Chapter 4

VIEWS AND IDEAS OF STAKEHOLDERS

4.1 In drawing up the Three-year Plan, ND had detailed exchanges with various parties in the anti-drug sector to understand the frontline experience regarding the drug situation and the T&R services being provided. Stakeholders also put forward ideas on enhancing T&R support to drug abusers.

4.2 In general, stakeholders agree that the anti-drug sector is facing the following four major issues –

(a) people with "Ice" abuse problems;

(b) hidden drug abuse;

(c) a substantial percentage of drug abusers being young adults (aged 21 - 35); and

(d) specific groups with drug abuse problems, including drug abusers of EM and sexual minorities, and pregnant drug abusers/drug abusing mothers.

Views on other support measures, including PE&P and drug-related researches, were also raised.

4.3 The ensuing paragraphs in this Chapter provide a summary of the views collated from stakeholders on the above issues and the ideas proposed by them in response to the drug scene and drug trends. These views and ideas have provided the basis for setting out the recommended strategic directions of T&R services for 2018 to 2020 in Chapter 5.

(A) People with "Ice" Abuse Problems

Treatment of "Ice" Abusers with Psychiatric Problems

4.4 As previously noted, one major challenge that anti-drug service providers are currently facing is the prevalence of "Ice" abuse among psychotropic substance abusers. It is noted that "Ice"-induced psychotic symptoms are common among "Ice" abusers. Before these symptoms are put under control with the help of medical professionals, social workers would have difficulties in engaging this group of drug abusers to provide effective anti-drug counselling and treatment. Early medical intervention is therefore of paramount importance. Some anti-drug service providers reminded that the trends of abusing psychotropic substances other than "Ice" should also be closely monitored.

Outpatient Service

4.5 Various types of medical services are available to attend to the drug-induced psychiatric symptoms of patients with "Ice" abuse problems or history. Currently, psychiatric outpatient services for drug abusers are provided by SACs in each of the seven hospital clusters.

4.6 Many SACs have strengthened their outpatient services in the past three years through pilot schemes or tailor-made projects. In particular, noting some drug abusers' reluctance or hesitation to receive psychiatric or other medical services in hospitals due to their concern of the perceived labelling effect, some SACs are offering outreaching medical services for potential patients at the community level in partnership with community-based drug treatment and counselling centres (e.g. CCPSAs) by arranging medical consultation and treatment for clients in these centres. Other medical services provided include body checks and health assessment to raise patients' awareness of the harms that drug abuse has caused to their health. Occupational therapy is also offered under specific projects for targeted users.

4.7 Apart from outreaching medical services, SACs also provide support at the community level to manage the medical conditions of their patients and facilitate the latter's compliance with the prescribed treatment plans. For instance, some SACs have designated case managers or contact points for patients, their carers or other stakeholders (e.g. case workers)

to seek medical advice when needed in between consultation sessions. The case managers/contact points also keep the conditions of patients under constant review. To facilitate patients' attendance at medical consultations, SACs also accommodate requests for rescheduling medical appointments as and when needed.

4.8 In addition to the services of SACs, the "Community Psychiatric Services" (CPS) operated by HA in all hospital clusters and its "Mental Health Direct" (MHD) hotline provide another source of support at the community level to psychiatric patients, their carers and other stakeholders, including patients with "Ice"/drug-induced psychiatric problems.

4.9 One aspect that SACs and social service units (including CCPSAs and YOTs) have been further exploring is to identify drug abusers at the A&E departments of public hospitals early. There have been initiatives to forge a closer collaboration between social service units and A&E departments in screening drug abusers and making case referrals. Where necessary, social service units would outreach to A&E departments to engage identified drug abusers for follow-up intervention.

Inpatient Service

4.10 At present, some hospitals are offering inpatient services to stabilise the mental conditions of patients with "Ice"/drug abuse problems and provide them with psychiatric treatment. Some hospitals also administer detoxification process or offer specific drug treatment programmes to enhance patients' motivation to quit drugs.

