

Chapter 5

STRATEGIC DIRECTIONS FOR 2021-2023

5.1 Chapter 4 provides a summary of the views and ideas collected from stakeholders, relevant Government departments and Hospital Authority (HA) during the consultation exercise of the Three-year Plan, encompassing the frontline observations and experience of the anti-drug sector in tackling the prevailing drug problems.

5.2 Having regard to the views and ideas received, the Three-year Plan for 2021 to 2023 recommends the following strategic directions to guide the treatment and rehabilitation (T&R) work in the coming few years along seven aspects, namely (i) collaboration, (ii) prompt response to changing drug scene and social environment, (iii) early medical intervention and support, (iv) targeted services for different groups of drug abusers, (v) aftercare services, (vi) capacity building of relevant personnel, and (vii) others.

(A) Collaboration

5.3 Collaboration is a vital approach to achieving effective delivery of T&R services. To cater for the different backgrounds and varying T&R needs of drug abusers, we will continue to encourage collaborations among different sectors and disciplines as well as at various levels to help identify and engage drug abusers and help them quit drugs.

(i) Multi-disciplinary and Cross-sectoral Collaboration

5.4 Over the past years there have been closer collaboration between the anti-drug social services and medical sectors, such as between Counselling Centres for Psychotropic Substance Abusers (CCPSAs) and Substance Abuse Clinics (SACs), and between Drug Treatment and Rehabilitation Centres (DTRCs) and SACs, in attending to the health issues arising from psychotropic substance abusers (PSAs). Multi-disciplinary and cross-sectoral collaboration among various sectors in society, among the anti-drug sector as well as with non-drug social service and community units and the

private sector are called for, and should continue to be pursued and solidified.

5.5 **Concerted efforts from various sectors and disciplines are necessary to help drug abusers develop commitment throughout the process, from identifying drug-taking persons, motivating them to seek help and treatment, to supporting them undergo treatment programmes and stay away from drug in the long run.**

(ii) *Cooperation and Co-ordination at District Level*

5.6 To facilitate mutual case referral and provision of comprehensive support to address the diverse needs of drug abusers and their families, **collaboration and co-ordination of drug treatment services among T&R service units, social service units and medical service units should be further encouraged through various co-ordinating fora at the district level including the platform of Comprehensive Child Development Service.**

(B) Prompt Response to Changing Drug Scene and Social Environment

5.7 The evolving drug scene and social environment have presented new challenges to the anti-drug work from time to time, from emerging new drugs to the need for a wider use of technology. The outbreak of COVID-19 pandemic has also adversely affected the reach and delivery of T&R services, especially during the initial period of the outbreak when service units were exploring different ways to adjust their services to overcome the constraints under social distancing requirements. The anti-drug sector will need to continue to stay vigilant and provide prompt response to changing drug scene and social environment.

(i) *Enhanced Focus on Cannabis Abuse and Other Emerging Drugs*

5.8 In view of the increased prevalence of cannabis abuse, in particular among the young people, **targeted and thematic training on the abuse of cannabis and other emerging drugs for frontline staff of the anti-drug sector and school personnel should be provided.** For example, training to enhance the sensitivity of frontline staff to the subculture of cannabis use and knowledge of its harms, as well as strengthen their capacity in

promoting T&R services to cannabis abusers should be provided.

5.9 **Seminars/workshops on cannabis targeting frontline practitioners should be considered** for sharing experiences of and deliberating on preventive education and publicity (PE&P) and T&R approaches to tackle the problem of cannabis abuse. Exchanges on existing platforms will also be enhanced.

5.10 Considering the unique characteristics of cannabis abusers, the conventional drug T&R models may not be effective in engaging and treating cannabis abusers. **Targeted treatment programmes to suit the unique characteristics of cannabis abusers should be worked out.** For example, cannabis abusers could be invited to review negative changes in their lives after taking cannabis.

5.11 To keep up with the evolving drug scene, **non-governmental organisations (NGOs) should also stay vigilant to the emergence of new drug types other than cannabis and provide suitable T&R services to abusers as appropriate.**

(ii) *Wider Use of Technology*

5.12 Amid the COVID-19 pandemic, some drug abusers are hesitant to attend appointments at SACs and CCPSAs for fear of possible infection, and hence the progress and effectiveness of T&R programmes of the abusers may be undermined. To promptly respond to unexpected circumstances including public health hazards in future, **innovative means to deliver drug T&R services should be explored and adopted for engaging, reaching out to and providing counselling services for drug abusers, such as online medical/counselling consultation, tele-care or tele-rehabilitation.**

(iii) *Positioning of Short-term Residential Programmes*

5.13 While full-term residential treatment is considered effective to achieve treatment effect, some drug abusers are hesitant or unable to set aside a longer period of time to join full-term programmes. In this regard, a few DTRCs are providing short-term residential programmes to cater for the needs of these drug abusers. **Short-term residential programmes could continue to be developed and re-positioned as an entry point for drug abusers to experience drug-free environment and receive various**

supporting services provided by the service units. The resulting experience would be instrumental in reducing the hurdles and resistance of drug abusers and their family members for further enrolment in full-term residential programmes to achieve abstinence when the time is ripe.

