

## Chapter 5

### RECOMMENDED STRATEGIC DIRECTIONS

5.1 Chapter 4 provides a summary of stakeholders' views and ideas collected during the consultation exercise of the Three-year Plan, encompassing the frontline experience and observations of the anti-drug sector in tackling the prevailing drug problems. On such basis, the Three-year Plan for 2018 to 2020 recommends the strategic directions as outlined in this Chapter.

#### (A) Recommended Strategic Directions

5.2 The recommended strategic directions for the major issues as discussed in Chapter 4 are as follows –

#### **Treatment of People with “Ice” Abuse Problems**

- (a) Outpatient support for patients with “Ice”/drug-induced psychiatric problems should be strengthened through exploring different operation modes in enhancing patient engagement and better utilisation of services.
- (b) Hospitals are encouraged to provide appropriate inpatient services for drug abusers to treat their drug-induced psychiatric problems and prepare them for further drug T&R programmes.
- (c) Hospitals may consider better utilising existing psychiatric day hospital service to support rehabilitation such as vocational assessment for patients with drug-induced psychiatric problems.
- (d) The anti-drug sector should further leverage on the existing services being provided by HA such as CPS and MHD hotline so as to strengthen community support to clients with psychiatric symptoms and their carers.

- (e) A&E departments may be engaged in the early identification of drug abusers so that the anti-drug service units would be able to reach out to abusers and offer support early.
- (f) Capacity building of medical professionals, in particular those working in A&E departments or under CPS, would be beneficial to the early identification of drug abusers and intervention.
- (g) Collaboration among medical and social service units should be strengthened to facilitate cross-referral of cases and provision of a continuum of services.
- (h) A liaison platform should be made available for medical and social service units to exchange information and facilitate closer collaboration. Case conferences among the relevant parties may be held to formulate appropriate treatment plans.
- (i) Social service units/workers should be better trained for handling clients with drug-induced psychotic symptoms.
- (j) On application by DTRC operators, relevant subvention authorities should exercise flexibility in considering proposals of resource redeployment (e.g. engaging certain professionals like psychiatric nurses) and service requirements or targets (e.g. adjusting the age limit for certain residential drug treatment programmes) taking into consideration the service needs and operational feasibility.

### **Early Identification of Hidden Drug Abusers**

- (a) Anti-drug service providers should continue to explore and adopt effective measures (support to family members, “peer snowballing”, etc.) for the early identification of hidden drug abusers.
- (b) Consideration may be given to strengthening ND’s “186 186” hotline service to facilitate help-seekers to receive immediate drug T&R services.

- (c) Anti-drug service providers are encouraged to try and develop newer and more innovative methods to assist in the identification work, and to evaluate the effectiveness of these methods.
- (d) Outreaching service should be continued by relevant service units to approach high-risk youth (e.g. school dropouts) for preventive work and early intervention.

### **Services for Young Adult Drug Abusers**

- (a) Programmes such as vocational training, job placement, job counselling, mentorship programmes, occupational therapies, etc. should continue. A longer period of aftercare services may be explored.
- (b) Collaboration among community-based and residential T&R service units should be further enhanced to facilitate cross-referral of cases, effective delivery of T&R programmes and offer of aftercare services.
- (c) DTRC operators may consider offering short-term residential programmes for young adult service users who are not able to leave their work/families for long, taking into account the technical feasibility and programme effectiveness.
- (d) More preventive education and outreaching work in tertiary education institutions and workplaces to target young adults should be encouraged.
- (e) Collaboration and mutual support among the anti-drug and other welfare service units should be promoted to meet the multi-faceted service needs of young adult drug abusers.
- (f) A district-based liaison network of the anti-drug and other welfare service units should be established/strengthened to promote information exchange and forge collaboration. A multi-disciplinary approach in case handling may be promoted as appropriate.