4.11 In particular, the Castle Peak Hospital has set up a designated ward with 24 bed spaces for male patients with drug abuse problems. The arrangement, which handles drug abusing patients in a focussed manner, aims to alleviate the stigmatisation effect and facilitate patients' readiness to receive treatment in the hospital setting. Moreover, tailor-made drug treatment programmes can more easily be rendered to drug abusing patients in the designated ward. Social service units consider this arrangement commendable and should be of good reference.

4.12 There has been collaboration between hospitals and other anti-drug service providers to facilitate case referrals and provision of a continuum of services. Some social service units, with the support of hospitals, can access the patient wards to engage inpatients early for building up mutual trust and rapport to facilitate future drug treatment. Depending on the circumstances and needs of the service users, follow-up residential treatment by DTRCs or community support by CCPSAs can be offered to the patients when they are discharged from hospitals.

Day Hospital Service

4.13 Some SACs advise that they/their psychiatric departments are operating day hospitals and developing associated services for psychiatric patients, including those with drug abuse problems. Support services for outpatients (e.g. group activities and training workshops) and various kinds of therapies (e.g. art and occupational therapies) are provided to patients, which help incentivise their participation, stabilise their mental conditions and facilitate their rehabilitation.

Operating Hours of SACs

4.14 The clinical sessions of SACs are available during office hours on weekdays. Some social service units mentioned this may be inconvenient to working drug abusers who may have difficulties in taking leave from work for attending SAC consultations.

Ideas Proposed

Ideas raised by stakeholders on further enhancing medical services for patients with drug abuse problems include –

(a) The existing level of outpatient services of SACs (e.g. the pledge on the waiting time for first attendances and the service capacity) should be maintained. Suitable community support measures should be further considered by SACs for outpatients.

(b) SACs are encouraged to explore offering more outreaching medical services to motivate patients to receive treatment.

(c) The feasibility of video consultation may be further considered.

(d) Drug abusers, their carers and anti-drug service providers should make a better use of the services under CPS and MHD hotline of HA.

(e) The role of A&E departments in the early identification of drug abusers may be strengthened. Relevant training may be offered to the medical professionals in these departments to enhance their identification and preliminary intervention skills for drug abuse cases.

(f) More inpatient services are encouraged. Designated wards (or cubicles) may be considered.

(g) Services of day hospitals may be further developed.

(h) The feasibility of arranging some SAC sessions in extended hours (in evenings and/or weekends) may be explored.

(i) Hospitals or SACs may explore setting up dedicated multi-disciplinary mini-teams in collaboration with community service organisations to provide more comprehensive and coordinated medical support to patients with drug abuse problems to fill possible service gaps in different settings.

Collaboration among Medical and Social Service Units

4.15 The anti-drug sector has unanimously pointed out that the handling of "Ice" abuse cases is more complicated with the associated drug-induced psychiatric problems. On the one hand, treatment of the drug addiction problem of "Ice" abusers would be difficult until their psychotic symptoms have subsided. On the other hand, their drug-induced health or mental problems would persist or possibly deteriorate if they forgo treatment and do not abstain from drugs. Collaboration among medical and social service units is essential to tackling this dual problem.

4.16 At present, some medical and social service units are working together closely to handle "Ice" abuse cases. Cross-referral mechanism has been established to assist drug abusers who require both medical and drug treatment. In some districts, joint-intake of cases by medical and social service units is practised. Joint case conferences or group activities are conducted for treatment of patients and better case management. From time to time, medical professionals offer training or advice to fellow social workers on the handling of patients/clients with psychotic symptoms.

Ideas Proposed

To enhance the T&R effectiveness in "Ice" abuse cases, stakeholders have raised the following ideas on the collaboration among medical and social service units –

(a) Collaboration among medical and social service units should be strengthened to facilitate case referrals and provision of a continuum of services.

(b) Good collaborative practices (e.g. streamlined referral mechanisms, joint case in-take and joint case conferences) should be shared and promulgated among different service areas.