(C) Early Medical Intervention and Support

5.14 Early medical intervention and treatment are essential and complementary to the T&R of drug abusers. This is particularly important for PSAs who display strong mood fluctuation or psychiatric symptoms induced by drugs, as social workers would have difficulties in engaging this group of drug abusers before those symptoms are put under control with the help of medical professionals.

(i) Support from Medical Sector

5.15 Various types of medical services are currently available to attend to drug-induced psychiatric symptoms of drug abusers, in particular PSAs. Apart from outpatient medical services such as SACs and community psychiatric services, **HA is to examine the possibility of strengthening inpatient services for drug abusers by offering them detoxification treatment so as to manage withdrawal symptoms and stabilise mental condition of drug abusers before they are admitted to DTRCs.**

5.16 In respect of opiate drug abusers, the Department of Health (DH) has been administering the methadone treatment programme, being mainly a maintenance programme with well-recognised effectiveness. **DH is to review the programme regularly and continue to keep abreast of new developments in the provision of alternative treatment to opiate drug abusers.**

5.17 **Outreaching medical support to DTRCs should be explored and encouraged** so as to render stronger medical support to drug abusers under residential treatment programmes, especially those who suffer from psychiatric problems.

(ii) *Beat Drug Fund (BDF) Regular Funding Scheme (RFS) Projects*

5.18 Under BDF RFS, grants approved by the Fund for one single project will not normally exceed \$6 million. To encourage projects in enhancing medical support and allied health services to drug abusers, **consideration is to be given to raise the funding ceiling for T&R projects implemented by medical or allied health service units under HA funded by BDF.**

(D) **Targeted Services for Different Groups of Drug Abusers**

5.19 The needs of specific groups of drug abusers are unique and warrant continued attention in order to bring about effective T&R treatment.

(i) *Ethnic Minority Drug Abusers*

5.20 Given the specific cultural characteristics including language, customs and religion of ethnic minority members, **capacity building to enhance the sensitivity, skill sets and knowledge relating to ethnic minorities for social workers should continue to be strengthened so as to facilitate their outreaching to and engaging ethnic minority drug abusers and their family members.** NGOs are encouraged to collaborate with the three outreaching teams for ethnic minorities commissioned by the Social Welfare Department (SWD), which have employed ethnic minority staff, to run training for their social workers and related staff to facilitate their engagement with ethnic minorities and understanding of their needs.

5.21 Apart from outreach work, the design of drug T&R programmes should be culturally sensitive. **Tailor-made T&R programmes for ethnic minority drug abusers should be provided. Engagement of drug rehabilitees and their family members as peer counsellors in different ethnicities is encouraged,** so as to help bridge the cultural and language gaps, and encourage help-seeking and motivate participation of ethnic minority drug abusers in T&R programmes.

(ii) *Pregnant Drug Abusers/Drug-abusing Parents*

5.22 Various T&R service units have been providing dedicated support through BDF projects to pregnant drug abusers and drug-abusing parents to help strengthen their determination to quit drugs and retain in drug treatment as

well as reduce their risks of relapse. Provision of such services has been well proven to be beneficial to the drug T&R process of this specific group of drug abusers whose drug problems are compounded by family, parental, financial and/or health issues. **SWD is to explore providing recurrent resources to support pregnant drug abusers and drug-abusing parents**, by considering various factors including the multifarious needs and difficulties faced by this target group and the evaluation of the effectiveness of the BDF projects, etc.

(iii) Men who Have Sex with Men (MSM) with Drug Abuse Problem

5.23 Frontline workers, including those working in the field of HIV services, should continue to be sensitive to the unique culture and characteristics of the MSM community; and **targeted treatment programmes should be offered to MSM with drug abuse problem.**

(iv) Drug Abusers with Offence History

5.24 Different types of drug treatment programmes, such as programmes run in Drug Addiction Treatment Centres (DATCs) and the Enhanced Probation Service (EPS) for young drug offenders, are currently in place to help drug abusers with offence history not only to become responsible and law-abiding persons, but also to quit drugs and develop a healthy lifestyle.

