

## **Chapter 2**

### **TREATMENT AND REHABILITATION SERVICES AND ANTI-DRUG INITIATIVES**

- 2.1 Hong Kong adopts a multi-modality approach in providing T&R services to support drug abusers of different backgrounds in quitting drugs, with the ultimate aim of attaining drug abstinence and reintegration into society. There are both community-based and residential T&R services which may be voluntary or compulsory in nature. People with drug abuse problem can choose the services that are most suitable to their individual service needs and circumstances.
  
- 2.2 In view of the challenges posed by prevailing drug issues, including hidden drug abuse, prevalence of psychotropic substance abuse, demographic changes in the drug abusing population, and importance of relapse prevention, the seventh Three-year Plan for 2015 to 2017 recommended that the anti-drug sector further deepen various T&R services to cater for the varying needs of different groups of drug abusers. These included strengthening the support by service agencies (e.g. CCPSAs) to families to facilitate the identification and T&R of drug abusers, and encouraging the anti-drug sector to refine or tailor-make programmes to cater for the specific needs of individual drug abuser groups. The seventh Three-year Plan also recommended enhanced communication to identify more room for collaboration among different service modes and sectors, streamline case referral and provide a continuum of services. The seventh Three-year Plan encouraged anti-drug service providers to continuously explore means to facilitate early identification of drug abusers, as well as continued efforts to minimise relapse of rehabilitees and facilitate their reintegration into society. Recommended directions for the other four prongs under the anti-drug strategy, namely preventive education and publicity (PE&P), legislation and law enforcement, external cooperation and research were included in the Plan.
  
- 2.3 Since the publication of the seventh Three-year Plan, the Government and the anti-drug sector have been implementing various anti-drug measures and programmes along the recommended strategic directions

with progress made on many fronts. The ensuing paragraphs provide an overview of the existing T&R modalities and a summary of anti-drug initiatives implemented between 2015 and 2017.

**(A) Existing T&R Modalities**

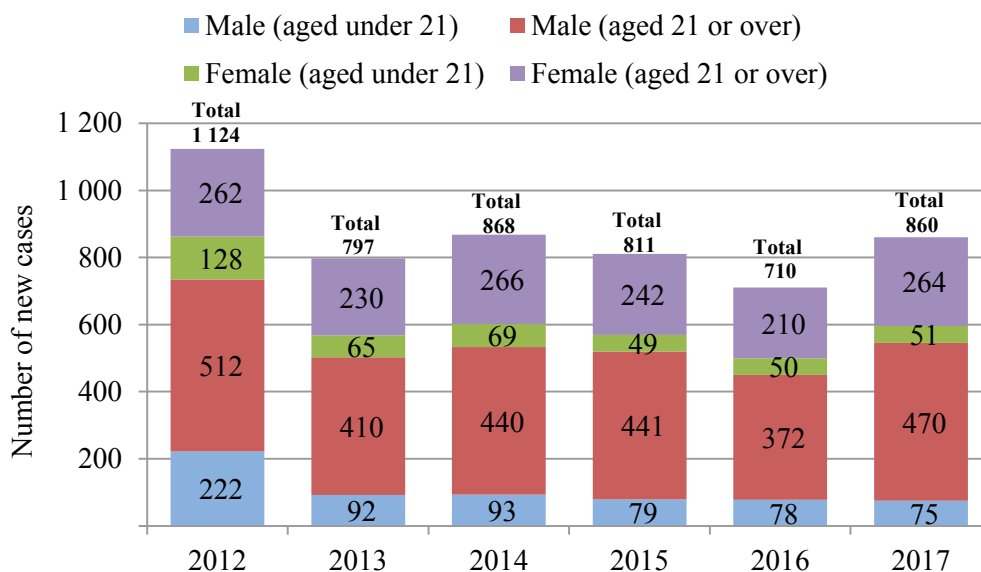
CCPSAs

2.4 CCPSAs offer community-based anti-drug counselling services and assistance to psychotropic substance abusers (PSAs) and young people at risk to assist them to stay away from drugs. On-site medical support services are available, including voluntary drug testing, motivational interviews and basic body checks. Where appropriate, CCPSAs will refer cases to SACs for more intensive and specialist medical treatment. In addition, they provide aftercare services to drug rehabilitees of non-subsentved DTRCs without such services.

