

Executive Summary on
Effective Ways to Dispel Misunderstandings about
Psychotropic Substances in Youth at Risk for Drug
Abuse Problems

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Executive Summary

This is a research study to examine a social work service approach, known as cognitive-behavioral integrated therapy (CBIT), in at-risk youth's misunderstandings about drug abuse. The research objectives are to

- 1 Identify at-risk youth's misunderstandings about psychotropic substances that are relevant to the youth's psychotropic substance abuse; and
- 2 Investigate the effectiveness of ways to dispel at-risk youth's misunderstandings and thereby reduce the youth's psychotropic substance abuse.

The research proceeded firstly with an exploration phase, secondly with a training phase and thirdly with a service evaluation phase. First, an exploration phase tapped misunderstandings about psychotropic substance abuse using in-depth personal interviews with eight at-risk youth selected from various services and eight social workers of the Hong Kong Christian Service. Second, the training phase involved random selection of 13 social workers associated with the service agency(s) for training to dispel misunderstandings mainly using cognitive-behavioral therapy. Third, the service evaluation phase provides services to 222 at-risk youth served by the Hong Kong Christian Service and the Hong Kong Children and Youth Services. Half of them received services from the 13 social workers trained for dispelling misunderstandings (E-group), and another half of them received services from social workers not trained for dispelling misunderstandings (C-group).

Results of the first, exploration phase unfolded misunderstandings in terms of playfulness, perceived benefits of drug abuse to the body, spirit, interpersonal relationships, mood, and the perceived appropriateness of drug abuse or myth about drug abuse. They primarily reflected three types of misunderstanding, pertaining to needs for drug abuse, benefits of drug abuse, and controllability over drug abuse.

The second, training phase, involved the provision of CBIT training, consisting of a 5-day workshop and some follow-up guidance or supervision. Its themes primarily included the principles of CBIT, related techniques, components, treatment phases, and working with families and social network members.

In the service evaluation phase, the foremost findings were about the integrity of services provided to the E-group young service users, in according to the CBIT training. That is, social workers in the E-group, who had received the CBIT training, practiced more CBIT interventions during their encounters with their young service users, as compared with social workers in the C-group. The findings indicated that the CBIT training was effective in promoting social workers' application of CBIT and the E-group operated as planned to render CBIT interventions.

Furthermore, the service evaluation phase generated the following key findings:

- CBIT interventions received by the youth tended to reduce the youth's pro-drug misunderstanding, which combined playfulness, perceived benefits of drug abuse, and the perceived appropriateness of drug abuse or myths.
 - The reduction happened in both the E-group and C-group.
 - The reduction particularly happened in the youth who had abused drugs once in 8 or more days before, that is, with a moderate level of drug abuse.
- Cognitive intervention of CBIT provided to the youth tended to reduce the youth's pro-drug misunderstanding, especially when the youth had abused drugs once in 8 or more days before, that is with a moderate level of drug abuse.
 - The reduction especially happened in the perceived benefit of drug abuse to social relationships.

- Some CBIT interventions received by and provided to the youth tended to increase the youth's drug-free days.
 - The increase particularly happened in the youth of the E-group.
 - The increase particularly happened in the youth who had abused drugs once in 8 or more days before, that is with a moderate level of drug abuse.
- The youth in the E-group had a lower pro-drug understanding than the youth in the C-group, under the conditions of
 - Presence of the mother
 - Not having had residential drug treatment
- The youth in the E-group had longer drug-free days or a shorter drug abusing history than the youth in the C-group, under the conditions of
 - Having halted drug abuse
 - As required by social services
 - Having had received social services for a longer time after abusing drugs
 - Not having had received correctional services after abusing drugs
- The youth's pre-intervention pro-drug misunderstanding did not increase drug abuse.
- However, the youth's post-intervention pro-drug misunderstanding tended to precipitate drug abuse, specifically that before the recent month.

Hence, use of CBIT in the service tended to reduce the youth's pro-drug misunderstanding. This misunderstanding then tended to foment drug abuse within a short time. CBIT also appeared to be particularly effective in dispelling the pro-drug misunderstanding of youth of a moderate level of drug abuse. In all, the effectiveness of CBIT intervention provided by the social worker illustrates the dosage-effect relationship. Accordingly, the more the social worker provides the young service user with CBIT intervention, the better the user's outcome, in terms of less misunderstanding and drug abuse. The effectiveness of CBIT was distinctive, as it did not emanate from other approaches investigated in the study.

The study, overall, offers the following implications for practice and policy tackling youth drug abuse, in order to make the application of CBIT in treating at-risk youth best effective.

- Implementation of the therapy in terms of its cognitive, behavioral, and motivational components in the service encounter
- Reduction in misunderstanding, which reduces drug abuse within a short time
- Targeting particularly youth abusing drugs once in 8 or more days, that is, at of moderate level of drug abuse
- Targeting youth who have mothers, or more reasonably soliciting mothers' support for the therapy
- Targeting youth who have halted drug abuse before
- Targeting youth who have received social services for a longer time after abusing drugs
- Not targeting youth who have received residential drug treatment or correctional services