

A NEW THINKING ON FAMILY PHYSICIAN'S ROLE ON MANAGEMENT OF YOUNG SUBSTANCE ABUSERS

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SOME FACTS ABOUT DRUG ABUSE AND THE TASK OF BEATING DRUGS

- **The problem of drug abuse is always difficult to handle**
- **It is becoming more and more difficult to handle as the type of drugs, the mode of taking and the mode of trafficking change**
- **There is no ONE single and effective method to prevent or to cure drug abusing**



- **Much effort and resources have been paid by different parties in the war of beating drugs**
- **They are effective but more is needed**
- **New approaches which can be launched in a large scale, which are sustainable and relatively less resources-draining would be very helpful**



THE MEDICAL PROFESSION IN BEATING DRUGS

Psychiatrists And Family Doctors



FAMILY DOCTORS



WORLD HEALTH ORGANIZATION

- **As reviewed by WHO in 2003, about 85% of the population in the developed world visit a primary health care clinician at least once per year.**
- **In Hong Kong, the Harvard group reported in 1997 that Hong Kong residents had an average of nine out-patient visits each year.**

Source:

Sue Henry-Edwards, Rachel Humeniuk, Robert Ali, Maristela Monteiro and Vladimir Poznyak (2003) Brief Intervention for Substance Use: A Manual for Use in Primary Care (Draft Version 1.1 for Field Testing). Geneva, World Health Organization.



CHARACTERICS OF FAMILY DOCTORS

- **Doctor–patient relationship**

建立醫生/病人關係

- **First point of contact**

最先接觸病人

- **Total patient care**

全人治療

- **Trust**

信任

- **Confidentiality**

個人資料保密

- **Community network**

社區網絡



CHARACTERICS OF FAMILY DOCTORS

- Patients with substance-related problems may have more frequent consultations.
- In this sense, family doctors are usually the first point of contact with the abusers.
- They therefore have the opportunity to intervene at an early stage before serious problems develop.

Source:

Sue Henry-Edwards, Rachel Humeniuk, Robert Ali, Maristela Monteiro and Vladimir Poznyak (2003) Brief Intervention for Substance Use: A Manual for Use in Primary Care (Draft Version 1.1 for Field Testing). Geneva, World Health Organization.



CHARACTERICS OF FAMILY DOCTORS

- Family doctors have good rapport with the young people through a long-term relationship with the whole family, and by knowing them since childhood.
- Patients expect their family doctors to be involved in all aspects of their health, and are likely to share daily hassles or discuss sensitive issues like substance abuse.

Source:

Sue Henry-Edwards, Rachel Humeniuk, Robert Ali, Maristela Monteiro and Vladimir Poznyak (2003) *Brief Intervention for Substance Use: A Manual for Use in Primary Care (Draft Version 1.1 for Field Testing)*. Geneva, World Health Organization.



CHARACTERICS OF FAMILY DOCTORS

- Family doctors are trained to recognize hidden problems, to handle chronic health problems and to modify behaviour.
- Patients view family doctors as a credible source of advice about health risks.
- Family doctors are reliable in ensuring confidentiality of sensitive information such as substance abuse.

Source:

Sue Henry-Edwards, Rachel Humeniuk, Robert Ali, Maristela Monteiro and Vladimir Poznyak (2003) Brief Intervention for Substance Use: A Manual for Use in Primary Care (Draft Version 1.1 for Field Testing). Geneva, World Health Organization.



FAMILY DOCTORS ARE BOUND TO ENCOUNTER SUBSTANCE ABUSERS.

- Family doctors can help young substance abusers. How?

Why should I follow your instructions?

Why should I change?

Why should I listen to what you said?

- Screening
- Brief Intervention



SCREENING

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST).

