

Chapter 2

TREATMENT AND REHABILITATION SERVICES AND ANTI-DRUG INITIATIVES

- 2.1 The ultimate goal of T&R should be the abstinence from drugs by the drug abuser and their reintegration into society. Hong Kong adopts a multi-modality approach in providing T&R services to meet the varying needs of drug abusers from different backgrounds. There are both community-based and residential T&R services which may be voluntary or compulsory in nature. The Government also carries out data collection work and sponsors various types of researches and studies on drug-related issues to facilitate informed discussions on drug policies and programmes by relevant parties.
- 2.2 Having regard to the recommendations made by the Task Force on Youth Drug Abuse, the Government has in the past several years taken initiatives to, amongst others, ensure that the demand for various services arising from the prevalence of psychotropic drugs was fully met. These include expanding the network of CCPSAs, enhancing the outreaching and school social work services for young people with drug problems, increasing the capacities of DTRCs, and increasing the number of clinical sessions at the substance abuse clinics (SACs). The additional resources allocated for these initiatives amounts to \$140 million from 2008 onwards.
- 2.3 In response to the challenges posed by the prevalence of psychotropic substance abuse among young drug abusers, the Sixth Three-year Plan covering 2012-2014 took one step ahead in encouraging better integration among different service modes and the trial of more innovative T&R programmes. ND has spearheaded efforts across B/Ds, the public sector (e.g. HA) and NGOs to enhance cross-sector collaboration to ensure better integration of different services to support T&R treatment needs of drug abusers; promote innovative ideas in T&R programmes to address problems faced in the T&R of psychotropic substance abusers (PSAs); and monitor and evaluate their effectiveness. Since the issue of the Sixth Three-year Plan in June 2012, progress has been made on various fronts. The following is an overview of the current T&R modalities and the various anti-drug efforts made.

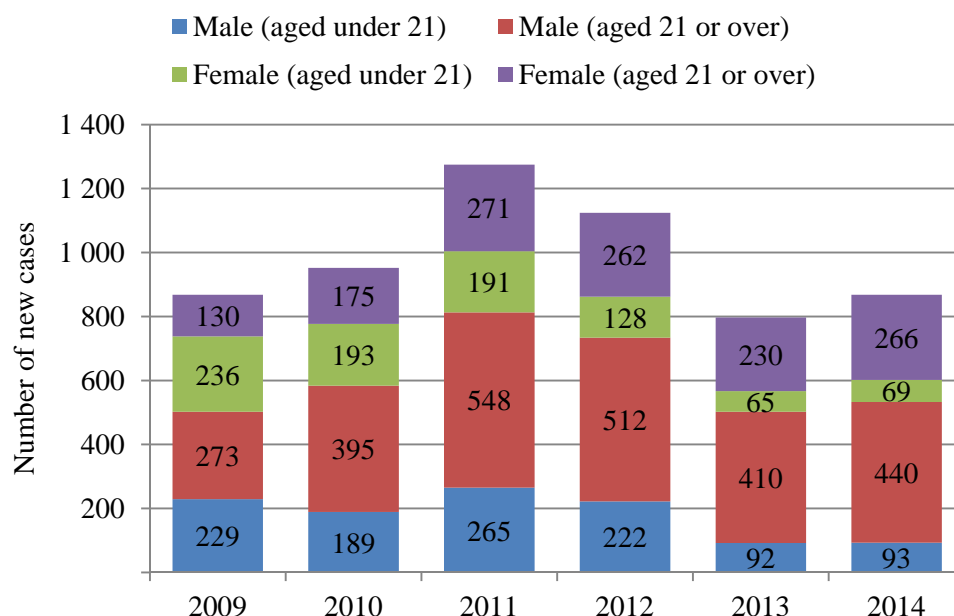
(A) T&R modalities

CCPSAs

2.4 The community-based CCPSAs offer counselling services and assistance to PSAs and young people at risk to assist them to abstain from abusing drugs. They also offer counselling services for the family members of drug abusers, as well as, provide anti-drug education programmes for secondary schools and professional training for allied professionals at the district level. CCPSAs also provide PSAs with On-site Medical Support Services (OSMSS), including voluntary drug testing, motivational interviews and basic body check. If necessary, they refer cases to SACs run by HA for more intensive and specialist medical treatment. CCPSAs also provide aftercare services for drug rehabilitees of non-subvented DTRCs without such services.

2.5 There are currently 11 CCPSAs subvented by the Social Welfare Department (SWD) over the territory, among which four were added in October 2010.

