

**Three-year Plan on  
Drug Treatment and  
Rehabilitation Services in  
Hong Kong  
(2015 - 2017)**

**Narcotics Division**

**Security Bureau**

**July 2015**



**The Three-year Plan on  
Drug Treatment and Rehabilitation Services  
in Hong Kong (2015-2017)**

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<b>Contents</b>		<b>Page</b>
Chapter 1	Introduction	1
Chapter 2	Treatment and Rehabilitation Services and Anti-drug Initiatives	3
Chapter 3	Drug Scene and Drug Trend	20
Chapter 4	Recommended Strategies	29
 <u>Annexes</u>		
Annex A	Membership of the Working Group of the Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (2015-2017)	
Annex B	Terms of Reference of the Working Group	
Annex C	List of Beat Drugs Fund Granted Projects (2012-2014)	
Annex D	Abbreviations	



## **Chapter 1**

### **INTRODUCTION**

#### **(A) Background**

- 1.1 Hong Kong adopts a multi-modality approach in providing drug treatment and rehabilitation (T&R) services for abusers of all backgrounds. The constant changes in drug abuse patterns and the emergence of new substances necessitate continuous refinements and improvements to the service approach. Therefore, since 1997, the Narcotics Division (ND) has work with stakeholders in the anti-drug field in formulating three-year plans setting out the priorities and strategies on T&R services as a reference for service providers to review and develop their plans and programmes in light of the latest drug scene.
- 1.2 Three-year plans have been issued in 1997, 2000, 2003, 2006, 2009 and 2012. This is the seventh of such Three-year Plan on Drug Treatment and Rehabilitation Services in Hong Kong (The Three-year Plan) and will cover the period 2015 to 2017.

#### **(B) Objectives**

- 1.3 The Objectives of the Three-year Plan are –
  - (a) to evaluate the effectiveness of existing T&R programmes in Hong Kong in responding to the characteristics and needs of current drug abusers;
  - (b) to identify areas for adjustment and enhancement of existing T&R services; and
  - (c) to advise on the strategic direction to which T&R should take between 2015 and 2017.

#### **(C) Consultation process**

- 1.4 The formulation of the Three-year Plan is a consensus building process among stakeholders. ND has engaged different parties and coordinated inputs. Dr Ben Cheung, then Chairman of the Subcommittee of Treatment and Rehabilitation (T&R/SC) of the Action Committee Against

Narcotics (ACAN), led a Working Group (WG) which comprised representatives from T&R agencies, counselling centres, academic, the medical services and government departments to advise on the formulation of the Plan in accordance with its objectives. The membership list and terms of reference of the WG are at **Annexes A and B**.

- 1.5 As part of the process of formulating the Three-year Plan, ND solicited views from the social welfare sector through group discussions and consultation sessions organised by the Hong Kong Council of Social Service (HKCSS) in July and August 2014. Moreover, between June 2014 and February 2015, ND representatives made more than 30 visits to individual counselling centres for psychotropic substance abusers (CCPSAs), drug treatment and rehabilitation centres (DTRCs), youth outreaching teams and overnight outreaching services for young night drifters (YOT/YND teams), public bodies and relevant government bureaux/departments (B/Ds) or meet with the representatives of these organisations to hear their on-the-ground experience and had some useful exchange on areas of focus. The framework and drafts of the Plan were reviewed by ACAN, its T&R Sub-committee, and the Drug Liaison Committee (DLC).

#### **(D) Overview**

- 1.6 The Three-year Plan first presents the different treatment services operated by various government and non-governmental agencies and summarises the major developments as well as achievements since the previous Three-year Plan. Then, it provides an account of the drug abuse situation in Hong Kong as recorded by the Central Registry of Drug Abuse (CRDA) and revealed by researches and stakeholders. Finally, the Plan addresses the major issues of concern that were identified during the consultation with the anti-drug sector and stakeholders, and recommends the strategic direction for the period from 2015 to 2017.

#### **(E) Implementation and monitoring**

- 1.7 ND will work closely with stakeholders, including concerned government bureaux and departments (B/Ds), the Hospital Authority (HA) and non-governmental organisations (NGOs), to monitor the implementation of the recommendations and regularly report the progress to the ACAN T&R/SC and DLC.

## 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.

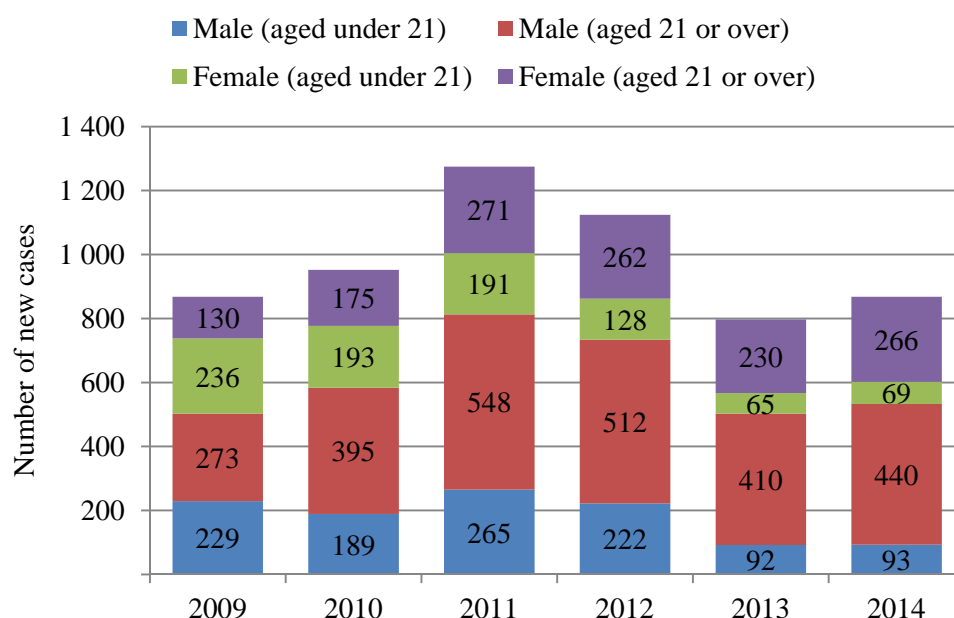
## (A) T&R modalities

### 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



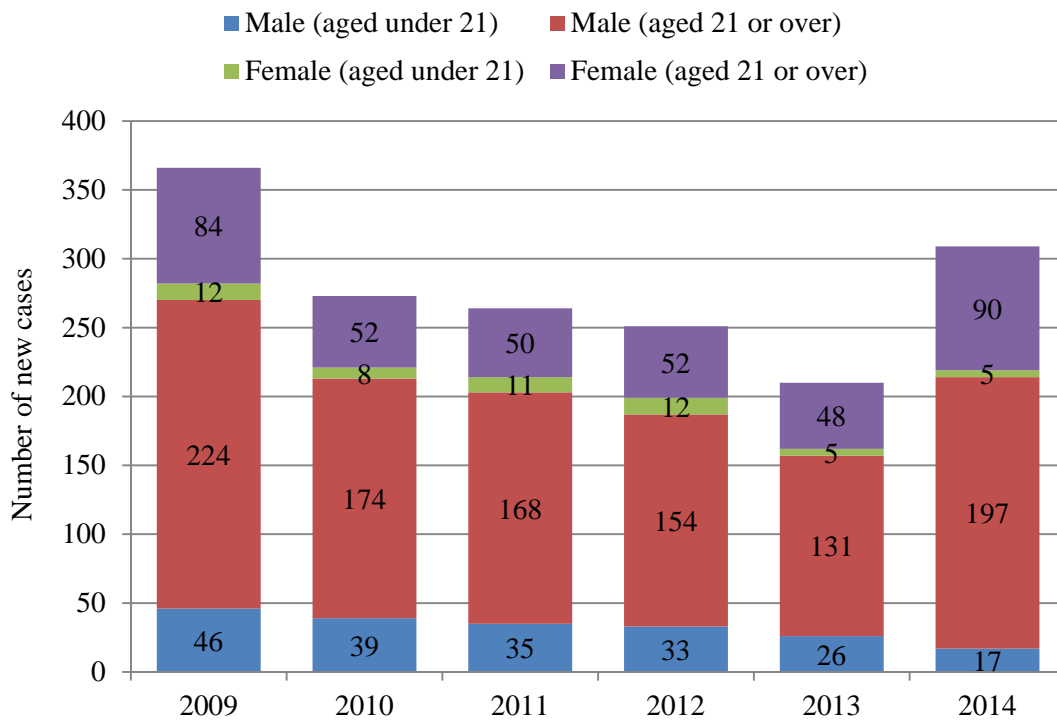
### Centres for Drug Counselling (CDCs)

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.

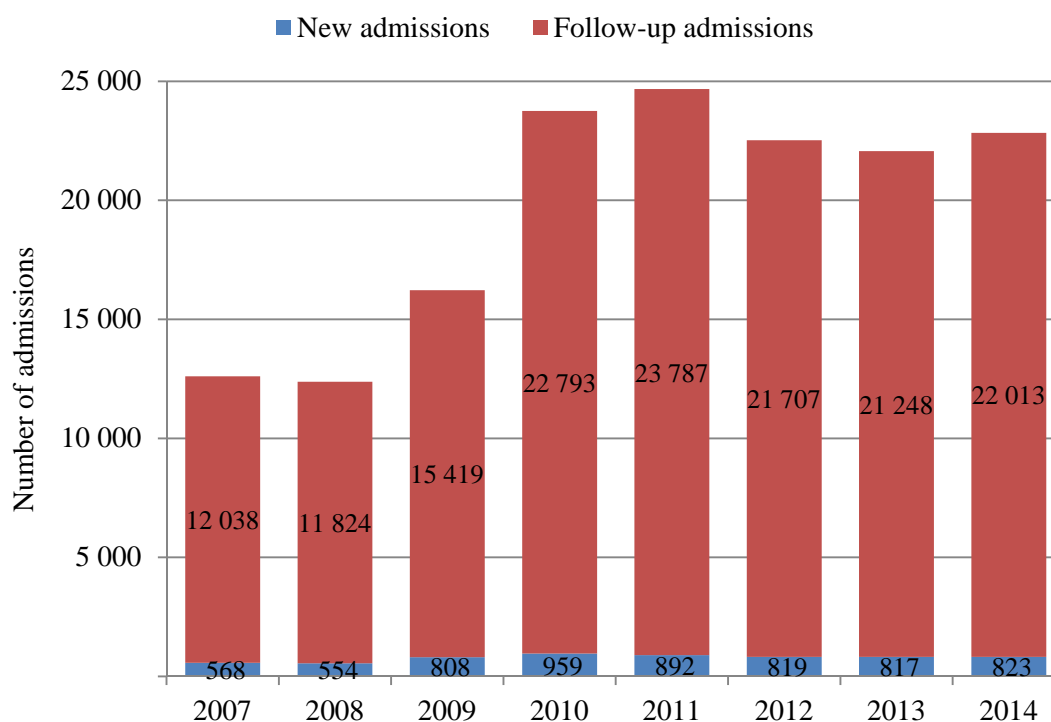
Graph 2: Number of cases of CDCs



## 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*

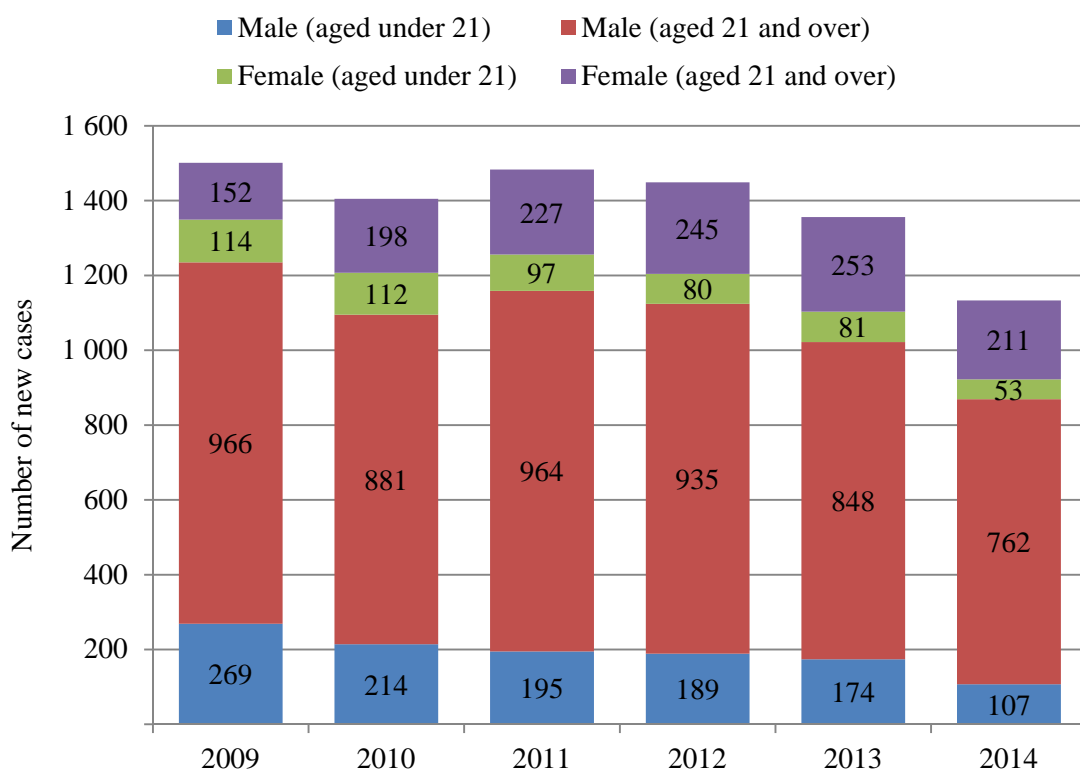
2.9 DTRCs provide an environment to keep their residents away from drugs for going through the detoxification and treatment programmes. It constitutes an important component of the T&R services in Hong Kong and offers a viable option to drug abusers who prefer residential treatment

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 DTRCs<sup>1</sup>



<sup>1</sup> 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

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
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 Kong<sup>2</sup>, with a total accommodation of 1 112.

