

Family Doctors Can Help Young Substance Abusers

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**Papa don't
preach**



Well... Illicit drug is one of the 20 top risk factors for ill health..... It contributes 0.4% for all deaths, 0.8% for global burden of all disease... Illicit drugs cause physical intoxication effects. They also cause neuro-psychological effects. So, you have to seek help, listen to social worker's / doctor's advice... ..

Family doctors can help young drug abusers in main ways --- screening & brief intervention... .. You should use a non-judgemental approach... You should use a non-confrontational approach... You should use a non-adversarial approach...



**Papa don't
preach**

Why should I follow your instructions?

Why should I change?

Why should I listen to what you said?



According to the Central Registry of Drug Abuse (CRDA),

- the number of reported drug abuser from the 1st to 3rd quarter of **2008** was 11,551, which was **3.8% higher** than the 11,128 reported in the same period of **2007**.
- the number of reported young drug abusers **under 21** has increased by **16.4%** (2,150) from the 1st to 3rd quarter of 2008, compared with that of the same period in 2007 (1,847).

The Central Registry of Drug Abuse (CRDA) records information of drug abusers in contact with, and reported by agencies such as law enforcement departments (the police force), treatment & welfare agencies and hospitals.

Based on these characteristics, the CRDA tends to underestimate the actual size of the problem, sometimes to a significant extent.

Family Doctors are in a good position to help young substance abusers.

Why?



- **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.

Characteristics 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.

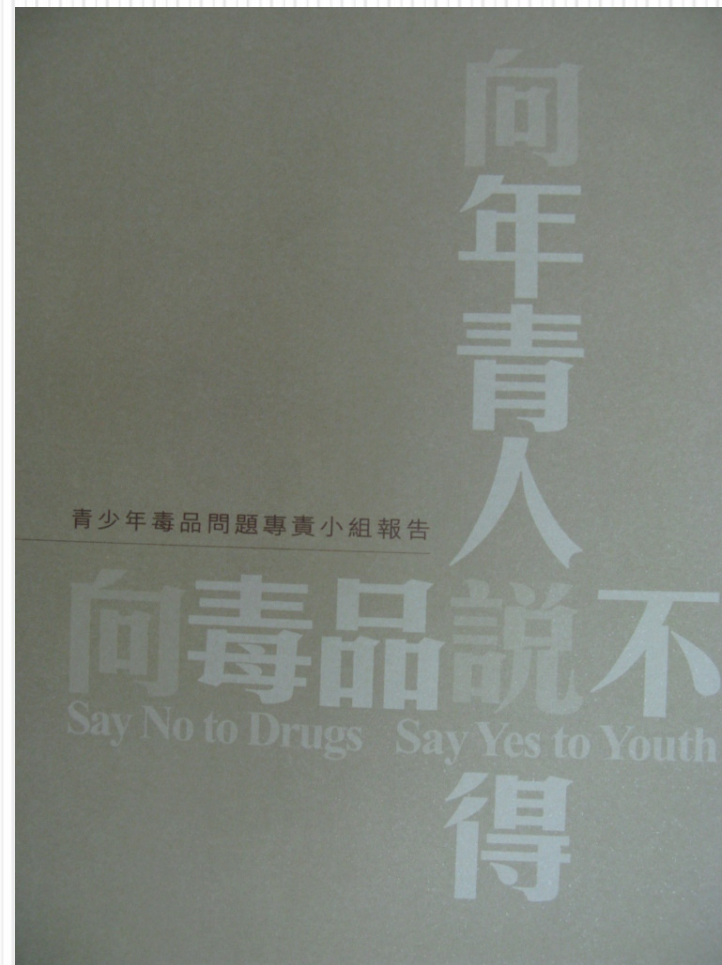
Characteristics of Family Doctors

- **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.**

Characteristics 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.**

Task Force on Youth Drug Abuse



Interview with the Secretary for Justice



The Fifth Three-year Plan on Drug Treatment and Rehabilitation Services (2009-2011) (Draft)

- **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.**

The Fifth Three-year Plan on Drug Treatment and Rehabilitation Services (2009-2011) (Draft)

- **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.**

Family doctors can help young substance abusers.