Graph 1: Number of cases of CCPSAs

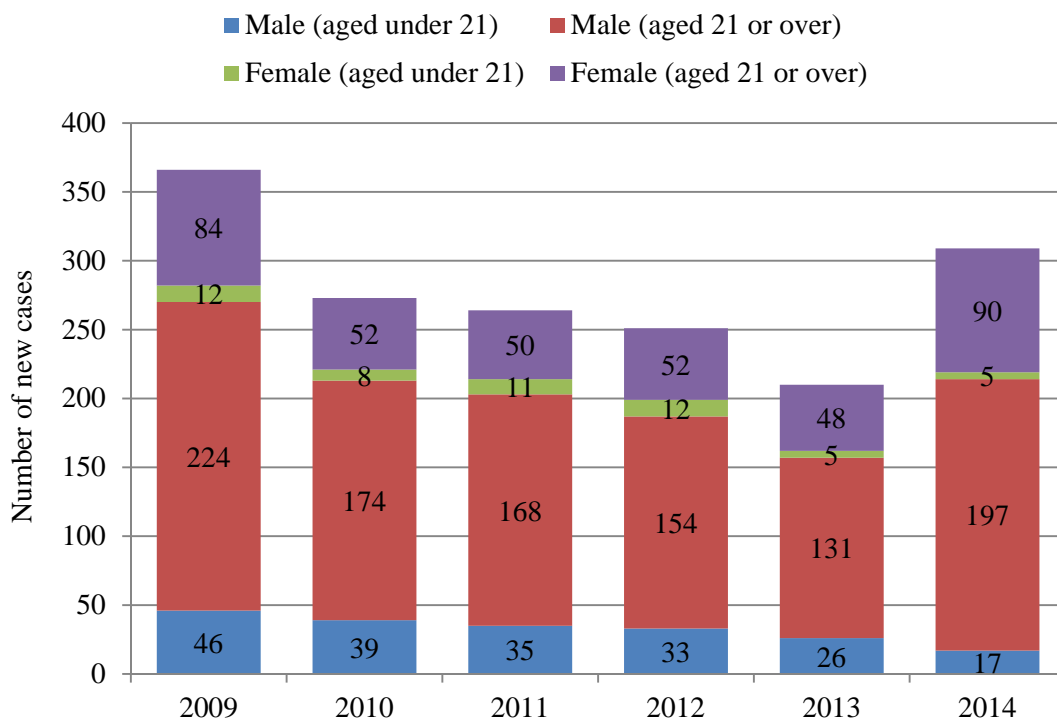


Centres for Drug Counselling (CDCs)

2.6 The CDCs help drug abusers abstain from their drug-abusing habits through counselling services, and reintegrate them into their families and

the community after rehabilitation. They also provide counselling and support services for their family members to deal with problems related to drug abuse. Besides, they conduct preventive education and publicity programmes to various target groups, especially for the post-secondary education institutions, vocational training organisations and industries with more at-risk practitioners. There are currently two CDCs subvented by the SWD, providing territory-wide services.