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<sup>2</sup> 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

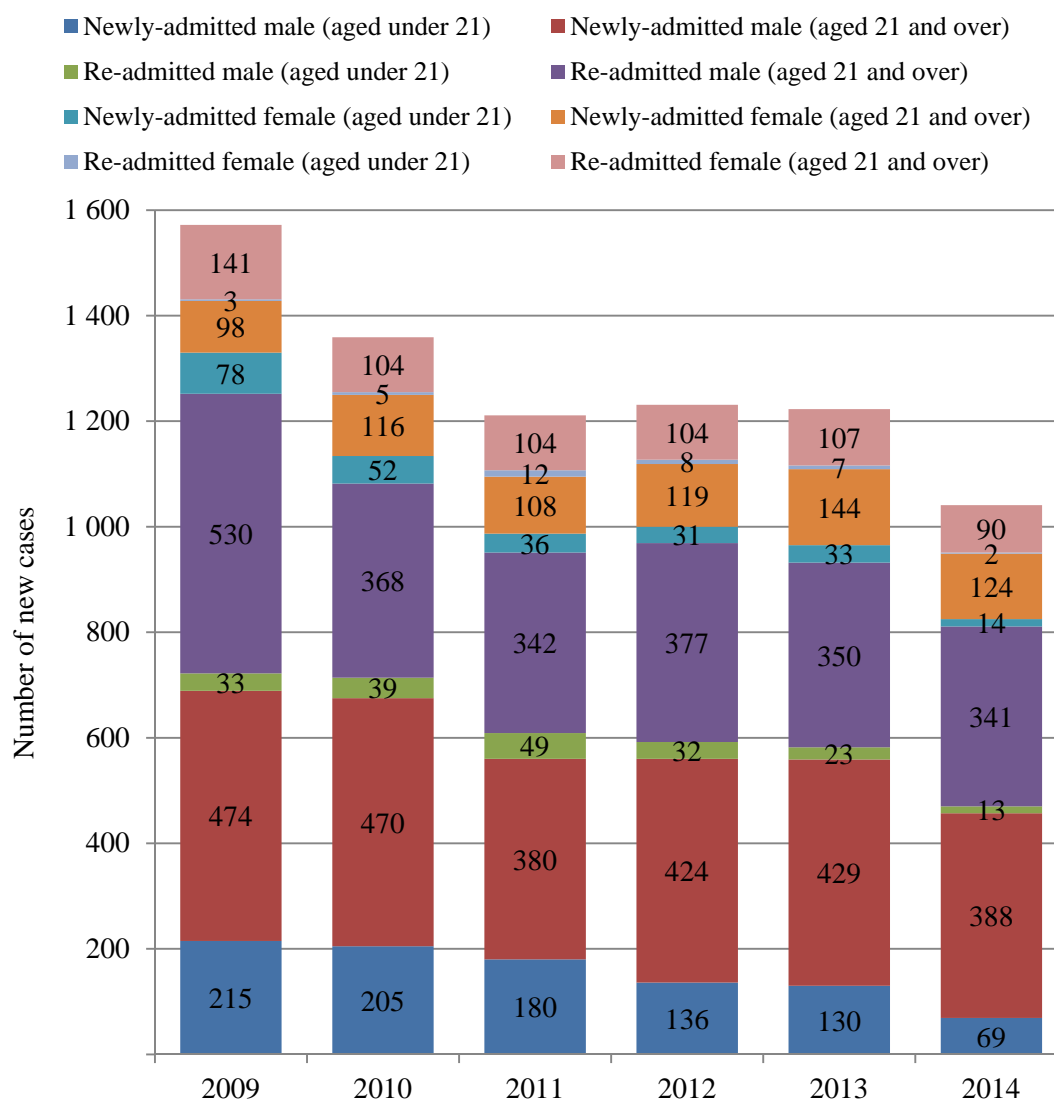


Table 7: Number of discharges, under treatment and supervision of DATCs

	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

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
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](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**.

## Chapter 3

### DRUG SCENE AND DRUG TREND

3.1 In Chapter 2, we have provided an overview on the T&R services in Hong Kong and summarised the noteworthy achievements that we have made in the last few years to enhance our services. Before proceeding with the discussion of the strategic direction in the coming three years (2015 –2017), we will set out in this Chapter some major observations on the local drug scene and drug trends in recent years. The situation revealed in the following paragraphs sheds some light on the suitable priorities of work to cater for the needs of drug abusers and tackle the drug abuse problems in Hong Kong.

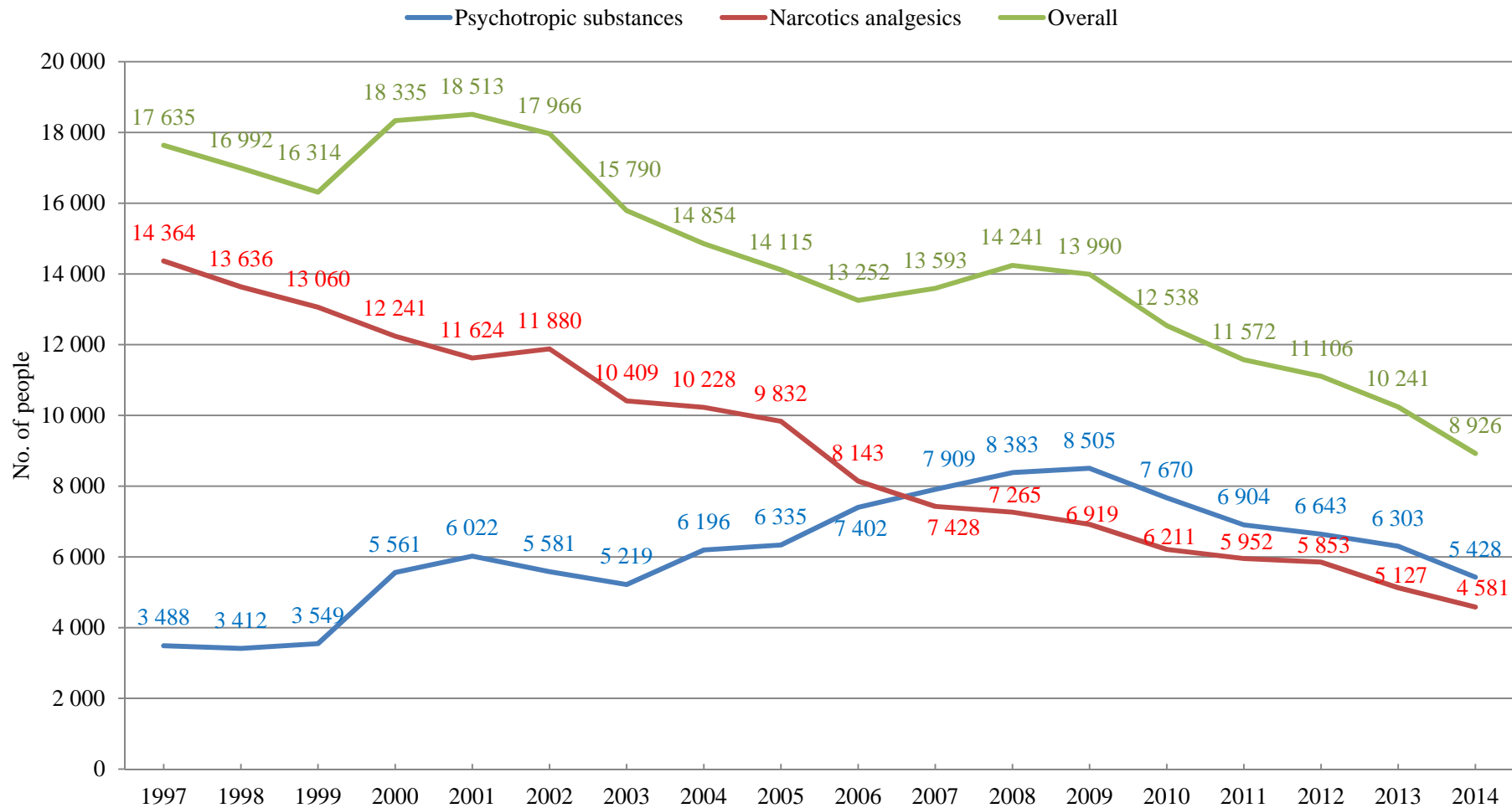
#### **(A) Overall Downward Trend but Persistency of Hidden Drug Abuse**

3.2 The concerted efforts by the Government and different sectors of the community over the past few years have brought about a substantial decline in the number of reported drug abusers, in particular young drug abusers. This testifies to the effectiveness of the anti-drug initiatives set out in Chapter 2. According to the 2014 statistics published by the CRDA, the total number of reported drug abusers has declined by 2% to 13% each year after 2008. Between 2008 and 2014, this number had reduced by 37% in total, from 14 241 to 8 926. Among these, the number of reported drug abusers aged under 21 had declined substantially by 72% from 2 811 in 2010 to 800 in 2014.

3.3 Moreover, a general decline was observed in most of the substances abused except methamphetamine (“Ice”) (more in paragraph 3.10 below) and cannabis. Since the reported number of PSAs peaked at 8 505 in 2009, it was reduced by 36% to 5 428 in 2014. Similarly, heroin, the most common type of drug abused, had seen its reported abusers decrease by 34% from 6 903 in 2009 to 4 579 in 2014.

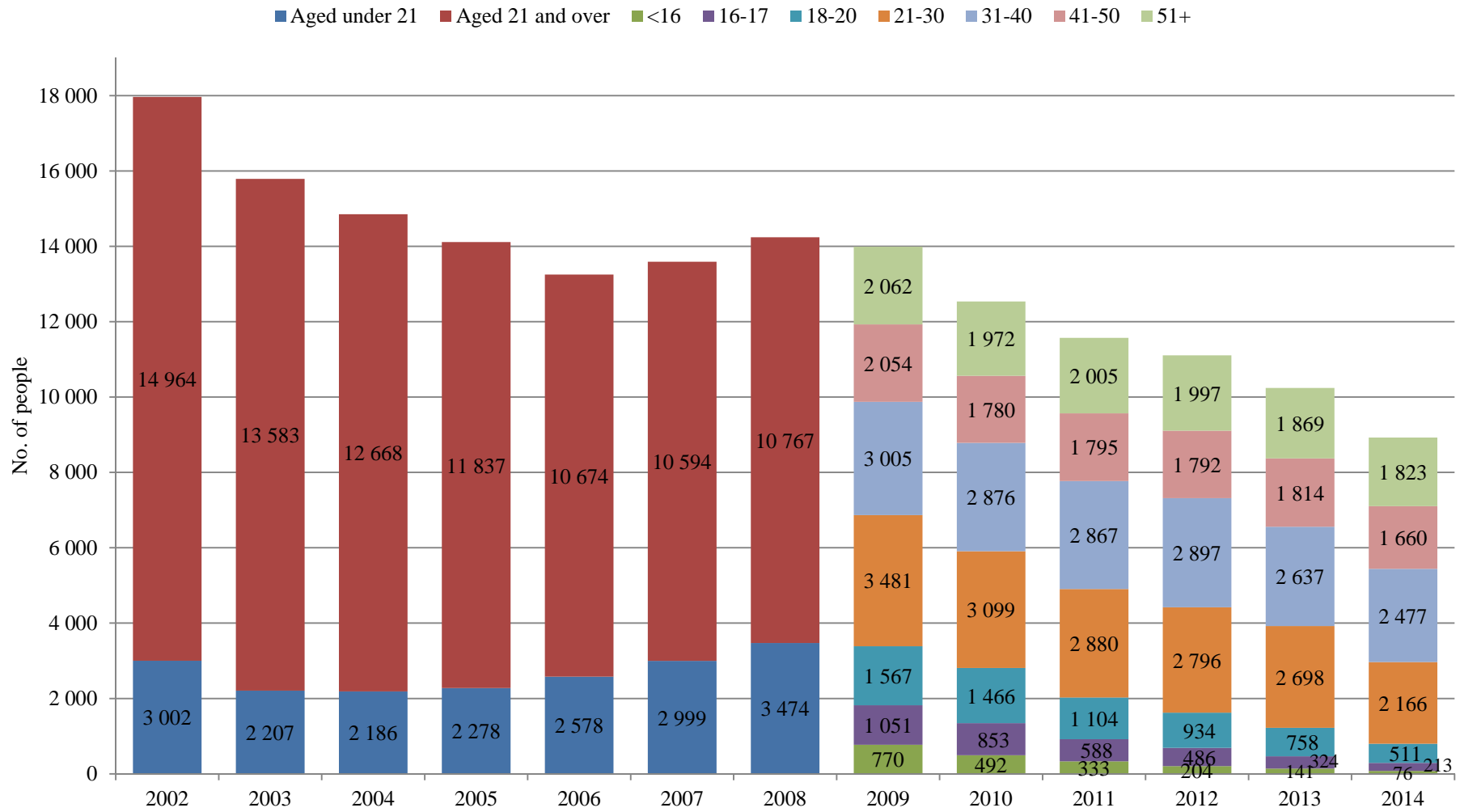


Graph 10: Reported drug abusers by drug type, 1997 – 2014



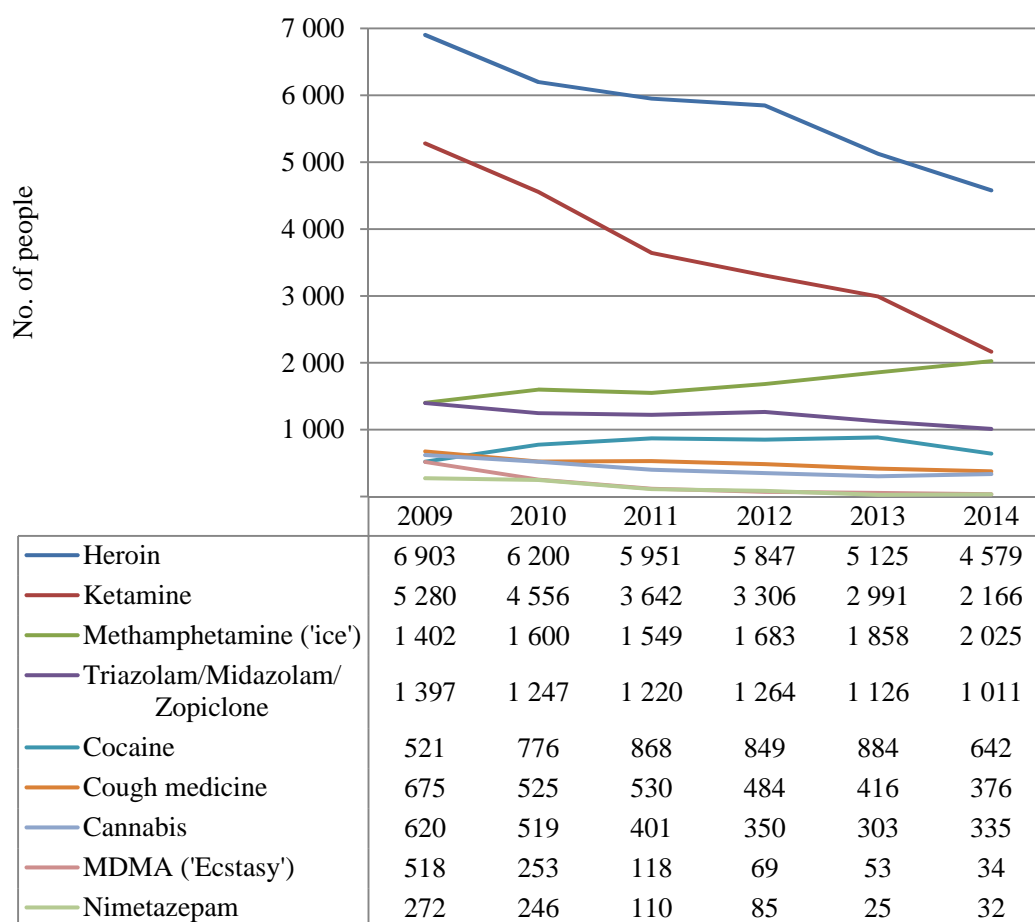
Notes : Some abusers may not report the type of drug abused.  
 An individual abuser may take both narcotics analgesics and psychotropic substances during a given year.