(c) More meetings and sharing sessions should be held among medical and social service units to exchange service information and explore collaboration.

(d) More training should be given by medical professionals to social workers and relevant staff on handling clients with psychotic symptoms.

Related Issues

4.17 Some stakeholders raised two other issues related to the treatment of "Ice" abusers. The first is on the staff resources of DTRCs adopting the medical treatment model. At present, resources are provided by DH for this type of DTRCs to employ general nurses to provide nursing care for clients in the centres. Given the prevalence of "Ice" among psychotropic substance abusers, cases with "Ice" abuse history now constitute a higher proportion, and therefore there are merits of employing psychiatric nurses instead of general nurses. However, only general nurses have been provided under the establishment of existing funding and service agreements concerned.

4.18 The second issue is the need for temporary accommodation of clients who have quitted drugs but for different reasons (e.g. difficult family relationships and financial problems) may not be able to return home or secure accommodation after completion of the T&R programmes.

Ideas Proposed

In response to the above specific issues, some stakeholders have raised the following ideas –

(a) DTRCs adopting the medical treatment model should be allowed flexibility to employ psychiatric nurses, in lieu of general nurses. Adjustment to the existing funding arrangement should be explored.

(b) Short-term housing services provided by non-governmental organisations should be explored for accommodating drug rehabilitees in need.

(B) Hidden Drug Abuse

4.19 The problem of hidden drug abuse remains a concern. Many anti-drug service providers pointed out that as hidden drug abusers usually take drugs at home or at friends' homes, their family members can play the important role as the first line of defence in identifying members in the family who may have drug abuse problems, and motivating and supporting them to receive T&R services.

4.20 At present, anti-drug service providers are providing various support services to family members of drug abusers. For instance, family members are coached to enhance their skills to motivate the hidden drug abusing family members to seek help. Counselling or home visits are also arranged through the assistance of family members to approach and engage the drug abusers.

4.21 Leveraging on other support services, anti-drug service providers are reaching out to high-risk groups (e.g. youth at risk) and hidden drug abusers. These include medical services (e.g. body checks, consultations with traditional Chinese medical practitioners and dental services), sports programmes, interest classes and group activities.

4.22 "Peer snowballing" is another approach adopted. Drug rehabilitees are trained to take up the role of peer counsellors. With relevant experience and deep understanding of drug abuse issues, they are in a unique position to disseminate anti-drug information to peers and contribute to identifying, engaging, counselling and encouraging those with drug abuse problems to seek help. They are effective in motivating drug abusers to quit drugs and serving as their companions in the T&R process.

4.23 Some anti-drug service providers have collaborated with schools to provide drug prevention and early intervention services to high-risk youth.

4.24 Other innovative outreaching means have been attempted, including accessing popular discussion forums among the youth, and utilising social media and mobile apps, to be followed up by face-to-face meetings where possible. Some anti-drug service providers are exploring the use of big data analytics to facilitate targeted outreaching

and early intervention. Some are exploring the development of wearable health-monitoring devices for drug rehabilitees to prevent relapse.

4.25 To promote help-seeking by hidden drug abusers, continued publicity efforts have been made to disseminate information on T&R services available. The "186 186" help-seeking hotline is widely publicised. Other help-seeking channels (e.g. district-based hotlines and websites) have also been established.

Ideas Proposed

For early identification of hidden drug abusers, stakeholders have raised the following ideas –

(a) Various measures should continue to be explored and strengthened, which may include –

- physical outreaching to blackspots;
- support to family members;
- "peer snowballing";
- training and deployment of peer counsellors; and
- publicity on service information and promotion of help-seeking.

(b) The service scope of "186 186" hotline can be strengthened to enable callers to receive immediate T&R services.

(c) Targeted efforts should continue to be made by relevant service providers to approach high-risk youth (e.g. school dropouts) for drug prevention and intervention.

(d) New and innovative methods should be tested and their effectiveness evaluated.