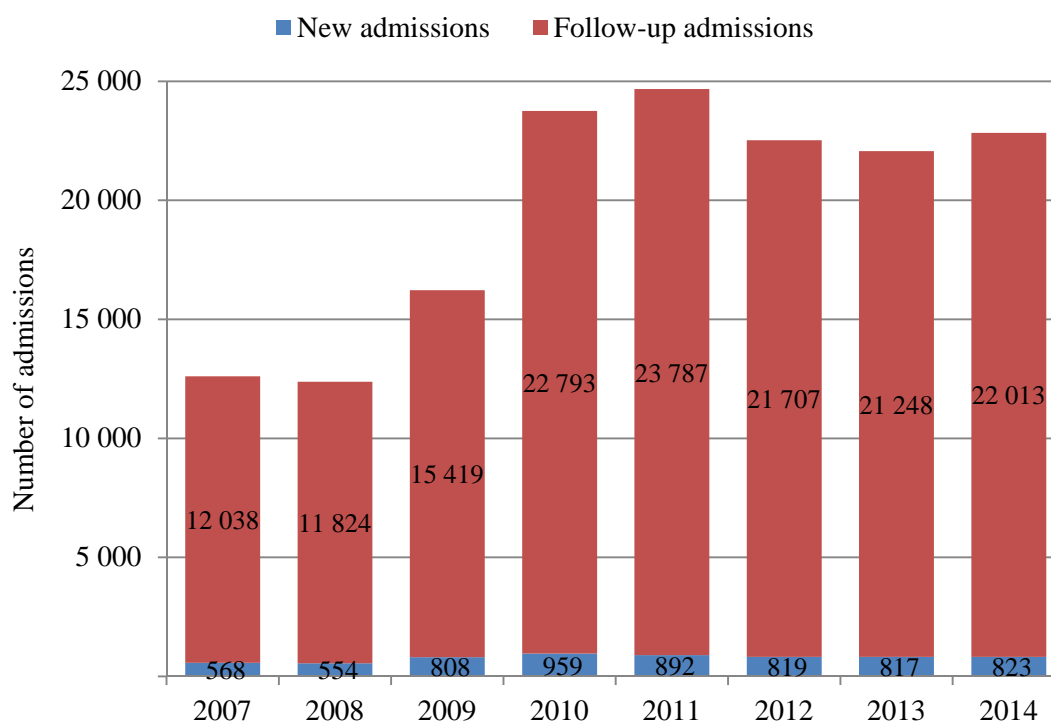
Graph 2: Number of cases of CDCs



SACs

2.7 SACs provide drug abusers with medical consultation and treatment by psychiatrists as well as supporting services by occupational therapists and clinical psychologists. Services include treatment of psychiatric co-morbidity (e.g. depression and personality disorder) and psychiatric complications (e.g. drug-induced psychosis and cognitive impairment). SACs accept referrals from CCPSAs, relevant NGOs, medical practitioners and other healthcare service providers. Patients are treated mainly on an out-patient mode while in-patient and community care services are also available to meet the clinical needs of patients.

Graph 3: Number of new and follow-up admissions of SACs



YOT/YND teams

2.8 YOT/YND teams seek out and engage people aged under 24 who do not normally participate in conventional social activities and are vulnerable to negative influence including drug abuse. These teams provide counselling services for youth at risk and can refer them to other appropriate services, such as drug counselling and rehabilitation services, for follow-up. At present, there are 19 YOT teams and 18 YND teams. Apart from visiting places where youth at risk usually hang out, some of these YOT/YND teams have adopted innovative methods, such as Internet discussion groups, social media, “peer snowballing”, etc., to reach out to youth at risk in view of the changing patterns of their leisure activities.

DTRCs

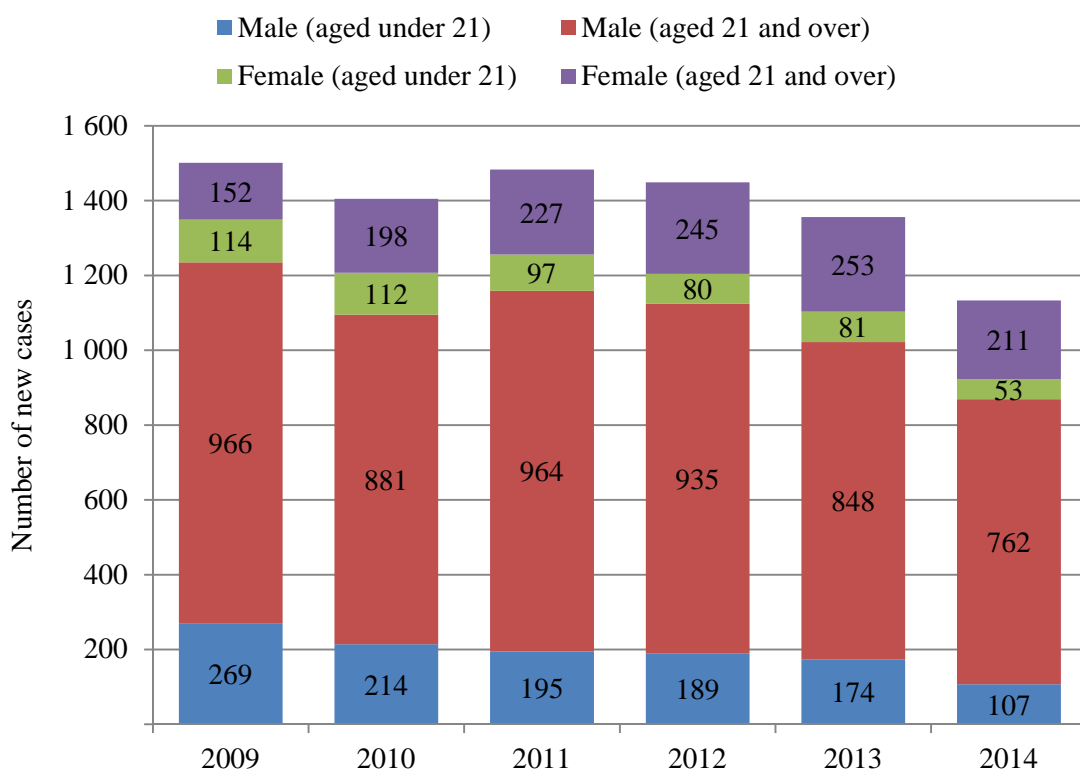
2.9 DTRCs provide an environment to keep their residents away from drugs for going through the detoxification and treatment programmes. It constitutes an important component of the T&R services in Hong Kong and offers a viable option to drug abusers who prefer residential treatment

