

## 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 80 service units/stakeholders in the anti-drug sector between April and September 2023.
- 4.2 During the consultation, representatives from the service units and various stakeholders concerned have actively shared their frontline observations on the latest drug scene and the varying needs on treatment and rehabilitation (T&R) of drug abusers, and also put forward their 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 are summarised in the ensuing paragraphs. These views and suggestions provide the basis for setting the recommended strategic directions of T&R services for 2024 to 2026 in Chapter 5.
- (A) Evidence-based Treatment of Abusers of Psychotropic Substances, especially for Cocaine, Methamphetamine (“meth” or commonly known as “Ice” in Hong Kong) and Cannabis**
- 4.3 The psychiatric conditions induced by psychotropic substance abuse have brought challenges to the work of community-based and residential-based T&R service units. Early medical intervention and treatment are essential to stabilise the psychiatric conditions of this group of drug abusers for effective T&R, hence collaboration between medical service units and T&R service units is important. For cannabis, the treatment method might be different from others, due to the fact that cannabis abusers, especially milder ones, are less receptive to residential treatment and their symptoms might have not yet been noticeable.
- 4.4 Psychotropic substance abuse could lead to multi-faceted problems straddling physical and mental health, family issues, etc. A holistic approach to treatment and support services can best assist the needs of

psychotropic substance abusers and help them quit drugs. Medical service units could play a crucial role in providing medical interventions to stabilise the drug abusers' psychiatric conditions before other service units could offer psychological counselling, social support, and T&R programmes. In this regard, the strengthening of collaboration among medical service units and other non-drug service units are welcomed by service units as it promotes a smooth transition between different levels of care. At present, collaborative arrangements such as mutual case referrals, joint-intake interviews of cases, multi-disciplinary case conferences and group activities are being carried out to some extent.

4.5 In addition to medical intervention, psychotropic substance abusers also benefit from psychological and psychosocial support such as counselling, vocational training, group activities and community-based support. Substance Abuse Clinics (SACs) run by the Hospital Authority (HA) have also recognised the importance of multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers for providing more comprehensive support to the treatment, recovery and aftercare of drug abusers who are receiving medical treatments.

(i) Cocaine abusers

4.6 Cocaine has, for the first time in ten years, overtaken “Ice” and become the most common type of psychotropic substance taken among drug abusers in 2022 and 2023. As cocaine has a stronger effect on the brain's reward system and can cause more serious impairments to decision-making process and self-control mechanisms, cocaine abusers usually develop strong psychological dependence on the drug (i.e. craving), and find it challenging to resist cravings and make rational choices. As observed from experience, treatment of cocaine abuse would demand medical services and much more counselling efforts than users of many other drugs.

4.7 As compared to other types of drugs, the price of cocaine is higher. Many cocaine users find themselves in financial distress because of their strong psychological dependence on this pricey drug and also due to the quantity consumed. The financial difficulties faced by cocaine abusers are often one of the major hurdles keeping them away from residential T&R

programmes<sup>5</sup> as they cannot afford to stop earning income from work. They also often experience tension with their significant others and family members because of their indebtedness. Some cocaine abusers might eventually resort to drug trafficking or other criminal activities to sustain their living.

4.8 Indebtedness of cocaine abusers could be a major source of stress and would hinder their determination to fully engage themselves in the treatment process. By addressing their debt issues before starting T&R programmes, cocaine abusers are more likely to focus on and fully committed in the T&R process. T&R service units have helped some cocaine abusers to deal with their pressing debt issues by referring them to service units that could provide advice/support on financial issues.

(ii) Methamphetamine (“meth” or commonly known as “Ice” in Hong Kong) abusers

4.9 “Ice” is the second most commonly abused psychotropic substance as reported to the Central Registry of Drug Abuse (CRDA) in 2022 and 2023. Many “Ice” abusers suffer from drug-induced psychiatric problems. It is observed that some of them exhibit violent behaviours and they are prone to self-harm. In particular, the mental conditions of some “Ice” abusers have posed great challenges in counselling and consultation as well as the provision of residential T&R programmes. Such patients need to receive more intensive medical treatment in the hospital setting so that their conditions can be stabilised before their admission to drug treatment and rehabilitation centres (DTRCs).

4.10 “Ice” abuse leads to severe consequences to both the physical and mental health of its abusers. Many abusers require medication to manage the various physical and psychological symptoms associated with the abuse of “Ice”. When those abusers join the residential T&R programmes of DTRCs, their medication requirements translate into additional workload of dispensing in DTRCs. In addition, DTRCs need to escort those abusers to attend medical appointments outside. The staff of DTRCs also have to spend extra time and efforts to closely monitor the drug abusers with a view to preventing high-risk situations or crises.

