

Chapter 4

SUMMARY OF VIEWS COLLECTED

- 4.1 To facilitate the formulation of the Three-year Plan, the Narcotics Division conducted an extensive consultation exercise with about 70 service units and stakeholders in the anti-drug sector, relevant Government departments and Hospital Authority (HA) between May and September 2020. The consultation was conducted based on the draft framework for discussion as agreed by the Working Group on the Three-year Plan for 2021 to 2023, covering treatment of “Ice” abusers and cannabis abusers; early identification of hidden drug abusers; target services to meet treatment and rehabilitation (T&R) needs of young adult drug abusers; support for specific groups of drug abusers; and other areas.
- 4.2 During the consultation meetings, representatives from the anti-drug service units and various stakeholders have actively shared their frontline observations on the latest drug scene and the varying T&R needs of drug abusers. They have also put forward suggestions on the possible directions of T&R services in the upcoming three years taking into account their practical experience. The views collected in the consultation exercise are summarised in the ensuing paragraphs. These views and suggestions form the basis for setting the recommended strategic directions of T&R services for 2021 to 2023 in Chapter 5.

(A) Treatment of “Ice” Abusers and Cannabis Abusers

“Ice” Abusers

- 4.3 While the number of “Ice” abusers as reported to the Central Registry of Drug Abuse (CRDA) has been on the decline in the past three years, “Ice” remains to be the most commonly abused psychotropic substance. T&R service units have also indicated that most of their service users are “Ice” abusers, many of them exhibit drug-induced psychiatric symptoms and some even experience a decline in self-care ability, which adversely affect their retention in treatment and motivation to quit drugs. Particularly, operators of drug treatment and rehabilitation centres (DTRCs) have shared

that they have faced enormous difficulties in handling drug abusers with extreme emotional fluctuation or even breakdown induced by psychoactive drugs.

- 4.4 To facilitate effective delivery of T&R services, it is essential to provide this group of drug abusers with early medical intervention and treatment to stabilise their psychiatric conditions. Collaboration among medical service units and T&R service units operated by non-governmental organisations (NGOs) is hence important. In this regard, many service units have commended that collaboration among hospital/medical service units and T&R service units operated by NGOs has been strengthened since the last Three-year Plan for 2018 to 2020. At present, collaborative arrangements such as mutual case referral, joint-intake interviews of cases, multi-disciplinary case conferences and group activities are being practised to varying extents in different districts.
- 4.5 Currently, inpatient drug detoxification treatment is provided on a limited scale in departments of psychiatry in public hospitals and mainly to drug abusers who have strong determination to quit drugs. It is considered desirable if inpatient drug detoxification treatment can be provided to more drug abusers by HA. It is also considered necessary to continue to provide occupational therapy and training at day hospitals to drug abusers as necessary to support their rehabilitation.
- 4.6 T&R service units have observed that some drug abusers are reluctant to receive medical treatment and services at Substance Abuse Clinics (SACs) or hospitals due to concerns over perceived negative labelling. SACs have also noted that some patients have resisted attending medical consultation at hospitals for fear of the COVID-19 pandemic. Therefore, some suggested exploring the enhanced provision of psychiatric and other medical/health support through outreaching mode. For example, some have raised the possibility of holding medical consultation through online video conferencing with due regard to privacy concerns and other technical constraints.

Cannabis Abusers

- 4.7 The number and proportion of drug abusers being cannabis abusers as reported to CRDA, in particular among those aged under 21, have been on the rise since 2017. Yet, T&R service units have not reported a significant

increase in the number of cannabis abusers among their service users, most probably because of the common misconception of cannabis abusers that cannabis is not harmful and hence their reluctance to seek drug treatment.