(C) A Substantial Percentage of Drug Abusers Being Young Adults

4.26 Young adult drug abusers (aged 21 - 35), constituting about half of the drug abusers newly reported in recent years, are major T&R service recipients. T&R programmes have included elements addressing the needs of this age group, including vocational training, personal counselling and coaching on problem solving. Some service providers have collaborated with the private sector (e.g. individual companies and corporations) in providing job placement opportunities or mentorship programmes for drug rehabilitees. Some provide aftercare programmes on job counselling and occupational therapies to assist drug rehabilitees' sustained reintegration into society.

4.27 There has been collaboration between CCPSAs and DTRCs to cater for T&R of young adult drug abusers. Specifically, CCPSAs may make case referrals to DTRCs. Upon completion of residential T&R programmes in DTRCs, drug rehabilitees may be referred to CCPSAs for receiving aftercare services. While young adults may be confronted with multi-faceted issues straddling work, finance, relationships with family members, childcare, etc., some anti-drug service providers have collaborated with other welfare service units (e.g. IFSCs/integrated services centres (ISCs)) to provide comprehensive support to the drug abusers as well as their families.

4.28 Noting that young adult drug abusers may have difficulties (e.g. due to work or family commitments, or financial concerns) in taking residential T&R services, a few DTRCs have tried out short-term (e.g. one to two weeks) residential programmes in a bid to incentivise drug quitting.

4.29 Some DTRCs raised that their existing funding and service agreements do not permit provision of services to clients above the age of 30, and therefore cannot cater for the T&R needs of certain drug abusers within the young adult group.

4.30 Some anti-drug service providers are stepping up preventive and outreaching efforts in tertiary education institutions the students of which may be within the young adult group. Some are outreaching to workplaces to disseminate anti-drug messages and promote a healthy working life.

Ideas Proposed

To cater for the T&R needs of young adult drug abusers, stakeholders have raised the following ideas –

(a) Suitable programmes including vocational training, job placement, job counselling, etc. should continue.

(b) Aftercare services should be strengthened to minimise relapse and facilitate rehabilitees' reintegration into society.

(c) Collaboration between community-based counselling and residential drug treatment services should be strengthened to facilitate cross-referral of cases and provide a continuum of services.

(d) Short-term residential programmes may be further explored.

(e) Consideration may be given by relevant government departments to adjusting the age limit of residential programmes concerned.

(f) Preventive education and outreaching efforts should be stepped up in tertiary education institutions and workplaces.

(g) Communication and collaboration among anti-drug and other welfare service units should be further enhanced to cater to the needs of drug abusers as well as their families.

(h) More meetings and sharing sessions can be arranged for relevant service units to share experience and forge collaboration for case handling.

(D) Specific Groups with Drug Abuse Problems

4.31 Stakeholders raised that some specific groups may require targeted T&R efforts, including EM drug abusers, pregnant drug abusers and drug abusing mothers, and drug abusers of sexual minorities.

EM Drug Abusers

4.32 The differences in languages, religions, and cultures have made anti-drug work for the many EM groups difficult. While some may not accept outside help readily, some may have a different perception/understanding of what constitutes drugs, and some may have limited knowledge of or accessibility to information on the T&R services in Hong Kong. To cater for the unique characteristics of EMs, some anti-drug service providers have launched programmes or projects tailored to the cultures, religions and/or languages of individual EM groups. Anti-drug workers would visit places frequented by EMs, engage them through various activities or support services, seize the opportunities to disseminate anti-drug messages and service information, and identify EM drug abusers for further follow-up T&R work.

4.33 Some anti-drug service providers are exploring collaboration with the EM communities or organisations serving EMs (e.g. mutual support groups for EMs, or EM trade associations), with a view to reaching out to a wider sector of possible T&R service recipients. Many have found these strategies effective.

4.34 Some service providers have made adjustments to their T&R programmes to address the special needs of EM clients. For instance, some DTRCs are providing designated EM houses/wards and tailored services. EM peer counsellors are employed to help bridge the cultural and language gaps, and hence encourage help-seeking and motivate participation in T&R programmes.

