

CHAPTER 4

DISCUSSIONS AND STRATEGIES

(A) Views and Discussions

4.1 During the preparation of the Plan, views were collected from the service sector and key players of the treatment and rehabilitation field. Comments gathered from the consultation sessions organised by the HKCSS in July 2008 are at **Annex X**. A summary of the points raised by ACAN, T&R Sub-committee and DLC is recorded at **Annex XI**. In drawing up the Plan, due consideration was given to all the comments and suggestions collected. The views of the Director of Audit in his Report No.50 and of the Task Force on Youth Drug Abuse in its Report have also provided good food for thought and a steer of the direction. We have naturally incorporated appropriate recommendations of the Task Force and the Director of Audit, with necessary adaptation, adjustment and elaboration in the context of this Fifth Three-year Plan.

(B) Major Issues of Concern

4.2 In overall terms, we have identified several major issues of concern as follows:

- (a) the existing methodologies and research findings for estimating the drug abuse population and understanding the drug abuse situation are considered not adequate;
- (b) unlike traditional drugs such as heroin which would require fume inhaling or injection, many psychotropic substances can readily be taken through snorting or swallowing without any paraphernalia. There may be few obvious withdrawal symptoms in the short term. There is also an increasing trend of abusing drugs at home or across the boundary, out of sight of public authorities or parents. This makes psychotropic substance abuse by youngsters difficult to detect by law

enforcement officers, their parents, teachers or peers. Many abusers have therefore remained out of reach of the existing help networks given the hidden nature of psychotropic substance abuse;

- (c) there are concerns about the under-provision and inadequacy of downstream treatment and rehabilitation services, including counselling, medical and residential drug treatment services;
- (d) there could also be better collaboration between different modalities to ensure a continuum of services;
- (e) resource allocation between services for heroin abusers and psychotropic substance abusers appears to lag behind the changing drug scene; and
- (f) there could be better cooperation and more synergy between our efforts on the front of treatment and rehabilitation and other prongs of the overall anti-drug strategy.

(C) Strategies for the Fifth Three-year Plan

4.3 To address the above concerns, our strategies should focus on the following areas:

(a) Strengthening surveys and studies for a better understanding of the drug abuse situation

4.4 Given the rapid changes of the drug scene, further surveys and research studies in various methodologies should be conducted to collect information and statistics from different angles for better estimation and monitoring of changes in drug abuse trends and characteristics of drug abusers. This could provide a more solid foundation to facilitate the planning of anti-drug strategies and programmes.

(b) Early identification of youth at risk and intervention

4.5 As discussed earlier, the rise of psychotropic substance abuse, particularly among our young people, is posing significant challenges to Hong Kong. Given the common characteristics of psychotropic substances, including their gradual but severe harm on a person, “hidden” nature from discovery and relative accessibility, as well as abusers’ lack of motivation to seek help, we need to step up efforts to facilitate early identification and contact, so that intervention and rehabilitation can be rendered before the harms have been deeply inflicted on abusers.

(c) Enhancement of downstream programmes in terms of capacity and sophistication

4.6 Currently downstream treatment and rehabilitation services have been provided through various channels, including CCPSAs, SACs and DTRCs. For young people who have broken the law, professional intervention may be made through CSSS for those subject to the PSDS, and through the probation service and DATC programme, among other sentencing options, for those convicted.

4.7 The enhancement of Government’s efforts to raise public awareness and to train stakeholders (including teachers, school social workers, general medical practitioners and parents) to identify drug abusers, coupled with the enhanced efforts by outreaching and anti-drug workers, may unearth latent demand for downstream services. Taking into account the unfolding development, the provision of the various services should be further strengthened or upgraded in terms of capacity and sophistication.

4.8 In view of the changing drug scene, there is a continuing need to equip anti-drug workers in a systematic and structured manner with the necessary knowledge and skills to deliver treatment intervention effectively. We should consider whether and how best further structured training programmes for anti-drug workers should be pursued and recognised in the light of demand and the changing drug scene.