How?



- 1. Screening**
- 2. Brief Intervention**



Screening

Screening is a simple way to~~

- **identify people who are experiencing substance related problems**
- **identify people whose substance use may be at risk of health problems**
- **provides health worker with information to develop a plan for intervention**
- **provides patients with personal feedback about risks & problems**
- **prompts patients to consider changing the substance use behaviour**

Screening

- **Screening has been proved beneficial in reducing high-risk activities for people who are not dependent. However, it is not a common practice.**
- **In one study of 241 trauma surgeons, only 29% reported screening most patients for alcohol-related problems.**
- **In a health study of 7,371 primary care patients, only 29% of the patients reported being asked about their use of alcohol or drugs in the past year.**

Source:

National Centre for Education and Training on Addiction (NCETA); 2004.

Danielsson P, Rivara F, Gentilello L, Maier R. Reasons Why Trauma Surgeons Fail to Screen for Alcohol Problems. *Archives of Surgery* 1999;134:564-568.

D'Amico EJ, Paddock SM, Burnam A, Kung FY. Identification of and Guidance for Problem Drinking by General Medical Providers: Results From a National Survey. *Medical Care* 2005;43(3):229-236

Screening tools can be divided into two types:

Self Report Tools

Biological Markers

- **Self report tools include interviews and self administered questionnaires. Self report tools provide an historical picture of drug use.**
- **Biological markers include breathalyzer testing, serum drug testing, saliva testing and urine testing.**
- **Both are inexpensive, noninvasive and highly sensitive for detecting potential problems or dependence.**

One type of commonly used self report tools is the 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)		

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

- **The ASSIST was developed for the World Health Organization by an international research team.**
- **It is a useful tool for doctors to identify patients who may have harmful or hazardous, or dependent use of one or more substances.**
- **It provides information about the pattern, problems, risks, and dependence of patients' substance use.**
- **It also helps distinguishing between individuals who are abstainers, problem users or dependents.**

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

- **a brief screening questionnaire in the form of interview with 8 questions**
- **covers all psychoactive substances, including tobacco, alcohol and illicit drugs (cannabis, cocaine, amphetamines, inhalants, sedatives, hallucinogens and opioids).**

**Short &
easy to use**

Reliable

**Valid
Measure**

**Different
languages**

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

Substance List

- **Tobacco products**
- **Cannabis**
- **Inhalants**
- **Opioids**
- **Sedatives or sleeping pills**
- **Amphetamine type stimulants**
- **Alcoholic beverages**
- **Cocaine**
- **Hallucinogens**
- **Others**

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

- **Use a non confrontational approach**
- **Describe the purpose of the screening**
- **Emphasise the time frame**
(across lifetime; past three months)
- **Clarify the substances you will record**
- **Emphasise Confidentiality**

Question 1 (Lifetime use)

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 |

This is a filter question. It determines which drug categories to ask about in subsequent questions.

Question 2 (Recent use)

During the past 3 months, how often have you used the substances you mentioned (*first drug, second drug, etc.*) ?

Never (0)

Once or twice (2)

Monthly (3)

Weekly (4)

Daily or almost daily (6)

Question 3 (Strong urge to use)

During the past 3 months, how often have you had months a strong desire or urge to use (*first drug, second drug, etc.*) ?

Never (0)

Once or twice (3)

Monthly (4)

Weekly (5)

Daily or almost daily (6)

Question 4 (Health, social, legal or financial problems)

**During the past 3 months, how often has your use of
(*first drug, second drug, etc.*) led to health, social, legal,
or financial problems?**

Never (0)

Once or twice (4)

Monthly (5)

Weekly (6)

Daily or almost daily (7)

Question 5 (Fail to fulfill major responsibilities)

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.*) ?

Never (0)

Once or twice (5)

Monthly (6)

Weekly (7)

Daily or almost daily (8)

Question 6 (External concern)

Has a friend or relative or anyone else ever expressed concern about your use of concern (*first drug, second drug, etc.*)?