Graph 11: Reported drug abusers by age, 2002 – 2014



3.4 The statistics on persons arrested for drug-related crimes are more or less in line with the declining drug trend. While the figures remained at a level of around 5 600 to 6 000 persons per year from 2011 to 2013, the corresponding figure dropped substantially in 2014 (around 4 900 persons arrested). ND will continue to track these enforcement figures to facilitate our monitoring and analysis of the overall drug scene in Hong Kong.

Graph 12: Common types of drugs abused, 2009 – 2014

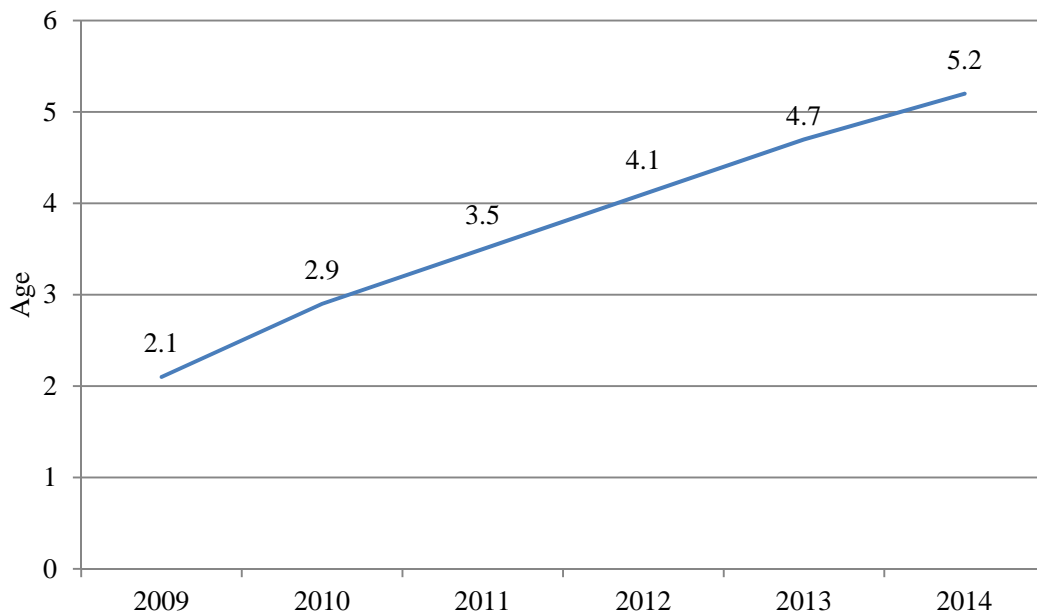


Note: An abuser may take multiple drugs in a given year.

3.5 Despite the overall downward drug trend, hidden drug abuse remains a concern, given the continual rise in the drug history of newly reported cases. Half of the newly reported abusers in 2014 had abused drugs for at least 5.2 years, compared with 4.7 years in 2013 and 4.1 years in 2012. It has also more than doubled in a span of five years, as compared with 2.1 years in 2009.

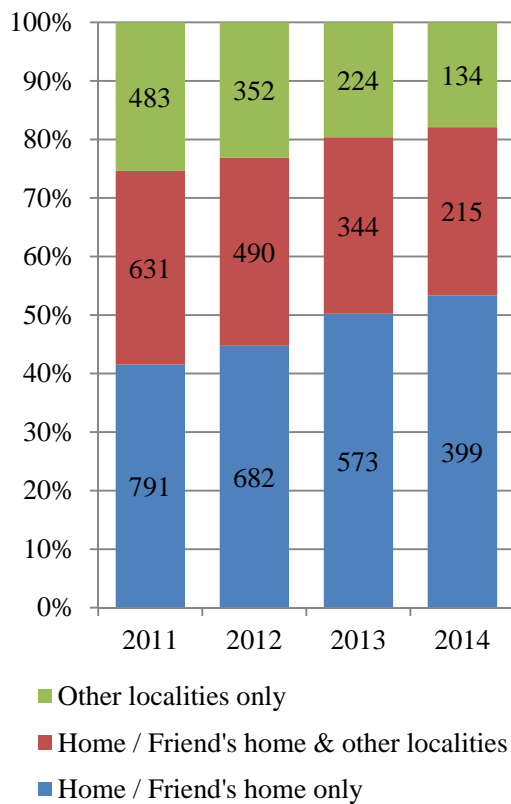
3.6 Many factors pose challenges to the early identification of drug abusers. Unlike traditional drug abuse, psychotropic substances abuse does not lead to apparent withdrawal symptoms. Many PSAs perceive drug taking as a matter of personal choice and usually have low motivation to seek help, until prolonged drug abuse has caused serious damages to their health or caused tension in various aspects of life. Furthermore, the proportion of reported drug abusers who took drugs at home or at friend's home remained high at around 80% since 2010. Among those aged under 21, the most popular localities for taking drugs are also home/friend's home (82% in 2014). All these factors have made the identification of drug abusers much more difficult.

Graph 13: Median Drug Age of Newly Reported Drug Abusers, 2009 – 2014

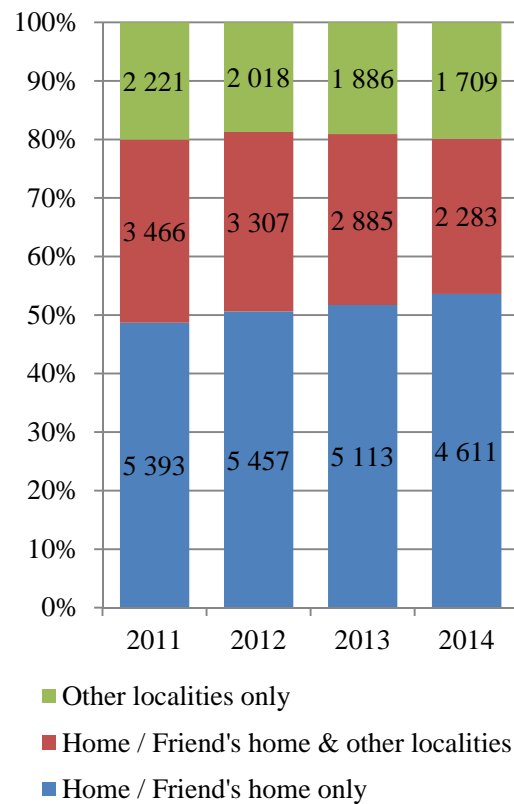


Graph 14: Broad Locality of Abusing Drugs, 2011 – 2014

(A) Aged under 21



(B) All reported drug abusers



**(B) Harmful Effects of Psychotropic Substances**

3.7 Moreover, since 2007, psychotropic substances, such as ketamine, cocaine and “Ice” have become more prevalent than the traditional drugs (mainly heroin). In the past eight years, the proportion of PSAs among drug abusers was around 60%. The number of reported narcotics analgesics abusers (4 581) in 2014 continued to be lower than the number of PSAs (5 428). Similar to 2013, there were around six newly reported PSAs (1 696) for every newly reported narcotics analgesics abuser (300). According to the data in 2014, the most commonly abused psychotropic substances included ketamine (25%), “Ice” (23%), triazolam/midazolam/zopiclone (11%), cocaine (7%), cough medicine (4%) and cannabis (4%).

3.8 Various research studies and clinical cases in recent years have examined and validated the harmful effects of psychotropic substances on the health of their abusers. Prolonged abuse of psychotropic substances can lead to

severe cognitive impairment, depression and hallucinations, and even induce dementia-like symptoms. It can also lead to various long-term, and possibly irreversible, damages to bodily functions such as the brain, urinary tracts and the liver. From January 2010 to December 2014, about 4 310 new patients with drug abuse problems attended SACs in HA. Over 60% of these patients suffered from psychiatric disorders. The common mental disorders such as drug-induced psychotic disorders (around 22%), affective disorders (around 12%), and schizophrenic spectrum disorders (around 7%).

- 3.9 When drug abusers are identified by the help network, they usually have already suffered from varying degrees of psychiatric problems, on top of other physical health issues. Each case has become more complex today, warranting multi-disciplinary interventions.
- 3.10 Another noteworthy development in recent years is the increasing popularity of “Ice” among PSAs. The proportion of drug abusers who abuse “Ice” had gradually climbed from 15.2% in 2012 to 18.3% in 2013, and further to 23% in 2014. The number of reported “Ice” abusers also steadily increased from 1 683 in 2012 to 1 858 in 2013, and further to 2 025 in 2014. If this trend continues, “Ice” would soon replace ketamine as the most prevalent psychotropic substance in Hong Kong. Many service units advise that their “Ice” abuse cases have already outnumbered ketamine cases. As regards enforcement figures, while the quantity of “Ice” seizure remained quite steady between 2007 and 2013, a notable increase was observed in 2014, even surpassing ketamine to be the number one psychotropic substance seized in Hong Kong. This probably points to an increase in the supply of “Ice” in Hong Kong in 2014.
- 3.11 Worse still, “Ice” abuse can cause agitation, anxiety, depression, tension, hallucination and feeling of persecution, which may lead to violent or self-destructive behaviour. Feedback from many frontline social workers and medical professionals suggests the increasing difficulties in handling cases with drug-induced psychiatric symptoms as a result of growing prevalence of psychotropic substance abuse and the increasing popularity of “Ice”. The handling of “Ice” abuse cases will probably be one of the greatest challenges for the anti-drug sector in the coming years.

### **(C) Demographic Changes in the Drug-abusing Population**

3.12 In recent years, we also observe an increasing proportion of newly reported drug abusers who are identified in their young adulthood (aged 21-35). This proportion had steadily increased from 47% in 2011 to 55% in 2014, whereas the proportion of newly reported drug abusers aged under 21 had declined from 38% to 24% over the same period. Among the newly reported drug abusers, around 40% are full-time workers, 14% are casual/part-time workers, and 35% are unemployed, while only 5% are students. As regards their marital status, the proportion of drug abusers who are married/cohabiting had also increased steadily to 26% in 2014 from 19% in 2011, while the proportion of drug abusers who are divorced/separated is 8%, steadily increased from 5% in 2011.

3.13 These young adults, once fallen prey to drugs, would have to face many problems in various aspects of life including work, relationship with spouse, children and parents, and living expenses, etc. They would need assistance at multi-dimensional and multi-disciplinary levels. Moreover, it is sometimes observed that parents who are drug abusers or ex-drug abusers often face problems such as unhealthy coping styles in dealing with problems of their children or poor parent-child relationship.

### **(D) Relapse and Reintegration into Society**

3.14 Another challenge constantly faced by service providers in the anti-drug field is the relapse of drug abusers after treatment process. Although there is no comprehensive statistics showing the relapse rate of drug abusers in Hong Kong, many service providers and ex-drug abusers agree that it is usually a lengthy process for drug abusers to achieve complete abstinence from drugs. According to a study<sup>3</sup>, self-efficacy, satisfaction with life, an active job attitude and association with as well as support from drug-free friends are important elements which determine the treatment results of chronic drug abusers. This finding more or less aligns with the statistics in CRDA, which indicates that the most common reasons for all reported drug abusers were to relieve boredom/depression/stress (46%), to identify with peers (45%), and to avoid the discomfort of its absence (40%).

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<sup>3</sup> A Longitudinal Study of Chronic Drug Abusers in Hong Kong; Cheung Yeut-wah

## **(E) Role of Family Members in Drug Abuse Intervention**

3.15 There is general consensus that family members play an increasingly important role in the identification of drug abusers and intervention. According to a survey conducted by a service agency<sup>4</sup>, around 50% of drug abusers have been identified by their family members/friends within half a year after they started taking drugs, and around 45% of drug abusers were first identified by their family members. Frontline workers also observe that drug abusers who have supportive families are more likely to successfully quit drugs and turn a new leaf. Family members are now getting more and more involved in the T&R process of drug abusers. Increasingly, service agencies are building this element of family involvement in their T&R services.

## **(F) Conclusion**

3.16 The continuous decrease in the number of reported drug abusers in the past few years is a reflection of the effectiveness of the anti-drug strategies and measures adopted since the release of the Report of Task Force on Youth Drug Abuse. However, there is no ground for complacency since the prevalence of psychotropic drugs with their consequential health damage on the drug abusers, and the prolonged drug history of first-time reports remain causes of major concern, and have poses more challenges to T&R services. Secondly, the increase in specific groups, such as young adult working drug abusers call for more focus in the mode of intervention. The anti-drug field will also have to continue with our work to tackle the hidden drug abuse problem and minimise relapse of drug abusers who have completed treatment programmes. We need to consider our work priority in the coming three years, foster closer collaboration between service units, and further deepen services in order to meet the new challenges posed by the latest drug scene and drug trends.

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<sup>4</sup> A survey conducted by the Hong Kong Christian Service in November and December 2013 on around 100 drug abusers/ex-drug abusers/youth at risk.



## **Chapter 4**

### **RECOMMENDED STRATEGIES**

#### **(A) Views and Discussion**

- 4.1 In drawing up the Three-year Plan, we have collected views from different parties providing T&R services and relevant government departments. As noted in Chapter 1, between June 2014 and February 2015, ND representatives paid over 30 visits to individual CCPSAs, DTRCs, YOT/YND teams, relevant government departments and public bodies or met their representatives to hear their on-the-ground experience and views. In all these sessions, there was useful exchange on issues which form the focus of the Three-Year Plan.
- 4.2 The subject was also discussed at ACAN, the T&R/SC and the DLC between March and June 2015.
- 4.3 The HKCSS held two seminars in July and August 2014 inviting practitioners in the social services sector to discuss issues which should be considered in the context of the Plan. ND representatives attended both seminars.

#### **(B) Strategies of the Three-year Plan (2015-2017)**

- 4.4 The Fifth Three-year Plan covering 2009-2011 had focused primarily on expanding the capacity of services to meet the demand arising from the surge in PSAs during the period. The Sixth Three-year Plan covering 2012-2014 took one step ahead in promoting better integration among the different service modes and the trial of more innovative treatment and rehabilitation programmes.
- 4.5 This Seventh Three-year Plan would follow the track of the foundations laid and seek to promote further development of the services in response to the evolving drug scene. The steady decline in the number of reported drug abusers since its peak in 2008 has not resulted in a substantial decline in service demand. This could be attributed to the often long-term effects of psychotropic substances on abusers. Although we notice a general drop in service users in residential facilities, there remains a

continued solid demand for community-based services like CCPSAs and SACs. Feedback from service units also suggest an increase in cases with more complexity, in particular those showing psychiatric symptoms even when they first approached the help network. This was not the case with drug abusers using traditional opiate drugs. There is an apparent worrying sign of an increase in the number as well as proportion of PSAs abusing “Ice”, which can cause hallucination, feeling of persecution and possible violent behaviour. There is a need to monitor developments closely since the more complex psychiatric cases would require more intensive care in terms of medical intervention, in addition to counselling support.

