



Team Approach in the Community-based Management of Substance Abusers



This Resource Book is published by the Hong Kong Medical Association and the Hong Kong Council of Social Service and sponsored by the Beat Drugs Fund.



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Resource Book for the Beat Drugs Seminar 2008

Team Approach in the Community-based Management of Substance Abusers

Message from the Chairman

Dr. LEUNG Chi Chiu

Chairman, Beat Drugs Seminar Organizing Committee

Psychoactive substance abuse is an increasing problem especially among the younger generation in Hong Kong. There is a dire need for medical professionals and social workers to work together in identifying drug abuse cases early and motivating them to quit at an early stage. Under the generous sponsorship of the Beat Drug Fund, the Hong Kong Medical Association and The Hong Kong Council of Social Service co-organised the **Beat Drugs Seminar 2008 - "Team Approach in the Community-based Management of Substance Abusers"** on 5 January 2008.

This resource booklet is published after the above seminar with a view to providing relevant information to primary care doctors and frontline social workers so that they can take on a bigger role in responding to the needs of drug-dependent persons. Besides the introductory remarks by Dr. CHOI Kin, President, The Hong Kong Medical Association and Ms. Christine FANG, Chief Executive, The Hong Kong Council of Social Service, the abstracts of the following presentations are also included:

1. Drug treatment and rehabilitative service in Hong Kong
2. Assessment and the importance of evaluation of psychiatric symptoms in adolescent substance abusers
3. Use of a body check-up and personalized motivational feedback as an early intervention for young substance users in Hong Kong
4. Putting theory in practice: collaboration between medical professionals and NGOs

In addition, the following reference materials / other useful information from Narcotics Division, Security Bureau website are also included:

1. Useful drug information
2. Screening guidelines for substance abuse
3. Counselling, treatment and rehabilitation services
4. NGOs drug services and useful websites

We sincerely hope that you will find the above information useful. Let us work together and take on a bigger role in responding to the needs of drug-dependent persons within our community.



The Hong Kong
Medical Association



The Hong Kong
Council of Social Service

Message from the President of HKMA

Dr. CHOI Kin, Gabriel

President, The Hong Kong Medical Association

Learn about Drugs to Beat Drugs

1 year ago, I saw a patient with frequency and urgency and could not understand why he had the symptoms since the urine was sterile and there should not be underlying reasons for urinary infection in this man. I refer him to Dr. Martin Wong for cystoscopy. He replied within a few days that the irritable state of the bladder was related to ketamine intake, and as a urologist in Hong Kong, he had seen a few of these patients. These cases were ultimately reported and when I saw another patient last week with similar symptoms, I was wiser by asking him about party drugs and he admitted to its use as a karaoke owner.

Drug abuse is not a topic widely taught in medical schools and though I worked in the Methadone Clinic for 3 years in the late 70s, I am way behind in my knowledge of agents of abuse and its management. There may be kids that we see everyday abuse cocaine or cough syrups and we are totally ignorant of its symptoms.

The Beat Drugs seminar on 5 January 2008 helped us to tackle some of these management problems and I hope we all learn something from it.

Message from the Chief Executive of the HKCSS

Ms. Christine FANG

Chief Executive, The Hong Kong Council of Social Service

Collaboration with Medical Sector to Tackle Substance Abuse

Dear Dr. Choi, distinguished guests, ladies and gentlemen,

On behalf of the Hong Kong Council of Social Service, I am very pleased to co-organize with Hong Kong Medical Association to hold this meaningful seminar "Team Approach in the Community-based Management of Substance Abusers".

The Hong Kong drug scene has changed from traditional drug like heroin to psychotropic substance like Ketamine and Ecstasy which might cause more harmful effects on the brain and neurological system. According to the latest statistics and observation of the frontline social workers, there had been a dramatic increase in young substance abusers. But we believe that this is only the tip of the iceberg. Due to peer influence and increase of substance accessibility and availability, substance taking behavior is now spreading like transmitted disease. Our society should pay more attention to this emerging "culture" and act together to counter the adverse influence.

You may notice that the Chief Executive has appointed the Secretary of Justice to head a high level inter-departmental Task Force to tackle the youth substance abuse problem. Our Council has submitted a position paper to the Task Force which in particular highlighted that more resources should be given to early identification and secondary prevention. In this regard, the collaboration between the welfare sector and medical sector is viewed as extremely essential and important. For example, we can join hands to carry out preventive education, early identification, pre-admission body check and follow up, etc. Later on in this afternoon, you will learn more about how our two sectors can collaborate and some of our successful experiences.

Finally, I have to thank for Beat Drug Fund to sponsor on the seminar. I hope that this seminar will spark off further collaboration of the medical professionals and NGOs on substance abuse service in the districts. I am sure that by combining the strength of the two sectors, we can tackle the substance abuse issue more effectively. May I appeal to your support and I look forward to establishing more joint programmes in future.

Wish you have a productive and profitable year 2008! Thank you.

Abstracts from Speakers

劉理茵女士

香港特別行政區政府保安局禁毒處保安局助理秘書長

香港的戒毒及治療服務——醫生和社工的合作

根據藥物濫用資料中央檔案室的資料，近年錄得的被呈報濫用藥物的總人數持續下降，由2002年的17,966人，下降至2006年的13,204人。2007年首三季的人數是10,996，與2006年同期相約。但二十一歲以下青少年濫藥人數則出現升跌起伏，由二零零二年的3,002人下降至零四年的2,186人，隨後兩年人數則回升，至二零零六年的2,549人，較零五年上升了12%。2007年第三季的最新人數是2,255人，較零六年同期上升了10%。

很多年以來，海洛英都是本港最常被濫用的藥物。但濫用海洛英的人數普遍呈下降趨勢，濫用精神藥物的人數近年則出現上升的情況，到二零零六年達到7,364人，是歷年來的高峰，較零五年上升了16%。

在二零零六和零七年首三季，最常被濫用的藥物為海洛英、氯胺酮（俗稱K仔）、三唑侖/咪達唑侖/佐匹克隆（俗稱白瓜子/藍精靈）、冰及搖頭丸。就二十一歲以下的青少年而言，K仔是最常被濫用的藥物，其次是搖頭丸、大麻等。

二十一歲以下青少年最普遍的濫藥地點為自己或朋友家及的士高/卡拉OK，在二零零七年首三季，比例分別為56%及42%。

香港採用五管齊下的策略打擊毒禍，即立法及執法、戒毒治療和康復服務、禁毒教育和宣傳、研究工作和對外合作。就戒毒治療和康復服務而言，香港則提供多種模式，以切合不同背景藥物倚賴者的不同需要。服務大致可分為下列五類 –

1. 懲教署設有戒毒所，為被裁定犯罪及可處監禁而又染有毒癖者（14歲或以上）實行強迫戒毒計劃。
2. 衛生署透過轄下20間美沙酮診所組成的網絡，推行美沙酮治療計劃，以門診方式為鴉片類藥物倚賴者提供代用和戒毒兩類療法。
3. 17個非政府機構營運39間住院戒毒治療及康復中心/中途宿舍。
4. 社會福利署資助的五所濫用精神藥物者輔導中心，為濫用精神藥物者和高危青少年提供輔導和協助。

5. 醫院管理局管理的五間物質誤用診所，為患有精神問題的濫用藥物者提供戒毒治療。

針對青少年濫用精神藥物的問題，及青少年一般而言少主動求助，我們正致力加強早期介入的措施，以辨識濫藥者及早接受治療。社工和醫生均可在禁毒工作擔當重要的角色 –

1. 醫生和社工往往在日常工作中都有機會遇到有濫藥習慣的病人或服務對象，我們期望醫生和社工可多加留意及識別有濫藥跡象的人士，在適當的情況下將他們轉介予有關戒毒或跟進服務。為此，禁毒處在二零零七年，印製了一張有關戒毒治療、輔導和康復服務的資訊卡，希望便利社工及醫學會的會員，在遇有合適的個案時可協助轉介。
2. 應禁毒常務委員會的建議，當局會於二零零八年第一季推出一項為期兩年的試驗合作計劃，加強私人執業醫生與社工之間的合作，為青少年濫藥者提供早期介入服務。計劃涉及社工轉介濫藥者予醫生，而醫生透過身體檢查和動機式晤談，向濫藥者展示濫藥對身體造成的損害，推動他們盡早接受治療。有關計劃將包括為醫生和社工提供系統培訓。我們也會檢討計劃的成效，以考慮這計劃的長遠發展。

行政長官在二零零七年的施政報告中，宣布委任律政司司長，領導一個高層次、跨部門專責小組，打擊青少年濫藥問題。專責小組會檢討現時的措施，推動跨決策局和部門的工作，以及加強非政府機構、相關界別和社區的合作。專責小組現正就問題作出深入研究，其中醫生和社工都是我們禁毒工作的重要伙伴，我向在座各位醫生及社工朋友呼籲，期望大家積極響應上述提及的試驗合作計劃，並響應當局打擊青少年濫藥問題的工作，攜手合作，打擊毒禍。

Abstracts from Speakers

Dr. LEUNG Shung Pun MBBS (HK), MRCPsych, FHKAM (PSYCHIATRY)
 Castle Peak Hospital, Tuen Mun Alcohol & Drug Dependence Unit

Assessment and the Importance of Evaluation of Psychiatric Symptoms in Adolescent Substance Abusers

The Hong Kong drug scene shifted from dominance of heroin and sedatives including Mandrax and various benzodiazepines to a plethora of psychotropic substances like cannabis, LSD, ketamine, methamphetamine, cocaine and others.

Difficulties of assessment of substance abuse arise from the following:

1. The age of induction of drug use has been dropping.
2. Unlike most conditions in medicine, substance abuse and dependence is an affliction from which the patients initially do not want to recover.
3. Nearly all psychiatric syndromes can be precipitated by substance abuse. Depression, anxiety, psychosis, and personality disorders may all result solely from the effect of substance abuse and dependence.
4. Dual diagnosis is defined as the occurrence of one, or more, mental disorders in addition to a substance use disorder, which may, or may not be directly related.

Specific psychiatric conditions that may result from substance abuse are:

1. Depression
 - depressed mood, insomnia, anergia, decreased libido, guilt and suicidality, irritability, low self esteem, psychomotor retardation, decreased concentration, paranoia
2. Anxiety
3. Psychosis
 - psychosis, paranoia and hallucination
4. Personality disorders
 - antisocial personality
 - impulsivity and lying
 - borderline personality

5. Others

- Attention-deficit hyperactivity disorder (ADHD), conduct disorder, eating disorders, gender identity disorders

A diagnostic challenge is posed for medical practitioners when psychiatric symptoms are encountered in substance abusers as this specific client group often resist and interfere with the evaluation process by denial, minimization, distortion and an outright lying strategy.

Practitioners should be familiar with psychiatric manifestations of intoxication, withdrawal, protracted withdrawal and other complications of various abused substances.

Practitioners need healthy skepticism, attentiveness to detail, and use of objective information which includes collateral information, physical examination and laboratory tests.

A careful approach in reaching an accurate diagnosis of substance abuse with coexisting psychiatric disorder should be followed with a conservative strategy which minimizes the unnecessary use of medications. Share care between general practitioner, general psychiatrist and psychiatrist specializing in drug abuse is essential in treatment.

