

## Chapter 2

### EXISTING TREATMENT AND REHABILITATION SERVICES AND PROGRESS MADE SINCE THE LAST THREE-YEAR PLAN

- 2.1 Chapter 2 provides an overview of the existing treatment and rehabilitation (T&R) services available in Hong Kong as well as highlights key progress achieved on various fronts since the issue of the eighth Three-year Plan for 2018 to 2020.
- 2.2 It should be noted that various T&R services in 2020 have been tremendously affected by the COVID-19 pandemic. For instance, physical outreach visits and group activities have been reduced under social distancing requirement, whereas the intake rates of some drug treatment and rehabilitation centres (DTRCs) have dropped because of the longer time required before admission under the quarantine arrangement. Also, some drug abusers were reluctant to attend medical consultations in Substance Abuse Clinics (SACs) or hospitals for fear of being infected with COVID-19.

#### **(A) Existing T&R Services**

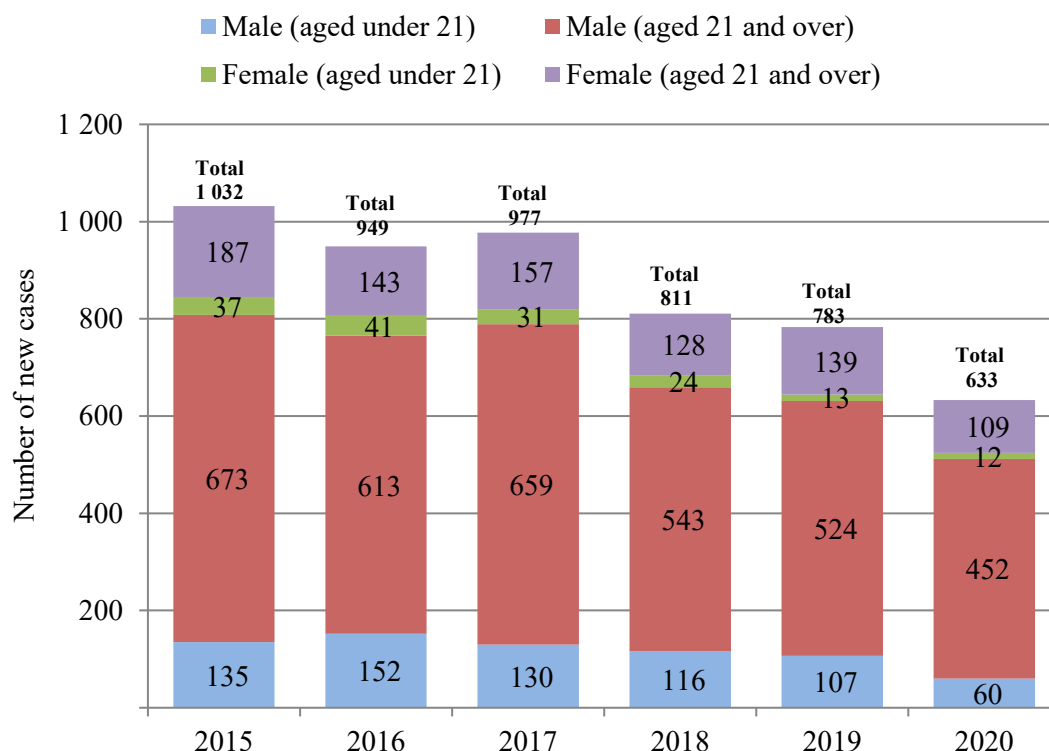
- 2.3 Hong Kong adopts a multi-modality approach in providing drug T&R services for abusers of varying backgrounds, with a view to helping them quit drugs and achieve abstinence, and reintegrate into society.
- 2.4 There are various types of drug T&R services in Hong Kong involving different service providers, such as Government departments, Hospital Authority (HA), non-governmental organisations (NGOs) as well as private practitioners. There are residential-based or community-based T&R services, some with religious background and some without; some are operated or subvented by the Government while some are self-financing. Most of the T&R services are provided on a voluntary basis and people with drug abuse problem may choose the services that most suit their needs. On the other hand, convicted drug-dependent persons may be ordered by the court for admission to Drug Addiction Treatment Centres (DATCs) operated by the Correctional Services Department (CSD) on a compulsory

basis or receive services in other drug T&R residential or community based units under court or probation orders.

(i) Drug Treatment and Rehabilitation Centres

2.5 DTRCs, operated by NGOs, offer 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 also available to facilitate rehabilitees to reintegrate into society. For young drug abusers, some DTRCs provide educational programmes having regard to their personal growth stage, learning diversity and interests. DTRCs also offer varying types of aftercare services for rehabilitees such as continuous structured or informal monitoring, counselling and mutual support groups to help them maintain abstinence from drugs upon completion of the residential drug treatment programmes. Currently, there are 37 DTRCs run by 16 NGOs, 19 of which are subvented by the Department of Health (DH) or the Social Welfare Department (SWD) while 18 are self-financed.