### **Support to Specific Groups of Drug Abusers**

- (a) Anti-drug service providers should take account of the differences in languages, religions and cultures when designing and implementing anti-drug work for EM.
- (b) Adjustments to T&R programmes can be made to cater for the specific needs of EM drug abusers. EM peer counsellors may be engaged to assist in the anti-drug work.
- (c) Anti-drug service providers may explore collaboration with NGOs serving EM or EM communities to reach out to larger groups of EM for anti-drug work.
- (d) Anti-drug service providers may consider launching specific projects and making targeted efforts to reach out to EM groups for conducting preventive education, identifying drug abusers, rendering T&R services and providing aftercare programmes.
- (e) Anti-drug service providers should make a more gainful use of the CCDS platform to strengthen the liaison and collaboration with relevant service units for provision of professional, support and referral services to address the various medical/welfare needs of pregnant drug abusers, drug abusing mothers and their infants/children.
- (f) Relevant service units should work closely together through the CCDS platform or other suitable collaboration platforms at the district level, and experience and good practices should be shared among different districts. More training can be provided for relevant service units on the handling of cases involving pregnant drug abusers and drug abusing mothers.
- (g) Anti-drug service providers should be sensitive to the culture, characteristics and specific needs of MSM drug abusers. Experience sharing sessions can be considered to enhance the understanding of social workers and medical professionals in the anti-drug sector for the better delivery of T&R programmes for this group.

- (h) Anti-drug service providers should consider making targeted efforts to reach out to the sexual minority groups for providing preventive education and intervention.

### **Other Support Measures**

- (a) Assistance and coordination efforts should be continued and strengthened to facilitate DTRCs operating on CoEs to meet the statutory licensing requirements.
- (b) PE&P programmes targeting the youth and students should continue, and should cover information on the severity of drug-related offences (especially cross-border drug trafficking).
- (c) Preventive education should continue to enhance the skills of parents and teachers in identifying possible drug abuse problems or other deviant behaviour of young people.
- (d) More publicity efforts may be made to promote community acceptance of drug rehabilitees to facilitate their reintegration into society.
- (e) New media and presentation channels (e.g. YouTube, social media and mobile apps) should be explored and utilised as appropriate for PE&P.
- (f) Anti-drug service providers should remain vigilant to the changing drug scene and make timely adjustment to the themes of PE&P programmes as appropriate.
- (g) The anti-drug sector may keep in view the developments of harm reduction measures for psychotropic substance abuse in other places. The feasibility and applicability of particular measures in the local context should be discussed and thoroughly assessed.
- (h) Drug-related researches should continue to be encouraged to help facilitate the understanding of the drug problems and an

evidence-based approach for formulating new or improving existing T&R strategies or programmes.

- (i) A wide range of research topics covering 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. should continue to be encouraged.
- (j) BDF should continue to support worthwhile anti-drug projects.

**(B) Concluding Remarks**

5.3 The evolving drug scene, in both overseas and local environments, is presenting changing challenges to the anti-drug work in Hong Kong. We would like to applaud the devotion and determination of our anti-drug partners to brave the difficulties involved, as guided by the firm aim of providing appropriate T&R support to drug abusers with different backgrounds and needs. We also deeply appreciate the concerted efforts made and close collaboration established by our anti-drug sector and relevant parties in combating the drug problems.

5.4 The preparation of this Eighth Three-year Plan has provided a platform for extensively engaging the anti-drug sector for an in-depth and candid exchange of views on the strategic directions of T&R services in 2018-2020. The Plan is the fruit of a consensus-building process. We hope that the strategic directions of T&R services as set out in the Plan would offer useful insights to anti-drug service providers and relevant parties in the course of reviewing and developing their action plans and programmes in the three-year period. ND, in partnership with relevant government departments, public bodies and NGOs, will continue to oversee and coordinate efforts as appropriate in pursuing T&R initiatives according to the strategic directions.

5.5 Our sincere thanks go to all parties again for sharing their valuable experience and views. We look forward to continuous close collaboration in tackling the drug problems and providing appropriate T&R services to those in need.