Abstracts from Speakers

Dr. CHEUNG Kin Leung, Ben
Specialist in Psychiatry (Chief Investigator)

Dr. CHENG Wai Fun, Anna
Specialist in Paediatrics

Dr. LEE Lai Ping
Specialist in Paediatrics

Dr. TANG Jinling
Associate Professor in Epidemiology & Community Medicine,
Dept. of Community and Family Medicine, CUHK

Use of a Body Check-up and Personalized Motivational Feedback as an Early Intervention for Young Substance Users in Hong Kong

Introduction

There is a worrying trend of increase in the number of young drug abusers in Hong Kong. Due to their effects on neurotransmissions, psychoactive substance abuse may cause mental complications including psychosis and depression. In psychiatric practice, it is recognized that the early-identified cases usually recover with better prognosis, while the late ones may be left with more severe and long-lasting neuropsychiatric morbidity. The problem is that many early psychoactive drug users do not see themselves as "addicts" and do not approach conventional treatment services until late in their problem development. It is therefore important to find ways to motivate them into treatment earlier. The Hong Kong Government is committing resources to encourage partnership between medical practitioners and social workers to use a body check-up as a motivational means to engage youth substance users.

Background

A "Free Body Check-Up" programme was conducted in 2001 as an application of the motivational approach, supported by the Beat Drugs Fund. It was promoted as a free health service for young drug users to learn about their health conditions.

Methodology

We adopted the study design of a randomized controlled trial. Inclusion criteria were: (1) 15-30 years of age for both sexes, (2) self-report of use of illicit drugs within the past three months, and (3) willingness to give informed consent. Those who had contacted with substance abuse treatment agencies before, having non-entitled person status in Hong Kong, or having hearing, language or dialect problems were excluded. A total of 123 drug users were successfully recruited. All of them had no plan to quit drug use at the time of recruitment.

Findings

1. It is evident that the "Free Body Check-up" programme was successful in attracting underserved drug users to "come out" and ponder on their drug use problems. We had no problem in recruiting subjects. In fact, we received continual referrals for check-ups even after our quota was exceeded.
2. The "Free Body Check-up" programme was found to be an effective intervention for reducing drug use frequency among the trial subjects. The

effect appeared at week 6 and lasted at least up to 6 months. The percentages of regular users in the intervention group at the two follow-ups were lower than the baseline figures, and the differences were highly statistically significant. It seems that the intervention was very effective in bringing down the drug usage in the subjects.

3. A significant number (25%) from the intervention group made up their mind to receive assistance for quitting drugs and to receive treatment of complications at the end of the study. This was in great contrast to none (0%) from the control group expressing willingness to receive further treatment. Therefore, although this programme took the form of a brief intervention, it served as a precursor or gateway to more intensive treatments.
4. Favourable feedback was collected from social workers who witnessed their clients benefit from this programme. This approach seems to be a welcome asset to the frontline social workers.
5. The wide confidence intervals in some statistical analyses highlighted that the sample size was not large enough. The original proposal was to recruit double the number of subjects, but it was scaled down due to limited funding allocation. If resources allowed, it would also be valuable to follow-up the subjects for a longer period to see if the intervention effect would sustain longer. Another limitation in this study was the contamination of the controls. Although the controls were put on a waiting list, they might have heard of their friends' body check-up results. It was observed that physical abnormalities in some subjects resulted in decreased drug use among other peer members, although they did not attend check-ups themselves. However, in such cases, the difference between the intervention and control groups would have been under-estimated.

Conclusion

This approach holds promise to tackle the new wave of psychoactive substance abuse in Hong Kong. The results of this study shed light on a new direction of provision in the area of early intervention. A lower threshold service of this kind complements conventional treatments, and provides an apt intervention to drug users before late complications develop. It will be a great asset to frontline workers, enhancing the integration and cooperation of medical and social services.

Abstracts from Speakers

鄧錦標先生

香港路德會社會服務處 — 青欣／青怡濫用精神藥物者輔導中心督導主任

理論實踐：醫社合作經驗探討

(由香港社會服務聯會服務發展(家庭及社區)主任羅琳輯錄)

現時社會服務與醫療合作為濫藥人士所提供的服務主要包括物質誤用診所、及早介入的身體檢查、青少年精神健康計劃／青少年思覺失調服務、香港中毒諮詢中心、醫護講座及研究計劃等等。上述有部份服務只屬短期性質，計劃完成後便會中斷撥款，以致成功經驗未能延續；此外，診所的開放節數及名額不足，令戒藥者輪候時間可能長達半年之久；服務對象亦並非針對濫藥人士，故未能提供適切的診斷及治療。

現時醫社合作未能配合濫藥服務之需要，是源於社會對濫藥問題的數量及問題的嚴重性欠缺掌握，以致服務在供應及需求上存在很大的差異。故我們建議政府進行研究，以瞭解本港濫藥的情況、社會次文化與青少年濫藥的關係及藥物對身體造成的短期及長期影響，才能制定適時及適切的濫藥政策及服務。

醫社合作除了醫院及政府診所提供的醫療支援外，還可以延展至私人執業及家庭醫生，並可以有不同程度的合作模式，例如動機式面談計劃、預防教育及訓練活動、過度服藥急救、懷疑個案轉介機制及資訊交流平台等，以便促進跨專業參與，更有效率地解決濫藥問題。

Abstracts from Speakers

陳健儀女士

香港基督教服務處 PS33 中心主任

理論實踐：醫社合作經驗探討

(由香港社會服務聯會服務發展(家庭及社區)主任羅琳輯錄)

傳統的濫藥行為是由淺入深或循序漸進的，先由大麻或藍精靈等藥物開始，演變為可卡因及海洛英等有明顯後遺症的藥物。傳統濫藥人士通常有穩定的濫藥圈子及貨源。

為針對有藥癮濫藥者的情況，醫生及社工曾嘗試跨專業協作，並有效地幫助濫藥人士戒藥，其中一種模式是動機式治療。醫生從醫學角度評估濫藥者的健康、精神狀況、提醒藥物對其身體的影響或已造成的破壞，從而對濫藥者作出建議。社工會跟進個案，協助濫藥者分析及理解評估的結果，瞭解濫藥者對評估的看法及提升戒藥的動機，如戒藥者願意作出改變，社工會協助他訂定戒藥的進度及覆診時間等。社工與醫生之間亦會定期舉行個案交流會議，跟進戒藥者的情況。

濫藥新人類與傳統濫藥者有顯著分別，他們沒有固定的濫藥地點，可能會在卡拉OK、派對場所、自己或朋友家中進行。他們通常會聚集一起濫藥，但濫藥的同伴可能是交情不深或不固定的朋友，他們多數對藥物的認識不多，也沒有固定的服用份量及時間，並且可以從多個渠道獲得藥物。

為迎合濫藥新人類的特色，PS33與理工大學合作舉辦RAM·速遞，其介入策略簡稱為3S(Short, Sharp, Shock)。SHORT是指短時間內洞識濫藥者的需要，把握每次見面機會，SHARP是準確評估及掌握濫藥新人類的特質，以及流行被濫用藥物的知識，SHOCK是正中要害。

計劃中發現大部份的濫藥者遇到身體不適時，均會先向私人執業醫生求診，故前線醫生的診斷及建議是非常重要的。如醫生意識到求診者的癮狀是因斷癮反應或藥物對身體的傷害，除了可以對症下藥，亦可介紹濫藥者接受戒藥服務。現時仍有很多濫藥者以為間歇性濫用精神藥物不會構成依賴或傷害，其實濫用精神藥物是有可能對身體及精神健康造成長遠的傷害。

Useful Drug Information

What is drug abuse?

Drug abuse refers to the taking of drugs without following medical advice or prescription, or the indiscreet use of dangerous drugs for non-treatment purposes.

NARCOTICS ANALGESICS

Drug/ Substance	Street Names	Medical Use	Effects of Abuse
Heroin	"white powder", "No.4", "American money", "HK money"	None	<ol style="list-style-type: none"> 1. Dependence 2. Drowsiness 3. Respiratory depression 4. Nausea 5. Withdrawal syndrome: watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, chills, sweating, cramps.
Dipipanone (Wellconal)	None	Pain relief, prevent narcotic drug withdrawal discomfort	
Methadone	None	Treatment of narcotic drug addiction	
Physeptone	None		
Morphine Ampoules	None	Pain relief	
Opium	None	None	

HALLUCINOGENS

Drug/ Substance	Street Names	Medical Use	Effects of Abuse
Cannabis	"Marijuana", "pot", "grass", "hash", "joint"	None	<ol style="list-style-type: none"> 1. Disoriented behaviour 2. Impaired judgement 3. Bronchitis 4. Conjunctivitis 5. Endocrine disorders
Cannabis resin	None	None	
LSD	"Black Sesame", "Fing Ba"	None	

Useful Drug Information

DEPRESSANTS

Drug/ Substance	Street Names	Medical Use	Effects of Abuse	
Barbiturates:				
Amylobarbitone	None	Sedative, hypnotic, anti-convulsant	<ol style="list-style-type: none"> 1. Dependence 2. Slurred speech 3. Disorientation 4. Impaired memory and thinking 5. Depression or mood swings 6. Toxic psychosis 7. Sleep disorder 8. Liver and kidney damage 	
Butobarbitone (Soneryl)	None			
Quinalbarbitone (Secobarbital)	None			
Methaqualone (Mandrax)	None	None		
Gamma Hydroxybutyric Acid (GHB)	"GHB", "Liquid Ecstasy", "Liquid X", "Liquid E", "G"	None		<ol style="list-style-type: none"> 1. Drowsiness 2. Nausea 3. Visual disturbance 4. Unconsciousness 5. Seizures 6. Severe respiratory depression 7. Coma

Useful Drug Information

STIMULANTS

Drug/ Substance	Street Names	Medical Use	Effects of Abuse
Amphetamines: Methylamphetamine Phentermine (Duromine, Redusa, Mirapront)	"Yaba" "Ice" None	Appetite suppressant, stimulant, treatment of narcolepsy	1. Insomnia 2. Depression 3. Toxic psychosis 4. Loss of appetite 5. Heart and kidney failure
Cocaine	"Coke", "crack", "flake", "snow", "stardust"	Local or topical anaesthetic	1. Agitation 2. Feelings of persecution 3. Extra sensibility, especially to noise 4. Mood swings 5. Affected memory 6. Damage to sensory tissues of nose 7. Impotence 8. Delirium 9. Death
MDMA(Ecstasy)	"Ecstasy", "E", "XTC", "Adam"	None	1. Dehydration 2. Exhaustion 3. Muscle breakdown 4. Overheating 5. Convulsion 6. Collapse

Useful Drug Information

TRANQUILLIZERS

Drug/ Substance	Street Names	Medical Use	Effects of Abuse
Benzodiazepines: Chlordiazepoxide (Librium, Librax) Diazepam (Valium) Estazolam Flunitrazepam (Rohypnol) Midazolam (Dormicum) Nimetazepam (Erimin) Triazolam Triazolam (Halcion) Zopiclone (Imovane, Genclone)	None None None "Cross" "Blue Gremlin" "Give me five", "Ng Chai" None "Blue Gremlin" None	 Hypnotic	1. Dependence 2. Drowsiness 3. Dizziness 4. Sedation 5. Depression 6. Hostility 7. In-coordination 8. Ataxia 9. Foetal abnormalities 10. Loss of memory 11. Impaired cognitive and neuromotor functioning

Useful Drug Information

OTHERS

Drug/ Substance	Street Names	Medical Use	Effects of Abuse
Ketamine	"Special K", "K", "Kit Kat", "vitamin K"	Surgical anaesthetic	<ol style="list-style-type: none"> 1. Slurred speech 2. Impaired long-term memory & cognitive difficulties 3. Impaired motor function 4. Deficiency in motor coordination and impairment in executive function 5. Respiratory/ heart problems 6. Tolerance/ dependence
Cough Medicine:			
Codeine	"Robo", "DXM"	Cough suppressant	<ol style="list-style-type: none"> 1. Dependence 2. Respiratory depression 3. Toxic psychosis 4. Constipation 5. Loss of appetite 6. Dizziness
Dextromethorphan	None		
Alcohol	None	None	<ol style="list-style-type: none"> 1. Dependence 2. Liver damage 3. Toxic neurologic damage
Tobacco	None	None	<ol style="list-style-type: none"> 1. Habituation 2. Lung damage
Organic Solvents	None	None	<ol style="list-style-type: none"> 1. Impaired perception 2. Loss of coordination and judgement 3. Respiratory depression and brain damage

Source: <http://www.nd.gov.hk/druginfo.htm>

Useful Drug Information

Information of list of drugs abused in Hong Kong

Introduction

This section will highlight some of the important physical and neuro-psychological effects of drugs that are abused in Hong Kong. The first part includes classification of individual drugs. The second part describes the effects of those commonly abused drugs and the third part is about less commonly abused drugs.

