

Chapter 5

STRATEGIC DIRECTIONS FOR 2024 - 2026

5.1 Having deliberated on the views and ideas collected from relevant stakeholders, relevant Government departments and the Hospital Authority (HA) as set out in Chapter 4 in detail, the Three-year Plan for 2024 to 2026 recommends corresponding strategic directions as stipulated in this chapter to guide the provision of drug treatment and rehabilitation (T&R) services.

(A) To foster cross-disciplinary and cross-sectoral collaborations

5.2 Given the complexity of drug abusing cases and the comorbidity of health issues of drug abusers, collaboration is a fundamental approach to achieving effective delivery and results of T&R services. Over the past years, there have been closer collaborations among different sectors, including social service, medical/allied-health, and education. It is necessary to continue to foster collaboration among different sectors of the community, which is not only conducive to the identification of drug abusers and their treatment and subsequent journey to remain abstinence, but also instrumental in creating platforms for sharing of knowledge and experience of effective case handling.

5.3 To cater to the different needs of drug abusers and rehabilitees, comprehensive care should be provided by different social service units. Comprehensive support should be accessible to drug abusers and rehabilitees through drug T&R service units and other social service units (such as those serving families and mental health patients), and these units are encouraged to work with the medical sector to provide evidence-based treatment and care to drug abusers that respond to their needs.

5.4 The process of rehabilitation is no easier than treatment. In particular, drug rehabilitees are often most fragile and prone to falling prey to relapse to drugs soon after they complete their residential treatment programmes and attempt to reintegrate into the society as the open environment, full of temptation to drugs and life challenges, is very different from the secluded environment of drug treatment and rehabilitation centres

(DTRCs) where intensive care and guidance are provided. As such, closer collaboration between residential and community-based T&R service units are encouraged so as to provide continued care for the drug rehabilitees in the community.

(B) To provide targeted treatment for abusers of psychotropic substances, especially for cocaine, methamphetamine (“meth” or commonly known as “Ice” in Hong Kong) and cannabis

(i) Strengthen support for T&R service units in particular DTRCs

5.5 The prevalence of psychotropic substance abuse has presented new challenges to the anti-drug sector, particularly DTRCs as they have to handle emotional fluctuations, psychiatric symptoms and other health issues of psychotropic substance abusers round-the-clock. To better support these centres and service units and strengthen their capacity to render effective T&R services, consideration would be given to strengthen medical support in them.

5.6 In response to the changing drug scene, service providers are encouraged to provide more support to their frontline workers by updating their skills through different types of training and exchange, and to offer more flexible T&R programmes to suit the needs of psychotropic substance abusers, notably residential treatment of shorter duration for suitable drug abusers (see paragraph 5.7 below). The shorter programme could be an intervention that leads to follow-up in community-based treatment or engagement in longer residential treatment programme.

(ii) Cocaine

5.7 To render effective treatment to cocaine abusers, treatment programmes should specifically address the needs and profiles of individual abusers. For instance, short-term residential programme may be more acceptable to abusers of cocaine in the first place who are in need of employment income and hence could not afford to stop working for a prolonged period due to admission to a residential programme that could be one year long. By first engaging them in residential programme, regardless of duration, cocaine abusers would then be able to take a break from their real life difficulties in a drug-free environment while case workers can draw up a

longer-term T&R plan for them.

5.8 Cocaine abusers often face financial problems and heightened tension with their family members arising from their intensive drug-taking habit. Therefore, it would be helpful to their T&R if financial planning advice can be offered to this group of drug abusers and their family members should be involved to strengthen their engagement.

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

5.9 In view of the drug-induced psychiatric symptoms and other health problems that are most prevalent among “Ice” abusers, it is important to continue providing professional medical support to them as early medical intervention is crucial for stabilising their physical and mental health conditions. This could facilitate the provision of T&R services to “Ice” abusers and raising the chance of a successful rehabilitation.

5.10 Given the complexity of handling “Ice” abuser cases due to the common comorbidity of psychiatric problems and even tendency to exhibit violence or suicidal behaviour, the capacity of frontline workers in providing T&R services to this group of drug abusers should be enhanced.