services. Currently, there are 39 DTRCs run by 17 NGOs, 19 of which are subvented by Department of Health (DH) or SWD whereas 20 are non-subvented.

2.10 Apart from detoxification, most DTRCs provide their residents with counselling, education and vocational training in order to enhance their discipline, confidence, initiative and skills. This is to facilitate their reintegration into society after leaving the centres. Some DTRCs also collaborate with other organisations and enterprises to offer job opportunities and other kinds of aftercare services (e.g. continual monitoring and counselling) for rehabilitees.

2.11 In 2014, 89% of probationers could be admitted to DTRCs within two weeks or less. This was a big improvement, compared with 69% as reported in the Director of Audit’s Report on Residential Treatment and Rehabilitation Services for Drug Abuses in 2010.

Graph 4: Number of admissions of DTRCs¹



¹ As at December 2014, the 39 residential DTRCs have a total licensed capacity of 1 538.

Table 5: Number of persons under treatment and aftercare in DTRCs

	2009	2010	2011	2012	2013	2014
Age under 21	636	663	632	598	569	446
All ages	2 515	2 567	2 717	2 743	2 851	2 658

Drug Addiction Treatment Centres (DATCs)

2.12 DATCs, run by the Correctional Services Department (CSD), admit people aged 14 or above who are addicted to drugs and found guilty of offences punishable with imprisonment for cure and rehabilitation. DATC's programme also incorporate structured, market-oriented vocational training programmes for young abusers, and voluntary part-time vocational training programmes for adult abusers. There are currently four DATCs in Hong Kong², with a total accommodation of 1 112.

² The four DATCs are Hei Ling Chau Addiction Treatment Centre, Lai Sun Correctional Institution, and Nai Kwu Correctional Institution and Lai King Correctional Institution.