4.6 The success or otherwise of T&R programmes and continued abstinence would to varying extents be subject to at least three factors, which often are inter-dependent: the drug abuser’s own motivation and efforts, relationship with his/her family, and the opportunities available to him/her after quitting drugs. Anti-drug initiatives and resources hitherto have focused primarily on services for the drug abusers individually during the treatment process, and relatively less on the support for the family, which could in turn play an important role in the treatment process, and post-treatment support for the rehabilitees. It has been argued that if there could be more focus on the family and preparing the rehabilitees for the post-treatment stage, we would be better able to ensure continued abstinence. With the more solid foundation established in different aspects of T&R services over the past few years, there is room for identifying means to further deepen existing services, with the aim of minimising service gaps. Along this thinking, the Seventh Three-year Plan would recommend initiatives in the following five major areas –

- (a) service enhancement – the sector should continue to deepen various T&R services and to trial and adopt innovative measures to cater for the varying needs of different drug abusers;
- (b) promoting a better interface between different services – different service modes and sectors should continue to strengthen communication and identify more room for collaboration;
- (c) early identification of hidden drug abusers – in view of growing concern about the prolonged drug history of drug abusers before they surface in the system, the sector should continue to explore

means to facilitate the early identification of drug abusers so that they could be offered help before too late;

- (d) minimising relapse and facilitating reintegration into society – the emphasis in the past has been on channelling drug abusers into the help network. As we begin to bring under control the trend of growth of drug abusers, we could better afford to make an effort to minimise relapse among those who have completed treatment and to facilitate their reintegration into society; and
- (e) measures beyond T&R services – T&R services is just one arm of the five-pronged anti-drug strategy. We should at the same time continue to tackle the drug problem in a holistic manner.

## **I. Service Enhancement**

### **General**

4.7 There is a decline in drug-abusing population over the past few years, with a change in their demographic characteristics. Service providers should keep in view if their target clientele and scope of services suitably match such characteristics including age, gender and employment, etc., and where necessary, consider adjustments, refinement and reprioritisation of resources. An example is the MTP service, which is recording a gradual decline in clients against the background of a continuous decrease in the number of heroine abusers. The Government will continue to closely monitor the demand for MTP services and keep in view the feasibility of adjusting the number and service capacity of methadone clinics, service delivery ratios of staff and patients, as well as the scope for encouraging more commitment to the detoxification programme, subject to resource availability.

### **Drug Abusers at Work**

4.8 More specifically, our efforts in tackling youth drug abuse in the past few years have begun to bear fruit, and a growing proportion of newly reported drug abusers is now in young adulthood (aged 21 to 30) or older. Unlike drug-abusing youth who may require more support in education,

drug abusers in their young adulthood would need help in respect of job skills to prepare them for leading a normal life after completing the T&R programmes. In addition, many of them may have also formed their own families. This points to the need for T&R programmes to take into account the way that family circumstances may impact on the individual.

4.9 Indeed, many service providers, with the support of BDF, are experimenting with different means to reach out to working drug abusers and to offer programmes that may cater for their specific needs. For example, some NGOs approached employers of certain trades and offered seminars/workshops for their employees so as to alert them to the harm of drug abuse and encourage those with drug problems to seek help. Some have also stepped up efforts in providing adult drug abusers with vocational training, job placement opportunities and job counselling, as part of the T&R programmes. We encourage the sector to continue to explore ways to better target these adult drug abusers.

4.10 Residential drug treatment programmes mostly last from three months to one year. The duration of such programmes is usually considered too long and it would not be practical to expect the drug abusers to get away for months without quitting their jobs. There are comments that there have been difficulties for drug abusers who are in employment to quit their jobs in order to join residential programmes in DTRCs, even when that is indeed what is warranted after assessment by social workers or healthcare professionals.

4.11 While acknowledging that programmes with longer duration would enable residents to go through a process of self-reflection and life rebuilding, we encourage service providers to explore on a pilot basis the feasibility of programmes with more flexible terms for those PSAs who can only afford a shorter break from their routine. We understand that, at present, individual DTRCs are already offering shorter programmes lasting for four weeks. In addition, the Enlighten Centre of the Evangelical Lutheran Church of Hong Kong (ELCHK) had, as part of its BDF funded project, lined up with a DTRC a five-day camp for their cases to experience short-term residential care. The objective was not to demand the participants to completely abstain from drugs immediately after this camp but rather to provide crisis intervention and create a safe environment for them to reflect on the way ahead. Such experience was also intended to sow the seed in their minds such that one day when the

time is ripe, they may awake to the option of a more comprehensive residential programme. Currently, the North District Hospital, with the support of BDF, has launched a five-day residential programme in the hospital setting to provide crisis intervention and T&R services. It is found that the use of brief intervention under this programme is effective in reducing drug consumption by patients and in strengthening their resolve to quit drugs.

- 4.12 We believe that pilot projects funded under the BDF to test the efficacy of new ideas are of great value. Data and questionnaires could be collected during the project period to assess the effectiveness of the programmes. We encourage service providers to continue to pioneer new T&R models, which may involve cross-sector and cross-agency collaboration. We also invite service providers to consider incorporating successful experiences into the service setting.

#### Female Drug Abusers

- 4.13 We note there are some concerns over the service for female drug abusers, including the availability of residential facilities. At present, about 15% of the DTRC places are allocated to females, while another 15% of the total can flexibly serve either males or females. Female drug abusers account for about 18% of the overall drug-abusing population throughout the past few years. While the average occupancy of the female DTRCs is higher than that of the male (around 70% vs around 60% in 2014), the current capacity of female places can meet the demand in general.
- 4.14 That said, some cases concerning female drug abusers are more complicated and require additional efforts of service providers. CCPSAs have reported that some drug abusers seeking help are pregnant. Pregnancy is considered as an effective intervention point as prospective mothers are observed to be more willing to quit drugs at this stage of life for the healthy development of their foetus. However, they would need help in dealing with the practical issues during pregnancy and after giving birth to their babies. The Rainbow Lutheran Centre of the Hong Kong Lutheran Social Service (HKLSS), with the support of the BDF, has launched a project targeting pregnant women with drug problems, as well as their family members (including partners). Under the project, the Centre collaborates with the medical sector including hospitals, and

maternal and child health centres (MCHCs) under DH, to provide comprehensive services for pregnant drug abusers and their newborns. The services cover T&R programmes for the mothers, and pre- and post-natal medical care and assistance in baby nursing. Feedback on the project so far is positive. We encourage relevant sectors to continue to explore best means to help pregnant drug abusers.

### Support to Family Members

4.15 As mentioned in paragraph 4.6, family relation is one of the three main factors which may impact on the success or otherwise of the rehabilitation of the drug abuser. The survey mentioned in paragraph 3.15 of Chapter 3 also highlighted that around 50% of drug abusers have been identified by their family members/friends within half a year after they started taking drugs, and around 45% of drug abusers were first identified by their family members.

4.16 Indeed, the support of family members is important throughout the process from identification, treatment, rehabilitation to finally relapse minimisation. Currently, there are quite some programmes, including PE&P programmes, aiming at equipping parents, and sometimes spouses or partners, with the knowledge of drug abuse and skills to motivate their drug-abusing family members to seek help. Many service providers have also made the involvement of family members part and parcel of their T&R programmes, placing emphasis on how to foster closer relationship and give mutual support. Certain service providers have reflected that the support given to family members may at times help them to establish a dialogue with the drug abusers, who might be reluctant to receive any form of help initially.

4.17 We encourage service providers to continue along this direction. To recognise the importance of various family work, SWD has since October 2013 counted such activities in the caseload under the Funding and Service Agreement (FSAs) of CCPSAs. We welcome the sector to continue to provide feedback on their observation and experience, which may be taken into account in future reviews of the FSAs.

## Vocational Training for Drug Abusers

- 4.18 Both community-based and residential T&R services engage drug abusers who have successfully quitted drugs to work as peer counsellors. In many cases, these peer counsellors could make valuable contributions to the T&R process as they had walked the path and very often are considered by drug abusers to be better able to empathise with them. Through helping others, peer counsellors could also build up their own confidence and strengthen their own resolve to continue to stay away from drugs. While there has been positive feedback on the work of peer counsellors and the important role they could play in the rehabilitation process of PSAs, there has been no systematic training hitherto for them.
- 4.19 The ELCHK, in collaboration with the Employee Retraining Board, has recently developed a new course entitled “Foundation Certificate in Peer Counsellor Training”, providing 200 hours of training in counselling skills, activity organisation, emergency handling, personal growth, as well as internships in anti-drug agencies. In 2015, two classes of 18 students each will be run. It is expected that the anti-drug sector should be able to absorb all the graduates. The first class started in late May 2015. We encourage the organiser and other relevant agencies to monitor feedback on the course and its outcome in considering the needs for peer counsellors’ training, and the possible development of services by peer counsellors in the longer term.
- 4.20 Apart from peer counsellor training, service providers should continue to develop and implement other types of vocational training, job placement programmes and job counselling services for their clients. These kinds of programmes and services can, not only equip rehabilitees with various knowledge and skills, but also help them to identify their goals and facilitate their reintegration into society.

## Drug Abusers of Ethnic Minorities

- 4.21 Ethnic minorities usually have their specific cultural characteristics, including language, customs and sometimes communities. In Hong Kong, some NGOs provide support services for certain ethnic minority groups. Some of these organisations also provide services for those who are drug abusers. In general, service providers should have the cultural sensitivity

in serving ethnic minority clients, and may also seek funding support from the BDF, where appropriate. The Government and the anti-drug sector can explore closer partnership with organisations which have more contact with ethnic minorities in preventive anti-drug work at the district level.

## **II. Promoting a Better Interface between Different Services**

4.22 Having regard to the increased prevalence of psychotropic substances and the changes in the demographic characteristics of drug abusers over the past few years, the sector in general agree that service needs of drug abusers have become more multifarious and complex. Drug abusers now have a longer drug history when they first surface in the help network, meaning that they may already be suffering from serious or even irreversible bodily and brain damage when the T&R services start to reach them. In addition, the increase in the proportion of PSAs in their young adulthood also suggests that more service users would have their own families and children, and may have a job which they need to preserve. Their drug-taking behaviour for sure will have taken its toll on the families involved, and may be more difficult to tackle because of the problem in staying away from work for long. Many frontline workers are facing the challenge of not just handling their clients' physical discomfort or bodily dysfunction but also, very often, the psychiatric symptoms such as hallucination, depression, paranoid delusions and mania. Such cases invariably call for multi-disciplinary intervention, involving different T&R services and medical professionals.

### **Social service sector and medical professionals**

4.23 Over the past few years, CCPSAs, YOTs, YNDs and SACs have already established closer linkage for cross-referral of cases. The continuous prevalence of psychotropic substances and the increasing popularity of "Ice" abuse among PSAs suggest that the social services sector and SACs/psychiatric departments in hospitals/clinical psychologists need to work more closely together in the next three years. Service providers should enhance communications with SACs and other relevant agencies to project caseloads, conduct better resource planning, and streamline the



work flow in order to provide comprehensive services for drug abusers with psychiatric disorders.

- 4.24 We have seen close collaboration between the social services sector and the medical professionals, such as between CCPSAs and SACs, or between DTRCs and SACs, in dealing with the health issues arising from psychotropic substance abuse. Within the system of HA, SACs have been providing one-stop service to help refer patients with other health problems to specialist departments (e.g. urological department), if needed. We encourage continuous collaboration in this respect.
- 4.25 Some medical professionals have pointed out that because of the prevalence of psychotropic substance abuse, especially “Ice”, a higher proportion of drug abusers were observed to have symptoms of psychiatric disorders and were in need to be hospitalised. The Accident and Emergency (A&E) departments of the public hospitals may increasingly become the first point of contact with cases suffering from acute drug-induced symptoms.
- 4.26 Currently, when someone with drug history is admitted to the A&E department and presents psychiatric symptoms that warrant intervention, doctors in the A&E department would consult the respective psychiatric consultation liaison team in the hospital. The team would provide support including making referrals to SACs or inpatient service. For urgent psychotic cases, the team would give immediate treatment and arrange follow-up as necessary, e.g. admission to the hospitals. However, many patients are known to have low incentive to seek further help after the brief treatment at the A&E department where their acute pain may have been relieved. We encourage relevant parties to further explore new cooperation modes which would enable drug abusers who have surfaced in the A&E departments to be linked up with the help network, including SACs, CCPSAs or where appropriate, YOT/YND teams, and be followed up as early as possible. We also encourage relevant parties to try out pilot projects for the provision of psychiatric assessment to those with known drug-abusing history but not showing psychiatric symptoms upon admission to the A&E departments.
- 4.27 For the OSMSS provided in CCPSAs, we are mindful that some CCPSAs have experienced genuine difficulties in recruiting Registered Nurse (Psychiatric) (RN(Psy)) to deliver the services due to the limited supply

of RN(Psy) in the job market and the relatively less attractive prospect for a single RN(Psy) working in an NGO setting. On the premise that the quality of OSMSS is not adversely affected, SWD has given and will continue to allow greater flexibility for CCPSAs to deal with the recruitment difficulties encountered. In the event that RN(Psy) cannot be recruited, we encourage the CCPSAs concerned to seek training from SACs or other relevant medical professionals for their staff where necessary.

#### Community-based and residential drug treatment services

4.28 The collaboration between community-based and residential drug treatment services is of equal importance. In particular, community-based services including CCPSAs and YOT/YND teams should continue to encourage their cases to receive more intensive T&R services in residential settings when the circumstances are appropriate. Similarly, the residential services could also work together with the community-based service units which could provide aftercare service when the cases have completed the residential T&R programme. We will continue to provide suitable platforms for experience sharing and exploring ideas on collaboration. We also encourage service providers to maintain other effective communication channels and networks of their own.

#### Better integration of services and division of labour

4.29 There is room to examine if the role of each service can be more clearly delineated. For example, we note comments that the outreaching services of CCPSAs may, to a certain extent, overlap with the services provided by the YOT/YND teams in the same district. We understand that in some districts the CCPSAs and the YOT/YND teams have joined hands in identifying potential drug users and we encourage such cooperation where possible. We also note comments that the preventive education by CCPSAs at schools could be further adjusted<sup>5</sup> as the Government has in

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<sup>5</sup> For preventive education work, CCPSAs have already been allowed flexibility in deploying the resources in serving secondary school students to provide PE&P programmes for PSAs at work sites in the last FSA review in 2013. CCPSA is required to serve 80% of the total number of schools in their catchment area. If a CCPSA has attained 70% of the school served, it can replace the remaining 10% of schools with an equivalent number of work site served with drug preventive programme(s).

general strengthened preventive education and publicity in the past years, in particular, those targeting schools, e.g. through school talks by NGOs, the HSP(DT) and interactive drama (on pilot). CCPSAs have the expertise in dealing with complex drug cases and they should be allowed to focus more of their energy and manpower in this respect. We would take these comments into account in future reviews of the FSAs of CCPSAs.