1. In your life, which of the following substances have you ever tried? (non-medical use only)					
a. Tobacco products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	f. Inhalants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Alcoholic beverages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	g. Sedatives or sleeping pills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Cannabis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	h. Hallucinogens	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Cocaine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	i. Opioids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Amphetamine type stimulants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	j. Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. During the past 3 months, how often have you used the substances you mentioned (first drug, second drug, etc.)?					
<input type="checkbox"/> Never (0) <input type="checkbox"/> Once/ Twice (2) <input type="checkbox"/> Monthly (3) <input type="checkbox"/> Weekly (4) <input type="checkbox"/> Daily/Almost Daily (6)					
3. During the past 3 months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?					
<input type="checkbox"/> Never (0) <input type="checkbox"/> Once/ Twice (3) <input type="checkbox"/> Monthly (4) <input type="checkbox"/> Weekly (5) <input type="checkbox"/> Daily/Almost Daily (6)					
4. During the past 3 months, how often has your use of (first drug, second drug, etc.) led to health, social, legal, or financial problems?					
<input type="checkbox"/> Never (0) <input type="checkbox"/> Once/ Twice (4) <input type="checkbox"/> Monthly (5) <input type="checkbox"/> Weekly (6) <input type="checkbox"/> Daily/Almost Daily (7)					
5. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)?					
<input type="checkbox"/> Never (0) <input type="checkbox"/> Once/ Twice (5) <input type="checkbox"/> Monthly (6) <input type="checkbox"/> Weekly (7) <input type="checkbox"/> Daily/Almost Daily (8)					
6. Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc.)?					
<input type="checkbox"/> No, never (0) <input type="checkbox"/> Yes, in the past 3 months (6) <input type="checkbox"/> Yes, but not in the past 3 months (3)					
7. Have you ever tried and failed to control, cut down, or stop using (first drug, second drug, etc.)?					
<input type="checkbox"/> No, never (0) <input type="checkbox"/> Yes, in the past 3 months (6) <input type="checkbox"/> Yes, but not in the past 3 months (3)					
8. Have you ever used any drug by injection? (non-medical use only)					
<input type="checkbox"/> No, never (0) <input type="checkbox"/> Yes, in the past 3 months (6) <input type="checkbox"/> Yes, but not in the past 3 months (3)					



BRIEF INTERVENTIONS

- Information supply
- Screening
- Motivational interview
- Treatment & rehabilitation
- Withdrawal consequence
- Relapse prevention
- Referral



BRIEF INTERVENTIONS

- **Brief interventions in primary care can range from 5 minutes of brief advice to 15-30 minutes of brief counselling.**
- **Brief interventions are not intended to treat people with serious substance dependence;**
- **They are a valuable tool for treatment for problematic or risky substance use.**

Source:

WHO Brief Intervention Study Group. A randomized cross-national clinical trial of brief interventions with heavy drinkers. *American Journal of Public Health* 1996; 86 (7): 948-955.



- **The WHO Brief Intervention Study Group found that 5 minutes of simple advice were as effective as 20 minutes of counselling.**
- **Empirical studies have suggested that brief interventions are effective in primary care settings for cannabis, benzodiazepines, amphetamines, opiates and cocaine.**

Source:

WHO Brief Intervention Study Group. A randomized cross-national clinical trial of brief interventions with heavy drinkers. *American Journal of Public Health* 1996;86(7):948-955.

Copeland, J., Swift, W., Roffman, R. & Stephens, R. (2001) A randomized controlled trial of brief cognitive-behavioural interventions for cannabis use disorder. *Journal of Substance Abuse Treatment*, 21, 55-64.

Lang, E., Englander, M. & Brook, T. (2000) Report of an integrated brief intervention with self-defined problem cannabis users. *Journal of Substance Abuse Treatment*, 19, 111-116.

Stephens, R. S., Roffman, R. A. & Curtin, L. (2000) Comparison of extended versus brief treatments for marijuana use. *Journal of Consulting and Clinical Psychology*, 69(5), 858-862.

Bashir, K., King, M. & Ashworth, M. (1994) Controlled evaluation of brief intervention by general practitioners to reduce chronic use of benzodiazepines. *British Journal of General Practice*, 44, 408-412.

Baker, A., Boggs, T. G. & Lewin, T. J. (2001) Randomized controlled trial of brief cognitive-behavioural interventions among regular users of amphetamine. *Addiction*, 96, 1279-1287.

Saunders, B., Wilkinson, C. & Philips, M. (1995) The impact of a brief motivational intervention with opiate users attending a methadone programme. *Addiction*, 90, 415-424.

Stotts, A. L., Schmitz, J. M., Rhoades, H. M. & Grabowski, J. (2001) Motivational interviewing with cocaine-dependent patients: a pilot study. *Journal of Consulting and Clinical Psychology*, 69(5), 858-862.