Graph 6: Number of cases of DATCs

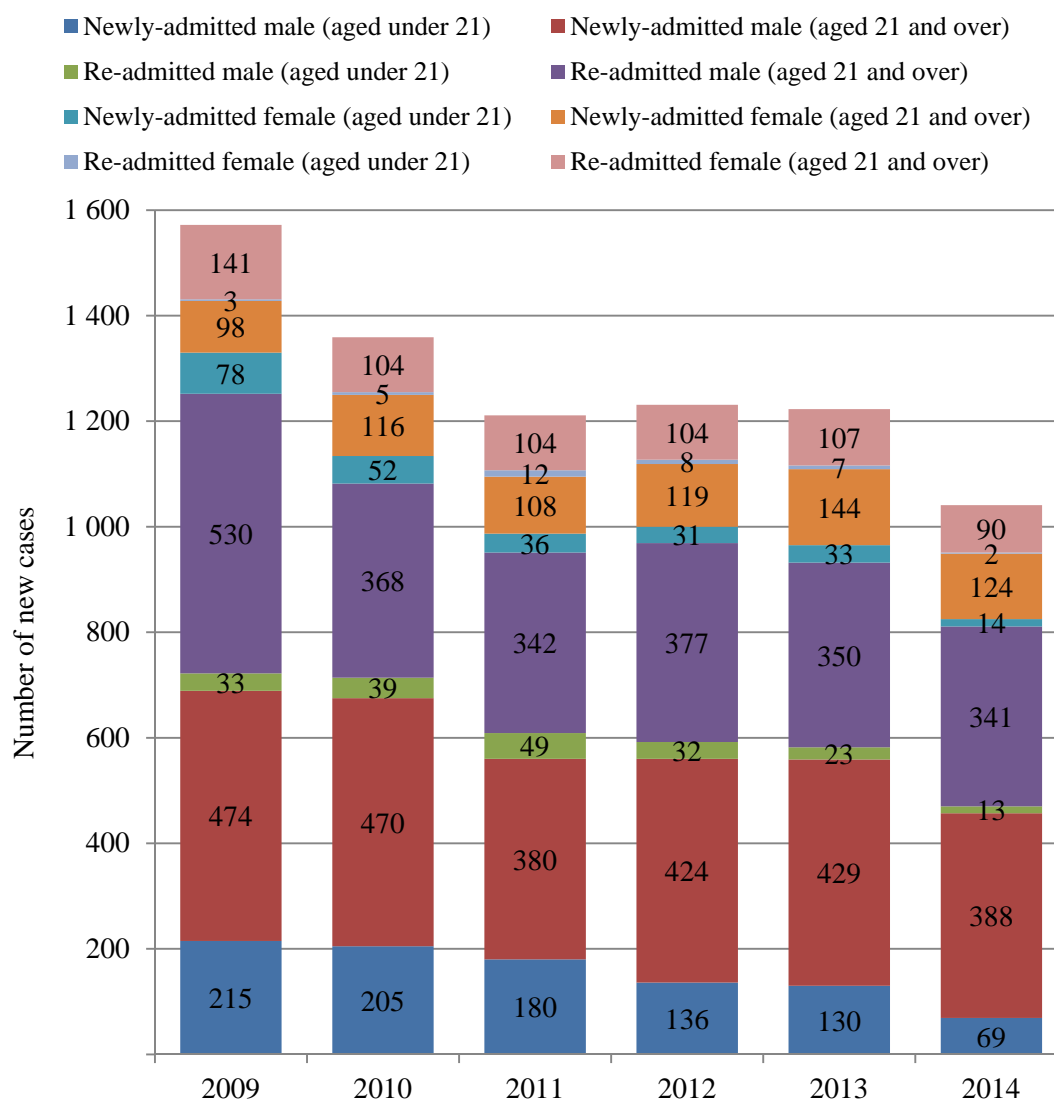


Table 7: Number of discharges, under treatment and supervision of DATCs

	2009	2010	2011	2012	2013	2014
Discharges*	1 461	1 396	1 145	1 217	1 202	1 074
Treatment	691	749	778	758	759	673
Supervision	1 304	1 201	982	1 063	1 045	991

* excluding those transferred to other correctional programmes

Methadone Treatment Programme (MTP)

2.13 The MTP offers both “maintenance” and “detoxification” programmes for drug (opioid) abusers to treat their opioid dependence so that they can lead a normal and productive life. Under the “maintenance” programme, patients take a daily prescribed dose of methadone under supervision to reduce or cease his/her craving for opioid. Alternatively, suitable patients can enrol in the “detoxification” programme to taper off the dosages of methadone over a period of time. The service is provided on an outpatient mode by DH through 20 methadone clinics. Under the MTP, counselling service is also provided to address the psychosocial needs of patients. Aftercare service is offered to those patients who have completed the detoxification programme to minimise relapse.

2.14 In 2013, DH completed a review of the MTP. The review results recognised that the objectives of the MTP were appropriate and identified opportunities across key areas for improving its efficiency, safety and efficacy. DH has already implemented some of the recommendations after the review, e.g. improving clinical case management and testing auto-dispensing, and will continue to take others forward.

Table 8: Utilisation of the MTP

	2009	2010	2011	2012	2013	2014
Newly/Re-admitted cases	5 926	5 516	5 449	5 315	4 656	4 358
Attendance rate:						
Effective registration	8 457	8 405	8 240	8 008	7 574	7 088
Daily attendance	6 446	6 397	6 227	6 078	5 737	5 352
Average daily attendance rate	76.2%	76.1%	75.6%	75.9%	75.7%	75.5%

(B) Anti-drug Initiatives

(a) Early identification of youth at risk and intervention

Healthy School Programme with a Drug Testing Component (HSP(DT))

2.15 To foster a drug free culture in schools, ND, with support by the Education Bureau (EDB), has since the 2011/12 school year launched HSP(DT) for participation by secondary schools. The HSP(DT) has

two main objectives: (1) to strengthen students' resolve to stay away from drugs; and (2) to enhance the motivation of students troubled by drugs to seek assistance and treatment. In the 2015/16 school year, over 90 schools will join the programme.

2.16 The HSP(DT) is a school-based programme, consisting of a drug testing component, whereby student participation is entirely voluntary, and a series of anti-drug education, counselling and supportive services for students, parents and teachers. These activities aim to help students develop healthy habits, positive attitudes and values towards life in order to enhance students' resilience and resolve to stay away from drugs. Activities are designed according to the needs and development of schools and are funded by the Beat Drug Fund (BDF) (see paragraph 2.39 - 2.41 below).

