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Enhancing Collaboration between Medical Sector & NGOs in Anti-drug Cause : Beat Drugs Alliance (抗毒同盟站)

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Beat Drugs Alliance (抗毒同盟站)



- A Program of the medical treatment, abstinence preparation and rehabilitation of ketamine abusers
 - Territory-wide
 - Multi-disciplines
 - Hospital and NGO collaboration
 - identification of hidden ketamine abusers
 - in-patient treatment and brief motivational intervention
 - community-based rehabilitation





Premises

: Services for hidden ketamine abusers

- Address the whole person
 - Cater for multiple needs of the abuser
 - not just one aspect of the abuser's condition or situation
- Involve multiple health care and social service professionals
- Involve different service sectors, e.g. hospital, NGOs in the community
- Provided on a continuum, or upon co-ordination for continuity of care

Service Collaboration Model



Cross-organizational



Inter-sectoral



Nature



- Involving organizations
 - Hospital : North District Hospital
 - NGOs : Barnabas, and
: Other NGOs
- On a continuum of engagement
 - At a distance : 2 separate systems at separate sites
 - hospital
 - NGOs
 - On-site : upon structured and regular communication and meetings
 - Through common goals, shared effort and decision-making

Common Goals

- Effective treatment, abstinence preparation and rehabilitation of ketamine abusers through collaboration
 - On the services for ketamine abusers
 - accessible
 - a one-stop platform: they have come to the right place!
 - supportive of the choices the abusers made for their health and living
 - On the co-ordination between hospital & NGOs
 - through an easily navigated system for service provision and service continuity



Methodology



- “Single point of contact” communication channel between hospital and NGOs
 - facilitate effective communication
- Close service interfacing & care co-ordination for continuity of care between hospital & NGO
 - conjoint consultations
 - address all parties’ issues of concern
 - scheduled case conferences, participation and meetings
 - all parties get the full picture of the ketamine abusers



Critical Factors for Service Collaboration

- Organized structure and processes
- Clarity of principles and roles
- Formal communication and meeting structures
 - monitoring of the collaboration
- Flexibility is essential but has to be thoughtful





Project Example: Beat Drugs Alliance (抗毒同盟站)

- Identification of hidden ketamine-abusers
 - Beat Drugs Alliance (抗毒同盟站)
- Pre-hospital – Conjoint screening
- In-patient – 5 days' in-patient Treatment & Brief Motivational Intervention
 - Crisis Accommodation Centre (危機轉向計劃)
- Post-hospital – Conjoint follow-up and community rehabilitation
- Project monitoring



Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)



- Promotion
 - Media promotion on help-seeking
- Screening and Identification
 - Internet (抗毒同盟站) screening and identification of hidden ketamine abusers
- Engagement
 - Engagement of ketamine abusers for Crisis Accommodation Program (危機轉向計劃)



毒品種類 戒除期

毒品種類	戒除期
10g 以下	2 至 4 星期
10g 至 50g	4 至 8 星期
50g 至 200g	8 至 12 星期
200g 至 500g	8 至 12 星期
500g 至 1000g (1kg)	12 至 18 星期
1000g (1kg) 以上	18 星期以上



Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)



Contextual Inquiry

Value Specification

Promotion Design

Operational' ization

Evaluation



Web-based Promotion of Help-seeking

- Common issues among clients
 - Health and functional problems → Crisis
 - Avoidance from blaming
 - Ambivalence to abstinence from drug use

→ Vigour of



- Medical and social services provided collaboratively and in an integrated manner
- Meet clients' needs at a one-stop platform

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)



Beat Drugs Alliance



Crisis
Accommodation
Program



Contextual
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Web-based Promotion of Help-seeking

- Focus on health
 - body
 - functional daily living
 - client's choice for life
- Attitude
 - non-judgmental
 - unconditional regard

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)



Beat Drugs Alliance



危機轉向計劃
Crisis
Accommodation
Program



禁毒基金
BEAT DRUGS
FUND

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Web-based Promotion of Help-seeking