- 4.30 With an increasing proportion of drug abusers falling into the age of young adulthood (21 to 30 years old) or older, as well as the decline in the number of young people in Hong Kong in general, some have commented that the service range provided by YOT/YND teams should be reviewed. According to the prevailing FSAs, the clientele of YOT/YND teams cover children and youth aged 24 or below. Many of the cases of the YOT/YND teams were handled when the clients were below 24. However, some of them have now grown beyond the age of 24, hence outside the service scope of these teams. We encourage service units to refer cases to, say CCPSAs, and/or to consider other follow-up mechanisms to promote a continuum of services for this kind of clients. Relevant service providers are encouraged to further explore the most effective ways to handle these cases that would be in clients' best interest.

#### Social service sector and law enforcement agencies (LEAs)

- 4.31 For young offenders of drug-related offences, additional resources have been provided since 2013 to extend the EPS to the seven Magistracies throughout the territory for three years till 2016. We will consider the way forward of the EPS in view of the availability of resources and the experience gathered in these few years.
- 4.32 In addition to the EPS and CSSS, some police districts have established referral mechanisms to introduce young suspects/delinquent youth to social workers. The aftercare services provided by the relevant agency can help improve the behaviour of these young people and minimise relapse and reconviction. We are mindful that many social workers may want to distance themselves from police enforcement action in order to maintain a neutral position before their clients. However, there should be room for LEAs and social workers to forge collaboration and develop suitable workflow so that both can effectively perform their functions.

We encourage the sector to continue to explore means to build up trust and foster closer collaboration with LEAs.

### **III. Early Identification of Hidden Drug Abusers**

- 4.33 The Government has stepped up publicity to promote help seeking by hidden drug abusers and enhanced the 24-hour “186 186” helpline service and the instant messaging service of “98 186 186”. We encourage the sector to continue to explore ways to identify and reach out to hidden drug abusers. As previously noted, support to family members of drug abusers has been found to be effective in the identification of drug abusers. Service providers should continue to support and empower family members to stay alert to drug-abusing behaviour around them and also help to impart in them skills for motivating the drug-abusing family member to seek help. Some frontline outreach social workers have also encouraged clients to bring along their drug-abusing friends to attend some group activities (“peer snowballing”) so that the social workers can come into contact with them and offer assistance, if needed.
- 4.34 Some service agencies are conducting trial home visits with a view to identifying drug abusers in the community or running trial schemes for support groups for parents of those drug abusers who refuse help of any form. For example, with BDF’s support, the HKLSS has launched a project to enhance community awareness of the drug abuse problem, including conducting home visits to provide counselling service for family members of drug abusers and enhance their skills to tackle the drug abuse problems in their families. Some have also expressed the view that home visits by medical professionals (e.g. nurses), together with social workers, could be explored to assist drug abusers with physical or mental health issues. We encourage more service agencies to pilot on home visits so that more data could be gathered for assessing their effectiveness.
- 4.35 The Government will also continue with the study on the RDT as an additional tool to tackle the hidden drug abuse problem. In particular, we are examining the possible triggering and follow-up mechanisms which could effectively balance giving a chance of non-prosecution to the drug abuser but mandating counselling and treatment. We are fully aware that

during the first-stage public consultation, some stakeholders had raised concerns about the possible infringement of human rights and civil liberties arising from the drug testing process. We are also conscious that some stakeholders have been keen to see the Government's proposal for aftercare service for those identified to have abused drugs in the event of introducing the RDT. We will continue to engage stakeholders, including those in the anti-drug sector and professional bodies, in ongoing discussions and identify ways to address their concerns. In addition, we are working on the development and validation of test kits for rapid oral fluid test, which could give an instant objective indication of drug testing results on the spot.

#### **IV. Minimising Relapse and Facilitating Reintegration into Society**

4.36 The road to abstinence is very often lengthy and arduous and relapse is widely known to be a challenge to T&R services. The anti-drug sector should continue to explore and adopt effective measures to deepen services to sustain the effects of T&R programmes, minimise relapse and facilitate the reintegration into society of those who have successfully completed the T&R programmes. There is the added complication that PSAs who have suffered brain damage may need life-skill training by occupational therapists, on top of vocational training. In addition to counselling and treatment services, many service providers have developed and offered various kinds of educational and vocational training programmes to equip rehabilitees with the necessary tools for making a living after quitting drugs. Those who could be engaged in meaningful activities like employment or studying are better able to stay away from drugs although this is not the single determinant. We encourage service providers to continue along the direction of relapse minimisation, including exploring cross-agency partnership involving professional support such as occupational therapists as experimented in some BDF projects. We also encourage partnership with agencies providing education and/or vocational training services, as well as collaboration with trade associations and enterprises to offer job placement opportunities for rehabilitees.

## V. Other Support Measures

4.37 Other support measures of equal importance include assistance to family members of drug abusers, training opportunities for anti-drug workers, as well as data collection and researches for monitoring the drug scene and drug trends by.

### Family

4.38 Family members may suffer from distress and feel disoriented about handling the drug abuse problems of their loved ones. In recent years, many service providers are stepping up efforts in supporting family members of drug abusers, including offering counselling services, workshops as well as sharing sessions to foster mutual support among different families with similar background and problems. We encourage the sector to further explore opportunities for possible collaboration with other service units dedicated to family services, like IFSCs, ISCs or Integrated Community Centres for Mental Wellness (ICCMWs). If the emotional needs of family members can be taken care of, they can be in a better position to face and resolve the drug abuse problems in their families.

4.39 Family support services are also important for protecting the welfare of children of drug-abusing parents and preventing them from becoming victims of their parents' behaviour. We encourage anti-drug workers to offer more counselling to the parents to help relieve emotional distress and enhance parenting skills with a view to minimising the chance of inter-generational drug abuse problems.

4.40 Multidisciplinary intervention is necessary. We encourage anti-drug workers to establish closer linkage with relevant service units, e.g. public hospitals, Maternal and Child Health Centres (MCHCs), for monitoring the growth and development of the children of drug-abusing parents. This enables early detection of any problems and timely intervention by the professionals.

## Residential Drug Treatment Centres

4.41 Residential drug treatment centres constitute an important component of T&R services. At present, 15 out of 39 DTRCs have yet to obtain licences under the Drug Treatment and Rehabilitation Centres (Licensing) Ordinance (the Ordinance) and are operating on certificates of exemption. Many of the DTRCs in question are non-subvented and had been established before the Ordinance came into effect. In an effort to fully meet the design and safety standards, DTRCs in general would attempt to seek in-situ upgrading or redevelopment. Some would require relocation to new sites due to insurmountable difficulties at the existing sites, such as land use planning issues, unclear land titles or problem in securing continued use of the site with land owners. In addition to funding support through BDF, the Government will continue to assist DTRCs which need in-situ upgrading or relocation in areas such as identifying new sites, going through local consultation and/or project planning.

## Training and Experience Sharing

4.42 Feedback from many frontline social workers and doctors suggests increasing difficulties to handle cases with drug-induced psychiatric symptoms. For example, some outreach workers of YOT/YND teams have shared that they had occasionally experienced difficulties in light of the complexity of the cases. Some social workers from CCPSAs have also revealed that they need to devote more time and energy to each case, as more and more of their clients are beginning to experience complex health problems and display psychiatric symptoms. We encourage more sharing among social workers and anti-drug workers, especially by those who have more experience in handling PSA cases. This would be an effective way of equipping frontline workers with the relevant knowledge and skills in tackling such cases. We also encourage more experience sharing between anti-drug workers and those in the other streams of social services, such as IFSCs, ISCs, ICCMWs and MCHCs, to help foster a better understanding of the needs of clients with drug problems.

4.43 We also encourage local universities and education institutions to continuously cover and strengthen anti-drug topics in the curricula of social work, education and medicine degree programmes. Seminars or sharing sessions could be organised for curriculum planners and/or

lecturers to update them on the latest drug scene and service demand and thus to develop suitable course contents for students.

### Monitoring of Drug Scene

4.44 We need to continue to monitor the drug scene and drug trends in Hong Kong to support evidence-based policy formulation. The CRDA has since 1972 been keeping statistics of drug abusers. The system remains the most comprehensive source of data of its kind and is the only source of statistics capable of reflecting the general trends of drug abuse in Hong Kong over the years. It provides a useful reference for the Government and for the anti-drug sector as to where to focus anti-drug strategies, resources and initiatives. Some agencies have opted not to report the information to the CRDA on the ground of safeguarding client identity and privacy. We wish to emphasise that personal data in the CRDA is protected by law and there are stringent security measures to prevent disclosure to third parties. We appeal to service providers for their timely and accurate report of data to the CRDA. ND will continue to organise briefings/seminars to familiarise reporting agencies, including their frontline workers, with the use of the CRDA and advise them of the safeguards which have been built into the system to protect the privacy of reported drug abusers. We also encourage service units to continue to use the SIS to collect more comprehensive data on their own cases for more effective monitoring of their progress.

### **VI. Measures Beyond T&R Services**

4.45 T&R as one of the five-pronged anti-drug strategies should work in complementarity with the other four prongs, namely researches; preventive education and publicity; law enforcement; and international cooperation. The Government undertakes to continue to combat drug abuse in a holistic manner.



## Researches

- 4.46 Apart from data collection and analysis, we will continue to sponsor, through the BDF, researches on drug-related issues and intervention modalities. We suggest focusing on the following three areas in the coming three years. First, we should continue to promote researches on the characteristics of psychotropic substance abuse to gain more understanding about the drug harms and to identify suitable treatment methods. In particular, we encourage research studies looking into the nature and harmful effects of psychotropic drugs which have gained prevalence in Hong Kong. Secondly, we encourage researches on the behavioural patterns, including relapse patterns, of different groups of drug abusers (e.g. female drug abusers, pregnant drug abusers, working drug abusers, drug abusers of ethnic minorities, etc.). Thirdly, we encourage researches on the social return of the various anti-drug services and programmes, as well as the social costs of drug abuse (e.g. the differential in social costs between early intervention by the help network and intervention at a substantially later stage). The findings from these researches, if available, could shed light on the priorities of our anti-drug measures.
- 4.47 Undoubtedly, the ultimate goal of all T&R services should be the drug abusers' complete abstinence from drugs. Many drug abusers, however, have low incentive to seek help or even consider that drug taking is a matter of personal choice. Instead of demanding the immediate quitting of drugs, some anti-drug workers point out that it is necessary to adopt harm reduction means to engage and establish rapport with clients. While we recognise that harm reduction can be an effective tool to engage drug abusers when the social workers first come into contact with the cases, thereby providing an avenue for enhancing their clients' awareness of drug harms and ultimately working out the drug quitting plans, harm reduction should not be regarded as the ultimate goal of T&R programmes. We believe that anti-drug workers should work towards the goal of helping the drug abusers to completely quit drugs.
- 4.48 There are comments that the Government should be more tolerant of the concept of harm reduction in our anti-drug policy, and promote the wider adoption of harm reduction in T&R. We need to point out that harm reduction is not a new concept. It has long been practised, the best example being the MTP. MTP is a treatment programme for opioid

abusers, aiming to provide them with a legal, affordable, safe and effective way to break their addiction to the opioid, and lead a normal life. Methadone has been proven to be effective in controlling the withdrawal symptoms induced by opioid, hence removing their need to use heroin. However, on psychotropic substance abuse, there is still a lack of accepted international practice. Neither are there proven safe substitutes to the many psychotropic substances which, on the contrary, have been proven to have their toll on the health of abusers. We should be very cautious in considering harm reduction in the context of tackling psychotropic substance abuse.

4.49 Through previous researches and trials, some treatment protocols have already been proven to be effective in handling drug-induced problems. For example, some clinical studies have evaluated and verified the effectiveness of certain medication or treatment protocols for patients with ketamine-induced urological problems. Other studies have proven that abstinence from ketamine is essential for more effective treatment and better recovery of bladder functions. We encourage research/project teams to publicise, share and promote the wider adoption of their proven methods in the anti-drug field. They can also organise experience sharing sessions for peer agencies.

4.50 ND will continue to provide suitable platforms (e.g. through the DLC, thematic seminars, exhibitions, etc.) for the sharing of useful research findings and best practices among service providers. We welcome views from the sector on any other means to share such research findings and best practices. We have also uploaded the findings of BDF-funded research projects to our website for reference by interested parties. Where appropriate, ND will share the relevant research findings with policy makers (including HA).

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

4.51 T&R and the other fronts under the five-pronged anti-drug strategy (i.e. preventive education and publicity, legislation and law enforcement, external co-operation and research) are complementary to each other and mutually reinforcing. For example, preventive education and publicity can complement the work of T&R by enhancing the community's vigilance against the drug problem, reducing potential drug abuse cases

and helping to promote early help seeking by drug abusers, hence facilitating more timely intervention, and reducing pressure on downstream T&R services.

4.52 Our upcoming PE&P campaign will continue to promote public awareness of the drug abuse problems, in particular, facilitating early identification of drug abusers. This will include encouraging drug abusers to seek help through the 24-hour helpline “186 186”, and instant message service “98 186 186”. The Government would also continue to promote community acceptance of treatment facilities through our publicity efforts.

4.53 Young people being exploited in drug trafficking activities remains a major concern in light of the potentially serious consequences. While LEAs will continue to guard closely any such activities, there is a need to continue to step up efforts on the PE&P front to correct misguided beliefs that young people are less criminally culpable than adults when involved in drug-related offences.

4.54 The school is an equally important platform for drug prevention work among young people. The Government will continue to arrange suitable anti-drug training for teachers and students. We will also continue to promote the HSP(DT) as a school-based PE&P initiative aiming at fostering a drug-free culture in schools. Efforts to progressively roll out the HSP(DT) to more secondary schools will continue. We are also planning to conduct an independent evaluation research in the 2015/16 school year to assess the overall effectiveness of such programme and identify areas for improvement.

4.55 We will also continue to involve the community in programmes, such as the ACAB, in promoting community awareness of drug-related issues, in particular, in facilitating early identification of drug abusers.

### Law Enforcement

4.56 Similarly, law enforcement can effectively curb the supply of drugs and deter drug abuse behaviour. Effective law enforcement is an important key to combating drug trafficking activities. LEAs will continue the strategy of targeting drug supply at source through stemming illegal

import of dangerous drugs, strengthening the patrol of targeted drug abuse black spots and adopting vigorous control measure at various control points to curb transnational drug trafficking activities.

4.57 LEAs will also reinforce their liaison and intelligence exchange with Mainland and international counterparts, and carry out joint operations as and when appropriate.

