

CHAPTER 6

RECOMMENDATIONS (PART 2): COMPLEMENTARITY WITH OTHER PRONGS

6.1 We stated under strategies in Chapter 4 that treatment and rehabilitation and other fronts under the five prongs (i.e. preventive education and publicity, legislation and law enforcement, external co-operation and research) are complementary to each other and mutually reinforcing. Set out below are interfaces between treatment and rehabilitation and the other fronts, as well as efforts that can be made in other areas to support drug treatment and rehabilitation work.

(A) Preventive Education and Publicity

6.2 Preventive education and publicity can complement the work of treatment and rehabilitation in a number of ways. First, it can enhance the community's vigilance against drug problem, reduce potential drug abuse cases and identify early and offer immediate help to drug abusers, so as to reduce pressure on downstream treatment and rehabilitation services. Secondly, those in need could recognise the ways to seek assistance. Thirdly, through mobilising different sectors to support the treatment and rehabilitation services they would understand the importance of community support for rehabilitants. As such, members of the community can, through various means, identify drug abusers, support the setting up of treatment services and encourage rehabilitated drug abusers to reintegrate into society.

(a) Families and Schools

6.3 Our works towards families and schools have been discussed in paragraphs 5.3 to 5.11 of Chapter 5.

(b) General Publicity

6.4 We recommend making good use of the mass media (including announcements in the public interest and short stories on television and radio) and posters to disseminate the following messages:

- (a) The hidden nature of psychotropic substance abuse and the importance of seeking assistance early. To this end, we can

highlight the role of family members in identifying drug abusers, and let the abusers know that people around them are willing to help.

- (b) To enhance understanding of the treatment and rehabilitation agencies and rehabilitants. We can arrange sharing sessions by the anti-drug agencies and rehabilitants to illustrate how the services can help abusers to lead a new life, in order to solicit the community's acceptance of drug treatment and rehabilitation facilities.
- (c) The importance of community support to the rehabilitants' new life. The support of the community to rehabilitants can help building up a positive image of the drug treatment and rehabilitation facilities. This can also encourage rehabilitants to reintegrate into the society.

6.5 Besides, the Hong Kong Jockey Club Drug InfoCentre (DIC), being a dedicated exhibition centre for anti-drug education, is an effective education and publicity platform. We recommend continuously enriching the facilities, activities and contents of the DIC, and collaborating with various organisations to arrange diversified and multi-disciplinary activities to enhance the public understanding of anti-drug work (including drug treatment and rehabilitation services).

(c) Roving Exhibitions

6.6 In order to solicit public acceptance of the drug treatment and rehabilitation facilities, we need to emphasize that drug abuse problem is a concern to everybody. . We recommend enriching the content of the anti-drug roving exhibitions to include treatment and rehabilitation services and the importance of these services in helping rehabilitants to reintegrate into society.

6.7 We recommend enlisting support of property management agencies and public transport operators to have exhibitions held at their properties. We will also have the anti-drug message disseminated at the premises of the Government and public organisations.

(d) Social Media

6.8 Social media networks and various online communication platforms are becoming the common communication tools among hidden

youth drug abusers and youth at-risk (e.g. non-engaged youth). We recommend further exploring suitable measures, such as making use of e-forums and websites popular among young people, to reach out to this group of hidden youth.

(B) Community Mobilisation

(a) Community Participation

6.9 We would continue appealing to various sectors, e.g. “Path Builder” or other platform, for support for drug abusers. This could promote a culture of community care, support and participation.

6.10 For the business sector, corporations can give donations to treatment and rehabilitation agencies and provide job placement opportunities to the rehabilitants. We can also continue to encourage social and professional organisations or individuals to participate in voluntary services and to serve as mentors. In addition, corporations can, either at their own initiatives or in collaboration with parent federations, organise seminars and trainings for their staff with a view to engaging working parents. We need to raise the parents’ awareness of the widespread and hidden nature of drug abusing problem, as well as highlight the importance of family/parents in the fight against youth drug abuse.

(b) Community Acceptance

6.11 Apart from the above-mentioned preventive education and publicity work, we would support activities that could enhance the public’s understanding of treatment and rehabilitation services. Those agencies which have to set up service points (in particular residential DTRCs which require reprovisioning) can apply BDF to organise activities to solicit community acceptance.