索K·排尿問題·三部曲

首部曲
有一種困擾，叫尿頻



索K，令你失去甚麼？
戒毒，總不能一個人

索K·排尿問題·三部曲

二部曲
赤痛病血亦難避免，身體只感受苦澀



索K，令你失去甚麼？
戒毒，總不能一個人

抗毒同盟站·基督教巴拿巴愛心服務團

Published by Pineapple Bo [?] · November 8, 2015

「北區醫院泌尿科顧問醫生麥聲敬表示，因吸毒而需要入深切治療部的人士時有發生，一年平均有1至2宗，主要是因腎積水、腎衰竭等，甚至有感染休克等入院，部分更是肝衰竭。他稱，由於吸毒情況轉趨隱蔽，難以被人發現，故很多時當事人不適程度加劇，或已昏迷才會求診，或被家人發現送院。麥聲敬稱，常見的毒品其實會引致胃痛、腳酸痠等，故部分嘗試戒毒的人士，會有較強烈的脫癮症狀，他稱，K仔等毒品會引致內臟發炎，但毒品本身屬麻醉劑，可減輕痛楚，當戒毒時，痛楚便會加劇，因此有醫護人員協助戒毒會較好，可為當事人提供較強及適當的麻醉鎮痛舒緩。」

戒毒，總不能一個人
如自己或親朋好友想對K仔引致脫癮問題有疑問或想尋求協助
可以來搵我地~
<http://bda.barnabas.com.hk/>



問題趨隱蔽 現症狀無人知 吸毒入ICU個案增加
本港吸毒問題轉趨隱蔽，令人難以提供協助，而且近年因吸毒最終要入深切治療部 (ICU) 治療的個案亦有增加，主要是因腎積水、腎衰竭及肝功能衰竭等。有醫生指出，曾有吸毒人士因痛症到急症室求醫，檢查後發現其膽管已經正常粗厚的4倍，問診後...

AM730.COM.HK | BY AM730



戒毒總不能一個人

抗毒同盟站
437-7435

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)



Beat Drugs Alliance



Crisis Accommodation Program



Contextual Inquiry

Value Specification

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Web-based Promotion of Help-seeking

成為會員

網上評估check—check

吸毒評估 >

網上健康評估 >

免費轉介身體檢查 >

- 200 hidden substance abusers are identified
- 50 ketamine abusers are referred to



網上評估check—check > 網上健康評估

網上健康評估

最近3個月，你有無因吸毒而出現以下情況？

Email/Whatsapp/Facebook :

	有	無
1. 無胃口食野，食慾不振	<input type="radio"/>	<input type="radio"/>
2. 覺得損害判斷能力，導致思考能力及記憶力衰退	<input type="radio"/>	<input type="radio"/>
3. 好容易發脾氣	<input type="radio"/>	<input type="radio"/>
4. 經常頭痛、胃痛	<input type="radio"/>	<input type="radio"/>
5. 出現尿道炎症狀，如尿頻、癢尿痛、出血等	<input type="radio"/>	<input type="radio"/>
6. 訓得唔好，有時失眠	<input type="radio"/>	<input type="radio"/>
7. 鼻痛、出血、鼻穿窿	<input type="radio"/>	<input type="radio"/>
8. 情緒低落，成日悶悶不樂	<input type="radio"/>	<input type="radio"/>
9. 好似出現幻覺、幻聽及妄想症	<input type="radio"/>	<input type="radio"/>
10. 有時會手脚麻痺，好似無左知覺	<input type="radio"/>	<input type="radio"/>
11. 經常抽搐、有時昏迷	<input type="radio"/>	<input type="radio"/>
12. 出皮膚疹，令我的外表變得難看	<input type="radio"/>	<input type="radio"/>

Identification of Hidden Ketamine Abusers : Beat Drugs Alliance (抗毒同盟站)