Ideas Proposed

To provide more effective T&R services for EM groups, stakeholders have raised the following ideas –

(a) The design and implementation of anti-drug services/projects should take account of the unique individual EM languages, religions and cultures.

(b) Service providers should be encouraged to implement targeted programmes or projects on preventive education, identification of drug abusers and delivery of T&R services.

(c) Translation service or anti-drug materials in EM languages should be made available for EM help-seekers.

(d) For residential T&R programmes, service providers may consider suitable adjustments to cater to EM clients' religions, diet and cultural characteristics.

(e) Anti-drug service providers' collaboration with the EM communities or organisations serving EMs can be strengthened to reach out to a wider sector of possible T&R service recipients.

(f) EM peer counsellors can be more gainfully engaged (e.g. in regular services or specific projects) to assist in the anti-drug work.

Pregnant Drug Abusers and Drug Abusing Mothers

4.35 Issues relating to pregnant drug abusers and drug abusing mothers have drawn public attention because of some family tragedies in recent years. Apart from their own drug abuse problems, these abusers may face other difficulties such as maintaining family relationships or taking care of their infants/children. Collaboration with other welfare service units is therefore highly important for the provision of comprehensive support for the drug abusers as well as their families and/or infants/children.

4.36 In this regard, the Comprehensive Child Development Service (CCDS), jointly implemented by the Education Bureau, DH, HA and SWD, identifies, at an early stage, various health and social needs of children (aged 0 - 5) and their families, and provides the necessary services so as to foster the healthy development of children. CCDS makes use of the

maternal and child health centres (MCHCs) of DH, hospitals of HA and other relevant service units (such as IFSCs/ISCs and pre-primary education institutions) to identify at-risk pregnant women/mothers, including those with a history of drug abuse. Needy children and families identified will be referred to receive appropriate health and/or social services. While the operational arrangements of CCDS may vary across districts due to different district circumstances, it is noted that a number of anti-drug service providers and relevant service units have established good communication channels in respective districts and are working together closely to handle cases involving pregnant drug abusers and drug abusing mothers. Joint case conferences are held where necessary to exchange service and/or case information. The good mutual understanding across the service providers/units involved has facilitated smooth and timely case referrals and formulation of comprehensive and appropriate welfare plans. Service providers agree that the experience and practices in handling these cases should be shared among districts.

4.37 Some frontline anti-drug workers noted that some pregnant drug abusers/drug abusing mothers may be hesitant about using the health/social services out of the concern that they may be assessed as unsuitable to take care of their infants/children and that their infants/children may be taken away by service agencies. It could be observed that they would be more receptive to the said services if they are identified and provided with suitable T&R services at an earlier stage.

4.38 To tackle the drug problems of these abusers and direct them to the established help network, some anti-drug service providers are implementing dedicated projects to identify these clients, cater for their special needs and motivate them to quit drugs. These projects feature close collaboration with the obstetric departments of public hospitals, under which enhanced communication channels/referral mechanisms are commonly set up to facilitate early identification and intervention. Stronger linkage is also built up with other service units (such as hospitals of HA and MCHCs) to render continued support to the clients and their infants/children.

4.39 Good collaboration among anti-drug service providers and relevant service units including those through the CCDS platform should be

sustained for the effective handling of cases involving pregnant drug abusers/drug abusing mothers. Meanwhile, some practitioners in welfare/medical service units outside the anti-drug sector may not have full relevant knowledge of tackling cases with drug abusing backgrounds, thus possibly resulting in certain communication gaps in responding to the needs of clients. To facilitate effective case management, intervention and referral, training and experience sharing sessions have been organised from time to time to enhance the understanding of other service units of drug abuse cases.