ACTION COMMITTEE AGAINST NARCOTICS

THE FIFTH THREE-YEAR PLAN ON DRUG TREATMENT AND REHABILITATION SERVICES (2009-2011)

Recommendations 5.10

- **Family doctors are primary health care providers at community level. They are often the first point of contact for a person who starts to develop or has developed various symptoms arising from drug abusing behaviour, and hence can play a powerful role in identifying drug abuse problems or potential problems, and intervening as appropriate.**
- **Funded by Beat Drug Fund (BDF), the Professional Training Programme for Family Doctors will commence in 2009 to strengthen the role of family doctors in drug treatment and rehabilitation.**

ACTION COMMITTEE AGAINST NARCOTICS THE FIFTH THREE-YEAR PLAN ON DRUG TREATMENT AND REHABILITATION SERVICES (2009-2011)

- **The ultimate objective should be mainstreaming and integrating drug abuse screening and intervention into the routine practice and healthcare setting of family doctors and the primary healthcare system.**

Recommendations 5.33

- **Under the Professional Training Programme for Family Doctors, professional training together with a manual will be provided to participating family doctors to enhance their awareness of the drug abuse problem, equip them with the necessary drug knowledge and skills to screen, advise or refer patients who have drug abuse problems to the relevant treatment services, hence widening the community network for early intervention.**

Source : http://www.nd.gov.hk/pdf/fifth_three_year_plan_ch5_e.pdf
http://www.nd.gov.hk/pdf/fifth_three_year_plan_ch5_c.pdf

SUGGESTIONS / PUTTING THE IDEAS INTO PRACTICE

**CROSS
Project Mac**

**HKMA
Beat Drug Star**

**HKMA
Community
Network**

**Home Affairs
Bureau**

**Healthcare
vouchers for
teenagers ???**

WHAT ELSE ??



TUNG WAH GROUP OF HOSPITALS CROSS CENTER PROJECT MAC

- 東華三院越峰成長中心 - 驗出新動力

PROJECT MAC

M = Motivation
A = Action
C = Check-up

2884 2525

查詢及聯絡：
「驗出新動力」計劃
傳真：2884 3262
電郵：csdcross@tungwah.org.hk
地址：香港筲箕灣寶文街6號東華三院
方樹泉社會服務大樓9樓
申請表可於以下網址下載：
<http://crosscentre.tungwahcsd.org>

Tung Wah Group of Hospitals CROSS Centre
東華三院越峰成長中心

驗出新動力
PROJECT MAC

此計劃由 禁毒基金贊助

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

HKMA BEAT DRUG STAR LABEL

- **“Beat Drug Star” labels have been given for doctors who completed the training courses on “Management of Drug Abuse Patients” and well prepared to provide motivational interviews to the high-risk youth.**



THE HKMA COMMUNITY NETWORK

- Organizes seminars, school talks, community talks
- Establishes local link for family doctors and non-government organizations
- Strengthens communications between doctors and community centers
- Provides drug information and referral services



HOME AFFAIRS BUREAU

- Meeting on 15 July 2009



MY EXPERIENCE

**Beat Drug
Seminar**

**Family Doctors
Certificate
Course**

Protocol

**Community
Network**

Project Mac

**School / Public
Talks**

St. John

Articles



HKMA BEAT DRUG SEMINAR


- **Advisory Committee on the Use of Psychoactive Agents**



HKMA CERTIFICATE COURSE

○ The Certificate Course on the Management of Drug Abuse Patients for Family Doctor

Circular No. 1482 會員通告1482號



Certificate Course on the Management of Drug Abuse Patients for Family Doctors

DATES:

- 24 May 2009 (Sunday) 1:30 p.m. - 5:30 p.m.
- 07 June 2009 (Sunday) 1:30 p.m. - 5:30 p.m.
- 21 June 2009 (Sunday) 1:30 p.m. - 5:30 p.m.
- 28 June 2009 (Sunday) 1:30 p.m. - 5:30 p.m.