Drug Testing

2.17 Against the background of a growing concern about hidden drug abuse, ACAN led a public consultation exercise on the RESCUE Drug Testing Scheme (RDT) between September 2013 and January 2014. This was intended to provide an additional measure to enable early identification of drug abusers to enable counselling and treatment to be provided to them in a timely manner, and before prolonged drug abuse induces serious or even irreversible harm on their health.

2.18 ACAN announced in July 2014 the consultation conclusion, recommending that the Government should further explore the RDT while putting emphasis on –

- (a) professional bodies and the public in ongoing discussion;
- (b) exploring ways to address the concerns of professional bodies, especially how to minimise the interference to human rights and civil liberties; and
- (c) developing a follow-up mechanism which could effectively balance giving a chance to the drug abusers with mandating counselling and treatment.

The report could be found on http://www.nd.gov.hk/en/acan/rdt_cc.htm.

186 186 Service Enhancement

- 2.19 As part of the initiatives to encourage drug abusers to seek help early, and invite their families and friends to do the same, an anti-drug telephone hotline service “186 186” has been put in place since August 2009. This hotline was manned round-the-clock by professional social workers to offer callers with appropriate counselling and refer cases to respective NGOs for follow-up. In view of the growing popularity of instant messaging services among young people, an additional help-seeking channel through smart-phone application, WhatsApp and WeChat (with the number of 98 186 186), was also launched in mid-2014, whereby people can use these apps to seek assistance. ND also publicises these services through its various publicity and preventive education initiatives.
- 2.20 A total of 6 220 help-seeking cases had been received through the hotline and smart-phone application by end of 2014. Of these, 1 358 cases were referred to relevant service units for follow-up.

(b) Enhancement of downstream programmes

Licensing of DTRCs and Special Funding Scheme

- 2.21 As recommended by the Director of Audit and the Public Accounts Committee respectively in their reports in late 2010 and early 2011, the Government has been offering assistance to those DTRCs with substandard conditions to meet the licensing requirements under the Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap.566). Some of these centres require in-situ upgrading in order to meet the licensing requirements. A number of others would need to identify sites for reprovisioning.
- 2.22 A Special Funding Scheme (SFS) was set up under BDF in 2002 to provide financial assistance for DTRCs to carry out improvement works for meeting the licensing requirements. After a \$3 billion capital injection to the BDF in 2010, the Government introduced an upgraded SFS under the Fund in 2011 to enhance support for these DTRCs. The maximum level of grant for each application has been increased from \$3 million to \$50 million.

2.23 Since 2010, seven additional DTRCs have successfully acquired a licence under the Ordinance, bringing the number of licensed DTRCs to 24, out of the present total of 39. This represents a big step forward as compared with 2010, when only 17 out of 40 DTRCs were licensed. Since May 2011, the BDF has provided funding support to five NGOs under the enhanced SFS, with grants amounting to over \$114 million in total. This represents a significant increase over the \$10 million granted between 2002 and 2011.

Probation Service

2.24 The possession and consumption of dangerous drugs constitutes offences under the Dangerous Drug Ordinance (Cap.134). Some offenders of drug-related crime may be evaluated to be suitable for probation supervision, in lieu of custodial sentence, as an intervention measure. For an offender who has been placed under a probation order, a probation officer (PO) renders statutory supervision to the probationer pursuant to the conditions stipulated in the probation order. The PO provides counselling and group activities to the probationer, visits the probationer at regular intervals to monitor his/her progress, and may refer him/her to suitable residential T&R services run by NGOs. After completion of treatment programmes in the DTRCs, the PO would provide supervision in the community until the completion of the probation period.

2.25 In order to provide more focused, structured and intensive treatment programme for convicted young drug offenders aged below 21 who are put on probation, the Enhanced Probation Service for Young Drug Offenders (EPS) was first implemented on a pilot basis in October 2009 at the two probation offices serving Kowloon City Magistrates' Courts and Kwun Tong Magistrates' Courts. The project offers more frequent and intensive interview sessions by the supervising POs with the probationers and their family; surprise home visits and checks to assist probationers in keeping themselves on the right track; more frequent and random urine tests for ascertaining that the probationers remain drug free; and structured thematic therapeutic programmes, training on employment or schooling, and family or interpersonal relationship to meet the rehabilitation needs of individual probationers.

2.26 A review conducted in May 2012 found the EPS more effective in bringing about successful withdrawal from prohibited drugs upon completion of the probation orders and the probationers were less prone to reconviction in fresh offences, in particular drug-related offences within the probation period. With the positive results of the EPS on pilot, the project has been extended to all seven Magistrates' Courts for three years from 2013-14 to 2015-16. We will review the programme and consider its way forward.