5.25 To further enhance the effectiveness of the compulsory DATC programmes under the Correctional Services Department (CSD), **CSD is to implement the recommendations identified in the recent review of the T&R programmes at DATCs as appropriate.** CSD will also continue the collaboration with NGOs in addressing the needs of inmates and those released from DATCs.

5.26 EPS, operated by SWD and currently covering young offenders aged between 10 and 20, has been effective in minimising relapse to drugs and reconviction of drug-related offences of the young offenders under the Scheme. It also has the general support from the social service sector. To benefit young adult drug abusers aged 21 and above, **SWD is to consider expanding the coverage of EPS by raising its age limit.**

(E) Aftercare Services

5.27 Quitting addictive drugs is seldom plain sailing, both for abusers and T&R service providers. One challenge constantly faced by service providers is the relapse of drug abusers after treatment process. To sustain the treatment efforts and prevent relapse, it is important to provide suitable aftercare services to help abusers stay away from drugs and reintegrate into society.

(i) Training and Employment

5.28 **Service providers should develop aftercare plans for drug rehabilitees**, having regard to the multi-faceted issues straddling work, finance, relationship with family members, etc. that drug rehabilitees may face in their rehabilitation process.

5.29 Vocational training may help drug abusers develop positive values, improve job skills and acquire stable jobs, rendering them more likely to sustain abstinence from drugs. **Apart from making use of the BDF resources, various community resources for vocational training (e.g. Employees Retraining Board and Vocational Training Council) should also be gainfully employed.** To enhance their employability, **vocational training for drug abusers should suit the capability, market needs and job trend.** Collaboration with social enterprises is also encouraged in offering job opportunities to drug rehabilitees.

5.30 **Occupational therapy and life planning are also useful in helping drug rehabilitees review their own capabilities, set realistic life and career goals and rebuild normal life pattern.** Collaboration between NGOs and occupational therapists both in HA or private practice should be pursued or strengthened.

5.31 Peer counsellors are often employed in T&R projects funded by BDF to offer support in outreaching and PE&P work. They also assist in counselling and group activities to provide emotional support to drug abusers who are receiving drug treatment. Through contributing to the anti-drug work and helping drug abusers, peer counsellors are able to gain job experience and also build up their own confidence and strengthen their resolve to continue to stay away from drugs. **To promote the offer of job opportunities to drug rehabilitees, where employment of peer counsellors are proposed under BDF-funded projects, drug rehabilitees**

themselves, rather than their family members, would be employed unless the service targets of a BDF project are family members of drug rehabilitees.

(ii) Support to Family

5.32 Relationship between drug abusers/rehabilitees and their family members could be vulnerable with mistrust fueled by conflicts arising from drug addiction behaviours. On the other hand, family members could play a pivotal role in motivating drug abusers to quit drug and strengthening the drug rehabilitees' resolve to maintain abstinence. **Family members should therefore be encouraged to actively participate in the drug T&R programmes and other family support activities such as mutual support groups** so as to rebuild family relationship and also render emotional support to drug abusers/rehabilitees in the lengthy and challenging T&R process.

(iii) Temporary Shelters during Crisis

5.33 Drug abusers and rehabilitees in the face of crisis may need to seek urgent temporary stay to allow them some room to tackle the problem and address their own emotions. With respect to the provision of temporary shelters or respite centres, **SWD is to discuss with NGOs the need of drug abusers and rehabilitees for respite services.**

(F) Capacity Building of Relevant Personnel

5.34 In the journey to abstinence, drug abusers are in want of support from different parties, including social workers, medical professions, teachers, peers and their own family members. One direction for effective T&R treatment is to enhance the skills and knowledge of the parties involved through incorporating and strengthening substance abuse related topics in relevant professional training.

5.35 While NGOs will provide suitable training for their staff, SWD is currently arranging an array of training to social workers covering different topics, including substance abuse. **SWD is to explore expanding the coverage of training topics offered to social workers, such as those in relation to therapeutic approaches on drug treatment, in light of the changing**

drug scene and feedback from NGOs.