Part (I): Classification of individual drugs

Most of the drugs can be classified under the following categories:

1. Opiates/opioids, e.g., heroin, opium, morphine, codeine, methadone, meperidine / pethidine, fentanyl, hydromorphone, oxycodone
2. Hallucinogens, e.g., LSD, magic mushroom, PCP
3. Cannabinoids
4. Stimulants, e.g., amphetamine, cocaine
5. Sedatives-hypnotics, e.g., benzodiazepines, barbiturates, methaqualone, zopiclone and zolpidem
6. Volatile solvents, e.g., glue, thinner
7. Over the counter (OTC) medication, e.g., cough mixture, cough tablet, antihistamine
8. Others, e.g., 3,4-methylenedioxymethamphetamine (MDMA), ketamine, γ-hydroxybutyrate (GHB), anabolic-androgenic steroids

Part (II): Effects of commonly abused drugs in Hong Kong

1. Physical and Neuro-psychological effects of opiates/opioids

The most common drug of abuse under this group is heroin. Its harmful effect arises from the drug itself, its impurities and one of its methods of administration, which is by intravenous injection. Other methods of use include chasing the dragon, snorting and subcutaneous administration (skin-popping).

Intoxication effects:

Individual reaction to drug may vary. Reported neuro-psychological effects include initial euphoria followed by apathy and dysphoria, psychomotor agitation or retardation and impaired judgment.

Reported physical effects include pupillary constriction or pupillary dilation (latter due to anoxia from severe overdose), slurred speech, impaired attention or memory, drowsiness and in severe cases, coma.

Withdrawal reaction:

Common withdrawal reactions include runny nose, lacrimation, piloerection, nausea and vomiting, diarrhoea, muscle aches, bone pain and insomnia.

Useful Drug Information

After-effects:

Physical after-effects include loss of appetite, nausea and vomiting, weight loss, respiratory depression and constipation. Opiates/ opioids can lead to dependency.

Physical effects secondary to intravenous use:

Intravenous drug use, in particular the habit of needle sharing, is the main cause of morbidity. The user may develop cellulitis, pustule, vasculitis, thrombosis and myositis. Serious complications include hepatitis, endocarditis, AIDS, sudden death due to respiratory depression or embolism.

2. Physical and Neuro-psychological effects of Hallucinogens

The term 'hallucinogens' means drugs that produce hallucination. One of the hallucinogens available in Hong Kong is lysergic acid diethylamide (LSD) with street name being "Fing Ba", "Black sesame" and "Blotter". It is usually taken by mouth.

Intoxication effects of LSD:

Intoxication effects vary from one person to another. Reported neuro-psychological effects may include euphoria, increased energy level and increased awareness of senses.

Adverse neuro-psychological effects may include:

- ◆ Anxiety
- ◆ Ideas of reference
- ◆ Paranoid ideation
- ◆ Over-awareness and over-sensitization to music and noise
- ◆ Derealization
- ◆ Hallucination
- ◆ Depression
- ◆ Fear of losing one's mind
- ◆ Impaired judgement
- ◆ Depersonalization
- ◆ Illusion
- ◆ Synesthesia

There can also be a variety of physical intoxication effects, including:

- ◆ Pupillary dilation
- ◆ Increased blood pressure
- ◆ Sweating
- ◆ Nausea and vomiting
- ◆ Tremor
- ◆ Muscle twitching
- ◆ Tachycardia
- ◆ Hyperthermia
- ◆ Palpitation
- ◆ Blurring of vision
- ◆ Incoordination
- ◆ Convulsion

Withdrawal reaction:

No known withdrawal reactions reported.

Neuro-psychological after-effects of LSD:

Reaction to LSD varies from one person to another. Some may experience a variety of after-effects, including:

- ◆ Impaired motivation
- ◆ Chronic anxiety and depressive states
- ◆ Hallucination
- ◆ Self-destructive behaviour
- ◆ Personality change
- ◆ Delusion
- ◆ Confusion
- ◆ Flashbacks

Useful Drug Information

In chronic users, LSD can lead to tolerance and the individual may develop a schizophrenia-like state.

Physical after-effects of LSD:

LSD was reported to cause hemiplegia, possibly secondary to vasospasm.

3. Physical and Neuro-psychological effects of Cannabinoids

Marijuana, the combined leaves, stems and flowering tops of *Cannabis sativa*, can be used in a variety of forms. It is most commonly smoked via rolled cigarette or in a pipe or bong (water pipe). Hashish, or hash, is the resin obtained from the female plant flowers. It is more toxic than marijuana.

Intoxication effects:

Intoxication effects can differ from one person to another. Neuro-psychological effects may include:

- ◆ Euphoria
- ◆ Apparent increase in deep thinking
- ◆ Feeling that boring tasks becomes more interesting
- ◆ Sleepiness, though occasionally some people may have insomnia.
- ◆ Relaxation
- ◆ Increased awareness of senses
- ◆ Slowness
- ◆ Distorted time perception
- ◆ Tiredness

Adverse neuro-psychological effects may include:

- ◆ Anxiety
- ◆ Social withdrawal
- ◆ Panic attacks at high doses or in sensitive users
- ◆ Impaired judgment
- ◆ Difficulty in following train of thoughts

Reported physical intoxication effects include:

- ◆ Impaired motor coordination
- ◆ Increased appetite
- ◆ Tachycardia
- ◆ Conjunctival injection
- ◆ Dry mouth

The risk of myocardial infarction is increased for more than 4 times in the first hour smoking cannabis.

Withdrawal reaction:

Withdrawal symptoms may occur after daily use in some users. Severity of symptoms is related to frequency of use and individual sensitivity. These may last for 1-6 weeks after cessation of use and can include:

- ◆ Anxiety
- ◆ Irritability
- ◆ General unease/discomfort
- ◆ Loss of appetite
- ◆ Feeling of boredom
- ◆ Anhedonia
- ◆ Headache
- ◆ Insomnia
- ◆ Craving
- ◆ Anger

Useful Drug Information

Neuro-psychological after-effect:

A wide range of after-effects have been reported in literature and not everybody who uses cannabis experienced these effects. They include impairment in concentration, memory and learning ability, muddled thinking and depression. Serious after-effects include amnesia, paranoid reaction, hallucination, depersonalization, amotivational syndrome, panic, schizophrenia and dementia-like state. Cannabis is known to precipitate or exacerbate latent or existing mental disorders. There is a risk of dependency for heavy user of cannabis.

Physical after-effects:

Various physical after-effects have been reported and can be classified as:

- ◆ Respiratory: chronic cough, bronchitis, emphysema, pneumothorax.
- ◆ Impairment of immune system.
- ◆ Cancer of lips, mouth, pharynx, larynx, trachea, bronchi and lung.
- ◆ Cardiovascular: right heart disease and pulmonary hypertension.
- ◆ Sexual: decrease testosterone, sperm count and motility, disruption of the female reproductive cycle, having babies with low birth weight.

Drug interaction of cannabis:

Cannabis impairs the emesis normally produced by acute alcohol poisoning and can be associated with subsequent alcohol toxicity. It can induce vasodilatation of the nasal mucosa and attenuates the vasoconstrictive effects of cocaine and thus increases its absorption.

4. Physical and Neuro-psychological effects of Stimulants

The two most common stimulants being abused in Hong Kong are methamphetamine ("ice"), and cocaine (street name "coke") or its free base "crack".

I. Methamphetamine

Methamphetamine comes in the form of powder or crystals. It is used locally by the filtering method.

Intoxication effects of methamphetamine:

Reactions to methamphetamine varies from one person to another. Neuro-psychological effects reported include:

- | | |
|------------------------|------------------------------|
| ◆ Euphoria | ◆ Hypervigilance |
| ◆ Anxiety | ◆ Tension |
| ◆ Anger | ◆ Insomnia |
| ◆ Impaired judgement | ◆ Panic |
| ◆ Paranoid State | ◆ Psychosis |
| ◆ Aggressive behaviour | ◆ Self-destructive behaviour |

Useful Drug Information

Physical effects during intoxication include:

- | | |
|----------------------------|-------------------------|
| ◆ Tachycardia | ◆ Pupillary dilation |
| ◆ Increased blood pressure | ◆ Sweating |
| ◆ Nausea and vomiting | ◆ Psychomotor agitation |
| ◆ Chest pain | |

Serious reactions may include:

- | | |
|--------------------------|----------------------|
| ◆ Myocardial infarction | ◆ Cardiac arrhythmia |
| ◆ Malignant hypertension | ◆ Heart failure |
| ◆ Stroke | ◆ Seizure |

Withdrawal reaction of methamphetamine:

A wide range of withdrawal reactions have been reported:

- | | |
|------------------|--------------------|
| ◆ Depression | ◆ Anxiety |
| ◆ Irritability | ◆ Agitation |
| ◆ Craving | ◆ Fatigue |
| ◆ Hypersomnia | ◆ Hyperphagia |
| ◆ Loss of energy | ◆ Loss of interest |
| ◆ Suicidal idea | |

Neuro-psychological after-effects of methamphetamine:

Some individuals may develop paranoid state and psychosis. Chronic use of methamphetamine often lead to dependency.

Physical after-effects of methamphetamine:

Reactions to drug varies from one person to another. Reported physical after-effects include weight loss and malnutrition, fatigue, stereotype behaviour, dyskinesia, and chorea. Serious reactions, e.g. cerebral vasculitis and cardiomyopathy were reported.

II. Cocaine

The major routes of administration of cocaine are sniffing or snorting, injecting, and smoking the free-base (crack cocaine).

