



**Community Based Recovery &
Support Program for the South Asians**
社區為本少數族裔人士復康及支援計劃
BDF100065

8 September 2010 to 31 August 2012

Yang Memorial Methodist Social Service
Yau Tsim Mong Family Education and Support Centre

循道衛理楊震社會服務處
油尖旺家庭成長軒

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**Community Based Recovery & Support
Program for the South Asians**

Project objectives:

- to engage Drug Dependence Persons (DDPs) of South Asian Minority into the Community Based Recovery & Support Program
- to help program participants reduce drug use
- to help program participants maintain abstinence for at least 3 months
- to strengthen participants' ability to refuse drug use

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Project Content

- Identification
Mobile support team, medical consultation, community health talk, ambassador sharing, community resources pack
- Engagement
Ethnic festival celebration party, band brothers, medical consultation, escort and interpretation support

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Project Content

- Rehabilitation and treatment
CBT counselling, volunteer token scheme, mutual support group, soccer training, coping skills training workshop
- Aftercare
Specific job skill training, mutual help group, interest class

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Identification



Sharing the brother's struggle and recovery in drug
Say NO to Drugs together

Promote recovery through music and song composition



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Engagement



Ethnic festival celebration
Nepalese New Year BBQ
cum sport day

Recovery song production to
widespread the anti-drug
message through the brothers'
experience and music



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Rehabilitation and Treatment



Counselling for family and parents
– family tram tour

Sport training –
kick out drugs
soccer tournament



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Rehabilitation and Treatment



I can –
interest development program –
Kayak 1 star

Mutual support group
momo night –
momo making and
sharing party



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Aftercare



Job skills training
– PA (Public Address)
system training

Mutual support group
“On the path of recovery”
– celebrating clean birthday



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Output and Outcome Evaluation

- Evaluation method
Evaluation question sets provided by BDF
and filled up by targeted participants

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Output Evaluation

	Expected output	Output achieved
Output indicator 1	Mobile support team 3,840 DDP / at risk South Asians (96 sessions)	102 sessions Reach 5,265 DDP / at risk South Asians
Output indicator 2	Medical consultation 960 (96 sessions)	102 sessions with 1,056 medical consultation
Output indicator 3	Community health talk Reach 210 attendance (35 x 6 sessions)	7 sessions with 656 attendance
Output indicator 4	Ambassador sharing activities Reach 400 attendance (25 x 16 sessions)	47 sessions with 3,673 attendance

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Output Evaluation

	Expected output	Output achieved
Output indicator 5	Community resource pack Distribute 6,000 copies	6,000 copies printed
Output indicator 6	CBT counselling 100 cases	100 CBT counselling cases conducted
Output indicator 7	Counselling to parents and family members 30 family members	31 parents and family members are served with counselling
Output indicator 8	"I'm not who I'm" mutual support group Reach 576 attendance (6 x 16 programmes)	22 programs with 1,217 attendance

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Output Evaluation

	Expected output	Output achieved
Output indicator 9	Coping skills training workshop Reach 288 attendance (6 x 12 programmes)	12 programs with 483 attendance
Output indicator 10	Specific job skill training each 480 attendance (6 x 8 programmes)	8 programs 603 attendance
Output indicator 11	"On the path of recovery" mutual support group Reach 576 attendance (6 x 16 programmes)	13 programs 775 attendance

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Outcome Evaluation

	Description (with targets)	Results
Outcome indicator 1	Participant's attitude towards drug abuse (70% show improvement or statistically significant improvement found in paired t-test)	416 valid cases evaluated with 154 (37%) of cases improved Significant improvement in anti-drug attitude
Outcome indicator 2	70% of attendance indicate themselves as being in contemplation stage (or above) after joining the activities	90% of the participants indicated themselves as being in contemplation stage or above in post-test survey

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Outcome Evaluation

	Description (with targets)	Results
Outcome indicator 3	Participant's drug use frequency (in the past 1 month) (70% show improvement)	36 valid cases evaluated 29 (81%) cases improved 27 of them quitted drugs in the past 1 month
Outcome indicator 4	Participant's drug use frequency (in the past 3 month) (50% show improvement)	23 valid cases evaluated 20 (87%) cases improved 19 of them quitted drugs in the past 3 months
Outcome indicator 5	Participant's self efficacy on drug avoidance (70% show improvement or statistically significant improvement found in paired t-test)	45 valid cases evaluated 19 (42%) cases improved

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Reason Behind Success

- Strong network with the EM community are established, such as churches, EM agencies, community members, suffering and recovery brothers.
- Peer counselling approach is adopted, so as to create a recovery and cultural sensitive working relationship amongst clients and staffs, to facilitate case progress.
- Mutual help relationships are cultivated amongst clients.

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Reason Behind Success

- Supportive brothers on recovery who were clients previously have become our volunteers and participate in various services (e.g. escort, delivering recovery message).
- Coping skills training and CBT counselling are conducted, which are the major activities in the rehabilitation and treatment program. Topics include problem solving skills, refusal skills, etc.
- Acupuncture service is useful in relieving the discomfort during detoxification. Further support is provided in pain management which helps break the loop of relapse.

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Reason Behind Success

- The uniqueness of day rehabilitation service allows us to conduct treatment, keep close contact and follow up with clients and family within community.
- Multiple programs are implemented which do not only focus on detoxification but aim at providing holistic care (e.g. recreational and leisure activities, interest development programs, health talks, etc).

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Difficulties Encountered and Lesson Learnt

- Difficult to get family involved
As some of the participants' family members reside in other countries, are busy at work and have low awareness of relapse prevention, they are not yet well involved.

Family support service and programs should be launched which aim at softly promoting the family relationship.

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Reason Behind Underachievement of Target

- Program attendance rate is unstable, which makes it difficult to implement the post-test evaluation
- Some clients showed reluctance in filling up questionnaires, especially the more lengthy ones e.g. SRRS

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Other Findings

- Difference in drug culture implies difference in service need e.g. heroin, cough and cannabis are the major drugs used by EM.
- Special care for the EM youths is required due to the difference in drug culture between local and EM youths.
- There is a need of service for the minority female drug abusers.
- Mobilizing mutual care amongst the community can be great help and support to drug users in quitting process.
- There is a need for post-treatment support e.g. build up recovery network, new working environment.
- Family of drug abusers are in need of support.

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End