2.5 CCPSAs also offer counselling and support services for family members of drug abusers as well as PE&P programmes for secondary schools and post-secondary education institutions. Professional training for allied professionals is provided at the district level.

2.6 There are currently 11 CCPSAs subsentved by the Social Welfare Department (SWD).

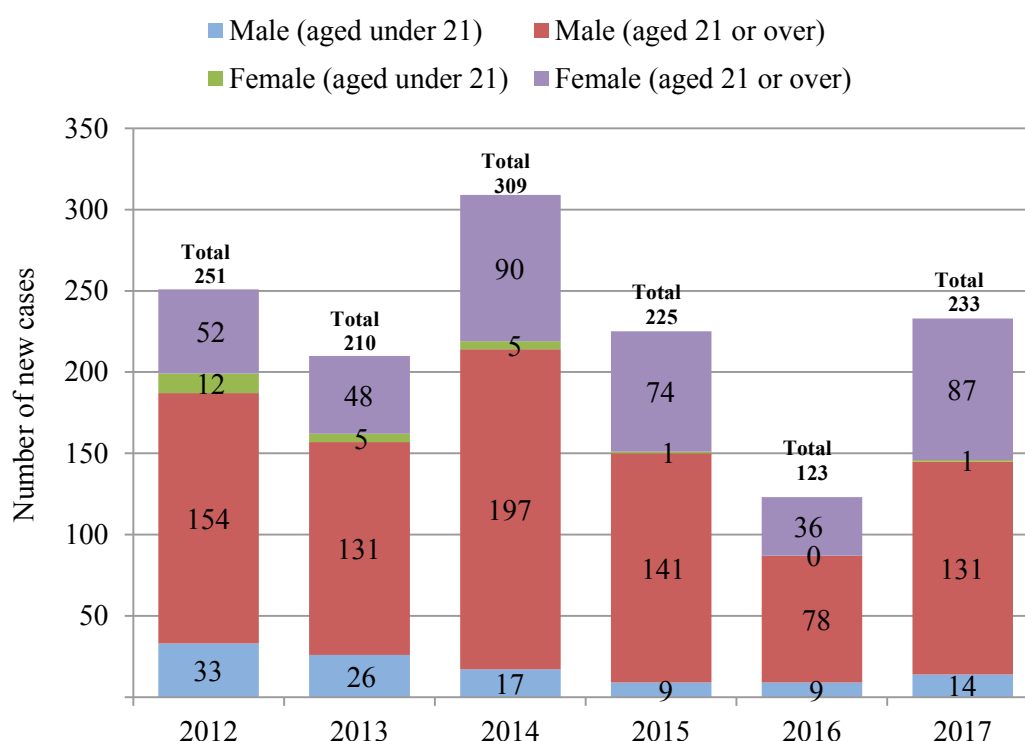
Graph 1: Number of cases of CCPSAs



## Centres for Drug Counselling (CDCs)

2.7 CDCs help drug abusers abstain from their drug-abusing habits through counselling services, and facilitate their reintegration into their families and the community after rehabilitation. CDCs also provide counselling and support services for drug abusers' family members. They conduct PE&P programmes for various target groups, including post-secondary education institutions, vocational training organisations and industries with more at-risk practitioners. There are currently two CDCs subvented by SWD.