Intoxication effects:

Reaction to cocaine varies from one person to another. Reported neuro-psychological effects during intoxication include:

- | | |
|--------------------------|----------------|
| ◆ Arousal | ◆ Euphoria |
| ◆ Increased energy level | ◆ Insomnia |
| ◆ Irritability | ◆ Anxiety |
| ◆ Fear | ◆ Restlessness |
| ◆ Aggressive behaviour | ◆ Panic attack |

Serious reactions include delirium, and acute psychosis.

Useful Drug Information

A wide range of physical intoxication effects have been reported and can be classified as:

- ◆ Central Nervous System: headache, stroke, transient neurological deficit, subarachnoid haemorrhage, seizures, toxic encephalopathy, coma.
- ◆ Respiratory: pulmonary oedema, respiratory arrest, "crack lung" (fever, pulmonary infiltrates, bronchospasm, eosinophilia), pneumothorax, pneumomediastinum.
- ◆ Cardiovascular: hypertension, aortic dissection, arrhythmia, shock, sudden death, myocarditis, myocardial infarction, other organ ischaemia.
- ◆ Metabolic: Hyperthermia, rhabdomyolysis, renal failure, coagulopathy, lactic acidosis.

Withdrawal effects include:

Discontinuing regular use can lead to a variety of unpleasant withdrawal symptoms including:

- ◆ Craving
- ◆ Hunger
- ◆ Irritability
- ◆ Apathy
- ◆ Depression
- ◆ Paranoia
- ◆ Suicidal idea
- ◆ Loss of sex drive
- ◆ Insomnia or excessive sleepiness

Neuro-psychological after-effects:

Reported neuro-psychological after-effects include:

- ◆ Restlessness
- ◆ Anxiety
- ◆ Hyperexcitability
- ◆ Paranoia
- ◆ Irritability
- ◆ Insomnia
- ◆ Weight loss
- ◆ Schizophrenia-like psychosis
- ◆ Risk of dependency

Physical after-effects:

A wide range of physical after-effects were reported and can be classified as:

- ◆ Reproductive/neonatal: spontaneous abortion, placental abruption, placenta previa, intrauterine growth retardation, "crack baby syndrome" (irritability, tremulousness, poor feeding, hypotonia or hypertonia, hyperreflexia), cerebral infarction.
- ◆ Infection: HIV or AIDS, hepatitis B and infectious endocarditis associated with injection; frontal sinusitis with brain abscess associated with chronic cocaine snorting.
- ◆ Others: atrophy of nasal mucosa, necrosis and perforation of the nasal septum.

Drug interaction:

Cocaine abusers use alcohol to potentate cocaine euphoria. Interestingly, the same drug combination has been reported to have been used so that alcohol would counteract the effects of insomnia and irritability induced by cocaine.

Useful Drug Information

5. Physical and Neuro-psychological effects of Sedatives-Hypnotics

There are four main groups of drugs classified under the category of sedatives-hypnotics. They are benzodiazepines, barbiturates, imidazopyridines/cyclopyrrolone and methaqualone.

I. Benzodiazepines

There are a number of benzodiazepines commonly abused in Hong Kong, e.g., diazepam (Valium), flunitrazepam (Rohypnol), midazolam (Dormicum), chlordiazepoxide (Librium), nitrazepam (Mogadon), triazolam (Halcion), nimetazepam ("give-me-five"), estazolam, bromazepam (Lexotan), clozapepam (Rivotril), lormetazepam (Loramet), lorazepam (Ativan or Loran) and dalmadorm (Dalmane).

Intoxication effects:

Individual reaction to benzodiazepine may vary. Reported neuro-psychological effects include labile mood, impaired judgment and inappropriate sexual or aggressive behaviour. Physical intoxication effects include sedation, disorientation, slurred speech, ataxia, nystagmus, hypotension and hypothermia. There is increased chance of having accidents. In severe cases, the individual may develop respiratory depression, apnoea, shock and coma.

Withdrawal reaction:

In mild case, withdrawal reactions of benzodiazepine closely resembled anxiety state:

- ◆ Tremor
- ◆ Anxiety
- ◆ Depression
- ◆ Restlessness
- ◆ Insomnia
- ◆ Fatigue
- ◆ Palpitation
- ◆ Increased blood pressure
- ◆ Impaired attention
- ◆ Poor memory
- ◆ Loss of appetite
- ◆ Nausea and vomiting
- ◆ Tinnitus
- ◆ Headache
- ◆ Muscle pain

Severe withdrawal reactions include delusion, loss of consciousness and convulsion.

Neuro-psychological after-effects:

User of benzodiazepine may experience amnesia. Benzodiazepine, particularly those with short half-life, e.g. Halcion and Dormicum, have high risk of dependency.

Physical after-effects:

No known physical after-effects of benzodiazepines.

Useful Drug Information

II. Barbiturates

They are clinically used as sedative-hypnotic drugs before the introduction of the relatively safer group of benzodiazepines, and also for the treatment of epilepsy and induction of anaesthesia. There are several classes based on their elimination half-life. Ultrashort-acting ones include thiopental and methohexital; short acting ones include pentobarbital and secobarbital; intermediate acting ones include amobarbital, aprobarbital and butobarbital; and long acting ones include phenobarbital and mephobarbital. Short acting barbiturates (secobarbital & pentobarbital) are primary drugs of abuse. Heroin is often adulterated with barbiturates which makes withdrawal more difficult. The use of barbiturates for sedation and hypnosis has a problem of rapid development of tolerance with a common tendency to raise the dose on chronic administration.

Intoxication effects:

Reaction to drug varies from one person to another. In mild case of intoxication, the individual may experience sedation, disorientation, slurred speech, ataxia and nystagmus. Severe cases may be associated with hypothermia, hypotension, respiratory depression, apnoea, shock and coma.

Withdrawal effects:

This is similar to benzodiazepines, but has a higher risk of seizure, particularly with short acting barbiturates.

Neuro-psychological after effects:

Reported after-effects include tolerance, dependence, disinhibition, amnesia, depression and suicide or parasuicide.

Interaction with drugs:

Barbiturates affect the GABA system, producing cross-tolerance to other sedating drugs, including alcohol and benzodiazepines, thus increasing the risk of fatal overdose.

III. Imidazopyridine/cyclopyrrolone

This group includes zolpidem (Stilnox) and zopiclone (Imovane). They are alternatives to benzodiazepines for treatment of insomnia.

Zolpidem (Stilnox) is an imidazopyridine with rapid onset, short duration of action and is not classified as dangerous drug in Hong Kong. It has largely replaced benzodiazepines as hypnotic agent. Its sedative effects are additive with alcohol. Like short acting benzodiazepines, e.g. triazolam (Halcion), it is reinforcing to alcoholics and drug addicts. Its adverse effects include impairment in memory and psychomotor function, psychotic reactions and delirium. In recent years, there has been increasing in cases of abuse, dependency and acute overdose.

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Zopiclone (Imovane), a cyclopyrrolone, has the same pharmacological actions as barbiturates and benzodiazepines although differs chemically. Adverse effects reported include:

- ◆ Bitter taste
- ◆ Dry mouth
- ◆ Difficult to get up in the morning
- ◆ Daytime sedation
- ◆ Nausea
- ◆ Nightmares
- ◆ Headache
- ◆ Agitation
- ◆ Memory impairment
- ◆ Palpitation
- ◆ Psychomotor impairment
- ◆ Aggression
- ◆ Hallucination

Fatal overdose has been increasingly observed both overseas and locally. There are evidences that it can lead to tolerance, withdrawal and dependence.

Reported withdrawal symptoms include:

- ◆ Insomnia
- ◆ Tremor
- ◆ Muscle twitching
- ◆ Sweating
- ◆ Palpitation
- ◆ Headache
- ◆ Craving
- ◆ Muscle aches
- ◆ Numbness
- ◆ Fatigue
- ◆ Anxiety
- ◆ Loss of appetite
- ◆ Restlessness
- ◆ Irritability
- ◆ Poor concentration
- ◆ Sensitive to noise
- ◆ Convulsion
- ◆ Delirium

IV. Methaqualone

Methaqualone is a non-barbiturate, non-benzodiazepine sedative-hypnotic. It is used in combination with an antihistamine (as Mandrax) and it used to be a common drug of abuse in the 70's. Nowadays it can be found in ecstasy tablets as an adulterant. Methaqualone can be swallowed or injected. Its effect during intoxication include euphoria, depression, depressed tendon reflexes, slurred speech, ataxia and in severe cases, coma. It is no longer recommended for medical use because of its addictive potential and the severity of withdrawal. It is abused because of its dissociative 'high' and reported and unproven aphrodisiac properties.

Drug interaction of sedative-hypnotic:

Sedative-hypnotic, being a depressant of the central nervous system, will have cross-tolerance when used with other depressants, e.g. alcohol, opiates and GHB. The subjects are at higher risk of having impaired performance on driving and operating machinery. Impairment of reaction time, attention and alertness have been reported and it seems that their combined use contributes to the causation of incidents such as traffic accidents, fires, falls, etc. Physically, the subjects are more likely to develop respiratory depression, apnoea, coma and death. On the other hand, users of stimulants, e.g. methamphetamine and cocaine, may use sedative-hypnotic to relieve anxiety and insomnia.

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6. Physical and Neuro-psychological effects of Volatile Solvents

Many substances can be abused under this category, e.g. solvents, adhesives, petrol, cleaning fluid, thinner and butane. The methods of ingestion depend on the substance. They include inhalation from top of bottles or beer cans containing the solvent, cloths held over the mouth, plastic bags, and sprays.

Intoxication effects:

Reactions to volatile solvents vary from one person to another. Reported neuro-psychological effects include irritability, euphoria, slurring of speech, indecisiveness, disinhibition, hallucination and disorientation.

Physical effects reported include:

- ◆ Incoordination
- ◆ Abdominal pain
- ◆ Nausea and vomiting
- ◆ Blurring of vision
- ◆ Chest pain
- ◆ Difficulty in breathing
- ◆ Tinnitus
- ◆ Prone to accidents
- ◆ Coma
- ◆ Arrhythmia
- ◆ Cardiac arrest
- ◆ Inhalation of stomach content
- ◆ Asphyxia
- ◆ Death

Withdrawal reaction:

The specific signs and symptoms of withdrawal vary with the type of solvent, the dose and the duration of use. Typical withdrawal symptoms include:

- ◆ Tremor
- ◆ Anxiety
- ◆ Seizures
- ◆ Muscle cramps
- ◆ Irritability
- ◆ Depression
- ◆ Insomnia
- ◆ Tingling sensations

A reaction similar to delirium tremens was reported in toluene withdrawal.

Neuro-psychological after-effects:

Some individuals may experience nervousness and depression as after effects. Dependency has been reported.

Physical after-effects:

Reported physical after-effects include headache, loss of appetite, skin problems, nausea, vomiting and even vomiting blood. Neurotoxic effects, e.g. peripheral neuropathy, impaired cerebellar function, encephalitis, dementia have been reported. Volatile solvents are known to cause damage to liver, kidney, heart, lungs, bone marrow and adrenal glands.

7. Physical and Neuro-psychological effects of over the counter (OTC) medication

I. Cough Mixture

Cough mixture containing codeine (an opioid analogue), ephedrine/pseudoephedrine (stimulants) and antihistamine is a form of over the counter

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medication that is abused commonly in Hong Kong. Codeine is an opioid analogue whose potency is only 20% that of morphine as an analgesic. It is used clinically as a cough suppressant and as an anti-diarrhoeal medication. Ephedrine is a naturally occurring stimulant found in certain Chinese medicine. It acts directly on alpha and beta-adrenergic receptors, and stimulates the release of noradrenaline. It exhibits less central nervous system effects compared to amphetamine. Pseudoephedrine is a dextro-isomer of ephedrine, and has similar alpha-, but less beta-adrenergic activity.