VENUE:
MG Lecture Theatre, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon

TOPICS:

- The Current Drug Scene
- Consequences of Drug Abuse
- Drug Information I, II, III & IV
- Diagnosis and Screening
- Drug Testing
- Initial Assessment of Drug Abuse Patients
- People Around Drug Abuse Patients
- Treatment I, II & III
- Referral I & II
- Teamwork

Language:
Cantonese supplemented with English terminologies

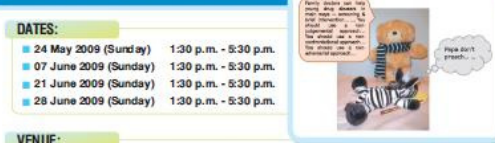

Registration Fee:
\$100 (for whole course)

Certification:
75% attendance

CME Accreditation:
Accreditation from various colleges is pending

Enquiries:
Miss Gigi MAK
2527 8285 / 9668 7397 / gigmak@hkma.org

All doctors are welcome.
Please note that seats are limited, and available on a first come, first served basis.

Circular No. 1487 會員通告1487號



Certificate Course on the Management of Drug Abuse Patients for Family Doctors

DATES:

- 24 May 2009 (Sunday) 1:30 p.m. - 5:30 p.m.
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- 28 June 2009 (Sunday) 1:30 p.m. - 5:30 p.m.

VENUE:
MG Lecture Theatre, Queen Elizabeth Hospital, 30 Gascoigne Road, Kowloon

TOPICS:

- 24 May 2009**
 - The Increasingly Serious Problem of Youth Drug Abuse
Ms. WONG PA YU, Sally (Consultant in Psychiatry)
 - Legal Considerations in the Management of Youth Drug Abuse
Dr. CHEUNG CHU MAN (Senior Doctor, Government Clinics)
 - What You Need to Know About Abused Drugs I
Dr. CHEUNG KA LUN, Ronald (Specialist in Psychiatry)
 - What You Need to Know About Abused Drugs II
Dr. CHEUNG KA LUN, Ronald (Specialist in Psychiatry)
 - Q&A
- 07 June 2009**
 - What You Need to Know About Abused Drugs III
Dr. CHEUNG KA LUN, Ronald (Specialist in Psychiatry)
 - What You Need to Know About Abused Drugs IV
Dr. CHEUNG KA LUN, Ronald (Specialist in Psychiatry)
 - Diagnosis & Screening of Drug Abuse
Dr. CHOI KU, Gabriel (Family Doctor)
 - Drug Testing, Their Uses & Limitations
Dr. TAI WAI MING (Senior Chemist, Government Laboratory)
 - Q&A
- 21 June 2009**
 - Initial Assessment of Drug Abuse Patients by Family Doctors
Dr. LEE WING KING (Specialist in Psychiatry)
 - Medical Treatment of Drug Abuse
Dr. LEE WING KING (Specialist in Psychiatry)
 - The Influence of Family, School & Peer in Youth Drug Abuse
Prof. CHENG MI TUNG, Nicole (Associate Professor, Department of Sociology, CUHK)
 - Subsidiary & Other Treatments of Drug Abuse
Ms. CHOI SU FONG (Social Worker, Caritas Hong Kong)
 - Q&A
- 28 June 2009**
 - Psychological Treatment of Drug Abuse
Prof. LEE WING HO, Peter (Clinical & Health Psychologist)
 - Team Approach in Managing Youth Drug Abuse
Dr. CHEUNG CHU MAN (Senior Doctor, Government Clinics)
 - Referral: Psychiatrists and Substance Abuse Clinics (SACs)
Dr. CHEUNG KA LUN, Ronald (Specialist in Psychiatry)
 - Referral: Co-ordinating Centres for Psychotropic Substitution or Abuse (CCPSAs) & Others
Ms. TANG KIM PU, Lily (Programme Coordinator, Hong Kong Substance Use Services)
 - Q&A

Language:
Cantonese supplemented with English terminologies

Registration Fee:
\$100 (for whole course)

Certification:
75% attendance

CME Accreditation:
HKMA / MCHK CME Programme
2.5 points / day, 10 points / whole course

Enquiries:
Miss Gigi MAK
2527 8285 / 9668 7397 / gigmak@hkma.org

All doctors are welcome.
Please note that seats are limited, and available on a first come, first served basis.