Figure 1: Number of new admissions to DTRCs



Remark: The figures for 2020 should be viewed with caution as they might have been affected by the outbreak of COVID-19 pandemic.

*Table 1: Number of persons under treatment in DTRCs or on aftercare by DTRCs as at 31 December of each respective year*

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Age under 21	385	412	410	340	315	272
All ages	2 539	2 409	2 591	2 549	2 523	2 422

2.6 The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) (the Ordinance) came into operation in April 2002 for the protection of well-being of drug dependent persons undergoing residential T&R programmes. Currently, 26 out of 37 DTRCs have already been licensed under the Ordinance. The remaining 11 centres, which had been in operation before the implementation of the Ordinance, are operating on certificates of exemption issued under the Ordinance. To fully meet the licensing requirements, these 11 DTRCs would need to carry out in-situ upgrading (e.g. removal of unauthorised building structures) or redevelopment on other sites which are suitable for long-term operation, etc. The Narcotics Division (ND), SWD and relevant Government departments have been rendering support to DTRCs concerned in taking forward their in-situ redevelopment, upgrading or non in-situ reprovisioning works for obtaining the required licences under the Ordinance. Assistance rendered includes identifying potential sites for reprovisioning of DTRCs, and facilitating DTRCs in making necessary funding applications for related works, etc.

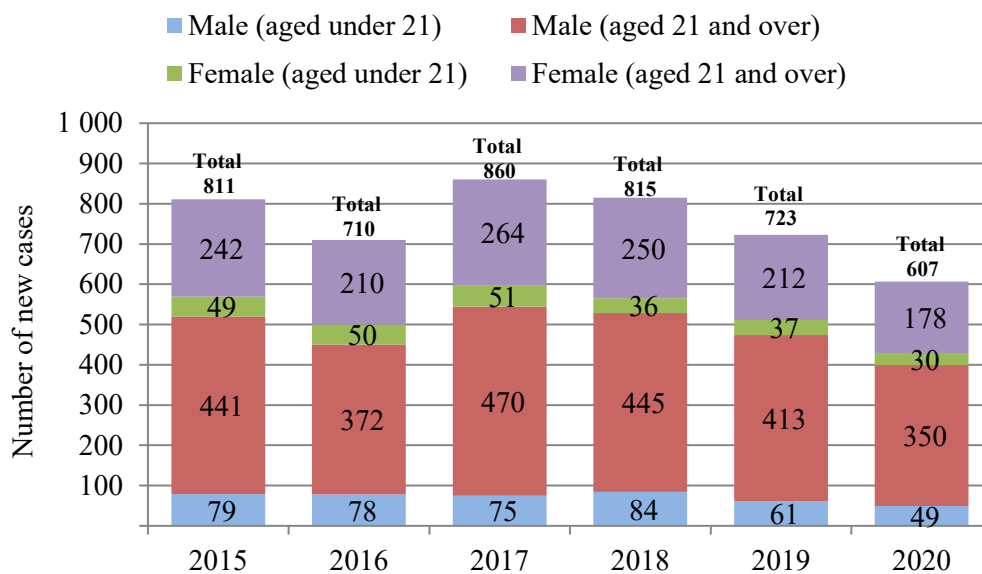
(ii) Counselling Centres for Psychotropic Substance Abusers (CCPSAs)

2.7 CCPSAs offer community-based T&R counselling services and support to psychotropic substance abusers (PSAs). To enable timely and early medical intervention to drug abusers, CCPSAs provide on-site medical support service such as body checks and drug tests, and also motivational interviews and drug-related consultation to PSAs. Where appropriate, CCPSAs will refer cases in need of more intensive medical care to SACs and other medical specialists. They also provide aftercare services for needy dischargees from DTRCs, ex-probationers, and inmates released from correctional facilities managed by CSD for rehabilitation of their drug abuse problems. Counselling and support services for family members of drug abusers are provided as well.

2.8 CCPSAs also conduct anti-drug preventive education and publicity (PE&P) programmes in the community, secondary schools, post-secondary education institutions as well as workplaces to enhance knowledge and awareness of drug abuse problems. For professionals who may come across PSAs in the course of their work, such as teachers, medical and health professionals, police and social workers, CCPSAs offer professional training to them at district level via talks and seminars, group activities, etc. with a view to enriching their knowledge and capacity to render assistance to PSAs.