(iv) Cannabis

5.11 Considering the characteristics of cannabis abusers and their needs, efforts to identify this group of drug abusers and actively encourage them to seek help early, and to provide them with treatment programmes catering to their specific needs and characteristics should be continued.

5.12 Training for frontline workers and sharing among service units should be encouraged on the sub-culture, false/misleading information and myths associated with cannabis, so as to strengthen their capacity to effectively engage cannabis abusers, including those young and more sophisticated service targets.

(C) To respond promptly to changing drug scene and social environment

(i) Monitoring and acting on evolving drug trend

5.13 T&R service providers should stay vigilant to the evolving drug scene

and trends. This would enable them to make appropriate adjustments to the T&R programmes to cater for the changing needs of drug abusers and also the society.

5.14 Efforts to closely monitor resurgent and new drug types, such as LSD (lysergic acid diethylamide), misuse of pharmaceutical products, such as etomidate⁸, and new psychoactive substances, should continue so as to facilitate prompt response by the anti-drug sector. In this connection, the Drug of Abuse Early Warning Centre to be established under the Hong Kong Poison Control Centre in HA could make a contribution. Suitable use of new technologies (e.g. big data analysis and artificial intelligence (AI)) might provide reference in addition to conventional reporting mechanism and monitoring tools.

(ii) Wider use of technology

5.15 The outbreak of COVID-19 during 2020 to 2023 adversely affected the reach and delivery of T&R services, and the constraints under social distancing requirements prompted many services to go online, including outreaching to drug abusers. Despite resumption of normalcy, the efforts of online outreaching, in particular via social media platforms, should still be continued. Adoption of innovative technology in the provision of T&R and other anti-drug services might be explored with due regard to the reliability and effectiveness of such tools.

5.16 Apart from outreaching, innovative technology should also be suitably adopted in the provision of T&R services. Examples include online medical consultation, tele-care and tele-rehab which all have been gradually gaining momentum. Such efforts should continue to be strengthened.

(D) To encourage drug abusers in seeking help and treatment

5.17 To more widely engage and reach out to different groups of drug abusers, various conventional means of outreaching such as peer-snowballing should be continued. This is particularly effective in reaching out to

⁸ Etomidate is controlled under the Pharmacy and Poisons Regulations (Cap. 138A) as a Part I poison. It is primarily used for induction of general anesthesia during surgery or other medical procedures. It is commonly known as “space oil” and is the chief ingredient.

certain specific groups of drug abusers such as drug abusers who are ethnic and sexual minorities and people who abuse drugs in the context of sex (e.g. “chem fun”).

5.18 In order to engage drug abusers and raise their motivation to receive treatment, the provision of alternative services that promote well-being such as traditional Chinese medicine treatment could be explored, as these services have certain appeal to local drug abusers and therefore are conducive to the work of service units.

5.19 Concerted efforts from different members of society are necessary for identifying drug abusers and motivating them to seek help and treatment. The awareness and capacity of personnel who are not working in anti-drug units but may also encounter drug abusers at work (teachers, medical and allied health professionals, etc.) should be enhanced so that they could help in the identification of drug abuse cases and make referrals to T&R service units.

(E) To provide support for drug abusers from specific population groups that responds to their needs

(i) Ethnic minorities

5.20 Considering the specific cultural characteristics of ethnic minority members, capacity building of frontline workers on the culture of different ethnic minority communities as well as engagement and intervention techniques that would be effective for drug abusers of different cultural background should continue to be strengthened. Service units may consider collaborating with organisations with good knowledge in the characteristics and needs of ethnic minorities, so as to render effective T&R services to this group of drug abusers.

5.21 Service units should design and provide tailor-made T&R programmes for drug abusers of different cultural background by taking into account the challenges that ethnic minorities face in Hong Kong. For instance, career and life planning may be particularly conducive to helping drug abusers who are ethnic minorities discover their potential and integrate into the society upon completion of drug treatment.