HKMA CERTIFICATE COURSE

1ST DAY OF THE COURSE - 24 MAY 2009



2ND DAY OF THE COURSE

7 JUNE 2009



3RD DAY OF THE COURSE - 21 JUNE 2009

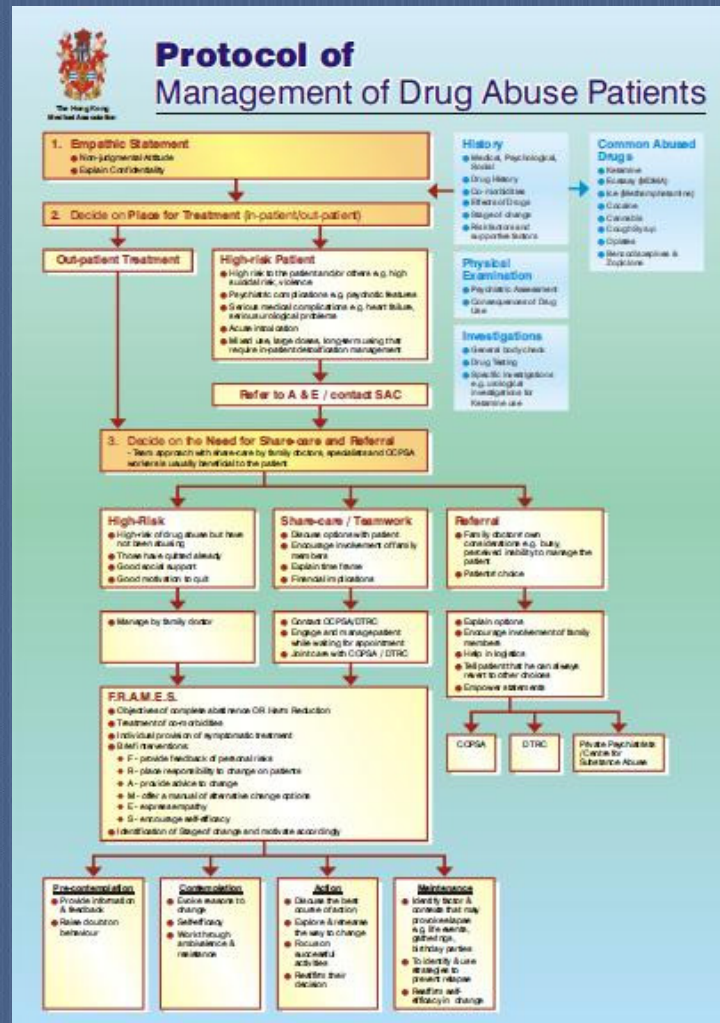


4TH DAY OF THE COURSE

28 JUNE 2009



CLINICAL PROTOCOL



This month

Spotlight

Family doctors can help young drug abusers

Cardiology

A 63-year-old gentleman with a history of coronary artery bypass graft (CABG) surgery

Dermatology

A 40-year-old male with fingernail dystrophy

GNB Medicine

A 27-year-old male who complains of shaking and sweating when in front of an audience

Infectious Disease

An 18-year-old man with fever and pain in the groin



SPOTLIGHT

Family doctors can help young drug abusers

Complete this course
and earn
1 CME POINT



Dr. Chung Chi Man
MBBS, MRCP, MRCPsych, FRCPSych, FRCR
LLM, LLB (Solicitor at Law)
Member, Asian Committee Against Narcotics

Introduction

In the past three years, there has been a significant rise in the number of young people abusing psychotropic substances in Hong Kong. In October 2007, the Chief Executive in his Policy Address announced the appointment of the Secretary for Justice — the incumbent Deputy Chairman of the Fight Crime Committee — to lead a high-level inter-departmental task force to tackle the youth drug abuse problem. In this article, evidence is reviewed to illustrate that family doctors are in a good position to help young drug abusers. With our basic training in medicine and behavioural modification, we can easily learn to use instruments for screening and techniques for brief intervention. However, it is also recognized that screening and brief intervention are not commonly practiced. The model of instilling changes in young drug abusers is suggested to be used to motivate family doctors to screen for substance abuse and to provide brief intervention in their daily practice.