2.9 There are currently 11 district-based CCPSAs subvented by SWD.

Figure 2: Number of new cases of CCPSAs



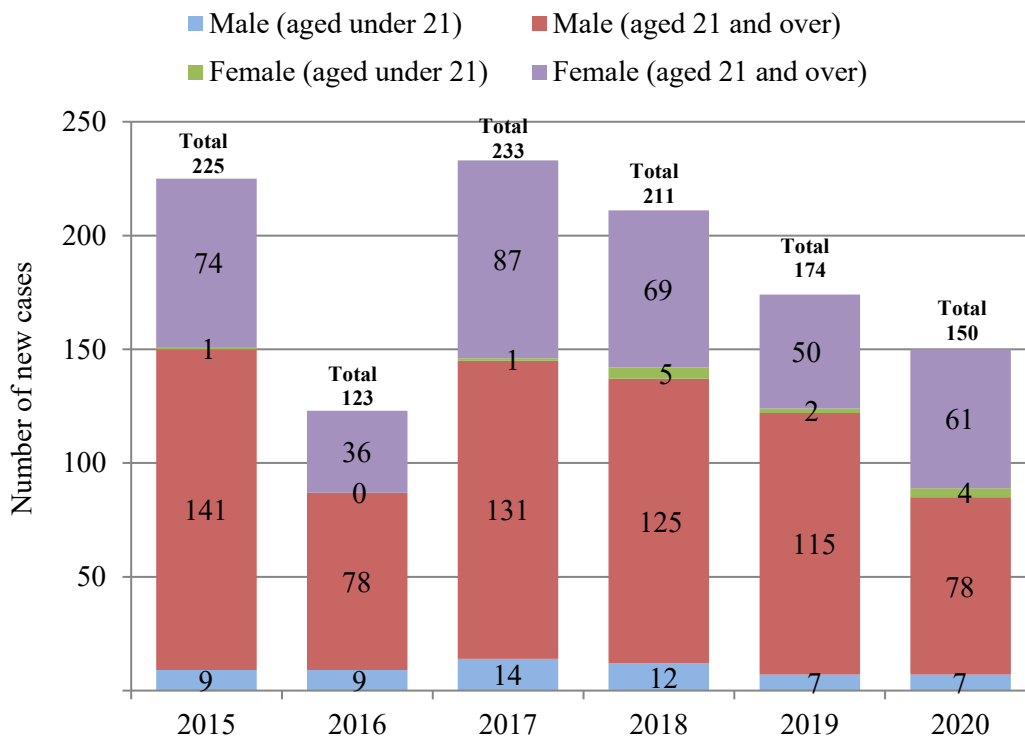
Remark: The figures for 2020 should be viewed with caution as they might have been affected by the outbreak of COVID-19 pandemic.

(iii) Centres for Drug Counselling (CDCs)

2.10 CDCs target to provide community-based T&R services to help drug abusers, especially adult drug abusers, abstain from drug abuse, and assist drug rehabilitees maintain abstinence. When first established in the 1960s, CDCs mainly rendered services for heroin abusers. In view of the changing drug trend over the past decades, CDCs have broadened their focus to also cover PSAs and their family members.

2.11 CDCs provide individual counselling, group activities and support for drug abusers and their family members as well as on-site medical support service to early identify and motivate drug abusers to seek T&R services. PE&P programmes for various target groups are also conducted, including post-secondary education institutions, vocational training organisations and industries with more at-risk practitioners. At present, there are two CDCs subvented by SWD to serve the whole territory.

Figure 3: Number of new cases of CDCs



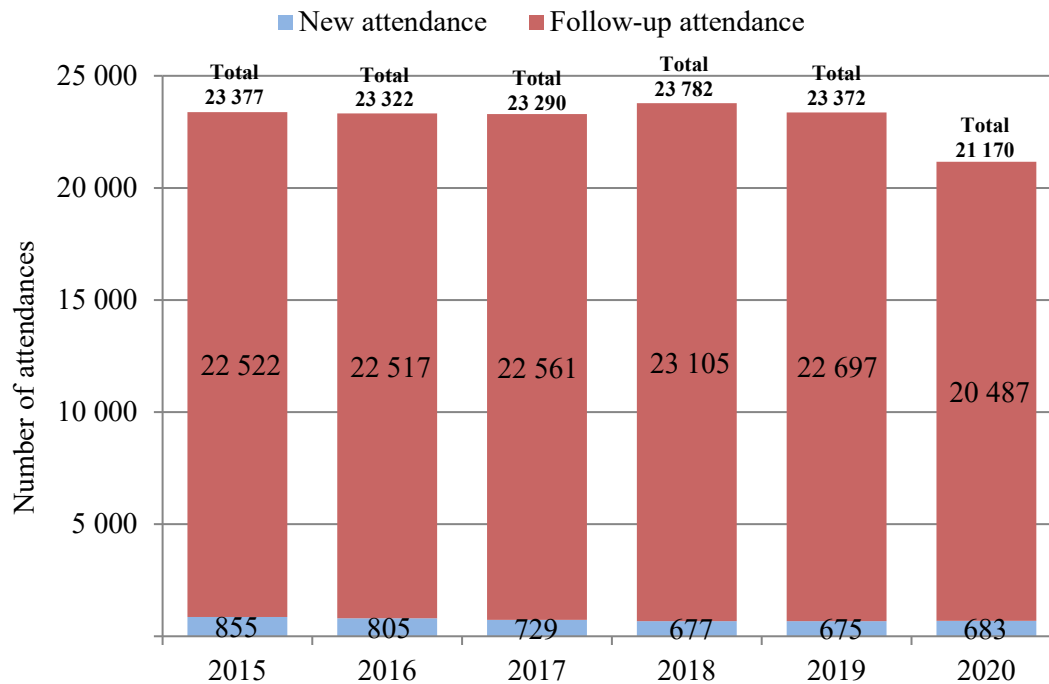
Remark: The figures for 2020 should be viewed with caution as they might have been affected by the outbreak of COVID-19 pandemic.