Intoxication effects:

Reactions to cough mixture vary from one person to another. Neuro-psychological effects reported include:

- ◆ Anxiety
- ◆ Irritability
- ◆ Unstable mood
- ◆ Suspiciousness
- ◆ Delusion
- ◆ Hallucination
- ◆ Impulsivity
- ◆ Confusion
- ◆ Aggressive behaviour

Physical effects reported include tachycardia, increased in blood pressure, hyperthermia, sweating, chest pain, dizziness and headache. Serious reactions include seizures, stroke, myocardial infarction, arrhythmia and death.

Withdrawal reaction:

Prolong use of cough mixture may lead to withdrawal reactions. Reported features include fatigue, insomnia, depression, loss of energy, loss of interest and suicidal idea.

Neuro-psychological after-effects:

Cough mixture has been reported to lead to psychosis. It can lead to dependency.

Physical after-effects:

Dental problems and constipation are often reported in users of cough mixture.

II. Cough Tablet

An alternative to cough mixture is cough tablet, with major constituents being codeine, dextromethorphan, ephedrine/ pseudoephedrine, chlorpheniramine and papaverine. Dextromethorphan is an opioid analogue. Its effect at high dose is similar to phencyclidine and ketamine as it blocks the NMDA receptors. Papaverine is a vasodilator, i.e. it dilates blood vessels. Papaverine has no established clinical use. Previously there were pure dextromethorphan tablets known as Romilar but nowadays these have been replaced by tablets containing the mixture as stated above, e.g. "Far Dim" ("花點").

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Intoxication effects:

Reactions may vary between individuals. Reported neuro-psychological effects include euphoria, creative dreamlike experience, increased perceptual awareness, altered time perception, feeling of floating, dissociation of mind from body. Some users report empathic feelings toward others while others may report feeling disconnected or isolated from others. Adverse neuro-psychological effects include:

- ◆ Anxiety, panic
- ◆ Irritability
- ◆ Unstable mood
- ◆ Suspiciousness
- ◆ Altered tactile and skin sensation
- ◆ Robotic, zombie-like walking
- ◆ Delusion
- ◆ Hallucination
- ◆ Impulsivity
- ◆ Confusion
- ◆ Aggressive behaviour
- ◆ Disorientation

Physical effects reported include:

- ◆ Dizziness
- ◆ Abdominal cramps, nausea and vomiting
- ◆ Pupil dilation
- ◆ Drowsiness
- ◆ Tachycardia
- ◆ Rash
- ◆ Unstable blood pressure
- ◆ Hyperthermia
- ◆ Difficulty in achieving orgasm
- ◆ Sweating
- ◆ Chest pain
- ◆ Body itching

Withdrawal reaction:

Report of withdrawal effects similar to opiates, including watery eyes, stuffy nose, gooseflesh, muscle spasms, increased pain sensitivity, nausea, anxiety, and depression.

Neuro-psychological after-effects:

Reported after-effects include nervousness, depression, memory and language impairment, and prolong dissociation from the real world. It carries a risk of dependency. Some individuals reported hangover effects, with features like lethargy, sleepiness, amotivation, mild sensory dissociation, muscle rigidity, muscle tics (especially in the jaw and hands), dizziness, loss of balance, headache, photophobia, and sharply diminished sense of taste or salty taste in mouth.

Physical after-effects:

Cough tablet can give rise to nausea, abdominal cramps, constipation.

III. Antihistamine

Antihistamine could exert its effect through 3 types of histamine receptors, H1, H2 and H3. It is the H1 receptor antagonist that is most likely to be abused. It is often found in over the counter cold remedy, with generic names like brompheniramine, chlorpheniramine, diphenhydramine and promethazine, etc. Individuals abuse antihistamine for its sedating effect.

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Intoxication effects of antihistamine:

Reactions to drug vary from one person to another. Reported neuro-psychological effects during intoxication include fatigue, somnolence, increase reaction time, calming, unable to think properly, confusion and hallucinations. Reported physical effects include tinnitus, blurred vision, dilated pupils, dry mouth, nausea and vomiting, epigastric pain, clumsiness or unsteadiness, dizziness, difficulty in breathing, seizures and death.

Withdrawal reactions:

No known withdrawal reactions reported.

Neuro-psychological after-effects:

Reported effects include drowsiness and poor concentration.

Physical after-effects:

Reported effects include difficulty in passing urine, constipation, increased appetite and weight gain.

Drug interaction:

Antihistamines add to the effects of alcohol and other depressants of central nervous system.

Note: Cold Remedy containing antihistamine and paracetamol:

Paracetamol, if taken at a dose of >4g/day, i.e. 8 tablets, can lead to liver failure that may require liver transplant.

8. Others

I. Physical and Neuro-psychological Effects of 3,4-methylenedioxymethamphetamine (MDMA)

MDMA, also known as "Ecstasy", "Adam", "XTC" and "E", usually contains other active compounds like 3,4-methylenedioxyamphetamine (MDA), methamphetamine and amphetamine. There are various adulterants being added during the manufacturing process, which can lead to unexpected effects. Some of the adulterants for MDMA tablets found in Hong Kong include:

- ◆ ketamine
- ◆ sedative-hypnotics- methaqualone, phenobarbitone, barbitone, amobarbitone, midazolam, estazolam, diazepam
- ◆ stimulants- ephedrine, nikethamide, methylamphetamine
- ◆ antihistamine- promethazine, chlorpheniramine, diphenhydramine
- ◆ antipsychotics- chlorpromazine, clozapine
- ◆ antidepressants- imipramine, clomipramine
- ◆ analgesics- paracetamol, antipyrine
- ◆ bronchodilator- theophylline, dyphylline
- ◆ anticholinergic- benzhexol
- ◆ antitussive- carbetapentane

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Intoxication effects:

Reactions to MDMA may differ from one person to another. Reported neuro-psychological effects include feeling of relatedness to others, increased empathy, euphoria, increased awareness of senses and decreased aggression. Other reported neuro-psychological effects include reduced defensiveness, increased awareness of emotion and altered perception of time. Adverse neuro-psychological effects include:

- ◆ Anxiety
- ◆ Disinhibition
- ◆ Perceptual distortion
- ◆ Increased libido but diminished ability to achieve arousal and orgasm
- ◆ Hyponatraemia due to excessive water intake
- ◆ Confusion
- ◆ Paranoid Psychosis
- ◆ Reduced ability and desire to perform mental tasks

Reported physical effects during intoxication include:

- ◆ Teeth-grinding
- ◆ Tightening of jaw
- ◆ Loss of appetite
- ◆ Sweating
- ◆ Dehydration
- ◆ Hot flush
- ◆ Tremor
- ◆ Gooseflesh
- ◆ Increased or decreased body temperature
- ◆ Changes in blood pressure
- ◆ Increased heart rate

Serious reactions include:

- ◆ Arrhythmia
- ◆ Acute renal failure
- ◆ Neurotoxicity
- ◆ Rhabdomyolysis
- ◆ Disseminated intravascular coagulation
- ◆ Coagulopathy
- ◆ Liver toxicity
- ◆ Intracerebral haemorrhage
- ◆ Death

Withdrawal reaction

No known reported withdrawal effect.

Neuro-psychological after-effects:

Reported effects include:

- ◆ Depression
- ◆ Anxiety
- ◆ Aggressive outbursts
- ◆ Memory disturbance
- ◆ Flashback
- ◆ Drowsiness
- ◆ Panic
- ◆ Psychosis
- ◆ Impairment of attention

Hangover effects of MDMA include symptoms like:

- ◆ Depressed mood
- ◆ Sleepiness
- ◆ Lack of motivation
- ◆ Loss of energy
- ◆ Fatigue

Useful Drug Information

Drug interaction:

MDMA and dextromethorphan can lead to serotonin syndrome. This is characterized by muscle spasm, gastrointestinal problems, confusion, agitation, incoordination, shivering, fever and sweating.

Taking MDMA after LSD-induced hallucinations have subsided has been reported to bring back hallucinatory effect. A related experience is reported when MDMA is combined with magic mushroom.

People on the antidepressant SSRI (selective serotonin reuptake inhibitors) showed a reduced response to MDMA. Those taking the antidepressant MAOI (monoamine oxidase inhibitor) should never take MDMA as this can lead to hypertensive crisis and possibly death.

Caution is advised, as each person has a different physical and psychological makeup and some people may be predisposed to untoward effects after drug combination.

II. Physical and Neuro-psychological Effects of Ketamine

Ketamine, also known as "Special K", "Super K", "Vitamin K", or just plain "K", is primarily used by veterinarians and paediatric surgeons as an anaesthetic. The powder is usually snorted while "K tablets" are taken orally.

Intoxication effects:

Effects of ketamine differ from one person to another. Reported neuro-psychological effects include:

- ◆ Mood elation
- ◆ Anxiety
- ◆ Insomnia
- ◆ Calmness
- ◆ Psychic numbness
- ◆ Dissociative effect
- ◆ Distorted perception of body, environment and time
- ◆ Suicide
- ◆ Illusion
- ◆ Floating sensation
- ◆ Paranoid delusion
- ◆ Hallucination
- ◆ Impaired attention and learning
- ◆ Vivid dreams
- ◆ Delirium
- ◆ Violence
- ◆ Catatonic state known as K-hole
- ◆ Near death experience (NDE)

Reported physical effects include:

- ◆ Increased heart rate
- ◆ Hypertension
- ◆ Nausea and vomiting
- ◆ Hypersalivation
- ◆ Numbness
- ◆ Incoordination
- ◆ Slurred speech
- ◆ Increased intracranial pressure
- ◆ Increased intraocular pressure
- ◆ Anergia
- ◆ Ataxia
- ◆ Analgesia

Withdrawal reaction:

Commonly reported reactions include fatigue, irritability, poor sleep and depression.

Useful Drug Information

Neuro-psychological after-effects:

- ◆ Ketamine can lead to cognitive deficits, including impairment in executive function, memory, attention and learning.
- ◆ Ketamine users had more soft neurological signs, especially in motor coordination and sensory integration.
- ◆ Psychiatric manifestations include schizotypal symptoms, schizophrenia-like psychosis, perceptual distortion and flashback.
- ◆ Ketamine can lead to dependency.

III. Physical and Neuro-psychological Effects of γ -Hydroxybutyrate (GHB)

GHB is depressant of the central nervous system. Its street name is "liquid ecstasy" or "grievous bodily harm". It has been used as a date-rape drug. It is taken by mouth. Note that the dose of GHB leading to unpleasant effect and dangerous overdose is just over the dose that some people enjoy ingesting.