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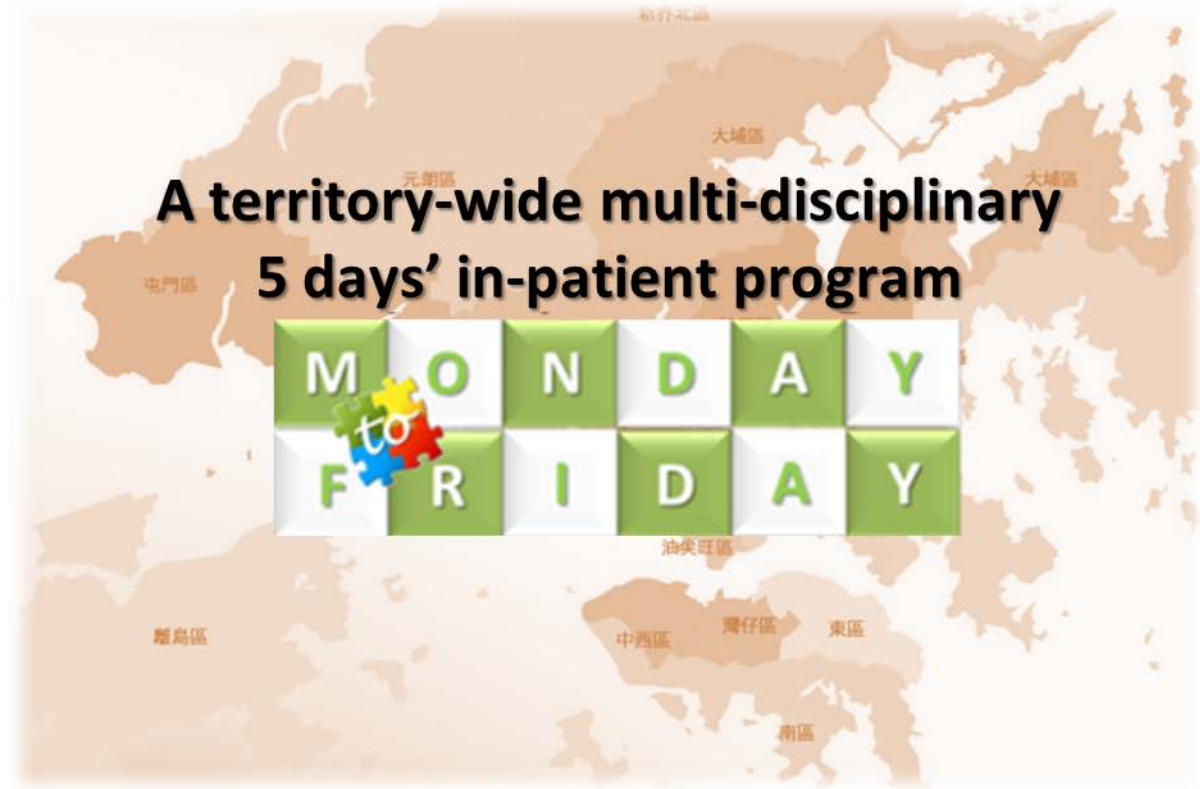
Web-based Promotion of Help-seeking

- From pre-contemplation / contemplation stage to preparation stage
- Harm-reduction



Brief Motivational Intervention

: Crisis Accommodation Program (危機轉向計劃)



Brief Motivational Intervention : Crisis Accommodation Program (危機轉向計劃)



1. Personal awareness

- Crisis of health
- Crisis of functional performance



Brief Motivational Intervention : Crisis Accommodation Program (危機轉向計劃)