(iv) Substance Abuse Clinics

2.12 SACs, operated by HA, offer outpatient medical consultation and treatment by psychiatrists to drug abusers with psychiatric problems, and provide other supporting services by occupational therapists and clinical psychologists. SACs accept referrals from T&R service units, relevant NGOs and medical practitioners. Apart from striving to offer first consultation sessions to new cases within four weeks, SACs exercise flexibility in advancing medical appointments, arranging consultation sessions in shorter intervals and/or offering immediate preliminary

assessments by psychiatric nurses to address the needs of individual patients having regard to their medical conditions. There are currently nine SACs under the seven hospital clusters operated by HA.

Figure 4: Number of new and follow-up attendances at SACs



Remark: The figures for 2020 should be viewed with caution as they might have been affected by the outbreak of COVID-19 pandemic.

2.13 Apart from specialist outpatient services offered by SACs, public hospitals also offer inpatient psychiatric treatment to stabilise the mental conditions of patients where necessary. Psychiatric Day Hospitals provide multi-disciplinary assessment, continued care and rehabilitation services to psychiatric patients (including those drug-taking patients). At the community level, Community Psychiatric Services provided by all hospital clusters of HA and its “Mental Health Direct” hotline also offer support and advice to psychiatric patients including those drug-taking ones, their carers and relevant stakeholders.

(v) District Youth Outreaching Social Work Teams (YOT) and Overnight Outreaching Service for Young Night Drifters (YND) Teams

2.14 Subvented by SWD, YOT/YND teams seek out and engage young people aged 24 or below, who do not normally participate in conventional social

activities and are vulnerable to negative influence including drug abuse. Through on-the-spot contacts and immediate intervention, social workers establish trustful relationship with youngsters through rapport building, which is conducive to cultivating and maintaining motivation to quit and stay away from drugs. Other services such as drug counselling and rehabilitation are also offered as appropriate, and cases may be referred to appropriate service units for follow-up. At present, there are 19 YOT teams and 18 YND teams.

(vi) Methadone Treatment Programme (MTP)

2.15 MTP as administered by DH in methadone clinics offer both maintenance and detoxification programmes for abusers of opiate drugs. Under the maintenance programme, patients take daily prescribed dose of methadone to reduce or cease their craving for opioids. The detoxification programme aims to help patients taper off drugs by gradually reducing their daily dosage of methadone until they are completely drug-free over a period of time. To support the psychological needs of methadone clinic users, counselling services and group programmes are also provided at the clinics by the NGO commissioned by DH. Aftercare services are also offered to patients who have completed the detoxification programme for prevention of relapse. Currently, there are 19 methadone clinics serving various districts.

*Table 2: Utilisation of MTP*

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Newly/Re-admitted cases*	4 171	3 892	3 696	3 758	3 100	3 109
Attendance rate:						
Effective registration	6 677	6 236	5 826	5 782	5 247	5 298
Daily attendance	4 994	4 629	4 323	4 383	3 876	4 077
Average daily attendance rate	74.8%	74.2%	74.2%	75.8%	73.9%	77.0%

\* *Re-admitted cases refer to patients who had not attended methadone clinics for consecutive 28 days or more and subsequently came back to use the services during the reporting period.*

(vii) Drug Addiction Treatment Centres

- 2.16 Operated by CSD, DATCs admit drug dependent persons aged 14 or above who are convicted of relevant offences, not necessarily drug-related, and are considered by the courts suitable for treatment under the programme. The treatment programme of DATCs aims to prepare inmates for reintegration into society and maintain abstinence from drugs. DATCs also provide structured and market-oriented vocational training programmes for inmates to help them attain recognised qualifications and equip themselves with employment skills for self-reliance.
- 2.17 To provide continued care and guidance, a 12-month statutory supervision is provided for inmates upon release from DATCs. CSD's rehabilitation staff on supervision duties, with the support of families of the discharges, establish rapport with the discharges and prepare them to face the challenges on their return to the community through regular meetings and also visits to their homes or workplaces. Drug tests are also arranged to ensure the discharges remain drug-free.
- 2.18 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.