### International Cooperation

4.58 The growing predominance of psychotropic substance abuse and the continuous emergence of new synthetic drugs pose new challenges to legislative control and law enforcement globally. We will remain vigilant in closely monitoring the drug trends both overseas and locally and will take timely action to bring new drugs under legislative control. We will endeavour to keep drug-related crimes under control, as well as to prevent a resurgence of the drug problem, which brings major social, economic and personal costs.

## **VII. Concluding Remarks**

4.59 The T&R services involve many different service modes catering for the varying needs of drug abusers, as well as that of their families. The formulation of the Three-year Plans has provided us with a valuable opportunity to be in extensive engagement and dialogue with different service providers and stakeholders, as well as drug abusers. The Three-year Plans are the fruit of this consensus-building process. We deeply appreciate our partnership with the anti-drug sector and the relevant parties all along.

4.60 This Seventh Three-year Plan sets out the strategic direction of the T&R services in the coming three years, and service providers can review and develop their action plans and programmes accordingly. We would like to thank all parties again for candidly sharing their experience and views. We look forward to continuous close collaboration in future.

**Membership of the Working Group  
on the Three-year Plan  
on Drug Treatment and Rehabilitation Services in Hong Kong  
(2015 - 2017)**

**Chairman:** Dr Ben CHUENG Kin-leung  
Chairman of the Action Committee Against Narcotics

**Members:** Mr Wilson CHAN Man-ho  
Hong Kong Federation of Youth Groups

Dr Alman CHAN Siu-cheuk  
Christian Zheng Sheng Association

Mr David CHEUNG  
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Ms Brenda CHUNG Yin-ting  
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Mr Patrick HO Hin-ming  
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Ms Louisa LEE Mei-ling  
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Mr Moses MUI Wai-keung  
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Ms Carol NG Suet-kam  
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Ms Vivian LAM Yee-mui (up to 29 May 2015)  
Social Welfare Department

Miss Elvie WONG Pui-fong (from 1 June 2015)  
Social Welfare Department

Mr CHAN Kin-chung (up to 27 February 2015)  
Correctional Services Department

Mr TSE Ho-yin (from 28 February 2015)  
Correctional Services Department

Ms Gregor LAU Choi-chu  
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Mr Andrew KO Shun-chi (up to May 2015)  
Hong Kong Police Force

Mr YIP Wan-lung (from May 2015)  
Hong Kong Police Force

Dr LAM Ming  
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Miss Mandy WONG Man  
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Mr Enoch YUEN Ka-lok (up to 20 June 2014)  
Narcotics Division, Security Bureau

Mr Jack CHAN Wai-chung (from 23 June 2014)  
Narcotics Division, Security Bureau

Ms Elaine HO Wing-yin  
Narcotics Division, Security Bureau

**Secretary**

Miss Cherry CHEUNG Shuk-ying  
Narcotics Division, Security Bureau

**Terms of Reference of the Working Group  
on the Three-year Plan  
on Drug Treatment and Rehabilitation Services in Hong Kong  
(2015-2017)**

1. To assess the existing drug treatment and rehabilitation programmes in Hong Kong and see whether the services provided align with the distribution of drug abusers' characteristics and needs;
2. To identify room for adjustment and enhancement of the existing treatment and rehabilitation services in Hong Kong; and
3. To advise on the strategic direction to which drug treatment and rehabilitation services should take in the three-year period from 2012 to 2014

**List of Beat Drugs Fund Granted Projects  
(2012-2014)**

**Treatment and Rehabilitation**

	Grantee	Project Summary	Status
Early identification of hidden drug abusers			
1.	Barnabas Charitable Service Association Limited	<p><u>Beat Drugs Alliance - Brief Motivational Intervention for Hidden Substance Abusers</u></p> <p>The project aims to establish a model of accessible, territory-wide brief intervention to enhance the motivation of hidden substance abusers to seek for treatment services.</p> <p>The project consists of three parts, namely (a) identify hidden substance abusers through website or receive referrals from non-governmental organisations; (b) provide five-day in-patient motivational brief intervention by collaboration with the North District Hospital; and (c) a 12-week post discharge follow up services.</p>	Ongoing
2.	Caritas – Hong Kong	<p><u>Life Architect III</u></p> <p>To motivate female drug abusers in night clubs and online drug abusers to receive counselling and treatment services. Outreaching and on-site risk assessment and drug preventive education, supportive group, crisis supportive services and positive development program are to be provided for female drug abusers in night clubs. As for hidden at-risk youth and young drug abusers, online outreaching and preventive education, web-based intervention such as cognitive and emotional assessment, online counselling and web-based training will be offered. The project will also study cyber drug counselling, characteristics of drop-outs from the programme, etc.</p>	Ongoing
3.	Department of Psychiatry, United Christian Hospital	<p><u>Mobile Nursing Station for Suspected Youth Substance Abusers</u></p> <p>To provide mobile nursing assessment service in youth and children centres to identify suspected youth drug abusers for early intervention. Youth with suspected substance abuse and mental problem would be referred to Substance Abuse Clinics for follow up in collaboration with Counselling Centres for Psychotropic Substances Abusers. Anti-drug educational program for general youth will be organised. Training will also be provided to frontline workers on engagement and motivation enhancement to help them quit drugs.</p>	Ongoing



	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
4.	Evangelical Lutheran Church Social Service - Hong Kong	<p><u>"Pocket Drug Counsellor" Mobile Apps for Drug Rehabilitation (Version 2.0)</u></p> <p>To develop a second version of an anti-drug mobile app which help identify hidden psychotropic substance abusers. Drug preventive education workshops and seminars and professional trainings to frontline social workers and teachers will also be organised.</p>	Ongoing
5.	Youth Outreach	<p><u>Street Transformer Program</u></p> <p>To identify and provide intervention for youth drug abusers through street dance, street art and adventure-based activities. Resilience training, job placement and mutual-help groups will be provided for supporting the participants.</p>	Ongoing
6.	North District Hospital, Tai Po Hospital and Alice Ho Miu Ling Nethersole Hospital	<p><u>Tap the hidden, Tap your talent</u></p> <p>The project aims at promoting new approaches to tackle the problem of hidden drug abusers with co-morbid psychiatric disorders by providing early assessment, screening, problem identification and treatment. The programme includes professional and comprehensive early assessment and identification of hidden drug abusers, design and delivery of individualized tailor-made care program and treatment plan for the hidden drug abusers, home visits and on-site depot injection service, inter-hospital referral to promote continuous service and assessment and treatment to parents and main carers of drug abusers.</p>	Ongoing
7.	The Hong Kong Federation of Youth Groups	<p><u>Project SIM - Stratified intervention model for youth drug treatment service</u></p> <p>The project provides early identification services and stage-specific counselling for potential drug abusers and drug abusers. Services include screening assessment for at-risk youth, outreaching to drug abusers, refusal skills training for potential drug abusers, positive life development plan and cognitive behavioural therapy for occasional drug users, physical check-up, cognitive rehabilitation training and career skill training for drug dependent persons, etc. Professional training workshops will also be organised for frontline outreach workers.</p>	Ongoing
8.	Chinese YMCA of Hong Kong	<p><u>997 Anti-Drug School for Teenage</u></p> <p>The project aims at arousing public awareness on the hidden drug abuse problem and encouraging hidden abusers to seek help. An anti-drug radio broadcast program and a wide range of community preventive education activities will be conducted. Vocational training for rehabilitees and high-risk youth including occasional and habitual drug abusers will also be organised.</p>	Ongoing

	Grantee	Project Summary	Status
Support services for families			
9.	Hong Kong Sheng Kung Hui Welfare Council	<p><u>Love Can Change – Substance Abuse Counselling Scheme</u></p> <p>The project targets drug abusers, rehabilitees and their spouses/partners. It aims at improving the drug abusers' relationship with their partners/spouses through couple therapy and family therapy and preventing them from relapse. Activities comprise individual and couple counselling, family and spouse support groups, relationship enrichment programmes and supplementary support services including Chinese medication service and child cognitive ability assessment. A sharing session with anti-drug professionals will be arranged.</p>	Ongoing
10.	Caritas – Hong Kong	<p><u>Project Muguet 2</u></p> <p>The project targets mainly young drug-abused mothers and some of their partners. It aims at reducing drug abuse of participants, and enhancing their parenting and family functioning.</p> <p>The project consists of five parts, namely (a) the Community Outreaching Programme providing drug education talks in Maternal and Child Health Centres and home visits to the needy cases for identifying the young drug-abusing mothers; (b) the Individual Development Programme providing motivational interviews, cognitive-behavioral therapy etc. to help the drug abused mothers abstain from drug; (c) the Family Support Programme aiming at strengthening the parenting role and family functioning of the participants; and (d) the Life Skill Enhancement Programme enhancing the life skills e.g. communication, employment, socialisation etc. of the participants.</p>	Ongoing
11.	The Hong Kong Federation of Youth Groups	<p><u>Project IAPT</u></p> <p>To provide psychological therapy to high-risk individuals and young drug abusers identified through mental health or cognitive assessment. Parenting skill training and psychological therapy will also be provided to parents of young people who have different levels of psychological morbidity.</p>	Ongoing
12.	Tung Wah Group of Hospitals CROSS Centre	<p><u>Sunny Family</u></p> <p>The project provides family-based intervention for drug abusers through family interviews or home visits, multi-family therapy groups and healthy family activities to enhance the positive communication and coping abilities among drug abusers and their family members so as to help the drug abusers.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
13.	Caritas – Hong Kong	<p><u>Reaching the Unreachables and Breaking Codependency - Support Platform for Family Members of Substance Abusers</u></p> <p>To identify and treat early hidden/potential family members of substance abusers with codependency through outreaching services, intensive casework and therapeutic group works. Books and DVDs will be published to share clinical experiences. Training workshops for anti-drug workers will be organised as well.</p>	Ongoing
14.	Federation of Parent Teacher Associations in Kwun Tong District Limited	<p><u>A Healthy Harmonious and Caring Campus - "HAND IN HAND" Community-based Anti-drug Project</u></p> <p>To raise anti-drug awareness of the Kwun Tong community and provide support to drug addicts and their parents through its community network. Community-based carnivals with anti-drug game booths, talks, exhibitions, band shows and sharing by ex-drug addicts will be organised. Activities and individual counselling will be offered to high-risk students and night outreaching activities will be conducted. In addition, mutual support groups for parents of drug-addicts and training for drug rehabilitees will be organised.</p>	Ongoing
15.	Hong Kong Lutheran Social Service	<p><u>One TOUCH · New LIFE</u></p> <p>To provide treatment and support to hidden psychotropic drug abusers and their families in Wong Tai Sin, Kwun Tong, Tseung Kwan O and Sai Kung. One-stop service will be provided including public drug education station, drug abuse counselling hotline, psychological assessment and consultation sessions, family and individual counselling, family therapeutic and self-help group, volunteer recruitment and trainings, outreaching and home visits.</p>	Ongoing
16.	Caritas – Hong Kong	<p><u>Project Edelweiss-Supportive Service for Young Drug-abusing Mothers, Their Mates and Families-in-Origin</u></p> <p>The project aims at reducing and eliminating the participants' drug use, enhancing their parenting skills, improving their family functions and fostering a healthy and drug-free lifestyle in their families. The programme includes community education programmes and cyber outreaching, individual counselling, family support programme and life skill enhancement programme.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
17.	Hong Kong Lutheran Social Service	<p><u>1 Plus 1 - Integrated Community Scheme</u></p> <p>The project aims at enabling family members of drug abusers to cope with emotional distress and equip them to become peer counsellors for other families that have hidden drug abusers at home. The programme includes community education course, peer counsellor training, mutual support group and therapeutic classes for family members of drug abusers, and life story drama for the general public to raise the awareness of community towards the needs of drug abusers' family members.</p>	Ongoing
18.	The Hong Kong Federation of Youth Groups	<p><u>Project ADSF</u></p> <p>The project aims at strengthening the family skills of parents and enabling them to identify and handle young drug abusers in their families. Project activities include setting up of anti-drug website and apps to disseminate anti-drug information, outreaching counselling services, training course and educational programme for family members with at-risk or youth drug abusers.</p>	Ongoing
19.	Department of Social Work, The Chinese University of Hong Kong	<p><u>A Holistic Parent Counselling, Education and Support Program for Drug-Abusing Parents</u></p> <p>To develop a holistic parent counselling support and education project for pregnant abusers and drug-abusing parents in the Kowloon East District. The project components include qualitative needs assessment study; training workshops for practitioners and students of social work, healthcare, parent education and teaching professions; individual counselling and treatment services for drug-abusing parents or parents-to-be; prenatal and postnatal healthcare services; parent support and education groups; training programs for parent volunteers and publication of a parent education and support manual.</p>	Ongoing
Collaboration for better referral arrangements			
20.	Methodist Centre	<p><u>Anti-drugs I-Square</u></p> <p>The project aims at providing counselling and support group programmes to high-risk youth discharged from rehabilitation centres and detention centres of Correctional Service Department. The programme includes anti-drug training workshops for staff of Correctional Service Department, life education workshops for high-risk youth, support groups for high-risk youth and volunteer mentors, casework counselling for high-risk youth and their parents, etc.</p>	Ongoing