Intoxication effects:

Reaction to GHB varies from one person to another. Reported neuro-psychological effects include:

- ◆ Euphoria
- ◆ Feeling relaxed
- ◆ Disinhibition
- ◆ Drowsiness
- ◆ Hallucination
- ◆ Temporary amnesia
- ◆ Sleep walking
- ◆ Confusion

Reported physical effects include:

- ◆ Dizziness
- ◆ Nausea and vomiting
- ◆ Weakness
- ◆ Loss of peripheral vision
- ◆ Agitation
- ◆ Slowing of heart rate
- ◆ Unsteady gait
- ◆ Urinary incontinence
- ◆ Seizure
- ◆ Respiratory depression
- ◆ Incoordination
- ◆ Coma

Withdrawal effects:

Reported withdrawal effects include agitation, sweating, insomnia, tremor, tachycardia, anxiety, and delirium.

Drug interaction

GHB, when mixed with alcohol, can lead to nausea, difficulty in breathing and loss of consciousness. Combine GHB with methamphetamine result in increased risk of seizure.

Source: http://www.nd.gov.hk/treatment_protocol.htm

Useful Drug Information

A list of drug induced/related physical disorders

Physical disorders	Drugs implicated
◆ HIV infection Undoubtedly the dominating complication of injecting drug use. It and hepatitis may be transmitted by sharing of injecting equipment.	Injecting drug use most commonly heroin, also benzodiazepines, barbiturates, amphetamines, cocaine and anabolic-androgenic steroids
◆ Jaundice, hepatitis B & C Hepatitis B & C are common among injecting drug users. Hepatitis may be asymptomatic to a fulminant attack, progresses to a persistent carrier state, develop into chronic active hepatitis, or liver cancer.	Ditto
◆ Cellulitis, thrombophlebitis, abscesses, indolent ulcers Common skin problem among injecting drug users	Ditto
◆ Bacteraemia, septicaemia, candidiasis Which may be due to immunosuppressive role of the abused drugs*, arising from a localized infection site as abscess.	Ditto (*Immunosuppressive drugs include alcohol, opiates, cannabis and cocaine)
◆ Deep vein thrombosis, pulmonary thromboembolism (clot to the lungs) Usually found in long term groin injectors with a sinus at their regular injection site.	Ditto
◆ Lymphangitis, lymphoedema Which is due to repeated injection and superficial infections in the limbs, and subsequent obstruction to the lymphatic drainage	Ditto

Useful Drug Information

Physical disorders	Drugs implicated
<p>◆ Liver problems Liver damage and even failure can arise</p>	Hepatotoxic drugs include volatile solvent, MDMA, cocaine and anabolic-androgenic steroids. More prone if associated with alcohol abuse
<p>◆ Respiratory problems</p> <ul style="list-style-type: none"> - Drug inhalation is associated with pharyngitis, bronchitis, asthma, pneumonia and tuberculosis. - Drug sniffing is associated with perforated nasal septum. - Acute respiratory distress due to 'crack lung' or opiate-induced asthma, which can be fatal. 	<ul style="list-style-type: none"> - Heroin, cannabis, methamphetamine (Ice), volatile solvents - Cocaine, heroin, ketamine - Cocaine, heroin
<p>◆ Cardiovascular problems</p> <ul style="list-style-type: none"> - Drug induced hypertension - Drug induced hypotension - Infective endocarditis due to sepsis when the heart valves are damaged - Toxic cardiomyopathy, cardiac arrhythmias, myocardial infarction due to drug toxicity and which can be fatal 	<ul style="list-style-type: none"> - Amphetamines, cocaine, cannabis, MDMA, LSD, PCP, cough mixture, ketamine, anabolic-androgenic steroids - Barbiturates, benzodiazepines, GHB - Heroin, benzodiazepines, barbiturates, amphetamines, cocaine (when they are injected) - Volatile solvent, amphetamines, cocaine, MDMA, PCP, anabolic-androgenic steroids
<p>◆ Orthopaedic problems</p> <ul style="list-style-type: none"> - Joint problems may result from direct infection, and bone infection (osteomyelitis) caused by septic embolism - Rhabdomyolysis, defined as necrosis of skeletal muscle with release of muscle contents into the blood, which may cause kidney failure and death. 	<ul style="list-style-type: none"> - Heroin, benzodiazepines, barbiturates, amphetamines, cocaine (when they are injected) - All drugs of abuse, especially heroin, amphetamine, cocaine, MDMA

Useful Drug Information

Physical disorders	Drugs implicated
<p>◆ Renal problems</p> <ul style="list-style-type: none"> - Kidney infection (glomerulonephritis) and kidney damage may result from abuse of certain drugs - Kidney failure 	<ul style="list-style-type: none"> - Heroin, benzodiazepines, barbiturates, amphetamines, cocaine (when they are injected) - MDMA, heroin, cocaine, amphetamines, volatile solvents, PCP
<p>◆ Neurological problems</p> <ul style="list-style-type: none"> - Brain anoxia (low oxygen brain damage) due to drugs causing depression of respiration or blockage of the airways by saliva, mucus or vomitus when level of consciousness and cough reflex are depressed - Strokes (stimulant induced) arising from acute rise of blood pressure and bleeding in the brain, and the risk is higher for people with congenital malformation of small symptomless aneurysms - Seizure (fit) 	<ul style="list-style-type: none"> - Opiates, barbiturates, benzodiazepines, GHB, volatile solvents, ketamine - Amphetamines, cocaine, LSD, MDMA - Cocaine, amphetamines, sedative-hypnotics (upon withdrawal), MDMA, GHB.
<p>◆ Reproductive/Neonatal</p> <ul style="list-style-type: none"> - Abortion, premature birth, still-birth - Foetal congenital abnormalities - Neonatal abstinence syndrome - Neonatal infection (HIV, hepatitis) 	<ul style="list-style-type: none"> - Opiate (withdrawal and intoxication), cocaine, sedative-hypnotics, alcohol, MDMA, amphetamines - LSD, MDMA, cocaine - Opiates, barbiturates, benzodiazepines - Injectable drugs especially heroin

The above account is not exhaustive. Individual drugs of abuse can also specifically induce disorders which can be haematological, endocrine, vitamin deficiency, electrolyte and metabolic, immune system, temperature regulation, gastrointestinal, dental, etc. We have to take note of the physical damages due to the vast number of possible combination of various drugs of abuse, illicit drugs with licit drugs, drugs of abuse with the various kinds of adulterants/additives, are not described here.

Useful Drug Information

Drug-induced mental and behavioural disorders associated with classes of drugs

	Intoxication	Withdrawal	Delirium (intoxication)	Delirium (withdrawal)	Persistent dementia	Persisting amnesic disorder	Psychotic disorder	Mood disorder	Anxiety disorder	Sexual dysfunction	Sleep disorder
Amphetamines	+	+	I				I	I/W	I	I	I/W
Cannabis	+		I				I		I		
Cocaine	+	+	I				I	I/W	I/W	I	I/W
Hallucinogens	+		I				I	I	I		
Inhalents (volatile solvents)	+		I		P		I	I	I		
Opioids	+	+	I				I	I	W	I	I/W
Phencyclidine (PCP)	+		I				I	I	I		
Sedatives-hypnotics	+	+	I	W	P	P	I/W	I/W	W	I	I/W

+ indicates that the category is recognized in DSM-IV

I = during intoxication

W = during withdrawal

I/W = during intoxication or withdrawal

P = persisting

Screening Guidelines for Substance Abuse

Adolescent drug users/abusers do not usually seek help by themselves. Instead, they are often referred by their significant others who may have observed some symptoms/signs already. Warning signs of drug use/abuse are detectable by parents/close family members at home, by teachers at school, or by peers/classmates at school or at leisure. Such warning signs are an indication that the client may be at high risks of drug use/abuse, delinquent behaviour, or other problems.

When the client's significant others do observe a number of such signs, it means that the client warrants further assessment by professionals. If assessment or intervention can be conducted earlier, there would be greater chance of success, as well as reduced detrimental impact on the individual, family or society.

Below are some warning signs of adolescent drug use/abuse that can be detected by social workers and/or parents, teachers, and peers respectively.

	Parents	Teachers	Peers
Behaviour Patterns			
◆ Late for home, staying outside for exceptionally long period, run away from home	※		
◆ Staying in own room, isolating from family members, secretive behaviour	※		
◆ At odds with family	※		※
◆ No appetite, sudden physical changes, losing/ gaining weight within a short period of time	※		※
◆ Personal hygiene pattern changed	※	※	※
◆ Antisocial behavior	※	※	※
Emotional and Psychological State			
◆ Emotionally unstable, aggressive, agitated, or depressed	※	※	※
◆ Always put the blame on others	※	※	※
◆ Marked changes in psychological state (easily nervous, restless)	※	※	※
Family systems			
◆ Abrupt changes in family functioning	※		

Screening Guidelines for Substance Abuse

	Parents	Teachers	Peers
School/Work			
◆ Abrupt changes in school functioning, e.g. falling school grade or conduct, missing classes or school days		※	※
◆ Low concentration in class and in study		※	※
◆ Bring a lot of money to school/work place		※	※
◆ Asking money from classmates			※
◆ Absent from work without reason, late/leave early			※
Leisure and Recreation			
◆ Abrupt changes in hobbies or interests	※	※	※
◆ No interests, or inert	※	※	※
◆ Secretive communication with friends	※		※
◆ Unexplained cash, new items or clothing	※		※
◆ Always asking for money, or even stealing money/ items from home/friends	※		※
◆ Going to some high-risks spots, e.g. disco, rave parties, or games centres	※		※
Presence of signs of drug use			
◆ Strange equipment: pills, medicine bottle, needle, tin foil, spoons, straw	※	※	※
◆ Wear sun-glasses inappropriately to hide dilated or constricted pupil	※	※	※
◆ Wear long sleeves inappropriately to hide needle mark	※	※	※
◆ Strange smell from body, always scratch oneself	※	※	※
◆ Serious decayed teeth	※	※	※

In order to have a better understanding of the nature or scope of the presenting problems, social workers may attempt to make a quick enquiry from the client, as well as parents, teachers, or peers, whenever possible.

Screening Guidelines for Substance Abuse

The aim of this screening interview is to get brief information on any notable problems (including drug use/abuse) as reported by the informant. Hence, social workers may quickly investigate the following 10 domains (Note 1) by briefly asking:

Are you aware of/have you noticed any problems on your/the client's...?