Figure 5: Number of admissions to DATCs

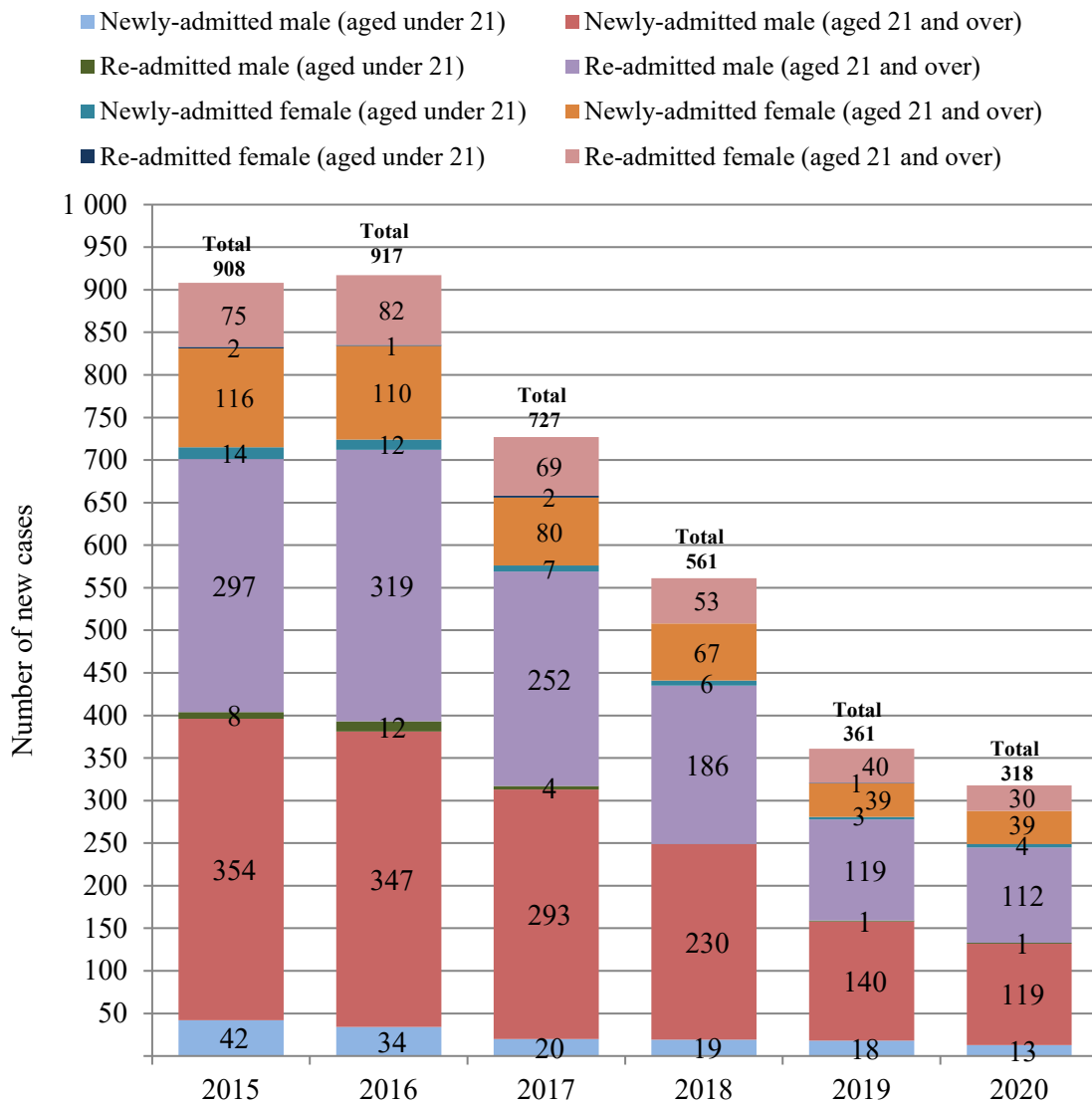


Table 3: Number of discharges and number of persons under treatment and supervision in DATCs as at 31 December of each respective year

	2015	2016	2017	2018	2019	2020
Dischargees*	967	831	838	610	506	242
Treatment <sup>#</sup>	580	668	539	413	201	272
Supervision <sup>#</sup>	887	754	708	551	511	199

\* The numbers represent the total number of discharges for the whole year but exclude those transferred to other correctional programmes.