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<sup>5</sup> The durations of residential drug treatment programmes range mostly from three months to one year.

(iii) Cannabis abusers

4.11 Many T&R service units noticed a significant growth in the prevalence of cannabis abuse in recent years, especially among young people. Despite the Government's efforts to raise awareness on the harms of cannabis, many cannabis abusers tend to underestimate the health hazards of cannabis abuse. Some may even attempt to use cannabis to cope with health or emotional problems as self-medication. On the other hand, many of the abusers consider cannabis-use a symbol of being part of a sub-culture (e.g. hip-hop, skateboard, dancing and band groups), an aid to spark creativity or a social drug for recreation or relaxation. They consider cannabis not/less harmful or even as a natural herbal health supplement.

4.12 SACs observed that some cannabis abusers, especially those with a longer and/or more frequent cannabis-taking pattern, experience impaired memory and concentration, mood fluctuations, sleeping disorder, etc. There are also some cases of serious psychiatric issues such as psychosis induced by cannabis. It is noticed that cannabis abusers have a higher risk of suffering from psychotic disorders such as schizophrenia if they have family history of mental illness.

4.13 The delivery of anti-cannabis messages to cannabis abusers is a challenging task to frontline anti-drug workers. The more educated and sophisticated cannabis abusers could cite scientific arguments and claimed "evidence" (including academic journals) to deny the harmful effects of cannabis and the anti-drug service units need more support to dispel the misconceptions in their preventive education and counselling work. The legalisation/decriminalisation of cannabis abuse in some foreign jurisdictions has further complicated the issue by confusing the local public and drug abusers on the actual harms of cannabis abuse.

**(B) Prompt response to drug scene and changes in social environment**

4.14 T&R service units observed an increase in drug abuse cases, in particular among teenagers and young adults, as the society has resumed normalcy from the COVID-19 epidemic in 2023. Despite that social activities have resumed normal following the end of the social distancing measures imposed for COVID-19, private gatherings involving drug use continue

to take place in various private venues such as hotel rooms, private party rooms and unlicensed entertainment venues in industrial buildings. As travel also resumes normal, a few service units observed that some young people would take drugs while travelling outside Hong Kong, and it is not limited to cannabis.

4.15 On the other hand, the social distancing measures imposed during the COVID-19 epidemic has necessitated the adoption of innovative technology in the anti-drug sector. The adoption of online medical consultation has helped ease the problem of manpower shortage in DTRCs for escorting residents to attend medical appointments. Apart from medical treatment, an SAC has organised group-based psychological T&R programmes and supervision of pharmacological treatment (i.e. supervision of patients' medicine-taking process) through online means.

4.16 Regarding the wider use of technology, many T&R service providers have reached out to drug abusers and high risk groups at various online social media platforms. Although only a small percentage of drug abusers contacted are willing to attend face-to-face counselling and treatment in person at physical venues of T&R service units, most service units still consider online outreaching a useful tool to engage drug abusers, and also for them to seek advice and help.

### **(C) Encouraging Drug Abusers to Seek Help**

4.17 The median drug history of newly reported abusers was 6.0 years in 2023, which warrants attention as it exceeds the record of 5.7 years in 2019 before the outbreak of the COVID-19 epidemic. Efforts on early identification of drug abusers and encouraging them to seek help should be continued, especially for the fact that more drug abusers tend to hide themselves at home or private locations to take drugs, and it is not easy for service units to discover or engage them. Service units in general agree that family members and peers of drug abusers are often the first one who can identify a drug abuser and they are also the first one who could motivate an abuser to seek help. In the meantime, both online engagement and conventional methods (e.g. peer snowballing, physical outreach) should continue to be used by anti-drug service units to approach and engage more drug abusers.