2. Personal preparedness and readiness

- Abstinence from ketamine use
- Relapse prevention



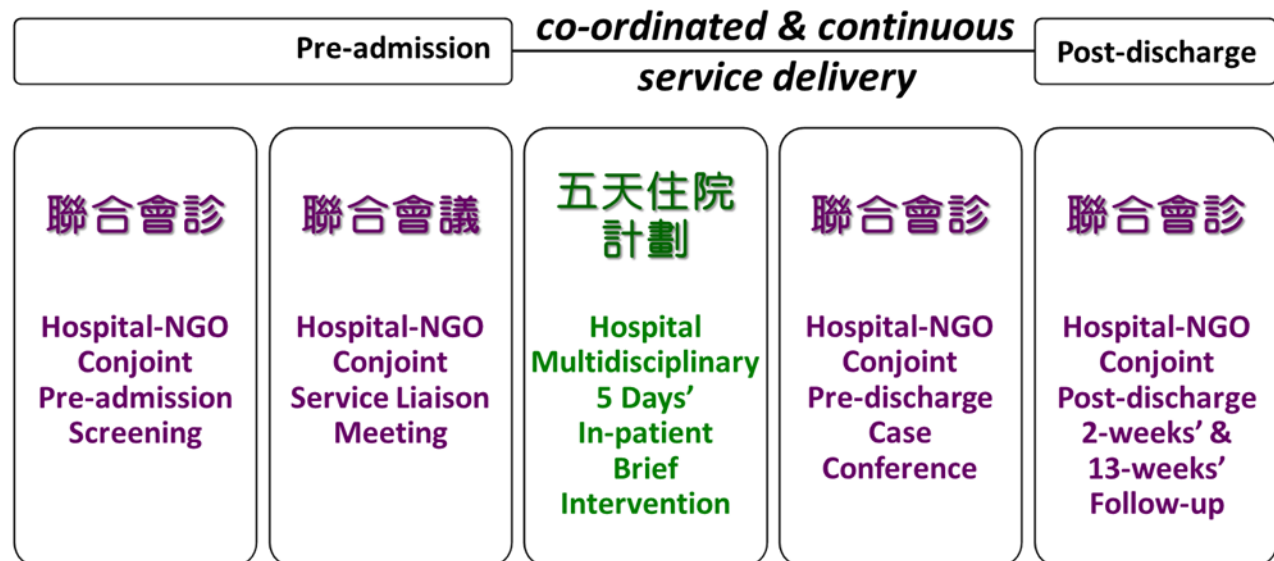
Beat Drugs Alliance



Brief Motivational Intervention

: Crisis Accommodation Program (危機轉向計劃)

3. Common platform for service providers across organizations and service sectors
 - Communication
 - Service collaboration
 - Service interfacing



Post-hospital Community-based Rehabilitation



- Alignment and continuation of effort from the hospital in-patient program (危機轉向計劃)
- Proactive out-reach to clients for follow-up and timely support
- Building of clients' personal strengths to stay away from ketamine
- Handling relapses



Post-hospital Community-based Rehabilitation



Beat Drugs Alliance



Crisis
Accommodation
Program

- Building of personal strengths for
 - prevention of a return to ketamine use
 - enhancement of skills and development of new strategies to
 - recognize and deal with external and internal triggers
 - enable behavioural change
 - regain control over the urge to use ketamine
- 3 foundations
- 3 major areas of focus



Post-hospital Community-based Rehabilitation



- 3 foundations :
 - ① The period immediately following the hospital discharge of the 5-days' in-patient program is a time of high risk for relapse.



Post-hospital Community-based Rehabilitation



- 3 foundations :
 - ② Rehabilitation in an aligned and continued manner is essential
 - Support patient's continuation of the effort made in the in-patient program
 - short-term goals established
 - preparedness and readiness to stay away from ketamine use
 - Provision of timely support
 - maintain and reinforce the benefits achieved by the patient through the in-patient program
 - Intensity
 - 6 individual counselling sessions in 3 months



Post-hospital Community-based Rehabilitation



- 3 foundations :

③ Lapses and relapses are viewed as

- a part of the process of change
- the opportunities to understand and learn from the mistakes made in behaviours



Post-hospital Community-based Rehabilitation



- 3 areas of focus :

① Further enhancement of the awareness for managing triggers

- Personal health condition and the negative impacts of ketamine use on health and functional performance
- External triggers or surrounding circumstances
→ ketamine use
- Internal triggers
→ ketamine us



Post-hospital Community-based Rehabilitation



- 3 areas of focus :
 - ② Strengthening the commitment for staying away from ketamine
 - Response to triggers?
 - Working in partnership with ketamine users in face of triggers
 - views of the triggers?
 - response for achieving goals?
 - supports?
 - positive communication with family
 - ↑ support network

Post-hospital Community-based Rehabilitation



- 3 areas of focus :
 - ③ Handling relapses
 - Understanding and learning from relapses?
 - Strategies that have been established are not working?
 - Prevention from committing similar behaviours again?



Social Work in the Model of Medico-Social Service Collaboration



- Work of social worker is facilitated
 - Comprehensive understanding of the patient's condition upon the medico-social-functional basis of assessments and intervention.
 - Relationship building with clients is much promoted and made speedy.
 - The understanding of the medico-functional impacts provides a strong driver and expedites the positive progress of change in clients.



Social Work in the Model of Medico-Social Service Collaboration



- From health and functional crises to effective counselling
 - Maintain “health and functional performance” as a focus of concern.
 - With the clients’ being driven by the understanding of the negative impacts on own health and functions, evoke clients’ motivation for positive change.
 - Work on a harm reduction approach progressively



Post-hospital Program Conjoint Follow-up



- Progress of recovery from crisis
 - health?
 - functional performance?
- Progress of rehabilitation
 - abstinence from ketamine use?
 - reduction in ketamine use?
- Review of relapse prevention strategies
- Tracking of referrals to specialty care, social service and community-based resources



Project Monitoring

- Regular joint-meeting reviews
 - Project progress
 - Project outputs
 - Project outcomes





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*Thank
You!*