<sup>#</sup> The numbers represent the people under treatment/supervision as at 31 December of the respective years.

(viii) Enhanced Probation Service (EPS)

- 2.19 Illicit possession and consumption of dangerous drugs constitute offences under the Dangerous Drugs Ordinance (Cap. 134). Subject to consideration of the courts, offenders of drug-related crimes may receive probation supervision among a range of sentencing options including custodial sentence. Under a probation order, a probationer with drug-related problems is normally required to undertake anti-drug counselling and treatment under a probation officer (PO)'s statutory supervision.
- 2.20 For young offenders aged below 21 convicted of drug-related offences, SWD has since 2009 operated EPS 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; pay surprise home visits and checks to assist probationers in keeping themselves on the right track; conduct more frequent and random urine tests for ascertaining that probationers remain drug-free; and arrange structured thematic therapeutic programmes and training to meet the rehabilitation needs of individual probationers. EPS has been proved effective in preventing relapse to drugs and lowering reconviction rates of young offenders during the probation supervision period.

*Table 4: Number of probationers placed under EPS*

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
No. of new cases	54	50	29	41	30	38
No. of completed cases	45	68	55	38	39	33

(ix) T&R and Drug-related Research Projects Funded by Beat Drugs Fund (BDF)

- 2.21 Established by the Government and governed by the Beat Drugs Fund Association (BDFA), BDF has a capital base of \$3.35 billion and has been providing funding support to worthwhile anti-drug projects. Projects funded include those providing T&R services to people with drug problems, organising PE&P programmes targeting the general public and/or specific groups, conducting researches on drug abuse problem, or a combination of the above components. BDFA, taking into account the drug situation and the advice of the Action Committee Against Narcotics (ACAN), specifies priority areas in the annual BDF Regular Funding Scheme (RFS) to

encourage interested applicants to plan suitable anti-drug projects that can respond to the latest drug problems.

- 2.22 On research side, ND has been encouraging interested parties to submit RFS applications for conducting drug-related researches. Findings of completed researches are publicised on ND's website and shared with the anti-drug sector. The research findings provide solid foundation for service providers to refine their services, and enable an evidence-based approach in the formulation of anti-drug policies and programmes.

**(B) Highlights of Key Progress Achieved since Publication of the Last Three-year Plan for 2018 to 2020**

- 2.23 The evolving drug scene presents new challenges to the anti-drug work. In the eighth Three-year Plan for 2018 to 2020, service providers were encouraged to explore, develop and implement initiatives in the following strategic areas to respond to the major challenges identified: (i) treatment of people with "Ice" abuse problems; (ii) early identification of hidden drug abusers; (iii) services for young adult drug abusers; and (iv) support to specific groups of drug abusers.

- 2.24 Since the last Three-year Plan for 2018 to 2020, various drug T&R measures and initiatives have been put in place with the concerted efforts of the Government and the anti-drug sector. The following paragraphs highlight some key progress in the strategic areas.

Treatment of People with "Ice" Abuse Problems

- 2.25 The prevalence of "Ice" abuse among drug abusers and the comorbidity of drug-induced psychiatric symptoms among many "Ice" abusers have called for joint efforts in the anti-drug sector to combat the problem. HA, being one of the major service providers, has continued to provide diversified inpatient and outpatient mental health services for drug abusers. In respect of outpatient services provided by SACs, the overall median waiting time for first attendances was about three weeks in the 2019-20 financial year, which is shorter than the normal 4-week waiting time.

- 2.26 Serving as a useful reference for resource planning and T&R programme design, a BDF research project titled "Identifying Hidden Psychotropic

Substance Abusers among Patients Attending the Accident & Emergency Departments in Hong Kong” was completed in 2018. The findings show that the number of hidden PSAs that could be found among patients attending Accident & Emergency Departments (A&ED) was low due to various reasons. As such, non-targeted screening at A&ED would probably not be cost-effective. Instead of providing non-targeted services, HA has enhanced the psychiatric nursing manpower so as to provide strengthened support for the psychiatric consultation liaison service at A&ED of public hospitals.

