

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

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

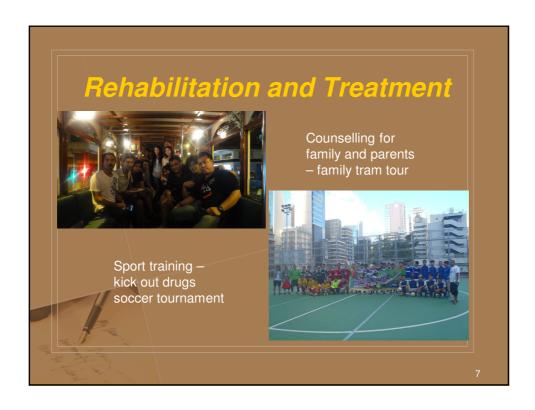
3

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

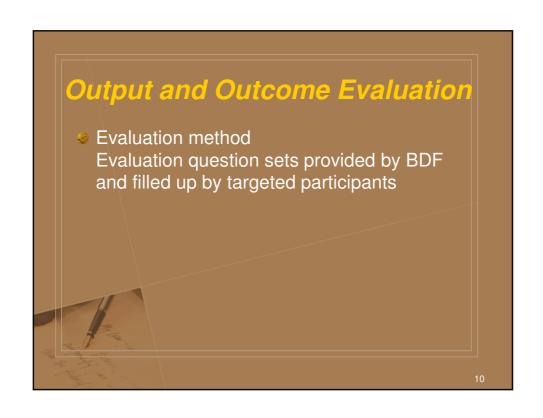












Output Evaluation			
	Expected output	Output achieved	
Output indicator 1	Mobile support team 3,840 DDP / at risk South Asians (96 sessions)	102 sessions Reach 5,265 DDP / at risk South Asians	
Output indicator 2	Medical consultation 960 (96 sessions)	102 sessions with 1,056 medical consultation	
Output 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	

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

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

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

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	

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.

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.

17

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).

Difficutlies 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.

19

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

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.