- 5.36 As regards HA's medical professionals and allied health professionals, **HA will continue to provide regular substance abuse related training for the medical professionals and allied health professionals with a view to enhancing their capacity in identifying and handling drug-taking cases.**
- 5.37 Peer counsellors are becoming more important in the fight against drugs as their personal experience resonate with the difficulties faced by drug abusers and hence could gain their trust. **More structured and advanced training to peer counsellors may be explored** in order to deepen their understanding of relevant professional knowledge and skills, as well as to enhance their capacity to be involved and engaged in anti-drug work.
- 5.38 Parents and teachers play an important role in the fight against the drug problem. **Parents and teachers should continue to be equipped with knowledge and understanding for identifying hidden drug abusers and motivating them to seek help.**

(G) Others

- 5.39 There are a number of other related areas which would also require setting a clear strategic direction to guide the T&R work in the upcoming three years.

(i) Drug-related Research

- 5.40 The Central Registry of Drug Abuse (CRDA) keeps statistics of drug abusers, and reflects the general trends of drug abuse in Hong Kong over the years. Since the existing statistics of CRDA are in quantitative terms, **qualitative research complementing the quantitative data should continue to be encouraged.** This will allow a more comprehensive picture of the local drug situation.
- 5.41 The multi-modality approach to drug T&R has been adopted for years. It would be useful to **explore consolidating the good T&R practices or protocol for sharing among the service units. Researches on different drug-related topics** such as drug harms, drug-taking subculture, secondary analysis of drug-related research data, etc. **should continue to be**

encouraged. Findings of the drug-related researches should be more widely disseminated among anti-drug stakeholders to facilitate the development of evidence-based T&R services as well to enable the anti-drug sector to have a better understanding of the latest development in drug treatment.

(ii) *Harm Reduction*

5.42 Harm reduction is not a clearly delineated concept and is subject to wide and loose interpretation. Overseas practices also may not be applicable to the local context. Some harm reduction measures may be perceived as encouraging continued drug-taking behaviours or giving a wrong message that drug-taking could be safe.

5.43 There is no doubt that drug abuse brings substantial harms to drug abusers, their families and the community at large. Recognising that some drug abusers may not be ready or may have difficulties in quitting drugs immediately, harm reduction approach has been used by some service providers in individual cases as one of the means to engage drug abusers initially. Nonetheless, **harm reduction on its own should not be an ultimate aim of T&R services in view of the dire, and at times irreversible, consequences of drug abuse on individuals and society, as well as the physical and psychological harms inflicted on drug users and their families due to continual use of drugs. The Government's anti-drug and T&R policy is to help drug abusers quit drugs and remain drug free.**

(iii) *Preventive Education and Publicity*

5.44 As mentioned in Chapter 1, PE&P complements the work of T&R and is an essential component of our anti-drug policy. To ensure PE&P initiatives respond effectively to the latest drug scene, the Narcotics Division's (ND) PE&P strategic directions and initiatives are reviewed and drawn up on an annual basis in consultation with the Action Committee Against Narcotics (ACAN) and its Sub-committee on PE&P. Priority areas for BDF RFS PE&P projects are also reviewed on an annual basis so that prompt and responsive publicity and education work could be rolled out to address the community needs. **The annual PE&P plan of ND and the BDF RFS projects, including those with major PE&P components, would continue to be disseminated among stakeholders in the anti-drug sector**

to create synergy.

(iv) Licensing of Drug Treatment and Rehabilitation Centres

- 5.45 At present, 11 out of 37 DTRCs have yet to obtain licences under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566) and are operating on certificates of exemption. **Continued assistance and co-ordination efforts for enhancing the facilities and physical environment of DTRCs would be provided with a view to helping DTRCs obtain a licence or enhance their service capacity and quality.**

Concluding Remarks

- 5.46 The changing drug scene and emergence of new drug types in both overseas and local environments have always presented challenges to the anti-drug work in Hong Kong. In 2020, the COVID-19 pandemic has brought about further difficulties to society as a whole as well as the drug T&R sector. We are heartened to witness our anti-drug partners demonstrating commendable efforts in providing drug T&R services to drug abusers and rehabilitees during the difficult time. Their prompt responses to the pandemic and painstaking attempts to adjust their services to meet the needs of their service recipients are much appreciated.
- 5.47 The preparation of the 2021-23 Three-year Plan has provided a further platform to engage the anti-drug sector for in-depth sharing of views and experience, constituting a consensus-building process to the strategic directions of the T&R services in the coming three years. We would like to express our gratitude to all parties for candidly sharing their observations, experience and views during the consultation amid the pandemic.
- 5.48 ND, in partnership with relevant government departments, public bodies and NGOs, will continue to oversee and co-ordinate efforts as appropriate in pursuing T&R initiatives in accordance with the strategic directions. ND will suitably report progress to ACAN, its T&R Sub-committee and Drug Liaison Committee. We look forward to continuous close collaboration with our anti-drug partners in future.