- 2.27 Medical service units under HA have also collaborated with T&R service units to provide joint services to “Ice” abusers. In particular, SACs have worked with CCPSAs to arrange for joint intake interviews with service users, regular case conferences, and joint home visits to drug abusers. With funding support from BDF, a social service unit has collaborated with a public hospital for the latter to provide outpatient occupational therapy services for drug abusers with low motivation to quit drugs. Under the programme, drug abusers were given medical and cognitive function assessments to enable them to better understand the harmful effects of drug abuse on their health and in turn strengthen their drug-quitting motivation. “Ice” abusers who were found to have mental health problems have also been referred to SAC for further follow-up.
- 2.28 As regards capacity building, HA and SWD have continued to provide diverse training courses for relevant personnel. For medical professionals, HA arranged for experienced psychiatrists at SACs to provide drug-related training to case managers of HA’s Community Psychiatric Services who may come across patients with drug abuse problems. ND has also been invited to brief nursing staff of HA on the Government’s anti-drug policy and available T&R services as part of the post-registration certificate course in substance abuse nursing. For the social service sector, SWD has arranged training courses for social workers to enhance the understanding of the impacts of drug abuse on health and mental conditions, and the capacity to addressing the multi-faceted needs of drug abusers.

#### Early Identification of Hidden Drug Abusers

- 2.29 The problem of hidden drug abusers remains a concern as more abusers tend to take drugs at home or friends’ homes, instead of in more prominent public places. Many service providers have launched different projects aiming at

early identification of drug abusers. Multi-disciplinary outreaching teams comprising social workers, psychiatric nurses and peer counsellors have been formed. Different means have been deployed to engage drug abusers, including physical outreaching visits to high-risk places, online outreaching through social media platforms, and reaching out to high-risk youth and hidden drug abusers through peer snowballing, etc. Some CCPSAs have also cooperated with outreaching teams to conduct joint outreaching, with a view to engaging hidden drug abusers and encouraging them to seek help.

- 2.30 Peer counsellors are best placed to connect with hidden abusers. To better equip peer counsellors, a social service unit has organised a Foundation Certificate in Peer Counsellor Training Course to provide structured training to drug rehabilitees who are interested in taking up the role of peer counsellors. The Course is recognised by the Employees Retraining Board with the fifth round organised in 2019.
- 2.31 Additional resource has been given to CCPSAs and CDC since October 2020 to add two peer support workers (PSWs) for each centre. Through emotional and empathetic support and various activities such as interviews, visits, escorts, groups as well as PE&P programmes, PSWs have strengthened the capability of CCPSAs and CDC in early identification, engagement, treatment and rehabilitation and support for drug abusers, especially hidden ones, and their family members.
- 2.32 Some service units have also organised drug-related training and activities for different stakeholders in the community, including parents, teachers, community leaders, property management staff, security guards of residential estates, wardens of student hostels in tertiary education institutions, and university medical students, to enhance their awareness of drug harms and symptoms of drug abuse; which also enable them to be more alert in the early identification of hidden drug abusers.
- 2.33 ND has continued to encourage and promote help-seeking of drug abusers. The “186 186” telephone hotline service and the “98 186 186” instant messaging service via WhatsApp and WeChat (the Hotline Services) offer easily accessible professional support and assistance to people with drug problems and their families and friends, especially hidden drug abusers. The NGO operator of the Hotline Services also makes use of its anti-drug Smart Truck to carry out outreaching work to schools and housing estates.

## Services for Young Adult Drug Abusers

- 2.34 With collaboration being set as one of the strategic directions in the eighth Three-year Plan for 2018 to 2020, different service units have substantially enhanced collaborative work among themselves to provide holistic support to cater for the multi-faceted needs of young adult drug abusers. In 2019, ND and anti-drug service units attended respective district co-ordination meetings on services for families and young people conducted by the 11 SWD's District Social Welfare Offices to share the latest drug-related information and exchange views with other welfare service units and community stakeholders to forge collaboration. Within the anti-drug sector, CCPSAs, CDCs and DTRCs have maintained regular contacts to update one another on newly launched programmes and discuss further collaboration on T&R services for young adults.
- 2.35 To facilitate collaboration for strengthening aftercare services, SWD has adjusted the Funding and Service Agreement (FSA) with CCPSAs from 1 October 2019 to allow them to extend their services to cover inmates released from correctional facilities and ex-probationers upon expiry of statutory supervision, as well as discharges of subvented (in addition to self-financing) DTRCs upon expiry of aftercare service provided by respective DTRCs. A continuous aftercare support would help drug rehabilitees, in particular young adult abusers, to reintegrate into society. To further encourage CCPSA's collaboration with different sectors (including family services, medical services and community mental health services) in case handling, the performance output level of FSA regarding the number of cases involving stakeholders has been increased by 10% from 100 to 110 cases per year for each CCPSA starting from October 2019.
- 2.36 For residential T&R services, DH has approved the applications made by two DTRCs receiving DH's recurrent subvention for raising the age limit of their service users from "aged below 30" to "aged 35 or below".
- 2.37 A number of DTRCs have also implemented short-term programmes, ranging from 14 days to about four weeks, to address the needs of young adults who could only afford a short break from their routine.
- 2.38 Many anti-drug service units have, based on either their recurrent resources or BDF funding, provided preventive education and outreaching work in tertiary education institutions and workplaces, targeting young adults.