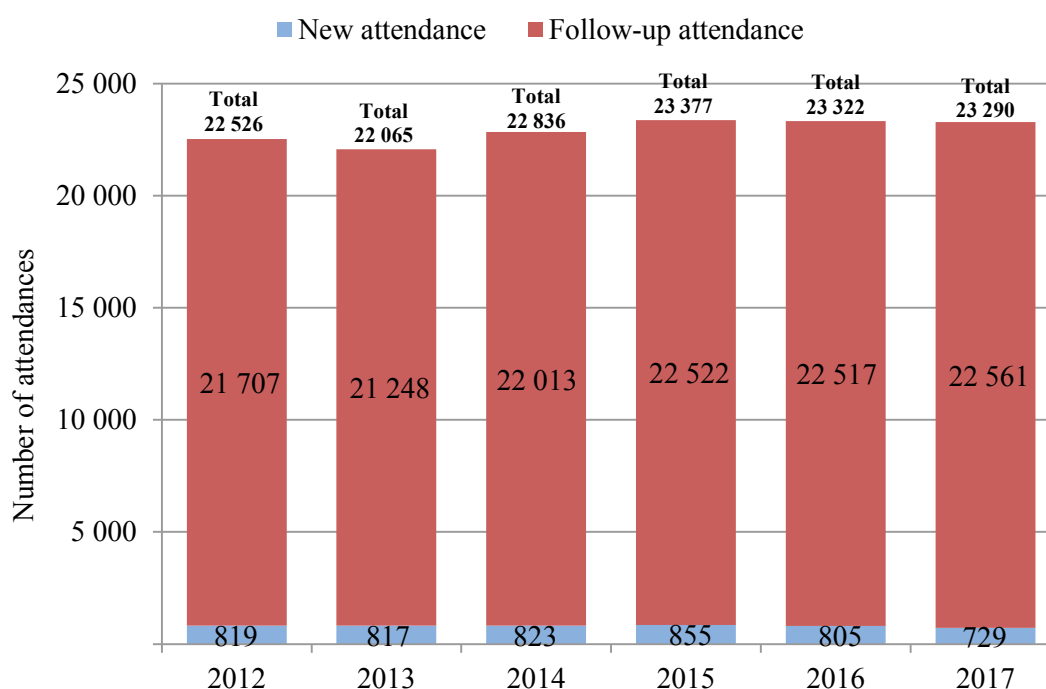
Graph 2: Number of cases of CDCs



## SACs

2.8 At SACs, psychiatrists provide drug abusers with medical consultation and treatment, while occupational therapists and clinical psychologists provide other clinical services. SACs take referrals from CCPSAs, relevant NGOs, registered medical practitioners and other healthcare service providers. Service is mainly offered in the form of specialist out-patient care, and inpatient and community care services are also available. There are currently eight SACs operated by HA.

Graph 3: Number of new and follow-up attendances of SACs



YOT/YND teams

2.9 YOT/YND teams outreach to and engage young people aged under 24 who do not normally participate in conventional social activities and are vulnerable to negative influence including drug abuse. The teams provide counselling services for youth at risk, and may refer them to other appropriate services, such as drug counselling and rehabilitation services. At present, there are 19 YOT teams and 18 YND teams.

DTRCs

2.10 DTRCs provide detoxification and T&R programmes to drug abusers in a residential environment away from drugs. Other support services (e.g. vocational and/or life skill training) are available to facilitate rehabilitees' reintegration into society. Some DTRCs also offer aftercare services (e.g. continual monitoring and counselling) for rehabilitees. Currently, there are 37 DTRCs run by 16 NGOs, 19 of which are subvented by the Department of Health (DH) or SWD while 18 are self-financed.