4.9 Any treatment and rehabilitation programme must target at drug

abusers' reintegration into society and seek to prevent relapse. This would require not only a proper design of the programme to change attitudes, build up skills and provide aftercare services, but also community and family support for rehabilitated abusers. Further measures to enhance the reintegration elements of the treatment and rehabilitation programmes should be pursued and community and family support should be promoted and solicited.

(d) Continuum of service by different sectors / modalities

4.10 It is recognised that the drug abuse problem is a manifestation of deeper family or youth development problems. To treat and rehabilitate a drug abuser, it should be most effective if a patient-centred, holistic approach can be adopted involving social workers, medical professionals, educationalists, family members, etc as appropriate. We should further develop the multi-disciplinary approach in a pragmatic manner with a view to developing appropriate cooperation and networking models on a district basis.

(e) Sustained service improvement

4.11 Currently a significant proportion of anti-drug resources is allocated to heroin-oriented treatment and rehabilitation services. As psychotropic substances have become popular drugs of choice in the recent years, drug treatment agencies are encouraged to re-engineer their opiate-oriented treatment and rehabilitation programmes to match the needs of psychotropic substance abusers. We need to closely monitor the re-engineering pace of the drug treatment and rehabilitation programmes, better appreciate the outcome of various services and seek improvements in programmes and performance targets.

(f) Resource alignment

4.12 Although the number of heroin abusers still remains at a high level and residential treatment service for heroin abusers may in general be more expensive than non-residential services for psychotropic substance abusers (such as CCPSAs and SACs), there is a continuing need to closely monitor the demand and utilisation for various services

and ensure appropriate resource allocation to meet the needs of both heroin abusers and psychotropic substance abusers.

(g) Continuum and complementarity with efforts in other prongs

4.13 We need to ensure that efforts among the five prongs will work together in a complementary manner to strive for maximum impact and effectiveness of our overall anti-drug strategy. For example, preventive education and publicity can play a great part in helping identify drug abusers for intervention. Our research efforts should help not only better assessment of the drug abuse situation, but also examination of the service outcome for improvement and service alignment. Law enforcement actions and external cooperation may help trawl more abusers for rendering assistance.

4.14 The BDF is an important source of funding for supporting programmes and activities of non-recurrent nature, so that service providers may have extra resources to strengthen their drug prevention as well as treatment and rehabilitation programmes. Continuous efforts should be made to improve the operations of the BDF in order to make the most of the funding scheme to support community participation in the anti-drug cause.

(D) Other Issues

(a) Harm reduction

4.15 The issue of harm reduction has been discussed during consultation meetings with the anti-drug network and on other occasions. Some suggested that the zero tolerance policy should continue to avoid giving out any wrong message that occasional drug abuse was acceptable, while some others considered that a reduction in drug consumption would be better than no improvement at all. Overall speaking, there is general agreement that zero tolerance should remain the stated anti-drug policy, while harm reduction may be appropriate at the individual case-management level based on professional judgement. In the longer-term, there could be further healthy discussion on whether and

how the concept of harm reduction may be considered and developed in the context of Hong Kong.

(b) Gateway drugs

4.16 Some expressed concern about the possible relationship between drug abuse and the use of “gateway drugs” like tobacco and alcohol, as suggested in some overseas studies. The need for research efforts in the local context may be further considered.

(c) Overall anti-drug policy

4.17 Some suggested that there should be regular review on anti-drug policy to cover treatment and rehabilitation as well as other aspects of the anti-drug policy notably preventive education, with strategic objectives, action plan and expected outcomes. On the other hand, it was appreciated that the recent deliberations of the Task Force on Youth Drug Abuse has indeed served the purpose and its over 70 recommendations are of general significance and application, covering all the five prongs. The immediate priority should be the pursuit of implementation of the full range of the Task Force’s recommendations from short to long term. The need for expanding the next Three-year Plan and enhancing its preparatory work may be further considered in due course, taking into account the implementation progress of this Three-year Plan and the Task Force’s recommendations.