- 4.8 Many T&R service units have shared the observation that quite some cannabis abusers regard cannabis as a party drug which is easily accessible at an affordable price for consumption in social gatherings, while some see cannabis use as a life style; or a means to relieve pressure. The decriminalisation and even legalisation of recreational use of cannabis in some overseas jurisdictions in recent years has further affirmed the mistaken belief of some cannabis abusers that cannabis is not harmful.
- 4.9 With different misconceptions in mind, coupled with less obvious and immediate health harms, cannabis abusers tend to have a relaxed attitude towards their cannabis-taking behaviours and do not have a strong motivation to quit cannabis or seek help. Unlike those who take other drugs, cannabis abusers tend to display more resistance when frontline workers explain to them the harms of cannabis. It is therefore challenging for T&R service units to reach out to and engage cannabis abusers, and also to motivate them to quit drugs, especially during initial contacts. On the other hand, some cannabis abusers, especially those with a longer and/or more frequent cannabis-taking pattern, do experience more serious health damages including impaired memory and concentration, mood fluctuations, hallucination and sleeping problems, etc.
- 4.10 At present, T&R service units are trying different counselling techniques including motivational interviewing, cognitive behavioural therapy and narrative therapy, etc. in the engagement and treatment process having regard to the needs of individual cannabis abusers. For more effective engagement of cannabis abusers who generally have relatively relaxed attitude towards cannabis abuse, it is considered that frontline practitioners have to be sensitive to the subculture of cannabis abuse and also be conversant with the harms of cannabis. New treatment models that take into account the unique characteristics of cannabis abusers may be explored.
- 4.11 Noting the rising trend of cannabis abuse, many T&R service units have been implementing targeted projects and programmes to raise community awareness of the harms of cannabis. They have also suggested that primary intervention through strengthened preventive education and publicity (PE&P) against cannabis targeting students, young people, teachers, parents

and the general public should be further promoted to correct the mistaken concepts. In addition, research results on the harms of cannabis abuse in local contexts should be further promulgated to raise public awareness.

- 4.12 Some anti-drug service providers reminded that the trend of emerging drugs other than “Ice” and cannabis should also be closely monitored.

(B) Early Identification of Hidden Drug Abusers

- 4.13 Stakeholders generally agree that the problem of hidden drug abuse warrants continuous attention. Specifically, a large proportion of drug abusers take drugs at home or friends’ homes only, making them difficult to be identified or reached out by T&R service units. There are also concerns that the local outbreak of COVID-19 pandemic may have further aggravated the problem as some people may resort to take drugs to relieve stress arising from unemployment, boredom and/or conflicts with family members.

- 4.14 Stakeholders unanimously agree that family members, especially parents, play an important role in identifying family members with drug abuse problems, encouraging them to seek help and providing support in the T&R process. Home visits and support to families with drug abusers as currently provided by many T&R service units can help enhance family members’ involvement and participation in the drug abusers’ T&R process.

- 4.15 Many stakeholders also consider it important to equip parents and teachers with the necessary skills in identifying family members or students who may have drug abuse problems or deviant behaviours, as well as the skills to motivate drug-abusing family members or students to seek help.

- 4.16 Apart from the conventional engagement methods such as peer snowballing and physical outreach, some T&R service units have attempted to use new methods to reach out to hidden drug abusers and high-risk groups such as conducting online outreaching and posting pop-up advertisements on online search engine. There are suggestions that new social media platforms and innovative approaches, such as utilising big data analytics should be more widely adopted to facilitate identification and engagement work.

Collaboration between T&R service units and Cyber Youth Support Teams⁶ subvented by the Social Welfare Department (SWD) for online outreaching work and case referral should also be strengthened.

- 4.17 While the help-seeking hotline “186 186” and instant message service “98 186 186” have been widely publicised for years, many stakeholders consider it important to continue the promotion of the hotline as well as the availability of different T&R services in order to encourage early help-seeking by hidden drug abusers.
- 4.18 Some stakeholders have shared that drug abusers may sometimes encounter crises, which could in fact serve as opportunities for them to reflect upon how their lives have been affected by drugs. It may therefore be useful if drug abusers are able to stay in respite centres to take a break from drugs or weather crises so as to allow them to prepare themselves for seeking drug treatment.