Graph 4: Number of admissions to DTRCs

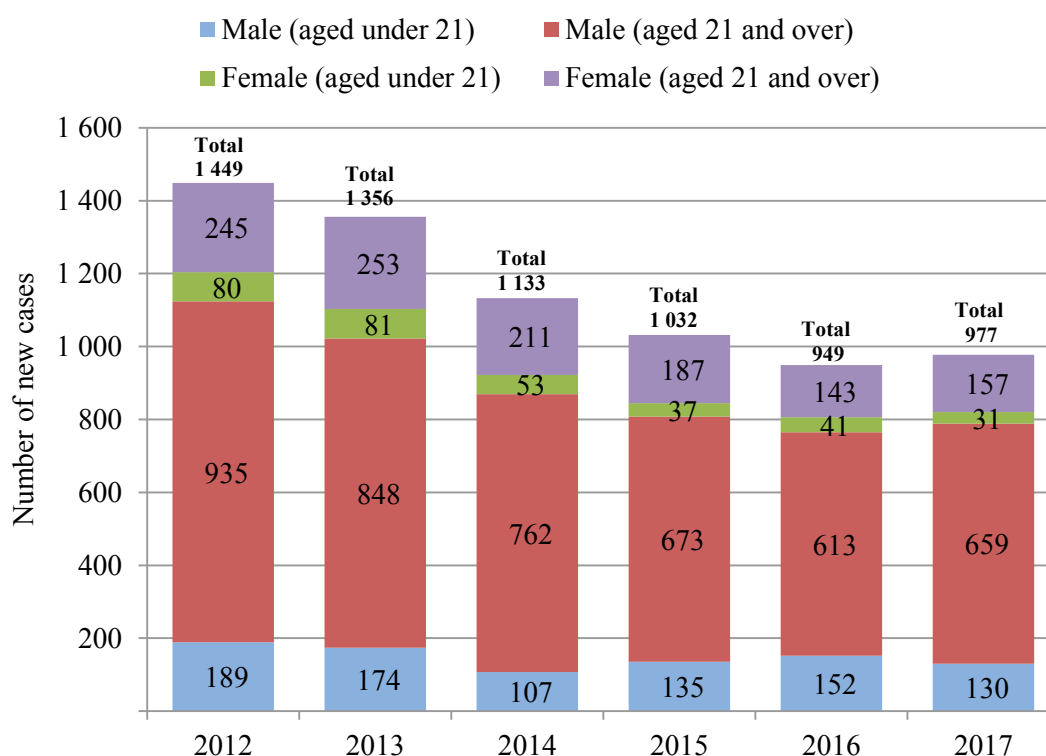


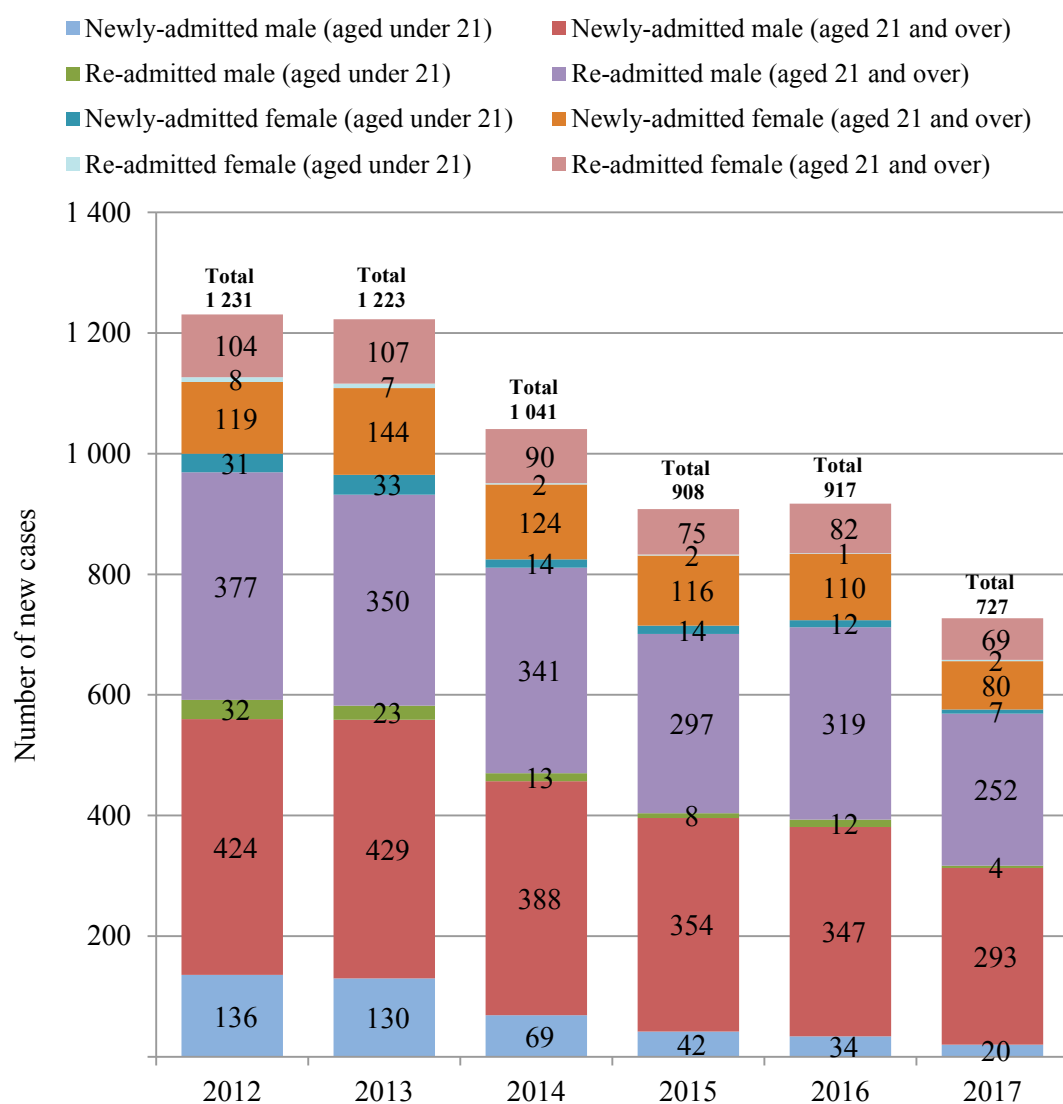
Table 5: Number of persons under treatment and aftercare in DTRCs