The case of young drug abusers is serious

According to the World Health Organization (WHO), tobacco, alcohol and illicit drugs are identified among the top 20 risk factors for ill-health [1]. The extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.5 billion smokers and 185 million drug users [2]. In the World Health Report 2002 [1], tobacco is responsible for 9% of all deaths and 4.1% of the global burden of all disease, while alcohol is responsible for 3.2% of deaths and 4.0% of the global burden of all disease. Although the figures for illicit drug use are comparatively low (0.4% of deaths and 0.8% of the global burden of all disease), it imposes its necessity earlier in life. The United States estimated that the drug problem had cost the country approximately US\$143 billion in 1998, around 1.6% of the country's GDP [3].

Canada estimated the cost at approximately CAD\$8.24 billion in 2002, around 0.7% of the GDP [4]. Hong Kong estimated the cost at approximately HK\$4.25 billion in 1998, 0.3% of the GDP [5].

In Hong Kong, statistics on drug use are provided by the Central Registry of Drug Abuse (CRDA). It is a voluntary reporting system. It records information of drug abusers in contact with, and reported by agencies such as law enforcement departments (the police force), treatment and welfare agencies, and hospitals. Because of these characteristics, CRDA tends to underestimate the actual size of the problem, sometimes to a significant extent. It is claimed that the CRDA aims to reflect the trends of drug abuse.

The CRDA defined a drug abuser as "a person who has taken any kind of substance which harms or threatens to harm the physical or mental health or social well-being of an individual, in doses above or for periods beyond those normally regarded as therapeutic in the last four weeks, irrespective of the number of takings" [6]. The number of reported drug abusers from the 1st to 3rd quarter of the year 2008 was 11,551, which was 3.8% higher than the 11,128 reported in the same period of 2007 [6]. Among these cases, the number of reported young drug abusers (under the age of 21) increased substantially by 16.4% (with 1,847 and 2,150 in the same period of 2007 and 2008 respectively) [6].

Family doctors are in a good position to help young drug abusers

As reviewed by WHO in 2003 [7], about 85% of the population in the developed world visit a primary health care clinician at least once per year. In Hong Kong, the Harvard group reported in 1997 that Hong Kong residents had an average of nine out-patient visits each year. Thus, it is likely that most of the young people will see their doctors every year. Moreover, some family doctors have good rapport with the young people

MY EXPERIENCE IN PROJECT MAC



The flyer is divided into three vertical sections. The left section features the text 'PROJECT MAC' in a stylized font over a green and orange abstract background. The middle section contains the acronym 'M-A-C' with definitions: 'M - Motivation', 'A - Action', and 'C - Check-up', followed by the phone number '2884 2525'. Below this is the text '查詢及聯絡：「驗出新動力」計劃' and contact information including a fax number, email, and address. The right section features the Tung Wah Group of Hospitals logo and the text 'Tung Wah Group of Hospitals CROSS Centre' and '東華三院越峰成長中心', with the slogan '驗出新動力' and 'PROJECT MAC' over a green and orange abstract background. At the bottom center, there is a small logo for '香港公益金' and the text '此計劃由 香港公益金資助'.

PROJECT MAC

M - Motivation
A - Action
C - Check-up

2884 2525

查詢及聯絡：
「驗出新動力」計劃
傳真：2884 3262
電郵：csdcross@tungwah.org.hk
地址：香港英皇大道東文咸街東華三院
方明華社會服務大樓9樓
申請表可於以下網址下載：
<http://crosscentre.tungwahcsd.org>