(c) Mutual co-operation in the Neighbourhood

6.12 We recommend promoting co-operation among various stakeholders at the neighbourhood level to enhance their awareness of the drug abusing problem, as well as soliciting community support for treatment and rehabilitation services and acceptance to the rehabilitants to reintegrate into society. For details, please see paragraphs 5.28 to 5.29 in Chapter 5.

(C) Research

(a) Monitoring of Drug Abuse Situation

(i) CRDA and Student Survey

6.13 CRDA and Student Survey are the core elements of our monitoring system. We recommend maintaining the close connection between CRDA and the reporting agencies, as well as widening the reporting network, so as to facilitate smooth operation of CRDA and raise the reference value of the information collected. As regards the Student Survey, it will be conducted every three years, and the current one for the 2011/12 school year is in progress. The findings of the survey will facilitate ND and various stakeholders to monitor the drug abuse situation among local students and to formulate new strategies and measures as necessary.

(ii) Better Estimating the Drug Abusing Population

6.14 As recommended by the Fifth Three-year Plan, ND has commissioned a research to review the current methods of estimating drug abusing population, and to recommend a suitable method applicable to the Hong Kong situation. The research is expected to complete by the end of 2012. ND will review the outcome and recommendations of the research, and apply them to supplement CRDA and other statistics as appropriate.

(iii) Studying the Drug Abuse Situation of Non-engaged Youth

6.15 In accordance with a recommendation in the Fifth Three-year Plan, ND has commissioned a research to review qualitatively the drug abuse situation among non-engaged youth and their corresponding service needs. The research is expected to complete by the end of 2012, which may provide useful information to better evaluate the youth drug abuse situation and their service needs, with a view to formulating appropriate policies and measures.

(iv) Qualitative Module of the Supplementary Drug Abuse Monitoring System

6.16 The Qualitative Module is a tool to gather, collate and analyse relevant information that is scattered in different sources outside the formal statistical domains. The World Health Organisation (WHO) in particular noted that qualitative methods are best use to study hidden populations; groups usually not identified through the routine household or student surveys, and those who seldom visit health, welfare or justice institutions. This kind of module can help us to grasp the local drug scene and to detect changes (e.g. new drugs or new abuse patterns), so that we could conduct dedicated research on particular issues.

6.17 In fact, as pointed out by the Task Force on Youth Drug Abuse, it is difficult to identify a suitable researcher to develop the module. Under the Fifth Three-year Plan period, ND has tried hard but still could not identify a suitable researcher to develop and launch the supplementary system. Notwithstanding this, given the importance of the supplementary system (in particular in addressing the hidden nature of psychotropic substance abuse), we would continue to identify a suitable researcher, with a view to collecting more information about the drug abuse situation in Hong Kong on top of the quantitative information currently available.

(b) Studies on the Harmful Effects and Impact of Psychotropic Substance Abuse

6.18 We encourage and support conducting further research studies on the harmful effects and impact of psychotropic substance abuse, with a view to providing evidence in the formulation of anti-drug policies and programmes.

6.19 ND has uploaded all the completed research projects to its website. We recommend proactively introducing the research findings to the treatment and rehabilitation sector. The research findings could be transformed into useful materials for the treatment and rehabilitation sector to develop future services.

(D) Law Enforcement / International Co-operation

6.20 Through law enforcement actions and co-operation with the relevant Mainland authorities, law enforcement agencies can effectively curb the supply of drugs and deter drug abuse behaviours. The early intervention at schools and provision of support to juvenile offenders by the law enforcement agencies are conducive to the success of treatment and rehabilitation services.

6.21 At present, ketamine is not covered under the “Convention on Psychotropic Substances 1971”. In certain overseas regions (in particular developing countries), ketamine is a common anesthetic in human and veterinary medicine. However, it is widely abused as drug which seriously endangers people’s health and causes social problems. Abuse of ketamine is prevalent in Hong Kong. It accounts for about 30% of the number of drug abusers and about 70% among youth drug abusers. To effectively tackle the spread of ketamine abuse, legislation by individual countries cannot solve the whole problem. We will, at the international level, continue urging other nations to pay attention to the harmful effects and development of ketamine abuse. We will also enhance regional co-operation and intelligence sharing in order to curb the trafficking of ketamine at source.