	2012	2013	2014	2015	2016	2017
Age under 21	598	569	446	385	412	410
All ages	2 743	2 851	2 658	2 539	2 409	2 595

### Drug Addiction Treatment Centres (DATCs)

2.11 DATCs as operated by the Correctional Services Department admit people aged 14 or above who are addicted to drugs and convicted of offences punishable with imprisonment. DATCs offer rehabilitation programmes as well as structured, market-oriented vocational training programmes. There are currently four DATCs, namely Hei Ling Chau Addiction Treatment Centre, Lai Sun Correctional Institution, Nai Kwu Correctional Institution and Lai King Correctional Institution.

**Graph 6: Number of admissions to DATCs**



**Table 7: Number of persons under treatment and supervision in DATCs**

	2012	2013	2014	2015	2016	2017
Dischargees*	1 217	1 202	1 074	967	831	838
Treatment	758	759	673	580	668	539
Supervision	1 063	1 045	991	887	754	708

\* excluding those transferred to other correctional programmes

## Methadone Treatment Programme (MTP)

2.12 MTP as operated by DH in methadone clinics offers both “maintenance” and “detoxification” programmes on an outpatient basis to treat opiate abusers’ opioid dependence and facilitate them to live a normal life. Under the “maintenance” programme, patients take a daily prescribed dose of methadone under supervision to reduce or cease his/her craving for opioid. Alternatively, suitable patients can enrol in the “detoxification” programme to taper off the dosages of methadone over a period of time. Counselling services are also provided, and aftercare services are offered to rehabilitees having completed the detoxification programme to minimise their relapse. Currently, there are 19 methadone clinics.

Table 8: Utilisation of MTP

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Newly/ Re-admitted cases	5 315	4 656	4 358	4 171	3 892	3 696
Attendance rate:						
Effective registration	8 008	7 574	7 088	6 677	6 236	5 826
Daily attendance	6 078	5 737	5 352	4 994	4 629	4 323
Average daily attendance rate	75.9%	75.7%	75.5%	74.8%	74.2%	74.2%

### **(B) T&R Initiatives Implemented**

#### Licensing of DTRCs

2.13 ND has continued to assist DTRCs operating on certificates of exemption (CoEs) in meeting the licensing requirements under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566). While the BDF Special Funding Scheme (SFS) offers funding support to facilitate DTRCs concerned to take forward their in-situ upgrading or reprovisioning works projects, ND provides assistance in other practical areas including searching for suitable reprovisioning sites, assessing preliminary feasibility, and coordinating with relevant government departments to resolve matters such as land use or planning issues.