(C) Target Services to Meet Treatment and Rehabilitation Needs of Young Adult Drug Abusers

- 4.19 According to CRDA figures in 2020, nearly half of the newly reported drug abusers were young adults aged 21 to 35. Young adult drug abusers include tertiary students, working adults, professionals as well as the non-engaged. These drug abusers are early in their lives and coupled with multifarious problems they often face, there is therefore a strong need for aftercare services for them to return to a normal life and sustain complete abstinence upon completion of treatment. In this regard, some T&R service units have implemented suitable programmes including family relationship rebuilding, vocational training, job placement, job counselling and mentorship programme etc. to facilitate their rehabilitation and reintegration into society taking into account the specific characteristics and needs of young adults.
- 4.20 There are suggestions that T&R service units may explore partnership or collaboration with the private sector, and provide employment subsidy to

⁶ SWD has provided subvention to NGOs for setting up five Cyber Youth Support Teams since 1 December 2018 over the territory to reach out to at-risk and hidden youths, aged six to 24, who have emotional or behavioural problems and are manifesting or engaging in various at-risk behaviours on the Internet for early intervention and support.

incentivise employers to employ drug rehabilitees. In addition, some T&R service units have considered or are considering to set up social enterprises to create job opportunities for drug rehabilitees.

- 4.21 As regards residential T&R programmes, while a number of DTRCs are providing short-term programmes, the majority view of DTRC operators is that residential T&R programmes lasting one year or more will bring more effective results. That said, noting that some young adult drug abusers cannot quit their jobs or leave their young families to join long-term residential programmes, there are suggestions that short-term residential programmes may be re-positioned as an intervention point for drug abusers to reflect upon how their lives could be benefitted if drug free, albeit for a short period. Drug abusers may also make use of short-term residential programmes to enhance their understanding of the treatment as well as the environment of treatment centres, thus reducing their resistance to seek full-term residential treatment programmes.
- 4.22 Considering the strong interplay between drug abuse and family relation and that family support can be a protective factor strengthening a person's resolve to maintain abstinence, T&R service units have attempted to involve drug abusers' family members in the T&R process. Some also suggest that such approach should be widely adopted.
- 4.23 Some stakeholders have mentioned that the Enhanced Probation Service for young drug offenders aged 10 to below 21 years old operated by SWD since 2009 is effective in helping young drug offenders to maintain drug-free and return to the right track. It is considered that such kind of intensive and structured drug treatment programme will also be beneficial to young adult drug offenders aged 21 and above.

(D) Support for Specific Groups of Drug Abusers

- 4.24 Stakeholders in general agree that attention should continue to be given to the following specific groups of drug abusers –
- (i) ethnic minority drug abusers;
 - (ii) pregnant drug abusers and drug-abusing parents; and
 - (iii) men who have sex with men (MSM) with drug abuse problem.

Ethnic Minority Drug Abusers

- 4.25 Stakeholders have observed that some ethnic minority drug abusers take drugs to relieve stress because of the poor upward social mobility while some do so under peer influence and as a way to maintain social connection with their peers. However, T&R service units have found it challenging to reach out to, engage and treat ethnic minority drug abusers given the differences in languages, religions, cultures, and perceptions on taking drugs and the related legal control. On the other hand, many ethnic minorities have little knowledge of and accessibility to information on social services, including drug T&R services, available in Hong Kong. To strengthen the welfare support to ethnic minorities, since March 2020, SWD has commissioned three NGOs to set up three outreaching teams for ethnic minorities employing ethnic minority staff to proactively reach out to and connect those ethnic minorities in need with mainstream welfare services.
- 4.26 It is considered essential to continue strengthening PE&P for ethnic minorities to raise their awareness of drug harms, the gravity of drug offences, and availability of drug T&R services as well as other social services in Hong Kong. In respect of drug T&R, peer snowballing, engagement of ethnic minority drug rehabilitees as peer counsellors as well as collaboration with NGOs serving ethnic minority communities etc. can assist in the delivery of services and thus should be further encouraged.
- 4.27 Given the close bonding among members in the ethnic minority communities, it is desirable to promote mutual support group and healthy social network for drug rehabilitees of their communities so as to reinforce their resolve to stay away from drugs when they return to their communities.