Other Aftercare Service Units

2.27 Apart from the EPS and other aftercare services offered by individual T&R service providers, Government bureaux and departments have also taken initiatives to provide support and assistance in the rehabilitation of drug abusers. For example, the EDB has continued to provide subvention for educational programmes operated by DTRCs. In the 2013/14 school year, 12 DTRCs are operating 18 educational programmes and the subsidy for each full programme is around \$0.55 million.

2.28 EDB also provides placement services to ensure that young people aged 15 or below who have completed drug treatment programmes can attend schools and assistance to those above 15 in seeking suitable school places, if they so wish, through the co-operation with frontline educators, school principals, social workers and parents. This would help to ensure that young people who have completed drug treatment programmes could return to mainstream schools to continue their studies and enjoy normal school life with other students. Schools for Social Development (SSDs) also admit students with moderate to severe emotional and behavioural difficulties through the Central Co-ordinating Referral Mechanism co-managed by SWD and EDB. Students in SSDs will be re-integrated into mainstream schools if they show improvements after receiving intensive counselling and educational guidance.

(C) Complementarity with Preventive Education and Publicity

General Publicity

2.29 Our T&R services are complemented by efforts in preventive education and publicity (PE&P). Apart from strengthening the resistance of the general public and young people against the temptation of drugs, PE&P initiatives also serve to raise community and parental awareness for early identification and intervention as well as to promote public understanding of and support for T&R facilities and programmes. In 2014, we launched a series of API to encourage drug abusers to seek help early and in turn, encourage their parents, teachers or peers to do the same. We actively promote the service of the 24-hour hotline 186 186 and the instant message service 98 186 186. We also partner with different media from time to time to conduct interviews with and showcase successful stories of persons, who have completely abstained from drugs and turned a new leaf.

District Level Publicity

2.30 To enable a broader cross-section of the community, including parents, teachers and frontline workers, to play a more active role in drug prevention, early identification and intervention, BDF provides a total grant of \$3.6 million to launch in mid-2013 the Anti-drug Community Awareness Building (ACAB) Programme, at the 18 districts to support anti-drug activities at the community level over a period of two years. The first round of the programme had ended in March 2015. Having reviewed its effectiveness, ND found that it had successfully enhanced participants' anti-drug awareness, improved their identification skills, extended the anti-drug network at the district level, and channelled additional district resources to organising anti-drug activities. In view of these encouraging results and to sustain the efforts in involving the community in combating the hidden drug abuse, BDF supported a second round of the ACAB in April 2015, with an extended duration of three years to March 2018 and an increased total funding of \$6.21 million. In addition, the District Fight Crime Committees (DFCCs) offer preventive education and publicity targeting at parents that focus on raising awareness and understanding to drug abuse problems and encourage parents to seek help when necessary.

The Hong Kong Jockey Club DrugInfo Centre (DIC)

2.31 The DIC, located on the roof floor at the Low Block of the Queensway Government Offices, is a focal point for drug education and anti-drug educational activities in Hong Kong. The Centre has on display exhibits and information, including case studies, current trends in drugs, harmful effects of major drugs, etc., and has an interactive theatre, a library as well as classroom for use by visitors. Over the past few years, efforts have been made to broaden the role of DIC to serve as a hub of anti-drug programmes, including organising different programmes for specific target groups, such as lunch-time seminars for working parents, band show and dance show for youngsters, and interactive seminars for students.

Other Service Providers in the Community

2.32 There are also many other service providers in the community which help raise public awareness on drug harm and at times offer the first point of contact and intervention for drug abusers. The Integrated Children and Youth Services Centres (ICYSCs) and Children and Youth Centres (CYCs) aim to identify and engage young people who would drop in and/or participate in the activities of the centres, and are vulnerable to negative influence including drug abuse. There are five teams of Community Support Service Scheme (CSSS) attached to ICYSCs to help juveniles cautioned under the Police Superintendent's Discretion Scheme (PSDS) to help them improve interpersonal relationships, develop a sense of social responsibility, reintegrate into mainstream education or workforce, and reduce the likelihood of re-offending. The scope of service includes personal guidance and counselling, socialisation programme, volunteer service, leadership training as well as social responsibility and competence enhancement programmes.

2.33 The Integrated Family Service Centres (IFSCs) and Integrated Services Centres (ISCs), provide a spectrum of preventive, supportive and remedial family services to individuals and families to address their multifarious needs. They also seek to raise parents' awareness of potential drug issues of children and provide support for families with drug problems as and where appropriate.