- 2.14 During the period of the last Three-year Plan for 2015 to 2017, the Shun Tin Halfway House of Wu Oi Christian Centre completed their upgrading works as funded by SFS and obtained a licence under Cap. 566 in November 2015. The Dawn Island Centre of Operation Dawn Limited finished their SFS-funded redevelopment project and obtained a licence under Cap. 566 in May 2017. The number of licensed DTRCs has hence increased to 26 in 2017. For the 11 DTRCs still operating on CoEs, many are at various stages of taking forward their necessary works projects.

#### Enhancement of SFS

- 2.15 SFS provides financial assistance for DTRCs to carry out capital works projects for meeting the licensing requirements under Cap. 566, or for enhancing service capacity or sophistication. In 2015 to 2017, a total funding of about \$79.0 million was approved under SFS to support the works projects of DTRCs and associated technical feasibility studies (TFS).
- 2.16 To better assist DTRCs in implementing their works projects, ND reviewed the operation of SFS in 2016. Having considered the difficulties faced by DTRCs and relevant operational experience, ND, with the support of ACAN and approval of the Governing Committee (GC) of the Beat Drugs Fund Association (BDFA), has introduced a number of improvement measures with effect from August 2016. These measures include raising the respective funding ceilings for conducting TFS and works projects from \$1.5 million and \$50 million to \$2 million and \$67 million respectively, reducing the funding contribution to be made by DTRC operators from 20% to 10% of the total project cost for projects valued above \$8 million, and adopting enhanced arrangements for DTRC operators to engage Authorised Persons/consultants to carry out preparatory work and to supervise the whole projects. Those measures have been positively received.

#### Review of Funding and Service Agreements with CCPSAs

- 2.17 For the 11 CCPSAs, funding and service agreements (FSAs) are made between SWD and the CCPSA operators on issues relating to funding and service provision. When the last term of FSAs was due to expire in September 2016, SWD and the CCPSA operators had taken the



opportunity to review the requirements in a bid to enhance services. Specifically, recognising the important role played by family members in the identification and T&R of drug abusers, the new FSAs provide CCPSAs with the flexibility to redeploy resources for strengthening the assistance to these family members. In addition, as a larger proportion of newly reported drug abusers are young adults (aged 21 - 35), the scope of the preventive education and outreaching efforts of CCPSAs is extended to cover post-secondary education institutions, vocational training organisations and workplaces. The new FSAs have come into effect from October 2016.

### Enhanced Probation Service

- 2.18 The possession and consumption of dangerous drugs constitute offences under the Dangerous Drugs Ordinance (Cap. 134). Subject to consideration of the court, offenders of drug-related crimes may be evaluated to be suitable for probation supervision, in lieu of custodial sentence, as an intervention measure. Under a probation order, a probationer is normally required to undertake anti-drug counselling and treatment, and is under a probation officer (PO)'s statutory supervision.
- 2.19 For young offenders aged below 21 convicted of drug-related offences, SWD has since 2009 operated the Enhanced Probation Service for Young Drug Offenders (EPS) on a pilot basis to provide more focused, structured and intensive treatment programme for these young people. Under EPS, supervising POs conduct more frequent and intensive interview sessions with probationers and their family members; surprise home visits and checks to assist probationers in keeping themselves on the right track; more frequent and random urine tests for ascertaining that probationers remain drug-free; and structured thematic therapeutic programmes, training on employment or schooling, and family or interpersonal relationships to meet the rehabilitation needs of individual probationers. In 2009 to 2017, 506 probationers received EPS. SWD's review in mid-2015 suggested that EPS was effective in minimising the relapse and reconviction rates of young offenders during the probation supervision period. In light of such findings and with ACAN's support, the Government has regularised EPS as a long-term service from 2016-17. Stakeholders generally acknowledge the positive impacts of EPS on young probationers through enhanced probation supervision and counselling.