5.22 Consideration should be given to engage social workers and peer counsellors of different ethnicities who are usually considered as comrades of these drug abusers in their journey towards abstinence. This may be conducive to better engagement of drug abusers from different cultural backgrounds and their chance of completing a full course treatment.

(ii) People who abuse drugs in the context of sex, including men who have sex with men (MSM) with drug abuse problem

5.23 In view of the characteristics and needs of people who abuse drugs in the context of sex (e.g. “chem fun”), particularly MSM drug abusers, targeted treatment programmes for this group of drug abusers should be provided, and frontline workers should be equipped with relevant skills and knowledge and be sensitive to the culture and characteristics of their communities.

5.24 In order to facilitate early identification of more drug abusing cases in the MSM community, collaboration such as joint outreaching and mutual case referral with medical service units (e.g. HIV clinical services provided by the Department of Health (DH)) is encouraged, alongside with existing efforts including online outreaching on social media and dating apps.

(iii) Pregnant drug abusers and drug-abusing parents

5.25 Many frontline anti-drug workers have found that the well-being of children is a great entry point to motivate pregnant drug abusers and drug-abusing parents to quit drugs, and strengthening their parenting capacity can help reduce their risk of drug dependency. Additional recurrent resources for Counselling Centres for Psychotropic Substance Abusers (CCPSAs) and Centre for Drug Counselling (CDC) have been provided by the Government starting from June 2023, and service units are encouraged to make use of such resources to render more comprehensive care and support to pregnant drug abusers and drug-abusing parents.

5.26 Parenthood following the birth of a child is often a good opportunity for this group of drug abusers to review their lives and quit drugs. Collaboration of service units across different disciplines is encouraged. For example, collaboration of relevant social and health services such as

childcare, education and family is conducive to supporting this group of drug abusers to quit drugs and/or remain drug-free.

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

5.27 Having regard to the special needs and vulnerability (e.g. poorer health conditions and limited family/peer support) of drug abusers of older age, service units should design and provide tailor-made T&R programmes for this group of drug abusers.

5.28 To help drug abusers of older age identify new hope in life and encourage them to quit drugs and live the later stages of their lives with dignity, the provision of counselling and social group support is encouraged.

(F) To provide aftercare support and services

5.29 Remaining abstinence after quitting drugs is not an easy task. To sustain the treatment efforts and prevent relapse, service units should develop aftercare plans upon completion of drug treatment so as to facilitate drug rehabilitees to sustain their abstinence from drugs and lead a drug-free life.

5.30 Having regard to the multi-faceted problems faced by drug abusers and rehabilitees straddling work, finance, relationship with family members and health, etc., collaboration amongst different service units should continue to be enhanced. Doing so would provide more comprehensive aftercare services to drug rehabilitees, in particular for those who have just completed detoxification in residential T&R setting as they are often more vulnerable to taking drugs again after rejoining society and in rebuilding their social circle.

5.31 Peer counsellors are valuable partners in the fight against drugs, and they could gain trust of drug abusers and rehabilitees through resonating their personal experience of overcoming challenges. In addition, taking up the role as peer counsellors could be a stepping stone for some drug rehabilitees to rebuild and consolidate their capacity and confidence before fully reintegrating into society. The active involvement of peer counsellors in T&R services should continue, and diverse and career-oriented training should be provided with a view to enabling them to

pursue a career path according to their abilities, interests and actual needs.

- 5.32 Drug rehabilitees may find it difficult to fully reintegrate into society shortly after completing treatment, as they would have to re-adapt to the pattern of a normal life, including job-seeking and employment. Service units should provide life planning and vocational training and, where justified, professional intervention, to help drug rehabilitees review their own capabilities, and set realistic life and career goals.
- 5.33 Drug abusers and rehabilitees may have a vulnerable relationship with their family members resulted from conflicts arising from their drug-taking habits. However, the role of family members in one's drug-quitting journey is pivotal. To garner and consolidate the support to drug abusers and rehabilitees, family members of drug abusers are encouraged to actively participate in treatment and aftercare programmes, as well as to provide them with sufficient knowledge, as their involvement is crucial to strengthen rehabilitees' resolve to remain drug-free.
- 5.34 Family members and caregivers often face a lot of stress and difficulties themselves or when supporting drug abusers and rehabilitees during their T&R and recovery process. Apart from catering to the needs of drug abusers and rehabilitees, support should also be provided to their family members and caregivers to ensure their well-being.