1. Drug use/abuse _____

 (e.g., signs of drug use, patterns of use, reasons for use)
2. Behaviour patterns _____

 (e.g., deviant behaviour, involvement in crimes)
3. Health status _____

 (e.g., major illness, recent physical health problems)
4. Emotional and psychological state _____

 (e.g., depression, suicidal ideation or attempts)
5. Family system _____

 (e.g., family substance use, family chaos)
6. School adjustment _____

 (e.g., falling school grade, truancy)
7. Work _____

 (e.g., idle, frequent absence from work without reason)
8. Social skills _____

 (e.g., poor communication skills, withdrawn)
9. Peer relationship _____

 (e.g., substance using peers)
10. Leisure/ recreation _____

 (e.g., rave parties)

Note 1: The 10 domains are modified from Tarter (1990).
 (Reference: Annex 2: Risk factors of adolescent drug use/abuse)

Source: http://www.nd.gov.hk/treatment_protocol.htm

Screening Guidelines for Substance Abuse

Screening Summary

Source of referral:

- | Source of referral: | Interviewed |
|---|-------------|
| <input type="checkbox"/> Self | Y / N |
| <input type="checkbox"/> Parents (Name: _____) | Y / N |
| <input type="checkbox"/> Teachers (Name: _____) | Y / N |
| <input type="checkbox"/> Peers (Name: _____) | Y / N |

Presenting problems:

1. Drug use/abuse _____
2. Behaviour patterns _____
3. Health status _____
4. Mental health status _____
5. Family system _____
6. School adjustment _____
7. Work _____
8. Social skills _____
9. Peer relationship _____
10. Leisure/ recreation _____

Client screened as:

- Confirmed drug user/abuser:
 - The experimental user
 - The non-dependent regular user/abuser
 - The addicted (dependent) abuser
 - The vulnerable ex-user
 - proceed with Assessment guideline
- Highly likely a drug user/abuser
 - proceed with Assessment guideline
- Non-drug user, with other problems
 (specify: _____)
 referral for other service (specify: _____)
- Non-drug user, with no other problems

Worker's signature: _____

Name: _____ Date: _____

Source: http://www.nd.gov.hk/treatment_protocol.htm

Counselling, Treatment and Rehabilitation Services

The main types of drug treatment and rehabilitation programmes in Hong Kong include -

- ❖ compulsory placement scheme operated by the Correctional Services Department;
- ❖ voluntary out-patient methadone treatment programme provided by the Department of Health;
- ❖ voluntary in-patient programmes run by Caritas - Hong Kong, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Hong Kong Christian Service and other non-government organizations including Christian therapeutic agencies;
- ❖ counselling service for psychotropic substance abusers provided by the Caritas - HUGS Centre, PS33 of the Hong Kong Christian Service, Cheer Lutheran Centre and Evergreen Lutheran Centre of Hong Kong Lutheran Social Service and Tung Wah group Hospitals CROSS Centre; and
- ❖ five substance abuse clinics operated by the Hospital Authority.

Source: <http://www.nd.gov.hk/treatment.htm>

COMPULSORY PLACEMENT PROGRAMME

Programme	Agency	Telephone	Major Target Client (Note)	Target Client (Sex)	Treatment service		Aftercare / Follow-up service							
					Drug treatment	Duration of treatment	Half-way house	Counselling by social worker	Religious counselling	Recreation	Occupational counselling	Self-help group		
Compulsory Placement Programme	Correctional Services Department													
	Hei Ling Chau Addiction Treatment Centre	2986 6286	N&P	M	Y	2-12 months	Y	Y		Y	Y			
	Hei Ling Chau Addiction Treatment Centre (Annex)	2986 6001	N&P	F	Y	2-12 months	Y	Y		Y	Y			

Note: N : Opiate narcotics abusers P : Psychotropic substance abusers

Source: <http://www.nd.gov.hk/1.htm>

Counselling, Treatment and Rehabilitation Services

Voluntary In-patient Treatment/Residential Drug Rehabilitation Programmes

1. Barnabas Charitable Service Association
2. Caritas - Hong Kong, Wong Yiu Nam Centre
3. Christian New Life Association
4. Christian Zheng Sheng Association
5. Enchi Lodge, DACARS
6. Glorious Praise Fellowship
7. Hong Kong Christian Service, Jockey Club Lodge of Rising Sun
8. Mission Ark
9. Operation Dawn
10. Remar Association
11. St. Stephen's Society
12. The Christian New Being Fellowship
13. The Finnish Evangelical Lutheran Mission
14. The Society for the Aid and Rehabilitation of Drug Abusers
15. The Society of Rehabilitation and Crime Prevention, Hong Kong
16. Wu Oi Christian Centre

Note: list in alphabetical order

Source: http://www.nd.gov.hk/treat_list.htm

COUNSELLING PROGRAMME FOR PSYCHOTROPIC SUBSTANCE ABUSERS

Programme	Agency	Telephone	Major Target Client (Note)	Target Client (Sex)	Treatment service		Aftercare / Follow-up service					
					Drug treatment	Duration of treatment	Half-way house	Counselling by social worker	Religious counselling	Recreation	Occupational counselling	Self-help group
Counselling Programme for Psychotropic Substance Abuser	Caritas HUGS Centre	2453 7030	P	M/F Age below 30				Y		Y	Y	Y
	Hong Kong Christian Service PS33	2368 8269	P	M/F	Y	1.5-3 years		Y		Y	Y	Y
	Hong Kong Lutheran Social Service Cheer Lutheran Centre	2660 0400	P	M/F		6 months - 3 years		Y	Y	Y	Y	Y
	Hong Kong Lutheran Social Service Evergreen Lutheran Centre	2712 0097	P	M/F		3 months - 3 years		Y	Y	Y	Y	Y
	Tung Wah Group of Hospitals CROSS Centre	2884 1234	P	M/F		18 months		Y		Y	Y	Y

Note: N : Opiate narcotics abusers P : Psychotropic substance abusers

Source: <http://www.nd.gov.hk/5.htm>

Counselling, Treatment and Rehabilitation Services

SUBSTANCE ABUSE CLINIC

Programme	Agency	Telephone	Major Target Client (Note)	Target Client (Sex)	Treatment service		Aftercare / Follow-up service					
					Drug treatment	Duration of treatment	Half-way house	Counselling by social worker	Religious counselling	Recreation	Occupational counselling	Self-help group
Substance Abuse Clinic	Hospital Authority											
	Kowloon Hospital Substance Abuse Clinic	3129 6710	P	M/F	Y			Y		Y	Y	
	Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic	2595 7608	P	M/F	Y			Y	Y	Y		Y
	Prince of Wales Hospital Alcohol and Substance Abuse Clinic	2632 2584	P	M/F	Y							
	Kwai Chung Hospital Substance Abuse Assessment Clinic	2959 8082	N/P	M/F	Y			Y	Y	Y	Y	Y
	Castle Peak Hospital Tuen Mun Substance Abuse Clinic	2456 8260	N/P	M/F	Y			Y	Y	Y	Y	Y

Note: N : Opiate narcotics abusers P : Psychotropic substance abusers

Source: <http://www.nd.gov.hk/6.htm>

Counselling, Treatment and Rehabilitation Services

A. Counselling Centres for Psychotropic Substance Abusers

Name of Agency / Centres 中心/機構名稱	Website / Address 網址/地址	Telephone 電話
Caritas - Hong Kong HUGS Centre 明愛容園中心	http://www.hugs.org.hk/ Unit 1, G/F, Mei Tai House, Fu Tai Estate, Tuen Mun, N.T. 新界屯門富泰邨美泰樓地下1號	2466 3132
Hong Kong Christian Service - PS33 香港基督教服務處 PS33 中心	http://www.hkcs.org/gcb/ps33/ps33.htm G/F, 33 Granville Road, Tsimshatsui, Kowloon 九龍尖沙咀加連威老道 33 號地下	2368 8269
Hong Kong Lutheran Social Services 香港路德會社會服務處		
Cheer Lutheran Centre 路德會青欣中心	G/F, Shin Kwan House, Fu Shin Estate, Tai Po, N.T. 新界大埔富善邨善群樓地下	2660 0400
Evergreen Lutheran Centre 路德會青怡中心	2 Horse Shoe Lane, Kwun Tong, Kowloon 九龍觀塘馬蹄徑 2 號	2712 0097
TWGHs CROSS Centre 東華三院越峰成長中心	http://crosscentre.tungwahcsd.org 9/F, TWGHs Fong Shu Chuen Social Services Building, 6 Po Man Street, Shau Kei Wan, Hong Kong 香港筲箕灣寶文街 6 號 方樹泉社會服務大樓 9 樓	2884 1234

B. Voluntary Residential Treatment and Rehabilitation Services

Name of Agency / Centres 中心/機構名稱	Website / Address 網址/地址	Telephone 電話
Barnabas Charitable Service Association Limited 基督教巴拿巴愛心服務團有限公司	http://www.barnabas.com.hk	
Lamma Training Centre 南丫島訓練中心	No. 45, DD1 Lot 728, Pak Kok Sun Chuen, Yung Shue Wan, Lamma Island 南丫島榕樹灣北角新村 45 號地下	2982 1008

Name of Agency / Centres 中心/機構名稱	Website / Address 網址/地址	Telephone 電話
Caritas Hong Kong - Caritas Wong Yiu Nam Centre 香港明愛 - 明愛黃耀南中心	http://family.caritas.org.hk Hang Hau Road, Sai Kung, New Territories 新界西貢坑口路	2335 5088
Christian New Life Association Limited 基督教新生協會有限公司	http://www.hknewlife.com Lot 791 in DD105, 4A Shek Wu Wai Sun Tsuen, San Tin, Yuen Long, New Territories 新界元朗新田石湖圍新村 4A 第 105 約 791 地段	2397 6618
Christian Zheng Sheng Association 基督教正生會有限公司	http://www.drugrehab.com.hk	
Kam Tin Treatment and Rehabilitation Adult Centre for Male 錦田男性成人戒毒及康復中心	Kam Tin, New Territories 新界錦田	9027 2547
DACARS Limited - Enchi Lodge 得基輔康會有限公司 - 恩慈之家	Enchi Lodge, Sheung Shui, New Territories 新界上水恩慈之家	2673 8272 8104 2188
Glorious Praise Fellowship (Hong Kong) Limited 榮頌團契有限公司	47 Siu Lam, Castle Peak Road-Tai Lam, Tuen Mun, New Territories 新界屯門青山公路大欖段小欖 第 47 號	2451 9802 9688 7650
Hong Kong Christian Service Jockey Club Lodge of Rising Sun 香港基督教服務處 - 賽馬會日出山莊	http://www.hkcs.org 33 Tsing Wun Road, Tuen Mun, New Territories 新界屯門青雲路 33 號	2468 0044
Mission Ark Limited 方舟行動有限公司	http://www.missionark.org 1/F, Lot 4620 in DD104, Mai Po, Yuen Long, New Territories 新界元朗米埔第 104 約 4620 地段 一樓	2397 6618

Counselling, Treatment and Rehabilitation Services

Name of Agency / Centres 中心/機構名稱	Website / Address 網址/地址	Telephone 電話
Operation Dawn Limited 香港晨曦會有限公司	http://www.opdawn.org	
Dawn Island Drug Treatment and Rehabilitation Centre 晨曦島福音戒毒所	Dawn Island, Sai Kung 新界西貢伙頭墳洲(晨曦島)	2714 2434 2761 4555
Remar Association (Hong Kong) Limited	http://www.remar.org 210 Ma Tin Tsuen, Yuen Long, New Territories (Central Office) 新界元朗馬田村 210 號	3193 4919
St. Stephen's Society 聖士提反會		
Tuen Mun Multi-Purpose Rehabilitation Home (Female) 屯門家庭	So Kwun Wat Village, Tuen Mun, New Territories 新界屯門掃管笏村	2720 0179
The Christian New Being Fellowship Limited 基督教得生團契有限公司	http://www.newbeing.org.hk http://www.freshu.com.hk	
Training Centre 西貢北潭訓練村	Pak Tam Village, Sai Kung 新界西貢北潭涌	2329 6077
The Finnish Evangelical Lutheran Mission 基督教信義會芬蘭差會	http://www.lingoi.org	
Ling Oi Tan Ka Wan Centre 蛋家灣中心	Tan Ka Wan, Sai Kung 新界西貢蛋家灣村	2369 7052
The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) 香港戒毒會	http://www.sarda.org.hk	
1. Au Tau Youth Centre 凹頭青少年中心	PB 145, Au Tau Roundabout, Yuen Long, New Territories. 新界元朗凹頭迴旋處 PB145	2478 7026 9411 0577
2. Adult Female Rehabilitation Centre 成年婦女康復中心	Unit 2-3 & 5-8, G/F, & 1-8, 2/F, Sun Ming House, Sun Chui Estate, Tai Wai, New Territories 新界沙田新翠邨新明樓地下 2-3, 5-8 號	2699 9936