Pregnant Drug Abusers and Drug-abusing Parents

- 4.28 Many T&R service units opine that cases involving pregnant drug abusers/drug-abusing parents are generally more complex as these abusers not only have to face their drug abuse problems, but also deal with the stress from family relationship and/or parental role. They therefore consider it important to strengthen the parenting capacity of pregnant drug abusers/drug-abusing parents so as to reduce their risk of reliance on drugs for stress relief and also avoid bringing negative impacts on their children, thus preventing inter-generational drug abuse problems. There are suggestions to add more items to the CRDA data collection sheet so as to

gather more information about this group of drug abusers. However, noting CRDA is a voluntary reporting system, there are also concerns that requesting additional information may affect the willingness of drug abusers to provide response, and hence undermining the reliability of CRDA. Other readily available sources to complement CRDA may need to be explored.

- 4.29 To better address the multi-faceted needs of pregnant drug abusers/drug-abusing parents, T&R service units have maintained close collaboration with medical service units such as SACs, Pediatrics Departments, Obstetrics & Gynecology Departments as well as other social service units such as Integrated Family Service Centres, Family and Child Protective Services Units, etc. at the district level, in particular through the platform of Comprehensive Child Development Service. It is agreed that such kind of collaboration should continue to be strengthened with a view to providing comprehensive support to this group of drug abusers and their families.
- 4.30 Quite a number of T&R service units have been implementing Beat Drug Funds (BDF) projects to provide enhanced support for pregnant drug abusers/drug-abusing parents. To meet the service needs, they consider that recurrent resources should be provided by the Government to sustain the provision of relevant services. A few T&R service units have also suggested providing one-stop services covering drug T&R, parenting skills, childcare support and family counselling etc. by community-based service units.
- 4.31 Regarding the idea of setting up DTRC(s) housing drug-abusing mothers together with their young children, quite a number of stakeholders (including social service, medical and education sectors) have expressed concerns from child protection and development angles. While some suggest that the motivation of the drug-abusing mothers to quit drugs may be enhanced, some are worried that the drug-abusing mothers will be heavily engaged in or even distracted by their parental duties, rendering them unable to focus on various training programmes and daily routines with therapeutic value. Many stakeholders also cast doubts on the applicability of related overseas practice in the local context. Alternatively, some stakeholders suggest strengthening the collaboration among DTRCs and community-based T&R service units for provision of complementary support for drug-abusing mothers and their young children.

MSM with Drug Abuse Problem

- 4.32 Some T&R service units have observed that drug abuse problems of this specific group of drug abusers continue to persist. In particular, some of the abusers are not ready to quit drugs due to the enhanced sexual experiences by taking drugs in “Chem-fun” or “Chem-sex”. However, SACs have not noticed a surge in the number of patients who are MSM.
- 4.33 As the MSM community has its own unique characteristics and culture (e.g. using certain specific mobile Apps for networking), engagement of MSM drug abusers through online outreaching, peer snowballing as well as provision of targeted T&R services as currently implemented by some T&R service units are considered essential and effective.
- 4.34 In respect of residential T&R services, while frontline practitioners of DTRCs remain sensitive to the specific needs of MSM drug abusers, they are inclined not to offer separate programmes for MSM drug abusers to avoid labelling effect.
- 4.35 Some stakeholders have pointed out that frontline practitioners working in the field of HIV services can help identify MSM drug abusers, offer initial intervention and refer them to appropriate drug treatment as necessary. To facilitate early identification and subsequent case referral of MSM drug abusers, there may be a need to equip frontline practitioners working in the HIV services field with drug-related knowledge. Capacity building for frontline practitioners of T&R service units and also related researches are also suggested to deepen the understanding of the specific needs of MSM drug abusers.

(E) Other Areas

Aftercare Services for Drug Rehabilitees

- 4.36 Stakeholders agree that maintaining abstinence after completing the detoxification and treatment programmes is no easy task for drug rehabilitees. Aftercare services aiming to help drug rehabilitees rebuild their lives in various aspects are essential for relapse prevention, and hence should be continued and further strengthened as part of the objectives of T&R services.