## BDF Projects

2.20 Administered by BDFA, BDF with a capital base of \$3.35 billion provides funding support to worthwhile anti-drug projects. BDFA GC, taking into account the drug situation and the advice of ACAN, draws up specific priority areas in the annual BDF Regular Funding Scheme (RFS) to guide interested applicants in planning suitable anti-drug projects that could respond to the latest drug problems. In 2015 to 2017, the priority areas for T&R projects in the RFS exercises generally reflected the strategic directions set out in the last Three-year Plan.

Table 9: BDF Projects

	2015 RFS	2016 RFS	2017 RFS
Total approved grant amount (\$ million)	\$68.7	\$121.9	\$153.9
Grant amount for T&R projects (\$ million) (% of total approved grant amount)	\$32.9 (47.9%)	\$39.8 (32.6%)	\$59.3 (38.5%)
Grant amount for mixed-type projects with T&R elements (\$ million) (% of total approved grant amount)	\$26.3 (38.3%)	\$56.5 (46.3%)	\$59.6 (38.7%)
Total number of approved projects	38	54	66
Total number of approved T&R projects and mixed-type projects with T&R elements	30	35	41

Note: For 2015 RFS and 2016 RFS, audit fees approved and accepted by grantees are included. For 2017 RFS, audit fees approved are included.

2.21 In the 2015 to 2017 RFS exercises, more than 100 T&R and mixed-type (with T&R elements) projects were approved, the objectives and directions of which were generally in line with those in the last Three-year Plan. For example, some projects provided specific preventive education and T&R programmes for individual target groups, including young adult drug abusers, ethnic minorities (EM) and

high-risk females. Some featured multi-disciplinary collaboration between public hospitals/SACs and CCPSAs, integrated family service centres (IFSCs), etc. in identifying drug abusers and providing outreaching medical treatment to them at the community level. Some aimed at early identification of hidden drug abusers and relapse prevention through various measures such as supporting family members of drug abusers, “peer snowballing”, training for relevant frontline workers, Internet outreaching, court outreaching, vocational training programmes, job placement and counselling services. A list of these projects approved in the 2015 to 2017 RFS exercises is at **Annex C**.

### **(C) Other Anti-drug Measures**

#### PE&P

- 2.22 PE&P is the mainstay of drug prevention efforts. Responding to the latest drug situation, the PE&P campaign has continued to enhance community awareness of the drug problems especially the harms of methamphetamine (commonly known as “Ice”) abuse, and encourage early help-seeking particularly by young adult drug abusers and hidden drug abusers. Specifically, anti-drug messages are disseminated through different media platforms (including mass media, new media such as electronic platforms like popular websites, mobile applications and social media) to maximise the access to different target groups. Help-seeking through the 24-hour helpline “186 186” and the instant messaging service “98 186 186” has been constantly promoted.
- 2.23 The Hong Kong Jockey Club Drug InfoCentre as the anti-drug PE&P hub has launched different programmes for individual target groups, covering exhibitions and sharing sessions promoting healthy lifestyles among young people, visits and talks for students, parents and anti-drug partners.
- 2.24 To raise public awareness of the hidden drug abuse problem, and to enable a broader cross-section of the community to play a more active role in drug prevention, early identification of hidden drug abusers, and provision of early intervention and assistance to people with drug

problems, BDF has supported the second round<sup>1</sup> of the Anti-drug Community Awareness Building Programme (ACAB) for implementation in April 2015 to March 2018. A total funding of \$6.21 million was provided to the 18 Districts for District Fight Crime Committees to collaborate with NGOs and district bodies to organise anti-drug activities at the community level. Participants include local stakeholders, parents, district frontline workers, youth, working adults and EM groups. District responses to ACAB have been positive, suggesting that anti-drug public awareness has been enhanced, anti-drug skills of frontline workers strengthened and anti-drug network broadened. With the support of ACAN and the approval of BDFA GC, a third round of ACAB will be launched from April 2018 to March 2020.