- 4.18 In addition to family members and peers of drug abusers, some T&R service units have suggested that medical/nursing professionals at the accident and emergency departments of public hospitals and general medical practitioners in the private sector, as well as those in the district-based primary healthcare services should beware of signs of drug abuse among patients and then make suitable referrals. When scientific or health information relating to drug abuse is needed, medical and health care professionals in Hong Kong can consult the Hong Kong Poison Control Centre in HA. Besides, collaboration among T&R service units, District Youth Outreaching Social Work Teams/Youth Outreaching Teams and Overnight Outreaching Teams for Young Night Drifters, and teaching staff of schools is also essential for timely referral of drug abuse cases.
- 4.19 Some frontline anti-drug workers shared that a useful means to encourage drug abusers to seek help is to raise their awareness of their poor health conditions caused by drug abuse. Through realising the deterioration of physical and mental health caused by their drug-taking behaviour, the abusers tend to become more open and willing to receiving treatment.
- 4.20 T&R service units agree that the hotline telephone number “186 186” and instant message service “98 186 186” commissioned by ND are effective and convenient help-seeking channels for individuals struggling with drugs. Quite a number of drug abusers and their family members have sought help through the service. In fact, the record shows that drug abusers and their family members together were the major users of this service.

**(D) Support for Specific Groups of Drug Abusers**

(i) Ethnic Minorities

- 4.21 Many T&R service units find it challenging to reach out to non-Chinese speaking communities. Their diverse backgrounds affect their attitude towards drugs and their service needs. Collaboration with the Outreaching Teams for Ethnic Minorities and deployment of ethnic minority peer counsellors can assist in the engagement and counselling

process.

- 4.22 Cultural sensitivity is crucial not only for reaching out to ethnic minority drug abusers, but also for retaining those receiving residential T&R in DTRCs. Attention should be given to an array of different aspects of the programmes such as dietary restrictions and hobbies.
- 4.23 Many members of the ethnic minority communities have limited choices of jobs in the labour market. Some of them are working in positions that put them at a higher risk of exposure to drugs (such as working in entertainment venues, and providing delivery services).
- (ii) People who abuse drugs in the context of sex, including men who have sex with men (MSM) with drug abuse problem
- 4.24 Among people who abuse drugs in the context of sex, “Ice” is one of the most commonly abused drugs.
- 4.25 Drug abuse among people who abuse drugs in the context of sex, in particular MSM drug abusers, presents a challenge to T&R service units as the pattern and occasions of drug use in this group of people are different from others who abuse drugs without involving sex. Specifically, the combination of sex with drugs presents a challenge that is different from other normal drug abuse pattern. Although not exclusive to MSM drug abusers, the observation of T&R service units is that the problem of “chem fun”<sup>6</sup> or “chem sex” has persisted among drug users in the MSM community, if not even more viral than during the period when they were consulted about the Three-Year Plan of 2021-2023. However, the exact magnitude of the problem remains uncertain.
- 4.26 Due regard should be given to the culture, characteristics and needs of drug abusers who are MSM during the delivery of T&R services, in particular the T&R residential programmes at DTRCs. Some T&R service units have reflected that not many frontline anti-drug workers are well prepared and equipped with the skills and capacity to handle cases from this group.
- 4.27 Many drug abusers who are MSM do not realise their need for T&R services as they wrongly believe that their drug abuse is under their

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<sup>6</sup> “Chem fun” means the combination of drug abuse and sex.

control or they could control their addiction, while some are reluctant to visit SACs in view of the dual stigmatisation towards drug abuse and sexual minorities. On the other hand, medical professionals noticed that some MSM drug abusers adopt a different, and perhaps more aggressive way of drug use by slamming (i.e. injecting) “Ice” instead of inhaling the usual dosage into their bodies which warrants special attention. It is also observed that certain drug abusers of this group attend drug parties that often last for days. These could result in a higher risk of physical and psychiatric problems and other risks such as engaging in unprotected sex.

4.28 It is difficult to involve family members of drug abusers who are MSM in their T&R process as many of these service users may not want to disclose their sexual orientation to their families. This has hindered identification of this group of drug abusers, and timely intervention by T&R service units becomes more difficult. Nevertheless, online outreaching on social media and dating apps used predominantly by MSM (such as Grindr), physical outreaching at hotspots (such as saunas and gay bars), and peer snowballing are considered effective ways by service units to identify and engage this community.

(iii) Pregnant drug abusers and drug-abusing parents

4.29 T&R service units appreciate the additional recurrent resources provided by the Government from June 2023 for hiring additional social workers and family aides in 11 counselling centres for psychotropic substance abusers (CCPSAs) and two sub-bases of the centre for drug counselling (CDC) to strengthen the support for pregnant drug abusers and drug-abusing parents.

4.30 The well-being of infants and children is a good entry point to motivate pregnant drug abusers and drug-abusing parents to quit drugs and remain drug-free. In the meantime, T&R service units consider it crucial to enhance the parenting skills of this group in order to reduce the risk of reliance on drugs for the false hope of stress relief. This is also a way to indirectly protect the welfare of the children of the drug abusers and to prevent intergeneration drug abuse.