(G) Other areas of anti-drug work

(i) Research

- 5.35 There has been an abundance of research supporting the multi-modality approach to drug T&R in Hong Kong. It would be useful to consolidate the findings of previous researches and T&R projects that could shed light on the provision of treatment, such as different therapeutic approaches, as well as aftercare of drug abusers and rehabilitees.
- 5.36 Findings of research should continue to be widely disseminated among different anti-drug stakeholders via various platforms, and the anti-drug sector is encouraged to put the findings into practice.

(ii) Licensing of DTRCs

5.37 The Narcotics Division (ND) would continue to render assistance to DTRCs operating on Certificates of Exemption to obtain a licence under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566). On the other hand, DTRCs are encouraged to make full use of their potential and continue to improve their service capacity and sophistication.

(iii) Methadone Treatment Programme

5.38 DH would continue administering the methadone treatment programme which targets opiate drug abusers (mostly heroin abusers) given the well-recognised effectiveness as evidenced by the success of the programme over the years.

5.39 DH should review the programme regularly and continue to keep abreast of new developments in the provision of alternative treatment to opiate drug abusers.

(iv) Drug Abusers with Offence History

5.40 The Correctional Services Department (CSD) should continue to run the trial enhanced programme at Hei Ling Chau Addiction Treatment Centre with the recommendations identified in the review of the T&R programmes at Drug Addiction Treatment Centres under CSD.

(v) Preventive Education & Publicity (PE&P)

5.41 PE&P is the first line of defence in the fight against drugs that complements the overall anti-drug strategy and efforts. The Government has carried out and co-ordinated various PE&P initiatives to publicise the harms of drugs using different channels to remind the public, in particular young people, to stay away from drugs; and promoting early identification of hidden drug abusers and encouraging early help-seeking. To ensure PE&P initiatives respond effectively to the latest drug situation, ND's PE&P strategic directions and initiatives are drawn up and reviewed on an annual basis in consultation with the Action Committee Against Narcotics and its Sub-committee on PE&P. Priority

areas for the projects of the Beat Drugs Fund Regular Funding Scheme are also reviewed annually so that prompt and effective publicity and education efforts could be put in place. Such PE&P efforts would continue to be implemented.

- 5.42 The Hong Kong Jockey Club Drug InfoCentre (DIC) has become the hub and focal point of anti-drug activities following the large-scale revamp completed in end-2022. After its re-opening in December 2022, a wide range of events including guided tours, workshops and activities for groups and individuals have already been held at DIC. Anti-drug stakeholders are encouraged to make good use of the facilities of DIC, which is positioned as a hub providing anti-drug information to the general public and other stakeholders, and a platform with physical venue for anti-drug knowledge exchange.
- 5.43 T&R service units are encouraged to engage the community and join hands with district-based organisations (e.g. District Fight Crime Committees) in their promotion and effort to identify drug abusers in the community.
- 5.44 Preventive education in education institutions should continue and schools remain an important channel to inculcate anti-drug concepts into students. Various anti-drug initiatives in schools (e.g. Healthy School Programme with a Drug Testing Component) would continue to be implemented with anti-drug sector as a key partner. Rehabilitated persons are welcome to share their life journey with students.
- 5.45 Acknowledging the challenges faced by drug rehabilitees and the general negative impression on drug abusers harboured by some members of the public, the risk of further entrenchment of any stigmatisation to the point of discouraging or even creating barriers to people seeking help and treatment should be taken into account in the planning and design of PE&P initiatives. On the other hand, messages of stronger appeal to groups of drug abusers who are facing higher risk of discrimination should be conveyed to them to encourage early help-seeking.

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