## Support to Specific Groups of Drug Abusers

- 2.39 In response to the recommended strategic directions set in the eighth Three-year Plan for 2018 to 2020, the anti-drug sector has continued to put great efforts to cater for the needs of specific groups of drug abusers, and progress has been achieved. More ethnic minority social workers and peer counsellors have been employed by anti-drug service providers to better understand and address the needs of ethnic minority drug abusers. Tailor-made outreaching and engagement programmes to high-risk ethnic minorities are also provided. Apart from ethnic minorities, targeted preventive education and T&R programmes for sexual minorities, funded by BDF, have also been implemented.
- 2.40 In respect of pregnant drug abusers and drug-abusing mothers, CCPSAs have built closer liaison with medical service units of HA and DH as well as SWD's family service units to facilitate mutual case referral and handling cases on a co-work basis. Noting that different professionals may sometimes face difficulties in sharing their respective assessments on the parenting capacity of carers with drug abuse history, SWD has arranged seminars to facilitate relevant professionals to use the Parenting Capacity Assessment Framework for children aged three or below. Also, in the revised "Procedural Guide for Handling Child Abuse Cases" which was renamed as "Protecting Children from Maltreatment – Procedural Guide for Multi-disciplinary Co-operation", anti-drug and other social service units are recommended to conduct welfare meetings, case meetings or pre-birth conferences for cases involving pregnant drug abusers and drug-abusing parents so as to ensure early collaborative intervention for child protection.
- 2.41 In addition, there has been closer collaboration among service units, including HA, CCPSAs, DTRCs, Integrated Family Service Centres, Family and Child Protective Services Unit, and Maternal and Child Health Centres, under the platform of the Comprehensive Child Development Service, for the provision of T&R and other support services to strengthen the motivation of service users to quit drugs.

## Beat Drugs Fund Projects

- 2.42 As mentioned in paragraph 2.21 above, specific priority areas for the BDF RFS exercise are drawn up annually by BDFA taking into account the drug situation and the advice of ACAN, to encourage interested applicants to

plan suitable anti-drug projects that can respond to the latest drug problems. In 2018 to 2020, the priority areas for T&R projects in the RFS exercises have reflected the strategic directions set out in the last Plan, thus serving as catalysts to encourage more projects to deliver services along those strategic directions. More than 100 T&R and mixed-type (with T&R elements) projects were approved in 2018 to 2020. For example, some projects provided enhanced T&R and targeted preventive education programmes for specific groups of drug abusers, such as young adult drug abusers, female drug abusers including pregnant women/mothers and drug abusers of ethnic minorities and sexual minorities. Some projects sought to strengthen collaboration among various sectors and service modes to help the increasingly complex PSA cases. Some aimed at early identification of hidden drug abusers, provision of a continuum of T&R services for drug abusers and relapse prevention through various measures. Training courses or workshops to enhance the capacity of relevant personnel in handling drug abuser cases were also provided under various projects.

- 2.43 During the same period, BDF also approved 20 research projects or mixed-type projects with research elements, covering a variety of topics including drug harms, T&R approaches and the problem of hidden drug abuse. To facilitate exchange and sharing of experiences on the implementation of BDF projects with a view to enhancing the T&R services provided to drug abusers, BDF grantees were invited to present their projects and share their findings with the anti-drug sector through various platforms such as ACAN, its T&R Sub-committee and the Drug Liaison Committee.
- 2.44 A list of these T&R, research and mixed-type projects approved in the 2018 to 2020 RFS exercises is at **Annex B**.



Table 5: BDF RFS Projects

	<b>2018 RFS</b>	<b>2019 RFS</b>	<b>2020 RFS</b>
Total approved grant amount (\$ million)	\$123.7	\$135.7	\$142.2
Grant amount for T&R projects (\$ million) (% of total approved grant amount)	\$25.2 (20.3%)	\$60.3 (44.4%)	\$35.9 (25.2%)
Grant amount for research projects (\$ million) (% of total approved grant amount)	\$18.6 (15.0%)	\$5.5 (4.1%)	\$4.5 (3.2%)
Grant amount for mixed-type projects with T&R and/or research elements (\$ million) (% of total approved grant amount)	\$54.3 (43.9%)	\$51.0 (37.6%)	\$74.7 (52.5%)
Total number of approved projects	61	54	60
Total number of approved T&R projects, research projects and mixed-type projects with T&R and/or research elements	40	40	41

*Note: For 2018 RFS and 2019 RFS, audit fees approved and accepted by grantees are included. For 2020 RFS, audit fees approved are included.*