- 4.37 Vocational training has long been arranged by different T&R service units, with the support of BDF or other community resources, as a means to facilitate drug rehabilitees reintegrate into society by enhancing their employability. Some T&R service units suggest that tailor-made vocational training or vocational subsidy for drug rehabilitees should be considered according to their ages and interests and taking into account the career prospect of a particular job/trade in order to enhance not only their job skills but also competitiveness in the job market. Some T&R service units also encourage NGOs to explore setting up social enterprises or strengthening collaboration with private enterprises so as to create or widen job opportunities for drug rehabilitees.
- 4.38 Based on their experience and feedback from service users, many T&R service units consider that occupational therapy and training at day hospital are useful in helping drug rehabilitees understand their own capabilities and rebuild normal life pattern. Collaboration with occupational therapists, both under HA or in private practice, is therefore further encouraged.
- 4.39 CCPSAs and CDCs have been collaborating with DTRCs on case referral for drug rehabilitees to receive further rehabilitation and aftercare services upon discharge from DTRCs. Meanwhile, both community-based T&R service units and DTRCs consider it desirable to arrange activities such as mutual support groups, parenting skills training and regular social gatherings with the participation of family members, so as to engage and connect drug rehabilitees for a longer period of time.
- 4.40 Some T&R service units opine that drug rehabilitees may be vulnerable to relapse to drug use if they return to their original communities and reconnect with their drug-abusing peers, and raise concerns over their temporary or long-term housing needs.

Cross-disciplinary Collaboration and Co-ordination

- 4.41 Many stakeholders appreciate the strengthened cross-disciplinary collaboration among different T&R service units, medical service units including SACs, Occupational Therapy Departments, Pediatrics Departments, Obstetrics & Gynecology Departments, and social service units including Integrated Family Service Centres and Family and Child Protective Services Units over the past years. Stakeholders suggest that

cross-disciplinary collaboration and co-ordination among different service units, professionals and organisations should continue to be promoted to facilitate the anti-drug work on various fronts, such as mutual case referral, delivery of comprehensive treatment and support, provision of aftercare services, creation of job opportunities, and dissemination of anti-drug education targeting specific high-risk groups. There is also a suggestion that information on T&R services could further be shared with the legal sector and the Judiciary to facilitate cross-sector collaboration.

Capacity Building for Personnel in Various Disciplines

- 4.42 SWD provides various drug-related training to social workers in the anti-drug sector and also their close counterparts in other social service units such as various family service, youth service and correctional service units. Given the evolving drug scene and changing needs of drug abusers, stakeholders consider that relevant training (e.g. information on new drugs and drug harms, crisis management, engagement and intervention skills, treatment for cannabis abusers) should be provided to frontline personnel of relevant disciplines, especially social workers, social work students and peer counsellors to strengthen their capacity in handling drug abuse cases and engaging hidden drug abusers. In particular, some suggest providing more structured training to peer counsellors and evaluating their role in supporting anti-drug work.
- 4.43 HA arranges regular training to medical professionals and allied health professionals, covering topics in relation to substance abuse. For example, substance abuse has been included as a regular topic in the Central Academic Course for psychiatric trainees in both lectures and clinical skills training. For case managers of Community Psychiatric Services including nurses and allied health professionals, the training courses for them also comprise substance abuse as a regular element.
- 4.44 Sharing of good practices among different service units can also help enhance capacity of relevant personnel. With the experience of conducting and participating in meetings and webinars through online communication softwares during the COVID-19 pandemic, some stakeholders suggest that the anti-drug sector may exchange via online means the latest developments and knowledge on intervention skills among themselves as well as with overseas anti-drug experts.

Programmes in Drug Addiction Treatment Centres (DATCs)

- 4.45 DATCs operated by the Correctional Services Department (CSD) offer rehabilitation programmes and structured training to offenders who are addicted to drugs and convicted of offences punishable with imprisonment. Ex-offenders released from DATCs are also subject to 12-month statutory supervision for continuous care and guidance. CSD has been using an integrated risks and needs evaluation protocol to arrange suitable programmes for inmates. To further enhance the programmes run by DATCs, CSD has commissioned a tertiary institution to review the programmes and is considering ways to refine the programmes and strengthen staff training taking into account the review results.
- 4.46 Some T&R service units mention that collaboration between CCPSAs/CDCs and CSD may be forged to facilitate the former in engaging inmates of DATCs for aftercare services upon discharge or completion of the statutory supervision.