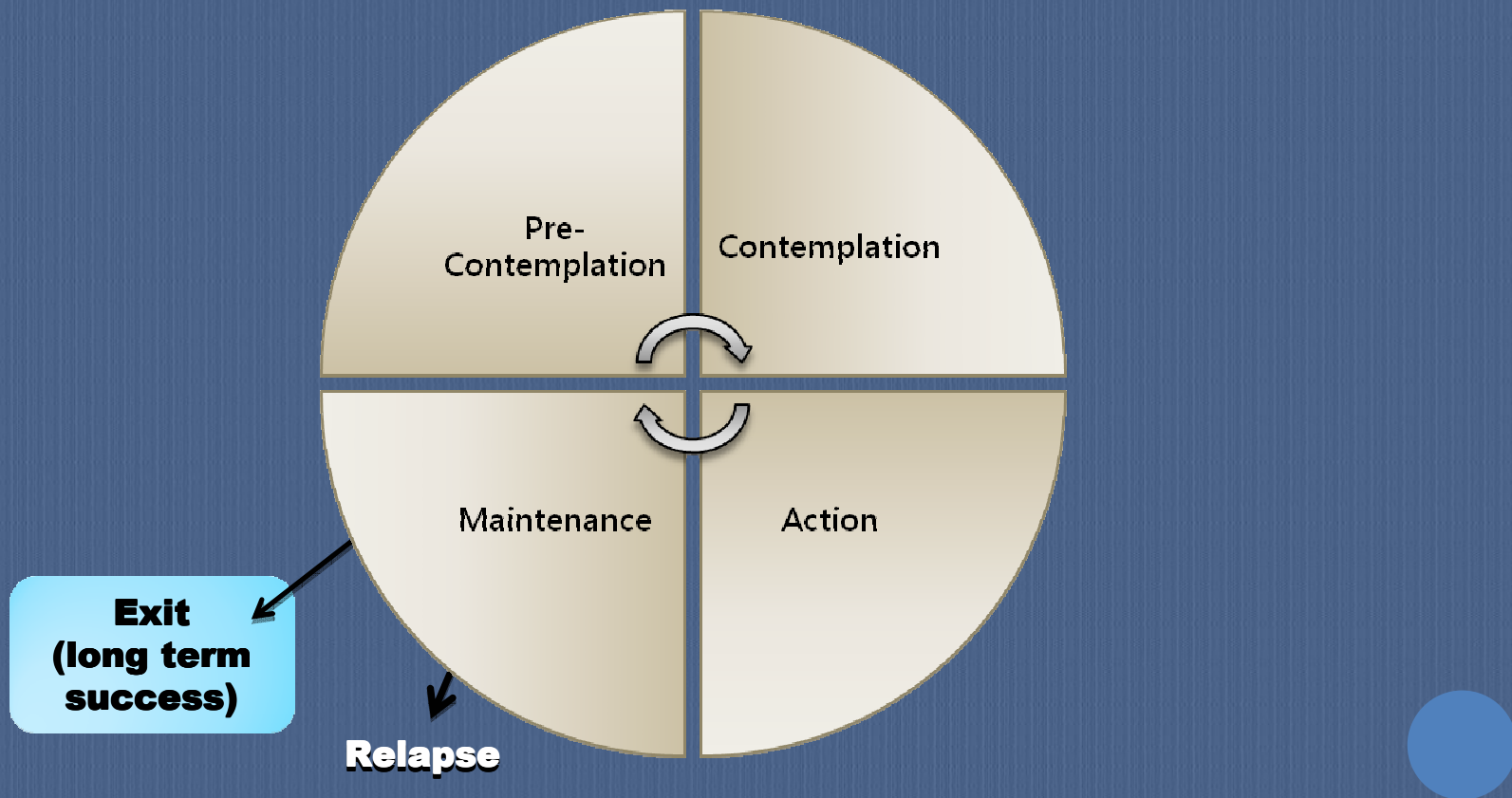
Tung Wah Group of Hospitals CROSS Centre
東華三院越峰成長中心

驗出新動力
PROJECT MAC

香港公益金
此計劃由 香港公益金資助

STAGES OF CHANGE

- Identify the stage of change and motivate accordingly



PRE-CONTEMPLATION

- **Provide information & feedback**
- **Raise doubt on behaviour**



CONTEMPLATION

- **Evoke reasons to change**
- **Self-efficacy**
- **Work through ambivalence & resistance**



ACTION

- **Discuss the best course of action**
- **Explore & rehearse the way to change**
- **Focus on successful activities**
- **Reaffirm their decision**



MAINTENANCE

- **Identify factor & contexts that may provoke relapse e.g. life events, gatherings, birthday parties**
- **To identify & use strategies to prevent relapse**
- **Reaffirm self-efficacy in change**



CASE STUDY

- **A** 仔，十幾歲，吸食精神科毒品四年，早期「隊草」(吸食大麻)，後轉為「索**K**」(鼻孔吸入氫胺酮 **ketamine**)，約每星期一次，每次「一劃」(即一份，約**\$100**，約 **0.35mg**)。
- 見 **A** 仔時他已主動戒藥三個月，處於 **Action / Maintenance Stage**，即已有行動去戒，我的任務是鞏固他的信念和行動，以達至長期戒藥，不再復用的目標。