Name of Agency / Centres 中心/機構名稱	Website / Address 網址/地址	Telephone 電話
3. Shek Kwu Chau Treatment and Rehabilitation Centre 石鼓洲康復院	Shek Kwu Chau, Cheung Chau 長洲石鼓洲	2574 3300 2838 2323 2356 2663 2776 8271
4. Sister Aquinas Memorial Women's Treatment Centre 區貴雅修女紀念婦女康復中心	108, Hang Tau Road, Hang Tau Village, Kwu Tung, Sheung Shui 新界古洞坑頭村坑頭路 108 號	2574 2311
The Society for the Rehabilitation and Crime Prevention, Hong Kong 香港善導會	http://www.sracp.org.hk	
1. Bradbury Wai Chi Hostel 白普理偉志宿舍	Flats B-D, 1/F, Wah Lok Building, 6-8 Yim Po Fong Street, Kowloon 九龍染布房街 6 至 8 號華樂大廈 2 樓 B 至 D 座	2770 4267
2. Hong Kong Female Hostel 香港女宿舍	Block G & H, 11/F, City Centre Building, 144-149 Gloucester Road, Wan Chai, Hong Kong 香港灣仔告士打道 144 至 149 號 城市大廈 11 樓 G 及 H 座	2507 4458
Wu Oi Christian Centre 基督教互愛中心	http://www.wuoi.org.hk	2782 2779
1. Shun Tin Half-way House 順天中途宿舍	Units 1-5, G/F, Tin Hang House, Shun Tin Estate, Kwun Tong, Kowloon. 九龍觀塘順天邨天衡樓 1-5 號地下	
2. Long Ke Training Centre 浪茄男性訓練中心	Sai Kung, New Territories. 新界西貢	
3. Tai Mei Tuk Female Training Centre 大尾篤女性訓練中心	Tai Po, New Territories 新界大埔	
4. Green Island Youth Training Centre 青洲青少年訓練中心	Green Island, Hong Kong 香港青洲	

Counselling, Treatment and Rehabilitation Services

C. Out-patient Methadone Treatment Services

Name of Agency / Centres 中心 / 機構名稱	Telephone 電話
Department of Health Methadone Clinics 衛生署美沙酮診所 http://www.dh.gov.hk/tc_chi/main/main_mc/main_mc.html	2835 1831 2835 1834

D. Substance Abuse Clinics of the Hospital Authority

Name of Agency / Centres 中心 / 機構名稱	Telephone 電話
Castle Peak Hospital Tuen Mun Substance Abuse Clinic 青山醫院屯門物質濫用診療所	2456 8260
Kowloon Hospital Substance Abuse Clinic 九龍醫院物質濫用診所	3129 6710
Kwai Chung Hospital Substance Abuse Assessment Clinic 葵涌醫院藥物誤用評估中心	2959 8082
Pamela Youde Nethersole Eastern Hospital Substance Misuse Clinic 東區尤德夫人那打素醫院物質濫用診所	2595 7608
Prince of Wales Hospital Alcohol and Substance Abuse Clinic 威爾斯親王醫院酗酒及藥物濫用中心	2632 2584

E. Counselling and Multiple Integrated Services

Name of Agency / Centres 中心 / 機構名稱	Website / Address 網址 / 地址	Telephone 電話
Caritas Lok Heep Club 明愛樂協會	http://family.caritas.org.hk	
1. Hong Kong Centre 香港中心	12/F Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong 香港灣仔軒尼詩道 130 號修頓中心 12 字樓	2893 8060
2. Kowloon Centre 九龍中心	G/F, Yiu Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon 九龍黃大仙東頭邨耀東樓地下	2382 0267
Pui Hong Self-Help Association 香港培康聯會	Flat C, 4/F, Haven Building, 128 Leighton Road, Hong Kong 香港銅鑼灣禮頓道 128 號希雲大廈 4 樓 C 座	2576 2356
Kely Support Group 啟勵扶青會	http://www.kely.org 2/F, East Wing, 12 Borrett Road, Hong Kong 香港波老道 12 號 2 樓東翼	2521 6890 help@kely. org

NGOs Drug Services - 促進地區醫生與社區服務單位協作小冊子資料搜集

機構	單位	地址	聯絡人	電話	恒常服務							非恒常活動			
					24以下青少年	所有濫藥人士	藥物輔導及個案跟進	協助提升動機的健康/體格評估計劃	家長支援活動或小組	電話諮詢濫藥資訊及戒藥途徑	定期講座	預防濫藥單張及宣傳品	活動名稱	內容	舉行時段
東華三院	越峰成長中心*	香港筲箕灣寶文街6號 方樹泉社會服務大樓9樓	鍾燕婷女士	28841234		1	1	1	1	1	1				
香港中華基督教青年會	葵青及荃灣青少年外展社會工作隊	青衣長安邨安湖樓 地下107-110號	陳俊榮先生	24340288	1		1					1			
香港明愛	賽馬會長洲青少年綜合服務	長洲雅寧苑豪閣地下	鄭錦康先生	29811441	1								防止青少年濫藥服務	外展、個案輔導、小組、講座、家長及教師支援	8/06-7/08
香港明愛	明愛容園中心*	新界屯門富泰邨美泰樓地下1號	鄭靄君女士	24537030	30歲以下		1		1	1	1	1	「家不藥創明天」	社區巡迴展覽、家長講座及工作坊(天水圍區)	10/07-8/08
香港青少年服務處	大埔地區青少年外展社會工作隊	大埔富亨邨亨裕樓G24室地下	林國強先生	26677780	1		1	1	1	1	1	1	「充滿·愛」愛情關係與預防藥物濫用教育計劃	活動以曾經濫用藥物的青少年為對象，針對他們與伴侶的親密關係作為切入點，從而推動他們停止濫用藥物的行為	1/9/2007-31/8/2009
香港基督教女青年會	深水埗綜合社會服務處	深水埗元州街59-63號 元州街市政大廈5-6樓	周華達先生	27204318	1				1	1		1			
	沙田綜合社會服務處	沙田禾輦村協和樓2樓平台	彭道華先生	26983008	1		1								
	賽馬會樂華綜合社會服務處	觀塘牛頭角樂華村 樂華社區中心4樓	黎狄慈女士	27502521	1		1		1		1				
救世軍	柴灣青少年綜合服務	柴灣環翠邨街市大廈平台	符秋蕊女士/ 蔡揚威先生	28989750	1		1	1	1	1	1	1	迴響團隊訓練	提供訓練予社區人士或為濫藥青少年的朋輩輔導員	全年
香港基督教服務處	元朗區青少年外展工作隊	元朗朗屏村雁屏樓地下1-4室	韓小雲女士	24746592	1		1								
	PS33*	九龍尖沙咀加連威老道33號地下	陳健儀女士	23688269		1	1	1	1	1	1	1			
香港路德會社會服務處	路德會青欣中心*	新界大埔富善邨善群樓地下	商朝陽先生	26600400		1	1		1	1	1	1			
	路德會青怡中心*	九龍觀塘馬啼徑2號	吳雪琴女士	27120097		1	1		1	1	1	1			
香港遊樂場協會	油尖旺區青少年外展社會工作隊	九龍旺角上海街557號 旺角綜合根大樓2樓	李德惠女士	25751547	1		1					1			
基督教香港信義會	北區青少年外展社會工作隊	新界上水彩園村 彩華樓119-121號地下	盧寶星先生	26715113	1		1	1	1	1	1	1	「不」上濫藥特工隊	多元才能訓練、身體檢查、戒毒村體驗、野戰歷奇訓練、家長講座及互助小組、落馬州邊境禁毒展覽	1/2008-2/2009
循道衛理楊震社會服務處	何文田青少年綜合發展中心	九龍何文田邨恬文樓地下	陳雅君女士	27181330	1		1				視乎人數 間歇性 舉行				
	九龍城區青少年外展社會服務中心	九龍愛民邨嘉民樓506-508室	黎淑文女士	23953101		1		1		1					
聖雅各福群會	青洲鋼灣綜合服務中心	大坑勵德邨榮樓5座2樓	黃培龍先生	31064673	1		1		1	1					
鄰舍輔導會	賽馬會大埔北青少年綜合服務中心	大埔富亨村 富亨鄰里社區中心1樓	呂韻琪女士	26621666	1		1		1	1	1	1		外展、個案輔導，身體檢查	
	東區/灣仔外展隊	香港西灣河新成街8號 新成中心地下F舖位	周桂深先生	25908835	1		1		1	1	1	1			

註：*濫用精神藥物者輔導中心

Useful websites

香港基督教服務處 PS33

<http://www.hkcs.org/gcb/ps33/ps33.htm>

香港路德會青欣中心或青怡中心

<http://www.cheerevergreen-lutheran.org.hk/aims.htm>

明愛容圃中心

<http://www.hugs.org.hk/>

東華三院越峰成長中心

<http://crosscentre.tungwahcsd.org/>

香港社會服務聯會藥物濫用資料站 (包括戒藥名單及培訓資料)

http://drugaid.socialnet.org.hk/c_mainpage.htm

Department of Health Methadone Clinics 衛生署美沙酮診所

http://www.dh.gov.hk/tc_chi/main/main_mc/main_mc.html

Hospital Authority EASY Service:

<http://www.ha.org.hk/easy>

Narcotics Division, Security Bureau:

<http://www.nd.gov.hk/>

Local

北京禁毒在線

<http://www.bjjdxx.org/index.htm>

澳門社會工作局 - 防治藥物依賴服務

<http://www.ias.gov.mo/web2/big5/index.htm>

Australian Drug Foundation:

<http://www.adf.org.au>

Club Drugs:

<http://clubdrugs.org>

DanceSafe:

<http://www.dancesafe.org>

DrugScope:

<http://www.drugscope.org.uk>

Ecstasy.org:

<http://www.ecstasy.org>

Erowid's psychoactive vaults:

<http://www.erowid.org/psychoactives/psychoactives.shtml>

HIV/AIDS and drug abuse:

<http://hiv.drugabuse.gov>

MEDLINEplus - drug abuse:

<http://www.nlm.nih.gov/medlineplus/drugabuse.html>

National Institute on Drug Abuse:

<http://www.drugabuse.gov>

Neuroscience for kids - drug effects:

<http://faculty.washington.edu/chudler/introb.html#drug>

Overseas

Source: http://www.nd.gov.hk/treatment_protocol.htm

Feedback Form

I would like to receive information on substance abuse and the related NGOs service provision.

I am willing to collaborate with NGOs in the community.

Collaboration service preferred:

School / community health talk related to substance abuse prevention

Medical appointment in NGOs centre

Medical appointment in my clinic

Body check

Other suggestions (please specify: _____)

Location preferred:

Hong Kong East

Hong Kong West

Kowloon East

Kowloon West

New Territories East

New Territories West

Other Comments/Suggestions

Name: _____ Tel. No.: _____

Email address: _____