Preventive Education and Publicity

- 4.47 PE&P, as primary intervention, is an essential component of the anti-drug work. Stakeholders agree that PE&P efforts, especially those targeting students, young people, high-risk youths and young adults, have been stepped up over the past years. They generally agree that such efforts should be continued to convey a clear message on the harms of drug abuse, in particular those relating to cannabis. While anti-drug elements are already available in existing curriculum of some primary and secondary school subjects, some suggest further enhancing the depth and scope of anti-drug curriculum in formal education, to be complemented by other school-based PE&P efforts.
- 4.48 Many stakeholders also consider it necessary to continue PE&P efforts targeting parents, teachers and key school personnel to increase their awareness of drug abuse problems and enhance their skills in identifying and motivating drug abusers to seek early help.
- 4.49 Noting the changing social environment and trends, some stakeholders encourage a wider use of online means and online marketing strategies such as posting pop-up advertisements on online search engine and online social media for the delivery of PE&P messages and the promotion of T&R

services.

- 4.50 It is also important to continue promoting community acceptance of drug rehabilitees, as well as T&R services and facilities. Publicising the positive images of T&R services can also motivate hidden drug abusers to approach service providers for help.

Drug-related Research (including Research Areas and Sharing of Research Findings)

- 4.51 Research is pivotal in facilitating the formulation of evidence-based T&R services and programmes. In response to the rising trend of cannabis abuse and the general misconceptions on cannabis, many stakeholders suggest that research on cannabis (e.g. harms of cannabis abuse from medical perspective adopting a longitudinal approach) should be encouraged and that research results should be widely shared and disseminated.
- 4.52 There are also suggestions that qualitative research on the pattern and characteristics of drug abuse and also research using big data analytics may be conducted from time to time to help identify protective factors and risk factors for development of appropriate anti-drug strategies. Studies on drug prevention practices adopted overseas may also help the anti-drug sector identify strategies that are applicable in the local context.

Licensing of Drug Treatment and Rehabilitation Centres

- 4.53 The Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) (the Ordinance) has commenced since April 2002 to protect the well-being of drug dependent persons undergoing residential T&R programmes. At present, 26 out of 37 DTRCs have already been licensed under the Ordinance. The remaining 11 DTRCs, which had been in operation before commencement of the Ordinance, are issued with certificates of exemption for their continued operation while they are at various stages to strive to comply with the statutory licensing requirements.
- 4.54 Some of these DTRCs have commenced preparatory work or technical feasibility study for proposed in-situ redevelopment or reprovisioning projects whereas some are still searching for suitable sites for reprovisioning. DTRC operators concerned show appreciation to the continuous assistance provided by the Government to DTRCs in the process.

Harm Reduction

- 4.55 A few T&R service units have raised the discussion on whether harm reduction may be considered as an end for drug T&R process and services for chronic drug abusers who face real challenges in quitting drugs completely. Some have also mentioned the possibility of drug abusers to live a functional life while still relying on relatively small and the so-called “safe” doses of drugs.
- 4.56 Nevertheless, considering the serious harms of drugs, some of which are irreversible, to abusers, their families and the community at large, the majority of the anti-drug sector agree that the goal of drug T&R services should be helping drug abusers attain total abstinence from drugs. Many stakeholders also raise concerns over the misguided effects of some harm reduction measures (e.g. distribution of safer smoking kit) which could be perceived as facilitating continued drug-taking behaviours, thereby giving out a wrong message that occasional drug abuse can be tolerated and that drugs can be taken in a “safer” way.
- 4.57 Yet, T&R service units generally agree that it is a pragmatic approach to adopt different means and strategies (including but not limited to harm reduction approach) to engage and support drug abusers before the drug abusers agree to the treatment plans for achieving complete abstinence having regard to the individual needs and difficulties of drug abusers.

Support of Beat Drugs Fund

- 4.58 Stakeholders appreciate the provision of funding from BDF to support the implementation of a vast array of targeted projects and programmes by different T&R service units, NGOs and community stakeholders. Some raise that for projects which are effective in filling service gaps or bringing significant results, the provision of recurrent resources through government subvention may be explored to support the implementation of the services on a long-term basis. Some also suggest providing more facilitating measures, e.g. manpower deployment, to further support BDF projects.