	Grantee	Project Summary	Status
Relapse minimisation and reintegration into society			
21.	Caritas – Hong Kong	<p><u>BUY (Build Up Your) Career Project</u></p> <p>To help young drug abusers learn new job skills, set career plans, and explore their potentials to start freelance work. Project activities include job skills training, career counselling, group sessions and talks on employment and career aptitude, agency visits, sharing sessions, volunteer service programmes and apprentice schemes, etc.</p>	Ongoing
22.	Caritas – Hong Kong	<p><u>Life College</u></p> <p>The project targets unemployed young drug abusers and those who are employed in some high-risk workplaces. It aims to enhance the chance of employment for drug abusers and their resilience against drugs through vocational training and drug rehabilitation. They will also promote drug education in their workplaces. Activities include basic literacy training, job matching scheme, pre-employment training, drug rehabilitation groups, emotion training and peer drug education training, etc.</p>	Ongoing
23.	Operation Dawn Ltd.	<p><u>"Nourishing Minds: Positive Life" Program</u></p> <p>The project targets female drug rehabilitees of Operation Dawn's Girl Centre. Activities include training, psychosocial group activities, career exploration (by visiting professionals) and post-programme care and follow-up.</p>	Completed in Feb 2015
24.	Wu Oi Christian Centre	<p><u>Vocational Training and Peer Caring Scheme</u></p> <p>The project provides vocation training to the adult male residents of the Long Ke Drug Treatment Centre. Training includes hairdressing, bread-making and dessert-making. Peer counsellors will provide support to help residents reintegrate into the society.</p>	Ongoing
25.	Christian New Life Association Limited	<p><u>重返社會職前培訓計劃之基本工藝訓練</u></p> <p>The project provides three vocational training courses including paint and whitewash, plumbing and sanitary ware and electrical appliances installation to the drug treatment and rehabilitation centre residents to enhance their employability and facilitate their re-integration into the community as well as to prevent relapse.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
26.	Mission Ark Limited	<p><u>重返社會職前培訓計劃之舞台音響與燈光設計及技術培訓</u></p> <p>The project provides two vocational training courses including stage sound set technology training and stage lighting design technology training to the drug treatment and rehabilitation centre residents to enhance their employability and facilitate their re-integration into the community as well as to prevent relapse.</p>	Ongoing
27.	Operation Dawn Ltd.	<p><u>Innovation in Operation Dawn</u></p> <p>The project aims at strengthening drugs abusers' determination to stay away from drugs and facilitating their reintegration into society. Activities include parental focus groups, vocational training and counselling and aftercare services, etc.</p>	Ongoing
28.	Caritas – Hong Kong	<p><u>ON MY WAY - Community Rehabilitation Project</u></p> <p>To help drug abusers quit drugs, enhance their self-efficiency and improve their mental health through career guidance programmes, vocational skills trainings and work-placement scheme. Therapeutic counselling groups and motivational enhancement therapy and casework intervention will also be provided.</p>	Ongoing
29.	Evangelical Lutheran Church Social Service - Hong Kong	<p><u>Shadows in Life Project</u></p> <p>To offer training programmes for youth in Tin Shui Wai and North District. Activities include organising anti-drug exhibitions and providing volunteer services. The trained youth will serve as companions of drug-abusing youth. Separately, hidden drug-abusing youth will be recruited to share their experiences through short movies to help rebuild their self-esteem and self-identities.</p>	Ongoing
30.	Hong Kong Lutheran Social Service - Cheer Lutheran Centre	<p><u>We-Cycle</u></p> <p>To encourage drug abusers in Tai Po and North District to live a healthier lifestyle through sport intervention. Trainings in the areas of first-aid, bike technique and maintenance, physical fitness, interpersonal skills and guided tour will be provided to drug dependent persons. After receiving training, they will provide bike guided tours to the students, at-risk youth, social workers and the general public and produce a publication for experience sharing.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
31.	Wu Oi Christian Centre	<p><u>Vocational Training Courses and Aftercare Scheme</u></p> <p>The project provides vocational training courses including dessert making, baking, graphic design and pre-employment training to female residents of the drug treatment and rehabilitation centre to enhance their employability and to prevent relapse. An aftercare group will also be established to help them reintegrate into society.</p>	Ongoing
32.	Operation Dawn Ltd.	<p><u>Steps to Success</u></p> <p>The project aims at enhancing self-assurance and sense of self-worthiness of the female residents of the drug treatment and rehabilitation centre by providing vocational training programmes. Training includes professional makeup artist certificate programme, professional beautician certificate program, professional nail technician course and banquet planner assistant course. Community visits and psychological and vocational counselling will also be provided.</p>	Ongoing
33.	Christian New Life Association Limited	<p><u>重返社區展愛心 – 綜合社區支援計劃</u></p> <p>The project offers vocational training including paint and white wash, plumbing and sanitary ware and electrical appliances installation courses for drug rehabilitees. The trained rehabilitees will form a volunteer team to do minor repair services for low income families. Participants will attend professional qualification examination after completion of training.</p>	Ongoing
34.	Hong Kong Children & Youth Services Sane Centre	<p><u>Chords with Us - Community Extended Rehabilitation Project</u></p> <p>The project aims at helping the early rehabilitated drug abusers to maintain abstinence and help their re-integration into the community. Activities include case counselling, life orientation training, skill training, personal development and growth group, volunteer service, vocational practicum opportunities, support network and mutual help group.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
35.	Tuen Mun Substance Abuse Clinic (TMSAC) and Occupational Therapy Department (OTD) of Castle Peak Hospital (CPH)	<p><u>Lifestyle Redesign Program</u></p> <p>The project aims to help young substance abusers and rehabilitants build a healthy and active lifestyle through meaningful engagement in vocational, leisure and daily life activities.</p> <p>The project consists of four parts, namely (a) screening suitable service users; (b) identifying service users' strength through comprehensive assessments and help them formulate lifestyle re-design plan; (c) providing job matching, leisure groups and socializing groups; and (d) rendering job coaching and life coaching to facilitate service users' maintenance of healthy lifestyle.</p>	Ongoing
36.	Caritas – Hong Kong	<p><u>GATO HOME</u></p> <p>The project aims at integrating animal assisted therapy/activities into drug counselling for female drug abusers or those who have quitted drugs for at least three months in the Hong Kong Island. The programme includes animal assisted therapy cum drug counselling.</p>	Ongoing
37.	Barnabas Charitable Service Association Limited	<p><u>Project of "Add – Volunteer Network"</u></p> <p>To train ex-drug abusers for volunteer services and match them with volunteer partners in providing volunteers service to enhance their confidence and help them reintegrate into society. The recruited participants will attend volunteer trainings, sharing sessions, adventure-based trainings and volunteering services.</p>	Ongoing
38.	Tung Wah Group of Hospitals	<p><u>Path Builders for drug abusers-community rehabilitation project</u></p> <p>The project aims at providing employment assistance and support to drug abusers to help them reintegrate into society. The programme includes engaging hidden drug abusers through a pilot online job market platform, pre-employment support and job placement, and providing follow-up counselling and mutual support group. Drug-related educational programme will also be organised for employers.</p>	Ongoing
Provide structured training/experience sharing for anti-drug workers			
39.	Hong Kong Council of Social Service	<p><u>Professional Certificate Course in Substance Abuse Counselling</u></p> <p>To organise a certificate training course, comprising four modules with 45 training hours, to anti-drug workers. The project aims to enhance participants' understanding of drug abuse in Hong Kong and equip them with skills on developing treatment plans and relapse prevention and maintenance, as well as counselling and therapy techniques.</p>	Completed in Mar 2014



	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
40.	Department of Social Work, The Chinese University of Hong Kong	<p><u>Building Competence for Sustained Anti-drug Work: An Integrated Humanistic and Cognitive-behavioral Training for Practitioners and Students of Social Work and Healthcare Professions</u></p> <p>The project provides a structured anti-drug training for social workers, healthcare professionals and tertiary students to enhance the participants' knowledge and competence in working with drug abusers through an integrated approach of humanistic and cognitive-behavioral therapy.</p>	Ongoing
41.	Barnabas Charitable Service Association Limited	<p><u>Project of "Marvellous Trip for Resisting Drugs" - Professional Continuing Education Course</u></p> <p>To provide structured anti-drug training programme to social workers, students, frontline staff from social welfare and medical sectors to enhance their early identification and intervention skills.</p>	Ongoing
42.	Department of Social Work, The Chinese University of Hong Kong	<p><u>Toward A Drug-Free Campus: An Integrated Humanistic and Cognitive-Behavioral Training on Anti-Drug Work for Practitioners and Students of the Teaching Profession</u></p> <p>To provide structured anti-drug training to equip students, fresh graduates and practitioners of the teaching professions with knowledge and skills of an integrated approach of humanistic and cognitive-behavioral therapy for drug abusers. A bilingual web-based course will be produced for online access and self-learning.</p>	Ongoing
43.	Tung Wah Group of Hospitals	<p><u>Certified Addiction Counsellor Training</u></p> <p>The project aims at providing addiction counsellor training to drug treatment professionals. Participants who successfully complete the training and pass the assessment will be issued a professional credential or a certificate by Asia Pacific Association for Addiction Professionals.</p>	Ongoing
<b>Address the needs of specific groups</b>			
44.	Hong Kong Lutheran Social Service	<p><u>Pregnant Psychotropic Substance Abusers Family Supporting Scheme</u></p> <p>To reduce the drug abuse of pregnant women and their partners and enhancing their parenting and family functioning. The project comprises drug treatment counselling services for the participants and their partners; medical support services such as prenatal examination, postnatal nursing care, child care guardian service, baby nursing service, and family support services such as escort services for prenatal check-up, family visits, baby care guidance, family life guidance and career guidance.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
45.	Barnabas Charitable Service Association Limited	<p><u>"Butterfly Project" - Services of full rehabilitation to aid Female Drug Rehabilitants and Families</u></p> <p>The project aims at reducing the risk of relapse among female ex-drug abusers through a structural relapse prevention model. Family counselling will be provided to the female participants and their family members. Participants will be trained as "Butterfly Ambassadors" and visit the underprivileged families with their family members so as to enhance the understanding between rehabilitees and family members and raise the community's acceptance toward ex-drug abusers.</p>	Ongoing
46.	The Society of Rehabilitation and Crime Prevention, Hong Kong	<p><u>Project CARE – Community-based Treatment And Rehabilitation Support Service for Ethnic Minorities</u></p> <p>This project provides community based treatment and rehabilitation support service to ethnic minority (EM) groups. Services includes identification and engagement of EM at-risk, active and ex-drug abusers and community members; assessment and treatment plans for active and ex-drug abusers; community-based treatment programme (residential detoxification plus community-based treatment); health check, short-term job placement scheme; social rehabilitation and relapse prevention program (including trainee program and pre-vocational training and job matching); support to family of drug abusers; and 18-month aftercare services in the community.</p>	Ongoing
47.	HKSKH Lady MacLehose Centre	<p><u>"Mindful Life" – Ethnic Minorities Recovery and Support Service (Tsuen Kwai Tsing &amp; Yau Tsim Mong District)</u></p> <p>The project serves ethnic minorities residing in Yau Tsim Mong, Tsuen Wan and Kwai Tsing district. Key activities include preventive workshops for parents and students, engaging activities for high-risk female, case work counselling, vocational training, adaptation programme and training for frontline workers of designated schools, outreach teams and social service providers.</p>	Ongoing
48.	Yang Memorial Methodist Social Service	<p><u>Community-based Recovery &amp; Support Program (Extension) for the South Asians in Yuen Long</u></p> <p>This project targets the ethnic minorities in Yuen Long to help them stay in community during detoxification with the support from family and other network so as to help them reduce drug use and prevent relapse.</p> <p>The project has four stages, namely identification, engagement, rehabilitation and treatment, and aftercare. Activities include medical consultation, ambassador sharing, counselling and vocational training to ethnic minority drug abusers and their families.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
49.	Action for Reach Out	<p><u>Integrated Anti-drug Service Scheme for Female Ethnic Minority Sex Workers</u></p> <p>To enhance the knowledge of ethnic minority female sex workers on the harm of drug use and cultivate a healthy lifestyle to lower their risk of drug abuse. Activities include provision of intervention and counselling to high-risk drug users, individual and outreach visits, group activities, hotline and online outreaching. Training workshops for social workers and frontline workers and peer counsellors will also be organised.</p>	Ongoing
50.	New Home Association Limited	<p><u>Sun Shine Project for Ethnic Minorities - Proud to be Drug Free</u></p> <p>To enhance resilience of ethnic minorities against drug abuse through provision of multi-dimensional preventive education and publicity programmes such as training camps, visits to drug treatment centres, anti-drug workshops and publicity events of anti-drug seminars, exhibitions, mobile anti-drug stations, etc.</p>	Ongoing
51.	Rainbow of Hong Kong Limited	<p><u>A Queer Organization's Drug Rehabilitation Programme</u></p> <p>This project provides preventive education, and drug treatment and rehabilitation services to drug-dependent men who have sex with men. Project activities include weekly sharing sessions, adventure-based experiential activities, art therapy, anti-drug camp and training for peer educators.</p>	Completed in Mar 2014
52.	Community Health Organisation For Intervention, Care and Empowerment Limited	<p><u>Integrated Anti-drug Service Scheme for Gay Population</u></p> <p>To provide preventive education and publicity programmes including outreaching, group activities and internet outreaching to homosexual persons. Counselling services and therapeutic groups will be provided to homosexual drug abusers.</p> <p>Anti-drug leaflets and mobile apps providing drug information, introducing treatment and rehabilitation services and interactive games will also be published. In addition, training for ex-drug-abusing homosexuals to be peer counsellors will be organised.</p>	Ongoing
53.	Rainbow of Hong Kong Limited	<p><u>A Drug Rehabilitation Programme for Ethnic Minority and Marginalized Queers</u></p> <p>The project aims at providing drug rehabilitation services and anti-drug education to the communities of men who have sex with men. Project activities include anti-drug awareness seminars, peer counsellor training, support group, art therapy group etc.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
54.	North District Hospital	<p><u>Sports Clinic – "KICK" Drug Out!</u></p> <p>This project aims at improving abstinence, preventing relapse and improving substance abuse-related physical, mental disorder and cognitive impairment of rehabilitees of drug treatment services. Professional physical, mental and cognitive assessment and tailor-made exercise programme, such as aerobic kickboxing and pilates exercise will be delivered by experienced psychiatrist and physiotherapist.</p>	Ongoing
55.	Department of Psychiatry, North District Hospital and Department of Occupational Therapy, Alice Ho Miu Ling Nethersole Hospital	<p><u>Meaning Recovery from Zero Engagement</u></p> <p>The project consists of psychiatrist and occupational therapist at North District Hospital providing brief intervention and pharmacological treatment to substance abusers with co-morbid psychiatric illness. This project aims to assess the effectiveness of the service in improving follow-up and medications adherence, functioning, enhancing motivation to quit or reduce amount of substance use.</p>	Project withdrawn
56.	Youth Urological Treatment Centre, Department of Surgery, The Chinese University of Hong Kong	<p><u>An evidence-based two-tier urological treatment and liver-injury surveillance program to young ketamine abusers with urinary tract dysfunction</u></p> <p>The project aims at improving the urological symptoms and voiding function of young ketamine abusers with urinary tract dysfunction by providing fast-track urological assessment and treatment; identifying those young ketamine abusers who are at high risk of developing severe liver damage by introducing a ketamine-associated liver injury surveillance program; and identifying those residents of drug treatment and rehabilitation centres who would benefit from formal urological assessment and treatment.</p>	Ongoing
57.	Department of Medicine and Therapeutics, The Chinese University of Hong Kong	<p><u>Project "SEE"! - A pilot service for seizures and epilepsy among psychotropic-drug and cough-mixture abusers</u></p> <p>This project aims at addressing the clinical and treatment needs of drug abusers who develop seizure disorder by providing a fast-track outpatient clinic. Outreach seminars and public talks on related topic will be provided to general public and family members of patients.</p>	Project withdrawn
58.	Kwai Chung Hospital	<p><u>Occupational Lifestyle Redesign • Life Role Re-establishment Project</u></p> <p>The project aims at providing lifestyle rebuilding services for drug abusers who will receive rehabilitation services in phases to enhance their motivation for treatment, reduce their drug abuse behaviour and relapse risk, enhance mental well-being, establish proper life roles and improve their functioning.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
59.	United Christian Hospital	<p><u>Mobile Functional Cognition Program</u></p> <p>The project provides community-based cognitive remediation (e.g. cognitive assessment and training, psycho-education), occupational enhancement and lifestyle redesign services for drug abusers. The recruited drug abusers are expected to reduce or stop drug abuse and show improvement in functional cognition in occupational performance and lifestyle.</p>	Ongoing
60.	Hong Kong Christian Service	<p><u>Chinese Medical Treatment on Urinary Problem</u></p> <p>The project aims at reducing drug rehabilitees' urological symptoms through Chinese Medical treatment including acupuncture therapy and Chinese herbal medicine. Hope instillation workshops and lifestyle reformation workshops will also be provided.</p>	Ongoing
61.	The Society for the Aid and Rehabilitation of Drug Abusers	<p><u>To purchase a 16-seater mini bus for Au Tau Youth Treatment Centre</u></p> <p>To purchase a 16-seater mini bus for transporting staff and rehabilitees of Au Tau Youth Treatment Centre and daily food and goods for centre operation.</p>	Ongoing