#### Healthy School Programme with a Drug Testing Component (HSP(DT))

- 2.25 HSP(DT) is a school-based preventive education initiative, aiming at enhancing secondary school students' resolve to refuse drugs and fostering a drug-free culture on campus. It comprises two major components, namely preventive anti-drug activities and voluntary drug testing. HSP(DT) has been implemented for seven school years from 2011/12 to 2017/18, with the number of participating schools having increased from 43 in the 2011/12 school year to 135 in the 2017/18 school year.
- 2.26 The findings of an independent evaluation research on HSP(DT) commissioned by BDFA in the 2015/16 school year have affirmed the effectiveness of the programme as an anti-drug preventive education initiative. In light of the positive findings and the views collected from stakeholders in the evaluation research, HSP(DT) will continue to be implemented.
- 2.27 With the support of ACAN and the approval of BDFA GC, improvement measures have been implemented from the 2017/18 school year, including strengthening the resource and administrative support for the participating schools and NGOs, and enhancing the operational flexibility.

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<sup>1</sup> The first round was implemented in June 2013 to March 2015.

### “Participate in Sports, Stay Away From Drugs”

2.28 A new trial programme, “Participate in Sports, Stay Away from Drugs”, has been launched in the 2017/18 school year to broaden the dissemination of anti-drug messages to secondary schools. This programme, which promotes healthy lifestyles and an anti-drug culture in secondary schools through students’ participation in the organisation of sports-related and/or health-related activities, and in supporting student athletes taking part in sports competitions, has received encouraging responses with 110 participating schools. ND will review the effectiveness of this programme to facilitate further consideration of reinforcing anti-drug preventive education in secondary schools.

### CRDA

2.29 CRDA provides relevant drug abuse statistics for monitoring changes in drug abuse trends and characteristics of drug abusers, and for supporting an evidence-based approach to the formulation of anti-drug policy and measures. It is a voluntary reporting system recording the details of drug abusers who have come into contact with and have been reported by the reporting agencies, including law enforcement agencies, treatment and welfare agencies, tertiary education institutions, hospitals and clinics. Compiled statistics of CRDA are reported to ACAN and released on a quarterly basis. By its nature, while CRDA does not measure the exact size of the drug abusing population in Hong Kong at any particular time, statistics derived therefrom are indicators of the trends of drug abuse over time. CRDA statistics are publicised for the anti-drug sector and interested parties to keep abreast of the latest drug scene and drug trends in Hong Kong.

### Student Survey

2.30 Another important source of drug situation data is the triennial “Survey of Drug Use among Students” (Student Survey) commissioned by ND. The 2014/15 Student Survey completed in March 2016 had sampled some 146 000 full-time students at upper primary to post-secondary levels from more than 270 schools and institutions. The findings were publicised, which were in line with the CRDA statistics for 2015. There was a downward trend in student drug abuse, while the prevalence of psychotropic substance abuse and hidden drug abuse were issues of

concern. “Curiosity”, “to get away from stress”, “to relieve from boredom” and “to seek excitement” were the major reasons for drug-taking.

### Research

2.31 Drug-related researches are important to supporting evidence-based anti-drug work. Six BDF-funded researches were completed from 2015 to 2017, covering cognitive rehabilitation of ketamine abusers, evidence of brain damage in chronic ketamine abusers, development of advanced hair drug testing platform, trends of cross-border drug use and their controls, etc. In the 2015 to 2017 RFS exercises, BDF further approved 13 research projects or mixed-type projects with research elements, with topics on “Ice”-induced psychosis, social return of anti-drug initiatives, characteristics of hidden drug abusers surfaced to the accident and emergency (A&E) departments of public hospitals and the healthcare pathway of drug abusers, etc. Findings of completed researches are publicised and shared with the anti-drug sector, assisting service providers in deepening PE&P, drug abuser identification and T&R programmes.