(D) Complementarity with Research and Data Collection

Central Registry of Drug Abuse (CRDA)

- 2.34 To ensure that our services can meet the changing needs of the day, we need to closely monitor changes in the drug scene to determine areas where fine-tuning are required and identify room for improvement. There are a few tools to help us achieve these purposes, including the CRDA. Established in 1972, the CRDA provides relevant drug abuse statistics for monitoring changes in drug abuse trends and characteristics of drug abusers to facilitate the design of anti-drug strategies and drug abuse programmes. It is a voluntary reporting system that captures reports on information of drug abusers who have come into contact with and have been reported by its reporting agencies, including law enforcement departments, treatment and welfare agencies, tertiary institutions, hospitals and clinics. Compiled statistics are updated and released on a quarterly basis. Although CRDA does not measure the exact size of the drug-abusing population in Hong Kong at any particular time, statistics derived from the system are indicators of the trends of drug abuse over time, and have served the useful function of helping the formation and planning of effective and realistic anti-drug policies and measures.
- 2.35 Under the legislation, CRDA data are highly protected and kept confidential. There are stringent security measures to prevent personal data from being disclosed to third parties. To facilitate smooth operation of CRDA, briefing seminars on the functions of the CRDA e-Submission system were conducted regularly for reporting agencies, and addressing any concerns in relation to data confidentiality.

Student Survey

- 2.36 In addition to the CRDA, we make reference to a number of other sources of data and information. These include the triennial large-scale "Survey of Drug Use among Students", commissioned by ND to provide valuable information on the characteristics of drug-taking students, students' attitudes towards drug abuse and knowledge of drug abuse. The outcome of the 2011/12 round of survey was announced in March 2013. The current round of survey for the 2014/15 school year is in progress. Findings are expected to be released in early 2016.

The Service Information System (SIS)

2.37 ND has also implemented the SIS, which is a computerised data collection system for use by DTRCs. DTRCs could use it to provide management statistics such as admission rate, average waiting time, abstinence rate, etc. It also maintains longitudinal records of cases to facilitate future follow-up and case studies. SIS aims to promote transparency of the residential T&R services. At present, the SIS has the voluntary participation of 21 DTRCs.

Research

2.38 Apart from data collection, research studies can help to provide a solid foundation to enable an evidence-based approach in the formulation of anti-drug policies and programmes. The Research Advisory Group (RAG), comprising members from the academic, social welfare and medical fields, assists the Government in coordinating and monitoring drug-related research projects under the BDF. It plays an important role in ensuring the quality of the studies and interpreting the results for the benefits of the society. In particular, in view of the prevalence of psychotropic substances such as ketamine in Hong Kong, we have in the past few years supported various research studies to examine the harmful effects of ketamine on the health of abusers and the efficacy of various treatment modes. Hong Kong is leading in this field of research and has over the past few years identified damages of ketamine to the urological system, mental health, brain and liver functions. Such findings have assisted the anti-drug field in developing various treatment methods and rehabilitative measures targeting ketamine abusers.

(E) Beat Drugs Fund (BDF)

2.39 We need to promote community-wide efforts and innovative programmes for the campaign against drugs in Hong Kong. The BDF was set up in 1996 with a capital base of \$350 million to provide funding support for worthwhile community-driven anti-drug projects which could cover PE&P projects, T&R projects, research, works projects of DTRCs under the SFS (paragraph 2.30 above), the HSP(DT) in 2011 and the ACAB programme (paragraph 2.22 above). After a capital injection by the

Government in 2010, the capital base of the Fund was brought up to \$3.35 billion in total.

2.40 BDF is administered by the Beat Drugs Fund Association, on the advice of ACAN. The Governing Committee of the BDF, taking into account the latest drug trend and in consultation with ACAN, draws up specific priority areas in its annual funding exercises to guide applications in planning suitable anti-drug projects that could respond to the latest drug problems. Over the years, the Government has made substantive efforts to support worthwhile anti-drug projects through the BDF. In the past three years, the BDF has supported a total of 87 projects in the areas of PE&P, T&R and research, with a total funding of \$135 million.

Table 9: BDF projects

	2012/13	2013/14	2014/15
Total approved grant amount in (\$ million)	31.7	61.3	42.3
T&R expenditure (% of total)	57.7%	42.2%	30.6%
Number of proposed projects	64	72	54
Number of approved projects	21	35	31

2.41 Over the past years, the BDF has sponsored various innovative projects to enhance the existing T&R services. Examples include: Short-term inpatient treatment in the hospitals and specialised urological services for youth ketamine abusers. Details of these projects are provided in **Annex C**.