4.40 There was suggestion that infants/children should be allowed to live with their mothers undergoing residential T&R programmes, and that relevant childcare services should be provided to these infants/children at the DTRCs in which their mothers are receiving T&R services. However, it is noted that views are divided. Stakeholders supporting the suggestion consider that the presence of infants/children could better motivate their drug abusing mothers to complete the T&R process and achieve abstinence. The mother-infant/child bonding could also be enhanced. Stakeholders having reservations on the suggestion are concerned that the drug abusing mothers would likely be distracted from the T&R programmes by the presence of their infants/children, thus adversely affecting their rehabilitation progress. Noting that the environment and facilities of DTRCs do not normally suit taking care of infants/children, some stakeholders have also expressed concern on the adequacy of protection of the safety, well-being, and development needs of infants/children. Given the diverse views, service providers intending to pursue the suggestion should comprehensively consider the technical and operational feasibility, impact on the effectiveness of the T&R programmes, the development and safety of the infants/children and other prevailing statutory requirements for further discussion and study.

Ideas Proposed

To better address the needs of pregnant drug abusers and drug abusing mothers, stakeholders have raised the following ideas –

(a) Service units should identify pregnant clients early, provide intervention, build up their trust and link them to the health/social

services through the CCDS platform or other suitable collaboration platforms at the district level.

(b) Liaison and collaboration among anti-drug service providers and relevant service units including those through the CCDS platform should be enhanced to provide comprehensive support to these clients.

(c) Good collaborative practices among anti-drug service providers and relevant service units including those through the CCDS platform should be shared among different districts.

(d) Funding support should be made available to worthwhile programmes with these clients as target service recipients.

Drug Abusers of Sexual Minorities

4.41 "Chem-sex" or "Chem-fun" in the MSM community has suggested the T&R needs of MSM drug abusers. With the existing multi-modality T&R services for drug abusers of varying backgrounds, both community-based and/or residential drug treatment services should be able to cater for MSM drug abusers.

4.42 Anti-drug service providers have noted that MSM drug abusers tend to be more sensitive and emotionally delicate, possibly due to their sex orientation, and/or individual experience in family relations or community acceptance. Due regard would therefore need to be given to the MSM culture and characteristics when approaching and providing T&R support to this group. Seminars or sharing sessions have been organised by case workers with experience in providing support services to MSM for the anti-drug sector to better understand the T&R needs of this group.

4.43 Some service providers are implementing specific projects to conduct anti-drug preventive education for the MSM group, reach out to those at risk, motivate drug abusers in the group to seek help and make referrals to suitable T&R services. In approaching the MSM group, means or

techniques commonly used include outreaching to MSM spots, Internet outreaching, utilising mobile apps and "peer snowballing".

Ideas Proposed

To better address the T&R needs of drug abusers of sexual minorities, stakeholders have raised the following ideas –

(a) Service providers should have due regard to the culture and characteristics of drug abusers in sexual minority groups when conducting anti-drug work.

(b) More training or sharing sessions may be arranged to enhance anti-drug service providers' understanding of the characteristics and T&R needs of these clients.

(c) Specific programmes/projects may be launched for anti-drug preventive education in sexual minority groups and T&R of drug abusers in these groups.

(E) Other Support Measures

DTRCs Operating on CoEs

4.44 To protect the well-being of persons undergoing T&R in DTRCs and improve T&R services, the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) has since April 2002 stipulated a licensing scheme for centres providing residential treatment to drug abusers, which provides a regulatory framework in line with present day safety and management requirements for these centres.

4.45 At the end of January 2018, 11 out of the existing 37 DTRCs have yet to be licensed under Cap. 566 and are operating on CoEs. These 11 DTRCs are self-financed and have been in operation before the implementation of Cap. 566. To fully meet the licensing requirements,

some DTRCs need to implement in-situ upgrading or redevelopment. Others located on sites unsuitable for long-term operation need to be reprovisioned to new sites. Assistance and coordination efforts by ND, government departments concerned and other relevant parties should be continued and strengthened to facilitate these DTRCs to obtain a license under Cap. 566.