No, Never (0)

Yes, in the past 3 months (6)

Yes, but not in the past 3 months (3)

Question 7 (Fail attempts to control substance use)

Have you ever tried and failed to control, cut tried down, or stop using (*first drug, second drug, etc.*)?

No, Never (0)

Yes, in the past 3 months (6)

Yes, but not in the past 3 months (3)

Question 8 (Injecting drug use)

Have you ever used any drug by injection? (*non medical use only*)

No, Never (0)

Yes, in the past 3 months (2)

Yes, but not in the past 3 months (1)

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

Guidelines for Assessing Risk Level using ASSIST

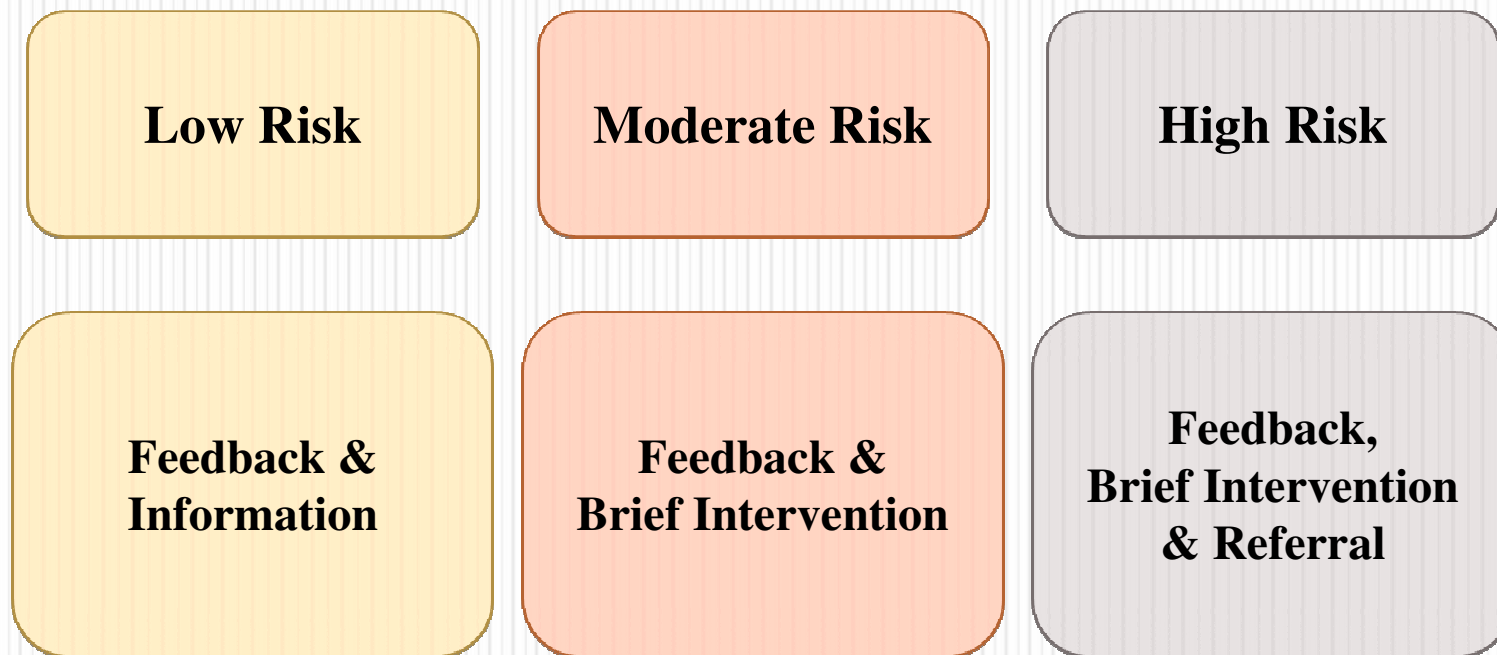
Alcohol	All other substance	Risk level
0-10	0-3	Low risk
11-26	4-26	Moderate risk
27+	27+	High risk