4.31 T&R service units have collaborated with medical service units including SACs, Pediatrics Departments, Obstetrics and Gynecology Departments, Maternal and Child Health Centres (MCHCs), as well as other social



service units such as Integrated Family Service Centres, Family and Child Protective Services Units, etc. at district level through the platform of Comprehensive Child Development Service (CCDS). CCDS is jointly implemented by the Labour and Welfare Bureau, Education Bureau (EDB), Department of Health, Social Welfare Department (SWD) and HA. Such collaborations should continue in order to provide comprehensive support for this group of drug abusers and their families. Examples of relevant services units and platform serving families and children can be found in the table below.

*Table 6: Examples of Services*

| <b>Service Units</b>  | <b>Relevant services and supports available</b>   |
|---|---|
| <b><i>Medical Service Units under Hospital Authority</i></b>                      |   |
| (1) Substance Abuse Clinics   | <ul style="list-style-type: none"> <li>• Provide comprehensive service for drug abusers with psychiatric problems</li> <li>• Make necessary referrals to specialist clinics / social service units as appropriate</li> </ul>  |
| (2) Pediatrics Departments / Obstetrics and Gynecology Departments                | <ul style="list-style-type: none"> <li>• Help identify drug abusers / possible maltreatment of children by drug abusers in providing medical consultations to the children of drug abusers / pregnant women</li> <li>• Make necessary referrals to other service units</li> </ul>   |
| <b><i>Social Service Units under / subvented by Social Welfare Department</i></b> |   |
| (3) Integrated Family Service Centres   | <ul style="list-style-type: none"> <li>• Provide a spectrum of preventive, supportive and remedial welfare services for individuals and families in need, including families being affected by drug-abuse problems. Services include casework counselling, consultation service, outreaching service, financial assistance and service referrals, etc.</li> </ul> |
| (4) Family and Child Protective Services Units                                    | <ul style="list-style-type: none"> <li>• Conduct child protection investigation, if suspicion of child maltreatment is substantiated, and render follow up actions for the victims of child abuse and their family members through</li> </ul>   |

| Service Units  | Relevant services and supports available   |
|--|--|
|  | <p>multi-disciplinary collaboration</p> <ul style="list-style-type: none"> <li>• Provide services to children in need of protection from maltreatment and their families, as well as spouses / cohabitants being harmed in domestic violence including those by drug-abusing family members</li> <li>• Make necessary referrals to other service units</li> </ul>  |
| <b><i>Service Units under Department of Health</i></b>       |  |
| (5) Maternal and Child Health Centres, Family Health Service | <ul style="list-style-type: none"> <li>• Provide a comprehensive range of health promotion and disease prevention services for children from birth to five years old, including parenting, immunisation, and health and developmental surveillance</li> <li>• Provide an antenatal shared-care programme to pregnant women, in collaboration with the Obstetric Department of hospitals under HA, to monitor the whole pregnancy and delivery process</li> <li>• Under CCDS, at-risk pregnant women (e.g. drug abusers) identified are referred to designated CCDS midwives at obstetric clinics of HA, who coordinate antenatal and postnatal care<sup>7</sup></li> </ul> |

(iv) Drug abusers of older age (aged 65 and above)

4.32 Most T&R service units have come across only a small number of drug abusers over 65 years old, most of them have already had a relatively long drug history. As regards drug types, medical service units mentioned that sleeping pill (such as midazolam and triazolam) is one of the common types of drug abused by older patients.

<sup>7</sup> After delivery, the CCDS midwives refer these infants to MCHCs to ensure the infant/child's compliance with the immunisation and health and developmental surveillance. In addition, consultations by visiting CCDS pediatrician from HA would also be arranged to monitor these children and follow up promptly should any problem arise.

4.33 Many drug abusers of this group suffer from poor health conditions and low socioeconomic status, and in general have low motivation to quit drugs for various reasons, such as the fact that drug-taking has become a long-established routine of their lives and lack of social activities. Having said that, some T&R service units have shared successful cases from this group of drug abusers, as some of them prefer to spend the rest of their lives drug-free and with dignity.

(v) Sex workers

4.34 Very few drug abusers have disclosed to T&R service units that they are or have been sex workers. It is difficult for T&R service units to have a grasp on the actual number of drug abusers who are also sex workers that they have come across.