PE&P

4.46 PE&P is another important aspect in the five-pronged anti-drug strategy. Sustained PE&P efforts have indeed been made by the anti-drug sector and ND over the years, with the necessary emphasis on preventive education programmes for the youth and students. New PE&P channels (e.g. YouTube and mobile apps) have been explored and attempted. Collaboration with voluntary groups, community bodies and charitable organisations has been established to engage wider support. Stakeholders are of the view that these efforts have effectively encouraged many people, especially youngsters, to stay away from drugs, as reflected by the continued declining drug trend. For drug abusers in need of T&R, the PE&P efforts have promoted help-seeking (e.g. the publicity of the "186 186" helpline).

4.47 PE&P efforts have also been meaningfully devoted to the promotion of community acceptance of T&R services and rehabilitees. Under anti-drug service providers' endeavours, feature stories of drug rehabilitees are from time to time shared on mass media, social media and online media. These stories have showcased the determination of drug abusers in achieving abstinence, the values of a healthy and drug-free life to rehabilitees, their families and the society, hence demonstrating the importance and efficacy of T&R services, enhancing public understanding of the drug problems, and promoting acceptance of rehabilitees as well as T&R services.

4.48 Apart from "Ice", some anti-drug service providers are stepping up efforts in promoting young people's understanding of the harms of other commonly abused psychotropic substances, particularly cocaine and cannabis.

4.49 Noting cases of cross-border drug trafficking involving youngsters as reported by the media, some anti-drug service providers have beefed up

the information on the severity of such crimes in their education programmes for the youth and students. They also alert young people to the deceptive tricks adopted by drug traffickers and advise them to stay away from such traps.

Ideas Proposed

On PE&P, stakeholders have raised the following ideas –

(a) PE&P programmes targeting the youth and students should continue.

(b) More publicity (e.g. on successful T&R stories) may be initiated by anti-drug service providers to promote community acceptance of T&R services and rehabilitees.

(c) New media and presentation channels (e.g. YouTube, social media, mobile apps) should be utilised as appropriate.

(d) The themes of PE&P programmes should cater to the latest drug scene.

(e) Information on the harms of prevailing drugs (e.g. "Ice", cocaine and cannabis) should continue to be publicised.

(f) Information on the severity of drug crimes, including cross-border drug trafficking, should be provided to the youth and students through various preventive education efforts.

(g) Preventive education should continue to enhance the skills of parents and teachers in identifying possible drug abuse problems or other abnormal behaviour of young people.

Harm Reduction Measures

4.50 Some stakeholders have raised that more "harm reduction" measures should be considered to support drug abusers who have no immediate intention to quit drugs. Currently MTP is provided in a harm reduction approach for heroin abusers. The T&R services provided by some NGOs also include harm reduction elements as therapeutic means to engage and support clients and motivate them to seek help. For psychotropic substance abuse, stakeholders' views are indeed diverse. Some have pointed out that there is presently no clinically proven harm reduction scheme (e.g. safe substitute) for psychotropic substances abuse, while many studies have already shown that psychotropic substances can cause severe and irreversible health harms to abusers and prolonged abuse is not conducive to drug treatment. Some have suggested that harm reduction measures are practised in some overseas places and the anti-drug sector should continue to keep in view relevant overseas experience.

Ideas Proposed

Stakeholders generally agree that the anti-drug sector should continue to keep in view the developments of harm reduction measures in other places.

Research

4.51 Last but not the least, stakeholders have emphasised the importance of drug-related researches to support an evidence-based tackling of the drug problems. Indeed, such researches covering a wide range of topics have been completed or launched. There has also been a rise in the number of BDF-supported research projects in recent years. The findings provide valuable insights to facilitate the anti-drug sector to develop effective intervention methods and T&R programmes.

Ideas Proposed

Stakeholders have raised the following ideas –

(a) Interested parties (e.g. tertiary education institutes, research institutes and anti-drug service providers) should be encouraged to conduct more drug-related researches.

(b) Research topics can cover a wide spectrum (including drug harms, social costs of drug abuse, characteristics of drug abusers, effectiveness of T&R models, relapse and its prevention, reasons for hidden drug abuse, impacts of inter-generational drug abuse on families, etc.).