CASE STUDY

- **Favorable factors**：濫藥量不大、不頻密，主動戒藥，開始打拳，離開供應者（不過只是因為「入咗冊」【坐監】），女友、家人無濫藥。
- **Unfavorable factors**：對濫藥始終戒心不大（過年過節、生日「玩吓」【他們喜歡稱玩藥】無壞），無學業或事業，家庭支援不足，親人可能離世，無長遠目標和計劃（認為自己只有二十歲命）。



CASE STUDY

Approach:

- 讚揚他的決定和維持；給時間他講述他的決定和過程； **active listening**；適時嘉許；並引導討論情緒和感受 (**more than** 過程)
- **focus on successful activities**；身體和精神上的改善
- 討論有可能引致他再濫藥的情況，包括環境因素（朋友請食、搵唔到工、阿媽或老板鬧、親人去世等）和情緒因素（唔開心、**feeling lonely**、憤怒等）
- 怎樣應付；當然是 **other than** 再索 **K**；**alternative activities**，例如打拳。目的是 **rehearsal** 可能（有些是必經）的 **unfavorable life events**
- 再以打拳比喻，先學捱拳，是必經階段，唔會只有你打人。（捱拳痛又如何？是遊戲一部份，唔會受咗兩拳就去索**K**！）
- 衷心讚賞成功戒藥是他人生一大 **achievement**（注意反效果，例如他一旦再濫藥，會完全放棄。）



CASE STUDY

- 小恩十二歲開始吸毒，第一次與我見面時十四歲，還一臉童真。
- 毒癮很深。兩年內，差不多吸食過所有種類的毒品，而且是多種同時使用。
- 她父親和哥哥是黑社會，姊姊則有毒癮。
- 雖然他們都鄭重警告小恩，禁止她吸食毒品，但她日常接觸的，卻多是吸毒者。耳濡目染下，很早便染上了毒癮。
- 她要求我不要將她的情況告知家人。
- **Pre-contemplation Stage**
- **Little Motivation**



CASE STUDY

- 小玲，十五歲，入住女童院，來到我的診所接受身體檢查及戒毒輔導。
- 她十三歲開始吸食 K 仔。
- 有一次她和朋友在家中吸食，被媽媽撞破，媽媽大怒下報警。結果，她被送往女童院。
- 她對媽媽十分憤怒。(這是家人處理子女吸毒時欠缺溝通和技巧下常見的情況。)
- 小玲知道自己吸食 K 仔不對，亦同意媽媽是為她好。不過，她未能接受自己親人二話不說便將她送交警方，完全沒有討論或商量餘地。
- 探討下去，我發現小玲其實是憤怒於媽媽的無情；自己苦無機會認錯，擔心媽媽以後是否「唔要佢」。
- **輔導工作**：先引導小玲說出媽媽平時怎樣照顧和愛錫她，並叫她嘗試站在母親立場，感受一下發現她吸毒那刻的震驚和無奈。要讓她知道，沒有受過教育的媽媽，其實不懂應付，而她亦確實令媽媽傷心。

CASE STUDY

- 「文靜」媽媽見我時不再冷靜。
- 她懷疑女兒吸毒，因為她學業成績退步，時常夜歸，精神亦很差。
- 打電話至濫用精神藥物者輔導中心 (**CCPSA**) 求助，遇上社工不斷安撫她，卻沒有實際行動去拯救女兒。她急於前來求助。
- **輔導工作**：我解釋濫用精神藥物者輔導中心只能接受吸毒者自己求助。他們對她的輔導其實很重要，亦很實用。
- 她可以心平氣和跟女兒溝通和探討。
- 最重要的是，她先要安撫自己情緒和掌握溝通技巧。當然，她亦可以陪同女兒和我面談。



- **There is NO perfect technique.**
- **Attitude is much more important.**



The background is a solid dark blue color. On the left side, there are several vertical stripes of varying widths and colors, including a light blue grid pattern and a white grid pattern. In the lower-left quadrant, there are five blue circles of different sizes arranged in a cluster. The text "THE END" is written in a bold, white, sans-serif font, positioned to the right of the circles.

THE END

THANK YOU