**(E) Aftercare Services for Drug Rehabilitees**

4.35 The most challenging stage throughout the drug T&R journey is the moment when rehabilitees are discharged from service units. Rehabilitees would face the reality (such as stress arising from work, expectations from family members, and daily chores) and often times, temptations to take drugs again and influence from their friends. This could be particularly challenging for those who are discharged from DTRCs as they would have to adapt to a new environment.

4.36 People with drug abuse history and psychiatric conditions are often stigmatised, alongside the limitation that some of them may have less competitive job qualifications. They often face obstacles in seeking and maintaining employment. Provision of a spectrum of aftercare support to drug rehabilitees such as vocational training and counselling support can help them rebuild their lives and social circle. In particular, suitable, market-orientated and accredited vocational training are useful to equip drug rehabilitees with necessary skills for acquiring stable jobs and forming new peer support networks, rendering them more likely to sustain abstinence from drugs.

4.37 Acknowledging the importance of having a stable employment to drug rehabilitees, several T&R service units and the Correctional Services

Department (CSD) have collaborated with employers to offer job placement programme to drug rehabilitees.

- 4.38 Collaboration among community-based T&R service units, medical service and DTRCs should continue to ensure that drug abusers and rehabilitees can be holistically supported and monitored throughout the process of T&R and after their discharge from T&R service units.
- 4.39 Many service units consider that the role played by peer counsellors in helping drug abusers to quit drugs irreplaceable. Peer counsellors are persons in recovery from drug abuse and working in T&R service units. Their rehabilitation experience could provide additional empathetic support and encouragement to other drug abusers. On the drug rehabilitees' side, serving as peer counsellors is a good stepping stone to help with their full reintegration into society as they could receive on-the-job training in a relatively tolerant and familiar environment under the supervision of T&R service units.
- 4.40 Many service units pointed out that drug abusers would have an easier recovery process with the support and encouragement of family members. On such, CSD has set up five Multi-purpose Family and Rehabilitation Service Centres which provide psychological and counselling services for rehabilitated offenders and their families. CSD also provides video social visit services and the Inmate Parent Programme to strengthen the core relationship between family members and persons in custody, including those in Drug Addiction Treatment Centres.
- 4.41 While the involvement of family members is important to drug abusers' recovery process, family members themselves as carers and supporters of the drug abusers are also in need of support.

**(F) Other areas of anti-drug work**

(i) Capacity building of relevant personnel

- 4.42 Many T&R service units pointed out that the high staff turnover of the anti-drug sector and the general shortage of labour at present might have impaired their work to different degrees. Professionals, and those who may encounter drug abusers at their work, are in need of training to

upgrade or to refresh their skills and knowledge given the change in drug scene in recent years. Training for peer counsellors would be conducive to enhancing their capacity to assist in the anti-drug work.

4.43 Apart from the training provided by relevant Government bureaux/departments and agencies (including SWD, EDB and HA), a more structured training programmes on a regular basis for frontline anti-drug workers would be conducive to offering a more systematic approach for relevant personnel to handle matters in relation to drug abuse.

4.44 The Hong Kong Jockey Club Drug InfoCentre plays a pivotal role not only in community engagement and in educating the public of the harms of drug by providing anti-drug information and education resources as an exhibition centre, but also in providing a venue for practitioners of the anti-drug sector where they can arrange capacity building programmes targeting different sectors of the community.

(ii) Drug-related researches

4.45 In view of the increasing abuse of cannabis and the general misconceptions of this illegal substance in Hong Kong in some quarters, many T&R service units have suggested conducting more local research on the harmful effects of cannabis. The findings should be shared with the anti-drug sector.

4.46 Some medical professionals of SACs have suggested academic bodies to conduct research on the effectiveness of (a) use of traditional Chinese medicine for drug T&R; (b) different treatment models adopted locally and overseas; and (c) new treatment devices such as Transcranial Magnetic Stimulation.

4.47 Some T&R service units have suggested conducting research to identify factors that affect drug abusers' motivation to quit and stay away from drugs and the effectiveness of different intervention methods.

(iii) Preventive Education and Publicity (PE&P)

4.48 Many T&R service units agree that PE&P efforts targeting young people and students, especially students of tertiary institutions should continue to be strengthened.

- 4.49 Some consider that PE&P efforts should also target teachers and key school personnel, family members and general medical practitioners on identification of drug abusers, how to motivate them to seek help and channels for case referral.
- 4.50 Some have suggested rolling out PE&P campaigns with a view to encouraging help-seeking and counteracting negative stereotypes towards drug abusers.