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

Substance Specific Involvement Score

Drug list	Score	Risk Level		
		Low	Moderate	High
Tobacco products		0-3	4-26	27+
Alcoholic beverages		0-10	11-26	27+
Cannabis		0-3	4-26	27+
Cocaine		0-3	4-26	27+
Amphetamine type stimulants		0-3	4-26	27+
Inhalants		0-3	4-26	27+
Sedatives or sleeping pills		0-3	4-26	27+
Hallucinogens		0-3	4-26	27+
Opioids		0-3	4-26	27+
Others		0-3	4-26	27+

ASSIST Score & Interventions



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.

Different Levels of Intervention

- **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.

Components of Brief Interventions

F

- Provides **FEEDBACK** of personal risk

R

- Places the **RESPONSIBILITY** to change on patients

A

- Provides **ADVICE** to change

M

- Offer a **MENU OF ALTERNATIVE CHANGE OPTIONS**

E

- Express **EMPATHY**

S

- Encourage **SELF EFFICACY**

Source:

Miller, W. & Sanchez, V. (1993) Motivating young adults for treatment and lifestyle change. In Howard G. (Ed) *Issues in alcohol use and misuse by young adults*. Notre Dame IN. University of Notre Dame Press

同人唔同命



- 同 情語句/同理心
- 人 在江湖，身不由己
- 唔同 嘅方法去戒/去改
- 命 運在你手

同情語句/同理心 Affirmation/Empathy

Statement of appreciation & understanding

- helps to create a more supportive atmosphere
- helps to build rapport with the patient

That must have been very difficult for you.

I can see that you are a really strong person.

I appreciate that you are willing to talk with me about your substance use.

Thanks for coming today.

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.

人在江湖，身不由己

- **Everyone has the motivation to change**
- **Substance abusers usually know that drugs are harmful, but they lack the initiative to change**
- **We can elicit and reinforce the motivation by:**
 - **encouraging patients to talk**
 - **exploring **ambivalence** about substance use**
 - **clarifying reasons for reducing or stopping substance use**

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.

You drink wine to help your sleep...

I am so tired, and I have trouble falling asleep, so I drink some wine.

So... you are concerned about not having a job.

When I wake up... I'm often late for work. My boss fired me yesterday...

But... I do not have a drinking problem!



So drinking has done some good things for you...

Now tell me about the not-so-good things you have experienced because of drinking.



I only enjoy having some drinks with my friends... that's all.

Drinking helps me relax and have fun... I think that I deserve that for a change...

Well... as I said, I lost my job because of my drinking problem... and I often feel sick.

Eliciting Change Talk

Eliciting change talk is a strategy which

- **helps the patients **to resolve ambivalence****
- **enables the patients to present the arguments for change**

There are FOUR main categories of change talk:

- **Recognising the disadvantages of staying the same**
- **Recognising the advantages of change**
- **Expressing optimism about change**
- **Expressing an intention to change**

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.

Eliciting Change Talk

Asking direct open questions~

How would you like your life to be in five years time?

What are the good things about your substance use?

What do you think would work for you if you decided to change?

Tell me about the not so good things about using (drug).

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.

Eliciting Change Talk

Ask the patients to clarify or elaborate their statements

**Describe the last time
this happened.**

Tell me more about that.