### **Preventive Education and Publicity**

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
1.	KELY Support Group Limited	<p><u>It Begins With One Story – A Drug-free Initiative for Ethnic Minority and Non-Chinese Speaking Youth and Their Parents</u></p> <p>To mobilise ethnic minority and non-Chinese speaking youth to take part in an inter-school anti-drug publicity campaign that aims to raise students' and parents' awareness on drug abuse. Students will be the project leaders of the campaign for disseminating anti-drug messages to non-Chinese speaking youth and parents.</p>	Completed in Feb 2015
2.	Life Education Activity Programme	<p><u>Drug Free Family – A Prevention Education Programme for Parents</u></p> <p>To strengthen parent-child communication and parenting skills, heighten parents' drug awareness, and enhance their ability to identify children drug problem at an early stage through a series of anti-drug workshops and talks.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
3.	The Hong Kong Polytechnic University	<p><u>City Sans Drugs – Buddy and Mentorship Program for the Nepalese Community in Yau Tsim Mong</u></p> <p>Volunteer university students will be recruited as buddies and mentors to promote anti-drug messages to Nepalese ethnic group in the Yau Tsim Mong district. Day camp and outdoor camp, Chinese and English language workshops, IT workshops, drama and musical performances, visits to social enterprises, and training for volunteer students, etc will be organised.</p>	Ongoing
4.	Tung Wah Group of Hospitals Jockey Club Tai Kok Tsui Integrated Services Centre	<p><u>"The Matrix 4D" Beat for Future Project</u></p> <p>To launch a one-year programme for primary and secondary school students, parents and high risk youth in Yau Ma Tei district, including form-based preventive activity, three-day resilience training camp, hobby development programmes and vocational skill training programme, adventure-based activities for at-risk individuals, anti-drug parenting talks, and community education activities.</p>	Completed in Feb 2014
5.	Aberdeen St. Peter's Catholic Primary School	<p><u>Synergy together Strive for excellence</u></p> <p>To conduct a number of school-based anti-drug activities including teachers' training, parent workshops, an award scheme for parents to reinforce parent-child communication, drug education programmes for kindergarten and primary school students, anti-drug drama training for students, etc.</p>	Ongoing
6.	Hong Kong Association of Youth Development Limited	<p><u>"Your Choice" Nano-movie Competition cum Road Show</u></p> <p>To enhance young people's drug knowledge and their resilience against drugs through a short film production competition. Workshops on script-writing and film making, as well as a prize presentation ceremony will also be organised.</p>	Ongoing
7.	The Hong Kong Polytechnic University	<p><u>sPADAP - Smart Parents Against Drug Abuse Platform</u></p> <p>To produce anti-drug mobile phone apps targeting parents, students, social workers and anti-drug experts. The apps will provide anti-drug knowledge and tools to aid in identification of hidden drug abusers and provide a communication platform for students and their friends, as well as parents and social workers. In addition, workshops will be conducted for parents to educate them about the use of social media in communicating with youth, as well as workshops to teach students to develop mobile apps.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
8.	The Salvation Army Social Services Department	<p><u>Project N.E.T. - drug prevention and education project</u></p> <p>The project aims to enhance relationship between high-risk youth and their parents, and help build up self-image and self-confidence of these high-risk youth. Activities include parent education and support services such as home visits, parent support groups, and adventure-based training, interest groups, workshops on social skills and relationship building, career guidance and job placement for high-risk youth. School-based narrative and art supporting groups for high-risk youth will also be organised.</p>	Ongoing
9.	Wai Yin Association	<p><u>Drugs, All Clear</u></p> <p>To raise awareness of public and secondary school students on the harms of drug abuse through lectures and laboratory sessions demonstrating the effects of ketamine on mice. The lectures and laboratory sessions will be produced as DVDs, and will be broadcast on various channels for a wider dissemination of drug harms.</p>	Ongoing
10.	Wan Chai District Fight Crime Committee and Methodist Centre	<p><u>Sing Movie Anti Drugs Project</u></p> <p>The project includes producing and screening an anti-drug short film based on a real case of ex-drug addict. A mobile app is to be produced to provide a platform for disseminating anti-drug knowledge and game. Interest classes and public performances will be held to spread anti-drug awareness in the community.</p>	Ongoing
11.	Yan Chai Hospital Social Services Department	<p><u>Formula for Positive Life</u></p> <p>To instil positive outlook among primary and junior secondary school students through positive psychology intervention. Group-based activities, visits to drug treatment and rehabilitation centres and adventure-based day camp will be organised. In addition, parent talks and groups will be conducted to raise anti-drug awareness, strengthen their skills in identifying hidden drug abusers and foster parent-child communications.</p>	Ongoing
12.	JC School of Public Health and Primary Care, Faculty of Medicine, the Chinese University of Hong Kong	<p><u>Continuation of the Path-finding Adventure Project (PAP) - an integrated screening and non-labeling secondary prevention program for students at high risk of substance use</u></p> <p>The project aims at identifying high-risk students, based on the screening tool developed in the previous PAP, for recruitment into a secondary intervention programme which includes mentoring group activities, adventure activities and path-finding workshops. Parenting workshops will be organised and primary prevention materials will also be produced.</p>	Ongoing

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
13.	The Lok Sin Tong Benevolent Society, Kowloon	<p><u>Smart Youth, Drug Free Youth-Drug prevention and education project for ethnic minority youth</u></p> <p>The project aims at enhancing the ethnic minority youth's anti-drug attitude and raising community awareness about the legal consequences of drug abuse. It also aims at strengthening parents' early identification skills and parenting skills. Educational activities, community services and a mentorship scheme will be organised for the ethnic minority youth. Anti-drug parenting workshops and parent support groups will also be conducted.</p>	Ongoing
14.	KELY Support Group Limited	<p><u>“Project P.T.U. (Prevention Today starts from You)” - School Based Community Risk Prevention Programme</u></p> <p>The project aims at strengthening the protective factors in the family and school settings of non-Chinese speaking students by improving parent-child relationships and enhancing anti-drug awareness and early identification skills of teachers and parents. Training workshops will be organised for parents and teachers of international/ English-medium secondary schools.</p>	Ongoing
15.	The Hong Kong Federation of Youth Groups	<p><u>Drug Prevention Micro Film Contest and Educational Package</u></p> <p>The project aims at raising the anti-drug awareness of young people and general public through production and broadcasting of anti-drug micro-films. Anti-drug activities include micro-film production workshop and camp; anti-drug micro-film contest; broadcast of award winning micro-films; production of an Announcement in Public Interest; production and dissemination of a multi-media anti-drug education pack for teachers and youth workers; and dissemination of anti-drug messages on the mass media and social media.</p>	Ongoing
16.	Hong Kong Children & Youth Services	<p><u>Rekindling Hope Video Competition</u></p> <p>The project aims at enhancing young people's awareness on drug abuse and encouraging the hidden drug abusers to seek help for quitting drugs. Drug rehabilitees will be interviewed and video-taped by healthcare practitioners to evident their drug treatment process. Youth will be recruited to edit the interview videos, and workshops on anti-drug knowledge and visits to drug treatment facilities will be provided to the young participants. The short films will be shown to high-risk youth and disseminated through multi-media channels.</p>	Ongoing



	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
17.	Hong Kong Federation of Education Workers	<p><u>Say “No” to drugs by Community: Teachers and Parents Alliance</u></p> <p>The project provides training to teachers on early identification of hidden abusers for rendering assistance, as well as training for parents to enhance their roles in preventing their children from drug abuse and capability in early identification of children’s drug problems.</p>	Project withdrawn
18.	New Home Association	<p><u>Anti-drug Project for Ethnic Minority Youth “Strive for C.E.O.”</u></p> <p>The project aims at strengthening resilience of ethnic minority youth against drug abuse by developing positive social value and healthy lifestyle. Project elements include positive life training programme, community educational programmes, leadership training programmes, vocational training, casework counselling and referral services.</p>	Ongoing

## **Research**

	<b>Grantee</b>	<b>Project Summary</b>	<b>Status</b>
1.	The Hong Kong Polytechnic University	<p><u>Rapid Detection and Quantitation of Drugs-of-abuse in Urine and Oral Fluid</u></p> <p>To develop a simple, rapid and reliable method for detection and quantitation of common drugs-of-abuse in urine and oral fluid, by making use of wooden-tip electrospray ionization mass spectrometry technique.</p>	<p>e.g. Completed in July 2014</p> <p>Final Report available at: <a href="http://www.nd.gov.hk/pdf/20140903_full_report_eng.pdf">http://www.nd.gov.hk/pdf/20140903_full_report_eng.pdf</a></p>
2.	The Hong Kong Polytechnic University	<p><u>Cognitive Rehabilitation for Vocational Training of Primarily Ketamine Users: A Randomized Control Trial</u></p> <p>To compare the effectiveness of virtual reality-based vocational training and tutor-administered vocational training on ketamine abusers’ cognitive functions and vocational outcomes. Young ketamine abusers to be assigned into one of the two training groups and their improvement will be compared with non-drug abusers.</p>	Ongoing
3.	Pearl River Delta Social Research Centre, Department of Sociology, The Chinese University of Hong Kong	<p><u>Monitoring Recent Changes of Cross-Border Drug Use and Their Implications for Prevention/Control Strategies</u></p> <p>The project aims at exploring the latest trend of cross-border drug use and its socio-political-legal context by surveying border travellers.</p>	Ongoing

	Grantee	Project Summary	Status
4.	Hospital Authority Toxicology Reference Laboratory	<p><u>Validation of rapid oral fluid test (ROFT) devices for on-spot screening of drug users</u></p> <p>The research project proposes to (i) develop and validate a chromatography-based method for quantitative analysis of illicit drugs in oral fluid; and (ii) evaluate the sensitivity, specificity and accuracy of commercial rapid oral fluid test (ROFT) devices for detection of the illicit drugs from oral fluid samples collected from subjects recruited in substance abuse clinics and a drug rehabilitation centre, thus to identify the potential ROFT devices suitable for local use.</p>	Ongoing
5.	Department of Psychology of the University of Hong Kong	<p><u>Substance Abuse Rehabilitation in a Therapeutic Community: A Multi-wave, Cross-Sequential, Mixed-Methods Study of Christian Zheng Sheng College</u></p> <p>The research project examines the longer-term positive changes in youth who are part of a Therapeutic Community of the Christian Zheng Sheng College in Hong Kong.</p>	Ongoing
6.	The Hong Kong Polytechnic University	<p><u>Enhanced Detection and Quantitation of Drugs-of-abuse in Urine and Oral Fluid by Solid Phase Microextraction Coupled with Mass Spectrometry</u></p> <p>The research project aims at developing solid phase microextraction with mass spectrometry methods for rapid and sensitive analysis of common abused drugs, ketamine, methamphetamine, cocaine, ecstasy, cannabis and heroin, and their metabolites in urine and oral fluids.</p>	Ongoing
7.	The Hong Kong Jockey Club Centre for Suicide Research and Prevention of the University of Hong Kong	<p><u>Assessing the socioeconomic costs of drug abuse in Hong Kong SAR</u></p> <p>The research project aims at (i) identifying and assessing the nature, extent and impact of various associated factors and externalities contributing to the socioeconomic costs due to drug abuse in the context of Hong Kong; (ii) determining the socioeconomic consequences of drug abuse by different types of illicit drugs in Hong Kong based on the available analytical framework; and (iii) identifying which subgroups of population suffers the most from drug abuse in terms of socioeconomic costs.</p>	Ongoing
8.	Li Ka Shing Faculty of Medicine of the University of Hong Kong	<p><u>Gastrointestinal, hepatic and biliary sequelae of frequent ketamine use: a prospective observational study</u></p> <p>The objectives of this research project are to (i) determine the underlying aetiology of abdominal discomfort among frequent ketamine users; and (ii) determine the prevalence of different gastrointestinal, liver and biliary pathologies among frequent ketamine users and to determine risk factors associated with the development of different gastrointestinal, liver and biliary pathologies among frequent ketamine users.</p>	Ongoing

### Abbreviations

ACAB	Anti-drug Community Awareness Building
ACAN	Action Committee Against Narcotics
A&E	Accident and Emergency
B/Ds	Government Bureaux/Departments
BDF	Beat Drugs Fund
CCPSAs	Counselling Centres for Psychotropic Substance Abusers
CDCs	Centres for Drug Counselling
CRDA	Central Registry of Drug Abuse
CSD	Correctional Services Department
CSSS	Community Support Service Scheme
CYCs	Children and Youth Centres
DATCs	Drug Addiction Treatment Centres
DFCCs	District Fight Crime Committees
DH	Department of Health
DIC	The Hong Kong Jockey Club DrugInfo Centre
DLC	Drug Liaison Committee
DTRCs	Drug Treatment and Rehabilitation Centres
EDB	Education Bureau
ELCHK	Evangelical Lutheran Church of Hong Kong
EPS	Enhanced Probation Service for Young Drug Offenders
FSA	Funding and Service Agreement
HA	Hospital Authority
HKCSS	Hong Kong Council of Social Service
HKLSS	Hong Kong Lutheran Social Service
HSP(DT)	Healthy School Programme with a Drug Testing Component
ICYSCs	Integrated Children and Youth Services Centres
ICCMWs	Integrated Community Centres for Mental Wellness
IFSCs	Integrated Family Service Centres
ISCs	Integrated Services Centres
LEAs	Law Enforcement Agencies
MCHCs	Maternal and Child Health Centres
MTP	Methadone Treatment Programme
ND	Narcotics Division

NGOs	Non-governmental Organisations
OSMSS	On-site Medical Support Service
PO	Probation Officer
PSAs	Psychotropic Substance Abusers
PE&P	Preventive Education and Publicity
PSDS	Police Superintendent's Discretion Scheme
RAG	Research Advisory Group
RDT	RESCUE Drug Testing Scheme
RN(Psy)	Registered Nurse (Psychiatric)
SACs	Substance Abuse Clinics
SFS	Special Funding Scheme
SIS	Service Information System
SSDs	Schools for Social Development
SWD	Social Welfare Department
T&R	Treatment and Rehabilitation
T&R/SC	Subcommittee of Treatment and Rehabilitation
WG	Working Group
YND Teams	Overnight Outreaching Services for Young Night Drifters
YOT Teams	Youth Outreaching Teams