collaboration among service providers within the same tier or across tiers, so as to ensure continuum of services. There is a clear description of service nature of various tiers, so that service providers could provide relevant training and support services accordingly. A district-based service approach is recommended to cater for the different characteristics of drug scene in different districts.

(d) Further enhancement of capacity and depth of downstream services

4.8 The Government has injected substantial new resources to implement the recommendations of the Task Force on Youth Drug Abuse and the CE's anti-drug campaign (annual additional recurrent provision of \$140 million). Notwithstanding this, the Government and the service providers should continue to review the capacity and depth of the services in response to the latest drug scenes, so as to better address the needs of drug abusers.

4.9 In this connection, we encourage NGOs to make full use of the BDF to develop treatment and rehabilitation projects (especially innovative ones) that are in line with this Sixth Three-year Plan.

4.10 We should continue assisting DTRC operators in meeting the licensing requirements as soon as possible. We should encourage operators of those centres requiring in-situ refurbishment or redevelopment to make concrete proposals and commence upgrading works early, and facilitate them to obtain funding under the BDF SFS. For other centres requiring reprovision, we should continue, in

⁷ The tiered, multi-modality framework is **not** intended to be prescriptive in nature to cast service or resource boundaries.

consultation with relevant Government departments, assisting them in identifying suitable sites. In the meantime, we need to devise a publicity plan to engage relevant stakeholders to solicit local support through publicity.

(e) Reintegration into society and prevention of relapse

4.11 A treatment and rehabilitation programme is considered to be successful in the long run if the rehabilitants could eventually reintegrate into society without relapse. Apart from helping the rehabilitants staying away from drugs, we also need to address their needs in other aspects. We should provide suitable aftercare services to the rehabilitants. Where resources permit, we should involve families, schools, social workers, mentors and friends in the aftercare service/case management modal. We should provide assistance to the rehabilitants according to their particular circumstances to facilitate them to return to their normal school / work life. If practicable, we could draw on the existing resources in the community.

4.12 From a wider perspective, it is important for us to continue publicising the positive images of treatment and rehabilitation agencies and rehabilitated drug abusers, and to educate the public about the benefits that would be brought about through helping the rehabilitants.

(f) Sustained service improvement

4.13 In view of the changing drug scene, we need to continue monitoring the demand for and utilisation of various services to ensure the resources are properly allocated according to the needs. For instance, we put most of the resources on dealing with youth drug abuse problem, and we should also address the needs of the adult drug abusers. In addition, we should critically review various service models from a social context, such as the growing difficulty in putting new service centres in the community rendering the provision of accessible services to new development areas more difficult.

(g) Continuum and complementarity with efforts in other prongs

4.14 We need to ensure that our work under the five prongs is complementary to each other and will maximize the effectiveness of the overall anti-drug strategy. Preventive education and publicity can serve as a starting point for the developing more in-depth treatment and rehabilitation services. Meanwhile, in order to effectively put forward

treatment and rehabilitation facilities / programmes, we need to solicit public understanding and acceptance through appropriate preventive education and publicity activities.

4.15 As regards the other three prongs, we should continue our research efforts in assessing the drug abuse scene, examining the harms of various drugs and analysing the effectiveness of different treatment models. Law enforcement actions and external cooperation can not only deter people from taking drugs, but can also help us to identify and provide assistance to more drug abusers.