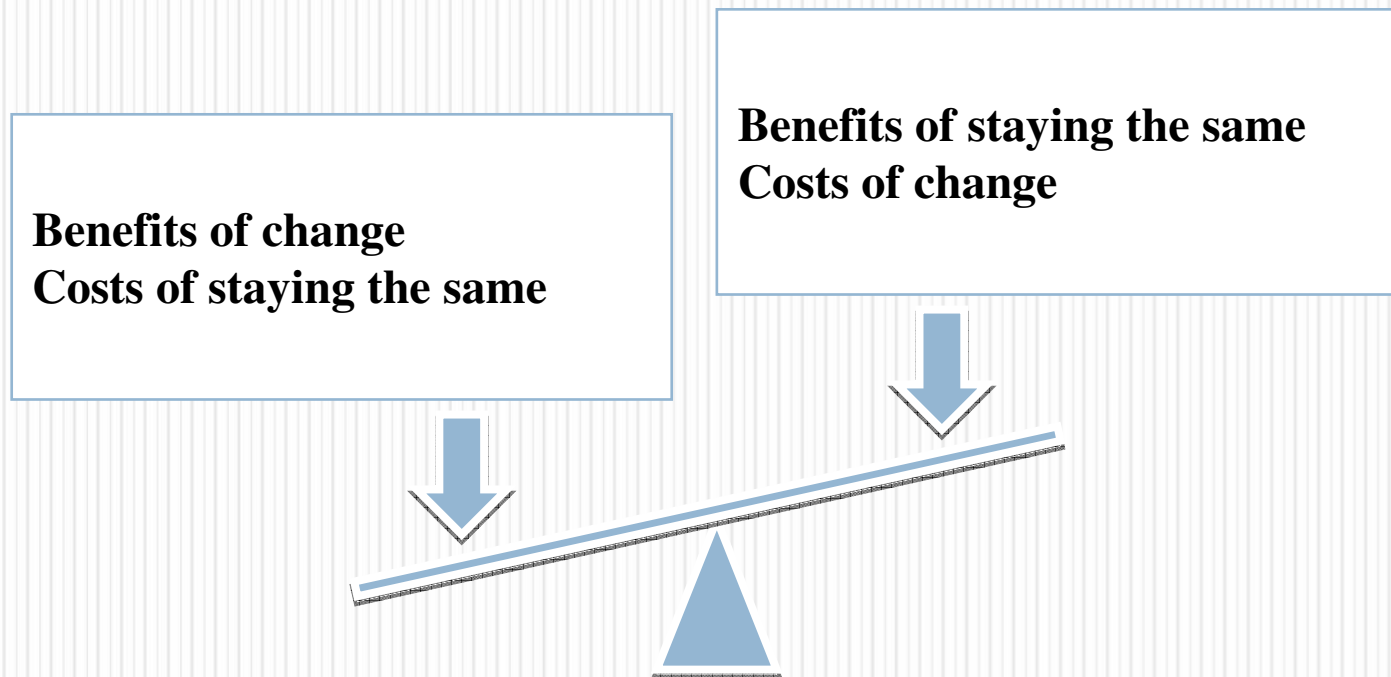
**Give me an example of
that.**

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.

Eliciting Change Talk

Probe the **decision balance** by encouraging the patient to talk about the benefits of change and the costs of staying the same.



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.

Eliciting Change Talk

Ask the patients to imagine the worst consequence of not changing or the best consequences of changing

Explore the patients' goals and values in order to identify discrepancies between the patients' values and their current substance use

What are the most important things in your life?

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.

唔同嘅方法去戒/去改

Menu of Alternative Change Options

- **Offers patients a range of alternative goals and strategies to cut down or discontinue substance use**
- **Allows patients to choose the strategies**

(The selection process reinforces patient's sense of personal control and responsibility for making change. It also helps strengthening patient's motivation.)

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.

命運在你手 Responsibility

- **Acknowledge patients that they are responsible for themselves and their beings**
- **Encourage patients to make choices about their substance use**
- **Remind patients that they retain personal control over their behaviours and its consequences**

“What you do with your substance use is up to you...”

“Nobody can make you change or decide for you...”

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.

命運在你手 **Self Efficacy**

- **Elicit self efficacy statements from patient**
- **Encourage patients to believe they are able to make changes over their substance use behaviours**
- **Encourage optimistic empowerment**

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.

Case Study

- A 仔，十幾歲，濫藥 (現在稱為吸食精神科毒品以突顯嚴重性，但我覺得還是濫藥較中性) 四年，早期「隊草」(吸食大麻)，後轉為「索K」(鼻孔吸入氯胺酮 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。)

Thank you